

ANNUAL REPORT
OF THE
BOARD OF MANAGERS
OF THE
NEW JERSEY STATE HOSPITAL
AT
TRENTON, N. J.

For the Year ending October 31st

1911

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STATE GAZETTE PUBLISHING CO., PRINTERS.
1912.

STATISTICAL TABLES



N. J. STATE HOSPITAL, Trenton

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Letter of Transmittal.

To His Excellency Governor Woodrow Wilson, Trenton, New Jersey:

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

Very truly yours,

SCOTT SCAMMELL,

Secretary.

Board of Managers.

| | |
|--|----------------|
| GARRET D. W. VROOM, <i>President</i> | Trenton. |
| C. S. HOFFMAN, <i>Vice President</i> | Somerville. |
| J. BAYARD KIRKPATRICK..... | New Brunswick. |
| J. LYLE KINMONTH..... | Asbury Park. |
| JOSEPH RICE..... | Trenton. |
| ARTHUR D. FORST..... | Trenton. |
| LEFFERSON A. D. ALLEN, M.D..... | Woodstown. |
| LUTHER M. HALSEY, M.D..... | Williamstown. |
| SCOTT SCAMMELL, <i>Secretary</i> | Trenton. |
| HARVEY H. JOHNSON, <i>Treasurer</i> | Trenton. |

Consulting Staff.

PHYSICIANS.

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

SURGEONS.

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

GYNECOLOGISTS.

| | |
|---------------------------|------------------------|
| GEORGE N. J. SOMMER, M.D. | H. B. COSTILL, M.D. |
| E. S. HAWKE, M.D. | GEORGE H. PARKER, M.D. |

NEUROLOGISTS.

| | |
|--------------------|---------------------|
| PAUL S. CORT, M.D. | STEWART PATON, M.D. |
|--------------------|---------------------|

OPHTHALMOLOGISTS.

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

DENTISTS.

| | |
|--------------------------|-----------------------|
| DR. JAMES I. WOOLVERTON. | DR. FRED. S. COLLIER. |
|--------------------------|-----------------------|

Resident Officers.

MEDICAL DEPARTMENT.

HENRY A. COTTON, M.D.....Medical Director.
JOHN C. FELTY, M.D.....First Assistant Physician.
EDGAR B. FUNKHOUSER, M.D.....Second Assistant Physician.
WILLIAM C. SANDY, M.D.....Third Assistant Physician.
FREDERICK S. HAMMOND, M.D., Fourth Assistant Physician and Pathologist.
HARRY D. WILLIAMS, M.D.....Fifth Assistant Physician.
J. ERVIN DIEHL, M.D.....Junior Assistant Physician.
RALPH P. TRUITT, M.D.....Junior Assistant Physician.
MARY L. EVANS, M.D.....Woman Physician.
VINCENT L. PEREZ, D.D.S.....Resident Dentist.

BUSINESS DEPARTMENT.

SAMUEL T. ATCHLEY.....Warden.

Report of the Board of Managers.

To His Excellency Woodrow Wilson, Governor of the State of New Jersey:

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

The accompanying report of the Medical Director shows that at the beginning of the fiscal year there were under care in the hospital 1,405 patients—716 men and 689 women.

During the year 396 patients were admitted, 244 men and 152 women, and adding the 68 patients nominally admitted for discharge, the number of admissions would be 464, making the total number under care 1,801, 960 men and 841 women. Of this number we have dismissed during the year 418, 253 men and 165 women, leaving the total number of patients remaining November 1st, 1911, 1,451, 742 men and 709 women, or a net increase of 46 patients. Of the total number of dismissals during the year, 418, 173 were discharged recovered at the time of leaving the hospital. The increase in the number of discharges over last year is 44, and the large increase in the number of cases discharged as recovered is accounted for, partly by the voluntary admissions, and partly by the fact that we discharged from visit a number of cases on the first of November where the visits had not expired, but from the character of the cases it was certain that they had recovered and would not be returned, consequently it was not necessary to retain them on visit.

The number of recoveries, 173, shows an increase of 71 over last year. This makes the recovery rate, calculated upon the number of admissions, 43 per cent., an increase of 13 per cent. over last year, and the average for the last ten years. The recovery rate, based upon the number of discharges, is 41 per cent., or an increase of 13 per cent. over last year. The daily average number of patients was 1,411.

