

Annual Report
OF THE
BOARD OF MANAGERS
OF THE
New Jersey State Hospital

AT
TRENTON, N. J.

FOR THE
Year Ending October 31st

1910



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Letter of Transmittal.

TRENTON, NEW JERSEY.

To His Excellency, Governor John Franklin Fort, 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.

(3)

ASST. MGR. OF THE CO.

Managers.

-
- GARRET D. W. VROOM, **President**.....Trenton
 - C. S. HOFFMAN, **Vice-President**.....Somerville
 - J. BAYARD KIRKPATRICK.....New Brunswick
 - J. LYLE KINMONTH.....Asbury Park
 - JOSEPH RICETrenton
 - ARTHUR D. FORST.....Trenton
 - LEFFERSON A. D. ALLEN, M. D.....Woodstown
 - LUTHER M. HALSEY, M. D.....Williamstown

-
- SCOTT SCAMMELL, **Secretary**Trenton
 - HARVEY H. JOHNSON, **Treasurer**Trenton

Consulting Staff.

Physicians.

WILLIAM A. CLARK, M.D., HORACE G. NORTON, M.D.,
CHARLES J. CRAYTHORNE, M.D., FRANK G. SCAMMELL, M.D.

Surgeons.

JOSEPH B. SHAW, M.D. NELSON B. OLIPHANT, M.D.,
THOS. B. MACKENZIE, M.D., MARTIN W. REDDAN, M.D.

Gynecologists.

GEORGE N. J. SOMERS, M.D., H. B. COSTILL, M.D.,
E. S. HAWKE, M.D.

Neurologists.

PAUL L. CORT, M.D., STEWART PATON, M.D.

Ophthalmologists.

CHAS. F. ADAMS, M.D., IRVINE F. P. TURNER, M.D.

Dentist.

DR. JAMES I. WOOLVERTON.

Resident Officers.

Medical Department.

HENRY A. COTTON, M. D.....Medical Director
JOHN C. FELTY, M.D.....First Assistant Physician
EDWAR B. FUNKHOUSER, M.D.....Second Assistant Physician
WILLIAM C. SANDY, M.D.....Third Assistant Physician
FREDERICK S. HAMMOND, M.D.,
Fourth Assistant Physician and Pathologist
HARRY D. WILLIAMS, M.D.....Fifth Assistant Physician
JAMES K. POLLOCK, M.D.....Junior Assistant Physician
RALPH P. TRUITT, M.D.....Junior Assistant Physician
MARY L. EVANS, M.D.....Woman Physician

Business Department.

SAMUEL T. ATCHLEY.....Warden

Report of the Board of Managers.

To His Excellency, John Franklin Fort, Governor of the State of New Jersey:

The Board of Managers of the State Hospital at Trenton, as required by law, beg leave to submit their annual report.

The accompanying report of the medical director shows that at the beginning of the fiscal year there were under care in the Hospital one thousand three hundred and thirty (1330) patients, of these six hundred and seventy-one (671) were men and six hundred and sixty-seven (667) women. During the year four hundred and three (403) patients were admitted, two hundred and thirty-one (231) men and one hundred and seventy-two (172) women, making the total number of patients under care in the Hospital one thousand seven hundred and forty-four (1744), nine hundred and two (902) men and eight hundred and thirty-nine (839) women. During the year there were dismissed three hundred and seventy-four (374), leaving under care on the first of November, 1910, one thousand four hundred and five (1405) patients, seven hundred and sixteen (716) men and six hundred and eighty-nine (689) women.

The general health of the patients has been good during the year, there having been no serious sickness of an epidemic character.

The detailed report of the Medical Director sets forth the changes that have taken place in the personnel of the staff of the Hospital during the past year, and your attention is particularly directed to his thorough and able discussion of the work of the nurses and attendants.

The Board is well satisfied with the admirable work which is still continued in the Training School for Nurses. At the commencement held on June 1st, 1910, diplomas were awarded to eight graduates.

Two of the recommendations made by the Medical Director are

of great importance: first, the necessity of the appropriation by the Legislature of a sufficient sum for the construction of a congregate dining-room at the Annex building, and, secondly, the erection of a separate building at this Hospital for the care of the criminal insane now kept in the wards with other patients, both at Morris Plains and in this Institution. The urgency of these recommendations has been presented by this Board for many years and again we call for a careful consideration of the report of the Medical Director, in which the necessity, at this time, for the making of these improvements, is most cogently set forth.

The annexed report of the Warden in many particulars calls for your earnest consideration. The grounds for wishing appropriations for various needed additions and improvements are most clearly set forth.

The most important recommendation made by the Warden relates to the necessity of the obtaining by the State of more land for the purpose of raising all the vegetables and milk for supplying the needs of this institution. As stated by him, this recommendation is but the renewal of the request made for appropriations in 1907, 1908 and 1909. It is not necessary for this Board to recapitulate the reasons so admirably set forth by the Warden why an appropriation should be made for this purpose. We do, however, most earnestly request that this subject may receive favorable action at this time.

In calling attention to the reports of the Medical Director and Warden, the Board desires to express its appreciation of the able manner in which they have performed their respective duties during the year.

Dated November 1, 1910.

GARRET D. W. VROOM, *President.*

C. S. HOFFMAN, *Vice-President.*

J. BAYARD KIRKPATRICK.

J. LYLE KINMONTH,

JOSEPH RICE.

ARTHUR D. FORST.

LEFFERSON A. D. ALLEN, M. D.

LUTHER M. HALSEY, M. D.

Managers.

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-third annual report of the operations of the medical department of the New Jersey State Hospital at Trenton for the year ending October 31st, 1910.

At the beginning of the fiscal year there were present in the hospital 1,338 patients—671 men and 667 women. There were admitted during the year, 403 patients—231 men and 172 women, making the total number of patients under our care 1,741—902 men and 839 women. Of this number we have dismissed during the year 374—205 men and 169 women, leaving the total number of patients remaining November 1, 1910, 1,405—716 men and 689 women. This shows a net increase of 67 over the previous year. Of the total number of dismissals during the year, 304—102 discharged recovered at the time of leaving the hospital, which is 33.6 per cent. of discharges, and 26 per cent. of the total number of admissions. The daily average number of patients was 1,337.

The number of deaths during the year has been 134—71 men and 63 women, which is 7 per cent. of the total number of patients under care. Our total number of deaths have increased to 14 over the previous year. The percentage of deaths to the total number under care is only seven per cent., which is two per cent. less than the rate last year. Of the total number of deaths, 50 per cent. were in the senile or organic brain disease class, and were over 50 years of age.

Of the number of patients on visit at the end of our last fiscal year, only one has been actually returned to the hospital, but 22 men and 19 women, total 41, have been nominally admitted for discharge during the year at the end of their four months' visit. We

have remaining on visit at the end of this year, 36 men and 34 women, total 71.

By an act of the Legislature of 1909, we are now allowed to receive voluntary patients from a class who are able to pay for their own maintenance, and for the six months that this law has been in effect we have had 4 patients, 3 men and 1 woman, avail themselves of the advantage of this law, with much benefit.

During the year we have deported, through the United States Immigration officials, at no expense to the State, 2 men patients who had been in this country less than three years. As these patients were young, and their mental condition incurable, the State has been saved considerable expense for supporting these aliens for a long period of years.

The last Legislature passed a law, giving authority to those in charge of insane hospitals to deport non-resident patients to other States and countries where their families had legal settlement, but the Appropriation Committee failed to make any appropriation for this purpose, consequently, the law has been inactive. We have a considerable number of patients that could be deported to other States and the money spent for that purpose would be very small in comparison to the amount spent by the State for maintenance over a long period of years.

In general, the health of the hospital has been good, and we have been free from epidemics.

One case of typhoid fever developed in a patient who had been in the hospital for over a year. A thorough investigation was made at the time, and it was probable that the disease was contracted from typhoid carriers, two of which were on the same ward with the patient, but were isolated until fecal examinations were found to be negative. One other case of typhoid fever developed in an attendant who had been in the employ of the hospital but fifteen days. The source of his infection could not be traced. With the approval and co-operation of the State Board of Health, strict quarantine and isolation were enforced, and no other cases developed from these patients.

In February two cases of diphtheria developed in men attendants. As they were immediately isolated, and all the throats of patients, possibly exposed, were examined and cultures taken, we are fortunate that no further cases developed.

The tuberculosis cottage for male patients has been occupied.

The Board decided that this cottage should be named after Dr. Baldwin, a former member of the Board of Managers, and one who had taken much interest in the question of tuberculosis in general. An appropriation for a cottage for women becomes available this year, and work will begin as soon as possible.

We regret to report one suicide, the first in three years. The patient, John Doe, No. 5, about whom we never received any information, had for several weeks shown evidence of a deep depression. He made one unsuccessful attempt to cut his throat with a piece of glass. He was placed in a dormitory where he could be under constant observation. He had a habit of pulling the bed clothes over his head, and the night he succeeded in committing suicide he had the clothes pulled over his head as usual. The attendant, hearing a peculiar sound, found him bleeding profusely from a large gash in his throat, and a piece of an old table knife in his bed told the story.

A patient, a feeble old man, was picked up and thrown to the floor by another patient, with considerable violence, and died. The autopsy showed cerebral hemorrhage as a result of the accident, also a marked degree of arteriosclerosis without which the accident would not have ended fatally. A coroner's jury absolved the hospital from all blame, as it was an impulsive act of an insane patient and could not have been foreseen.

MEDICAL STAFF.

We have had more changes in our Medical Staff than is usual, during the year.

Dr. Walter A. Taylor, who has been Assistant Physician for over three years, resigned on October 1, 1910, to go into general practice. Through Dr. Taylor's resignation, the hospital suffers a distinct loss, as he was an efficient official as well as a physician of unusual ability for hospital work. We regret that he left the hospital, but can predict a successful career for him in his general work.

Dr. Lilla Ridout resigned as woman physician in July. Dr. Mary L. Evans, who had experience of a year and a half at the Insane Hospital at Norristown, Pa., was appointed to fill the vacancy.

Dr. Harry D. Williams was appointed Junior Assistant in Au-

gust, 1909, and upon the resignation of Dr. Taylor, was appointed to Senior Assistant.

Dr. James K. Pollock was appointed to succeed Dr. Watson, who resigned after a year's experience as Junior Physician, to go into general practice.

Dr. Ralph P. Truitt, after three months as voluntary assistant, was appointed Junior Assistant to succeed Dr. Williams.

During the year it was found necessary to reassign the senior members of the Staff to services to which we considered the individual members were better fitted than under the old regime, and we believe that this change will be of great advantage to the hospital, and will also give each man the work to which he is best adapted.

I wish to express my appreciation for the loyalty and untiring devotion of the members of the Staff to the interests of the patients and the hospital in general.

NURSING STAFF.

