

Document No. 16.

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FIFTY-FIFTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

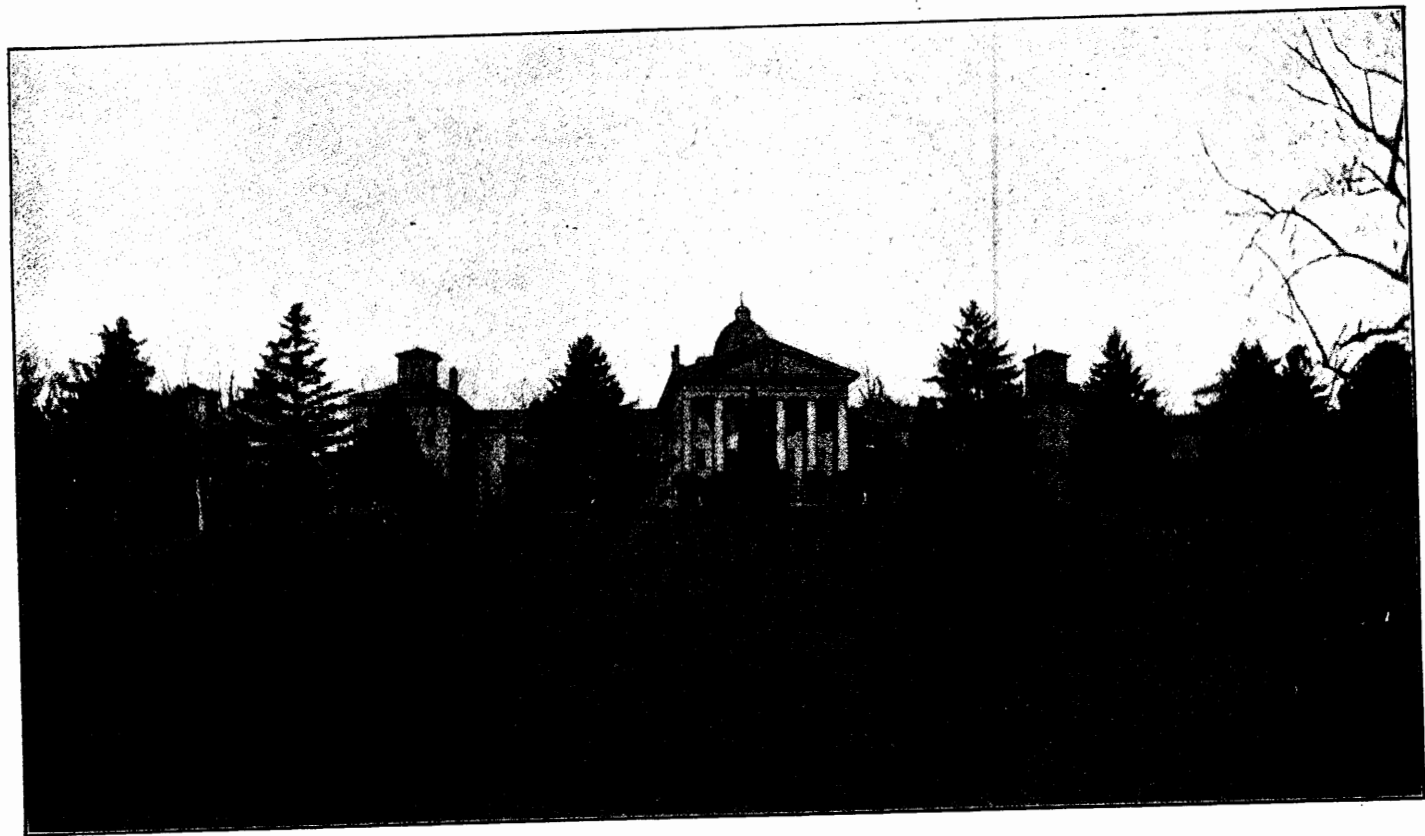
AT TRENTON,

*For the Year ending October 31st, 1902.*

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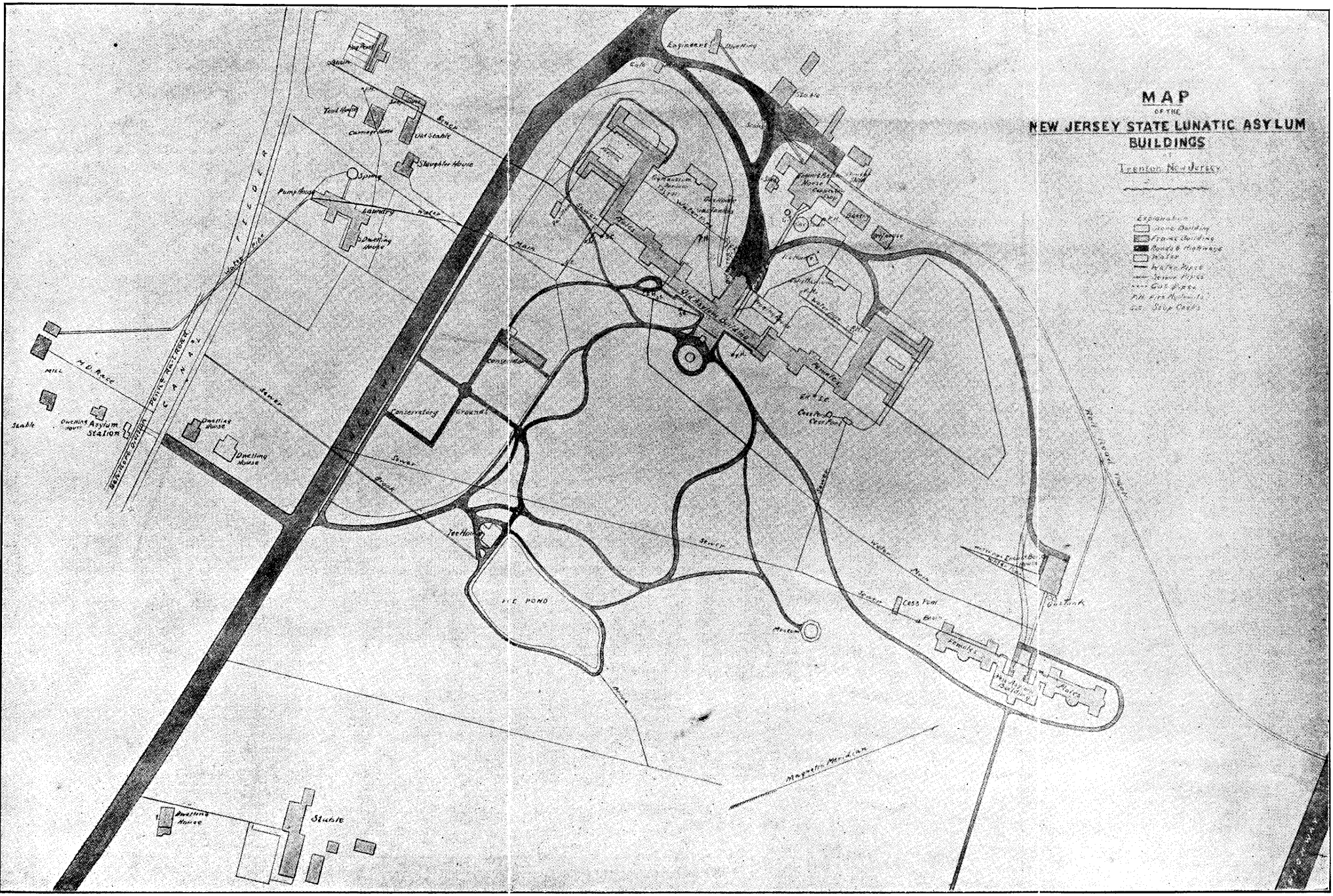


**MAIN BUILDING.**

**MAP**  
OF THE  
**NEW JERSEY STATE LUNATIC ASYLUM**  
**BUILDINGS**

Lentons New Jersey

- Explanation
- Stone Building
  - ▨ Frame Building
  - ▤ Road & Highways
  - ▥ Water
  - Water Pipes
  - Sewer Pipes
  - Gas Pipes
  - Electric Lines
  - Telegraph Lines



**GENERAL PLAN—GROUNDS AND BUILDINGS.**

## RESIDENT OFFICERS.

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### MEDICAL DEPARTMENT.

JOHN W. WARD, M.D.....*Medical Director.*  
JOHN C. FELTY, M.D.....*Assistant Physician.*  
CHARLES L. ALLEN, M.D.....*Second Assistant Physician and Pathologist.*  
PAUL L. CORT, M.D.....*Third Assistant Physician.*

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### BUSINESS DEPARTMENT.

WILLIAM P. HAYES.....*Warden.*  
HARVEY H. JOHNSON.....*Treasurer.*

## REPORT OF THE BOARD OF MANAGERS OF THE NEW JERSEY STATE HOSPITAL AT TRENTON.

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*To His Excellency Franklin Murphy, Governor of the State of  
New Jersey:*

The Board of Managers of the State Hospital for the Insane at Trenton beg leave to submit this their annual report.

As shown by the report of the Medical Director, the number of patients under treatment in the Hospital at the date of the last annual report was one thousand and sixty-four (1,064); at the present the number under treatment is one thousand one hundred and thirty-seven (1,137), showing an increase for the year of seventy-three; this increase is remarkable when it is considered that six counties in this asylum district of the State have established county asylums.

The present buildings, viz., the main asylum building and the annex, were designed and intended only for the care and treatment of 840 patients. It will then be seen that accommodations must be furnished for nearly 300 in excess of the normal capacity of the buildings. The Board had hoped and expected to be relieved of the care of the epileptic patients during the year, and desire again to urge upon the Legislature the importance of making provision for the early removal of this class of patients to the State Village for Epileptics at Skillman.

The total expenditure for all purposes during the year was \$236,749.39; this includes about \$12,650 for repairs and improvements to the property. Deducting this item, the per capita expense per week for maintenance was about \$3.80 for the patients cared

for. While this sum seems reasonable, considering that it includes subsistence, fuel, light, medicine, attendants and other items incident, yet it is very close to the limit appropriated by the State and counties, viz., \$4 per week. It is evident, with the prices ruling the past year for provisions, that it will require the best of business management to keep within the appropriation, and that all repairs or improvements to the property will call for extra appropriations from the State.

The law passed at the session of the Legislature in 1902 limited the expense of maintaining indigent patients to \$4 per week in the State Hospitals, and, providing that the State should pay \$2 per week toward the same, practically puts all the counties on the same basis. It, of course, removes the incentive to build additional county hospitals. This we regard as a wise policy, and will soon call for increased accommodations on the part of the State.

We deem it again necessary to call attention to the importance of removing from the Hospital the convict and criminal insane. This subject had in former years been brought to the attention of the Legislature in our reports, and the reasons therefor have been presented repeatedly and forcibly by Dr. Ward, the Medical Director, in his annual reports to the Board.

It is the sincere conviction of this Board that the erection of a separate building for this class of patients is called for by every sense of public duty. When the question of their safe custody and proper care is considered—the number under care is steadily increasing, and they are, and must be, treated in the ordinary manner at the Hospital—a moment's reflection, it seems to us, should convince the Legislature of the wrong thus done to the innocent unfortunates who are committed to our charge. It is to be noted that the number of patients of this class in the two Hospitals is nearly 200 and is steadily increasing.

The annual inventory, made in accordance with the provisions of the statute, shows the following appraisement for the realty—\$770,000. This is unchanged from the previous year, the new dormitory having been practically finished at the time of the appraisement in 1901, but not furnished.

The personal property is appraised at \$157,225.77. This is a reduction for the year of \$2,298.

The health of the institution during the year has, as reported by the Medical Director, been good, and the visits and examinations made by the members of the Board during the year have shown the constant efforts made both by the Medical Director and the Warden to promote in every way the comfort of the patients, and the Board desires again to express its appreciation of the manner in which these officers have performed their respective duties.

