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A SURVEY OF THE FIRST ADMISSIONS
TO THE ALASKAN HOSPITAL FOR THE INSANE

A Thesis

Presented to the
Division of Philosophy, Psychology, and Education
Reed College

In Partial Fulfillment
of the Requirements for the Degree
Bachelor of Arts

by
Doris Freeburger

May 1941

ABSTRACT

The present study is an analysis of the population oforningside hospital in ortland, regon, which institution houses the Alaskan insane. A brief history of its development and its relation to similar institutions of the United States is given. The first admission records have been tabulated in various classifications in order to discover the changes that have occurred in the 38 year history of Alaskan admissions. These classifications are also compared with national insane populations to determine the nature of their respective resemblances and dissimilarities. The general conclusion emerges that the population of Alaska, judged from trends manifest in the state, is becoming increasingly like that of the United States.

INTRODUCTION

Prior to 1903 the Alaska insane were cared for in various State asylums, as the small population of the Territory and its shifting nature made establishment of a permanent institution not feasible. However, as hospitals became crowded in the States the asylums found it impossible to admit Alaska patients. One after the other they refused to accept them. For six months after the last State institution denied admission, the Department of the Interior corresponded with every State and private institution west of the Rockies, and an agreement was finally reached with Morningside Hospital in Astoria, Oregon a private sanitarium.

When the first 30 patients were admitted to Morningside in 1904, they were considered as only a small element of the service, and all were housed in one building. Since then the Alaska insane population has increased, and the hospital found it impractical to continue its private business, with the result that after ten years Morningside became completely an institution for the Alaskan insane.

Because of the very slow growth of the Territory's population--it is still well under 100,000 according to the 1940 census--it has remained impractical to consider providing an institution within the Territory. The comparative expenses involved and the unfavorable climatic conditions are further factors contributing to the continued use of the Morningside arrangement. It is true that in the past year there has been discussion by Territorial health officials regarding a combination hospital in which the insane could be housed, but to date there has been no

ederal action.

At the present time the complexion of Horningside's population offers some interesting deviations from the national picture. The present study is concerned not only with some comparisons of the two, but also with the changing aspects of the population within the hospital during its 36 years of handling Alaska patients. The earlier records are somewhat incomplete, especially in the field of diagnoses, and therefore do not provide a valid source of information; but the later years, those of 1920 to 1940, present a more clear cut picture of existing tendencies.

To discover what trends the insane population has taken, the writer made a statistical study of the hospital records which were made accessible to her by the resident psychiatrist. The records mainly used were from the book in which the initial recording of a case is made. This includes the following items: the number given the patient, date of admission, name, age, nativity, place from which committed, civil status (single, married, etc.), occupation, and disposition. Diagnosis figures were obtained from the case files. By tabulating these various categories for each case, the figures for this study were obtained.

Where records were not complete in the early years, and where they were ambiguous even though recorded, the resident Federal psychiatrist was consulted. However, not all of the above listed material was incorporated because some, such as number, name, and place from which committed, were considered extraneous to the present purpose.

The classifications used were those most commonly employed in studying statistically the composition of similar populations, so that comparison with national figures could be made with reliability. These divisions are as follows: the composition as to sex, age range, civil status, nativity, disposition, duration of hospital life, and diagnoses of insanity. Each section is treated separately, with some of the tables upon which the information is based. Also included is a composite table of ranges as to diagnosis and sex, both in percentages and in figures per 100,000.

In order to make an analysis of the Morningside admissions with greater clarity, the 36 year history has been divided into four periods, each having 10 years except the first, in which a shorter period of 8 years was used. However, the first admission records, on which the study is based, are handled as percentages so that the discrepancy is somewhat alleviated.

The first period, January 1, 1904, to December 31, 1910, includes 336 first admissions. As indicated above the records for this interval are not too valid, but some information may be gained from them. The second period takes in the first admissions from January 1, 1911, until December 31, 1920, a total of 533 cases during the ten years. Interval three, from January 1, 1921, until December 31, 1930, comprises 435 admissions; and the fourth and last period, January 1, 1931 to December 31, 1940, includes 537 cases. Comparisons between the Morningside figures and national figures are based on the statistics of the year 1937¹, which are computed from the national census of 1930 where numbers of 100,000 are used.

SEX RANGE

(in percent)

<u>Sex</u>	<u>1/1/'04 to 12/31/'10</u>	<u>1/1/'11 to 12/31/'20</u>	<u>1/1/'21 to 12/31/'30</u>	<u>1/1/'31 to 12/31/'40</u>
Male	88.4	88.2	83.7	75.8
Female	11.6	11.8	16.3	24.2

First admission statistics from Morningside Hospital give a surprising amount of insight as to the nature of the land, the

¹ "Patients in Hospitals for Mental Disease, 1937," U. S. Department of Commerce, Bureau of the Census.

