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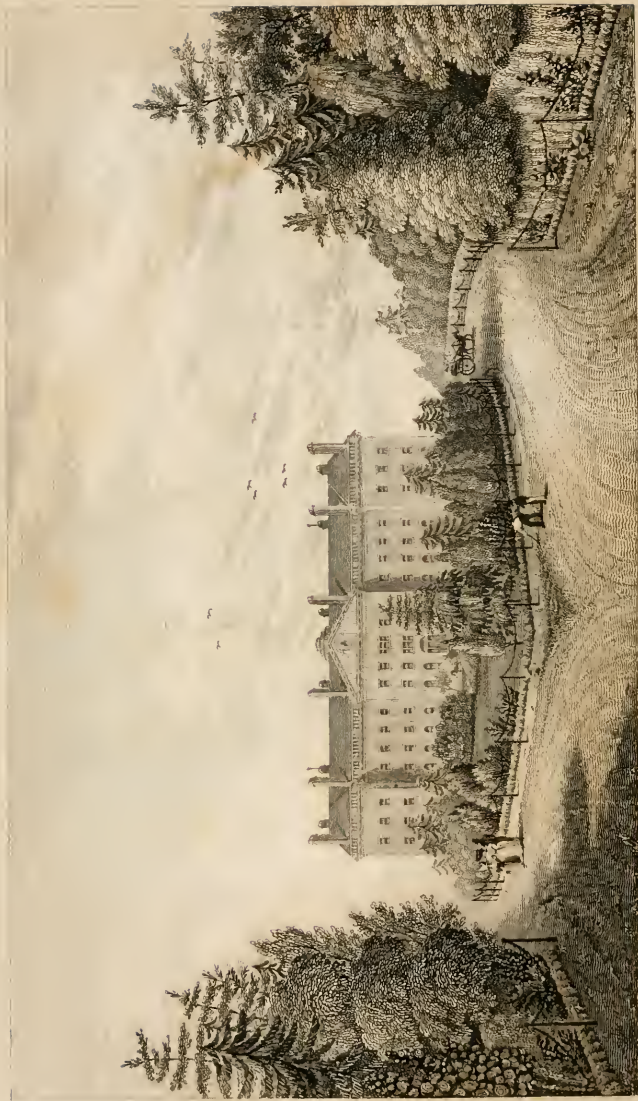
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LUNATIC ASYLUM.

Bloomingdale, N. Y.

HISTORY
DESCRIPTION AND STATISTICS
OF
THE BLOOMINGDALE ASYLUM
FOR
THE INSANE.

BY PLINY EARLE, M. D.

PHYSICIAN TO THE INSTITUTION:

MEMBER OF THE NATIONAL MEDICAL ASSOCIATION, FELLOW OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF NEW-YORK, FELLOW OF THE NEW-
YORK ACADEMY OF MEDICINE, AND CORRESPONDING MEMBER
OF THE MEDICAL SOCIETY OF ATHENS, GREECE.

NEW-YORK:

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PRESIDENTS AND VICE PRESIDENTS

*Of the New-York Hospital, and EX-OFFICIO Monthly Inspectors of
the Bloomingdale Asylum for the Insane.*

PRESIDENTS.

- MATTHEW CLARKSON, - 1821
- THOMAS EDDY, - from 1822 to 1827
- PETER AUGUSTUS JAY, " 1827 " 1833
- GEORGE NEWBOLD, " 1833. Continues in office.

VICE-PRESIDENTS.

- THOMAS EDDY, - 1821
- PETER AUGUSTUS JAY, from 1822 to 1827
- THOMAS BUCKLEY, " 1827 " 1833
- NAJAH TAYLOR, " 1833 " 1837
- ISAAC CAROW, " 1837. Continues in office.

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GOVERNORS OF THE NEW-YORK HOSPITAL

Who were members of the Bloomingdale Asylum Committee, and the years during which they respectively filled that office, from 1821 to 1847, inclusive.

N. B.—The years in which each Governor was upon the Committee, are placed opposite his name. The official year of the Committee commences in June.

THOMAS EDDY,	1821, 1824, 1825.
CADWALLADER D. COLDEN,	1821, 1823.
THOMAS BUCKLEY,	1821, 1822, 1823, 1824, 1825, 1826, 1827, 1828.
JOHN ADAMS,	1821, 1823, 1824, 1825.
JOHN B. LAWRENCE,	1821, 1822, 1823, 1824, 1825, 1826, 1827, 1829, 1830, 1831.
THOMAS C. TAYLOR,	1821, 1822.
WILLIAM BAYARD,	1822.
JOHN MCCOMB,	1822, 1823.
JOHN CLARK,	1822, 1824, 1825, 1826.
NAJAH TAYLOR,	1823, 1824, 1825, 1826, 1828, 1829, 1830, 1832, 1833, 1834, 1836, 1837, 1838.
GULIAN C. VERPLANCK,	1826, 1827, 1833, 1834, 1835.
JAMES LOVETT,	1826, 1827, 1828, 1834, 1835, 1836, 1844, 1845, 1846.
BENJAMIN L. SWAN,	1827, 1828, 1829, 1831, 1832, 1833, 1838, 1839, 1840, 1842, 1843, 1844.
PHILIP HONE,	1827, 1828, 1829.
NATHANIEL RICHARDS,	1828, 1829, 1830, 1832, 1833, 1834, 1837, 1838, 1839, 1841, 1842, 1843.
JAMES HEARD,	1829, 1830, 1831, 1833, 1834.
THOMAS R. SMITH,	1830, 1831, 1832, 1835, 1836, 1837.
JOHN A. STEVENS,	1830, 1831, 1832.
HENRY I. WYCKOFF,	1831, 1832, 1833, 1835, 1836.
PETER G. STUYVESANT,	1834, 1835.
ROBERT C. CORNELL,	1835, 1836, 1837, 1839, 1840, 1841.
STEPHEN ALLEN,	1836, 1837, 1838, 1840, 1841, 1842, 1845, 1846, 1847.
SAMUEL F. MOTT,	1837, 1838, 1839, 1842, 1843, 1844.
RICHARD M. LAWRENCE,	1838, 1839, 1840, 1843, 1844, 1845, 1847.
AUGUSTUS FLEMING,	1839, 1840, 1841, 1843, 1844, 1845.
JAMES I. JONES,	1840, 1841, 1842, 1844, 1845, 1846.
WM. M. HALSTED,	1841, 1842, 1843, 1845, 1846, 1847.
DAVID S. KENNEDY,	1846, 1847.
JAMES DONALDSON,	1846, 1847.
STACY B. COLLINS,	1847.

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PART FIRST.

SECTION I.

ORIGIN AND PROGRESS OF THE BLOOMINGDALE ASYLUM.

The origin of the Institution now known as the *Bloomingdale Asylum for the Insane*, may be considered as going back to that of the New-York Hospital, of which it is still a branch, and under the direction of the same Board of Governors. The first movement towards the foundation of the Hospital, is thus mentioned in an address delivered by DR. PETER MIDDLETON, in Columbia (then King's) College, in the city of New-York, on the 3d of November, 1769.

“The necessity and usefulness,” says he, “of a public Infirmary, has been so warmly and pathetically set forth in a discourse delivered by Dr. Samuel Bard, at the college commencement, in May last, that his Excellency, Sir Henry Moore, immediately set on foot a subscription for that purpose, to which himself and most of the gentlemen present liberally contributed.”

Subscriptions to this fund were continued, and in 1770, Doctors Peter Middleton, John Jones and Samuel Bard, presented to the Colonial Government, a petition for the incorporation of a public Hospital, which was granted by a charter bearing the date of June 13th, 1771, incorporating the “Society of the Hospital, in the city of New-York, in America.”* The management of the Institution was vested in a Board of twenty-six Governors. The philanthropic enterprise was also aided by the celebrated Dr. John Fothergill, and Sir William Duncan, of England, through whom the

* In 1810, this title was changed to “The Society of the New York Hospital.”

funds of the Society were considerably increased, by donations from persons in different parts of Great Britain.

A building was commenced in 1773, and having progressed almost to completion, was nearly consumed by fire, on the 28th of February, 1775. Through pecuniary aid from the Colonial Legislature, the Governors were enabled to reconstruct the edifice; but the revolutionary war, as well as some other causes, prevented it from being ready for the reception of patients until the 3d of January, 1791. It was then opened as a Hospital for general diseases.

In the month of May, 1797, two cases of mania were admitted. This is the first notice which we have been able to discover of the treatment of Insanity in this Institution, but as the record states that, in the same month, two cases were cured and one died, it is evident that at least one had been previously admitted. In the following month, June, seven cases of mania were received, two cured and two relieved.

The following statistics of insane patients are taken from the records of the Institution, for 1798.

	Remaining from last month.	Received this month.
April, . . .	7	0
May, . . .	7	4
June, . . .	9	3
July, . . .	9	1
August, . . .	8	1
September, . . .	9	1
October, . . .	7	0
November, . . .	5	0
December, . . .	5	2

The whole number of Insane received previously to the 31st December, 1803, was 215. This class of patients appears now to have been rapidly increasing. The apartments devoted to them were neither sufficiently extensive, nor well adapted to their proper accommodation. Influenced by these considerations, as well as by the multiform annoyances and

disadvantages to both classes of patients, necessarily attendant upon placing lunatics and patients with general diseases in the same building, the Board of Governors resolved to erect a separate building to be exclusively devoted to persons laboring under mental disorder.

Having received assistance from the Legislature of the State, they erected a substantial and spacious stone edifice, on the grounds of the Hospital in the city, within the same enclosure, and but a few rods distant from the original building. It was finished and opened on the 15th of July, 1808. On that day, nineteen patients were removed to it from the wards of the other building, and forty-eight were admitted. This new department was called the "Lunatic Asylum," and Dr. Archibald Bruce received the appointment as its Physician. In 1817, he was succeeded by Dr. William Handy, upon whose resignation, in 1819, Dr. John Neilson was appointed, and fulfilled the duties of the office until July, 1821, when the building ceased to be used for the Insane.

The following table exhibits the number of insane patients admitted previously to the 27th of July, 1821, together with the results of their treatment.

Admitted previously to the year 1811	.	643
" in the year 1811	. . .	108
" " " 1812	. , .	127
" " " 1813	. . .	105
" " " 1814	. . .	104
" " " 1815	. . .	69
" " " 1816	. . .	49
" " " 1817	. . .	49
" " " 1818	. . .	75
" " " 1819	. . .	77
" " " 1820	. . .	87
" " " 1821	. . .	60
		<hr/>
		1553*

* It is probable that many of these were cases of Delirium Tremens.

Of whom were cured,	704
Relieved,	239
Discharged by request,	278
Were improper objects,	61
Disorderly or eloped,	65
Died,	154
Transferred to Bloomingdale Asylum,	52
	<hr/>
	1553
	<hr/>

The experience gained during the progress of this Asylum, enabled the Governors of the Hospital to obtain more distinct views of the nature of Insanity, as well as of the means essential to its judicious treatment. At the same time, they received intelligence of the favorable progress in the enterprise for meliorating the condition of the Insane, in Europe, and particularly as exhibited in the operations of the Retreat, near York, in England. Thus stimulated to renewed benevolent exertion, the Governors, in 1815, having received a communication upon the subject from the late Thomas Eddy, whose exertions in the cause were constant and untiring, determined to purchase a farm in the vicinity of the city, and cause to be erected thereon, an edifice adapted to the wants of persons suffering from mental alienation.

The pecuniary means of the Society were, however, insufficient to enable them to undertake this enterprise upon a scale commensurate with their enlarged and accurate views of the necessities of the persons towards the restoration, or the comfortable accommodation of whom, their sympathies and energies were directed. In this emergency, they applied to the Legislature of the State, which, with a generosity worthy of perpetual commemoration, seconded their views, and, on the 17th of April, 1816, granted to the Society an annuity of \$10,000 until the year 1857.

A tract of thirty-nine acres of land, upon a portion of

which the Leake and Watts Orphan House has since been erected, was purchased, with the intention of constructing the Asylum building thereupon. Subsequently, a tract of twenty acres, near Yorkville and on the borders of the East River, being by some considered as more appropriate for the Institution, from the fact of its lying less remote from the city, was also bought, but, upon further consideration, was sold. At length, a farm of about twenty-six acres, adjoining the original purchase, and bounded, on the opposite side, by the Bloomingdale road, was fortunately obtained. This is the most favorable site for an Institution of the kind upon the Island of Manhattan.

The corner stone for the principal edifice was laid on the 7th day of May, 1818. This building was completed about the close of the year 1820, and, under the name of Bloomingdale Asylum, was opened for patients, in June, 1821.

The management of the Institution was vested in a Committee of six, appointed by the Board of Governors from among its own numbers. The action of this Committee is subordinate to the Board, before which the minutes of their proceedings are read at each Monthly Meeting.

The Institution was organized by the election of Laban Gardner as Superintendent, his wife as Matron, and Dr. James Eddy as resident Physician. The executive direction and control of the establishment, in all its departments, excepting the medical treatment of the patients, was delegated to the Superintendent.

The general direction of the medical treatment was placed in the hands of an Attending Physician, who was required to visit the patients twice a week. Dr. John Neilson, who, during the two previous years, had acted as Physician to the Lunatic Asylum in the City, received the appointment to this office, the duties of which he fulfilled until January, 1831, when he resigned.

The Resident Physicians, subsequent to Dr. Eddy, were as follows:—

Albert Smith, M. D. from September, 1822, to March, 1824.
 John Neilson, jun. M. D. from March, 1824, to May, 1824.
 Abraham V. Williams, M. D. from May, 1824, to June, 1825.
 James Macdonald, M. D. from June, 1825, to December, 1830.
 Guy C. Bayley, M. D. from December, 1830, until the time of the reorganization of the Institution.

As the number of patients increased, the apartments for their accommodation became too limited, and the facilities for their suitable classification insufficient. Consequently, in 1829, the men's department was enlarged by the erection of another building, containing rooms for thirty patients; and, in 1837, a corresponding edifice was constructed for the females.

The Board of Governors, believing that a change in the organization would contribute to the usefulness of the Institution, at length determined to dispense with the Attending Physician, make the Resident Physician the principal officer, and invest him with the entire immediate control of the moral, as well as the medical treatment of the patients. Accordingly, in the early part of May, 1831, Dr. James Macdonald received the appointment of Physician, and was delegated to visit some of the principal institutions for the Insane in Europe, in order to become more fully acquainted with their management and recent improvements. After an absence of fifteen months, during which his place was supplied by Dr. Guy C. Bayley, he returned and entered upon the duties of his office. He continued in the faithful application of the results of his enlarged experience and observation, until August 15th, 1837, when he resigned and was succeeded by Dr. Benjamin Ogden. In 1839, Dr. Ogden resigned, and on the 16th of September of the same year, was succeeded by Dr. William Wilson. On the 1st of April, 1844, Dr. Wilson

having resigned and left, the place was supplied by Dr. Pliny Earle.

When the Institution was reorganized, the Board of Governors fixed upon the terms Physician, Warden, and Matron, as the designation of the officers. The former Superintendent and his wife having resigned, Ira Ford received the appointment of Warden, and Mrs. Ford that of Matron. They commenced their duties on the 20th of August, 1831, and were succeeded, the former by George B. Pollock, on the 1st of September, 1837, and the latter by Mrs. Ann Baush, on the 5th of the same month. On the 23d of March, 1839, Mr. Pollock left the Institution, and on the 9th of the following month was succeeded by William Boggs, who remained until the 1st of April, 1843, when George W. Endicott entered upon the duties of the office. The Matron, Mrs. Baush, left the Asylum on the 5th of June, 1840, and was succeeded by Mrs. Eliza Hewlett.

During the first twelve years of the operation of the Institution, the Resident Physician acted as Apothecary. From the 17th of February, 1833, the duties of that place have been performed by Jarvis Titus.

SECTION II.

ON THE RECEPTION OF PATIENTS.

On the 16th of June, 1821, the first patient, a woman, was admitted. On the 20th, she was followed by another woman, on the 23d by five men, and on the 25th by one woman. Those who were admitted on the 23d were transferred from the Hospital in the City. In like manner forty-seven other patients, of whom twenty-seven were men and twenty women, were soon afterwards transferred from that Institution, making the whole number thus removed, Males 32, Females 20, Total 52.

The following tables exhibit, in a condensed form, first, the number of patients admitted during each month and year, from the time of the opening of the Asylum to the 31st of December, 1844, a period of twenty-three years, six months and fourteen days;—second, the number of patients discharged, arranged in a corresponding manner; third, the daily average number of patients actually resident in the Asylum for each month during the period before mentioned; fourth, the average daily residence for every year; and fifth, the daily average number for the whole period.

TABLE FIRST.
*Showing the number of Patients Admitted during each Month and Year, from June 16th, 1821, to
 December 31st, 1844.*

	1821	1822	1823	1824	1825	1826	1827	1828	1829	1830	1831	1832	1833	1834	1835	1836	1837	1838	1839	1840	1841	1842	1843	1844	Total.
January,		4	8	14	6	2	9	9	4	12	4	3	6	6	27	9	8	4	6	7	3	5	2	7	165
February		6	6	9	8	8	3	14	5	7	5	11	10	9	3	9	12	8	9	9	6	5	6	6	174
March,		4	8	7	7	11	13	10	6	6	10	12	9	7	10	8	8	15	7	5	4	8	3	10	188
April,		8	9	7	20	9	11	6	6	10	13	13	13	11	14	10	12	5	14	13	9	13	8	6	240
May,		13	17	11	20	16	15	16	8	19	14	12	8	8	13	13	9	12	13	12	14	4	9	16	292
June,	8	9	19	13	19	13	21	12	11	14	18	13	13	14	15	16	10	14	8	14	13	13	10	9	319
July,	6	2	13	12	22	15	17	15	17	12	12	11	10	46	9	9	11	11	10	9	9	7	6	7	362
August,	13	9	21	6	9	17	13	17	8	13	28	6	15	13	10	17	11	11	6	5	5	6	9	10	278
Septem'r	16	6	2	9	21	13	7	11	6	10	19	10	6	5	10	10	5	12	14	10	15	7	11	12	247
October,	8	9	10	13	9	13	11	13	9	7	5	13	12	10	15	10	10	11	9	9	11	9	10	8	244
Novem'r,	9	15	12	8	13	13	11	7	1	15	12	6	9	16	11	4	7	13	12	7	7	3	4	7	222
Decem'r,	8	6	9	4	11	11	8	9	16	17	12	9	6	6	9	10	9	7	6	12	6	6	5	4	206
Total.	124	102	133	123	158	143	137	141	92	142	151	118	153	114	146	127	112	122	113	112	100	85	84	105	2937

TABLE SECOND.

Showing the number of Patients Discharged, in each Month and Year, from June 16th. 1821, to December 31st, 1844.

	1821	1822	1823	1824	1825	1826	1827	1828	1829	1830	1831	1832	1833	1834	1835	1836	1837	1838	1839	1840	1841	1842	1843	1844	Total
January,		8	3	5	7	12	8	10	8	10	11	9	6	10	7	4	12	11	5	3	5	12	6	2	174
February		4	4	10	8	7	5	6	9	6	8	6	6	9	4	13	6	4	8	9	9	8	7	6	162
March,		4	6	4	6	8	11	9	5	11	8	12	2	13	10	4	8	8	11	8	10	8	5	7	178
April,		12	8	12	13	9	11	15	9	8	6	7	10	3	7	8	14	9	9	10	5	8	5	9	207
May,		5	18	11	14	12	15	12	10	14	11	12	14	6	12	15	6	14	9	11	7	18	10	11	267
June,		8	16	13	15	8	20	10	6	11	17	11	7	4	7	13	5	10	10	17	11	8	15	11	253
July,	7	8	10	12	13	18	10	15	10	14	10	13	8	10	8	11	9	9	38	8	8	10	7	8	274
August,	6	10	15	15	18	11	17	14	5	11	15	10	13	11	6	9	11	12	9	8	8	5	5	8	252
Septem'r	10	8	11	6	12	17	18	15	7	9	8	14	12	21	12	13	5	19	8	5	9	10	6	14	269
October,	8	8	8	16	16	22	6	11	8	13	28	26	15	30	12	11	10	17	4	5	6	10	8	12	310
Novem'r	5	9	10	9	9	12	8	9	10	13	11	8	10	10	9	18	13	13	4	13	13	8	12	10	246
Decem'r	5	10	5	5	50	8	15	9	11	12	13	7	9	7	9	11	10	3	10	10	7	3	9	3	241
Total,	41	94	114	118	181	144	144	135	98	132	146	135	112	134	103	130	109	129	125	107	98	108	95	101	2833

TABLE THIRD,

Showing the mean or average number of Patients daily resident in the Asylum, for each Month, from June 16th, 1821, to December 31st, 1832.

	1821	1822	1823	1824	1825	1826	1827	1828	1829	1830	1831	1832
January, . .		78.36	93.32	111.16	112.80	83.64	89.16	84.35	87.67	83.13	87.25	92.42
February, . .		78.75	95.21	120.83	114.07	82.21	89.71	86.93	82.93	85.25	82.89	93.80
March,		80.77	98.61	117.68	113.25	82.84	91.00	90.00	79.84	83.87	81.74	95.74
April,		81.33	98.97	114.87	117.57	83.70	89.74	85.93	79.63	83.37	86.87	98.43
May,		79.77	99.10	115.29	121.93	87.25	89.22	86.84	76.39	86.71	91.06	102.87
June,	4.80	82.53	99.77	115.87	127.13	88.90	92.00	88.07	78.83	90.63	93.57	101.80
July,	37.03	87.01	101.61	117.90	128.58	92.61	95.03	88.25	83.22	89.06	94.90	103.87
August,	67.36	89.16	106.22	119.10	125.32	93.55	95.58	93.22	86.35	89.03	106.83	99.09
September, . .	73.13	88.33	104.93	118.37	128.73	99.03	87.57	91.40	85.13	90.70	117.97	96.37
October,	72.74	86.42	102.39	118.48	129.45	89.22	84.22	89.29	86.77	88.38	109.38	83.52
November, . . .	75.13	91.43	103.57	115.20	125.47	86.57	89.00	88.53	82.00	89.47	99.30	80.73
December, . . .	80.26	92.71	106.96	114.00	98.09	89.22	87.54	90.90	84.16	90.83	97.68	79.71

TABLE THIRD, CONTINUED.