The county institutions for the care of the insane, located in this Hospital district, have been visited by members of the Board of Managers, in compliance with the act approved May 17th, 1894, and submit the following report of the condition and management:

Asylums, supported in part by the State, have been established in the counties of Atlantic, Burlington, Camden, Cumberland, Gloucester and Salem. In each one of these counties, except in Gloucester and Salem, separate buildings have been erected, furnished with the usual accessories for the care and comfort of the insane and provided at a considerable cost to the several counties. We much regret that we have again to report that in the counties of Salem and Gloucester no separate buildings that can in any way be regarded as suitable for the care and treatment of the insane have been provided. These counties are receiving the same amount—\$2 per week per capita—from the State that is given to those counties that have made liberal and separate provision for the care of their insane.

In Gloucester the insane are quartered in the almshouse, and in Salem in a separate building immediately adjoining and forming practically a part of the almshouse, but in which nothing is furnished to meet even the ordinary requirements for the care and treatment of the insane. These places are designated as "asylums," and notwithstanding the fact that they are the recipients of State aid, yet are without any organization whatever; without adequate medical supervision and without attendants or nurses in any way qualified to care for the unfortunates committed to their care. In fact, the only nurses furnished are the resident inmates of the almshouse.

In Salem county there is only one bath-room in the building, used by both sexes, and no hot water is furnished for bathing purposes except it is carried in buckets from the main building.



FRONT ENTRANCE.

Most of the floors in the building are covered with sheet zinc, making it cold, cheerless and uncomfortable for the inmates. There is also no separation of the sexes except that furnished by an almost constant seclusion of the patients in their rooms.

Attention has been directed to this neglect, to make proper provision for the insane for whom State aid is received, in our former annual reports. We are still of the opinion, heretofore expressed, that an almshouse in which the insane and paupers commingle in common, and without any organization or any provision made for their especial care, does not in any manner fulfill the idea intended by the State in authorizing the establishment of county asylums.

In the counties of Atlantic, Burlington, Camden and Cumberland, separate and commodious buildings have been provided. These buildings are well constructed and well furnished and have many of the modern appointments considered necessary in such hospitals, have a regular corps of attendants, and are visited in each case daily by a physician, who, in addition to his formal daily visitations, is subject to call at any time that his services in the hospital may be needed. In each one of these institutions we found the patients, at the time of our visits, apparently well cared for, furnished with clean, comfortable, well-ventilated quarters and provided with suitable food and clothing.

The total number of admissions, discharges and deaths, and also the number of patients under care in the several county asylums in this Hospital district at the close of the year is shown in the following tables:

Counties.	—ADMITTED.—			—DISCHARGED.—			—DEATHS.—		
	M.	W.	T.	M.	W.	T.	M.	W.	T.
Atlantic .....	20	11	31	3	5	8	8	7	15
Burlington ....	..	..	..	..	..	..	..	..	..
Camden .....	..	..	42	..	..	26	..	..	11
Cumberland ...	19	16	35	19	12	31	1	6	7
Gloucester ....	..	..	..	..	..	..	2	..	2
Salem .....	..	2	2	..	..	..	..	1	1
Total....	..	..	..	..	..	..	..	..	..

Remaining at the close of the year:

Counties.	Men.	Women.	Total.
Atlantic .....	42	26	68
Burlington .....	63	80	143
Camden .....	99	92	191
Cumberland .....	62	58	120
Gloucester .....	6	6	12
Salem .....	10	11	21
Total.....	282	273	555

GARRET D. W. VROOM,  
 N. NEWLIN STOKES, M.D.,  
 B. W. ANDREWS,  
 C. S. HOFFMAN,  
 J. BAYARD KIRKPATRICK,  
 PETER P. RAFFERTY, M.D.,  
 JOSEPH RICE,  
 JOHN TAYLOR,

*Managers.*

Dated, Trenton, N. J., November 13th, 1902.

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REPORT OF THE WARDEN.

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(18)

## WARDEN'S REPORT.

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

GENTLEMEN—Your Warden begs leave to present this, his annual report, for the year ending October 31st, 1902, giving the cash receipts and disbursements during the year, showing the improvements made and the needs for the coming year, beginning November 1st, 1903. In addition thereto, in an appendix to the report, is given in detail the products of the farm and garden, work done in the flour-mill, fruits canned and preserved, and work done in the sewing-rooms and mattress department.

The cash receipts and disbursements have been as follows:

Balance in hands of Treasurer, November 1st, 1901.....	\$17,909 53
Cash receipts from all sources.....	229,110 56
	<hr/>
	\$247,020 09
Cash payments during the year.....	236,749 39
	<hr/>
Cash balance, October 31st, 1902.....	\$10,270 70

This cash balance is very much short of being sufficient to pay outstanding bills and the pay-roll of the institution now due. This condition of affairs is caused by the action of several of our County Boards of Freeholders, who claim a deduction in the rate of maintenance for the board of county indigent patients. The amount thus deducted by the counties amounts to \$29,174.33. This amount is justly due the institution, and if paid would enable the Treasurer to pay all outstanding accounts and provide sufficient funds for the prompt payment of all expenses in the near future.

## INVENTORY.

The annual appraisalment of the personal property of the institution was made by the Warden, assisted by Messrs. Frank H. Wilson and Horace G. Hough, who were appointed by the Board of Managers as appraisers, as per the law governing the Hospital.

The above-named two gentlemen have very efficiently performed the same services for several years past, and the Warden takes this opportunity to express his appreciation of same.

## APPRAISEMENT.

Buildings, grounds, &c., valued at.....	\$770,000 00
Personal property, appraised as per inventory.....	157,225 77

## GENERAL REPAIRS AND IMPROVEMENTS.

During the very excessive rains of the past year, our roads have been damaged very badly on account of the inlets having been stopped up with the accumulation of pine needles and fine stone from the macadam roads, and the water, instead of being carried off in the drains, washed over the roads. To remedy this trouble we have been experimenting with a gutter made of asphalt blocks, with a slight curbing to same. We have already about one thousand feet of this gutter in use, and the severe storms have very thoroughly tested same, proving their utility, as the roads adjoining them, although in the most exposed positions, were not injured, while the balance of the macadam suffered very severely. It is proposed to continue the placing of these gutters at intervals until the roads are all supplied where needed. During one of the most severe storms, the stone wall of the largest greenhouse caved in, and completely ruined one-half of the house and damaged the balance. The plants suffered very severely, although many of the most valuable were out on the grounds and escaped. This half of the building has been rebuilt at a cost of over \$500, and the other part will have to be thoroughly overhauled during the coming season. At



EAST ENTRANCE.

the time of this storm our lake overflowed its banks its entire width, cutting a ditch three feet deep for a distance of about seventy-five feet. The water in our grounds was over three feet deep on the main road, near the entrance to the grounds, and much deeper in our garden. To prevent the washing of the truck-garden near the Warden's residence, three hundred feet of ten-inch terra cotta drain-pipe, connected with a large brick catch-basin and inlet, has been built, which very effectually checks further damage to the garden and disposes of the surface drainage of the adjoining fields.

During the year the usual amount of general repairs have been made, including painting of several halls and adjoining rooms, all tin roofs, the entire system of greenhouses, both inside and out, fences, &c. The ice machine was thoroughly overhauled, as was the pump at the mill, and also the main engine. A sub-base has been placed around all the halls of the dormitory, and the hot-water tank at the laundry, having become almost dangerous from long use, was replaced with a new one at a cost of \$600. This was necessary, as the old tank had been in use many years, and was so thin it was liable to have given out at any time. The walk at the entrance to the grounds, a portion of which has been improved for a distance of two hundred and fifty feet with five-foot flagging, will have to be flagged for a further distance of three hundred feet, as the grounds are so low that a gravel road is impassable after a storm.

At the annex buildings, in each of the alcoves on the first and second floors (four in number), a heavy girder with three columns supporting same have been placed to remedy the sagging of the floors above. This sagging was caused by the excessive lengths of the joists in the floors, and the girders will not only prevent any further settling, but have leveled the floors where already down.

Two of the boilers at the annex have been repaired with almost entirely new fire-boxes, at a cost of about \$800. The third will have the same during the coming summer, and this, with the new tubes in all, will extend the life of these boilers for some years.

## RAILROAD SIDING.

While Mr. W. A. Garrett, now general superintendent, was superintendent of the New York division of the Philadelphia and Reading Railroad Company, we were enabled to have the railroad facilities of the institution greatly improved by the addition of an extra siding, which gives now an accommodation for sixteen cars of coal at one time; these can be unloaded and removed without the necessity, as formerly, of having to have the cars moved out to the main track of the road whenever the cars were shifted. As there are frequently a dozen cars here at one time, the convenience of this extra accommodation is very noticeable. The expense of laying the tracks and switches was borne entirely by the Reading Railroad Company.

## OVERSEER OF KITCHENS, DINING-ROOMS, &amp;C.

In accordance with instructions of the Board, Mr. Fritchman, an experienced caterer, was appointed as overseer of the kitchens, dining-rooms and bakery, and he has made a number of improvements in our system of preparation and service of food to the patients, especially in making the service more uniform in all of our numerous kitchens and dining-rooms.

## COAL SUPPLY.

The strike of the anthracite coal miners, commencing in May, found the institution with about six weeks' supply of coal on hand, and during the entire strike it was impossible to obtain any anthracite coal at any price, excepting, through the kindness of the Reading Railroad Company, we were furnished with sufficient egg coal to supply our kitchens and bakery. We have therefore been compelled to purchase at an advanced price a supply of bituminous coal for use under all our boilers and at the laundry. Your Warden has recommended for several years past the securing of an appropriation from the State of a sufficient amount to

build larger coal bins. If this had been possible, the probabilities are that a sufficient amount of coal would have been on hand to have almost lasted while the strike was in progress, and would have resulted in a saving of several thousand dollars paid for the advanced prices of coal, and prevented the annoyance and nuisance of having the heavy volume of dense, black smoke from the bituminous coal throughout our buildings when the wind was in the right direction.

## REQUIREMENTS.

As required by law, I give you an approximate and detailed estimate of the amount of money required from the State for the support and maintenance of the institution for the year ending October 31st, 1904:

For the annual inventory.....	\$75 00
For the support and clothing of insane convicts.....	12,000 00
For the support of State indigent patients.....	20,000 00
For the salaries of resident officers.....	12,500 00
For allowance of \$2 per week for each county patient.....	100,000 00

It will be observed that some of these amounts have been considerably increased over those received by the institution during the past year. For insane convicts the amount expended for the past year was \$10,174.28, with 41 patients in this class, or 10 per cent. increase over the previous year. If this rate of increase continues for the present year, and also the year following, for which we are now estimating, the amount required will be \$1,000 more than that asked for. For State indigent patients we have asked for an increase of \$9,000, with 90 patients in this class, or an increase of 30 in the number during the year. At this rate of increase, the amount needed will be about \$25,000. For county indigent patients—we have at the present time 902 patients—an increase of 40 during the year, a similar increase for the present year and one for which we are asking, as above, will require at least \$2,000 more than we have requested.

## DEFICIENCIES.

During the past year our numbers of patients in each class have increased so rapidly that the amounts appropriated have not been sufficient to cover same.

The shortages for the year ending October 31st, 1902, are as follows:

For the support and clothing of insane convicts.....	\$1,174 28
For the support of State indigent patients.....	1,793 47
For the allowance of \$2 per week for each county patient.....	16,521 42

For the present year, on which we are now entering, the amounts appropriated are not sufficient by at least the following:

For support and clothing of insane convicts.....	\$1,000 00
For support of State indigent patients.....	6,000 00
For allowance of \$2 per week for each county patient.....	50,000 00

This last amount in each of the above items is necessitated by the law passed at the last session of the Legislature.

