
NINETEENTH ANNUAL REPORT

OF THE

RESIDENT OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT MORRIS PLAINS,

For the Year ending October 31st,

1894.

(53)

974.901

479

RESIDENT OFFICERS.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D., Medical Director.
ELIOT GORTON, M.D., Assistant Physician.
THOMAS P. PROUT, M.D., { Second Assistant Physician
and Pathologist.
PETER S. MALLON, M.D., Third Assistant Physician.
M. L. PERRY, M.D., Fourth Assistant Physician.

BUSINESS DEPARTMENT.

MOSES K. EVERITT, Warden.
GUIDO C. HINCHMAN, Treasurer.

TREASURER'S REPORT.

To the Managers of the New Jersey State Hospital at Morris Plains:

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains respectfully submits the following abstract of receipts and disbursements from November 1st, 1893, to October 31st, 1894, inclusive:

RECEIPTS.	
Balance on hand.....	\$13,539 76
From State Treasurer for convict patients.....	\$16,221 35
From State Treasurer for county patients.....	44,312 42
From sundry counties for maintenance of county patients..	162 782 01
From private patients.....	49,127 49
From hides, tallow, &c.....	6,760 60
From First National Bank, Morristown, N. J., for interest..	51 62
	279,255 49
	\$292,795 25
DISBURSEMENTS.	
On orders of Warden.....	\$262,013 30
Balance in Treasurer's hands.....	30,781 95
	\$292,795 25

G. C. HINCHMAN,
Treasurer.

Dated at the New Jersey State Hospital
at Morris Plains, November 8th, 1894.

We hereby certify that we have examined the Treasurer's accounts and compared the same with his books and vouchers, and find them in accordance with the above statement, and correctly stated and balanced.

GEORGE B. JENKINSON,
PATRICK FARRELLY,
LEWIS PARKER,
Auditing Committee.

The New Jersey State Hospital
at Morris Plains, November 8th, 1894.

TREASURER'S REPORT

At the request of the New York State Hospital at Westchester
County, New York, the Treasurer of the New York State Hospital
at Westchester County, New York, has the honor to report
the following statement of the receipts and disbursements
for the year ending December 31, 1904.

Table with multiple columns and rows, containing financial data. The text is very faint and difficult to read.

A. G. BIRCHMAN

Attest: I, the undersigned, Treasurer of the New York State Hospital
at Westchester County, New York, do hereby certify that the
above is a true and correct statement of the receipts and
disbursements for the year ending December 31, 1904.

GEORGE H. BARNETT
Treasurer
LAWSON BARNETT

The New York State Hospital
at Westchester County, New York, December 31, 1904.

WARDEN'S REPORT

At the request of the New York State Hospital at Westchester
County, New York, the Warden of the New York State Hospital
at Westchester County, New York, has the honor to report
the following statement of the receipts and disbursements
for the year ending December 31, 1904.

Table with multiple columns and rows, containing financial data. The text is very faint and difficult to read.

REPORT OF THE WARDEN.

WARDEN'S REPORT.

To the Board of Managers of the State Hospitals:

GENTLEMEN—The annual inventory and appraisement made as required by your by-laws and the organic law under which the New Jersey State Hospital at Morris Plains is operated, show a total valuation of the personal property belonging to this Hospital of one hundred and forty thousand three hundred and fifty-eight dollars and twenty-five cents (\$140,358.25). The appraisers, Mr. Jas. P. Sullivan and Mr. Chas. A. Baker, appointed by your Board to assist in this work, have rendered valuable assistance therein, and thanks are due them for their painstaking care and close attention to the minute details of the work.

The abstract of accounts for the year ending October 31st, 1894, shows—

Total receipts from November 1st, 1893, to November 1st, 1894.....	\$292,795 25
Total disbursements.....	262,013 30
Cash balance.....	\$30,781 95
Including with this balance the amounts due for maintenance and already earned, there is an available cash resource of.....	\$61,979 43
There is also in store, according to the inventory and estimation of the appraisers, based on the actual cost price at wholesale to the house, fuel and subsistence valued at.....	18,936 36
The total amount of liabilities, which includes bills on file, October pay roll, maintenance accounts paid in advance, &c., is.....	34,511 92

This shows a material increase over the financial statements of previous years, but this result has not been accomplished at the expense of curtailment in the liberal line of improvements which have been prosecuted during the last three years.

IMPROVEMENTS.

The principal lines of improvements on the outside have been road-building, fence-building and additions and repairs to buildings already erected, or in course of construction. All roads built have had stone foundations, and are well drained and substantially made.

The number of yards of road built is three hundred and thirty-five (335); the number of yards of picket fence built is nine hundred and fifty-three (953); two hundred and twenty-five (225) panels of chestnut post-and-rail fence were also made.

The new barns and sheds for the horses and farm implements have been completed at a total cost of sixteen thousand seven hundred and forty-eight dollars and seventy-five cents (\$16,748.75); barn, ten thousand seven hundred and fourteen dollars and six cents (\$10,714.06); sheds and blacksmith shop, six thousand and thirty-four dollars and sixty-nine cents (\$6,034.69).

Two of the old buildings have been moved to different parts of the grounds, one for a storage-house along the railroad track, and the other to the garden, and to this a cellar and sheds have been added. The upper story has been fitted up for the use of the men employed in the garden, and the lower story and cellar are for the various uses required for garden tools and products. The old tool and seed-house, situated near the greenhouse, has been refitted and added to, and will be occupied by the florist.

The stone wall inclosing the cow-yard has been completed. Two sheds, one one hundred and twenty (120) feet by twenty-five (25) feet, the other one hundred (100) feet by twenty-five (25) feet, for the protection of the cattle, are to rest on part of this wall, and their erection is already begun. New and larger hay racks have also been built in the cow-yard.

The gas-house has received the usual repairs, and the masons have in addition built one thousand four hundred (1,400) perches of masonry in the prosecution of various improvements. All the fences built have been painted, and the painting of the interior of the Hospital has been continued till nearly all the wards, except those on the fourth floor, are painted; in addition many of the rooms and stairways have been painted. The usual repairs to the plumbing of the Hospital have been attended to.

The laundry has been improved by the building of a new drying-room, in which a blast of hot air is used in place of the old method of drying by heat radiated from steam-pipes in a room without ventilation. The new process gives the advantage of a current of fresh air taking off the moist vapors from the clothes, and is about four times more rapid than the old method.

FARM AND GARDEN.

The dairy has produced a larger amount of milk than ever before, namely, a daily average of six hundred and nine (609) quarts. This has been done with a less number of cows than in previous years.

The decrease in the returns from the hogs is due in part to the lower price of pork, and in part to the less thrifty condition of the stock during the spring and early summer months. Whether the lack of thrift was attributable to lack of hardiness in the stock purchased, or to their surroundings here, it has been impossible to ascertain. The pens have been thoroughly renovated and a new lot of hogs bought, which are now growing vigorously. Two thousand two hundred and forty-four dollars and sixty-nine cents (\$2,244.69) have been realized from hogs sold during the year, and the stock on hand is worth, at current prices, fifteen hundred dollars (\$1,500).

The severe drought of the past summer has tended to decrease the amount of farm produce. Even under these conditions, the hay crop shows two hundred and fifty (250) tons, to one hundred and fifty (150) tons of last year. The potato yield surpasses all previous records, reaching forty-seven hundred (4,700) bushels of merchantable potatoes, including the yield of farm and garden, exclusive of five hundred (500) bushels of small potatoes.

The garden has supplied us with an abundance of vegetables, notwithstanding that the drought was the most severe experienced for several year past. The appendix shows the farm and garden products to about equal those of last year. Reference is made to the same for detailed information of the various products.

The greenhouses are crowded to their utmost capacity with plants. Most of them have been grown within the past year or two by our florist, thus bringing about a splendid return with but little outlay. The report of cut flowers, as made by the florist, shows only part of the product from this outlay. The plants used in the beds on the

lawns in the summer and for the decoration of the various wards in winter, would have been impossible of attainment without our green-houses. But the satisfactory results obtained are due to the industry, judgment and taste of our florist, even more than to our equipments.

ACKNOWLEDGMENTS.

For gratuitous copies of the following-named papers, we are indebted to their publishers:

The Reporter	West Hoboken.
The Observer.....	West Hoboken.
The Jersey City News.....	Jersey City.
The New Jersey Staats Zeitung.....	Jersey City.
Jersey City Democrat.....	Jersey City.
The Evening Journal.....	Jersey City.
Hudson County Journal.....	Hoboken.
The Kearny Record.....	Harrison.
The Evening News	Hoboken.
The Bayonne Budget.....	Bayonne.
The Kearny Observer	{ Kearny and Arlington.
Hudson County Revue	Town of Union.
The Hunterdon County Democrat.....	Flemington.
Home Visitor.....	Flemington.
Hunterdon Independent.....	Frenchtown.
The Clinton Democrat.....	Clinton.
The Lambertville Record	Lambertville.
Hunterdon Republican.....	Flemington.
Democrat Advertiser.....	Flemington.
Hunterdon Gazette	High Bridge.
The Weekly Avalanche.....	Glen Gardner.
The Milford Leader.....	Milford.
The Frenchtown Star	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.
The Iron Era.....	Dover.
Dover Index.....	Dover.
Rockaway Record	Rockaway.
The Boonton Weekly Bulletin.....	Boonton.
The New Jersey Herald	Newton.
Sussex County Democrat.....	Newton.
The Post	Phillipsburg.
The Warren Republican.....	Hackettstown.
The Warren Tidings	Washington.

The Warren Journal.....	Belvidere.
The Washington Star.....	Washington.
Warren Democrat.....	Phillipsburg.
The Morning Call.....	Paterson.
Paterson Daily Guardian.....	Paterson.
Paterson Daily Press.....	Paterson.
Paterson Volks Frennd	Paterson.
Paterson Labor Standard.....	Paterson.
De Telegraf.....	Paterson.
Passaic County Journal.....	Paterson.
Paterson Evening News.....	Paterson.
The Item.....	Passaic.
Passaic Daily News.....	Passaic.
Passaic City Record.....	Passaic.
The Union County Standard.....	Westfield.
Westfield Leader.....	Westfield.
The Cranford Chronicle	Cranford.
The Constitutionalist	Plainfield.
The Daily Press.....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Presse.....	Elizabeth.
Central New Jersey Herald.....	Elizabeth.
The Union Democrat.....	Rahway.
New Jersey Advocate.....	Rahway.
The Bergen County Democrat.....	Hackensack.
The Hackensack Republican.....	Hackensack.
The Bergen Index	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald.....	Rutherford.
Carlstadt Freie Presse.....	Carlstadt.
The Newark Times.....	Newark.
The Newark Sunday Call	Newark.
Town Talk	Newark.
New Jersey Trade Review.....	Newark.
New Jersey Deutsche Zeitung	Newark.
Newark Evening News.....	Newark.
South Orange Bulletin.....	South Orange.
Newark Tribune	Newark.
Newark Pioneer.....	Newark.
East Orange Gazette	East Orange.
The Bloomfield Citizen.....	Bloomfield.
The Bloomfield Record.....	Bloomfield.
The Newark Sunday Times	Montclair.
The Newark Item (6 copies).....	Newark.
The Orange Journal.....	Orange.

NEW JERSEY STATE HOSPITALS.

Orange Sonntagsblatt.....	Orange.
The Short Hills Item.....	Short Hills.
Star of the Cape.....	Cape May City.
The Advance.....	Jamesburg.
The Middlesex County Democrat.....	Perth Amboy.
Southwestern Presbyterian.....	New Orleans, La.

In conclusion, I wish to mention the pleasant relations existing between the two departments, and also to express my appreciation of the faithful and cheerful manner in which all the employes of my department have performed their duties.

Respectfully submitted,

M. K. EVERITT,
Warden.

The New Jersey State Hospital
at Morris Plains, Nov. 8th, 1894.

ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1894.

G. C. HINCHMAN, TREASURER.

DE.	
To balance October 31st, 1893.....	\$13,539 76
To amount received for board, clothing and incidental expenses of private patients.....	49,127 49
To amount received for board, clothing and incidental expenses of county patients.....	162,782 01
To amount received from State Treasurer for county patients.....	44,312 42
To amount received from State Treasurer for convict patients.....	16,221 35
To amount received for hides, tallow, &c.....	3,273 58
To amount received from sundries, rags, &c.....	1,130 83
To amount received for hogs and pigs.....	2,244 69
To amount received for rents.....	111 50
To amount received for interest.....	51 62

\$292,795 25

CR.	
Amusements	\$831 01
Books and stationery.....	1,460 17
Bedding, linen, &c.....	4,340 48
Clothing.....	9,096 12
Crockery and cutlery.....	560 13
Farm and garden.....	14,543 82
Fixtures.....	1,319 48
Flour.....	4,553 68
Feed.....	4,329 82
Fencing.....	583 98
Fruit.....	1,808 55
Freight.....	3,703 93
Furniture.....	5,015 16
Fuel.....	13,005 96
Funeral expenses.....	715 00
Gas and steam-pipe and fittings.....	1,180 98
Grounds and grading.....	5,620 89
Hay and straw.....	48 59
Harness, wagons, &c.....	388 84

(67)

Household goods	\$1,529 94
Improvement of buildings.....	12,582 74
Insurance.....	275 00
Incidental, including soap, waste, combs, brushes, &c.....	2,135 90
Laundry	4,839 64
Light, including gas used in laundry and for cooking.....	6,740 16
Medical supplies.....	3,186 99
Medical library.....	249 20
Newspapers	78 50
Provisions and groceries.....	87,288 06
Postage.....	665 47
Pathological department.....	361 44
Refunding.....	1,719 59
Repairs.....	7,628 75
Smith and wheelwright.....	1,453 61
Stock.....	5,846 44
Tinware and fixtures	608 37
Tools and supplies, boiler-house and machine.....	1,869 93
Telegrams, telephone rental, &c.....	440 58
Vegetables.....	945 00
Wages	48,671 90
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	\$262,013 90
Balance October 31st, 1894.....	30,781 95
	<hr/>
	\$292,795 25

APPENDIX TO WARDEN'S REPORT.

FARM AND GARDEN PRODUCTS.

DAIRY AND FARM, 1894.

222,495 Quarts milk.....@ \$0 04½	\$10,012 28
200 Dozen eggs.....	22 44 00
250 Tons hay.....	18 00 4,500 00
25 Tons rye straw.....	15 00 375 00
600 Bushels rye.....	60 360 00
620 Bushels cider apples.....	15 93 00
200 Bushels selected apples.....	75 150 00
90 Bushels baking apples.....	50 45 00
11 Bushels crab-apples.....	1 00 11 00
700 Quinces.....	2 14 00
3,800 Bushels potatoes.....	75 2,850 00
500 Bushels small potatoes.....	50 250 00
1,000 Bushels cow-horn turnips.....	30 300 00
26 Weeks' pasture for 65 head of stock.....	50 845 00
	<hr/>
	\$19,849 28

STOCK.

5,694 Pounds veal (36 calves).....@ \$0 10	\$569 40
54 Cattle slaughtered (30,024 pounds).....	7 2,101 68
40 Fowls.....	50 20 00
Hogs sold.....	2,244 69
	<hr/>
	4,935 77

GARDEN, 1894.

1,150 Bushels tomatoes.....@ \$0 50	\$575 00
450 Bushels carrots.....	50 225 00
300 Bushels parsnips.....	50 150 00
700 Bushels beets.....	50 350 00
850 Bushels mangel-wurzels.....	40 340 00
400 Bushels rutabaga turnips.....	40 160 00
600 Bushels flat turnips.....	35 210 00
400 Bushels Yellow Stone turnips.....	35 140 00
900 Bushels potatoes.....	75 675 00
125 Bushels onions	1 00 125 00
200 Bushels apples, selected.....	75 150 00
600 Bushels spinach	50 300 00
450 Bushels kale.....	35 157 50

NEW JERSEY STATE HOSPITALS.

