

THE RELATION OF ECONOMIC CONDITIONS
TO INSANITY

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By

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Bachelor of Science

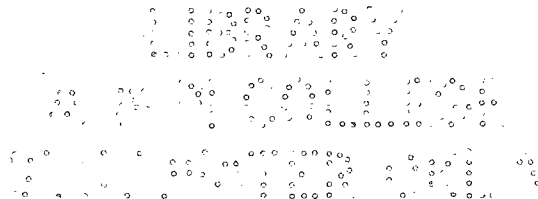
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THE RELATION OF ECONOMIC CONDITIONS TO INSANITY

INTRODUCTION

THE PROBLEM AND ITS SCOPE

The purpose of making a study of the relation of economic conditions to insanity is an effort to find the actual existing relation, if any, of the one condition to the other. This study constitutes the compiling of data of some 4500 insane cases from the Eastern Oklahoma Hospital for the Insane which is located at Vinita, Oklahoma; and a close comparison of the data. If any relation is found it will be a contribution to the general public, as well as an advantage to those who might in any way be in a position to improve the existing conditions, whatever they may be.

Each institution for the insane, both public and private, in all states keeps a record of the economic conditions of the inmates of their institution; but they do not make an annual report of such information to the National Bureau of the Census at Washington, D. C. An effort has been made to find where some study of this information might have been made, but no such study has been found.

A close record is kept of the economic conditions of all classes of the general public, and that record can be found on file in the Bureau of the Census at Washington, D. C. The same record kept of the insane at the time of their admission to an institution might be of statistical value.

During the eight years from 1929 through 1936 Oklahoma has had an increase of 42 per cent in admission to her institutions for the insane.¹ The United States has had an increase of almost 20 per cent.² This has been a period of economic stress throughout our nation. Could economic conditions have been a factor in this appalling increase? The following study is an effort to find whether or not any such factor exists.

In 1936 Dr. F. M. Adams, Superintendent of the Eastern Oklahoma Hospital at Vinita, Oklahoma, is quoted as having said: "People should fight against fear and worry. Fear has controlled our life more than anything else during the past five years of depression. Hundreds of cases have broken over loss of property and because they have been unable to take care of their families."³

In 1934 Dr. A. P. Noyes, Superintendent of State Hospital for Mental Diseases at Howard, Rhode Island, said: "Heredity is undoubtedly an important factor in the production of mental diseases but there is an increasing belief that it has been overemphasized....The stress on the hereditary aspects of mental diseases has tended to create pessimism and to stifle efforts to prevent them."⁴

A few brief statements concerning the history of the Eastern Oklahoma Hospital might be expedient at this point.

¹ & ² Bureau of the Census.

³ From an article written by Ruth Sheldon for the Tulsa Tribune, Sunday, March 22, 1936.

⁴ Dr. A. P. Noyes, Modern Clinical Psychiatry, Pages 60-61.

Dr. F. M. Adams was appointed as superintendent of the institution on October 12, 1912, and the first three hundred patients were brought from a private institution at Norman, Oklahoma, on January 28, 1913, when the hospital was officially opened. At the time of the opening there were two ward buildings and forty-five employees with a payroll of \$3,500. At that time the Western Oklahoma Hospital, located at Supply, was the only state hospital for the care of the insane, and had about five hundred patients.

On January 28, 1938, the 25th. anniversary of the hospital, their records showed that they had two hundred eighty-two employees with a monthly payroll of \$15,000. More than 11,000 patients had been received by the hospital for treatment since its opening, about 20 per cent of whom had been restored to health. There were 1,933.1 acres of land, sixty-six buildings and other improvements, valued at \$1,212,952. The average monthly population was more than 2,500 in 1936, thus exceeding the capacity by 40.3 per cent. Today they have under construction a large central dining room and another large ward building.

Legislative appropriations were \$178,397. in 1918, and are \$629,000. for 1939. Income from private patients and profits from the operation of industries amount to 6.2 per cent of the total cost of the upkeep of the institution.

Dr. F. M. Adams has been superintendent of the institution since its beginning. Much credit should be given him for the fine work he has done while acting in that capacity.

He has been instrumental in elevating it to a modern, first-class hospital. Dr. Adams and his efficient staff have helped to relieve the mental distress of hundreds of unfortunate individuals who have been placed under their medical care.⁵

⁵The material of historical value found in this chapter was contributed by Miss E. Frances Griffin, who has acted in the capacity of stenographer and then record clerk. She has been with the hospital, except for a few weeks, since its beginning.

CHAPTER I

PLAN OF TABULATION

The Eastern Oklahoma Hospital uses the uniform system of statistics for hospitals for mental diseases prepared by the American Psychiatric Association in collaboration with the department of Statistics of the National Committee for Mental Hygiene. Practically all state hospitals, and a considerable number of other public and private institutions for mental diseases throughout the country are using it.¹ This system makes use of five tabulating cards: a first admission card, a readmission card, a discharge card, a death card, and a transfer card. Only the first admission card is used in this study.

On the following page a duplicate of the first admission card is given.

For this study the following data from the first admission card have been compiled: group, age on admission, marital condition, nativity of patient (American or foreign), education, religion, economic condition, family history of mental disease, alcoholic habits of patient, and duration of attack before admission. Only such data were chosen from the card as would be valuable in a study relating to economic conditions.

¹ Statistical Manual for the Use of Mental Diseases, Seventh Edition, Page 3.

FIRST ADMISSION

MALE

NAMEHospital. Case No. Committed Voluntary

Diagnosis - No. Group Type
 Age on admission yrs. Marital cond. Single married widow sep. div. no. of children
 Nativity (State or county) of patient of father of mother Year of arrival in U. S.
 Citizenship - of patient - Am. Foreign of father - Am. foreign Race
 Education - None read only read and write common school high school collegiate
 Occupation Religion (Denomination)
 Environment - Urban rural Economic condition - Dependent marginal comfortable
 Actual resident - County P. O.
 Time in state (Time of last residence) (Total time)

Etiological factors other than heredity
 (Temperamentally normal abnormal (specify)
 Mental make-up (Intellectually normal abnormal (specify)
 Family history of mental diseases
 Family history of nervous diseases
 Family history of mental deficiency
 Family history of inebriety (alcohol or drugs) (specify)

Alcoholic habits of patient (Abstinent
 (Temperate (specify)
 (Intemperate (specify)
 Accompanying physical diseases not an integral part of the psychosis
 Duration of present attack before admission years months days
 No. of previous attacks
 DATE OF ADMISSION 19
 Presented at staff meeting 19 by Dr.
 Hospital No. for the year

Each group has been tabulated separately and divided according to the economic conditions as given. Age on admission, marital condition, nativity of patient, family history, alcoholic habits, and duration of attack before admission have each in turn been divided according to group and economic condition. This information is given by tables showing numbers and also by tables showing percentages.

Data concerning religion are not divided according to economic conditions, and are included in order to have a comparison of the Protestant and the Catholic religions which would show whether there were fewer or more Catholic insane, according to population, than there were Protestant. The data on religion will therefore be handled separately from the other.

The following is an explanation of the data as given in the statistical manual and as limited to suit this study. Group psychoses means the mental disorders in which the patient is classed. Age on admission is the age the patient is at the time he is admitted to the hospital. Marital condition as given in this study is the single, married, and the widowed, separated, and divorced listed together. In the degrees of education, illiterate denotes persons who cannot read and write; read and write denotes persons who have attended common school but have not completed the fourth grade; common school, high school, and college denotes persons who have graduated from such institutions, respectively, or have completed at least half of the prescribed course. Economic condition

refers to the patients' circumstances at the time of the occurrence of the insanity. The term dependent includes those who receive aid from public funds or persons outside the immediate family. The term marginal includes those living on daily means but accumulating very little or nothing. The term comfortable includes those having accumulated resources sufficient to maintain self and family for a period of four months or longer. Family history lists only cases where there are other known cases of insanity in the family, either grandparents, aunts, uncles, parents, or siblings. Alcoholic refers to the alcoholic habits of the patient previous to the onset of the psychoses. Abstinent means the use of no alcoholic liquor whatever. Temperate means some use of liquor but not sufficient to be called intemperate. Intemperate means repeated intoxication with physical, mental, or moral deterioration. Duration of attack before admission is the number of months the patient was kept at home from the time the attack occurred until he was admitted to the hospital.

