

# 1880 Supplemental Schedule 2, for the Defective, Dependent, and Delinquent Classes

**INSANE** inhabitants in \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_

Enumerated by me June, 1880. \_\_\_\_\_, Enumerator.

Supervisor's Dist. No. \_\_\_\_\_

Enumeration Dist. No. \_\_\_\_\_

The object of this Supplemental Schedule is to furnish material not only for a complete enumeration of the insane, but for an account of their condition. It is important that every inquiry respecting each case be answered as fully as possible. Enumerators will, therefore, *after making the proper entries upon the Population Schedule (No. 1)*, transfer the name (with Schedule page and number) of every insane person found, from Schedule No. 1 to this Special Schedule, and proceed to ask the **additional questions** indicated in the headings of several columns. Enumerators may obtain valuable hints as to the number of the insane, and their residence, from physicians who practice medicine in their respective districts.

Number taken from Schedule No. 1		Name	Residence when at home. – (See note A.)		If now an inmate of an institution, is this person a pay-patient?	Form of Disease. (See note B.)
Number of page	Number of Line		City or Town	County (if in same State), or State (if in some other State)		
1	2	3	4	5	6	7
1						
2						
3						
4						
5						

History of attack. (See note C.)			Restraint and Seclusion. – (See note D.)		Hospital or Asylum. – (See note E.)			See Note F.		
Duration of present attack, (not including previous attacks.)	Total number of attacks, (including the present one.)	Age at which first attack occurred.	Does this person require to be usually or often kept in a cell or other apartment under lock and key, either by day or at night?	Does this person require to be usually or often restrained by any mechanical appliance, such as a strap, strait-jacket, etc.? and if yes, state the character of the appliance used.	Has this person ever been an inmate of any hospital or asylum for the insane? If yes, name the said hospital or asylum.	What has been the total length of time spent by him (or her) during life in such asylums?	Date of discharge (year only).	Is this person also an epileptic?	Is this person suicidal?	Is this person homicidal?
8	9	10	11	12	13	14	15	16	17	18
1										
2										
3										
4										
5										

**NOTE A** – An insane person may be found either at his own home or away from it in some institution, such as a hospital, asylum, or poor-house. In the latter case, his residence when at home must be stated, in order that he may be accredited to the State or county to which he properly belongs, and that the county in which the institution is situated may not be charged with more than its due proportion of insane.

**NOTE B** – *It is not necessary to make minute subdivisions*, but to ascertain the number suffering from certain marked forms of insanity – mania, melancholia, paresis (general paralysis), dementia, epilepsy or dipsomania.

**NOTE C** – An insane person may have more than one attack of insanity: he may recover and afterward become again insane. It is important to know at what age the first attack occurred; how many distinct attacks the patient has had; and the duration of the present attack. *If he has not had more than one attack, which still continues, insert the figure “1” in column 9.* The duration of the present attack may be stated in years or months, thus: “1 yr.” or “3 mos.”

**NOTE D** – The object of the inquires in columns 11 and 12 is to ascertain approximately the proportion of the insane who cannot be trusted with their personal freedom. In column 11, if the patient is usually or often locked in a room or other apartment in the day time, say “yes;” if not, say “no;” but if locked at night and not by day, say “night.” In column 12, if usually or often mechanically restrained, state the mode of restraint, thus: strait-jacket, camisole, muff, strap, band-cuffs, ball and chain, crib-bed, etc. If, instead of mechanical restraint, the patient has a constant personal attendant, say “attendant.”

**NOTE E** – In column 13 name *all* the hospitals or asylums for the insane (not jails or poor-houses) in which the patient has been for a longer or shorter time an inmate, and in column 14 state the *entire number* of months or years spent in such institutions (whether in one institution or more).

**NOTE F** – In making entries in columns 16, 17, and 18, an affirmative mark only will be used, thus /.

