ANNUAL REPORT
of the
BOARD OF MANAGERS
of the
NEW JERSEY STATE HOSPITAL
1915

ANNUAL REPORT

OF THE

BOARD OF MANAGERS

OF THE

New Jersey State Hospital

AT

TRENTON, N. J.

FOR THE

Year Ending October 31

1915

RAHWAY, N. J.
NEW JERSEY REFORMATORY PRINT

1916

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Letter of Transmittal

Trenton, New Jersey, May 31, 1916

To His Excellency, Governor James F. Fielder, Trenton, N. J.

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

Very truly,
SCOTT SCAMMELL,
Secretary.

Report of the Board of Managers

To His Excellency, Governor James F. Fielder:

DEAR SIR:—The Board of Managers of the New Jersey State Hospital at Trenton respectfully submits the Sixty-eighth Annual Report, which covers the period, November 1, 1914, to October 31, 1915.

It is appropriate that the Managers should give public expression of their hearty appreciation of the faithful and unremitting services of the Medical Director, the Warden, and the Hospital Staff working under their direction.

Appended are the reports of the Medical Director and the Warden, which give detailed statements and records of the medical and business conduct of the institution during the year. These reports are of necessity so extensive that many of the more important points may easily be overlooked. Special attention may therefore be called to certain significant features in the work of the Hospital.

The percentage of recoveries among the cases committed to the Hospital has shown a very gratifying increase. During the past year thirty-one per cent., based upon the number admitted, were discharged from the institution as cured. This result reflects credit upon the modern methods of treatment used in this hospital and has at the same time an important social and economic significance for the State.

The death rate has been reduced over twenty per cent., from 8.9 to 6.9. This reduction has depended mainly upon the sucess attending the new methods of treatment of general paresis.

An incipient epidemic of typhoid fever was introduced among the patients by a carrier who handled the food in one of the kitchens, during the past summer. The history of previous institutional epidemics has shown that institutions of this size, filled with persons whose resistence to infectious disease is markedly impaired, afford unusually favorable opportunities for the development of epidemics. It is very gratifying to note that the unusually prompt and effective measures adopted by the medical staff, with the hearty cooperation of the State Board of Health, resulted in the early discovery of the carrier; and enabled the authorities by careful supervision and isolation of diagnosed and suspected cases; and by general vaccination of the patients and the attendants, to limit the number of cases to twenty and to prevent a very serious epidemic.

Attention is called also to the increased amount of work done by patients along various lines of useful activity, and to the fact that a large proportion of the patients are given an opportunity to take part in these activities. A systematic development along these lines makes it possible to achieve two very desirable results: first, an improvement in the physical and mental condition of the patients due to their being occupied in normal, healthful occupations; and, second, a very considerable economic return to the State.

Some of the important branches of the Hospital service such as the farm, the dairy, the bakery, the truck gardens, and so on, have been so organized by the Warden that they not only supply the needs of the institution with a better grade of produce than is usually available in the markets, but at the same time to show a net income which helps materially to reduce the cost of running the institution.

There is one precaution of fundamental importance to be observed in connection with the dovelopment of work by hospital patients in these various occupations, namely, that the sole criterion of success shall be the welfare of the individual patient. In other words, everything else being equal, the kind and amount of work to be done by each patient shall be governed by the therapeutic results on him.

The number of voluntary commitments has increased during the past year by about sixty per cent. This is one of the significant indications that this institution is coming to be recognized by the community as a hospital where those who show signs of mental derangement will be given helpful treatment.

Any influence that will tend to promote this relationship between the Hospital and the public should be encouraged in every way possible. It is very desirable from all points of view that people in general should come to realize that mental diseases, or derangements of the nervous system can be diagnosed, treated, and in many cases cured, just as derangements of the digestive and respiratory systems can be treated and cured; that delay in attending to these mental cases leads to more serious conditions, and is as unwarranted as delay in recognizing and treating diphtheria; that there are definite and in many cases preventable factors which are tending to cause these mental diseases, and that these factors are as controllable, by proper measures, as are typhoid epidemics.

Knowledge along these lines has not yet been brought properly and convincingly to the public. One of the most important agencies in this very necessary work is the Hospital itself. We have long since ceased to consider institutions for the insane as primarily places of detention, and have come to organize and administer them as hospitals. This a long step in advance. It points the way morever to another step that involves the organization of state hospitals as centers of research and teaching along lines that deal with the causes and prevention of mental diseases. A proper development of work along these lines will enable the hospital to make a contribution of the greatest value to the welfare of the community and the State.

Courses and clinics at the hospital for physicians and social workers, and public lectures for teachers and parents should be organized along lines which will enable these groups to recognize and correct unfavorable conditions in the home and in the school, that lead to mental disturbances.

The only hope of checking the present alarming increase in the amount of insanity is by a campaign of education regarding the causes and methods of prevention of these conditions.

Respectfully submitted,

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

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-eighth annual report of the operations of the Medical Department of the New Jersey State Hospital at Trenton for the year ending October 31, 1915.

At the beginning of the fiscal year there were present in the hospital 1533 patients, 802 men and 731 women. During the year 576 patients were admitted, 305 men and 271 women, one patient was admitted from escape and 21 patients nominally admitted for discharge at the end of their four months' visit, making the total number under care 2109. Of this number we have dismissed during the year 504, 301 men and 203 women, leaving the total number of patients under care, November 1, 1915, 1605, 834 men and 771 women. Of the total number of dismissals during the year, 301 men and 203 women, 182 total were discharged as recovered at the time of leaving the hospital. The recovery rate calculated upon the number of admissions is 32%. The recovery rate based upon the number of discharges is 50%. The daily average number of patients is 1588, or 65 more than last year.

The number of deaths during the year were 147, 91 men and 56 women, which is 47 less than last year. The death rate computed upon the number of patients under treatment during the year is 6.9%, which is 2% less than last year. This low death rate is partly explained by the fact we have reduced the mortality in cases of General Paresis over 45%. (A more detailed account will be given later.)

Of the number of patients on visit at the end of our fiscal year, 10 men and 11 women, total 21, were nominally admitted for discharge during the year. We have on visit at the end of this year, 22 men and 14 women, total 36.

Two suicides occurred during the year, one of which was a male patient and another a female patient. The male patient was 57 years of age, suffering from "profound depression." On August 12, 1915, while out in the yard with the other patients, he hid in the Calisthenium. An hour later was found hanging with a cord around his neck. The female patient, also a case of depression who had improved somewhat, but in spite of the fact that we warned the family that she should be kept in the dormitory under observation insisted that she have a private room. She was kept under observation as much as possible, but during the night she turned the bed up so it was resting on the foot with the head in the air, and hung herself to the bed by means of a sheet.

