

**Annual Report**  
OF THE  
**BOARD OF MANAGERS**  
OF THE  
**NEW JERSEY STATE HOSPITAL**  
AT  
**TRENTON, N. J.**  
1916

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H82

ANNUAL REPORT

OF THE

BOARD OF MANAGERS

OF THE

New Jersey State Hospital, *Trenton*

AT

TRENTON, N. J.

FOR THE

Year Ending October 31

1916



RAHWAY, N. J.  
NEW JERSEY REFORMATORY PRINT

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## Board of Managers

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SCOTT SCAMMELL, Secretary.....Trenton  
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EDGAR B. FUNKHOUSER, M. D.	First Assistant Physician
RALPH P. TRUITT, M. D.	Second Assistant Physician
JOSEPH L. GARISS, M. D.	Senior Assistant and Roentgenologist
PAUL B. MEANS, M. D.	Senior Assistant Physician
LILLA RIDOUT, M. D.	Woman Physician
W. W. STEVENSON, M. D.	Clinical Pathologist
JAMES P. SANDS, M. D.	Assistant Physician
R. GRANT BARRY, M. D.	Assistant Physician
E. P. CORSON WHITE	Director of Clinical Research
JOHN A. FLOOD, D. D. S.	Resident Dentist

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M. D., FRANK G. SCAMMELL, M. D.

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ZIE, M. D., MARTIN W. REDDAN, M. D.

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### NEUROLOGISTS

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### OPHTHALMOLOGISTS

CHARLES F. ADAMS, M. D., DR. IRVINE E. P. TURNER

### DENTIST

DR. JAMES I. WOOLVERTON

## Letter of Transmittal

Trenton, New Jersey, May 18, 1917.

To His Excellency, Governor Walter E. Edge, Trenton, N. J.  
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,  
SCOTT SCAMMELL,  
Secretary.

## Report of Board of Managers

To His Excellency, Governor Walter E. Edge:

Dear Sir:—The Board of Managers of the New Jersey State Hospital at Trenton respectfully submits the Sixty-ninth Annual Report which covers the period, November 1, 1915, to October 31, 1916.

Appended are the reports of the Medical Director and the Warden which give detailed statements and records of the medical and business conduct of the institution during the year.

We respectfully call your attention to one feature of the medical work, namely a systematic investigation as to the causes of many obscure mental conditions. In every case admitted a very complete physical examination is supplemented by thorough examinations of the blood, spinal fluid, urine, etc, by means of methods adopted in the clinical laboratory. It is often difficult to determine by the physical examination alone whether or not the patient is suffering from some chronic infection which is not evident except perhaps in the loss of weight and general run down condition of the patient. By the newer methods adopted in the laboratory it is possible to discover infections and toxic conditions which are important factors in the causation of the mental condition. From the fact that nearly 6,000 such examinations were made in the laboratory will give you some idea as to the amount of work necessary to determine these obscure factors. We feel that everything possible is being done to ascertain the cause of the patients' mental trouble and only through finding the cause are we able to do something towards a cure. It

must be remembered, however, that many of the mental conditions from which the patients suffer are very obscure and therefore the cause is very difficult to determine and only by systematic and routine work, as is described in the Medical Director's report, can we hope to get definite results.

We would also call your attention to the work done in the treatment of paresis which up to three years ago was considered a fatal disease, often causing the patient's death within a few years after its onset. The average length of time in the hospital of such cases was a year and a half. During the last year twenty cases of paresis have been discharged, many able to resume their work, and this represents 38% of the number of cases admitted. The treatment as developed in this hospital has proved very efficient and if we could prevail upon friends and relatives of patients as well as physicians to send such cases to the hospital while in the early stage of the disease our successful cases would be much larger than they are today.

During the epidemic of infantile paralysis, which occurred last summer, the Board of Managers realized that the facilities of this hospital should be made available for the diagnosis and treatment of such cases and offered the services of the staff and facilities of the hospital to the City Commissioners of Trenton who availed themselves of this offer. Practically all the cases occurring in the city were diagnosed by means of laboratory findings and treated by members of the Staff. A confirmed diagnosis in a large number of these cases and removal of the same to the Municipal Hospital had a very good effect on limiting the epidemic, otherwise it might have assumed larger proportions.

It is also gratifying to know that the number of voluntary admissions has increased by fifteen over the number received last year.

A routine use of the X-ray apparatus has been made possible by one of the members of the Staff taking up this work in addition to his regular duties.

#### PREVENTION OF INSANITY.

We feel that not only should the hospital be concerned with the causes of insanity and their cure when the patients reach the hospital, but there is a great field for the promotion of mental diseases of which the laity know very little about. If the scientific knowledge now available had been utilized to the best advantage probably one-half or at least one-third of the cases now under treatment in the State Hospitals could have been prevented. The public should recognize the full significance of this fact. The mental balance, or the capacity to adjust oneself to the higher levels, may be very easily disturbed by disease

affecting the internal organs. Alcohol taken in excess accounts for nearly one-third of the male patients admitted to the hospital. Syphilis, a venereal disease, accounts for about 10 per cent. of the admissions in the form of paresis. It is not sufficient to inveigh against these insidious causes, but care should be taken to discuss all causes and cultivate in all persons a rational attitude in discussing these important questions.

Public officials should be made to realize that education is a process of assisting an individual to live rationally and therefore happily. The present methods have very little in common with this idea. The value of the formation of habits, facing all critical situations in life squarely and cultivating good mental habits, is an effective means of preventing nervous and mental breakdowns. There should be frequent conferences between parents, teachers, social workers, physicians and medical officers of our State Hospitals, while intelligent and persistent effort should be made to afford greater facilities for the scientific study of mental disease and investigations of its causes and the determination of the best methods to prevent its incidence. Many cases of mental disease appear to be a disordered behavior due to a person's inability to adjust life successfully and happily at a level at which he or she has attempted to live. Successful living requires a rational expenditure of energy in both work and play. Any effort made to adjust life at a level above our actual capacity does not satisfy these conditions. The experience of having made good at our work is necessary in order to maintain our mental adjustments. Egotism, failure of intelligent sympathy, envy, hatred, are signs of imperfect adjustment and should be recognized as such.

At the present rate of increase of nervous and mental diseases, the burden of caring for the patients afflicted with these disorders will soon become too great for our civilization to carry unless we quickly adopt more rational and effective methods in preventing the spread of this disease.

We respectfully call your attention to the efficient methods in the Warden's department. With the increasing cost of supplies it is becoming more and more a problem of keeping the expenditures more within our income. Only with the most careful and conscientious management are we able to administer the affairs of the hospital in a manner satisfactory to the patients and the public at large. It is necessary to utilize the patients' labor as far as possible in supplying sustenance to the institution. We call attention to the profit of maintaining the farm last year, \$15,625, and also the profit from maintaining the garden which is \$4,450. The profit from the dairy is also an important item, total \$12,562. Not only do we supply most of the milk used at the institution, but it is much better quality than any we could

buy. The net profit from the piggery amounts to \$994.00 a year. We would recommend to you the faithful service of the Warden during the past year in meeting many of the difficult problems imposed upon him by the high cost of provisions. That he has been successful in maintaining the hospital in the proper manner is due largely to his conscientious and persevering work. We would also commend the work of the Medical Director and members of the Medical Staff who by their co-operation and faithful work have done much for the successful treatment of patients under their care.

Respectfully submitted,

LUTHER M. HALSEY, M.D., *President.*

ARTHUR D. FORST, *Vice-President.*

STEWART PATON, M.D.

JOSEPH RAYCROFT, M.D.

ALFRED L. ELLIS, M.D.

GEORGE T. TRACEY, M.D.

JOSEPH H. MOORE.

WILLIAM L. BLACK.

## Medical Director's Report

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

Gentlemen:—I have the honor to submit the sixty-ninth annual report of the operations of the Medical Department of the New Jersey State Hospital at Trenton for the year ending October 31, 1916.

At the beginning of the fiscal year there were present in the hospital 1,605 patients, 834 men and 771 women. During the year 661 patients were admitted, 385 men and 276 women; 3 patients were admitted from escape and 27 patients nominally admitted for discharge at the end of their four months' visit, making the total number under care 2,266. Of this number we have dismissed during the year 578, 323 men and 255 women, leaving the total number of patients under care November 1, 1916, 1,688, 896 men and 792 women, which is an increase of 56 in the daily average number of patients over the previous year. Of the total number of dismissals during the year, 323 men and 255 women, 195 total were discharged as recovered at the time of leaving the hospital. The recovery rate calculated upon the number of admissions is 30%. The recovery rate based upon the number of discharges is 61%. Counting the number of cases that were classified as recovered and those classified as capable of self-support, gives us 34% of the number of admissions, which means that these patients left the hospital in very good condition. We have discharged 20 cases of Paresis as capable of self-support, which is 38% of the number of cases of Paresis admitted.

