

Annual Report

OF THE

BOARD OF MANAGERS

OF THE

New Jersey State Hospital

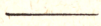
AT

TRENTON, N. J.

FOR THE

YEAR ENDING OCTOBER 31ST

1908.



PATERSON, N. J.:

The News Printing Co., State Printers.

1909.

Managers.

- GARRET D. W. VROOM, *President*.....TRENTON
 - C. S. HOFFMAN, *Vice President*.....SOMERVILLE
 - J. BAYARD KIRKPATRICKNEW BRUNSWICK
 - PETER P. RAFFERTY, M. D.....RED BANK
 - JOSEPH RICE.....TRENTON
 - JOHN TAYLOR..TRENTON
 - LEFFERSON A. D. ALLEN, M. D.....WOODSTOWN
 - LUTHER M. HALSEY, M. D.....WILLIAMSTOWN
-
- SCOTT SCAMMELL, *Secretary*.....TRENTON
 - HARRY H. JOHNSON, *Treasurer*.....TRENTON

Consulting Staff.

Physicians.

WILLIAM A. CLARK, M. D.,

HORACE G. NORTON, M. D.,

Surgeons.

JOSEPH B. SHAW, M. D.,

NELSON B. OLIPHANT, M. D.,

THOS. B. MACKENZIE,

MARTIN W. REDDAN, M. D.

Gynecologists.

CHARLES J. CRAYTHORN, M. D.,

GEO. N. J. SOMERS, M. D.

Neurologist.

PAUL L. CORT, M. D.,

Ophthalmologist.

CHAS. F. ADAMS, M. D.,

Dentist.

Dr. JAS. I. WOOLVERTON.

Resident Officers.

MEDICAL DEPARTMENT.

HENRY A. COTTON, M. D..... *Medical Director*
JOHN C. FELTY, M. D..... *Assistant Physician*
EDGAR B. FUNKHOUSER, M. D..... *Second Assistant Physician*
WILLIAM C. SANDY, M. D..... *Third Assistant Physician*
FREDERICK S. HAMMOND, M. D.,
Fourth Assistant Physician and Pathologist
WALTER A. TAYLOR, M. D..... *Fifth Assistant Physician*
HORACE N. PARKER, M. D..... *Junior Assistant Physician*
JAMES WARD, M. D.,..... " " "
LILLA RIDOUT, M. D.,..... " " "

BUSINESS DEPARTMENT.

SAMUEL T. ATCHLEY..... *Warden*

Letter of Transmittal.

TRENTON, NEW JERSEY,
December 10th, 1908.

*To His Excellency, Governor John Franklin Fort, Trenton,
New Jersey:*

DEAR SIR—I enclose herewith the annual report of the Board of Managers of the New Jersey State Hospital at Trenton, together with the report of the Warden and Medical Director of that institution.

Very truly yours,
SCOTT SCAMMELL,
Secretary.

Report of the Board of Managers.

To His Excellency, John Franklin Fort, Governor of New Jersey.

The Board of Managers of the New Jersey State Hospital at Trenton beg leave to present this, their sixty-first annual report as required by the provisions of the act relative to the government and management of State Hospitals owned by the State of New Jersey.

The annual appraisalment of the personal property of the hospital was made by Messrs. Lloyd H. Rockhill, L. M. Codrington and the Warden, and amounts to \$184,792.14.

The appropriation of \$55,000, made by the last Legislature for renewing the plumbing of the hospital, has been expended as follows: At the present time sixteen bath rooms have been equipped with bath tubs, shower baths and lavatories, new piping throughout, and connections made with the city sewer. The entire work covered by the appropriation will be completed in a short time. New plumbing, sinks, etc., have been installed in the kitchen of the main building; a new toilet and bath room in the bakery buildings; six dining rooms in the main building have been furnished with solid porcelain sinks and the necessary supply of waste, ventilation pipe, floor drains, etc. All of these have been carefully connected with the city sewer. An appropriation of \$20,000 made by the last Legislature for tiling has been carefully expended; the floors and side walls of fifteen toilet rooms, operating and sterilizing room, new kitchen floors and side walls, and six dining rooms in the main building have been covered with ceramic tiling.

An appropriation of \$5,000 that was made for new machinery and ovens for the bakery has been carefully expended,

and at the present time we have a thoroughly equipped bakery producing a most excellent quality of bread.

The boring of three artesian wells has used the appropriation of \$5,000 for that purpose, and we are satisfied that these wells will give us an adequate supply of pure water for the institution. The pumping machinery for these wells is connected with the 10,000 gallon reservoir, all work has been completed within the appropriation. The appropriation of \$1,000 for repairs to roads about the grounds of the institution has been expended with satisfactory results.

The night watch system, installed at a cost of \$1,837, is giving excellent service. The appropriation made by the Legislature of \$4,000 for this system in conjunction with the fire alarm system was found insufficient, the balance of which reverts to the State. Your Board kindly recommends that an appropriation be made sufficient for the installation of a fire alarm system for the hospital.

The appropriation for the installation of a telephone system throughout the institution was found to be insufficient, and the Board decided to install a system at a yearly rental, and the full amount appropriated for this purpose has to revert to the State. We are satisfied after an investigation that the rental system is most satisfactory and economical to the State.

As shown by the report of the Medical Director, the work of his department has been organized along advanced lines. A thorough investigation of every case admitted as to the form of mental disease and the causes thereof, while it entails more work by the Medical Staff, we feel that the results obtained fully justify the method adopted.

The Board found it necessary during the past year to increase the Medical Staff by three new members, as the number of physicians was not adequate for the proper care of the patients. Included in this increase is one woman physician, whose particular attention has been directed toward a certain class of female patients that could be better treated by a physician of their own sex.

The marked increase in the efficiency of the laboratory during the past year has been apparent. The additional apparatus provided for the laboratory has proved a marked benefit to the general medical work of the hospital. The work of

the laboratory not only benefits the medical department of this hospital, but during the past year a large amount of material for diagnosis has been received from the general hospitals in the city, and also from private sources. Thus, it is easy to see what an important part the laboratory has taken in the medical community under the capable direction of the pathologist.

During the past year many improvements and reforms in the work of the medical department have been inaugurated with complete success.

The extension of the trial visit to four months has proved a great benefit to the patients who are discharged, and permit them to be returned to the hospital within that time without the necessity of a new commitment.

The abolition of all forms of mechanical restraint has resulted in a great improvement in the treatment of the patients, and it is a credit to the new administration that this regime was so successfully established. When it is considered that the practice of restraint has been in force for over sixty years, it can be seen that it was no small task to overcome all prejudice and tradition among the hospital attachés. Nothing has occurred that would warrant us returning to that practice.

An up-to-date operating room with ample facilities for all emergencies has been established, and has added greatly to the equipment of the hospital.

A Consulting Staff has been appointed during the year, and have given much assistance to the regular hospital staff.

The daily Staff meetings have proved beneficial to both physicians and patients. It allows every case to be properly examined and a diagnosis made after consultation of the Staff and Medical Director. The treatment of these patients is also discussed and outlined at these meetings.

Dormitories for acute and excited cases, and for the old and feeble cases, have been established, and a better classification of such patients has been possible, and also better treatment than was the case without them.

One open air ward for tuberculosis patients has been constructed for female patients. The amount appropriated for two such buildings was insufficient, and \$500 was returned to the treasury. It is very desirable that such a building be

erected for male patients, and an appropriation for this purpose is urgently requested.

VISITS TO COUNTY HOSPITALS.

Salem County Almshouse, Woodstown, was visited and conditions much the same as was found last year. The building where the nine insane patients are kept is not suitable for this class of patients, because of the lack of toilet facilities and water. The class of patients there are mostly feeble minded or demented and require very little attention. It seems that Salem County should provide better accommodations for these patients if they are to receive support from the State.

At the present time there is only one bath room on the male side and one on the female side of the house, and only one toilet on one side. The per capita cost is \$2.62 a week, of which the State pays \$2.00. The superintendent here was well aware of the poor conditions, and said that he had made every effort to get the freeholders to improve the condition of the building.