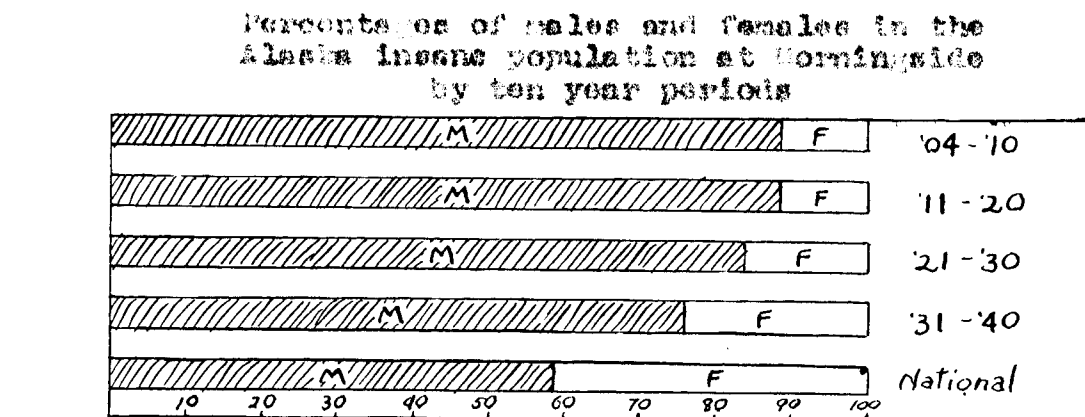
climate, and the people of Alaska. Every figure is influenced by a number of factors now peculiar to the Territory alone, though a similar situation no doubt existed in the earlier history of the Western States. At the present time Alaska has not yet succeeded in outgrowing the effects of the last frontier stage. The long mountainous coastline and the cold interior weather, together with the type of business and the great distances between towns, will probably prevent concentrated industrialization for many years. However, the constant increase in the use of air travel in the past decade plus the influx of national defense necessities will no doubt decidedly affect conditions in the Territory. Such an effect would soon be reflected in the composition of the insane patients at Horningside.

One of the outstanding differences of Horningside as contrasted with the national picture is the ratio of the male to the female inmates. In the first period the percentages of males is 83.4, while that of females is only 11.6, a ratio of approximately 7 to 1. Period two is very nearly the same, 83.2% to 11.3%. However, when viewed in relation to the general population of Alaska during those years, this is not so strange. Due to the rough and unsettled conditions of the Territory, and the nature of the main occupations of prospecting and mining, women were not attracted there for residence of any duration. The general population figures for the years 1910 and 1920, respectively 45,857 men, 13,499 women, and 34,539 men, 20,437 women, show this difference to some extent; but they fail to give any indication of the pronounced difference in the insane population. For this,

one must turn to another aspect of population shifts, namely the westward movement of those people, especially men, who are apt to be maladjusted in a normal society. History is full of instances indicative of the trend away from populated centers by unadaptive individuals, and in the early 1900's Alaska was the most promising place for them. Further light will be shed on this when the matter of diagnoses is discussed later.

By 1930 the general population had reached a greater equilibrium: 35,764 men and 23,514 women, and a corresponding change is notable in the Horningside records for period three and four. Here there is a ratio of 63.7% to 36.3% for the third interval, and a drop to 75.8% to 24.2% for the fourth. Characteristically the insane figures still differ widely from those of the general population, but a tendency toward a more stable female populace is shown. The present Alaska ratio is still far from the national percentages of 53.1% to 46.9% for the year 1937, but the two will probably not be equal for many years.

Comparison of the four periods, together with the national figures, may be seen from the following graphs:²



² Additional tables showing actual admissions as well as percentages are in the "A" tables in all four sections of tables.

