

Annual Report

OF THE

BOARD OF MANAGERS

OF THE

New Jersey State Hospital

AT

TRENTON, N. J.

FOR THE

YEAR ENDING OCTOBER 31ST

1909

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## Managers.

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GARRET D. W. VROOM, *President*.....TRENTON  
C. S. HOFFMAN, *Vice President*.....SOMERVILLE  
J. BAYARD KIRKPATRICK.....NEW BRUNSWICK  
PETER P. RAFFERTY.....RED BANK  
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ARTHUR D. FORST.....TRENTON  
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LUTHER M. HALSEY, M.D.....WILLIAMSTOWN

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SCOTT SCAMMELL, *Secretary*.....TRENTON  
HARVEY H. JOHNSON, *Treasurer*.....TRENTON

## Consulting Staff.

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### 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. SOMMER, M.D.,              H. B. COSTILL, M.D.,  
E. S. HAWKE, M.D.

### Neurologists.

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

### Ophthalmologists.

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

### Dentist.

DR. JAS. I. WOOLVERTON.

## Resident Officers.

### Medical Department.

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

### Business Department.

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

## Letter of Transmittal.

TRENTON, NEW JERSEY.

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

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

Very truly yours,

SCOTT SCAMMELL,

*Secretary.*

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## Report of the Board of Managers.

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

The Board of Managers of the New Jersey State Hospital at Trenton beg leave to present this, their sixty-second annual report for the year ending October 31st, 1909, as required by the provisions of the act relative to the government and management of State Hospitals owned by the State of New Jersey.

The Medical Director and Warden have given in their respective reports to the Board a full account of the year's work in the Medical and Business Departments, which reports have been examined by us, approved and adopted as the report of the Board of Managers.

We take pleasure in indorsing the efficient administration of the affairs of the Hospital by the Medical Director, Warden and their assistants, all of whom have been untiring in the work of administering to the welfare of the patients under their care, and in their efforts to better the condition of the Hospital and make conditions and surroundings more cheerful and helpful for the patients.

It is gratifying to note the zeal of the physicians, not only in performing the routine work in the Hospital in an efficient manner, but their willingness and ambition to engage in research work of a high character. The numerous scientific papers contributed by the members of the staff, mentioned by the Medical Director, during the past year, are unfailing signs of the spirit of investigation and progress under the new administration and will aid materially in placing the Hospital in an advanced position among other similar hospitals throughout the country.

The new regime in the Warden's department deserves to be especially noted. For under the present system the management of the affairs of the Hospital have reached a level where economy is practiced in departments where needed, eliminating waste as much

as possible, and money spent liberally in the general upkeep of the wards and buildings.

The numerous changes in the wards made by opening up alcoves, thus allowing more air and sunshine to gain admission to the patients, and repainting the wards in light and attractive tints, have done much toward ameliorating the sanitary condition of the Hospital.

The only special appropriation received last year was \$3,000 for furniture, and this amount has been expended for suitable furniture for the wards, and has added much to their homelike and comfortable appearance.

We would also commend the officials of the Hospital for their efficient work in successfully averting what might have proved a serious epidemic of typhoid fever. During the month of June two cases of typhoid fever developed, but by efficient measures of quarantine, isolation and disinfection, the disease did not spread, but was limited to these two patients. Only by the most rigorous measures and a hearty co-operation of all departments can we ascribe their success in this instance.

The various county insane hospitals have been visited, and conditions found do not vary from those reported last year. Now that the Commissioner of Charities and Corrections reports to your Excellency the condition and patients of these hospitals, we do not deem it necessary to go into the various details as heretofore.

We especially commend to your attention the requests and recommendations in the reports of the Medical Director and Warden, all of which have been approved by the Board of Managers, and are urgently needed for the proper care and treatment of the patients, and for the management of the Hospital.

Respectfully submitted,

GARRET D. W. VROOM, *President.*

C. S. HOFFMAN, *Vice President.*

J. BAYARD KIRKPATRICK.

PETER P. RAFFERTY, M.D.

JOSEPH RICE.

ARTHUR D. FORST.

LEFFERSON A. D. ALLEN, M.D.

LUTHER M. HALSEY, M.D.

## Medical Director's Report.

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

GENTLEMEN—I have the honor to submit the sixty-second annual report of the operations of the Medical Department of the New Jersey State Hospital at Trenton, for the year ending October 31st, 1909.

At the beginning of the fiscal year there were present in the Hospital 1,302 patients—654 men and 648 women. During the year 376 patients—199 men and 177 women—have been admitted, which is an increase of sixty-nine over the previous year. This includes sixty patients out on visit at the end of the last fiscal year, which were nominally admitted for discharge, and the actual increase over last year is only nine. The total number of patients under our care has been 1,678—853 men and 825 women. Of this number we have dismissed 340—182 men and 158 women. Of this number forty-one patients are out on visit and have not been discharged from the Hospital, leaving our actual discharges 302. The total number of patients present in the Hospital November 1st, 1909, was 1,338—671 men and 667 women. The daily average number of patients was 1,318.

Of the sixty-two patients on visit at the end of the last fiscal year only two of them were returned to the Hospital, and the others were discharged at the expiration of their visits. At present there are twenty-two men and nineteen women on visit, the majority of which will be discharged as recovered during the coming year.

During the year nine patients—four men and five women—were returned within the four months allowed them for trial visit without new papers.

There has been a considerable decrease in the number of patients who have attempted to escape during the year, which, to some extent, is due to the increased efficiency of the nursing staff. Eight men escaped and have not been heard from. Of this number five were among the criminal insane. One of these patients was killed

by an express train shortly after leaving the Hospital. The others are still at large. The other three patients were perfectly able to take care of themselves, although they had not entirely recovered from their mental disturbances.

Our present facilities for caring for the criminal insane are wholly inadequate as shown by these escapes. As we have said before, these patients are extremely cunning, and constantly watching for an opportunity to leave the Hospital.

The general health of the Hospital has been unusually good. No serious epidemics have visited us with the exception of a slight epidemic of influenza, which occurred among the female patients at the annex, and caused the death of quite a number of the old chronic patients.

In the month of June a case of typhoid fever developed in a female patient who had been in the Hospital seven years, and she died later of this disease. She was, apparently, only sick a few days before her death, and the autopsy confirmed our suspicions that it was a case of typhoid fever.

The Board of Health was notified, and a systematic examination of the water, milk and food supply was made, and complete isolation of all the patients on the ward where she was confined was instituted. The temperatures of all these patients were taken and Widal tests made, also fecal examinations. Another patient who had assisted in caring for the typhoid fever case developed the disease and recovered. She was isolated in the calistheneum.

Through systematic examination of all patients, as stated, and by maintaining a rigid quarantine on Ward 12-A, no further cases developed. The source of this case must remain a mystery, as we were unable to discover anything which would lead us to decide the origin of the disease.

Several female patients were found to be acute typhoid carriers, but after sufficient time spent in quarantine they were released, as the typhoid bacilli had disappeared from their excretions.

Our death rate was slightly in excess of last year. This increase occurred mainly among the female patients, due largely to the epidemic of influenza among the old chronic patients; an increase of twenty-four deaths in female patients and a decrease of five deaths in male patients is noted. Over sixty per cent. of the deaths were in patients over sixty years of age. The increase of deaths from tuberculosis is not large, but was responsible for the deaths

of nineteen per cent. of the male patients. The percentage of deaths from this disease in both male and female patients is thirteen per cent.

The rated number of deaths to the total number under care during the year is 8.9, a slight increase over last year.

#### IMPROVEMENTS.

The improvements authorized by the Legislature of 1908 have all been completed, and the money for same exhausted. In some instances a balance has been returned to the State Treasurer.

The new toilet and sanitary arrangements that were being constructed in the old building at the time of our last report have all been completed, and have added to the comfort of the patients as well as the hygiene of the Hospital. The plumbing and tiling have been inspected by the heads of various institutions, and we are gratified that the work has met with universal approval.