CHAPTER II

GROUP PSYCHOSES EXPLAINED¹ & ²

In the statistical manual and in the hospital files there are twenty-four group psychoses. In this study five have been omitted, leaving only nineteen. One of the five omitted is psychoses due to trauma. These are caused by head or brain injury as a result of force directly or indirectly applied to the head. Since the cause is purely that of accident it has been omitted. A second group to be omitted is that classed as mentally deficient. The mentally deficient have been so from birth, or early childhood, therefore they are not considered in this study. The third is the undiagnosed and unknown, omitted because of not knowing just how they should be classed. The fourth to be omitted is the class without psychoses. The last omission is the primary behavior disorders.

The following is a short explanation of each of the nineteen groups used.

1. Syphilitic Meningo-encephalitis is progressive organic intellectual and emotional defects with physical signs and symptoms of parenchymatous syphilis of the nervous system. The result is general paresis.
2. Under other Forms of Syphilis of the Central Nervous System is the Meningo-vascular type in which the meninges

¹ Conklin, E. S. Principles of Abnormal Psychology, chapters V, VI, X, XI, XII, XV.

² Statistical Manual for the Use of Mental Diseases, Seventh Edition, Pages 22-43.

and blood vessels are affected rather than the parenchyma of the nervous system. This results in cerebral syphilis.

Intracranial Gumma is listed under this group. It is a gummatous formation, either single or multiple. And any other type not already mentioned comes under this group.

3. Psychoses with Epidemic Encephalitis show delirium, stupor, apathy, depression, anxiety, etc. It is associated with cases of epidemic encephalitis.

4. Psychoses with Other Infectious Diseases such as tuberculous meningitis, meningitis, acute chorea, influenza, pneumonia, typhoid, and acute articular rheumatism show delirium probably with excitement or hallucinations. Amnesia sometimes occurs.

5. Psychoses Due to Alcohol include only those cases which can reasonably be concluded to have alcohol as the main etiological factor. Delirium tremens show acute delirium. Korsakow's psychoses show chronic delirium. And acute hallucinosis develops hallucinations, usually of the auditory type, with fear or anxiety reaction.

6. Psychoses Due to Drugs are brought about by prolonged exposure to metallic poisoning such as lead, arsenic, or mercury and develop deliria with marked prostration left with intellectual or emotional defects. They may also be caused by carbon monoxide which exhibits a preliminary period of unconsciousness, followed by less protracted delirium, and left with increased fatigability and difficulty in concentration. Opium and its derivatives cause mental, ethical, and social deterioration. Other drugs develop abnormal mental states.

7. Psychoses with Cerebral Arteriosclerosis are those of middle aged and old persons which show evidence of interference with the cerebral circulation causing confusion, loss of memory, and general impairment of the intellectual functions in varying degrees.

8. Psychoses with Other Disturbances of Circulation have as the main disturbance the cardio-renal disease which results in hallucinations, difficulty in concentration, and an impaired memory.

9. Under Convulsive Disorders are listed all types of epilepsy, or all cases that have seizures. Epileptic deterioration is a gradual development of mental dullness. Epileptic clouded state is epileptics who develop confusion, anxiety, or excitement before or after the convulsive attacks. There are other epileptic types which show paranoid trend, hallucinatory states, etc.

10. In the Senile Psychoses the mental phenomena are those of deterioration and are characteristic of old age. Simple deterioration of the mental process is one type. This deterioration may progress to a state of vegetative existence. Another type shows retention defects with alertness to grasp immediate impressions, another shows deep confusion, another depression, and still another type is the paranoid which shows delusional trends.

11. The Involutional Psychoses occurs in middle life without signs of organic brain disease. The melancholia types show agitation while the paranoid types have delusions.

12. Psychoses with Other Metabolic Diseases include psychoses of the endocrine glands, especially the thyroid and pituitary glands; psychoses with pellegra; and psychoses with other somatic diseases.

13. Psychoses Due to New Growth, either brain tumors or new growth elsewhere in the body, bring about a psychotic reaction by their toxic or their psychological effects.

14. Psychoses Due to Unknown or Hereditary Causes, but associated with organic changes of the nervous system, are defects in the intellectual functions and emotional deterioration.

15. Manic-Depressive Psychoses show a marked emotional disturbance with two markedly different reactions, the maniacal and the depressed. The manic type shows elevation of spirits, and the depressive type shows depression of spirits. The circular type shows a change from the manic directly into the depressive, or vice versa. Mixed type shows symptoms of both manic and depressive. The perplexed type shows perplexity in a depressed setting. The stupor type shows reduction of activity sometimes to the extent of immobility. As a rule there is no dementia in any of these types.

16. Dementia Praecox Psychoses (schizophrenia) show the split mind - the unintegrated mind. The simple type shows a gradual change becoming increasingly apathetic and thoughtless. The hebephrenic type is conspicuously silly, smiling and grimacing at apparently nothing at all. The catatonic type shows extreme states of negativism termed catatonic stupors, and extreme periods of activity termed catatonic

excitement. Paranoid type shows elaborated delusions usually accompanied by hallucinations.

17. Psychoneuroses are types of hysteria, anxiety, and conversion. Psychasthenia is compulsive acts, tics, etc.; neurasthenia is fatigability; hypochondriasis is obsessive pre-occupation; reactive depression is reactive depression to external causes and anxiety states are states which show more or less continuous diffuse anxiety and apprehensive expectation.

18. Paranoia includes those cases showing fixed suspicions and ideas of persecution. The paranoid condition shows delusions caused both by illogical thinking and misinterpretation.

19. Psychopathic Personality shows abnormal reaction of an emotional and volitional nature. Patients reactions are irritability, excitement, depression, etc.

CHAPTER III

METHOD OF PROCEDURE

The Eastern Oklahoma Hospital keeps all cards on file in the office building at the institution. From each individual first admittance card from the year 1926 until August of the year 1937 the desired data were transferred to small cards made for that purpose.

The male and female cards are printed in different colors, the male in black and the female in red. They are placed in separate filing cabinets, and are filed chronologically and according to group psychoses.

When completed there were 4566 individual cards. In dividing the group psychoses into dependent, marginal, and comfortable groups there were 231 cases whose economic conditions were not given. Knowing that those would, according to the laws of chance, probably fall in the same proportion as the other cases had fallen, they have been disregarded. Some of the original cards did not have complete data, so the totals under different calculations will vary accordingly.

After the desired data had been transferred from the hospital cards to these cards they were filed in the same order as those at the hospital, and calculations were made by group until they were all completed. Then tables were made showing these calculations.

CHAPTER IV

TABLES, EXPLANATIONS, AND COMMENTS

Table I is a table of the group psychoses. It gives the total number of cases used, grouping them according to their psychoses. The psychoses are combined where there is any similarity of mental disorder, in order to have larger numbers with which to work. A percentage that does not contain at least forty cases is not very significant. For that reason percentages are not given for the female division of the alcoholic and drugs psychoses, nor for either the male or female of the new growth and organic changes psychoses.

In all tables except table I the unknown have been disregarded. There is a total of 231 unknown, which is less than 5 per cent of the whole.