AGE RANGE

(in percents)

Age	<u>1/1/'04 to</u> <u>12/31/'10</u>	<u>1/1/'11 to</u> <u>12/31/'20</u>	<u>1/1/'21 to</u> <u>12/31/'30</u>	<u>1/1/'31 to</u> <u>12/31/'40</u>
1-9	0.0	1.1	1.6	1.7
10-14	0.0	.4	.6	1.7
15-19	1.2	2.9	2.5	6.9
20-24	6.3	4.5	7.4	9.3
25-29	0.9	10.9	8.9	11.0
30-34	15.4	15.5	7.4	12.8
35-39	12.2	15.1	11.9	6.3
40-44	5.9	11.3	11.3	6.4
45-49	3.7	9.5	10.5	6.0
50-54	6.9	7.1	8.9	6.4
55-59	1.2	3.5	6.4	6.3
60-64	1.8	4.1	3.4	3.9
65-69	1.2	1.7	3.9	4.3
70	1.2	2.1	4.9	9.1
unknown	35.1	14.3	8.5	1.9

In the study of age groupings, the figures for 1904 to 1910 are almost worthless because over 35% were not recorded. However, they do show, when presented graphically, the same slightly skewed curve that the other years do. For every period except the third, the greatest number of first admissions fall between the ages of 30 and 34, while the highest point in the third period is between the ages of 35 and 39. The medians for the last three periods fall respectively in the 35 to 39 year interval, the 40 to 44 year interval, and the 35 to 39 year group.

One aspect of the Horningside population that is particularly noticeable is the increasing numbers of very young and very old among the admissions. For instance, in the group less than 15 years of age the percentages rise from 1.5 in the second period to 3.4 in the fourth, and the 15 to 19 year group has a corresponding rise of 2.9 to 6.9%. The reason for this rise is that

the Morningside administration has admitted a growing number of feeble minded cases which ordinarily would be handled by a separate institution. In Alaska's case there is no other hospital for such patients except private institutions, and these are beyond the means of the average Indian family from which most of them come.

This increase in the young cases is paralleled by the 65 to 69 year group, with a rise from 1.7% to 4.3%, and by those admissions over 70, which jump from 2.1% between 1910 and 1920 for the ten years up to 1940. The rise in the number of senile cases is due to the great population jump which occurred between 1906 and 1908. These men are now becoming old, and their psychoses are developing in a group more closely integrated than in former years and therefore more apt to detect them and send them to an institution.

Interestingly enough there is no marked decrease in any one of the other age groups; rather they fluctuate from period to period, with the only large drop occurring in the number of those whose ages are unknown, as the importance of complete records for statistical purposes is recognized.

In comparing the Morningside first admission age range percentages with those of State institutions for 1937 it can be seen that although the two are largely similar in general increases and decreases, there are some diversities. Patients less than 15 years of age constitute only 1% of State admissions, and the greatest percentage is in the 35 to 39 year interval with the median at the 40 to 44 year group. Morningside records for the

period of 1930 to 1939 correspond to these national figures more closely than do the percentage ranges for any other time interval.

CIVIL STATUS AND RANGE

<u>Civil Condition</u>	<u>1/1/'04 to 12/31/'10</u>	<u>1/1/'11 to 12/31/'20</u>	<u>1/1/'21 to 12/31/'30</u>	<u>1/1/'31 to 12/31/'40</u>
Single	57.7	60.4	63.5	56.1
Married	15.4	23.8	17.1	23.1
Divorced	0.0	.0	1.2	5.4
Widowed	.3	0.4	0.3	0.4
Separated	0.0	.2	.0	2.0
Unknown	25.6	11.3	9.3	5.0

Civil status given in percentages

One group of tabulations made on the Morningside patients which has no comparable classification in the national statistics but which sheds further light on the type of people attracted to Alaska is the range of civil status or condition. As can be seen from the accompanying table this division takes in five subclasses, showing how many patients were single, married, divorced, widowed, or separated at the time of admission.

Again the first period figures are not dependable because so many are omitted from the records, but it is probably that a great many of these unknown were single. The predominance of single people in the whole range is the most notable feature, though the percentage is dropping rapidly, especially in the last period. On the other hand, a steady rise can be seen in the number of married people, as well as in those divorced, widowed, or separated. The whole range is further evidence that Alaska's general population is reaching a distribution more normal for a

modern society.

Actual numbers for each ten year period may be found in the "C" tables in all four sections of the tables.

NAIVITY NAME

<u>Nativity</u>	<u>1/1/'04 to 12/31/'10</u>	<u>1/1/'11 to 12/31/'20</u>	<u>1/1/'21 to 12/31/'30</u>	<u>1/1/'31 to 12/31/'40</u>
Alaska	8.0	11.8	20.4	25.1
United States	22.6	26.3	26.2	39.5
Foreign	50.3	53.3	45.8	53.2
Unknown	19.1	7.1	6.6	2.4

Numbers in percentages

Of the various categories tabulated, that of place of birth shows the greatest fluctuation during the periods under consideration. Between the years of 1904 and 1910 less than 10% of the first admissions to Fortingale were Alaskan born, while over 50% were foreign-born; how much more can not be accurately determined because one fifth of the records were not entered. Approximately 25% were American born.