The continuous baths have been completed. They consist of one battery of four tubs in the female department and two batteries and two tubs each in the male department. These have proved entirely satisfactory, and fulfilled all our expectations as to their efficiency in treating excited cases. Complete records of patients undergoing this treatment have been kept. The effect of the baths on certain cases, and the types of cases benefited thereby, have been carefully noted, and these facts will be used as a basis for a communication by one of the members of the staff in the near future.

Since installing these baths many inquiries have been received from other institutions, many of which have adopted the system installed in this Hospital and found it satisfactory.

The tuberculosis shack, or open-air ward, for male patients has been completed and occupied.

During the year considerable work has been done in remodeling and painting the wards throughout the Hospital. In some instances rooms were torn out and alcoves made, thereby allowing more sunlight to reach the wards. The general appearance of the wards has improved very much, and justifies us in continuing these alterations.

## CONSULTING STAFF.

During the year the following changes have been made in the Consulting Staff: Dr. Charles Craythorne has been changed from Gynecologist to Consulting Physician, at his own request; Dr. H. B. Costill and Dr. E. S. Hawke have been appointed as Consulting Gynecologists; Dr. Frank G. Scammell, Consulting Physician, and Dr. I. F. P. Turner, Ophthalmologist. The other members remain as at our last report.

I wish to express my appreciation for the valuable service rendered by the Consulting Staff. The members have responded willingly to all our calls upon them, and have rendered efficient service in their several departments.

At present this staff is better organized, with definite assignments for each consultant, and we look for even more assistance in the coming year.

## MEDICAL STAFF.

No changes of importance have occurred on our staff except in the junior assistants. These physicians are appointed for the term of one year. Special opportunities are given them to obtain instructions in clinical psychiatry and neuropathology. At the end of their service they are qualified to fill staff positions in this or other insane hospitals. If they do not care to continue in this work, the training is a valuable asset to them in general practice. By this method of instruction the men who go into general practice have a working knowledge of psychiatry, which knowledge, under our present medical school instruction, cannot be obtained in any other way.

The following junior assistants have resigned during the year and entered general practice: Drs. Horace N. Parker, James Ward and Lilla Ridout. Drs. F. S. Watson, H. D. Williams and Mary L. Evans have been appointed to fill the vacancies caused by their resignations.

Through the courtesy of William A. Mabon, M.D., Superintendent of the Manhattan State Hospital, New York, Adolf Meyer, M.D., Director of the State Psychiatry Institution, and George H. Kirby, M.D., Clinical Director of the above hospital, the senior

assistants were allowed to spend two weeks each at the Manhattan State Hospital in order to become better acquainted with methods in other hospitals, and obtain further knowledge in both clinical, psychiatry and executive work.

It is needless to say that the opportunity was much appreciated by the staff, and the results obtained fully justified the wisdom of your board in granting this privilege, and extending to them the opportunity to take advantage of the courtesy of the officials of the above hospital.

On behalf of the staff, I wish to express my appreciation of the courtesy and hospitality shown them while they were in New York.

The character of the work of the staff in general, and their willingness to engage in research work, as well as their thorough attention to routine work, is a source of gratification and is highly commendable.

## MEDICAL WORK.

The medical work has proceeded along the lines noted in our last report, and a marked improvement in the examination by the staff can be observed.

The daily staff meetings have been continued, and considerable interest has been manifested in this part of our work.

In order to obtain the best possible results from these daily conferences, new patients are presented twice, and, in some instances, three times, for discussion. First, within a few days after their admission to the Hospital, for preliminary examination and diagnosis. At the second presentation this diagnosis is confirmed or changed, as the case may be, after a month or two observation.

Many patients are presented the third time for discharge, when possible, in order to note the change in their mental condition and fitness for discharge. Besides these patients above mentioned, many, who have been in the Hospital for some years, demand their discharge, or friends wish to remove them, and these patients also are brought before the conference to decide the question of release.

The total number of cases presented before the staff during the year amounted to about nine hundred. It can be seen that this part of our work is a very important one, and fully justifies us in giving it prominence as a feature of our medical work.

Nothing has done so much to stimulate the Medical Staff as these daily conferences. The knowledge that the members of the staff form a clinical jury to pass upon their work, encourages each to present a thorough examination. Omission of important facts in cases are carefully guarded against, and errors in examination found are corrected. In this manner considerable amount of clinical data is obtained, which, when carefully analyzed, can be used to great advantage, and will offer efficient help in solving many problems that confront those engaged in this field.

The results of such work as is now being carried on in modern insane hospitals have a decided practical value, both to medical science and to the general economy of the State.

The function of the insane hospital to-day is not merely to clothe, feed and care for so many unfortunate patients, but to obtain knowledge that, when disseminated among the public, will tend to correct or remove factors which are causing preventable forms of insanity. The hospital should be an educational centre for its whole district, and only by disseminating judiciously the results of their investigations can its proper function be exercised. Only the most conscientious and painstaking work on the part of the staff of insane hospitals can such facts be obtained which would be of value to the community at large.

In order to keep abreast of the progress in this line of work, the various periodicals pertaining to this subject are assigned to members of the staff. Once a week abstracts of these periodicals are presented to the staff by different members. By this method the various journals do not lie idle in the library, but the important articles are brought to the attention of the staff. Without definite assignments to each member and the responsibility of reporting to the staff, it is impossible to feel that the journals fulfill the object for which they are intended.

It is gratifying to note the interest of the local physicians in our work, and we hope in the future that these relations will be more intimate, to the advantage of both.

During the year the staff was fortunate to have Dr. Adolf Meyer give them an informal address.

A joint meeting of the Mercer County Medical Society and the staff was held, consisting of clinical and pathological demonstrations and papers by William A. Mabon, Superintendent of the Manhattan State Hospital, and Dr. George H. Kirby, Clinical Director of the Manhattan State Hospital, New York. The large

attendance at this meeting and the interest manifested by the physicians, convince us that such meetings would be welcomed by the majority of practicing physicians, and can be the means of bringing these physicians in closer touch with the progress of psychiatry. Through the favorable action of your Board, it is hoped to arrange for several meetings of this character during the coming year.

Another method whereby the general practitioner can become acquainted with the progress of our work is to invite the various medical societies to visit the Hospital. We are gratified to note that one society—the Somerset County Medical Society—has made such a request, and was invited to visit the institution. Expressions by the members of this society, as to the success of the plan, have led us to extend similar invitations to other county societies.

The willingness of the staff to engage in research work has been mentioned. The following is a list of papers which has been presented and published or are in the press at the present time.

“A Case of Central Neuritis with Autopsy.” American Journal of Insanity.

“A Psychological Study of the Mental Capacity in Cases of Alcoholic Insanity and Dementia Praecox.” American Journal of Insanity.

“Some Problems in the Care and Treatment of Mental Diseases.” Journal of the New Jersey Medical Society. Reviews for the Journal of Nervous and Mental Diseases.

“The Value of Continuous Baths in the Treatment of Excited Conditions.”

“The Relation of Scarlet Fever to Subsequent Mental Disorders.”

“Studies in Heredity with Examples.” American Journal of Insanity.

“Hysterical Insanity with Report of Cases.”

“Etiology and Bacteriology of Typhoid Fever.” Journal of the New Jersey Medical Society.

“Typhoid Bacillus Carriers.” Journal of American Medical Association.

“Para Colon Organisms in Deep Well Water.” American Journal of Public Hygiene.

“Peculiar Nuclear Changes in Ganglion Cells of the Cortex.” American Journal of Insanity.

“Primary Tuberculosis Infection Through Intestines Without Lesions.” Journal of American Medical Association.

## NURSES AND ATTENDANTS.

We are gratified to note considerable improvement in the character of our nursing staff and the services rendered. We have been fortunate to maintain our full quota, as the applicants for the positions are sufficient in number to allow us to select only those who, by personal observation and recommendation, we believe are fitted for the work of nursing the insane. Notwithstanding this process of selection, mistakes are made, and I regret that it has been necessary to prosecute three male attendants for abuse of patients during the year. One patient, suffering from maniacal delirium, and extremely troublesome when excited, was found to be injured, and later died of these injuries. The gravity of this case on admission was such that we detailed a special day and night attendant to care for him, and every precaution was taken to prevent any abusive treatment. The special attendant in charge of the patient during the day was held accountable for the man's injuries, but he was acquitted at the coroner's jury. He was, however, indicted by the Grand Jury and acquitted at his trial.

