

MAINE STATE LEGISLATURE

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PUBLIC DOCUMENTS

OF THE

STATE OF MAINE

BEING THE

REPORTS

OF THE VARIOUS

**PUBLIC OFFICERS
DEPARTMENTS AND
INSTITUTIONS**

FOR THE TWO YEARS

JULY 1, 1926 - JUNE 30, 1928

PUBLIC DOCUMENTS, 1926-28

(Explanatory Note)

Three reports in this volume cover periods in variance with the given biennium. They are as follows:

1. The report of the Attorney General covers the period from 1924 to 1928.
2. The report of the Bangor State Hospital covers the period from 1919 to 1928.
3. The report of the department of Inland Fisheries and Game covers the fiscal year ending June 30, 1928. No printed report was made for the fiscal year ending in 1927.

EIGHTEENTH AND NINETEENTH

ANNUAL REPORTS

OF

BANGOR STATE HOSPITAL

FOR THE

YEARS ENDING JUNE 30, 1919

AND JUNE 30, 1920

PRESS OF
MERRILL & WEBBER COMPANY
AUBURN, MAINE.

BANGOR STATE HOSPITAL.

RESIDENT OFFICERS.

1920

CARL J. HEDIN, M.D., Superintendent.
LESTER F. NORRIS, M.D., First Assistant Physician.
ROBERT R. JANJIGIAN, M.D., Pathologist.
WALTER J. HAMMOND, M.D., Second Assistant Physician.
JOHN P. GOODRICH, M.D., Third Assistant Physician.
WILLIAM THOMPSON, Steward and Treasurer.
Mrs. ELLA D. RAMSDELL, Matron.

CONSULTING PHYSICIANS AND SURGEONS.

DANIEL A. ROBINSON, M.D.	GALEN M. WOODCOCK, M.D.
EUGENE B. SANGER, M.D.	BÉRTRAM L. BRYANT, M.D.
DANIEL McCANN, M.D.	BLANCHE M. MANSFIELD, M.D.
DANIEL W. BUNKER, M.D.	HENRY S. FROST, D.D.S.

CHAPLAINS.

REV. FATHER NELLIGAN.	REV. HAROLD S. CAPRON.
REV. FATHER MURPHY.	REV. J. EDWARD HAND.
REV. FATHER BROWN.	REV. ALVA R. SCOTT.
REV. ROBERT W. JORDAN.	REV. ANDREW J. TORSLEFF.

SUPERINTENDENT OF NURSES.

MISS FLORENCE M. WOOLDRIDGE.

FIELD WORKER.

MISS VIRGINIA ROHDE.

INDUSTRIAL INSTRUCTOR.

MISS MARY R. YOUNG.

DIETITIAN.

MISS BESSIE L. BENSON.

SUPERVISORS.

FEMALE.

MISS EDITH M. ANNIS.
Mrs. MAUDE B. GETCHELL.
Mrs. WAITIE POMROY.

MALE.

EDWARD W. BRALEY.
ROBERT D. REID.
SAMUEL MARSH.

Mr. WILLIAM J. HUGHES, Chief Engineer.
Mr. EDWARD E. LESLIE, Clerk.
Miss IDA A. BAILEY, Superintendent's Clerk.
Miss MARION L. BURTON, Stenographer.
Mr. JERRY T. SULLIVAN, Store Clerk.

REPORT OF THE SUPERINTENDENT.

To the Board of Hospital Trustees:

In accordance with the requirements of the statutes, the report of the Superintendent for the fiscal years ending June 30, 1919, and June 30, 1920, is herewith respectfully submitted.

GENERAL STATISTICS FOR YEAR ENDING JUNE 30, 1919.

	Men	Women	Total
Patients in the Hospital July 1, 1918	372	329	701
On Parole July 1, 1918	31	44	75
Escaped, but still on books, July 1, 1918	2	0	2
	<hr/>	<hr/>	<hr/>
Total number enrolled July 1, 1918	405	373	778
Admissions during the year:			
First admissions	128	82	210
Readmissions	30	23	53
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Total admissions	158	105	263
Transfers from other institutions	8	4	12
	<hr/>	<hr/>	<hr/>
Total received during the year	166	109	275
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Total under treatment during the year	571	482	1053
	<hr/>	<hr/>	<hr/>
Daily average number of patients in the hospital	362	339	701
Daily average number on parole	46	52	98
Normal capacity of the institution	267	310	577
	<hr/>	<hr/>	<hr/>
Discharged during the year:			
As recovered	32	6	38
As improved	24	22	46
As unimproved	17	8	25
As not insane	6	2	8
Transferred to other institutions	4	0	4
Died during the year	63	41	104
	<hr/>	<hr/>	<hr/>
Total discharged and died during year	146	79	225
	<hr/>	<hr/>	<hr/>
Patients in the Hospital June 30, 1919	364	343	707
On parole June 30, 1919	57	60	117
Escaped, but still on books, June 30, 1919	4	0	4
	<hr/>	<hr/>	<hr/>
Total number enrolled June 30, 1919 ...	425	403	828
Total number paroled during the year .	83	60	143

GENERAL STATISTICS FOR YEAR ENDING JUNE 30, 1920.