During the summer we were unfortunate enough to have an outbreak of typhoid fever. By prompt, efficient prophylatic measures we were able to limit the epidemic to 20 cases. On August 18th a patient of the male side developed fever with sore throat and was put in quarantine. Cultures for diphtheria were negative, but his fever continued to rise. Widal examination of the blood was positive for typhoid fever. Immediately orders were given for the temperatures of all the patients in the institution to be taken twice a day and by so doing we found five patients on wards 6 and 9 in the female department with elevated temperatures. These patients were immediately isolated and the Widal reaction proved positive. All these patients were isolated in the Calisthenium and Widal tests were made of all the patients in the female department and exmination of the urine and feces for typhoid bacilli. We were finally able to locate a colored patient who had been feeding all of these (5) patients who were first taken sick, and were reasonably sure she was the typhoid carrier, although she had no clinical symptoms of that disease. And, what was still more remarkable, this patient had been in the hospital for nine years. All of these first patients were much demented, untidy, had to be fed in their rooms, and at the time their temperatures were taken showed no other clinical evidence of typhoid fever, and it could only be determined they were sick by the rise in temperature. Although we acted promptly upon the evidence of the first case in the male side, in that short space of time, however, the epidemic spread, by contact, to 14 other cases. Practically all of them were in the women's department and most of them on the same floor with the original cases. Two cases of the typhoid fever occurred in the Annex; one of which was a male and one a female patient. It was impossible to trace the source of the infection, except by possible contact. Although the hospital building is screened, we found an unusual number of flies as it was the middle of summer. A campaign was immediately instituted to rid the hospital of flies. This was accomplished by using old-fashioned insect powder. By means of long handle blowers the attendants filled the wards, especially the ceilings with insect powder and in the morning the flies were found dead on the floor. By continuing taking temperatures twice daily and Widal tests of all patients and employees and by isolating all cases suspected, we were soon in control of the epidemic. Only 14 cases developed after the first six, the last case on October 10, 1915. It is difficult to explain how the first patient became infected, but as he had the freedom of the grounds it is possible he came in contact in some way with the source in the female department. As further means of preventing the spread of the epidemic all the patients and employees were immunized with Mulford's Typhoid Bacterin. In all, about 4,000 injections were given in three weeks. Three patients developed clinical symptoms of typhoid after the immunized doses were given. Presumably they were infected previous to the injections and the disease was not inhibited by the typhoid bacterin. Two patients, one a woman 70 years of age, another a man of 39 years, died after the injection of typho-bacterin, but both were in very weak physical condition and it is not justifiable to

claim that the bacterin had anything to do with the cause of death. One patient died suddenly following the third immunizing dose and autospy showed evidence of an advanced fatty degeneration of the heart muscle. In a total of 4,000 injections no one developed any serious symptons except these three. After the first injection the patients complained of a little headache, malaise and in some the temperature arose a little, but no abscesses developed and no serious constitutional symptoms were observed.

Sixty-seven patients and nine employees gave a positive or suspicious Widal reaction; they were isolated, but no clinical symptoms developed. Five cases died, three of women who showed definite clinical symptoms which were confirmed at autopsies. One case suspicious of typhoid, a senile woman in extremely weak condition, died, but no autopsy was obtained. One case, not clinically typhoid, died 24 hours after injection of bacterin, but no evidence of the disease was found in the post-mortem examination. The remaining cases recovered without any unusual symptoms except that the typhoid bacillus was present in the feces of one case for several months after she recovered clinically.

We have gone into detail regarding this epidemic. In fact, during the year many institutions for the insane had typhoid epidemics and we feel that the prompt methods of prophylaxis and immunization employed prevented us from having a more serious epidemic.

The importance of the measures adopted were as follows: 1—By taking the temperature of all patients in every department upon the appearance of one case. 2—Isolation of patients with elevated temperatures, although clinical symptoms were absent. 3—Widal reactions of all the patients in the institution; all emyloyees, especially the help in the kitchens and dining rooms. 4—Examination of feces of all the patients, whether showing clinical symptoms or not, in order to locate the possible carrier. This proved successful as the carrier was located and found to be the one who was feeding the first five patients infected. 5—Destroying the flies, thus eliminating them as carriers of infection.

The Medical Staff cheerfully and willingly cooperated in every way to stop the epidemic, and I commend their faithful work to the Board of Managers during this trying experience. The employees, including the supervisors, the nurses and attendants, were also faithful in carrying out orders which helped to prevent the spread of the disease. I wish also to extend my thanks to the officials of the State Board of Health who also cooperated with us and gave us every assistance both in the Hospital and in the Laboratory of Hygiene where over 300 Widals were made daily during the period of the epidemic.

VOLUNTARY COMMITMENTS.

During the year we have received as voluntary patients 18 men and 14 women, a total of 32, which is an increase of 12 over the previous year. We are glad to report this increase in the number of voluntary patients and feel that it speaks well of this method of admitting patients. This number would have been considerably increased if voluntary admissions

included indigent patients. The committee appointed to revise the commitment laws by the Legislature of 1915 have agreed to extend the voluntary admission to indigent patients. With such a provision we believe that the time is not far distant when the majority of patients will be admitted to the hospital voluntarily. Two things are necessary to accomplish this result. In the first place the public at large must have confidence in the hospital and by education must be taught that upon the appearance of very early symptoms members of the family should be referred to the hospital for advice or treatment, and secondly the family physicians must also recognize the early symptoms and advise such patients to come immediately to the hospital. With a better appreciation on the part of the public and the physicians of these important features, we have no doubt the hope of having a majority of patients admitted voluntarily will be fulfilled.

MEDICAL STAFF.

We have had several important changes in the Medical Staff during the year. Dr. John C. Felty, first assistant physician who had been connected with the hospital for twenty-five years, resigned in October and retired from active practice. Resolutions were adopted by the Board in recognition of his long connection with the hospital and his honorable and faithful service. He will be remembered for his sterling qualities, his loyal friendship and his genial personality. Dr. J. E. Diehl, fifth assistant physician, resigned to go into private practice. Dr. E. Ray Buhrman, assistant in the Laboratory, was forced to resign because of illness in her family and we still hope that conditions will be such that she can resume her work. Dr. E. B. Funkhouser was promoted to the office of first assistant physician, filling the vacancy left by Dr. Felty. Dr. J. L. Gariss was appointed fourth assistant physician and Dr. James P. Sands and Dr. P. B. Means were appointed internes. It is intersting to note that Dr. Gariss and Dr. Sands, while medical students, spent three months of the summer at the end of their third year of medicine at this hospital. Dr. Gariss after graduating received an appointment of assistant physician at the Goverment Hospital at Washington where he served a year and Dr. Sands was resident of the Mercer Hospital in the city of Trenton. We feel that the policy of having medical students as voluntary workers during their vacations has produced good results. Dr. Frederick S. Hammond, pathologist, has been on a leave of absence since December, 1914, owing to a serious illness. He is steadily improving and will, we hope, soon be able to resume his duties. Dr. Donald Rupert, resident dentist, resigned and Dr. John A. Flood was appointed to fill the vacancy.

CONSULTING STAFF.

There have been no changes in the Consulting Staff during the year. We again extend our thanks to them for their valuable assistance rendered us whenever we have called upon them.

NURSING STAFF.

We again call the Board's attention to the continued improvement in the services of both male and female nurses in the hospital. We are glad to report that practically the abuse to the patients on the part of the nurses and attendants has disappeared. To obtain such results means constant watchfulness on the part of the physicians and supervisors, and the elimination of such attendants who have proved unsatisfactory from the start rather that waiting until some act on the part of the attendant makes it necessary for him to be discharged. Fortunately, we have been able to maintain a full quota of attendants and nurses, so that it is not necessary to retain undesirable attendants to keep up our quota.

There was no annual commencement of the training school of the past year, due to the change in our course from two or three years. The first graduates of the three year's course will not complete their course until next year. We find that the nurses approve of this change and are very glad to take the supplementary training offered in the Mercer Hospital for six months. And, we hope to be able to have our graduate nurses qualified for registration. We are also inducing these graduates to remain in the employ of the hospital rather than go to some other institution, so that we can have at all times charge nurses who are graduates of this hospital.