600 Bushels bush beans	\$0 70	\$420 00
200 Bushels Lima beans.....	75	150 00
500 Bushels peas.....	1 00	500 00
100 Bushels cucumbers.....	80	80 00
50 Bushels cucumber pickles.....	1 50	75 00
15 Bushels onion sets.....	5 00	75 00
10 Bushels onions, pickling.....	4 00	40 00
45 Bushels horseradish.....	1 25	56 25
25 Bushels okra.....	1 00	25 00
40 Bushels oyster-plant.....	1 25	50 00
200 Bushels grapes.....	2 00	400 00
150 Bushels squash.....	45	67 50
25,000 Heads celery.....	3	750 00
15,500 Heads cabbage.....	5	775 00
16,000 Heads lettuce.....	2	320 00
2,000 Heads cauliflower.....	10	200 00
20,000 Bunches onions.....	2	400 00
35,000 Bunches radishes.....	3	1,050 00
3,000 Bunches carrots.....	2	60 00
5,000 Bunches asparagus.....	12	600 00
8,000 Bunches rhubarb.....	5	400 00
2,500 Bunches parsley.....	3	75 00
1,500 Bunches leeks.....	3	45 00
500 Bunches celery for soup.....	5	25 00
100 Bunches sage.....	5	5 00
100 Bunches thyme.....	5	5 00
100 Bunches sweet marjoram.....	5	5 00
100 Bunches savory.....	5	5 00
500 Baskets peaches.....	50	250 00
40 Baskets pears (Early Tyson).....	1 00	40 00
25 Baskets pears (Osborne).....	50	12 50
40 Baskets pears (Sheldon).....	75	30 00
45 Baskets pears (Bartlett).....	75	33 75
10 Baskets pears (stewing).....	40	4 00
45 Baskets pears (Davids' Seedling).....	75	33 75
10 Baskets pears (Burrie Bose).....	1 00	10 00
75 Baskets pears (Seckel).....	60	45 00
15 Baskets pears (Burrie Diel).....	1 00	15 00
6,000 Muskmelons.....	5	300 00
25,000 Ears sweet corn.....	1	250 00
200 Ears sweet corn, for seed.....	3	8 00
1,150 Bundles cornstalks.....	5	57 50
350 Pumpkins.....	5	17 50
3,000 Peppers.....	1	30 00
1,000 Quinces.....	3	30 00
500 Egg plants.....	5	25 00
1,500 Quarts blackberries.....	10	150 00
1,600 Quarts raspberries.....	10	160 00
300 Quarts currants.....	10	30 00

NEW JERSEY STATE HOSPITALS.

6,000 Quarts strawberries.....	\$0 10	\$600 00
300 Quarts cherries.....	12	36 00
5 Bushels peas, for seed.....	4 00	20 00
5 Bushels beans, for seed.....	6 00	30 00
		<hr/>
		\$12,432 25
		<hr/>
		\$37,217 30

CUT FLOWERS AND PLANTS FURNISHED, 1894.

CUT FLOWERS.	
Roses.....	35,000
Carnations.....	15,500
Bunches of violets.....	500
Chrysanthemums.....	1,600
Pansies.....	1,000
Asters.....	1,400
Mignonette.....	500
Bouvardia.....	150
Stevia.....	500
Calla lilies.....	200
Easter lilies.....	75
Heliotrope.....	200
Hyacinth (Roman).....	250
Tulips.....	200
Sweet William.....	200
Foxglove.....	75
Bunches of sweet peas.....	200
Daffodils.....	75
Gladiolus.....	150
Tube roses.....	150
Bunches of cosmos.....	150
Sprigs of smilax.....	75

BEDDING AND DECORATIVE PLANTS GROWN FOR SEASON 1894.

Geraniums.....	1,500
Coleus.....	4,000
Alternanthera.....	2,000
Roses.....	1,200
Carnations.....	900
Pansies.....	1,500
Daisies.....	1,000
Forget-me-nots.....	500
Begonia.....	1,000
Petunia, single.....	600
Chrysanthemums.....	500
Scarlet sage.....	500
Tulips.....	2,000
Hyacinths.....	500
Canna Indica.....	300

Caladium.....	150
Crotons.....	150
Acalypha.....	75
Cineraria.....	250
Chinese primula.....	200
Stevia.....	150
Easter lilies.....	125
Calla lilies.....	100
Petunia (double).....	150
Ageratum.....	500
Castor beans.....	18
Heliotrope.....	100

ACCOUNT OF FRUITS, &c., CANNED AND PRESERVED.

Currant jam.....	172 pounds.
Raspberry jam.....	44 pounds.
Quince jelly.....	14 pounds.
Quinces.....	50 gallons.
Crab-apples.....	8 gallons.
Tomatoes.....	240 gallons.
Peaches.....	148 gallons.
Pears.....	15 gallons.
Strawberries.....	8 gallons.
Cherries.....	15 gallons.
Plums.....	4 gallons.

ARTICLES MADE IN SEWING-ROOM, 1894.

Sheets.....	1,730
Sheets (double).....	67
Pillow-cases.....	1,939
Hand towels.....	1,125
Roller towels.....	244
Dish towels.....	892
Table-cloths.....	67
Napkins.....	108
Kitchen aprons.....	130
Chef's aprons.....	12
Barber's aprons.....	6
Curtains.....	71
Curtain bands.....	92
Bed spreads.....	146
Blankets.....	458
Clothes bags.....	21
Boys' shirts.....	2
Night shirts.....	2
Chemise.....	649

Ladies' drawers.....	237
Underwaists.....	318
Petticoats.....	528
Night dresses.....	14
Burial robes.....	33
Burial skirts.....	33
Burial chemise.....	33
Burial sheets.....	33
Dresses.....	814
Dress waists.....	15
Dress skirts.....	1
Wrappers.....	12
Dresses altered.....	6
Total number of pieces.....	9,838

RETURN OF WORK DONE IN MATTRESS-ROOM AND SHOE-SHOP.

Single hair mattresses made, new.....	653
Double hair mattresses made, new.....	16
Single hair mattresses made over.....	872
Double hair mattresses made over.....	25
Hair pillows made, new.....	663
Hair pillows made over.....	1,962
Single mattress ticks made, new.....	664
Double mattress ticks made, new.....	17
Pillow ticks made, new.....	934
Feather pillows made, new.....	102
Sofa pillows made, new.....	16
Pieces of furniture upholstered.....	127
Large hall carpets made, new.....	7
Large hall carpets made over.....	2
Connecting hall carpets made, new.....	4
Alcove carpets made, new.....	8
Parlor carpets made, new.....	5
Room carpets made, new.....	327
Room carpets made over.....	96
Carpets taken up.....	407
Carpets laid.....	632
Carpets repaired.....	76
Rooms laid with linoleum.....	4
Chairs caned.....	239
Settees caned.....	8
Bed protectors made, new.....	406
Holland window shades made, new.....	395
Long window curtains made, new.....	6
Long window curtains hung (pairs).....	34
Ottomans made, new.....	37
Carpet doormats made, new.....	36

Pairs of holders for bakery and boiler-house.....	169
Pieces of harness repaired.....	27
Pieces of harness made, new.....	12
Horse blankets repaired.....	8
Bed protectors repaired.....	160
Yards of carpet hemmed.....	703
Yards of carpet bound.....	197
Sets of mangle aprons made, new.....	6
Sets of mangle aprons repaired.....	4
Chair cushions made, new.....	32
Large awnings made, new.....	3
Awnings put up.....	25
Awnings taken down.....	25
Mattress ticks repaired.....	73
Window shades repaired.....	127
American flags made new (size of each 10 by 22 feet).....	3
Pairs of boots, shoes and slippers repaired.....	1,462
Total number of pieces.....	11,811

ARTICLES MADE IN TIN-SHOP, 1894.

Large kettle (kitchen).....	1
Feed measures (stable).....	4
Large sprinkling pot.....	1
Coffee pots.....	6
Tea pots.....	7
Brass strainers.....	2
Large round pans (kitchen).....	2
Diet cups (store-room).....	132
Joints Russia-iron pipe.....	3
Small strainer.....	1
Large strainer and pipe for sewer.....	1
Russia-iron bread pans (bakery).....	200
Large oval boilers (kitchen).....	8
Large flats (kitchen).....	6
Round cake pan (kitchen).....	1
Large bread box (kitchen).....	1
Soup dippers (kitchen).....	2
Wash basins (store-room).....	15
Joints Russia-iron pipe (stable).....	9
Large square flats (kitchen).....	40
Large boxes (laughter-house).....	2
Spice box.....	1
Large square pans (kitchen).....	6
Large dish pans (kitchen).....	12
Galvanized shutes (stable).....	6
Large oval pans (store-room).....	12
Small flats (store-room).....	62

Gallon cans (stable).....	2
Drinking cups (store-room).....	100
Shutes, 12 by 8 inches (stable).....	2
Stalls covered (stable).....	19
Dust pans (store-room).....	24
Tables covered with zinc (kitchen).....	5
Table covered with zinc (bakery).....	1
Large pans (store-room).....	24
Round copper pans (ironing-room).....	6
Leader strainers.....	18
Large shute (stable).....	1
Galvanized pump, 4 feet.....	1
Large pudding pan (kitchen).....	1
Molasses cans (store-room).....	36
Large drip pans (florist).....	2
Marble-dust chest lined (bakery).....	1
Stand covered (bakery).....	1
Milk pitchers (store-room).....	24
Round pudding-pans (kitchen).....	72
Diet cups (store-room).....	48
Large dippers (store-room).....	8
Large oval boiler (kitchen).....	1
Large dinner-boxes (kitchen).....	18
Leaders (blacksmith shop).....	2
Boxes lined (pig pens).....	2
Pails (store-room).....	24
Plumber's fire pot.....	1
Large tea kettles (store-room).....	12
Butter-boxes.....	144
Heating-flues lined (office).....	2
Steam closet lined (special dining-room).....	1
Flashing (sheds).....	85 ft.
Ten-inch galvanized pipe (kitchen).....	16 ft.
Lining to kitchen pantry.	
Erecting flues (laundry).	
Repairs to 400 fruit cans.	
Repairs to hose-reels	
Repairs to kitchen boilers and utensils.	
Repairs to locks, keys, bells, &c.	

MEDICAL DIRECTOR'S REPORT,

WITH

PATHOLOGICAL SUPPLEMENT.

REPORT OF THE MEDICAL DIRECTOR.

To the Board of Managers:

GENTLEMEN—I herewith present to you the nineteenth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains, which includes the pathological supplement prepared by Dr. Thomas P. Prout. The statistical tables of this report have been carefully compiled, and give in a condensed form the larger part of the more interesting data of my department; there are, however, some matters of interest and importance that cannot be conveniently tabulated that I have endeavored to set forth in the body of the report as tersely as possible, to be explicit. While I have deviated somewhat from previous reports in making mention of some of the medicines and therapeutic agencies used, I have not thought it proper to make extensive therapeutic notes, or to burden the report with a large number of the various forms and modes of medication employed, confining myself to the more important ones upon which my assistants and I have made careful observations.

TABLE I.

SHOWING THE ADMISSIONS, RE-ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31st, 1894.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1893.....				509	500	1,009
Patients admitted—						
First admission.....	102	103	205			
Not first admission.....	13	21	34			
Total admitted during the year,.....				115	124	239
Total number of patients under treatment during the year.....				624	624	1,248
Patients discharged—						
Restored.....	29	30	59			
Improved.....	12	16	28			
Unimproved.....	2	11	13			
Died.....	60	37	97			
By elopement.....	1					
Total discharged and died.....				104	94	198
Remaining in the Hospital.....				520	530	1,050
Of this number there are, Public.....	453	471	924			
Private.....	67	59	126			
Total.....				520	530	1,050
Whole number admitted from August 17th, 1876, to October 31st, 1894.....				2,142	1,956	4,098
Whole number discharged during the same period of time—						
Restored.....	440	407	847			
Improved.....	406	416	822			
Unimproved.....	130	145	275			
Died.....	640	458	1,098			
By elopement.....	6					
Whole number discharged and died..				1,622	1,426	3,048
Remaining October 31st, 1894.....				520	530	1,050

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1893.									
November.....	7	6	13	5	7	12	509.66	499.24	1,008.90
December.....	7	9	16	7	5	12	509.90	499.41	1,009.31
1894.									
January.....	7	5	12	11	4	15	507.30	503.00	1,010.30
February.....	5	12	17	5	3	8	505.96	508.41	1,014.37
March.....	18	11	29	10	5	15	510.52	518.20	1,028.72
April.....	9	13	22	12	14	26	512.38	518.70	1,031.08
May.....	9	13	22	10	6	16	506.06	521.66	1,027.72
June.....	12	11	23	7	7	14	509.93	523.95	1,033.88
July.....	15	14	29	7	9	16	518.29	529.12	1,047.41
August.....	16	7	23	8	9	17	522.54	532.30	1,054.84
September.....	3	12	15	5	10	15	527.94	534.50	1,062.44
October.....	7	11	18	16	15	31	523.70	532.42	1,056.12
Total.....	115	124	239	103	94	197			
For the year.....							513.68	518.24	1,031.92

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.	Men.	Women.	Total.
First.....	100	98	198
Second.....	10	14	24
Third.....	5	5	10
Fourth.....		5	5
Fifth.....		1	1
Sixth.....		1	1
Total.....	115	124	239

TABLE IV.

AGE WHEN ADMITTED.

AGE.	Men.	Women.	Total.
From fifteen to twenty years.....	6	4	10
From twenty to twenty-five years.....	10	7	17
From twenty-five to thirty years.....	14	17	31
From thirty to thirty-five years.....	12	15	27
From thirty-five to forty years.....	14	15	29
From forty to forty-five years.....	15	21	36
From forty-five to fifty years.....	5	15	20
From fifty to sixty years.....	20	9	29
From sixty to seventy years.....	11	13	24
From seventy to eighty years.....	7	5	12
Eighty years and over.....	1	3	4
Total.....	115	124	239

TABLE V.

NATIVITY OF PATIENTS ADMITTED.

PLACE OF NATIVITY.	Men.	Women.	Total.
Connecticut.....	1	1	2
Georgia.....	1	.....	1
Massachusetts.....	2	.....	2
Maryland.....	2	.....	2
Michigan.....	.....	1	1
New Jersey.....	45	52	97
New York.....	11	15	26
North Carolina.....	1	.....	1
Ohio.....	2	2	4
Pennsylvania.....	2	2	4
Virginia.....	1	.....	1
United States.....	5	.....	5
Australia.....	1	.....	1
Bohemia.....	1	.....	1
Canada.....	.....	2	2
England.....	4	9	13
France.....	.....	1	1
Germany.....	13	11	24
Holland.....	1	4	5
Hungary.....	.....	1	1
Ireland.....	9	17	26
Italy.....	2	1	3
Nova Scotia.....	1	.....	1
Russia.....	1	1	2
Scotland.....	5	3	8
Sweden.....	1	1	2
Switzerland.....	3	.....	3
Total.....	115	124	239

TABLE VI.

PLACE OF RESIDENCE OF THOSE ADMITTED.

COUNTIES.	Men.	Women.	Total.
Bergen.....	6	7	13
Essex.....	8	10	18
Hudson.....	16	8	24
Hunterdon.....	10	14	24
Morris.....	13	14	27
Passaic.....	26	33	59
Somerset.....	1	.....	1
Sussex.....	5	3	8
Union.....	18	22	40
Warren.....	5	11	16
New York, N. Y.....	7	2	9
Total.....	115	124	239

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Men.	Women.	Total.
Single.....	52	38	90
Married.....	57	69	126
Widowed.....	6	17	23
Total.....	115	124	239

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

Males.

Agent	1
Barber	1
Blacksmiths	2
Boilermakers	2
Book-keepers	2
Boatman	1
Bottler	1
Broker	1
Carman	1
Carpenters	3
Clerks	8
Coachman	1
Decorator	1
Electrician	1
Engineers	3
Farmers	13
Factory hands	3
Gardener	1
Harnessmaker	1
Hotel-keeper	1
Liquor dealers	2
Laborers	19
Merchant	1
Machinist	1
Mechanic	1
Minister	1
Moulders	2
Manufacturer	1
Mail carrier	1
Miller	1
Mariners	6
Painter	1
Physician	1
Printers	2
Railroad employes	2
Ropemaker	1
Roofer	1
School teacher	1
Salesman	1
Seedsman	1
Silk weavers	3
Stonecutter	1
Students	2
Tinsmith	1
Truckman	1
Upholsterer	1
Watchman	1
Waiter	1
Weaver	1
No occupation	8
Total	115

TABLE IX.

OCCUPATION OF THOSE ADMITTED.

Females.

Dressmakers	3
Housewives	61
Housekeepers	12
Servants	16
School teacher	1
Seamstress	1
Shop girl	1
Silk weavers	8
Waitress	1
No occupation	20
Total	124

TABLE X.

FORM OF MENTAL DISEASE OF THOSE ADMITTED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute	21	14	35
Mania, acute delirious	4	5	9
Mania, chronic	22	14	36
Mania, epileptic	3	1	4
Mania, puerperal		2	2
Mania, recurrent	4	6	10
Mania, toxic (alcoholic)	2	3	5
Melancholia, acute	15	29	44
Melancholia, agitata		4	4
Melancholia, chronic	5	10	15
Melancholia, recurrent		6	6
Melancholia, stuporous	1	2	3
Dementia, epileptic	1	1	2
Dementia, organic	2	2	4
Dementia, parietic	7	1	8
Dementia, primary	4	1	5
Dementia, senile	10	10	20
Dementia, terminal	1	2	3
Insane neurosis, hypochondria	2	2	4
Insane neurosis, hysteria		1	1
Imbecility	1		1
Imbecility with epilepsy	1	1	2
Insanity of pubescence	3	2	5
Insanity of adolescence	2	1	3
Morphinomaniac	1	1	2
Paranoia	3	3	6
Total	115	124	239

TABLE XI.