In 1930 Oklahoma had 1,233,264 men and 1,162,766 women, according to the United States Bureau of the Census, which would show 7 per cent more men than women. The cases studied show 2718 men and 1848 women which is 48 per cent more men than women. This is probably true because women can be taken care of more easily at home than can men. Possibly an economic factor of selection enters in also, since the husband usually makes the living. It would be impossible for most women who are not in good financial circumstances to take care of an insane husband at home and provide a living for her family at the same time. This can more easily be done by a man when a wife is insane.

Table II is the group psychoses given in per cent,

TABLE I

GROUP PSYCHOSES

MENTAL DISORDER		De- pen- dent	Mar- gin- al	Com- fort- able	Un- known	To- tal
Syphilitic M. E. and Other Forms of Syphilis of C.N.S.	M.	14	287	96	20	331
	F.	3	87	26	4	120
Epidemic Encephalitis, Other Infectious Diseases	M.	4	34	13	3	54
	F.	0	26	6	3	35
Alcoholic and Drugs	M.	2	87	42	1	132
	F.	1	5	3	0	9
Cerebral Arteriosclerosis, Other Disturbances of Cir.	M.	51	328	83	17	479
	F.	15	120	33	12	180
Convulsive Disorders	M.	7	116	24	15	162
	F.	2	89	8	9	108
Senile	M.	78	246	53	19	396
	F.	19	106	28	9	162
Involutional and Other Metabolic, Etc. Diseases	M.	8	107	34	10	159
	F.	11	175	29	15	230
New Growth and Organic Changes	M.	2	18	3	2	25
	F.	2	6	5	1	14
Manic-Depressive	M.	4	171	48	13	236
	F.	8	204	64	24	300
Dementia Praecox	M.	15	418	120	32	585
	F.	10	401	168	20	599
Psychoneuroses, Paranoia, Psychopathic Personality	M.	1	48	23	1	73
	F.	3	55	32	1	91
Total	M.	186	1860	539	133	2718
	F.	74	1274	402	98	1848
Grand Total		260	3134	941	231	4566

TABLE II

GROUP PSYCHOSES IN PER CENT^a

MENTAL DISORDER		Dependent	Marginal	Comfortable
Syphilitic M.E., Other Forms of Syph. of C.N.S.	M.	3+%	72+%	24+%
	F.	2+%	75 %	22+%
Epidemic Encephalitis, Other Infectious Dis.	M.	8-%	67-%	25+%
	F.	-	81 %	19 %
Alcoholic and Drugs	M.	11+%	66+%	32+%
	F.	(Insufficient number)		
Cerebral Arteriosclerosis Other Dis. of Cir.	M.	11 %	71 %	18 %
	F.	8 %	71+%	20 %
Convulsive Disorders	M.	5-%	79-%	16-%
	F.	2+%	90-%	8+%
Senile	M.	21-%	65+%	14+%
	F.	12+%	69+%	18+%
Involutional and Other Metabolic, Etc. Dis.	M.	5+%	72-%	23-%
	F.	5+%	85+%	9+%
New Growth and Organic Changes	M.	(Insufficient number)		
	F.	(Insufficient number)		
Manic-Depressive	M.	2-%	76+%	21+%
	F.	3-%	73+%	23+%
Dementia Praecox	M.	3-%	75+%	22-%
	F.	2-%	69+%	30-%
Psychoneuroses, Paranoia Psychopathic Personality	M.	1+%	66+%	32 %
	F.	3+%	61+%	35+%
Total	M.	7+%	72-%	21-%
	F.	4+%	73-%	23-%
Grand Total		6 %	72+%	21+%

a. The total male and female in each grouping are equivalent to 100 per cent.

using the total in each group as 100 per cent. This table shows a larger percentage of dependents falling in the cerebral arteriosclerosis and the senile groups. These groups are people who develop a psychoses after they have reached old age. There is 62 per cent of the whole number of dependents who fall in these two groupings. It seems evident that dependency increases with groups of insanity which are prevalent among the aged.

Table III gives the average age on admission and Table IV gives the average age on admission in per cent. These tables show a decrease in the average age of admission from the dependent through the comfortable division. Several implications might be derived from this observation; however, it will suffice us to state that it seems a significant economical factor. The fact that the cases coming in the dependent division are the oldest, the marginal next, and the comfortable the youngest shows a gradual decrease in age of admission as a decrease in economic stress appears. Those who are in comfortable circumstances would submit their patients only in cases of dire necessity brought about by the mental disorder, the financial question would not be a factor. Table III shows an average of sixteen years of difference in the age of admission of the marginal and the dependent. Table IV shows that difference to be a 35 per cent increase in age. This difference is great enough that one is justified in concluding that at least a part of the reason for it is due to economic conditions.

TABLE III

AVERAGE AGE ON ADMISSION

MENTAL DISORDER		Dependent	Marginal	Comfortable
Syphilitic M.E., Other Forms of Syph. of C.N.S.	M.	46.	45.6	42.6
	F.	43	42.8	42.6
Epidemic Encephalitis, Other Infectious Dis.	M.	38.2	33.3	34.1
	F.	-	34.8	34.8
Alcoholic and Drugs	M.	45.	42.9	41.5
	F.	42.	41.4	38.7
Cerebral Arteriosclero- sis, Other Dis. of Cir.	M.	68.1	65.2	65.
	F.	67.8	61.7	58.9
Convulsive Disorders	M.	34.5	30.6	25.6
	F.	28.	31.9	34.3
Senile	M.	73.4	73.5	72.5
	F.	69.7	72.9	80.8
Involutional, Other Metabolic, Etc. Dis.	M.	55.	51.1	53.
	F.	51.8	34.3	46.6
New Growth and Organic Changes	M.	66	45.4	53.
	F.	42	43.4	43.2
Manic-Depressive	M.	43.	40.3	41.5
	F.	48.8	38.1	38.7
Dementia Praecox	M.	35.8	28.7	28.2
	F.	37.1	32.5	32.
Psychoneuroses, Paranoia, Psycho- pathic Personality	M.	18.	34.7	34.8
	F.	34.7	35.8	39.4
Total	M.	62.2	47.6	45.1
	F.	55.2	40.6	41.
Grand Total		60.2	44.8	43.4

TABLE IV AVERAGE AGE ON ADMISSION IN PER CENT ^a

MENTAL DISORDER		Dependent	Marginal	Comfortable
Syphilitic M.E., Other Forms of Syph. of C.N.S.	M.	108 %	107 %	100 %
	F.	101 %	100½ %	100 %
Epidemic Encephalitis, Other Infectious Dis.	M.	112 %	97½ %	100 %
	F.	-	100 %	100 %
Alcoholic and Drugs	M.	108½ %	103½ %	100 %
	F.	(Insufficient number)		
Cerebral Arteriosclero- sis, Other Dis. of Cir.	M.	104¾ %	100½ %	100 %
	F.	115 %	104 ¾ %	100 %
Convulsive Disorders	M.	135 %	119½ %	100 %
	F.	81 %	93 %	100 %
Senile	M.	101 %	101½ %	100 %
	F.	86½ %	89 ¾ %	100 %
Involutional, Other Metabolic, Etc., Dis.	M.	103 ¾ %	96½ %	100 %
	F.	111 %	73½ %	100 %
New Growth and Organic Changes	M.	(Insufficient Number)		
	F.	(Insufficient Number)		
Manic-Depressive	M.	103½ %	97 %	100 %
	F.	126 %	98½ %	100 %
Dementia Praecox	M.	127 %	101 ¾ %	100 %
	F.	116 %	101½ %	100 %
Psychoneuroses, Paranoia, Psycho- pathic Personality	M.	-	99½ %	100 %
	F.	88 %	91 %	100 %
Total	M.	138 %	105½ %	100 %
	F.	134½ %	99 %	100 %
Grand Total		138 ¾ %	103½ %	100 %

a. Comfortable used as base of per cent.