The general health of the patients has been good. Two cases of typhoid fever developed during the summer among the female patients, and one case in a male attendant. The efficient quarantine and isolation employed by the medical staff under the direction of the medical committee, were responsible for the fact that no epidemic developed from these cases, and the number was limited to the original patients.

We are gratified to report the success attending the voluntary commitment of patients. Many of these patients came to us at the early stages of their trouble, and at a period when successful treatment could be employed, and these patients, with few exceptions, have left the hospital recovered in a short time.

Among other things we would call attention to the department of occupation and amusement of the patients during the past two years, a detailed account of which is found in the Medical Director's Report. The benefits received from this work, we feel, fully compensates us for the time of those given in charge of the work, and the money sustaining the department.

A marked improvement in the appearance and comfort of the wards due to remodeling and tearing out the strong rooms, was made possible by the appropriation for that purpose.

The establishment of an out-patient's department in connection with Mercer Hospital in this city, by the board, we feel, is a step in the right direction for the prevention of mental diseases.

Through the liberal action of the appropriation committee, the board was enabled to inaugurate a department for field work and "after care" work. The work done at the present time in collecting accurate data in regard to the insane fully justifies the expenditure for this purpose. Aside from this feature the "after care" work done by the field worker is of extreme importance, and will in time materially affect the number of patients re-admitted to the hospital, after an attack of mental trouble.

We call your attention to the urgent necessity for a criminal insane building, to be erected on the grounds of this hospital. The number of patients in this class are increasing yearly, and the question of caring for them becomes more difficult with the increased number. At the last session of the Legislature a law was passed authorizing the erection of such a building on the grounds of this hospital, and we respectfully request that money will be appropriated at this session of the Legislature.

We are gratified to note the excellent work of the Warden and his department. Through the action of the appropriation committee we were able to buy two hundred and fifty-four acres of farm land in the vicinity of the hospital, the need of which has been apparent for some time. Much time and energy has been expended by the Warden in getting these farms in a condition for occupancy, and we would emphasize the necessity for the appropriation asked for in his report, so that these farms can be operated to the best advantage. It is proposed to have a farm colony for chronic patients, located on these farms, and we regard this as of utmost importance. We respectfully request that the appropriation asked for, to put these buildings in a condition to care for these patients, be granted.

The new laundry has been completed and has been in operation for some months. The installation of modern machinery and the increase in the amount of room has materially improved this important work of the institution. The present work is in marked contrast to the work done in the old laundry.

We fully indorse the many improvements recommended by both the Medical Director and the Warden, and respectfully request that they be granted.

As required by law, the various county institutions have been visited by the members of the board.

COUNTY HOSPITAL STATISTICS.

The following are the statistics from the various county hospitals for the year:

CUMBERLAND COUNTY HOSPITAL FOR INSANE.

| | <i>Males.</i> | <i>Females.</i> | <i>Total.</i> |
|---|---------------|-----------------|---------------|
| Patients in Hospital November 1st, 1910..... | 66 | 76 | 142 |
| Admitted during the year..... | 20 | 21 | 41 |
| Remaining in Hospital November 1st, 1911..... | 59 | 79 | 138 |

BURLINGTON COUNTY HOSPITAL FOR INSANE.

| | <i>Males.</i> | <i>Females.</i> | <i>Total.</i> |
|---|---------------|-----------------|---------------|
| Patients in Hospital November 1st, 1910..... | 78 | 91 | 169 |
| Admitted during the year..... | 30 | 18 | 48 |
| Remaining in Hospital November 1st, 1911..... | 83 | 89 | 172 |

CAMDEN COUNTY ASYLUM FOR INSANE.

| | <i>Males.</i> | <i>Females.</i> | <i>Total.</i> |
|---|---------------|-----------------|---------------|
| Patients in Hospital November 10th. 1910..... | 125 | 122 | 247 |
| Admitted during the year..... | 31 | 31 | 62 |
| Remaining in Hospital November 1st, 1911..... | 120 | 131 | 251 |

ATLANTIC COUNTY HOSPITAL FOR INSANE.

| | <i>Males.</i> | <i>Females.</i> | <i>Total.</i> |
|---|---------------|-----------------|---------------|
| Patients in Hospital November 1st. 1910..... | 36 | 54 | 90 |
| Admitted during the year..... | 22 | 21 | 43 |
| Remaining in Hospital November 1st, 1911..... | 45 | 54 | 99 |

We would call attention to the condition of affairs in the Camden County Hospital. The sanitary arrangements are not all that they should be, and the provision made for excited and violent patients are to be condemned. These patients are kept in the basement and have very little air or sunlight. We think their condition would be much improved by having more attention paid to them by the management.

