

# ANNUAL REPORT

OF THE

## BOARD OF MANAGERS

OF THE

# New Jersey State Hospital

AT

TRENTON, N. J.

FOR THE

Year Ending October, 31st

1914

=|||=

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## Letter of Transmittal

Trenton, New Jersey.

*To His Excellency, Governor James F. Fielder, Trenton, New Jersey:*

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

Very truly yours,

SCOTT SCAMMELL,

*Secretary.*

## Report of the Board of Managers

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*To His Excellency, James F. Fielder, Governor of New Jersey:*

SIR—We herewith present to you the Annual Report of the Board of Managers of the New Jersey State Hospital at Trenton, as required by provisions of the Act relative to the Government and Management of Insane Hospitals owned by the State of New Jersey.

The report of the Medical Director annexed will show the movement in population for the year. We would call your attention to the fact that the daily average number of patients for the year is 1,523, which is 47 less than last year. This decrease in the daily average of patients is significant, when we consider that the annual average increase for the last ten years has been 50 patients. This year we have transferred nineteen male epileptics to the Epileptic Village at Skillman, and the number of patients admitted are eighteen less than the year before. In spite of this fact we discharged exactly the same number as in the previous year. Several factors are responsible for this increase in the daily average number of patients. The most important one is, perhaps, due to what might be termed the efficiency of hospital treatment, by which we mean that patients who come here for treatment do not remain in the hospital as long a time as they formerly did. The average length of time spent by a patient in the hospital, who was eventually discharged, during the five-year period from 1902 to 1907, was six months, and the proportion of patients discharged to those admitted (not including deaths) was 34 per cent. In the five-year period from 1908 to 1913, the average duration of a patient in the hospital was four months, and the percentage of patients discharged to those admitted was 47 per cent. This shows a decided improvement in hospital efficiency, and is also an important factor in the economic problem of caring for the insane as it reduces the amount paid by the State and counties for the care of these patients who would eventually recover. The second factor is that a number of patients have been discharged during the year who have been in the institution for quite a long time, some as long as ten years.

By acquainting the families with the exact nature of the trouble and advising them how to care for these patients, we have been able to allow them to be discharged, thus relieving the State of this burden. Another class of patients could be dealt with in a similar manner, but have no relatives or friends to care for them. If we could

obtain proper homes for such patients they would at least be able to work for their board, and in many instances they would soon be able to receive compensation for their work. We shall attempt this year to have the field worker investigate possible homes for this class of patients, and we hope to be successful in relieving the hospital of these favorable cases.

In general the health of the patients during the year has been good. A threatened epidemic of diphtheria occurred, but the prompt and efficient work of the Medical Staff, assisted by the State Board of Health, limited the epidemic to one patient and two attendants. One suicide occurred during the year.

The number of voluntary patients admitted during the year was 19, which was an increase of nine over the previous year. The number of such patients would be larger if the privilege was extended to indigent as well as to private patients, and we indorse the Medical Director's request for legislation concerning this matter.

There have been no important changes in the medical service. The two members of the staff who were granted leave of absence to study abroad have returned. We feel that the policy of allowing this privilege has raised and will materially raise the standard of our medical work.

During the year great progress has been made in one branch of our medical work. We refer to the treatment of paresis, of which a full account is given in the Medical Director's report. This marks a most important stage in modern psychiatric research work, and we feel justified in calling your Excellency's attention to the importance of appropriating sufficient money with which to carry on research work in this hospital.

The United States annually expends more money, exclusive of hospital buildings, in maintaining the insane in institutions than is expended upon the Panama Canal. There are more insane patients in hospitals than there are students in colleges and universities; and each year the apparent incidence of nervous and mental disorders increases with startling rapidity. The financial tax upon every community to maintain this host, larger than the combined forces of an army, navy and marine corps is enormous, and is steadily increasing. How may the ravages of this plague be lessened? There is only one method by which this great problem may be successfully attacked. Change the old forms of institutions of the asylum type which were intended for the reception and care of patients after they have reached the incurable stages of disease into modern hospitals for the insane.

Insanity is a collective term to designate an individual's failure to adjust life successfully at a certain level. The modern hospital for the insane should be a center in which every facility is offered to competent investigators to study the causes of imperfect adjustment in order that the incidence of these diseases may be lessened. Not

only should the members of the medical profession, but teachers, social workers and all persons directly interested in directing human activities into proper channels must be trained to recognize the initial symptoms of imperfect adjustment in order that treatment may be begun at a stage of the disease when an amelioration or cure of the symptoms is possible. Many of the patients now classed as incurable could, under proper direction, have had their activities directed so as to avert an attack of mental disease, and many of the disorders now called incurable could be prevented if greater facility were given to scientific investigators to determine the causes and the ways of preventing the occurrence of these maladies. The modern hospital for the insane should be one of the great educational centers from which the forces are directed that will determine many of the laws underlying individual efficiency, national greatness, and the progress of civilization.

New Jersey has \$11,418,313.39 invested in her state institutions and expends annually over \$3,000,000 to maintain them. In the report of the New Jersey Commission on the Care of Mental Defectives occurs this statement: "Alcoholism is the most prominent single causative agency with reference to crime, pauperism, mental disease and degeneracy." This statement and the increase in insanity due to alcoholism is so alarming as to demand public interest in this important subject. It is estimated that thirty per cent of the male patients in this hospital are here because of over-indulgence in alcoholic stimulants. It is evident that this relationship between alcoholism and mental and physical deficiency represents a factor of such importance in its influence upon individual health and efficiency, and upon the financial interests of the state, as to demand serious consideration and study. How, and in what manner so important a subject should be treated is a problem for serious consideration. It is respectfully recommended that a commission of broad-minded men be appointed by your Excellency to carefully and exhaustively investigate this subject, with the view of proposing some definite plan whereby this condition may be controlled, or a proposition which will eradicate its ravages.

We regret very much that the last legislature saw fit to reduce our maintenance again to \$4.00 per capita per week, which maintenance had been raised by the previous legislature to \$4.50. The Appropriation Committee of the Legislature of 1912 were convinced that in order to maintain the hospital according to modern standards the per capita allowance would have to be increased.

We regret that the Commissioner of Charities and Corrections felt it necessary to recommend the reduction of our maintenance to \$4.00 per week. It is difficult to compare the per capita cost of insane hospitals in other States with the standard of maintenance set by this hospital. The Massachusetts State Hospitals, with one

exception, may be taken as a standard of efficiency and management, and five hospitals in that State show a per capita cost of from \$4.68 to \$4.99 per week. Four of the Pennsylvania State Hospitals had a per capita cost ranging from \$4.25 to \$5.28. The New York State Hospitals vary. In those which can be compared in size and equipment with this hospital, the per capita cost was from \$4.12 to \$4.83 per week. Other States show considerable variation, but it is the general opinion of men connected with modern hospitals that such institutions cannot be maintained for less than \$4.50 per capita per week. As a result of this decrease in our per capita cost we have had to eliminate many of the features outlined in our previous report, and it is becoming a very difficult problem for both the Warden and the Medical Director to maintain an efficient hospital on the amount of money at their disposal.

We are gratified to note that the last Legislature reappropriated the \$98,000 due us for the erection of a criminal insane building, and added \$50,000 for the center building. One wing is under construction, and we shall need \$100,000 more to complete this building before it is occupied. The appropriation of \$60,000 for psychopathic wards was also much appreciated by this Board. Plans and specifications are under way for the erection of this much needed addition. We respectfully request \$70,000 be appropriated for a similar building for the male department.

We would call your attention to the immediate necessity of making this hospital more fire-proof. An exhaustive investigation has been made during the year and we have given the subject much consideration. The last Legislature appropriated \$25,000 for this purpose. We respectfully request that at least \$25,000 be appropriated the coming year to make the necessary alterations and install adequate devices for safeguarding the patients under our care in the event of a fire.

We would indorse the recommendations of the Medical Director and Warden for new buildings, etc. It is absolutely necessary to have an addition to our power house in order to heat the criminal insane building when it is completed. The \$75,000 requested for the male nurses' home we consider urgent, as at the present time it is necessary for the male attendants to room in the wards. This is not only unfair to them, but by so doing many rooms are now occupied by attendants which could be occupied by patients, if we had such a building.

As required by law the county institutions have been visited during the year. They were, on the whole, well managed, and the patients in these institutions are well cared for. We would, however, reiterate the fact that we do not believe these institutions should receive acute cases, as they have not the facilities for treating this type of mental disorder. All acute cases should be sent to the State Hospitals and the county institutions should care for chronic types.