MANNER OF SUPPORT OF THOSE ADMITTED.

HOW SUPPORTED.	Men.	Women.	Total.
State.....	7	.....	7
County.....	78	96	174
Private.....	30	28	58
Total.....	115	124	239

TABLE XII.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

CAUSES.	Men.	Women.	Total.
<i>Physical.</i>			
Cerebral hemorrhage.....	3	3	6
Childbirth.....	.....	3	3
Epilepsy.....	5	3	8
General ill-health.....	2	8	10
Heat stroke.....	1	1	2
Heredity.....	12	24	36
Injury to head.....	4	1	5
Intemperance or other excesses.....	7	4	11
La grippe.....	.....	4	4
Lactation.....	.....	1	1
Masturbation.....	6	.....	6
Menopause.....	.....	5	5
Opium.....	1	1	2
Old age.....	6	6	12
Overwork.....	3	4	7
Septicæmia.....	.....	1	1
Syphilis.....	3	.....	3
Thrombosis—cerebral.....	1	.....	1
Typhus fever.....	.....	1	1
Typhoid fever.....	1	1	2
Traumatism.....	1	1	2
Uterine or ovarian disease.....	.....	4	4
Total physical.....	56	76	132
<i>Moral.</i>			
Domestic or family troubles.....	2	9	11
Financial reverses.....	17	.....	17
Disappointed affections.....	1	.....	1
Grief.....	1	4	5
Religious excitement.....	2	.....	2
Shock.....	.....	2	2
Worry.....	5	11	16
Total moral.....	28	26	54
Total physical.....	56	76	132
Total moral.....	28	26	54
Unassigned.....	31	22	53
Total.....	115	124	239

TABLE XIII.

COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Men.	Women.	Total.
Anæmia.....	3	2	5
Bedsores.....	1		1
Blindness of one eye.....	2		2
Bright's disease.....	3	1	4
Chronic gastritis.....	1		1
Carcinoma of liver.....		1	1
Complete or partial hemiplegia.....	5	3	8
Dislocated shoulder.....	1		1
Diabetes.....		1	1
Epilepsy.....	5	3	8
Epithelioma.....	1		1
Frozen feet.....	1	1	2
Glandular enlargement.....	1		1
Hemorrhoids.....	1	4	5
Hernia.....	4		4
Homicidal tendencies.....	15	6	21
Indolent ulcers.....		1	1
Leucorrhœa.....		4	4
Lateral sclerosis.....	1		1
Malarial disease.....		1	1
Multiple abscesses.....	1		1
Organic heart disease.....	12	25	37
Orbital tumor.....	1		1
Partial deafness.....	4	1	5
Phthisis.....		11	11
Rheumatism.....	1		1
Rheumatoid arthritis.....		1	1
Spinal curvature.....	1	1	2
Suicidal tendencies.....	8	21	29
Syphilis.....	3		3
Tubercle of testes.....	1		1
Uterine or ovarian disease.....		10	10
Without complications.....	69	74	143

In this table several patients who had a number of complications have been noted more than once. Therefore, the totals would have no significance.

TABLE XIV.

HEREDITY OF THOSE ADMITTED.

HEREDITY.	Men.	Women.	Total.
Insanity in family.....	18	39	57
Hereditary taint denied.....	55	74	129
Hereditary history unobtainable.....	42	11	53
Total.....	115	124	239

TABLE XV.

DURATION OF DISEASE BEFORE ADMISSION.

PERIOD.	Men.	Women.	Total.
Under one month.....	25	26	51
One to three months.....	18	19	37
Three to six months.....	10	20	30
Six to twelve months.....	16	17	33
One to two years.....	15	11	26
Two to three years.....	8	5	13
Three to four years.....	5	7	12
Four to five years.....	5	4	9
Five to ten years.....	6	8	14
Ten to twenty years.....	2	4	6
Over twenty years.....	3	3	6
Unknown.....	2		2
Total.....	115	124	239

TABLE XVI.

AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Men.	Women.	Total.
From fifteen to twenty years.....	1	6	7
From twenty to twenty-five years.....	3	2	5
From twenty-five to thirty years.....	5	1	6
From thirty to thirty-five years.....	3	5	8
From thirty-five to forty years.....	4	1	5
From forty to forty-five years.....	3	7	10
From forty-five to fifty years.....	2	3	5
From fifty to sixty years.....	4	3	7
From sixty to seventy years.....	4	2	6
Total.....	29	30	59

TABLE XVII.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month.....	9	11	20
One to three months.....	6	5	11
Three to six months.....	4	6	10
Six to twelve months.....	5	3	8
One to two years.....	5	3	8
Over two years.....	.....	2	2
Total.....	29	30	59

TABLE XVIII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION OF TREATMENT.	Men.	Women.	Total.
Under one month.....	1	1	2
One to two months.....	1	2	3
Two to three months.....	3	3	6
Three to four months.....	1	4	5
Four to five months.....	2	3	5
Five to six months.....	3	4	7
Six to nine months.....	5	4	9
Nine to twelve months.....	5	3	8
Twelve to eighteen months.....	5	4	9
Eighteen to twenty-four months.....	2	2	4
Two years and over.....	1	.....	1
Total.....	29	30	59

TABLE XIX.

MENTAL DISEASE OF THOSE RESTORED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	12	4	16
Mania, acute delirious.....	.....	3	3
Mania, chronic.....	1	1	2
Mania, puerperal.....	.....	1	1
Mania, recurrent.....	1	2	3
Mania, toxic (alcoholic).....	3	1	4
Melancholia, acute.....	10	9	19
Melancholia, chronic.....	1	.....	1
Melancholia, recurrent.....	.....	5	5
Insanity of pubescence.....	1	1	2
Insanity of adolescence.....	.....	2	2
Primary dementia.....	.....	1	1
Total.....	29	30	59

TABLE XX.

AGE AT DEATH.

AGE.	Men.	Women.	Total.
Twenty to twenty-five years.....	5	.....	5
Twenty five to thirty years.....	3	2	5
Thirty to thirty-five years.....	3	4	7
Thirty-five to forty years.....	3	4	7
Forty to forty-five years.....	9	7	16
Forty-five to fifty years.....	7	4	11
Fifty to sixty years.....	9	5	14
Sixty to seventy years.....	10	5	15
Seventy to eighty years.....	9	2	11
Eighty years and over.....	2	4	6
Total.....	60	37	97
Average age at death.....	51	51½	51½

TABLE XXI.

FORM OF MENTAL DISEASE OF THOSE WHO DIED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	3	.....	3
Mania, acute delirious.....	3	2	5
Mania, chronic.....	7	3	10
Melancholia, acute.....	2	4	6
Melancholia, chronic.....	1	3	4
Melancholia, recurrent.....	1	1	2
Melancholia, stuporous.....	1	1	2
Dementia, epileptic.....	2	2	4
Dementia, organic.....	2	1	3
Dementia, parietic.....	8	1	9
Dementia, primary.....	1	.....	1
Dementia, senile.....	9	7	16
Dementia, terminal.....	18	12	30
Idiocy.....	1	.....	1
Paranoia.....	1	.....	1
Total.....	60	37	97

TABLE XXII.

CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Mania—							
Acute, with hemorrhage from bowel.....	1	.....	.....	.....	.....	.....	1
Acute, with osteo sarcoma.....	1	.....	.....	.....	.....	.....	1
Acute, with rupture of the liver.....	1	.....	.....	.....	.....	.....	1
Acute delirious, with Bright's disease.....	.....	1	.....	.....	.....	.....	1
Acute delirious, with exhaustion.....	2	1	.....	.....	.....	.....	3
Acute delirious, with thrombosis basilar.....	1	.....	.....	.....	.....	.....	1
Chronic, with Bright's disease.....	1	.....	.....	.....	.....	.....	1
Chronic, with uterine carcinoma.....	.....	1	.....	.....	.....	.....	1
Chronic, with cerebral hemorrhage.....	2	.....	.....	.....	.....	.....	2
Chronic, with exhaustion.....	1	.....	.....	.....	.....	.....	1
Chronic, with lateral sclerosis.....	1	.....	.....	.....	.....	.....	1
Chronic, with phthisis.....	1	2	.....	.....	.....	.....	3
Chronic, with thrombosis lateral sinus.....	1	.....	.....	.....	.....	.....	1
Melancholia—							
Acute, with Bright's disease.....	.....	.....	1	1	.....	.....	2
Acute, with cerebral and cerebellar tumor.....	.....	.....	.....	1	.....	.....	1
Acute, with chronic enteritis.....	.....	.....	.....	1	.....	.....	1
Acute, with exhaustion.....	.....	.....	.....	1	.....	.....	1
Acute, with phthisis.....	.....	.....	1	.....	.....	.....	1
Recurrent, with exhaustion.....	.....	.....	.....	1	.....	.....	1
Recurrent, with phthisis.....	.....	.....	1	.....	.....	.....	1
Chronic, with uterine carcinoma.....	.....	.....	.....	2	.....	.....	2
Chronic, with organic heart disease.....	.....	.....	.....	1	.....	.....	1
Chronic, with peritonitis.....	.....	.....	1	.....	.....	.....	1
Stuporous, with Bright's disease.....	.....	.....	1	.....	.....	.....	1
Stuporous, with organic heart disease.....	.....	.....	.....	1	.....	.....	1
Dementia—							
Epileptic, with exhaustion.....	.....	.....	.....	.....	1	.....	1
Epileptic, with phthisis.....	.....	.....	.....	.....	1	1	2
Epileptic, with typhoid fever.....	.....	.....	.....	.....	.....	1	1
Organic, with exhaustion.....	.....	.....	.....	.....	2	1	3
Paretic, with exhaustion.....	.....	.....	.....	.....	7	1	8
Paretic, with remittent fever.....	.....	.....	.....	.....	1	.....	1
Senile, with acute enteritis.....	.....	.....	.....	.....	2	.....	2
Senile, with Bright's disease.....	.....	.....	.....	.....	2	.....	2
Senile, with cellulitis.....	.....	.....	.....	.....	1	.....	1
Senile, with cerebral hemorrhage.....	.....	.....	.....	.....	.....	1	1
Senile, with exhaustion.....	.....	.....	.....	.....	2	3	5
Senile, with organic heart disease.....	.....	.....	.....	.....	.....	2	2
Senile, with phthisis.....	.....	.....	.....	.....	1	1	2
Senile, with pleurisy with effusion.....	.....	.....	.....	.....	1	.....	1
Senile, with pulmonary thrombosis.....	.....	.....	.....	.....	.....	1	1
Terminal, with acute enteritis.....	.....	.....	.....	.....	3	1	4
Terminal, with Bright's disease.....	.....	.....	.....	.....	3	.....	3
Terminal, with uterine carcinoma.....	.....	.....	.....	.....	.....	1	1
Terminal, with exhaustion.....	.....	.....	.....	.....	4	3	7

TABLE XXII.—CONTINUED.

CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Dementia—							1
Terminal, with gangrene of feet.....							1
Terminal, with general tuberculosis.....							2
Terminal, with organic heart disease.....							1
Terminal, with progressive bulbar paralysis.....					1		1
Terminal, with phthisis.....					4	2	6
Terminal, with thrombosis coronary artery.....					2		2
Terminal, with thrombosis pulmonary artery.....					1		1
Primary, with exhaustion.....					1		1
Idiocy, with phthisis.....					1		1
Paranoia, with organic heart and kidney disease.....					1		1
Total.....	13	5	5	9	42	23	97

TABLE XXIII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

YEARS.	Men.	Women.	Total.
October 31st, 1876.....	159	183	342
October 31st, 1877.....	216	229	445
October 31st, 1878.....	227	253	480
October 31st, 1879.....	248	279	527
October 31st, 1880.....	277	309	586
October 31st, 1881.....	310	331	641
October 31st, 1882.....	321	346	667
October 31st, 1883.....	330	377	707
October 31st, 1884.....	371	374	745
October 31st, 1885.....	415	414	829
October 31st, 1886.....	415	441	856
October 31st, 1887.....	434	439	873
October 31st, 1888.....	463	441	904
October 31st, 1889.....	427	430	857*
October 31st, 1890.....	450	436	886
October 31st, 1891.....	455	443	898
October 31st, 1892.....	471	478	949
October 31st, 1893.....	509	500	1,009
October 31st, 1894.....	520	530	1,050

* One hundred patients transferred to Essex County Asylum.

RESUME.

At the close of the Hospital year which ended October 31st, 1893, there remained in the institution 1,009 patients—509 men and 500 women; of this number 126 were private and 883 public patients.

The admissions for the year beginning November 1st, 1893, and ending October 31st, 1894 (the period covered by this, the nineteenth annual report), were 239—115 men and 124 women—and are classified as follows: Private (supported by their own means, or by their friends), 58; indigent (supported by county and State), 174; State (supported entirely from State treasury), 7.

The two months in which the largest number of patients were admitted were March and July, there being 29 admissions in each, while in the previous year July and September had the highest record. From an examination of Table II., which gives the monthly admissions, we can hardly conclude that any particular month or season especially favors the development of insanity, though statisticians have made such claims.

Examination of Table V. shows that 93 were of foreign birth, and 146 were born in the United States, of which number 97 were natives of the State of New Jersey.

The number of patients under treatment during the year was 1,248—624 men and 624 women. The colored patients under treatment, who have been included in the above numbers, were 22—8 men and 14 women. A very common question is, "Are more men or women insane?" So far as the records of this institution are concerned for the nineteenth Hospital year, precisely the same number of each sex were under treatment. While woman is subject to the ordeals and mental and nervous strains incident to the developmental periods and maternity, man's struggles and ordeals as a "bread-winner" in this age of business complications, uncertainties and competition, are, it seems, an equal strain upon the mental equilibrium.

Table X. gives a classification of the mental diseases of those admitted, and the number affected by each form under this classification. Following a grouping as we did in our last report, we have 101 manias, 67 melancholias, 42 dementias, and 24 other special forms, making a total of 239, and since the number or percentage of recoveries and discharges as "improved" so largely depends upon the forms of insanity, and the gravity of the complications of those admitted, the following subdivision makes more plain the significance of Tables X. and XIII.:

Cure highly improbable.....	Chronic mania.....	36	
	Chronic melancholia	15	
	Serious complications.....	37	
	Total.....		88
Hopelessly insane	Epileptic mania.....	4	
	Epileptic dementia	2	
	Organic dementia.....	4	
	Senile dementia	20	
	Terminal dementia.....	3	
	Imbecility	1	
	Paranoia	6	
	Paresis	8	
	Total		48
	Grand total.....		136

Hence 136 of the 239 admissions, because of the serious nature of their mental diseases, and the grave complications present, could not

be looked upon as having a reasonable probability of recovery or improvement, while in the remaining 103 the outlook was favorable. Fifty-nine were discharged as recovered, which is 57 per cent. of the number not beyond hope, and with 23 discharged as improved, we have 84 per cent. benefited very decidedly by treatment.

In Table XIII. the totals are not given, for the reason that several patients were found to have more than one complication, and had therefore to be enumerated more than once in the table; to have added up the columns would have made the table somewhat confusing, as the totals would have been in excess of the other tables on admissions.

In consulting this table we find that 37 persons, or nearly 16 per cent., suffered from organic heart disease, while only 12, about 5 per cent., from tubercular disease. A careful examination of all admissions as well as of those remaining in the Hospital from last year, disclosed that only 43, which is about 3 $\frac{2}{3}$ per cent. of the patients under treatment during the year, had phthisis. In view of the fact that some of our most careful English observers and writers have given the death-rate from phthisis in institutions for the insane, as being 25 or 30 per cent. of the whole number of deaths in such institutions, I look upon the extremely low percentage in this institution as unusual.

Those admitted were found to have the following complications: Anæmia, 5; bed-sores, 1; blindness of one eye, 2; Bright's disease, 4; chronic gastritis, 1; carcinoma of liver, 1; complete or partial hemiplegia, 8; dislocated shoulder, 1; diabetes mellitus, 1; epilepsy, 8; epithelioma, 1; frozen feet, 2; glandular enlargement, 1; hemorrhoids, 5; hernia, 4; homicidal tendency, 21; indolent ulcers, 1; leucorrhœa, 4; lateral sclerosis, 1; malarial disease, 1; multiple abscess, 1; organic heart disease, 37; orbital tumor, 1; partial deafness, 5; phthisis, 11; rheumatism, 1; rheumatoid arthritis, 1; spinal curvature, 2; suicidal tendency, 29; syphilis, 3; tubercle of testes, 1; uterine or ovarian disease, 10; without complications, 143.