Last year may be said to have been a critical year in the management of our nursing force. We have experienced the difficulties, along with other hospitals over the country, of securing the proper class of men attendants, and like other hospitals, have suffered through the actions of a certain number of undesirable, inefficient lawless attendants. We do not mean to say that all our attendants can be classed as above, for I am glad to say that among our attendants we find many loyal and trustworthy men.

The problem of men nurses is a difficult one for any hospital, and it has taken us three years to find out just where we were in error, but we think we have about found out where we have been at fault. It is no easy matter to change the character of the relations of attendants to patients, where, for so long, a faulty attitude was prevalent. When the new methods were inaugurated at the hospital three years ago, the first problem was to do away with restraint, and although a large number of women were in restraint (which I will speak of later) we were surprised to find only six men who were mechanically restrained. This seemed to speak well for the men's nursing force, and while close observation was kept over the male as well as the female side of the hospital for nearly a year, we were under the impression that, with few exceptions, there was

little abuse of patients. Two men were indicted and convicted for minor offenses, and finally, one patient was injured, and died as the result of his injuries. Steps were immediately taken to fasten the guilt upon the responsible attendant and he was tried, but acquitted because of lack of evidence. Then ensued a period of close surveillance of all attendants, with the result that a deplorable condition was found to exist in the men's nursing force. A number were discharged; some were indicted for abuse, but the evidence was not sufficient to convict them. A year later, however, another patient was injured, and death was the result, but no one was indicted, and the investigation of the coroner and Grand Jury was fruitless. The case was that of a weak general paralytic, who had offended the attendants by soiling himself frequently during the night, which necessitated frequent cleansing, and, in all probability, provoked the attendant to assault him. Neither one of these two cases were what could be called violent, and neither would have been put in restraint, even in a restraint hospital.

In July of last year, another patient, a general paralytic, died suddenly after treatment in a hot pack, but the autopsy showed ruptured intestines, death due to peritonitis and shock, the result of injuries. Here again the assistance of the coroner and the prosecutor of the county was invoked, and every effort was made to fasten the guilt upon some attendant. Although it was proven that one man practically had charge of this patient all night, and was the only one who could have been responsible for his injuries, the coroner's jury absolved him from all blame. This case was similar to the second case, and it was evident that the patient had been changed and cleansed frequently during the night, and towards morning provoked the attendant so that he assaulted him. These three cases were the only ones where we have had serious injuries, and are cited in order to show the difficulties in placing the responsibility for such injuries, and also as indicating a cause for these patients being injured. The blame can be placed primarily upon the attendants themselves, and in this case the attendant in charge of this patient was well protected by his fellow attendants, three in number, who were on the ward with him during the whole of the night, and knew to a certainty what had occurred; and secondary importance, could be ascribed to the long hours of the attendants taking care of such cases. To take up the first point, I would say that since the new regime three years ago, we have

become more and more suspicious that the baseball team was an element of lawlessness among the male attendants. They came, primarily, to play baseball. Most of them would try to get on night duty so that they could have more time during the day to play ball, and sleep during the night when on duty, as was shown by the investigation. The majority of the attendants who had made trouble during this period of three years were men on the baseball team. In looking over the case it was seen that these attendants stood for rowdiness and lawlessness, and tended toward insubordination. So, upon due consideration, it was decided to abolish the baseball team entirely and this was done, with gratifying results. However, some amusement has to be provided outside for the patients. At first it was considered that the baseball team was a source of great pleasure; but this pleasure was limited to a few patients only, and could not be said to be very quieting or uplifting to these patients to hear the rowdy conversation of the baseball field, and partake of the general spirit which is the evidence of baseball games everywhere.

Another fault, which has been mentioned before in my reports to the Board, is that the supervisors were not capable of determining the character of attendants before they went so far as to have any serious accidents. We maintain that such attendants would show by their actions, before any violence had taken place, that they were entirely unfit for work in a hospital of this character.

As to the long hours of attendants, I would say that we have given the matter considerable attention, and find, upon investigation, that several hospitals, notably, Peoria State Hospital, Ill., has an eight hour tour of duty for nurses and attendants, which extends over all the hospital of over 2,000 patients.

We decided that from twelve to thirteen hours continuous duty with the excited, aggravating, irritating class of patients, might well be considered a cause for an attendant or nurse losing his temper and assaulting a patient, where this aggravation had been kept up for a period of time.

The matter of expense was looked into, and we found it would cost the hospital at least \$10,000 a year extra to inaugurate this eight hour tour of duty throughout the hospital, and keep up the proper proportion of attendants. We have recommended that on the admission wards and dormitories the eight hour system of duty should be tried as an experiment, with the idea that if successful,

we would extend the system to the other wards, if necessary. The Medical Committee believed that this would improve the general morals of the nurses, and would give the hospital better service.

In our last report we spoke of placing women nurses in the men's wards. This had been tried in other hospitals with entire satisfaction, and we are glad to say that now we have no reason to change our opinion in this matter, and that the male side of the hospital has improved to an appreciable degree because of the influence of the women nurses. At the present time ten wards in the main building, including the admission ward and dormitory, are under the care of women nurses, with men attendants as assistants.

At first we increased the salaries of the nurses who took up the work on the male side, as they were pioneers, and we had to offer them some inducement to change their work. At the present time it is understood by all nurses in the training school that they are expected to take their training on the male side of the hospital, as well as on the female side of the hospital, with no extra compensation except where they are graduate nurses. I can not emphasize too strongly the benefits that the patients have received in this hospital as the result of the women nurses taking care of the male patients, and my view is entirely borne out by other hospitals where the same method has been adopted.

The following changes have taken place in the supervising staff. Miss Elizabeth W. Maxwell, R. N., left the service April 1, 1910, as the position of Matron and Superintendent of Nurses had been abolished by the Board as an unnecessary expense to the hospital.

In October William H. Wynn resigned his position as supervisor, to take charge of the dairy.

Jay Pyle resigned his position as assistant supervisor, to take effect November 1st.

Fred P. Chrisman, after passing the Civil Service examination for supervisor, was appointed to succeed Mr. Wynn, October 15th.

The annual commencement of the nurses was held on the afternoon of June 1, 1910. The following nurses received diplomas: Anna Mary Maguire, Alwilda Frances Scott, Mary Leslie Merrill, Mary Ann Waller, Jennie Belle Swarner, Mary Ethel Martin, Ethel Cameron Pyle, Elizabeth Ceceilia Attwood.

Miss Leslie Merrill received the gold medal offered by the Med-

ical Director for general efficiency, both in class and in ward work during the year.

Dr. Charles W. Page, formerly Superintendent of the Danvers State Hospital, Mass., delivered the address to the graduates, his theme being the value of a nurse's training in a hospital where no restraint was carried out. The graduates' dance was held in the evening.

OCCUPATIONS AND AMUSEMENTS.

It has been the object of this hospital to establish an orchestra composed of attendants, as is customary in most of the large hospitals to-day.

Professor Veghte, librarian of the medical library, who is a competent musician, was appointed musical director, and authorized to organize an orchestra. We visited several hospitals where orchestras were established, and soon found that it would not be difficult to establish such an orchestra as we desired. The musicians were offered \$5.00 per month extra to come as attendants, and we were surprised at the large number of applications received from musicians all over the country. It was necessary for the musicians to be able to read music at sight, and to show ability as an orchestra player before he was accepted as an attendant. The orchestra was able to play for the nurses' commencement in June. During the summer four concerts were given every week on the lawn. The patients were all present at these concerts, and seemed to enjoy them very much. At the present time it can be said that we have a permanent orchestra, and while some leave from time to time, we have enough applications to keep the orchestra filled, from twenty to twenty-four members. The extra expense of \$5.00 per month for the musicians is counterbalanced by the fact that we do not have to pay an outside orchestra for the dances, and have dispensed with our usual series of twelve entertainments during the winter. So far the musicians, many who had never had any hospital experience before, have done their work creditably. We feel that this feature of our amusements has, up to the present, been successful.

Especial credit is due Professor Veghte, both for the able manner in which he has directed the music, and his successful management of the orchestra in general. He has been untiring in his

work and has entered into same with a spirit which is very commendable and augurs well for the future.

We feel that nothing in the way of amusements that has been established by your Board in this hospital has been appreciated by the patients as much as the orchestra.

During the summer Miss Amy R. Rickey, who has been librarian of the general library for the past five years, at the expense of the Board of Managers, was sent to Chicago to take the course offered by the Chicago School of Civics and Philanthropy in occupation and amusements for patients in insane hospitals. She remained there for six weeks, and since her return she has started the work which has been so successful in other hospitals, of raffia weaving, basket making, water colors, stenciling, brass work, book-binding, etc.

The patients have taken considerable interest in this new feature of our hospital work, and we consider it a valuable aid to our methods of care and treatment. Patients who have spent months, and perhaps years in the hospital, and who, for various reasons, refused to do any work on the wards, frequently because they have not been accustomed to such menial work, have taken up this new work with avidity, and other patients who have been indifferent to their surroundings, idle and indolent all day, now spend the greater part of their time in doing raffia work. We hope to extend this as rapidly as we can to all classes of patients.

I can assure that the great interest taken by your Board in this matter of occupation and amusements for the patients is much appreciated, and assists materially in our efforts to provide the best care and treatment for the patients.

The usual dances have been held during the year, entertainments twice a month, and the Sunday services which are conducted by ministers from the city. We extend to them our hearty thanks for their interest and co-operation.

NON-RESTRAINT.

It has been nearly three years since we have abolished all forms of mechanical restraint. It probably will not be out of place here to give a resume of the results obtained, and methods employed. In the first place, I might say that in no instance has a patient been put in restraint after once having restraint removed.

Another fact is remarkable, that no patient who has been taken from restraint for any cause has committed any overt act during this time for which "no restraint" could be blamed. In fact, the number of assaults by patients upon attendants has materially decreased, so that it is a rare thing to have reports of any such occurrences.

At the time restraint was removed we were too busy with the subject to pay much attention to the history of the patients who were in restraint, and the length of time they had been restrained. The main object was to remove the restraint. Since that time we have gone over more carefully the data connected with this system, and feel that it is worth while to make a record of same. The number of patients restrained in various ways when we undertook to abolish restraint was 90 women and 6 men, or seven and a half per cent. of the total number of patients, or fourteen per cent. of the women. A large number of patients were also kept in constant seclusion, besides being restrained, in strong rooms.

A list has been made of the number of pieces of restraint on the wards. The number of pieces taken off the wards were 707, including 127 straight jackets, or enough material to restrain over 500 patients. It is needless to say that this has all been taken from the wards, and is kept under lock and key in a room which will be used as a museum for obsolete restraint apparatus.