Showing the mean or average number of Patients daily resident in the Asylum, for each Month, from January 1, 1833, to December 31st, 1844.

	1833	1834	1835	1836	1837	1838	1839	1840	1841	1842	1843	1844
January, . . .	80.87	117.93	121.48	145.87	137.87	138.54	140.51	128.90	129.35	130.96	108.16	103.41
February, . .	81.64	118.46	121.57	147.52	142.07	139.21	139.67	131.41	125.82	123.53	104.25	105.55
March, . . .	87.51	112.96	121.00	146.29	143.48	146.74	138.09	128.41	122.98	123.93	102.83	105.83
April,	90.47	115.13	123.67	150.67	142.93	147.73	138.16	128.06	123.10	124.66	102.26	104.93
May,	91.19	120.64	125.38	149.45	143.06	141.32	139.67	129.80	127.93	121.32	105.67	106.03
June,	91.93	127.70	132.93	151.80	143.30	147.23	142.33	132.03	130.17	116.23	102.63	109.23
July,	107.55	130.45	136.03	152.93	150.64	147.90	121.74	128.61	133.41	117.35	99.19	109.35
August, . . .	134.29	129.55	139.58	156.32	150.35	148.25	113.09	126.16	131.03	115.18	101.67	109.83
September, .	129.57	125.77	139.33	161.93	153.33	144.76	13.40	130.16	132.80	115.96	106.33	110.73
October, . . .	126.71	101.45	139.64	158.35	152.67	138.93	118.77	132.58	135.54	113.77	109.74	108.64
November, .	122.40	99.43	142.50	152.97	151.57	134.33	125.76	130.53	136.06	109.53	107.26	105.96
December, .	125.03	102.09	145.81	142.61	143.96	136.51	125.64	128.37	133.12	108.77	102.38	103.32

In the Annual Report of the Asylum for 1845, a table similar to this was published, but it contained some errors.

TABLE FOURTH.

Showing the mean, or average number of Patients daily resident in the Asylum, for each Year, from June 16, 1821, to December 31, 1844.

Year.	Daily Average.	Year.	Daily Average.	Year.	Daily Average.
1821	62.80	1829	82.81	1837	146.29
1822	84.75	1830	87.54	1838	142.64
1823	100.92	1831	95.84	1839	129.65
1824	116.53	1832	94.02	1840	129.61
1825	120.20	1833	106.01	1841	130.14
1826	88.26	1834	116.78	1842	118.41
1827	89.98	1835	132.47	1843	104.36
1828	88.68	1836	151.38	1844	106.86

The greatest average number was in 1836, when many of the patients were paupers, from the City Almshouse.

Daily average number for the whole period.

The mean or average daily number of patients resident in the Asylum *during the whole period included in the foregoing table, was 110.44.**

At the time of the opening of the Asylum, in 1821, there were but four other public institutions exclusively devoted to the Insane, in the United States; but, during the period over which these statistics extend, the attention of the community, in various parts of the country, became awakened to the wants of that suffering class, and the efforts of many indi-

* Inasmuch as the method of calculating averages differs, to some extent, at different Institutions, it may be remarked, that the foregoing were obtained in the only way which, to us, appears to be strictly accurate; the monthly averages, by adding together the daily number of patients for every day in the month, and dividing the sum by the days in that month; the yearly averages, by dividing the sum of all the daily numbers of patients for the year, by the number of days in the year; and the average for the whole period, by the sum of all the daily number of patients from the 16th of June, 1821, to the 31st of December, 1844, by the whole number of days in that period.

viduals were actively directed to measures for their relief. Hence, before the end of the year 1844, no less than sixteen new Asylums were in operation, making the whole number in the country, twenty-one. In 1821, this institution was alone in the State of New-York, and there was none in the neighboring States nearer than that at Hartford, Conn., on the one hand, and that at Frankford, near Philadelphia, on the other. The extent of territory from which it might be expected that the Bloomingdale Asylum would receive patients, was consequently very large. The establishment of new institutions necessarily tended to restrict its limits. This was the fact, particularly in reference to the New-York City Pauper Asylum, opened in 1839, and the New-York State Asylum, at Utica, opened in 1843. The former took directly from this Asylum, twenty-nine of its inmates, and prevented any future admissions of pauper patients, from the city; and the latter, occupying a central position in the State, received from all the inland and western counties patients, at both private and public expense, who would otherwise have been brought to Bloomingdale.

This explanation will account, in a great measure, for the fluctuation in the number of patients which appears in the foregoing tables.

The very sudden changes in the monthly average, at several different periods, arose from the simultaneous admission and discharge of many patients belonging to the Almshouse Department of the City of New-York. Thus

In January,	1824,	8	patients	were	brought	from	the	Almshouse.
In December,	1825,	*26	patients	were	removed	to	the	Almshouse.
In August,	1831,	17	"	"	admitted	from	"	"
In September,	1831,	8	"	"	"	"	"	"
In October,	1832,	17	"	"	removed	to	"	"

* These, excepting the eight in the preceding line, had been admitted, generally but one at a time, at various periods.

In July,	1833,	31	patients	were	admitted	from	the	Almshouse.
In October,	1834,	20	“	“	removed	to	“	“
In January,	1835,	20	“	“	admitted	from	“	“
In July,	1839,	30	“	“	removed	to	“	“

During the first three months after the Asylum commenced operations, a very considerable proportion of the patients received, were from the City Almshouse. Subsequently, until 1823, the increase in numbers was chiefly by persons supported either by themselves or their friends, and most of them residing in New-York City and its vicinity. From the latter date, however, the Institution having become more generally known, the counties in the interior began to send more of their paupers, and there was a corresponding increase of private pay patients, from remote distances. These sources continued to furnish gradually augmenting numbers until the opening of the State Asylum at Utica, as before-mentioned.

To those who take an interest in the progress of the enterprise for the melioration of the condition of the insane, it cannot fail to be a source of gratification, that, as appears by the following statement, the accommodations for this afflicted class are becoming far more nearly adequate to their necessities.

On the 31st of December, 1821, there were eighty-two patients at the Bloomingdale Asylum, the only institution devoted to the curative treatment of insanity, at that time existing in the State of New-York.

On 31st Decem'r, 1844, there were at the Bloomingdale Asylum,	104	pati'ts
at the New-York State Asylum,	- - 260	“
at the New-York City Asylum,	- - - 352	“
at Dr. White's Institution, Hudson,	- 20	“
at Dr. Macdonald's “ New-York City,	15	“

Total 751

Thus, in *twenty-three years*, the number of patients in Asylums increased from *eighty-two* to *seven hundred and fifty-one*.

At the present time, July 1847, the number of patients in the institutions just mentioned, and in one which was opened since 1844, is as follows :—

Bloomington Asylum,	- - - -	142
New-York State	" - - -	430
New-York City	" - - -	417
Queen's County, (Flatbush) Asylum,		70
Dr. White's	" -	20
Dr. Macdonald's	" -	30
		<hr/>
		1,109

Thus, more than one thousand one hundred of the insane are now provided for at the institutions within the State; and yet the wants of the community are not fully supplied.

PART SECOND.

THE PRESENT STATE OF THE ASYLUM, AND ITS ADMINISTRATION IN THE
MORAL TREATMENT OF PATIENTS.

SECTION I.

OF THE BUILDINGS, GROUNDS AND FARM.

The Bloomingdale Asylum for the Insane is within the limits of the Municipal Jurisdiction of the City of New-York. It is on 117th Street, between the Tenth and the Eleventh Avenues, seven miles N. N. E. of the City Hall, and about a quarter of a mile from the banks of the Hudson river, which it overlooks. It is on one of the most elevated hills known, in history, as the "Harlem heights," and commands a prospect which, for extent, variety and beauty, is rarely equalled.

The farm contains about fifty-five acres, and is bounded, on its western side, by the Bloomingdale road. About thirty acres of it is under high cultivation, portions being devoted to grass, vegetables and ornamental shrubbery.

The part last mentioned includes a liberal space, which is laid out and planted in one of the most approved styles of English gardening. This having been done in the earliest years of the Institution, the trees, of which there is a great variety, have many of them attained their full growth; and as, from year to year, deficiencies have been supplied and the variety increased, the grounds will favorably compare with most in the country. In short, there are but few, upon this side of the Atlantic, which bear so strong a resemblance to the beautiful homesteads of the wealthy, in the rural, cultivated districts of England.

In thus perfecting this part of the establishment, the Governors of the institution have adopted, and faithfully pursued, that system of moral regimen essential to the best interests of the insane, by avoiding, as far as possible, the aspect of a prison, and surrounding the buildings with agreeable prospects.

The principal edifice is constructed of reddish brown freestone, smoothly hewn. It is three stories high, besides the basement and attic; and consists of a central portion and two wings, the united length of which is two hundred and eleven feet. The central portion contains the offices and the private apartments for the officers. The wings are occupied by patients, that on the west by men, and that on the east by women. On each floor of either wing, a hall or corridor, ten and a half feet in width, extends the whole length through the centre, having apartments upon both sides. One large room, at the extremity of the hall, on every floor, is used as a sitting and dining room. The others are lodging-rooms, of different dimensions, sufficient to accommodate from one to four beds each. There is also a room fitted up as a wardrobe, and one as a water-closet, on every floor in each of the wings, besides a bath-room on the second story.

Parallel with the western extremity of this edifice, and about one hundred and fifty feet in its rear, there is another building, constructed of brick, fifty-seven feet long, thirty-two feet eight inches wide, and three stories high; the corridors are ten feet wide, and the rooms are mostly of uniform size, being nine feet two inches in length by seven feet two inches in width. In the rear of the eastern extremity of the principal edifice, and parallel with the building just described, stands a third, the basement of which is a laundry, while the upper two stories are occupied by female patients. It is sixty-six feet six inches long, by thirty-eight feet wide. The corridors are nine feet six inches wide, and the patients' rooms nine feet six inches long, by six feet six inches wide.

There are six bathing rooms in the establishment—two of which have already been mentioned. There is one in the basement of each wing of the principal edifice, and one in each of the smaller buildings.

The water used in the Asylum is obtained from wells and springs, together with what is collected from the roofs. Several subterranean cisterns, and six tanks in the attic of the main building, each holding thirteen hogsheads, are the reservoirs for that which is collected from the source last mentioned.

Every department occupied by patients is heated by air furnaces, with the exception of the sitting and dining rooms, in the principal building; in each of which there is a coal fire, in either a grate or a stove. Coal is the principal fuel used in the establishment. The annual consumption is about two hundred tons. Most of the water used in domestic purposes, and all that is used in the washing of clothes, is heated by steam.

There are two kitchens, one for the officers, the other for the rest of the household. Fourteen tables are set at each meal, one for the officers, ten for the patients, and three for the domestics.

The principal out-buildings on the premises are a barn, including stables and carriage-house, an ice-house, and a green-house, or conservatory. The barn is large and built of stone, in the most substantial manner. The green-house contains about seven hundred plants, many of them rare and beautiful exotics.

SECTION II.

MORAL TREATMENT.

In the moral regimen at this institution, every practicable effort is made to pursue that system, at once gentle, philosophical and practical, which has resulted from the active and strenuous endeavors of many philanthropists, in the course of the last half century, to meliorate the condition of the insane. The primary object is to treat the patients, so far as their condition will possibly admit, as if they were still in the enjoyment of the healthy exercise of their mental faculties. An important desideratum for the attainment of this object is, to make their condition, as boarders, as comfortable as possible; that they may be the less sensible of the deprivations to which they are subjected by a removal from home. Nor is it less essential to extend to them the privilege, or the right, of as much liberty, as much freedom from personal restraint as is compatible with their safety, the safety of others, and the judicious administration of other branches of curative treatment. The courtesies of civilized and social life are not to be forgotten, tending, as they do, to the promotion of the first great object already mentioned, and operating, to no inconsiderable extent, as a means of effecting restoration to mental health.

The means generally included in what is termed *moral treatment*, although many of them operate upon the mind by increasing the physical activity and energy, will be described under their respective heads.

I. MANUAL LABOR.

Some employment for the hands, of a description requiring a degree of exercise of the body sufficient to preserve and increase the activity and vigor of all its organs, as well as to

promote sound and healthful sleep, is acknowledged, by all who are conversant with the treatment of insanity, as it appears in public institutions, to be the most effectual of restorative measures not purely medical. Hence, some physicians have recommended compulsory labor, in cases where the patient will not engage in it voluntarily.

At this Asylum the patients are advised and, if possible, induced to apply themselves to some useful occupation, but no compulsory measures are resorted to for the purpose of enforcing it.

A large proportion of the inmates, as will be perceived by the table of occupations, are from the classes unaccustomed to manual labor. These, with very rare exceptions, will never commence any employment of the kind, while at the Asylum.

Another large class of the patients are mechanics and artisans, from the city, unaccustomed to any occupation other than that to which they were bred, and facilities for pursuing which cannot, in most cases, be furnished here or at any similar institution.

Finally, of those who are acquainted with, and habituated to such kind of labor as can be introduced here, a considerable proportion are rendered unfit to work by their disease; and others, though able, will not work, because—to them apparently the best of all reasons,—they “pay their board.”

With all these adverse influences, it cannot be expected that, in an institution accommodating but about seventy-five of either sex, the number should be large who devote much of their time to labor. There are some, however, who work upon the farm, and others in the carpenter's shop, the kitchen and the laundry; while numerous small jobs about the establishment furnish employment to a considerable number of the men.

A much larger proportion of women than of men labor vo-

luntarily, not only because all classes of women, in this country, are, with but few exceptions, taught to use the needle, but because this species of labor is one which can be introduced into the apartments of the patients.

Could some light occupation, requiring but little mechanical ingenuity or skill, be carried on in all the wards of the men's department, the number of laborers on that side might be materially augmented.

II. RELIGIOUS WORSHIP.

It is believed that the first attempt, in the United States, to hold a meeting for religious worship in an institution for the insane, was made at the Lunatic Asylum adjoining the New-York Hospital,—the building for which the Bloomingdale Asylum was erected as a substitute. On the 31st of August, 1819, the Rev. John Stanford, a venerable Divine who will long be remembered for his active benevolence, preached a sermon to the inmates of that institution,—an occasion to which he alludes, in the following manner, in the writings published in his memoir.

“About forty of the most composed of the patients were assembled, and several of the Governors, the Physicians of the house, and the Superintendent of the Hospital attended on the occasion. The patients conducted with great propriety, and many, of their own accord, kneeled while prayer was offered, and several expressed their thanks at the close of the service.”

In the year 1832, a Chaplain was employed at the Bloomingdale Asylum, and regularly, since that time, such patients as were suitable have assembled, on the sabbath, for divine worship. With one hundred and forty patients in the Asylum, the average number in attendance is about eighty-five. Their deportment, with few and rare exceptions, is charac-

terized by good order, decorum, and a regard to the proprieties of the place and the object of the assembly.

To a large majority of the patients these services are beneficial. To a few, such as are very melancholy, disposed to excessive contemplation upon religious subjects, and hopeless of salvation for themselves, the tendency is thought to be injurious, and they are consequently not permitted to attend.

III. RECREATIVE EXERCISE.

a. Importance of Exercise.—A considerable portion of the insane are impatient of detention and of any abridgement of their personal independence of action. Another portion, quite as large, especially in institutions that have been in operation many years, are inactive, stupid, and disposed to be constantly sitting or lying down. To gratify the former, to rouse the latter, and as a hygienic measure for all, it is intended, at this Asylum, that every patient capable of leaving the house shall have a certain degree of exercise, daily, out of doors. Hence, after the morning visit of the Physician, and again after dinner, such patients as are allowed the liberty of the premises, go out unattended, and all the others in the men's department are transferred to the

b. Airing courts or yards.—There are three of these for the men, and four for the women. They are, with one exception, well shaded with trees, and three of them have large bowers, covered with roofs, and furnished with seats for all the patients admitted into the courts.

An opinion unfavorable to airing courts has been expressed by several eminent Physicians connected with Asylums in the United States. The principal objections which have been urged against them are, first, their prison-like aspect, and second, the patients admitted into them are liable to lie upon the ground, and thereby injure their health.

The first objection is easily answered. The airing courts at the Retreat, near York, England, at the York Lunatic Asylum, and at some of the other institutions in Europe, have a much stronger resemblance to a beautiful garden than to the yard of a penitentiary. It is an old adage, true as trite, that "what man has done man may do," and if the courts of foreign institutions can be made so cheerful and attractive, there is no obstacle sufficient to prevent the attainment of the same object in the United States.

The second objection may be as easily met. At this Asylum, the courts occupied by the men are kept constantly under observation, by an attendant whose time is devoted to this purpose; and among the rules by which he is to govern his conduct, are the following:—

"He must see that each patient has a hat, while in the yard, and that the clothes of all are kept properly arranged, the pantaloons, vest, and shirt-collars buttoned.

"He must not permit the patients to lie on the ground while in the yard; but must endeavor to amuse, encourage and assist them in their games."

The Physicians who object to yards or courts, advocate, as a substitute, open verandahs, guarded by lattice-work, such as are found at the Massachusetts State Lunatic Hospital, and at some of the other institutions of this country. It appears to us that, to the minds of the patients, these must be much more constantly suggestive of imprisonment, or confinement, than a large, well shaded, cultivated court. And it is presumed that no one will endeavor to maintain that the exercise to be obtained in a necessarily restricted space, upon a floor, can be so conducive to health as that which is gained in a court of liberal dimensions, in the open air, and upon the ground.

The most approved and best of hygienic, or of curative

measures, may be badly managed; but it needs no argument to prove that the abuse of a thing should prevent the use of it in a judicious manner.

c. Walking.—One attendant devotes his time, at suitable hours in the day, to walking with the men, over the premises and throughout the neighbouring country; and all the attendants, of both sexes, are required to walk, daily, with some of the patients under their care. They frequently make excursions of several miles, visiting the Receiving Reservoir of the Croton Water, the High Bridge, or aqueduct intended to convey that water over the Harlem River, the Trinity Church Cemetery and other places of interest in the vicinity.

In the proper season, some are permitted to go to the neighboring river to bathe or to fish.

d. Riding.—Two horses, and a carriage with seats for eight, are wholly devoted to the use of the patients. They go out regularly, in suitable weather, from two to four times a day, taking the patients in rotation. They go from six to eight miles at each excursion, the direction being varied, as much as the many roads and streets in the vicinity will allow.

IV. INSTRUCTION.

a. Lectures.—Soon after the writer of this article first directed his attention to the treatment of the insane, he became convinced that lectures upon scientific and miscellaneous subjects might be made an object of interest, as well as of utility, in the moral treatment of patients in public institutions. Accordingly, being at that time connected with the Frankford Asylum, near Philadelphia, he induced the managers of that institution to purchase an air-pump and other philosophical apparatus, and with the aid of these he gave a series of experimental lectures before the patients, in the

winter of 1840-41; and again in the winter of 1841-42. The results were as favorable as had been anticipated.

The writer became connected with the Bloomingdale Asylum in the spring of 1844, and in the autumn of the same year, encouraged by the Governors, who made a liberal appropriation for the purchase of apparatus, commenced a course of lectures, which were continued through the winter. The success was sufficient to induce perseverance in the plan, and a similar course has been delivered in each succeeding year since that time. The last commenced on the 12th of October, 1846, and ended on the 3rd of May, 1847. It consisted of thirty-eight lectures, as follows :

Natural Philosophy,	- - -	Four Lectures.
Chemistry,	- - -	Six do.
Animal Physiology,	- - -	Nine do.
Astronomy,	- - -	Ten do.
Physical, Intellectual and Moral Beauty,		Two do.
Recitations of Poetry,	- - -	One do.
History and description of Malta,	-	Two do.
Greece as it was in 1838,	-	Two do.
Characteristics of the Americans and Europeans,	} }	Two do.

For the suitable illustration of the lectures, the Institution is furnished with the following apparatus:

- 1st. An Air-pump, with its accompaniments.
- 2nd. A set of Mechanical Powers.
- 3rd. A Magic Lantern.
- 4th. An Orrery.
- 5th. An Electrical Machine, with its implements.
- 6th. Pneumatic Trough, Receivers, Retorts and other articles used in Chemistry.
- 7th. One hundred and forty-six diagrams, painted upon bleached muslin, illustrative of the structure of the human frame, and that of the lower orders of animals.

8th. Twenty similar diagrams explanatory of the laws and phenomena of light.

9th. Twenty-five Astronomical diagrams.

10th. One hundred diagrams illustrating various subjects.

The lectures were delivered in the evening, and attended by an average number of about seventy patients. Their attention and deportment would compare favorably with that of the audiences ordinarily attendant upon lectures.

It will be perceived that such subjects were selected as are susceptible of demonstration or illustration, experimentally, or through the medium of diagrams. Such topics are considered as the most suitable, inasmuch as the perceptive faculties are called into action by addressing the eye, as well as the ear. As a general rule, this holds good; but of all the lectures mentioned in the foregoing list, it is believed that none commanded more profound attention, or gave more general satisfaction, than that which consisted of the recitation of poetry, with remarks upon the character of the pieces, and upon the authors by whom they were written.

As a simple method of exerting disciplinary restraint, simultaneously, over a large number of patients; a means of fixing the attention and withdrawing the minds of comparatively a multitude from the delusions incident to their disease, we believe there is no other plan, hitherto adopted in the system of moral treatment, which will prove more generally and extensively useful than that of judicious and well managed lectures.

b. School.—In the autumn of 1845, a school was commenced in the men's department, and continued until the following spring. It was suspended during the summer, but again opened and kept during the winter of 1846–47. It was attended by from twenty to thirty patients, of various ages and in a diversity of conditions, in regard to mental disorder. The ordinary English branches were taught, and in these

some of the younger patients made considerable progress. Others reviewed what they had previously studied, and others still, interested or amused themselves by reading from entertaining books and newspapers.

It is not to be expected that great advancement in valuable knowledge can ever be attained in a school for the insane. The only object generally within reach, and the only one the acquisition of which need be expected—and this indeed is much—is the exercise of a moral control over large numbers at once; subduing excitement, rousing the inactive, and giving a new current to the thoughts.

c. Library.—A miscellaneous library of about one thousand volumes is devoted to the use of the patients, and five daily and eight weekly newspapers, two monthly magazines and four quarterly reviews are also taken for them. Thus an inexhaustible fund of reading is supplied, and a librarian distributes it to such patients as are disposed to make use of it.