In conclusion, we commend to your consideration the faithful work of the Medical Staff and employes of the medical department, the Warden and his assistants whose co-operation and conscientious performance of duty have aided the Board in their efforts to maintain this hospital upon a plane demanded by the public at large.

LUTHER M. HALSEY, M. D., *President*,  
 ARTHUR D. FORST, *Vice-President*,  
 WILLIAM L. BLACK,  
 ALFRED L. ELLIS, M. D.,  
 JOSEPH H. MOORE,  
 STEWART PATON, M. D.,  
 JOSEPH RAYCROFT, M. D.,  
 GEORGE TRACEY, M. D.,

*Managers.*

## Medical Directors Report

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

GENTLEMEN—I have the honor to submit the sixty-seventh annual report of the operations of the Medical Department of the New Jersey State Hospital at Trenton for the year ending October 31, 1914.

At the beginning of the fiscal year there were present in the Hospital 1,559 patients, 798 men and 761 women. During the year 468 patients were admitted, 264 men and 204 women, 1 patient was returned from escape, and, adding the nine patients nominally admitted for discharge at the end of their four months' visit, the total number of admissions would be 478, making the total number under care 2,037. Of this number we have dismissed during the year 504, 267 men and 237 women, leaving the total number of patients under care, November 1, 1914—1,533, 802 men and 731 women. Of the total number of dismissals during the year, 154,—72 men and 82 women were discharged as recovered at the time of leaving the Hospital. The number of recoveries are 15 less than last year. The recovery rate calculated upon the number of admissions is 34%. The recovery rate based upon the number of discharges is 35%. The daily average number of patients is 1,523, or 47 less than last year. The net decrease for the year is 26 instead of the usual 50 or more net increase. But when further analyzed it is found that the length of time patients, who are ultimately discharged, remain in the Hospital, only average  $3\frac{1}{2}$  months, instead of six months, the average for the 5 year period (1902-1907). So, a considerable saving to the State and counties is thus accomplished. This decrease in the total number of daily average patients is partially accounted for by the fact that 19 male epileptics were transferred to the Epileptic Village at Skillman.

The number of deaths during the year were 101 men and 91 women, the total of 192, which is three more deaths than last year. The death rate computed upon the number of patients under treatment during the year is 9%, which is the same as last year. A large death rate is due in part to the large number of feeble cases who were admitted and died within a short time after entering the Hospital and also to the advanced age which the majority of the patients were admitted.

Of the number of patients on visit at the end of our last fiscal year, 6 men and 3 women, total 9, were nominally admitted for discharge during the year, at the end of the four months' visit. We have on visit at the end of this year, 15 men and 16 women, total 31.

One suicide occurred during the year, in a male patient. His mental trouble was of a chronic character, and there was no chance for his recovery. He had a private attendant, and, to the knowledge of the physicians and attendants, he never expressed any ideas regarding suicide. He was seen on the ward at 8 o'clock at night, and later the night attendant found him tied to his bed-post with his suspenders.

During the year the Medical Staff were severely taxed by the appearance of an incipient diphtheria epidemic. One male patient developed diphtheria and he was isolated, and cultures were made from the throats of all the male patients. Later it was found necessary to take cultures of all the patients in the main building and the annex, of attendants, nurses and employees. Of the whole number about 40 patients were found to have positive cultures, although they showed no clinical symptoms of diphtheria. These patients were all isolated and prophylactic doses of antitoxin were given. As a result of these precautionary measures the only clinical cases that developed were two attendants in the annex. The prompt measures taken to limit this incipient epidemic were successful.

I take pleasure in commending the work of the staff during this trying experience, and I also wish to commend the help given by the State Board of Health, who examined on the average from three to five hundred cultures a day and promptly reported the results to us.

#### VOLUNTARY COMMITMENTS.

During the year we have received as voluntary patients, 12 men and 8 women, total 20. The following table shows the types of mental diseases in "voluntary" patients and the result of treatment. The present law governing voluntary admissions applies only to private patients, i. e., those able to pay at least five dollars per week for their maintenance. To obtain the full benefit of such a provision, it will be necessary to extend it to include indigent patients as well. We have many applications for voluntary admissions, from patients who are unable to pay their maintenance and thus they are deprived of this very important privilege. An attempt will be made at the coming session of the Legislature to have this law amended to include the indigent class.

#### Voluntary Commitment.

Name.	Diagnosis.	Duration of Psychosis.	Time in Hospital.	Date of Discharge.	Condition on Discharge.
G. S.	Ma. Neurasthenia	1 year	10 days	Nov. 28, 1913	Improved
W. F.	Ma. Paranoid condition due to deafness	2 years	1 mo., 13 days	March 23, 1914	Improved
E. E.	Ma. Unclassified	2 weeks	2 mos., 3 wks., 2 days	April 9, 1914	Improved
E. R.	Ma. General Paralysis	1 year	2 mos., 12 days	April 16, 1914	Improved
C. H.	Ma. Manic Depressive Ins. Dep. Phase.	3 weeks	17 days	April 18, 1914	Recovered
T. W.	Ma. Traumatic Psychosis with mental deterioration	Unknown	7 days	June 6, 1914	C. S. S.
T. K.	Ma. Juvenile General Paralysis	12 years	2 mos., 17 days	June 23, 1914	C. S. S.
C. S.	Ma. General Paralysis	2 years	2 mos., 17 days	July 3, 1914	Recovered
H. K.	Ma. Alcoholic Intoxication	18 days	1 mo.	Nov. 28, 1914	Recovered
G. W.	Ma. Manic Depressive Ins. Dep. Phase.	5 weeks			
L. J.	Ma. General Paralysis	4 years			
J. E.	Ma. Tabes Dorsalis	1 year			
E. B.	Fe. Neurasthenia	1 year			
A. G.	Fe. Psychasthenia	2 months	7 days	Nov. 29, 1913	Improved
J. C.	Fe. Involution Psychosis	2 years	3 mos., 3 wks., 3 days	June 19, 1914	Recovered
L. R.	Fe. Psychopathic Personality	5 years	1 mo.	Sept. 15, 1914	Improved
O. E.	Fe. Constitutional defective with hysterical episodes	1 month	5 mos., 4 wks., 1 day	Sept. 24, 1914	Recovered
R. M.	Fe. Neurasthenia	2 months	3 wks., 1 day	Sept. 24, 1914	Recovered
H. L.	Fe. Manic Dep. Ins. Hypomania.	1 year	3 mos., 7 days	Oct. 14, 1914	Improved
M. P.	Fe. Manic depressive Ins.	1 month			

Women—8 admitted, 6 discharged. Men—12 admitted, 9 discharged.



## MEDICAL STAFF.

There have been no important changes in the medical staff during the year. Dr. Henry A. Austin, who was appointed interne in September, 1913, resigned June 5, 1914, to accept a position as Chief Resident Physician at the City Detention Hospital, Baltimore, Maryland. Dr. Leon Reigner, Resident Dentist, resigned March 15, 1914. Dr. Donald Rupert was appointed to fill the vacancy. Dr. Frederick S. Hammond, Pathologist, who was granted a leave of absence a year and a half to study in Munich, Germany, has returned. Dr. Edgar B. Funkhouser, who was granted a leave of absence to study in Europe, returned during the year.

## CONSULTING STAFF.

There have been no changes in the Consulting Staff during the year. We take this opportunity to extend our thanks to the Consulting Staff for their valuable assistance rendered willingly whenever called upon.

The following table is a table of operations performed during the year:

Name.	Sex.	Operations.	Surgeons.	Result.
N. W.	Female	Amputation of left breast for cancer	Dr. Reddan	Successful
L. F.	Male	Single Inguinal Hernia	Dr. Reddan	Successful
I. B.	Male	Operation on lower jaw for cancer	Dr. Reddan	Successful
F. H.	Male	Tonsillotomy	Dr. Adams	Successful
J. P.	Male	Trephining	Dr. Oliphant	Successful
M. B.	Female	Exploratory (Abdominal)	Dr. Reddan	Died

Men, 4; women, 2; total, 6.

## NURSING STAFF.

We report the continued improvement in the services rendered by both male and female nurses to the Hospital. Only occasional minor forms of abuse have occurred, and, on the whole, we feel it is a source of gratification that these complaints are gradually disappearing. The patients have sufficient opportunity to tell of abuse not only in speaking to the physicians and Medical Director when rounds are being made, but at staff meeting, when they are usually asked the direct question as to their treatment while in the Hospital, and the majority of patients speak frankly at that time about their treatment. The majority have only praise for the manner in which they have been treated here.