Insane patients in the almshouse, October 31, 1908, nine.

Camden County Hospital has at the present time 242 patients, five less than the number last year. As usual the general condition is good and shows evidence of good judgment. The weekly per capita cost is \$2.64 for the past year. The sanitary arrangements are good, the wards are light and comfortable, with the exception of the basement, where the excited noisy and untidy patients are kept. Five women and as many men were in restraint. It was noted that only one attendant was on duty on these wards which contain about eighteen patients. The proportion of attendants to patients in the whole hospital was one to seventeen. As this hospital receives all the new patients from the county it would seem that this proportion was rather small to be consistent with proper treatment. The superintendent thoroughly appreciates the defects alluded to, and has endeavored to remedy them.

Atlantic County Asylum was found to be in excellent condition, and the patients well cared for. At present they have 84 patients under treatment. The capita cost is \$2.56 a month.

Burlington County Asylum was also found to be in excellent condition, and the affairs of the hospital well managed. They have under their care 153 patients, and no patients were in restraint. The per capita cost is \$2.68 per week.

In the three last-named hospitals no criticism of the management could be made except the fact that the proportion of attendants to patients are rather small, considering that they take all the new patients from these counties. As the per capita cost of all these hospitals is low, averaging about \$2.60, two dollars of which are paid by the State, it might be suggested that these hospitals be instructed to bring up the number of attendants to be consistent with proper treatment.

Cumberland County Asylum was found to be in the same condition as last year. The building is sufficient for the number of patients confined therein. The wards are light and have plenty of sunshine. The sanitary arrangements are good. The cost per capita of this county asylum is \$3.30 per week, somewhat above the per capita of the other county institutions.

Remaining in hospital, October 31, 1908, 135.

Gloucester County Almshouse remains much the same as last year. They have ten insane patients, five men and five women. Their health is fair. The sanitary arrangements are very poor, and these patients should be committed to the State institutions or better facilities provided. They are installing water pipes and sufficient hose on the different floors which make it more safe than formerly.

Insane patients under care in Almshouse, ten.

As can be seen from the reports of the Medical Director and Warden, a building for a congregate dining room is urgently needed for the Annex. The facilities for feeding the 650 patients in that department are inadequate, and at present it is impossible to enforce strict sanitary and hygienic rules, because of the cramped quarters in this building.

As it now stands, our old laundry is incapable of the large amount of work necessary in a hospital of our population. The patients' clothing cannot be thoroughly laundered, and we are frequently hampered by breakdowns in its old machinery. The soiled bedding from the sick and untidy patients cannot be properly sterilized, and would be a constant source of contagion if we had any epidemic. We earnestly request an

appropriation sufficient to erect and equip a new laundry with modern machinery.

We have frequently called attention to the necessity that causes us to have our criminal insane in the same wards with the ordinary insane patients. Besides being an injustice to the latter, it has become a serious problem to prevent these criminals from escaping, as they show unusual cunning in effecting their escape. As the State is not disposed to establish a separate hospital for the criminal class, we would urge that the next expedient, that of providing a suitable building on the grounds of the hospital. Such a building could be erected at a much smaller cost than a new institution, and would answer the purpose of segregating the criminal insane in a satisfactory manner. A building large enough to accommodate all the criminal and convict insane of the State should be erected.

We would especially call your attention to the Medical Director's and Warden's report attached, with their recommendations which are absolutely necessary to the proper and economic management of the institution.

The Board desire to express their appreciation of the excellent work and untiring devotion of the Medical Director and the Warden and Staff to the interests of this institution.

Respectfully submitted,

GARRET D. W. VROOM, *Pres.*,
LEFFERSON A. D. ALLEN, M.D.,
LUTHER M. HALSEY, M.D.,
C. S. HOFFMAN,
J. BAYARD KIRKPATRICK,
PETER P. RAFFERTY, M.D.,
JOSEPH RICE,
JOHN TAYLOR,

Managers.

TRENTON, N. J., November 14th, 1908.

Medical Director's Report.

(17)

Medical Director's Report.

To the Managers of the New Jersey State Hospital at Trenton:

GENTLEMEN—I have the honor to submit the sixty-first annual report of the operations of the Medical Department of the New Jersey State Hospital at Trenton for the year ending October 31, 1908.

At the beginning of the fiscal year there were present in the hospital 1,270 patients—636 men and 634 women. During the year 307 patients—173 men and 134 women—have been admitted, making the total number of patients under our care 1,577—809 men and 768 women. Of this number we have dismissed 275—155 men and 120 women, leaving the number of patients present October 31, 1908, 1,302—654 men and 648 women. Of the number of dismissals, we have discharged 68 recovered—35 men and 33 women, which is 22 per cent. of the total number of admissions. The daily average number of patients was 1,290.

The number of deaths during the year has been 101—54 men and 47 women, which is 6.4 per cent of the total number under care. Of this number 41 or 40 per cent. were in the senile class.

During the year your Board has wisely extended the trial visit from one to four months. In order to give those patients on trial the benefit of this extension of time, we have not discharged them at the end of the fiscal year, but considered them "on visit." While this apparently complicates our statistics, still, we think this of minor importance when compared to the benefit such extension affords the patients. At present there are fifty-six patients "on visit," who have been dismissed since July, 1908. They will be discharged at the end of their visit during the coming year. This provision has been received with satisfaction by the friends of patients,

and many have availed themselves of the privilege it allows of returning patients within the four months without the worry, expense, and inconvenience of new commitment papers.

It also gives a more reliable standard on which to judge the recovery of our patients, and we do not consider a patient as recovered until after the expiration of the four months' trial visit. A week previous to that time a notice is sent out to the friends that the patient will be discharged, and an inquiry made as to the condition of the said patient.

Pursuant to an act passed by the last Legislature, we have notified the County Physician, Dr. Frank Scammell, of all deaths occurring at the hospital. He has viewed the bodies and given certificates in all cases. We take the opportunity here to extend our thanks and appreciation for the prompt responses to our calls by that official and for his uniform courtesy and hearty co-operation in our endeavor to carry out the spirit as well as the letter of the law.

NON-RESTRAINT.

One of the most important events of the year is the change which has been effected in the treatment of the excited and so-called violent patients by the abolition of mechanical restraint. This was accomplished within a period of two months, without any untoward circumstances occurring and with the most gratifying results. All restraint apparatus (chairs, jackets, straps, etc.,) have been entirely removed from the wards and relegated to the store house.

It is needless to say that the change has had a salutary effect on both the nursing staff and the patients. The former are relieved of a great deal of unnecessary and disagreeable work, and they find that their labors have been diminished rather than increased. The latter are more quiet, contented and peaceable, and the general morale of the wards is much improved. A number of patients who have spent many years in almost continuous restraint, are now occupied with sewing, ward work or other useful occupations.

The attendants and nurses have found that much more can be accomplished by the use of tact and kindness than

by force and coercion. By eliminating restraint in the care of these patients, much of the abuse and ill-treatment by irresponsible attendants, occasioned by its use, has necessarily been abolished.

The establishment of the present regime was made possible through the hearty co-operation of the assistant physicians, nurses and attendants, and to them a large share of credit for our success is due. They are to be commended for their zeal and willingness to carry out the plans outlined for them. We feel that the possibility and feasibility of managing such a large number and variety of cases without the use of mechanical restraint has again been demonstrated.

ADMISSION AND INFIRMARY DORMITORIES.

Dormitories for the reception of new patients have been established on wards 11, in both male and female departments. All new patients are received in these dormitories and put to bed for a longer or shorter period, depending upon their condition, or until after they have been sufficiently observed and examined. They are kept on these wards as long as they require special care and treatment. While this may be considered only a substitute for a special building for new patients, still, the general effect of such treatment is fairly satisfactory. By this method new patients are kept as far as possible away from the chronic and excited class, and this tends to lessen the length of their attacks, and to quiet those who show a tendency toward excitement.