OCCUPATION AND AMUSEMENTS.

The necessity of diversional occupation has been so emphasized in the work of the State Hospitals for recent years that we are glad to report that this work in this hospital has been greatly improved and we now feel that it is of considerable importance in the care and treatment of our patients. Much tack must be exercised and a kindly interest introduced by those in charge of this work to make it successful. We feel that those who have this matter in charge for the last few years deserved special commendation for the progress they have made. We still need more equipment and rooms in order to extend this work to take in more patients. In the new criminal insane building there will be plenty of room to establish shops of various kinds and we hope to make use of them as soon as they are available.

MEDICAL WORK.

In addition to the routine clinical examinations of patients as outlined in our last report we have extended the examination of patients still further so that it now includes complete serological and bacteriological examination of all secretions and excretions. Practically all patients have a routine Wasserman examination of the blood and a Lumbar Puncture is performed to obtain spinal fluid which is also examined as to the number of cells, globulin content, Wasserman tests and "gold sol reaction". We were fortunate during the year to obtain the services of Dr. E. P. Corson-White of Philadelphia who spends two days a week in the

laboratory of the hospital doing special serological work. In addition to the routine examinations above mentioned of the patients, especially if the Manic Depressive and Dementia Praecox group, Abderhalden tests are made of their blood. There can beno question as to the value of the method of examination in order to determine whether or not the patients are suffering from some disturbance of the glands of internal secretion. Each patient has had four or five such examinations and we are able to report that the examinations in individual patients have been uniform. During these tests the patients are usually put under special observation and special examinations made as to their physical condition and also complete examination of the metabolism of the glands of internal secretion. These tests, both laboratory and clinical examination, have to be carefully made to be of value and require considerable time. The preliminary report of the result of this work will be given at the American Neurological Society the coming spring. Our investigations have not proceeded far enough for us to come to a definite conclusions as to therapeutic measures to be employed in correcting these various disturbances. We have tried to develop the fundamental principles underlying these reactions before utilizing them for therapeutic purposes. This has seemed to us to be the first part of the problem and we are of the opinion that the second part therapeutic methods should only be adopted after we have obtained a full knowledge of the fundamental principles of the reactions.

We have continued the treatment of Paresis as outlined in our last report and have, we believe, made some progress in improving the methods of treatment. Our inability to obtain salvarsan necessitated us trying out other methods in place of the salvarsanized serum. Among these methods the mercurialized serum of Byrnes has been given a thorough trial and while the results in some cases seem to be favorable, after some months of its use we are inclined to think the mercurialized serum is not as efficient as the salvarsanized serum in the treatment of Paresis. As a substitue for salvarsan we have been using Diarsenol, a preparation manufactured by the Mills Chemical Co., of Toronto, Canada, who claim it is similar in all respects to salvarsan. As far as experience goes we can substantiate this claim. The only difference between the two preparations apparently is the Diarsenol is probably more toxic and extreme care has to be used in its administration. We have ceased to depend entirely upon the intraspinal method for administration of the serum and are almost exclusively administering the serum by the method of intracranial puncture. While this method takes more time for the initial operation, because of the necessity of trephining, we have found that subsequent injections can be made sub-durally without giving an anaesthetic and without disturbing the original seat of operation by making a puncture under a septic precaution directly through the scalp. Consequently very little more time is necessary than in the lumbar puncture method. We feel that this method is probably the one of selection as there can be no doubt that the serum reaches the cortex in its maximum strength, whereas in some cases when given by the lumbar

puncture method it is doubtful if the treatment is as efficacious. The tendency of the cases treated by the intraspinal method to relapse has forced us to adopt the more efficient method outlined above, and we believe that with frequent treatments, perhaps of smaller doses of Diarsenol, that better results may be obtained. Again we call attention to some of the difficulties we have to meet in treating hospital patients. The principal one is that patients are committed to late after the appearance of the initial symptoms for any treatment to be of value. The public at large and the committing physician must be taught that not only cases of General Paralysis, but all cases of mental diseases should be sent to the hospital as soon as the symptoms appear and not held at home indefinitely or until the patient becomes a menace to the community or family. We believe that with a better understanding of this principle our chances of treating not only paresis but other mental diseases would be materially increased.

DENTAL WORK.

The work of the resident dentist has assumed considerable importance in the last year and all patients admitted, besides those in the hospital who need urgent treatment, have their teeth carefully attended to with the results that are extremely beneficial to the patients.

X-RAY OUTFIT.

The X-ray machine is also utilized in many ways, not only for surgical matters such as broken bones, but intestinal conditions in the patients are being more thoroughly examined by this method. The appointment of Dr. Charles H. Holcombe as roentgenologist is a very important addition to our staff.

LABORATORY REPORT.

The work of the laboratory has been considerably increased during the year by the addition of the Abderhalden work under Dr. White. The various examinations of a diagnostic character were 3222. The autopsies performed were 55 or 37.4% of the total number of deaths, 147. A most notable decrease in the mortality of General Paralysis has accurred. Previous to 1913, before treatment was instituted, the number of cases of General Paralysis dying during the year has averaged about 30. Since 1913 the average has been 20 per year, a reduction of over 45% in the mortality from this disease. Of these 20 patients who died during the year of General Paralysis all were old cases of about the usual duration. Eight of the cases had been treated, but all of them were much demented and their conditions had extended over three years. Twelve patients died who had received no treatment. Because of the advanced stage of the disease in these eight cases no hope was expected from any treatment and it was throught unwise to attempt to do anything with them. Forty-two patients during the year had received treatment from one to six months and twenty-eight cases were treated from six months to a year.

The following is a list of the psychoses in the autopsied cases:

Arteriosclerotic Brain Disease	2 or 3.6%
Alzheimer Disease	1 or 1.8 "
Delirium, undifferentiated	4 or 7.2 "
Dementia Praecox	17 or 30.9 "
Epilepsy	3 or 5.4 "
General Paralysis	11 or 20.0 "
Hysteria	2 or 3.6 "
Involution Depression	3 or 5.4 "
Imbecility and Idiocy	2 or 3.6 "
Manic Depressive Insanity	1 or 1.8 "
Organic Brain Disease	1 or 1.8 "
Senile Dementia	7 or 12.7 "
Unclassified	1 or 1.8 "

The principal causes in death in all cases were:

Cardio-vascular Renal Disease		11 or 20.0 "
General Paralysis		8 or 14.5 "
Pneumonia.	Broncho-pneumonia. 3	8 or 14.5 "
	Lobar pneumonia. 5	8 or 14.5 "
Pulmonary Tuberculosis		9 or 16.7 "
Miscellaneous		19 or 34.7 "

The deaths from tuberculosis were 13-6% which is somewhat less than the average in the last few years. Fifteen cases of the total number of deaths from tuberculosis were in Dementia Praecox patients, and the cause of death of 15 cases out of 17 of Dementia Praecox was Pulmonary Tuberculosis.