	Men	Women	Total
Patients in the Hospital July 1, 1919	364	343	707
On parole July 1, 1919	56	60	116
Escaped, but still on books July 1, 1919	4	0	4
Total number enrolled July 1, 1919	424	403	827
Admissions during the year:			
First admissions	136	81	217
Readmissions	21	16	37
Total admissions	157	97	254
Transfers from other institutions	4	4	8
Total received during the year	161	101	262
Total under treatment during the year	585	504	1089
	Men	Women	Total
Daily average number of patients in the hospital	355	333	688
Daily average number on parole	62	69	131
Normal capacity of the institution	300	340	640
Discharged during the year:			
As recovered	29	17	46
As improved	45	33	78
As unimproved	22	19	41
As not insane	4	1	5
Transferred to other institutions	9	1	10
Died during the year	62	33	95
Total discharged and died during year	171	104	275
Patients in the hospital June 30, 1920	355	326	681
On parole June 30, 1920	51	74	125
Escaped, but still on books, June 30, 1920	8	0	8
Total number enrolled, June 30, 1920 ..	414	400	814
Total number paroled during the year ..	73	81	154
Voluntary Commitments during the year ..	24	14	38

ADMISSIONS.

It is seen from the above tables, that, on July 1, 1918, there were 701 patients in the hospital, and 77 patients were absent, making a total of 778 enrolled. During the following year 275 patients were received—210 first admissions, 53 readmissions, and 12 transfers from other institutions. The total number under treatment during the year ending June 30, 1919, was 1053, and the daily average number of patients in the hospital was 701, which is the largest daily average in the history of this hospital.

On July 1, 1919, there were 707 patients in the hospital, and 121 patients were absent, making a total of 828 enrolled. During the year 262 patients were received—217 first admissions, 37 readmissions, and 8 transfers from other institutions. The total number under treatment during the year ending June 30, 1920, was 1090, and the daily average for the year was 688.

It is of interest to note, that while the total number of patients treated during the year ending June 30, 1920, shows an increase of 37 patients over the total number treated during the previous year, the daily average of patients in the hospital for the year ending June 30, 1920, shows a decrease of 13 patients less than the daily average of patients in the hospital during the previous period. This decrease in the daily average number of patients in the hospital, notwithstanding an increase in the total number under treatment, is partly explained by the large number of patients treated for the morphine habit—44 cases in all. The majority of those patients required hospital treatment less than three months and were discharged. The total number of discharges, exclusive of transfers, for the year ending June 30, 1920, was 170, as against 117 discharged during the previous year.

The policy of releasing on parole all patients whose mental condition is such that the relatives can care for them at home, has also helped to reduce the number of patients to 26 less in the hospital on June 30, 1920, than there were at the beginning of the year. The daily average number of patients at home on parole during the year ending June 30, 1920, was 131, as against a daily average of 98 patients on parole for the previous year. The total number paroled during the first year covered by this

report was 143, and the total number paroled during the last year was 154.

Since the authorization of voluntary admissions to the State Hospitals for mental diseases, which went into effect July 1, 1919, 38 persons, 24 men and 14 women have entered this hospital on voluntary applications. Among the voluntary admissions, 19 were drug addicts; epileptic psychoses, psychoneuroses, and manic-depressive psychoses were among the other conditions from which the voluntary admissions suffered.

During year ending June 30, 1919, 12 patients were transferred here from the Augusta State Hospital for treatment for pulmonary tuberculosis, and during the last year 8 patients were transferred from there.

DISCHARGES AND DEATHS.

Of the 117 cases discharged during the year ending June 30, 1919, 38 were discharged as recovered, 46 as improved, 25 as unimproved, and 8 as not insane. During the year ending June 30, 1920, 170 cases were discharged, 46 as recovered, 78 as improved, 41 as unimproved, and 5 as not insane.

The percentage of recoveries for year 1919 based on the number admitted, excluding transfers, was 14.44 per cent; on the number discharged, excluding transfers, it was 32.48 per cent. For year 1920, the recovery rate on the number admitted, excluding transfers, was 18.11 per cent; on the number discharged, excluding transfers, it was 27.05 per cent.

The recovery rates, as calculated above, show a higher percentage of recoveries on the number admitted in 1920, and a higher percentage on the number discharged in 1919. For both years, the recovery rates compare favorably with those from other State Hospitals.

The total number of deaths for the year 1919 was 104, and for the year 1920, it was 95. The percentage of deaths based on the whole number of patients treated during the year 1919 was 9.87 per cent, and for the year 1920, the percentage of deaths based on the whole number treated was 7.79 per cent.

The psychoses and causes of death of patients who died during each year will appear in later tables in this report.

PSYCHOSES OF FIRST ADMISSION FOR YEAR ENDING
JUNE 30, 1919.

Psychoses	Men	Women	Total
Traumatic	2	0	2
Senile	4	11	15
Cerebral arteriosclerosis	12	2	14
General paralysis	8	4	12
Other brain or nervous diseases	1	0	1
Alcoholic	13	0	13
Somatic diseases	7	6	13
Manic-depressive	4	7	11
Involution melancholia	1	16	17
Dementia praecox	9	3	12
Paranoid and paranoic conditions	3	2	5
Epileptic	8	3	11
Psychoneuroses and neuroses	1	2	3
Constitutional psychopathic inferiority	0	2	2
Mental deficiency	0	5	5
Undiagnosed	10	7	17
Without Psychosis:			
Epilepsy	2	0	2
Alcoholism	5	0	5
Drug addiction	11	6	17
Constitutional psychopathic inferiority	1	0	1
Mental deficiency	21	5	26
Others	5	1	6
Total first admissions	128	82	210

PSYCHOSES OF FIRST ADMISSIONS FOR YEAR ENDING
JUNE 30, 1920.