Sick or infirm ward, for the old and feeble class of patients, have been established in the new part of the Annex. They are kept in bed when necessary, and are under constant observation and care of competent nurses day and night, thus preventing any accidents or cause for complaints by their friends.

The patients suffering from pulmonary tuberculosis have been isolated in special dormitories as far as possible.

The necessity of separate buildings for this class was urged upon the last Legislature, and they responded with an appropriation for two buildings. However, the bids received for these buildings exceeded the amount, and it was found impossible to erect more than one building with the funds appro-

priated. This building is rapidly nearing completion, and before the winter is over will be occupied by female patients.

We would respectfully request that an additional appropriation for a building for male patients be made this year.

OPERATING ROOM.

Under the direction of your Board we have established a surgical department as a necessary adjunct to the work of this hospital. We have utilized Ward III. in the female department, which we found adaptable to the purpose.

A modern operating room, complete in all details, has been installed, also a sterilizing room and bath room. These rooms have tiled walls and floors, with modern sanitary arrangements. An anæsthetizing room and a ward for post-operative cases are included in this department. The cost for apparatus, instruments, tiling, plumbing, etc., was \$2,500, a small figure compared to the advantages to our patients through the establishment of this department.

CONSULTING STAFF.

During the year the following physicians of Trenton were appointed by your Board as consultants to this Hospital.

HORACE G. NORTON, M.D.,	<i>Consulting Physician.</i>
WILLIAM A. CLARK, M.D.,	" "
MARTIN W. REDDAN, M.D.,	" <i>Surgeon.</i>
JOSEPH B. SHAW, M.D.,	" "
N. B. OLIPHANT, M.D.,	" "
THOS. B. MACKENZIE, M.D.,	" "
CHARLES J. CRAYTHORN, M.D.,	" <i>Gynecologist.</i>
GEORGE N. J. SOMMER, M.D.,	" "
PAUL L. CORT, M.D.,	" <i>Neurologist.</i>
CHARLES F. ADAMS, M.D.,	" <i>Ophthalmologist.</i>
DR. JAS. I. WOOLVERTON,	" <i>Dentist.</i>

These gentlemen have all accepted the appointments and obligations incident thereto. Thus we will have within call

the best medical and surgical advice for our patients, and such benefits cannot be overestimated.

MEDICAL STAFF.

As our quota of physicians were too small for the number of patients under care, it was deemed necessary to increase our Staff. The appointees occupy the position of junior assistant physicians, and their appointments extend for a period of one year. It was though advisable to include, among the number, a woman physician who could care especially for a certain class of female patients.

After a competitive examination, the following physicians were appointed: Dr. Horace N. Parker, Dr. James Ward, and Dr. Lilla Ridout.

Dr. Frederick Hammond, Pathologist to this hospital, was in April appointed Pathologist to the Mercer Hospital in Trenton, and now the pathological work of both hospitals is carried on under his direction in this laboratory. Aside from this there have been no changes in the Medical Staff.

MEDICAL WORK OF THE STAFF.

We have reorganized this work along lines adopted in modern hospitals for the insane. We have adopted the method of examination outlined by Dr. Adolph Meyer for the New York State Hospitals. The method of keeping the records has been changed from the old one page case-books to the separate envelope system. These records are all type-written and filed in convenient cabinets, so that they are easily accessible for quick reference, and available as permanent records for the hospital. While this entails more work for the members of the Staff, it affords them interest and stimulation in their work. The completeness of the records and their usefulness in studying the various problems of insanity more than compensates the hospital for this extra work.

Daily Staff meetings are held at 8:30 A.M. This time is occupied by the members of the Staff who read the examinations of the patients, and present these patients for discussion and diagnosis. All new cases are brought before the Staff meeting, and all the members of the Staff have the opportunity of examining personally these patients. A stenographic re-

port is kept as a permanent record of these discussions. In reality, these Staff meetings are daily clinics in nervous and mental diseases, and the advantages of this daily conference are many. It allows the Medical Director to systematically examine each new patient, and see that the examination by the assistant physicians is essential and complete. It also serves the purpose of stimulating the physicians to make accurate examinations in each case. It allows those on one service of the hospital to see all of the patients on the other services, thus broadening their experiences. It is also a valuable school of instruction to a new member of the Staff. Lastly, the benefits to the patients must not be overlooked. It assures for them a proper consideration of their cases by the whole Staff, and allows them to tell their real or imaginary troubles. They are usually anxious for this opportunity, and after having been before the Staff they are more contented and feel assured that they will get justice.

Each member of the Staff has new cases assigned to him in rotation, so that they all have an equal chance of examining the new and interesting cases, no matter in which building they may be stationed.

This change in the methods of the medical work necessitated considerable extra work by the Staff, and it is gratifying to note that they have responded in an entirely satisfactory manner to these demands and have shown much enthusiasm and interest in their work.

LABORATORY.

Aside from the notable increase in the number of autopsies and other available pathological material, a not unimportant feature during the year has been the effecting of a number of alterations in the fixtures and interior arrangements of the building to accommodate a greater number of workers, and the selection, installation and testing of new apparatus. This has required considerable time and attention, but has greatly increased the facilities for the work to be done.

Among the more important additions have been an Edinger projection and drawing apparatus, a large model Leitz microscope with apochromatic and compensating opticals, new celloiden, parafine and freezing microtomes, camera lucida

and drawing table, pressure and hot air sterilizers, high power electric centrifuge, automatic still, and a second microscope for routine use.

The cost of the larger pieces of apparatus has been covered by the Legislative appropriation granted for that purpose, while additional appliances have been provided from the general hospital fund.

Quarters for laboratory animals have been provided and stocked, and a laboratory library of technical works and current literature has been projected.

The work performed has been of a rather widely varying nature, and for this reason has necessitated considerable care and adjustment of frequently conflicting lines of work and technical routines.

In addition to the regular hospital and clinical and pathological examinations and autopsies, frequent sanitary bacteriological analyses with inspections have been made of the hospital water and milk supplies, and an epidemic among the live stock, found to be hog cholera, investigated pathologically.

Considerable clinical material for diagnosis has also been received from other hospitals and private sources.

The clinical and pathological classifications of the hospital autopsies with the number of each is given:

Alcoholism, Acute and Chronic	3
Aphasia with Hemiplegia	1
Arterio-sclerosis with definite lesions	4
Brain Tumor	1
Delirium	3
Dementia Præcox	2
Epilepsy	5
General Paralysis	10
Hemorrhage Cerebri	2
Imbecility	3
Lues Cerebri	1
Manic Depressive Insanity	1
Tubercular Meningitis	2
Senile Brain Atrophy	18
Indefinite	8
Paranoid Condition	1

Of special interest have been the cases of juvenile general paralysis, cerebral lues, hemiplegia with aphasia, arterio-sclerosis and epilepsy with focal lesions, tubercular meningitis,

parenchymatous alterations in the cortex in alcoholism and cerebral glioma.

Routine microscopical examinations of the principal brain areas and organs of the body with at least two staining methods have been adhered to, with more extended examinations as indicated. Considerable time has also been given to the keeping of systematic records, card indexes, and material for reference.

Following the typhoid epidemic of last year, repeated bacteriological examinations for the detection of chronic bacillus carriers were made, both at the hospital laboratory and Research Laboratory of the New York Health Department.

Two convalescents were found to be harboring the organisms, and a recent autopsy performed on one of these individuals, has proven of considerable bacteriological interest, from the enormous numbers of the bacilli found in the gall bladder. In the earlier part of the year the studies of the "para colon" organisms first isolated from polluted water in 1907 were continued, and has formed the subject of a recent communication. At the present, however, these organisms have practically disappeared from their previous source, as have other indications of contamination.

In all, seventy-five autopsies have been performed in connection with the laboratory, sixty-three of which were regular hospital cases, the others being performed at various hospitals, or obtained from other sources.

The liberal policy of your Board in providing proper equipment, etc., has greatly increased the efficiency of the laboratory, and allowed us to carry on a very important and necessary branch of research work, as well as furnishing valuable assistance in the diagnosis and treatment of our patients.

NURSES AND ATTENDANTS.