In the Cumberland County Hospital a number of patients are kept in restraint continually, which we feel is not in harmony with the modern views of caring for these patients, and the condition of the patients was not as good as it could be.

The Atlantic County Hospital is clean and sanitary. It was impossible to find out the number of acute cases admitted during the year. There was a tendency on the part of the superintendent to withhold information regarding these cases. We also found a number of patients in restraint in this hospital.

The Gloucester County Institution has only six men and six women of the imbecile class which are very well cared for under the circumstances.

We again call attention to the necessity of admitting acute insane patients to the State hospitals and allowing the county institutions, as they are managed at the present time, to care for only the chronic class, and this to be done without any material change in their management.

At the last session of the Legislature a bill was passed authorizing this change, but in some manner the bill disappeared before it reached the Governor.

We would call attention to the work of the Medical Director, the Medical Staff, the Warden and his assistants, and the employes in general, who have performed their duties in an entirely satisfactory manner to the board.

GARRET D. W. VROOM,

President.

C. S. HOFFMAN,

Vice President.

J. BAYARD KIRKPATRICK,

J. LYLE KINMONTH,

JOSEPH RICE,

ARTHUR D. FORST,

LEFFERSON A. D. ALLEN, M.D.,

LUTHER M. HALSEY, M.D.,

Managers.

Dated April 1st, 1912.

Medical Director's Report.

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

GENTLEMEN—I have the honor to submit the sixty-fourth annual report of the operations of the medical department of the New Jersey State Hospital at Trenton for the year ending October 31st, 1911.

At the beginning of the fiscal year there were present in the hospital 1,405 patients, 716 men and 689 women. During the year 396 patients were admitted, 244 men and 152 women, and, adding the 68 patients nominally admitted for discharge, the number of admissions would be 464, making the total number under care 1,801—969 men and 841 women. Of this number we have dismissed during the year 418, 253 men and 165 women, leaving the total number of patients remaining November 1st, 1911, 1,451, 742 men and 709 women, or a net increase of 46 patients. Of the total number of dismissals during the year, 418, 173 were discharged recovered at the time of leaving the hospital. The increase in the number of discharges over last year is 44, and the large increase in the number of cases discharged as recovered is accounted for, partly by the voluntary admissions, and partly by the fact that we discharged from visit a number of cases on November 1st, where the visits had not expired, but from the character of the cases it was certain that they had recovered and would not be returned, consequently, it was not necessary to retain them on visit.

The number of recoveries, 173, shows an increase of 71 over last year. This makes the recovery rate, calculated upon the number of admissions, 43 per cent., an increase of 13 per cent. over last year, and the average for the last ten years. The recovery rate, based upon the number of discharges, is 41 per cent., or an increase of 13 per cent. over last year. The daily average number of patients was 1,411.

The number of deaths during the year has been 143, 87 men and 56 women. Our total number of deaths have increased to 9 over the previous year, but the percentage of deaths to the number of patients treated is 7 per cent., the same as last year. The percentage of deaths to discharges is 34 per cent., or 17 per cent. less than last year.

Of the number of patients on visit at the end of our last fiscal year, one man and one woman have been returned to the hospital, but 35 men and 33 women, total 68, have been nominally admitted for discharge during the year, at the end of the four months' visit. We have remaining on visit at the end of this year 7 men and 5 women, total 12, and as explained above, this accounts for our large number of discharges and recoveries.

The general health of the hospital during the past year has been good. We have generally been free from epidemics of contagious diseases. However, during the past year the following cases of typhoid fever have occurred:

On May 1st, 1911, a female inmate, who had been admitted six days previously, developed a suspicious illness which a blood examination showed to be typhoid fever. This patient was located in the main building.

Shortly after, May 13th, a male attendant, rooming in the annex building, also developed the disease, and was removed to Mercer Hospital, where he later died.

On May 20th, a second female inmate, rooming on the same floor but in a different ward from the first case, was similarly found to have contracted fever.

Immediately on discovering the first case, this patient, as well as the second, was promptly isolated in a separate building, and strict observation, both clinically and by laboratory methods, of all inmates rooming in the same part of the institution where the disease first appeared, was carried out in detail.