To the Medical Director, Dr. John W. Ward, and the medical staff, I wish to acknowledge my appreciation of the courtesies shown me during the past year, and finally, gentlemen, I desire to again return my thanks to the several members of the Board of Managers for their uniform support and kindness throughout the entire year.

Respectfully submitted,  
**WILLIAM P. HAYES,**  
*Warden.*

## ABSTRACT OF RECEIPTS AND DISBURSEMENTS.

For the Year Ending October 31st, 1902.

## RECEIPTS.

Balance in hands of Treasurer, October 31st, 1901.....		\$17,909 53
State Treasurer, for county patients.....	\$50,000 00	
State Treasurer, for convict patients.....	11,560 68	
State Treasurer, for State patients.....	16,869 29	
Burlington county .....	1,100 10	
Cape May county .....	3,900 03	
Cumberland county .....	418 92	
Gloucester county .....	5,222 16	
Hunterdon county .....	3,440 86	
Mercer county .....	32,988 79	
Middlesex county .....	22,629 55	
Monmouth county .....	22,909 98	
Ocean county .....	6,603 17	
Salem county .....	4,052 81	
Somerset county .....	12,804 73	
Essex county .....	113 91	
Private patients .....	29,103 82	
Sundries .....	5,391 76	
		229,110 56
		\$247,020 09

## DISBURSEMENTS.

Amusements .....	\$695 73
Books and stationery.....	661 98
Bedding, linen, &c.....	2,396 79
Clothing .....	5,757 06
Counsel fees .....	113 48
Crockery and cutlery.....	668 19
Farm and garden.....	5,812 76
Feed .....	2,485 94
Fruit .....	7,903 62
Freight .....	223 15
Furniture and carpets.....	2,078 42
Fuel .....	20,151 95
Funeral expenses .....	313 00
Gas and steam pipes, fixtures, &c.....	729 32
Grounds and grading.....	1,647 65

Hay and straw.....	\$456 90	
Harness, wagons, &c.....	749 83	
Household goods .....	3,522 92	
Ice and cold storage.....	290 00	
Insurance .....	685 00	
Incidentals .....	2,784 10	
Laundry .....	6,303 54	
Light .....	6,301 38	
Lumber .....	1,132 60	
Medical supplies .....	4,984 20	
Medical library .....	38 66	
Newspapers .....	252 08	
Provisions and groceries.....	87,883 42	
Postage .....	368 15	
Refunding .....	780 84	
Repairs and improvements.....	11,049 37	
Stock .....	2,342 20	
Tinware .....	299 29	
Tools and supplies, boiler-house and machine.....	823 08	
Telegrams, telephone rental, &c.....	238 72	
Vegetables .....	1,453 88	
Wheat .....	5,268 84	
Wages .....	47,101 35	
		236,749 39
Balance in hands of Treasurer October 31st, 1902.....	\$10,270 70	

## APPENDIX TO WARDEN'S REPORT.

## Farm and Garden Products.

## FARM AND GARDEN.

500 Bushels corn, at 75 cents.....	\$375 00	
2,800 Bushels potatoes, at 60 cents.....	1,680 00	
925 Bushels wheat, at 75 cents.....	693 75	
2,000 Bundles cornstalks, at 3 cents.....	60 00	
400 Tons ensilage, at \$3.50.....	1,400 00	
80 Tons hay, at \$19.....	1,520 00	
25 Tons wheat straw, at \$9.....	225 00	
154,333 Quarts milk, at 4½ cents.....	6,944 99	
		\$12,898 74

## STOCK.

Cows slaughtered (11,325 pounds), at 8 cents.....	\$906 00	
Calves sold (16), at \$2.50.....	40 00	
Hides and tallow.....	1,274 65	
Hogs sold .....	3,004 20	
		5,224 85

## GARDEN.

446 Bunches asparagus, at 10 cents.....	\$44 60	
2,919 Bunches onions, at 2 cents.....	58 38	
1,065 Bunches parsley, at 4 cents.....	42 60	
4,350 Bunches radishes, at 2 cents.....	87 00	
2,291 Bunches rhubarb, at 5 cents.....	114 55	
1,800 Bunches leek, at 3 cents.....	54 00	
800 Bundles cornstalks, at 3 cents.....	24 00	
200 Bunches herbs, at 10 cents.....	20 00	
32 Bushels apples, at 50 cents.....	16 00	
570 Bushels beets, at 65 cents.....	370 50	
173 Bushels string beans, at 60 cents.....	103 80	
48 Bushels lima beans, at \$1.....	48 00	
76 Bushels carrots, at 50 cents.....	38 00	
37 Bushels cucumbers, at 75 cents.....	27 75	
38 Bushels grapes at \$1.50.....	57 00	
315 Bushels onions, at \$1.....	315 00	
2 Bushels okra, at 75 cents.....	1 50	
47 Bushels peppers, at 50 cents.....	23 50	

## NEW JERSEY STATE HOSPITAL.

475 Bushels spinach, at 50 cents.....	237 50
101 Bushels squash, at 45 cents.....	45 45
812 Bushels tomatoes, at 65 cents.....	527 80
70 Bushels green tomatoes, at 65 cents.....	45 50
28 Bushels eggplants, at 60 cents.....	16 80
242 Bushels peas, at \$1.50.....	363 00
2 Bushels currants, at \$1.50.....	3 00
70 Bushels turnips, at 40 cents.....	28 00
25 Bushels rutabaga turnips, at 40 cents.....	10 00
19 Bushels onion sets, at \$1.....	19 00
300 Bushels parsnips, at 50 cents.....	150 00
720 Pumpkins, at 5 cents.....	36 00
32,645 Ears corn, at 1 cent.....	226 45
5,640 Heads cabbage (early), at 3 cents.....	169 20
6,000 Heads cabbage (late), 3 cents.....	180 00
295 Heads cauliflower, at 5 cents.....	14 75
4,644 Heads lettuce, at 2 cents.....	92 88
250 Heads endive, at 4 cents.....	10 00
20,000 Heads celery, at 3 cents.....	600 00
700 Heads celeriac, at 3 cents.....	21 00
400 Pounds horseradish, at 7 cents.....	28 00
	<hr/>
	4,270 51
	<hr/>
	\$22,394 10

## WORK DONE AT MILL.

Cornmeal, ground .....	20,800 pounds.
Cracked corn .....	46,700 pounds.
Flour, ground .....	247,000 pounds.
Hog feed .....	21,000 pounds.
Bran .....	70,400 pounds.

## FRUITS CANNED AND PRESERVED.

Apple jelly .....	146 quarts.
Apple preserves .....	66 quarts.
Blackberries .....	66 quarts.
Blackberry jelly .....	3 quarts.
Cherries .....	275 quarts.
Crab-apple preserves .....	33 quarts.
Currant jelly .....	143 quarts.
Currant preserves .....	12 quarts.
Grape jelly .....	143 quarts.
Green gages .....	162 quarts.
Huckleberry preserves .....	294 quarts.
Peaches .....	4,988 quarts.
Peach butter .....	760 quarts.
Peach jam .....	108 quarts.
Peach marmalade .....	356 quarts.
Peach jelly .....	47 quarts.
Peaches spiced .....	176 quarts.
Pears .....	1,997 quarts.
Pears spiced .....	1,416 quarts.



MUSEUM.

Pineapples .....	202 quarts.
Plums .....	51 quarts.
Quince marmalade .....	4 quarts.
Quince preserves .....	120 quarts.
Raspberry jelly .....	4 quarts.
Raspberry preserves .....	30 quarts.
Strawberries .....	182 quarts.
Strawberry jelly .....	5 quarts.
Tomatoes .....	2,101 gallons.

PICKLES.

Tomatoes .....	405 gallons.
Pepper hash .....	180 gallons.
Chow chow .....	25 gallons.

WORK DONE IN THE MATTRESS ROOM.

Awnings made (new).....	7
Awnings repaired .....	6
Awnings hung .....	18
Bolsters made (new).....	1
Curtains hung (lace).....	45
Cushions made (chair).....	44
Carpets made, new (room).....	49
Carpets taken up (room).....	342
Carpets relaid (room).....	285
Carpets taken up (hall).....	56
Carpets relaid (hall).....	46
Carpets made, new (hall).....	10
Carpets made over.....	45
Carpets repaired .....	114
Carpets, yards hemmed.....	440
Furniture upholstered (pieces).....	45
Linoleum laid, new (yards).....	44
Linoleum laid, old (yards).....	168
Linen, rooms covered.....	3
Matting, rooms laid with old.....	6
Matting, rooms laid with new.....	1
Mattresses made, new (single).....	19
Mattresses made over (single).....	235
Mattresses made, new (three-quarters).....	3
Mattress made over (three-quarters).....	1
Mattress made, new (double).....	1
Mattresses made over (double).....	2
Mattress ticks made (all sizes).....	325
Mats made .....	9
Pillows made, new (feather).....	61
Pillows made over (feather).....	31
Pillows made, new (hair).....	29
Pillows made over (hair).....	81
Pillow ticks made.....	222

Pillows made (sofa).....	17
Rugs made (large).....	4
Rugs made (small).....	52
Shades made, new.....	136
Shades repaired.....	192
Stools covered.....	57
Tables covered.....	7

## REPORT FROM SEWING-ROOM.

Petticoats.....	356
Pillow slips.....	1,065
Ladies' aprons.....	704
Chemises.....	578
Sheets.....	1,343
Gents' undervests.....	302
Ladies' undervests.....	354
Pairs stockings.....	4
Gents' shirts.....	762
Ladies' drawers.....	135
Window curtains.....	75
Burial drawers.....	48
Camisoles.....	29
Towels.....	3,068
Pairs wristlets.....	34
Holdes.....	72
Dresses.....	733
Pairs bakers' gloves.....	60
Clothes bags.....	15
Burial robes.....	24
Burial chemises.....	24
Tablecloths.....	126
Men's drawers.....	224
Men's aprons.....	489
Sets bed ties.....	19
Bolster cases.....	47
Hemmed blankets.....	364
Dress waists.....	9
Oil-cloth collars.....	24
Trimmed hats.....	35
Linen muffs.....	12
Attendant's caps.....	77
Jelly bags.....	6
Bibs.....	216
Ladies' nightgowns.....	47
Burial skirts.....	24
Dress skirts.....	6

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MEDICAL DIRECTOR'S REPORT.

(27)

New Jersey State Library

## MEDICAL DIRECTOR'S REPORT.

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

GENTLEMEN—The fifty-fifth annual report of the Medical Department of the New Jersey State Hospital at Trenton, for the year ending October 31st, 1902, is respectfully submitted:

### GENERAL RESULTS FOR THE YEAR.

The number of patients at the close of the last fiscal year was ten hundred and sixty-four—five hundred and thirty-seven men and five hundred and twenty-seven women. The number received since, viz., from November 1st, 1901, to October 31st, 1902, inclusive, was two hundred and ninety-eight—one hundred and sixty-five men and one hundred and thirty-three women—making a total under care during the year of thirteen hundred and sixty-two—seven hundred and two men and six hundred and sixty women. Of this number two hundred and twenty-five—one hundred and eleven men and one hundred and fourteen women—have been discharged, as follows: Recovered, eighty-eight; improved, nineteen; unimproved, ten; escaped, two; one hundred and four have died and two have been removed to other institutions. At the close of the fiscal year there remained under care in the Hospital eleven hundred and thirty-seven—five hundred and ninety-one men and five hundred and forty-six women. We close the year with seventy-three more patients—fifty-four men and nineteen women—in the institution than we had under care at the close of the last fiscal year. The largest number under care in the Hospital at any one time during the year was eleven hundred and thirty-six—five hundred and eighty-seven men and five hundred and forty-nine women; the smallest number, ten

hundred and fifty-two—five hundred and thirty-one men and five hundred and twenty-one women. The daily average for the year was: For men, five hundred and forty-three, and for women, five hundred and thirty-one. The general average was about ten hundred and seventy-four.