The annual commencement of the training school was held on June 5, 1914. The following graduates received diplomas: Ruth Georgine Hitesman, Bessie Eleanor V. Hall, Emily Van Doren Hall, Jane Elizabeth Rafferty, Goldie Garnet Watson.

The Honorable William E. Ramsay, M. D., State Senator from Middlesex County, delivered an inspiring address to the graduates.

The change in our Training School course, noted in our last report, has been favorably received by the nurses trained; and by the arrangements with Mercer Hospital, we are able to supplement the training of our nurses in branches they could not obtain here. In the next session of our Legislature an attempt will be made to allow our graduates to become registered nurses after having taken a three-year course, six months of which are spent in the general hospitals.

Frederick P. Chrissman, male supervisor, resigned May 20, 1914. Mr. James F. Drake, assistant supervisor, was appointed to fill the vacancy.

## OCCUPATIONS AND AMUSEMENTS.

This very important phase of hospital work has been receiving more attention during the last year. The necessary dull hospital routine is for most patients a matter of some distress, especially those patients who are capable of appreciating occupation and amusement. Another class of patients who suffer are the ones who through neglect become indifferent and apathetic to their surroundings, or institutionalized. Both of these classes require special attention. So from its rather small beginning, the merits which were so easily apparent, we have been devoting more attention to this phase of our treatment. At the present time we are attempting to carry out a definite schedule which includes the regular dances, entertainments, reading and raffia classes in the library, walking parties in which both female and male patients participate, the afternoon tea parties, with literary attractions are popular, the reading of Shakespeare plays with patients taking character has proved very entertaining.

Miss Amy R. Rickey, in charge of the occupational work and also librarian of the general library, as well as Miss MacEachron, who trains the choir and the patients in chorus work, have both been untiring in their efforts to develop this phase of our hospital work and deserve special commendation for their activities.

## MEDICAL WORK.

The medical work is carried along in the same manner as outlined in previous reports. The routine clinical examinations constitute the fundamental part of the assistant's work and is, of course, one

of the most important of our medical work. It is absolutely necessary to have a complete full examination of all the patients, so that an adequate diagnosis can be established. This routine work, however, should constitute only a partial function in the scheme of the medical work of the State Hospital. In conjunction with this, we should encourage and foster serious work. Special problems should be taken up by members of the staff and carefully carried to some conclusion.

It is gratifying to report that the work started a year and a half ago and mentioned in our last report has been successfully carried on. We refer to the treatment of general paralysis by methods known as the "Swift and Ellis Treatment" through the agency of Ehrlich's Salvarsan. We have treated in the neighborhood of 30 cases, in fact, every paretic case admitted to the Hospital is given treatment as soon as the diagnosis is established. In treating all grades of paretics, our proportion of cases, which have been arrested are not as large as if we only treated the favorable ones. Of the patients treated during the last year, one half (15) have been able to leave the Hospital and to all intents and purposes the disease process seems to be arrested. They are kept under constant supervision, returned to the hospital, some for continued treatment and some for observation. Only one case so far has suffered a relapse and this patient left the hospital a little too soon and took up active work. He became expansive and showed lack of judgment, returned to the hospital for further treatment, and we think we can further arrest this process. The percentage of patients in which the process has been arrested is about 50 per cent. A review of the patients of paretic cases admitted in the State Hospital in the last seven years show 127 men and 37 women, total 154. Of this number 6 male patients have left the Hospital and are apparently enjoying remissions, which is 5% of the number admitted. Two female patients have also left the Hospital apparently suffering from paresis and are enjoying a remission, so that we can safely say that only 5% of the patients show remissions, without any treatment. The 50 per cent in which the disease process has been arrested (which may be called for the present, remissions), is in marked contrast to the ordinary 5 per cent of normal remissions.

The methods used at the time of our last report were the original ones adopted by Swift and Ellis, and the Salvarsanized serum was given by lumbar puncture. At the present time the cerebral puncture is being used especially on patients in which no impression was made upon their clinical condition by the lumbar puncture method.

The cerebral method is, of course, more difficult, requires a great deal more time and is in reality a major operation; but the experience of the physicians of the Essex County Hospital show that it does not take as many treatments to accomplish the same result as the intraspinal method. We may affirm, then, with some degree of

confidence that the use of Salvarsan or Neosalvarsan has had a decided effect in arresting the process in a number of cases. The degree of success is dependent upon the stage of the disease. Our advanced cases, where the patient is absolutely demented, show no clinical improvement, (although the serological findings become normal). The most important factor in the successful treatment of this disease is in the early recognition by the attending physician and speedy commitment of the patient to the Hospital. Our records show that the average duration of the disease in patients admitted is one year and six months before commitment. And a further fact is evident from the commitment papers: i. e., that very few of the examining physicians apparently recognize the existence of general paralysis in many of the patients committed. It is, therefore, incumbent upon the general practitioner to familiarize himself more thoroughly with the symptoms of this disease, so that these patients will be admitted at a time when there is some hope of successful treatment. Complete records are kept of the patients treated and bi-weekly examinations of spinal fluid and blood are made. These biological findings are charted, together with mental and physical examination. The maximum number of treatments given in individual cases so far has been twelve. Usually if the patient is one who is likely to be helped or who is in the stage where his disease can be arrested, there ensues very marked improvement after two or three treatments.

The difficulty of obtaining Neosalvarsan has interfered somewhat with our work; but we have been fortunate to obtain a sufficient quantity of this drug to carry on our actual treatments; but we have not been able to give it to patients where the result of the treatment would be doubtful. This subject forms the basis for four papers given at the various National State and Societies during the past summer, and these papers are now in preparation for publication. A certain degree of scepticism regarding the value of this treatment has arisen in some quarters; but we are glad to report that such institutions as the Government Hospital at Washington, Sheppard and Pratt Hospital at Baltimore, Bloomingdale Hospital at New York and the Essex County Hospital, Newark, have reported successes similar to ours.

It is possible that it may become necessary to modify this treatment; but at the present time it is the only method that offers any hope to this formerly hopeless class of patients. The treatment of the cases of paresis has occupied most of the time devoted to research work during the last year and a half. The routine examinations of the Blood and Spinal Fluid have also taken up a large part of the time of the Laboratory assistants, so that it has been necessary to forego, for a time, the study of metabolism in the various psychoses, of which we gave an outline in the last report. We are now giving our attention to this very important branch of research work.

The introduction of the so-called Abderhalden tests in the domain of psychiatry seem to point to some definite lead in the direction of studying the secretions of internal organs. The methods are complicated and difficult, and really require the services of a trained physiological chemist. The work done by Dr. Charles E. Simon, at the Sheppard and Pratt Hospital, has shown the value of this method of attacking some of the difficult problems, especially Dementia Præcox. Besides the method of Abderhalden we believe that the metabolism relating to the glands of the internal secretion should also be the subject of intensive investigation. This type of investigation demands the time of experienced men, and we find it extremely difficult to have this work done by members of the staff who are engaged in the routine clinical work. We feel that it is absolutely necessary to have this work done as its importance, in the final solution of some of the obscure problems confronting us today, cannot be denied.

Our Medical Staff, as it exists today, is not large enough for us to undertake this work in the proper manner, and I would recommend that the staff be increased sufficiently to allow this work to be carried out properly.

I take this opportunity to commend to you the conscientious work of the members of the staff during the past year. They have co-operated willingly with the Board of Managers and the Medical Director in the work of the Hospital, and any success during the past year, which has been achieved by the Hospital, is due largely to their interest and faithful work.

#### OUTPATIENT DEPARTMENT.

The weekly clinics at Mercer Hospital have been held, and many cases examined in the wards at that Hospital. We would much prefer that a larger number of people avail themselves of this treatment and advice, but even with a small number treated, we feel it is well worth the time given to it.

#### DENTAL WORK.

Following is the report of the dentist of the work accomplished from March 18, 1914, to November 1, 1914:

Operative—Teeth cleaned, 339; teeth extracted, 420; amalgam fillings, 165; silicate fillings, 25; treatments, 470.

Prosthetic—Impressions, 10; crowns cemented, 5; repaired plates, 8; bridges, 2.

#### LABORATORY REPORT.

The routine work of the laboratory during the past year consists of 123 autopsies and 2,066 various examinations of diagnostic character.