The table upon hereditary taint, No. XIV., is based upon information given by the friends and relatives of the patients, and shows that of the 239 admissions, the friends of only 57 acknowledged the existence of a family taint. I am not inclined to look upon the table as reliable, for the reason that I have frequently observed an effort on the part of those giving the history of the patients to conceal all

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The number of patients under treatment during the year was 1,248—624 men and 624 women. The colored patients under treatment, who have been included in the above numbers, were 22—8 men and 14 women. A very common question is, "Are more men or women insane?" So far as the records of this institution are concerned for the nineteenth Hospital year, precisely the same number of each sex were under treatment. While woman is subject to the ordeals and mental and nervous strains incident to the developmental periods and maternity, man's struggles and ordeals as a "bread-winner" in this age of business complications, uncertainties and competition, are, it seems, an equal strain upon the mental equilibrium.

Table X. gives a classification of the mental diseases of those admitted, and the number affected by each form under this classification. Following a grouping as we did in our last report, we have 101 manias, 67 melancholias, 42 dementias, and 24 other special forms, making a total of 239, and since the number or percentage of recoveries and discharges as "improved" so largely depends upon the forms of insanity, and the gravity of the complications of those admitted, the following subdivision makes more plain the significance of Tables X. and XIII.:

Cure highly improbable.....	{	Chronic mania.....	36	}	88
		Chronic melancholia	15		
		Serious complications.....	37		
		Total.....	88		
Hopelessly insane	{	Epileptic mania.....	4	}	48
		Epileptic dementia	2		
		Organic dementia.....	4		
		Senile dementia	20		
		Terminal dementia.....	3		
		Imbecility	1		
		Paranoia	6		
		Paresis	8		
		Total	48		
		Grand total.....	136		

Hence 136 of the 239 admissions, because of the serious nature of their mental diseases, and the grave complications present, could not

be looked upon as having a reasonable probability of recovery or improvement, while in the remaining 103 the outlook was favorable. Fifty-nine were discharged as recovered, which is 57 per cent. of the number not beyond hope, and with 23 discharged as improved, we have 84 per cent. benefited very decidedly by treatment.

In Table XIII. the totals are not given, for the reason that several patients were found to have more than one complication, and had therefore to be enumerated more than once in the table; to have added up the columns would have made the table somewhat confusing, as the totals would have been in excess of the other tables on admissions.

In consulting this table we find that 37 persons, or nearly 16 per cent., suffered from organic heart disease, while only 12, about 5 per cent., from tubercular disease. A careful examination of all admissions as well as of those remaining in the Hospital from last year, disclosed that only 43, which is about 3 $\frac{2}{3}$ per cent. of the patients under treatment during the year, had phthisis. In view of the fact that some of our most careful English observers and writers have given the death-rate from phthisis in institutions for the insane, as being 25 or 30 per cent. of the whole number of deaths in such institutions, I look upon the extremely low percentage in this institution as unusual.

Those admitted were found to have the following complications: Anæmia, 5; bed-sores, 1; blindness of one eye, 2; Bright's disease, 4; chronic gastritis, 1; carcinoma of liver, 1; complete or partial hemiplegia, 8; dislocated shoulder, 1; diabetes mellitus, 1; epilepsy, 8; epithelioma, 1; frozen feet, 2; glandular enlargement, 1; hemorrhoids, 5; hernia, 4; homicidal tendency, 21; indolent ulcers, 1; leucorrhœa, 4; lateral sclerosis, 1; malarial disease, 1; multiple abscess, 1; organic heart disease, 37; orbital tumor, 1; partial deafness, 5; phthisis, 11; rheumatism, 1; rheumatoid arthritis, 1; spinal curvature, 2; suicidal tendency, 29; syphilis, 3; tubercle of testes, 1; uterine or ovarian disease, 10; without complications, 143.

The table upon hereditary taint, No. XIV., is based upon information given by the friends and relatives of the patients, and shows that of the 239 admissions, the friends of only 57 acknowledged the existence of a family taint. I am not inclined to look upon the table as reliable, for the reason that I have frequently observed an effort on the part of those giving the history of the patients to conceal all

information regarding the insanity of the relatives, and I have often received seriously-conflicting statements from two different informants concerning the same patient, when either seemed to be sufficiently familiar with the family history to give all desired information upon the case.

The civil condition of the admissions was: Single, 90; married, 126, and widowed, 23.

There were 100 discharges and 97 deaths, making in both 197—men, 103, and women, 94. The condition of the discharged was: 59 restored, 28 improved, and 13 unimproved. Of the deaths, 60 were men and 37 women.

The percentage of deaths, calculated upon the whole number under treatment, was 7.7.

The shortest period in the Hospital for any patient discharged as recovered was seven days, and the longest period was two years and eight months.

The number (59) which recovered was 24.7 of the admissions.

In Table XXI. are recorded the mental diseases of those who died, and were as follows: Acute mania, 3; acute delirious mania, 5; chronic mania, 10; acute melancholia, 6; chronic melancholia, 4; recurrent melancholia, 2; stuporous melancholia, 2; epileptic dementia, 4; organic dementia, 3; parietic dementia, 9; primary dementia, 1; senile dementia, 16; terminal dementia, 30; idiocy, 1; paranoia, 1. The average age of those who died was: Men, 51; women, 51½; average age, 51½.

OVERCROWDED HOUSE.

In my last report I called attention to our overcrowded condition, and the many serious consequences arising from it. We then had a population of 1,009, to-day we have 1,050. Further comment is scarcely necessary.

There appears to be but one solution of the problem, and that is, to build further accommodation for the insane of the State, and in doing so it seems but judicious that buildings be erected that will provide for the steady increase for several years. Table XXIII. shows that the insane population of this Hospital has had a yearly increase of about fifty patients, and suggests what may be expected in the future. The most practicable and economical way to deal with this problem is to erect buildings for the chronic, incurable insane,

upon the large dormitory and day-room plan, thus relieving the congested condition of this building and making room for the admission of acute cases, supposedly susceptible of treatment.

APPOINTMENTS, RESIGNATIONS, ETC.

On December 7th, 1893, Dr. L. L. Blake resigned his position as Second Assistant Physician, and Dr. Thomas P. Prout was promoted to fill the vacancy.

After a competitive examination, in which ten candidates took part, Dr. Peter S. Mallon and Dr. M. L. Perry were appointed to the position of Third and Fourth Assistant Physicians, respectively. Their appointments were made February 14th, 1894. They have both displayed commendable zeal and ability.

After a service of seven years, Mr. Stephen T. Quinn resigned his position as Druggist. His resignation took effect October 1st, 1894. Mr. Howard M. Smith was appointed to fill the vacancy, and reported for duty September 29th, 1894, since which time he has exhibited an earnestness and a high degree of efficiency which have commanded our confidence.

Dr. Otto Stumpf acted as interne during the vacations of regular members of the medical staff. He reported for duty August 27th, discontinued the service October 2d, and gave perfect satisfaction in the performance of the various professional duties assigned him.

RELIGIOUS SERVICES, ENTERTAINMENTS, ETC.

Religious services have been held in the chapel every Sunday during the year. The following clergymen have filled the pulpit, and also visited and given religious consolation to the sick when called upon to do so:

Rev. Dr. Albert Erdman, Presbyterian.
 Rev. Dr. J. M. Buckley, Methodist.
 Rev. Father A. M. Eagan, Roman Catholic.
 Rev. Isaac M. B. Thompson, Baptist.
 Rev. J. E. Adams, Methodist.
 Rev. J. B. Beaumont, Presbyterian.
 Rev. George P. Eckman, Methodist.
 Rev. Wm. Fryling, Presbyterian.

I am pleased to acknowledge on behalf of the patients, and the officials and their families, our profoundest appreciation for the services rendered by these reverend gentlemen.

By the regulations established by the Board of Managers, the pulpit of the institution chapel is open to all Christian denominations upon the same conditions, thus giving our patients, who represent all creeds, the opportunity of selecting and attending the services of the minister of their faith and preference.

Much time and attention has been devoted to the entertainment of the patients, and our observations upon this line are a confirmation of the truth of the words of Sir Henry Wotton, upon the employment of idle time, written in the seventeenth century, "an employment for their idle time, which was not then idly spent, a rest to the mind, a cheerer of the spirits, a diverter of sadness, a calmer of unquiet thoughts, a moderator of passion, a procurer of contentedness," and "that it begat habits of peace and patience."

The most of the sports and facilities for the employment of the muscular part along with the mental are confined to the summer outdoor amusements. We are not as yet favored, as some of our sister institutions are, with bowling alleys, gymnasiums, &c., in which our patients may while away part of the dreary winter days, and in stormy and inclement weather healthfully employ their minds and muscles, and thus drive away dull care and invite "tired nature's sweet restorer—balmy sleep," but our advancement in providing means of entertainment and healthful employment has been marked and encouraging.

The amusements for the patients have been very much the same as noted in last year's report, and consisted chiefly in weekly dances, at which the music was furnished by the Hospital orchestra, tri-weekly concerts by the Hospital brass band, base-ball games, which were attended by a large number of patients, foot-ball games, tennis tournaments, croquet, quoits, musicales by home talent and traveling troupes, theatricals, recitations, and the various indoor games, such as chess, checkers, cards, halma, dominoes and billiards. Also many books, periodicals, weekly and daily papers have been furnished by the Hospital or contributed by kind friends.

THE PATHOLOGICAL DEPARTMENT.

The work of the pathological laboratory has increased in interest as well as in proportions. The space usually allotted to our annual report will not permit us to give to the subject more than a brief notice in addition to the supplement by Dr. Prout, which is given as an appendix to this report. The records taken in each autopsy are quite full, and the microscopic work is illustrated by pen and pencil drawings, such as are to be seen in the pathological supplement, setting forth the most important features of the microscopical examinations. These records are numbered, bound and carefully filed away for future study and reference.

We have not had reason to lose faith in the Bevan Lewis methods since the writing of our last report; in every autopsy sections are taken from the fresh brain, and specimens prepared by this method. The other processes of preparation which have been given much time and labor are those of Nissl, Rehm, Weigert, Biondi-Erlich, Van Giesen and Golgi, each commanding our confidence in the class of work to which it is best adapted, as will be seen by a careful perusal of the pathological report.

The new Thoma microtome recently purchased is a very satisfactory instrument.

The rooms occupied by the pathologist for a laboratory were not built for that purpose, and are not adapted to such use, for the reason that during the greater part of the day it is impossible to get the necessary amount of light. In making further provision for our increasing population, I would advise that provision be made for a new pathological laboratory, with proper equipments, facilities and conveniences.

TRAINING SCHOOL FOR NURSES AND ATTENDANTS.

I believe the success of the medical work of any hospital may be measured by the intelligence and character of its nurses or attendants, and it is therefore the plain duty of those who are responsible for this work to endeavor to secure the services of intelligent, conscientious and earnest persons for such positions, and to use every facility possible to raise the standard of their work. For these reasons a training school has been organized in connection with the medical

work of this Hospital, and was formally opened with an address on the evening of October 30th, by Dr. J. M. Buckley. The first course of instruction will consist of eighty lectures, to be delivered by the members of the medical staff of the Hospital. These lectures are to be simple elementary discourses, followed by quizzes, demonstrations and lessons in anatomy, physiology, bandaging, physical examinations, the observation and recording of symptoms, massage, Swedish movements, &c.

The lecture subjects and dates of lectures selected for the first year will be as follows:

Dr. B. D. Evans: On November 15th, 27th; December 8th, 20th; January 5th, 17th, 29th; February 9th, 21st; March 5th, 16th, 28th; April 9th, 20th; May 2d, 14th.

The subjects for these dates are: The Nurse's Relation to the Practice of Medicine; *Materia Medica* and the Administration of Medicine; Diseases of the Eye and Ear; Hospital Organization and Discipline; The Ethics of Nursing; The Therapeutic and Hygienic Value of Habit.

Dr. Eliot Gorton: On November 13th, 24th; December 6th, 18th; January 3d, 15th, 26th; February 7th, 19th; March 2d, 14th, 26th; April 6th, 18th, 30th; May 11th.

The subjects for these dates are: Obstetric and Gynæcologic Nursing; Diseases of Children; Genito-Urinary Diseases; Artificial or Forced Feeding; Hygiene and General Sanitary Regulations.

Dr. Thos. P. Prout: On November 10th, 22d; December 4th, 15th, 29th; January 12, 24th; February 5th, 16th, 28th; March 12th, 23d; April 4th, 16th, 27th; May 9th.

The subjects for these dates are: Hydro-therapeutics; Electro-therapeutics; Massage and Swedish Movements; Symptomatology; Gross Pathology with Microscopic Examinations of Urine, Pus, Fæces, &c., &c.; Post Mortem Work.

Dr. Peter S. Mallon: On November 6th, 17th, 29th; December 11th, 22d; January 8th, 19th, 31st; February 12th, 23d; March 7th, 19th, 30th; April 11th, 23d; May 4th.

The subjects for these dates are: Physiology with Microscopic

Demonstrations; Chemistry and Toxicology; Urinalysis, with Practical Lessons in Testing Urine; Physics.

Dr. M. L. Perry: On November 8th, 20th; December 1st, 13th, 27th; January 10th, 22d; February 2d, 14th, 26th; March 9th, 21st; April 2d, 13th, 25th; May 7th.

The subjects for these dates are: Surgery, with practical lessons and demonstrations in bandaging, dressing, and general surgical applications; Anatomy; Sepsis, Asepsis and Antisepsis; General Dietetics; special preparation of diet for the sick.

Lectures will be delivered Tuesdays, Thursdays and Saturdays of each week during the term. The attendants will be divided into two classes, so that while one class is attending lectures the other will be attending the patients and doing ward duty. The first course will be followed by examinations and promotions. In the second term or course there will be junior and senior classes, and at the termination of the second course those who were promoted to the senior class and attended the lectures will be admitted to the final examinations, and upon passing successfully will be graduated and given certificates of graduation. The graduates will be eligible to the positions of head attendants upon the wards, and to advancement in salary.

The practicability of training schools for nurses and attendants in an institution for the insane has been so clearly demonstrated in a number of hospitals in the country that the question does not admit of argument; the advantages derived from them are so apparent and manifold that they must be placed in the category of necessities. Their establishment and successful operation means work, hard work and much of it, but we enter upon it hopeful of results which will amply repay our efforts.

In the employment of attendants and nurses, selections will be made upon the intelligence, the moral character, the age, the general appearance and health of the candidate; in this matter I shall observe strictly the principle that no preference shall be given to any special religious creed or the representatives of any particular political faith. This rule I have faithfully adhered to in the past in all my hospital work, and in doing so I believe I have protected the institution's best interests. The demoralizing effect of allowing such elements to enter into the affairs of a State institution for the care of the sick is at once apparent.

THERAPEUTICS.

Opium.

The opium treatment for acute melancholia has been given a thorough trial in a large number of cases, but with decidedly varying results. The mode of administration adopted was to start by giving five to ten minims of the deodorized tincture three or four times a day, and gradually increase the dose until it reached sixty or eighty minims, and then steadily but slowly diminish the dose to the size at the start. Some cases showed marked improvement from the beginning of the treatment, while in others the results were negative, and in a third class the treatment seemed to do positive harm, the patients showing greater depression, agitation, more active delusions, and a failing of the appetite, occasionally attended with nausea and vomiting. As a rule when these unfavorable symptoms followed the administration of the drug, the treatment was discontinued, but in a few such instances the treatment was persisted in for some time, but with no good results. The cases were studied and compared closely, to ascertain if possible what special forms yielded more readily to the treatment, but to our great perplexity our observations availed us little. Cases of a nearly similar symptomatology, and of like duration as was possible to select, showed directly opposite results from the treatment. About twenty-five per cent., however, of the cases of acute melancholia treated with opium exhibited such marked benefit from it that our testimony must be recorded in support of the advocates of this drug as a valuable remedy in the treatment of states of mental depression. I should not neglect to add that with small doses of cascara sagrada added to the tinct. opii. deod. the sluggishness of the intestinal tract incident to melancholia was in the great majority of cases promptly relieved, whereas the cascara administered alone had little or no effect.

One case of mania with marked psycho-motor excitement yielded very nicely to opium after the usual remedies had totally failed.

Hypnotics.

Were I asked to name the principal hypnotics used in the Hospital in the order of their usefulness and the scope of their application

they would be presented as follows: Judicious exercise in open air, paraldehyde, trional, bromidia, sulphonal and chloralamid. The indications for the use of these differ so much in the different classes of cases needing hypnotics that such an order of application would be likely to work an injustice very often both to the remedy and the patient.

So much has been written and said in behalf of properly-regulated exercise in the open air that there is little or no room for argument or discussion. The great difficulty that confronts the asylum physician is that of being unable to give to patients the particular form of exercise best suited to each individual case.