Death resulted in one hundred and four cases—fifty-five men and forty-nine women. The death rate, in proportion to the whole number under care, was about seven and one-half per centum. This apparent increase in the percentage of deaths, over former years, is readily explained by an examination of tables Nos. VI. and VIII., at the close of this report, showing the ages of those who have been admitted and of those who have died during the year. By reference to these tables, it will be found that no less than sixty-six of those admitted and forty-five of those who have died had already passed their sixtieth year. The number of recoveries during the year was about thirty per centum of the whole number of admissions. This is about the average during the last decade.

#### CONVICT INSANE.

During the year we have had an addition of seven to the number already under care of that class of patients, placed in the institution under the authority of the act of the Legislature approved March 12th, 1869. This act, it will be remembered, authorized the transfer of all convicts from the New Jersey State Prison to the State Hospitals who were at that time or who might subsequently become insane. Attention has so frequently been called in former annual reports to the very great impropriety, not to say injustice, of treating this class of patients in an ordinary hospital for the insane, that I hesitate to again call your attention to the subject. The steady increase, however, in the number of this class in the two State Institutions, and the fact that two or three conspiracies have been formed by them in order to effect their escape, and which, in each case, came nearly resulting in fatal consequences to the attendants who had the immediate care and supervision of them on the corridors of the Hospitals, justifies me in again calling your attention to the

matter and earnestly urging that something may be done to rectify the existing evil. It would seem to be only necessary that the members of the Legislature of the State should fully realize the fact that, under the law as it now is, any member of their own families, unfortunately requiring treatment and care in either of the State Hospitals, is liable to be associated with the convict sent from the State Prison, to create such a sentiment as would result in speedily wiping from the statute-book a law so repugnant to every sentiment of justice and humanity. At the time of the enactment of the law in question there were but very few insane among the convicts, and it was then thought to be necessary and desirable, on the ground of humanity, that these few should have the benefit of the care and treatment afforded them in the Asylum, and which could not be given them under the circumstances at that time in the cells of the Prison. It certainly could not have been realized by the Legislature of that time that the few would have increased to over one hundred insane convicts in so short a period of time, or the law would never have been enacted. As long ago as the year 1875, the Prison Physician, in his annual report, uses the following language: "Several convicts were sent to the Asylum during the year in accordance with the act allowing such disposition to be made of them. To my mind there have always been valid objections to such disposition of the convict insane. In the Asylum they are not and cannot be properly classified, but must of necessity occupy the same wards with those who, in their sane moments, would not associate with convicts and who, when insane, should not be compelled to do so."

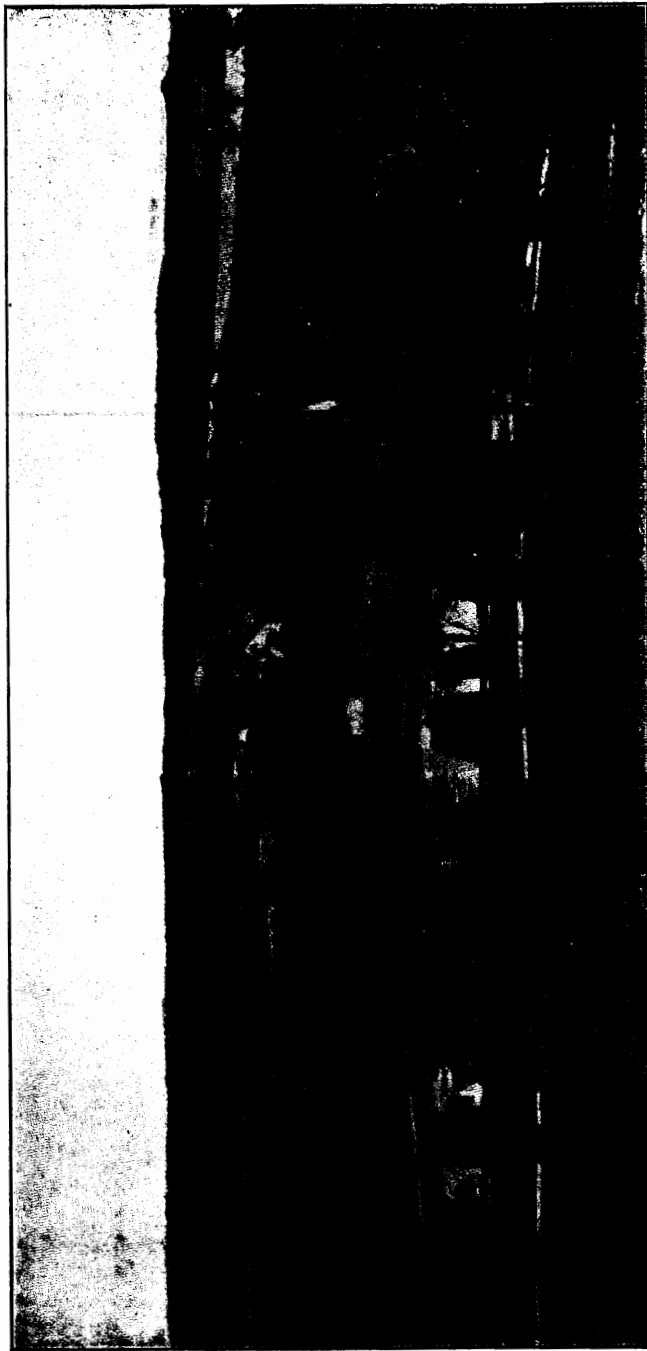
In his annual message to the Legislature, the late Governor Parker referred to the subject as follows: "Under the present law prisoners supposed to be insane are sent to the Asylum for treatment. The construction of the Asylum does not afford accommodations to separate them from other patients, and thus opportunity is given them to escape. This fact is an incentive to some to feign insanity in order to get outside of prison walls. A part of the prison buildings should be prepared for the reception of convicts who become insane, where they may be treated under the superintendence of the physician in charge. An additional reason for a change in this regard is the fact that the friends of the unfortunate inmates of the Asylum complain

that they are subjected to the contact of convicts. I think that there is justice in the complaint and that remedy should be applied."

The late Governor Bedle, also, in one of his annual messages, assumed a similar position in regard to the care of the convict insane, stating that "some separate provision should be made, as more in accordance with the sentence of the law and a natural sense of fairness to the innocent inmates of the Asylum and their friends." Notwithstanding this concurrence of views regarding the disposition of insane convicts on the part of those officers of the State who have given public expression of their opinions on the subject, the law still remains unchanged, and the association of the guiltless with the convict insane is still enforced.

Humanity demands that the convict insane should be properly cared for and that they should have the benefit of every appliance that modern science has demonstrated to be necessary for their proper treatment, and, if possible, restore them to mental health, yet it would be quite as consistent to send a convict suffering from some bodily ailment to the wards of a general hospital for treatment as to send the insane convict to an ordinary hospital for the insane.

A large majority of this class belong to those who have led lives of vice and crime, and their insanity is not infrequently the direct result of such a life of dissipation. As has been very truthfully remarked, "every proper sensibility revolts at the idea of placing such hardened criminals as most of the insane from the convict class are, with what, for convenience, may be called the innocent insane, which embrace in our public institutions many people of the highest character and most refined sensibilities." Apart from the manifest impropriety of associating this class with the ordinary insane, we have in our State Hospitals no arrangements that are suitable for their safe custody. The late honored Chief Justice of this State, in a letter to the writer, made the statement that "the custodial care of the convict insane committed to your care is of equal importance with any plan of treatment that you may institute for their restoration to mental health." The State Hospitals were not originally constructed so as to afford the necessary security against their escape, nor was any provision made in the law of 1869, authorizing their transfer to these institutions,



EXERCISE GROUNDS AND FARM BUILDINGS.

for the construction of apartments properly adapted for their detention. Indeed, the latter arrangement would be difficult, if not quite impossible, without introducing many of the objectionable features of a prison—features most undesirable in a structure set apart for the treatment of that class of our fellows afflicted with mental disease, and in nowise intended as a place for the custodial care of that class of persons who have been tried and convicted for the commission of high crimes. In every hospital in the land set apart for the treatment of insanity, efforts are constantly being made to remove more and more, so far as is possible and consistent with safety, every feature that keeps before the mind of those afflicted the idea of a building constructed for their forcible detention. The only arrangement that would seem to meet all the requirements necessary for the humane and proper care of this class is the erection of a separate building specially designed for the purpose. Several States have already adopted the plan of making separate provision for the care of their convict insane, and the result has been, in each case, satisfactory, successful and economical. This recommendation was made by your Board to a former joint committee of the Legislature, and while they apparently heartily approved of the plan proposed, the committee objected to recommending it on the ground that the number of convict insane of the State was not sufficiently large to warrant the outlay that would be required to carry the suggestion into effect. This argument, however, no longer obtains, since at present there are under care in the two State Hospitals one hundred and four of this class, and the number is steadily increasing. In support of the plan of making separate provision for the care of deranged convicts, I quote the opinion of one of the most celebrated alienists of our country, and one who has given especial attention to the subject of the treatment of insane convicts. He says: "The establishment of an institution for the treatment and safe custody of the convict class has been acknowledged to be a necessity by all alienists. It is impossible to preserve discipline in the prisons and commingle the insane with the convicts at labor, and, clearly, it is not right to confine the insane day and night in the cells. To send them to an ordinary hospital is a great wrong to the afflicted, as well as a great injustice to society. The idea of treating the convict with the ordinary

insane cannot be justified, either as a matter of expediency or of sympathy with the convicts. The policy of every State should be the erection of a special institution for deranged convicts and the exclusion of all classes of criminal insane from the ordinary asylums. Until such is the case, no State is keeping pace with the highest civilization of the age, or possessing a just classification in her institutions, charitable and correctionary.

Some confusion seems to exist in regard to the terms *criminal* and *convict*. The two classes are frequently confounded, and it has been thought by some that it is the desire of the hospital authorities to exclude a class who manifestly should be treated in an ordinary hospital for the insane. The differences between the two classes is very clearly stated by the late Dr. Joseph Draper, who says: "The criminal insane are persons who, under the influence of delusions or morbid propensities, the results of cerebral disease, are prompted to the commission of acts which, in the sane, would be regarded as crimes, and would render them amenable to the laws, but who are not held to responsibility by reason of recognized insanity. Many of this class come from among the most respectable and law-abiding of our citizens, and should not be debarred from the privileges of the insane generally. The class of convict insane are radically different; as a rule they are persons of bad lives previously, who, by their voluntary acts, have been adjudged to have forfeited the privileges of society. They have been isolated from their fellow beings as unworthy associates, and by the decrees of justice been condemned to confinement for a term of years. If it is right to separate this class from society when sane, it is right that they should be separated from the general class of the insane when laboring under mental disorder, provided they receive the care and treatment proper in the progress of civilization and the light of medical science."

#### EPILEPTICS.

We close our fiscal year with ninety-two epileptics under care in this institution, and ninety-eight in the State Hospital at Morris Plains, making a total of one hundred and ninety of this afflicted class in the two State Hospitals. Of this number, one hun-

dred and one are men and eighty-nine are women. The Medical Director of the Hospital for the Northern District of the State, as well as myself, have repeatedly, in our annual reports, called attention to the fact that this peculiarly and sorely afflicted class cannot be properly cared for and treated in an ordinary hospital for the insane. It is a great wrong to the epileptic and prejudicial to the interests and comfort of patients afflicted with other forms of mental disease. Dr. Evans, in his report for the year 1896, very correctly states that "a large portion of the epileptics confined in hospitals for the insane enjoy periods of a few days to several weeks in which they do not have epileptic seizures. In the intervals between their seizures, their minds are often fairly clear and frequently are in a condition, to a great extent, to fully appreciate their surroundings and the relations they bear to their fellow-patients. The excitement incident to maniacal outbursts and other conditions of the ordinary insane tends to increase the number and severity of epileptic seizures."