The number of autopsies represent 64% of the total number of deaths (192). Tabulated anatomically as to psychosis the autopsied cases were:

Alcoholic psychoses, 4; arteriosclerotic brain disease, 26; brain syphilis, 2; brain tumor, 2; constitutional inferiority, 2; delirium, undifferentiated, 5; dementia præcox, 21; epilepsy, 1; general paralysis, 17; hysteria, 2; imbecility and idiocy, 8; manic depressive insanity, 6; paralysis agitans, 1; paranoid condition, 3; senile dementia, 23.

In this number of autopsies 87 deaths occurred in patients suffering from psychoses of incurable types.

The principal causes of death in all cases were:

Cardio-vascular-renal disease, 46.3%; general paralysis, 13%; tuberculosis, 13%; pneumonia, 8%; miscellaneous, 17.8%.

The percentage of deaths from tuberculosis in the autopsied cases is slightly below that of the previous year, which was 15%. Among the various psychoses by far the greater number of tuberculosis cases occurred in the dementia præcox group, 37.5% of all autopsies showing tubercular conditions being cases of this psychosis.

In addition to the routine preparation of microscopical sections from the 123 autopsies, 2,066 diagnostic examinations have been performed which consist in:

Wassermann reaction, blood and spinal fluid, 668; cerebro-spinal fluid, 512; surgical and clinical specimens from outside sources, 214; urine, 416; throat cultures, 55; widal reactions, 129; sputum and blood examinations, 26; miscellaneous bacteriological examinations including milk and water, 46.

In connection with the increased number of general paralysis patients who are being treated by the intraspinal and intracerebral salvarsan serum injections, the Wasserman reactions and spinal fluid examinations have increased two and a half times over the previous year, both blood and fluid being examined at each treatment. The cholesterinized extracts of human and beef hearts have been largely used as antigens and have proved highly satisfactory.

The new addition to the laboratory building has been completed and is now occupied. The equipment includes a motor generator apparatus by which a direct electric current will be obtained and will allow the use of several pieces of apparatus, previously impossible to operate.

## FIELD WORK.

This branch of our hospital work has been carried on during the past year under the supervision of Miss Dorothy B. Gardner.

The object of this work has been to collect adequate data regarding heredity, social conditions, environment, habits, etc., of patients committed to this hospital. However, the large number of patients admitted make it impossible for one person to investigate these cases as thoroughly as should be done. Besides the above mentioned part of the work, we feel that the after-care work is fully as important, and each year two or three months are taken by the field-worker to visit patients that have been discharged within the last year or two, and report upon their condition. It has been thought wise to take up routine cases for investigation, rather than to pick out the promising patients from any one group. It is easy enough to find sufficient number of patients who show interesting hereditary features to occupy the whole time of the field worker; but in order to get a proper idea of the prevalence of heredity we feel that by taking routine cases, which include both the promising and unpromising ones, we will get the negative side of the question, which, to date, has not been sufficiently investigated. Along with this work, the constitutional characteristics of the patients have been especially studied.

At the last session of the Legislature only \$2,500 was appropriated for this work and we feel we should have an increase this year.

## NEW BUILDINGS, IMPROVEMENTS, ETC.

We were especially fortunate in our petitions to the last session of the Legislature which appropriated the following for new buildings and improvements, etc.

Sixty thousand dollars for addition to the male building to be known as a psychopathic ward. The amount appropriated by the previous Legislature, \$40,000, was not sufficient to erect the building designed by the State Architect and approved by the Board of Managers, so that the recent session of the Legislature added the \$20,000 additional. Plans and specifications have been prepared and hope to begin the construction of these buildings in the Spring. Of the \$100,000 appropriated for the criminal insane building, \$50,000 lapsed, because of the fact that the appropriations were not made in the same year and contract could not be entered into. This amount was re-appropriated with \$50,000 more. This amount will complete one wing and the center. In order to complete the building \$100,000 more will have to be appropriated next year.

The addition to the laboratory, for which \$10,000 was appropriated, has been constructed and is now occupied. This gives us sufficient building to carry on their present work and to take care of the increase in the work for a number of years. For new furniture \$1,500 was appro-

priated, also \$500 for low seats and \$2,500 to complete the remodeling of the old museum for an attendants' recreation hall.

All of these items have been expended for the purposes for which they were appropriated.

## RECOMMENDATIONS.

The amount necessary to complete the erection of the criminal insane building is \$100,000, which amount must be expended before we can occupy this building, and thus relieve the congested conditions of the wards in both this Hospital and Morris Plains, as this building is planned to accommodate the criminal insane from both institutions. For equipment in furniture, etc., for this building \$20,000 is required. The amount of money appropriated for the psychopathic wards will accommodate easily the female department, and we ask for an additional appropriation of \$70,000 for psychopathic wards for the male department.

Some of the most important questions to be considered this year, aside from the above, is the question of housing our employees, especially the male attendants. The quarters of the attendants are wholly inadequate for the purpose and we frequently lose good men because we have not the proper accommodations for them. It is wrong to ask attendants to sleep in the wards after they have spent their hours on duty with the patients, and it is only just that they should have their quarters in a separate building, and an important item to be considered would be the release of one hundred rooms in the main building for the use of patients. The state architect estimates that such a building will cost \$75,000 and we respectfully request the amount.

It seemed to be the opinion that the State should expend a certain amount for research work, and not allow an increase in maintenance rate. If such is the case, we would ask this year for \$10,000 for this purpose, so that we could at least begin this very important part of our work.

We also request that \$1,500 be appropriated for Laboratory apparatus and supplies which is necessary in order to maintain the proper efficiency of the Laboratory. It is also necessary to provide new furniture for the Hospital, especially the new psychopathic wards, and \$5,000 is requested for this purpose.

Investigation during the last year into available means and methods of the fire protection of the Hospital shows conclusively that funds should be appropriated to make our buildings fire proof as far as possible so that in case of a fire none of our patients would be in any danger from this source.

## CONCLUSIONS.

I wish to again thank the Board of Managers for their continued support and advice to the Medical Director during the past year. The active interest taken by your Board in all matters relating to improving and safe-guarding the condition of the patients is a source of gratification, and assists materially in the work of the Medical Department. I desire also to express to the Medical Staff my appreciation of their loyalty, co-operation and continued efficiency in the work of the Hospital. Also to thank the Warden for his constant and untiring efforts to assist the Medical Department whenever occasion required such assistance.

Respectfully submitted,

HENRY A. COTTON,  
*Medical Director.*

November 1, 1914.

## Warden's Report

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

*Gentlemen:* I respectfully submit to you the annual report of the business department covering a period from November 1st, 1913, to October 31st, 1914, such period being our fiscal year regulated by the laws of the State of New Jersey. This report shows amount of cash receipts and expenditures, appraisement of personal property, also reports are appended showing in detail the products of the farm, garden and dairy, the value of the different products and cost of producing same, also analysis of expense report, and an estimate of our requirements for the coming year.

The cash receipts and payments have been as follows: Balance in hands of Treasurer, November 1st, 1913, \$14,074.99; cash receipts from all sources, \$396,931.08; cash payments during the year, \$367,618.35; cash balance October 31st, 1914, \$44,287.72.

The average number of patients for the year 1914 was 1,526, making the average cost of maintenance per patient per annum \$243.08 or \$4.6746 per week.

### INVENTORY.

The annual appraisement of the personal property of the institution was made during October. The personal property amounts to \$219,960.81. Messrs. John W. Hendrickson and Lloyd H. Rockhill, who were appointed by the Board of Managers, rendered valuable assistance in making the appraisement.

### APPRAISEMENT.

Buildings, grounds, etc., valued at, ; personal property appraised as above, \$219,960.81.

### ABSTRACT OF RECEIPTS AND DISBURSEMENTS FOR YEAR ENDING OCTOBER 31, 1914. RECEIPTS.

Balance in hands of Treasurer Oct. 31, 1913, \$14,974.99; amount received from State Treasurer for County patients, amount received from State Treasurer for convict patients, amount received from State Treasurer for State patients, \$203,505.99.

Amount received from State Treasurer for reimbursement of County indigent patients, \$208.51.

Amount received from State Treasurer for officers' salaries, \$17,628.06; amounts received from Atlantic Co., \$515.02; Bergen Co., \$124.49; Burlington Co., \$435.74; Camden Co., \$129.63; Cape May Co., \$2,851.80; Cumberland Co., \$608.38; Essex Co., \$680.71; Gloucester Co., \$7,848.44; Hunterdon Co., \$7,209.63; Mercer Co., \$38,119.25; Middlesex Co., \$26,659.34;



Morris Co., \$154.53; Monmouth Co., \$20,245.17; Ocean Co., \$6,511.89; Passaic Co., \$131.22; Salem Co., \$5,319.25; Somerset Co., \$9,567.38; Union Co., \$465.12; Warren Co., \$143.44; private patients, \$42,750.31; interest, \$88.80; petty cash expense fund, \$1,000; sundries, \$4,028.31. Total, \$396,931.08. Final total, \$411,906.07.