The difficulty in obtaining evidence in such cases is well recognized, and in this instance, aside from the fact of the patient's mortal injury, the only evidence that could be used by the State was that of another patient who claims to have seen the assault.

Notwithstanding the fact that the attendant was acquitted, the moral effect upon others was wholesome. The fact that attendants will have to stand trial, I think, will deter those so inclined from abusing patients.

The other two attendants, who apparently were leaders in such practices, were indicted by the Grand Jury and were acquitted at their trial.

The wisdom of placing female nurses in charge of the wards in the men's department has been justified from our experience, and we can pronounce this procedure successful. We have planned to increase the number of female nurses in this department as rapidly as circumstances will allow. The tone of the ward is decidedly elevated by their presence, and the general housekeeping shows considerable improvement under their care. Especially useful are the female nurses on the admission wards, and we feel that the

extra care and attention the new patients receive is a valuable aid to their recovery.

The annual commencement was held in July. The members of the graduating class were addressed by Dr. Albert Warren Ferris, President of the State Lunacy Commission in New York. The following nurses received diplomas: Miss Mollie McBride, Miss Clara Selheimer, Miss May Lovett.

## RELIGIOUS SERVICES AND ENTERTAINMENTS.

We have continued to hold services every Sunday afternoon in the chapel. These services are conducted by the ministers in Trenton and vicinity, and we wish to express our thanks to those who have responded to our requests.

Weekly dances for the patients and attendants were held during the winter, and a series of twelve entertainments by outside talent have been furnished, which were a source of pleasure to the patients.

## LABORATORY.

Briefly stated, the work at the laboratory during the past year has consisted in the technical preparations, examination, interpretation, systematic recording and indexing of material and results from eighty-eight hospital autopsies; twelve outside autopsies; about 900 clinical specimens from the Hospital, including cerebrospinal fluid, urine, feces, sputum, throat cultures, miscellaneous pathological and bacteriological examinations, blood counts and Widal reactions, frequent sanitary examinations of water and milk, and nearly 200 diagnostic histo-pathological examinations of surgical and other specimens from city hospitals and private sources.

Among the clinical hospital specimens are included about 100 complete fecal examinations for typhoid bacilli, which led to the detection and isolation of two acute typhoid carriers.

Forty glycerine jelly mounts and Kaiserling museum specimens have been prepared, for which, if additions are made at the present rate, a museum will be required.

A general clinical and pathological summary of all the mental conditions for the years 1908 and 1909 is given in order to show the influence on ultimate diagnosis frequent and systematic autopsies have had in the cases dealt with.

GENERAL SUMMARY OF MATERIAL, CLINICAL AND PATHOLOGICAL.

	<i>Clinical.</i>	<i>Pathological.</i>
Alcoholism .....	3	4*
Organic Brain Disease .....	7	..
General Paralysis .....	16	22
Arteriosclerotic Brain Disease .....	12	17
Senile Dementia .....	35	32
Dementia Præcox .....	21	19
Manic Depressive Insanity .....	12	9
Imbecility .....	8	8
Delirium .....	4	3
Epilepsy .....	13	12
Unclassified .....	14	14
Tubercular Meningitis .....	1	1
Cerebral Embolism (aphasia) .....	..	1
Lues Cerebri .....	..	2
Brain Tumor .....	..	2
Internal Hemorrhagic Pachy-Meningitis .....	..	1

The unclassified group refers to cases which form incomplete records, and absence of definite changes in the central nervous systems are impossible to classify in a satisfactory manner.†

While but a limited group of psychoses are within reach of histological diagnostic methods, it will nevertheless be noted that in the above the corrections made in the figures between clinical and pathological diagnoses influence to a large extent even the so-called wholly functional groups, since in many of these occur clinically mistaken or overlooked organic conditions. Thus, without considering errors in individual cases, which are dealt with at staff conferences, and eliminating senile psychoses, there were twenty-nine cases clinically placed in the organic group, while pathologically there were forty-two organic cases, or twelve additional cases. These were—six more cases of general paralysis, five more cases of arteriosclerotic brain disease, one more case of gross organic lesion (tumor). In this way a correction of eight per cent.

\*The additional case of alcoholic insanity placed in the pathological list refers to an individual with alcoholic history diagnosed as general paralysis the changes of which were not found microscopically.

† Many of these occurred in persons admitted previous to the introduction of systematic examination and staff conferences.

is possible in the accuracy of the general statistical organic diagnostic groups.

Moreover, as before indicated, the other groups are correspondingly altered; there being three less cases each of dementia præcox, manic depressive insanity and senile dementia, and one case less of undifferentiated delirium and epilepsy respectively, while the group designated "organic brain disease" is further accurately differentiated into cerebral syphilis, brain tumor, cerebral embolism, general paralysis, arteriosclerotic conditions, etc.

For the two years four cases of aphasic disturbances are recorded (three due to arteriosclerosis and one to cerebral embolism), and two cases of central neuritis were discovered microscopically.

These, together with two cases of cerebral lues, endarteritic and meningo myelitic respectively; two cases of tubercular meningitis, one causing a psychosis; cerebral thrombosis in a general paralytic; sinus thrombosis and intradural abscess; two cases of acute meningitis; two brain tumors, and an arteriosclerotic case with typical manic depressive picture have been of special interest. Two previously recognized chronic typhoid bacillus carriers have also come to autopsy.

Two hundred and twenty deaths are recorded for the Hospital years 1908-1909, of which 68 per cent. came to autopsy. Sixty-two per cent. for 1908 and 73.5 per cent. for 1909. Sixty-nine per cent. of all male deaths and 67 per cent. of all female deaths for the two years.

This high percentage of autopsies obtained permits a more exact analysis of total mortality based on exact causes of death than is frequently the case in state institutions where, owing to the mental condition of inmates, the definite nature of the last illness is frequently obscured.

A detailed analysis of the organic lesions and various causes of death, as compared to the clinical diagnoses and to the total deaths for the 148 autopsies of 1908 and 1909, at present completely worked up, has been made and more fully dealt with at staff conferences, and to a degree is similarly seen in the tables of the general report.

A few of the more important features, however, may here be pointed out.

Compared to total deaths (of persons coming to autopsy), the percentage cause of deaths placed in general groups is:

Disease of the respiratory system.....	31 per cent.
Disease of the cardio-vascular system .....	18 per cent.
Disease of the nervous system .....	13 per cent.
Tuberculosis .....	13 per cent.
Senility, inanition, exhaustion, delirium, &c.....	11 per cent.
Disease of the gastro-intestinal system .....	5 per cent.
Disease of the urinary system .....	2 per cent.
Miscellaneous conditions .....	3 per cent.

Sixty per cent. of all deaths occurred in persons over fifty years of age. In but one instance, with the exception of lobar pneumonia, was death due to what are generally considered the acute infectious diseases. One death from typhoid fever occurred.

The three most common causes of death for both sexes in their order of frequency was:

Lobar and broncho-pneumonia .....	25 per cent.
Myocarditis, endocarditis and arteriosclerosis .....	16 per cent.
Tuberculosis .....	13 per cent.

The most frequent single cause of death among females was lobar pneumonia, causing 15 per cent. of all female deaths; the most frequent among males was tuberculosis, giving 19 per cent. of all male deaths. The lobar pneumonia figures conspicuous in the female death rate are in striking contrast to those for the same disease among males, causing in the latter only 2.5 per cent. of all male deaths, and this is directly traceable to an example of the so-called house epidemic of lobar pneumonia during the winter months of 1909.

The same contrast is observable in figures for tuberculosis, and these warrant some further brief consideration. As already stated, the deaths from this disease, as compared to total deaths in both sexes based on autopsy cases, is 13 per cent.

The Boston City Health Board report for 1907 gives the relationship between the total deaths and deaths from tuberculosis in persons over twenty years of age as 11 per cent.