Again, on the other hand, the effect of an epileptic seizure on other patients and especially on those who are convalescent, is often painful and most depressing. Some effort has been made to remedy this evil by establishing the State Village for Epileptics at Skillman, but from present appearances any positive relief to our State Hospitals from that source can only be looked for in the very distant future. The managers of that institution, on account of scarcity of funds with which to erect suitable buildings, find themselves unable to make provision for but a very small number of those who are daily urgently asking for the admission of epileptics outside of our State Hospitals.

#### STATISTICAL TABLES.

By reference to the statistical tables at the close of this report a more detailed exhibit of the work of the year may be learned. From table No. I. it will be seen that we have had under care during the year thirteen hundred and sixty-two patients—seven hundred and two men and six hundred and sixty women—and from the opening of the institution, ten thousand four hundred and twelve—five thousand two hundred and fifty-three men and

five thousand one hundred and fifty-nine women. Table No. II. gives the number of patients admitted, counties from whence sent and how committed, *i. e.*, whether private, indigent, or convict. Tables Nos. III. and IV. show number of admissions and number of deaths for each month in the year. Table No. V., causes of death. Table No. VI., ages of those who have died and the length of time under care in the Hospital. It will be observed from this table that of the number, one hundred and four, who died during the year, sixty-two were past fifty years of age and nineteen had passed the seventy-fifth year, and twenty-six of the number had been under care in the Hospital from periods of five to thirty years. Tables Nos. VII. and VIII. show ages of those discharged as recovered, and the length of time under care in the Hospital, and ages of those admitted and the length of time deranged prior to admission. Table No. IX., the form of mental derangement. Table No. X., the alleged cause of mental derangement. Table No. XI., nativity of patients admitted, and Table No. XII., number of patients remaining under care in the Hospital at the close of the year and the counties from whence sent. These tables are followed by condensed statistics as to heredity, suicidal and homicidal tendency, intemperance in the use of alcohol and narcotics, intemperance in the parents of patients committed and the civil condition of patients admitted to the Hospital.

## SPECIAL PATHOLOGIST.

Your attention is particularly called to the report of the Special Pathologist. Very full and careful reports are made of those cases where permission could be obtained from friends to make post-mortem examinations. There seems to exist such a decided prejudice in most cases, in regard to allowing an autopsy that it is often most difficult to obtain permission from friends of patients to make such examinations. The Pathologist very truthfully states that "the number of cases is very small in proportion to the number of deaths occurring in the Hospital, and as usual many interesting cases, and perhaps cases that would be of benefit to the living, no examination after death could be had."

In closing this review of the operations of the Medical Department of the Hospital for the year, I take this opportunity to express to the several members of the staff my appreciation of and thanks for assistance rendered me in conducting its affairs, and also to the Warden for courtesies extended to the Medical Department. Thanking your Board for continued confidence in me and for support given in my efforts to discharge the duties of my office, this report is respectfully submitted.

JOHN W. WARD.

NEW JERSEY STATE HOSPITAL,  
TRENTON, November 1st, 1902.

## STATISTICAL TABLES.

TABLE No. I.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Patients in the Hospital October 31st, 1901.....	537	527	1,064
Received since to November 1st, 1902.....	165	133	298
Under treatment during the year.....	702	660	1,362
	<i>M.</i>	<i>W.</i>	<i>T.</i>
Discharged recovered .....	38	50	88
Discharged improved .....	9	10	19
Discharged unimproved .....	5	5	10
Died .....	55	49	104
Escaped .....	2	0	2
Removed to other institutions...	2	0	2
Total discharged, died, &c.....	111	114	225
Remaining October 31st, 1902.....	591	546	1,137
Whole number of cases received and treated from the opening of the institution, May 15th, 1848. to November 1st, 1902.....			
	5,253	5,159	10,412
	<i>M.</i>	<i>W.</i>	<i>T.</i>
Discharged recovered .....	1,720	1,812	3,532
Discharged improved .....	936	1,066	2,002
Discharged unimproved .....	180	188	368
Escaped .....	25	5	30
Not insane .....	19	11	30
Died .....	1,458	1,212	2,670
Removed to other institutions...	324	319	643
Total discharged, died, &c.....	4,662	4,613	9,275
Remaining Octoebr 31st, 1902.....	591	546	1,137

TABLE No. II.

RESIDENCE OF THOSE COMMITTED DURING THE YEAR AND HOW COMMITTED.

Counties.	—INDIGENT.—			—PRIVATE.—			—CONVICT.—		
	M.	W.	T.	M.	W.	T.	M.	W.	T.
Atlantic	1	..	1	1	..	1	1	..	1
Bergen	..	..	..	2	..	2	..	..	..
Burlington	4	..	4	4	2	6	..	..	..
Camden	5	9	14	..	1	1	1	..	1
Cape May	5	3	8	1	1	2	..	..	..
Cumberland	5	..	5	..	..	..	..	..	..
Gloucester	9	3	12	..	..	..	..	..	..
Hunterdon	12	7	19	3	..	3	..	..	..
Mercer	36	33	69	7	10	17	2	..	2
Middlesex	20	22	42	6	1	7	..	..	..
Monmouth	21	22	43	4	..	4	..	..	..
Ocean	1	4	5	2	1	3	1	..	1
Passaic	..	..	..	..	1	1	..	..	..
Salem	3	..	3	1	..	1	1	..	1
Somerset	4	11	15	..	1	1	1	..	1
Union	..	..	..	..	1	1	..	..	..
Total...	126	114	240	32	19	51	7	..	7

TABLE No. III.

Admitted during the month of—	Men.	Women.	Total.
November, 1901	12	9	21
December	6	9	15
January, 1902	9	11	20
February	9	5	14
March	23	12	35
April	16	20	36
May	18	12	30
June	13	15	28
July	13	14	27
August	15	8	23
September	24	15	39
October	7	3	10
Total.....	165	133	298

TABLE No. IV.

Died during the month of—	Men.	Women.	Total.
November, 1901.....	1	4	5
December	7	7	14
January, 1902	6	4	10
February	9	6	15
March	2	4	6
April	7	5	12
May	2	7	9
June	3	3	6
July	5	5	10
August	5	2	7
September	6	1	7
October	2	1	3
Total.....	55	49	104

TABLE No. V.

CAUSES OF DEATH.

	Men.	Women.	Total.
Pulmonary consumption	4	8	12
General paresis	9	1	10
Paralysis	4	6	10
Apoplexy	7	4	11
Epilepsy	5	4	9
Typhomania	2	2	4
Old age	2	5	7
Bright's disease of the kidneys	2	1	3
Pneumonia	3	1	4
Organic disease of the heart	2	6	8
Senile gangrene	1	1	2
Progressive locomotor ataxia	3	..	3
Abscess of brain	1	..	1
Chronic diarrhoea	1	1	2
Cirrhosis of the liver	2	1	3
Meningitis	1	..	1
Delirium tremens	1	..	1
Uræmic convulsions	1	..	1
Peritonitis	1	1	2
Chronic gastritis	..	1	1
Erysipelas	..	2	2
Cerebral embolism	1	..	1
General chronic exhaustion	2	4	6
Total.....	55	49	104

TABLE No. VI.

AGES OF THOSE WHO HAVE DIED DURING THE YEAR AND THE LENGTH OF TIME UNDER CARE IN THE HOSPITAL.

Age.	M.	W.	T.	Length of Time.	M.	W.	T.
Under twenty years.....	1	..	1	Less than one week.....	4	2	6
Twenty to twenty-five... ..	..	..	..	One to two weeks.....	1	2	3
Twenty-five to thirty....	1	2	3	Two weeks to one month.	3	6	9
Thirty to thirty-five....	2	3	5	One to three months....	8	1	9
Thirty-five to forty.....	9	4	13	Three to six months....	6	6	12
Forty to forty-five.....	3	3	6	Six to nine months....	4	3	7
Forty-five to fifty.....	8	6	14	Nine months to one year,	2	3	5
Fifty to fifty-five.....	3	4	7	One to two years.....	5	2	7
Fifty-five to sixty.....	5	5	10	Two to three years....	3	5	8
Sixty to sixty-five.....	3	2	5	Three to four years....	4	3	7
Sixty-five to seventy....	4	4	8	Four to five years.....	3	2	5
Seventy to seventy-five..	10	3	13	Five to ten years.....	5	6	11
Seventy-five to eighty... 2	7	9	Ten to fifteen years....	1	4	5	
Over eighty years.....	4	6	10	Fifteen to twenty years..	1	1	2
				Twenty to thirty years..	2	..	2
				Over thirty years.....	3	3	6
Total .....	55	49	104	Total .....	55	49	104

TABLE No. VII.

AGES OF THOSE DISCHARGED AS RECOVERED AND LENGTH OF TIME UNDER CARE IN THE HOSPITAL.

Age.	M.	W.	T.	Length of Time.	M.	W.	T.
Under twenty years.....	2	2	4	Less than three months..	4	12	16
Twenty to thirty years..	10	10	20	Three to six months....	7	14	21
Thirty to forty years....	13	9	22	Six to nine months....	10	15	25
Forty to fifty years....	9	14	23	Nine months to one year,	7	5	12
Fifty to sixty years....	4	9	13	One to two years.....	5	3	8
Sixty to seventy years..	..	6	6	Two to three years....	3	1	4
				Three to four years....	..	..	..
				Four to five years.....	2	..	2
Total .....	38	50	88	Total .....	38	50	88

TABLE No. VIII.

AGES OF THOSE ADMITTED DURING THE YEAR AND DURATION OF INSANITY PRIOR TO ADMISSION.

Age.	M.	W.	T.	Duration of Insanity.	M.	W.	T.
Under twenty years.....	8	6	14	Less than one week....	5	4	9
Twenty to twenty-five... 8	8	16	One week to one month..	20	9	29	
Twenty-five to thirty....	12	7	19	One to three months....	16	19	35
Thirty to thirty-five....	19	14	33	Three to six months....	23	14	37
Thirty-five to forty.....	16	18	34	Six to nine months....	17	12	29
Forty to forty-five.....	23	12	35	Nine months to one year,	6	6	12
Forty-five to fifty.....	17	14	31	One to two years.....	15	8	23
Fifty to fifty-five.....	12	8	20	Two to three years....	19	10	29
Fifty-five to sixty.....	8	12	20	Three to four years....	7	12	19
Sixty to sixty-five.....	10	5	15	Four to five years....	6	2	8
Sixty-five to seventy....	8	4	12	Five to ten years.....	8	5	13
Seventy to seventy-five..	8	6	14	Ten to fifteen years....	4	9	13
Seventy-five to eighty... 4	8	12	Fifteen to twenty years..	4	5	9	
Over eighty years.....	6	7	13	Over twenty years.....	6	8	14
Unknown .....	6	4	10	Unknown .....	9	10	19
Total .....	165	133	298	Total .....	165	133	298

TABLE No. IX.

FORM OF MENTAL DERANGEMENT.

Form.	Men.	Women.	Total.
Mania, acute .....	22	25	47
Mania, chronic .....	14	17	31
Maina, recurrent .....	5	10	15
Mania, puerperal .....	..	4	4
Dementia, acute .....	12	7	19
Dementia, chronic .....	34	21	55
Dementia, senile .....	8	16	24
Melancholia, acute .....	9	10	19
General paresis .....	9	..	9
Epilepsy .....	12	4	16
Congenital .....	4	5	9
Alcoholism .....	15	4	19
Opium habit .....	4	1	5
Total .....	165	133	298

TABLE No. X.

