

TABLE OF ADMISSIONS.

	WHITE	COLORED	TOTAL	IMBECILES AND IDIOTS	EPILEPTICS	INEBRI- ATES
1891	153	156	309	9	34	17
1892	166	151	317	17	34	7
1893	158	155	313	11	30	8
1894	158	149	307	22	28	10
1895	170	174	344	12	30	6
1896	219	168	387	28	34	22
1897	230	171	401	26	46	18
1898	210	214	424	28	48	20
1899	224	191	415	18	69	16
1900	242	206	448	28	37	22
1901	256	203	459	24	46	25
1902	246	260	506	16	57	20
1903	277	213	490	23	48	25
1904	286	261	547	25	57	28
1905	261	260	521	31	51	26
1906	289	282	571	34	69	19

One of the most striking results of this tabulation is the showing the number of admissions is about equally divided between the white race and the colored, although in four of the years the number of colored patients admitted has exceeded the whites.

While the case of feeble-minded children may not be one of our most urgent problems, yet an idea of its importance may be conveyed when you are reminded that idiotic boys are received here who are too small and too hopeless to be classified on the wards for men, but for their better protection are put, for the time at least, among the females. A bad arrangement, no doubt, but under the circumstances, the best I could do.

Another problem that I wish to direct your attention to is that of properly handling the tuberculosis. As far back as 1894, I said in my annual report that "Tuberculosis leads the list as the chief cause of mortality among our patients, especially those of the colored race. Statistics show that one-seventh of all the deaths of the world are due to this fatal disease. In institutions, such as large asylums, prisons, etc, tuberculosis is proportionately much more fatal, causing from 20 to 60 per cent. of the whole mortality. This disease is now regarded by many competent authorities as communicable." Today *all* competent authorities so regard tuberculosis. Although the matter has been before you for thirteen years, very little has been done in the line of adequately handling this problem.

In a paper which I read before the National Association of the Asylum Officers in 1894, I assigned as the most external predisposing influences "imperfect ventilation, absence of sunlight, dampness, defective plumbing and drainage, insufficient exercise, want of variety in diet," etc. I furthermore advocated the isolation of tuberculosis patients from the nontuberculosis.

"Since then," says Dr. Drewry, of the Patterson (Va.) Asylum, "the segregation of the tuberculous in separate cottages or canvas tents, has been a distinct advance, which promises well nigh universal approval."

In 1902 a most conservative and representative committee of asylum officers of Great Britain, after three years' consideration of the tuberculosis problem, made a report of which I can give only a summary:

"Phthisis (i. e., tuberculosis) is prevalent in our public asylums to an extent which calls for urgent measures.

"A very large number of cases of phthisis have acquired that disease after admission to the asylum.

"The special causes for this increased prevalence of phthisis in our asylums are, in my opinion: Overcrowding, with consequent insufficient day, and especially night cubic space per patient, insufficiency of hours in the open air, defects of ventilation and heating, uncleanly habits, faults in dietary.

"The means of prevention should be, early diagnosis of phthisis, isolation of all phthisical cases, limiting the size of future asylums, checking overcrowding, increasing day and night cubic space, restricting number of beds in dormitories, increased and more thorough natural ventilation per patient. The greatest care to prevent the spread of this disease by promiscuous spitting, a careful supervision of dietary. Properly conducted and situated hospitals and sanitarium, with adequate and suitable surroundings for the isolation of these cases, and their treatment on most modern lines. Failing such special hospitals or sanitarium, then either temporary isolation hospitals or special wards and airing courts set apart for this purpose." (Signed by a committee of fourteen medical officers of asylums.)

The State Board of Health has looked into this problem of the tuberculous, and has expressed a willingness to cooperate with you along such lines as you may determine upon. But the State Board has arrived at the position to expect that some definite action be taken in consonance with modern scientific thought and experience.