We have found it necessary to increase our nursing Staff about 20 per cent. over last year, not especially because of the abolishment of restraint, but because the proportion of nurses and attendants to patients was less than is general in insane hospitals. Now the proportion is one nurse to nine patients, thus affording better care for the patients.

We have been fortunate in obtaining sufficient nurses and attendants to maintain our full quota, even to the large increase noted above, so that we have been able to carry out our plans for reducing the hours of nurses on duty. At present nurses and attendants average ten hours daily instead of thirteen as formerly.

Pursuant to instructions from your Board, and in line with policies adopted in other insane hospitals, we have placed female nurses on the male wards including the admission and infirmary wards. The results amply justify this procedure, and we will extend this system as rapidly as possible.

Miss Elizabeth Maxwell, R.N., has continued as Superintendent of Nurses.

Mrs. Ball, who for eighteen years, has served the hospital faithfully in various capacities, was appointed Matron.

Miss Elvina K. Bailey, who has had a large experience in both general and insane hospital nursing, and was formerly Superintendent of Nurses at the Danvers Insane Hospital, was appointed Supervisor of female department.

Mrs. Margaret McMartin, who has had a similar training, was appointed Assistant Supervisor.

Under the direction of these officers the Training School has enjoyed unusual advantages, noticeable in increased efficiency in the nursing staff.

The following nurses were graduated in the Class of 1908: Miss Katharine Lantz, Miss Bertie Starner, Miss Bessie Shultz, Miss Emma Patton.

OTHER IMPROVEMENTS.

The work of tearing out the old plumbing and installing new baths, toilets, etc., and tiling rooms for the same, for which an appropriation was obtained from the last Legislature, is progressing as rapidly as circumstances will allow, and when completed our sanitary arrangements will be much better than the majority of public institutions.

The installation of the telephone exchange, with 82 local stations, has proved of inestimable benefit to the proper management of such a large institution.

A watchman's clock has been installed, with stations on each ward so that accurate information of night nurses and atten-

dants can be obtained, and this will prove a valuable addition to our hospital equipment.

The question of fire protection has been considered, and the apparatus on the wards overhauled. The placing of the fire mains and new plugs about the grounds and buildings will afford us ample protection. Nurses and attendants have been thoroughly instructed in the use of the apparatus, and weekly fire drills held in the various wards.

The appropriation granted by the Legislature for a fire alarm system was found to be insufficient, and the money for same was returned to the State Treasury. We would urge that funds be appropriated to install a satisfactory system. One cannot be too careful in the matter of fire protection for insane hospitals, and to be well prepared is the best way to meet such an emergency.

The continuous baths for treating excited patients are well under way, and we hope soon to be able to put them in operation. As the construction of these baths has been carried out according to our own plans, we anticipate excellent results from them when completed.

THE GENERAL AND MEDICAL LIBRARY.

We have added 750 books to the fiction library during the year, and are glad to report that the library continues to be appreciated by the patients and employees. Not only do the patients avail themselves of the opportunity of drawing out books, but it has been the purpose to make more of a social feature of the library and have some of the patients congregate there on rainy days and amuse themselves.

The medical library has been increased to 550 volumes. We have made an effort to obtain sets of current English, German and French periodicals, rather than buy many new books. The library is now a very efficient adjunct to our medical work and is much appreciated by the Staff.

A few months ago Mr. Henry Veghte was appointed librarian. His knowledge of foreign languages is a great help to the Staff. He has completed a catalogue of the library, and keeps a card catalogue of current literature, thus making this material more accessible.

RECOMMENDATIONS.

In the near future some action must be taken in regard to the inadequate facilities for cooking and serving food to the patients in the Annex building. The present kitchen was adequate when the capacity of the Annex was about 300, and the dining rooms were in close proximity. There are 650 patients in the Annex at the present time, and the two new dining rooms in use are situated quite a distance from the kitchen. The other four dining rooms cannot be utilized because of the defective arrangements for serving the food. On account of this defect we are unable to occupy four wards. In the near future the population of the Annex will increase to about 800. To remedy this defect I would urge that a 3-story building be erected in the space between the old kitchen and the boiler house. A modern kitchen and store room could be located on the first floor. On the second floor a congregate dining room, seating about 800 patients; on the third floor accommodations for night attendants and employees. At the present time some of the attendants and employees are occupying rooms designed for patients, and soon these rooms will be needed. Hence, the necessity for such a building is urgent.

At present we have 86 convict and criminal insane patients confined in the wards of the old building. Attention has been previously called to the impropriety of confining this class of patients with the ordinary insane. Aside from the injustice to the other class of patients, it has become a serious matter under existing conditions to prevent the escape of these criminal patients. They show unusual cunning in planning means of escape, and in spite of extraordinary vigilance on these wards, during the past year, five of them have escaped. Fortunately, three of them were immediately apprehended, and the other two are still at large. In view of these facts, it would seem that the only solution of the problem at present would be to erect a suitable building on the grounds for the criminal insane. Such a building could be so constructed that it would be a safe home for these patients, and at the same time be under a hospital rather than a jail regime. We would, therefore, urge that the Legislature appropriate an amount sufficient for such a building.

We find that our reception wards are too small to accommodate the new patients, and I would recommend that an addition be erected to wards 10, 11 and 12, in both male and female departments. This would entail the expenditure of about \$20,000, and would greatly increase our facilities for caring for the new patients in a proper manner.

It is now recognized by all authorities that hydro-therapeutic treatment plays an important role in the modern treatment of the insane. We would, therefore, request that an appropriation be granted for the installation of such apparatus. The cost of such an equipment would be \$5,000.

It is very desirable that we should have a fire proof filing room in which to keep our records. At present all the legal papers pertaining to the patients are kept in wooden cases, and it would take only a slight fire to destroy them. I would, therefore, recommend the construction of such a room. The cost would not exceed \$1,500.

I have called the attention of your Board to the necessity of having a resident dentist at the hospital, in order to care properly for the teeth of the patients. This is a very important matter, and one which, unfortunately, has been neglected too long in hospitals of this kind. I would urge the appointment of this officer as soon as possible, also a modern dental equipment for this work.

As the furniture in the main building has not been renewed for a number of years, we would request that a sum be appropriated sufficient to furnish the wards in a manner consistent with the comfort of the patients. It would require about \$5,000 for this purpose.

NEW LEGISLATION.

The laws governing the commitment of insane patients in this State are in many ways superior to those in vogue in other states. However, they are not broad enough to include all classes of patients needing hospital treatment. There are two classes of patients who at the present time suffer because provisions for admissions to our State Hospitals are lacking. First, those on the border line of insanity, so to speak, who could not legally be declared insane but who are in need of treatment; second, those who are mentally affected to the

extent that they could be legally admitted as insane, but who recognize their condition, and are competent to give consent to hospital treatment. The admissions of such patients just described above could be facilitated by a form of "voluntary commitment," the form of commitment which has met with success in other states. To cover both classes of patients it would be necessary to provide for "sane voluntary" and "insane voluntary" commitments.

We, therefore, urge the enactment of a law covering this question so that the privilege can be extended to those who need hospital treatment, yet who should not be regularly committed.

In view of the fact that the State has no inebriate hospital, habitual drunkards have to be cared for in the insane hospitals. There is a process of law by which a person can be declared an habitual drunkard, but it is so complicated and expensive that no person is committed under this act, but are certified to as insane in order to send them to the hospital. This is a fault that should be remedied by legislation, and we would urge the enactment of a statute whereby this class could be committed to the hospital as habitual drunkards, under a similar procedure as that which governs the commitment of the insane.

We think it also advisable that some provision be made for non-residents whereby they can be sent to relatives outside of the State instead of being supported, as is now the case, by the State. Such a provision would relieve the State of the expense of maintenance of these patients, and place the responsibility for their support in the states where they have a legal residence.

STATISTICS.

We have made some changes in the statistical tables which we believe has improved them and rendered it easier to compare our results with those of other hospitals. At the suggestion of the Commissioner of Reports we have decided, after this year, to publish these tables but once in two years. A summary and an analysis of the results for that length of time we believe will be of more value, and the information ob-

tained more accurate, than would be the case publishing the statistics annually.