The number of deaths during the year were 204, 100 men and 104 women, which is 57 more than last year. The death rate computed upon the number of patients under treatment during the year is 9%.

Of the number of patients on visit at the end of our fiscal year, 15 men and 12 women, total 27, were nominally admitted for discharge during the year. We have on visit at the end of this year 27 men and 28 women, total 55.

Three suicides occurred during the year. Two women in a chronic depressed condition wandered away from the hospital and later were found in the canal. One man, a morphine habitue who tried for years to overcome his habit, finally came to the hospital, and in a few weeks seemed to be improving. Suddenly one morning he went to his room, tied his bathrobe sleeve around his neck and was later found dead.

We were fortunate enough during the past year to escape any epidemic such as the typhoid epidemic of the year before. The fact that all patients have been immunized against typhoid fever, we feel, will eliminate such epidemics in the future.

## INFANTILE PARALYSIS.

Upon the outbreak of the infantile paralysis in Brooklyn, New York, the Board of Managers passed a resolution offering the services of the institution and laboratory to the authorities of the city of Trenton in case the epidemic should visit Trenton. The city authorities accepted the offer of the Board, and soon afterwards cases began to be reported. In all there were examined over 190 cases in the city. This work was done by Dr. Stevenson, Clinical Pathologist, under the direction of the Medical Director. About 71 cases were treated at the Municipal Hospital. All reported cases and those admitted to the Municipal Hospital were treated by means of lumbar puncture and diagnosis made on the examination of spinal fluid in the laboratory. This caused considerable extra work, which was willingly performed and much appreciated by the city authorities.

Total cases punctured for the City Board	
of Health .....	190
Total cases positive .....	134
Total cases negative .....	56
Total cases of poliomyelitis at the City	
Hospital .....	65 or 38%
Total cases of poliomyelitis dying at City	
Hospital .....	15 or 23% of admissions
Recoveries at City Hospital.....	50 or 77% of admissions
Total cases of recovery in the City.....	118 or 70%
Total deaths in the City .....	51 or 30%

## VOLUNTARY COMMITMENTS.

During the year 23 men and 24 women, total of 47, were received as voluntary patients, an increase of 15 over last year. We are much gratified in the steady increase year by year in the number of voluntary patients, and now that the Legislature has authorized the admission of indigent patients by this method, we think will cause a large proportion of such admissions. We have urged the physicians in the community to utilize the voluntary blanks as far as possible. The co-operation of the committing physicians and a better understanding by the public at large of the advantage of such admissions will assist us materially in obtaining patients in the early stages of their psychoses. A better knowledge of the etiology of the psychoses shows that it is imperative that all cases must be treated early if results are to be obtained. Some hospitals have voiced criticisms of the voluntary commitment, claiming they cause a lot of trouble and that patients so admitted have to be regularly committed later on. We are glad to state that such has not been our experience, and we have not had to commit any of the voluntary patients in the regular way.

## MEDICAL STAFF.

There have been several important changes on the Medical Staff. Dr. Clarence B. Farrar, second assistant physician, who had been with us two years, resigned to take up work elsewhere. Dr. Ralph P. Truitt was appointed in his place. Dr. Truitt was formerly an interne at this hospital, following which service he was chief resident physician at Bay View Hospital, Baltimore, Md. Later he was assistant physician at Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Md., and afterwards accepted a position as clinical director in the State Hospital at Jackson, La. He resigned his position because of his inability to inaugurate any improvement in the conditions existing at that hospital. We feel that we are fortunate in obtaining his services again. Dr. Jos. L. Gariss, assistant physician, during the summer took a special course in Philadelphia, under Dr. Phaler, in roentgenology, and has been appointed roentgenologist in charge of the X-ray department. Dr. R. Grant Barry, formerly of the Worcester State Hospital, has been appointed as junior assistant physician. Dr. F. S. Hammond, formerly physician at this hospital, on leave of absence because of sickness, unfortunately has not recovered to the point where his services could be utilized by this hospital, and we much regret that we feel that it is necessary to accept his resignation because of ill health. Dr. Howard I. Gosline, graduate of Harvard Medical School, 1914, who had served in the psychopathic hospital in Boston, and as assistant physician at Danvers, and later pathologist at Worcester State Hospital, was appointed pathologist, and will enter on his duties the first of January, 1917. Dr. E. P. Corson White continues in charge of the serological work and clinical laboratory. She has stimulated the research work and assisted materially in our efforts to solve some of the fundamental problems concerning the etiology of the psychoses.

## CONSULTING STAFF.

The death of Dr. H. G. Norton during the year has deprived us of a valuable member of the consulting staff. His place has been filled by Dr. George B. Moore. We again take this opportunity of extending our thanks to these men who have responded willingly to all our calls in time of emergency and rendered valuable assistance in the treatment of patients.

## NURSING STAFF.

The continued improvement of the work of both male and female nurses is a subject for commendation. The fact that no cases of abuse have arisen during the year is a source of congratulation. The interest manifested by the nurses and attendants and hearty co-operation in all matters pertaining to the care of the patients is largely responsible for the attitude of the patients toward the hos-

pital on their discharge. Practically all the patients who have recovered are well satisfied with their treatment, and most of them return voluntarily if necessity requires. Since we have established relations with Mercer Hospital, where our nurses receive six months' training in general hospital work, we have noticed a considerable improvement in the work of the nurses. We have also been able to retain the services of our graduate nurses, and we hope soon that all our charge nurses will be graduates. The Legislature passed a law last year admitting the graduates of the State hospitals who have had six months in a training school of a general hospital to registration, and we feel that was a wise provision, as it gives the nurses of the State hospitals a standing they are entitled to for their three years' work. This provision will also attract a better class of nurses than we have been able to obtain in years past.

#### OCCUPATIONS AND AMUSEMENTS.

We have continued our encouragement of diversional occupation as in previous years, and we feel that results obtained are well worth the energy expended. When the new psychopathic building is open we will have ample provision for this work, and feel that its usefulness can be very much extended.

#### MEDICAL WORK.

During the last year we have extended the examinations of admitted patients to include complete clinical laboratory studies. All new patients have a routine Wasserman examination of the blood and a lumbar puncture to obtain spinal fluid for the cell count, globulin content, Wasserman test, and gold sol test. Both numerical and differential blood counts are also made in connection with the Abderhalden reaction. Routine bacteriological examinations are also made, and have added much to our knowledge of focal infections. While emphasizing the clinical laboratory side of the examinations we do not ignore the psychogenic factors, which may be of etiological importance, but we still feel that the study of etiology involves a full investigation of both pathologic and psychogenic factors. Many of our patients present serious physical disturbances, and it has been our object to ascertain if possible the relation between these physical disturbances due to focal infections and the psychosis. It is gratifying to know that members of the staff have also accepted this view in regard to etiology and are rendering valuable assistance in the study of these problems.

After considerable preparation our research work is now concerned largely with the etiology of the various psychoses. We are of the opinion that this field has been considerably neglected in the past, and largely accounts for our inability to cure many of our cases who become chronic, and our lack of this knowledge is largely responsible for this failure. In the case of General Paralysis where the

etiology is well established we have made considerable progress in the successful treatment of this disease. The main difficulty at present in the treatment of paresis is to be found in the fact that many of our cases when admitted are too far advanced for treatment to be of any benefit, whereas if these patients were sent in at the onset of their mental symptoms, especially when the physical signs were prominent, we feel that our results would be far greater. We cannot urge too emphatically upon the family physicians of patients the importance of recognizing paresis in the early stages and advising such patients to take immediate treatment. We are glad to say that quite a few physicians are able to recognize paresis and have referred these patients to us, and we have treated them with the result that it has not been necessary to commit them to a hospital for the insane. Many such patients have been treated in the Mercer General Hospital in the city of Trenton. The fact that we do get such results in the early cases substantiates our opinion that early cases of paresis can be successfully treated and cured.