## ALLEGED CAUSES OF INSANITY.

	Men.	Women.	Total.
General ill health.....	23	16	39
Domestic affliction—loss of friends, &c.....	4	9	13
Domestic troubles.....	7	12	19
Business troubles—loss of property, &c.....	19	8	27
Loss of sleep, overwork, &c.....	10	12	22
Puerperal state.....	..	4	4
Old age.....	7	15	22
Epilepsy.....	12	4	16
Vicious habits and indulgences.....	15	2	17
Specific diseases.....	6	2	8
Intemperance in the use of alcohol.....	21	4	25
Sunstroke—heat exhaustion.....	..	2	2
Injury to head.....	7	1	8
Congenital.....	4	4	8
Disappointed affections.....	..	2	2
Menopause.....	..	6	6
Menstrual trouble.....	..	4	4
La grippe.....	..	2	2
Opium habit.....	4	1	5
Over study.....	3	1	4
Religious excitement.....	1	4	5
Following surgical operations.....	1	3	4
Unknown.....	21	15	36
Total.....	165	133	298

TABLE No. XI.

## NATIVITY OF PATIENTS ADMITTED.

	Men.	Women.	Total.
New Jersey.....	91	64	155
Pennsylvania.....	10	9	19
New York.....	9	8	17
Massachusetts.....	2	..	2
Maryland.....	3	..	3
Virginia.....	1	3	4
Ohio.....	2	1	3
Vermont.....	..	1	1
Rhode Island.....	..	1	1
Missouri.....	..	1	1
Connecticut.....	..	1	1
Michigan.....	..	1	1
North Carolina.....	..	1	1
Germany.....	6	9	15
England.....	5	5	10
Ireland.....	8	12	20
Denmark.....	3	2	5
Austria.....	5	..	5
Poland.....	3	..	3
Hungary.....	3	3	6
Russia.....	3	2	5
Italy.....	6	..	6
Unknown.....	5	9	14
Total.....	165	133	298

TABLE No. XII.

PATIENTS REMAINING IN THE HOSPITAL OCTOBER 31ST, 1902, AND COUNTIES FROM WHENCE SENT.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Atlantic .....	8	4	12
Bergen .....	2	1	3
Burlington .....	9	2	11
Camden .....	25	21	46
Cape May .....	14	20	34
Cumberland .....	6	..	6
Essex .....	1	3	4
Gloucester .....	32	29	61
Hudson .....	3	2	5
Hunterdon .....	20	34	54
Mercer .....	154	132	286
Middlesex .....	122	116	238
Monmouth .....	71	91	162
Morris .....	..	1	1
Ocean .....	28	28	56
Salem .....	9	3	12
Somerset .....	48	51	99
Union .....	..	3	3
New Jersey .....	39	3	42
New York .....	..	1	1
Pennsylvania .....	..	1	1
Total .....	591	546	1,137

## HEREDITY.

In eighty-five cases—forty-one men and forty-four women—of those admitted during the year, there was acknowledged hereditary predisposition to insanity. In thirty-eight cases—twenty-one men and seventeen women—the hereditary taint was in the paternal; in forty-two cases—sixteen men and twenty-six women—in the maternal; and in five cases—four men and one woman—in both the paternal and maternal lines. In one hundred and thirty cases—seventy-eight men and fifty-two women—hereditary predisposition was denied as existing, and in eighty-three cases—forty-six men and thirty-seven women—the history of the family of the patient was unknown or could not be ascertained.

## SUICIDAL TENDENCY.

In twenty-five cases—ten men and fifteen women—there existed a decided suicidal tendency, and in thirty cases—thirteen men and seventeen women—suicide was threatened but no actual attempt was made at self-injury.

## HOMICIDAL TENDENCY.

In twenty-two cases—seventeen men and five women—there existed a decided homicidal tendency, and in forty-three cases—thirty men and thirteen women—homicide was threatened.

## INTEMPERANCE.

In forty cases—thirty-five men and five women—there was acknowledged intemperance in the use of alcohol, and in five cases—two men and three women—the opium or cocaine habit existed.

## INTEMPERANCE IN PARENTS.

In twenty-one cases—twelve men and nine women—the father of the patient was intemperate in the use of alcohol, in four cases—two men and two women—the mother was intemperate, and in three cases—one man and two women—both the father and mother.

## CIVIL CONDITION.

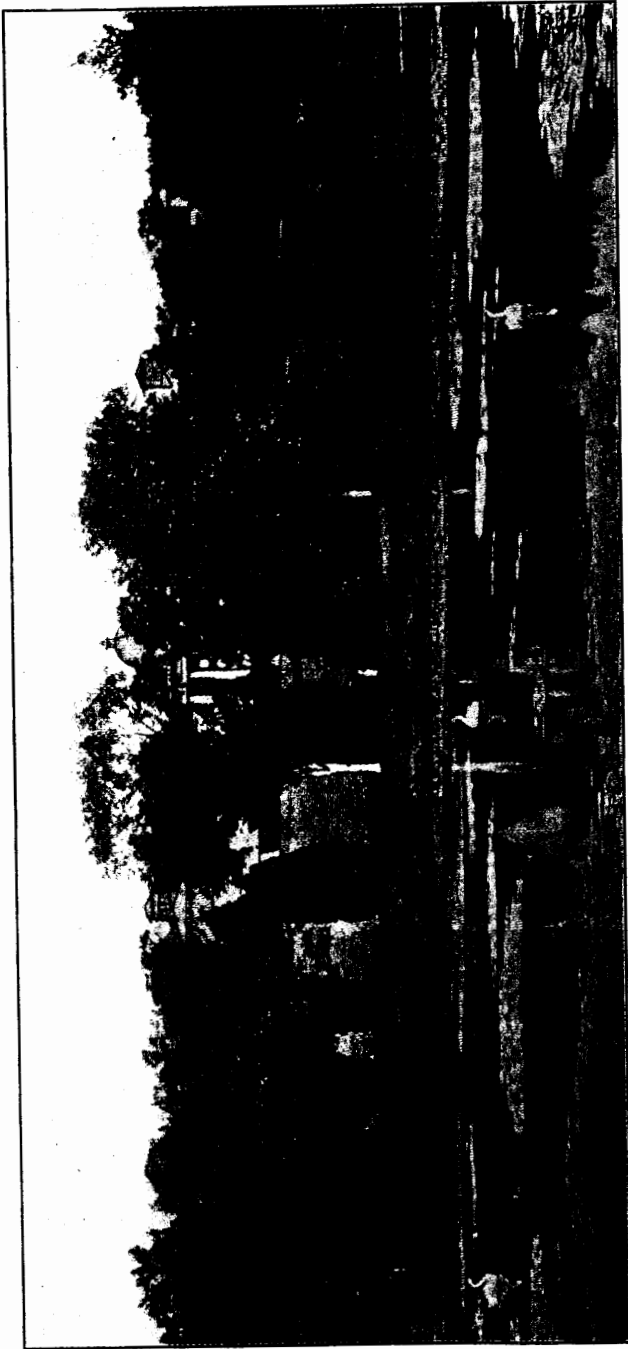
Of the two hundred and ninety-eight patients admitted during the year, one hundred and thirty-five—eighty-one men and fifty-four women—were married, and one hundred and twenty—seventy-two men and forty-eight women—were single. Six were widowers, twenty-seven were widows and in ten cases—six men and four women—the civil condition was unknown or could not be ascertained.

## ACKNOWLEDGMENTS.

Our thanks are especially due to Mr. Charles E. Montague, of Easton, Pa.; Mrs. Charles H. Folwell, of Mount Holly, and Miss Anna Hutchinson and Professor Levi Seeley, of Trenton, for generous donations of books, magazines, illustrated papers, &c., for the use of the members of our household. The donation of Mr. Montague consisted of several large boxes of bound volumes of Harper's, Scribner, the Century and other magazines, and unbound numbers for general distribution through the wards of the Hospital.

We are also under renewed obligations to the editors and proprietors of the following list of dailies and weekly newspapers for gratuitous copies, throughout the year, for the use of our patients:

Daily State Gazette.....	Trenton.
Daily True American.....	Trenton.
Trenton Times .....	Trenton.
Salem Sunbeam .....	Salem.
National Standard .....	Salem.
South Jerseyman .....	Salem.
New Jersey Mirror.....	Mount Holly.



BUILDINGS AND LAKE.

Mount Holly Herald.....	Mount Holly.
Monmouth Democrat .....	Freehold.
Monmouth Inquirer .....	Freehold.
New Jersey Patriot.....	Bridgeton.
Bridgeton Chronicle .....	Bridgeton.
Elmer Times .....	Elmer.
Bound Brook Chronicle.....	Bound Brook.
Burlington Gazette .....	Burlington.
New Jersey Enterprise .....	Burlington.
Hunterdon County Democrat .....	Flemington.
Democrat-Advertiser .....	Flemington.
The Constitution .....	Woodbury.
Unionist-Gazette .....	Somerville.
Somerset Democrat .....	Somerville.
Beverly Banner .....	Beverly.
Ocean County Democrat.....	Toms River.
Dover Index .....	Dover.
Herald and Times .....	Atco.
Hopewell Herald .....	Hopewell.
Glassboro Enterprise .....	Glassboro.
Hunterdon Independent .....	Frenchtown.
Burlington County Democrat .....	Mount Holly.
Times and Journal .....	Lakewood.

## REPORT OF SPECIAL PATHOLOGIST.

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*John W. Ward, M.D., Medical Director:*

SIR—I herein submit my report of work done in the Laboratory for the year ending November 1st, 1902.

The usual microscopical and chemical examinations for purposes of diagnosis have been carried on, and eleven autopsies have been made. Of these four were complete, in five the spinal cord was not removed, in one the examination was limited to the contents of the thoracic and abdominal cavities. The results of these examinations were as follows:

Case No. 25.—Female. Sixty-four years of age (?). In Hospital seventeen months. Mental disease, senile dementia. Died under symptoms of exhaustion, after pulmonary phthisis. Pathological findings—Oedema of the brain (hydrocephalus externus), thrombosis of the left middle cerebral artery, shrinking of the convolutions in general, pigmentary deposit in the large cells of the paracentral lobule of the cortex, diffused tuberculosis of the lungs, slight fibroid degeneration of the heart muscle, chronic congestion of the liver, chronic gastritis, chronic diffuse nephritis. Cause of death, pulmonary tuberculosis.

Case No. 26.—Male. Eighty-two years of age. In Hospital twenty-three months. Mental disease, senile dementia. Death under symptoms of exhaustion. Pathological findings—Chronic leptomeningitis, pigmentary degeneration of the cortical cells, chronic bronchopneumonia, hypertrophy of the heart muscle, chronic congestion of the liver and spleen, chronic interstitial nephritis. Cause of death, senility, chronic nephritis.

Case No. 27.—Female. Fifty years of age. In Hospital thirteen years. Mental disease, "chronic melancholia." Death under symptoms of asthenia. Pathological findings—Chronic leptomeningitis, edema of the lungs and localized pneumonia, thickening of the aorta and mitral valves, and narrowing of the cardiac orifices guarded by them, slight chronic gastritis, interstitial nephritis. Cause of death, valvular disease of the heart, pneumonia.