The later periods show a great increase in Alaskan born patients. The percentages grew rapidly through the periods under consideration, from the beginning 8% to 11.8%. Then a jump to 20.4%, with the figures for the last period, 25.1% showing a further rise. The rising percentages are a reflexion of two things: an increasing permanent population, and a growing concern with the already present Indian population. This is only natural as the Territory becomes more densely peopled, for more contacts are made between the whites and the natives, and cases of Indian abnormality which would in former times have been

handled by the tribes themselves are now becoming a part of the "white man's burden." At this point it is interesting to note that the old Indian practices of isolating a maladjusted person on an island to survive as best he could or starve are similar to those of ancient Greece.

At the same time as the rise came in the number of Alaska born patients, a consistent drop is shown in the incidence of foreign born insane, the 5 ten year periods showing a percentage drop from 53.3 to 46.8 and finally to 33.2. This drop is due mainly to the immigration laws of 1924 which stringently limited the number of aliens entering the United States and thus also Alaska.

In the tables at the end may be found additional numerical information on this material in the "D" tables in all four sections.

DISPOSITION RANGE

(in percents)

<u>Disposition</u>	<u>1/1/'04 to 12/31/'10</u>	<u>1/1/'11 to 12/31/'20</u>	<u>1/1/'21 to 12/31/'30</u>	<u>1/1/'31 to 12/31/'40</u>
Released, Paroled or Discharged	53.8	42.0	35.5	39.1
Transferred or Reported	.6	6.8	15.8	11.7
Dead	40.8	38.5	35.1	14.7
Now present	4.8	7.1	15.6	34.5

What becomes of the Morningside admissions, their disposition, is shown from a scrutiny of the above table. The figures offer a significant insight into the changing policies of the institution, but the percentages are of course affected by num-

erous other factors as well. For one thing, the later years show an increased number of admissions remaining at the hospital, both because the entering patients are younger and because more are native Alaskans or have been in residence there for a sufficient time to be considered as such and are therefore less subject to transference or deportation. The deaths have correspondingly decreased, for those who entered during the first years and remained there are nearly gone, and the later admissions are still comparatively young.

Transfers and deportation of inmates have shown sharp increases through the history of the institution. Alaska law provides that those patients who have been residents of Alaska for less than one year are subject to transfer to an institution in the State from which they originally came, or to deportation to their native country, providing that the authorities in both cases give their permission. In cases of transfer to another state, there is usually some delay, as the receiving institution is not anxious to accept responsibility. In some instances, especially in former years, there are refusals, but if the patient's nativity is clearly established the transfer is effected.

Deportation of insane patients has a varied history. Before the middle 1920's the laws concerning the return of aliens to their own countries were rather loosely drawn, yet actual deportation was not easy because the authorities of the receiving nations were reluctant to permit admission of insane persons. In 1925 this situation was somewhat simplified by a mandatory law providing that if the patient's psychosis developed within

5 years of his entrance into the United States, that patient was subject to deportation. Although this law aided in clearing out aliens, it was not until 1937 that a more far reaching law was passed. In that year legislation stipulated that if a patient who had taken out citizenship papers desired to be repatriated and would sign a blank requesting this, and if the country of nativity would issue a passport, the patient could re-enter at any time regardless of his stay in the United States. A further provision enabled this country to repatriate Filipinos, Japanese and Chinese at government expense, when requested, without passports from their native countries.

Even with the 1937 law the problem was not solved. Many of the aliens had entered before World War I, and with the changing of boundaries by the peace terms came a change in citizenship. Authorities had little desire to accept those supported at government expense. Russia, although willing to admit that some aliens might be Russian born, refused repatriation on the grounds that nativity could not be proven because all the Russian records had been destroyed in the Revolution.

As a result of the law of 1937, American institutions were combed for possible deportees. Seaside hospital was able to clear nineteen aliens from its population before the European situation stopped deportation in the summer of 1939. Since that date only one deportation has been made, and that to the Phillippine Islands.

The largest group, classed as eloped, paroled, or discharged, has decreased with the increase of those remaining in

the hospital. This does not mean, however, that there has been a drop in actual discharging from year to year, as the figures are based on the year of first admission only, and not on the year of the patient's leaving the hospital. Rather, Morningside has the high rate of discharge of 95 to 130 per 100,000 as compared to recent national figures of around 15 per 100,000. Due to greater supervisory care the only great decrease has been in elopements, those patients escaping from the hospital.