In the case of many other psychoses, especially Dementia Praecox, Manic Depressive Insanity and various deliria, the etiology has not been so clear, consequently little has been attempted in the way of rational therapeutics. Through the work done in our laboratory in the last two years we feel that we have a better knowledge of the Manic Depressive group and the deliria than we have had previously. The results of this work will be the basis of papers to be given at the various medical societies this coming spring and summer. We have endeavored to utilize all of the recent clinical and pathological methods to determine the physical condition of our patients. The fact that we have found that focal infections and the absorption of toxins may appear in the etiology of certain groups primarily held to be purely psychogenic in origin may be received with skepticism by some, but at the same time we feel that we have demonstrated, especially from the therapeutic standpoint, the significance of our position.

The treatment of paresis has occupied a large part of our time, as in the last three years. We are now fortunate enough to obtain salvarsan, but while this drug could not be obtained we had to substitute diarsenol. At first we were of the opinion that the substitute was as good as salvarsan, but later experience led us to change that view. It is true that some cases have done remarkably well with diarsenol, but, on the other hand, many patients, in whom the prognosis seemed to be good, did not respond to diarsenol treatment. We have also adopted exclusively the intracranial methods for the administration of salvarsanized serum. We find that either the subdural or intraventricular methods, or both, are far more efficient than the intraspinal method. The results of Hammond and Sharpe, who have adopted the intraventricular method, have convinced us that their method should be employed wherever possible. We are able to accomplish more with three or four treatments of the intracranial

method than with twelve or fifteen intraspinal injections. In our first series of 11 cases treated three years ago only two have died. Some of them have shown relapses, but all had remissions of one to two years. In the last year patients treated by the intracranial method have shown a larger proportion of remissions, and the results seem to be very much superior to the intraspinal method. During the year 20 patients have been able to leave the hospital as arrested, and only two cases have returned for further treatment. The number of cases of paresis admitted was 52, and the percentage of arrested cases is 38. The results of our work with paresis are embodied in a paper given before the New York Psychiatric Society in November, 1916.

We have also published a preliminary report of the results of the Abderhalden examinations, with special reference to Dementia Praecox and Epilepsy. We were somewhat surprised to find that other groups of psychoses showed negative results with the Abderhalden test. Dementia Praecox cases have shown uniformly a strong reaction to the adrenal gland. We are now concerned with the significance of these reactions in these two groups.

#### DENTAL WORK.

The resident dentist has been kept busy during the year, not only with the routine examination of the patients' teeth, but he has also been examining all new patients in order to discover alveolar abscesses. In this work he has been assisted by X-ray plates of suspicious cases. He takes routine cultures from extracted teeth and ascertains the organism responsible for the abscess. He has also had supervision of the proper cleaning of the patients' teeth in the ward. Sufficient tooth brushes have been issued, and attempt has been made to have all patients take proper care of their teeth. In cases where patients are unable to use the tooth brush attempts have been made to have attendants pay more attention to this matter. The result of the dental examinations and the presence of alveolar abscess will be published this spring in a series of papers dealing with focal infections and mental disorders.

#### DENTAL REPORT.

Extractions .....	810
Gold fillings .....	3
Porcelain fillings .....	22
Amalgam fillings .....	82
Cement fillings .....	91
Upper plates .....	8
Lower plates .....	7
Repaired plates .....	9
Cleaned and polished .....	91
Repaired bridge .....	4
Porcelain crown .....	1

#### X-RAY WORK.

The appointment of Dr. Gariss, a member of the staff, to take charge of the X-ray work has resulted in an increased use of the apparatus as a means of diagnosis. X-ray films of the teeth are made in all cases where alveolar abscess is suspected. In some cases where the trouble is easily diagnosed by the dentist films are not made. The apparatus is also used in determining abnormal intestinal conditions which we believe play some part in the etiology of certain mental conditions. In our work of the past year we have sufficiently demonstrated the necessity for the use of an X-ray apparatus in assisting in determining some of the factors in the etiology of the psychoses.

#### LABORATORY REPORT.

The work of the laboratory continues to increase year by year, especially as we continue to add to the clinical methods. During the year the various examinations of diagnostic character were 5,772, compared with 3,223 last year. The number of autopsies performed was 83, which was 40% of the total number of deaths (204). The decrease in the mortality of paresis noted in our last report has not appeared in this year's statistics, and this is accounted for by the fact that in many of the cases length of life was considerably prolonged by treatment. This year there were 30 deaths from paresis, against 20 deaths the year before. The cases of General Paralysis who died after receiving treatment were 9, and the other cases who died had received no treatment. The following is a record of the psychoses in cases autopsied:

Alcoholism .....	3 or 3.6%
Arteriosclerotic Brain Disease .....	7 or 8.4%
Delirium, undifferentiated .....	6 or 7.2%
Dementia Praecox .....	13 or 15.6%
Epilepsy .....	4 or 4.8%
General Paralysis .....	16 or 19.2%
Huntington's Chorea .....	1 or 1.2%
Involuntional Depression .....	2 or 2.4%
Imbecility or Idiocy .....	2 or 2.4%
Manic Depressive Insanity .....	4 or 4.8%
Organic Brain Disease .....	2 or 2.4%
Paranoid Condition .....	2 or 2.4%
Senile Dementia .....	8 or 9.6%
Unclassified .....	13 or 15.6%
The principal causes of death in these cases were:	
Apoplexy .....	1 or 1.2%
Cardio-vascular Renal Disease .....	24 or 28.9%

General Paralysis .....	15 or 18.0%
Pneumonia {Broncho, 9}	19 or 22.8%
{Lobar, 10}	
Pulmonary Tuberculosis .....	10 or 12.0%
Miscellaneous .....	14 or 16.8%

Deaths that came to autopsies from cardio-vascular renal diseases were:

Male .....	11
Female .....	13

Deaths with no autopsy, diagnosed as cardio-vascular renal disease, were:

Male .....	20
Female .....	19

Total number of deaths from cardio-vascular disease .....

Deaths that came to autopsy from general paralysis were:

Male .....	12
Female .....	3

Deaths with no autopsy, diagnosed as general paralysis, were:

Male .....	12
Female .....	3

Total deaths from general paralysis..... 30 or 14.7%

Deaths that came to autopsy from pneumonia were:

Male .....	10
Female .....	9

Deaths with no autopsy, diagnosed as pneumonia, were:

Male .....	9
Female .....	23

Total deaths from pneumonia..... 51 or 25.0%

Deaths that came to autopsy from tuberculosis were:

Male .....	3
Female .....	7

Deaths with no autopsy, diagnosed as tuberculosis, were:

Male .....	2
Female .....	7

Total deaths from tuberculosis..... 19 or 9.3%

The deaths from tuberculosis occurring in the hospital were 9.3%, which was about the same as in previous years. Twelve out of thirteen cases of dementia praecox died of tuberculosis. We have called attention before to the large proportion of dementia praecox patients who die of tuberculosis, and feel that it is of some significance.

Detailed account of the clinical work is as follows:

Abderhalden reactions .....	335
Complement fixation test .....	287
Wasserman, blood and cerebrospinal fluid.....	1,080
Cerebrospinal fluid counts (Hospital) .....	1,375
Cerebrospinal fluid counts of Inf. Paralysis cases.....	243
Surgical and clinical specimens from outside sources....	449
Urine .....	620
Throat cultures .....	106
Teeth cultures .....	200
Tonsil cultures .....	107
Urine cultures .....	139
Feces .....	230
Sputum .....	39
Blood counts .....	487
Miscellaneous bacteriological examinations, including milk and water .....	84
Total.....	5,772

#### FIELDWORK.

During the last year we were without the services of a field-worker for a few months until the appointment of Mrs. Florence VanDyck. At the present time the fieldwork is limited to after-care work of discharged patients, as we are unable to employ enough field-workers to continue the study of heredity as begun some years ago. We have now a large amount of material collected by the field-workers which we feel should be analyzed before expending any more time or money on the subject.

#### NEW BUILDINGS, IMPROVEMENTS, ETC.

The psychopathic wards for the female department, for which \$60,000 was appropriated in 1914, are about completed and will be occupied in the spring. We feel that such a department is very necessary for the proper treatment of patients. It also gives the public a different impression of the hospital, and we feel that we should have a large increase in the voluntary patients when they realize they will be treated in a psychopathic department and not in an "insane asylum." In spite of the improvements we have made in the hospital, to the public at large it still remains the "asylum," and if they can be told they are going to the psychopathic department I think a different impression will be the result. The center and one wing of the criminal insane building, for which \$150,000 has been appropriated, has been completed and is now ready for occupancy. However, it is necessary that an addition to the power plant should

be completed before this building can be occupied. The other wing of the building, for which \$110,000 was appropriated by the State Legislature, will be started as soon as the weather permits.

