

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

TWENTY-FOURTH AND TWENTY-FIFTH

ANNUAL REPORTS

OF

BANGOR STATE HOSPITAL

FOR THE

YEARS ENDING JUNE 30, 1925

AND JUNE 30, 1926

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BANGOR STATE HOSPITAL.

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 CHARLES B. POPPLESTONE, M.D., Junior Assistant Physician.
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SUPERINTENDENT OF NURSES.

SOCIAL SERVICE WORKER.

Miss BARBARA C. WHITE, R.N. Miss RUTH LAWSON, R.N.

OCCUPATIONAL THERAPIST.

MATRON—DIETITIAN.

Miss NETTIE REEVES. Mrs. FANNY J. NATT.

SUPERVISORS.

FEMALE.

MALE.

Mrs. RUTH MINERS.	Mr. EDWARD W. BRALEY.
Miss ISABELLE PERRY.	Mr. ROBERT D. REID.
Mrs. MAUD C. RAND.	Mr. SAMUEL MARSH.

CHIEF ENGINEER.

Mr. WILLIAM J. HUGHES.

REPORT OF THE SUPERINTENDENT

To the Board of Hospital Trustees:

Herewith I submit the Superintendent's report of the operations of Bangor State Hospital for the biennial period ending June 30, 1926.

MOVEMENT OF POPULATION.

The year ending June 30, 1925, began with 772 patients on the books of the hospital; 415 men and 357 women. These figures include 727 patients in the hospital, and 45 patients out on parole. The total admissions for the year were 208; 118 men and 90 women. The average daily number of patients actually in the hospital during the year was 745, and the average daily number out on parole was 66. The total number under treatment during the year was 980; 533 men and 447 women.

The year ending June 30, 1926, began with 818 patients on the books of the hospital; 432 men and 386 women. Of these, 752 patients were in the hospital and 66 were out on parole. The total admissions for the year were 181; 96 men and 85 women. The average daily number of patients actually in the hospital during the year was 736; and the average daily number out on parole was 56. The total number under treatment during the year was 999; 528 men and 471 women. The number of patients in the hospital at the end of the biennial period was 739; 390 men and 349 women. The total number out on parole at the end of the period was 40; 17 men and 23 women.

The largest number of patients in the hospital at one time during the two years was 771. As the normal bed capacity of the hospital is 640 there were 131 more patients in the hospital than the normal bed capacity provided for. The increase in the average daily number of patients in the hospital during these two years was 22.5 over the average daily number during the biennial period ending June 30, 1924. The decrease of 9 in the average daily number of patients in the hospital during the year ending June 30, 1926, as compared

with the average daily number for the year ending June 30, 1925, was due to the fact that early in the year ending June 30, 1926, 19 feeble-minded patients were transferred from this hospital to Pownal State School for feeble-minded; and also to the fact that early in the year the Hospital Trustees sent out letters to municipal officers throughout the various counties requesting them, on account of the existing over-crowded condition of the state hospitals, not to commit senile or mildly insane patients.

DISCHARGES.

During the year ending June 30, 1925, there were 101 patients discharged as follows: 36 as recovered; 51 as improved; 7 as unimproved; 3 as not insane; and 4 transferred. Of the 122 dismissals during the year ending June 30, 1926, 51 were discharged as recovered; 36 as improved; 14 as unimproved; 2 as not insane; and 19 transferred to another institution. The recovery rate on the number admitted for the biennial period, excluding transfers, was 23.1 per cent; on the number discharged, excluding transfers, it was 42.98 per cent. The total improved rate on the number admitted, excluding transfers, was 45.58 per cent; on the number discharged, excluding transfers, it was 86.27 per cent.

DEATHS.

The total number of deaths for the year ending June 30, 1925, was 61; and there were 98 deaths during the year ending June 30, 1926. The percentage of the total number of patients treated during the biennial period who died was 8.03 per cent.

PSYCHOSES OF FIRST ADMISSIONS FOR THE TWO YEARS
ENDING JUNE 30, 1926.