CONCLUSION.

In concluding this report I want to thank the Board of Managers for the honor conferred upon me in my appointment as Medical Director, and express my deepest appreciation for the encouragement, consideration and support extended to me. Especially would I commend the members of the Medical Staff for their zeal and devotion to the work of the hospital. They have labored willingly for the advancement of the interests of the patients, and have assisted materially in whatever success we have obtained this year. To the subordinate officers of the hospital who have faithfully performed their services during the year, I wish to extend my thanks.

And lastly, I want to express my appreciation to the Warden and his associates for assistance given in carrying out the work of the medical department.

Respectfully submitted,

HENRY A. COTTON.
Medical Director.

TRENTON, N. J., November 12, 1908.

Note by Commissioner of Reports.

The report of Warden Atchley, referred to in the foregoing, is not printed in full because most of the important statements are embodied, as is quite proper, in the report of the Board of Managers, and because the detailed financial operations of the institution are carefully examined and supervised by the State Comptroller's Department. Only such parts of the Warden's report as give necessary and additional information are herewith appended.

The average cost per patient per annum was \$242.8004, or \$4.6692 per week. The Warden reiterates his recommendation to the Board to purchase additional farm land for the purpose of raising fodder and other feed for the cattle. He says: "I still think it is better for the institution to own its own cows and have the supervision of the production of the milk for our patients." 200,658 quarts of milk were produced from an average of forty-nine cows. This, at 5-19/24c. per quart, amounted to \$11,663.11. Deducting expenses, this shows a saving to the state of \$5,500.35 above market price.

APPRAISEMENT.

Personal property appraised	\$184,792.14
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The cash receipts and payments have been as follows:

Balance in hands of Treasurer, November 1st, 1907	\$ 22,799.55
Cash receipts from all sources	303,622.19
Cash payments during the year	313,218.14
Cash balance October 31st, 1908	13,203.60

The average number of patients for the year of 1908 was 1,290, making the average cost per patient per annum \$242.8004, or \$4.6692 per week.

OPERATING ROOM.

\$400.00 was appropriated for equipping the operating room. Sterilizers have been furnished for this room covering the amount of the appropriation, and the room is now, or will be in a short time, ready for use.

In accordance with the law, I give you, as usual, an approximate estimate of the several amounts of money required from the State for the support and maintenance of the different classes of patients in the institution, and for other purposes, for the year ending October 31st, 1910:

For the annual inventory	\$ 200.00
For support and clothing 47 State convict patients at \$5.000 per week	1,220.00
For support of 214 State indigent patients at \$4.00 per week	44,512.00
For allowance of \$2.00 per week each of 958 county patients	99,632.00
For salaries of resident officers	15,800.00
For storage of coal at Annex boiler house	15,000.00
For Fire Alarm System	4,000.00
For additional land	30,000.00
For coal trestle, Pennsylvania R. R. Co. siding	3,000.00
For new furniture	5,000.00
Estimated deficiencies for officer's salaries for year ending Oct. 31st, 1909	800.00

RECEIPTS.

Oct. 31st, 1907, Balance		\$ 22,799.55
Received from State Treasurer for maintenance of County patients, maintenance and clothing of State indigent and convict patients	\$152,000.00	
Received from Atlantic County	297.67	
" " Bergen	75.32	
" " Burlington	334.95	
" " Camden	112.07	
" " Cape May	2,244.76	
" " Cumberland	415.86	
" " Gloucester	6,725.48	
" " Hudson	114.76	
" " Hunterdon	4,938.14	
" " Mercer	29,933.22	
" " Middlesex	24,504.13	
" " Monmouth	18,995.26	
" " Ocean	3,927.75	
" " Salem	5,265.15	
" " Somerset	8,013.17	
" " Private patients	24,522.68	
" " Sundries	6,127.95	
" Interest Mechanics' Nat. Bank.	73.87	
" Appropriation Acc't (Typhoid epidemic)	15,000.00	303,622.19
		<u>\$326,421.74</u>

DISBURSEMENTS.

Administrative	\$71,430.31
Miscellaneous	16,691.72
Clothing	8,697.86
House supplies	16,492.92
Heat, light and power	35,534.45
Repairs	20,297.12
Improvements	11,453.74
Dairy	3,470.74
Farm	6,429.83
Garden	3,723.28
Mill	1,422.49
Stable	2,406.90
Subsistence	114,574.70
Refund	556.52
Reverted to the State of New Jersey	35.56
	<u>313,218.14</u>
Unexpended balance	\$13,203.60

ANALYSIS OF EXPENSES.

Administrative:—			
Clerical services	\$6,522.29		
Freight and expressage	2,834.35		
Manager's expenses	79.50		
Medical department pay	44,565.85		
Stationery, printing, etc.	3,563.86		
Telephone and telegraph	361.74		
Pay, domestics	7,938.13		
Advertising	524.61		
Insurance	3,560.00		
Sundries	1,479.98		
			<u>\$71,430.31</u>
Miscellaneous:—			
Entertainments, etc.	\$1,134.59		
Funeral expenses	351.00		
Newspapers, magazines, etc.	263.50		
Medical stores	5,459.64		
Tobacco	1,192.31		
Repairing shoes, etc.	717.45		
Water (drinking)	274.75		
Laundry and expenses	6,383.66		
Sundries	914.82		
			<u>16,691.72</u>
Clothing:—			
Dress goods	\$1,085.56		
Hats	72.00		
Pay dressmakers, tailors, etc.	2,714.81		
Men's clothing	3,319.55		
Shoes	1,505.94		
			<u>8,697.86</u>
House Supplies:—			
Beds, Bedding and Blankets	\$4,527.26		
Brooms and Brushes	589.02		
Carpets, Rugs, etc.	756.95		
Crockery, Glass and Cutlery	1,739.46		
Furniture	3,151.68		
Kitchen Utensils	1,188.67		
Linen	1,012.39		
Soaps	2,371.03		
Sundry Supplies	1,156.46		
			<u>16,492.92</u>
Heat, Light and Power:—			
Fuel	\$21,005.55		
Electricity	6,780.32		
Gasoline	749.02		
Kerosene	165.91		
Pay of Engineers	6,833.65		
			<u>35,534.45</u>
Repairs:—			
Pay of Carpenters, etc.	\$3,004.50		
Lumber, Woodwork, etc.	1,293.90		
Hardware and Glass	655.92		
Pay of Painters, etc.	2,957.50		
Paints and Oils	1,177.24		
Pay of Masons and Laborers	2,658.00		
Brick and Stone	516.11		
Lime and Cement, etc.	1,185.00		
Electrical Work and Supplies	1,334.49		

Machinery, Tools and Supplies	\$1,566.13		
Plumbing and Supplies	2,123.33		
Roofing Material	121.75		
Pay of Upholsterers	1,236.97		
Sundry Repairs	466.28		
			<u>\$20,297.12</u>
Improvements	\$11,453.74		11,453.74
Dairy:—			
Pay and Repairs	\$ 903.38		
Cows	1,290.00		
Forage	1,277.36		
			<u>3,470.74</u>
Farm:—			
Pay	\$3,051.90		
Forage	1,012.14		
Pigs	1,102.50		
Horse Shoeing and Harness Repairs	287.03		
Implements, Tools and Repairs	159.11		
Wagons and Repairs	84.11		
Seed and Fertilizer	733.04		
			<u>6,429.83</u>
Garden:—			
Pay	\$2,966.32		
Repairs	171.91		
Tools and Implements	299.41		
Plants, Seeds, etc.	285.64		
			<u>3,723.28</u>
Mill:—			
Pay	\$540.00		
Stock (grain)	882.49		
			<u>1,422.49</u>
Stables:—			
Pay	\$910.45		
Carriages, Harness and Repairs	585.60		
Forage	343.30		
Horses and Horse Shoeing	394.47		
Veterinarian Services	111.35		
Miscellaneous	61.73		
			<u>2,406.90</u>
Subsistence:—			
Poultry	\$ 2,759.10		
Wheat	2,937.49		
Butter	16,691.85		
Cereals, Meal, Rice, etc.	1,909.79		
Eggs	7,035.34		
Fish	4,859.56		
Flour	2,052.46		
Fruits and Vegetables	14,796.94		
Meats, Fresh	23,854.64		
Salt Meats	4,500.73		
Milk	8,579.55		
Provisions	10,324.17		
Sugar	5,960.64		
Tea, Coffee and Cocoa	3,091.93		
Pay of Kitchens and Bakery	5,220.51		
			<u>114,574.70</u>
Refund (private patients)			556.52
Amount unexpended (reverted to the State)			35.56
			<u>\$313,218.14</u>

Note by Commissioner of Reports.