Table V gives the average duration of the attack before the patient is admitted to the institution and Table VI gives in per cent the average duration of the attack before the patient is admitted. These tables show a slight increase from the dependent division to the comfortable, the increase showing up in each of the three divisions. This may be accounted for by the fact that the less fortunate financially could not be kept at home as long as the more fortunate ones.

The greatest difference is seen in the manic-depressive and the dementia praecox groups. They are both groups where psychoses develop at a comparatively young age, and in some of the cases the patients are still with their parents. The parents in any case would put forth all the effort within their power to keep their child at home, and of course, those financially able would succeed in doing so for a greater length of time. The same thing would be true of a young married couple, especially if they had children.

Those kept at home longest are the convulsive disorders group. The onset of these psychoses often appear in early childhood and the parents keep the patient until they can no longer be conveniently kept at home.

Those kept at home next longest are the groups afflicted with epidemic encephalitis and other disturbances of circulation. The onset of their psychoses begin at about thirty-two years

TABLE V AVERAGE DURATION OF ATTACK BEFORE ADMISSION ^a

MENTAL DISORDER	Dependent		Marginal	Comfortable
	M.	F.		
Syphilitic M.E., Other Forms of Syph. of C.N.S.	M.	14	18	18
	F.	-	16	18
Epidemic Encephalitis, Other Infectious Dis.	M.	44	44	41
	F.	-	37	54
Alcoholic and Drugs	M.	-	24	16
	F.	12	22	-
Cerebral Arteriosclero- sis Other Dis. of Cir.	M.	16	18	21
	F.	28	24	48
Convulsive Disorders	M.	90	69	64
	F.	36	75	80
Senile	M.	16	20	39
	F.	40	26	38
Involutional, Other Metabolic, Etc. Dis.	M.	25	14	13
	F.	12	17	22
New Growth and Organic Changes	M.	-	24	41
	F.	-	41	46
Manic-Depressive	M.	2	12	12
	F.	9	13	18
Dementia Praecox	M.	9	21	22
	F.	27	25	32
Psychoneuroses, Paranoia, Psycho- pathic Personality	M.	-	35	47
	F.	-	32	28
Total	M.	18	23	24
	F.	24	26	31
Grand Total		42	49	55

a. Average given in months

TABLE VI. AV. DURATION OF ATTACK BEFORE ADM. IN PER CENT ^a

MENTAL DISORDER		Dependent	Marginal	Comfortable
Syphilitic M.E., Other Forms of Syph. of C.N.S.	M.	100%	128½%	128½%
	F.	-	100 %	113 %
Epidemic Encephalitis Other Infectious Dis.	M.	100%	100 %	93 %
	F.	0	100 %	146 %
Alcoholic, Drugs	M.	-	100 %	66 ¾%
	F.	(Insufficient Number)		
Cerebral, Arteriosclero- sis, Other dis. of Cir.	M.	100%	113 %	135 %
	F.	100 %	85 ¾%	141 ¾%
Convulsive Disorders	M.	100%	76 ¾%	71 %
	F.	100 %	208½%	222½%
Senile	M.	100%	125%	237½%
	F.	100%	65%	95 %
Involutional, Other Metabolic, Etc. Dis.	M.	100%	56 %	52 %
	F.	100%	141 ¾%	183½%
New Growth and Organic Changes	M.	(Insufficient Number)		
	F.	(Insufficient Number)		
Manic-Depressive	M.	100%	600 %	600 %
	F.	100%	144½%	200 %
Dementia Praecox	M.	100%	233½%	244½%
	F.	100 %	91 %	118½%
Psychoneuroses, Paranoia, Psycho- pathic Personality	M.	-	100 %	134½%
	F.	-	100 %	87½%
Total	M.	100%	128 %	133½%
	F.	100%	108½%	129 %
Grand Total		100%	126½%	142 %

a. Dependent used as base of per cent.

Table VII shows the educational status of the cases. Table VIII gives the educational status of the cases in per cent. The educational tables have not been divided according to economic conditions except in the summary tables.

Tables VII and VIII show the greatest illiteracy in the convulsive disorders group. These disorders show up in childhood in many cases and so have retarded the educational advancement of those cases.

The largest percentage of college students is found in the psychoneurosis, paranoia, and psychopathic personality grouping, with no illiterates at all.

Manic-depressive and dementia praecox groupings show a slightly higher percentage of college students, and a slightly lower percentage of illiteracy than do the other groupings. From previous studies it has been found that many dementia praecox cases, before the onset of the psychosis, show very high I. Q. 's and high educational marks.

Psychoneurosis, paranoia, psychopathic personality, dementia praecox, and psychoses due to disorders brought on as a result of syphilis show a much higher educational achievement, as a whole, than do the other groupings.

In the summary tables the educational achievements have been divided according to economic conditions, and the findings will be noted there.

Table IX gives the family history by number and Table X gives it in per cent. The total of the males and the total of the females in each grouping is equivalent to 100 per cent.

TABLE VII

EDUCATION

MENTAL DISORDER.		Illit- erate	Read and Write	Common School	High School	Coll- ege
Syph. M.E., Other Syph. of C. N. S.	M.	7	86	170	101	21
	F.	1	26	64	19	5
Epid. Encephalitis, Other Infect. Dis.	M.	2	21	24	4	-
	F.	-	8	17	6	-
Alcoholic, Drugs	M.	3	36	62	18	8
	F.	-	4	2	3	-
Cer. Arteriosclero- sis, Dis. of Cir.	M.	24	195	180	40	16
	F.	4	59	81	13	6
Convulsive Disorders	M.	25	46	63	11	2
	F.	14	27	48	6	2
Senile	M.	10	204	124	20	9
	F.	8	68	56	13	3
Involutional, Other Metabolic, Etc. Dis.	M.	8	72	52	10	4
	F.	11	69	98	14	3
New Growth and Organic Changes	M.	1	7	12	1	2
	F.	1	4	7	-	1
Manic-Depressive	M.	7	68	114	15	9
	F.	3	37	142	26	13
Dementia Praecox	M.	10	115	311	94	19
	F.	8	132	256	124	33
Psychoneuroses, Paranoia, Psycho- pathic Personality	M.	-	20	36	12	4
	F.	-	12	48	10	9
Total	M.	97	870	1148	326	95
	F.	50	517	819	243	75
Grand Total		147	1387	1967	569	170

TABLE VIII

EDUCATION IN PER CENT a

MENTAL DISORDER		Illit- erate	Read and Write	Common School	High School	Coll- ege
Syph. M.E., other	M.	2-%	22+%	44 %	26+%	6-%
Syph. of C. N. S.	F.	1-%	22+%	56-%	16+%	4+%
Epid. Encephalitis	M.	4-%	41+%	47+%	8-%	-
Other Infect. Dis.	F.	-	25+%	55-%	19+%	-
Alcoholic, Drugs	M.	2+%	28 %	48 %	14+%	6+%
	F.	(Insufficient Number)				
Cerebral Arterio- sclerosis, Distur. of Circulation	M.	5+%	42+%	40-%	8+%	3+%
	F.	2+%	36+%	49+%	8 %	4-%
Convulsive Disorders	M.	17 %	31+%	43-%	8-%	1+%
	F.	14+%	27+%	49+%	6+%	2+%
Senile	M.	3-%	55+%	34-%	5+%	2+%
	F.	5+%	46 %	38 %	9-%	2+%
Involucional, Other Metabolic, Etc. Dis.	M.	5+%	49 %	36-%	7-%	3-%
	F.	5+%	41 %	45+%	6+%	1+%
New Growth and Organic Changes	M.	(Insufficient Number)				
	F.	(Insufficient Number)				
Manic-Depressive	M.	3 %	32 %	53+%	7 %	4+%
	F.	1+%	32 %	52+%	9+%	5-%
Dementia Praecox	M.	2-%	21-%	56+%	17+%	3+%
	F.	1+%	23+%	46+%	22+%	6 %
Psychoneuroses, Paranoia, Psycho- pathic Personality	M.	-	28-%	50 %	16+%	5+%
	F.	-	15+%	61-%	13+%	11+%
Total	M.	3+%	34+%	45+%	13-%	3+%
	F.	3-%	30+%	48 %	14+%	4+%
Grand Total		3+%	33-%	46+%	13+%	4+%

a. Total male and female in each grouping are equivalent to 100 per cent.