Psychoses	M.	F.	T.	Per cent
1. Traumatic	1	0	1	.32
2. Senile	29	21	50	15.97
3. With cerebral arteriosclerosis	12	4	16	5.11
4. General paralysis	21	5	26	8.30
5. With cerebral syphilis	1	1	2	.63
6. With Huntington's chorea	0	2	2	.63
7. With brain tumor	1	0	1	.32

8. With other brain or nervous diseases	5	1	6	1.91
9. Alcoholic	17	0	17	5.46
10. Due to drugs and other exogenous toxins	0	1	1	.32
11. With pellagra	0	0	0	
12. With other somatic diseases	5	11	16	5.11
13. Manic-depressive	15	22	37	11.82
14. Involution melancholia	10	10	20	6.39
15. Dementia Praecox	15	21	36	11.50
16. Paranoia and paranoid condition	2	2	4	1.28
17. Epileptic	5	7	12	3.83
18. Psychoneuroses and neuroses	6	11	17	5.46
19. With psychopathic personality	1	1	2	.63
20. With mental deficiency	2	1	3	.96
21. Undiagnosed	0	0	0	
22. Without psychosis	25	14	39	12.46
23. Not insane	3	2	5	1.59
Total	176	137	313	100.00

FIRST ADMISSIONS.

All patients never before treated in a hospital for mental patients are classed as first admissions. This group, therefore, represents the number of new cases appearing yearly in the community which requires institutional care. During the biennial period, 313 first admissions were received at the hospital, representing 81.51 per cent of the total admissions, exclusive of transfers.

The preceding table of diagnostic grouping of the first admissions shows that the seniles constitute by far the largest group, 50 cases, or 15.97 per cent of the first admissions. If we add to the seniles those whose mental disorder is due to cerebral arteriosclerosis, 16 cases, we have a total of 66 cases, or 21.08 per cent of the first admissions were due to senility or cerebral arteriosclerosis. The increase in the percentage of admissions of seniles and cases of cerebral arteriosclerosis is undoubtedly due to two causes. First, as the average length of life increases, it now being 55 years in the United States as against 40 in 1890, more persons reach an advanced age and consequently wear out and break down mentally from senility and cerebral arteriosclerosis. Second, as the state has assumed the care and treatment of all indigent insane, and because of the increasing difficulty of caring for

old and mildly insane people at home, nearly all such cases are committed to the state hospitals for treatment, whereas formerly a large number of those patients were cared for at home.

The second largest group of the first admissions is the "without psychosis" group. In this group are included cases who show no evidence of having had a psychosis, but who show other conditions which led to their admission, like epilepsy, alcoholism, drug addiction, psychopathic personality, and mental deficiency. This group includes 39 cases of 12.46 per cent of the first admissions.

Manic-depressive psychosis is the third largest group among the first admissions, 37 cases having been admitted. This psychosis constitutes 11.82 per cent of the first admissions.

Dementia praecox, which usually is the most frequent of all the forms of mental disorders committed to state hospitals, comes fourth in the diagnostic grouping. There were 36 cases, or 11.5 per cent of the first admissions of the disorder.

General paralysis is the fifth largest group among the first admissions; 26 cases were admitted, constituting 8.3 per cent of the first admissions.

The percentage of first admissions of the other smaller groups will be found in the preceding table of psychoses of first admissions. At the end of this report there will also be found statistical tables showing in detail numerical, medical and psychiatric facts pertaining to all the patients treated in this hospital during the two years ending June 30, 1926.

MEDICAL WORK.

Staff meetings have been held regularly three times a week. A thorough and complete physical and mental examination is made of each patient and after from ten days to two weeks after admission he is presented in the staff meeting with the case record or summary; stenographic notes are made of the examination in the staff meeting, the discussion, the diagnosis and recommendations made. All newly admitted patients and others who required special medical or surgical treatment have been seen by specialists from the consulting staff who

visit the hospital at frequent intervals. These consultations have brought to light many complicated conditions requiring unusual attention both from a medical and nursing standpoint.