The analysis of receipts following the analysis of expense, shows house supplies, such as bed, bedding, crockery, furniture, kitchen utensils, linen, etc., amounted to \$16,492.92; heat, light, and power amounted to \$35,534.45; repairs amounted to \$20,297.12.

An appendix to the Warden's report shows farm products amounted to \$17,450.11; stock slaughtered and sold amounted to \$4,409.46; garden products amounted to \$5,531.76; thousands of articles made in the mattress room, thousands of other articles, mainly of wearing apparel, made in the sewing room.

1. General Statistics for the Year.

	Males.	Females.	Totals.
Patients in hospital Oct. 31, 1907	636	634	1,270
Admitted within the year	173	134	307
Viz.: by commitment	172	133	305
by transfer	1	1	2
from escape	—	—	—
from visit	—	—	—
Whole number of cases within the year	809	768	1,577
Dismissed within the year	155	120	275
Viz.: discharged within the year	111	94	205
as recovered at time of leaving hospital	35	33	68
as capable of self-support	3	4	7
as improved	15	6	21
as not improved	3	4	7
as not insane	1	—	1
Died	54	47	101
Escape	7	—	7
On visit	37	25	62
Patients remaining Nov. 1, 1908	654	648	1,302
Viz.: as indigent patients	542	596	1,138
as private patients	34	48	82
Convict	42	3	45
Criminal	37	4	41
Number of different persons within the year	808	767	1,575
Number of different persons admitted	172	133	305
Daily average number of patients	660	630	1,290

2. Insane Received on First and Subsequent Commitments.

NUMBER OF ADMISSIONS.	CASES COMMITTED.		
	Males.	Females.	Totals.
First	145	108	253
Second	22	21	43
Third	6	2	8
Fourth	—	2	2
Fifth	—	—	—
Sixth	—	—	—
Seventh	—	—	—
Eighth	—	—	—
Ninth	—	—	—
Tenth	—	—	—
Eleventh	—	—	—
Twelfth	—	1	1
Total cases	173	134	307
Total persons	172	133	305
Never before in any hospital	140	93	233

3. Nativity and Parentage of Insane Persons First Admitted to Any Hospital.

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.
New Jersey	65	32	35	42	22	21	107	54	56
Middle Atlantic States	11	9	6	11	4	6	22	13	12
Other States	14	16	1	7	1	—	21	17	1
United States	7	19	16	2	6	7	9	25	23
Totals	97	76	58	62	33	34	159	109	92
Other Countries:—									
England	5	6	4	1	1	1	6	7	9
Germany	3	6	9	5	11	12	8	17	21
Ireland	9	23	24	10	17	20	19	40	44
Austria	6	9	15	1	1	1	7	10	16
Norway	—	—	—	—	—	—	—	—	—
Scotland	—	1	1	—	—	—	—	1	1
Russia	6	6	7	—	12	12	6	18	19
Italy	3	3	3	—	—	—	3	3	3
Hungary	1	1	1	4	5	5	5	6	6
Sweden	—	1	—	1	1	2	1	2	2
Denmark	—	1	2	—	3	1	—	4	3
West Indies	1	1	1	4	1	1	5	2	2
Finland	—	1	1	—	—	—	—	1	1
Switzerland	—	—	—	—	1	—	—	1	—
Spain	—	—	—	—	1	—	—	1	—
Holland	—	—	—	—	1	—	—	1	—
Poland	1	1	1	2	2	—	3	1	1
Total foreign	35	60	69	28	55	55	63	115	124
Unknown	8	4	13	3	5	4	11	9	17
Totals	140	140	140	93	93	93	233	233	233

4. Residence of Insane Persons Admitted by Commitment.

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Atlantic	4	—	4	—	—	—	4	—	4
Bergen	—	—	—	—	—	—	—	—	—
Burlington	2	5	7	—	2	2	2	5	7
Camden	12	3	15	3	1	4	15	7	22
Cape May	7	2	9	—	1	1	7	3	10
Cumberland	3	—	3	1	1	2	4	1	5
Essex	—	—	—	—	—	—	—	—	—
Gloucester	8	3	11	1	2	3	9	5	14
Hudson	—	—	—	—	—	—	—	—	—
Hunterdon	13	11	24	3	4	7	16	15	31
Mercer	35	31	66	9	9	18	21	40	61
Middlesex	13	17	30	5	9	14	23	26	49
Monmouth	25	12	37	—	5	5	26	17	43
Ocean	1	—	1	3	1	4	4	2	6
Passaic	—	—	—	—	—	—	—	—	—
Salem	3	1	4	—	2	2	3	3	6
Somerset	9	6	15	4	3	7	13	9	22
Union	—	—	—	—	—	—	—	—	—
Total	140	93	233	33	41	74	173	134	307
Cities or large towns (10,000 or over)	60	40	100	14	10	24	74	50	124
Country districts under 10,000.	80	53	133	19	31	50	99	84	183

5. Civil Condition of Insane Persons Admitted to this Hospital.

	Males.	Females.	Totals.
Unmarried	78	47	125
Married	80	68	148
Widowed	13	19	32
Divorced	—	—	—
Unknown	2	—	2
Totals	173	134	307

6. Occupations of Insane Persons First Admitted to Any Hospital.

MALES.	
Barbers	3
Bartenders	1
Blacksmiths	2
Bookbinder	1
Bookkeeper	1
Butcher	1
Cabinetmakers	2
Carpenters	6
Coachmen	1
Clerks	5
Clergymen	1
Chemists	1
Collectors	1
Civil Engineers	1
Cooks	1
Dentists	1
Druggists	1
Electricians	1
Errand boy	1
Farmers	21
File Grinder	1
Fishermen	1
Gardeners	1
Grocers	2
Hotelkeeper	1
Ironmakers	4
Jewelers	1
Journalists	1
Laborers	39
Lawyers	2
Machinists	2
Masons	2
Merchants	2
Needlemaker	1
Painters	1
Peddlers	2
Physicians	1
Plumbers	4
Potters	5
Railroaders	2
Retired	2
Rubber workers	2
Salesmen	1
Seamen	1
Shoemakers	4
Stenographers	2
Students	1
Tailors	1
Teachers	1
Teamsters	1
Trainer	4
Trolley Conductors	1
Upholsterers	1
Watchmen	1
Wheelwrights	1
None	18
Total	173

FEMALES.	
Laundresses	1
Rubberworker	1
Teachers	9
None	9
Total	134

7. Ages of Insane at First Attack, Admission and Death.

AGES.	PERSONS ADMITTED TO THIS HOSPITAL.						PERSONS DIED.					
	AT FIRST ATTACK.			WHEN ADMITTED.			AT FIRST ATTACK.			AT TIME OF DEATH.		
	MALE.	FEMALE.	TOTAL.	MALE.	FEMALE.	TOTAL.	MALE.	FEMALE.	TOTAL.	MALE.	FEMALE.	TOTAL.
Congenital	8	4	12	8	4	12	1	—	1	—	—	1
15 years and less	13	5	18	7	3	10	—	1	3	—	—	3
From 15 to 20 years	14	6	20	20	12	32	2	—	3	4	—	4
20 to 25 years	22	13	35	17	14	31	2	2	4	2	3	5
25 to 30 years	15	14	29	25	18	43	3	2	5	2	1	3
30 to 35 years	17	14	31	22	7	29	1	2	3	1	1	2
35 to 40 years	13	8	21	35	27	62	2	1	3	3	4	7
40 to 50 years	19	17	36	15	21	36	7	3	10	9	4	13
50 to 60 years	14	14	28	10	13	23	10	7	17	9	8	17
60 to 70 years	7	7	14	9	10	19	6	12	18	11	11	22
70 to 80 years	7	5	12	4	—	4	6	7	13	8	14	22
Over 80 years	1	—	1	—	—	—	1	1	2	4	5	9
Unknown	22	27	49	—	5	5	10	9	19	—	—	—
Not insane	1	—	1	1	—	1	—	—	—	—	—	—
Totals	173	134	307	173	134	307	54	47	101	54	47	101