In addition to the routine preparation of autopsy material, 3222 diagnostic examinations have been made as follows:

Cerebro-spinal fluid	1024
Wasserman, blood and spinal fluid	1380
Surgical and clinical specimens from outside sources	295
Urine	404
Throat culture	4
Widal readtions	73
Sputum	11
Blood counts	13
Bacteriological examinations, including milk and water	18
	3222

The absence of Dr. Hammond, pathologist, has been felt in the laboratory work, especially in the number of autopsies performed. The number is less than last year, although we have not neglected to autopsy the important cases, but from lack of time some of the unimportant cases have not been autopsied. In order to obtain substrates, consisting of normal glands, for the Abderhalden work many autopsies have been performed outside the hospital through the courtesy of Dr. F. G. Scammell, county physician, and without his help it would be almost impossible to carry on this work. His continued interest and cooperation is hereby gratefully acknowledged.

FIELDWORK.

During the year the field work and after-care work has carried on under the supervision of Miss Dorothy B. Gardner with the assistance of Miss Dorothy Rhead. The same methods has been employed as outlined in the previous report. In September Miss Gardner resigned as field-worker and Miss Rhead was appointed to fill the vacancy. With the large amount of material already collected we feel that a summary and digest should be made of this work before going further in our investigations and hope in the near future to have this work done by a member of the staff.

NEW BUILDINGS, IMPROVEMENTS, ETC.

The psychopathic wards for the female department for which money was appropriated by the Legislature in 1914 are now under construction. We feel it wise to publish the plans of this building as we have had so many requests for the plans from other institutions who contemplate such a building. The cost is approximately $60,000. We respectfully request that the Legislature appropriate a similar amount for a psychopathic department for the male patients. As the wards for male patients are very much overcrowded we also ask for an appropriation of $70,000 to build a home for the male attendants. This would release accommodations for at least 150 patients.

We also request an appropriation of $110,000 to complete the criminal insane building. One wing has been completed and the center building is now under construction, but before we can occupy this building it will be necessary to complete the other wing. This building will then accommodate all the criminal insane both from Morris Plains and this hospital and also the State Prison. We have also published in this report the plans of the criminal insane building. It is a fire-proof structure with practically no woodwork in the building. All the partitions and doors are steel and the windows are of the same material. The building is to be escape proof, but aside from this it is constructed as a hospital for the insane, rather than a prison. The center building will contain administration offices, quarters for the officials, dining room and kitchen, and quarters for the kitchen help. Adjoining the main building on each side will be a wing containing the individual rooms for the patients. These rooms contain a toilet and lavatory. Ventilation is accomplished by having direct connection with the outside air. Exhaust air is carried out by suction from large fans. On the wings composing the sides of the square are the dormitories and day rooms for the quieter patients. The section adjoining the center building is three stories high, while the wings on the side containing the dormitories are only two stories high.

One half of the central power plant has been constructed which will heat all three buildings and during the year the other half of this plan will be constructed. The Legislature has also appropriated $50,000 for fire protection which has been utilized in replacing the wooden stairways in the Main Building with concrete and iron stairways. By building fire

walls with automatic doors, the hospital is divided into separate units. A complete fire alarm system has also been installed. We request $25,000 more to complete the fire protection of the hospital. We also request $1,500 for laboratory supplies and $3,000 for research work.

CONCLUSIONS.

I wish to again express my deep appreciation for the continued support and valuable assistance of the Board of Managers during the year. The advanced attitude toward not only the routine work of the hospital, but in all that pertains to the welfare of the patients is a source of gratification and of much assistance and encouragement to the Medical Director and the Staff. I also desire to express my appreciation of the work of the Medical Staff who by their loyalty, cooperation and efficiency, especially in emergencies such as the typhoid fever epidemic, have aided us to maintain the high standard set by your Board. I wish to thank the Warden and members of his department for their continued courtesy and valuable assistance to the Medical department during the year.

Respectcfully submitted,
HENRY A. COTTON,
Medical Director.

Warden's Report

To the Board of Managers of the New Jerrey State Hospital at Trenton:

Conforming to the laws of the State of New Jersey governing this institution, I herewith have the honor of submitting for your consideration the annual report of the business department from November 1, 1914, to October 31, 1915, the end of our fiscal year.

The cash receipts and payments have been as follows:

Balance in hands of Treasurer, November 1, 1914.....$44,287.72
Cash receipts from all sources, ...382,269.65
Cash payments during the year,..... .....400,027.64
Cash balance October 31, 1915,..... .....26,529.73

The average number of patients for the year of 1915 was 1588 making the average cost of maintenance per patient per annum $236.11 or $4.50 per week.

INVENTORY.

The annual appraisement of the personal property of the institution was made during the month of October. The personal property amounts to $229,984.05. Messers John W. Hendrickson and Lloyd H. Rockhill, who were appointed by the Board of Managers, rendered valuable assistance in making the appraisement and deserve special commendation for their work.

Buildings, grounds, etc., are valued at,.....$1,708,612.80
Personal property appraised as above,.....$229,984.05

Abstract of Receipts and Disbursemets for the year ending October 31, 1915.

RECEIPTS.

Balance in hands of Treasurer October 31, 1914,.....$44 287.72
Am't Rec'd from State Treas. for County Patients
Am't Rec'd from State Treas. for Convict Patients } $196,737.92
Am't Rec'd from State Treas. for State Patients
Am't Rec'd from State Treas. for Reimbursement of County indigent patients.....$602.00
Am't Rec'd from State Treas. for Officers Salaries.....17,249.86
Am't Rec'd from Atlantic County.....313.56
Am't Rec'd from Bergen County..... .....113.91

Am't Rec'd from Burlington County	361.67
Am't Rec'd from Camden County	124.53
Am't Rec'd from Cape May County	2,763.81
Am't Rec'd from Cumberland County	684.00
Am't Rec'd from Essex County	521.98
Am't Rec'd from Gloucester County	6,866.70
Am't Rec'd from Hudson County	409.98
Am't Rec'd from Hunterdon County	6,637.26
Am't Rec'd from Mercer County	31,709.63
Am't Rec'd from Middlesex County	23,546.90
Am't Rec'd from Morris County	122.86
Am't Rec'd from Monmouth County	18,803.58
Am't Rec'd from Ocean County	7,538.01
Am't Rec'd from Passiac County	14.39
Am't Rec'd from Salem County	4,850.45
Am't Rec'd from Somerset County	9,214.88
Am't Rec'd from Union County	240.11
Am't Rec'd from Warren County	273.86
Am't Rec'd from Private Patients	46,658.83
Am't Rec'd from Interest	89.42
Am't Rec'd from Petty Cash Expense Fund	1,000.00
Am't Rec'd from Sundries	3,754.55
Am't Rec'd from State Treas. for payment of Electrical Workmen	1,065.00
	382,269.65
	$426,557.37
Forward,	$426,557.37

DISBURSEMENTS.

Pay Roll of Officers	$ 17,249.86
Pay Roll of Employees	131,383.76
Schedule of Expense	248,326.06
Petty Cash Expense Fund	2,002.96
Pay Roll Electrical Workers	1,065.00
	400,027.64
Balance in hands of State Treasurer,	$ 26,529.73

Respectfully submitted,

SAMUEL T. ATCHLEY,

Warden.

Farm Report for Year Ending October 31, 1915.