The general health of the patients and employees during the two-year period has been good. A few diseases were found among our patients and employees, such as, influenza, pulmonary tuberculosis, broncho-pneumonia, lobar pneumonia, typhoid fever and other diseases, but no epidemics. A few patients and a few employees received accidental injuries, like fractures of bones, but none was seriously injured. Several suicidal attempts were made by patients, but none was successful. Several patients escaped, but all, except one, were promptly apprehended and returned to the hospital. The body of the patient who escaped and was not apprehended was later found in a lake where he had apparently drowned in trying to cross on the ice.

During the past biennium a great deal of work has been done in our X-ray department by our medical staff under the direction of our consulting roentgenologist, Dr. Ames. A great many radiographs were made of fractures, sprains, chests, gastro-intestinal, and other conditions. Fleuroscopic examinations have also been made in many cases.

ODONTOLOGY.

Previous to December 1, 1925, we had difficulty in securing a competent dentist for the salary then offered. Since Dec. 1, 1925, the dental work has been done under the able direction of Dr. Lichtenstein, and herewith I submit his report of work done in our dental department for the seven months between Dec. 1, 1925 and June 30, 1926:

DR. LICHTENSTEIN'S REPORT.

The dental department of the hospital has been in charge of one dentist and one dental assistant. All patients have been examined shortly after admission in order to eliminate the factor of oral focal infection as far as possible. Routine examination of all patients has been conducted every third month. All patients have come to the dental office for a thorough examination and received the necessary treatment.

Bed patients have been visited on the wards and were treated as well as the circumstances allowed it. X-ray examinations were made when indicated. Special attention was paid to the treatment of Vincents, gingivitis and angina. Many patients received tooth powder and tooth brushes. The tooth powder dispensed was made with a view of counteracting the inflammation of gums often found in the oral cavities of patients who do not clean their teeth systematically.

The following is a partial summary of the work performed from Dec. 1, 1925 to July 1, 1926:

No. of examinations	765
No. of fillings	105
No. of root canal fillings	12
No. of pyorrhea cases	49
No. of prophylatic treatments and scaling	242
No. of extractions	1334
No. of Vincents cases treated	287
No. of microscopic examinations	66
No. of surgical cases as impactions, alveolotomies, apicoektomies, etc.	56
No. of X-ray examinations	77
No. of dentures	20
No. of gold restorations	37
No. of hand carved porcelain restorations	43
No. of cultures	2
No. of autopsies	1
No. of gas administrations	27

LABORATORY WORK.

The laboratory work has been carried on as in previous years; routine examinations have been made in our laboratory and special examinations were made at the State Laboratory at Augusta. Lumbar puncture and Wassermann test were used as an aid to the diagnosis in all cases of syphilis. The laboratory work indicates an increased effort to obtain all possible facts concerning the clinical problems presented by the patients. Autopsies have been performed when permission was granted in an effort to correlate the pathological findings with the clinical symptoms of the case. In this way emphasis has been made on the importance of accurate clinical diagnosis.

EDUCATIONAL WORK.

The following papers have been prepared and read during the two-year period:

"The Origin, Nature and Types of Reactions in Mental Disorders" by Carl J. Hedin, M. D., Presidential address before Penobscot County Medical Society annual meeting, November 18, 1924.

"Mental Hygiene during Childhood and Adolescence" by Carl J. Hedin, M. D., read at meeting of Public Health Nurses in October, 1925.

"Mental Hygiene during Adolescence" by Carl J. Hedin, M. D., read before Conference of Nurses in February, 1926.

In addition to the above papers, I have during the past biennium been called upon to give talks to various men's clubs, like the Rotary, the Lions, and the Kiwanis clubs on subjects pertaining to "Mental Hygiene", and "Problem of Retarded and Defective Children", and the "Prevention of Mental Breakdowns".