SECTION I

Period 1: from January 1, 1904 to December 31, 1910

Table A

<u>Sex Range</u>	<u>Number</u>	<u>Percent</u>
Male	297	88.4
Female	39	11.6

Table B

<u>Age Range</u>	<u>Number</u>	<u>Percent</u>
1-9	0	0.0
10-14	0	0.0
15-19	4	1.2
20-24	21	6.3
25-29	30	8.9
30-34	45	13.4
35-39	41	12.2
40-44	20	5.9
45-49	19	5.7
50-54	20	5.9
55-59	4	1.2
60-64	6	1.8
65-69	4	1.2
70	4	1.2
Unknown	118	35.1

Table C

<u>Civil Condition</u>	<u>Number</u>	<u>Percent</u>
Single	194	57.7
Married	55	16.4
Divorced	0	0.0
Widowed	1	.3
Separated	0	0.0
Unknown	86	25.6

Table D

<u>Nativity</u>	<u>number</u>	<u>Percent</u>
Alaska	27	8.0
U. S.	76	22.6
Foreign	169	50.3
Unknown	64	19.1

Table E

<u>Disposition</u>	<u>Number</u>	<u>Percent</u>
Eloped, Paroled, or Discharged	181	53.8
Transferred or Deported	2	.6
Dead	137	40.8
Present	16	4.8

Table F

<u>Duration of Hospital Life</u>	<u>Number</u>	<u>Percent</u>
Less than 6 mos.	9	6.6
7-11 mos.	10	7.3
1-2 yrs.	22	16.1
3-4 yrs.	22	16.1
5-9 yrs.	17	12.4
10-19 yrs.	28	20.4
20 yrs.	29	21.1

Table G

<u>Diagnosis</u>	<u>Number</u>	<u>Percent</u>
Dementia Praecox	80	23.9
Manic Depressive	13	3.0
Alcoholic	4	1.2
Senile	10	3.0
General Paralysis	12	3.6
Mental Defective	2	.6
Epileptic	9	2.7
Paranoid	3	1.5
Psychopathic Personality	1	.3
Involitional	1	.3
Drug Addiction	0	0.0
Psycho-neuroses	0	0.0
Trauma	1	.6
Organic	0	0.0
Not Psychotic	0	0.0
Not Diagnosed	196	58.4

SECTION II

Period 2: from January 1, 1911 to December 31, 1920

<u>Sex Range</u>	<u>Number</u>	<u>Percent</u>	<u>Age Range</u>	<u>Number</u>	<u>Percent</u>
Male	470	88.2	1-9	6	1.1
Female	63	11.8	10-14	2	.4
			15-19	15	2.8
			20-24	24	4.5
			25-29	58	10.9
			30-34	72	13.5
			35-39	70	13.1
			40-44	60	11.3
			45-49	51	9.6
			50-54	38	7.1
			55-59	19	3.5
			60-64	22	4.1
			65-69	9	1.7
			70	11	2.1
			Unknown	76	14.3
				533	

Table C

<u>Civil Condition</u>	<u>Number</u>	<u>Percent</u>
Single	354	66.4
Married	79	14.8
Divorced	5	.9
Widowed	34	6.4
Separated	1	.2
Unknown	60	11.3

Table D

<u>Nativity</u>	<u>Number</u>	<u>Percent</u>
Alaska	60	11.3
U. S.	152	28.3
Foreign	283	53.3
Unknown	38	7.1

Table E

<u>Disposition</u>	<u>Number</u>	<u>Percent</u>
Eloped, Paroled, Discharged	256	48.0
Transferred or Reported	35	6.6
Dead	204	38.3
Present	38	7.1

Table F

<u>Duration of Hospital Life</u>	<u>Number</u>	<u>Percent</u>
Less than 6 mos.	25	12.3
7-11 mos.	18	8.8
1-2 yrs.	43	21.1
3-5 yrs.	53	25.0
6-9 yrs.	21	10.2
10-19 yrs.	36	17.7
More than 20 yrs.	10	4.9

TABLE 0

<u>Diagnosis</u>	<u>Number</u>	<u>Percent</u>
Dementia Praecox	239	45.0
Manic Depressive	69	11.0
Alcoholic	38	7.2
Senile	38	7.1
General Paresis	43	8.1
Mental Defective	24	4.6
Epileptic	21	4.0
Paranoid	8	1.0
Psychopathic Personality	6	1.1
Involuntional	8	1.5
Drug Addiction	2	.4
Psycho-neuroses	2	.4
Trauma	2	.4
Organic	6	1.2
Not Psychotic	2	.4
Not Diagnosed	35	6.6