As compared to this, a tubercular death rate (compared to total deaths) of 13 per cent. can certainly not be considered high in an institution for the insane, where not only the habits of the inmates offer every opportunity for spread of infection and the mental condition of those affected render an early diagnosis in every case difficult, but where, in spite of additions, overcrowding is a con-

stant difficulty, and which, up to the recent erection of a tuberculosis pavilion, renders facilities for isolation inadequate.

A further analysis, however, shows in no uncertain manner that although the mortality from tuberculosis is rather lower than might reasonably be expected, there are certain features which are open to improvement and the nature of which plainly suggests the remedy.

Sixty-five per cent. of all deaths from tuberculosis occurred among males and 35 per cent. among women, or more strikingly stated, 19 per cent. of all male deaths and 4.7 per cent. of all female deaths were due to tuberculosis. A ratio of four to one of males over females.

The Boston health report, already quoted, gives a ratio of only 1.4 to one in the same direction.

Obviously, this discrepancy is in itself significant.

Further investigation serves to emphasize still more strongly the particular conditions with which the sanitary management of the Hospital has to deal.

It was found by computing from the date of admission, clinical records and nature of the lesions found at autopsy that while 92 per cent. of the total tubercular infections among women occurred before admission to the Hospital, making due allowance for the fact that the infection may first have been confined to small latent foci, later lighted into activity after admission, over 75 per cent. of the tubercular infections among men occurred subsequent to admission.

Stated in this manner the figures are startling, and if viewed from the standpoint that no institutional infection should occur, would indicate a serious oversight in preventative measures. But to prevent all tubercular infection in institutions is as clearly impossible as it is at present impossible to prevent tubercular infections generally.

For, if all possible facilities for early diagnosis and isolation were offered instead of diagnostic difficulties among the insane generally, which must always be encountered, and limited facilities for isolation which, up to the present, have existed, there would still be a not low percentage of institutional infection from cases giving no indications of the condition, but which, nevertheless, would form active foci of infection among a community best adapted for its dissemination.

Practically and plainly stated, then, a certain amount of institutional tubercular infection, and even a rather large amount is not only unavoidable but must even be expected, however far from the ideal such a statement may seem in the face of the recent agitation and prediction by some of its speedy general eradication.

Judged in this light, it is not the mere fact that a certain percentage of tuberculosis is acquired in the institution that is most important, but rather the enormous difference between the male and female deaths concerned in this figure.

That over nine times the institutional infection occurred among males as compared to females is sufficiently striking, but is capable of explanation by the application of what is known as tubercular infection generally.

In applying these to the explanation of the difference between the male and female tuberculosis in the Hospital, the difference between the habits and tractability of the male and female patients, taken as a whole, and the quality of the nursing between male and female attendants, beyond question exert an influence above all other factors combined.

It has long been the custom that for male patients, among whom careless, unsanitary and uncleanly habits are at a maximum, male attendants have been provided, who, under the unavoidable generally existing circumstances, are frequently least fitted by natural aptness, education and training to carry out and enforce regulations of a sanitary nature.

In this direction the present introduction of trained female attendants and nurses to supervise the general housekeeping and care of the sick in the male division, must be regarded as second only in importance to the projected isolation of all suspected cases in pavilions especially constructed for the purpose, and the two together must inevitably lead not only to a substantial reduction in the total tubercular death rate, but to an even more radical change in the figures of the male division.

In giving the above figures and outline of a condition not directly concerned in an attempt to solve the anatomical and histological questions concerned in insanity, as well as devoting over a month of steady work on a typhoid outbreak comprising about 100 bacteriological fecal examinations, over 250 Widal reactions, about fifty water and milk examinations, and the collection of complete epidemilogic data of over 100 individuals, it is realized that the

functions of a State Hospital laboratory as regarded in some quarters have not been adhered to.

It is thought, however, that while strictly neuro-pathological work is perhaps the primary object of such laboratories, other problems connected directly with the sanitary welfare and health of the institutional community should not be neglected, but should receive more time and attention even at the occasional expense of routine procedure than is frequently the case.

#### SURGICAL OPERATIONS.

The following table shows the character and result of surgical operations performed at the Hospital during the fiscal year:

DATE.	PATIENT.	SEX.	OPERATION.	SURGEON.	RESULT.
Dec. 15, 1908.....	F. C.....	Male.....	Incision in left leg for cellulitis.....	Dr. Oliphant.	Successful.
Feb. 16, 1909.....	E. D.....	Female....	Hysterectomy.....	Dr. Sommer.	Successful.
Feb. 23, 1909.....	D. L.....	Male.....	Hernia (inguinal).....	Dr. Oliphant.	Successful.
April 9, 1909.....	L. B.....	Female....	Amputation of cervix and perineorrhaphy.....	Dr. Sommer.	Successful.
April 15, 1909.....	M. N.....	Female....	Amputation of right breast.....	Dr. Oliphant.	Successful.
June 29, 1909.....	M. B.....	Female....	Hysterectomy.....	Dr. Sommer.	Successful.
June 29, 1909.....	C. G.....	Female....	Hysterectomy.....	Dr. Sommer.	Successful.
Aug. 10, 1909.....	E. Z.....	Female....	Teeth extracted and probed jaw.....	Dr. Sommer.	Successful.
Oct. 12, 1909.....	J. S.....	Male.....	Right cataract removed.	Dr. Adams....	Successful.
Nov. 2, 1909.....	M. S.....	Female....	Hysterectomy, fibroid tumor.....	Dr. Sommer.	Successful.
Nov. 2, 1909.....	B. McC.....	Female....	Vag. hysterectomy and perineorrhaphy.....	Dr. Sommer.	Successful.
Nov. 2, 1909.....	P. B.....	Female....	Dilating and curetage.....	Dr. Sommer.	Successful.
Nov. 30, 1909.....	A. S.....	Female....	Hysterectomy, fibroids.....	Dr. Sommer.	Successful.
Nov. 30, 1909.....	A. R. (Col.).....	Female....	Hysterectomy, fibroids.....	Dr. Sommer.	Successful.
	Total, male.....	3			
	Total, female.....	11			
	Whole total.....	14			

#### RECOMMENDATIONS.

In our last report we recommended the construction of a congregate dining room for the annex building, which was to include a kitchen and quarters for employes. The necessity for such a building still exists, and conditions have not changed. The present kitchen was adequate when the capacity of the annex was about 300, and the dining rooms were in close proximity. There are now 650 patients in the annex building, and the two new dining rooms in

use are situated quite a distance from the kitchen. The other four dining rooms cannot be utilized because of defective arrangements in serving the food. On account of this defect we are unable to occupy four wards in the new wings.

As the population of our Hospital is steadily increasing, it will only be a question of a short time when these wards must be occupied, so that our request for a three-story building to cost \$65,000 needs to be emphasized.

We must reiterate the recommendation of a separate building for the criminal insane. At present we have eighty-one criminal and convict insane who are confined in the wards of the old building.

Attention has been frequently called to the impropriety of confining this class with the ordinary insane. Aside from the injustice to the other class of insane, it becomes more and more a serious matter under existing circumstances to prevent their escape. During the year five criminal patients escaped from the building, and this occurred in spite of extraordinary precautions taken to prevent these patients from escaping.

The criminal ward has been fitted with special locks, but it is necessary that the patients be allowed to go to the dining room three times a day, and patients on one of the other wards have to pass through the criminal ward on their way to the dining room. Thus, it will be seen that three times during the day these criminal patients have access to other wards, and it is easy for them to escape while out of the ward. In view of the facts stated above, it will be seen that the only solution of the problem at the present time would be to erect a building on the Hospital grounds for the criminal insane, and the building could be large enough to care for all the criminal insane in the State. This plan would be more economic than to erect a separate institution for the criminal insane confined in the hospital at Morris Plains and this Hospital.

By the present method of caring for the acute insane in this Hospital, we try to eliminate all the features of the old asylum regime. Patients are admitted in a dormitory the same as in general hospitals, and kept in bed for a shorter or longer period, as the case may be. At the present time the wards we are using for this purpose are inadequate to accommodate all the patients admitted.