5,593 bus. potatoes, $4,194.75; 467 tons ensilage, $2,335.00; 96 tons Alfalfa hay, $2,208.00; 76 tons Mixed hay, $1,520.00; 12 tons Clover hay, $180.00; 44 tons straw, $528.00; 981 bus. wheat, $981.00; 39 calves sold, $251.00; 2,101 lbs. tankage sold per cwt., $10.50; 836 lbs. beef hides sold, $93.63; 4 Calf skins sold, $5.25; 4,825 lbs. beef slaughtered, $603.13; 510 doz. eggs, $153.00; 369 bus. apples, $184.50; Money received for board $260.00; 28,740 lbs. pork raised, killed and used at the Hospital, $4,206.70; 1,200 bus. Shelled corn, $1,056.00; 6,232 bundles corn stalks, $218.12; 30 Pumpkins, $1.50; 159,365 qts. milk, $8,765.08; 146,510 qts. milk, $10,988.25; 5 cows sold, $110.00; 152 lbs. chickens, $30.40; 4 baskets currants, $4.00; 152 bus. tomatoes, $91.20; 32 bus. string beets, $32.00; 43 bus. Lima beans, $43.00; 5,800 ears corn, $58.00; 12 bus. beets, $7.80; 17½ bus. onions $21.00; 16 baskets cherries $16.00; 18 baskets Bartlett pears, $10.80; 12 heads cauliflower, $1.80; 5 bus. turnips, $3.00; 525 bunches green onions, $15.75; 4 baskets Keifer pears, $.80; 368 qts. strawberries, $29.44; 220 heads lettuce, $11.00; 14 bus. peas, $21.00; 900 stalks celery, $45.00; 7½ bus. spinach, $4.50; 200 bunches radishes, $6.00; 89 qts. blackberries $8.01; 25 bunches rhubarb, $1.75. Total, $39,315.66.

EXPENSES.

Purchasing and keeping hogs in feed, wear, and tear on wagon, keeping horse, etc., $484.00; expense making sausage and scrapple, $60.82; fertilizers, seeds, manure, etc., $1,757.97; feeding cows and horses, $12,788.62; 16 tons Burnt lime, $112.00; 63 tons Ground stone lime, $204.75; wages, $6,652.00; insurance on buildings and personal property, $40,000.00 @ .30⅓ per $100.00, $157.33; interest on investment, $80,000.00, @ 5% $4,000.00; horseshoeing, wear, tear, etc., $1,000.00; sundries, $275.00; board of men, $3,528.00; extra labor filling silos, $400.00; bordeaux mixture, $90.00; 63 tons coal, @ $5.60, $352.80. Total, $31,863.29.

Profit maintaining the farm one year, ... $ 7,452.37.

Garden Report for the Year Ending October 31, 1915.

Valuation of machinery, stock and greenhouse equipment, October 31, 1915, $8,838.70; 1,148 bunches asparagus, $229.60; 9,213 bunches rhubarb, $644.91; 12,868 bunches radishes, $386.04; 16,565 bunches onions (green) $496.95; 1,132 bunches parsley, $45.28; 278 bunches kohl rabi, $13.90; 7,360 heads lettuce $368.00; 246 heads cauliflower $36.90; 10,870 heads cabbage $543.50; 48,070 ears corn per 100 $480.70; 198 bus. spinach $118.80; 261 bus. peas $391.50; 315 bus. onions $378.00; 527 bus. beets $342.55; 352 bus. string beans, $352.00; 371 bus. carrots, $259.70; 18 bus.

cucumbers, $22.50; 1,214½ bus. tomatoes, $728.70; 107 bus. tomatoes (yellow egg) $85.60; 73 bus. tomatoes (green) $54.75; 65 bus. grapes, $97.50; 88 bus. egg plants, $83.00; 123 bus. squash, $61.50; 120 bus. lima beans, $120.00; 26 bus. peppers, $13.00; 5 bus. okra, $7.50; 2,711 qts. strawberries, $216.88; 300 heads endive, $15.00; 2,000 heads celery, $1,000.00; 1,500 bundles leek, $75.00; 600 lbs. horseradish, $60.00; 300 bus. turnips, $180.00; 300 bus. parsnips, $120.00; 1,000 heads celeriac $30.00; 2 loads pumpkins, $10.00; 10 bus. onion sets, $35.00; 5 bus. brussels sprouts, $10.00; 200 bus. kale, $100.00; 400 bunches herbs, $40.00; 750 bundles corn stalks, $18.75; 160 baskets apples, $40.00; 4,200 bedding plants, $210.00; 2,500 bunches cut flowers, $500.00; 2.500 roses $50.00; 1,500 carnations, $450.00; 2,000 pansy plants $80.00; 3,000 chrysanthemums, $300.00; 400 calla lilies $60.00; credit of hauling, $175.00; keeping of lawns, $400.00; manure, $150.00; credit of hauling ice for institution, $240.00. Total, $19,771.71.

EXPENSE.

Lime, fertilizers, seeds, manure, etc., $800.00; keeping of horses, $584.00; wages, $3,132.00; horseshoeing, wear, tear, etc., $100.00; hose, tools, etc., $500.00; fuel for heating, $98.00; board of men, $1,491.40; interest on investment of $45,000.00, $2,250.00; insurance on $2,000.00, value of equipment, @ .39⅓ per $100.00, $7.86; valuation machinery, stock, and greenhouse equipment, October 31, 1914, $6,674.45. Total $15,637.71.

Profit of maintaining garden for one year..... $ 4.134.00.

Dairy Report for the Year Ending October 31, 1915.

Valuation of herd of cattle and equipment October 31, 1915, $20,922.36; 159,365 qts. milk produced, $8,765.08; 146,510 qts. milk produced, $10,988.25; 39 calves sold, $251.00; 5 cows sold, $110.00; 2,101 lbs. tankage sold, $10.50; 836 lbs. beef hides sold, $93.63; 4 calf skins sold, $5.25; 4,825 lbs. beef slaughtered, $603.13; 368 qts. strawberries, $29.44; 4 baskets currants, $4.00; 89 qts. blackberries, $8.01; 14 baskets pears, $7.00; 12 bus. onions, $14.40; 525 bunches of onions $15.75; 120 heads lettuce, $6.00; 200 bunches radishes, $6.00; 63 bushels beets, $40.95; 15 baskets spinach, $4.50; 15 baskets peas, $11.25; 61 baskets string beans, $30.50; 25 baskets lima beans, $12.50; 1,200 ears corn, $12.00; 112 baskets tomatoes, $33.60; 700 stalks celery, $35.00; 30 pumpkins, $1.50; 15 baskets cherries, $15.00. Total, $42,036.60.

EXPENSE.

101,575 lbs. cornmeal, $1,578.56; 53,155 lbs. brewer's grains, $685,90; 30,855 lbs. bran, $397.77; 934,000 lbs. ensilage, $2,335.00; 35,800 lbs. cotton-seed meal, $644.40; 64,945 lbs. beet pulp, $884.12; 393,542 lbs. hay, $3,935.42; 5,675 lbs. oil meal, $127.69; 2,500 lbs. G. oats, $37,50; 46,360 lbs. mixed hay for heifers, $672.22; 2,800 lbs. calf meal, $84.00; 200 lbs. stock food, $16.00; 2,000 lbs. salt, $10.00; wages, $2,938.19; Patient's board and clothing, $576.00; dairy helper's board, $624.00; 24 tons coal, $134.40; insurance, $30.00; 16 milk cans, $40.00; tins pails, brushes, towels, forks, etc., $125.00; keep of horses, repair of wagons, etc., $395.00; value of herd of cattle and equipment, November 1, 1914, $17,364.05. Total, $33,635.22.

Profit of maintaining dairy for one year..... $ 8,401.38.