V. AMUSEMENTS.

a. Games.—Facilities for various diversions are afforded to the patients. A bowling alley, or nine-pins, holds the first rank among the means of this species of moral treatment, whether we regard its utility, or the number of patients who resort to it for amusement. The interest of the game renders it sufficiently attractive and absorbing, while the physical force required furnishes no small amount of wholesome exercise. Quoits, the bat-ball, the foot-ball and the swing are the other principal means of amusement out of doors.

Within the house, we have bagatelle, battle-door, “the graces,” chess, chequers, backgammon, cards and various other games.

b. Music.—A piano, viol, violin, bugle, drum, flutes and fifes are accessible to such as have a taste for music.

c. Parties.—On one evening in each week, during the cold season, the convalescent and convalescing patients, to the number of from ten to fifteen of each sex, are invited into a parlor in the central building, where, in company with the officers, they pass a few hours sociably, or engaged in such games as may be introduced. Refreshments are supplied, and in this, as well as in other respects, these parties differ but little from similar assemblies in private houses.

d. Dancing.—On one evening in each month, during the cold season, there is a cotillion party, or ball, attended by from sixty to seventy of the patients. No means of entertainment gives more general satisfaction than this; and, on the class of patients admitted here, its general influence is evidently beneficial.

VI. RESTRAINTS.

Since the establishment of this institution, the opinions of those concerned in the management of the insane have passed through a variety of phases, in regard to the extent to which corporeal restraint and other coercive measures are necessary, in the proper management of patients. From the ultra ideas of the old *régime*, in which the discipline of an institution of this kind was almost identical with that of a common jail, and in some instances even worse, there has been a gradual but constant mitigation of severity, in both theory and practice, until the opposite extreme has been reached, and the doctrine of the entire abolition of the use of restraining appliances for the body or limbs, has been promulgated as that which alone is compatible with the true interests and the judicious treatment of the insane. Keeping pace, to a certain point, with this progressive sentiment, and directed by the surest of all guides, the light of experience, the executive officers of this institution have gradu-

ally abandoned the most exceptionable forms of restraint, and more rarely resorted to those of a milder character. They have never, however, become proselytes to the doctrine of the absolutely entire disuse of all restraining apparatus. There are exceptions to all rules which are not governed by the invariable laws of mathematics or of moral right, and no argument, however subtle or specious, or, to appearances, however strongly based, theoretically, upon benevolence, philanthropy, kindness, and the golden rule of "doing to others as we would, under similar circumstances, that they should do unto us," can overthrow our belief—founded upon the observation of several years,—that there are cases in which the welfare of the patient, and the dictates of true humanity, require a resort to some restraining means. The truth of this proposition may be, and perhaps is, acknowledged by all. Yet those who, in their recession from left hand defections, have, in our judgment, fallen into right hand errors, assert that, in the cases alluded to, whatever restraint is applied should be that of the hands of the attendants. To this substitute, or subterfuge, we cannot resort, knowing, as we do, the greater irritation produced in a patient, by being held by the hands of attendants, than by having his limbs confined by mechanical appliances. In the former, mind struggles with mind; in the latter, with matter alone. The only means of restraint now used in the Asylum are the camisole, or long sleeves, leathern muffs for the hands, and the invaluable apparatus, invented by Dr. Rufus Wyman, for confining a patient in bed.

The camisole is in nearly all cases sufficient. During the last three years, the muffs have not been used in more than two or three cases annually, and in those for but a day or two, or, at most, but a few days each. There was one period of thirteen months, during which restraint was resorted to but in two cases in the men's department. In one of these

the patient, while in a condition of typhoid delirium, wore a camisole three days, and in the other, the patient's hands were similarly confined, a few hours, to ensure the vesication of a blister.

We have found that the proportion of women requiring restraint is greater than that of men; and in this it is believed that our experience coincides with that of Physicians of other institutions.

In no less than three cases, in which there was prolonged and exhausting excitement, we are convinced that Wyman's bed apparatus has been the means of insuring sleep, and of saving the life of the patient. It is a method of restraint with which every institution should be supplied.

VII. ATTENDANTS.

It requires but little experience, in an Asylum, to convince a person of the identity between a judicious parental government, and that system of management which is best adapted to the insane. The motives, the influences, and, as a general rule, the means necessary for the good government of children, are equally applicable, and equally efficient for the insane. In fact, this system is the great desideratum, at every Asylum; and without it, it is impossible for the management to approximate that degree of perfection which it is desirable to attain.

The most essential element of success in the establishment and maintenance of such a government, is a corps of intelligent attendants, of kind disposition, and good judgment. Such and such alone can sustain a disciplinary code, founded upon kindness and supported with firmness.

Much pains has been taken, at this institution, to procure attendants of this character, and, especially as regards the men's department, the efforts have been rewarded with a good degree of success. Nearly all the young men who

have been so employed during the last few years, were from the country, and so well educated that they had been accustomed to teaching school in the winter.

It is needless to describe, in detail, the numerous advantages of attendants of this kind over those who are ignorant, and whose only ideas of exerting control over others, are measured by the strength of their arms. He who has once tried the former, would greatly deplore the exigency which should render it necessary to return to the latter.

Such are the principal facilities afforded for moral treatment at this Asylum. They are sufficiently extensive, if frequently called into requisition, not only to break the monotony of hospital life, and promote the contentment of the patients, but also to effect much towards the accomplishment of the great object of the institution—the instalment of reason upon the seat from which it has been dethroned.

PART THIRD.

AN ANALYSIS OF THE CASES ADMITTED INTO THE ASYLUM PREVIOUSLY
TO DECEMBER 31st 1844.

CHAPTER I.

CASES OF DELIRIUM TREMENS.

SECTION I.

Of the Number of Patients Admitted.

During the whole period of its existence, the Asylum has been made the receptacle, not for cases of insanity proper alone, but also for persons laboring under Delirium tremens, as well as for some who, although not attacked with this disease, were addicted to the habitual and excessive use of intoxicating liquors. These persons are not, strictly speaking, proper subjects for an Asylum for the insane; but as there is no institution in the vicinity of New-York particularly intended for them, and no other place so well adapted to their treatment, and temporary seclusion from the sources of their disorder, in the hope of a reformation, this establishment almost necessarily became their place of refuge.

The aggregate number of *cases* of this kind, admitted previously to the 31st of December, 1844, is 594, of which 511 were males and 83 females. But this number includes many re-admissions of the same individuals. In the subjoined table, these cases are arranged according to their several admissions and re-admissions.

	Males.	Females.	Total.
First Admission,	274	48	322
Second Admission,	85	17	102
Third Admission,	42	7	49
Fourth Admission,	29	4	33
Fifth Admission,	20	3	23
Sixth Admission,	14	2	16
Seventh Admission,	8	2	10
Eighth Admission,	5	0	5
Ninth Admission,	5	0	5
Tenth Admission,	5	0	5
Eleventh Admission,	5	0	5
Twelfth Admission,	3	0	3
Thirteenth Admission,	2	0	2
Fourteenth Admission,	2	0	2
From 15th to 26th, each one Ad- mission,	12	0	12
Total,	511	83	594

SECTION II.

Of First Admissions.

From the foregoing table it appears that the whole number of *persons* in this class is 322. To these, and to their disease on their first admission, our investigations must, for the present, be confined. The years in which they were respectively first admitted, are indicated in the following table:—

Year	Males.	Femal	Total.	Year.	Males.	Femal.	Total.	Year.	Males.	Femal.	Total.
1821	14	0	14	B't up	145	22	167	B't up	238	35	273
1822	19	3	22	1830	9	4	13	1838	9	6	15
1823	14	4	18	1831	14	1	15	1839	4	1	5
1824	17	0	17	1832	12	1	13	1840	5	2	7
1825	24	3	27	1833	17	1	18	1841	6	1	7
1826	20	5	25	1834	11	1	12	1842	2	2	4
1827	14	5	19	1835	5	3	8	1843	4	1	5
1828	11	2	13	1836	12	1	13	1844	6	0	6
1829	12	0	12	1837	13	1	14				
C'd up	145	22	167	C'd up	238	35	273	Total	274	48	322

In the earlier years of the institution, as will be perceived by this schedule, many more intemperate persons were received, than at a later period, although the population of the City, the principal source of the patients, was more than doubled during the years to which these statistics refer. This fact may undoubtedly be in part attributed to improved habits, resulting from the interest awakened in the cause of temperance.

The sexes being distinguished in the foregoing table, it will be perceived that there were 274 males, and 48 females; the former exceeding the latter in the proportion of nearly 6 to 1.

Of these 322 patients, the countries of nativity of 273, and those of residence, at the time of admission, of 294, are recorded. They are as follows:—

N A T I V I T Y .								
State.	Males.	Fema.	Total.	Country.	Males.	Fema.	Total.	
New-York,	137	15	152	Ireland,	32	13	45	
Connecticut, . . .	10	1	11	England,	14	6	20	
New Jersey, . . .	9	0	9	Scotland,	7	1	8	
Massachusetts, . .	7	1	8	France,	2	1	3	
Pennsylvania, . .	2	1	3	Nova Scotia,	1	1	2	
Maryland,	2	0	2	Wales,	1	0	1	
Virginia,	2	0	2	Germany,	1	0	1	
Maine,	1	0	1	Sweden	1	0	1	
New Hampshire	0	1	1					
Rhode Island, . .	1	0	1	Total Foreigners,	59	22	81	
S. Carolina, . . .	0	1	1	Total U. States,	172	20	192	
Total U. States,	172	20	192	Aggregate	231	42	273	
R E S I D E N C E .								
State or Country.	Males.	Fema.	Total.	State or Country.	Males.	Fema.	Total.	
New-York	237	39	276	Brought up	250	40	290	
New Jersey . . .	6	0	6	Virginia	0	1	1	
Massachusetts, . .	4	0	4	Louisiana	1	0	1	
Connecticut . . .	3	0	3	Michigan	1	0	1	
Pennsylvania . .	0	1	1	Canada	1	0	1	
Carried up	250	40	290	Total	253	41	294	

It appears that 152, or 55 per cent of the whole, were born in the State of New-York; and 40, or 14 per cent, were natives of other States of the Union. Of foreigners there were 81, which is equal to 30 per cent.

Persons laboring under Delirium tremens are rarely carried to a great distance for treatment. This is rendered inconvenient, and generally impossible, both by the condition of the patient and the duration of the disease.

Hence it is not surprising that, of 295 individuals admitted, no less than 276 resided in this State; and a very large proportion of these in the City of New-York. Of the 19 whose residence was in other States, and in Canada, several were sojourning in this City when attacked with the disorder for the cure of which they were brought to the Asylum.

The profession or occupation of 238 men, is exhibited in the subjoined list. An attempt has been made to classify them according to the peculiar nature of their several employments.

<i>1st. Mercantile.</i>		<i>4th. Mariners.</i>	
Merchants and traders,	50	Naval officers,	2
Clerks,	25	Sailors,	11
Druggists,	3	Sea captains	3
Manufacturers,	2	Pilot,	1
<i>2d. Professional.</i>		<i>5th. Exposed to Heat.</i>	
Physicians,	2	Ironfounder,	1
Medical students,	2	Blacksmiths,	2
Lawyers,	19	Engineer,	1
Student of Law,	1	Glassblower,	1
Artist,	1	Bakers,	3
Architect,	1	Hatter,	1
<i>3d. Dealers in Liquor.</i>		<i>6th. Sedentary.</i>	
Tavern keepers,	3	Sail maker,	1
Grocers,*	14	Shoe makers,	2
Brewer,	1	Watch maker,	1

* Most of them retailers of liquor by the glass.

Tailors,	4	Upholsterer,	1
Saddler,	1	Circus rider,	1
Carpet weaver	1		
		<i>8th. Active employment out of doors.</i>	
<i>7th. Active employment within doors.</i>		Farmers,	8
Brush maker,	1	Laborers,	6
Comb maker,	1	Cartmen,	3
Leather dressers,	5	Pavior,	1
Carpenter,	1	Painters,	2
Cooper,	1	Masons,	4
Chair makers,	2	Butchers,	2
Collector of taxes,	1	Pedlars,	2
Clothier,	1	Cider maker,	1
Silkprinter,	1	Stage driver,	1
Bookbinder,	1	Soldier,	1
Nail maker,	1	Musician,	1
Gilder,	1		
Actor,	1	<i>10th. No Occupation.</i>	
Printer,	1	Men of leisure and young	
Silversmith,	1	men without employ-	
Coppersmith,	1	ment,	23

Merchants, traders, clerks, professional men, persons of leisure and young men without employment, furnish one hundred and twenty-nine, or ten more than one half of the two hundred and thirty-eight patients here recorded. Without explanation, the necessary inference must be far from flattering to these classes. It should be recollected, however, that they constitute no unimportant proportion of the population of the commercial and wealthy city of New-York. They are, moreover, those classes the members of which, more generally than those of other portions of the population, resort to this institution when thus diseased. The great majority of persons whose pecuniary resources are limited, are taken to places where the expenses are less.

Table showing the Age of two hundred and fifty-four Patients.

Sex.	Under 20 years.	From 20 to 30	From 30 to 40	From 40 to 50	From 50 to 60	From 60 to 70	Total.
Males.....	3	77	81	36	10	5	212
Females...	0	8	19	7	6	2	42
Total.....	3	85	100	43	16	7	254

The decennium in which there was the greatest number, is that from thirty to forty years. The next is that from twenty to thirty; and the third, that from forty to fifty.

In the community at large, there is a much greater number of persons between twenty and thirty years of age, than in any decennium of more advanced life. Hence the proportionate number of these patients between thirty and forty years, as compared with the living population of the corresponding age, is much greater than that in any other period of existence.

Table showing the Civil Condition of two hundred and eighty-six Patients.

	Males.	Females.	Total.
Single,	122	1	123
Married,	115	37	152
Widowed,	4	7	11
Total,	<u>241</u>	<u>45</u>	<u>286</u>

The number of unmarried men exceeds that of the married by seven, although, if the widowed be included with the latter division, the single predominate over the married, by but *three*. This approximation to equality of numbers in the classes of celibacy and matrimony, though so strikingly remarkable with the men, does not obtain with the women. Of the latter sex, the married exceed the unmarried in the proportion of thirty-seven to one, or, if the widowed be included with the married, in the proportion of forty-four to one.

Table exhibiting the Results of all the Cases of First Admission.

Result.	Males.	Females.	Total.
Cured,	244	42	286
Much improved,	1	0	1
Improved,	0	3	3
Relieved,	1	0	1
Unimproved,	5	2	7
Eloped,	2	0	2
Died,	19	1	20
Remain,	2	0	2
Total,	<u>274</u>	<u>48</u>	<u>322</u>

As a general rule, Delirium tremens soon terminates either in recovery or death.

Considering the severity of the disease, it is eminently curable. Thus, of 322 patients, 286 were cured, and but 20 died. The two still remaining in the house are also cured.

It is proper to remark, as has already been intimated, that in some of these cases, the patient had no delirium while at the Asylum. Among them were a few in each of the various conditions and phases, both temporary and more prolonged, of intoxication.

The rapidity with which the delirium approaches its crisis, in fatal cases, is well illustrated by the following table, indicating the term of residence at the Asylum, of each patient who died.

Time in the Asylum.	Males.	Females.	Total.
One day,	2	0	2
Two days,	2	1	3
Three days,	2	0	2
Four days,	5	0	5
Five days,	1	0	1
Seven days,	1	0	1
Nine days,	1	0	1
Ten days,	1	0	1
Twelve days,	1	0	1
Thirteen days,	1	0	1
Twenty-seven days,	1	0	1
One month and 22 days,	1	0	1
Total,	<u>19</u>	<u>1</u>	<u>20</u>

In twelve of these twenty cases, the patient died within four days from the time of his reception into the Asylum; and all of them, excepting one, within twenty-seven days. The man who remained one month and twenty-two days, died of congestive fever.

The death of the man who died on the ninth day, was the result of an attempt at suicide, by cutting his throat, before admission. This was also the case with one of the men who died on the fourth day. One of the men committed suicide while in the Asylum.

SECTION III.

OF RE-ADMISSIONS.

1st. Of Second Admissions.

Of the three hundred and twenty-two persons before-mentioned, eighty-five males and seventeen females, a total of one hundred and two, were admitted a second time, and discharged as follows:—

	Males.	Females.	Total.
Cured,	74	15	89
Much improved,	1	0	1
Improved,	2	0	2
Unimproved,	3	2	5
Eloped,	2	0	2
Died,	1	0	1
By habeas corpus,	1	0	1
Not stated,	1	0	1
Total,	85	17	102

2nd. Of Third Admissions.

Forty-two males and seven females, making an aggregate of forty-nine, were each admitted a third time. They were discharged as follows:

	Males.	Females.	Total.
Cured,	36	6	42
Improved,	3	1	4
Unimproved,	1	0	1
Eloped,	1	0	1
Died,	1	0	1
	<hr/>	<hr/>	<hr/>
Total,	42	7	49

3d. Of Fourth Admissions.

Of the fourth admissions, there were thirty-three, of whom twenty-nine were males and four females. They left the Asylum as follows:

	Males.	Females.	Total.
Cured,	21	4	25
Improved,	1	0	1
Unimproved,	3	0	3
Eloped,	3	0	3
Died,	1	0	1
	<hr/>	<hr/>	<hr/>
Total,	29	4	33

4th. Of Fifth Admissions.

Twenty-three were received a fifth time each. Of these, twenty were males and three females. Discharged as follows:

	Males.	Females.	Total.
Cured,	16	3	19
Unimproved,	2	0	2
Eloped,	1	0	1
Died,	1	0	1
	<hr/>	<hr/>	<hr/>
Total,	20	3	23

5th. Of Sixth Admissions.

The sixth admissions consist of fourteen males and two females: total, sixteen. Of these, there were discharged

	Males.	Females.	Total.
Cured,	12	2	14
Unimproved,	2	0	2
	<hr/>	<hr/>	<hr/>
Total,	14	2	16

6th. *Of Seventh Admissions.*

Eight males and two females were each admitted a seventh time. The results in these cases were as follows :

	Males.	Females	Total.
Cured,	6	1	7
Unimproved,	1	0	1
Died,	0	1	1
Remains,	1	0	1
Total,	<u>8</u>	<u>2</u>	<u>10</u>

7th. *Of Admissions subsequent to the Seventh.*

No females were received more than seven times. The admissions of a higher number were exclusively of males. A succinct account of them is contained in the following schedule :

- 5 were received 8 times each ; and discharged, 4 cured, 1 improved.
- 5 were received 9 times each ; and discharged, 4 cured, 1 eloped.
- 5 were received 10 times each ; and discharged, 4 cured, 1 improved.
- 5 were received 11 times each ; and discharged, 5 cured.
- 3 were received 12 times each ; and discharged, 3 cured.
- 2 were received 13 times each ; and discharged, 2 cured.
- 2 were received 14 times each ; and discharged, 1 cured, 1 improved.

One man was received twelve times more, and discharged *cured* seven times, *relieved* five times. His last discharge was about twelve years since, and during the interval between that time and the present, his habits have been strictly temperate, and his mental condition perfectly healthy.

Of all diseases to which the human race is subject, there is none that more completely unmans its unfortunate victim, more entirely divests him of all the attributes the possession of which has justified him in assuming the title of "the lord of creation," than delirium tremens when in the plenitude of its activity.

The quivering tongue, the disordered stomach, the torpid

liver, the rapid pulse, the contracted pupil, the inability to sleep, the irregularity of nervous power, the impotent functions of the brain and the consequent insubordination of the system to its control—these physical symptoms, though much, are but little when compared with the mental phenomena resulting from them. The depraved action of the avenues to the mind,—the external senses—and the unhealthy functions of the perceptive faculties, whence the patient is unable to appreciate or understand the nature or the relations of the objects by which he is surrounded, the entire confusion of his ideas of matter, time and space, the laws by which they are regulated and the inevitable results of those laws, if not the least alarming are certainly less prominent and imposing than some of the other symptoms. These may be called the negative mental phenomena. The positive are more salient, and hence make a stronger impression upon the beholder. They are the visions which are continually conjured up by a wayward, excited, and ungovernable imagination, more varied in their forms and characters than are the designs of the boldest artist, more diverse and unstable than the ever-changing pictures of a phantasmagoria.

The walls of his apartment, mere mortar and whitewash to the view of other people, present to the patient pictures of every possible variety in character and composition. Animals of various kinds throng into his room, crouch before him with threatening gestures, and grimaces the most frightful, creep beneath his bed, or crawl upon it with torturing menaces. Enemies in human form spring up to bind, to drag to prison, to the tribunal of justice, to the rack or to the place of execution, or, perchance to shoot or to slay with the sword; and, finally, the phantoms of the ideal world, spectres with gorgon heads, and bodies more hideous than those of the satyr or the fabled tenants of the lower regions, glower upon him with their eyes of fire, gnash their teeth in fiendish defi-

ance, at length seize upon him, and he struggles with them in the full faith that he has encountered the devil incarnate.

Such are the features which constitute the most distinctive, and, to some, the most appalling characteristics of this disease. How beautiful the results of the harmonious movements of that system which, as the crowning work of the creation, was both "fearfully and wonderfully made," yet how revolting the effects of its discordant action!

But, as has already been observed and demonstrated, notwithstanding the remarkable physical disorder, and the heterogeneous medley of mental phenomena, attendant upon the malady in question, there are but few acute diseases involving any important organ, or series of organs, which are more curable. The physical powers, though so nearly prostrate, rise with a resiliency which is truly remarkable, and the mind rapidly resumes its healthy action.

It has already been observed that Delirium tremens is not usually considered as ranking under the general head of Insanity proper. What opinion soever may be entertained upon this subject, the malady is so different from ordinary mental alienation, in both its characteristics and its duration, that the therapeutic principles adapted to the treatment of the former are entirely inapplicable to the latter. Hence, as well as for reasons hereafter to be mentioned, we have ever held the opinion—and it has been very strongly confirmed by the practical observation of several years—that cases of delirium tremens ought not to be admitted into institutions intended for the insane.

The disease is of short duration, and consequently the patient requires *absolute* seclusion, or close confinement, for but a limited period. The converse of this proposition, as a general rule, obtains with the insane. The internal police of an Asylum cannot therefore be well adapted to the necessities of the two classes. The supervision, the restraint, the abridge-

ment of liberty necessary for the one, are not so for the other. If the delirium patients, after recovery from the immediate effects of the disease, be allowed to have all the privileges to which they are entitled, compatible with their condition, ill feeling and jealousy are engendered among the insane, to whom those privileges cannot safely be extended.