Psychoses	Men	Women	Total
Senile	14	5	19
Cerebral arteriosclerosis	15	4	19
General paralysis	7	5	12
With brain or nervous diseases	2	0	2
Alcoholic	4	0	4
Psychosis due to drugs	0	1	1
With somatic diseases	4	4	8
Manic-depressive	8	8	16
Involution melancholia	1	7	8
Dementia praecox	16	10	26
Paranoic conditions	2	2	4
Epileptic psychoses	7	3	10
Psychoneuroses and neuroses	6	3	9

Constitutional psychopathic inferiority	1	1	2
Mental deficiency	5	0	5
Undiagnosed	8	3	11
Without psychosis:			
Epilepsy	1	2	3
Alcoholism	5	0	5
Drug addiction	17	19	36
Constitutional psychopathic inferiority ..	1	1	2
Mental deficiency	8	2	10
Others	4	1	5
	<hr/>	<hr/>	<hr/>
Total first admissions	136	81	217

AGES OF FIRST ADMISSIONS FOR YEAR ENDING
JUNE 30, 1919.

	Men	Women	Total
Under 20 years	12	3	15
20 to 30 years	18	6	24
30 to 40 years	34	16	50
40 to 50 years	19	15	34
50 to 60 years	13	22	35
60 to 70 years	24	9	33
Over 70 years	8	11	19
	<hr/>	<hr/>	<hr/>
Total	128	82	210

AGES OF FIRST ADMISSIONS FOR YEAR ENDING
JUNE 30, 1920.

	Men	Women	Total
Under 20 years	9	3	12
20 to 30 years	25	13	38
30 to 40 years	20	20	40
40 to 50 years	25	18	43
50 to 60 years	21	12	33
60 to 70 years	23	9	32
Over 70 years	13	6	19
	<hr/>	<hr/>	<hr/>
Total	136	81	217

FIRST ADMISSIONS.

From the above tables showing the diagnostic groupings of the patients first admitted to any institution for the insane, it is seen that for the year 1919, involuntal melancholia, 17 cases,

was the most frequent form of mental disease present in those first admitted. Senile psychoses was the second largest group, with cerebral arteriosclerosis, alcoholic psychoses, psychoses with somatic diseases, general paralysis, dementia praecox, manic-depressive psychoses, and epileptic psychoses, appearing in frequency in the order given. Of those first admitted who did not suffer from any psychosis, the mentally deficient, 26 cases, and the drug addicts, 17 cases, represent the largest groups.

The table of diagnostic groupings of the first admissions for the year 1920, shows that dementia praecox, the most frequent form of all mental disorders, represents the largest group. Senile psychoses, psychoses with arteriosclerosis, manic-depressive psychoses, and general paralysis were the next largest in the order named. The drug addicts and the mentally deficient represents the largest groups of those first admitted who did not suffer from any psychosis.

The tables showing the ages in groups of 10 years of the first admissions show that in 1919, the largest number were admitted between the ages of 30 to 40 years; whereas in 1920, the largest number were admitted between the ages of 40 to 50 years. During each year, a large number of patients, 38 for the two years, were admitted who were over 70 years of age. Many of these cases are so mildly insane that they could and should be cared for outside of a state hospital.

Of the total first admissions for the two years, 337 were born in the United States, and 102 were born in other countries; Canada and England representing the two countries from whence by far the largest number of foreign born came. The environment of the first admissions for the two years show that 177 patients came from the urban population, and 262 came from rural districts.

The use of alcohol by patients first admitted was as follows: For the year 1919, temperate 155, intemperate 58; for the year 1920, temperate 17, intemperate 65. From these figures it will be seen that there was a marked decrease in the temperate use of alcohol and a slight increase in the intemperate use for the year 1920 as compared with the previous year.

PSYCHOSES OF READMISSIONS FOR YEAR ENDING
JUNE 30, 1919.

Psychoses	Men	Women	Total
Cerebral arteriosclerosis	2	0	2
General paralysis	1	0	1
Alcoholic psychoses	3	0	3
With somatic disease	1	0	1
Manic-depressive	3	13	16
Dementia praecox	5	3	8
Epileptic psychoses	1	2	3
Psychoneurosis	1	0	1
With mental deficiency	2	1	3
Undiagnosed	1	1	2
Without psychoses:			
Drug addiction	3	3	6
Mental deficiency	5	0	5
Others	2	0	2
Total readmissions	30	23	53

PSYCHOSES OF READMISSIONS FOR YEAR ENDING
JUNE 30, 1920.

Psychoses	Men	Women	Total
Cerebral arteriosclerosis	2	0	2
General paralysis	1	0	1
Alcoholic psychoses	3	0	3
With somatic diseases	2	0	2
Manic-depressive	2	4	6
Involution melancholia	0	1	1
Dementia praecox	2	2	4
Epileptic psychosis	1	0	1
Psychoneuroses	0	1	1
Mental deficiency	0	2	2
Undiagnosed	0	1	1
Without psychoses:			
Epilepsy	0	1	1
Alcoholism	2	0	2
Drug addiction	5	3	8
Constitutional inferiority	1	0	1
Mental deficiency	0	1	1
Total readmissions	21	16	37

READMISSIONS

Referring to the above tables of readmissions, it will be seen that manic-depressive psychosis is the most frequent recurrent form of mental disorders. Dementia praecox is the next largest group, with the alcoholic and epileptic psychoses following in frequency. Among those who do not suffer from any distinct psychosis, the drug addicts, the alcoholic, and the mentally deficient are the most frequent to return for readmission.

PSYCHOSES OF PATIENTS DISCHARGED AND CONDITION ON DISCHARGE FOR YEAR ENDING JUNE 30, 1919.