Paraldehyde.

After several years' trial this drug has established itself as a valuable and reliable hypnotic, to which, however, there are two serious objections; first, that it gives to patients when swallowing it the sensation of smothering or strangling, and second, its slow elimination through the lungs, leaving some patients drowsy and all patients with its strong odor for six or eight hours after its sleep-producing effects have passed away, but withal it may be relied upon to give to a case of almost any form of insomnia from four to six hours of refreshing sleep, when administered in doses of from one to two fluid drachms, mixed in equal parts of sp. frumenti and syr. aurantii. In the sleeplessness of chronic alcoholism, alcoholic mania, delirium tremens, and of chronic "disturbers" this drug has no superior as a hypnotic. In many of the acute forms of insanity it acts very gratefully, but occasionally it fails. It does not disturb the appetite, and does not depress the heart's action.

Trional.

A careful observation of the results in six hundred administrations of this drug during the year has commended it to us as an important acquisition to our list of hypnotics. Given in twenty-five-grain doses it is prompt in its action, producing a peaceful sleep in from ten minutes to half an hour after taking.

The sleep following the use of this drug more closely approximates normal, healthful sleep than that following any other hypnotic used

in this Hospital during the year. The drowsiness and sluggish feelings that follow the use of sulphonal, and numerous other drugs, the day following the night of administration, are not attendant upon trional. Dryness of mouth and fauces, lowering pulse-rate and tension, headache and nausea, reputed to this drug by some therapeutists, have not occurred in its use at this Hospital; such symptoms must be rare or only present when very large doses are given. The sleep resulting from trional is devoid of waking intervals. It has given very gratifying results in cases of maniacal excitement with insomnia, in a few cases where paraldehyde has failed. The bulk of the dose is an objection, but the taste is not bad. It may be given in wine or hot milk.

Trional acts promptly, is eliminated quickly, and is, therefore, not attended with serious or depressing after-effects.

House "Sleeping Mixture," or Bromidia.

A favorite hypnotic with us in cases where there is marked psychomotor excitement is a mixture we sometimes call bromidia from its resemblance to the proprietary preparation of that name. It is given in one or two fluid-drachm doses. Each drachm contains sodium bromide, fifteen grains; chloral hydrate, fifteen grains; tinct. cannabis indica, four minims; tinct. hyoscyamus, four minims; glycerine, fifteen minims, and water sufficient to make up the fluid drachm.

This preparation has best served us in actively-acute maniacal conditions, and in the restless, sleepless and excited condition which frequently follows a series of epileptic fits in epileptic insanities. Not infrequently headache, loss of appetite, and dull, heavy feelings about the head follow its use, though in the class of cases above cited it acts very satisfactorily.

Sulphonal.

This may be called a sister drug to trional, as it belongs to the same family—in fact it is the elder sister. It is not suited to the treatment of insomnia incident to melancholia, for not an infrequent symptom following its use is a feeling of decided depression and mental confusion. In many cases it has shown very decided toxic effects in small doses, while in others large doses are well borne. As small doses as fifteen grains have in several instances produced alarming

symptoms, causing great depression of the heart's action, and a condition of collapse. It frequently upsets the stomach, causing vomiting and loss of appetite. While it is fairly sure to produce sleep, it is slow of action, the average time after administration before sleep comes on being about three hours.

Occasionally an eruption over the body follows its use. After a continued use, the urine is found to be of a dark color, which a microscopical and clinical examination proves to be from the presence of hæmatoporphyrin, and in some cases large quantities of indican. Our experience with this hypnotic teaches us to be very cautious in its administration, to watch closely the effects of the first doses in a patient who has not previously taken it, and always to discontinue its use when the urine gets dark.

Chloralamid and Tetranal.

These drugs are not so reliable, as hypnotics, as either trional or sulphonal, but both of them in a few exceptional cases have been attended with gratifying results. In two cases in which tetranal was used unpleasant symptoms resulted, the most prominent of them being, vertigo, dryness of mouth and fauces, metallic taste in the mouth, and locked secretions.

Lithia Water.

Lithia water has been used in a large number of cases upon our Hospital wards, but especially in rheumatic diseases, and vesical and urethral irritations. While in the former classes of diseases the results from its use have not been unusual, in the latter they have been very gratifying. In all cases where there was hyper-acidity of urine, frequent and painful urination, showing a decided irritability of the neck of the bladder, the free use of this water gave relief.

Toxic Agencies.

The influence of numerous poisons upon the nervous system has been for a long time recognized. No writer in materia medica and therapeutics would command respect who would attempt to describe any drug, that enters the circulation, without noting its effects upon the central nervous system. The usual observations made and noted,

however, upon the toxic and so-called physiologic effect of drugs are of the prominent phenomena produced within a few seconds, minutes, hours, or days after the drug is administered. Too often are the very remote results lost sight of; too little analytic study is devoted to predisposing causes and diatheses, and for these reasons serious neuroses creep upon us unobserved till the time for the institution of preventive means and measures has passed.

It does not require a carefully-trained mind to note the serious symptoms following the ingestion of large quantities of alcohol, opium, belladonna, illuminating gas, and numerous other toxic agencies, and it has been definitely determined that a continued use of the first-named drug will result in producing serious disease of the kidneys, liver, and the peripheral and central nervous system: then is it unreasonable to assume that toxic substances, whether in the form of liquid, salt or gas, which if taken into the body through the œsophagus, lungs or otherwise, produce positive disturbances of the mechanism of the organ of the mind, exhibiting their effects in coma, delirium, convulsions, vertigo, &c., would, if taken in smaller quantities often repeated, produce permanent lesions in the brain sufficient to induce mental perversions? A little careful thought upon this subject leads me to believe that toxic agencies entering the blood play a much greater part in the causation of mental alienations than has seemed to be the impression of our ablest authorities upon the subject. There can be no doubt but that this is a most interesting and sadly-unexplored field, demanding our attention, and I predict that when the light of diligent and persevering investigation has been shed upon it our list of "toxic insanities" will be increased fourfold.

The various forms of delirium, and the numerous nervous symptoms which we observe in infectious diseases, readily convince us of the great susceptibility of the nervous centers to the poisonous influences of the specific organisms of disease. We are led by the brief consideration of this subject to one closely akin to it, that of

Auto-Intoxication in Mental Diseases.

Here we have an etiological agency in mental diseases which has in a vague manner been treated of in some of its various phases for many years, but which has not received the attention and consideration its marked importance merits.

That a number of poisons are formed in the tissues of the body during the normal processes of decay and repair has been demonstrated by competent authorities. And if this be so, upon what does our safety depend? There is no doubt in my mind but that the numerous factors now not familiar to us subserve the important function of neutralizing, counteracting and eliminating these poisons which are the essential results of the normal processes of the organism. It has been fairly proven that the liver is the chief organ of neutralization, and that its antidotal function is a great safeguard to life, but to preserve health further aid is necessary; the efforts of the liver would prove inadequate. The various processes of elimination must take their share of the work; their disturbance or inactivity brings on various interesting nervous phenomena. The vertigo, headache and vaso-motor disturbances so common to uræmic intoxication; the disturbed digestion, mental confusion and headache incident to stubborn chronic constipation are object lessons which direct our attention to the subject of auto-intoxication, and cause us to query if a diseased condition of the liver or the more important emunctories cause such marked phenomena of a nervous character, why will not the toxic agencies accumulated in excessive quantities by reason of these derangements attack the brain-cell and nerve fiber, and thus induce mental disease? There is in this subject a field for much thought and much earnestness, which for the present we may consistently refer to the domain of the pathologist.

ACKNOWLEDGMENTS.

It gives us pleasure to record a grateful acknowledgment of the following contributions, and assure the givers that their efforts to entertain and add to the comfort and happiness of the patients are heartily appreciated:

November 21st, 1893, from Mrs. G. E. Kissell and Mrs. Roscoe Lyons, of Morristown, N. J., a package of magazines.

December 26th, 1893, from Mr. B. F. Rexford, of New York City, a box of oranges.

December 26th, 1893, from Dr. Edwin J. Howe and Miss Jenkinson, of Newark, N. J., 250 bound volumes of books for patients' library, now known as the "Howe Library."

December 26th, 1893, from Mrs. G. E. Kissell, a package of magazines and periodicals.

February 14th, 1894, from A. E. Pearsall, editor of the "Union County Standard," a box of periodicals, papers and magazines.

April 6th, 1894, a gratuitous entertainment by Dr. B. F. Tillyer and friends, of Dover, N. J. From Morristown Club, a large collection of Forums, North American Reviews, Cosmopolitans, and numerous other periodicals and papers.

April 24th, 1894, from B. F. Rexford, of New York City, a box of oranges.

April 24th, 1894, from Dr. Edwin J. Howe, of Newark, N. J., 150 paper-cover and 12 bound books.

May 3d, 1894, from George Richards, Esq., of Dover, N. J. (President of Board of Managers), three hundred dollars (\$300) to the amusement fund.

June 11th, 1894, a gratuitous concert by Miss Ludlow, of Brooklyn, N. Y.

August 13th, 1894, from Mrs. Kissell, of Morristown, N. J., a package of periodicals.

August 15th, 1894, from the "Morris County Chronicle," a parcel of periodicals, pictorial papers and exchanges.

August 25th and September 1st, 1894, gratuitous musical entertainments by the Philharmonic Quartette Club, of New York City.

September 17th, 1894, from William Rexford, of New York City, a box of California plums and grapes.

The placing of handsome new book shelves in the Medical Director's office and the indorsement by the Board of Managers of the matter of building up the medical library have been highly gratifying to the entire medical staff. During the year about one hundred and fifty new volumes have been purchased, besides the additions by the binding of medical journals, &c. Since we are too distant from the large cities to conveniently consult their medical libraries it is highly important that the Hospital have a good reference library of its own, and as a State institution its dignity demands it.

My assistants have been faithful in the performance of their various duties. The intelligent and unswerving interest they have manifested in the prosecution of the work of my department is a source of extreme gratification to me.

The harmonious relations of the medical and business departments have been constant, and I take pleasure in making this official record of it.

The supervisors and other sub-officials in the medical department have been careful, thoughtful and attentive in the performance of the duties assigned to them.

For the confidence you have reposed in me I am grateful, and with your continued support and counsel, and a firm faith in the overruling Providence as the directing influence in the faithful performance of the manifold duties of my post in this work of the State's public charities, I shall endeavor to lose sight at no time of the paramount interests of the charge you have committed to me.

Respectfully submitted,

B. D. EVANS, M.D.,

Medical Director.

MORRIS PLAINS, N. J., October 31st, 1894.

REPORT IN PATHOLOGY

PATHOLOGICAL SUPPLEMENT.

REPORT IN PATHOLOGY.

To the Medical Director:

During the past year forty-five autopsies have been done. The following tables present in tabulated form many of the main facts in regard to each of these autopsies. Beyond presenting the leading facts in these autopsies the tables are not of value; but it was thought that many of the facts could be best presented and compared in this way, and so the tables were elaborated somewhat beyond those given in last year's report.

For the benefit of those who are not fond of tabulated statements I will give a few points here, but many of the features of interest will have to be sought in the tables on account of lack of space.

The autopsies were divided, males, 30; females, 15. Acute forms of mental disease, 8; chronic forms of mental disease, 37. Kidneys diseased sufficient to present a gross lesion, 16. Heart diseased, 10 times. Consistence of brain increased, 2 times; normal, 12 times; diminished, 31 times. Brain congested, 19 times. Normal as regards blood-supply, 10 times. Anæmic, 16 times.

In all the forms of chronic mental disease the convolutions showed marked atrophy, especially in the frontal portion of the cortex. Thinning of the cortex (in some instances extreme) was also a lesion of prominence.

TABLE I.

Number.	Sex.	Mental Disease.	Duration.	Cause of Death.
136	M.	Terminal dementia...	8 years...	Thrombosis of left coronary artery.
137	M.	Terminal dementia...	23 years...	Organic heart disease. Chronic diffuse nephritis.
138	M.	Chronic mania.....	10 years...	Exhaustion.
139	M.	Terminal dementia...	5 years...	Pulmonary tuberculosis. Pericarditis.
140	M.	Acute mania.....	4 mos.....	Primary sarcoma of ileum. Multiple sarcomata of skull. Multiple sarcomata of lungs.
141	M.	Idiocy	14 years...	Acute gastritis.
142	M.	Terminal dementia...	23 years...	Exhaustion.
143	M.	Organic dementia...	15 mos	Tumor of optic thalamus (Glioma).
144	F.	Terminal dementia...	16 years...	Organic heart disease.
145	F.	Terminal dementia...	5 years...	Acute enteritis.
146	M.	Epileptic dementia...	21 years...	Exhaustion. Epilepsy.
147	F.	Acute delirious m'nia	1 mo.....	Acute nephritis. Exhaustion.
148	M.	Chronic mania.....	19 mos.....	Thrombosis of the aorta. Hydronephrosis.
149	M.	Terminal dementia...	12½ years...	Pulmonary tuberculosis.
150	F.	Chronic mania.	6 years...	Uterine carcinoma.
151	F.	Senile dementia.....	6 years ...	Hemorrhage in ventricles of brain.
152	F.	Chronic melancholia	4 years...	Uterine carcinoma.
153	M.	Chronic mania.....	1 year	Thrombosis of left lateral sinus.
154	F.	General paralysis...	3 years ...	Exhaustion.
155	M.	Delusional m'nch'l'a	9 mos	Chronic endocarditis. Acute nephritis.
156	M.	Senile dementia.....	16 mos	Chronic diffuse nephritis. Chronic endocarditis. Chronic pericarditis.
157	M.	Paranoia	8 mos	Pulmonary oedema. Chronic parenchymatous nephritis. Acute pleuritis. Chronic gastritis.
158	M.	{ Acute delirious mania..... }	11 days.....	Thrombosis of basilar artery. Partial thrombosis of middle cerebral arteries. Acute gastric ulcer.
159	M.	Epileptic dementia...	7 years...	Pulmonary tuberculosis.
160	M.	Chronic mania.....	1 year ...	Cortical cerebral hemorrhage.
161	F.	Acute melancholia...	2 mos	Chronic diffuse nephritis. Cystic degeneration of ovary. Fatty infiltration of heart.
162	M.	Terminal dementia...	18 years ...	Thrombosis of left coronary artery. Fatty infiltration of heart.
163	F.	Epileptic dementia...	37 years ...	Chronic croupous bronchitis. Chronic diffuse nephritis. Chronic congestion of liver with fatty degeneration.
164	F.	Terminal dementia...	10 years...	Chronic endocarditis. Chronic diffuse nephritis. Chronic hepatic congestion. Chronic pleuritis. Chronic endarteritis.
165	M.	Senile dementia.....	2 years...	Chronic endocarditis. Chronic diffuse nephritis.
166	M.	Acute mania.....	2½ mos ...	Rupture of the liver.
167	F.	Senile dementia.....	2 years ...	Chronic endocarditis. Chronic diffuse nephritis. Thrombosis of left pulmonary artery.

TABLE I.—Continued.

Number.	Sex.	Mental Disease.	Duration.	Cause of Death.
168	M.	{ Paretic dementia (Pseudo)... }	2 years....	Fatty infiltration of heart. Fatty degeneration of liver. Acute gastritis.
169	M.	Chronic mania.....	9 years...	Fatty degeneration of liver. Acute gastritis. Chronic parenchymatous nephritis with amyloid degeneration.
170	M.	Terminal dementia...	7 years ...	Chronic parenchymatous nephritis. Chronic gastritis. Chronic leptomeningitis.
171	M.	Senile dementia.....	1½ years...	Acute gastro-enteritis. Chronic diffuse nephritis. Endocarditis with aortic disease.
172	F.	Terminal dementia...	7 years...	Carcinoma of liver and uterus. Chronic diffuse nephritis with carcinoma. Acute gastritis.
173	M.	Terminal dementia...	7 years...	Pulmonary phthisis. General miliary tuberculosis. Fatty degeneration of liver.
174	F.	Recurrent mania.....	3 mos	Glio-sarcoma of brain. Sarcoma of lungs. Sarcoma of liver.
175	M.	General paralysis....	4 mos	Chronic gastritis. Hypostatic pneumonia. Chronic diffuse nephritis. Chronic meningo-encephalitis.
176	M.	Terminal dementia...	2½ years...	Exhaustion.
177	M.	{ Hypochondriacal m'nch'l'a }	3 years....	Chronic gastritis. Tubercular peritonitis. Tubercular testes.
178	M.	Acute mania.....	1 mo.....	Acute gastro-enteritis. Subacute nephritis. Hypostatic pneumonia.
179	F.	Chronic mania.....	1 mo.....	Acute pulmonary tuberculosis. Chronic gastritis. Fatty degeneration of the liver. Tubercular peritonitis. Chronic meningo-encephalitis.
180	F.	Senile dementia.....	6 mos	Lobar pneumonia. Pulmonary thrombosis. Chronic diffuse nephritis.