Of the many cases of delirium tremens which have been admitted into this institution, there have been but comparatively few instances of entire reform from the habit of intoxication. Such reformation could not be expected from the brief term of seclusion to which the patients are subjected. Accustomed as the persons have been, in most cases, for many years to the use of liquor, the whole frame, and particularly the nervous system—those organs so mysterious in their organization, so wonderful in their functions, and so difficult of control—have adapted themselves to the stimulus. Every system of organs, every organ, every fibre, every ultimate corpuscle which assists in making up the fabric of the body, and lends its agency in prosecuting the phenomena of vitality, has, as it were, obtained an abnormal appetite which calls loudly and perseveringly for indulgence,—an appetite which cannot be resisted but by a strong effort of the moral power. Hence the only hope of reformation, in a great majority of cases, lies in a prolonged seclusion, and a compulsory abstinence from stimuli.

It is to be hoped that within the State of New-York, where the interests of the insane, the deaf and dumb and the blind are so carefully guarded, and where donations so liberal have been appropriated for their benefit, an institution for the intemperate will, at no distant period, be established.

CHAPTER II.

CASES OF INSANITY.

SECTION I.

Of the number of Patients Admitted.

We now proceed to an analysis of the cases of those forms of mental disorder which are universally recognised as proper to be arranged under the generic term Insanity.

It may be stated, before commencing the investigation, that, in a few instances, the patient whose disease, on his first admission, was delirium tremens, was re-admitted laboring under monomania or mania. These cases are all included in the foregoing chapter. In a similar manner, there are a few instances, among the cases now about to come under observation, in which the patient, at the time of his first admission, was laboring under an attack of one of the forms of insanity, but who, after having been restored to health, and discharged from the Asylum, was, at a subsequent period, again received, his malady at this time being delirium tremens. Were these cases to be found in but one alone of the two great classes referred to, their numbers are not sufficient to exert any important influence upon the results. As it is, they nearly counterbalance each other, somewhat predominating, it is true, in the former class, since it is the tendency of repeated attacks of delirium tremens to induce permanent insanity, in one of its forms.

The whole number of patients admitted, from the 16th of June, 1821, to the 31st of December, 1844, was, as has already been seen in the table included in Part First, two thousand nine hundred and thirty-seven; of whom one thousand eight hundred and seventy-two were males, and one thousand and sixty-five females. Deducting from these the five hundred and ninety-four cases of delirium tremens, already analyzed, there remain two thousand three hundred and forty-three cases, of which one thousand three hundred and sixty-one were males, and nine hundred and eighty-two females. From these, the following cases should also be subtracted:—

	Males.	Females.	Total.
Discharged as improper objects,	8	8	16
In the Asylum from one to four days, discharged by request of their friends and no history of their cases re- corded, }	3	5	8
Discharged on the day of admission,	0	2	2
Transferred from private account to the charge of the Alms-house, and the name re-entered, although the patient was already in the house, }	2	0	2
Absent a few days, by elopement or on a visit to their friends, and their names re-entered on their return, }	4	2	6
Boarder, as companion to a patient,	0	1	1
Total,	17	18	35

A deduction having been made for these, there remain two thousand three hundred and eight cases, of which one thousand three hundred and forty-four were males, and nine hundred and sixty-four females.

These cases include all the admissions, whether first, second, third or any higher number, of all the patients laboring under

insanity. The number of original admissions, as well as the subsequent re-admissions, are arranged in the subjoined table.

	Males.	Females.	Total.
First admission,	1090	751	1841
Second admission,	168	112	280
Third admission,	46	35	81
Fourth admission,	22	11	33
Fifth admission,	11	7	18
Sixth admission,	2	6	8
Seventh admission,	2	5	7
Eighth admission,	1	3	4
Ninth admission,	1	3	4
Tenth admission,	1	3	4
Eleventh admission,	0	3	3
Twelfth admission,	0	3	3
Thirteenth admission,	0	3	3
Fourteenth admission,	0	3	3
Fifteenth admission,	0	3	3
Sixteenth admission,	0	2	2
Seventeenth admission,	0	2	2
Eighteenth admission,	0	2	2
Nineteenth admission,	0	2	2
Twentieth admission,	0	2	2
Twenty-first admission,	0	2	2
Twenty-second admission,	0	1	1
Total,	1344	964	2308

Thus, although the whole number of CASES was *two thousand three hundred and eight*, it appears, by the first admissions, that the actual number of PERSONS, was but *one thousand eight hundred and forty-one*, of whom there were *one thousand and ninety males*, and *seven hundred and fifty-one females*. To these persons alone, and to their disease on their first reception into the Asylum, our attention will be first directed.

SECTION II.
OF FIRST ADMISSIONS IN REFERENCE TO TIME.
*Table showing the number of First Admissions in each Month and Year, from June 16th, 1821, to
December 31st, 1844.*

	1821	1822	1823	1824	1825	1826	1827	1828	1829	1830	1831	1832	1833	1834	1835	1836	1837	1838	1839	1840	1841	1842	1843	1844	Total
January,		2	7	10	3	2	2	4	3	6	1	3	3	3	13	5	4	3	5	4	2	2	2	6	95
February		4	2	4	4	6	2	6	3	4	4	6	6	6	1	3	6	2	5	4	3	2	5	2	90
March,		3	5	2	1	5	10	6	4	5	6	7	7	4	7	6	7	15	4	4	5	5	2	6	126
April,		4	6	2	8	6	5	4	2	7	6	11	9	9	6	7	7	5	5	10	8	6	11	4	144
May,		6	9	9	7	10	8	12	3	13	10	7	6	8	7	12	5	9	8	8	11	3	5	10	186
June,	7	4	11	6	14	4	8	7	8	9	11	6	9	10	11	12	7	10	7	13	11	13	6	5	209
July,	58	6	5	10	8	7	9	11	8	9	9	4	28	7	5	11	7	7	5	7	4	4	4	6	239
August,	9	5	14	3	4	11	8	10	5	7	19	4	8	10	5	13	6	6	5	2	4	6	7	6	177
Septem'r	12	2	2	5	16	7	4	5	5	9	11	4	5	3	7	7	4	5	5	8	9	4	7	11	157
October,	6	7	5	6	4	6	6	6	4	3	2	9	9	6	12	7	6	9	5	7	7	7	7	8	154
Novem'r	6	8	4	4	7	10	8	4	1	8	5	4	5	13	9	3	4	7	11	5	5	2	3	4	140
Decem'r	4	2	4	3	4	7	4	6	9	12	8	5	5	4	2	6	8	5	5	10	4	2	2	3	124
Total,	102	53	74	64	80	81	74	81	55	92	92	70	100	80	86	92	69	83	75	80	71	61	54	72	1841

The greatest annual number of first admissions was in 1821. This predominance is sufficiently accounted for by the fact that fifty-two patients were transferred from the Asylum in the city. The next highest number was in 1833, when there were one hundred. Of the third in rank, there are three years, 1830, 1831 and 1836, in each of which the number was ninety-two.

It is worthy of remark that, during the first eleven years, from 1822 to 1832, both inclusive, the aggregate number of admissions was eight hundred and sixteen, while, during the similar period from 1834 to 1844, the number was eight hundred and twenty-three. From the rapid increase of the neighboring population, as well as from the greater willingness of the friends of the insane to place them in public institutions, one might reasonably infer that the number of first admissions, during the latter period, would greatly predominate over that of the former. The excess, however, is but seven. The foundation of other institutions, as already alluded to, was a cause sufficiently preventive of any considerable augmentation of numbers in this establishment.

It is a point of some interest to ascertain the particular months in which the greatest numbers were brought to the Asylum. In order to arrive, as nearly as possible, to an accurate result on this point, it is necessary to reject the admissions in 1821, inasmuch as the institution was not opened until the middle of June. This done, there remains a period of twenty-three complete years. To avoid another cause of error, deduction must also be made of the patients who were brought, *en masse*, from the Alms-house, the numbers and time of admission of which have already been detailed in Part First. It is obvious that patients brought in this manner do not fairly represent the ordinary current of admissions.

In several instances, the cases coming from the Alms-house were re-admissions. The whole number of first admissions was as follows :

In January,	1824,	there were	8
In August,	1831,	„	17
In September,	1831,	„	7
In July,	1833,	„	24
In January,	1835,	„	10

Making the whole number 66

These being subtracted, the monthly admissions, for the twenty-three years, were for

January,	77	July,	157
February,	90	August,	151
March,	126	September,	138
April,	144	October,	148
May,	186	November,	134
June,	202	December,	120

The minimum number is in January, and thenceforward there is a regular increase until June, in which is the maximum ; and thereafter a progressive diminution, with the single exception of November, throughout the remaining months.

Various authors who have written upon mental diseases, as well as other physicians who have devoted much time to the treatment of them, have endeavored to ascertain the extent of the influence exerted by the different seasons of the year, as a generative or exciting cause of insanity. It is reasonable to suppose that, other things being equal, the change of temperature from winter to spring, and the heat of the warmer months of the year, acting, as they do, as causes of debility in the human frame, and, the latter particularly, inducing a greater indulgence in beverages of a deleterious nature, as well as congestion of the liver and some other physical disorders, should operate as productive causes of mental alienation.

For the purpose of accurately illustrating this subject by the cases before us, they are here arranged according to the several seasons.

Spring.	Summer.	Autumn.	Winter.
March, 126	June, 202	September, 138	December, 120
April, 144	July, 157	October, 148	January, 77
May, 186	August, 151	November, 134	February, 90
<hr/> Total, 456	<hr/> Total, 510	<hr/> Total, 420	<hr/> Total, 287

It will be perceived that the greatest number was in Summer, the next in Spring, the third in Autumn, and the least in Winter.

By assembling in one class, the six months from April to September inclusive, that half of the year in which the temperature exercises its greatest influence, and in another class, the six months from September to March, when that influence is least, the contrast is rendered still more apparent. The number in the former period is nine hundred and seventy-eight, and in the latter, six hundred and ninety-five. This shows an excess of forty per cent in the season of the highest temperature.

Since, in a large majority of cases, some time elapses after the first invasion of insanity before the patient is removed to the Asylum, it is obvious that the month, or season of admission does not always correspond with that of the commencement of the disease, which is the period desirable to be obtained. Again, the more favorable weather and the greater facilities for traveling, during the warmer months, are inducements to people residing at a great distance to select that season for bringing patients. In regard to this Institution, however, no inconsiderable portion of the cases were of but short duration, and a very large majority of them lived in such near proximity to the Asylum as to render access to it at all times easy. This table, therefore, assumed as a criterion

of the general prevalence or occurrence of insanity, would not be so inaccurate as under other circumstances it might have been. It undoubtedly is somewhat modified by the influences mentioned.

SECTION III.

SEX.

The number of persons of either sex, arranged according to the admissions during each year, may be seen in the following table:—

Year.	Males.	Females.	Total.	Year.	Males.	Females.	Total.
1821	56	46	102	Bro't up,	612	406	1018
1822	27	26	53	1834	49	31	80
1823	43	31	74	1835	46	40	86
1824	33	31	64	1836	49	43	92
1825	47	33	80	1837	42	27	69
1826	52	29	81	1838	56	27	83
1827	56	18	74	1839	43	32	75
1828	45	36	81	1840	48	32	80
1829	34	21	55	1841	39	32	71
1830	64	28	92	1842	40	21	61
1831	54	38	92	1843	27	27	54
1832	43	27	70	1844	39	33	72
1833	58	42	100	Total,	1090	751	1841
Car'd up,	612	406	1018				

Hence it appears that the number of males exceeded that of females, in the ratio of 1,090 to 751, or of 145 to 100.

Aretæus, who lived in the first century of the Christian era, suggested the opinion that mental alienation is more frequent among men than among women; and his belief was sustained by Coelius Aurelianus, in the second century. The idea was handed down, from age to age, and its correctness appears not to have been questioned for nearly eighteen hundred years. About the commencement of the present century, the eminent French physician and author, Pinel, advanced the

opposite opinion ; and soon afterwards his successor, Esquirol, having thrown additional light upon the subject by the collection of statistics from nearly all the departments of France, and from various other parts of Europe, also concluded that females are more subject to the disease than males.

Nearly all European authors whose works have appeared since that of Esquirol, apparently assuming his authority as infallible, have adopted his conclusion without investigating the subject to any material extent themselves. Perhaps farther experience and more accurate research will demonstrate this opinion to be erroneous ; but, however this may be in regard to Europe, it seems sufficiently evident that the belief of Aretæus is correct, so far as it relates to the United States of America. The foregoing statistics confirm it ; the number of men being forty-five per cent more than that of women, and the results at other institutions are similar to these.

Hitherto, however, at least until within a very few years, there has been an apparently greater unwillingness to remove females, than males, to the public institutions. This may, to some extent, account for the disparity of numbers. In the first series of twelve years included in the foregoing table, the men exceed the women by fifty-two per cent ; while, in the last series of the same number of years, the corresponding excess is but thirty-eight per cent. Making all due allowance for this, and for any other fact or circumstance which may operate in a similar manner, we still believe that the number of insane men in this country does, and will, for a long time to come, greatly predominate over that of insane women. The origin of this predominance undoubtedly lies in the causes productive of the disease.

On the supposition that the cases brought to this Asylum

accurately represent the comparative number of the insane of the two sexes amongst our population, still it does not necessarily follow that they indicate the proportion of the sexes who become insane ; or, in other words, the comparative liability of the sexes to mental disorder. They would do this if the number of males and females in the general population were equal. This, however, does not obtain. Even if it were a physiological law, applicable to the whole race of man, that the two sexes should correspond in numbers, there are many causes which destroy the balance in particular communities, giving in one an excess of males, and in another of females.

According to the National Census of 1840, the white population of the State of New-York was,

Males,	.	.	.	.	1,207,357
Females,	.	.	.	.	1,171,533
Total,					2,378,890

The number of males exceeded that of females by 35,824.

In the Southern District of the State there were

Males,	.	.	.	.	353,428
Females,	.	.	.	.	355,257
Total,					708,685

Here the number of females was 1,829 greater than that of the males. This district includes the city and county of New-York, in which the population was as follows :

Males,	.	.	.	.	142,731
Females,	.	.	.	.	153,621
Total,					296,352

Now, by comparing the patients brought to the Asylum with the whole population, according to sex, 1st. of the City and County, 2nd. of the Southern District, and 3rd. of the State, we find that

	Insane Females	there would be	Insane Males.
In the City and County, for each	100		163
In the Southern District, do.	100	do.	146
In the State, . . . do.	100	do.	141

As insanity is extremely rare in persons under fifteen years of age, it is not strictly correct, in a calculation like the foregoing, to include the whole population. By taking, therefore, the population over fifteen years of age, the results are as follows :

	Insane Females	there would be	Insane Males.
In the City and County, for each	100		157
In the Southern District, do.	100	do.	146
In the State, . . . do.	100	do.	141

The results correspond with those before obtained, excepting in the city and county, in which the proportionate number of males is diminished by five.

SECTION IV.—NATIVITY AND RESIDENCE.

Table showing the Nativity of the Patients.

State.	M.	F.	Total.	Country.	M	F.	Total.	Country.	M.	F.	Total.
New-York,	492	347	839	Brought up,	768	503	1271	Brought up,	1014	684	1698
New Jersey,	92	58	150	America,	2	1	3	Denmark,	2	1	3
Connecticut,	82	33	115	West Indies,	6	8	14	Prussia,	2	0	2
Massachusetts,	39	20	59	Nova Scotia,	4	2	6	Poland,	1	0	1
Pennsylvania,	8	15	23	Canada,	3	1	4	Hamburg,	1	0	1
Vermont,	17	5	22	Guatamala,	1	0	1	Portugal,	1	0	1
Rhode Island,	11	8	19	New Brunswick, ..	0	1	1	Finland,	1	0	1
New Hampshire,	6	5	11	Ireland,	79	89	168	Russia,	0	1	1
South Carolina,	3	5	8	England,	75	38	113	Island of Gozo,	0	1	1
North Carolina,	3	2	5	Scotland,	26	14	40	Isle of Man,	0	1	1
Maryland,	3	2	5	Germany,	17	6	23	Africa,	1	0	1
Maine,	4	0	4	France,	15	12	27	Brazil,	1	0	1
Virginia,	2	1	3	Wales,	4	4	8	Unknown,	66	63	129
District of Columbia,				Italy,	5	0	5	Total,	1090	751	1841
Michigan,	1	0	1	Holland,	2	2	4	Born in the U. States	768	503	1271
Tennessee,	1	0	1	Hanover,	2	0	2	Other parts of N. A.	16	13	29
Georgia,	0	1	1	Spain,	1	1	2	South America,	1	0	1
Louisiana,	1	0	1	Sweden,	1	0	1	Europe,	238	172	410
Delaware,	1	0	1	Corsica,	1	0	1	Africa,	1	0	1
Indiana,	0	1	1	Switzerland,	2	2	4	Unknown,	66	63	129
Carried up,	768	503	1271	Carried up,	1014	684	1698	Total,	1090	751	1841

In a nation composed of so heterogeneous a population as that of the United States—a country which is the focus towards which the streams of emigration concentrate—it is to be expected that many of the inmates of its public institutions will be foreigners. Thus, there were natives of nearly all the European States among the patients of the Asylum.

Of 1712 whose nativity was recorded, only 1271 were born in the United States; while 441 were immigrants from other countries. Of the latter, the greatest number were from Ireland, the next from England, the third from Scotland, the fourth from France, and the fifth from Germany. These are nearly in proportion to the population of the people of those countries, resident in the United States. It would appear, however, that the proportionate number of Scotch is greater than that of either French or Germans. The proportion of French also apparently exceeds that of the Germans.

Table showing the Residence of the Patients.

State.	M.	F.	Total.	State or Country.	M.	F.	Total.
New-York,	852	598	1450	Brought up, .	1014	687	1701
New Jersey, . . .	87	56	143	Virginia,	1	0	1
Connecticut, . . .	25	4	29	Tennessee,	1	0	1
Pennsylvania, . .	10	9	19	Illinois,	0	1	1
Massachusetts . .	5	4	9				
South Carolina,	6	2	8	Total U. S. . . .	1016	688	1704
Ohio,	4	2	6				
Louisiana,	4	2	6	Canada,	11	7	18
North Carolina,	5	0	5	West Indies, . . .	10	4	14
Georgia,	3	2	5	Nova Scotia, . . .	2	1	3
Vermont,	4	0	4	Brazil,	1	0	1
Rhode Island, . .	1	2	3	England,	2	1	3
Michigan,	2	1	3	Ireland,	2	0	2
Dist. Columbia,	3	0	3	Bermuda,	2	0	2
Maryland,	1	2	3	Cape of G. Hope	1	0	1
Alabama,	1	2	3	Scotland,	1	0	1
Florida,	1	1	2	Unknown,	42	50	92
Carried up . . .	1014	687	1701	Total,	1090	751	1841

Of one thousand seven hundred and forty-nine patients, the places of whose residence is recorded, one thousand four hundred and fifty were from the State of New-York. The remainder were from eighteen of the other States, the District of Columbia, and nine foreign countries; the majority being from the adjacent States of New Jersey and Connecticut.

SECTION V.

A G E .

The age of but one thousand seven hundred and ten patients was ascertained. These are arranged in the following table:—

	Males.	Females.	Total.
Under twenty years, . . .	65	51	116
From twenty to thirty years,	359	268	627
From thirty to forty years, .	292	171	463
From forty to fifty years, .	157	113	270
From fifty to sixty years, .	87	66	153
From sixty to seventy years, .	37	19	56
From seventy to eighty years,	17	5	22
From eighty to ninety years,	1	2	3
Total	1015	695	1710

The number in the decennium from twenty to thirty years is much larger than that in any other similar period, and exceeds that of the next highest decennium, which is that from thirty to forty years, by thirty-five per cent. The several periods—whether reference be had to the total numbers, or to those of either sex separately—if arranged according to the numbers in each, beginning with the highest and regularly descending, are as follows:—

1st. from twenty to thirty years.	5th. under twenty years.
2d. from thirty to forty “	6th. from sixty to seventy years.
3d. from forty to fifty “	7th. from seventy to eighty “
4th. from fifty to sixty “	8th. from eighty to ninety “

Omitting the cases under twenty years, there is a regularly progressive diminution, throughout the several decades included in the table.

Assuming, therefore, these data as the exponent of the whole insane population of the country, it is evident that mental diseases are far more prevalent in the period from twenty to thirty years of age, than in any other epoch of equal duration in human life.

The comparative proportion in the different periods may, perhaps, be more fully appreciated, by a calculation of the following description :—

Supposing the number between 20 and 30 to be represented by 100							
Then the number between 30 and 40 will be represented by	73	$\frac{6}{10}$					
“ “ “ 40 “ 50 “ “ “	43						
“ “ “ 50 “ 60 “ “ “	24	$\frac{4}{10}$					
“ “ under 20 “ “	18	$\frac{5}{10}$					
“ “ between 60 “ 70 “ “	8	$\frac{9}{10}$					
“ “ “ 70 “ 80 “ “ “	3	$\frac{5}{10}$					
“ “ “ 80 “ 90 “ “ “	$\frac{47}{100}$	$\frac{7}{100}$					

Some writers have averred that, inasmuch as the constitutional revolution popularly known as “the change of life,” in females, is a prolific cause of mental disorder, and as this occurs, generally, between the fortieth and the fiftieth year, that, therefore, the average age at which women become insane, is higher than that of men. It will be perceived, however, that the above table of ages furnishes no proof of this proposition. The numbers of the females follow the same gradation, and in nearly the same proportion as those of the males.

Although by far the greater number of the patients were between the ages of twenty and thirty, yet it must not be inferred that the greatest liability to insanity is during that period, for, in the general population of the country, the adults in that decennium far out-number those of any other. By comparing the number of patients in each department of the foregoing table, with the number of the correspond-

ing age in the population of the State of New-York, the *proportion* of insane between thirty and forty years of age is found to be greater than that in any other decennium.