8. Probable Causes of Mental Disease in Persons Admitted to this Hospital.

EXCITING CAUSES.	ADMITTED.			HEREDITARY TENDENCY.			NEUROLOGIC TENDENCY.			PREDISPOSING CAUSES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A.—Physical:—												
Arrested development	1	—	1	—	—	—	—	—	—	—	—	—
Alcohol	39	7	46	—	2	2	—	—	—	39	7	46
Alcohol and other causes	8	—	8	—	—	—	—	—	—	8	—	8
Arterio-sclerosis	4	5	9	—	—	—	—	—	—	—	—	—
Brain tumor	1	—	1	—	—	—	—	—	—	—	—	—
Childbirth	—	9	9	—	1	1	—	—	—	—	—	—
Climacteric	—	12	12	—	2	2	—	—	—	—	—	—
Constitutional defect	20	10	30	6	4	10	6	10	16	3	—	3
Constitutional defect and other causes	6	4	10	2	—	2	—	—	—	1	—	1
Drugs	4	2	6	—	—	—	—	—	—	4	1	5
Epilepsy	9	5	14	3	1	4	—	—	—	3	—	3
Exophthalmic Goitre	—	1	1	—	—	—	—	—	—	—	—	—
Hereditary	22	8	30	22	8	30	—	—	—	5	—	5
Ill health	1	5	6	—	—	—	—	—	—	—	—	—
Menstrual Disorders	—	2	2	—	1	1	—	—	—	—	—	—
Scarlet fever	2	2	4	1	—	1	—	—	—	—	—	—
Senility	4	7	11	—	—	—	—	—	—	—	—	—
Senility and other causes	5	4	9	—	—	—	—	—	—	—	—	—
Syphilis	8	1	9	2	—	2	—	—	—	3	—	3
Trauma	1	—	1	—	—	—	—	—	—	—	—	—
Tuberculosis	—	1	1	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—
B.—Mental:—												
Fright	—	—	—	—	—	—	—	—	—	—	—	—
Overwork	2	3	5	—	—	—	—	—	—	—	—	—
Worry	2	8	10	—	2	2	—	—	—	2	—	2
Grief	1	—	1	—	—	—	—	—	—	—	—	—
Overstudy	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	33	38	71	—	—	—	—	—	—	—	—	—
Totals	173	134	307	36	21	57	13	14	27	68	9	77

9. Probable Duration of Mental Disease before Admission.

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital	9	4	13
Under 1 month	27	13	40
From 1 to 3 months	27	13	40
3 to 6 months	12	5	17
6 to 12 months	9	5	14
1 to 2 years	14	5	19
2 to 5 years	23	23	46
5 to 10 years	9	6	15
10 to 20 years	7	5	12
Over 20 years	4	3	7
Totals	132	81	213
Unknown	7	12	19
Not insane	1	—	1
Totals	140	93	233

10. Form of Mental Diseases in Patients Committed, Discharged, with their Condition on Discharge, or Died.

FORM OF MENTAL DISEASE.	COMMITTED.			DISCHARGED.																				
				RECOVERED.			CAPABLE OF SELF-SUPPORT			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First admitted to any hospital																								
A.—Organic brain disorders																								
I. Definite organic brain disease																								
Brain tumor	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Focal cerebral disorders (aphasia, etc.)	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diffuse cerebral disorders (arteriosclerosis)	7	4	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral syphilis	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychosis	8	12	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis	10	3	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Locomotor ataxia	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
II. Psychosis due to Intoxication																								
1. Alcoholic Intoxication.																								
Delirium tremens	14	2	16	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute hallucinosis	5	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polyneuritic Delirium (alc.)	2	—	2	4	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic paranoic condition	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Drug psychosis																								
Drug habits (morphine, etc.)	5	—	5	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
III. Autotoxic or infective exhaustive types																								
Febrile and post febrile delirium	1	—	1	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Exhaustion delirium (amentia)	3	4	7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

10. Form of Mental Diseases in Patients Committed, Discharged, with their Condition on Discharge, or Died.

FORM OF MENTAL DISEASE.	COMMITTED.			DISCHARGED.																				
				RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
B.—Perversions of mental adjustments.																								
1. Manic depressive insanity																								
Manic phase	9	8	17	7	8	15		1	1	3	1	4												
Depressed phase	8	14	22	5	9	14				1		1		1	1									
Mixed phase	1	6	7			1																		
2. Other depressions—																								
Depressive hallucinosis		3	3																					
Anxiety psychosis																								
Paranoic traits																								
3. Dementia praecox—																								
Paranoic condition	4	14	38					2	2	2	1	3	3	1	4				5	3	8	10	6	16
C.—Neurasthenia.	4	4	8																					
1. Psychoasthenia—	1	1	2		1	1																		
Epileptic psychosis	9	2	11																					
Hysterical psychosis	3	2	5	1	1	2																		
2. Constitutional defect—																								
Idiocy	6	4	10							1		1												
Imbecility	4	4	8																					
Unclassified	7	2	9							2		2												
Not insane	1		1																					
Total A.	140	93	233	29	23	52	3	4	7	14	5	19	3	4	7	1		1	53	41	94	103	77	180

10. Form of Mental Diseases in Patients Committed, Discharged, with their Condition on Discharge, or Died.

FORM OF MENTAL DISEASE.	COMMITTED.			DISCHARGED.																				
				RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
All other admissions—																								
A. I. Organic brain disease—																								
Brain tumor																								
Focal cerebral disorders (aphasia)		1	1																					
Diffuse cerebral disorders (arterio sclerosis)										1		1												
Cerebral syphilis																								
Diffuse nervous disorders.																								
Senile psychosis		2	2																1	2	3	1	2	3
General paralysis		1	1																					
II. Psychosis due to intoxication																								
1. Alcoholic intoxication																								
Delirium tremens	3	3	6																					
Acute hallucinosis	1		1		1	1																		
Polynuritic delirium																								
Alcoholic paranoic condition																								
2. Drug psychosis																								
Drug habit (morphine)	4		4	1		1																		
Infectious or febrile delirium																								
Exhaustion psychosis (amnesia)																								

10. Form of Mental Diseases in Patients Committed, Discharged, with their Condition on Discharge, or Died.

FORM OF MENTAL DISEASE.	COMMITTED.			DISCHARGED.																						
				RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATE.				
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.		
Group B.—																										
1. Manic depressive insanity—																										
Manic phase	5	5	10	3	3	6																				
Depressed phase		10	15	2	5	7																				
Mixed phase																										
2. Other depressions. Depressive hallucinosis																										
Anxiety psychosis																										
Depression with paranoic traits																										
Dementia præcox	5	8	13																							
Paranoic condition		1	1																							
Group C.—																										
1. Neurasthenia—																										
Epileptic psychosis	2	1	3																							
Hysterical psychosis		1	1		1	1																				
Constitutional defect	5	1	6																							
Imbecility	3		3																							
Unclassified		5	5																							
Totals	33	41	74	6	10	16				1	1	2										1	1	2	8	17
Aggregate cases	173	134	307	35	33	68	3	4	7	15	6	21	3	4	7	1			54	47	101	111	94	205	17	25
Aggregate persons	172	133	305	35	33	68	3	4	7	15	6	21	3	4	7	1			54	47	101	111	94	205	17	25