After removing the restraint from these patients, still another problem presented itself, which has been hinted at above, that is, the unnecessary seclusion of patients, because of habits engendered or developed by faulty methods in the matter of seclusion. The female side, although they had been greatly at fault, principally in the question of necessary mechanical restraint after the latter was abolished, showed very little seclusion. Patients were secluded only for a few hours at a time, when it was considered absolutely necessary, as many as seven or eight patients a day in seclusion in 1909, for about an average of from five to six hours. (Some patients were kept in seclusion most of the time). Gradually, however, the number of hours these patients were in seclusion was reduced, and since January, 1910, the records show that the majority of days there has been only one, seldom more than two or three patients in seclusion, and then from one to three or four hours. One or two patients had to be kept in seclusion because they were typhoid carriers and were isolated for sanitary reasons

which could not be avoided. Others were in seclusion because they refused to keep their clothing on, and constantly denuded themselves. These patients were gradually taken to the yard, put between two nurses, and trained to keep their clothing on. To-day these same patients who formerly would lie in a room all day with nothing around them but a blanket, are spending their time on the lawn, and needless to say they have derived much benefit from such treatment.

The first question on the male side was somewhat more difficult. In the first place, there had been fewer cases of restraining, only six in 1907, but as mentioned above, the absence of restraint did not mean that there were no abuses prevalent. While, for a time we were under the false idea that because of "no restraint" there were no abuses, we soon found that we had reasons to believe that the absence of restraint was no indication of the absence of abuse, and that it was not necessary to restrain patients, as the results obtained by coercion and abuse satisfied the attendants.

In the matter of seclusion, the male division was very much at fault, and it was not unusual to have from ten to thirteen patients daily in seclusion up to July, 1910. These patients were kept in seclusion for various purposes, but the majority of them, from twelve to twenty-four hours, were kept in because of violence to other patients and attendants. An effort was then made by the physicians and supervisors in charge of the male patients to reduce the number of patients in seclusion, and with gratifying results. Since that time the average number of patients in seclusion has been from two to three, and seldom were they placed in continuous seclusion. When a patient became violent he was placed in a room by order of the physician, and taken out as soon as he had quieted down.

As an example, the following case may be cited showing the reasons for seclusion. One patient, who had been in the hospital a number of years, had developed a violent antipathy to the physicians, supervisors and attendants. The cause for this antagonism may be traced to the necessity of lancing a boil which caused considerable pain. Before that the patient on the ward would assault any patient who annoyed him, but did not attempt to hurt the physicians. After that, however, he attempted to assault the physicians at every opportunity. He was placed in a room the greater part of the time, and when the door was opened he would throw

the contents of his vessel at the physicians, so that it was with great difficulty that the patient could be seen at all.

Finally, he was taken out of his room and put in a yard where he was practically the only patient, and could be observed from three wards. His attitude immediately changed. He spent the greater part of his time by himself in the yard, and made no more attempts to assault the physicians and attendants. Later he was removed from this yard where he was alone, and put on another ward with other patients. Since that time he has shown no tendency to assault any one, although he shows some tendency to be violent at times when annoyed by other patients. This is only one illustration of what can be accomplished towards abolishing seclusion.

One patient, a colored man, who had killed an attendant some four years ago, has been kept in almost continuous seclusion since that time. Within the last six months he has been allowed to go out in the yard, and every day he has been offered the opportunity to do so, but he prefers to stay in his room. He does not care to go out.

As with restraint, so with seclusion, unless constant vigilance is exercised, both will be abused and resorted to when entirely unnecessary. No one will deny the fact that in a hospital of this size that there are occasions when it is absolutely necessary to put a patient in seclusion for his own benefit as well as that of the other patients. But that such a thing can be controlled and reduced to a minimum is shown by the experience here.

IMPROVEMENTS ON WARDS.

The last Legislature appropriated \$2,000 to make day spaces, or sitting rooms, on several of the wards. This has been carried out on the women's side of the house. Altogether, sixteen "strong" rooms have been abolished and the space turned into sitting rooms, and this includes six rooms on ward 9, in which are the worst class of women patients in the hospital, and where it was considered necessary to have these patients sleeping in "strong" rooms with heavy window guards and double doors. But since we have removed the rooms we have found that they have not been missed, and find that they also can be relegated to the unnecessary methods under the old asylum regime, together with restraint and seclusion.

The contrast between the wards since they have been improved, with the old rooms, is most marked.

Unfortunately, the appropriation was not large enough to complete a similar work on the male side of the house, but we hope in the near future to be able to carry this out.

The \$3,000 appropriated year before last for furniture for the wards has been expended, and the change on the male side has been especially noticeable. The benches and stools which were fastened to the floor have been removed from all the wards, and furniture of the mission type of weathered oak installed, so that the wards have a more comfortable and homelike appearance, and have lost that almshouse appearance so noticeable before the change.

The \$17,000 appropriated for renewing the plumbing in the Annex has been expended. A greater part of the work has been completed, but there is still some under way. This completes nearly all the plumbing in the Annex. To complete the remaining toilets will only require \$1200.

DOROTHY DIX ROOM.

In the last few months we have been able to collect all the furniture used by Dorothy Dix during her period of residence as a guest of the Board of Managers of this hospital. These have been placed in the room which she occupied, and at the time of the nurses commencement in June, this room was thrown open for public inspection. It is our object to collect, as far as possible, all the mementoes we can of Dorothy Dix to place in this room, as a permanent memorial to her work in establishing this and twenty-one other hospitals. This seems especially appropriate, as this was the first State Hospital that was built by her influence.

We have to acknowledge the gift of her traveling writing desk, with the quill pen, etc., which she used on her journeys, and which was (graciously) presented by Mrs. Ada Sheffield of Cambridge, Mass., who is a member of the Massachusetts Board of Charities. Mrs. Sheffield came into possession of this desk through her grandfather, Mr. Elliott, a great friend of Miss Dix.

MEDICAL WORK.

The work of the Staff has proceeded along the lines mentioned in our previous reports, and we are glad to note the continued in-

terest, not only in the routine examinations, diagnoses, etc., but the interest in the problems connected with insanity in general, and the willingness of the Staff to undertake research work in connection with their regular duties.

Daily Staff meetings have been held, and continue to prove one of the most important features of the hospital routine. The number of admissions have increased somewhat over the year before, especially among the men patients, and examinations have continued to be more complete and exhaustive from a clinical standpoint.

We continue to have some difficulty in getting a reliable and complete history of the patients' previous condition. This difficulty is shared by other hospitals and institutions of this character.

Some time ago the Commissioner of Charities and Corrections, at the request of the Advisory Board, appointed a committee to investigate the causes of dependency and crime from the standpoint of the institutions, as it was thought that those in charge of the various institutions in the State were in a better position to investigate this subject than those outside. The Medical Director of this hospital was appointed chairman of this Committee, which included Profs. Johnstone and Goddard of Vineland, Mr. Osborne of the State Prison, and others.

The work has progressed in a satisfactory manner so far, and the work done at Vineland in the field of heredity is especially commendable. Endeavor has been made to have uniform work carried on in the various institutions, so that the causes of dependency and crime could be thoroughly investigated by the committee. We believe, with thorough painstaking effort, that in the course of several years, much valuable information will be obtained for the use of the State. It has been found necessary, in order to complete our histories, to adopt the method of field work so successfully carried on in Vineland, and at the Epileptic Village at Skillman, and the Rahway Reformatory, as well as insane hospitals in other States. This field work is an innovation, and recently at a Conference of field workers held at Skillman, the value of such work was clearly demonstrated.

The field worker goes to the home of the patient, and obtains valuable information for the use of the hospital, and acts as a connecting link between the hospital and the friends and relatives

of the patient. In this hospital she would not only be valuable in securing this information, but would also attend to the "after care" problems of patients who are discharged.

With the increasing expenses of an institution of this size, we feel that we cannot, in justice, appoint such a worker or pay her expenses out of our maintenance fund, and would request that the Legislature appropriate \$2,800 for the purpose of scientific investigation along the lines spoken of above. This would include also the expense of publication of certain articles which must be partly borne by the hospital. We feel that the intense interest being taken in this subject by the institution in this State should be recognized by the Legislature, and assistance given in the way of small appropriations to further the work.

CONSULTING STAFF.

The work of the Consulting Staff has been much appreciated, and of much benefit to the patients.

We have been fortunate in having Dr. Stewart Paton accept the appointment of Consultant to this hospital, and we look forward with pleasure and profit to his advice and co-operation.

Routine ophthalmological examinations have been made by the ophthalmologists, and the following table will show the result of their work.

Fortunately, the number of operations necessary to be performed during the year were small. We wish to extend our thanks and appreciation for the services rendered by the Consulting Staff.

OPERATIONS.

DATE.	PATIENT.	SEX.	OPERATION.	SURGEON.	RESULT.
Dec. 7, 1909.	A. L.	Female.	Dilated cervix and removed male foetus, placenta praevia...	Dr. Sommer	Successful.
Jan. 19, 1910.	J. F. K.	Male...	Hemorrhoids	Dr. Shaw	Successful.
Jan. 19, 1910.	R. A.	Male...	Jaw tumor	Dr. Shaw	Successful.
Jan. 19, 1910.	S. P.	Male...	Hemorrhoids	Dr. Shaw	Successful.
Jan. 20, 1910.	R. R.	Female.	Anterior colporrhophy perinorrhophy	Dr. Sommer	Successful.
Jan. 20, 1910.	I. H.	Female.	Trachelorrhophy and perineorrhophy	Dr. Sommer	Successful.
Jan. 20, 1910.	A. I.	Female.	Trachelorrhophy	Dr. Sommer	Successful.
Oct. 10, 1910.	A. C. (col.)	Female.	Hysterectomy for tumor	Dr. Sommer	Successful.
Oct. 22, 1910.	M. E. J. (col.)	Female.	Hysterectomy for tumor	Dr. Sommer	Successful.

Total, male..... 3
 Total, female..... 6
 Whole total..... 9

OPHTHALMOLOGICAL EXAMINATION.

Cases examined—		
Male		48
Female		71
Total		119
Showing pathological changes—		
Male	43	89x%
Female	52	73x%
Total	95	79x%
One cataract operation		(Male)
One aural examination		(Female)
Examination for glasses—		
Male		3
Female		6
Total		9

RECOMMENDATIONS.

We would again call attention to the fact that the number of patients in this hospital is increasing every year, and last year a net increase of 67 patients. In the very near future we will be crowded for room. Several of the wards in the Annex are being used for attendants, as we have no other accommodations for them.

We have called attention in our previous reports to the necessity of appropriating money for building a congregate dining room at the Annex, and we again appeal to the Legislature for \$65,000 for this building.

We would also again mention the fact that the criminal insane in both Morris Plains and this hospital are cared for in an entirely inadequate manner. They have to be kept on the wards with other patients, and fed from the same dining-room, and, as we have explained, the chances for their escape with the present equipment are very great. I would again suggest that a separate building be constructed at this hospital which would care for the criminal insane of this institution and Morris Plains, and hope that the Legislature will consider this question seriously, as it is one worthy of their consideration.

The general improvement on the wards, by tearing out the old restraint cells and "strong" rooms, has been so marked that we have decided to carry this work further on the male side of the hospital, and an appropriation of \$3,000 is asked for this purpose.

