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NEWS LETTER

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SICK IN MIND IN CAROLINA

The table which appears elsewhere shows how the states rank in inmates in hospitals for mental disease per 100,000 inhabitants. New Mexico ranks best—that is, she has fewer inmates per 100,000 inhabitants than any other state. Massachusetts ranks last, having 399 mentally diseased in hospitals per 100,000 inhabitants. There is this point to remember in studying the ranks of the states in the table, namely, that the inmate rate is more nearly an index of facilities for the care of the mentally ill than it is an index of insanity or mental illness itself. Thus Massachusetts, which has the highest rate of mentally diseased in hospitals, undoubtedly leads the states in facilities for the care of her mentally ill. In both New York and Massachusetts the care of the insane was early established and consequently their hospitals have accumulation of patients.

It will be noted that the Southern states are all found in the first column with a low rate of mentally diseased in hospitals. This does not necessarily mean that our insanity rate is low. Rather it means that our facilities for the care and treatment of mentally ill are meagre. As a rule in the South hospitals for the care of the insane are new and comparatively few.

The North Carolina institutions are all overcrowded. The only way to get a patient in at Goldsboro is to release an inmate who is relatively saner than the one to be admitted. The waiting list at Caswell Training School, we are told, is larger than the total capacity of the school. A recent report of the State Department of Public Welfare states that more than six hundred inmates of county homes are mentally diseased. These persons should be cared for in a state institution more suitable to care for them than the county home for the poor. Even the jails of North Carolina are often used for the detention of the insane. We recently saw two insane inmates in a mid-state county jail. There was no room in the state institution for them, so they were lodged in jail.

North Carolina ranks seventh in mentally diseased inmates in institutions per 100,000 inhabitants, not because we have a low mentally diseased rate, but rather because our facilities for the care of such unfortunates are very inadequate.

Interesting Data

The bulletin recently published by the Department of Commerce on Patients in Hospitals for Mental Disease is full of interesting data. The following are a few of the points brought out.

During the 43-year period from 1880 to 1923 the number of patients in hospitals for mental disease increased from 40,942 to 267,617, an increase of 226,675, or 553.6 percent, and during this same period the number of patients per 100,000 of the total population increased from 81.6 to 245. The number of patients per 100,000 of the total population was thus three times as large in 1923 as in 1880. The summary also shows that between 1904 (the first date for which this figure is available) and 1923 there was a striking increase in the number of patients admitted to the hospitals in each census year.

The increase in the number of patients in hospitals for mental disease, or in the number committed to such hospitals each year, must not be taken, however, as indicating a corresponding increase in the occurrence of mental disease, since it is in part to be accounted for by the more general use of hospital care in recent years.

Race, Nativity, and Parentage

A marked increase, both in the total number of patients and in the number per 100,000 population of the same race is shown for each of the three racial groups, whites, negroes, and Indians. The rates per 100,000 population, however, cannot be taken as indicating the relative frequency of mental disease among the several races. The comparatively low rate for negroes is doubtless explained largely by the lack of adequate hospitals for negroes in the South. In the parts of the country where negro patients are admitted to state hospitals without discrimination the rates for negroes generally exceed

those for whites. Of the 244,968 resident white patients in 1923, 169,296, or 69.1 percent, were native; 69,934, or 28.6 percent, were foreign born; and the nativity of 5,688, or 2.3 percent, was unknown. Of the total white population at the census of 1920, 85.5 percent were native and 14.5 percent were foreign born. It is apparent, therefore, that the foreign born have disproportionate representation in hospitals for mental disease. In the United States as a whole in 1923 the number of resident patients per 100,000 population of the same nativity was 209.9 for native whites and 513.9 for foreign-born whites. In fact in every state in the Union the rate was higher for foreign-born whites than for native whites. The higher rate for the foreign-born whites is partly explained by the larger proportion of this nativity group in the higher age-periods considered in connection with the increase in mental disease with advancing age. Taking the several age-periods separately, however, the rate was far higher for foreign-born whites in each age-group than for native whites.

Marital Condition

More significant than the percentage distribution of patients by marital condition is the ratio of patients to total population. The number of male patients per 100,000 males of the same marital condition in the total population was lowest for the married (170.9) and highest for the divorced (1,112.5). For single males the number was 292.7 and for widowed males 428.2. The number of female patients per 100,000 females of the same marital condition in the total population was 189.3 for the single, 255.9 for the married, 423 for the widowed, and 1,120.3 for the divorced.

Duration of Hospital Life

Of the patients in hospitals for mental disease on January 1, 1923, 17.4 percent had been in the institutions less than 1 year; 9.3 percent, 1 year but less than 2; 7.6 percent, 2 years but less than 3; 6.2 percent, 3 years but less than 4; 5.3 percent, 4 years but less than 5; 19.8 percent, 5 years but less than 10; 12.8 percent, 10 years but less than 15; 8.4 percent, 15 years but less than 20; and 13 percent, 20 years or over. Over one-third (34.2 percent) of the resident patients had spent 10 years or more in the hospitals. The figures indicate that, as a rule, the female patients remain in the hospitals longer than the male patients.