We respectfully request the Legislature the coming year to provide a psychopathic building for the male department, and have asked \$70,000 for this purpose.

The problem of housing our attendants and the increasing number of attendants made necessary by the opening of the criminal insane building has become more and more difficult. We have decided to construct a building in connection with the annex which will serve as congregate dining room for the annex patients, and which will also contain quarters for the male attendants. We request \$90,000 for this additional building. This will release at least one hundred rooms for patients in the main building which are now occupied by the attendants. It will make accommodations for one hundred patients in the annex building, which rooms have been occupied by attendants, and will result in a more economical management in the feeding of the patients in this building. We again ask for \$1,500 for laboratory supplies, and \$2,500 for research work.

#### CONCLUSION.

I again wish to express my thanks and appreciation for the valuable assistance and support of the Board of Managers during the past year. The active interest taken by the various committees in the work of the hospital is a source of gratification and encouragement to the Medical Director and Medical Staff. I also desire to express my appreciation of the work of the Medical Staff, who, by their loyalty, co-operation and efficiency, have aided us materially in maintaining the high standard set by your Board. The Warden and members of his department have, as in the past, rendered at all times valuable assistance to the medical department. To the supervisors, nurses and attendants I also wish to express my thanks for their loyalty and co-operation in the very important work in looking after the interests of the patients.

Respectfully submitted,

HENRY A. COTTON,

*Medical Director.*

## Warden's Report

October 31st, 1916.

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

Gentlemen:—In accordance with the laws of the State of New Jersey, I herewith respectfully submit the annual report of the business department covering a period from November 1st, 1915, to October 31st, 1916, the end of the fiscal year. This report shows amount of cash receipts and expenditures, appraisement of personal property, also tabulated statements appended showing in detail the products of the farm, garden and dairy, the value of the different products and cost of producing same, also an analysis expense report.

The cash receipts and payments have been as follows:

Balance in hands of Treasurer, November 1st, 1915.....	\$ 26,529.73
Cash receipts from all sources .....	409,852.33
Cash payments for the year .....	364,857.59
Cash balance October 31st, 1916 .....	71,524.47

The average number of patients for the year was 1,644, making the average cost of maintenance per patient per annum \$240.95. or \$4.63 per week.

#### INVENTORY.

The annual appraisement of the personal property of the institution was made during the month of October. The personal property amounts to \$262,731.92. Messrs. John W. Hendrickson and Lloyd H. Rockhill, who were appointed by the Board of Managers, assisted in making the appraisement, and their services were highly satisfactory.

#### APPRAISEMENT.

Buildings, grounds, etc., valued at.....	\$1,749,306.76
Personal property appraised as above.....	262,731.92



Farm product and equipment.....	7,702.25	
Total at \$0.38 $\frac{2}{3}$ % .....	\$55,524.00	214.69
Total at \$0.38 $\frac{1}{3}$ % .....	\$55,524.00	214.69
Interest on investment \$88,000.00 @ 5% .....		4,440.00
Horseshoeing, wear, tear, etc. ....		1,000.00
Sundries .....		275.00
Board of men .....		3,528.00
Extra labor plowing, filling silo, etc. ....		325.00
65 tons coal @ \$5.75 ton .....		373.75
		<u>\$32,182.81</u>
Profit maintaining the farm one year.....		\$15,625.20

### GARDEN REPORT FOR YEAR ENDING OCTOBER 31, 1916.

Valuation of machinery, stock and greenhouse equipment, October 31st, 1916 .....	\$ 8,888.70
1,006 bunches asparagus @ 20c.....	201.20
7,555 bunches rhubarb @ 7c.....	528.85
7,589 bunches radishes @ 4c.....	303.56
10,406 bunches onions (green) @ 4c.....	416.24
1,296 bunches parsley @ 4c.....	51.84
288 bunches kohlrabi @ 5c.....	14.40
4,340 heads lettuce @ 5c.....	217.00
385 heads cauliflower @ 20c.....	77.00
19,765 heads cabbage @ 9 $\frac{1}{2}$ c.....	1,877.68
490 bushels spinach @ 60c.....	294.00
126 bushels peas @ \$1.50.....	189.00
155 bushels onions @ \$1.74.....	269.70
580 bushels beets @ 75c.....	435.00
355 bushels string beans @ \$1.50.....	532.50
300 bushels carrots @ \$1.00.....	300.00
25 bushels cucumbers @ \$1.50.....	37.50
230 bushels lima beans @ \$1.50.....	345.00
19 bushels peppers @ 75c.....	14.25
62 bushels squash @ 60c.....	37.20
4 bushels okra @ \$1.50.....	6.00
1,103 bushels tomatoes @ 70c.....	772.10
101 bushels tomatoes (yellow egg) @ 80c.....	80.80
40 bushels tomatoes (green) @ 75c.....	30.00
24 bushels grapes @ \$2.00.....	48.00
125 bushels egg plants @ \$1.50.....	187.50
57,855 ears corn @ \$1.50 per 100.....	867.83
5,120 quarts strawberries @ 10c.....	512.00
1 bushel lima beans (seed).....	5.00
250 heads endive @ 6c.....	15.00
18,000 heads celery @ 6c.....	1,080.00
1,500 bundles leek @ 5c.....	75.00
350 pounds horseradish @ 10c.....	35.00
300 bushels parsnips @ 60c.....	180.00
1,200 heads celeriac @ 4c.....	48.00
3 loads pumpkins @ \$5.00.....	15.00
5 bushels onion sets @ \$3.00.....	15.00
5 bushels brussels sprouts @ \$2.50.....	12.50
75 bushels kale @ 60c.....	45.00
250 bunches herbs @ 10c.....	25.00
1,000 bundles corn stalks @ 2 $\frac{1}{2}$ c.....	25.00

4,200 bedding plants @ 5c.....	210.00
2,500 bunches cut flowers @ 20c.....	500.00
2,500 roses @ \$2.00 per 100.....	50.00
15,000 carnations @ \$3.00 per 100.....	450.00
2,000 pansy plants @ \$4.00 per 100.....	80.00
3,000 chrysanthemums @ 10c each.....	300.00
400 calla lilies @ \$15.00 per 100.....	60.00
Credit of hauling .....	175.00
Keeping of lawns .....	400.00
Manure .....	150.00
Credit of hauling ice for hospital.....	240.00
	<u>\$21,725.35</u>

### EXPENSE.

Fertilizers and manure .....	\$ 225.30
Seeds, sets, bulbs, etc. ....	182.45
Pots for plants .....	24.75
Keeping of horses .....	584.00
Wages .....	3,163.29
Horseshoeing, wear, tear, etc. ....	150.00
Hose, tools, etc. ....	200.00
Fuel for heating .....	150.00
Board of men .....	1,491.40
Interest on investment of \$45,000.00 @ 5% .....	2,250.00
Insurance on \$2,000.00, value of equipment, 39 $\frac{1}{2}$ per \$100.00.....	6.73
Value of machinery, stock and greenhouse equipment, Oct. 31, 1915 .....	8,838.70
	<u>\$17,266.62</u>
Profit maintaining garden one year .....	\$4,458.73

### DAIRY REPORT FOR YEAR ENDING OCTOBER 31st, 1916.

Valuation of herd of cattle and equipment Oct. 31, 1916....	\$24,721.75
331,288 quarts milk produced @ 7 $\frac{1}{2}$ c.....	24,846.60
54 calves sold .....	437.00
6,921 pounds tankage and bones .....	47.50
1,181 pounds beef hides @ 12c.....	141.72
5,172 pounds beef slaughtered @ 12 $\frac{1}{2}$ c.....	646.50
45 bunches rhubarb @ 7c.....	3.15
75 quarts strawberries @ 10c.....	7.50
125 quarts blackberries @ 9c.....	11.25
4 baskets grapes @ \$1.00.....	4.00
19 baskets pears @ 50c.....	9.50
10 baskets apples @ 50c.....	5.00
6 baskets cherries @ \$1.00.....	6.00
750 stalks celery @ 6c.....	45.00
3 bushels egg plants @ \$1.50.....	4.50
100 heads cabbage @ 9 $\frac{1}{2}$ c.....	9.50
135 baskets tomatoes @ 35c.....	47.25
36 baskets lima beans @ 75c.....	27.00
75 baskets string beans @ 75c.....	41.25
6 bushels beets @ 75c.....	4.50
2 bushels carrots @ \$1.00.....	2.00
6 bushels onions @ \$1.74.....	10.44
100 heads lettuce @ 5c.....	5.00
25 bunches green onions @ 4c.....	1.00
2 bushels peppers @ 75c.....	1.50