Last year we asked for an appropriation of \$20,000 to construct

additions to these wards so that we could treat new patients in a proper manner, and I earnestly request that the money be appropriated for this purpose.

It is desirable that we install a hydro-therapeutic apparatus for giving especial treatment to our patients. It is hardly necessary to call attention to the importance of such treatment, as that has been established by experience. Such equipments are found in all modern insane hospitals, and we ask for \$5,000 for this purpose.

A tuberculosis shack has been erected for male patients at a cost of \$3,500, and we earnestly request that a similar amount be appropriated for a building for female patients.

The necessity for isolation and treatment of this disease in insane hospitals is becoming more and more urgent, as we study the statistics of the deaths in our insane hospitals. Last year the percentage of deaths from tuberculosis in this Hospital was thirteen per cent. of the total number.

Frequently patients come to the Hospital with tuberculosis, and if they could be properly treated in the open air, they not only recover (themselves), but would not be a menace to the other patients. The character and habits of our patients make the spreading of tuberculosis comparatively easy. It has been shown in hospitals where patients are properly treated and isolated, that the percentage of deaths from tuberculosis has been materially decreased.

As stated in another part of this report we have been remodeling some of the wards in order to allow a maximum amount of air and sunlight. This is an urgent necessity, but we cannot continue remodeling as we planned unless we have an appropriation for this work. The amount asked for is \$2,000.

The new plumbing in the main building has demonstrated conclusively the necessity of such renovation in the annex building. As our appropriation was limited to this work, we have been unable to change the plumbing in the annex. The State Board of Health has condemned the present system of plumbing in the old part of the annex, and it is urgently requested that an appropriation of \$15,000 be made to complete our sanitary improvements.

The plumbing in the east and west kitchens has also been condemned by the State Board of Health, and should be changed at once. \$2,000 is asked for this purpose.

## NEW LEGISLATION.

In our last report we called attention to the need of some legislation regarding forms of commitment of insane patients to our hospitals.

As pointed out, the laws governing admissions of insane patients in this State are in many ways superior to those in vogue in other states. However, they are not broad enough to include all classes of patients needing hospital treatment. There are two classes of patients at the present time who suffer because provisions for their admission to our State hospitals are lacking. First, those on the border line of insanity, who could not be legally declared insane but who are in need of treatment. By early treatment these patients frequently will recover, and instead of passing through a long illness, with the attendant expense to the State, their period of hospital residence can be materially lessened.

The second class are those who are mentally affected to the extent that they can be legally admitted as insane, but who recognize their condition and are competent to give consent to hospital treatment. The admission of such patients just described above could be facilitated by a form of "voluntary commitment" which has met with success in other states.

We, therefore, urge the enactment of a law which would enable private patients to come into the Hospital as "voluntary" patients. This would cause no expense whatever to the State, in fact would increase its revenue, and to a certain extent would tend to prevent chronic conditions, which later would become a considerable expense to the State.

We also recommended in our last report that a law be enacted by which habitual drunkards could not be committed to the State hospitals. In view of the fact that the State has no inebriate hospital, habitual drunkards have to be cared for in insane hospitals. The process of law by which a person can be declared an habitual drunkard is so complicated and expensive that no person is committed under this act, but when sent to the insane hospitals are certified to as insane. This fault should be remedied by legislation, and an act allowing the commitment of habitual drunkards to insane hospitals would refer entirely to private patients, or those

willing to pay their board while under treatment. In this way no expense to the State will be incurred.

The fact that a great many patients are confined in our hospitals at the expense of the State, and who have no legal residence in this State, is sufficient cause for us to request that some provision be made by which such patients can be sent to relatives outside of the State, who will be responsible for their support. This is an economic provision that obtains in other states, and a considerable amount of money could be annually saved.

## CONCLUSION.

In concluding this report I want to thank the Board of Managers for their continued encouragement and support extended to me as Medical Director. And I wish to thank the assistant physicians and employes who have performed their duties in a satisfactory manner.

I also want to thank the Warden and his associates for their assistance in carrying out the work of the medical department.

Respectfully submitted,

HENRY A. COTTON,  
*Medical Director.*

TRENTON, N. J.,  
November 9th, 1909.

## Warden's Report.

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

GENTLEMEN—I respectfully submit for your consideration my report for the fiscal year ending October 31st, 1909, showing cash receipts and expenditures, appraisal of personal property, improvements and repairs made, work done by the various employes, including farm, garden and dairy, and the value of the different products, also an estimate of requirements for the ensuing year, and a review of what has been accomplished during the past year.

### INVENTORY.

The annual appraisal of the personal property of the institution was made during the third week in October, as required by law, and amounts to \$182,400.99. 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, &c., valued at .....	
Personal property appraised as above .....	\$182,400 99
The cash receipts and payments have been as follows:	
Balance in hands of Treasurer, November 1st, 1908 .....	13,203 60
Cash receipts from all sources .....	316,481 42
Cash payments during the year .....	319,857 68
Cash balance, October 31st, 1909 .....	9,827 34

The average number of patients for the year of 1909 was 1,318, making the average cost per patient per annum, \$232.0176, or \$4.4619 per week.

## RECOMMENDATIONS.

In my reports of 1907 and 1908, 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 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 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 is a paying proposition for 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 all 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; 205,193 quarts of this milk was produced by our own herd, the balance was bought on contract at four cents per quart. If we had land enough to raise all feed, &c., and graze a herd of cattle twice the size of the present herd, the milk could be produced at three cents per quart, which would be an enormous saving to the State. Approximately from \$3,000 to \$4,000 a year. Increasing our dairy under the present conditions is not to be thought of.

## DAIRY REPORT.

Two hundred and five thousand one hundred and ninety-three quarts of milk produced from an average of forty-seven cows per day, average per cow twelve quarts per day.

205,193 quarts milk, at \$0.04 per quart.....	\$8,207 72
Received from calves sold .....	157 48
Received from cows sold .....	142 00
	<hr/>
	\$8,507 20

## EXPENSE.

400 tons ensilage, per ton \$2.50.....	\$1,000 00	
125,000 pounds hay, per pound \$0.65 .....	812 50	
23,800 pounds cornmeal, \$1.60 .....	380 80	
74,900 pounds bran .....	1,005 25	
51,000 pounds gluten meal .....	833 00	
Labor .....	1,243 19	
Keep of horse and repair of wagon, milk cans, &c.....	148 20	
		5,424 94
		<hr/>
		\$3,084 26

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 2,000 to 3,000 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 now 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 toward their support. Forty-five thousand dollars 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 to 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 storeroom 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 employes. At the present time some of the attendants and employes are occupying rooms designed for patients, and soon these rooms will be needed. The amount estimated for such a building is about \$65,000.

#### 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.

#### MONEYS EARNED AND APPROPRIATED.

For support and clothing of State convict patients, State indigent patients, and allowance for county patients, moneys earned and not appropriated by the Legislature 1907 to 1908:

Appropriated .....	\$152,000 00
Moneys earned .....	158,118 28
Leaving a balance due the institution .....	6,118 28

For support and clothing of State convict patients, State indigent patients, and allowance for county patients, moneys earned and not appropriated for the year 1908 to 1909:

Appropriated .....	\$158,000 00
Moneys earned .....	158,399 14
Leaving a balance due the institution .....	399 14

Making a total of \$6,517.42 due the institution for the two years, and unappropriated by the Legislature. We, therefore, ask the Legislature to appropriate in the Supplemental bill this amount of money for the maintenance of patients.

#### 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, 1911:

For the annual inventory .....	\$200 00
For support and clothing of 48 State convict patients at \$5 per week .....	12,480 00
For support of 236 State indigent patients at \$4 per week.....	49,048 00
For allowance of \$2 per week each for 950 county patients.....	98,800 00
For money earned and not appropriated by the Legislature for maintenance of patients .....	6,517 42
For salaries of resident officers .....	16,600 00
For additional land .....	45,000 00
For laundry .....	52,000 00
For coal trestle .....	3,000 00
For renewal of plumbing at East and West kitchens, Main building .....	2,000 00
For renewal of plumbing and tiling at Annex .....	17,500 00
For Congregate dining-room .....	65,000 00
For additions to main buildings .....	20,000 00
For remodeling wards .....	2,000 00
For hydro therapeutic outfit.....	3,000 00
For tuberculosis shack .....	3,500 00

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.