SECTION III

Period 3: from January 1, 1921 to December 31, 1930

Table A

<u>Sex Range</u>	<u>Number</u>	<u>Percent</u>
Male	406	83.7
Female	79	16.3

Table B

<u>Age Range</u>	<u>Number</u>	<u>Percent</u>
1-9	5	1.0
10-14	5	.6
15-19	11	2.3
20-24	36	7.4
25-29	43	8.9
30-34	36	7.4
35-39	57	11.8
40-44	55	11.3
45-49	51	10.5
50-54	43	8.9
55-59	31	6.4
60-64	26	5.4
65-69	19	3.9
70	24	4.9
Unknown	41	8.5
	485	

Table C

<u>Civil Condition</u>	<u>Number</u>	<u>Percent</u>
Single	305	62.8
Married	83	17.1
Divorced	6	1.2
Widowed	40	8.3
Separated	2	.6
Unknown	49	9.3

Table D

<u>Activity</u>	<u>Number</u>	<u>Percent</u>
Alaska	99	20.4
D. C.	127	26.2
Foreign	227	46.8
Unknown	32	6.6

Table E

<u>Disposition</u>	<u>Number</u>	<u>Percent</u>
Adopted, Paroled, or Discharged	174	35.8
Transferred or Reported	67	13.8
Dead	170	35.1
Present	74	15.3

Table F

<u>Duration of Hospital Life</u>	<u>Number</u>	<u>Percent</u>
Less than 6 mos.	32	16.6
7-11 mos.	27	13.9
1-2 yrs.	36	19.4
3-4 yrs.	33	20.0
5-9 yrs.	21	13.0
10-15 yrs.	20	13.8
More than twenty years	--	---

TABLE 9

<u>Diagnosis</u>	<u>Number</u>	<u>Percent</u>
Dementia Praecox	159	37.8
Bipolar Depressive	71	19.1
Alcoholic	20	4.0
Senile	47	9.4
General Paralysis	56	11.1
Mental defective	18	3.0
Epileptic	17	3.4
Paranoid	17	3.4
Psychopathic Personality	11	2.4
Involuntional	4	.8
Drug Addiction	4	.8
Psycho-neuroses	.	.4
Trauma	4	.8
Organic	1	.2
Not Psychotic	2	.8
Not diagnosed	34	6.8

SECTION 17

Period 4: From January 1, 1941 to December 31, 1940

Table A

<u>Sex Range</u>	<u>Number</u>	<u>Percent</u>
Male	407	75.8
Female	130	24.2

Table B

<u>Age Range</u>	<u>Number</u>	<u>Percent</u>
1-9	9	1.7
10-14	9	1.7
15-19	37	6.9
20-24	50	9.3
25-29	59	11.0
30-34	69	12.8
35-39	34	6.3
40-44	45	8.4
45-49	43	8.0
50-54	45	8.4
55-59	34	6.3
60-64	21	3.9
65-69	23	4.3
70	49	9.1
Unknown	10	1.9
	537	

Table C

<u>Civil Condition</u>	<u>Number</u>	<u>Percent</u>
Single	301	56.1
Married	124	23.1
Divorced	29	5.4
Widowed	45	8.4
Separated	11	2.0
Unknown	27	5.0

Table D

<u>Nativity</u>	<u>Number</u>	<u>Percent</u>
Alaska	155	28.1
U. S.	211	39.3
Foreign	175	32.4
Unknown	16	3.0

Table E

<u>Disposition</u>	<u>Number</u>	<u>Percent</u>
Dropped, Expelled, or Discharged	210	39.1
Transferred or Reported	63	11.7
Dead	79	14.7
Present	185	34.7

Table F

<u>Duration of Hospital Life</u>	<u>Number</u>	<u>Percent</u>
Less than 6 mos.	25	4.7
6-11 mos.	11	2.0
1-2 yrs.	124	23.1
3-5 yrs.	11	2.0
6-9 yrs.	8	1.5
10-19 yrs.	--	--
More than 20 yrs.	--	--

Table 9

<u>Diagnosis</u>	<u>Number</u>	<u>Percent</u>
Dementia Praecox	194	25.4
Manic Depressive	66	12.1
Alcoholic	42	7.8
Senile	69	12.6
General Paralysis	36	6.6
Mental Defective	31	5.7
Epileptic	12	2.2
Paranoid	17	3.1
Psychopathic Personality	23	4.2
Involuntional	10	1.8
Drug Addiction	1	.2
Psycho-neurosis	12	2.2
Trauma	2	.6
Organic	5	.9
Not Psychotic	3	.6
Not Diagnosed	22	4.0