## DISBURSEMENTS.

Pay Roll of Officers.....	\$ 17,628.06	
Pay Roll of Employes.....	130,432.83	
Schedule of Expense.....	218,557.46	
Petty Cash Expense Fund.....	1,000.00	\$367,618.35
Balance in hands of State Treasurer.....		\$44,287.72

## STATEMENT OF ASSETS AND LIABILITIES OCT. 31ST, 1914.

Balance in hands of State Treasurer.....	44,287.72
Due from State Treasurer for support of indigent patients .....	
Deficiency Sept., 1914.....	1,003.63
For month of October.....	15,933.71
	\$16,937.34

Due from Counties to Oct. 31, 1914: Atlantic, \$27.07; Bergen, \$18.83; Burlington, \$115.70; Cape May, \$214.80; Camden, \$17.43; Cumberland, \$49.96; Essex, \$129.62; Gloucester, \$559.60; Hunterdon, \$545.51; Mercer, \$5,211.03; Middlesex, \$6,751.21; Monmouth, \$2,937.07; Morris, \$17.43; Ocean, \$2,248.18; Passaic, \$35.53; Salem, \$811.93; Somerset, \$1,477.77; Union, \$52.84; Warren, \$34.85. \$21,256.36. Total, \$38,193.70. Final Total, \$82,481.42.

## LIABILITIES.

Schedule as of Aug., 1914.....	\$12,714.37	
Schedule as of Sept., 1914.....	17,780.69	
Orders on file.....	21,536.58	
Pay Roll of Employees due Oct. 31, 1914.....	5,446.32	\$57,477.96
Assets above Liabilities.....		\$25,003.46

## FARM REPORT FOR YEAR ENDING OCTOBER 31, 1914.

Five thousand three hundred bus. potatoes, @ .65, \$3,445.00; 700 tons ensilage, @ \$5.00, \$3,500.00; 150 tons hay, @ \$17.00, \$2,550.00; 20 tons straw, @ \$12.00, \$240.00; 780 bus. wheat, @ \$1.00, \$780.00; 38 calves sold, \$354.00; 500 lbs. tankage sold, per cwt., \$.50, \$2.50; 181 lbs. beef hides sold, @ \$.11, \$19.91; 175 lbs. veal slaughtered, @ \$.19, \$33.25; 8 calf skins sold, \$10.75; 635 lbs. beef slaughtered, \$80.26; manure, \$2,000.00; 561 doz. eggs, @ \$.40, \$224.40; 253 1/2 bus. apples, @ \$.60, \$152.10; money received for board, \$397.56; 30,670 lbs. pork killed, \$4,661.60; 157 bus. corn, @ \$.90, \$141.30; 600 bundles corn stalks, @ \$.04, \$24.00; 1 load pumpkins, \$5.00; 277,307 qts. milk, @ \$.05 1/2, \$15,251.88; 120 lbs. chickens, @ \$.28, \$33.60; 5 baskets cucumbers, \$.60, \$3.00; 2 baskets currants, @ \$1.00, \$2.00; 4 bus. grapes, @ \$1.00, \$4.00; 146 baskets tomatoes, @ \$.20, \$29.20; 12 1/2 bus. string beans, @ \$.75, \$9.38; 20 bus. lima beans, @ \$1.00, \$20.00; 1,000 ears corn, @ \$1.00, \$10.00; 7 bus. beets, @ \$.65, \$4.55; 4 1/2 bus. onions, @ \$1.50, \$6.75; 15 baskets

cherries, @ \$1.00, \$15.00; 27 baskets Bartlett pears, @ \$.50, \$13.50; 27 baskets Kieffer pears, @ \$.12, \$3.24; 24 qts. strawberries, @ \$.10, \$24.50; 300 heads lettuce, @ \$.03, \$9.00; 3 bus. peas, @ \$1.50, \$4.50; 500 stalks celery, @ \$.05, \$25.00; 1 basket quinces, @ \$1.50. Total, \$34,092.23.

## EXPENSE.

Purchasing and keeping hogs in feed, wear and tear on wagon, keeping horse, etc., \$484.00; expense making sausage and scrapple, \$73.79; fertilizers, seeds, manure, etc., \$2,513.97; feeding of cows and horses, \$7,141.52; wages, \$6,643.20; insurance on buildings and personal property, \$40,000.00 @ \$.39 1/3 per \$100.00, \$157.33; interest on investment, \$67,200.00 @ 5%, \$3,360.00; horseshoeing, wear, tear, etc., \$800.00; sundries, \$275.00; board of men, \$1,794.00; extra labor filling silos, \$335.00; Bordeaux mixture, \$65.00; 36 tons coal, @ \$.56, \$201.60. Total, \$23,844.41.

Profit of maintaining farm one year..... \$10,247.82

## GARDEN REPORT FOR YEAR ENDING OCTOBER 31ST, 1914.

One thousand two hundred eleven bunches asparagus, @ \$.20, \$242.20; 7,146 bunches rhubarb, @ \$.07, \$500.22; 5,067 bunches radishes, @ \$.03, \$152.01; 16,153 bunches onions, (green), @ \$.03, \$484.59; 1,207 bunches parsley, @ \$.04, \$48.28; 176 bunches kohlrabi, @ \$.05, \$8.80; 6,824 heads lettuce, @ \$.05, \$341.20; 373 heads cauliflower, @ \$.15, \$55.95; 11,000 heads cabbage, @ \$.05, \$550.00; 59,960 ears corn, per 100, \$1.50, \$899.40; 281 bus. spinach, @ \$.60, \$186.60; 139 bus. pears, @ \$1.50, \$208.50; 230 bus. onions, @ \$.70, \$161.00; 511 bus. beets, @ \$.65, \$332.15; 441 bus. string beans, @ \$1.00, \$441.00; 168 bus. carrots, @ \$.70, \$117.60; 175 bus. cucumbers, @ \$.75, \$131.25; 1,410 bus. tomatoes, @ \$.60, \$846.00; 42 bus. tomatoes, (yellow egg), @ \$.80, \$33.60; 68 bus. grapes, @ \$1.50, \$102.00; 10 bus. egg plants, @ \$1.00, \$10.00; 72 bus. squash, @ \$.50, \$36.00; 180 bus. lima beans, @ \$1.00, \$180.00; 18 bus. peppers, @ \$.50, \$9.00; 3 bus. okra, @ \$1.50, \$4.50; 794 qts. strawberries, @ \$.07 1/2, \$59.55; 700 heads endive, @ \$.05, \$35.00; 16,000 heads celery, @ \$.05, \$800.00; 2,500 bundles leek, @ \$.05, \$125.00; 150 lbs. horseradish, @ \$.10, \$15.00; 150 bus. turnips, @ \$.60, \$90.00; 150 bus. parsnips, @ \$.30, \$45.00; 1,450 heads celeriac, @ \$.03, \$43.50; 2 loads pumpkins, @ \$5.00, \$10.00; 2 bus. onion sets, @ \$3.50; \$7.00; 10 bus. Brussels sprouts, @ \$1.00, \$10.00; 7 bus. kale, @ \$.50, \$37.50; 150 bunches herbs, @ \$.10, \$15.00; 750 bus. corn stalks, @ \$.02 1/2, \$18.75; 6 baskets apples, @ \$.30, \$1.80; 1,400 greenhouse plants, @ \$.20, \$280.00; 4,200 bedding plants, @ \$.05, \$210.00; 2,500 bunches cut flowers, @ \$.20, \$500.00; 2,500 roses, per 100, \$2.00, \$50.00; 15,000 carnations, @ \$.03, \$450.00; 2,000 pansy plants, per 100, \$4.00, \$80.00; 3,000 chrysanthemums, @ \$.10, \$300.00; 400 calla lilies, per 100, \$15.00, \$60.00; miscellaneous plants and flowers, \$100.00; 13 tons hay, @ \$17.00, \$221.00; credit of hauling, \$175.00; keeping of lawns, \$400.00; manure, \$150.00; credit of hauling ice for institution, \$240.00. Total, \$10,592.95.

## EXPENSE.

Lime, fertilizers, seeds, manure, etc., \$547.63; keeping of horses, \$584.00; wages, \$3,367.75; horseshoeing, wear, tear, etc., \$100.00; sundries, \$110.00; fuel for heating, \$98.90; board of men, \$1,352.00; interest on investment of \$45,000.00, \$2,225.00; insurance on \$2,000.00, value of equipment, @ 39 1/2 per \$100.00, \$7.86. Total, \$8,418.14.