The dementia praecox group shows a greater percentage of cases with an insane history than any other group. Almost 33 per cent of the total cases show that there has been other cases of insanity of some type in the family previous to this case.

Manic-depressive shows almost 26 per cent with a family history of insanity. The next highest is the grouping containing psychoneurosis, paranoia, and psychopathic personality. Many cases in these five groups show more than one member of the family, beside the patient being considered, as having had some mental disorder.

There is an increase in the family history of insanity found in the marginal and comfortable divisions. This shows a larger number among the dependents in those groups developing a psychosis without a family history of insanity behind the psychosis than there is in either of the other divisions. This evidently shows a larger number of cases in the dependent division due to something other than heredity than is shown in the other two divisions. It could be possible that that unknown cause is due to an economic factor.

Nearly all of the groups show at least a small percentage of family history of insanity.

Table XI gives the marital condition of the cases, and Table XII gives the marital condition in per cent. The single cases, those who have never been married, are rather small in number except in the dementia praecox group. This is, of course, due to the fact that the onset of these

TABLE IX

FAMILY HISTORY.

MENTAL DISORDER	Dependent		Marginal		Comfortable	
		In- san-None ity		In- San-None ity		In- san- None ity
Syphilitic M.E., Other Forms of Syph. of C.N.S.	M.	2 10	34 136		16 41	
	F.	1 1	11 73		3 22	
Epidemic Encephalitis, Other Infectious Dis.	M.	- 3	8 24		1 11	
	F.	- -	1 21		2 4	
Alcoholic and Drugs	M.	- 2	18 69		5 37	
	F.	- 1	- 5		- 3	
Cerebral Arteriosclero- sis, Other Distur. of Circulation	M.	2 38	39 239		15 54	
	F.	1 7	19 72		8 16	
Convulsive Disorders	M.	- 5	18 96		4 20	
	F.	2 -	16 68		2 6	
Involutional and Other Metabolic Etc., Dis.	M.	- 8	14 292		5 29	
	F.	1 7	30 140		5 23	
Senile	M.	3 64	22 200		4 47	
	F.	1 16	15 83		2 26	
New Growth and Organic Changes	M.	1 1	4 13		1 2	
	F.	2 -	3 2		1 4	
Manic-Depressive	M.	3 1	35 124		11 37	
	F.	4 3	52 147		24 38	
Dementia Praecox	M.	3 5	117 267		40 71	
	F.	- 8	124 244		53 101	
Psychoneuroses, Paranoia, Psycho- pathic Personality	M.	- -	11 36		5 17	
	F.	2 -	8 44		9 19	
Total	M.	14 137	320 1296		107 366	
	F.	14 43	279 899		109 262	
Grand Total		28 180	599 2195		216 628	

TABLE X.

FAMILY HISTORY IN PER CENT^a

MENTAL DISORDER		Dependent		Marginal		Comfortable	
		In- san- ity	None	In- san- ity	None	In- san- ity	None
Syphilitic M.E. Other Syph. of C.N. C. N. S.	M.	1-%	4+%	14+%	56-%	7-%	17 %
	F.	1-%	1-%	10 %	66-%	3-%	20-%
Encephalitis, Infectious Dis.	M.	-	6+%	17+%	51+%	2+%	23+%
	F.	-	-	4-%	75 %	7 %	14+%
Alcoholic and Drugs	M.	-	1+%	14-%	52+%	4-%	28+%
	F.	(Insufficient number)					
Cerebral Arter- sclerosis, Other Dis. of Cir.	M.	1-%	10+%	10 %	62-%	4-%	14-%
	F.	1-%	5+%	15+%	58+%	7-%	13 %
Convulsive Disorders	M.	-	3+%	12+%	67 %	3-%	14 %
	F.	2 %	-	17+%	75-%	2 %	6 %
Senile	M.	3-%	18+%	6+%	58+%	1+%	13+%
	F.	1-%	11+%	10+%	58 %	1+%	18+%
Involutional, Metabolic, etc., Diseases	M.	-	5+%	9+%	62 %	3+%	19+%
	F.	1-%	3 %	15-%	68 %	2+%	11 %
New Growth and Organic Changes	M.	(Insufficient number)					
	F.	(Insufficient number)					
Manic-Depressive	M.	1+%	1-%	16+%	59-%	5+%	17+%
	F.	1+%	1 %	19+%	55-%	9 %	14+%
Dementia Praecox	M.	1-%	1+%	23+%	53+%	8-%	14+%
	F.	-	1+%	23+%	46 %	10 %	19 %
Psychoneuroses, Paranoia, and Psychopathic Personality	M.	-	-	16 %	52 %	7+%	24+%
	F.	2+%	-	10-%	53+%	11 %	23+%
Total	M.	1-%	6+%	14+%	58-%	4+%	16+%
	F.	1-%	3+%	17+%	56 %	6+%	16+%
Grand Total		1-%	5-%	16-%	57+%	6-%	16+%

a. The total male and total female in each grouping are equivalent to 100 per cent.

psychoses appear at an earlier age than in the other groups. The marginal division of the females in the convulsive disorders group shows a large number of single cases, probably due to the fact that the psychoses in most cases appeared while the patient was quite young.

An increase in independent cases among the widowed appears in every grouping in the table. The widowed more than doubles, in per cent, either the marginal or the comfortable divisions. It seems that this might be partly due to the fact that the widows have no means of support at home.

Table XIII gives the alcoholic habits of the cases by number, and Table XIV gives it in per cent. Eliminating the group whose psychoses are due to alcohol and drugs, the tables show the male cases due to syphilis with a higher percentage of intemperance than any other. This group of male cases shows 33 per cent of intemperance.

The psychoneurosis, paranoia, and psychopathic personality grouping shows 15 per cent of intemperance, the cerebral arteriosclerosis 16 per cent and the manic-depressive 18 per cent. These are the average group percentages.

The male cases show an increase of intemperance from the dependent division through the comfortable division. There is a three per cent increase in each division.

There is very little difference in the percentage of temperance and intemperance among the men cases. A little more than 40 per cent of the men are either temperate or intemperate, and 60 per cent are abstainers.

TABLE XI.

MARITAL CONDITION.