## APPENDIX TO WARDEN'S REPORT.

## FARM AND GARDEN PRODUCTS.

*Farm.*

1,200 bushels potatoes, at \$0.80.....	\$960 00	
428½ bushels wheat, at \$1.15.....	492 39	
400 tons ensilage, at \$5.....	2,000 00	
45 tons hay, at \$16.....	720 00	
205,193 quarts milk, at \$0.04.....	8,207 72	
15 tons straw, at \$12.....	180 00	
5 tons rye straw, at \$15.....	75 00	
450 bushels corn, at \$0.70.....	315 00	
1,800 bundles corn stalks, at \$0.03.....	54 00	
6 acres fodder corn, at \$50.....	300 00	
3 acres oats and peas, at \$50.....	150 00	
		\$13,454 11

*Stock.*

Cows sold .....	\$142 00	
Calves sold .....	157 48	
Hides, tallow and grease .....	364 46	
Hogs sold .....	1,350 35	
		2,014 29

*Garden.*

28,432 bunches leek, asparagus, rhubarb, radishes, onions, parsley, kohlrabi, valued at .....	\$965 70	
3,504 bushels turnips, parsnips, carrots, beets, onions, kale, peppers, onion sets, spinach, peas, bush beans, cucumbers, tomatoes, egg- plants, grapes, squash, lima beans, okra, apples, valued at .....	2,302 25	
40,503 heads endive, cabbage, celery, lettuce, celeriac, cauliflower, valued at .....	1,474 95	
500 pounds horseradish .....	50 00	
1 load pumpkins .....	5 00	
22,165 ears green corn .....	221 65	
		5,019 55
		\$20,487 95

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, 1909, is respectfully submitted:

## RECEIPTS.

Balance in hands of Treasurer October 31st, 1908.....	\$13,203 60
Amount received from State Treasurer for county patients, convict patients and State patients ....	\$158,000 00
Amount received from State Treasurer for officers' salaries .....	14,039 29
Amount received from Atlantic county .....	339 95
“ “ “ Bergen county .....	279 17
“ “ “ Burlington county .....	429 43
“ “ “ Camden county .....	90 93
“ “ “ Cape May county .....	2,547 20
“ “ “ Cumberland county .....	483 38
“ “ “ Gloucester county .....	6,991 52
“ “ “ Hudson county .....	35 86
“ “ “ Hunterdon county .....	8,196 46
“ “ “ Mercer county .....	31,545 51
“ “ “ Middlesex county .....	20,915 61
“ “ “ Monmouth county .....	17,545 66
“ “ “ Morris county .....	149 40
“ “ “ Ocean county .....	6,100 32
“ “ “ Salem county .....	6,399 61
“ “ “ Somerset county .....	9,821 79
“ “ “ Union county .....	164 80
“ “ “ Warren county .....	44 21
“ “ “ private patients .....	27,729 66
“ “ “ sundries .....	4,528 48
“ “ “ interest Mechanics National Bank .....	102 18
	316,481 42
	\$329,685 02

## DISBURSEMENTS.

Adm. expense, including pay-rolls .....	\$133,830 61
Table supplies .....	104,258 41
House supplies .....	13,503 18
Clothing .....	6,887 76
Heat, light and power .....	28,799 41
Repairs .....	12,230 65
Farm, stable and grounds .....	9,754 67
Miscellaneous expense, including amount refunded (account private patients) .....	10,573 66
Reverted to State of New Jersey .....	19 33
	319,857 68
	\$9,827 34

## ANALYSIS OF EXPENSES.

## ADMINISTRATIVE.

Medical Director's salary .....	\$3,208 26
Warden's salary .....	2,291 63
Assistant Physicians' salaries .....	7,622 88
Clerical service .....	5,914 96
Wages .....	107,591 09
Postage .....	362 00
Telephone .....	1,256 65
Telegraph .....	69 40
Freight and express .....	434 35
Stationery and office supplies .....	2,005 74
Printing and printing supplies .....	427 32
Sundries .....	2,646 33
	<hr/>
	\$133,830 61

## TABLE SUPPLIES.

Butter .....	\$13,877 79
Bread .....	445 85
Beans .....	1,618 09
Beef, fresh .....	13,938 68
Coffee, cocoa, &c. ....	2,182 95
Cereals .....	1,629 47
Cheese .....	1,497 98
Canned goods .....	689 40
Eggs .....	8,652 13
Fruit, fresh and dried .....	4,616 90
Flour .....	9,082 20
Fish .....	2,207 90
Ham .....	4,208 42
Lamb and mutton .....	3,074 06
Lard .....	1,274 64
Milk .....	6,945 53
Molasses and syrup .....	126 07
Oysters and clams .....	1,595 36
Other meats .....	2,949 18
Potatoes, white and sweet .....	8,049 43
Pork, fresh .....	14 40
Pork, barrels .....	653 79
Poultry .....	2,157 51
Rice .....	636 04
Sugar .....	6,299 07
Tea .....	1,466 60
Vegetables .....	922 63
Sundries .....	3,446 34
	<hr/>
	104,258 41

## HOUSE SUPPLIES.

Beds and bedding .....	\$2,113 68
Brooms .....	372 25
Brushes .....	223 93
Carpets, rugs, &c. ....	2,255 44
Crockery and glassware .....	717 47
Cutlery .....	102 87
Furniture and upholstery .....	1,129 83
Kitchen furnishings .....	897 80
Laundry supplies, soap, &c. ....	2,015 40
Soap .....	1,551 88
Towels and toweling, &c. ....	308 67
Table linen .....	450 37
Wooden ware, baskets, pails, &c. ....	445 14
Sundries .....	918 45
	<hr/>
	\$13,503 18

## CLOTHING AND CLOTHING MATERIAL.

Boots .....	\$42 00
Clothing .....	1,342 74
Dry goods for clothing, &c. ....	2,972 18
Furnishing goods .....	553 18
Hats, caps, &c. ....	120 90
Shoes .....	1,352 55
Slippers .....	300 83
Sundries .....	203 38
	<hr/>
	6,887 76

## HEAT, LIGHT AND POWER.

Coal .....	\$20,372 73
Electric current .....	7,311 82
Gas .....	802 80
Oil .....	200 21
Sundries .....	111 85
	<hr/>
	28,799 41

## REPAIRS.

Brick .....	\$308 16
Doors, sash, &c. ....	134 82
Electric work and supplies .....	759 39
Glass .....	38 42
Hardware .....	668 21
Lumber .....	2,565 27
Lime, cement, plaster, &c. ....	1,031 52
Machinery, &c., .....	1,608 76
Paint, oil, &c. ....	1,467 17
Plumbing, steamfitting, &c. ....	1,379 23
Roofing and materials .....	936 17
Labor, not on pay-roll .....	439 83
Sundries .....	554 50
Fire hose .....	339 20
	<hr/>
	12,230 65

FARM, STABLE AND GROUNDS.

Blacksmith supplies .....	\$344 13	
Carriages, wagons, repairs, &c. ....	312 16	
Cows .....	75 00	
Fertilizers, vines, seeds, &c. ....	1,395 53	
Hay, grain, &c. ....	5,156 22	
Harness and repairs .....	350 60	
Pigs .....	492 00	
Tools, farm machinery, &c. ....	432 13	
Labor, not on pay-roll .....	25 00	
Sundries .....	1,039 90	
Cesspools .....	132 00	
		\$9,754 67

MISCELLANEOUS EXPENSES.