500 ears corn @ \$1.50.....	7.50
7½ bushels peas @ \$1.50.....	11.25

**\$51,105.16****EXPENSES.**

93,810 pounds cornmeal .....	\$1,468.76
67,051 pounds brewers' grains .....	970.25
39,555 pounds bran .....	497.70
15,755 pounds oil meal .....	352.43
3,920 pounds calf meal .....	109.76
51,459 pounds beet pulp .....	706.08
395,250 pounds hay .....	4,347.73
970,000 pounds ensilage .....	2,425.00
20,785 pounds oats .....	347.33
15,625 pounds cottonseed meal .....	328.51
67,109 pounds unicorn .....	1,110.65
3,584 pounds salt .....	20.00
Wages .....	2,891.48
Patients' board and clothing .....	550.00
Dairy helpers' board .....	624.00
24 tons coal .....	138.00
Insurance on cattle and dairy equipment (\$24,721.75).....	95.59
12 milk cans .....	36.00
Tin pails, brushes, towels, forks, etc. ....	200.00
Keep of horses, repairs of wagon, etc. ....	400.00
Value of herd of cattle and equipment Nov. 1st, 1915.....	20,922.36

**\$38,541.63**

Profit of maintaining dairy one year..... \$12,563.53

Report of hogs killed from November 30th, 1915, to March 28th, 1916, showing valuation of each item, also showing profit of \$994.01 by utilizing the product of our hogs for subsistence instead of selling them, as was the previous custom.

3,607 pounds pork loins valued at 16c.....	\$ 577.12
1,457 pounds spareribs valued at 13c.....	189.41
4,438 pounds lard valued at .1061c.....	470.87
800 pounds pigs' feet valued at 8c.....	64.00
4,510 pounds hams valued at 16c.....	721.60
947 pounds bacon valued at 18c.....	170.46
3,081 pounds salt pork valued at 11½c.....	354.20
5,328 pounds scrapple made @ 7c.....	372.96
185 pounds buckwheat @ 3¾c.....	\$ 6.94
590 pounds cornmeal @ 2¼c.....	13.28
23 pounds salt @ .005c.....	.12
10 pounds pepper @ .1475c.....	1.48
9 pounds sage @ 12c.....	1.08

Cost of material for scrapple.....	\$ 22.90	1,046.86
6,158 pounds sausage @ 17c.....		
33 pounds pepper @ .1475c.....	\$ 4.87	
99 pounds salt @ .005c.....	.50	
907 pounds beef @ .1215c.....	110.20	

Cost of material for sausage..... **\$115.57**Cost of ingredients for scrapple and sausage ..... **\$138.47**

By slaughtering our hogs and making use of the product for subsistence we realized the value of.....	3,967.48
Would have realized on the same product if sold, as was our previous custom (28,350 lbs. @ 10c per lb.).....	2,835.00
	<b>\$1,132.48</b>
Cost of sausage and scrapple .....	138.47
Net profit for the year .....	<b>\$994.01</b>

**STATEMENT OF BAKERY FOR YEAR ENDING OCT., 1916.**

600,115¾ pounds bread made @ 3½c.....	\$21,004.05
13,012⅔ dozen rolls made @ 7c.....	910.89
4,093 pans gingerbread and coffee cake @ 40c.....	1,637.20
Cost of ingredients:	
Cost of materials for bread.....	\$12,799.36
"    "    "    "    rolls .....	417.17
"    "    "    "    coffee cake and ginger cake .....	804.04
Expenses:	
Lard for greasing .....	101.81
Flour for dusting .....	259.57
Cost of fuel .....	240.00
Baker's board .....	156.00
Wages .....	835.00
Electric power and light .....	101.64
Board of patients .....	312.00
Insurance .....	3.96
Wear, tear, etc. ....	600.00

**\$23,552.14****\$16,630.55**    **16,630.55**Profit for year ending Oct. 31, 1916..... **\$6,921.59****ANALYSIS OF EXPENSE.**

Administrative:	
Medical Director, salary .....	\$ 4,500.00
Warden, salary .....	3,500.00
Physicians, salary .....	8,424.92
Clerical services .....	7,414.76
Wages .....	121,326.01
Postage .....	593.75
Telephone .....	1,250.92
Telegraph .....	108.34
Freight and express .....	99.88
Stationery and office supplies .....	1,355.76
Traveling expenses—Officers .....	83.91
Treasurer and Secretary, salary .....	1,000.00
Sundries .....	536.10
	<b>\$150,194.35</b>

**Table Supplies:**

Butter .....	\$ 13,679.63
Bread, crackers, cake, etc. ....	143.11
Beans .....	2,523.33
Beef, fresh .....	19,603.43

Coffee, cocoa, etc. ....	2,841.84
Cereals .....	2,070.06
Cheese .....	1,830.12
Canned goods .....	460.05
Eggs .....	8,933.18
Fruit, fresh and dried .....	4,785.42
Flour .....	15,264.98
Fish .....	3,707.99
Ham .....	6,447.32
Lamb and mutton .....	4,279.60
Lard .....	1,383.62
Milk .....	2,715.76
Molasses and syrup .....	134.53
Oysters and clams .....	1,334.19
Other meats .....	2,356.14
Peas .....	120.50
Potatoes, white and sweet .....	3,547.50
Pork, salt .....	672.30
Poultry .....	1,553.72
Rice .....	770.25
Spices, pickles, etc. ....	966.42
Sugar .....	8,281.51
Tea .....	1,225.28
Vegetables .....	1,322.93
Sundries .....	900.00
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	113,854.71

House Supplies:	
Beds and bedding .....	\$ 6,578.54
Brooms .....	524.76
Brushes ..	130.35
Carpets, rugs, etc. ....	2,145.36
Crockery and glassware .....	774.60
Cutlery .....	374.16
Furniture and upholstery .....	1,108.90
Kitchen furnishings .....	2,342.03
Laundry supplies, soap, etc. ....	1,923.39
Soap, toilet .....	2,444.32
Towels, toweling, etc. ....	1,117.36
Table linen .....	863.85
Woodenware, baskets, pails, etc. ....	461.46
Sundries .....	793.19
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	21,582.27

Clothing and Clothing Material:	
Boots .....	\$ 95.04
Clothing .....	3,875.58
Dry goods for clothing, etc. ....	3,343.57
Furnishing goods .....	501.80
Rubber boots and rubbers .....	23.76
Hats, caps, etc. ....	223.31
Shoes and slippers .....	3,459.88
Sundries .....	10.50
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	11,533.44

Repairs:	
Brick .....	\$ 110.00
Doors, sash, etc. ....	216.02
Electrical work and supplies .....	1,597.59
Glass .....	102.36
Hardware .....	737.74
Lumber .....	2,424.87

Lime, cement, plaster, etc. ....	1,757.14
Machinery, tools, etc. ....	248.04
Paint, oil, etc. ....	834.19
Plumbing, steamfitting, etc. ....	2,820.48
Roofing and materials .....	2,099.85
Sundries .....	11,594.18
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	24,542.46

Farm, Stable and Grounds:	
Blacksmith supplies .....	\$ 368.28
Carriages, wagons, repairs, etc. ....	3,304.88
Cows .....	625.00
Fertilizers, vines, seeds, etc. ....	3,468.88
Hay, grain, etc. ....	12,902.42
Harness and repairs .....	139.10
Horses .....	565.00
Pigs .....	285.00
Tools, farm machinery, etc. ....	726.10
Sundries .....	1,245.58
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	23,630.24

Heat, Light and Power:	
Coal .....	\$ 23,878.47
Electric .....	7,172.61
Gas .....	36.74
Oil .....	1,469.04
Sundries .....	235.35
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	32,792.21

Miscellaneous Expenses:	
Advertising .....	\$ 395.53
Entertainments .....	549.12
Funeral expenses .....	841.00
Insurance .....	2,919.94
Medical supplies .....	6,152.23
Newspapers and magazines .....	228.25
Religious services .....	190.00
Returning runaways .....	45.40
Tobacco .....	1,141.09
Wines and liquors .....	302.37
Sundries .....	993.91
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	13,758.84

Refund:	
Private patients .....	1,918.32
Research work .....	2,319.22
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	\$396,126.06

SUMMARY FOR ANNUAL REPORT OCT. 31, 1916.