TABLE II.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Acute Mania.</i>				
140	Lungs. Both have a number of hard growths size of a chestnut.... Heart. Flabby. Mitral valve thickened. Kidney. Twice normal size, soft, friable and cystic. Capsule adherent. Cortex much thickened.	Diminished	Normal.....	Convulsions unusually large.
166	Lungs. Apex adherent. Large cavity. Consolidation of upper portion. Heart. Mitral valve thickened.....	Normal	Congested	Convulsions atrophied. Cortex thinned.
178	Lungs. Hypostatic pneumonia posteriorly (right)..... Heart. Flabby. Kidney. Capsule adherent. Cortex thinned..... Stomach. Mucous lining considerably inflamed. Intestines. Inflamed.....	Normal.. ..	Anæmic.....	
<i>Acute Delirious Mania.</i>				
147	Lungs. Hypostatic posteriorly..... Heart. Fatty..... Kidney. Capsule adherent.....	Normal.....	Congested	
158	Lungs. Adherent. Hypostatic posteriorly..... Kidneys. Congested..... Spleen. Small. Capsule thickened..... Stomach. Hyperæmic. Number of old ulcers involving the whole thickness of the mucous membrane.....	Diminished	Congested	Thrombus in basillary artery.
<i>Chronic Mania.</i>				
174	Lungs. Congested posteriorly. Tumor in upper lobe, size of walnut (left). Carnified posteriorly (right).....	Normal	Normal.....	

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Chronic Mania—Continued.</i>				
138	Lungs. Emphysematous. Hypostatic pneumonia..... Heart. Mitral valve thickened..... Kidneys. Capsule adherent.....	Normal.....	Normal.....	Convulsions atrophied. Cortex thin.
148	Lungs. Extensive pleural adhesions. Heart. Flabby. Walls of left ventricle hypertrophied. Coronary arteries atheromatous	Diminished	Congested.....	Vessels very atheromatous.
	Liver. Congested (left lobe)..... Kidneys. Capsule friable thin and adherent. Surface mottled and irregular. Calices dilated. Cyst in upper portion Areas of calcareous degeneration in walls of calices..... Ureter. Presents a marked constriction			
150	Bladder. Increased in size. Wall extremely thickened (2 cm.)..... Lungs. Adherent. A number of cheesy nodules. Heart. Mitral and tricuspid valves thickened and covered with vegetations. Left ventricle hypertrophied	Increased	Anæmic	
	Stomach and intestines anæmic..... Uterus and cervix chronically inflamed. Wall much thinned and cartilaginous. A great portion of the body destroyed.....			
153	Lungs. Hypostatic posteriorly..... Heart. Flabby. Mitral valve calcareous..... Liver. Edges sharp..... Kidneys. Pyramids congested.....	Diminished	Congested	Convulsions flattened. Cortex swollen.
160	Lungs. Hypostatic pneumonia posteriorly. Adherent (right). Markedly pigmented..... Heart. Mitral valve thickened..... Kidneys. Capsule adherent.....	Normal	Congested.....	

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Chronic Mania—Continued.</i>				
169	Lung. Hypostatic posteriorly (right). Heart. Flabby. Aortic valve thickened. Liver. Very large. Fatty. Kidney. Marked amyloid degeneration. Cystic. Stomach. Inflamed.	Diminished	Anæmic	
<i>Terminal Dementia.</i>				
136	Lungs. Vessels atheromatous. Heart. Ventricle thin (right). Aorta atheromatous. Kidney. Very small.	Normal	Anæmic	Convulsions atrophied. Cortex thin.
137	Lungs. Lower lobe completely consolidated. Heart. Right auricle and ventricle dilated. Liver. Fatty. Rather friable. Kidney. Capsule adherent.	Diminished	Anæmic	Convulsions atrophied. Cortex thin.
139	Lungs. Adherent. Upper three-fourths consolidated. Tubercular. Heart. Flabby. Wall on right side fatty. Spleen. Enlarged.	Diminished	Anæmic	Convulsions atrophied. Cortex thin.
142	Lungs. Hypostatic posteriorly. Heart. Mitral valve thickened. Aorta calcareous. Liver. Friable. Atrophied (right lobe). Kidney. Capsule adherent (left). Cortex thin.	Diminished	Normal	Convulsions markedly atrophied. Cortex thin.
145	Lungs. Adherent at sides and apex (left). Tubercular in half of upper lobe (right). Heart. Flabby. Mitral valve thickened. Liver. Fatty. Kidney. Capsule adherent. Intestines. Congested. Ulcerated. Three perforations.	Diminished	Anæmic	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Terminal Dementia—Continued.</i>				
144	Lungs. Adherent. Hypostatic posteriorly. Right apex presents a small cavity. Heart. Aortic valves thickened. Walls of ventricles thin.	Diminished	Anæmic	Convulsions extremely atrophied.
149	Lungs. Tubercular. Large areas cheesy. Adhesions. Heart. Flabby. Mitral and tricuspid valves thickened. Atheroma of coronary arteries. Liver. Fatty deposits. Kidney. Capsules adherent. Spleen. Greatly enlarged. Capsule thickened.	Diminished	Hyperæmic	Convulsions atrophied. Cortex thin.
162	Lungs. Adherent and hypostatic posteriorly (right). A few tubercular nodules. Heart. Flabby. Walls of ventricles thin. Mitral valve thickened. Coronary arteries very atheromatous. Kidney. Capsule very adherent.	Diminished	Congested	Convulsions atrophied. Cerebellum, pons and medulla congested and of diminished consistence.
164	Lungs. Lower lobe completely consolidated. Hypostatic pneumonia in lower lobe. Heart. Large and flabby. Left ventricle thinned at apex. Mitral and aortic valves much thickened. Left auricular wall thickened. Liver. Small. Roughened. Substance of increased consistence (nutmeg). Kidney. Capsule adherent. Cortex thin. Cystic. Spleen. Small. Considerable connective tissue deposits.	Diminished	Normal	Convulsions atrophied.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Terminal Dementia—Concluded.</i>				
170	Lungs. Tubercular in apex (left)..... Heart. Very small..... Liver. Very small..... Kidney. Capsule adherent (left). Cortex thinned..... Spleen. Consistence greatly increased..... Stomach. Mucous lining thickened. Chronic congestion.....	Diminished.....	Anæmic.....	Convulsions atrophied. Cortex thin. Pineal gland cystic. Cerebellum soft.
172	Lungs. Hypostatic posteriorly (right)..... Heart. Flabby. Mitral valve thickened..... Liver. Large..... Kidney. Cortex thin, striations indistinct. Amyloid degeneration.. Uterus. Much enlarged. Anterior wall thickened. Cauliflower-like mass in the cervix..... Rectum. Thickened.....	Normal.....	Anæmic.....	Convulsions atrophied. Cortex thin. Ependyma thickened and opposing surfaces adherent. New growth in orbit.
173	Lungs. Pleura thickened and adherent at apex. Cavity in apex of both sides..... Heart. Flabby..... Liver. Capsule thickened. Fatty..... Kidney. Cortex thinned. An occasional calculus. Miliary tubercles scattered throughout mesentery and omentum.....	Increased.....	Anæmic.....	Cortex thin.
176	.....	Normal.....	Normal.....	Convulsions atrophied. Cortex thin.
179	Lungs. Hypostatic posteriorly. Tubercular in apex..... Heart. Small..... Liver. Fatty..... Kidney. Capsule adherent. Cortex thinned..... Stomach. Walls greatly thickened.....	Diminished.....	Normal.....	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence,	Blood-Supply.	Other Conditions.
<i>Senile Dementia.</i>				
151	Lungs. Congested. Hypostatic posteriorly..... Heart. Flabby..... Liver. Congested and of diminished consistence..... Spleen. Small..... Kidney. Capsule adherent, surface roughened Cortex thin.....	Diminished.....	Congested.....	Convulsions flattened. Hemorrhage in ventricles. Cortex thin.
156	Lungs. Pleural surfaces adherent. Hypostatic posteriorly..... Heart. Small. Tricuspid and aortic valves thickened..... Liver. Fatty..... Kidney. Capsule thickened and adherent. Cortex thin. Cystic... Spleen. Large..... Intestines. Congested.....	Diminished.....	Congested.....	Convulsions atrophied. Cortex thin. Cerebellum congested.
165	Lungs. Right pleural surface adherent, thickened and congested... Heart. Fatty and flabby. Mitral and aortic valves thickened. Wall of right ventricle thin..... Liver. Small. Fatty..... Kidney. Capsules adherent and thick. Surface rough. Cortex thin. Vessels atheromatous.....	Diminished.....	Congested.....	Convulsions atrophied. Vessels atheromatous.
167	Spleen. Very soft..... Lungs. Cartilages ossified. Calcareous nodules (left)..... Heart. Flabby. Wall thin. Valves thickened..... Liver. Flabby. Consistence diminished..... Kidney. Right. Surface rough. Cortex thin. Left capsule adherent..... Uterus. Two fibroid growths.....	Normal.....	Congested.....	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Senile Dementia—Concluded.</i>				
171	Lungs. Pleural surfaces adherent. Hypostatic posteriorly..... Heart. Right auricle and ventricle dilated. Aortic valve thickened. Mitral valve thickened. Vegetations on surface.. Liver. Flabby. Fatty..... Kidney. Capsule adherent. Cortex thin. Cystic..... Stomach. Inflamed..... Intestines. Acutely inflamed.....	Diminished	Anæmic	Convulsions atrophied. Cerebellum atrophied.
180	Lungs. Thrombosis of left pulmonary artery. Lower lobe consolidated (pneumonia).. Kidney. Capsules adherent Cortex thin.....	Diminished	Anæmic	Convulsions atrophied. Cortex thin.
<i>Epileptic Dementia.</i>				
146	Lungs. Adherent at apex, and hypostatic posteriorly. Tubercular nodules..... Heart. Flabby..... Kidney. Cystic. Lobulated (left).....	Diminished	Congested.....	Convulsions atrophied. Cyst in orbital convulsions of left side.
159	Lungs. Pleura adherent. Hypostatic posteriorly... Heart. Pale and flabby. Valves thickened.. Liver. Fatty..... Kidney. Capsule adherent. Cortex thin..... Spleen. Large.....	Normal	Congested.....	Convulsions atrophied. Cortex thin.
163	Lungs. Pleural surfaces adherent. Hypostatic posteriorly. Left partially consolidated..... Spleen. Small.....	Diminished	Anæmic.....	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Organic Dementia.</i>				
143	Lungs. Adherent. Hypostatic posteriorly..... Liver. Fatty areas..... Kidney. Cystic.....	Diminished.....	Congested.....	Convulsions atrophied. Cortex thin.
<i>Pseudo General Paralysis.</i>				
168	Lungs. Hardened nodules in apex. Pleural surfaces adherent and thickened (left)..... Heart. Flabby. Mitral valve has thickened nodules on its surface.. Kidney. Flabby..... Liver. Flabby..... Stomach. Ulcer at pylorus.....	Diminished.....	Congested.....	Convulsions atrophied. Cortex thin.
<i>Acute Melancholia.</i>				
161	Lungs. Pleural surfaces thickened and adherent..... Heart. Mitral valves thickened. Walls of ventricles fatty..... Kidney. Capsule thickened and adherent. Cortex thin. Surface roughened..... Liver. Fatty..... Ovary. Cystic.....	Diminished	Congested.. ..	Convulsions atrophied. Cortex thin.
<i>Chronic Melancholia.</i>				
152	Lungs. Left; pleural surfaces adherent. A few tubercular nodules. Right; hypostatic posteriorly..... Heart. Flabby. Aortic valve calcareous. Vegetations on the mitral valve..... Kidney. Left increased in size. Cortex thin.....	Diminished.....	Anæmic.. ..	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Chronic Melancholia—Concluded.</i>				
155	Lungs. Pleural surfaces adherent. Left; hypostasis posteriorly... Heart. Wall of right ventricle fatty. Tricuspid valves thickened. Aortic slightly thickened..... Kidney. Capsule adherent. Cortex thin.....	Diminished	Congested	Cortex thin.
177	Heart. Flabby	Normal	Normal.....	
	Testicle. Tubercular			
	Stomach. Mucous lining thickened.....			
<i>Paranoia.</i>				
157	Lungs. Right; large, consolidated. Left; pleura thickened, adherent, and consolidated..... Heart. Flabby. Left ventricular wall thin. Mitral valve thickened..... Kidney. Capsule adherent. Cortex thin..... Stomach. Greatly enlarged. Ulcers near pyloric extremity.....	Diminished.....	Normal.....	Cortex thin.
<i>General Paralysis.</i>				
154	Lungs. Adherent. Tubercular..... Heart. Flabby..... Kidney. Cortex very uneven.....	Diminished	Congested.....	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood Supply.	Other Conditions.
<i>General Paralysis—Concluded.</i>				
175	Lungs. Hypostatic posteriorly. Tubercular in apex..... Heart. Wall of right side thin..... Kidney. Capsule adherent. Cortex thin.....	Diminished	Normal	Convulsions atrophied. Cortex thin.
<i>Idiocy.</i>				
141	Lungs. Adherent. Hypostatic posteriorly. Right partially consolidated (tubercular)..... Kidney. Capsule adherent. Cortex thin	Diminished	Anæmic.....	Convulsions atrophied. Cortex thin.

MICROSCOPICAL APPEARANCES.

Epileptic Dementia.—The three cases of epileptic dementia presented some interesting features. Two were patients who had spent a number of years in the institution, and suffered from attacks of grand and petit mal at longer or shorter intervals. A state of dementia more or less well marked supervened in all, but was most profound in these two cases.

The third case was that of a man who was only in the institution for about three months, but who had been a sufferer from epilepsy for a number of years. He alone presented an unusual macroscopic lesion, consisting in a cortical cyst in the frontal segment on the left side. This lesion occupied the first frontal convolution very near the longitudinal fissure, and was about the size of a hazelnut. It was situated just beneath the cortex in the white substance, the overlying cortex being very much softened and greatly thinned.

This patient's attacks of grand mal were at very long intervals, but seizures of petit mal were of daily occurrence. These would come on entirely without the patient's knowledge; whatever he was engaged in doing would be interrupted by a slight pause of from one-quarter to one minute's length, during which he would sway a little from side to side, become slightly flushed and perhaps breathe a little harder than usual, then all would pass off and he would remain entirely unconscious of what had happened. Dementia increased with unusual rapidity during the last two months of his life, and he died during a period of status epilepticus.

Aside from the condition above noted there was no macroscopic lesion in any of the cases differing from that present in marked dementia, viz, thickening of pia, thinning of the cortex and atrophy of the convolutions, generally most marked over the frontal cortical segments but by no means confined to this portion.

The microscopical appearances were of unusual interest, and while somewhat varied, some of the interesting features were present in all the cases. The principal methods used in staining were the fresh method of Bivan Lewis, the methods of Nissl and Rehm with alcohol-hardened tissue, the Biondi-Erich triple stain, and, for staining the nerve fibers of the central white matter, the Weigert copper-hamatoxylin method and the Pal method with Schaefer's modification.

The cortical cell in all of these cases presented marked vacuolation of the nucleus in the second layer when stained after Lewis. These vacuoles were usually single, large, more or less rounded light spots occupying the nucleus either in its center or at an eccentric point, and in not a few instances almost entirely replacing it. With the other methods, these conditions, while present, were not as plainly visible. These peculiar formations seem to be more or less affected by alcohol, but even in the alcohol sections their outline, while not sharp and distinct, could be easily traced in very many of the cells.

The great variability with which the nucleus stained is worthy of a passing note. In some instances it was so faded and granular that its outline could with difficulty be distinguished, while in others the outline was not only very sharp and well defined, but the nuclear substance had taken the stain with marked intensity. These represent the two extremes, and these same conditions are present even in a more marked degree in other forms of insanity than the one under consideration.

Not a few of the cells, especially in the second and third layers, presented nuclei in a fragmented state, i. e., divided into several small pieces. In many the nucleus was extremely irregular in outline, presenting a nucleolus at an eccentric point, while in

PLATE I.