As during previous years, I have given lectures and clinics each year to the student nurses of the Eastern Maine General Hospital. Classes in abnormal psychology from the University of Maine have also attended psychiatric clinics at the hospital.

As consultant in nervous and mental diseases at the Eastern Maine General Hospital and The Good Samaritan Home, I have responded to many calls from these institutions.

Many backward or mentally defective children of both pre-school and school age have been brought to the hospital for examination and advice by the Superintendent.

The above work demonstrates that a modern state hospital is not only a hospital for the care, scientific treatment and study of mental patients but that it serves as a center for the spreading of such knowledge as we may be able to acquire from our studies of such problems and furnish advice with reference to prevention and treatment of mental ills.

OCCUPATIONAL THERAPY.

The work of the occupational therapy department has been carried on under the direction of Miss Reeves, occu-

pational therapist. The work in this department consists of habit training, various handicrafts, games and other forms of amusements. The value of occupational therapy in mental hospitals is beyond question. As a means of mental restoration and as a diversion to minds weary of long hospital confinement it has no equal. But occupational therapy should not be looked upon as an end in itself, nor should it be carried on with a view of making salable articles; the chief aim should be the improvement of the patients. Realizing the value of this work in the treatment of mental cases, I would recommend that the hospital employ another occupational instructor so that more special class could be carried on for the treatment of cases of dementia praecox who have not properly readjusted themselves and whose history and examination indicate that there is a possibility of their improving sufficiently to leave the hospital. Cases of manic-depressive psychoses and others who are not improving and are in a more or less stationary state should also be included. Classes for recreation in the form of calisthenic exercises, games, dancing and all forms of amusements and diversions should be formed for a large number of the more chronic cases.

TRAINING SCHOOL FOR NURSES.

The training school of nursing consists of 25 students; 10 seniors, 7 intermediates and 8 probationers. This school has continued to attain a high standard of training and efficiency. During the biennium, the hospital has been unfortunate in being compelled to change Superintendent of Nurses twice due to the small salary offered in this position. The training school continues to affiliate with Bellevue and Allied Hospitals of New York and our student nurses are eligible for the degree of registered nurse at the time of graduation and all graduates have passed the State Board examination for the degree of R. N.

There is a fine spirit of interest and service among the student nurses. However, the hospital fails to reap the full benefit of the good work of the training school, inasmuch as many of the nurses leave the hospital soon after gradua-

tion. Some of them enter private practice, but many of them become members of the nursing staff of the general hospitals in New York and other cities. This fact indicates that the course at Bangor State Hospital is recognized as thorough and adequate, which is a source of satisfaction and pride, but it is regretted that because of the inequality of working hours and the lack of quiet and homelike living quarters the positions in the city hospitals seem more attractive. Very definite steps should be taken at once to meet these difficulties. To overcome this unfortunate condition I would make the following recommendations:

1. That the hours on duty for nurses and attendants be reduced from 10½ to 8 hours per day.
2. That a Nurses' Home be built with quiet and homelike living rooms, and with pleasant and attractive reception rooms for social activities.

Until these conditions are remedied, we can only expect to retain a very small number of our graduate nurses in the service of the hospital.

BUSINESS DEPARTMENT.

Mr. William Thompson, the Steward and Treasurer, has continued as the business agent of the hospital. He has purchased all supplies, had full charge of all farm operations and had supervision over the storehouse, kitchen, laundry and the various mechanical shops. Mr. Thompson has shown economy and good judgment in the purchase of supplies and efficiency in the management of the departments under his supervision. The Steward's and Treasurer's report, audited by the State Auditor's Department, shows in detail the receipts and expenditures for each fiscal year of the two-year period just ended.

REPAIRS AND IMPROVEMENTS.

The main road through the pine grove has been made wider with a retaining wall and fence to make it safer.

Ward E-3 has been changed into a receiving ward for male patients. This change makes it possible for us to treat all the acutely mentally ill male patients on one ward.

A four-stall garage has been built for the hospital trucks.