Entertainments .....	\$1,189 55	
Funeral expenses .....	414 00	
Insurance .....	1,430 96	
Medical supplies .....	4,246 37	
Newspapers and magazines .....	250 50	
Religious services .....	260 00	
School supplies .....	262 88	
Tobacco .....	1,175 83	
Water .....	138 38	
Sundries .....	1,205 19	
		10,573 66

\$319,838 35

1. General Statistics for the Year.

	Males.	Females.	Totals.
Patients in Hospital October 31st, 1908.....	654	648	1,302
Admitted within the year.....	199	177	376
Viz.: by commitment .....	160	151	311
by transfer .....	1	4	5
from escape .....	1	...	1
from visit .....	37	22	59
Whole number of cases within the year.....	853	825	1,678
Dismissed within the year .....	182	158	340
Viz.: discharged within the year as recovered at time of leaving Hospital .....	58	42	100
as capable of self-support .....	25	12	37
as improved .....	20	11	31
as not improved .....	6	2	8
as not insane .....	...	...	...
died .....	49	71	120
escaped .....	2	1	3
on visit .....	22	19	41
Patients remaining November 1st, 1909 .....	671	667	1,338
Viz.: as indigent patients .....	551	615	1,166
as private patients .....	34	45	79
convict .....	44	4	48
criminal .....	42	3	45
Number of different persons within the year .....	850	824	1,674
Number of different persons admitted .....	159	154	313
Daily average number of patients .....	660	658	1,318

2. Insane Received on First and Subsequent Commitments.

Number of Admissions.	CASES COMMITTED.		
	Males.	Females.	Totals.
First .....	134	134	268
Second .....	21	13	34
Third .....	3	3	6
Fourth .....	2	2	4
Fifth .....	2	...	2
Sixth .....	...	1	1
Seventh .....	...	1	1
Eighth .....	...	...	...
Ninth .....	...	...	...
Tenth .....	...	...	...
Eleventh .....	...	...	...
Twelfth .....	...	1	1
Total cases .....	162	155	317
Total persons .....	159	154	313
Never before in any hospital .....	124	126	250

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

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.
New Jersey .....	51	29	26	60	29	27	111	58	53
Middle Atlantic States .....	20	13	11	18	15	16	38	28	27
Other States .....	10	21	22	9	18	20	19	39	42
Totals .....	81	63	59	87	62	63	168	125	122
Other Countries—									
England .....	2	4	6	2	5	5	4	9	11
Germany .....	8	11	8	4	9	11	12	20	19
Ireland .....	5	10	10	13	23	21	18	33	31
Austria .....	2	3	3	1	1	1	3	4	4
Norway .....	...	...	...	...	...	...	...	...	...
Scotland .....	...	1	2	1	3	2	1	4	4
Russia .....	4	5	5	4	4	4	8	9	9
Italy .....	5	5	4	1	1	1	6	6	5
Hungary .....	8	5	7	3	3	3	11	8	10
Sweden .....	...	...	...	2	2	2	2	2	2
Denmark .....	1	2	2	1	1	1	2	3	3
France .....	...	...	...	1	1	1	1	1	1
Poland .....	1	1	1	2	2	2	3	3	3
Canada .....	1	1	2	2	1	2	3	2	4
Total foreign ...	37	48	50	37	56	56	74	104	106
Unknown .....	6	13	15	2	8	7	8	21	22
Totals .....	124	124	124	126	126	126	250	250	250

## 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 .....	2	1	3	..	..	..	2	1	3
Bergen .....	1	..	1	..	..	..	1	..	1
Burlington .....	4	3	7	1	1	2	5	4	9
Camden .....	5	7	12	..	1	1	5	8	13
Cape May .....	1	1	2	1	..	1	2	1	3
Cumberland .....	1	..	1	2	2	4	2	2	6
Essex .....	1	..	1	1	1	2	2	1	3
Gloucester .....	8	11	19	2	3	5	10	14	24
Hudson .....	..	1	1	..	..	..	..	1	1
Hunterdon .....	8	10	18	2	4	6	10	14	24
Mercer .....	32	41	73	11	4	15	43	45	88
Middlesex .....	25	15	40	7	4	11	32	19	51
Monmouth .....	22	23	45	5	4	9	27	27	54
Ocean .....	4	2	6	2	2	4	6	4	10
Salem .....	3	1	4	1	..	1	4	1	5
Somerset .....	6	9	15	3	3	6	9	12	21
Union .....	..	1	1	..	..	..	..	1	1
Totals .....	124	126	250	38	29	67	162	155	317
Cities or large towns (10,000 or over) .....	48	45	93	15	7	22	63	52	115
Country districts under 10,000 .....	76	81	157	23	22	45	99	103	202

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

	Males.	Females.	Totals.
Unmarried .....	75	47	122
Married .....	68	77	145
Widowed .....	14	29	43
Divorced .....	..	1	1
Unknown .....	5	1	6
Totals .....	162	155	317

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

MALES.			
Baker .....	1	Masons .....	4
Baggagemaster .....	1	Mechanic .....	1
Barbers .....	2	Merchants .....	2
Bartender .....	1	Millers .....	2
Blacksmiths .....	2	Peddler .....	1
Butchers .....	2	Plumber .....	1
Carpenters .....	6	Postman .....	1
Caterer .....	1	Potters .....	3
Clefs .....	2	Printer .....	1
Chemist .....	1	Salesman .....	1
Cigarmaker .....	1	Seamen .....	2
Coachmen .....	8	Showman .....	1
Electrician .....	1	Steel polisher .....	1
Errand boy .....	1	Students .....	3
Farmers .....	12	Teacher .....	1
Glassworker .....	1	Telegraph operator .....	1
Hotelkeepers .....	2	Trainer .....	1
House mover .....	1	Trolley conductor .....	1
Ironmakers .....	3	Watchman .....	1
Janitor .....	1	Wheelwright .....	1
Journalist .....	1	None .....	12
Laborers .....	25		
Managers .....	2	Total .....	124
Machinists .....	5		

## FEMALES.

Boxmaker .....	1	Stenographer .....	1
Clerks .....	2	Students .....	5
Cigarmaker .....	1	Teachers .....	5
Cook .....	1	Waitresses .....	2
Domestics .....	27	None .....	15
Dressmakers .....	5		
Housewives .....	60	Total .....	126
Laundress .....	1		

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	3	4	7	..	..	..	1	2	3	..	..	..
15 years and less	5	7	12	9	6	15	2	4	6	..	..	..
From 15 to 20 years	11	7	18	17	17	34	4	4	8	..	..	..
20 to 25 years	22	14	36	10	11	21	6	6	12	..	..	..
25 to 30 years	14	12	26	20	15	35	4	7	11	..	..	..
30 to 35 years	21	13	34	20	16	36	5	5	10	..	..	..
35 to 40 years	11	13	24	39	29	68	9	9	18	..	..	..
40 to 50 years	29	20	49	19	26	45	13	13	26	..	..	..
50 to 60 years	14	15	29	16	17	33	10	10	20	..	..	..
60 to 70 years	2	1	3	2	2	4	1	1	2	..	..	..
70 to 80 years	2	5	7	2	2	4	1	1	2	..	..	..
Over 80 years	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	22	32	54	..	..	..	16	7	23	5	1	6
Totals	162	155	317	162	155	317	49	71	120	49	71	120