DURATION OF HOSPITAL LIFE

<u>Duration</u>	<u>1/1/'04 to 12/31/'10</u>	<u>1/1/'11 to 12/31/'20</u>	<u>1/1/'21 to 12/31/'30</u>	<u>1/1/31 to 12/31/'40</u>
Less than 6 mos.	6.6	12.3	18.8	31.7
7-11 mos.	7.3	8.8	15.9	13.9
1-2 yrs.	16.1	21.1	19.4	30.4
3-4 yrs.	16.1	25.0	20.6	13.9
5-9 yrs.	12.4	10.2	13.5	10.1
10-19 yrs.	20.4	17.7	11.8	--
More than 20 yrs.	21.1	4.9	--	--

(Figures in percentages)

One of the most important statistical divisions in the planning of any institution for the insane is the computation of the duration of hospital life based on death incidence in the hospital population. This information is necessary to give a basis for forecasting the probable population for the near future in order to determine the bed space needed by the hospital from year to year.

Morningside has had a consistently low yearly death rate as compared to the national average. For the five year period ending December, 1940, the rate has been 46 per 100,000 for the lowest year and only 60 per 100,000 for the highest year of 1937. The national average is 71 deaths per 100,000 population for 1937. Morningside's low rate is due in large part to the type of insanity most prevalent in the population, as will be brought out later in the discussion of diagnoses.

It is from these deaths in the hospital that the duration of hospital life is figured. As can be seen from the above table, there has been a large and consistent increase in the number of those persons dying less than six months after admission. From

a small 6.6% in the first period the number almost doubles to 12.3% for the second, increases to 18.6% in the third and reaches 31.7% in the last period. This rise in early deaths probably occurs because the general population of Alaska, and thus also the insane population, is becoming more like the United States population. Therefore, it is natural that Morningside figures should approach the national percentage of 40.2.

Throughout the short period of duration of hospital life, those up to 2 years, there is a noticeable increase in deaths. With this is a parallel decrease in those patients living for 10 to 20 years in the institution. The latter figures, especially those of the last two periods, are of course affected by the fact that 20 years has not elapsed since admission of the patients, and the figures are based on admissions rather than on deaths occurring during a specific period. On the other hand, the sharp drop occurs between the first and second periods in those patients living more than 20 years in the hospital gives valid grounds for assuming that only a very small percentage of the inmates now at Morningside will live there more than 20 years.

National percentages for 1937 vary widely from any one of the Morningside 10 year periods. As mentioned above, two-fifths of the deaths in State institutions occur within six months of the patient's admittance, while only 9.8% of the deaths were among patients who had been committed over 20 years. The three duration intervals between 1 and 9 years include 32.2% of the deaths in State hospitals, while the comparable Morningside intervals include for the four time periods 45.6%, 56.3%, and

54.4% respectively.

It can be seen from these differences that space in a hospital must be planned according to the particular complexion of the population which it serves. Morningside has a peculiar problem not only in this respect, but also in considering the age of admission and the prevalent types of insanity, both of which are further factors in hospital planning. Comparatively, it can not handle as many patients in a given period owing to the superior longevity of its population.

DEATHS IN RANGE
(in percent)

<u>Diagnosis</u>	<u>'04-'10</u>	<u>'11-'20</u>	<u>'21-'30</u>	<u>'31-'40</u>
Dementia Praecox	23.9	45.0	37.8	35.4
Manic depressive	3.9	11.0	14.2	12.1
Alcoholic	1.2	7.2	4.0	7.8
Senile	3.0	7.1	9.4	12.8
General paresis	3.8	8.1	11.2	6.6
Mental defective	.6	4.6	3.6	5.7
Epilepsy	2.7	4.0	3.4	2.2
Paranoia	1.5	1.0	3.4	3.1
Psychopathic personality	.3	1.1	2.4	4.2
Evolutional	.3	1.5	.8	1.8
Drug addiction	--	.4	.8	.2
Psycho-neuroses	--	.4	.4	2.2
Trauma	.6	.4	.8	.6
Organic	--	1.2	.2	.9
Not psychotic	--	.4	.8	.6
Not diagnosed	58.4	6.6	6.3	4.0

Consideration of diagnoses has been left until last in this survey because this classification gives insight into all the other problems and provides a means of integration for the whole study. These figures give more direct information about the Morningside population than do any of the other ranges, and show why certain peculiarities exist in the other classifications.

Percentages on Dementia praecox are perhaps the most important of all the division, for the high figures here combined with the knowledge of the characteristics of this type of insanity provide a background for an understanding of the Morningside population, and also of the Territory. Again the figures for the first period are worthless, no diagnosis being given in almost 60% of the cases; but it is probably that dementia praecox took in approximately half of the patients. Since that time there has been a decrease, rapid between the second and third periods, and then slower. Nevertheless, the dementia praecox percentages far exceed any of those of the other types, and are far ahead of the national figures, as can be seen from comparative tables of the two.