The number of persons in the general population, who, between the ages of thirty and forty years, furnish 100 insane, would,

If between the ages of 40 and 50 years, furnish but 94 insane								
“ “ “ 50 “ 60 “ “ “ 92 “								
“ “ “ 20 “ 30 “ “ “ 89 “								
“ “ “ 60 “ 70 “ “ “ 60 “								
“ “ “ 70 “ 80 “ “ “ 49 “								
“ “ “ under 20 “ “ “ 28 “								
“ “ “ 80 and 90 “ “ “ 24 “								

It would be desirable to exhibit the age of the patients at the time of the first invasion of the disease, but the records upon this point are not sufficiently perfect to render such an exposition entirely practicable. In a large proportion of the cases, it is evident that the time between the first attack and the period of admission would not be sufficient to make any alteration in the table, by removing them from one decennium to another. But in the remainder the reverse would be true. In several hundreds of cases the time of first attack is stated, and in two hundred and sixty of them that time was in an earlier decennium of life than that in which the patient was admitted. By re-arranging these two hundred and sixty cases, so as to introduce the time of first attack, the table will stand as follows :

Under twenty years,	190
Between twenty and thirty years,	651
Between thirty and forty years,	441
Between forty and fifty years,	240
Between fifty and sixty years,	119
Between sixty and seventy years,	53
Between seventy and eighty years,	14
Between eighty and ninety years,	2

By this process, the number in the period from twenty to thirty years is considerably increased, while those in the higher decades are all diminished.

Again, the number under twenty has received so important an accession that it ranks in the fourth place, instead of the fifth.

The number between twenty and thirty is now more than sixty-seven per cent greater than that between thirty and forty.

This table may be considered a comparatively near approximation to the time of first attack, and comparing it with the population, as was done before, the following results are obtained.

The greatest *proportion* of insane, relative to the population, is between the ages of thirty and forty years; and the number of persons who, in that decade, furnish one hundred insane, would,

If between the ages of 20 and 30 years,	furnish but	97
„ „	40 and 50	„ 88
„ „	50 and 60	„ 75
„ „	60 and 70	„ 59
„ under	20	„ 48
„ between	70 and 80	„ 37
„ „	80 and 90	„ 17

According to these data, then, the liability to mental derangement is greatest between the ages of thirty and forty years, although it is nearly as great between twenty and thirty; and in the more advanced stages of life that liability rapidly diminishes.

It is highly probable that, if, in all cases, the date of first invasion of the disease could have been obtained, the liability would have been shown to be at its maximum in the decade from twenty to thirty years.

SECTION VI.

CIVIL CONDITION.

The influence which position in life, in regard to celibacy and marriage, exerts as a cause of mental disease, became, long since, a subject of inquiry. So far as this position was ascertained, relative to the patients at this institution, the results are as follows:—

	Males.	Females.	Total.
Single, . . .	570	273	843
Married, . . .	432	358	790
Widowed, . . .	36	80	116
Total,	1038	711	1749

Of seventeen hundred and forty-nine patients, eight hundred and forty-three had never been married. Seven hundred and ninety were married, and their partners living; and one hundred and sixteen were widowed. Thus, the single exceed the married, exclusive of the widowed; but if the latter be included, the married exceed the single.

In men, the number of the single is greater than that of both the married and widowed, by *one hundred and two*, which is equivalent to eighteen per cent. On the contrary, with the women, the married whose husbands were living, far exceeded the single, and including the widows, that excess is *one hundred and sixty-five* or a little over sixty per cent.

This difference in regard to the sexes is, to us, both remarkable and unexpected. The fact that among the insane admitted into this establishment, the number of unmarried men should predominate so much over the married, while, with the women, the reverse, to a very remarkable extent, should obtain, can only be accounted for in the supposition that, in the community whence these persons mostly came, there are peculiar influences operating upon the public health.

In regard to females, there are special causes which may, at all times and in all countries, render the number of married greater than of single among the insane,—although we are not aware that this has ever been demonstrated to be true—yet it is to be feared that for the origin of so great a discrepancy of numbers, research must be made into the habits and customs, the physical, mental and moral condition of the people of New-York city. If this be true, it is not believed that those causes are peculiar to New-York, alone, but that they are common to all great commercial settlements, and thus furnish melancholy evidence, to the full extent of the signification of the assertion, that

“ God made the country but man made the town.”

Of one thousand and thirty-eight men, but thirty-six were widowers. This is equal to about three-and-a-half per cent. Of seven hundred and eleven women, eighty, or a little more than eleven per cent, were widows. Hence, the relative proportion of the latter was more than three times greater than that of the former. It is, we believe, a well ascertained fact that, of the widowed in the general population of the Northern States, there are more women than men; yet that predominance cannot at all account for this disproportionate number among the insane. Grief, of which the female mind is more susceptible than that of man, and the comparatively unprotected and dependent condition in which widows are placed by the loss of their partners—a position peculiarly exposing them to other exciting causes of mental disorder—must, it is believed, be the principal sources from which have arisen this large number of insane among widowed females.

SECTION VII.
OCCUPATION.

How far the diverse occupations of men may severally tend to the development of insanity, either as a remote or proximate cause, is a proposition upon which but little light has hitherto been thrown, and there are many obstacles in the way of its satisfactory solution. That some employments, to a greater extent than others, are, from their very nature, promotive of mental disorder, must, even by a superficial thinker, be acknowledged; but to what extent the one may exert its influence more than the other, cannot so easily be ascertained.

Of the one thousand and ninety men, a record of the condition, in regard to occupation, of but one thousand and fifteen has been preserved. These cases are arranged below, an attempt having been made to classify them according to the similarity of their several employments. This classification is necessarily imperfect.

<i>1st. Merchants and traders.</i>		<i>2d. Professional men—persons whose occupation is chiefly mental.</i>	
Merchants, traders, . . .	111	Physicians,	20
Merchants' sons,	2	Lawyers,	16
Clerks,	62	Clergymen,	10
Brokers,	2	Students,	18
Auctioneers,	2	do of law,	10
Druggists and Apothecaries,	14	do of medicine,	5
Dealers in fur,	2	do of theology,	2
do paper,	1	Editors,	4
do furniture,	1	Diplomatists,	3
Upholsterers,	2	Artist,	1
Ironmonger,	1	Surgeon of British Navy,	1
Ship chandler,	1	Civil engineer,	1
Steamboat agent,	1	Teachers,	14
Contractor,	1		
Supercargo,	1		

<i>3d. Members of the Army and Navy.</i>		Ferryman,	1
Officers in Army,	5	Lumbermen,	2
do Navy,	3	Waterman,	1
do British Army,	1	Pedlars,	4
Soldiers,	2	Keeper of light-house,	1
<i>4th. Mariners.</i>		<i>6th. Active employment in-doors.</i>	
Sea captains,	26	Carpenters,	30
Steamboat captain,	1	do apprentices,	2
Mate of ship,	1	Cabinet makers,	11
Pilot,	1	do apprentices,	3
Sailors,	19	Turners,	2
Ship's cook,	1	Block makers,	2
Fisherman,	1	Carver,	1
Boatman,	2	Coopers,	3
<i>5th. Persons in active employment out of doors.</i>		Chair maker's apprentice,	1
Farmers,	193	Plane maker,	1
Farmers' sons,	7	Wheelwrights,	4
Planters,	3	Coach makers,	4
Gardeners,	2	Machinists,	5
Drover,	1	Locksmith,	1
Milkman,	1	Cutler,	1
Hostler,	1	Quill dresser,	1
Laborers,	41	Gun smith,	1
Masons and bricklayers,	11	Stove moulder,	1
Stone cutters,	2	Tin workers,	2
Tanners, and leather-dressers,	18	Piano maker,	1
Sheriffs,	2	Trunk maker,	1
Landing officer of customs,	1	Reed maker,	1
Constable,	1	Spinner,	1
Dockmaster,	1	Clothiers,	2
Keeper of toll-gate,	1	Paper maker,	1
Ship carpenters,	3	Ink maker,	1
Rigger,	1	Millers,	3
Caulker,	1	Maltster,	1
Boat builder,	1	Barber,	1
Butchers,	11	Potters,	2
Cartmen,	10	Printers,	7
		Servants,	6
		Porters,	2
		Sculptors,	2
		Dentist,	1

Actor,	1
Bookbinder's apprentice,	1
Circus rider,	1

7th. Exposed to Heat.

Blacksmiths,	13
Brassfounder,	1
Bellfounder,	1
Ironfounders,	4
Grate makers,	2
Smith,	1
Bakers,	2
Coffee roaster,	1
Hatters,	9
Hatter's apprentice,	1
Confectioner,	1
Fuller,	1

8th. Exposed to deleterious Vapors, &c.

Workers in white lead,	3
Smelter of Copper,	1
Chemists,	3
Painters,	7
Gilders,	2
Fancy soap maker,	1

9th. Dealers in Liquor.

Grocers,	21
Innkeepers,	3
Tavernkeepers,	3
Barkeeper,	1
Billiard room keeper,	1
Brewers,	3

10th Sedentary Employments.

Shoemakers,	23
Tailors,	17
Weavers,	8
Saddlers,	6
Do. Apprentice,	1
Watchmakers, Jewellers,	6
Mathematical instrument	
maker,	1
Sail maker,	1
Segar makers, tobacco-	
nists,	4
Basket maker,	1

11th. Men of Leisure, and Young Men without Employment,

It seems impossible to derive any satisfactory conclusions which might be applicable, on broad and general principles, from these tables. The occupation of the inmates of any public institution must partake, in its general features, of that of the community in its vicinity. Situated as the Bloomingdale Asylum is, within the limits of the most populous city and greatest commercial emporium in the country, it must necessarily be supposed that a large portion of its patients come from the classes engaged in trade and in the several professions. Yet, inasmuch as, for many years, there was no other institution of the kind in the State, it is fair to presume that a number, not inconsiderable, are derived from the agricultural districts.

Of 1015 patients whose occupation is here recorded, 204 were merchants, traders, and their clerks. This is a little more than 20 per cent of the whole.

Of professional men and others engaged chiefly in mental occupations, there were 106, or a trifle more than 10 per cent.

From the army and navy, there were 11, which is a small fraction more than 1 per cent.

Of mariners, the number was 52, or a little more than 5 per cent.

In the class of persons engaged in active employment out of doors, there were 322, or 31 and 7-10 per cent. This class, however, includes people of various occupations, in both city and country; 212 of them were directly engaged in agricultural pursuits. This is a small fraction more than 20 per cent of the whole number. The remainder were mostly from the city, although, under the term "laborer," it is probable that some from the rural districts are included.

In the class of active employment within doors, the number is 111, or something more than 10 per cent.

This division also includes a great variety of occupations. Of carpenters, cabinet makers and other workers in wood, there were 64, or 6 and 3-10 per cent of the whole number. Much of the labor of carpenters is out of doors, but it was thought they were more properly arranged under this class than any other.

In the class of persons whose employment subjects them, in a greater or less degree, to an elevated artificial temperature, there were 37, or 3 and 6-10 per cent.

Of those who, in their vocation, are subjected to the deleterious action of metals, either in the form of vapor or otherwise, there were 16. This is about 1 and 6-10 per cent.

There were 32 dealers in liquor, a number equivalent to 3 and 1-10 per cent.

It may be remarked that, under the term "grocer" are in-

cluded some whose principal business was the mixing and retailing of spirituous liquors.

In that division the occupations of which are mostly of a sedentary character, there are 68, or 6 and 7-10 per cent.

Of men of leisure and young men without employment, there were 55, or 5 and 4-10 per cent.

OCCUPATION OF FEMALES.

Of the 751 female patients, the condition, in regard to occupation, of but 241 is recorded. Of these, the most important are as follows:

Seamstresses,	52	Hucksters,	2
Servants,	51	Pawnbroker,	1
Teachers,	9	Cook,	1
Grocers & tavern keepers, 5		Farmers' wives,	24
Nurses,	3	Mechanics' do.	11
Paper folders,	2	Farmers' daughters,	20
Workers in factory,	2		

The rest were mostly the wives and daughters of persons engaged in a variety of employments. Of the 510 whose occupation is not stated, it is probable that most of them were from the non-laboring classes of society.

SECTION VIII.

CAUSES OF INSANITY.

It was formerly customary with authors on mental alienation, to separate those agents or influences producing, or believed to be productive of the disease, into *remote* and *proximate*, *predisposing* and *exciting* causes. Of late years, and particularly in the annual reports made out by the physicians of the institutions for the insane, that custom has fallen pretty generally into disuse.

In many of the cases of insanity, it is extremely difficult to fix upon any particular influence which we are satisfied was the origin of the disorder. Sometimes two causes are found, and it is impossible to tell which is the predisposing and which is the exciting. That power which in one case may stand in the relation of a remote cause, may, in another, become the proximate.

If, therefore, in regard to many of the causes, the modern writers have adopted the safest, and not improbably the most accurate method, by embodying all the generative influences of the disease into one class, and avoiding the endeavor to make a division where it is impossible to draw an accurate line of demarkation, they have, perhaps, in reference to some others, fallen into error.

That constitutional condition of the system transmitted from one generation to another—a condition which, although recondite in its nature, facilitates, to a greater or less extent, the invasion of mental derangement, and is generally known by the term *hereditary predisposition*, is invariably a remote or predisposing cause. According to our belief, wherever this natural condition exists, the person will retain the healthy action of his mind until he is subjected to some other influence, more immediate, more active, more potent, and the ten-

dency of which is, so to derange the physical functions of the system as to impair the manifestation of the mental powers.

For the reasons stated, we enter upon the subject of hereditary predisposition before proceeding to other causes.

In making up the statistics upon this subject, the relatives known to have been insane are given in full, instead of including the whole number of cases under the general term *hereditary*. Of the fifty-eight males and thirty-nine females placed against that term, in the subjoined tables, the simple fact that an inherited tendency existed, is mentioned upon the records, but the particular ancestor or ancestors who were insane, are not stated.

M A L E S .

1st. Predisposition from direct Ancestors.

Hereditary,	58
Hereditary, and sister insane,	1
Hereditary, and brother and sister insane,	1
Hereditary, and daughter insane,	1
Hereditary, and brother	1
Father	14
Father and mother	1
Father and brother	2
Father and sister	1
Father, brother, sister and other relatives insane,	1
Father, brother and sister,	2
Father, two brothers and sister	1
Father, only brother and only sister	1
Father, brother and two paternal uncles	1
Father and daughter	1
Father and nephew	1
Mother	12
Mother and brother	4
Mother and sister	2
Mother and aunt	1
Mother, maternal aunt and cousin	1
Mother and paternal cousin	1
Mother and paternal grand-father	1
Mother and several of the family	3

Grand-father	“	1
Maternal grand-father, brother and sister	“	1
Maternal grand-father and three sisters	“	1
Paternal grand-mother	“	1
		<hr/>
	Total,	118

2nd. Predisposition as connected with collateral Relatives.

Brother insane,		10
Two brothers insane,		3
Brother and other relatives insane,		1
Brother and cousin	“	1
Sister	“	7
Two sisters insane,		1
Sister and several of the family insane,		1
Brother and sister	“	2
Several brothers and sisters	“	2
Uncle	“	4
Uncle and several others of family insane,		2
Paternal uncle and cousin	“	1
Aunt	“	1
Aunt and daughter	“	1
Grand-father's sister	“	1
Cousin	“	4
Two cousins	“	1
One of mother's family	“	1
Some of mother's family	“	4
Most of maternal relatives	“	1
Some of family	“	2
Several of family	“	11
Whole family	“	1
Having family predisposition	“	4
Distant relative	“	1
		<hr/>
	Total,	68

Descendants.

Daughter insane,		1
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FEMALES.

1st. Predisposition from direct Ancestors.

Hereditary,	39
Hereditary and brother insane,	1
Hereditary and a cousin “	1
Hereditary, a son and several of family insane,	1
Father	6
Father and mother	1
Father and grand-father	1
Father, grand-father and paternal aunt insane,	1
Father, paternal uncle and cousin	2
Father and three uncles	1
Father and brother	2
Father and sister	3
Father and four step-brothers	1
Mother	15
Mother and grand-father	1
Mother and all her family	1
Mother and two uncles	1
Mother and aunt	1
Mother and two paternal aunts	1
Mother and brother	2
Mother, brother and sister	1
Mother, brother and two sisters	1
Mother and sister	2
Grand-father	1
Paternal grand-father and his brother	1
Paternal grand-mother, uncle and aunt	1
	<hr/>
	Total, 89

2nd. Predisposition as connected with collateral Relatives.

Brother insane,	4
Brother and several of family insane,	1
Sister	9
Sister and several of family	2
Two sisters	1
Paternal uncle	1
Paternal uncle and cousin	1
Aunt	1
Maternal aunt	2
Maternal aunt and brother	1

Paternal aunt and maternal uncle insane,	1
Cousin	1
Two cousins	1
One of family	1
Several of family	8
A distant branch of family	1
Several of grand-father's family	1
All of father's family	1
Having family predisposition	4
	Total, <u>42</u>
<i>Descendants.</i>	
Son insane,	2
Daughter insane,	2
Two children insane,	1

Thus, of eighteen hundred and forty-one patients, three hundred and twenty-three—of whom one hundred and eighty-seven were males, and one hundred and thirty-six females—are recorded as having one relative or more, insane; this is equivalent to seventeen and a-half per cent. The per centage in each sex, taken separately, is as follows: men, 17 and 16-100; women, 18 and 11-00

It is not to be presumed, however, that this is even a near approximation to the number actually having relatives of disordered mental powers. During the first few years of the existence of the Asylum, there appears to have been but little attention paid to this particular subject, and hence the records thereupon are imperfect. There are other important obstacles in the way to a correct knowledge of the full extent to which the hereditary predisposition prevails among the patients admitted into a public institution. These obstacles may, by perseverance, be measurably overcome.

Insanity being a disordered manifestation of the mind, dependant upon some disease of the body, either functional or organic, is governed by the same laws as many or most other maladies to which the human race is subject. Like consumption, gout, diseases of the liver and of the heart, it may

attack any person whatever, but it is certainly somewhat more likely to prevail among those whose ancestors have suffered from it.

Of the men included in the foregoing table, one hundred and eighteen inherited the predisposition from direct ancestors, and thirty-three of these had other relatives insane. Of the remainder, sixty-eight had collateral relatives insane, but no direct ancestors; and one had a child insane. Of the fifty-two who had insane parents, it was the father in twenty-seven cases, and the mother in twenty-five. In one of these, both father and mother had been deranged. It is also stated, that two of those included under the term hereditary, had ancestors, both paternal and maternal, who were subject to the malady.

Of the women, the predisposition was transmitted from direct ancestors in eighty-nine; of whom sixty-seven had other relatives insane. In the remaining forty-two, the disease is stated to have appeared only in persons collaterally connected; and in five cases in their children alone. There are eighteen cases in which it is mentioned that the father was insane. In one case the father and mother were both deranged. In the case where it is asserted that the whole family were insane, it is said that all her father's family, which consisted of twelve children, have been deranged, and that their insanity did not, in a single instance, make its appearance before the age of twenty-one years. Two of her brothers, while insane, committed suicide. None of the third generation have yet been attacked with mental disorder, although several of them have passed the age at which it made its appearance in the second.

In the following schedule are arranged those instances in which more than one member of a family have been inmates of this institution:

Two brothers were patients here in 7 instances.					
Three brothers	“	“	“	2	“
A brother and sister	}	“	“	2	“
Two sisters		“	“	3	“
Two sisters and two of their cousins	}	“	“	1	“
Mother and son		“	“	3	“
Father and son	“	“	“	1	“
Father, daughter and her son	}	“	“	1	“
Mother and daughter		“	“	“	3
Uncle and niece	“	“	“	1	“

In one of the cases of three brothers, their father was insane, and one of their sisters has been admitted as a patient since the period at which these statistics close.

In one of the cases of two brothers, it is stated that they had several other brothers and sisters insane. In one of the other cases of two brothers, the family consisted of but four brothers, and they all labored under the same disease.

In one case of a woman admitted previously to 1844, her son has been received since that time.

In one instance in which a young man was the only member of the family admitted into the Asylum, it is stated that his father and two of his father's brothers were deranged, and all of them, as well as himself, had hernia.

It is obvious that the foregoing statistics are not sufficiently full or definite to be adopted as accurate data from which to estimate the proportion of the insane in whom an inherent predisposition exists, the comparative number in whom it is transmitted from the father's or the mother's side, or any of the other important questions involved in the subject.

In some persons, although none of their family, either in a direct line or an immediately collateral branch, may have

ever suffered from mental disease, there is a natural idiosyncrasy or peculiarity of constitution which facilitates the invasion of insanity. This peculiarity probably exists in the intimate structure of the nervous system, although Dr. Rush appears to have thought it to be in the blood. In which system of organs soever it may be, it is probably very similar in its nature to that which constitutes the hereditary predisposition, and in this way the latter springs up in families among whose members it has never before appeared.

This constitutional habit is, apparently at all times, merely a predisposing condition, and never generates insanity unless assisted by some more exciting cause. In some of the patients, the existence of this constitutional predisposition is mentioned, but the number is few, and therefore has not been embodied in these statistics.

In idiocy, properly so termed, the mental disease or imperfection exists without the intervention of any external influence, the person being born in that condition. By consulting the table in which the *form of disease* is recorded, it will be perceived that fourteen of the patients were of this class. Twenty-three more are arranged under the head of imbecility. In some of these also the disease was congenital.

There are one thousand one hundred and eighty-six patients, the causes supposed to have been productive of whose disease are recorded. These are arranged in the following tables, being divided according to the general method, into physical causes or those which act immediately upon the body, and mental causes or those whose influence is primarily exerted upon the mind.

ALLEGED CAUSES OF DISEASE.