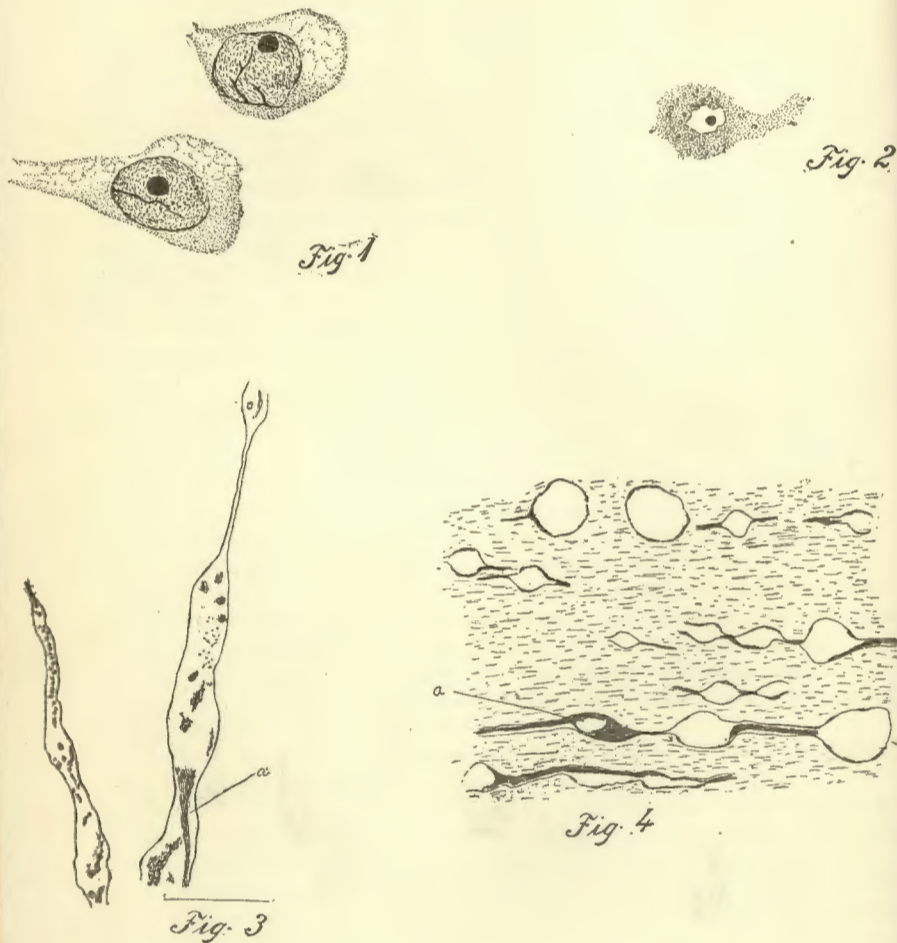


Fig. 1—Some nuclear markings in epilepsy.

Fig. 2—Purkinje cell in epilepsy.

Fig. 3—Degeneration of nerve fibres. Broken axis cylinder. Epilepsy.

Fig. 4—Dilatations of the medullary sheath with nerve fibre degeneration. Epilepsy.

(All outlines made by aid of Abbe camera lucida.)

others the nucleus often presented a greater or less area well stained, while the other portion remained granular and faded in appearance.

In very many of the cells of the second layer peculiar markings across the nucleus were present, consisting in some instances of a single straight line advancing to a considerable extent into the substance of the nucleus, in others of a line more or less bent in its course, while in still others twig-like projections from a line rather crooked in direction were present. (See Plate I., Fig. 1.) These markings were best seen in the sections stained after Nissl, and were best defined in the lightly-stained nuclei. Every cell in the second layer, with scarce an exception, was thus affected.

I am undecided as to the significance of these markings. The methylene-blue methods alone show them, and they are present in other forms of insanity. I have also found them occasionally in the brains of healthy animals. In no instance, however, have I seen them so marked as in these cases of epilepsy, and in no instance have I seen a condition of the nucleus like that shown in Figure 1, Plate I. The condition, therefore, seems worthy of a passing note, and indeed of a far more careful study than I have been able to give it.

The body of the cell in many instances was granular, irregular in outline, and faintly stained, the processes often remaining entirely undefined. In one of these cases (profound dementia) the cortex in the left motor area presented a number of small round holes, sometimes scattered singly through the cortex, in other instances massed together in groups. These holes were visible to the naked eye, and averaged about one millimeter in diameter. They were always situated in the cortex, generally in the region of the second and third layers. On microscopical examination these spaces were entirely unoccupied except for occasional masses of pigment gathered at the edges. The contents of these openings seem at some time to have been capable of exerting pressure on the surrounding structures, as the walls of the spaces were composed of neuroglia substance of markedly increased density, and the nervous elements in the vicinity were very seriously distorted, compressed and degenerated. A portion of the wall of an opening of this sort is shown in Plate II., Figure 4.

We pass now to a consideration of the condition of the cerebellum, which, I regret to say, I have been unable to examine except in a single case.

Stained after Weigert's copper-haematoxylin process, the Purkinje cells appeared granular and irregular in outline, and the body of the cell was often honeycombed with numerous small, round vacuoles; as we approached the region of the large process the substance of the body became more granular and faded in appearance, and the large branching processes remained entirely undefined. (See Plate II., Fig. 2.) Irregularities in the outline of the nucleus were almost universal, and the nucleus itself was variously stained, in some instances being light, and in others so dark as to hide the nucleolus; the latter structure was in a few instances absent, and in a few other of the cells the nucleus was so much faded as to be almost indistinguishable from the protoplasm of the cell body.

The nerve fibers of the central gray matter of the cerebellum presented two forms of degeneration:

1. In that portion of the white matter where the nerve fibers turn from the central stem of the leaflet and proceed toward the cortex, considerable areas were found which presented degenerative changes. These changes consisted in dilatations of the medullary sheath at short intervals along the course of the nerve, so great that in many instances they attained an enormous size, and pressed upon the surrounding structures. (See Plate I., Fig. 4.) These large, rounded, globular masses seemed entirely

unoccupied, and in no instance was it possible to trace in them any remains of the axis cylinder, or in fact any portion of the nervous structure. In a very few instances however, a rudimentary axis cylinder might be seen making its way around one of these masses (Plate I., Fig. 4, *a*), showing that these formations have not their origin in the axis cylinder proper. The nerve fibers above and below these structures were degenerated to a variable extent. In some instances the axis cylinder could still be traced through a small portion of the nerve fiber. In others, nothing remained but a shrunken medullary sheath, interrupted at short intervals by these huge rounded masses. The nerve fibers in the vicinity of these formations were very few in number.

2. In the nerve fibers of the central white core of the cerebellar leaflet a condition of the nerve fiber often presented itself like that figured in Plate I., Figure 3. The axis cylinder in these fibers was broken up into masses of varying size, the medullary sheath being much dilated. Large irregular masses, as shown at *a* in Figure 3 of Plate I. still remain; these undoubtedly belong to the original axis cylinder. The medullary sheath above and below these degenerated portions is usually shrunken and presents no trace of the axis cylinder.

The question as to the primary lesion in these two forms of degeneration at once suggests itself. I am inclined to the opinion that the original lesion in the nerve fiber was in that portion nearest the cerebellar cortex, namely, in the condition first described. The primary lesion in the cerebellum, I am of the opinion, was in the Purkinje cell itself, and a degeneration of the nerve fiber first followed in the portion nearest the cortex, and this lesion induced a secondary one further down in the course of the nerve fiber.

The case teaches in a very forceful manner that the cerebellum is not to be neglected when looking for lesions in epilepsy.

PSEUDO GENERAL PARALYSIS.

This case was of peculiar interest because it was considered one of general paralysis and presented many of the symptoms of this disease. The autopsy findings, however, would not bear out this diagnosis and we were obliged to class it as one of the pseudo forms.

The symptoms were not typical of general paralysis but in many respects were quite well marked. Variations from the ordinary, however, were sufficiently prominent to make a short history worth noting. Slightly depressed at the time of admission to the institution, the patient's emotional nature soon assumed about its normal standard and in a short period he passed into a state of confusion in which he remained for some time. From this he emerged only to exhibit the same symptoms in exactly the same order, continuing this way up to the time of his death, the length of time occupied by each set of symptoms varying considerably. The period of confusion was the thing most unusual in the case. This would begin by inco-ordination of the muscular movements, at first slight, but gradually increasing till the patient was obliged to remain in bed. It was always accompanied by a dazed state, the patient gradually becoming more or less oblivious to his surroundings, and extreme effort being necessary to make him appreciate simple propositions. His ability to take food varied considerably; at times he ate readily and with apparent relish, at others he could not be induced to swallow. These periods would last three or four days, and then would gradually pass away and a state of consciousness and slight exhilaration would supervene. As the case progressed each period

PLATE II.

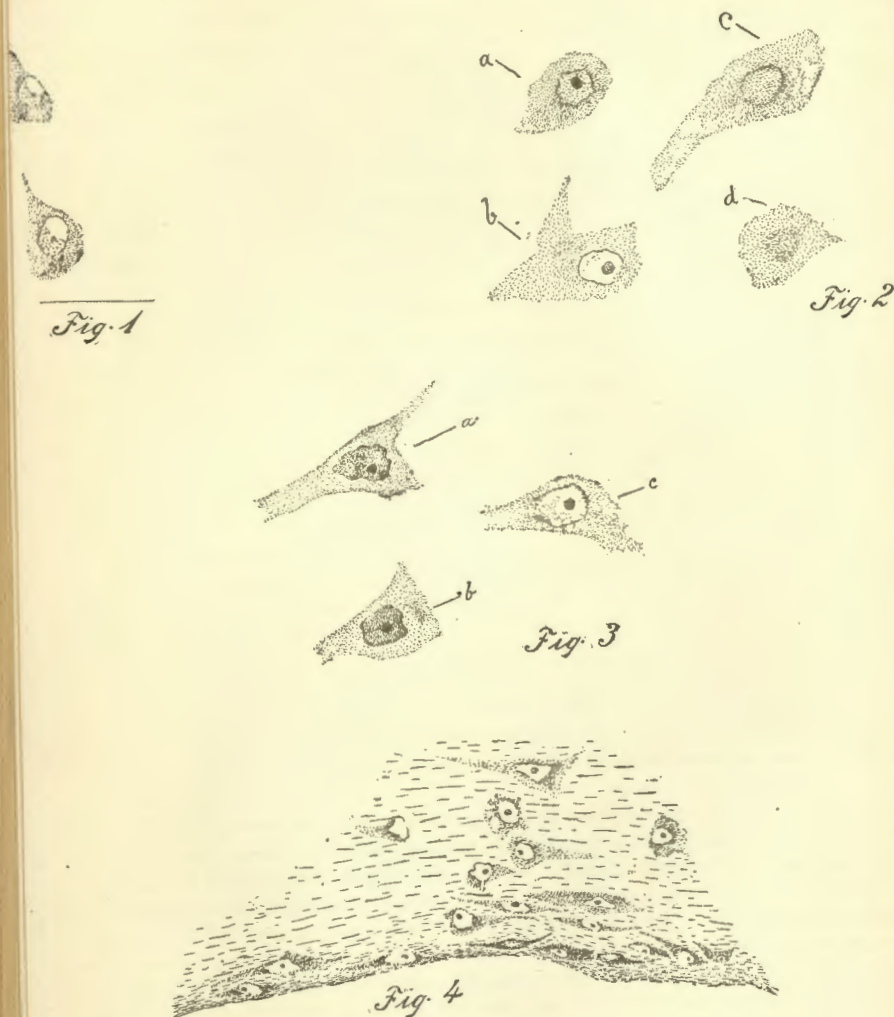


Fig. 1—Light areas in the nucleus.

Fig. 2—Four forms of degeneration in the Purkinje cells of the cerebellum.

Fig. 3—The nerve cell in general paralysis.

Fig. 4—Portion of wall of a miliary cortical cyst. (General paralysis.)

(All outlines made by aid of Abbe camera lucida.)

became shorter, and he passed through his round of symptoms oftener. Tremulousness of speech, tremulousness of the muscles of the body in the performance of the finer movements were now apparent and the gait was very slow and mincing. Pupils equal, slightly dilated, reaction to light normal. Reflexes slightly exaggerated. No anæsthesia or paralysis, and there were no epileptiform seizures at any time. He died during one of his periods of confusion.

The microscopical appearances in both the brain and the cerebellum were of some interest

A peculiar form of vacuolation of the nucleus presented itself in the ganglion cells of the brain cortex, consisting mainly of irregular light areas which occupied varying portions of the nucleus. In very many of the nuclei were found small, irregular light spots with very ragged edges, which suggested nuclear fragmentation. These conditions were most apparent in sections stained after the methylene blue processes. In color these vacuoles were not the light, shining bodies usually found, but were very hazy, indistinct and more or less rounded in appearance. In the sections stained after Nissl these light areas presented much the same appearance, but were, if anything, more irregular and comparatively lighter in color. (See Plate II., Fig. 1.) The distribution of this lesion was quite general. The condition of the cell body varied much, being in some instances very granular and irregular, in others markedly pigmented and vacuolated. These conditions were most marked in the frontal segments of the cortex.

In the cerebellum, the cells of Purkinje presented some interesting features, the conditions varying from the more slight forms of degeneration to those of extreme degree. The first step in the process of degeneration seemed to be marked irregularity in the outline of the nucleus. This condition was present in most of the cells not presenting some other degree of degeneration. (See Plate II., Fig. 2, a.) The nucleolus was always present in these cells and generally quite well marked, and the nucleus, although quite granular, stained evenly. The body of the cell was generally well defined and evenly stained.

The second step in the degenerative process was a cell with granular cell body, and faintly-stained nucleus. The cell body in this condition was often very irregular in outline, and although perhaps evenly stained, was usually indistinct. The outline of the nucleus was not always entirely visible and the nucleolus was still present, although poorly defined. (See Plate II., Fig. 2, b.)

In the third degree of change the nucleus was still visible but irregular and hazy in outline, and the body of the cell was very granular and considerable portions of it were indistinct (see Plate II, Fig. 2, c), while in the fourth degree of change nothing remained of the nucleus except an irregular mass slightly darker than the surrounding cell structure and only distinguishable as the nucleus on account of its position. The body of the cell was exceedingly granular, irregular in outline, and poorly stained, in some instances considerable portions of the cell still remaining undefined. (See Plate II, Fig. 2, d.) It is perhaps unnecessary for me to add that the main process from these cells with its forest of branches remained entirely undefined in every instance.

We have, it seems to me, in the conditions above described, a glimpse of a portion of the life history of the Purkinje cell in a state of disease, and it seems rational to suppose that the occurrence of symptoms which might be referred to the cerebellum (muscular inco-ordination), was coincident with the development of a diseased state in its ganglionic elements. The theory of the toxic origin of insanity while still very much a theory, is a point toward which our studies are unquestionably tending, and

in this instance it seems probable that we have a picture of the action of some toxic agent on the ganglion cells of the cerebellum.

Among the sub-cortical nerve fibers there were numerous non-staining, light-colored, rounded bodies which pushed aside the neighboring fibers, leaving an appreciable interval between them. These bodies were not gathered together in clumps but were scattered quite evenly. In size they were about the diameter of the larger nerve fibers. We found these bodies also in the medulla oblongata at various levels; these were immediately beneath the floor of the fourth ventricle, and were somewhat larger than those above described.

GENERAL PARALYSIS.

One of the cases of general paralysis deserves some notice, as many of the microscopical lesions were of interest.

The case was a very rapid one, the patient having been in the institution only about five months. It ran its whole course in something less than a year. The disease was well advanced when the patient was admitted and his downward progress was quite rapid. His delusions were not typical of general paralysis, but his ocular symptoms, gait, speech, and general appearance were quite characteristic. He died in a condition of extreme dementia.

The vessels showed the changes characteristic of general paralysis. There was marked proliferation of the cellular elements of the vessels, in some instances so marked as to cause great knot-like projections on the vessel wall, in other instances so slight as to present only a very slight cellular proliferation. These conditions were well marked throughout the whole brain and best defined in those portions stained after Nissl or Rehm.

The condition however, which I wish to notice more carefully and fully, was that of the ganglion cell of the cortex; a condition resembling in some respects that found in the cerebellum in the previously-described case, but in others differing entirely from it. The nuclei stained with great variability, some being lightly stained, others quite deeply stained, and still others presented a light and dark area. In addition to this the nucleus was very irregular in outline and the cell body often very granular and in a few instances vacuolated.

In very many of the cells that portion of the cell body in the region of the nucleus was very much lighter than the surrounding portion, so much so that the nucleus often seemed set in a protoplasmic mass which had failed to stain at all. This light area in the region of the nucleus involved a varying portion of the cell body. (See Plate II., Fig. 3, a.) Very many of the cells presented a nucleus so much like the surrounding cell body in appearance that it was impossible to define its limits. In all of these conditions the nucleus still remained sharply defined, except in a few of the more markedly-degenerated cells belonging to the latter class.

Of the cells belonging to the former class, namely, those in which the outline of the nucleus was sharply defined, we may consider three varieties:

First. The irregular nucleus belonging to a slightly-granular cell body. (Plate II., Fig. 3, a.)

Second. The irregular nucleus in a very granular and lightly-stained cell body. (Plate II., Fig. 3, b.)

Third. The granular cell body and nucleus, both of which are very lightly stained. (Plate II., Fig. 3, c.)