We have always had some difficulty in regard to the question of flies. The building has never been properly screened, and we feel

that it is absolutely unsanitary and unhygienic to have conditions as they are to-day. The windows of the wards of the hospitals should be permanently screened with copper screens, so that the flies will not be able to communicate from the untidy and filthy patients to other patients, and to the dining-rooms. \$3,000 is asked for this.

Last year we asked for an appropriation of \$20,000 to construct additions to the main hospital in order to treat our newly admitted patients. We have made use of a small dormitory on each side of the house for this purpose, but we find, at our present rate of admissions, we are very much overcrowded, and it is impossible for us to give proper attention to all the newly admitted patients in these dormitories, as it is necessary to remove them too soon after admission to make place for other patients. We hope that this appropriation will be granted.

I have called attention in previous reports to the necessity of a resident dentist at this hospital. With the last few years the modern insane hospitals have all appointed a resident dentist to look after the patient's teeth. It is a branch of treatment for our patients that has always been neglected in insane hospitals, and we feel that it is one of the most important things we have to consider to-day. We would ask for an appropriation of \$900.00 in order to buy a permanent dental outfit. We have obtained quotations, and believe that this amount will fully equip such a department.

Our facilities for filing valuable papers and records and other matter connected with the medical department are very meagre and insufficient. We would suggest that a fire proof filing cabinet be built in the record room, which will hold papers for twenty years to come. We have given this matter considerable thought, and find that such a fire proof filing cabinet can be obtained for about \$970.00, and would respectfully request that this be granted.

Although we had an appropriation for furniture on the wards last year, we find that the money appropriated did not cover the needs of the hospital, and we respectfully ask for \$2,000 to complete furnishing our wards.

Much of the fencing about the hospital is old, and will have to be renewed in the near future. It is absolutely necessary that some patients should be kept in yards, but not the type of the yard

used formerly, and it is necessary to refence many of these yards. For this purpose we ask for an appropriation of \$2,000.

Our present laboratory is becoming too small for our work, and places us at a disadvantage by being so far from the main building. For various reasons it should be nearer the center of work. When our new laundry is completed we will have a building much larger than the present laboratory, and in close proximity to it.

We have suffered for want of a proper isolation building for contagious diseases. It is our purpose to turn the present laboratory into an isolation building which would accommodate as many as ten patients and make use of the old ironing room for the new laboratory. In order to properly equip this building for laboratory purposes, \$2,000 will be necessary. Practically, we could get an isolation building for this amount, and it is very necessary to the health of the hospital.

At the present time our male attendants have no recreation room during the winter. It is due them that there be provided some place for their amusement. The museum, which was constructed some years ago, is a building large enough for our purpose, but should have windows cut in the walls and be improved in other ways. The porch should be enlarged to accommodate the orchestra in the summer. The amount asked for this is \$800.00.

FATHOLOGICAL LABORATORY.

During the hospital year terminating November 1, 1910, the following examinations are recorded in, or connected with, the laboratory:

State Hospital Autopsies	100
Autopsies in general hospitals, etc.	20
Clinical laboratory examinations	1315
Surgical pathological specimens for diagnosis.....	230

In all, one hundred and twenty autopsies and 1545 basteriological, histological and clinical examinations.

The one hundred State Hospital autopsies represent a ratio of almost 75% of the total number of deaths within the year; and it should be remarked that this number, when compared to 62% of autopsies obtained in 1898 and 73% in 1909, is largely indicative of what may be accomplished toward the granting of autopsies by suitable methods of request and proper education of the friends and relatives of patients.

As in the two previous years the hospital autopsy cases are tabulated in groups with regard to comparison between the clinical diagnosis of the type of mental disorder and the number of cases corresponding anatomically.

	Clinical.	Anatomical.
Alcoholic psychosis	4	4
Arteriosclerotic Brain Disease	11	12
Constitutional Inferiority	1	1
Dementia Praecox—(9 senile).....	26	24
Delirium	4	2
Epilepsy	2	2
General Paralysis	14	19
Imbecility	1	1
Manic Depressive Insanity	12	10
Organic Brain Disease	3	
Senile Dementia	16	15
Senile Depression	3	3
Unclassified	4	3
Brain abscess		1
Cerebral syphilis		2
Cerebral tubercle		
*Involutional psychosis		1

*A clinical agitated depression designated arteriosclerotic brain disease which did not anatomically correspond with this diagnosis.

By this tabulation there is shown to be seven more anatomically organic cases than were diagnosed clinically, and this, in the 100 autopsies, permits of a 7% correction in diagnosis.

As in the two previous years, the greatest discrepancy between clinical and anatomical classification occurs in the general paralysis group where there were 14 clinical and 19 anatomical cases. As compared to the years of 1908 and 1909, in which there were 22 anatomical and 14 clinical cases, the figures of 1910 denote a considerable increase in accuracy of clinical observation, but the fact that 5 actual cases of general paralysis were overlooked even in spite of the general use of lumbar puncture in all clinically *suspicious* cases, denotes the necessity for a still wider application of this procedure if an exact correspondence between clinical and anatomical frequency of general paralysis is to be obtained.

Aside from a number of individual cases of particular interest, notably those of cerebral syphilis, aphasia and hemianopsia, two features of the year's autopsy work are of importance; the increasing accuracy in physical diagnosis and clinical determination of the last illness and cause of death in patients coming to autopsy; and the incidence of tubercular infections.

It is not only obvious that in many instances important sanitary precautions will depend upon the accuracy of clinical observation in physical illnesses, but it is equally true that the entire standard of the hospital work is affected in direct proportion as any or all of the physical, as well as mental, disorders are recognized or overlooked.

The beneficial results of the system in use by which the specified clinical physical disorders are directly compared with the autopsy findings are evident in the yearly increasing number of cases in which the nature of the last illness was correctly diagnosed previous to autopsy. Thus, while in 1908 and 1909 but 66% of the last illnesses in autopsy cases were correctly designated, in the total 100 autopsies of 1910, the anatomical cause of death was definitely diagnosed clinically in 76%; and while this figure still offers opportunity for improvement, when it is recollected what the difficulties of diagnosis among the insane are, an accurate diagnosis in more than three quarters of all autopsy cases cannot be regarded otherwise than as a favorable proportion.

In the incidence of tubercular infections noted in the autopsies of 1910 there is a rather striking increase as compared to 1908 and 1909.

In the latter years active tubercular infections were found in 15% of all autopsy cases while in 1910 active processes were discovered in 23% of the bodies examined.

In spite of this increase in the total number of infections, however, the hospital conditions as regards tuberculosis actually show beginning improvement; for while in 1908 and 1909 it was found that 68% of all infections were acquired after admission to the hospital, in 1910 examination of records and correlation with the nature of the corresponding pathologic processes shows that 57% of the total infections were acquired after admission, thus indicating a drop of 11% in the hospital infections of 1910 as compared with the two previous years.

A still further, and more striking point of favorable import which indicates a diminution in the number of hospital infections is shown in the comparative figures for the male divisions.

It was shown that in 1908 and 1909 over 90% of all the tubercular infections among men were acquired subsequent to admission to the hospital. In 1910 the number of hospital infections among men has fallen to a little above 65% of the total male in-

fections, and while obviously the interval is too short for exact conclusions, this must be a particularly gratifying indication of the predicted efficiency of the female nursing in the male divisions, and of the beneficial results of the isolation of tubercular male patients in the special pavilion during the past year.

CONCLUSIONS.

In concluding this report I wish to express my appreciation for the faithful and untiring work of my associates on the Medical Staff, and all those who have labored for the best interests of the patients and the hospital during the year.

I also wish to express my thanks to the Warden and his department for their co-operation and assistance which has been heartily extended to the medical department at all times. By his hearty co-operation he has materially assisted in increasing the efficiency of the medical department, and his indorsement of all plans for the betterment of the patients is gratifying. To this attitude of the Warden, and the active co-operation of the House and Grounds Committee we were enabled to bring about the decided improvement of the female side in the old building, which we have mentioned above. This remodeling of the wards has done much to raise the standard of putting our methods of housing the insane in a class with modern institutions.

Finally, I want to thank the Board for their hearty support and for the cordial relations and friendliness since my incumbency as Medical Director. Whatever success has come to us has been due to the hearty co-operation, the wise counsel and mature judgment of the members of the Board and of the various committees, both individually and collectively, both of which were freely extended to us at all times.

Respectfully submitted,

HENRY A. COTTON,
Medical Director.

TRENTON, N. J.,
November 8th, 1910.

1. General Statistics For the Year.

	Males.	Females.	Totals.
Patients in Hospital Oct. 31, 1910.....	671	667	1,338
Admitted within the year.....	251	190	441
Viz: by commitment	226	171	397
by voluntary commitment.....	4	1	5
by transfer	0	0	0
from escape	1	0	1
*from visit	20	18	38
Whole number of cases within the year.....	922	857	1,779
Dismissed within the year.....	206	168	374
Viz: discharged within the year as recovered at time of leaving Hospital.....	59	43	102
as capable of self-support.....	15	8	23
as improved	15	16	31
as not improved.....	6	2	8
as not insane.....	0	0	0
died	71	63	134
Escaped	4	2	-6
on visit	36	34	70
Patients remaining Nov. 1, 1910.....	716	689	1,405
Viz: as indigent patients.....	586	626	1,212
as private	39	56	95
convict	45	3	48
criminal	46	4	50
Number of different persons within the year...	920	857	1,757
Number of different persons admitted.....	229	172	401
Daily average number of patients.....	670	667	1,337

*These 20 male and 18 female patients nominally admitted for discharge.