Profit of maintaining garden for one year..... \$2,174.81

## DAIRY REPORT FOR YEAR ENDING OCTOBER 31, 1914.

Valuation of herd of cattle as per inventory November 1, 1914, \$16,844.44; 277,307 qts. milk produced, @ \$.05 1/2, \$15,251.88; 38 calves sold, \$354.00; 500 lbs. tankage sold, @ \$.50 cwt., \$2.50; 181 lbs. beef hides sold, @ \$.11, \$19.91; 8 calf hides sold, \$10.75; 175 lbs. veal slaughtered, @ \$.19, \$33.25; 685 lbs. beef slaughtered, \$80.26; 5 baskets cucumbers, \$.60, \$3.00; 2 baskets currants, @ \$1.00, \$2.00; 4 bus. grapes, @ \$1.00, \$4.00; 106 baskets tomatoes, @ \$.20, \$21.20; 12 1/2 bus. lima beans, @ \$1.00, \$12.50; 12 1/2 bus. string beans, @ \$.75, \$9.38; 500 ears corn, @ \$1.00, \$5.00; 5 bus. beets, @ \$.65, \$3.25; 3 1/2 bus. onions, @ \$1.50, \$5.25; 10 baskets cherries, @ \$1.00, \$10.00; 20 baskets Bartlett pears, @ \$.50, \$10.00; 20 baskets Kieffer pears, @ \$.12, \$2.40; 245 qts. strawberries, @ \$.10, \$24.50; 300 heads lettuce, @ \$.03, \$9.00; 3 bus. peas, @ \$1.50; \$4.50; 500 stalks celery, @ \$.05, \$25.00; 1 basket quinces, @ \$1.50. Total, \$32,749.47.

## EXPENSE.

Sixty-seven thousand four hundred fifty lbs. corn meal, \$999.56; 48,200 lbs. distillery grains, \$635.94; 18,940 lbs. malt sprouts, \$242.19; 23,290 lbs. bran, \$316.58; 25,840 lbs. cotton seed meal, \$458.48; 660,780 lbs. ensilage, \$1,651.95; 24,198 lbs. beet pulp, \$343.87; 206,045 lbs. hay, \$1,769.95; 10 pails stock food, @ \$2.00, \$20.00; 350 lbs. stock food, @ \$.08, \$28.00; dairy helper's wages, \$2,639.02; 24 tons coal, @ \$5.60, \$134.40; Patients' board and clothing, \$236.00; dairy helper's board, \$624.00; insurance, \$30.00; interest on investment, cattle and dairy equipment, \$15,642.49 @ 5%, \$782.12; keep of horses, repair of wagons, etc., \$320.00; value of herd of cattle and equipment, Nov. 1, 1913, \$15,642.49. Total, \$26,874.55.

Profit of maintaining dairy for one year..... \$5,874.92

## Statistical Appendix to the Medical Directors Report

## 1. GENERAL STATISTICS FOR THE YEAR.

	Males.	Females.	Totals.
Patients in the hospital November 1, 1913.....	798	761	1559
Admitted within the year.....	271	207	478
Viz.: by commitment .....	252	196	448
By voluntary commitment.....	12	8	20
From escape .....	1	0	1
*From visit .....	6	3	9
Whole number of cases within the year.....	1069	968	2037
Dismissed within the year.....	267	237	504
Viz.: discharged within the year as recovered at time of leaving the hospital.....	72	82	154
As capable of self-support.....	20	21	41
As improved .....	23	14	37
As not improved.....	26	11	37
Died .....	101	91	192
Escaped .....	10	1	11
On visit .....	15	17	32
Patients remaining in the hospital Nov. 1, 1914....	802	731	1533
Viz.: as indigent patients.....	650	663	1313
As private patients.....	45	61	106
Convict .....	44	3	47
Criminal .....	63	4	67
Number of different persons within the year.....	1069	968	2037
Number of different persons admitted.....	271	207	478
Daily average number of patients.....	774	749	1523

\*Six males and 3 females nominally admitted for discharge.

## 2. INSANE RECEIVED ON FIRST AND SUBSEQUENT COMMITMENTS.

	Males.	Females.	Totals.
First .....	224	182	406
Second .....	25	15	40
Third .....	6	3	9
Fourth .....	5	2	7
Fifth .....	1	1	2
Sixth .....	1	0	1
Seventh .....	1	0	1
Tenth .....	1	0	1
Sixteenth .....	0	1	1
Total cases and total persons.....	264	204	468
Never before in any hospital.....	251	197	448

## 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.
United States .....	19	55	59	4	29	30	23	84	89
New Jersey .....	116	58	55	100	46	49	216	104	104
New England States .....	2	2	2	1	1	1	3	3	3
Middle Atlantic States .....	38	11	11	28	17	14	66	28	25
Southern States .....	7	7	5	6	4	3	13	11	8
Other States .....	6	1	0	1	0	0	7	1	0
Totals .....	188	134	132	140	97	97	328	231	229
Other Countries—									
Ireland .....	15	33	35	14	34	31	29	67	66
Germany .....	8	16	14	10	18	20	18	34	34
Russia .....	13	12	12	5	6	6	18	18	18
England .....	5	11	14	7	9	9	12	20	23
Hungary .....	7	6	6	6	8	8	13	14	14
Italy .....	9	10	9	3	3	3	12	13	12
Austria .....	4	5	5	3	3	3	7	8	8
Denmark .....	3	5	5	3	3	3	6	8	8
Poland .....	2	3	3	2	2	2	4	5	5
Scotland .....	0	2	0	2	4	4	2	6	4
Canada .....	1	2	1	2	1	1	3	3	2
France .....	1	1	1	1	1	1	2	2	2
Syria .....	1	1	1	0	0	0	1	1	1
Switzerland .....	1	1	1	0	1	0	1	2	1
Greece .....	1	1	1	0	0	0	1	1	1
Spain .....	0	0	1	0	0	0	0	0	1
West Indies .....	1	0	0	0	0	0	1	0	0
Wales .....	0	1	0	0	0	0	0	1	0
Nova Scotia .....	0	0	1	0	0	0	0	0	1
Norway .....	0	0	0	0	1	0	0	1	0
Bohemia .....	0	0	0	0	1	1	0	1	1
Total foreign .....	72	110	110	58	95	92	130	205	202
Unknown .....	4	20	22	6	12	15	10	32	37
Totals .....	264	264	264	204	204	204	468	468	468

## 4.—RESIDENCE OF INSANE PERSONS ADMITTED BY COMMITMENT.

PLACES.	First Admitted to Any Hospital.			Other Admissions.			Totals.		
	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.
Atlantic .....	2	0	2	0	0	0	2	0	2
Bergen .....	0	1	1	0	0	0	0	1	1
Burlington .....	8	4	12	0	1	1	8	5	13
Camden .....	13	6	19	0	1	1	13	7	20
Cape May .....	4	3	7	0	1	1	4	4	8
Cumberland .....	1	2	3	0	0	0	1	2	3
Essex .....	1	0	1	0	0	0	1	0	1
Gloucester .....	11	12	23	1	2	3	12	14	26
Hudson .....	3	1	4	0	0	0	3	1	4
Hunterdon .....	12	11	23	4	0	4	16	11	27
Mercer .....	70	57	127	19	8	27	89	65	154
Middlesex .....	29	25	54	7	4	11	36	29	65
Monmouth .....	41	32	73	4	2	6	45	34	79
Morris .....	0	1	1	0	0	0	0	1	1
Ocean .....	8	10	18	1	0	1	9	10	19
Salem .....	6	2	8	0	0	0	6	2	8
Somerset .....	13	14	27	3	3	6	16	17	33
Union .....	1	0	1	1	0	1	2	0	2
Warren .....	1	1	2	0	0	0	1	1	2
Totals .....	224	182	406	40	22	62	264	204	468
Cities or large towns, 10,000 or over .....	66	46	112	17	6	23	83	52	135
County districts under 10,000 ....	158	136	294	23	16	39	181	152	333