**Treasurer's Report**

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

Gentlemen:—The following abstract of receipts and disbursements for the fiscal year ending October 31, 1916, is respectfully submitted:

RECEIPTS.	
Balance Nov. 1, 1915 .....	\$ 26,529.73
From State of New Jersey for maintenance of county patients, for support and clothing for State indigent patients and for support and clothing for convict patients .....	216,201.55
From sundry counties for county patients.....	123,911.31
From private patients .....	45,338.81
From sale of sundries.....	6,976.62
From bank for interest.....	95.51
From State Treasurer for officers' salaries.....	17,328.53
	<u>\$436,382.06</u>

DISBURSEMENTS.	
For maintenance expenses .....	\$364,857.59
Balance November 1, 1916 .....	\$71,524.47

H. H. JOHNSON,  
*Treasurer.*

We hereby certify that we have examined the Treasurer's accounts of the New Jersey State Hospital at Trenton and find them correctly stated and balance according to the foregoing statement.

JOS. H. MOORE,  
WILLIAM L. BLACK,  
*Auditing Committee.*

	Counties.	Private Patients.	Sundries.	State New Jersey.
November	9,296.01	2,389.51	264.11	16,842.72
December	21,553.38	2,114.58	80.13	16,610.87
January	4,436.79	6,132.15	107.29	16,759.72
February	7,677.67	2,659.75	279.69	17,409.15
March	18,470.25	2,218.88	1,340.49	16,657.43
April	4,856.92	6,489.64	624.55	17,688.14
May	9,563.10	2,220.05	578.77	16,594.71
June	8,024.45	2,653.78	123.20	17,028.01
July	9,035.27	6,982.85	1,492.52	16,948.29
August	9,406.37	2,416.94	445.44	21,466.01
September	14,489.96	2,062.64	423.51	21,505.60
October	7,101.14	6,998.04	1,216.92	20,690.90
	<u>123,911.31</u>	<u>45,338.81</u>	<u>6,976.62</u>	<u>216,201.55</u>

	Salaries.	Bank Interest.	Disbursements.
November	\$1,316.63		\$26,627.95
December	1,362.46		37,528.19
January	1,408.29		30,488.42
February	1,408.29		29,652.49
March	1,408.29		35,794.34
April	1,362.46		25,236.13
May	1,454.12		28,731.78
June	1,554.10	\$60.43	30,043.05
July	1,570.77		22,847.59
August	1,466.60		17,836.51
September	1,508.26		33,116.92
October	1,508.26	35.08	46,954.22
	<u>\$17,328.53</u>	<u>\$95.51</u>	<u>\$364,857.59</u>

## Statistical Appendix to the Medical Directors' Report

### 1. General Statistics for the Year.

	Males	Females	Totals
Patients in Hospital November 1, 1915.....	834	771	1605
Admitted within the year.....	885	276	661
Viz: By commitment.....	844	240	594
By voluntary commitment.....	23	24	47
From escape.....	3	0	3
* From visit.....	15	12	27
Whole number of cases within the year.....	1219	1047	2266
Dismissed within the year.....	823	255	578
Viz: Discharged within the year as recovered at time of leaving hospital.....	112	83	195
As capable of self support.....	24	7	31
As improved.....	42	20	62
As not improved.....	13	12	25
Died.....	100	104	204
Escaped.....	5	1	6
On visit.....	27	28	55
Patients remaining in Hospital November 1, 1916.....	896	792	1688
Viz: As indigent patients.....	694	703	1397
As private patients.....	69	82	151
Convict.....	44	2	46
Criminal.....	89	5	94
Number of different persons within the year.....	1219	1047	2266
Number of different persons admitted.....	885	276	661
Daily average number of patients.....	859	789	1648

\* 15 males and 12 females nominally admitted for discharge.

### 2. Insane Received on First and Subsequent Commitments.

	Males	Females	Totals
First.....	324	234	558
Second.....	32	28	60
Third.....	9	0	9
Fourth.....	1	1	2
Fifth.....	1	0	1
Eighteenth.....	0	1	1
Total cases and total persons.....	367	264	631
Never before in any hospital.....	324	234	558

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

PLACES OF NATIVITY	MALES			FEMALES			TOTALS		
	Pa-tients	Fath-ers	Moth-ers	Pa-tients	Fath-ers	Moth-ers	Pa-tients	Fath-ers	Moth-ers
United States.....	1	4	3	1	26	30	2	36	4
New Jersey.....	135	76	71	106	54	65	241	130	136
New England States.....	4	1	4	0	3	0	4	4	4
Middle Atlantic States.....	51	38	37	34	26	18	85	64	55
Southern States.....	16	14	12	8	7	6	24	21	18
Other States.....	10	3	7	3	1	1	13	4	8
<b>Totals.....</b>	<b>217</b>	<b>136</b>	<b>134</b>	<b>152</b>	<b>117</b>	<b>120</b>	<b>369</b>	<b>253</b>	<b>254</b>
<b>Other Countries--</b>									
Austria.....	8	5	6	10	9	9	18	14	15
Bohemia.....	0	1	0	0	0	0	0	1	0
Bahama Islands.....	1	2	2	0	0	0	1	2	2
Budapest.....	1	1	1	0	0	0	1	1	1
Canada.....	1	1	1	0	0	0	1	1	1
China.....	1	1	1	0	0	0	1	1	1
Denmark.....	2	2	2	1	1	1	3	3	3
England.....	6	14	13	9	14	12	15	28	25
France.....	1	2	2	3	3	3	4	5	5
Germany.....	13	24	21	3	20	15	16	44	36
Hungary.....	21	17	13	10	11	11	31	28	24
Ireland.....	6	20	22	18	24	29	24	44	51
Italy.....	16	15	12	8	9	9	24	24	22
Jamaica.....	0	1	0	0	0	0	0	1	0
Mexico.....	1	0	0	0	0	0	1	0	0
Newfoundland.....	1	0	1	0	0	0	1	0	0
Norway.....	0	0	0	1	1	1	1	1	1
Poland.....	4	5	5	3	2	2	7	7	7
Russia.....	12	10	9	6	8	7	18	18	16
Scotland.....	3	3	3	0	1	0	3	4	3
Sweden.....	1	1	1	0	1	1	1	2	2
Switzerland.....	1	1	2	0	0	0	1	1	2
Turkey.....	0	0	0	1	1	1	1	1	1
<b>Total Foreign.....</b>	<b>100</b>	<b>126</b>	<b>118</b>	<b>73</b>	<b>105</b>	<b>101</b>	<b>173</b>	<b>231</b>	<b>210</b>
<b>Unknown.....</b>	<b>7</b>	<b>62</b>	<b>72</b>	<b>9</b>	<b>12</b>	<b>13</b>	<b>16</b>	<b>74</b>	<b>85</b>
<b>Totals.....</b>	<b>824</b>	<b>824</b>	<b>824</b>	<b>234</b>	<b>234</b>	<b>234</b>	<b>558</b>	<b>558</b>	<b>558</b>

### 4. Probable Cause of Mental Disease in Persons Admitted to This Hospital.

EXCITING CAUSES	ADMITTED		
	Males	Females	Totals
<b>A—PHYSICAL</b>			
Alcohol.....	79	13	92
Alcohol and other causes.....	20	4	24
Arteriosclerosis.....	23	12	35
Brain tumor.....	1	0	1
Childbirth.....	0	8	8
Constitutional inferiority.....	28	28	56
Constitutional inferiority and other causes.....	18	14	32
Drugs.....	7	4	11
Epilepsy.....	4	3	7
Ill health.....	13	16	29
Imbecility.....	3	1	4
Masturbation.....	1	0	1
Menopause.....	0	11	11
Sanlity.....	13	10	23
Sanlity and other causes.....	13	18	31
Stroke.....	1	0	1
Syphilis.....	51	9	60
Trauma.....	8	3	11
Focal infection.....	7	14	21
Gas poisoning.....	1	0	1
Exhaustion.....	0	2	2
<b>B—MENTAL</b>			
Domestic troubles.....	1	14	15
Faulty environment.....	2	0	2
Fright.....	1	1	2
Grief.....	1	4	5
Overwork.....	5	8	13
Worry.....	12	23	35
Prison confinement.....	4	1	5
Heat.....	1	0	1
Unknown.....	49	43	92
<b>Totals.....</b>	<b>367</b>	<b>264</b>	<b>631</b>