Of the cells belonging to the latter class, namely, those in which the outline of the nucleus is hazy and indistinct, we may consider two varieties:

First. The condition above described in which the nucleus merges gradually and inappreciably into the protoplasm of the cell body, and

Second. Nuclei hazy and indistinct on one side only and at that point merging undefinably into the cellular protoplasm.

I regret, on account of lack of space, being unable to figure this condition in the illustrations, but Plate II., Fig. 3, c, illustrates the latter condition in a minor degree in that portion of the nucleus directed toward the main process. The remainder of the nucleus, however, does not illustrate the point under consideration, as it is very granular and lightly stained.

These changes were quite diffusely distributed, but were somewhat more marked in the frontal cortical segments than elsewhere, in which portion of the cortex we find another condition of some interest, namely, an abundance of military cortical cysts. These appear in sections as small, round holes in the cortex, varying slightly in size, arranged in some portions in groups, in others scattered singly. As to their origin, I am undecided. It seems quite probable that they may originate in the perivascular lymph spaces, as in one of these openings a vessel was present crowded against the wall of the space, and traces of vessels (single cells or groups of cells) were found in a number of instances. These openings present a well-defined wall, which consists of neuroglia substance of increased density, in the meshes of which are numerous distorted and compressed nerve cells. (See Plate II., Fig. 4.) The pressure which these formations have been able to exert on the surrounding structure is a very important factor. The cells in the vicinity are markedly distorted and for a considerable distance below these openings may be seen to be pushed out of their normal position and the main process curved from its normal course as it ascends.

I cannot dismiss this portion of the subject without some reference to the possible significance of the changes described above in the ganglionic cells of the cortex. We have seen that a diseased state exists in many of the ganglion cells of the cortex, and that this diseased condition, in the form of mental disease under consideration, attacks apparently a certain definite portion of the cortical cell, namely, that portion next the nucleus. The question then arises as to whether or not this diseased state may not be the result of the development of toxic substances in the body, and their action on the nervous structure of the cortex. I am inclined to the opinion that this is the manner in which we are to explain the appearances presented in the case just described. The theory of the existence of poisonous toxins in this disease is not inconsistent with the other pathological factors which present themselves, namely, the vascular changes and hypertrophy and proliferation of the neuroglia cells, especially that class of neuroglia cells known as epider cells and which are supposed to bear some important relations to the lymph circulatory apparatus of the brain.

In what has preceded, nothing has been said about the chromogenic bodies which are brought out, especially by the methylene blue stains, my studies concerning these structures being as yet incomplete. They have also been ignored in the plates for the same reason.

SUNDRY NOTES.

Military Cortical Cysts.—The military cortical cysts previously mentioned deserve a word further. Their occurrence in dementia accompanying epilepsy and in general paralysis has been mentioned, and it remains to be stated that they have been found

in three other cases of terminal dementia. The condition seems to accompany the chronic forms of mental disease and can be considered none other than a degenerative process of a very low form. The pressure that these bodies exert on the surrounding structures is very marked, and is undoubtedly a factor of some prominence in producing mental symptoms. In a few instances pressure on the surrounding nervous elements was not markedly apparent, but for the most part the cells were much compressed and distorted. In many instances they were so much compressed that the cell was reduced to a mere shred. (See Plate II., Fig. 4.) In some, the compression seemed to have induced true degenerative changes in the cell. In all, the direction of the main processes of the cells below and in the immediate vicinity of the cyst was seen to be changed. This proves conclusively that these formations cannot be relegated to the domain of artefacts, but are truly degenerative.

The lesser degrees of degeneration in the nerve cells surrounding these openings are apparent only in those cases of long standing, the cells which would have presented evidence of compression probably long since having become completely degenerated and been absorbed by the lymph circulatory apparatus of the brain. The case from which the drawing was made (Plate II., Fig. 4) was one of quite rapid general paralysis, and here the evidence of compression and distortion is very apparent.

The condition is worthy of more careful and extended study.

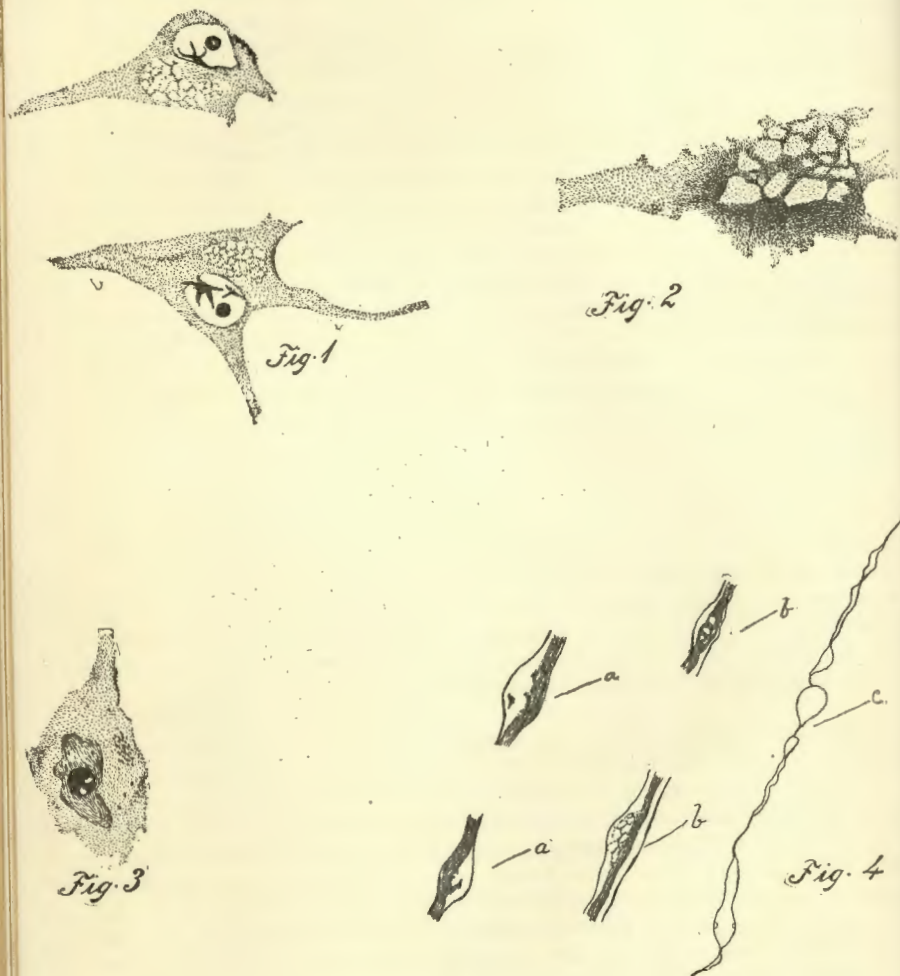
Spider-Like Figures in the Nucleus.—In a case of senile dementia (No. 167) some peculiar figures presented themselves in the nucleus in certain portions of the cortex. In the main they consisted of spider-like formations composed of a dark mass presenting numerous prolongations extending into the substance of the nucleus. They were stained the same shade and color as the nucleolus but apparently bore no relation to it, being for the most part attached to its most peripheral portion. The nucleus, as a rule, was very lightly stained. (See Plate III., Fig. 1.) These figures were confined chiefly to the motor areas and were best defined in the larger ganglion cells. Most of these cells presented fatty degeneration in a portion of the cell body; more or less well-marked irregularities in the outline of the nucleus were also apparent. It is, perhaps, needless to add that marked degenerative changes in the other cells of the cortex were present.

I am in doubt as to the true significance of these bodies. They scarce look degenerative, nor do they seem to be artefacts. I have only seen them in this single case, and their true significance can only be determined after further study.

Acute Delirium—I published in the columns of the "Medical News" of August 18th, 1894, the report of a case of acute delirium presenting vacuolation of the protoplasm of the cell body in the vicinity of the nucleus, and I wish simply to record here another case of similar nature, presenting a similar but more extensive lesion. The case was that of a female admitted to the institution for the third time, in a state of acute delirium; it is not surprising, therefore, that more of her brain cells were diseased, and the diseased conditions more extreme than in the case reported. The lesion, however, seems to be of a similar nature in both cases. In this case the body of the cell was often extremely ragged and irregular and there was extensive vacuolation in the region of the nucleus. In some of the cells nothing was definable as a nucleus except a dark mass in the center of the cell body. This extreme condition is fairly well shown in Plate III., Fig. 2.

Irregular Nucleus, Vacuolated Nucleolus.—As an illustration of the diversity of lesions that the ganglion cell may present in dementia, I would call attention to Plate III., Figure 3, which presents a rather unusual condition.

PLATE III.



- Fig. 1—Spider-like figures in the nucleus. (Terminal dementia.)
 Fig. 2—A form of degeneration in the nerve cell in acute delirium.
 Fig. 3—Irregular nucleus, vacuolated nucleolus. (Terminal dementia.)
 Fig. 4—Some appearances presented by the subcortical nerve fibres.

(All outlines made by aid of Abbe camera lucida.)

The cell body and the nucleus are not only extremely irregular in outline but the nucleolus presents two small vacuoles in its substance. The extreme irregularity of the nucleus is of some interest, as it suggests at one point division of the nucleus into two bodies. The condition occurred in a case of terminal dementia and was best shown in sections stained with the Biondi-Erich mixture.

Nerve Fibers—This portion of the nervous structure has been the subject of some study during the past year, although I am not prepared to give more than a passing note on the subject at the present time. The difficulty lies in one's inability to distinguish between those appearances which are truly degenerative and those which are mere artefacts. In this work I have received some valuable aid and suggestions from Dr. Ira Van Gieson, which I am pleased to acknowledge. The appearances are many and varied, some of which I am constrained to describe briefly and illustrate.

Varicosities along the course of the nerve fiber were of very common occurrence. These consisted of globose swellings of the medullary sheath at various points along its course, here collected in knots and there occurring singly, causing the axis cylinder and sheath to be separated by a considerable interval, this interval remaining entirely unoccupied or being filled with a goodly number of dark, granular masses. In many instances these masses were deposited on and about the axis cylinder in such quantities as to give it a swollen appearance, its outline appearing very irregular and granular. This condition is illustrated in Figure 4, *a*, of Plate III. These are undoubtedly artefacts.

In another class of cases the appearances presented are somewhat different. While the fusiform dilatations along the course of the nerve fiber still remain, the medullary sheath, instead of presenting a single, even, uninterrupted line, is interrupted here and there along its course by thickened areas. These occur singly, at longer or shorter intervals, along a considerable length of the nerve fiber. Between the medullary sheath and the axis cylinder we often find considerable masses of light color, having a semi-globular arrangement, or there may be single, small, globular masses scattered here and there along the course of the fiber. In a few instances these seem to have invaded the axis cylinder, this portion of the nerve fiber presenting a highly-refractive, globular mass in its substance. These appearances were comparatively rare, and I am undecided as to their significance, but am inclined to regard them as artefacts. This condition is illustrated in Plate III., Fig. 4, *b*.

In a third class of cases the appearances are entirely different. Here too, we have the swellings and fusiform dilatations of the medullary sheath, but when we look for an axis cylinder, we find in its stead a quantity of granular masses scattered irregularly within the limits of the medullary sheath, with occasionally a darkly-stained mass that might be consistently regarded as a portion of the axis cylinder. This condition is shown in Plate I., Fig. 3, and is undoubtedly truly degenerative.

In another class of cases we find no trace whatsoever of an axis cylinder, nothing remaining of the nerve fiber except the medullary sheath, presenting marked varicosities, while throughout the remainder of its extent nothing remains of the nerve fiber except a mere line, which apparently consists of the collapsed medullary sheath. This condition probably differs from the one last described only in degree. It is fairly illustrated in Plate III., Fig. 4, *c*, and is undoubtedly degenerative in character.

Idiocy.—The single case of idiocy that came to autopsy showed some rather interesting conditions of the ganglion cells of the motor area. The case was that of an idiot of a very low order, who had been in the institution for about four years. He was not epileptic.

EXTRACTS FROM THE BY-LAWS.

ADMISSION OF PATIENTS.

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 purposes 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, some one acquainted with him should accompany him to the Hospital, from whom minute, but often essential, particulars may be learned.

TERMS OF ADMISSION.

7. The price of board, including washing and attendance, for all who are supported at public charge, is three dollars (\$3) per week. For private patients, or those supported by themselves or friends, the price varies from five dollars (\$5) upward, according to the trouble and expense incurred, and according to their ability to pay. Higher prices are paid by a special agreement with the Warden for extra attention and accommodations. Payments required to be made quarterly, in advance, from date of admission.

BOND, ETC.

8. 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 a bond, and, if strangers, bring evidence of their responsibility.

FORMS AND DIRECTIONS

FOR THE ADMISSION, &c., OF INDIGENT AND PAUPER INSANE PATIENTS.

FORMS OF ORDER, ETC., FOR JUDGE.

I, A. B., one of the Judges of the Court of Common Pleas of the county of.....and State of New Jersey, do hereby report that application has been made to me on behalf of C. D., a resident of the township (ward or borough) of.....in said county, alleged to be insane and in indigent circumstances (or a pauper, as the case may be), and that pursuant to the act of the Legislature in such cases made and provided, I have called before me Dr.....a respectable physician, and other credible witnesses, to wit (state their names), and having examined them and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me showing the said C. D. to be an insane person, and that.....has not sufficient estate to support.....under said visitation of insanity.

Given under my hand at.....in the county and state aforesaid, this.....day of.....in the year of our Lord one thousand eight hundred and.....

A. B.

CERTIFICATE OF PHYSICIAN.

.....County, ss.—I, A. B., being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of C. D., of the township (ward or borough) of.....in said county of.....and that I am of the opinion that.....is insane.

A. B., *Physician.*

FORMS AND DIRECTIONS

FOR THE ADMISSION, &c., OF PRIVATE INSANE PATIENTS.

FORM OF REQUEST.

The undersigned, of the.....of.....in the county of.....is desirous of placing in the "New Jersey State Hospital at Morris Plains, N. J.," and hereby requests the admission therein of.....a resident of the.....of.....who is aged.....years, and has beenis a native of.....in the State of.....and is.....of the undersigned.

Dated.....18...

FORM OF CERTIFICATE OF INSANITY BY A PHYSICIAN.

.....18...
I.....physician, of the township of.....in the county of.....do certify under oath that I have examined into the state of health and mental condition of.....of the township of.....in the county of.....and that.....is, in my opinion, insane, and a fit subject to be sent to the New Jersey State Hospital.

.....
Sworn to and subscribed before me this.....day of.....A. D. 18...

FORM OF BOND.

Whereas.....of.....in the county of.....an insane person, has been admitted as a patient into the "New Jersey State Hospital at Morris Plains, N. J.;" now therefore,

We, the undersigned, in consideration thereof, jointly and severally

bind ourselves to.....Treasurer of said Hospital, to pay to him and his successors in office, the sum of.....dollars and.....cents per week for the care and board of said insane person, as long as..... shall continue in said Hospital, with such extra charges as may be occasioned by.....requiring more than ordinary care and attention; and also to provide.....with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for.....by the Warden of the Hospital; and to remove.....from the Hospital whenever the room occupied by.....shall be required for a class of patients having preference by law, or whenever.....shall be required to be removed by the Managers; and also to pay all expenses incurred by the Managers or Warden in sending said patient to.....friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if.....shall be removed at the request of.....friends before the expiration of six calendar months after reception, then to pay board for twenty-six weeks unless..... shall be sooner cured; and also to pay, not exceeding fifty dollars, for all damages.....may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments 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 it becomes due.

In witness whereof, we have hereunto set our names this.....day of.....in the year 18....

Name,	Residence,	P. O. Address.
Name,	Residence,	P. O. Address.
Signed and sealed in the presence of.....		

Sworn and subscribed before me this.....day of.....A. D. 18...

A. B., *Judge, &c.*

The Chosen Freeholder or Freeholders of the township, ward or borough must then indorse the above order and certificate as follows: "Approved," and sign his or their names as the Chosen Freeholder or Freeholders of the township (ward or borough) ofand county of.....

CERTIFICATE OF THE COUNTY CLERK.

State of New Jersey, }
 County, } ss.

I, A. B., Clerk of the county of.....do hereby certify that the foregoing is a true copy of the report and certificate of.....one of the Judges of the Court of Common Pleas of said county, in the case of.....and also the certificate of Drthereunto appended, as filed in my office; that the foregoing is a true copy of the indorsement thereon, and that A. B. and C. D., whose name.....signed to the said indorsal of approval.....member of the Board of Chosen Freeholders of said township (ward or borough) in said county, and that said signature.....in.....proper handwriting.

In witness whereof, I have hereunto set my hand and seal of office, at.....this.....day of..... A. D. 18...

10

A. B., *Clerk.*

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