2. Insane Received on First and Subsequent Commitments.

Number of Admissions.	CASES COMMITTED.		
	Males.	Females.	Totals.
First	201	147	348
Second	21	20	41
Third	5	3	8
Fourth	2	1	3
Fifth	2	...	...
Sixth .....	...	...	...
Seventh .....	...	...	...
Eighth .....	...	...	...
Ninth .....	...	...	...
Tenth .....	...	...	...
Eleventh .....	...	...	...
Twelfth .....	...	...	...
Thirteenth .....	...	1	1
Total cases	231	172	403
Total persons	229	172	401
Never before in any hospital.....	195	143	338

3. Nativity and Parentage of Insane Persons First Admitted to any Hospitals.

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.
New Jersey	93	54	54	55	21	23	148	75	77
New England States...	5	4	3	6	4	4	11	8	7
Middle Atlantic States—	23	18	20	25	12	12	48	30	32
Southern States	12	12	11	8	4	4	20	16	15
Other States	6	17	22	8	30	23	14	47	45
Totals	139	105	110	102	71	66	241	176	176
Other Countries—									
England	6	9	8	7	7	9	13	16	17
Germany	8	17	17	6	16	16	14	33	33
Ireland	14	29	28	6	22	22	20	51	50
Austria	4	4	4	3	3	3	7	7	7
Norway	1	1	1	1	1	1	1	1	1
Scotland	1	2	1	1	3	3	1	3	4
Russia	5	5	5	3	5	5	10	9	9
Italy	4	4	4	1	2	2	5	6	6
Hungary	4	5	5	11	11	11	15	16	16
Sweden .....	..	..	..	..	..	1	..	..	1
Denmark	2	3	3	..	..	..	2	3	3
Switzerland	2	1	1	..	..	..	2	1	1
Wales .....	..	1	1	..	..	..	1	1	1
Cuba .....	..	..	..	..	..	1	..	..	1
Poland	1	3	3	4	3	3	5	6	6
Canada	2	2	2	..	..	..	2	2	2
France .....	..	2	1	..	1	1	..	3	2
Total foreign	54	88	83	41	71	76	95	159	159
Unknown	2	2	2	1	1	1	2	3	3
Totals	195	195	195	143	143	143	338	338	338

4. Residence of Insane Persons Admitted by Commitment.

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Atlantic	1	2	3	..	..	..	1	2	3
Bergen .....	..	4	4	1	..	1	..	4	4
Burlington	2	..	2	..	..	..	2	..	2
Camden	20	18	38	4	1	5	24	19	43
Cape May	2	..	2	..	..	..	2	..	2
Cumberland	1	..	1	1	..	1	1	..	1
Essex .....	..	..	..	..	..	..	..	..	..
Gloucester	10	8	18	4	4	8	14	12	26
Hudson	11	5	16	..	..	..	11	5	16
Hunterdon	61	40	101	3	3	6	64	43	107
Mercer	30	35	65	..	..	..	30	35	65
Middlesex	28	18	46	..	..	..	28	18	46
Monmouth	7	4	11	..	..	..	7	4	11
Ocean .....	..	..	..	..	..	..	..	..	..
Passaic .....	..	..	..	..	..	..	..	..	..
Salem	6	2	8	..	..	..	6	2	8
Somerset	13	6	19	2	2	4	15	8	23
Union	1	1	2	..	1	1	1	2	3
Totals	195	143	338	36	29	65	231	172	403
Cities or large towns (10,000 or over)	94	79	173	17	11	28	111	90	201
Country districts under 10,000	101	64	165	19	18	37	120	82	202

5. Civil Condition of Insane Patients Admitted to This Hospital.

	Males.	Females.	Totals.
Unmarried	109	65	174
Married	105	82	187
Widowed	15	23	38
Divorced	1	2	3
Unknown	1	..	1
Totals	231	172	403

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

MALES.

Artist	1	Machinists	6
Baker	1	Manager	1
Barber	1	Mechanics	2
Blacksmith	1	Merchants	2
Boatman	1	Miller	1
Boilermaker	1	Miner	1
Brass polishers	2	Musician	1
Bookkeepers	2	Nurse	1
Box maker	1	Phrenologist	1
Butchers	2	Physicians	2
Cabinet maker	1	Plasterer	1
Candy maker	1	Plumbers	3
Carpenters	8	Painters	4
Chauffeur	1	Pool-room keeper	1
Chemist	1	Potter	1
Caterer	1	Real estate	1
Civil engineer	1	Reporter	1
Clam digger	1	Retired	1
Clerks	3	Rubberworkers	5
Coachman	1	Salesmen	6
Coal inspector	1	Saloonkeeper	1
Conductor	1	Sea captains	2
Coppersmith	1	Shoemakers	2
Dock buller	1	Speculator	1
Dramatic art teacher	1	Students	4
Druggists	2	Tailors	3
Engineers	2	Teacher	1
Engraver	1	Telegraph operators	2
Farmers	16	Tinsmiths	3
Firemen	2	Tool maker	1
Grocers	4	Trolley conductor	1
Hotelkeepers	2	Tutor	1
Huckster	1	Umbrella mender	1
Ironmaker	1	Waiters	2
Laborers	72	Waterman	1
Lawyers	2	Wiredrawer	1
Leather finisher	1	Wool business	1
Lighthouse keeper	1	None	15
Livery business	1		
Lithographer	1	Total	231

FEMALES.

Clerks	9	Pottery finishers	2
Domestics	13	School girls	3
Dressmakers	4	Spinner	1
Housekeepers	108	Teachers	4
Manicurist	1	None	25
Nurse	1		
Operator in shirt factory	1	Total	172

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

AGES.	PERSONS ADMITTED TO THIS HOSPITAL						PERSONS DIED.					
	AT FIRST ATTACK.			WHEN ADMITTED.			AT FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Congenital.....	11	9	16	16	16	32	2	1	3	2	1	3
15 years and less.....	5	3	8	30	11	41	1	1	2	1	1	2
From 15 to 20 years.....	14	16	30	14	11	25	1	1	2	1	1	2
From 20 to 25 years.....	31	17	48	31	13	44	3	3	6	3	3	6
From 25 to 30 years.....	10	18	28	12	17	29	3	3	6	4	4	8
From 30 to 35 years.....	39	22	61	32	23	55	7	6	13	4	3	7
From 35 to 40 years.....	27	21	48	29	23	52	10	8	18	10	8	18
From 40 to 50 years.....	25	30	55	38	27	65	11	10	21	11	10	21
From 50 to 60 years.....	27	18	45	35	22	57	11	14	25	12	16	28
From 60 to 70 years.....	12	14	26	17	17	34	10	14	24	10	15	25
From 70 to 80 years.....	13	12	25	15	14	29	10	8	18	10	16	26
Over 80 years.....	4	1	5	5	4	9	4	1	5	4	5	9
Unknown.....	13	7	20	20	1	21	2	..	2	2	..	2
Totals.....	231	172	403	231	172	403	71	63	134	71	63	134

8. Probable Causes of Mental Diseases in Persons Admitted to This Hospital.

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.											
	Males.	Females.	Totals.	HEREDITARY TENDENCY.			NEUROTIC TENDENCY.			INTEMPERANCE.					
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
A.—Physical—															
Alcohol.....	60	11	71	24	3	27	1	..	1	60	11	71			
Alcohol and other causes.....	18	1	19	3	..	3	..	..	..	18	1	19
Arteriosclerotic brain disease.....	14	14	28	..	2	2	..	..	..	..	..	..
Arrested development.....	1	..	1	..	..	..	..	..	..	..	..	..
Brain tumor.....	..	..	..	..	..	..	..	..	..	..	..	..
Child birth.....	..	11	11	3	3	..	..	..	..	..	..	..
Cellulitis.....	..	..	..	..	..	..	..	..	..	..	..	..
Chronic mastoiditis.....	..	1	1	..	..	..	..	..	..	..	..	..
Climacteric.....	..	15	15	..	6	6	..	..	..	..	..	..
Constitutional inferiority.....	30	14	44	6	..	6	..	..	..	..	..	..
Constitutional inferiority and other causes.....	..	..	..	..	..	..	..	..	..	..	..	..
Chorea.....	1	..	1	..	..	..	..	..	..	..	..	..
Drugs.....	..	2	2	..	..	..	..	..	..	..	..	..
Epilepsy.....	4	4	8	2	2	4	..	..	..	..	..	..
Grippe.....	1	1	2	..	..	..	..	..	..	..	..	..
Gastritis.....	1	1	2	..	..	..	..	..	..	..	..	..
Ill Health.....	5	11	16	5	1	6	..	1	1	1	1	2			
Influenza.....	..	..	..	..	..	..	..	..	..	..	..	..
Lead poisoning.....	1	..	1	..	..	..	..	..	..	..	..	..
Masturbation.....	3	..	3	3	..	3	..	..	..	..	..	..
Menstrual disorders.....	..	4	4	1	..	1	..	..	..	..	..	..
Neuphritis.....	2	1	3	..	..	..	..	..	..	1	..	1
Operation.....	1	1	2	1	1	2	..	..	..	..	..	..
Pregnancy.....	..	1	1	..	..	..	..	..	..	..	..	..
Scarlet fever.....	3	2	5	3	..	3	..	..	..	1	..	1
Sexual irregularities.....	1	..	1	..	..	..	..	..	..	..	..	..
Senility.....	5	5	10	1	..	1	..	..	..	..	..	..
Senility and other causes.....	6	4	10	..	1	1	..	..	..	..	..	..
Sunstroke.....	2	..	2	2	..	2	..	..	..	1	..	1
Syphills.....	12	3	15	2	..	2	..	..	..	2	..	2
Syphills (probable).....	7	3	10	..	1	1	..	..	..	..	..	..

8. Probable Causes of Mental Diseases in Persons Admitted to This Hospital.

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.											
	Males.	Females.	Totals.	HEREDITARY TENDENCY.			NEUROTIC TENDENCY.			INTEMPERANCE.					
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
B.—Mental—															
Trauma.....	7	1	8	2	1	3	..	..	..	..	..	..
Tuberculosis.....	..	1	1	..	..	..	..	..	..	..	..	..
Domestic trouble.....	1	8	9	..	5	5	..	..	..	..	..	..
Faulty environment.....	2	5	7	2	2	4	..	..	..	..	..	..
Fright.....	..	1	1	..	..	..	..	..	..	..	..	..
Grief.....	1	6	7	..	4	4	..	..	..	..	..	..
Homesickness.....	1	..	1	..	..	..	..	..	..	..	..	..
Overstudy.....	1	..	1	..	..	..	..	1	1	..	..	..
Overwork.....	4	..	4	..	..	..	..	..	..	..	..	..
Worry.....	11	18	29	..	4	4	..	..	..	1	..	1
Unknown.....	26	17	43	..	..	..	..	..	..	..	..	..
Totals.....	231	172	403	68	36	104	1	2	3	91	13	104			

9. Probable Duration of Mental Disease Before Admission.

Previous Duration.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital	9	5	14
Under 1 month	36	31	67
From 1 to 3 months	30	22	52
3 to 6 months	25	14	39
6 to 12 months	16	14	30
1 to 2 years	27	22	49
2 to 5 years	23	17	40
5 to 10 years	8	6	14
10 to 20 years	6	1	7
Over 20 years	1	1	2
Totals	181	134	315
Unknown	14	10	24
Totals	195	143	338

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

FORM OF MENTAL DISEASE.	COMMITTED.			DISCHARGED.																		
				RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			DIED.			AGGREGATE.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	
First admitted to any hospital.																						
A.—Organic brain disorders.																						
I. Definite organic brain disease.																						
Organic brain disease (non-differentiated)	3	2	5																			
Brain tumor	12	24	36																			
Aphasia	12	24	36																			
Arteriosclerotic brain disease	12	24	36																			
Cerebral syphilis	12	24	36																			
Senile psychosis	10	17	27	2	1	3																
General paralysis	27	10	37																			
Traumatic psychosis	3	1	4																			
Cardio genetic psychosis																						
Cerebral abscess		1	1																			
II. Psychosis due to intoxication.																						
1. Alcoholic intoxication	2	2	4	5	1	6	2	1	3													
Alcoholic delirium	1	1	2																			
Alcoholic dementia	1	1	2																			
Habitual drunkard	12	3	15	2	2	4	1		1													
Delirium tremens	3	1	4	3	1	4																
Acute hallucinosis	6	1	7	5	2	7																
Polyneuritic Delirium	10	2	12	2	2	4			1													
Alcoholic paranoid condition	7	1	8	3		3																
Chorea psychosis	1		1																			
2. Drug psychosis	2		2																			
Drug habits (morphine, etc.)	1	3	4																			
Febrile and post febrile delirium																						
III. Acute toxic or infective exhaustive types.																						
Undifferentiated delirium	1	1	2	1		1																
Exhaustion delirium	2	4	6	1	3	4																
Toxic delirium	1	1	2	1		1																