New windows in sun-parlor on ward G-2. Renovation of floors in wards C-2 and E-2, concrete base and linoleum covering.

New equipment in kitchen, 1 range, 2 cookers, and new hoods.

Fire wall and fire curtain in chapel. Also decorations, curtains and shades in the chapel.

A new slate floor and new range in the bakery.

A new roof over the kitchen.

The above improvements are only a few of the changes that have been accomplished. Many other equally important repairs have been made by our engineering and mechanical departments.

NEEDS OF THE HOSPITAL.

The normal bed capacity of the hospital is 300 for men and 340 for women, making a total of 640 beds. The number of men patients remaining in the hospital on June 30, 1926, was 390, ninety more than the normal capacity, or an overcrowding of 30 percent on the men's side. At one time the biennium just past we had 419 male patients in the hospital, or an overcrowding of 39 per cent. These figures are exclusive of those patients who are out on parole.

The overcrowding on the men's side has made it necessary to crowd the patients together in the sleeping rooms and dormitories, and has made it necessary to crowd the day rooms and dormitories with beds to such an extent that the male patients no longer have roomy and pleasant day rooms for use during the day. The overcrowded condition of the male wards also interferes with the proper classification, separation and treatment of male patients. The ventilatory and sanitary equipment on these wards was planned for a much smaller number of patients and therefore becomes inadequate when the wards are overcrowded. Under these conditions it is impossible to furnish the best care and treatment for these mentally ill patients.

For the above reasons, the hospital urgently needs an additional wing to accommodate 150 male patients. An in-

spection of our male wards by anyone soon demonstrates the urgent necessity for such a building. In this additional wing for male patients there should be one floor modernly equipped for the care and treatment of the physically sick or infirm; in the basement there should be rooms equipped with modern apparatus for dining rooms, serving rooms and rooms for occupational therapy; and the attic floor should furnish pleasant and airy accommodations for 25 male attendants who at the present time are rooming in basements, in attics or in patients' rooms upon the wards.

A nurses' home should be provided for women nurses. Good pay and short hours are important factors in attracting good women to the hospital service, but they are not inclined to remain if the living conditions are not pleasant. At present the nurses are compelled to sleep in attics and upon wards in close proximity with patients with whom their duty compels them to associate during their long working hours. A home for the nurses would tend to improve our nursing staff as more competent nurses would be encouraged to remain in the service. Suitable quarters for our nurses should, therefore, be provided as soon as the financial condition of the State will allow it.

RELIGIOUS SERVICES.

Our patients have enjoyed regular religious services in our chapel. Catholic services are held in the morning once a month. Father Nelligan and his staff have also responded to frequent calls whenever their services were required. The Protestant services are held regularly every Sunday afternoon except during July and August. The nurses aid by singing in the choir, thus increasing the interest in the devotional exercises.

ACKNOWLEDGMENTS.

Governor Brewster and members of the Governor's Council have visited the hospital and have taken an active interest in the welfare of the institution.

Mrs. E. C. Dudley of Augusta, who had made regular visits to this hospital for fifteen years, passed away last April.

Mrs. Dudley was fair, faithful and conscientious in her duties, and those who knew her best, and our patients whose interest she always had at heart, will long remember her cheering words, and her inspiring and lovable personality. She is greatly missed alike by patients, employees and officers.

To those who have sent our patients books and magazines, and to the clubs and organizations who have given them entertainments, I wish to express our thanks.

In concluding this report, I wish especially to mention the co-operation of the staff and all other employees, and to thank them for their loyal, efficient and painstaking service, which has contributed to the success of the hospital, and aided in giving comfort and happiness to the patients. The different members of the consulting staff have given freely of their time and rendered valuable service for the welfare and comfort of the patients.

And lastly, to the Honorable Board of Hospital Trustees, I wish to express my sincere appreciation for your courtesy, your generous support and assistance which has done so much to assist me in the performance of my duties.

Respectfully submitted,

CARL J. HEDIN, M.D.,
Superintendent.