5 (A). Form of Mental Disease 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			Died			Aggregates		
	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total
<b>FIRST ADMITTED TO ANY HOSPITAL.</b>																					
<b>A—ORGANIC BRAIN DISEASE.</b>																					
<b>I—Definite Organic Brain Disease—</b>																					
Organic brain disease.....	2	0	2	0	0	0	0	0	0	1	0	1	0	0	0	1	1	2	4	1	5
Arteriosclerotic brain disease.....	26	13	39	0	0	0	0	0	0	1	1	2	1	0	1	14	12	26	42	26	68
Cerebral syphilis.....	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	0	2
Senile psychosis.....	23	24	47	0	0	0	1	0	1	4	2	6	3	0	3	17	24	41	48	50	98
General paralysis.....	44	8	52	3	0	3	2	0	2	4	3	7	2	1	3	25	6	31	80	18	98
Juvenile general paralysis.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Multiple sclerosis.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Locomotor ataxia.....	1	2	3	0	0	0	1	0	1	0	1	1	0	0	0	0	0	0	2	3	5
Paralysis agitans.....	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Traumatic psychosis.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Hypomanic lateral sclerosis.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>II—Psychosis Due to Intoxication—</b>																					
<b>1—Alcoholic intoxication.....</b>																					
Alcoholic delirium.....	15	2	17	13	2	15	0	0	0	0	0	0	0	0	0	0	0	0	28	4	32
Chronic alcoholic hallucinosis.....	2	2	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	4
Alcoholic dementia.....	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Habitual drunkard.....	2	0	2	1	0	1	1	1	2	0	0	0	0	0	0	2	0	2	6	1	7
Delirium tremens.....	4	1	5	2	1	3	0	0	0	1	0	1	0	0	0	0	0	0	7	2	9
Chronic alcoholism.....	10	0	10	8	0	8	0	0	0	0	0	0	0	0	0	2	0	2	20	0	20
Acute alcoholic hallucinosis.....	2	1	3	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	4	1	5
Polyneuritic delirium.....	23	0	23	22	0	22	0	0	0	0	0	0	0	0	0	1	1	45	1	46	46
Alcoholic paranoic condition.....	2	1	3	2	1	3	0	0	0	0	0	0	0	0	0	2	0	2	6	2	8
<b>2—Drug psychosis—</b>																					
Drug habits (morphine, etc.).....	4	0	4	1	0	1	1	0	1	0	1	1	0	0	1	0	0	2	8	0	8
<b>III—Acute Toxic or Infective Exhaustive Types—</b>																					
Undifferentiated delirium.....	7	5	12	4	7	11	0	0	0	0	0	0	0	0	2	2	4	13	14	27	27
Toxic delirium.....	4	4	8	1	1	2	0	0	0	0	0	0	0	0	3	2	5	8	7	15	15
Delirium.....	5	12	17	5	7	12	0	0	0	1	0	1	0	0	0	0	1	11	20	31	31
Acute hallucinosis.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	2
Exhaustion psychosis.....	0	1	1	0	1	1	0	0	0	2	0	2	0	0	0	0	0	2	2	4	4
Totals.....	2	3	5	1	1	2	0	0	0	0	0	0	0	0	2	0	2	5	4	9	9
Totals.....	185	80	264	64	21	85	6	1	7	16	7	23	7	1	8	71	50	121	349	160	509

FORM OF MENTAL DISEASE	COMMITTED			DISCHARGED																	
				Recovered			Capable of Self-Support			Improved			Not Improved			Died			Aggregates		
	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total	Male	Fe.	Total
<b>B—PRESERVATION OF MENTAL ADJUSTMENT.</b>																					
<b>1—Manic depressive insanity—manic phase.....</b>																					
Hypomanic phase.....	8	26	34	12	7	19	0	0	0	0	3	3	0	0	0	10	10	20	46	66	66
Depressed phase.....	5	3	8	3	1	4	0	0	0	1	0	1	0	0	0	0	0	0	9	5	14
Mixed phase.....	6	28	34	1	11	12	0	0	0	2	0	2	1	0	1	2	3	11	41	52	52
<b>2—Other Depressions—</b>																					
Depression of involutional period.....	1	2	3	1	1	2	0	0	0	0	0	0	0	0	0	0	0	1	2	4	4
Pre-senile depression.....	0	3	3	0	1	1	0	1	1	0	0	0	0	0	0	5	5	0	10	10	10
Post-operative depression.....	0	2	2	0	1	1	0	0	0	0	0	0	0	0	1	0	1	1	2	3	3
Reactive depression (toxic).....	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Undifferentiated depression.....	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	4	4
<b>3—Paranoic condition.....</b>																					
Dementia praecox.....	13	9	22	0	2	2	1	0	1	0	1	1	1	0	1	1	2	3	16	14	30
Totals.....	47	32	79	0	3	3	4	2	6	8	4	12	1	5	6	13	9	22	73	55	128
<b>C—NEUROTIC DEFECTIVE.</b>																					
1—Neurasthenia.....	0	2	2	4	1	5	0	0	0	0	0	0	0	0	0	1	1	4	4	8	8
2—Epileptic psychosis.....	6	6	12	0	0	0	0	0	0	2	0	2	1	2	3	1	3	4	10	11	21
3—Constitutional inferiority.....	15	5	20	0	3	3	8	0	8	1	1	2	0	1	1	0	2	24	12	36	36
4—Imbecility.....	9	10	19	0	0	0	2	0	2	3	0	3	0	1	1	3	2	5	17	13	30
5—Psychasthenia.....	2	0	2	1	0	1	0	0	0	1	0	1	0	0	0	1	1	3	2	5	5
6—Psychopathic personality.....	1	1	2	1	4	5	0	0	0	0	0	0	0	0	0	0	0	0	2	5	7
7—Psychoneurotic constitution.....	2	9	11	0	6	6	0	0	0	0	0	0	0	0	0	1	1	2	16	18	18
8—Hysterical psychosis.....	0	6	6	0	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	12	12
9—Prison psychosis.....	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
10—Huntington's chorea.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	1
11—Unclassified.....	18	8	26	8	2	10	1	0	1	4	2	6	1	1	2	0	2	2	31	15	46
Totals.....	149	154	294	31	49	80	16	3	19	21	12	33	5	10	15	21	43	64	232	272	504
Totals.....	324	234	558	95	70	165	22	4	26	37	19	56	12	11	23	92	93	185	581	432	1013

5 (B). Form of Mental Disease 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			Died			Aggregates		
	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl
ALL OTHER ADMISSIONS.																					
A—ORGANIC BRAIN DISORDERS.																					
I—Definite Organic Brain Disease—																					
Arteriosclerotic brain disease.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	3	1	3	4	
Senile psychosis.....	1	1	2	0	0	0	0	0	0	1	0	1	0	0	0	1	3	4	7		
General paralysis.....	5	2	7	0	0	0	0	0	0	0	0	0	1	0	1	2	3	7	4	11	
Cerebral syphilis.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
Hypomanic lateral sclerosis.....	0	1	1	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																					
Alcoholic dementia.....	7	3	10	6	1	7	0	0	0	0	0	0	0	1	1	1	0	1	14	5	19
Habitual drunkard.....	3	1	4	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	3	2	5
Delirium tremens.....	3	1	4	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4	1	5
Alcoholic paranoid condition.....	2	1	3	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	3	2	5
2—Drug Psychosis—																					
Drug habits (morphine, etc.).....	0	1	1	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Totals.....	25	10	35	9	5	14	0	0	0	1	0	1	1	1	2	3	8	11	39	24	63
III—Acute Toxic or Infective Exhaustive																					
Types—																					
Toxic delirium.....	1	1	2	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	2	2	4
Hysterical psychosis.....	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Exhaustion delirium.....	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
B—PERVERSION OF MENTAL ADJUSTMENT.																					
1—Manic Depressive Insanity—																					
Mixed phase.....	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Manic phase.....	2	6	8	4	2	6	0	0	0	0	0	0	0	0	0	0	0	0	6	8	14
Hypomanic phase.....	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Depressed phase.....	2	4	6	0	1	1	0	1	1	0	0	0	0	0	0	4	0	4	6	6	12
2—Other Depressions—																					
Involuntional depression.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
3—Paranoid condition																					
Dementia praecox.....	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
C—NEUROTIC DEFECTIVE.																					
1—Neurasthenia																					
Constitutional inferiority.....	3	1	4	0	0	0	2	2	1	0	1	0	0	0	0	0	0	0	0	4	3
Imbecility.....	1	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Psychoneurosis.....	2	1	3	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2
Psychasthenia.....	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	1	2	6	2	8
Unclassified.....	4	0	4	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	1	1
Totals.....	18	20	38	8	8	16	2	3	5	4	1	5	0	0	0	5	3	8	37	35	72
Aggregate cases.....	367	264	631	112	83	195	24	7	31	42	20	62	13	12	25	100	104	204	657	491	1148
Aggregate persons.....	367	264	631	112	83	195	24	7	31	42	20	62	13	12	25	100	104	204	657	491	1148