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

FORM OF MENTAL DISEASE.	COMMITTED			DISCHARGED.																		
				RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			DIED.			AGGREGATE.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	
B. Perversion of mental adjustment.																						
1. Manic depressive insanity.																						
Manic phase	6	4	10	4	2	6	1	..	1	1	..	1	..	..	..	1	2	3	7	4	11
Depressed phase	1	2	3	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3
Mixed phase	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dear mute manic symptoms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Other depressions.																						
Constitutional depressions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Depression of involuntional period	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Symptomatic depression	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Paranoid condition.	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
4. Paranoia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Dementia praecox	3	4	7	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	1	2
C. Neuresthenia.																						
Epileptic psychosis	1	..	1	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Constitutional inferiority	2	3	5	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Imbecility	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychesthesia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Idiocy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hysterical psychosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unclassified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	30	25	55	9	6	15	5	1	6	2	..	2	2	..	2	4	5	9	20	12	32	
Aggregate cases	231	172	403	59	43	102	15	8	23	15	16	31	6	2	8	71	63	134	166	132	298	
Aggregate persons	229	172	401	59	43	102	15	8	23	15	16	31	6	2	8	71	63	134	166	132	298	

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

NUMBER OF ADMISSIONS.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			DIED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First	49	34	83	11	6	17	13	15	28	6	2	8	68	58	126
Second	4	6	10	3	2	5	1	..	1	..	..	..	3	4	7
Third	3	1	4	1	..	1	1	..	1	..	..	..	..	..	..
Fourth	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Fifth	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..
Sixth	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Seventh	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eighth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ninth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tenth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eleventh	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Twelfth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Thirteenth	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Total cases	59	43	102	15	8	23	15	16	31	6	2	8	71	63	134
Total persons	59	43	102	15	8	23	15	16	31	6	2	8	71	63	134

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

CAUSES.	DEMENTIA PRÆCOX.			PARANOIC CONDITION.			EPILEPSY.			CONSTITUTIONAL INFERIORITY.			IMBECILITY.			UNCLASSIFIED.			DRUGS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
General Diseases—																					
Abdominal tuberculosis	2		2																		
General miliary tuberculosis																					
Carcinoma of Breast																					
Gangrene of back																					
Status epilepticus							1		1												
Sarcoma of arm																					
Pyæmia																					
Diseases of Nervous System—																					
General paralysis																					
Cerebral odema																					
Cerebral abscess																					
Internal hemorrhage and pachymeningitis																					
Cerebral thrombosis																					
Cerebral softening		2	2																		
Delirium tremens																					
Cerebral hemorrhage	1		1							1		1									
Diseases of Circulatory System—																					
Arteriosclerosis general		1	1														1	1			
Myocarditis		1	1																		
Mitral stenosis, tricuspid insufficiency		1	1																		
Organic heart disease																					
Chronic interstitial nephritis									1		1										
Dilatation of heart	1		1																		
Cardiac exhaustion																					
Hæmorrhage from self-inflicted wound of neck																					

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

CAUSES.	DEMENTIA PRÆCOX.			PARANOIC CONDITION.			EPILEPSY.			CONSTITUTIONAL INFERIORITY.			IMBECILITY.			UNCLASSIFIED.			DRUGS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Respiratory System—																					
Pleural pneumonia	4	7	11																		
Pulmonary tuberculosis	1		1																		
Oedema of lungs																					
Bronchial pneumonia	1		1																		
Lobar pneumonia	3	2	5																		
Inhalation pneumonia																					
Pulmonary gangrene																					
Endocarditis	1		1																		
Hypostatic congestion of lungs																					
Digestive System—																					
Intestinal obstruction	1		1																		
Ulcerative colitis		1	1																		
Intestinal gangrene																					
Cancer of stomach																					
Pyelonephritis																					
Acute dilation of stomach from valvulus		1	1																		
Chronic gastro enteritis		1	1																		
Chronic diffuse nephritis																					
Tubercular peritonitis		1	1																		
Traumatic rupture of intestine, with acute peritonitis and hemorrhage																					
Acute entero-colitis																					
Chronic gastritis																					
Genito-Urinary Diseases—																					
Diabetic coma																					
Ill Defined Causes—																					
Exhaustion																					
Suicide (Inflicted before admission)																					
Shock																					
Totals	14	18	32				1	1	2	1	1	2	1	2	3	2	1	3			

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

CAUSES.	AGGREGATES			ORGANIC DEMENTIA.			SENILE DEMENTIA.			GENERAL PARALYSIS.			ALCOHOLIC INSANITY.			DELIRIUM.			MANIC DEPRESSIVE INSANITY.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
General Diseases—																					
Abdominal tuberculosis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General miliary tuberculosis	3	1	4	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carcinoma of breast	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gangrene of back	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Status epilepticus	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sarcoma of arm	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyæmia	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of Nervous System—																					
General paralysis	9	4	13	..	..	..	..	..	..	9	4	13	..	..	..	..	..	..	..	..	..
Cerebral oedema	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral abscess	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Internal hemorrhage and pachymeningitis	1	2	3	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral thrombosis	1	1	2	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..
Cerebral softening	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delirium tremens	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral hemorrhage	5	2	7	2	2	4	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
Diseases of Circulatory System—																					
Arteriosclerosis general	3	2	5	2	1	3	1	1	2	1	3	1	1	2	..	..	..	..	..	..	..
Myocarditis	5	1	6	1	1	2	1	1	2	1	2	1	1	2	..	..	..	..	..	..	..
Mitral stenosis-tricuspid insufficiency	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Organic heart disease	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic interstitial nephritis	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dilatation of heart	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cardiac exhaustion	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hemorrhage from self-inflicted wound of neck	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

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

CAUSES.	AGGREGATES			ORGANIC DEMENTIA.			SENILE DEMENTIA.			GENERAL PARALYSIS.			ALCOHOLIC INSANITY.			DELIRIUM.			MANIC DEPRESSIVE INSANITY.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Respiratory System—																					
Pleural pneumonia	7	3	10	..	2	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary tuberculosis	12	19	31	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Oedema of lungs	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchial pneumonia	2	6	8	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Lobar pneumonia	3	10	13	..	..	..	..	..	..	3	3	6	..	..	..	..	..	..	..	..	..
Inhalation pneumonia	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary gangrene	1	1	2	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Endocarditis	2	2	4	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Hypostatic congestion of lungs	1	1	2	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Digestive System—																					
Intestinal obstruction	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulcerative colitis	1	3	4	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Intestinal gangrene	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer of stomach	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyelonephritis	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute dilation of stomach from valvulus	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic gastro enteritis	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic diffuse nephritis	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tubercular peritonitis	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Traumatic rupture of intestine with acute peritonitis and hemorrhage	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute enterocolitis	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic gastritis	1	2	3	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Genito-Urinary Diseases—																					
Diabetic coma	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ill-Defined Causes—																					
Exhaustion	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suicide (inflicted before admission)	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shock	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	71	63	134	13	7	20	11	14	25	18	8	26	6	6	12	1	2	3	3	9	12

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

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.								
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A.—Recovered—	21	14	35	4	2	6	2	11	31	5	17	2	3	1	1
Under 1 month.....	11	8	19	20	11	31	19	10	29	10	19	2	3	1	1
From 1 to 3 months.....	5	4	9	10	9	19	6	10	16	6	12	3	3	3	6
3 to 6 months.....	9	3	12	13	6	19	2	10	15	3	18	4	3	1	1
6 to 12 months.....	3	3	6	1	2	3	4	4	6	4	9	1	3	1	6
1 to 2 years.....	3	2	5	1	1	2	1	3	4	4	8	1	1	1	1
2 to 5 years.....	1	1	2	2	1	3	1	3	4	3	7	1	1	1	1
5 to 10 years.....	1	1	2	1	1	2	1	1	2	1	2	1	1	1	1
10 to 20 years.....	1	1	2	1	1	2	1	1	2	1	2	1	1	1	1
Over 20 years.....	1	1	2	1	1	2	1	1	2	1	2	1	1	1	1
Unknown.....	1	1	2	1	1	2	1	1	2	1	2	1	1	1	1
Totals.....	51	35	86	51	35	86	51	35	86	51	35	86	8	8	16
B.—Died—	1	1	2	1	1	2	1	1	2	1	2	1	1	1	1
Congenital.....	1	1	2	1	1	2	1	1	2	1	2	1	1	1	1
Under 1 month.....	1	1	2	1	1	2	1	1	2	1	2	1	1	1	1
From 1 to 3 months.....	14	8	22	16	9	25	6	9	15	4	9	2	4	2	2
3 to 6 months.....	8	8	16	9	8	17	4	9	13	1	10	1	1	1	1
6 to 12 months.....	7	7	14	4	4	8	4	4	8	1	5	1	1	1	1
1 to 2 years.....	8	2	10	4	7	11	4	7	11	1	6	1	1	1	1
2 to 5 years.....	11	7	18	11	5	16	11	6	17	12	21	1	1	1	1
5 to 10 years.....	15	9	24	11	6	17	11	9	20	21	30	1	1	1	1
10 to 20 years.....	4	4	8	4	4	8	4	4	8	9	19	1	1	1	1
Over 20 years.....	2	4	6	4	7	11	4	7	11	8	15	1	1	1	1
Unknown.....	12	14	26	6	7	13	6	7	13	7	13	1	1	1	1
Totals.....	69	59	128	69	59	128	69	59	128	69	59	128	2	4	6

Warden's Report.

To the Board of Managers of the New Jersey State Hospital at Trenton, N. J.:

GENTLEMEN—I present herewith the annual report of the Warden's department for the fiscal year ending October 31st, 1910, showing amount of cash receipts and expenditures, appraisement of personal property, improvements and repairs made, work done by the various employees, including farm, garden and dairy, and the value of the different products, also an estimate of requirements for the coming year.

INVENTORY.

The annual appraisement of the personal property of the institution was made during the third week in October, as required by law, and amounts to \$192,161.72. This work was done by Messrs. L. M. Codington and Thomas B. Taylor, who were appointed by the Board of Managers to assist the Warden, who takes this opportunity to express his appreciation of the manner in which they performed the duties required of them.

APPRAISEMENTS.