Psychoses	Total			Recov- ered			Improved			Unim- proved			Not Insane			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
With cerebral arteriosclerosis	1	1	2				1	1	2							
General paralysis	1	1	2							1	1	2				
With other brain or nervous disease		1	1								1	1				
Alcoholic	14		14	8		8	3		3	3		3				
With somatic diseases	5	2	7	4		4			2	2		1			1	
Manic-depressive	9	9	18	7	2	9	1	6	7	1	1	2				
Involution melancholia ...	1	3	4				1	2	3			1	1			
Dementia praecox	10	9	19				8	6	14	2	3	5				
Paranoic conditions	1		1				1		1							
Epileptic psychoses	6		6				2		2	4		4				
Psychoneuroses	1	3	4					3	3	1		1				
With constitutional psychopathic inferiority	1		1				1		1							
With mental deficiency ...	4	3	7						2	2	4	1	5			
Undiagnosed	4		4	1		1	3		3							
Without psychosis:																
Drug addiction	11	4	15	11	4	15										
Inebriate	4		4	1		1	3		3							
Not insane	6	2	8											6	2	8
Total	79	38	117	32	6	38	24	22	46	17	8	25	6	2	8	

PSYCHOSES OF PATIENTS DISCHARGED AND CONDITION ON
DISCHARGE FOR YEAR ENDING JUNE 30, 1920.

Psychoses	Total			Recov- ered			Improved			Unim- proved			Not Insane		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Senile		2	2					1	1		1	1			
Cerebral arteriosclerosis ..	1		1				1		1						
General paralysis	1	2	3				1		1		2	2			
Alcoholic	12		12	2		2	9		9	1		1			
Due to drugs		1	1		1	1									
Somatic diseases	4	2	6	3		3	1	2	3						
Manic-depressive	11	11	22	7	2	9	4	8	12		1	1			
Involution melancholia ..	1	8	9				1	4	5		4	4			
Dementia praecox	10	7	17	1		1	7	4	11	2	3	5			
Paranoic conditions	4	2	6	1		1	1	1	2	2	1	3			
Epileptic psychoses	4	2	6				2	2	4	2		2			
Psychoneuroses	5	4	9				2	2	4	3	2	5			
With constitutional psycho- pathic inferiority	1	1	2					1	1	1		1			
Mental deficiency	3	2	5				2	1	3	1	1	2			
Undiagnosed	7	2	9				5	2	7	2		2			
Without psychosis:															
Epilepsy	1	1	2							1	1	2			
Alcoholism	6		6	3		3	2		2	1		1			
Drug addition	16	18	34	12	14	26	4	2	6		2	2			
Constitutional psycho- pathic inferiority ..	2		2				2		2						
Mental deficiency ...	2	4	6					3	3	2	1	3			
Other conditions	5		5				1		1	4		4			
Not insane	4	1	5										4	1	5
Total	100	70	170	29	17	46	45	33	78	22	19	41	4	1	5

The accompanying tables showing the diagnostic groupings of patients discharged and condition on discharge show that the largest number of recoveries occurred in the manic-depressive group. The next largest group discharged as recovered were the alcoholic psychoses. Among conditions other than psychoses, the largest number of recoveries occurred in the drug addict group.

PSYCHOSES OF PATIENTS WHO DIED DURING YEAR
ENDING JUNE 30, 1919.

Psychoses	Men	Women	Total
Senile	5	8	13
Cerebral arteriosclerosis	13	1	14
General paralysis	7	5	12
Other brain or nervous diseases	6	0	6
Alcoholic	2	0	2
Somatic diseases	1	5	6
Manic-depressive	4	5	9
Involution melancholia	0	2	2
Dementia praecox	11	5	16
Paranoic conditions	1	0	1
Epileptic	4	2	6
Constitutional psychopathic inferiority	1	0	1
Mental deficiency	3	5	8
Undiagnosed	2	2	4
Without psychosis	3	1	4
Total	63	41	104

PSYCHOSES OF PATIENTS WHO DIED DURING YEAR
ENDING JUNE 30, 1920.

Psychoses	Men	Women	Total
Traumatic	1	0	1
Senile	8	10	18
Cerebral arteriosclerosis	11	4	15
General paralysis	8	5	13
Cerebral syphilis	1	0	1
Alcoholic	3	0	3
Somatic diseases	0	1	1
Manic-depressive	4	3	7
Involution melancholia	2	5	7
Dementia praecox	12	3	15
Epileptic	3	1	4
Mental deficiency	1	1	2
Undiagnosed	1	0	1
Without psychosis	7	0	7
Total	62	33	95

PSYCHOSES OF PATIENTS WHO DIED.

The above tables show that of the 199 deaths during the two years, 31 were cases of dementia praecox, 31 senile cases, 29 cerebral arteriosclerosis, and 25 general paralysis. Thus, it will be seen that by far the greatest number of deaths occurred among the unrecoverable psychoses.

CAUSES OF DEATH IN THE VARIOUS PSYCHOSES
FOR THE YEAR ENDING JUNE 30, 1919.

Total deaths 104; men 63, women 41.

Senile psychoses: 13 cases; 5 men, 8 women. Causes of death were: Infection of neck, 1; chronic myocarditis, 1; cerebral hemorrhage, 1; syphilitic endocarditis, 1; broncho-pneumonia, 3; pulmonary congestion, 1; enteritis, 4; chronic interstitial nephritis, 1.