1st. *Physical.*

	M.	F.	T.
Intemperance,	97	20	117
Dissipation,	9	0	9
Syphilis,	1	0	1
Use of opium,	5	8	13
Cerebral disease,	30	4	34
Epilepsy,	19	4	23
Chronic arachnoiditis,	3	1	4
Cerebral congestion,	1	1	2
Phrenitis,	5	1	6
Injury from falls,	28	3	31
“ of spine,	1	0	1
Disease of spine and heart,	0	1	1
Gun-shot wound,	1	0	1
Punctured wound,	0	1	1
Kick on stomach, from horse,	1	0	1
Insolation, and heat from sun.	8	0	8
“ and drinking cold water,	1	0	1
Masturbation,	37	0	37
Connected with puberty,	7	2	9
Nervous debility,	1	3	4
Bodily exertion,	4	0	4
Nursing, loss of sleep, &c.	0	7	7
Mesmerism,	1	0	1
Neuralgia,	1	0	1
Ill health,	20	17	37
Fever,	20	11	31
“ typhus and typhoid,	5	2	7
“ bilious,	11	5	16
“ intermittent,	3	2	5
“ yellow,	5	3	8
Dyspepsia,	16	10	26
Disease of liver,	5	3	8
Rheumatism,	2	1	3
Gout,	1	0	1
Phthisis,	3	5	8
Repelled eruptions,	5	2	7
Suppressed hemorrhoids,	2	0	2
“ perspiration,	2	0	2
“ secretions,	0	1	1
Healing of fistula,	2	0	2
Measles,	2	3	5
Scarlatina,	1	1	2
Erysipelas,	1	2	3

	M.	F.	T.
Small-pox,	1	0	1
Varioloid,	1	1	2
Working in white lead,	5	0	5
Acetate of lead,	2	0	2
Metallic vapor,	1	0	1
Vapor of prussic acid,	1	0	1
Sedentary life,	0	3	3
Dysentery,	0	1	1
Old age,	1	1	2
Pregnancy,	0	16	16
Parturition,	0	66	66
Lactation,	0	12	12
Abortion,	0	5	5
Irregular menstruation,	0	1	1
Menorrhagia,	0	1	1
Amenorrhea,	0	28	28
Suppression of menses at change of life,	0	10	10
Uterine disorder,	0	14	14
Hysteria,	0	2	2
Total,	379	285	664

2d. Moral Causes.

	M.	F.	T.
Pecuniary difficulties,	118	15	133
Want of employment,	11	0	11
Religious excitement, &c.	51	42	93
Remorse,	5	6	11
Death of relatives,	16	27	43
Disappointed affection,	12	26	38
Home-sickness,	2	1	3
Application to study,	30	0	30
Mental excitement,	6	0	6
Fright, fear,	4	15	19
Mental shock,	2	0	2
Domestic trouble,	22	43	65
Anxiety,	12	10	22
Mortified pride,	8	6	14
Disappointed ambition,	3	1	4
Disappointment,	1	2	3
Faulty education,	4	4	8
Ungoverned passions,	1	3	4
Avarice,	1	0	1
Jealousy,	1	4	5
Seduction,	0	3	3
Novel reading,	0	3	3
Dealing in lottery tickets,	0	1	1
Total,	310	212	522

Of the patients whose disease was supposed to have originated from physical causes, there were 664; of whom 379 were males, and 285 females. Of those supposed to have arisen from moral causes, there were 522; 310 males, and 212 females.

Almost all the older authors upon insanity believed that mental causes were more prolific of the disease than physical. Within a few years, however, the opposite opinion has been gaining ground,—an opinion which is sustained by these statistics.

It will be perceived that, although a distinct class has been made of all the cases of delirium tremens, intemperance occupies the highest rank, in point of numbers, among the physical causes. So far as this item is concerned, the table may undoubtedly be taken as a criterion by which to judge of the comparative influence of the various agents productive of insanity in this country.

Thirteen cases, of which five were men and eight women, resulted from the excessive use of opium. In one of the men, the cause was more fully stated as the “too abundant indulgence in opium, snuff and tobacco.” The action of these narcotic substances upon the nervous system is very similar to that of alcoholic liquors, and a recent French writer not only maintains that this action is precisely the same, but asserts that he has proved it to be so. If, therefore, one of the necessary effects of alcohol is to establish in the system a condition which will prevent the healthy action of the mind,—and we are but too well aware that this is the fact,—it follows that the narcotics in question would produce an identical effect, and cause insanity. No one, it is presumed, will question the truth of this proposition so far as relates to opium. In reference to tobacco, there may be some doubt. Several modern authors, however, concur in the belief that, when excessively used, it may be the principal cause of men.

tal derangement, and cases thus produced have been reported at a number of institutions.

The immediate action of this substance upon the nervous system, in persons of a highly excitable temperament, is so powerful that, when smoking, they feel a peculiar sensation or thrill even to the remotest extremities of the limbs. A constant stimulus of this kind, upon a nervous temperament, can hardly be otherwise than deleterious. Tobacco, particularly when used by smoking, tends to disturb the functions of the liver ; and disordered action of this organ is not an unfrequent cause of mental disease. It also produces, or assists in producing, a chronic inflammation of the mucous membrane of the alimentary canal. The inflammation of this membrane may become the cause of mental disturbance. Again, particularly in persons in whom it excites an inordinate secretion from the salivary glands, tobacco is likely to produce dyspepsia, a disease which, more than almost any other whose action is sympathetical upon the brain, affects the manifestations of the mind.

Who has not experienced or observed this deleterious influence, producing depression of spirits, dejection, taciturnity and inability to contend with the cares of life ; gloom, despondency, and perhaps a disposition to self-destruction, or actual insanity in the form of melancholia ?

How little or how much soever tobacco may act, either immediately or remotely, as a generative cause of insanity, it is a fact well known to all connected with public institutions of this kind, that there is no stimulant or narcotic substance in which the insane are more prone to indulge. If within their reach, those who, previously to becoming insane, have been accustomed to it, will use it to excess, and many or most of those who have not before been addicted to the habit, soon fall into it. One man included among the patients remaining in the institution at the time these statistics close

kept constantly in his mouth, both day and night, excepting when at meals, a quid of tobacco frequently nearly as large as an ordinary hen's egg. Whatever saliva it might have produced was rarely, if ever, ejected from the mouth, but usually swallowed. He had been in the institution during the whole period of its existence, being one of those who were brought from the old Asylum. He had been accustomed to the habit for many years; and it might almost be said of him that,—

“ Like to the Pontic monarch of old days,
He fed on poison, and it had no power,
But was a kind of nutriment.”

Although as completely insane and incoherent as it is possible for a human being to be, he worked regularly, doing about as much as any ordinary laborer. The tobacco appeared to have a soothing and controlling effect upon him, enabling him to concentrate his powers upon the labor in which he was employed. If deprived of it for a few hours, he became restless, agitated, excited, talkative, and unable to apply himself to his occupation. In this respect, the narcotic had an effect upon him, opposite to that which it produces upon many of the insane. It frequently increases their excitement, and, in some instances, to a remarkable degree. Its action, upon the whole, is considered so deleterious that, in most of the well conducted establishments for the insane in this country, its use among the patients is prohibited. At this institution it is not permitted, excepting in a few cases, in small quantities, by patients who have resided here many years.

There are sixty-nine cases included under the several causes, the names of which imply an organic lesion of the brain or its membranes. According to our belief, there is always cerebral disease in insanity; and such alone has the power to affect the manifestations of the mind. In some cases this

disease is organic, but in the majority merely functional, the healthy action of the brain being disturbed by its intimate sympathy with other organs which are diseased. In many cases it is absolutely impossible for the most experienced and expert observer to decide, in the early stages of insanity, whether the disorder of the brain be organic or functional. Hence it is possible that the number of cases here attributed to the several diseases of the brain, is not sufficiently large.

Thirty-one cases are recorded as having originated from injuries produced by falls. The effect of sudden shocks or concussions of this kind, falls most heavily upon the brain and nervous system. Hence their agency in the production of mental disorder is most obvious.

If the prick of a pin or needle may, as it frequently has done, exert so potent an influence upon the nervous system as to result in that terrible disorder popularly known as the lock-jaw, it is certainly not remarkable that a punctured or a gun-shot wound should cause insanity. One case arising from each of these causes is mentioned above.

One case is also recorded as the effect of a kick, by a horse, upon the region of the stomach. Here, the disorder of the brain was undoubtedly secondary to the immediate effect upon the great central plexus of the sympathetic nerve, in the region receiving the shock.

After the cases of insolation, there is a series of causes, all, or nearly all of which exhaust the nervous power, occasion debility, and, probably by this means, destroy the healthy exercise of the brain. The first of these is masturbation. Thirty-seven cases are placed against this as their exciting cause. For a long time, this has been known as one of the many agents tending to destroy the balance of the mind, but it is not until within a few years that its influence was supposed to be so great as it is at present by most physicians to

institutions for the insane. Although it is acknowledged to be a prolific cause, yet there is danger of misapprehension upon this point. The habit is, undoubtedly, in many cases, the *effect* of the disease.

The important revolution which the system of both males and females undergoes at the time of puberty, sometimes seriously affects the mind and produces absolute insanity. The tendency of this change to operate upon the healthy action of the mental powers, is greatly increased by the simultaneous disposition to rapidity of growth. When the nutritive vessels are acting with such energy, and all parts of the frame are becoming developed with an unwonted rapidity, the texture of the body is loose, incompact and light, wanting the density, tone and stability essential to a vigorous performance of its functions; and the nervous fluid cannot act with the celerity and vigor requisite to perfect health.

Four cases of men and seven of women are attributed to excessive bodily exertion and loss of sleep.

The renovation of energy by sleep, is absolutely essential to the healthy exercise of both the physical and the mental powers. So important is its position as a preventive to mental derangement, that were we called upon to give advice to all who are predisposed to insanity, are threatened with it, or fearful of it, and were we obliged to give that advice in the briefest possible terms, we would concentrate it into an imperative phrase of but two words, "sleep enough."

Nothing exhausts the nervous energies of the system more rapidly than constant and prolonged watching. It subverts a primary law of nature—a law which cannot be seriously infringed with impunity.

Excessive bodily exertion wearies the frame by its heavy tax upon the nervous system. The muscles, it is true, are the immediate organs of motion, and consequently of labor,

but they are inert and incapable of movement if deprived of the nervous stimulus. If a constant supply of the latter could be continued for an indefinite period, we can perceive no sufficient reason why the muscles should not perform their office with all their energy, unweariedly. At least, the converse of this proposition has never, so far as we are informed, been demonstrated.

Inordinate and prolonged labor reduces the nervous energy, and rest and sleep become necessary to its renewal. But it is frequently reduced to so low a point that sleep becomes impossible, or, if at length it be attained, it is imperfect, broken and insufficient to enable the nervous system to rally its wonted forces. Hence, in these cases, it may be not so much the bodily exertion itself, as its secondary effect, the deprivation of sleep, which is the immediate cause of mental disorder.

One case is said to have arisen from "Mesmerism." This was the cause assigned by one of the parents of the patient. The leading features in the history of the case, are as follows: The patient was a young man, about twenty years of age, of a highly nervous temperament, with a brain remarkably developed and corresponding intellectual powers. For several years he had suffered from occasional epileptic fits, which, as yet, had left his mind but little if at all impaired. The skill of many physicians and the virtues of every medical resource believed to be applicable to such cases, had been exhausted upon him without benefit. As a dernier resort, and at a period when he was in a state of comparative stupor, such as frequently follows a succession of epileptic fits, he was placed under the care of a person professedly practising "Mesmerism" for the cure of disease. To use the expression of this person, "the patient was magnetized daily, for nearly a month" without effect, he remaining in the torpid condition already mentioned. At length he was suddenly

roused, appeared rational for a few hours, and then passed into a state of high excitement and absolute mania. A day or two afterwards he was brought to the Asylum, with his arms and legs strongly bound. When admitted, he talked but little and that little was perfectly devoid of meaning. He was highly excited, his face flushed and the veins of his head swollen; the circulation rapid, the pulse being from one hundred and twenty to one hundred and forty per minute, the tongue furred, and the bowels very much constipated. After free catharsis—an inordinate quantity of medicine being required to operate upon his bowels—he was placed upon the use of sedatives. Under this treatment and after the lapse of two days, he began to improve, and in eight days he left the Asylum, restored to his ordinary condition, and without much of the torpor that existed previously to his excitement.

The general term, *ill health*, under which thirty-seven cases are arranged, is so vague and indefinite, and it may include so great a variety of diseases, that it is susceptible of but little comment of special application. In general terms, it may be supposed that almost any malady, if sufficiently prolonged, may impair the vigor of the body, act sympathetically on particular organs, diminish the quantity or derange the action of the nervous fluid, and thus disorder the manifestations of the intellect.

The next series of causes are those which are arranged under the generic term *fever*. Those are placed first whose predominant pathological effects are upon the circulatory and nervous systems; and those which follow have, as a leading feature, disordered action of the liver.

Pure fever, unallied with a pathological condition of either the nerves or the liver—if, indeed, such a disease exist—may, from the rapidity and force of the circulation, impair the functions of the brain, or, it may produce the same result

sympathetically, through the inflammation of the mucous membrane of the alimentary canal.

If the disease be of the typhus or the typhoid form, in which the nervous system becomes most seriously involved, and delirium is frequently an accompanying symptom, it is easily comprehended that mental disorder of a more permanent character may ensue.

It is probable that of the thirty-one cases included under the general term fever, the disease in many or most of them, was of one of the specific forms afterwards mentioned.

In the bilious fevers, it appears to us that the disordered action of the liver is the primary cause of insanity, when this disease ensues. Whether the disordered action of the brain, in these cases, arise from sympathy with the liver, or be produced by the condition of the blood—modified as that fluid is, in its constitution, so far as regards the elements of the bile—is a question which we pretend neither to explain nor to understand.

Twenty-six cases are said to have arisen from dyspepsia. The remarks already made upon this disease preclude the necessity of any farther comment.

Rheumatism and gout, undoubtedly, as a general rule, cause insanity by a metastasis to the dura-mater, the fibrous membrane covering the brain.

Phthisis pulmonalis, or the true consumption, is not unfrequently connected with insanity, either as a cause, a concomitant, or possibly, in some instances, an effect. In the whole range of human maladies, there are but few cases more singular or interesting than those in which these two diseases alternate with each other in the same patient. The consumptive person becoming insane, the progress of the pulmonary complaint is arrested until he recovers from his mental disorder, when it resumes its march until stopped by another attack of mental derangement, again to progress, if

that malady be cured, and again to be suspended if the patient should become insane. This singular alternation is probably in obedience to a general physiological or pathological law, that two important and active diseases cannot simultaneously exist and run their natural course.

The deleterious effects of the sudden suppression of a natural secretion, or an accustomed discharge, whether natural or artificial, are well known. Habituated to a constant drain, the body is brought into a condition in which that drain appears necessary for the support of health. If it be suspended, the system becomes plethoric, or laden with matter unqualified to assist in the action of the different organs, and therefore an obstacle to the faithful performance of that action. The brain, in common with other organs, is affected, and consequently the manifestations of the mind disordered.

Some of the eruptive fevers, particularly measles and scarlatina, are proverbial for the physical defects which follow in their train. Their results being thus unfavorable to the perfection of the body, it is not remarkable that they should, in some instances, disorder the action of the intellect. In the foregoing list, thirteen cases are imputed to them.

That mysterious and peculiar influence of the salts of lead, which, in some cases, produces *colica pictorum*, a disease so common among painters as to have derived its name from them, is undoubtedly the same which, in other cases, among people who are accustomed to work in those substances, originates insanity.

The case attributed to the inhalation of prussic acid, is that of a man engaged in the manufacture of fancy soap. If that acid were truly the producing cause of the disease, it may be supposed to have effected that result by the depression of the nervous power, its natural physiological effect.

The last ten items in the table of physical causes con-

stitute a series of influences to which the female sex alone is liable. We have long held the opinion that in their sex, these are the predominating causes of mental alienation—an opinion corroborated by these statistics. It will be perceived that of two hundred and eighty-five cases of females whose disease is attributed to physical causes, no less than one hundred and fifty-five are arranged in the series in question. The nervous system being more fully developed, at least so far as intensity of action is concerned, in females than in males, and the intimacy between the uterus and the other organs of the body being so intimate, so powerful and so controlling as the observation of physicians shows it to be, there is little reason for marvel, that the causes in question should be so prolific of mental alienation. Dr. Rush appears to have correctly estimated the potency of these causes, and alleged the fact as an argument in support of the doctrine that women are more subject to insanity than men.

Connected, as this Asylum is, with a city almost purely commercial—a city, the majority of whose active adults are subject to the cares, the perplexities and the fluctuations of trade, it is not remarkable that, among moral causes, pecuniary difficulties should occupy the most prominent position. Under this head there are one hundred and eighteen men, and fifteen women, a total of one hundred and thirty-three; and if, as may be most proper, the eleven cases assigned to “the want of employment” be included, the total will be one hundred and forty-four. There is, perhaps, no mental influence which, if examined in all its bearings and relations, exercises so extensive and controlling a power upon man in civilized countries, and more particularly in the United States, as that arising from his pecuniary condition. Connected with this are many if not all his hopes and schemes of ambition, preferment and aggrandisement—all his prospects of present and future temporal comfort, and all his

affections that are enlisted in the welfare of the persons constituting his domestic circle.

A constant business, moderate in extent and sufficiently lucrative to afford a liberal subsistence, can never, in a mind well regulated, operate as an exciting cause of mental disorder. The sources of the evil are, on the one hand, ambitious views and endeavors rapidly to accumulate wealth, and, on the other, the extremes of excessive business, of bankruptcy and of poverty, the fluctuations and the unwholesome disposition to speculation. Of the one hundred and eighteen cases of men arranged under the head of pecuniary difficulties, the disease in three was attributed to excess of business; in two, to retiring from business; in four, to a sudden access of fortune; in one, to speculation in stocks, and in two, to speculation in the *morus multicaulis*.

Moral philosophy requires not, for its illustration, the assistance of the fable of the lion and the gad-fly, when so harmless and apparently impotent a vegetable as the mulberry can overturn the faculties of the human mind.

The moral cause which ranks next in point of numbers, among both the men and women, is the anxiety and other mental influences in reference to religion. The whole number attributed to these is ninety-three; of whom fifty-one were males, and forty-two females. Although there were more men than women, yet the proportionate number, when compared with the whole number of admissions, is greatest in the latter.

In a country of universal toleration upon religious subjects, and sheltering, under this broad banner, congregations of almost every sect that has ever appeared in Christendom, it is to be supposed that the religious sentiment would act under its greatest possible variety of phases, and in every diversity of gradation between the extremes of apathy and fanaticism. The accurate observer of the events of the last

twenty years, to say nothing of a period more remote, cannot fail to have perceived that this is actually the fact. Under these circumstances, and when we consider the whole scope and bearing of this sentiment, both temporal and eternal, we cannot but perceive how important an influence it may exert. It is difficult to believe that "pure religion and undefiled" should overthrow the powers of the mind to which it was intended to yield the composure of a humble hope and the stability of a confiding faith. Nor do facts authorize any conclusion thus hostile to Christianity, for a great majority of the cases of insanity attributed to religious influence, can be traced to the ardor of a zeal untempered with prudence, or a fanaticism as unlike the true religion which it professes as a grotesque mask is to the face which it conceals. The exciting doctrines of Miller, the self-styled prophet of the immediate destruction of the world, gained but little hold of the public mind in this vicinity, but in those sections of the country where they obtained the most extensive credence, the institutions for the insane became peopled with large numbers, the faculties of whose minds had been overthrown thereby.

The passions or emotions whose activity tends to depress the energies of both body and mind, may be considered, on strictly physiological principles, as powerful agents in the production of mental disease.

Remorse is the first of these mentioned in the table, and eleven cases, of which five were males and six females, are attributed to it.

Grief caused by the death of relatives, stands next in position but first in point of numbers, including as it does forty-three cases, of which sixteen were males, and twenty-seven females. Of the men, the particular relatives whose death was followed by so unfortunate an occurrence, is stated to have been the wife in six cases; the wife and child in one;

the wife and five children in one ; the child in three ; the mother in two ; the sister in one, and the brother in two.

Of the women, it was the husband in five cases ; the child in eight ; the father in one ; the mother in one ; the mother and child in one : the mother and sister in one ; the sister in one ; the brother in two, and the brother and sister in one.

Forty cases, twelve males and twenty-six females, are recorded as having originated from disappointed affection.

Home-sickness, or, technically, *nostalgia*, is assigned as the cause in three cases—two males and one female. The latter was a Swiss girl who had been but a short time in this country, and could not speak English. Separated from her friends and surrounded by strangers, her spirits were most oppressively borne down by that disease—if disease it may be termed—so proverbial among her countrymen when removed from the sight of their native mountains and valleys, and beyond the hearing of the *vanz des vaches*. After a residence of a few weeks at the Asylum, a victim at once to the delusions of insanity, and to the harrowing emotions from which that disease originated, she ended her temporal sufferings by suicide.

Fear is at all times a depressing emotion, whether it be constant and prolonged, or sudden and transient, as more particularly implied by the term *fright*. In the latter case it is powerfully so, even to the production, in some instances, of immediate death. Its natural effect, and the power of its action particularly qualify it as a source of mental disturbance, and hence it should at all times, if possible, be avoided. The tales of horror conjured up to amuse or to subjugate children in the nursery, have not unfrequently been attended with the most deleterious consequences ; and persons who, for amusement, attempt to frighten or startle their friends, incur the risk of doing the latter an injury beyond their power of reparation.

During the prevalence of an epidemic, the fatality of the disease is greatly augmented by the panic that seizes upon the mass of the community, the depressing influence of which upon the energies, both physical and mental, prepares the way for an easy invasion of the disorder. This influence may also affect the healthy action of the mind. Thus, of the nineteen cases alleged to have been produced by this general cause, two are attributed to fear of the Asiatic cholera.

With students, whether young or of middle age, if a proper equilibrium be maintained between the physical powers and the intellectual faculties, the development and energies of other portions of the body being so promoted and sustained, by exercise, that they may preserve their due relations with an enlarging brain, there need be no fear that mental alienation will result from application to study; but unless this precaution be taken, the midnight oil consumed as a beacon light to guide towards the temple of truth, may become an *ignis fatuus* leading the mind into the labyrinth of insanity. Even in persons of strong constitution and of great physical strength, severe and prolonged study exhausts the nervous energy and impairs the functions of the brain. How much greater must be these effects in a frame naturally delicate, and how much more alarming still, if the body be debilitated by the want of exercise!

In the table of causes, thirty cases are set down as supposed to have been induced by mental application.

Of the two cases placed against the term *mental shock*, one is represented to have been produced by the hearing of good news.

Domestic trouble ranks high among the moral causes. It includes forty-two men, and twenty-three women; a total of sixty-five.

Under the general and somewhat indefinite term *anxiety*, there are twenty-two cases, twelve of men, and ten of wo

men. In two of the men, the anxiety was on account of a false accusation of seduction, and in five others it was in reference to annoying law-suits in which they were engaged.

Eight cases are attributed to faulty education and parental indulgence. These are subjects which, during the past few years, have been fully discussed by several able writers on insanity, and hence require no extended comments on the present occasion. Although sympathizing deeply in the feelings of the young, and entertaining a pleasing and affectionate emotion for all that cross our path who as yet tread but the vestibule of the temple of life, and ardently wishing to promote, by every judicious measure, their welfare, yet we must, and even for those very reasons, subscribe to the doctrine of the prophet of olden time, "It is good for a man that he bear the yoke in his youth." Let not that yoke, however, be imposed with despotic hands, but with that prudent combination of kindness and firmness which will render its burden light.