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

EXCITING CAUSES.	PREDISPOSING CAUSES.											
	ADMITTED.			HEREDITARY TENDENCY.			NEUROTIC TENDENCY.			INTEMPERANCE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A.—Physical—												
Alcohol	32	10	42	7	2	9	..	..	..	35	10	45
Alcohol and other causes	8	1	9	1	1	2	..	..	..	8	1	9
Apoplexy	..	1	1	..	1	1	..	..	..	..	..	..
Arterio-sclerosis	9	13	22	1	3	4	..	..	..	..	..	..
Brain tumor	1	1	2	1	..	1	..	..	..	..	..	..
Cellulitis	1	..	1	..	..	..	..	..	..	..	..	..
Child-birth	..	12	12	..	6	6	..	..	..	..	..	..
Climacteric	..	11	11	..	2	2	..	..	..	..	..	..
Constitutional inferiority	11	4	15	4	3	7	11	4	15	..	..	..
Constitutional inferiority and other causes	3	2	5	1	1	2	3	2	5	..	..	..
Drugs	1	2	3	1	1	2	..	..	..	..	..	..
Epilepsy	7	2	9	5	..	5	..	..	..	..	..	..
Ill-health	4	8	12	2	5	7	..	..	..	..	..	..
Influenza	1	..	1	..	..	..	..	..	..	..	..	..
Masturbation	4	..	4	1	..	1	..	..	..	..	..	..
Menstrual disorders	..	1	1	..	..	..	..	..	..	..	..	..
Scarlet fever	3	1	4	4	..	4	..	..	..	..	..	..
Senility	2	11	13	..	2	2	..	..	..	..	..	..
Senility and other causes	2	6	8	..	3	3	..	..	..	..	..	..
Sexual irregularities	2	1	3	1	..	1	..	..	..	..	..	..
Sunstroke	2	..	2	..	..	..	..	..	..	..	..	..
Syphilis	7	2	9	2	..	2	..	..	..	..	..	..
Trauma	6	3	9	2	..	2	..	..	..	..	..	..
Typhoid fever	..	1	1	..	1	1	..	..	..	..	..	..
B.—Mental—												
Faulty environment	2	..	2	2	..	2	..	..	..	..	..	..
Fright	..	3	3	..	1	1	..	..	..	..	..	..
Overwork	3	6	9	1	1	2	..	..	..	..	..	..
Worry	13	7	19	2	2	4	..	..	..	..	..	..
Grief	2	1	3	..	2	2	..	..	..	..	..	..
Overstudy	2	1	3	..	..	..	..	..	..	..	..	..
Unknown	5	28	33	17	12	29	..	..	..	..	..	..
Totals	162	155	317	62	48	110	14	6	20	43	11	54



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.—Perversions of mental adjustment.																								
1. Manic depressive insanity.																								
Manic phase.....	11	17	28	9	10	19	2	1	3							1		1	2	8	10	14	19	33
Depressed phase.....	6	17	23	8	14	22	1		1	1	4	5								7	7	10	25	35
Mixed phase.....		3	3		1	1	1		1													1	1	2
2. Other depressions.																								
a. Depressive hallucinosis.....																								
b. Anxiety psychosis.....		1	1																					
3. Paranoid condition.....	4	8	12	3		3		1	1							2		2				1	5	6
4. Dementia praecox.....	17	8	25				5		5	6	2	8	2	1	3				3	11	14	24	17	41
C.																								
Neurasthenia.....	3	3	6	1		1				1		1										2		2
1. Psychasthenia.....																								
Epileptic psychosis.....	3	4	7	1	1	2	2	1	3	1	1	2	1	1	2				3	4	7	1	7	8
Hysterical psychosis.....	3	2	5	1	1	2	1		1													1	1	2
2. Constitutional inferiority.....	4	3	7	4	1	5	1		1	2	1	3										7	2	9
Idiocy.....	1		1																					
Imbecility.....	3	4	7																1	3	4	1	3	4
Unclassified.....	4	5	9	4	1	5	1	2	3	2		2							3	1	4	10	4	14
Totals.....	124	126	250	52	84	136	20	10	30	16	10	26	6	2	8	47	67	114	141	123	264			

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.			
All other admissions.																								
A. Organic brain disorders.																								
1. Definite organic brain disease.																								
Organic brain disease (not differentiated).																								
Brain tumor.....	1		1																					
Aphasia.....	2		2																					
Arteriosclerosis.....		3	3																					
Cerebral syphilis.....																								
Senile psychosis.....																								
General paralysis.....	5		5																					
Traumatic psychosis.....																								
Locomotor ataxia.....																								
II. Psychosis due to intoxication.																								
1. Alcoholic intoxication.....																								
Habitual drunkard.....	2	1	3	1	1	2	2		2													3	1	4
Delirium tremens.....																								
Acute hallucinosis.....	2		2	1		1																		
Polyneuritic delirium.....																								
Alcoholic paranoid condition.....																								
2. Drug psychosis.																								
2. Drug habits (morphine, etc.).....	1		1	1		1																		
III. Acute toxic or infective exhausted types.																								
Febrile and post-febrile delirium.....																								
Exhaustion delirium.....																								
Toxic delirium.....		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. Perversions of mental adjustment.																						
1. Manic depressive insanity.																						
Manic phase.....	7	7	14	1	1	2	1	1	1	1	1	1								3	1	4
Depressed phase.....	5	5	10	2	3	5													1	1	4	1
Mixed phase.....	1	1	2	1	1	2														1	1	2
2. Other depressions.																						
a. Depressive hallucinosis.....																						
b. Anxiety psychosis.....																						
3. Paranoid condition.....		1	1																			
4. Dementia praecox.....	5	8	13				1	2	3	1	1	2							1	1	3	6
C. Neurasthenia.																						
1. Psychesthenia.																						
Epileptic psychosis.....	5		5																	1	1	1
Hysterical psychosis.....																						
2. Constitutional inferiority.		1	1				1		1	1		1								1	1	3
Idiocy.....																						
Imbecility.....																						
Unclassified.....				2	2	4															2	2
Totals.....	38	28	66	6	8	14	5	2	7	4	1	5							2	4	6	18
Aggregate cases.....	162	154	316	58	42	100	25	12	37	20	11	31	6	2	8	49	71	120	159	138	297	297
Aggregate persons.....	159	153	312	58	42	100	25	12	37	20	11	31	6	2	8	49	71	120	159	138	297	297

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

CAUSES.	DEMENTIA PRAECOX.			PARANOID CONDITION.			EPILEPSY.			CONST. DEFECT.			IMBECILITY.			UNCLASSIFIED.			DRUGS.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	
General Diseases—																						
General military tuberculosis.....																						
Phlegmonous erysipelas.....																						
Diseases of Nervous System—																						
General paralysis.....																						
Meningitis.....	1		1																			
Apoplexy.....																						
Cerebral softening.....																						
Brain tumor.....																						
Status epilepticus.....										1	1											
Central neuritis.....															1						1	
Diseases of Circulatory System—																						
Cardiac hypertrophy.....																						
Myocarditis.....	1	1	2												2							
Organic heart disease.....	1		1																			
General arteriosclerosis.....																						
Valvular heart disease.....										1	1											
Pernicious anemia.....				1	1	2																

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

CAUSES.	DEMENTIA PRAECOX.			PARANOID CONDITION.			EPILEPSY.			CONST. DEFECT.			IMBECILITY.			UNCLASSIFIED.			DRUGS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Respiratory System—																					
Pulmonary tuberculosis.....	6	3	9											1	1						
Broncho pneumonia.....		1	1																		
Hypostatic pneumonia.....																					
Hyostatic congestion of lungs.....																					
Abscess of lungs.....																					
Sero-fibrous pleurisy.....		1	1																		
Oedema of lungs.....																					
Gangrene of lungs.....	1		1																		
Lobar pneumonia.....		5	5																		
Empyema.....																					
Digestive System—																					
Hemorrhage of liver (Violence).....																					
Cancer of stomach.....																					
Acute enterocolitis.....																					
Genito-Urinary Diseases—																					
Nephritis.....													1	1							
Ill Defined Causes—																					
Exhaustion.....	1	2	3																	1	1
Totals.....	11	14	25	1	1	3	5	8	1	1	1	3	4	3	1	4					

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—																						
General miliary tuberculosis.....		1	1																		1	1
Phlegmonous erysipelas.....		1	1																			
Diseases of Nervous System—																						
General paralysis.....	3	3	6							3	3	6										
Meningitis.....	2	3	5		1	1					1	1									1	1
Apoplexy.....	3	1	4		2	2															1	1
Cerebral softening.....	2	2	4		2	2																
Brain tumor.....	1	1	2		1	1																
Status epilepticus.....	1	1	2		1	1																
Central neuritis.....	1	1	2		1	1															1	1
Diseases of Circulatory System—																						
Cardiac hypertrophy of heart.....	2	1	3							1	1	2				1	1			1	1	
Myocarditis.....	7	7	14	1	1	2				3	3	6								1	1	
Organic heart disease.....	1	5	6		3	3				1	1	2								1	1	
General arteriosclerosis.....	2	1	3	1	1	2				1	1	2										
Valvular disease of heart.....	1	1	2																			
Pernicious anemia.....	1	1	2																			