- Case No. 28.—Female. Thirty-nine years of age. In Hospital two months. Mental disease, "delusional insanity." Died under symptoms of exhaustion from sepsis. Pathological findings—Tuberculous deposit, empyema, and abscess of the left lung, pigmentary degeneration of the cortical cells, slight round cell infiltration about the vessels of the cortex, slight parenchymatous nephritis. Cause of death, empyema, pulmonary abscess.
- Case No. 29.—Male. Seventy-four years of age. In Hospital three years. Mental disease, senile dementia, death under symptoms of marasmus. Pathological findings—Chronic lepto and pachymeningitis, intense atheroma of cerebral vessels, pigmentary degeneration of the cortical cells, and of the cells of the anterior horns of the spinal cord, an old focus of softening in the outer portion of the right lenticular nucleus, slight degeneration of the fibres of the left crossed pyramidal and of the right anterior pyramidal tract, thickening of the mitral and aortic orifices, and general arterial atheroma, connective tissue increase in the liver, spleen and kidneys. Cause of death, marasmus, chronic nephritis.
- Case No. 30.—Female. Forty years of age. In Hospital three and a half years. Mental disease, "delusional insanity." Died suddenly at night. Pathological findings—Chronic meningoencephalitis, cystic ovary, fibroid tumors of the uterus. Cause of death, a parietic seizure.
- Case No. 31.—Male. Sixty-three years of age. In Hospital three months (second admission). Mental disease, organic dementia. Only the brain examined. Pathological findings—Oedema of the brain-external hydrocephalus, intense atheroma of the cerebral arteries, old areas of softening in the left supramarginalgyrus, and in the right second temporal convolution. The large cells of the paracentral lobule appear swollen, their processes are irregular and broken, and they contain a great deal of brownish pigment.
- Case No. 32.—Female. Fifty-six years of age. In Hospital thirty years. Mental disease, terminal dementia. Died suddenly under symptoms of asthenia. Pathological findings—Chronic leptomeningitis, congestion and oedema of the brain, swelling irregularity of pigment and breaking off of the processes of the large cortical cells, very extensive pleural adhesions, old and recent cardiac hypertrophy, chronic interstitial nephritis. Cause of death, asthenia pleural adhesions.
- Case No. 33.—Male. Fifty-six years of age. In Hospital thirty-six years. Mental disease, terminal dementia. Death under symptoms of exhaustion after chronic dysentery. Pathological findings—Chronic leptomeningitis, shrinking of the convolutions, a small cyst in the outer part of the right lenticular nucleus, degenerative changes in the cells of the cortex, atheroma of the cerebral arteries, degeneration in the posterior columns of the cord, hypertrophy of the

heart muscle, chronic pneumonia, chronic ulcerative colitis, chronic interstitial nephritis. Cause of death, exhaustion from chronic colitis.

- Case No. 34.—Male. Seventy-four years of age. In Hospital one week. Mental disease, senile dementia. Death under dropsy and symptoms of cardiac asthenia. Pathological findings (brain not examined)—Thickening and deformity of the aortic orifice, cardiac hypertrophy, arterial atheroma, connective tissue increase in the liver and spleen, chronic diffuse nephritis. Cause of death, valvular disease of the heart, chronic nephritis.
- Case No. 35.—Male. Thirty-eight years of age. In Hospital two hours. Mental disease, delirium tremens. Died suddenly, shortly after admission. Pathological findings—Very firm dural adhesions, intense congestion of the pia-arachnoid, brain soft and edematous, cells of the cortex show pigment deposit and chromatolysis, intense congestion of the lungs, fatty degeneration of the liver, and to a slight extent of the heart muscle, chronic gastritis, chronic diffuse nephritis. Cause of death, alcoholic poisoning, fatty heart.

Upon several of these cases some comments seem permissible.

Case 30 was that of a colored woman of forty years of age, which had been diagnosed as "delusional insanity." The patient died suddenly at night without any special physical illness having been noted. The gross anatomical findings were reported at the time of the autopsy as not furnishing adequate evidence as to the cause of death. The microscopical examination, however, showed thickening of the pia-arachnoid and very extensive round cell infiltration about the vessels of both the cortex and the pia, a meningoencephalitis, hence the case was in all probability one of general paresis, and death occurred in a parietic seizure.

Case 31 was that of a man of sixty years of age, who was first admitted in February, 1901, his illness having begun with an epileptiform attack. He was depressed, then excited, but gradually improved, and went home in fairly good condition after a three-months' sojourn in the Hospital. He was re-admitted one year later, at which time he showed great motor excitement, was very destructive, babbled constantly in an incoherent manner, recognized no one, had lost the power of appreciation of his surroundings and "appeared to be deaf." He continued restless and incoherent, about a month after his admission had an epileptiform attack, gradually sank, and died about two months after his admission.

The autopsy showed an area of softening about 6 cm. by 2 cm. in extent, in the parietal lobe involving chiefly the supramarginal-gyrus on the left side, and another similar area of about the same size in the second right temporal convolution. The lesion on the left side occupied a considerable area in Flechsig's "parietal association centre," and accounts quite well for the patient's failure to recognize persons, and inability to appreciate his surroundings—"mind blindness." Lesions of the two upper temporal convolutions are usually followed by word deafness, the word hearing function being situated in this region, on the left side in right-handed persons, and *vice versa*. In this case there is no record as to whether the patient was right-handed or left-handed.

Case No. 33 was that of a man of fifty-six years of age, who had been in the Hospital for thirty-six years, and for an unrecorded period had been bedridden. He had a paraplegia with atrophy of the anterior muscles of both legs, and loss of knee jerk, but showed neither speech disturbance nor abnormal pupillary reactions. His mental symptoms, which had begun in early life, and long antedated the paralysis, were at no time suggestive of general paresis. The paraplegia was thought to be due to either an old multiple neuritis or to a myelitis of the lumbar enlargement.

The microscopical examination, however, showed no degeneration of the nerves of the legs, nor was any myelitic focus to be found. There was, however, marked degeneration in the posterior columns, in the lumbar region diffused, in the dorsal and cervical regions sharply limited to the columns of Goll. The case must probably be considered as one of tabes, occurring secondarily in the course of a psychosis, since the mental symptoms, beginning in early life, persisted for years before the spinal symptoms appeared. Again, the cortex showed one of the changes characteristic of general paresis. The case is interesting as bearing upon the question as to whether disease of the posterior columns occurring in the course of a mental disease stamps the case as one of general paresis. Its evidence is decidedly in favor of the negative view of this question.

THE CHANGES OBSERVED IN THE NERVE CELLS OF THE CEREBRAL CORTEX IN THIRTY-TWO CASES OF INSANITY.

In a previous report (for 1900) the writer stated that in this laboratory the examinations of the nerve cells of the cortex was made a routine practice, but at that time the number of cases examined was too few to merit description.

These examinations have been continued, and up to the present time sections from thirty-two brains have been studied. The routine method has been hardening in alcohol, paraffine embedding and staining with methylene or teluidin blue. The sections have usually been taken from (1) the paracentral lobule; (2) the second frontal convolution adjoining the precentral sulus, and (3) from a lip of the clacarine fissure. The condition of the giant cells of the paracentral lobule has been in the main taken as the standard, since, unless the changes are very profound, it is difficult to determine their presence in the smaller cells. As has been pointed out by many writers, the conditions under which the brains of the insane have usually to be examined are unfavorable, so far as connecting cell lesions with mental symptoms is concerned. After death, putrefactive changes speedily begin, and in only a limited number of cases can the autopsy be made early enough to certainly exclude the presence of such changes.

In the majority of cases, the initial mental diseases has run through the acute part of its course, and the patient has passed into the chronic, secondary or terminal stage. Again, death is not usually due to the brain involvement alone, but there is present some complicating somatic disease, which in itself is capable of causing changes in the nerve cells. Examples of such common diseases are tuberculosis, Bright's disease, affections of the heart and vessels and chronic gastro-intestinal diseases, which are probably complicated by auto-intoxications. Failing such definite disease, patients often fall into a condition of inability to absorb and assimilate food, and die practically of chronic starvation, a condition which has experimentally been shown to produce decided changes in the nerve cells. Lastly, a great number of the cases coming to autopsy have passed middle life, when involutionary changes in the cells are to be expected.

These considerations, to some extent, explain our failure so far to discover definite cell lesions in insanity, and furnish reasons for great caution in the interpretation of the changes which we do find. In the cases examined the diagnosis were as follows: Terminal dementia, 12 cases; senile dementia, 8 cases; organic dementia, 4 cases; general paresis, 4 cases; epileptic dementia, 1 case; delusional insanity, 1 case; delirium tremens (in a chronic alcoholic), 1 case; acute delirium, 1 case.

The immediate causes of death were—exhaustion (marasmus) in 8 cases; pulmonary tuberculosis in 5 cases; chronic nephritis in 4 cases; pleurisy in 2 cases; cerebral hemorrhage in 2 cases; cerebral thrombosis in 1 case; disease of the heart in 3 cases; a convulsive seizure in 3 cases; chronic dysentery in 1 case; gangrene of the feet in 1 case; abscess of the lung in 1 case; alcoholism in 1 case.

The ages of the patients varied from twenty-seven years (in the case of acute delirium) to eighty-two years. All but five of them were over forty years, and more than half over fifty years of age. The time after death at which the autopsy was made varied from one and one-half to twenty-four hours.

The following changes were observed: In all except three cases, in which sections from the paracentral lobule (hence, the giant cells) were not studied, the cells contained a greater or less amount of dark yellow or brown pigment. In some cases it was even found in the large pyramidal cells of other regions than the paracentral lobule. This pigment deposit was most marked in the senile demented, in the organic and terminal demented who had reached an advanced age, and in a case of delirium tremens in a man of thirty-eight years of age. In all cases many of the cells which contained pigment appeared otherwise normal, but there were always a greater or lesser number of cells which showed breaking up and faint or irregular staining of the Nissl bodies (diffuse chromatolysis), swelling and irregularity of their outlines, breaking off of their processes, and displacement of the nucleus toward the periphery. These degenerated cells were present in greatest number in the 4 cases of general paresis; in 2 patients, aged thirty-nine, who died of pulmonary abscess (tuberculous in origin), with long-continued fever of hectic type; in 2 cases in which there were large areas of softening in the brain, in 1 case

complicated by tabes, in the case of delirium tremens, and in a senile dement who had convulsions. In this last case, and in the single case of epileptic dementia, displacement of the nuclei was specially marked. In the case of acute delirium no sections from the paracentral lobule were made. The large pyramidal cells of the central region, however, appeared pale, stained badly, and the Nissl bodies could not be made out. They also seemed to be reduced in number. In the cases of general paresis there was diminution in the number of cells, besides degeneration of many of those present. Considering the changes found as a whole, they correspond, in the main, to those characterizing senile involution of the cells, and nearly all of the subjects had reached an age at which such changes are to be expected. It has been clearly pointed out, moreover, that in the insane such changes are apt to occur earlier and are more intense than in the mentally sound.

The writer failed to determine the presence of the so-called "axonal reaction" (the changes which occur in a nerve-cell when its axis cylinder is cut) in any case.

Neither were the changes which have been described as characteristic of cadaveric alterations prominent, though some of the autopsies were made as late as eighteen and twenty-four hours after death. Reviewing the findings, it will be seen that though they are quite typical of what is usually observed in the brains of the chronic insane, they cannot be considered as specific, but are more readily accounted for as being due to senile or presenile involution, and to the somatic diseases of the patients. Within the past decade, an enormous quantity of work has been done on the pathology of the nerve cells, and the literature of the subject is too voluminous to be quoted here.

While certain essentially different changes have been pretty clearly made out, the hope that in the nerve-cell alterations, characteristic of each different disease, or of the action of each specific poison, could be determined, has hardly been realized, and it does not now seem likely that it ever will be.

The writer wishes again to call attention to the difficulty experienced in securing autopsies. The number made is very small in proportion to the number of deaths occurring, and as usual in a good many interesting cases, no post-mortem could be had. It is recommended that a carbonic acid-freezing at-

tachment, a large brain microtome, a set of apparatus for centrifugal analysis of urine, and a camera for photo-micrography be purchased, and that the employment of a special laboratory attendant be authorized.

Respectfully submitted,  
CHARLES LEWIS ALLEN, M.D.

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BY-LAWS, FORMS, ETC.