MENTAL DISORDER		Dependent			Marginal			Comfortable		
		Sin- gle	Mar- ried	Wid- ow	Sin- gle	Mar- ried	Wid- ow	Sin- gle	Mar- ried	Wid- ow
Syph. M.E., Other Syph. C. N. S.	M.	6	4	2	20	218	40	7	78	7
	F.	-	1	2	3	70	14	-	23	3
Encephalitis, Infectious Dis.	M.	-	1	3	3	15	16	1	5	7
	F.	-	-	-	-	21	4	1	4	2
Alcoholic, Drugs	M.	-	1	1	15	63	7	6	32	3
	F.	-	1	-	-	3	2	-	2	1
Cerebral Arter- sclerosis, Other Dis. of Cir.	M.	11	14	20	28	231	61	10	55	17
	F.	1	3	11	2	77	39	1	19	12
Convulsive Disorders	M.	-	1	6	-	42	71	-	9	15
	F.	1	-	1	39	46	3	2	6	-
Senile	M.	18	16	31	24	130	81	4	27	19
	F.	-	3	14	-	39	63	-	14	14
Involutional, Metabolic, Etc., Diseases	M.	3	3	1	20	76	9	2	27	4
	F.	-	8	3	8	151	15	3	22	4
New Growth and Organic Changes	M.	-	1	1	-	12	6	-	2	1
	F.	2	-	-	-	4	2	-	4	1
Manic- Depressive	M.	-	3	1	1	123	43	-	39	9
	F.	-	7	1	14	178	11	6	53	4
Dementia Praecox	M.	9	3	3	247	154	10	78	37	4
	F.	3	4	2	94	289	16	56	100	10
Psychoneuroses, Paranoia, Psycho- pathic Personality.	M.	-	1	-	20	24	4	5	17	-
	F.	1	-	2	9	40	6	6	22	4
Total	M.	47	48	69	378	1088	348	113	328	86
	F.	8	27	36	169	918	175	74	269	55
Grand Total		55	75	105	547	2006	523	187	597	141

TABLE XII. MARITAL CONDITION IN PER CENT^a

MENTAL DISORDER		Dependent			Marginal			Comfortable.		
		Sin-	Mar-	Wid-	Sin-	Mar-	Wid-	Sin-	Mar-	Wid-
		gle	ried	ow	gle	ried	ow	gle	ried	ow
Syph.M.E., Other Syph. of C.N.S.	M.	50%	33 ⁺	17 ⁻	7 ⁺	78 ⁺	15%	7 ⁺	84 ⁺	7 ⁺
	F.	-	33%	66%	3 ⁺	80 ⁺	16%	-	89 ⁺	11 ⁺
Encephalitis, Infectious Dis.	M.	-	25%	75%	9%	44%	47%	8%	37 ⁺	54%
	F.	-	-	-	-	84%	16%	-	66 ⁺	33%
Alcoholic, Drugs	M.	-	50%	50%	18%	74%	8%	15%	78%	7%
	F.	-	(Insufficient number)							
Cerebral Arter- scleroses, Other Dis. of Cir.	M.	24 ⁺	31%	44 ⁺	9%	72 ⁺	19%	12%	67%	21 ⁻
	F.	7%	20%	73%	1%	55%	33%	3%	59%	37%
Convulsive Disorders	M.	-	14 ⁺	86 ⁻	-	37 ⁺	62 ⁺	-	37 ⁺	62 ⁺
	F.	50%	-	50%	44 ⁺	52 ⁺	3%	25%	75%	-
Senile	M.	28 ⁻	24 ⁺	47 ⁺	10%	55 ⁺	34 ⁺	8%	54%	38%
	F.	-	18%	82%	-	38%	62%	-	50%	50%
Involutional, Metabolic, Etc. Diseases	M.	43 ⁻	43%	14 ⁺	19%	72 ⁺	9%	6%	82%	12%
	F.	-	73%	27%	5%	86%	9%	10 ⁺	76%	14%
New Growth and Organic Changes	M.	(Insufficient number)								
	F.	(Insufficient number)								
Manic- Depressive	M.	-	75%	25%	1%	73 ⁺	26 ⁻	-	81 ⁺	19 ⁻
	F.	-	87%	12%	7%	87%	5%	9%	84%	6%
Dementia Praecox	M.	60%	20%	20%	60 ⁺	37 ⁺	2%	65%	31%	3 ⁺
	F.	33%	44%	22%	24%	72%	4%	34%	60%	6%
Psychoneuroses, Paranoia, Psy- chopathic Per.	M.	-	100%	-	42 ⁻	50%	8 ⁺	23%	77%	-
	F.	33 ⁺	-	66 ⁺	16 ⁺	72%	11%	19%	69%	12 ⁺
Total	M.	28 ⁺	29 ⁺	42%	21 ⁻	59 ⁺	19 ⁺	21 ⁺	62 ⁺	16 ⁺
	F.	11 ⁺	38%	51%	13%	72%	14%	19%	66%	14%
Grand Total		23 ⁺	31 ⁺	45 ⁻	18 ⁻	65 ⁺	17%	20 ⁺	64 ⁺	15 ⁺

a. The total male and female in each of the three divisions of each grouping are equivalent to 100 per cent.

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The females show a very small percentage of either temperance or intemperance, less than 4 per cent for both. The temperance percentage is exactly the same in each division in the total percentages, and the intemperance shows an increase of 1 per cent in each division from the comfortable to the dependent. This number is too small to place any significance in it.

Table XV gives the number of native and foreign, and Table XVI gives the per cent of that number. These tables seem to be of small value in this study since the foreign element in Oklahoma is rather small. The foreign in these tables do not show up much greater in any one of the economic divisions than in another.

The largest number of cases are in the cerebral arteriosclerosis grouping and the senile group. These have a 7 per cent and an 8 per cent showing, respectively. Of the total number of cases there are 5 per cent foreign, so even in those two groups the increase is not large.

Table XVII shows the number of Catholic and Protestant cases studied, and Table XVIII gives these numbers in per cent. Since these tables are not divided into economic divisions, but only according to religion, and since the exact number of Catholics and Protestants in the state are known, the facts can be handled a little more directly. The numbers in each division can be compared with the numbers in the corresponding divisions in the state.

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TABLE XIII

ALCOHOLIC HABITS

MENTAL DISORDER		Dependent			Marginal			Comfortable		
		Ab- sta- in- er	Tem- per- ate	In- tem- per- ate	Ab- sta- in- er	Tem- per- ate	In- tem- per- ate	Ab- sta- in- er	Tem- per- ate	In- tem- per- ate
Syph. M.E. Other Syph. of C.N.S.	M.	3	5	5	87	96	76	29	29	27
	F.	3	-	-	77	1	4	26	-	-
Encephalitis, Infectious Dis.	M.	2	-	-	28	1	1	8	3	1
	F.	-	-	-	26	-	-	6	-	-
Alcoholic, Drugs	M.	-	-	2	1	6	80	1	1	39
	F.	-	-	1	2	-	1	-	-	2
Cerebral Arter- sclerosis, Other Dis. of Cir.	M.	29	8	7	212	58	50	49	16	12
	F.	12	-	1	116	-	1	32	-	-
Convulsive, Disorders	M.	6	1	-	82	19	10	16	4	2
	F.	2	-	-	83	2	1	8	-	-
Senile	M.	47	15	6	174	33	23	41	5	4
	F.	17	-	-	100	2	-	27	-	-
Involutional, Metabolic, Etc. Diseases	M.	5	2	1	65	20	13	21	5	6
	F.	8	-	-	159	1	-	28	-	-
New Growth, and Organic Changes	M.	-	1	1	10	5	3	2	1	-
	F.	2	-	-	6	-	-	5	-	-
Manic- Depressive	M.	2	1	1	101	34	20	34	5	6
	F.	5	1	-	186	8	2	57	4	1
Dementia Praecox	M.	7	3	3	255	93	48	77	29	10
	F.	6	-	-	363	6	8	152	1	2
Psychoneuroses, Paranoia, Psychopathic Personality	M.	-	1	-	25	12	9	11	5	7
	F.	2	-	-	47	2	2	29	1	-
Total	M.	102	38	26	1040	379	333	289	103	114
	F.	57	1	2	1164	22	19	370	6	5
Grand Total		159	39	28	2204	401	352	659	109	119