Psychoses with cerebral arterioscleroses: 20 cases; 19 men, 1 woman. Causes of death were: Infection parotid gland, 1; cancer of lip, 1; cardiac embolism, 1; cerebral hemorrhage, 14; mitral regurgitation, 1; chronic valvular disease, 1; chronic interstitial nephritis, 1.

General paralysis: 13 cases; 8 men, 5 women. The organic brain disease itself was the cause of death in 9 cases. Other causes of death were: Cerebral hemorrhage, 2; broncho-pneumonia, 1; enteritis, 1.

Alcoholic psychoses: 2 cases; 2 men. Causes of death were: Broncho-pneumonia, 1; appendicitis, 1.

Manic-depressive psychoses: 9 cases; 4 men, 5 women. Causes of death were: Exhaustion, 1; pulmonary tuberculosis, 2; chronic myocarditis, 4; cardiac embolism, 1; pulmonary congestion, 1.

Involution melancholia: 2 cases; 2 women. Causes of death were: Exhaustion, 1; cerebro-spinal meningitis, 1.

Dementia praecox: 16 cases; 11 men; 5 women. Causes of death were: Exhaustion, 1; pulmonary tuberculosis, 2; chronic myocarditis, 3; cardiac embolism, 1; visceral hemorrhage, 1; broncho-pneumonia, 5; enteritis, 1; acute catarrhal indigestion, 1; chronic interstitial nephritis, 1.

Paranoic condition: 1 case; 1 man. Cause of death was: Tubercular ascites, 1.

Epileptic psychoses: 6 cases; 4 men, 2 women. Causes of death were: Epilepsy, 2; cerebral hemorrhage, 1; broncho-pneumonia, 2; suicide by strangulation, 1.

Psychosis with constitutional psychopathic inferiority: 1 man. Cause of death was broncho-pneumonia.

Psychoses with mental deficiency: 10 cases; 6 men, 4 women. Causes of death were: General septicemia, 1; tubercular ascites, 1; acute cardiac dilation, 1; chronic myocarditis, 1; acute nephritis, 1.

Other psychoses: 9 cases; 1 man, 8 women. Causes of death were: Exhaustion, 1; chronic myocarditis, 2; pulmonary edema, 3; chronic interstitial nephritis, 2.

CAUSES OF DEATH IN THE VARIOUS PSYCHOSES
FOR THE YEAR ENDING JUNE 30, 1920.

Total deaths 95; men 62, women 33.

Senile psychoses: 17 cases; 8 men, 9 women. Causes of death were: Pulmonary tuberculosis, 1; exhaustion, 2; chronic myocarditis, 2; aortic insufficiency, 1; cardiac thrombosis, 5; broncho-pneumonia, 2; acute dilatation of stomach, 1; chronic interstitial nephritis, 2; chronic nephritis, 1.

Psychoses with cerebral arteriosclerosis: 16 cases; 11 men, 5 women. Causes of death were: Pulmonary tuberculosis, 1; cerebral hemorrhage, 4; acute myocarditis, 1; chronic myocarditis, 1; arteriosclerosis, 4; cardiac thrombosis, 2; broncho-pneumonia, 1; lobar pneumonia, 1; chronic interstitial nephritis, 1.

General paralysis: 14 cases; 9 men, 5 women. Causes of death were: The organic brain disease itself was the cause of death in 13 cases; cerebral hemorrhage, 1.

Alcoholic psychoses: 3 cases, all men. Causes of death were: Pulmonary tuberculosis, 2; suicide by cutting throat, 1.

Manic-depressive psychoses: 6 cases; 4 men, 2 women. Causes of death were: Syphilis, 1; exhaustion, 1; chronic myocarditis, 1; cardiac thrombosis, 2; accidental strangulation by food, 1.

Involution melancholia: 8 cases; 2 men, 6 women. Causes of death were: Secondary anemia, 1; exhaustion, 1; paralysis agitans, 1; acute myocarditis, 1; chronic myocarditis, 1; enteritis, 1; chronic interstitial nephritis, 1; suicide by fracturing skull, 1.

Dementia praecox: 15 cases; 12 men, 3 women. Causes of death were: Pulmonary tuberculosis, 5; chronic myocarditis, 2; cardiac thrombosis, 2; pulmonary thrombosis, 2; lobar pneumonia, 2; gastroenteritis, 1; streptococcus infection of foot, 1.

Epileptic psychosis: 4 cases; 3 men, 1 woman. Cause of death was epilepsy in all cases.

Psychoses with mental deficiency: 2 cases; 1 man, 1 woman. Causes of death were: Lobar pneumonia, 1; chronic interstitial nephritis, 1.

Other psychoses: 10 cases; 9 men, 1 woman. Causes of death were: Chronic morphinism, 2; cerebro-spinal meningitis, 1; traumatic paralysis of spine, 1; acute myocarditis, 1; acute pericarditis, 1; cardiac emboli, 1; cardiac thrombosis, 2; accidental fracture of skull, 1.

From the above stated causes of death it will be seen that during the two years covered by this report, there were three suicides; one by strangulation, one by cutting throat, and one

by fracturing the skull. During the same period two accidental deaths occurred; one by strangulation of food, and one by fracture of skull as a result of jumping out through a window. In each instance the facts and circumstances were reported to the Penobscot County Medical Examiner and passed upon by him. These sudden deaths were also reported to your Honorable Board.

In addition to the above accidents, several unsuccessful and some successful attempts at escape were made. Most of the escapes were promptly located and returned to the hospital. At the end of this year, eight escaped patients who have escaped during the past five years are out and are still carried on our books.

MEDICAL WORK.