Buildings, grounds, etc., valued at.....	
Personal property appraised as above.....	\$192,161.72
The cash receipts and payments have been as follows:	
Balance in hands of Treasurer, November 1st, 1910.....	9,827.34
Cash receipts from all sources.....	324,058.82
Cash payments during the year.....	322,717.08
Cash balance, October 31st, 1910.....	11,169.08

The average number of patients for the year of 1910 was 1,377, making the average cost per patient per annum \$223.5035, or \$4.2981 per week.

RECOMMENDATIONS.

In my reports of 1907, 1908 and 1909, I called attention to the

necessity of obtaining more land for the purpose of raising all the vegetables and milk for supplying the needs of the institution. There is now being rented for the institution about ninety acres of land for farming purposes, at a rate of \$800.00 per year, fertilizers and manure to be furnished by the institution. This is double the amount generally paid for rental of a tract of land that size in this locality.

A farm this size, including buildings, rents for about \$400.00 a year. The owners demand a high rental, owing to the location of this land, which is about to be cut up and laid out into city building lots. This land adjoins the grounds of the institution. Aside from this, we own about forty-five acres of land on which to graze sixty head of cattle, and twenty head of horses. Without more land we will be compelled to dispose of our herd of cattle, which would be a great financial loss to the State. It is impossible to raise feed and fodder, and have grazing land on the small tract we own. At present the greater part of the hay and feed consumed at the dairy is purchased outside.

We are using approximately 1,000 quarts of milk per day, or 365,000 quarts per year, 207,849 quarts of this milk was produced by our own herd, the balance was bought on contract at \$0.04 $\frac{3}{4}$ per quart. If we had land enough to raise all feed, etc., and graze a herd of cattle twice the size of the present herd, the milk could be produced at \$0.03 per quart, which would be an enormous saving to the State. Approximately from \$3,000.00 to \$4,000.00 a year. Increasing our dairy under the present conditions is not to be thought of.

DAIRY REPORT.

207,849 quarts of milk produced from an average forty-seven cows per day, average per cow eleven and seven-eighths quarts per day.

207,849 quarts milk, at \$0.04 $\frac{3}{4}$ per quart.....	\$9,872.83
Received from calves sold.....	107.50
	\$9,980.33

EXPENSE

400 tons ensilage, per ton, \$5.00.....	\$2,000.00
125,000 pounds hay, per cwt., \$0.65.....	812.50

42,580 pounds cornmeal, \$1.54.....	655.73
65,500 pounds bran, \$25.50.....	835.12
47,500 pounds gluten, \$31.38.....	745.27
52 $\frac{3}{4}$ bushels oats, \$0.50.....	26.33
Labor	1,243.19
Keep of horse and repair of wagon, milk cans, etc...	148.20
	6,466.34
	\$3,513.99

It is advocated that the State should own land enough to produce the institution's entire supply of vegetables. The saving of a few years on vegetables and canned goods would pay for the land, and after that it would be a paying investment.

We consume over 180 bushels of potatoes each week, or about 9,360 bushels a year. Of this quantity we raise about 2000 to 3000 bushels and have to rely on the markets for the balance. In short, the institution must rely upon the markets for subsistence stores. Regulating expenses under this condition is next to impossible. Not only would such a farm benefit the State from a pecuniary standpoint, but it would give employment to a large number of able bodied patients, who have to remain idle. It is admitted by all authorities on the question, that the chronic insane are greatly benefited by suitable occupation, and no occupation is better adapted for this class of people than farming. Besides this, the indigent patients would contribute a large share towards their support. \$75,000.00 will be needed to buy land, and make repairs to buildings on same.

CONGREGATE DINING-ROOM.

By an appropriation of the Legislature of 1906 additions were made to the present Annex buildings. At the time of the erection of the Annex building, there was installed a kitchen of sufficient size to suitably prepare food for 300 inmates of this one building. Since the erection of the additions, the capacity of this kitchen is unequal to the task of supplying food for the patients, and no arrangements were made for conveying food from the kitchen to the dining-rooms of the new additions. The original plan was to have six dining-rooms, but this method of serving food was found to be very unsatisfactory. At the present time the population of the Annex is 700, and in the near future will exceed 800, and it is impossible to cook for and feed that number of patients with our

present equipment. After investigation, I am satisfied that the best method of feeding patients, is by a congregate dining-room, which allows all the patients of the Annex, and the additions of the Annex to feed in one dining-room. We would therefore, urge the building of a three story structure in the space between the old kitchen and the boiler house. A modern kitchen and store-room could be located on the first floor; on the second floor a congregate dining-room, seating about 800 patients; on the third floor accommodations for night attendants and employees. At the present time, some of the attendants and employees are occupying rooms designed for patients, and soon these rooms will be needed. The amount estimated for such a building is about \$65,000.00.

ADDITIONS TO MAIN BUILDINGS.

Our admission wards are too small to accommodate the new patients, and interfere materially with proper treatment of these patients. In order to enlarge our facilities, it will be necessary to add a three story building, as an addition to the receiving wards in both male and female departments. The sum to be appropriated is small compared with the advantages to be gained by such an addition. The amount asked for it is \$20,000.00.

REMODELING WARDS.

Our old buildings, constructed sixty years ago, while substantial, are hardly adapted to modern methods of caring for the insane. Many wards are so situated, that very little sunlight, or fresh air can reach them, and on a dull day are depressing and decidedly unhealthy. We have remodeled several wards by tearing out rooms and constructing alcoves, and the result is marvelous, both in the appearance of the wards and their sanitary condition, but to fully carry out our plans for improvements, it will be necessary to ask for aid from the Legislature for this work. The expense to be incurred is mostly for iron work, as our own mechanics can do most of the work. The amount asked for is \$3,000.00.

RENEWAL OF SWITCH-BOARD AND REWIRING DINING-ROOMS AND CELLARS.

Our switch-board is too small for present demands and very

dangerous, as the load carried upon it is very much beyond its capacity. The wiring is not in accordance with the underwriter's code, as the current is deposited in too many places through one circuit, which makes it very dangerous, and an expensive proposition for the State. As a fire in an institution of this kind would be very dangerous, we especially call your attention to this matter, as it should be attended to at once, and we urgently request that \$1,200.00 be appropriated for this purpose.

REPAIRING AND REMODELING COW STABLES.

It is necessary that we have our cow stables remodeled, putting in new stanchions, cement floors, etc., and making them thoroughly sanitary. We have had considerable tubercular trouble in our herd of cattle, and as these stables have been built many years, the mangers are old and the wood work poor, and some have been condemned by the State Tuberculosis Commission, as the Commission claims it is impossible to keep the cattle free from infection while housed in these old infected stables. \$2,000.00 will be needed for this purpose.

LUMBER FOR PIGGERY AND FENCES.

Our hog pens were built some fifteen or twenty years ago, and to-day are in a dilapidated condition, having been repaired until it is impossible to repair them any longer, and it is very necessary that they should have a thorough overhauling; also the fences around the different yards, where the patients are confined, having been built many years are greatly in need of repairs. An appropriation of \$2,000.00 will be needed to buy lumber for this purpose.

PAINT FOR BUILDINGS AND FENCES.

As our buildings and fences need painting yearly, would ask the Legislature for an appropriation of \$500.00 for the purpose of purchasing paint for this work.

REPAIRING STONE ROADS AND WALKS.

Our stone roads and walks need repairing yearly, and we estimate the cost to be about \$1,000.00, and would ask for an appropriation by the Legislature for this amount.

RENEWAL OF INSURANCE POLICIES.

Would ask the Legislature to appropriate the sum of \$3,000.00 for expense of renewing the different insurance policies when same become due.

SCREENING WINDOWS.

The windows of this hospital have never been adequately screened. In case of any epidemic, it becomes a serious matter to prevent contagion through flies. This was shown in our recent epidemic of typhoid fever. Many of the wards contain untidy patients who constantly soil themselves, and these wards are in close proximity to the kitchens and dining rooms, so that it is absolutely necessary to exclude all flies from the buildings to maintain strict sanitary and hygienic conditions. It is the habit of patients to throw all kinds of material out of the windows. We feel that the windows of the hospital should be permanently screened with copper wire screens. All necessary precautions have been taken outside the buildings to prevent the breeding of flies, but we still have flies on the wards. The amount asked for screening the windows is \$3,000.00.

REMODELING MUSEUM.

The building on the grounds known as the museum which was built some years ago, but for quite a long time has served no useful purpose for the hospital. It has no windows on the sides, and needs considerable remodeling to make it comfortable. Our object is to make this a recreation room for the male attendants. At the present time they have no quarters where they can go when off duty except to the city. By supplying them a recreation room where they can spend their spare hours, we are only giving them their due in remodeling this building. It is our purpose also, to make the porch into a permanent band stand for our orchestra, which plays out of doors in the summer. The amount asked for the improvement of this building is \$800.00.

COMPLETING PLUMBING AT ANNEX.

The appropriation asked for last year for plumbing has all been expended, and there remains one section (three floors) which we were not able to remodel, as our money was not sufficient for this

purpose. When it is completed, the plumbing and sanitary arrangements of this hospital will be equal, if not better, than any State institution of this character in the country. In order to complete this work we ask for an appropriation of \$1,500.00.

BUILDING FOR CONVICT AND CRIMINAL INSANE.

It is necessary to again call attention to the fact that the criminal insane are cared for in this State hospital and at Morris Plains in an entirely inadequate manner. They have to be kept on wards with the other patients, and fed from the same dining-rooms, and the chance for their escape, with the present arrangement, is very great. By the agreement of the management of this hospital and Morris Plains, we would ask for a separate building to be built on our grounds, large enough to accommodate all the criminal insane in the State, in other words, building to accommodate 200 patients should be erected. By this plan of segregating the criminal insane at the Trenton State Hospital, the State will be saved the expenditure of a new institution with the administration, a very unnecessary expense. This appropriation should not be charged up to this hospital, as it is for the benefit of both institutions, and to the State. The amount necessary for such a building is \$200,000.00.

PURCHASING CATTLE.

Our herd of cattle has been tested by the State Tuberculosis Commission, and nearly half of it condemned and slaughtered, which makes us very short of milk, and as at this season of the year milk is high and difficult to get at any price, it makes a big drain on our finances. At the present time we do not see our way clear to take money enough from the maintenance fund to purchase more cattle, would, therefore, ask the Legislature to appropriate \$5,000.00 for this purpose.

REQUIREMENTS.

In accordance with the law, I give you as usual, an approximate estimate of the several amounts of money required from the State for the support and maintenance of the different classes of patients in the institution, and for other purposes, for the year ending October 31st, 1912.

NEW JERSEY STATE HOSPITAL.