TABLE XIV ALCOHOLIC HABITS IN PER CENT^a

MENTAL DISORDER		Dependent			Marginal			Comfortable		
		Ab- sta- in- 34	Tem- per ate	In- tem- per ate	Ab- sta- in- er	Tem- per- ate	In- tem- per- ate	Ab- sta- in- er	Tem- per ate	In- tem- per ate
Syph.M.E., Other Syph. of C.N.S.	M.	23%	38 ⁺ %	38 ⁺ %	34%	27%	29 ⁺ %	34%	34%	32%
	F.	100%	-	-	94%	1%	5%	100%	-	-
Encephalitis, Infectious Dis.	M.	100%	-	-	93 ⁺ %	3 ⁺ %	3 ⁺ %	66 ⁺ %	25%	8 ⁺ %
	F.	-	-	-	100%	-	-	100%	-	-
Alcoholic, Drugs	M.	-	-	100%	1 ⁺ %	6 ⁺ %	92%	2 ⁺ %	2 ⁺ %	95%
	F.	(Insufficient number)								
Cerebral Arter- sclerosis, Other Dis. of Cir.	M.	66%	18 ⁺ %	16 ⁻ %	66%	18 ⁺ %	16 ⁻ %	64%	21 ⁻ %	16 ⁻ %
	F.	92%	-	7 ⁻ %	99 ⁺ %	-	1%	100%	-	-
Convulsive Disorders	M.	86 ⁻ %	14 ⁺ %	-	74 ⁻ %	17 ⁺ %	9%	73%	18%	9%
	F.	100%	-	-	96 ⁺ %	2 ⁺ %	1%	100%	-	-
Senile	M.	69 ⁺ %	22%	9 ⁻ %	76 ⁻ %	14 ⁺ %	10%	82%	10%	8%
	F.	100%	-	-	98%	2%	-	100%	-	-
Involutional, Metabolic, Etc., Diseases	M.	62 ⁺ %	25%	12 ⁺ %	66 ⁻ %	20 ⁺ %	13%	66 ⁻ %	16 ⁻ %	19%
	F.	100%	-	-	99 ⁺ %	1%	-	100%	-	-
New Growth and Organic Changes	M.	(Insufficient number)								
	F.	(Insufficient number)								
Manic- Depressive	M.	50%	25%	25%	75 ⁻ %	22 ⁺ %	13 ⁻ %	75 ⁺ %	11%	13 ⁺ %
	F.	83 ⁺ %	16 ⁻ %	-	95 ⁺ %	4 ⁺ %	1%	92%	6 ⁻ %	2%
Dementia Praecox	M.	54%	23%	23%	64 ⁺ %	23 ⁺ %	12 ⁺ %	66 ⁺ %	24 ⁺ %	9 ⁻ %
	F.	100%	-	-	96 ⁺ %	2 ⁺ %	2%	98%	1%	1%
Psychoneuroses, Paranoia, Psychopathic Personality	M.	-	100%	-	54 ⁺ %	26%	19 ⁺ %	48 ⁻ %	22 ⁻ %	30 ⁺ %
	F.	100%	-	-	92%	5%	4%	97%	3%	-
Total	M.	61 ⁺ %	23 ⁻ %	16 ⁻ %	60 ⁻ %	22 ⁻ %	19%	57 ⁺ %	20 ⁺ %	22 ⁺ %
	F.	95%	2%	3%	96%	2%	2%	97%	2%	1%
Grand Total		70 ⁺ %	17 ⁺ %	12 ⁺ %	75 ⁻ %	14 ⁻ %	12 ⁻ %	74 ⁺ %	12 ⁺ %	13 ⁺ %

a. The total male and female in each of the three divisions of each grouping are equivalent to 100 per cent.

TABLE XV

NATIVITY.

MENTAL DISORDER		Dependent		Marginal		Comfortable	
		Na- tive	For- eign	Na- tive	For- eign	Na- tive	For- eign
Syph. M.E., Other Syph. of C.N. S.	M.	13	-	287	7	92	4
	F.	3	-	81	5	26	-
Encephalitis, Infectious Dis.	M.	4	-	33	1	13	-
	F.	-	-	26	-	6	-
Alcoholic, Drugs	M.	1	-	84	2	40	-
	F.	1	-	5	-	3	-
Cerebral Arter- sclerosis, Other Dis. of Cir.	M.	42	5	308	17	74	7
	F.	15	-	116	3	26	6
Convulsive Disorders	M.	7	-	115	1	24	-
	F.	2	-	88	-	8	-
Senile	M.	72	5	230	15	51	2
	F.	16	1	97	7	25	3
Involutional, Metabolic, Etc., Diseases	M.	8	-	106	1	31	3
	F.	11	-	172	3	28	1
New Growth, Or- ganic Changes	M.	2	-	17	1	3	-
	F.	2	-	6	-	5	-
Manic- Depressive	M.	3	1	160	11	45	3
	F.	8	-	197	7	63	1
Dementia Praecox	M.	14	1	407	9	111	9
	F.	10	-	388	13	159	9
Psychoneuroses, Paranoia, Psychopathic Personality	M.	1	-	47	1	21	2
	F.	2	1	52	3	31	1
Total	M.	167	12	1785	66	505	30
	F.	70	2	1228	41	380	21
Grand Total		237	14	3013	107	885	51

TABLE XVI

NATIVITY IN PER CENT^a

MENTAL DISORDER		Dependent		Marginal		Comfortable	
		Na- tive	For- eign	Na- tive	For- eign	Na- tive	For- eign
Syph.M.E., Other Syph. of C.N.S.	M.	100 %	-	97+%	2-%	96-%	4+%
	F.	100 %	-	94+%	6-%	100 %	-
Encephalitis, Infectious Dis.	M.	100 %	-	97+%	3-%	100 %	-
	F.	-	-	100 %	-	100 %	-
Alcoholic, Drugs	M.	100 %	-	93-%	2+%	100 %	-
	F.	(Insufficient number)		(Insufficient number)		(Insufficient number)	
Cerebral Arter- sclerosis, Other Dis. of Cir.	M.	89+%	10-%	95-%	5+%	91+%	9-%
	F.	100 %	-	97+%	2+%	81+%	19-%
Convulsive Disorders	M.	100 %	-	99+%	1-%	100 %	-
	F.	100 %	-	100 %	-	100 %	-
Senile	M.	93+%	7-%	94-%	6+%	96+%	4-%
	F.	94+%	6-%	93+%	7-%	89+%	10+%
Involutional, Metabolic, Etc., Diseases	M.	100 %	-	99+%	1-%	91+%	9-%
	F.	100 %	-	98+%	1+%	96+%	4-%
New Growth, Organic Changes	M.	(Insufficient number)		(Insufficient number)		(Insufficient number)	
	F.	(Insufficient number)		(Insufficient number)		(Insufficient number)	
Manic- Depressive	M.	75 %	25 %	94-%	6+%	94-%	6+%
	F.	100 %	-	97-%	3+%	98+%	1+%
Dementia Praecox	M.	93+%	7-%	98-%	2+%	92+%	7+%
	F.	100 %	-	97-%	3+%	95-%	5+%
Psychoneuroses, Paranoia, Psychopathic Personality	M.	100 %	- %	98-%	2+%	91+%	9-%
	F.	66+%	33+%	94+%	5+%	97-%	3+%
Total	M.	93+%	6+%	96+%	4-%	94+%	6-%
	F.	97+%	3-%	97-%	3+%	95-%	5+%
Grand Total		94+%	6-%	97-%	3+%	95-%	5+%

a. The total male and female in each of the three divisions of each grouping are equivalent to 100 per cent.