Notwithstanding the great shortage of physicians and nurses which this hospital, like all other similar institutions, suffered incidental to the war, the high standard of medical work previously attained has been maintained as nearly as possible without interruption. At times, during the year ending June 30, 1919, the medical staff was reduced from five physicians to two, and the nurses and attendants were reduced from 80 to 55 and less.

In October 1918, this hospital like all other communities suffered from an epidemic of influenza. All cases were promptly isolated. The institution was quarantined and all possible precautions to prevent the spread of the disease were taken. While the total hospital population at that time was 850, including patients and employees, only 35 cases of influenza developed. Six of these cases developed pneumonia following influenza, and five died from that disease. In March 1919, a mild epidemic of measles appeared. In all, there were 18 cases, with no deaths.

For the past twelve months, we have been singularly free from epidemics. Last winter we had five cases of influenza, all of whom recovered. The hospital was again quarantined, and the disease was effectively limited as stated to five cases.

During the past year, the staff conferences have been held three mornings weekly for the purpose of consulting and arriving at a correct diagnosis of all admissions. Treatment and suitability for parole has also been discussed at these conferences. The Superintendent has made regular visits with the assistant

physicians to the wards for the purpose of consulting, advising, and directing the treatment of special cases, as well as supervising the treatment and general welfare of all patients.

All imperative surgery has been performed at the hospital. Several major operations were performed by our consultants, and some were performed by members of our own staff. All the operations were successful.

The dental needs of our patients have been attended to by Henry S. Frost, D. D. S.

PATHOLOGICAL LABORATORY.

During the year ending June 30, 1920, the laboratory work has been carried on by Dr. Robert R. Janjigian, appointed pathologist July 18, 1919. There were 95 deaths and 39 autopsies, representing 41 per cent of the cases. The post-mortem examinations included both gross and microscopical examinations. While many relatives of patients still refuse to grant autopsies, I feel that as a better understanding between the hospital and the public grows, the relatives will be more willing to allow us to perform post-mortem examinations, which is only fair and just especially after the state has paid for the care of the patient for a number of years.

A total of 389 Wassermann tests for blood and 43 Wassermann tests for spinal fluid were made. Three throat smears for diphtheria, 116 vaginal smears, and 350 urines were examined. Five complete bloodcounts and 120 Salvarsan injections were made. The admissions were vaccinated against small-pox, and several nurses were given typhoid vaccine.

The good work done in this laboratory in the past, of which this hospital is justly proud, has been continued under Dr. Janjigian's able direction, and it is hoped that we shall be able to continue to carry on this important branch of medical science in such a way that as time goes on, our laboratory will be a center for research work in pathology, where lesions of nervous, brain, and other tissues may be studied.

HYDROTHERAPY AND ELECTROTHERAPY.

Hydrotherapeutic and electrotherapeutic treatments have been given to special cases where such treatments were indicated. The

continuous bath, hot and cold packs, have all been used in restless and excited cases. Many X-ray examinations were made of fractures, dislocations, and other conditions. These examinations have been of great value in making correct diagnoses.

NURSE'S TRAINING SCHOOL

The training school for nurses has continued under the very able guidance of Miss Florence M. Wooldridge. In addition to two years of practical training at this hospital with lectures and instructions, our pupil nurses spend one year at Bellevue Hospital in New York, where they receive special instructions and training in special branches. Our training school course meets the requirements of the Board of Examination and Registration of Nurses in Maine. Our graduates are efficiently trained and their services are eagerly sought.

RE-EDUCATIONAL OCCUPATIONS.

It is to be regretted, that owing to the great demand for industrial teachers in the occupational training of disabled soldiers, and hence the increased difficulty in securing such teachers, this work has suffered from several interruptions during the past two years. However, we hope before long not only to take up this work again among the women patients, but also to extend the work to the wards for men.

SOCIAL SERVICE WORK.

On October 1, 1919, Miss Virginia Rohde of Cold Spring Harbor, Long Island, N. Y. was appointed social service worker. Miss Rohde is a specially trained field worker, well fitted for her work. During her nine months of work she has rendered invaluable service to the hospital as an aid in the work of adjustment between the patient and his environment outside of the hospital. Miss Rohde has helped to bring the hospital nearer the community which it serves by visiting the homes of the patients. During her nine months of service, the field worker has visited 96 paroled patients, made 141 financial visits, interviewed 489 persons, secured 51 family histories, attended 60 clinics, and traveled 4435 miles in behalf of our patients.

Miss Rohde is the first social service worker connected with the State Hospital Service in Maine, and looking ahead, I feel that our field worker will render an increasingly greater service to the community, not only in helping our paroled patients in their readjustment in the community, but also in spreading the principles of mental hygiene and right living, which are our surest means of prevention against mental and physical breakdown.

THE DIET.

As the price of foods go up, the question of food service in an institution becomes of greater and greater importance. Both for the sake of economy and for the sake of the well being of the patients, definite information as to quantitative nutritive values and proper selection for the maintenance of health is required. Proper feeding no longer means a generous tray of usual dishes. It means proper computation of food values; it means correct balancing of the principal food ingredients, and it means consulting with the individual's taste and physiological needs. In late years these facts have been recognized, and dietitians who are trained to distinguish between a well-balanced diet and an improperly balanced diet, and trained to prepare food, or supervise the preparation of food which is appetizing, nourishing, and at the same time economical, are universally employed in all well organized institutions. For these reasons, your Honorable Board in 1918 authorized the employment of a dietitian for this hospital. The position as dietitian was first filled in June 1918 by Miss Margaret S. Duren, and after she resigned in June 1919, the position was filled by Miss Bessie L. Benson. Both of these women were well trained dietitians. The result of their work has been a better balanced and a more palatable diet, which in many cases is an important factor in enhancing recovery.