6. Causes of Death and Form of Mental Diseases in Persons Who Died.

CAUSES	Aggregates			Senile Dementia			General Paralysis			Delirium			Manic Depressive Insanity			Dementia Praecox			Imbecility			Epilepsy		
	Ma.	Fe.	To.	Ma.	Fe.	To.	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl
General Diseases—																								
Tuberculosis.....	5	9	14	0	1	1	0	0	0	2	0	2	1	1	2	2	5	7	0	1	1	0	1	1
General toxemia.....	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0
Septicaemia.....	0	2	2	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
Diseases of the Nervous System—																								
General paralysis.....																								
Brain tumor.....	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cerebral softening.....	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Cerebral hemorrhage.....	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Status epilepticus.....	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Cerebral apoplexy.....	48	8	56	2	8	10	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0
Diseases of the Circulatory System—																								
General arteriosclerosis.....																								
Myocarditis.....	6	6	12	6	5	11	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0
Chronic myocarditis.....	7	3	10	4	1	5	0	0	0	0	0	0	2	2	4	0	0	0	1	0	1	0	0	0
Organic heart disease.....	9	12	21	3	7	10	0	0	1	0	1	2	4	6	2	1	3	1	0	1	0	0	0	0
Dilatation of heart.....	2	1	3	2	0	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
Endocarditis.....	3	2	5	1	0	1	0	0	1	0	1	0	1	0	0	1	0	1	0	1	0	1	0	1
Respiratory System—																								
Broncho pneumonia.....																								
Lobar pneumonia.....	11	16	27	8	10	18	1	1	2	0	1	1	0	1	1	2	2	4	0	1	1	0	0	0
Digestive System—																								
General peritonitis.....																								
Genito-Urinary Disease—																								
Chronic interstitial nephritis.....																								
Acute parenchymatous nephritis.....	5	4	9	5	2	7	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Acute Hemorrhagic nephritis.....	2	1	3	0	0	0	0	0	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0
Totals.....	88	87	175	32	42	74	27	8	35	7	6	13	5	16	21	13	10	23	3	2	5	1	3	4

Alcoholic dementia, chronic myocarditis, 1 male; broncho-pneumonia, 1 male.  
 Chronic alcoholism, acute cardiac dilatation, 1 male.  
 Alcoholic intoxication, organic heart disease, 1 male.  
 Exhaustion psychosis, gastric carcinoma, 1 male; pulmonary tuberculosis, 1 female.  
 Organic brain disease, lobar pneumonia, 1 male; broncho-pneumonia, 1 female.  
 Drugs, suicide by asphyxiation, 1 male; broncho-pneumonia, 1 female; myocarditis, 1 female.  
 Polyneuritic delirium, myocarditis, 1 male.  
 Depression, broncho-pneumonia, 1 male; pulmonary tuberculosis, 1 female.

Huntington's chorea, lobar pneumonia, 1 male.  
 Involuntional depression, chronic myocarditis with acute dilatation, 1 male; chronic myocarditis, 2 females; pulmonary tuberculosis, 1 female; chronic nephritis and toxemia, 1 female; broncho-pneumonia, 1 female.  
 Psychoneurosis, pyelonephritis, 1 female.  
 Constitutional inferiority, lobar pneumonia, 1 female; general toxemia, 1 female.  
 Paranoid condition, lobar pneumonia, 1 female.  
 Psychasthenia, suicide by drowning, 1 female.  
 Involuntional paranoid reaction, pulmonary tuberculosis, 1 female.  
 Unclassified, acute myocarditis, 1 male; pulmonary tuberculosis, 1 female

Voluntary Commitments.

NAME	SEX	DIAGNOSIS	Duration of Psychosis	Time in Hospital	Date of Discharge	Condition on Discharge
J. M.	Male	Acute alcoholic hallucinosis.....	5 days	1 month	May 20, 1916	Recovered
J. W.	Male	Acute alcoholic hallucinosis.....	1 week	11 days	July 11, 1916	Recovered
J. G.	Male	Multiple sclerosis.....	2 years	3 months	Sept. 2, 1916	Improved
J. S.	Male	Paranoid dementia praecox.....	1 yr., 6 mos.	21 days	May 14, 1916	Improved
G. E. W.	Male	Cerebral syphilis.....	6 years			
J. T. R.	Male	General paralysis.....	2 years	7 months, 11 days	Oct. 31, 1916	Died
A. E. N.	Male	General paralysis.....	6 months			
H. W.	Male	Delirium tremens.....	4 weeks			
C. W. A.	Male	General paralysis.....	6 months			
H. B.	Male	Subacute alcoholic intoxication.....	2 weeks			
C. M. C.	Male	Acute alcoholic intoxication.....	1 day	1 day	July 18, 1916	Recovered
B. B. C.	Male	Psychopathic personality.....	1 year	2 months, 2 days	Mar. 15, 1916	C. S. S.
R. S. E.	Male	Psychasthenia.....	2 years			
A. B.	Male	Alcoholic intoxication.....	5 days	3 months	April 15, 1916	Recovered
T. H. W.	Male	Manic depressive insanity, hypomanic phase.....	1 week	1 month, 15 days	June 14, 1916	Recovered
C. T. K.	Male	General paralysis.....	2 years			
S. L. S.	Male	General paralysis.....	1 year			
P. T. R.	Male	Senile dementia.....	6 months			
H. B.	Male	General paralysis.....	5 yrs., 6 mos.	9 months	Oct. 15, 1916	Died
J. W. C.	Male	Manic depressive insanity, depressed phase.....	2 years			
H. H. M.	Male	Tabes-paresis.....	6 years			
E. C. S.	Male	Manic depressive insanity, depressed phase.....	1 month			
R. C.	Male	General paralysis.....	7 months			
E. M. B.	Female	Hysterical episodes.....	6 months			
Y. W.	Female	Locomotor ataxia.....	1 year	11 days	Dec. 31, 1915	Improved
F. E. P.	Female	Manic depressive insanity, depressed phase.....	5 weeks			
I. S.	Female	Manic depressive insanity, manic phase.....	1 week	4 months, 19 days	April 29, 1916	Recovered
A. E. F.	Female	Senile dementia.....	5 years	4 months, 5 days	Oct. 26, 1916	Died
A. W.	Female	Progressive muscular atrophy.....	2 years	7 months, 7 days	Oct. 25, 1916	Unimproved
A. N.	Female	General paralysis.....	6 months	1 day	Aug. 22, 1916	Unimproved
M. H. W.	Female	Dementia praecox.....	1 year	4 months, 4 days	Oct. 28, 1916	Improved
E. F. C.	Female	Hysterical episodes.....	2 years			
C. P.	Female	Senile dementia.....	6 years	24 days	June 18, 1916	Improved
I. B.	Female	Manic depressive insanity, depressed phase.....	5 months	2 months	July 30, 1916	Recovered
R. G. P.	Female	Manic excitement.....	2 weeks	8 months	July 27, 1916	Recovered
A. O.	Female	Psychoneurosis.....	1 month			
S. L.	Female	Depression in senile period.....	2 months			
J. E. H. C.	Female	Neurasthenia.....	1 yr., 4 mos.			
C. M.	Female	Drug habitue (morphine).....	7 years	3 months, 12 days	Oct. 23, 1916	Improved
W. L. D.	Female	Nervous prostration.....	3 weeks	1 month, 18 days	May 5, 1916	Recovered
R. M.	Female	Manic depressive insanity, depressed phase.....	2 months			
A. M.	Female	Manic depressive insanity, depressed involuntional type.....	Unknown	4 months	Aug. 22, 1916	Improved
M. E. H.	Female	Hysterical insanity, psychoneurotic.....	10 years	10 days	July 27, 1916	Recovered
E. R.	Female	Dementia praecox.....	5 years	4 months, 6 days	May 25, 1916	Unimproved
M. W.	Female	Reactive depression.....	1 day	25 days	Aug. 26, 1916	Recovered
E. M.	Female	Epilepsy.....	16 years	1 month, 5 days	July 10, 1916	Unimproved
E. P.	Female	Neurasthenia.....	Unknown	3 months, 20 days	Oct. 3, 1916	Unimproved