The United States Bureau of the Census for 1926 gives the number of people in the state of Oklahoma above the age of thirteen who are Catholic as 46,723, and the number of people above the age of thirteen who are Protestant as 581,083. Our divisions show the number of Catholic cases to be 176; and the number of Protestant cases to be 3349. Oklahoma then had 12.6 Protestants to 1 Catholic; while the calculations in this study show 19 Protestants to 1 Catholic. This is 50 per cent more Protestants, according to population than Catholics. This would be three Protestants to every two Catholics. Then it seems that the statement might safely be made that, according to these facts, Protestants are more apt to become insane than are Catholics. Then the statement might be made that in Oklahoma there are fewer Catholics, according to population, than there are Protestants who are insane.

There is a hypothesis set up by some investigators that the confessional serves as a mental catharsis relieving mental tension among those suffering from psychic conflicts.

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TABLE XVII

RELIGION

MENTAL DISORDER		None	Cath- olic	Pro- tes- tant
Syphilitic M.E., Other Syphilis of C.N.S.	M.	84	26	278
	F.	10	8	94
Epidemic Encephalitis, Other Infect. Diseases	M.	15	3	31
	F.	5	2	26
Alcoholic and Drugs	M.	41	7	79
	F.	-	2	7
Cerebral Arteriosclero- sis, Other Disturb. of Circulation	M.	74	17	353
	F.	14	2	157
Convulsive Disorders	M.	58	4	93
	F.	16	5	79
Senile	M.	70	9	302
	F.	8	3	138
Involutional, Other Metabolic, Etc. Dis.	M.	35	4	109
	F.	19	4	196
New Growth and Organic Changes	M.	5	-	17
	F.	1	-	12
Manic-Depressive	M.	38	15	171
	F.	17	9	250
Dementia Praecox	M.	153	25	375
	F.	90	23	465
Psychoneuroses, Paranoia, Psychopathic Personality	M.	22	5	42
	F.	11	3	75
Total	M.	595	115	1850
	F.	191	61	1499
Grand Total		786	176	3349

TABLE XVIII

RELIGION IN PER CENT ^a

MENTAL DISORDER		None	Cath- olic	Pro- tes- tant
Syphilitic M.E., Other Syphilis of C. N. S.	M.	21+%	6+%	71+%
	F.	9%	7%	84%
Epidemic Encephalitis, Other Infect. Diseases	M.	32%	6%	62%
	F.	15%	6%	79%
Alcoholic and Drugs	M.	32+%	5+%	62+%
	F.	(Insufficient number)		
Cerebral Arteriosclero- sis, Other Disturb. of Circulation	M.	16+%	4-%	79+%
	F.	8%	1+%	90+%
Convulsive Disorders	M.	37+%	3-%	60%
	F.	16%	5%	79%
Senile	M.	18+%	2+%	79%
	F.	5+%	2%	92+%
Involutional, Other Metabolic, Etc. Dis.	M.	23+%	2+%	74-%
	F.	9-%	2-%	89+%
New Growth and Organic Changes	M.	(Insufficient number)		
	F.	(Insufficient number)		
Manic-Depressive	M.	17%	7-%	76+%
	F.	6+%	3+%	90+%
Dementia Praecox	M.	28-%	4+%	68-%
	F.	15+%	4%	80+%
Psychoneuroses, Paranoia, Psychopathic Personality	M.	32%	6+%	61%
	F.	12+%	3+%	84+%
Total	M.	23+%	4+%	72+%
	F.	11-%	3+%	85+%
Grand Total		18+%	4%	77+%

a. The total male and female in each grouping are equivalent to 100 per cent.

CHAPTER V.

SUMMARY AND CONCLUSIONS.

In making a summary of the tables the following facts have been noted. 1. A higher percentage of dependence is found among the more aged admittances. 2. A decrease in the average age on admission from the dependent through the comfortable division is found. 3. In the dependent division are found more cases in which there is a shorter duration of time that the patient is kept at home from the onset of the psychoses until admittance. 4. A very decided increase in educational achievement is shown from the dependent division through the comfortable division. The greatest illiteracy is found in the convulsive disorders group, and the highest percentage of educational achievement is found in the psychoneuroses, paranoia, and psychopathic personality groupings. 5. An increase in family history of insanity is found in the marginal and the comfortable divisions. 6. Among the male cases more intemperance is found as financial conditions increase. 7. Nothing of much importance seems to have been brought to light in the table on nativity as far as this study is concerned; unless it might be that the foreign element, which is a very small percentage of the cases, seems to fall to a greater degree in the psychoses that have their onset in old age.

It may be concluded, therefore, that there is a relation of economic conditions to insanity. Just what degree of relation there is, and what economic factors are concerned, whether selective or causal, cannot be determined by a study

as restrictive as the one just made. However, it is the opinion and hope of the author that more studies can and will be made on this subject. The author is also convinced that when such studies are made, and more light is brought to bear on the subject, that remedial measures can be put into practice that will greatly diminish the number of cases of insanity.

SUMMARY TABLE

GENERAL ECONOMIC STATUS a, b.

	MALE			FEMALE		
	De- pen- dent	Mar- gi- nal	Com- fort- able	De- pen- dent	Mar- gi- nal	Com- fort- able
Sex	186	1860	539	74	1274	402
Average Age on Admission	62.2	47.7	45.1	55.2	40.6	41.
Av. Duration of Attack be- fore Admission	18	23	24	24	26	31
Education:						
Illiterate	14	75	8	6	43	1
Read-Write	100	636	134	32	415	69
Common School	58	870	232	25	633	161
High School	8	211	109	5	138	100
College	1	38	54	-	27	48
Family History:						
Insane	14	320	107	14	279	109
None	137	1296	366	43	899	262
Marital Con- dition:						
Single	47	378	113	8	169	74
Married	48	1028	328	27	918	269
Widowed	69	348	86	36	175	55
Alcoholic:						
Abstainer	104	1040	239	57	1164	370
Temperate	38	379	103	1	22	8
Intemperate	26	333	114	2	19	5
Nativity:						
Native	167	1785	289	70	1228	380
Foreign	12	66	30	2	41	21

a. Average Age on Admission given in years.

b. Average Duration of Attack before Admission given in months.

SUMMARY TABLE GENERAL ECONOMIC STATUS IN PER CENT.

	MALE			FEMALE		
	De- pen- dent	Mar- gi- nal	Com- fort- able	De- pen- dent	Mar- gi- nal	Com- fort- able
Sex	7+%	72-%	21-%	4+%	73-%	23-%
Av. Age on Admission	138 %	105½%	100 %	134½%	99 %	100 %
Av. Duration of Attack before Admission	100 %	128 %	133½%	100 %	108½%	129 %
Education:						
Illiterate	14+%	77+%	8+%	12 %	86 %	2 %
Read-Write	11+%	73+%	15+%	6+%	80+%	13+%
Common School	5 %	75 %	20 %	3+%	77+%	20-%
High School	2+%	64+%	33+%	2+%	57-%	41+%
College	1+%	40+%	58+%	--	36 %	64 %
Family History:						
Insane	1-%	14+%	4+%	1-%	17+%	6+%
None	6+%	58-%	16+%	3+%	56 %	16+%
Marital Condi- tion:						
Single	28+%	21-%	21+%	11+%	13+%	19-%
Married	29+%	59+%	62+%	38 %	72+%	66-%
Widowed	42 %	19+%	16+%	51-%	14-%	14 %
Alcoholic:						
Abstainer	61+%	60-%	57+%	95 %	96+%	97 %
Temperate	23-%	22-%	20+%	2-%	2-%	2-%
Intemperate	16-%	19 %	22+%	3+%	2-%	1+%
Nativity:						
Native	93+%	96+%	94+%	97+%	97-%	95-%
Foreign	6+%	4-%	6-%	3-%	3+%	5+%

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 3. Miss E. Frances Griffin, Record clerk, E. O. H.

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