Sex, Age, and Environment

The number of first admissions to hospitals for mental disease during 1922 is shown by age, sex, and environment. In tabulating the data with respect to environment, or residence prior to admission, incorporated cities or towns having a population of 2,500 or over were considered as urban and all other territory as rural. The table shows considerably higher rates of first admissions for urban than for rural districts. The rate per 100,000 of the population in urban districts was 78.8 and in rural districts 41.1; for males, the rate in urban districts was 46.4; for females, the rate in urban districts was 76.8 and in rural districts 35.5. These rates show clearly the fallacy of the oft-quoted statement that a high rate of insanity is found among women in rural districts. For both males and females the rate is higher in every age-group in urban than in rural districts. In the age-group 65 to 69 years, and in the group 70 years and over, the rate for females is about twice as high in urban as in rural districts.

Death Rate

That the death rate in hospitals for mental disease is very high is indicated when the death rate of 74.3 per 1,000 patients under treatment in 1922 is compared with the death rate of 11.8 per 1,000 of the population in the registration area of the United States for the same year. Even were liberal allowance made for the larger percentage of young people in the general population, the death rate doubtless would still be far higher in the hospital population than in the general population.

The number of patients in hospitals for mental disease on January 1, 1923, per 100,000 of the total population was

HAYWOOD LEADS THE WAY

The most important election in any county in North Carolina this year was not one in which candidates were selected or even where bonds or taxes were voted for better roads or for better schools. It was the election in Haywood county, where the people voted \$100,000 to build a county hospital and an annual tax sufficient to maintain the county hospital. Haywood is, therefore, if we mistake not the first county without large wealth and a rich city to take this forward step. It has long been recognized as having a population far above the average in appreciation of the higher things in life and in the duty of the citizen. It is because of the possession of such qualities that the Haywood voter had the wisdom to vote to establish a county hospital by taxation. Private hospitals have supplied a need which otherwise would have been lacking, and most of them have helped some of those needing treatment who lacked the means to pay. But even if the doctors and others who established these hospitals could afford generous action, it is an obligation that rests on the whole people.

Haywood has pointed the way which will be followed by every county in the state. It is as much the duty of the taxpayers of a county to provide a public hospital as it is to provide public schools. Haywood leads. Let all other counties follow, or two or three small counties unite, in meeting this call of humanity.—News and Observer

highest in the District of Columbia (898.4), next highest in Massachusetts (399), and next in New York (382.6). The high rate in the District of Columbia was due to the large number of Government patients in St. Elizabeths Hospital. Most of these patients did not live in the District when committed. Both Massachusetts and New York are largely urban and have many well-equipped State hospitals. State care of the insane was early established in these states, and consequently their hospitals have an accumulation of patients. Also, these states have a large immigrant population, in which the rate of mental disease is comparatively high.

The lowest rates were in Alabama, Arkansas, Idaho, and New Mexico. These states have no very large cities, and their hospitals for mental disease are few and comparatively new.

The rates shown in the accompanying table can not be considered an index to the prevalence of mental disease in the several states. These rates are more nearly an index of the facilities for the care and treatment of the mentally ill.

SOLICITS COOPERATION

Investigation into the development of arid, semi-arid, swamp and cut-over lands, under an appropriation of \$15,000 made available on July 1, 1926, in the 1927 Interior Department Appropriation Act, should be conducted on a cooperative basis with the states, according to an announcement made by Commissioner Elwood Mead of the Bureau of Reclamation today.

The Commissioner pointed out that four states, North and South Carolina, Georgia and Mississippi, have already indicated a desire to enter this cooperative arrangement. Other states are requested also to cooperate in the investigations. The first step, as proposed by the Reclamation Bureau, is to determine where tracts of land can be found, which are suitable for reclamation and settlement. Colonies of farmers can then be established upon them under a definite agricultural program. These tracts should be large enough to permit the settlement of 100 to 200 families and should comprise 10,000 to 30,000 acres.

The \$15,000 appropriated for the fiscal year of 1927 is part of the \$100,000 authorized by an act of Congress passed in December, 1924, to enable the Interior Department to conduct these investigations. Information regarding the location of available areas, possible prices for land and suitability for such development are solicited by the Bureau of Reclamation. In a recent letter to Governor McLean, Elwood Mead, Com-

missioner of the Bureau of Reclamation, said in part:

"Our appropriation will be available July 1 and this bureau is ready to consider with your state the questions of what ought to be done and the authorities to represent the state in this cooperative undertaking. It is the belief of the bureau, and I believe of all those in your state who have made a study of this matter, that any reclamation which the Government should consider must deal with a considerable area of land—one large enough to permit of the creation of a community which should have an agricultural program worked out by the state and this bureau, and large enough to enable the people in that community to cooperate in business and community affairs. The first problem which confronts us, therefore, is—where can suitable areas of land be had? My thought would be that our limit should be a minimum of 10,000 acres and a maximum of 30,000 acres. Less land would hardly justify the Government's action, and more might involve too great an outlay."