Treasurer's Report

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

Gentlemen:—The following abstract of receipts and disbursements for the fiscal year ending October 31, 1915, is respectfully submitted.

RECEIPTS.

Balance November 1, 1914	$44,287.72
From the State of New Jersey, for the maintenance of county patients, for the support and clothing of state indigent patients and for the support and clothing of convict patients	197,339.92
From the State Treasurer for electrical work	1,065.00
From the State Treasurer for officer's salaries	17,249.86
From sundry counties for county patients	115,112.07
From private patients	46,658.83
From sale of sundries	4,754.55
From bank for interest	89.42
	$426,557.37

DISBURSEMENTS.

For maintenance expenses paid	$400,027.64
Balance November 1, 1915	$26,529.73

H. H. JOHNSON,
Treasurer.

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

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

Summary for the Year Ending October 31, 1915.

	Counties	Private Patients	Sundries	State New Jersey
November,	5090.53	2778.95	286.35	16937.34
December,	20628.25	4267.76	251.95	15438.00
January,	7264.24	6573.18	315.19	17646.99
February,	9421.16	2420.29	218.94	16103.86
March,	10508.80	2038.52	227.07	14741.29
April,	7586.52	7622.69	320.27	16256.28
May,	12809.80	2317.55	720.55	15592.01
June,	6673.05	1879.43	83.04	17933.71
July,	10915.95	6771.51	261.73	16419.00
August,	10718.97	1945.64	702.51	16887.29
September,	10552.27	1535.91	120.73	16744.57
October,	2942.53	6507.40	1246.22	16639.58
	115112.07	46658.83	4754.55	197339.92

	Salaries	Bank interest	Electrical work	Disbursements
November,	1400.37			43868.18
December,	1566.63			31831.51
January,	1483.30			32073.63
February,	1483.30			33781.32
March,	1508.30			31834.98
April,	1408.30		551.00	49407.17
May,	1408.30		386.00	30853.61
June,	1408.30	40.92	128.00	12455.15
July,	1399.96			40070.61
August,	1391.62			28754.36
September,	1308.29			28965.64
October,	1483.19	48.50		36131.48
	17249.86	89.42	1065.00	400027.64

Statistical Appendix to the Medical Directors Report

51538—TABLES—

1. General Statistics for the Year.

	Males	Females	Totals
Patients in hospital November 1, 1914	802	731	1533
Admitted within the year	333	243	576
Viz: By commitment	305	217	522
By voluntary commitment	18	14	32
From escape	0	1	1
* From visit	10	11	21
Whole number of cases within the year	1135	974	2109
Dismissed within the year	301	203	504
Viz: Discharged within the year as recovered at time of leaving the hospital	98	83	181
As capable of self-support	20	12	32
As improved	53	16	69
As not improved	14	22	36
Died	91	56	147
Escaped	22	14	35
Patients remaining in the hospital Nov. 1, 1915	834	771	1605
Viz: As indigent patients	669	718	1386
As private patients	53	46	99
Convict	45	3	48
Criminal	67	4	71
Number of different persons within the year	1135	974	2109
Number of different persons admitted	333	243	576
Daily average number of patients	832	756	1588

* Ten males and eleven females nominally admitted for discharge.

2. Insane Received on First and Subsequent Commitments.

	Males	Females	Totals
First	292	207	499
Second	17	13	30
Third	8	6	14
Fourth	1	3	4
Fifth	0	1	1
Sixth	3	0	3
Seventh	2	0	2
Seventeenth	0	1	1
Total cases and total persons	323	231	554
Never before in any hospital	292	207	499

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

PLACES OF NATIVITY	Patients	Fathers	Mothers	Patients	Fathers	Mothers	Patients	Fathers	Mothers
United States	7	39	38	7	50	51	14	89	89
New Jersey	131	65	67	92	32	31	223	97	98
New England States	4	2	3	0	1	1	4	3	4
Middle Atlantic St'tes	48	31	31	29	15	18	77	46	49
Southern States	7	6	6	5	4	4	12	10	10
Other States	3	1	4	3	1	1	6	1	5
Totals	200	144	149	136	103	106	336	246	255
Other Countries—									
Austria	8	12	12	5	8	8	13	20	20
Canada	0	2	2	1	0	1	1	2	3
China	1	1	1	0	0	0	1	1	1
Cuba	0	0	0	0	1	0	0	1	0
Denmark	2	2	2	3	3	3	5	5	5
England	5	13	8	3	5	7	8	18	15
France	0	0	0	1	2	2	1	2	2
Germany	12	25	20	7	11	12	19	36	32
Greece	1	1	1	0	0	0	1	1	1
Hungary	9	9	9	8	8	7	17	17	16
Holland	0	1	0	0	0	0	0	1	0
Ireland	11	34	34	15	31	29	26	65	63
Italy	12	14	13	4	4	4	16	18	17
Norway	1	1	1	1	1	1	2	2	2
Nova Scotia	1	1	1	0	1	0	1	2	1
Poland	3	2	2	6	5	5	9	7	7
Rumania	2	1	1	0	0	0	2	1	1
Russia	8	10	9	2	4	3	10	14	12
Scotland	1	0	2	1	2	2	2	2	4
Sicily	1	1	1	0	0	0	1	1	1
South America	1	1	1	0	0	0	1	1	1
Sweden	1	1	2	1	1	1	2	2	3
Turkey	1	1	1	0	0	0	1	1	1
Total Foreign	81	133	123	58	87	85	139	220	208
Unknown	11	15	20	13	17	16	24	33	36
Totals	292	292	292	207	207	207	499	499	499

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

EXCITING CAUSES	Admitted		
	Males	Females	Totals
A—PHYSICAL			
Alcohol	50	7	57
Alcohol and other causes	40	4	44
Arteriosclerosis	12	3	15
Brain tumor	1	0	1
Childbirth	0	8	8
Traumatic	0	1	1
Constitutional inferiority	22	21	43
Constitutional inferiority and other causes	18	16	34
Drugs	5	18	23
Epilepsy	6	2	8
Heredity	3	5	8
Ill health	7	8	15
Imbecility	3	2	5
Masturbation	2	0	2
Menstrual disorders	0	1	1
Menopause	0	22	22
Lactation	0	1	1
Senility	21	8	29
Senility and other causes	3	14	17
Stroke	0	1	1
Syphilis	27	9	36
Trauma	4	0	4
Tuberculosis	1	1	2
B—MENTAL			
Business troubles	3	0	3
Domestic troubles	3	10	13
Faulty environment	2	1	3
Fright	0	1	1
Grief	1	2	3
Overstudy	2	1	3
Overwork	6	0	6
Worry	11	9	20
Unknown	39	31	70
Totals	292	207	499

5 (A). Form of Mental Disease in Patients Committed, Discharged, With Their Condition on Discharge, or Died