## 5.—AGES OF INSANE AT FIRST ATTACK, ADMISSIONS AND DEATHS.

AGES.	At First Attack.			Admitted to This Hospital. Persons			Persons Died.					
				When Admitted.			At First Attack.			At Time of Death.		
	Fe.	Ma.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.
Congenital .....	21	13	34	0	0	0	3	6	9	0	0	0
15 years and less...	4	4	8	2	0	2	1	1	2	0	0	0
From 15 to 20 yrs.	13	15	28	10	14	24	5	1	6	1	0	1
From 20 to 25 yrs.	29	14	43	27	15	42	6	6	12	1	2	3
From 25 to 30 yrs.	20	27	47	22	18	40	10	5	15	4	4	8
From 30 to 35 yrs.	36	27	63	34	25	59	5	4	9	5	0	5
From 35 to 40 yrs.	29	19	48	31	21	52	6	6	12	6	5	11
From 40 to 45 yrs.	19	22	41	28	28	56	8	10	18	5	10	15
From 45 to 50 yrs.	21	13	34	27	15	42	7	4	11	8	5	13
From 50 to 60 yrs.	26	23	49	34	32	66	21	12	33	20	9	29
From 60 to 70 yrs.	24	12	36	27	14	41	14	19	33	26	19	45
From 70 to 80 yrs.	12	9	21	20	19	39	15	13	28	19	25	44
Over 80 years.....	0	2	2	1	3	4	0	4	6	12	18	18
Unknown .....	10	4	14	1	0	1	0	0	0	0	0	0
Totals.....	264	204	468	264	204	468	101	91	192	101	91	192

## 6.—PROBABLE CAUSE OF MENTAL DISEASE IN PERSONS ADMITTED TO THIS HOSPITAL.

EXCITING CAUSES.	Admitted.			Predisposing Causes.					
				Hereditary Tendency.			Intemperance.		
	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.
A—Physical—									
Alcohol .....	52	18	70	3	1	4	0	0	0
Alcohol and other causes.....	18	0	18	1	0	1	0	0	0
Arteriosclerotic brain disease.....	18	12	30	3	1	4	1	0	1
Brain tumor .....	0	1	1	0	0	0	0	0	0
Childbirth .....	0	8	8	0	3	3	0	0	0
Traumatic .....	0	0	0	0	0	0	0	0	0
Constitutional inferiority .....	28	29	57	16	19	35	0	0	0
Constitutional inferiority and other causes .....	12	4	16	0	4	4	1	0	1
Drugs .....	3	5	8	0	1	1	2	1	3
Epilepsy .....	5	1	6	1	0	1	1	0	1
Heatstroke .....	1	0	1	0	0	0	0	0	0
Heredity .....	7	3	10	1	0	1	2	0	2
Ill health .....	6	7	13	1	1	2	0	0	0
Imbecility .....	0	1	1	0	0	0	0	0	0
Lactation .....	0	4	4	0	0	0	0	0	0
Masturbation .....	2	0	2	2	0	2	0	0	0
Menstrual disorders .....	0	28	28	0	5	5	0	0	0
Nephritis .....	1	2	3	1	0	1	0	0	0
Pregnancy .....	0	1	1	0	0	0	0	0	0
Sexual irregularities .....	0	8	8	0	0	0	0	0	0
Senility .....	10	14	24	1	1	2	0	0	0
Senility and other causes.....	2	2	4	0	1	1	0	0	0
Sunstroke .....	3	0	3	1	0	1	0	0	0
Syphilis .....	34	11	45	0	0	0	1	1	2
Toxemia .....	2	1	3	0	0	0	0	0	0
Trauma .....	7	3	10	2	1	3	1	0	1
Tuberculosis .....	0	1	1	0	0	0	0	0	0
B—Mental—									
Business troubles .....	1	0	1	0	0	0	0	0	0
Domestic troubles .....	1	8	9	0	4	4	1	1	2
Faulty environment .....	6	6	12	1	3	4	0	0	0
Fright .....	0	2	2	0	2	2	0	0	0
Grief .....	0	5	5	0	1	1	0	0	0
Overstudy .....	1	0	1	0	0	0	0	0	0
Overwork and worry.....	6	3	9	1	2	3	1	0	1
Worry .....	6	7	13	2	0	2	1	4	5
Unknown .....	32	9	41	0	0	0	0	0	0
Totals.....	264	204	468	37	50	87	12	7	19

7.—FORM OF MENTAL DISEASE IN PATIENTS COMMITTED, DISCHARGED, WITH THEIR CONDITION ON DISCHARGE, OR DIED.

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FORM OF MENTAL DISEASE.	Committed.			Discharged.																			
				Recovered.			Capable of Self-Support.			Improved.			Not Improved.			Died.			Aggregates.				
	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.		
First Admitted to Any Hospital.																							
A—Organic Brain Disorders																							
I—Definite Organic Brain Disease.																							
Organic brain disease.....	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	
Arteriosclerotic brain disease..	19	14	33	0	0	0	1	0	1	1	0	1	0	0	0	0	20	12	32	41	26	67	
Cerebral syphilis .....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	4	0	4		
Senile psychosis .....	8	16	24	0	0	0	0	0	0	0	1	1	1	0	1	14	29	43	23	46	69		
General paralysis .....	26	7	33	1	0	1	0	0	0	0	0	0	1	0	1	16	6	22	44	13	57		
Juvenile general paralysis....	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2		
Tabes dorsalis .....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1		
Locomotor ataxia .....	1	1	2	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0		
Paralysis agitans .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	3		
Luetic meningitis .....	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1		
Traumatic psychosis .....	2	0	2	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2	0	2		
Organic Dementia .....	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	2	0	0	4	1	5		
Brain tumor .....	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
II—Psychosis Due to Intoxication.																							
1—Alcoholic intoxication.....	10	0	10	8	0	8	0	0	0	0	0	0	0	0	0	0	0	0	18	0	18		
Alcoholic delirium.....	4	1	5	1	1	2	0	0	0	0	0	0	0	0	0	1	0	1	6	2	8		
Chronic alcoholic hallucinosis .....	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
Alcoholic dementia.....	4	2	6	0	0	0	0	1	1	0	0	0	0	0	0	1	1	2	5	4	9		
Habitual drunkard.....	11	5	16	3	1	4	2	1	3	1	2	3	0	0	0	0	0	0	17	9	26		
Alcoholic depression.....	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2		
Delirium tremens.....	11	0	11	6	0	6	0	0	0	0	0	0	0	0	0	3	0	3	20	0	20		
Chronic alcoholism.....	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0	2	0	2		
Acute alcoholic hallucinosis.....	4	3	7	7	5	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Polyneuritic delirium.....	8	3	11	1	2	3	0	0	0	1	0	1	0	1	1	3	0	3	11	8	19		
Alcoholic paranoid condition.....	1	0	1	2	0	2	1	0	1	0	0	0	0	0	0	0	0	0	13	6	19		
Alcoholic epilepsy.....	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4		
2—Drug psychosis.																							
Drug habits (morphine, etc.) .....	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	1	1	0	3	3	3		

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III—Acute Toxic or Infective Exhaustive Types.																								
Undifferentiated delirium.....	3	1	4	4	0	4	0	0	0	0	0	0	0	0	0	0	1	1	7	2	9	8	0	0
Toxic delirium .....	2	3	5	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	
Myxedemia.....	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Delirium .....	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	2	0	0	
Acute hallucinosis.....	1	0	1	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	0	0	
Exhaustion psychosis.....	2	2	4	1	2	3	0	1	1	0	0	0	0	0	0	0	0	0	3	5	8	0	0	
Totals.....	123	63	186	39	15	54	6	4	10	5	4	9	3	2	5	62	53	115	238	141	379	0	0	
B—Perversion of Mental Adjustment.																								
1—Manic depressive insanity																								
Manic phase.....	8	9	17	6	6	12	0	0	0	0	0	0	0	0	0	1	2	3	15	17	32	0	0	
Hypomanic phase.....	1	4	5	0	2	2	0	0	0	0	0	0	0	0	0	1	0	1	2	6	8	0	0	
Depressed phase.....	9	18	27	6	13	19	0	1	1	1	0	1	1	0	1	1	2	3	18	34	52	0	0	
Mixed phase.....	0	5	5	2	4	6	0	0	0	0	0	0	0	0	0	0	0	0	2	9	11	0	0	
2—Other depressions.																								
Depression of involutional period .....	0	2	2	0	4	4	0	0	0	0	1	1	0	0	0	0	0	0	0	7	7	0	0	
Pre-senile depression.....	2	0	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	0	0	
3—Paranoid condition .....	9	11	20	1	0	1	1	3	4	1	0	1	1	3	4	0	3	3	13	20	33	0	0	
4—Dementia praecox .....	29	15	44	0	0	0	3	3	6	4	2	6	4	1	5	15	14	29	55	35	90	0	0	
5—Undifferentiated delirium.	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	2	2	0	0	
C—Neurotic Defective.																								
1—Neurasthenia .....	2	4	6	1	2	3	2	0	2	0	0	0	0	0	0	0	0	0	5	6	11	0	0	
2—Epileptic psychosis .....	5	2	7	0	0	0	0	0	0	1	2	10	0	10	0	2	2	16	5	21	5	0	0	
3—Constitutional inferiority.	11	7	18	0	0	0	3	4	7	4	1	5	0	1	1	1	2	19	14	33	0	0		
4—Imbecility .....	9	7	16	0	0	0	0	0	0	0	1	1	2	0	2	2	7	9	13	15	28	0	0	
5—Psychasthenia .....	0	5	5	0	4	4	0	0	0	0	0	0	0	0	0	0	1	1	0	10	10	0	0	
6—Psychopathic personality..	1	10	11	1	1	2	0	2	2	2	0	2	0	0	0	0	0	0	4	13	17	0	0	
7—Psychothymia .....	0	1	1	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	1	3	4	0	
8—Idiocy .....	0	2	2	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	
9—Hysterical psychosis.....	0	9	9	0	12	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10—Deaf mutism .....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	
11—Unclassified .....	14	8	22	0	1	1	1	1	2	0	0	0	0	0	0	2	1	3	17	11	28	0	0	
Totals.....	101	119	220	18	50	68	10	14	24	13	7	20	19	6	25	23	33	56	184	229	413	0	0	