Three cases are attributed to undue indulgence in the reading of novels. Inasmuch as this subject has heretofore often received, and undoubtedly will continue to receive the attention of men who "stand in wisdom's sacred stole," we dismiss it without comment.

There are several heads included in the tables, to which especial reference has not been made, but they are either so unimportant or so similar to others which have been noticed, that they do not appear to call for any specific remarks.

SECTION IX.
FORM OF DISEASE.

The particular type assumed by the mental disorder of the patients, is recorded in 1721 cases. These are arranged below.

	Males.	Females.	Total.
Mania,	529	376	905
Mania, partial,	6	2	8
Mania, paroxysmal,	20	9	29
Mania, paralytic,	20	4	24
Mania, epileptic,	30	5	35
Mania, cataleptic,	2	0	2
Typhomania,	3	1	4
Delirium of phrenitis,	4	5	9
Nymphomania,	0	6	6
Satyriasis,	2	0	2
Monomania,	135	97	232
Melancholia,	99	86	185
Dementia,	151	84	235
Imbecility,	11	12	23
Idiocy,	11	3	14
Moral Insanity,	6	2	8
	1029	692	1721

Mania occupies the first rank in point of numbers, in either sex, as well as in the aggregate. There were nine hundred and five of this form of disease, which is equivalent to *fifty-two and one half per cent* of the whole number.

The second in rank among the men, and in the total of the two sexes, is Dementia. Of this, there were two hundred and thirty-five cases, or *thirteen and sixty-five hundredths per cent* of the whole.

Monomania occupies the third position in the men, and in the total; but the second in women. There were two hundred and thirty-two cases, or *thirteen and fifty-nine hundredths per cent*.

Melancholia is the fourth in men, and in the total, but the

third in the women. Of this there were one hundred and eighty-five cases, or nearly *tên and three quarters per cent.*

Epilepsy holds the fifth rank, there being thirty-five cases, or *two and three hundredths per cent.*

The numbers of the remaining forms are still less, and their proportion may be readily ascertained by an inspection of the table.

The nosology of mental diseases is still so imperfect, that it is difficult to make an arrangement of cases which would be of any material value, either practical or theoretical. Indeed, there are scarcely two physicians who would classify a series of cases, such as are admitted into any institution, in precisely the same manner. The forms of disease, in the cases included in the foregoing table, were recorded, in part, by several physicians, whose views upon the subject may have differed, and hence the classification is undoubtedly different from what it would have been, had it been made entirely by one. A case called Partial Insanity by one person, might be termed Monomania by another. That which one records as Monomania, another would place under the head of Melancholia. There being no definite line between Mania and Dementia, a given case might be placed under the former by one physician, and under the latter by another.

A perfect nomenclature of Insanity is a great desideratum.

SECTION X.

PREVIOUS ATTACKS OF INSANITY.

Many cases, particularly in the early period of this establishment, when there were but few institutions in the country, were not removed to any asylum at the time of first attack. Some others, although at another institution during their first attack, were admitted here on some subsequent invasion of the disease. All the cases recorded as having had previous attacks, are included in the following table:—

	Males.	Females.	Total.
One previous attack, . . .	74	56	130
Two previous attacks, . . .	15	14	29
Three previous attacks, . . .	5	5	10
Four previous attacks . . .	3	0	3
Five previous attacks, . . .	1	0	1
Nine previous attacks, . . .	0	1	1
Several attacks,	10	16	26
Many attacks,	2	6	8
Total,	<u>110</u>	<u>98</u>	<u>208</u>

Thus, two hundred and eight patients were known to have previously suffered from the disorder. This is equivalent to *eleven and twenty-nine hundredths per cent* of the whole number admitted. The per centage of men is a small fraction more than *ten*. That of women, a little more than *thirteen*.

SECTION XI.

OF THE SUICIDAL PROPENSITY.

Among the insane of either sex, at all times and in all countries, there is a number, not inconsiderable, who labor under a propensity to self-destruction. So far as the records of the cases admitted into this institution furnish information upon this subject, the following table gives the number in whom this disposition appeared. They are arranged according to the terms used in the history of their cases.

	Males.	Females.	Total.
Attempted to commit suicide, . . .	38	33	71
Made two attempts to commit suicide, .	3	3	6
Made three attempts to commit suicide,	1	1	2
Made several attempts to commit suicide,	15	15	30
Threatens to commit suicide, . . .	5	4	9
Disposed to commit suicide,	7	8	15
Talks of committing suicide,	2	1	3
Committed suicide at the Asylum, . .	1	7	8

Hence it appears that fifty-seven men and fifty-two women, a total of one hundred and nine, had actually attempted to destroy themselves. The number who had attempted to do it more than once was thirty-eight, of whom nineteen were men and nineteen women.

Of the thirty-eight men included under the term *attempted suicide*, in the first line of the foregoing table, the records state that the attempt was made to cut the throat by seven; with a knife, by one; to drown, by six; with laudanum, by two; to leap from a window, by three; to hang, and to strangle, each by one. In the others, the particular method is not mentioned.

Of the men said to have made two attempts, one endeavored to shoot himself, and another took two ounces of laudanum.

The man who made three attempts, first took laudanum, next endeavored to cut his throat, and lastly attempted to shoot himself.

Of those who made several attempts, it is stated that one endeavored to drown himself once, and another, twice.

Of the thirty-three women in the first line, the method resorted to in the endeavor to take their lives, so far as information is given, was as follows:—One with a razor, one with a knife, one by cutting the throat, one by strangulation, one by hanging, two by drowning and one with laudanum.

Of the women who made two attempts, one endeavored to drown, and afterwards to strangle herself; another attempted to drown, and afterwards to destroy herself with a knife; the third took laudanum, and subsequently endeavored to hang herself.

The three attempts of a woman recorded in the third line were, first with a cutting instrument, second to hang herself, and third to leap from a window.

Of the women who made several attempts, one attempt of one of them was to poison herself with arsenic. Two attempts of another were by the means of laudanum and drowning; and, of two others, each made one attempt to drown herself.

Such persons as are intimately acquainted with the insane will recognise an important difference between the terms *disposed to*, on the one hand, and, on the other, *talks of*, or *threatens to* commit suicide. Patients in whom the propensity to self-destruction is the strongest, and who are most likely to be urged onwards by it to a fatal execution of their designs, never, or rarely, in any manner allude to that propensity, but, on the contrary, use every precautionary measure to conceal it. I have never known but one person accustomed to talk of the propensity, who afterwards committed suicide. This

was a woman whose case offers an exception not only to this, but to another general rule. The suicidal rarely—so very rarely that, it might almost be said never—put their intentions into execution in the presence of another person. This patient hung herself within five feet of another female, a fellow-patient, who, however, it is possible she supposed to have been sleeping, as the act was committed in the night.

Patients who *threaten* to commit suicide, almost invariably do so for the purpose of frightening the people around them, rather than from any propensity in that direction. I do not recollect ever to have met with a single exception to this.

One of the most remarkable characteristics of the really suicidal, is their fearfulness of being injured by others. A man will shrink from those by whom he is surrounded, lest they should do him harm, in the slightest degree, and the next moment take his life with his own hand.

SECTION XII.

THE HOMICIDAL PROPENSITY.

The number of patients in whom the homicidal propensity existed, or had been known previously to exist, and the extent to which that propensity had influenced their conduct, will be perceived by the subjoined table.

	Males.	Females.	Total.
Had committed murder,	5	0	5
Had attempted to kill,	13	7	20
Threatened to kill,	11	6	17
Attacked a daughter while asleep,	0	1	1
Thinks it her duty to kill some one,	0	1	1

Of the five actual homicides, one killed a child ; one, his mother-in-law ; and one, his wife's brother. Of the remaining two, it is merely stated that one killed a person ; and the other killed a man with a knife, was tried and acquitted on the ground of insanity.

Of the men who attempted to kill, that attempt was made on a wife by five ; on a wife and child, by one ; on a father, by two ; on a brother, by one ; on a sister, by one ; and on a constable, by two.

Of the men who threatened to kill, the threat was against a wife in two cases, his friends in eight, and his family in one.

The attempt to kill, by women, were in five cases upon a child, in one case upon a sister, and in one upon a sister and step-mother.

The threats to kill, by women, were against a husband in two cases, against her children in one, her friends in one, and in one the particular persons are not mentioned.

It may be observed that many of the insane, particularly when excited, threaten to kill those around them, without any intention, certainly any *permanent* intention to put their threats into execution.

SECTION XIII.

CONDITION OF THE PATIENTS WHEN DISCHARGED FROM THE ASYLUM.

The table subjoined exhibits the condition of the patients at the time of discharge, and the number still remaining in the Asylum.

	Males.	Females.	Total.
Cured,	408	264	672
Much improved,	58	46	104
Improved,	176	142	318
Relieved,	6	1	7
Unimproved,	2	1	3
Discharged by request of friends, mostly unimproved,	222	179	401
Eloped, condition not stated,	26	4	30
Died,	148	79	227
	<hr/>	<hr/>	<hr/>
Whole number discharged,	1046	716	1762
Remain,	44	35	79
	<hr/>	<hr/>	<hr/>
Whole number admitted,	1090	751	1841

One thousand seven hundred and sixty-two patients were discharged, of whom one thousand and forty-six were men, and seven hundred and sixteen women. Of these, four hundred and eight men and two hundred and sixty-four women were cured, making a total of six hundred and seventy-two.

There were forty-two of the foregoing patients—twenty-three men and nineteen women—who, after a short residence in the Institution, were discharged as follows:—

Much improved,	9
Improved,	16
Relieved,	1
Discharged by request of friends,	14
Eloped,	2

but, after a brief absence, were re-admitted, and finally discharged cured. These cases should be added to the cures in the former table.

It is now (August, 1847,) upwards of two years and a half since the close of the period embraced by these statistics. At that time, as will be perceived by the table, there remained in the Institution seventy-nine patients, who were here on their first admission. A large proportion of these were old, incurable cases, which had been in the Asylum for many years.

A sufficient time has now elapsed to test the curability of the few whose disease was of a more recent date. The sub-joined list exhibits the present condition of the seventy-nine patients in question :—

	Males.	Females.	Total.
Discharged cured,	4	6	10
“ much improved,	0	3	3
“ improved,	8	3	11
“ unimproved,	7	8	15
Died,	4	3	7
Remaining, all incurable,	21	12	33

The results in this table should also be added to the foregoing.

It is not unfrequently the case, that a patient who is progressing towards recovery, is, through the anxiety of friends, prematurely removed, before a cure has been established. Eighteen cases of this kind, of which thirteen were discharged much improved, four improved, and one by the request of friends, the condition not stated, are known to have recovered soon after leaving.

Our object being to ascertain, as nearly as possible, the curability of Insanity, it is very apparent that these cures, also, should be included in the original list. Indeed, it is but justice to the Institution that they should be included, inasmuch as, if they were cured by any system of treatment, it was that which was pursued here.

After these explanations, it appears that the cures were as follows:—

	Males.	Females.	Total.
Discharged cured previously to Dec. 31st, 1844,	408	264	672
“ cured subsequently,	4	6	10
“ not cured on first admis- sion, but cured on re-admission, 23		19	42
Known to have recovered after discharge, 6		12	18
	<hr/>	<hr/>	<hr/>
Aggregate,	441	301	742

All the foregoing cases which remain in the Institution are believed to be incurable, and as those who were discharged not cured have become widely scattered, and mostly lost sight of, it is probable that this table exhibits all, or very nearly all, whom we shall ever ascertain to have been cured. This makes the per cent. of cures of both sexes 40 and 30-100. Of the men it was 40 and 46-100; of the women 40 and 8-100.

Some authors believe that, of the insane, females are more curable than males. In these cases, however, the comparative curability of the two sexes is somewhat in favor of the men.

We must not leave this subject, without referring to a cause which has operated unfavorably upon the curability of the patients, taken as a whole, that have been received into this Institution. When the Asylum was first opened, fifty-two were transferred to it from the old establishment. A great majority of these were chronic and incurable cases, which had been accumulating there for many years. This fact will become evident if illustrated by their history subsequently to admission into this Institution, which is as follows:—

	Males.	Females.	Total.
The whole number was, . . .	32	20	52
Discharged cured,	4	0	4
“ much improved,	1	0	1
“ improved,	2	3	5
“ by request of friends, mostly unimproved,	17	10	27
Eloped, condition not stated,	0	1	1
Died,	2	3	5
Remaining, Dec. 31st, 1844,	6	3	9
Total,	32	20	52

Thus it appears that only four of these cases were cured. This is equivalent to but 7 and 7-10 per cent.

The condition of the patients who were received from the N. Y. Almshouse, was very similar to those who were brought from the old Asylum. In the repeated transfers of patients which took place between the Almshouse and this Institution, several were brought here more than once. The whole number of first admissions was sixty-six, of whom twenty-nine were men, and thirty-seven women. Of these, only four men and twelve women, a total of sixteen, were cured; and of all that were re-admitted, a recovery did not take place in a single case. Hence we have—

	Males.	Females.	Total.
Admitted from the old Asylum	32	20	52
Admitted from the N. Y. Almshouse, 29		37	66
Total,	61	57	118
Of all these there were cured but	8	12	20

Subtracting these cases from the whole number of admissions, and their cures from the whole number of cures,

We have the per cent. of cures in men, . 42 and 8-100
Do. women, 41 and 64-100
Do. both sexes, 41 and 90-100

SECTION XIV.

TERM OF RESIDENCE IN THE ASYLUM OF THE PATIENTS WHO WERE CURED.

Physicians to Institutions for the Insane are frequently questioned in reference to the time necessary to effect a restoration, in cases of insanity. The following table shows the term of residence in the Asylum, of all the patients who were discharged cured on their first admission:—

	Males.	Females.	Total.
Less than one month, . . .	45	31	76
From one to two months, . . .	76	37	113
From two to three months, . . .	66	41	107
From three to four months, . . .	61	41	102
From four to five months, . . .	29	25	54
From five to six months, . . .	25	20	45
From six to seven months, . . .	29	17	46
From seven to eight months, . . .	10	12	22
From eight to nine months, . . .	8	6	14
From nine to ten months, . . .	13	5	18
From ten to eleven months, . . .	5	7	12
From eleven to twelve months, . . .	11	4	15
From one to two years, . . .	23	12	35
Upwards of two years, . . .	7	6	13

The whole number who were in the Asylum less than three months each, is two hundred and ninety-six. This is equivalent to forty-four in every hundred that were cured. The whole number from three to six months is two hundred and one, or thirty in every hundred. The whole number from six to twelve months is one hundred and twenty-seven, nearly nineteen in every hundred.

The whole number who were here upwards of one year each is forty-eight, or seven in every hundred.

The mean or average term of residence in the Asylum was, for the men, four months and twenty-seven days; and for the women, five months and twenty-six days.

Setting aside the thirteen cases in which the persons were here more than two years each, the average time will be, for men, four months and ten days, and, for women, four months and twenty-five days.

The mean or average time of residence of both sexes, inclusive, is five months and eight days. Excluding the thirteen cases before mentioned, it is four months and sixteen days.

Many people who take their friends to an institution of this kind, appear to be impressed with the idea that, if a restoration be possible, it can be effected in a few days, as in an ordinary fever. But insanity, particularly in those cases which are sufficiently prolonged to induce their friends to remove them to an Asylum, is essentially a chronic disease, and, even under the most skilful management, requires a considerable time for its removal, and the establishment of mental health. Were it possible always to induce the friends and guardians of patients to leave them at the Asylum a sufficient time, fully and satisfactorily to test their curability by the restorative means here employed, the recoveries would undoubtedly be augmented, and that to no small extent. At the Retreat, near York, England, where every patient is retained, if not cured, until all curative resources are exhausted, it is stated, by the officers of that institution, that thirty-five per cent. of all the recoveries do not take place until the patients have been in the Asylum more than a year.

SECTION XV.

CURABILITY AS CONNECTED WITH AGE.

It has generally been believed that, other things being equal, the curability of the insane is in a proportion inversely to their ages; or, the younger the patient the greater the prospect of restoration. This belief was undoubtedly founded, as reasonably it might have been, upon the fact of the stronger constitution and the unexhausted physical energies of persons in the early stages of manhood.

More recently there has been a tendency, in some quarters, to the opposite opinion—that the disease is more curable in advanced life. The subjoined table exhibits the ages, so far as known, on admission, of the six hundred and seventy two patients who were cured at the time they were first discharged from the Asylum.

	Males.	Females.	Total.
Under twenty years, - - -	30	30	60
From twenty to thirty years, - - -	158	113	271
From thirty to forty years, - - -	107	55	162
From forty to fifty years, - - -	57	29	86
From fifty to sixty years, - - -	25	19	44
From sixty to seventy years, - - -	11	2	13
From seventy to eighty years, - - -	3	0	3
From eighty to ninety years, - - -	0	1	1
Total,	391	249	640

By far the largest number of cures was in persons between twenty and thirty years of age. It will, however, be recollected that the number of patients who, at the time of admission, were between twenty and thirty, very much exceeded that of those who were in any other decennium of life. Consequently, although the actual number of cures at that age greatly predominates, it does not necessarily follow that a larger *proportion* recovered than in some of the other periods.

The following table exhibits, for either sex separately, and for the total of both sexes, the per centage of cures in each period, calculated upon the number of admissions in that period.

	Males.	Females.	Total.
Under twenty years,	46.16	58.82	51.72
From twenty to thirty years,	44.00	42.17	43.22
From thirty to forty years,	36.61	32.16	35.00
From forty to fifty years,	36.31	25.60	31.85
From fifty to sixty years,	28.73	28.78	28.10
From sixty to seventy years,	29.71	10.52	23.21
From seventy to eighty years,	17.64	00.00	13.63
From eighty to ninety years,	00.00	50.00	33.33

Of the whole number of patients of different ages, the proportion of cures was greatest in those who were under twenty; and that proportion diminishes, progressively and regularly, through all the subsequent decades of human life, as far as the eightieth year. There were but three patients above eighty years of age, and one of them was cured. This is equivalent to thirty-three and one-third per cent, but the number is so small as to be of no value in establishing the proportion of cures at that period of life, and altogether insufficient to unsettle the general rule apparent in the other cases, of diminishing curability in the advancing stages of life.

If the subject be investigated in regard to the sexes, separately, it will be found that the greatest proportion of cures was under twenty years of age, and that the progressive diminution of that proportion in the higher decades of life, holds good, with but a single exception, in either sex.

Of the men, about one per cent more were cured in the age from sixty to seventy years than in that from fifty to sixty; and in the women, the cures between fifty and sixty years were somewhat more than three per cent greater than those between forty and fifty.

The proportion of cures among women under twenty years

of age was more than twelve and a half per cent greater than that of men ; but in all the other periods, the proportion of men predominated over that of women, with the exception of the period from fifty to sixty years, when there was but very little difference in the two sexes.

The decennium from eighty to ninety, being so palpably exceptionable, is not taken into account.

Hence, the old doctrine that mental alienation is more curable in early life than at more advanced periods, is strongly supported by these statistics.

SECTION XVI.

E L O P E M E N T S .

The thirty cases recorded as eloped, in the table of Condition at time of Discharge, are such alone as were so discharged upon the register, without any statement of the condition of the patient at the time of leaving the Asylum. Whenever that condition was specified, the case was placed under its appropriate head, without reference to the elopement. The aggregate of these is as follows:

	M.	F.	T.
Eloped cured, and placed under the head cured,	12	3	15
Eloped much improved, and under the head much improved,	4	3	7
Eloped improved, and placed under the head improved,	7	0	7
Total,	23	6	29

Of the 1841 patients, forty-nine men and ten women, a total of fifty nine eloped upon their first admission.

It will be seen that the number of deaths, on first admission, was two hundred and twenty-seven, of which one hundred and forty-eight were of males and seventy-nine of females. This is equivalent to twelve and thirty-three hundredths per cent of the whole number, or an annual per cent of eleven and five hundredths. The further consideration of this subject will be resumed in a succeeding section.

Two hundred and forty patients left the Asylum before the expiration of a month from the time of their admission ; one hundred and fifteen were here less than two months each, and of these, thirty-nine were here but from two to seven days each.

The number from one to three months was six hundred and twenty-one ; from three to six months, three hundred and forty-two ; from six to nine months, one hundred and sixty ; from nine to twelve months, ninety-nine.

The number who were here for a longer period than one year each, may readily be seen by an inspection of the table.

The mean or average time of residence of the whole was nine months and nineteen days ; for the men, nine months and twelve days, and for the women, ten months.

SECTION XVIII.
OF RE-ADMISSIONS.

1st. Second Admissions.

Two hundred and eighty patients were each received a second time into the Asylum. Of these, one hundred and sixty-eight were males and one hundred and twelve females. The results in these cases were as follows:—

	Males.	Females.	Total.
Discharged Cured,	52	37	89
“ Much improved,	7	0	7
“ Improved,	38	18	56
“ By request of friends,	39	35	74
Eloped,	13	3	16
Died,	13	6	19
Remaining, Dec. 31st, 1844, }	6	13	19
Total,	168	112	280

One of the females included among the cured, eloped, and one of the females among the improved, is known to have recovered after leaving the Asylum.

2d. Third Admissions.

Forty-six men and thirty-five women, a total of eighty-one, were admitted a third time each. The subjoined table exhibits the results in these cases.

	Males.	Females.	Total.
Discharged Cured,	16	14	30
“ Much improved,	2	0	2
“ Improved,	8	9	17
“ By request of friends,	12	8	20
Eloped,	1	1	2
Died,	6	2	8
Remain,	1	1	2
Total,	46	35	81

One of the men included among the cures eloped.

3d. Fourth Admissions.

Twenty-two men and eleven women, a total of thirty-three, were admitted a fourth time, and discharged as follows:—

	Males.	Females.	Total.
Cured,	8	7	15
Much improved,	1	1	2
Improved,	3	1	4
By request of friends,	8	2	10
Eloped,	1	0	1
Died,	1	0	1
	<hr/>	<hr/>	<hr/>
Total,	22	11	33

4th. Fifth Admissions.