THE FARM.

The farming operations have been conducted under the able and efficient management of Mr. Thompson, the steward. While the acreage is small, the crop yield has been good, and has fur-

nished a large percentage of the vegetables both fresh and canned required. If the hospital owned more land, there would be an excellent opportunity for a larger increase in the food products furnished.

REPAIRS AND NEW CONSTRUCTIONS.

The fourth floors of the D and F buildings have been finished off into dormitories accommodating 30 and 33 patients respectively. The occupation of these dormitories, which we expect will take place as soon as the window guards are put on, will relieve the present overcrowded condition of the hospital.

Fire escapes have also been erected on buildings D and F on the ends adjoining buildings C and E, respectively. These fire escapes will furnish a means for escape in case of fire of all our patients in buildings C, D, E, and F.

A four stall garage has been built to accommodate automobiles belonging to members of the medical staff.

Owing to the great shortage of labor and high cost of material during the war very little painting was done in the institution during that period, and consequently an unusual large amount of painting had to be done this last year. All the out buildings and the Steward's cottage have been painted. The main kitchen, bakery, employees' dining room, basement corridors, and more than half of all the wards have been newly painted during the past year. The offices and the chapel corridors have also been painted. All the painting done was absolutely necessary. In a hospital of this kind, frequent painting is required especially in wards, patients' rooms and corridors, in order to keep them in a respectable and sanitary condition.

The scullery adjoining the congregate dining room is being renovated. A new ceiling, new hoods, and ventilators for the carrying away of the steam became necessary.

ENTERTAINMENTS.

Dances have been held in the Chapel Monday nights from October 1st to June 1st of each year as in the past. Moving picture entertainments were given every two weeks during the same periods, and the latter have proved to be the favorite amuse-

ment. Special entertainments have also been furnished each year by the University of Maine Glee and Banjo Club, and the Girls' Musical and Dramatic Clubs. The Pullen Orchestra, the Bangor Band, the MacCready Mandolin Club, and others have furnished special entertainments for our patients, and are all gratefully acknowledged. Music for the dances and the moving picture entertainments have been furnished by the hospital orchestra. Christmas, Thanksgiving Day, Fourth of July, and other holidays have been suitably observed.

SHORTAGE OF NURSES AND ATTENDANTS.

While the great shortage of help which prevailed in every state hospital during the war has improved somewhat, we still have too few trained nurses and too few trained attendants for our work. The higher wages paid for other work encourages the best of our employees to leave the service, and under such conditions it is impossible to give our patients the highest quality of care and attention which they should have, for no scientific treatment in any hospital can be carried out satisfactorily without the aid of a full quota of well trained nurses and attendants.

While this shortage of employees is deplorable, it can be remedied. The state must substitute a generous for a penurious policy in framing a scale of wages. Our present scale of wages compels us to pay men and women less for taking care of irresponsible human beings, than the average farmer is paying for taking care of his live stock. Under such conditions we cannot hope to attract the better class of men and the better class of women to our service.

When our honorable lawmakers fully understand, and are aware of the fact that the present wages offered to state hospital nurses and attendants for taking care of the unfortunate patients in the State Hospitals, are less than the wages they themselves and their neighbors pay for taking care of domestic animals, I believe that they will be more liberal in making appropriations for these purposes. Our patients are not only helpless and irresponsible human beings, but as over eighty per cent. of our admissions are native born, our patients are the fathers and mothers, husbands and wives, brothers and sisters, children and grandchildren, of the citizens of our own State. They surely

deserve as good and intelligent care as we can reasonably afford to give them. The remedy is clear. Increase the wages and you will increase the number and the quality of the workers.

NEEDS OF THE HOSPITAL.

The hospital needs a building to accommodate sixty women nurses. Our present quarters for nurses are overcrowded and unsuitable. In these times, it is not only necessary to pay our employees wages commensurate with their services, but they also must be furnished with suitable living quarters.

The C-3 ward needs renovation. The floors and the toilets are unsanitary and out of keeping with modern views of sanitation.

The toilets in Buildings D and F need renovation. In building D the toilet floors are worn out, and sanitary fixtures are needed in the toilets of both buildings.

Hoods for steamers, kettles, and ranges in the kitchen are required. Ventilators are also needed for the kitchen. When the congregate dining room was added half of the original ventilation of the kitchen was shut off, and therefore hoods and ventilators are necessary to take care of steam and smoke.

An elevator is desired for D Building. At the present time we are obliged to carry food, laundry and other materials through one of the women's wards, which necessitates men going through a ward occupied by women patients daily.

We need a poultry plant which will accommodate about 1500 hens. We use a great many eggs throughout the year, and it is highly desirable that we should be able to produce most of them at the hospital.

At the present time, except for a general repair shop, we have no industrial room for male patients. If an appropriation were granted for a carpenter and paint shop, the present carpenter shop could be used for an industrial room for men. The present paint shop is a small basement room, and is inadequate for present requirements.

An appropriation will be necessary for a foundation under and for new floors in the piggery. The old foundation and floors have rotted to such an extent that the building is unfit even for pigs to be kept in it.

Two years ago an appropriation was granted for the renovation of the horse barn into a cow barn. On account of the increased cost of labor and material, the work was only half completed when the money was expended. I would recommend that an appropriation sufficient to complete the cow barn be made.