FORM OF MENTAL DISEASE	COMMITTED			DISCHARGED																
				Recovered			Capable of Self-Support			Improved			Not Improved			Died			Aggregates		
	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl
FIRST ADMITTED TO ANY HOSPITAL.																					
A—ORGANIC BRAIN DISORDERS.																					
I—Definite Organic Brain Disease—																					
Organic brain disease	0	2	2	0	0	0	0	0	0	0	1	1	0	0	0	1	0	1	1	3	4
Arteriosclerotic brain disease	14	5	19	0	0	0	0	2	2	2	1	3	0	0	0	7	6	13	23	14	37
Cerebral syphilis	0	2	2	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	2	2	4
Senile psychosis	19	14	33	0	0	0	0	0	0	1	2	3	0	2	2	14	12	26	34	30	64
General paralysis	31	8	39	0	0	0	1	0	1	2	0	2	1	0	1	17	2	19	52	10	62
Juvenile general paralysis	1	1	2	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0	3	1	4
Alzeheimer's disease	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	2
Locomotor ataxia	2	0	2	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	3	0	3
Paralysis agitans	2	0	2	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	3	0	3
Traumatic psychosis	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	3	0	3
Organic dementia	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Brain tumor	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
II—Psychosis Due to Intoxication—																					
1-Alcoholic intoxication	24	2	26	20	1	21	0	0	0	1	0	1	0	0	0	2	0	2	47	3	50
Alcoholic delirium	0	1	1	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3
Chronic alcoholic hallucinosis	1	0	1	0	1	1	1	0	1	1	0	1	0	0	0	0	0	0	3	1	4
Alcoholic dementia	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	2
Habitual drunkard	0	0	0	1	0	1	1	1	2	0	0	0	0	0	0	0	0	0	2	1	3
Delirium tremens	9	2	21	18	1	19	0	0	0	0	0	0	0	0	0	0	0	0	37	3	40
Chronic alcoholism	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Acute alcoholic hallucinosis	13	0	13	7	0	7	0	0	0	0	0	0	0	0	0	0	0	0	20	0	20
Polyneuritis delirium	7	2	9	1	0	1	0	0	0	1	0	1	0	0	0	2	0	2	11	2	13
Alcoholic paranoid condition	2	0	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	4	0	4
Alcoholic epilepsy	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
2-Drug Psychosis—																					
Drug habits (morphine, etc.)	6	20	26	2	10	12	1	1	2	2	2	4	0	0	0	0	2	2	11	35	45
III—Acute Toxic or Infective Exhaustive Types—																					
Undifferentiated delirium	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Toxic delirium	4	1	5	3	0	3	0	0	0	0	0	0	0	0	0	3	0	3	10	1	11
Delirium	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	1	3	4
Acute hallucinosis	2	0	2	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	4	0	4
Exhaustion psychosis	0	4	4	1	4	5	0	0	0	0	0	0	0	0	0	0	1	1	1	9	10
Totals	152	68	220	57	18	75	7	4	11	14	6	20	1	2	3	49	27	76	280	125	405

FORM OF MENTAL DISEASE	COMMITTED			DISCHARGED																
				Recovered			Capable of Self-Support			Improved			Not Improved			Died			Aggregates		
	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl
B—PERVERSION OF MENTAL ADJUSTMENT.																					
1—Manic depressive insanity—manic phase	12	11	23	9	8	17	0	0	0	0	0	0	0	0	0	1	2	3	22	21	43
Hypomanic phase	6	4	10	3	3	6	0	0	0	1	0	1	0	0	0	0	0	0	10	7	17
Depressed phase	18	13	31	3	9	12	0	0	0	2	0	2	0	1	1	2	3	5	25	26	51
Mixed phase	1	4	5	0	6	6	0	0	0	0	0	0	0	0	0	0	0	0	1	10	11
2—Other Depressions—																					
Depression of involutional period	1	10	11	0	3	3	0	0	0	0	0	0	0	0	0	2	6	8	3	19	22
Pre-senile depression	0	1	1	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	2	1	3
Post-operative depression	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
3—Paranoid condition	1	12	13	0	2	2	3	3	6	1	0	1	0	1	1	1	0	1	6	18	24
4—Dementia praecox	46	20	66	0	0	0	2	0	2	14	3	17	3	5	8	24	9	33	89	37	126
C—NEUROTIC DEFECTIVE.																					
1—Neurasthenia	5	1	6	2	0	2	0	0	0	1	0	1	0	0	0	0	0	0	8	1	9
2—Epileptic psychosis	7	2	9	0	0	0	0	0	0	0	1	1	6	0	6	3	2	5	16	5	21
3—Constitutional inferiority	16	10	26	0	3	3	4	1	5	2	0	2	1	0	1	0	1	1	23	15	38
4—Imbecility	10	6	16	0	0	0	0	1	1	3	1	4	1	7	8	3	0	3	17	15	32
5—Psychasthenia	1	2	3	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	2	4
6—Psychopathic personality	0	4	4	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1	0	7	7
7—Psychoneurotic constitution	2	4	6	1	1	2	0	0	0	1	1	2	0	0	0	0	1	1	4	7	11
8—Idiocy	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
9—Hysterical psychosis	1	16	17	1	10	11	0	0	0	0	0	0	1	1	2	0	1	1	3	28	31
10—Unclassified	12	17	29	5	1	6	1	2	3	5	1	6	0	3	3	2	1	3	25	25	50
Totals	139	139	278	25	48	73	11	8	19	30	7	37	12	18	30	39	27	66	256	247	503

FORM OF MENTAL DISEASE	COMMITTED			DISCHARGED																	
				Recovered			Capable of Self-Support			Improved			Not Improved			Died			Aggregates		
	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl
ALL OTHER ADMISSIONS.																					
A—ORGANIC BRAIN DISORDERS.																					
I—Definite Organic Brain Disease—																					
Arteriosclerotic brain disease	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	2
Senile psychosis	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
General paralysis	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
Locomotor ataxia	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	0	2
II—Psychosis Due to Intoxication—																					
1-Alcoholic intoxication	6	1	7	6	1	7	0	0	0	0	0	0	0	0	0	0	0	0	12	2	14
Alcoholic dementia	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Habitual drunkard	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Delirium tremens	3	0	3	4	1	5	0	0	0	0	0	0	0	0	0	0	0	0	7	1	8
Polyneuritic delirium	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Alcoholic paranoid condition	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
2-Drug Psychosis—																					
Drug habits (morphine, etc.)	0	2	2	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4
Totals	14	5	19	12	5	17	0	0	0	2	0	2	0	0	0	1	0	1	29	10	39
III—Acute Toxic or Infective Exhaustive Types—																					
Toxic delirium	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Hysterical psychosis	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Exhaustion delirium	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
B—PERVERSION OF MENTAL ADJUSTMENT.																					
1—Manic depressive insanity—																					
Manic phase	4	3	7	2	4	6	1	0	1	1	0	1	0	0	0	0	0	0	8	7	15
Hypomanic phase	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Depressed phase	2	1	3	1	4	5	0	0	0	0	0	0	0	0	0	0	0	0	3	5	8
2—Other depressions—																					
Pre-senile depression	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	3	0	3
Involutional depression	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
3—Paranoid condition	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
4—Dementia praecox	3	5	8	0	1	1	1	0	1	1	2	3	1	2	3	1	1	2	7	11	18
C—NEUROTIC DEFECTIVE.																					
1—Neurasthenia	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
2—Epileptic psychosis	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
3—Constitutional inferiority	1	1	2	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	2	1	3
4—Imbecility	2	0	2	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	3	1	4
5—Psychopathic personality	1	2	3	0	1	1	0	0	0	1	0	1	0	0	0	0	0	0	2	3	5
6—Psychoneurosis	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Unclassified	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	2
Totals	18	19	37	4	12	16	2	0	2	7	3	10	1	2	3	2	2	4	34	38	72
Aggregate cases	323	231	554	98	83	181	20	12	32	53	16	69	14	22	36	91	56	147	559	420	1019
Aggregate persons	323	231	554	98	83	181	20	12	32	53	16	69	14	22	36	91	56	147	559	420	1019