FIRST ADMISSIONS BY PSYCHOSIS AND SEX

(in percents)

<u>Diagnosis</u>	<u>National</u>		<u>Morningside</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Dementia praecox	18.4	22.5	36.9	30.6
Manic depressive	7.9	16.0	10.9	16.1
Alcoholic	6.9	1.6	7.6	8.1
Senile	7.3	9.3	14.2	7.3
General paresis	11.5	5.7	8.0	1.6
Mental defective	3.1	3.5	5.5	6.5
Epilepsy	2.0	2.1	1.2	5.6
Paranoia	1.2	1.9	3.6	1.6
Psychopathic personality	1.3	.8	3.6	6.9
Involuntional	1.5	5.4	1.2	4.0
Drug addiction	.3	.6	--	.8
Psycho-neuroses	2.0	3.7	2.1	2.4
Trauma	.8	.2	.5	.8
Organic	16.3	16.7	.7	1.6
Not psychotic	15.9	6.8	.7	--
Not diagnosed	3.4	3.4	3.3	6.5

FIRST ADMISSIONS BY PSYCHOSIS AND SEX FOR 1930

(per 100,000 general population)

<u>Diagnosis</u>	<u>National</u>		<u>Wormingside</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Dementia praecox	12.9	11.5	39.1	4.3
Manic depressive	5.5	3.2	5.6	4.3
Alcoholic	4.8	.3	3.4	--
Senile	5.1	4.7	3.4	4.3
General paresis	3.0	2.0	3.4	3.5
Mental defective	2.1	1.8	2.3	--
Epilepsy	1.4	1.1	5.6	--
Paranoias	.9	.9	3.4	3.5
Psychopathic personality	.9	.4	3.4	--
Involuntional	1.1	2.3	--	4.3
Drug addiction	.2	.3	--	--
Psycho-neuroses	1.4	1.9	--	--
Trauma	.6	.1	--	--
Organic	11.4	3.6	--	--
Not psychotic	--	--	2.3	--
Not diagnosed	2.4	1.3	14.0	12.3

The implications of this prevalence of dementia praecox are far reaching. As can be seen from the above tables, especially in that of admissions per 100,000 population, the male dementia praecox admissions greatly exceed the female admissions. This difference between male and female agrees with the findings in the sex range.

It is a characteristic of dementia praecox persons to move away from a society in which they cannot fit, and as was mentioned before, Alaska was in early years the most promising place for such individuals. Since the territory has become more populated, there is no longer the attraction of solitude as in former years, and thus the dementia praecox rate is dropping. Furthermore, the fact that this type of insanity develops later than most types, which should indicate a higher admission age, sheds more light on the high percentage rate in the 30 to 40 year age

groupings. The predominance of dementia praecox patients; their characteristics of late development, low recovery rate, and slow physical deterioration; and the length of time they spend in the hospital are all closely interrelated.

Among the other groupings there is no such outstandingly significant difference. There are some noticeable disparities in the organic and non-psychotic classifications, but these do not so greatly affect the quality of the Morningside population. The rise in the senile and the mental defective groups has been noted in the consideration of age range.

One other division is deserving of mention, namely that of general paresis. It is a common conception that the frontier nature of Alaska should result in a high parotic rate showing in the admissions of mentally ill, but at the present time this is found to be untrue when figures are compared between Morningside and State institutions. For instance, during the five year period of 1935 to 1939 the percent of positive blood tests among first admissions to Morningside was only 11.4% as compared to a national rate of around 15%. The figures for general paresis previous to 1914 in all hospitals are untrustworthy because previous to that date there was no proof of the etiological factor of syphilis. Furthermore, the Wasserman technique was rather poor and not too trustworthy, so that the diagnosis was on symptomatology only, without satisfactory laboratory diagnosis. At Morningside the entire serological examination was not done until some time in the early 1920's so that before that date the diagnosis of paresis is not any too certain. This fact would

introduce a fairly high possibility of error into the earlier percentage scale. The low rate for Alaskan patients is of course true only of the recent years, but it is further proof that the Territory is losing much of its earlier unsettled characteristics.

From the figures gathered and analyzed in this survey, it can be seen that though Alaska was formerly a rough and unsettled country, it is rapidly developing into a land which fits the present conception of civilization. The implications of the data on the insane population show that the general population is tending more every year toward the norms common to the United States. It is probably that with the present influx of population to the Territory, the change will be effected even more rapidly.