For annual inventory	\$200.00
For support and clothing of 48 State convict patients at \$5.00 per week	12,480.00
For support of 250 State indigent patients at \$4.00 per week	52,000.00
For allowance of \$2.00 per week each for 1,007 county patients	104,728.00
For money earned and not appropriated by the Legislature for maintenance of patients.....	9,695.58
For salaries of resident officers.....	16,600.00
For additional land	75,000.00
For congregate dining room.....	65,000.00
For additions to main buildings.....	20,000.00
For remodeling wards	3,000.00
For renewal of switch-board and rewiring dining room and cellars	1,200.00
For repairing and remodeling cow stables.....	2,000.00
For lumber for piggery and fences.....	2,000.00
For painting buildings and fences.....	500.00
For repairing stone roads and walks.....	1,000.00
For renewal of insurance policies.....	3,000.00
For dental outfit	900.00
For filing cabinet	970.00
For furniture for wards.....	2,000.00
For laboratory equipment	2,000.00
For screening windows of Hospital.....	3,000.00
For remodeling museum for quarters for male attendants...	800.00
For research work	2,800.00
For completing plumbing at Annex.....	1,500.00
For building for convict and criminal insane.....	200,000.00
For purchasing cattle	5,000.00
For support and clothing of State convict patients, State indigent patients, and allowance for County patients, moneys earned and not appropriated by the Legislature, 1909 to 1910:	
Appropriated	\$156,364.00
Moneys earned	166,059.58
Leaving a balance due the institution.....	9,695.58

We respectfully ask the Legislature to appropriate in the Supplemental Bill this amount of money for the maintenance of the patients.

In conclusion, I desire to take this opportunity to express my thanks to the Medical Director and his staff for the assistance given me during the year, and to the members of the Board of Managers, I also desire to acknowledge their kindness and consideration shown me in the performance of the duties of my office.

Respectfully submitted,

SAMUEL T. ATCHLEY,

Warden.

Receipts and Disbursements.

To the Board of Managers of the New Jersey State Hospital at Trenton, N. J.:

GENTLEMEN—The following abstract of receipts and disbursements for the year ending October 31st, 1910, is respectfully submitted:

RECEIPTS.

Balance in hands of Treasurer, October 31st, 1909.....	\$9,827.34
Amount received from State Treasurer for county patients, convict patients and State patients	\$162,881.42
Amount received from State Treasurer for officers' salaries	15,952.68
Amount received from Atlantic county	334.68
" " " Bergen county	105.00
" " " Burlington county	464.53
" " " Camden county	191.46
" " " Cape May county.....	2,449.99
" " " Cumberland county	442.69
" " " Gloucester county	7,422.54
" " " Hudson county	59.03
" " " Hunterdon county	7,209.74
" " " Mercer county	25,461.94
" " " Middlesex county	24,907.55
" " " Monmouth county	17,710.98
" " " Ocean county	5,694.32
" " " Salem county	5,262.77
" " " Somerset county	9,168.78
" " " Union county	118.22
" " " petty cash expense fund	500.00
" " " private patients	30,748.06
" " " sundries	6,907.44
" " " interest Mechanics' Bank	65.00
	<u>324,058.82</u>
	\$333,886.16

DISBURSEMENTS.

Officers' salaries	\$15,952.68
Employees' salaries	120,692.18
All other expenses.....	185,012.48
Petty cash expense fund.....	1,059.64
Reverted to State.....	.10
	<u>\$322,717.08</u>
	\$11,169.08

APPENDIX TO WARDEN'S REPORT.

FARM AND GARDEN PRODUCTS.

Farm.

4,100 bushels potatoes, at \$0.60.....	\$2,460.00	
550 tons ensilage, at \$5.00.....	2,750.00	
2,500 bundles corn stalks, at \$0.03.....	75.00	
85 tons hay, at \$18.00.....	1,530.00	
32 tons straw, at \$10.00.....	320.00	
3 acres oats and peas, at \$50.00.....	150.00	
3 acres fodder corn, at \$50.00.....	150.00	
750 bushels corn, at \$0.65.....	487.50	
912 5-6 bushels wheat, at \$0.95.....	867.19	
2,000 bushels beets, at \$0.20.....	400.00	
207,849 quarts milk, at \$0.04%.....	9,872.83	
		\$19,062.52

Stock.

12,310 pounds hogs, at \$0.1335.....	\$1,643.39	
16,250 pounds hogs, at \$0.11.....	1,787.50	
35 large shoats (2800 pounds), at \$0.12.....	336.00	
50 small shoats, at \$5.00.....	250.00	
43 calves, at \$2.50.....	107.50	
11,732 pounds tankage, per 100 \$0.40.....	46.93	
1,567 pounds hides, at \$0.09.....	141.03	
1,830 pounds beeves slaughtered, at \$0.0891....	163.05	
Fat, grease and bones.....	470.15	
Cattle condemned by Tuberculosis Commission.....	522.00	
		\$5,467.55

Garden.

1,368 bunches asparagus, at \$0.10.....	\$136.80
7,110 bunches rhubarb, at \$0.05.....	355.50
9,620 bunches radishes, at \$0.02.....	192.40
10,822 bunches onions, at \$0.02¼.....	243.49
1,615 bunches parsley, at \$0.03½.....	56.53
312 bunches kohlrabi, at \$0.03½.....	10.92
12,877 heads lettuce, at \$0.03.....	386.31
320 heads cauliflower, at \$0.20.....	64.00
469 bushels spinach, at \$0.50.....	234.50
15,163 heads cabbage, at \$0.05.....	758.15
322 bushels peas, at \$1.50.....	483.00
192 bushels onions, at \$1.00.....	192.00
415 bushels beets, at \$0.65.....	269.75
272 bushels string beans, at \$0.75.....	204.00
225 bushels lima beans, at \$1.00.....	225.00
210 bushels carrots, at \$0.50.....	105.00
11 bushels cucumbers, at \$0.75.....	8.25
1,471 bushels tomatoes, at \$0.60.....	882.60
46 bushels tomatoes (yellow), at \$0.60.....	27.60
35 bushels tomatoes (green), at \$0.60.....	21.00
55 bushels egg plants, at \$1.00.....	55.00
175 bushels squash, at \$0.50.....	87.50
29 bushels grapes, at \$1.50.....	43.50
39 bushels peppers, at \$0.50.....	19.50
2¼ bushels okra, at \$1.50.....	3.38

27,765 ears corn, at \$0.01.....	277.65	
3,000 bunches leek, at \$0.03.....	90.00	
820 heads endive, at \$0.05.....	41.00	
20,000 heads celery, at \$0.05.....	1,000.00	
600 pounds horseradish, at \$0.10.....	60.00	
300 bushels turnips, at \$0.50.....	150.00	
160 bushels parsnips, at \$0.50.....	80.00	
1,050 heads celeriac, at \$0.03.....	31.50	
1 load pumpkins, at \$3.00.....	3.00	
75 bushels kale, at \$0.50.....	37.50	
29 bushels onion sets, at \$2.00.....	58.00	
		6,894.33
		\$31,424.40

Analysis of Expenses.

ADMINISTRATIVE.

Medical Director's salary	\$3,500.00	
Warden's salary	2,500.00	
Assistant Physicians' salaries	8,993.23	
Clerical services	8,086.70	
Wages	113,751.15	
Postage	392.80	
Telephone	955.22	
Telegraph	66.86	
Freight and express	286.87	
Stationery and office supplies	957.00	
Traveling expenses, officers	428.65	
Treasurer and Secretary's salary	1,000.00	
Printing and printing supplies	647.60	
Sundries	256.00	
		\$141,822.08

TABLE SUPPLIES.

Butter	\$15,989.81	
Bread, crackers and cake	968.19	
Beans	1,075.79	
Beef, fresh	17,626.90	
Coffee, cocoa, etc.	2,354.24	
Cereals	1,686.31	
Cheese	1,003.92	
Canned goods	607.55	
Eggs	9,019.22	
Fruits, fresh and dried	3,998.21	
Flour	9,752.76	
Fish	2,618.38	
Ham	4,112.53	
Ice	47.54	
Lamb and mutton	3,209.10	
Lard	1,908.72	
Milk	5,074.67	
Molasses and syrup	179.26	
Oysters and clams	1,287.39	
Other meats	2,869.26	
Peas	559.90	
Potatoes, white and sweet	1,193.22	
Pork, fresh	74.93	
Pork, salt	847.06	
Poultry	2,080.73	
Rice	344.82	
Sugar	6,089.23	
Tea	802.76	
Vegetables	759.74	
Sundries	982.05	
		\$99,124.18

HOUSE SUPPLIES.

Beds and bedding	\$1,700.60	
Brooms	617.45	
Brushes	301.43	
Carpets, rugs, etc	1,583.88	
Crockery and glassware	626.08	
Cutlery	135.87	
Furniture and upholstery	542.21	
Kitchen furnishings	610.12	
Laundry supplies, soaps, etc.	2,083.66	
Soap	1,758.49	
Towels and toweling	543.46	
Table linen	340.68	
Wooden ware, baskets, pails, etc.	388.59	
Sundries	421.82	
		\$11,654.34

CLOTHING AND CLOTHING MATERIAL.

Clothing	\$2,776.87	
Dry goods for clothing, etc.	2,645.60	
Furnishing goods	999.76	
Hats, caps, etc.	77.75	
Shoes	1,418.34	
Slippers	558.40	
Sundries	27.05	
		\$8,503.77

REPAIRS.

Bricks	\$81.77	
Doors, sash, etc.	214.73	
Electrical work and supplies	319.73	
Glass	20.77	
Hardware	292.23	
Lumber	1,978.46	
Lime, cement, plaster, etc.	1,271.98	
Machinery, etc.	822.35	
Paint, oil, etc.	1,243.83	
Plumbing, steamfitting, etc.	1,029.09	
Roofing and materials	1,530.78	
Sundries	88.66	
		\$8,944.38

FARM, STABLES AND GROUNDS.

Blacksmith supplies	\$398.77	
Carriages, wagons, repairs, etc.	467.85	
Cows	2,212.25	
Fertilizers, vines, seeds, etc.	2,273.90	
Hay, grain, etc.	5,275.36	
Harness and repairs	209.86	
Horses	1,125.75	
Pigs	337.50	
Rent	994.00	
Tools, farm machinery, etc.	1,529.76	
Sundries	196.14	
		\$15,021.13

NEW JERSEY STATE HOSPITAL.

HEAT, LIGHT AND POWER.

Coal	\$24,802.68	
Electric current	5,241.50	
Gas	864.41	
Oil	462.38	
Sundries	54.30	
		<u>31,425.27</u>

MISCELLANEOUS EXPENSES.

Advertising	\$664.45	
Books	54.68	
Entertainments	1,091.86	
Funeral expenses	574.00	
Insurance	1,522.82	
Medical supplies	3,786.97	
Manuel training supplies	\$8.66	
Newspapers and magazines	246.75	
Out-patients' allowance	154.07	
Religious services	245.00	
Returning runaways	148.32	
Tobacco	1,062.09	
Wines and liquors	470.45	
Sundries	428.60	
		<u>10,458.72</u>

REFUND.

Private patients	\$885.28	
		<u>885.28</u>
		<u>\$327,839.15</u>

New Jersey State Library