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

CAUSES	Aggregates			Senile Dementia			General Paralysis			Delirium			Manic Depressive Insanity			Dementia Praecox			Imbecility			Epilepsy		
	Ma.	Fe.	To.	Ma.	Fe.	To.	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl	Male	Fe.	Totl
General Diseases—																								
Septicaemia	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
Typhoid fever	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Diseases of the Nervous System—																								
General paralysis	14	2	16	0	0	0	14	2	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cerebral abscess	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Cerebral softening	3	1	4	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	1	1	2
Cerebral hemorrhage	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Purulent cerebral meningitis	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Apoplexy	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diseases of Circulatory System—																								
General arteriosclerosis	11	10	21	10	9	19	0	0	0	0	0	0	0	1	1	1	0	1	0	0	0	0	0	0
Myocarditis	2	1	3	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	1	0	1
Chronic myocarditis	2	3	5	0	1	1	0	0	0	0	0	0	0	1	1	2	1	3	0	0	0	0	0	0
Organic heart disease	9	3	12	4	1	5	0	0	0	0	1	1	2	1	3	3	0	3	0	0	0	0	0	0
Dilatation of heart	1	1	2	0	0	0	0	0	0	0	0	0	1	0	1	0	1	1	0	0	0	0	0	0
Endocarditis	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory System—																								
Pulmonary tuberculosis	11	7	18	0	1	1	0	0	0	3	0	3	1	1	2	7	5	12	0	0	0	0	0	0
Broncho pneumonia	9	0	9	5	0	5	2	0	2	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1
Lobar pneumonia	7	0	7	1	0	1	0	0	0	0	0	0	0	0	0	3	0	3	3	0	3	0	0	0
Hypostatic of lungs	2	3	5	2	2	4	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
Pulmonary hemorrhage	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Digestive System—																								
Intestinal obstruction	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
Chronic gastritis	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
Inanition	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
General peritonitis	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Entero-colitis	1	3	4	0	3	3	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Genito-Urinary Diseases—																								
Chronic interstitial nephritis	2	0	2	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Acute parenchymatous nephritis	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ill-Defined Causes—																								
Exhaustion	4	0	4	0	0	0	0	0	0	1	0	1	1	0	1	1	0	1	0	0	0	1	0	1
Suicide (hanging)	1	1	2	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	0
Totals	85	42	126	22	19	41	18	2	20	6	2	8	7	8	15	25	9	34	3	0	3	4	2	6

Alcoholic insanity, myocarditis, 1 male; apoplexy, 1 female; acute cardiac dilatation, 1 male.

Organic brain disease, cerebral hemorrhage, 1 male.

Drugs, chronic cardiac and renal disease, 1 female; chronic myocarditis, 1 female.

Post puerperal insanity, pulmonary tuberculosis, 1 female.

Alzheimer's disease, arteriosclerotic brain disease, 1 female.

Menopausal depression, acute myocarditis with lobar pneumonia, 1 female.

Paranoid condition, organic heart and kidney disease, 1 male.

Reactive psychosis, pulmonary tuberculosis, 1 female.

Exhaustion psychosis, pulmonary tuberculosis with broncho pneumonia, 1 female.

Psychopathic personality, suicide by hanging, 1 female.

Hysteria, Angina pectoris, 1 female.

Constitutional inferiority, chronic nephritis with anemia, 1 female.

Unclassified, myocarditis (chronic), 1 male; organic heart disease, 1 male; organic heart disease, 1 female; broncho pneumonia, 1 female.

Psychoneurotic constitution, chronic interstitial nephritis, 1 female.

NEW JERSEY STATE HOSPITAL.

Voluntary Commitment

NAME	SEX	DIAGNOSIS	Duration of Psychosis	Time in Hospital	Date of Discharge	Condition on Discharge
A. B.	Male	Alcoholic intoxication	5 days	4 months, 10 days	May 26, 1915	Recovered
J. D. K.	Male	Manic depressive Ins. with alcoholism	14 years	2 months, 5 days	Feb. 9, 1915	C. S. S.
E. B.	Male	Neuraesthenia	2 years	1 month, 5 days	Dec. 12, 1915	Recovered
C. E.	Male	Delirium tremens	4 days	27 days	Apr. 24, 1915	Recovered
C. H. H.	Male	Acute alcoholic intoxication	3 days	12 days	May 1, 1915	Recovered
F. H. P.	Male	Drug habitue	15 years	28 days	Sept. 25, 1915	Recovered
B. H.	Male	Delirium tremens	1 week	13 days	Sept. 23, 1915	Recovered
H. V. S.	Male	General paralysis	2 years	1 month, 19 days	July 13, 1915	Recovered
H. R.	Male	Delirium tremens	3 days	16 days	Aug. 26, 1915	Recovered
F. R. G.	Male	Acute alcoholic intoxication	3 weeks	30 days	Jan. 16, 1915	Recovered
C. M.	Male	Neuraesthenia	1 year	.....	.....	.....
P. R. M.	Male	Manic depressive Ins., manic phase	1 week	3 months, 23 days	June 26, 1915	Recovered
E. D.	Male	Alcoholic hallucinosis	2 weeks	1 month, 2 days	June 4, 1915	Recovered
E. B. L.	Male	Manic depressive Ins., depressed phase	2 weeks	4 months	Apr. 21, 1915	Recovered
G. R. H.	Male	Manic depressive Ins., depressed	3 months	1 month, 6 days	Aug. 1, 1915	Died
E. Y.	Male	Psychasthenia	3 weeks	29 days	Apr. 28, 1915	Recovered
J. L.	Male	Juvenile general paralysis	5 years	2 months	Apr. 1, 1915	Improved
E. R.	Male	General paralysis	1 year	9 months, 2 days	Apr. 13, 1914	Improved
E. L. B.	Female	Involutional depression	16 years	9 months, 13 days	Dec. 28, 1915	Died
G. W. N.	Female	Constitutional inferiority	20 years	.....	.....	.....
C. W.	Female	Senile depression	2 years	3 months	Apr. 29, 1915	Died
M. E. C.	Female	Drug habitue	6 years	21 days	Apr. 17, 1915	Recovered
M. J. M.	Female	Hysteria	8 months	19 days	May 8, 1915	Recovered
E. W.	Female	Organic brain disease	3 years	5 months, 12 days	Dec. 4, 1915	Died
E. L. C.	Female	Hystero-neurosis migraine	2 years	1 month, 18 days	July 29, 1915	Recovered
A. S. G.	Female	Psychoneurotic constitution	6 years	.....	.....	.....
A. M.	Female	Involutional psychosis	unknown	2 months, 4 days	Sept. 12, 1915	Improved
A. L. R.	Female	Psychasthenia	1 year	1 year, 6 days	.....	.....
B. K.	Female	Dementia praecox	2 years	8 months, 8 days	Sept. 16, 1915	Not improved
F. V. P.	Female	Drug habitue	17 years	1 month, 3 days	Sept. 25, 1915	Recovered
E. M. T.	Female	Dementia praecox	2 years	.....	.....	.....
I. S.	Female	Manic depressive Ins., depressed	1 week	5 months, 24 days	June 5, 1915	Recovered