The last legislature appropriated \$2500 to buy cows with but as the cow barn could not be completed, no cows were purchased, and consequently this appropriation will lapse. I recommend that this money be reappropriated so that it can be used for its original purpose.

We need a sterilizer for sterilizing gauze and other goods for surgical dressings, and I recommend that money be appropriated for that purpose.

Our X-ray machine is an old machine which is inadequate for modern scientific work. In order to enable us to make careful and accurate X-ray examinations a new machine is required, and I feel that this demand should be met.

The window guards on ward E-1 are insecure and should be replaced by heavier guards. The present guards do not stop any patient who makes an attempt to escape. This need is urgent and should be met at an early date.

The present locks on doors for entering the wards in all the buildings are insecure. New locks should be installed with different keys for the men's and women's wards. The old locks have the same key's for men's and women's wards, and consequently our male employees have free access to our women's wards, which in my opinion, is not a good arrangement in an institution of this kind. This need should be met at an early date.

In order to perform the farm operations at best advantage, a tractor is necessary, and I recommend that money be appropriated for a medium sized tractor.

Since the war, there has been a marked shortage of physicians available for State Hospital service. At the present time we do not have enough living quarters for our medical staff and other officers. Sometimes capable and efficient physicians leave our service because we have no accommodations for their families. To remedy this condition, I would recommend an appropriation for two staff cottages. The proposed cottages would furnish

living quarters for the first and second assistant physicians, and give them an opportunity to enjoy private home life. Their present quarters would then be available for other officers and are much needed for such purposes. This need is becoming more and more imperative.

Our baggage truck is worn out and should be replaced by a new one, and therefore I recommend an appropriation for this purpose.

At the present time I understand that there are adjoining to our farm two parcels of land for sale—one twenty acre lot without buildings, and one six acre lot with a house and barn on it. As our farm is small, and if we are going to raise part of our milk as has been proposed and planned, then I believe that it would be a good proposition for the hospital to own the above referred to parcels of land, and therefore I would recommend that they be purchased.

SUMMARY OF THE NEEDS FOR THE COMING TWO YEARS.

1. Nurses Home	\$150,000.00
2. Renovation of Ward C-3	3,000.00
3. Renovation of Toilets in Buildings D and F	1,500.00
4. Hoods and Ventilators for the Kitchen	1,000.00
5. Elevator for D Building	4,500.00
6. Poultry Plant	5,000.00
7. Carpenter and Paint Shop	50,000.00
8. Foundation and Floors for Piggery	4,500.00
9. Complete Cow Barn	4,000.00
10. Purchase Cows	3,000.00
11. Sterilizer for Operating Room	1,500.00
12. X-ray Machine	1,200.00
13. Window Guards Ward E-1	1,000.00
14. New Locks for the Wards	750.00
15. Tractor	2,500.00
16. Two Staff Cottages	24,000.00
17. Furnishings for Staff Cottages	6,000.00
18. One Baggage Truck	1,800.00

RELIGIOUS SERVICES.

The religious services have been conducted as in past years. Rev. Father Nelligan, and his assistants Rev. Father Murphy and Rev. Father Brown have taken care of the Catholic services.

The Protestant services have been conducted by Rev. Mr. Jordan, Rev. Mr. Capron, Rev. Mr. Hand, Rev. Mr. Scott, and Rev. Mr. Torsleff.

To all these gentlemen, I wish to express our thanks for their sincere, kind and helpful services.

VISITATIONS.

During the past year the State Auditor and the Secretary of the State Board of Charities and Corrections have visited us. Mrs. E. C. Dudley, the visiting representative of the Governor's Council, has continued her visits regularly, and has done much to cheer and spread sunshine among our patients.

CHANGES IN MEDICAL STAFF.

Appointments:

- Dr. W. D. Berry, Pathologist, July 1, 1918.
- Dr. J. D. Ames, July 26, 1918.
- Dr. R. R. Janjigian, December 21, 1918.
- Dr. W. J. Hammond, August 20, 1919.
- Dr. J. P. Goodrich, December 18, 1919.

Promotions:

- Dr. R. R. Janjigian, Pathologist, July 18, 1919.

Resignations:

- Dr. W. D. Berry, Pathologist, December 21, 1918.
- Dr. J. D. Ames, June 28, 1919.

ACKNOWLEDGMENTS.

To all the friends of the hospital who have donated gifts or presents of any kind, I gratefully express my acknowledgments.

The late Dr. Pearl T. Haskell, Superintendent, since July 1, 1917, met his untimely death on April 13, 1919, and his unexpected death caused a deep sorrow throughout the whole institution. While Dr. Haskell has been connected with the hospital only a few years, he had become known as a beloved citizen, and his administration furnished evidence that he served the institution faithfully and well.

In appointing me Superintendent to succeed the late Dr.

Haskell, I am deeply conscious of the responsibility which you have placed upon me. However, since it already has been my privilege and honor for several years to hold a similar position under your Honorable Board, I trust that I may not be wanting in the qualities required for success in my new position. I can assure you that I shall put forth every effort to maintain the same high standard of this hospital that my distinguished predecessors have maintained in the past.

To the Medical Staff, the Steward, and all other officers and employees, I desire to express my deep appreciation for their loyal co-operation and zealous manner in which they have performed their responsible duties. To them is due in a large measure the credit for the successful operation of the hospital during the year.

In conclusion, I am glad to have this opportunity to express my gratitude to the Board for your continued confidence, helpful advice and personal support.

Respectfully submitted,

CARL J. HEDIN,
Superintendent.