The fifth admissions consist of eleven men and seven women, making a total of eighteen, who were discharged as subjoined:—

	Males.	Females.	Total.
Cured,	5	5	10
Improved,	4	1	5
By request of friends,	0	1	1
Died,	2	0	2
	<hr/>	<hr/>	<hr/>
Total,	11	7	18

5th. Sixth Admissions.

Of sixth admissions there were eight; two men and six women. They were discharged as follows:—

	Males.	Females.	Total.
Cured,	1	5	6
Improved,	0	1	1
By request of friends,	1	0	1
	<hr/>	<hr/>	<hr/>
Total,	2	6	8

6th. Seventh Admissions.

Two men and five women, a total of seven, were admitted a seventh time. The results of these cases were as follows:—

	Males.	Females.	Total.
Cured,	2	3	5
Improved,	0	1	1
Remains,	0	1	1
	<hr/>	<hr/>	<hr/>
Total,	2	5	7

7th. Eighth Admissions.

In the eighth admissions there are one man and three women; whole number four. Discharged as follows:—

	Males.	Females.	Total.
Cured,	1	2	3
Improved,	0	1	1
	<hr/>	<hr/>	<hr/>
Total,	1	3	4

8th. Ninth Admissions.

One man and three women; whole number four.

	Males.	Females.	Total.
Discharged Cured,	1	2	3
“ Improved,	0	1	1
	<hr/>	<hr/>	<hr/>
Total,	1	3	4

9th. Tenth Admissions.

One man and three women; total four.

	Males.	Females.	Total.
Discharged Cured,	1	1	2
“ Improved,	0	2	2
	<hr/>	<hr/>	<hr/>
Total,	1	3	4

10th. Eleventh Admissions.

Of the men, no one was admitted more than ten times.
Of the eleventh admissions there were but three, who were all females.

	Females.
Discharged Cured,	2
“ Improved,	1
	<hr/>
Total,	3

11th. *Admissions subsequent to the Eleventh.*

The cases included in the subjoined admissions were all females.

12th Admissions, 3.	Discharged Cured 2, Improved 1,	Total 3.
13th Admissions, 3.	Discharged Cured 2, Improved 1,	Total 3.
14th Admissions, 3.	Discharged Cured 2, Improved 1,	Total 3.
15th Admissions, 3.	Discharged Cured 2, Died 1,	Total 3.
16th Admissions, 2.	Discharged Cured 1, Request 1,	Total 2.
17th Admissions, 2.	Discharged Cured 1, Improved 1,	Total 2.
18th Admissions, 2.	Discharged Cured 2,	Total 2.
19th Admissions, 2.	Discharged Cured 2,	Total 2.
20th Admissions, 2.	Discharged Cured 2,	Total 2.
21st Admissions, 2.	Discharged Cured 2,	Total 2.
22d Admission, 1.	Discharged Cured 1,	Total 1.

12th. *Aggregate Results of Re-admissions.*

In the whole number of re-admissions, from the second to the twenty-second, inclusive, there are four hundred and sixty-seven cases, of which two hundred and fifty-four were of males, and two hundred and thirteen of females. The aggregate of their results is as follows:—

	Males.	Females.	Total.
Cured,	87	97	184
Much improved,	10	1	11
Improved,	53	40	93
By request of friends,*	60	47	107
Eloped,	15	4	19
Died,	22	9	31
Remain,	7	15	22
	<hr/>	<hr/>	<hr/>
Total,	254	213	467

* In all cases where the phrase "By request of friends" is used, the patients were probably unimproved, although their condition is not mentioned upon the records.

SECTION XIX.

OF RE-ADMISSIONS IN REFERENCE TO THE CONDITION AT THE
TIME OF DISCHARGE ON FIRST ADMISSION.

The whole number of second admissions, as has already been stated, was two hundred and eighty; of which one hundred and sixty-eight were men, and one hundred and twelve women. The question very naturally arises—Under what circumstances did it become necessary for these patients to be again brought to the Asylum? Were they relapses, or recurrences of the disease, in the patients who had been discharged cured on the first admission? In short, what was their condition at the time of first discharge? That condition is exhibited in the following table:—

	Males.	Females.	Total.
Cured,	62	43	105
Relieved,	3	0	3
Much improved,	7	10	17
Improved,	31	23	54
By request of friends,	54	34	88
Eloped,	11	2	13
	<hr/>	<hr/>	<hr/>
Total,	168	112	280

Of the two hundred and eighty who were admitted a second time, one hundred and five, or sixty-two men and forty-three women, were discharged cured, on their first admission. These, then, were either relapses or recurrences of the disease. Several of them were cases of periodical mania.

The time necessary to intervene between an apparent restoration and a re-appearance of the disease, in the same patient, in order to constitute what may be called a recur-

rence, or second attack, rather than a relapse of the first attack, has never been definitely settled.

In the table subjoined, we shall show the time that elapsed after the discharge of the one hundred and five cases that were cured, before their time of re-admission :—

	Males.	Females.	Total.
Re-admitted within one month after first discharge,	6	6	12
Re-admitted within two months,	3	3	6
Re-admitted within three months,	2	1	3
Re-admitted between three and six months,	6	2	8
Re-admitted between six and twelve months,	12	6	18
Re-admitted between one and two years,	13	8	21
Re-admitted between two and three years,	5	3	8
Re-admitted between three and four years,	4	6	10
Re-admitted between four and five years,	6	3	9
Re-admitted between five and six years,	1	1	2
Re-admitted between six and seven years,	1	0	1
Re-admitted between nine and ten years,	1	2	3
Re-admitted between ten and eleven years,	1	0	1
Re-admitted between eleven and twelve years,	0	1	1
Re-admitted between thirteen and fourteen y'rs,	1	0	1
Re-admitted between seventeen & eighteen y'rs,	0	1	1
Total,	62	43	105

In twenty-nine cases, the patient was absent from the Asylum, after being discharged cured, less than six months ; and in eighteen, between six and twelve months. In the remaining fifty-eight, the period intervening between the discharge and re-admission was more than one year.

These one hundred and five cases of relapse, or recurrence, will now be traced, as far as possible, to their final results. Those results are embodied in the foregoing table of re-admissions ; but they will be here separately enumerated, for the purpose of giving a more complete history of the cases discharged cured, in the first admissions. The results of their second admissions were as follows :—

	Males.	Females.	Total.
Discharged Cured,	31	23	54
“ Much improved,	2	0	2
“ Improved,	12	6	18
“ By request of friends,	6	6	12
“ Eloped,	4	1	5
“ Died,	6	2	8
Remaining,	1	5	6
	<hr/>	<hr/>	<hr/>
Total,	62	43	105

Twelve men and five women were admitted a third time each ; and all were discharged cured.

Eight men and three women were admitted a fourth time ; and discharged, one man by request, one man improved, and all the rest, of both sexes, cured.

Two men and two women were admitted a fifth time, and all discharged cured.

Two women were admitted a sixth time, and discharged cured.

One woman was admitted sixteen times more, (twenty-two admissions in all,) and discharged cured, each time. This was a case of mania ; not precisely periodical, but recurrent at short intervals.

SECTION XX.

TIME OF RESIDENCE IN THE ASYLUM OF THE PATIENTS RE-ADMITTED.

TABLE I.—Showing the time of residence on Second Admission.

Time.	M.	F.	T.	Time.	M	F.	T.	Time.	M.	F.	T.
4 days	1	0	1	1 month	5	4	9	1 year	6	3	9
5 days	0	1	1	1½ months	5	7	12	1 " 2 mos	4	3	7
6 days	0	1	1	2 months	7	12	19	1 " 3 mos	6	3	9
7 days	1	1	2	2½ months	7	4	11	1 " 6 mos	3	1	4
8 days	1	0	1	3 months	14	8	22	1 " 9 mos	2	1	3
9 days	1	1	2	3½ months	8	4	12	2 years	2	1	3
10 days	1	0	1	4 months	12	1	13	2½ years	3	0	3
11 days	1	0	1	4½ months	5	2	7	3 years	1	5	6
14 days	2	1	3	5 months	5	4	9	3½ years	1	3	4
15 days	1	0	1	5½ months	4	3	7	4 years	0	2	2
16 days	2	0	2	6 months	5	2	7	5 years	4	0	4
17 days	1	1	2	6½ months	0	4	4	6 years	2	0	2
18 days	0	1	1	7 months	7	3	10	7 years	1	0	1
19 days	1	0	1	7½ months	1	1	2	8 years	0	0	1
20 days	1	0	1	8 months	4	1	5	9 years	1	0	1
21 days	1	0	1	8½ months	3	1	4	11 years	1	0	1
22 days	1	1	2	9 months	2	1	3	13 years	1	0	1
23 days	1	0	1	10 months	2	1	3	14 years	2	0	2
24 days	1	0	1	10½ months	4	0	4	More than 1 yr	40	23	63
25 days	1	1	2	11 months	1	2	3	1 month to 1 yr	102	66	168
26 days	1	0	1	11½ months	1	1	2	Less than 1 mo	20	10	30
28 days	0	1	1								
Total.	20	10	30		102	66	168		162	99	261

Nineteen cases of Second Admission had not been discharged.

TABLE II.—*Time of residence in the Asylum of all cases of Re-admission, from the third to the twenty-second, inclusive.*

Time.	M.	F.	T.	Time.	M.	F.	T.	Time.	M.	F.	T.
5days	1	0	1	1 month	5	5	10	1 year	3	0	3
6days	2	0	2	1½ months	6	6	12	1 yr 2 mo	4	1	5
7days	1	1	2	2 months	3	4	7	1 yr 6 mo	0	4	4
8days	0	1	1	2½ months	2	4	6	1 yr 9 mo	2	0	2
9days	0	1	1	3 months	6	4	10	2 years	4	0	4
10days	0	1	1	3½ months	4	4	8	2½ years	1	1	2
11days	0	1	1	4 months	1	6	7	3 years	2	1	3
12days	1	1	2	4½ months	3	2	5	4 years	3	1	4
13days	1	2	3	5 months	1	3	4	5 years	1	1	2
14days	1	2	3	5½ months	1	4	5	6 years	1	2	3
15days	0	1	1	6 months	5	1	6	8 years	1	0	1
16days	0	1	1	6½ months	1	2	3	9 years	1	1	2
17days	0	2	2	7 months	4	3	7	14 years	1	0	1
18days	0	2	2	7½ months	2	1	3				
19days	1	2	3	8 months	0	3	3	More than			
20days	0	2	2	8½ months	1	0	1	1 year	24	12	36
21days	1	1	2	9 months	1	1	2	From 1 mo			
23days	0	1	1	9½ months	1	1	2	to 1 yr	49	56	105
24days	0	1	1	10 months	0	1	1	Under			
25days	1	1	2	10½ months	2	1	3	1 month	12	29	41
26days	0	1	1								
27days	0	3	3								
28days	2	1	3								
Total,	12	29	41	Total,	49	56	105	Total,	85	97	182

Three patients had not been discharged.

SECTION XXI.

MORTALITY.

There are two causes, the effect of which is to make the comparative number of deaths in this Asylum, greater than that of some other institutions of a similar description.

The first is found in the fact that, in receiving patients, no discrimination is made in regard to the form of disease, its duration or supposed curability. Idiots, the imbecile, demented epileptics and disabled paralytics have, alike with more favorable cases, been considered as proper objects for such assistance as the institution was able to render. This unrestricted admission of applicants, unfavorable in regard to mortality in any institution, is particularly so for one situated in the vicinity of a large city. For, in the latter case, some patients too feeble to endure a long journey are removed to it; and the same may be said of cases of acute inflammation of the brain, a disease severe in its symptoms, of short duration and almost invariably fatal, especially if the patient be subjected to the agitation and exercise of traveling even a few miles.

The second cause alluded to is the comparative antiquity of the institution. Rarely, if ever, in the early years of an Asylum, does the mortality rise to a large per centage. The tendency, at all institutions, is towards the accumulation of incurable patients, destined to remain throughout their lives. Such is the state of things here; so that, frequently, if not generally, the majority of the annual number of deaths is among patients who have been in the Asylum from one to twenty years. As an illustration of this fact, it may be mentioned that, of thirteen patients who died in 1846, only four were among the patients admitted in that year. The following table includes the whole number of deaths of insane pa-

tients, from the opening of the institution to December 31st 1844.

First admissions	{	Of 1090 males,	-	148	died.
		Of 751 females,	-	79	died.
				Total,	227
Re-admissions	{	Of 254 males,	-	22	died.
		Of 213 females,	-	9	died.
				Total,	31

Hence is derived the following aggregate of cases, distinguished according to sex.

Males, of	1344	cases admitted,	170	died.
Females, of	964	cases admitted,	88	died.
Both sexes, of	2308	cases admitted,	258	died.

The proportion of the whole number of deaths, calculated upon the whole number of admissions, is, for men, 12.64 per cent, for women, 9.12 per cent, and for both sexes, 11.18 per cent.

This estimate is made upon the whole number of *cases* admitted. But, as has already been stated, the whole number of *persons* was but 1841, of whom 1090 were males and 751 females. Of these, one hundred and seventy males and eighty-eight females, a total of two hundred and fifty-eight, died. Therefore, the proportion of deaths of all the *persons* admitted, was, for men, 15.60 per cent, for women, 11.71, and for both sexes. 14.01.

It has been very clearly demonstrated by Samuel Tuke, whose authority is second to none, in all matters upon which he has written in reference to insanity and the insane, that the true and only accurate method of estimating the mortality in an institution, is, not to calculate the proportion of deaths upon the number admitted, nor, as is sometimes done, upon the number discharged, but *upon the mean or average number of patients, annually resident in the institution.*

It is manifest that, for the purpose of ascertaining the per centage of mortality in the city of New-York, during any given year, it would be necessary to divide the number of deaths by the average number of the whole population, and not by that population increased by the tens of thousands of persons who may have come into the city, during the year, and remained but a few days, or, at most, but a few weeks. This rule, evidently applicable for a city, must be equally so for a public institution of this description, in which a large proportion of patients remain more than one year.

In Part First, it has been shown that the daily average number of patients, for the whole period of twenty-three and a half years over which these statistics extend, was 110.44. That number, however, includes the cases of delirium tremens. The average number of insane patients was 105. The average annual number of deaths has been shown to have been 11.18; hence the mean annual per centage of deaths, of both sexes, was 10.65.

The following table exhibits the per centage for each year.

Year.	Per cent.	Year.	Per cent.	Year.	Per cent.
1821	3.29	1829	11.43	1837	9.61
1822	3.65	1830	7.23	1838	12.57
1823	5.18	1831	19.55	1839	8.94
1824	8.06	1832	17.92	1840	9.58
1825	1.73	1833	11.12	1841	14.28
1826	13.41	1834	14.54	1842	5.21
1827	8.20	1835	10.38	1843	13.84
1828	16.87	1836	9.90	1844	11.53

SECTION XXII.

MORTALITY IN ITS RELATION TO MONTHS AND SEASONS.

The two hundred and fifty-eight deaths are arranged below, according to the months and seasons in which they occurred.

<i>Spring.</i>				<i>Summer.</i>			
	Males.	Females.	Total		Males.	Females.	Total.
March, . .	4	4	8	June, . .	12	14	26
April, . .	10	6	16	July, . . .	9	7	16
May, . .	11	3	14	August, . .	22	6	28
	—	—	—		—	—	—
Total, .	25	13	38	Total, .	43	27	70

<i>Autumn.</i>				<i>Winter.</i>			
	Males.	Females.	Total.		Males.	Females.	Total.
September,	22	8	30	December, .	12	4	16
October, .	13	13	26	January, .	21	8	29
November, .	19	12	31	February, .	15	3	18
	—	—	—		—	—	—
Total, .	54	33	87	Total, .	48	15	63

Of monthly deaths, the greatest number, for men, was twenty-two, the number being equal in both August and September; for women it was fourteen, in June; and for both sexes, thirty-one, in November.

Of the seasons, in reference to men, Autumn holds the first rank, Winter the second, Summer the third and Spring the fourth. For the women, Autumn is first, Summer next, Winter the third and Spring the last.

For both sexes, the maximum number of deaths was in Autumn, the next in Summer, the third in Winter and the minimum in Spring.

SECTION XXIII.

TIME OF RESIDENCE IN THE ASYLUM, OF PATIENTS WHO DIED.

The subjoined table shows the time of residence in the Asylum, of all patients who died on their first admission.

Time.	M.	F.	T.	Time.	M.	F.	T.	Time.	M.	F.	T.
2 days	2	2	4	1 month	8	3	11	1 year	2	4	6
3 days	1	0	1	1½ months	16	7	23	1 yr 3 mo	3	1	4
4 days	0	1	1	2 months	8	3	11	1 yr 6 mo	2	0	2
6 days	4	1	5	2½ months	4	2	6	1 yr 9 mo	2	1	3
7 days	2	1	3	3 months	3	3	6	2 years	7	4	11
8 days	2	0	2	3½ months	4	1	5	2½ years	3	2	5
9 days	2	1	3	4 months	1	3	4	3 years	2	0	2
10 days	6	2	8	4½ months	3	1	4	3½ years	0	1	1
11 days	2	1	3	5 months	4	6	10	4 years	2	0	2
12 days	0	1	1	5½ months	1	1	2	4½ years	1	0	1
13 days	1	1	2	6 months	5	0	5	5 years	1	1	2
14 days	1	0	1	6½ months	2	2	4	6 years	3	0	3
15 days	2	1	3	7 months	5	2	7	7 years	0	2	2
16 days	2	1	3	7½ months	2	0	2	8 years	2	0	2
17 days	0	1	1	8 months	1	0	1	9 years	0	1	1
18 days	2	2	4	8½ months	3	0	3	10 years	1	0	1
21 days	2	0	2	9 months	1	2	3	11 years	2	0	2
22 days	1	2	3	9½ months	3	1	4	12 years	0	1	1
23 days	1	0	1	10 months	1	0	1	13 years	0	1	1
24 days	2	1	3	11 months	1	0	1	16 years	1	0	1
25 days	0	2	2	11½ months	1	1	2				
28 days	1	1	2					Over 1 year,	34	19	53
29 days	1	0	1	Total	77	38	115	1 mo to 1 yr	77	38	115
Total	37	22	59					less than 1 mo	37	22	59
Aggregate of deaths on first admission									148	79	227

Fourteen patients died within the first week after their admission, twenty during the second week, thirteen during the third and eleven during the fourth. Fifty-nine, or twenty-six per cent of the whole number of deaths, occurred within the first month after admission.

In subsequent admissions, it is not to be supposed that so large a proportion of the cases would prove fatal in the early period of residence in the Asylum, because the disease, in most cases, is less acute.

Of the patients who died, upon re-admission, the term of residence, from the time of their last admission, is indicated in the subjoined table.

Time.	Males.	Femal.	Total.	Time,	Males.	Femal.	Total.
7 days	1	0	1	1 year	0	2	2
1 month	1	1	2	1 year & 6 mos	0	1	1
3 months	2	0	2	1 year & 9 mos	2	0	2
4 months	0	1	1	2 years	2	0	2
4½ months	0	1	1	6 years	1	0	1
6½ months	1	1	2	7 years	1	0	1
7 months	1	0	1	9 years	2	0	2
8 months	2	1	3	10 years	1	0	1
9 months	1	1	2	13 years	1	0	1
9½ months	1	0	1	14 years	1	0	1
11½ months	1	0	1	1 year and over.	11	3	14
Total	11	6	17	less than 1 year	11	6	17
				Total	22	9	31

Of these thirty-one cases, death occurred in only three during the first month, and in but seventeen during the first year.

SECTION XXIV.

MORTALITY IN RELATION TO AGE.

In the following table, the whole number of patients who died on first admission, as well as those on re-admission, are arranged according to their ages at time of death.

TIME.	FIRST ADMISSION.			SUBSEQUENT ADMISSIONS.			AGGREGATE.		
	Males.	Femal.	Total.	Males.	Fema.	Total.	Males.	Fema.	Total.
Under 20 yrs.	5	2	7	0	0	0	5	2	7
From 20 to 25 yrs.	10	9	19	0	1	1	10	10	20
From 25 to 30 yrs.	12	10	22	1	0	1	13	10	23
From 30 to 35 yrs.	16	9	25	3	1	4	19	10	29
From 35 to 40 yrs.	25	10	35	1	0	1	26	10	36
From 40 to 45 yrs.	16	4	20	1	1	2	17	5	22
From 45 to 50 yrs.	7	4	11	3	1	4	10	5	15
From 50 to 55 yrs.	23	9	32	4	1	5	27	10	37
From 55 to 60 yrs.	4	1	5	3	1	4	7	2	9
From 60 to 65 yrs.	5	8	13	3	2	5	8	10	18
From 65 to 70 yrs.	4	0	4	0	0	0	4	0	4
From 70 to 75 yrs.	2	4	6	0	1	1	2	5	7
From 75 to 80 yrs.	3	1	4	0	0	0	3	1	4
From 80 to 85 yrs.	2	1	3	2	0	2	4	1	5
Total	134	72	206	21	9	30	155	81	236

Of the patients who died on first admission, the maximum number was of persons between thirty-five and forty years of age.

Among the re-admissions, it will be perceived, as might be expected, that the greatest number of deaths occurred in the more advanced stages of life. Hence, in the aggregate, the greatest mortality was in the period of from fifty to fifty-five years.

SECTION XXV.

DISEASES RESULTING IN DEATH.

The causes of death, or the diseases which terminated fatally, so far as they are recorded, are included in the following table.

1st. Deaths on first Admission.

Apoplexy, Congest'n of brain,	15	Epilepsy,	9
Asthenia, Atrophy,	16	Erysipelas,	1
Abcess, Lumbar,	1	Fever Typhoid,	6
Abcess of liver,	1	“ Bilious remittent,	1
Concussion of brain,	2	“ Intermittent,	1
Convulsions, Epilepti-form,	4	“ Scarlet,	1
Cholera-morbus,	2	Inflammation of bowels,	3
Cholera, Asiatic,	2	Inflammation of brain,	10
Cancer,	1	Inanition,	3
Consumption,	21	Paralysis,	19
Dropsy,	2	Suicide,	8
Diarrhœa,	5	Strangulation while eating, (paralytic)	2
Dysentery,	7		
Disease of heart,	1		

2d. Deaths on Re-admission.

Apoplexy,	4	Dysentery,	1
Asthenia, Marasmus,	3	Disease of heart,	1
Consumption,	1	Epilepsy,	2
Dropsy,	1	Paralysis,	4
Diarrhœa,	2		