11. Discharges of the Insane, Classified by Admission and Result.

NUMBER OF ADMISSIONS.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
	Males.	Females.	To als.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First	29	24	53	3	4	7	12	4	16	2	4	6	1		1	52	40	92
Second		4	4				2		2							2	4	6
Third	1	2	3				1	1	2								1	1
Fourth		1	1														2	2
Fifth																		
Sixth																		
Seventh		1	1															
Eighth																		
Ninth		1	1															
Total cases	35	33	68	3	4	7	15	6	21	2	4	6	1		1	54	47	101
Total persons	35	33	68	3	4	7	15	6	21	2	4	6	1		1	54	47	101

12. Causes of Death and Form of Mental Disease in Persons who Died.

CAUSES.	AGGREGATES.			ORGANIC DEMENTIA.			SENILE DEMENTIA.			GENERAL PARALYSIS.			ALCOHOLIC INSANITY.			DELERIUM.			MANIC DEPRESSIVE INSANITY.		
	Males.	Females	Totals.	Males.	Females	Totals.	Males.	Females	Totals.	Males.	Females	Totals.	Males.	Females	Totals.	Males.	Females	Totals.	Males.	Females	Totals.
General Diseases:—																					
Septiciemia	2		2																		
General miliary tuberculosis		1	1																		
Sarcoma of parotid		1	1																		
Diseases of the Nervous System:—																					
General paralysis	7	1	8							7	1	8									
Apoplexy	3	5	8	3	5	8															
Convulsions	1	1	2							1		1									
Brain tumor	1		1	1		1															
Status epilepticus	1	4	5																		
Diseases of the Circulatory System:—																					
Fatty myocarditis		1	1																		
Cardiac hypertrophy of heart		1	1						1	1	2										
Myocarditis		1	1																		
Organic heart disease	1		1						1	1	2										
General Arterio-sclerosis	1		1																		
Valvular heart disease	1		1	1		1															
Pericarditis	1	3	4						2	2	4										

12. Causes of Death and Form of Mental Disease in Persons Who Died.

CAUSES.	AGGREGATES.			ORGANIC DEMENTIA.			SENILE DEMENTIA.			GENERAL PARALYSIS.			ALCOHOLIC INSANITY.			DELERIUM.			MANIC DEPRESSIVE INSANITY.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Respiratory System:—																					
Pleura pneumonia		1	1																		
Pulmonary tuberculosis	6	1	7																		
Broncho pneumonia	13	11	24	2	1	3	8	7	15	1	1	2									
Hypostatic pneumonia	1	5	6																		
Hypostatic congestion of lungs	1	2	3	4																	
Abscess of lungs	1	1	2				1		1												
Sero-fibrous pleurisy	1		1				1		1												
Oedema of lungs		1	1					1	1												
Gangrene of lungs	1		1										1		1						
Lobar pneumonia	5		5				1		1												
Empyema	1		1										1		1						
Digestive System:—																					
Cancer of stomach		1	1																		
Obstruction of bowels		1	1						1	1	2										
Dysentery		3	3						2	2	4										
Acute-entero colitis	1		1								1	1									
Genito-Urinary Diseases:—																					
Multiple abscess of kidney		1	1						1	1	2										
Nephritis	4	1	5	1		1	2		2										1		
Ill Defined Causes:—																					
Exhaustion																					
Totals	54	47	101	8	6	14	14	21	35	10	3	13	2	1	3	1	3	4	6	2	8

12. Causes of Death and Form of Mental Disease in Persons Who Died.

CAUSES.	DEMENTIA PRAECOX.			PARANOIC CONDITION.			EPILEPSY.			COST. DEFECT.			IMBECILITY.			UNCLASSIFIED.			DRUGS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
General Diseases:—																					
Septicemia																					
General miliary tuberculosis																					
Sarcema of parotid																					
Diseases of Nervous System:—																					
General paralysis																					
Apoplexy																					
Convulsions																					
Brain tumor																					
Status epilepticus							1	4	5												
Diseases of the Circulatory System:—																					
Fatty Myocarditis																					
Cardiac hypertrophy of heart																					
Myocarditis																					
Organic heart disease																					
General arterio-sclerosis																					
Valvular heart disease																					
Pericarditis	1		1																		

12. Causes of Death and Form of Mental Disease in Persons Who Died.

CAUSES.	DEMENTIA PRAECOX.			PARANOIC CONDITION.			EPILEPSY.			COST. DEFECT.			IMBECILITY.			UNCLASSIFIED.			DRUGS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Respiratory System:—																					
Pleura pneumonia																					
Pulmonary tuberculosis	2		2																		
Broncho pneumonia		1	1																		
Hpyostatic pneumonia	1		1																		
Hpyostatic congestion of lungs																					
Abscess of lungs								1	1												
Sero-fibrous pleurisy																					
Oedema of lungs																					
Gangrene of lungs																					
Lobar pneumonia																					
Empyema																					
Digestive System:—																					
Cancer of stomach		1	1																		
Obstruction of bowels																					
Dysentery								1	1												
Acute-entero colitis	1		1																		
Genito-Urinary Diseases:—																					
Multiple abscess of kidney		1	1																		
Nephritis																					
Ill Defined Causes:—																					
Exhaustion																					
Totals	5	3	8		1	1	1	6	7	1		1	4		4	1	1	2	1		1

13. Duration of Mental Disease and Treatment in Patients Recovered or Died

PERIOD.	FIRST ADMITTED TO THIS HOSPITAL.									ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.			WHOLE KNOWN PERIOD OF HOSPR. ESID.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
A.—Recovered:—															
From Under 1 month	8	6	14	3	—	3	1	—	1	—	—	—	—	—	—
1 to 3 months	7	3	10	11	8	19	8	4	12	—	1	1	1	2	3
3 to 6 months	—	3	3	6	4	10	1	1	2	3	—	3	2	1	3
6 to 12 months	2	2	4	2	8	10	2	9	11	—	1	1	—	2	2
1 to 2 years	2	3	5	1	—	1	4	1	5	—	3	3	1	1	2
2 to 5 years	3	3	6	—	3	3	2	5	7	2	3	5	1	3	4
5 to 10 years	—	1	1	2	1	3	2	1	3	—	—	—	—	—	—
10 to 20 years	2	1	3	1	—	1	2	1	3	—	—	—	—	—	—
Over 20 years	—	—	—	1	—	1	2	—	2	—	—	—	—	—	—
Unknown	6	2	8	3	—	3	6	2	8	—	1	1	—	—	—
Totals	30	24	54	30	24	54	30	24	54	5	9	14	5	9	14

13. Duration of Mental Disease and Treatment in Patients Recovered or Died.

PERIOD.	FIRST ADMITTED TO THIS HOSPITAL.									ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.			WHOLE KNOWN PERIOD OF HOSP. RESIDENCE.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
A.—Died:—															
Congenital	3	—	3	—	—	—	3	—	3	—	—	—	—	—	—
From Under 1 month	5	5	10	7	6	13	1	1	2	—	—	—	—	—	—
1 to 3 months	7	4	11	4	5	9	2	—	2	—	—	—	1	—	1
3 to 6 months	5	2	7	6	3	9	4	1	5	—	—	—	—	—	—
6 to 12 months	8	7	15	5	6	11	6	4	10	1	1	2	—	1	1
1 to 2 years	6	4	10	8	3	11	6	6	12	—	1	1	—	—	—
2 to 5 years	5	5	10	8	4	12	7	4	11	—	—	—	—	—	—
5 to 10 years	1	3	4	9	6	15	7	7	14	1	—	1	1	1	2
10 to 20 years	3	3	6	3	7	10	6	9	15	—	1	1	—	1	1
Over 20 years	1	1	2	1	3	4	2	2	4	—	—	—	—	—	—
Unknown	8	10	18	1	1	2	8	10	18	—	—	—	—	—	—
Toatls	52	44	96	52	44	96	52	44	96	2	3	5	2	3	5