COUNTY LIBRARIES

The residents of approximately 200 of the 3,065 counties in the United States enjoy county library service. Forty-two of these 200 counties are in California. Since 1911 the development of county libraries has distinguished that state and stimulated a great interest in the provision of libraries in rural communities throughout the country. Prior to 1911 there were a few isolated instances in which counties had established libraries, but they created no widespread interest. About two thirds of the states and Hawaii now have laws (most of them passed within the last decade) authorizing the residents of a county to levy a tax for library purposes. Some other states besides California in which the residents of certain counties have taken advantage of the provisions of their laws and established county libraries are Indiana, Maryland, Michigan, Minnesota, Montana, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Wisconsin, and Wyoming.

A county library system provides for an extension to rural areas of the library service which large cities enjoy. It makes the county, outside of cities and towns maintaining their own libraries, the unit of taxation for support and provides for the establishment of a central library, usually at the county seat, with branches located at various points throughout the county. For ex-

ample, Monterey County, California, with an area of 3,450 square miles, a population of 27,980, and taxable property amounting to about 40 millions, has a central free library at the county seat, and 142 branches. In 1924 it had 35 employes—7 in the central office and 28 in the branches—circulating 62,107 books. There is a library tax of a little more than one-third of a mill on the dollar.—Rural America.

CHEWING GUM

The Department of Commerce announces that the factory value of chewing gum manufactured in the United States last year was nearly 48 million dollars. The retail value, or rather price, was considerably in excess of that amount. A conservative statement would be that the average person spent at least sixty cents per year for chewing gum. Assuming that North Carolina consumed her quota, we spent in 1925 about a million seven hundred thousand dollars for chewing gum. We spent about one-tenth as much for chewing gum as we spent on teachers' salaries for all public schools in the state. The amount we spent on chewing gum would run the rural schools of North Carolina for two months. In other words, if we should stop chewing gum and apply the money to public education we could have an eight-months rural school term with almost no additional tax. But very likely we will keep on chewing gum, and do without the eight-months-school for a few more years, being too poor to afford it!

THE PEOPLE'S HIRED MEN

Now we are going to work, and I am going to work as the hired man of our folks in this town. Let's do this thing in a big way. There need be no signs, nor banners, no bands for anybody's personal exploitation. If it is worth while doing at all it is worth while doing for the city itself. So let's submerge ourselves and let me feel that it is convenient for you to have me say:

Come in and let's settle this subway situation. Let's settle this garbage disposal thing and let's go out, irrespective of race, color, creed or politics or any other consideration that might enter into the mind of a man; let us go out and find that fellow, no matter whom he voted for, who is willing to come in and help this community to get in a little healthier and better condition.—Mayor Walker, of New York.

PATIENTS IN HOSPITALS FOR MENTAL DISEASE
Per 100,000 Inhabitants on Jan. 1, 1923

In the following table, based on a recent bulletin issued by the federal Department of Commerce, the states are ranked according to the number of patients in hospitals for mental disease on Jan. 1, 1923, per 100,000 inhabitants. New Mexico ranks best with 106.3 mentally diseased in hospitals per 100,000 inhabitants. Massachusetts comes last with a rate of 399.0.

North Carolina ranks seventh in the table, with only 139.3 mentally diseased inmates per 100,000 inhabitants. There were 3,692 such inmates in our state hospitals on Jan. 1, 1923. However, according to the federal authorities, the rate of mentally diseased in hospitals is more nearly an index of facilities for the care and treatment of the mentally ill than an index of mental illness itself.

United States rate 245.0 inmates per 100,000 inhabitants. The United States rate in 1880 was 81.6. The increased rate is largely an index of increased facilities for caring for the mentally ill, in which respect the whole South lags. Department of Rural-Social Economics, University of North Carolina.

Rank	State	Mentally diseased in hospitals per 100,000 inhabitants	Rank	State	Mentally diseased in hospitals per 100,000 inhabitants
1	New Mexico	106.3	25	Indiana	220.6
2	Alabama	113.1	26	Nebraska	225.8
3	Arkansas	118.0	27	Delaware	226.9
4	Idaho	132.6	28	Pennsylvania	230.0
5	Texas	135.7	29	Michigan	230.7
6	Oklahoma	136.3	30	Maine	240.6
7	North Carolina	139.3	31	Montana	242.3
8	Georgia	139.7	32	Missouri	256.5
9	South Carolina	139.8	33	Rhode Island	262.8
9	West Virginia	139.8	34	Nevada	264.8
11	Tennessee	143.3	35	New Jersey	267.4
12	Mississippi	146.2	36	Washington	270.2
13	Utah	149.3	37	Minnesota	271.2
14	Arizona	150.7	38	Iowa	281.7
15	Louisiana	181.0	39	Illinois	284.4
16	Kansas	190.1	40	New Hampshire	313.5
17	Florida	190.4	41	Maryland	316.8
18	North Dakota	190.9	42	California	324.4
19	Kentucky	192.2	43	Oregon	328.4
20	South Dakota	199.5	44	Connecticut	333.8
21	Wyoming	205.9	45	Wisconsin	335.6
22	Virginia	216.1	46	Vermont	362.3
23	Ohio	218.8	47	New York	382.6
24	Colorado	220.0	48	Massachusetts	399.0