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7.—FORM OF MENTAL DISEASE IN PATIENTS COMMITTED, DISCHARGED, WITH THEIR CONDITION ON DISCHARGE, OR DIED.

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FORM OF MENTAL DISEASE.	Committed.			Discharged.																	
				Recovered.			Capable of Self-Support.			Improved.			Not Improved.			Died.			Aggregates.		
	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.
All Other Admissions.																					
A—Organic Brain Disorders																					
I—Definite Organic Brain Disease.																					
Organic brain disease.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arteriosclerotic brain disease..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
Senile psychosis .....	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	2	3	1	3	4
General paralysis .....	0	1	1	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	2	1	3
Locomotor ataxia .....	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	0	2
II—Psychosis Due to Intoxication.																					
1—Alcoholic intoxication.....	4	2	6	2	0	2	0	0	0	0	0	0	0	1	1	0	0	0	6	3	9
Alcoholic hallucinosis.....	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Chronic alcoholic hallucinosis .....	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	2	0	2
Alcoholic dementia.....	2	0	2	0	0	0	0	0	1	1	0	1	0	0	0	1	0	1	4	1	5
Habitual drunkard .....	4	0	4	2	0	2	0	0	0	1	1	2	0	0	0	0	0	0	7	1	8
Delirium tremens .....	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Chronic alcoholism.....	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Alcoholic paranoid condition	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2	0	2
2—Drug psychosis.																					
Drug habits (morphine, etc.) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Narcotic inebriety.....	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Totals.....	13	4	17	7	1	8	2	1	3	4	2	6	0	1	1	4	2	6	30	11	41
III—Acute Toxic or Infective Exhaustive Types.																					
Manic delirium .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exhaustion delirium .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
Chronic hallucinosis .....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1

B—Perversion of Mental Adjustment.																					
1—Manic depressive insanity.																					
Manic phase .....	4	5	9	5	6	11	0	0	0	0	0	0	0	0	0	1	2	3	10	13	23
Hypomanic phase.....	4	2	6	2	1	3	0	0	0	0	1	0	0	0	0	1	0	0	3	4	12
Depressed phase .....	2	4	6	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	1	6	9
Mixed phase .....	1	2	3	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	7	
2—Other depressions.																					
Pre-senile depression.....	1	1	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
Senile depression.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	4	
3—Paranoid condition.....	1	0	1	0	0	0	0	0	1	1	0	0	0	0	1	1	0	6	14	19	
4—Dementia praecox .....	8	3	11	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	5	
C—Neurotic Defective.																					
1—Neurasthenia .....	1	1	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2—Epileptic psychosis.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	3	
3—Constitutional inferiority..	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	
4—Imbecility .....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
5—Psychasthenia .....	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	
Unclassified .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Totals.....	27	18	45	8	16	24	2	2	4	1	1	2	4	2	6	12	3	15	54	42	96
Aggregate cases .....	264	204	268	72	82	154	20	21	41	23	14	37	26	11	37	101	91	192	506	423	929
Aggregate persons .....	264	204	268	72	82	154	20	21	41	23	14	37	26	11	37	101	91	192	506	423	929

## 8.—CAUSES OF DEATH AND FORM OF MENTAL.

CAUSES.	Aggregates.			Senile Dementia.			General Paralysis.		
	Ma.	Fe.	To.	Ma.	Fe.	To.	Ma.	Fe.	To.
<i>General Diseases.</i>									
Anasarca .....	0	1	1	0	0	0	0	0	0
Erysipelas .....	3	0	3	2	0	2	0	0	0
Carcinoma .....	4	0	4	0	0	0	0	0	0
Typhoid fever .....	2	0	2	0	0	0	0	0	0
Plegmonous cellulitis .....	1	0	1	0	0	0	0	0	0
Ulcerative laryngitis .....	0	1	1	0	1	1	0	0	0
<i>Diseases of the Nervous System.</i>									
General paralysis .....	15	6	21	0	0	0	15	6	21
Cerebral syphilis .....	3	0	3	0	0	0	3	0	3
Cerebral softening .....	6	3	9	6	3	9	0	0	0
Cerebral hemorrhage .....	4	1	5	0	1	1	3	0	3
Purulent cerebral meningitis .....	0	1	1	0	0	0	0	0	0
Apoplexy .....	1	0	1	1	0	1	0	0	0
<i>Diseases of Circulatory System.</i>									
General arteriosclerosis .....	10	15	25	8	14	22	0	0	0
Myocarditis .....	3	1	4	1	0	1	0	0	0
Chronic myocarditis .....	0	9	9	0	5	5	0	0	0
Organic heart disease .....	14	8	22	7	7	14	0	0	0
Dilatation of heart .....	2	1	3	1	0	1	0	0	0
Endocarditis .....	4	3	7	1	2	3	0	0	0
Aortic stenosis .....	0	1	1	0	0	0	0	0	0
Sero-purulent pericarditis .....	0	1	1	0	0	0	0	0	0
<i>Respiratory System.</i>									
Pulmonary tuberculosis .....	9	11	20	1	1	2	1	0	1
Broncho pneumonia .....	5	3	8	4	1	5	0	0	0
Lobar pneumonia .....	3	5	8	2	4	6	0	0	0
Hypostatic congestion of lungs .....	4	1	5	3	0	3	0	0	0
Pulmonary hemorrhage .....	0	1	1	0	1	1	0	0	0
<i>Digestive System.</i>									
Intestinal obstruction .....	1	1	2	0	0	0	0	0	0
Acute gastritis .....	0	1	1	0	0	0	0	0	0
Inanition .....	1	0	1	0	0	0	0	0	0
General peritonitis .....	0	1	1	0	0	0	0	0	0
Enterocolitis .....	0	3	3	0	0	0	0	0	0
Ulceration of stomach .....	0	1	1	0	0	0	0	0	0
<i>Genito-Urinary Diseases.</i>									
Chronic nephritis .....	1	2	3	0	2	2	0	0	0
Chronic interstitial nephritis .....	0	5	5	0	2	2	0	0	0
Acute parenchymatous nephritis .....	0	2	2	0	0	0	0	0	0
Nephrolithiasis .....	0	1	1	0	0	0	0	0	0
Chronic ulcerative cystitis .....	0	1	1	0	1	1	0	0	0
<i>Ill-Defined Causes.</i>									
Exhaustion .....	4	0	4	0	0	0	0	0	0
Suicide (Hanging) .....	1	0	1	0	0	0	0	0	0
Totals .....	101	91	192	37	45	82	22	6	28

*Organic Dementia*, carcinoma, 1 male.  
*Alcoholic Insanity*, organic heart disease, 1 male; aortic stenosis, 1 female;  
hypostatic congestion of lungs, 1 female; exhaustion, 2 males; total, 5.  
*Brain Tumor*, broncho pneumonia, 1 female.  
*Drugs*, organic heart disease, 1 female.  
*Psychasthenia*, acute parenchymatous nephritis, 1 female.

## DISEASE IN PERSONS WHO DIED.

[illegible]

*Constitutional Inferiority*, pulmonary tuberculosis, 1 male, 1 female; Myocarditis, 1 male; total, 3.