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## EXTRACTS FROM THE BY-LAWS.

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### ADMISSION OF PATIENTS.

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#### ORDER OR WARRANT FILED.

1. Whenever a patient is sent to the Hospital by the order of any court, justice or judge, the order or warrant, or a copy thereof, by which such person is sent, shall be lodged with the Medical Director.

#### CLEANLINESS.

2. Each patient, before admission, shall be made perfectly clean, and be free from vermin or any contagious or infectious disease.

#### CLOTHING FOR MEN.

3. Each male patient shall be provided with at least two shirts, a new and substantial coat, vest and pantaloons, of strong woolen cloth, two pairs of socks, a black cravat, a good hat or cap, and a pair of new shoes or boots, together with a comfortable outside garment.

#### CLOTHING FOR WOMEN.

4. Each female patient, in addition to the same quantity of undergarments, shoes and stockings, shall have a flannel petticoat, two good dresses, also a cloak or other outside garment. In case the patient is so much excited as not to admit of being thus clothed, other clothing that can be kept on, that is comfortable and in sufficient quantity, with a change thereof, may be substituted.

It is very desirable that extra and better apparel should be sent with those accustomed to it, that when they become better, and when they attend religious worship, walk or drive out, their self-respect may be preserved.

In all cases the patient's best clothing should be sent; it will be carefully preserved, and only used when deemed necessary, for the purpose above mentioned.

JEWELRY, ETC.

5. Jewelry and all superfluous articles of dress, knives, &c., should be left at home, as they are liable to be lost.

HISTORY OF CASE.

6. A written history of the case should be sent with the patient, and, if possible, someone acquainted with him should accompany him to the Hospital, from whom minute, but often essential, particulars may be learned.

BOND, ETC.

7. A bond, with satisfactory sureties, will be required for the payment of the board and expenses, and for the removal of the patient when discharged, of all persons, except those sent at the expense of the counties.

Those who bring friends should be prepared to give such bond, and, if strangers, bring evidence of their responsibility.

REQUIREMENTS FOR ADMISSION OF PATIENTS

To the New Jersey State Hospital at Trenton.

*Same Procedure Necessary in Case of Either Private or Indigent Patients, Except that a Bond with Proper Sureties Must be Executed in Case of Private Patients.*

STATE OF NEW JERSEY.

REQUEST FOR COMMITMENT OF A PATIENT TO STATE HOSPITAL FOR THE INSANE.

*To the Medical Director of the New Jersey State Hospital of Trenton:*

The undersigned, of . . . . ., in the county of . . . . ., and  
City or town.

State of . . . . ., being desirous of having . . . . ., an  
Full name of patient.

insane person of the county of . . . . ., and State of . . . . ., committed to and confined as an indigent patient in The New Jersey State Hospital at Trenton, hereby requests the admission therein of the said . . . . ., for the purpose aforesaid. Said . . . . .  
Full name of patient. Full name of patient.

was born at . . . . ., on . . . . ., resides at . . . . .  
City or town. Date of birth. State patient's resi-

. . . . ., and is a . . . . . The under-  
dence with particularity. Profession, trade or calling of patient.

signed is a . . . . . of the said  
State degree of relation or other circumstance of connection between patient and person making request.

. . . . .  
Full name of patient.

Dated . . . . ., 19 . . . . .

Name of person making request, . . . . .

P. O. Address, . . . . .

Street and number, . . . . .

City, . . . . .

County, . . . . .

State, . . . . .

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Trenton has been requested by ....., of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*) .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19..... (*If patient has ever been an inmate of an institution for the insane, state when and where.*)

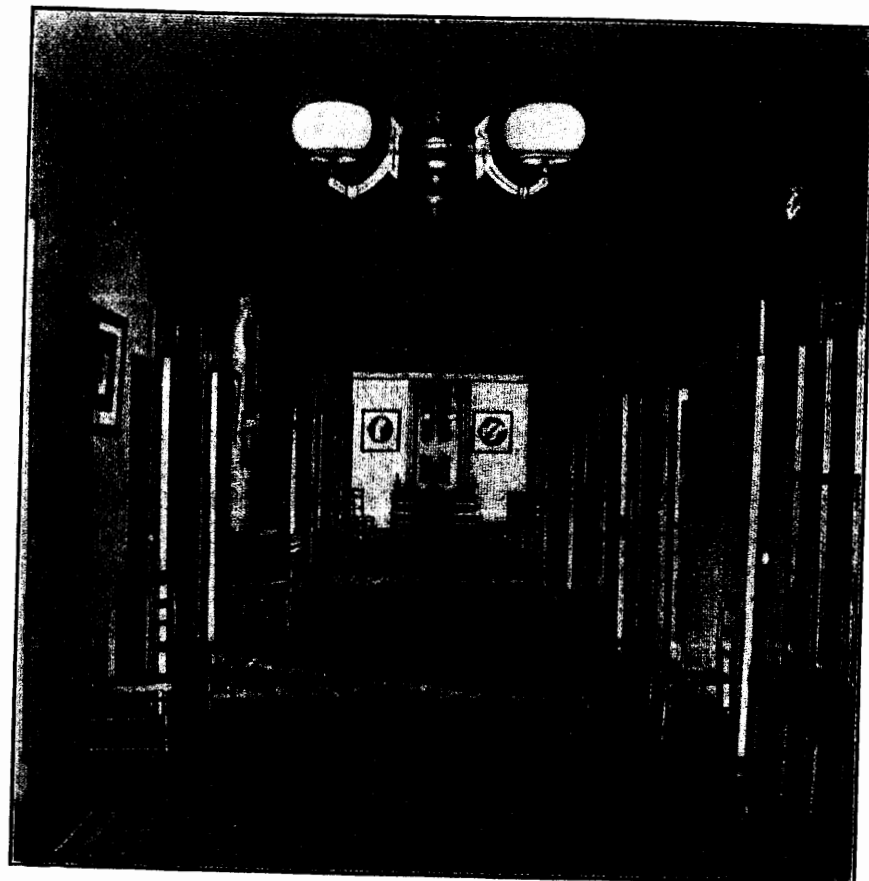
4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal. (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)



PATIENTS' CORRIDOR.

8. What is the supposed cause of the insanity? (State both predisposing and exciting causes, if known.)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (State any hereditary taint of insanity that can be ascertained.)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said . . . . . upon which my opinion is founded:

(1) The patient said (state what the patient said, if anything, in the presence of the physician):

(2) The patient (state what the patient did, in the presence of the physician, and also describe his or her appearance and manner):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.)

....., Physician.

AFFIDAVIT.

State of New Jersey, county of . . . . ., ss.— . . . . . being duly sworn according to law, on his oath says that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

Sworn to and subscribed before me this . . . day of . . . , 19 . . .

Certificate of Insanity of Patient by Physician Resident of New Jersey.

I, ....., of ....., in the county of ..... and State of New Jersey, do hereby certify that I am a graduate of ..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Trenton has been requested by ....., of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of, the said.....

1. Patient resides at ....., county of .....; age, ..... years; nativity (if foreign, how long in U. S.).....; sex, .....; color, .....; occupation; ..... single, married, widowed, divorced. (Strike out words not required.)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19..... (If patient has ever been an inmate of an institution for the insane, state when and where.)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(If afflicted with any infirmity or disease other than insanity, state it.)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (If either homicide or suicide has been attempted or threatened, it should be so stated.)

8. What is the supposed cause of the insanity? (State both predisposing and exciting causes, if known.)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (State any hereditary taint of insanity that can be ascertained.)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said ..... upon which my opinion is founded:

(1) The patient said (state what the patient said, if anything, in the presence of the physician):

(2) The patient (state what the patient did, in the presence of the physician, and also describe his or her appearance and manner):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.)

....., Physician.

AFFIDAVIT.

State of New Jersey, county of ....., ss.—..... being duly sworn according to law, on his oath says that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

Sealed with our hands, and dated this..... day of ....., 19...

FORM OF BOND.

Know all men by these presents, that we . . . . ., of the township of . . . . ., in the county of . . . . ., are held and firmly bound unto . . . . ., Treasurer of the New Jersey State Hospital at Trenton, and his successors in office, in the sum of one thousand dollars, for the payment of which we jointly and severally bind ourselves firmly by these presents.

Sealed with our hands, and dated this . . . . . day of . . . . ., 19..

Whereas, . . . . ., of the township of . . . . ., in the county of . . . . ., a lunatic, has been admitted a boarder in the New Jersey State Hospital at Trenton; now, therefore,

The condition of the obligation is, that if the said obligators shall pay to the said Treasurer, or his successors in office, the sum of . . . . . dollars and . . . . . cents per week of the board of said lunatic, so long as . . . . . shall continue a boarder in said Hospital, with such extra charges as may be occasioned by . . . . . requiring more than ordinary care and attention, and shall provide for . . . . . suitable clothing, and pay for all such necessary articles of clothing as shall be procured for . . . . . by the Warden of the Hospital, and shall remove . . . . . from the Hospital whenever the room occupied by . . . . . shall be required for a class of patients having preference by law, or in the opinion of the Medical Director, to be received into said Hospital; and if . . . . . should be removed at the request of relatives or anyone authorized to make such removal, before the expiration of six calendar months after reception, then if such obligators shall pay board for twenty-six weeks, unless . . . . . should sooner be cured, and if they shall also pay not exceeding fifty dollars for all damages . . . . . may do to the furniture or other property of the Hospital, and for reasonable charges in case of death, such payment for board and clothing to be made quarterly, in advance, from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due, then this obligation to be void, otherwise to remain in force.

Signed and sealed in the presence of  
..... [L. s.]  
..... [L. s.]

FORMS AND DIRECTIONS.

JUDGE'S ORDER APPROVING CERTIFICATES OF INSANITY, AND FINDING OF INDIGENCE AND LEGAL SETTLEMENT, AFTER INQUIRY.

STATE OF NEW JERSEY.

County of . . . . .

I, . . . . ., Judge of the Court of Common Pleas of the county of . . . . ., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at Trenton, of . . . . ., and of the certificates of . . . . . and . . . . ., physicians who certify to the insanity of the said . . . . ., which copies are certified by the Medical Director of said Hospital, under the seal thereof; and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said . . . . ., but not having deemed it necessary to call a jury, did call before me . . . . ., credible witnesses, and examined them and each of them, upon their several corporal oaths touching the indigence and legal settlement of the said . . . . ., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said . . . . . is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of . . . . ., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said . . . . . shall be confined in the said Hospital at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at . . . . ., this . . . . . day of . . . . ., nineteen hundred and . . . . .

....., J. [L. s.]  
(69)

## JUDGE'S ORDER APPROVING CERTIFICATES OF INSANITY.

STATE OF NEW JERSEY.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at Trenton of ....., in the county of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof; and having examined the said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, do hereby order that the same be and are hereby approved, all of which I do hereby certify, to the end that the said ..... shall be confined in said Hospital, pursuant to the statute in such case made and provided, until he be restored to reason, or removed or discharged, according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of .....,  
nineteen hundred and .....

....., J. [L. s.]

JUDGE'S ORDER APPROVING CERTIFICATES OF INSANITY.

STATE OF NEW JERSEY.

I, . . . . ., Judge of the Court of Common Pleas of the county of . . . . ., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at Trenton of . . . . ., in the county of . . . . ., and of the certificates of . . . . . and . . . . ., physicians who certify to the insanity of the said . . . . ., which copies are certified by the Medical Director of said Hospital, under the seal thereof; and having examined the said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, do hereby order that the same be and are hereby approved, all of which I do hereby certify, to the end that the said . . . . . shall be confined in said Hospital, pursuant to the statute in such case made and provided, until he be restored to reason, or removed or discharged, according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at . . . . ., this . . . . . day of . . . . ., nineteen hundred and . . . . .

. . . . ., J. [L. s.]

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