By these measures the further spread and a possible epidemic were effectually prevented, and with the exception of the second female inmate, who doubtless contracted the disease from the first case before the symptoms of the latter were manifest, no further cases in the main building resulted.

As to the origin of the disease, it is evident that by comparing the date of admission and date of onset in the first female patient

that this individual acquired the infection before admission to the hospital, and by a similar comparison of dates, that the second female inmate contracted the disease from the first before the latter was discovered.

All the circumstances show that the occurrence of the disease in the attendant was merely coincident, and that, doubtless, his infection was acquired elsewhere than in the institution.

Recovery from the disease was uneventful in all but the attendant who died.

In view of the recent success attending the vaccination and immunization of the United States Troops in Texas, where, out of 20,000 men, no cases of typhoid developed in those who were vaccinated, the fact that in a hospital as large as this there is constant danger of a typhoid epidemic, the advisability of immunizing the patients and attendants must be seriously considered, especially as typhoid is prevalent in the City of Trenton, and the attendants are liable to contract the disease at any time.

We have had one case of suicide during the year, Adella Fielder, who, in a state of maniacal furore, strangled herself on the morning of June 29th.

VOLUNTARY COMMITMENTS.

The success which has resulted from the passage of the voluntary commitment needs to be mentioned. During the year we have had twenty-one men and six women avail themselves of the opportunity to come voluntarily to the hospital for treatment. Of this number, seventeen men and three women have been discharged. Eleven men recovered their mental condition, and three women. Two men died, one of arteriosclerotic brain disease, and one of polyneuritic delirium. Four cases were discharged as capable of self-support. There are still in the hospital four men, two of them of recoverable types of mental diseases. Two of them are Dementia Praecox cases. The three women are recoverable types of mental disease. The following is a table showing the types of mental disease in voluntary patients, and results of treatment.

VOLUNTARY COMMITMENTS.

| MALE— NAME. | DIAGNOSIS. | DURATION. | DATE OF ADMISSION. | DATE OF DISCHARGE. | CONDITION ON DISCHARGE. |
|----------------|----------------------------------|--|-----------------------|-----------------------|-------------------------------|
| M. J. B..... | Delirium Tremens..... | 2 wks., 8 days..... | Nov. 2, 1910.. | Nov. 19, 1910.. | Recovered. |
| T. C..... | Undif. Delirium..... | 2 wks., 5 days..... | Nov. 4, 1910.. | Nov. 19, 1910.. | Recovered. |
| W. C..... | Manic Depressive Mixed Phase | 22 yrs., 2 mos..... | Nov. 7, 1910.. | Jan. 4, 1911.. | Recovered. |
| J. F..... | Arteriosclerotic Brain Disease | 5 yrs., 4 mos..... | Nov. 15, 1910.. | May 10, 1911.. | Died. |
| H. M..... | Habitual Drunkard..... | 8 yrs., 1 mo., 5 days..... | Nov. 16, 1910.. | Dec. 21, 1910.. | Recovered. |
| R. B. C..... | Narcotic Inebriety..... | 2 yrs., 7 mos., 2 wks., 4 days..... | Dec. 10, 1910.. | Jan. 28, 1911.. | Recovered. |
| J. S..... | Polyneuritic Delirium..... | 4 mos..... | Dec. 31, 1910.. | Jan. 28, 1911.. | Died. |
| M. W..... | General Paralysis..... | 3 mos., 3 wks., 4 days..... | Jan. 16, 1911.. | Mar. 6, 1911.. | Capable of self support. |
| J. K..... | Acute Alcoholic Hallucinosi..... | 4 mos., 2 wks..... | Jan. 22, 1911.. | Feb. 6, 1911.. | Recovered. |
| E. C. S..... | Paranoic and Alcohol..... | 7 yrs., 1 mo., 5 days..... | Mar. 7, 1911.. | Apr. 12, 1911.. | Capable of self support. |
| H. K..... | Habitual Drunkard..... | 5 yrs., 3 wks..... | Mar. 24, 1911.. | May 15, 1911.. | Recovered. |
| C. E. V..... | Habitual Drunkard..... | 3 mos., 3 wks..... | Apr. 15, 1911.. | Apr. 28, 1911.. | Recovered. |
| E. F..... | Habitual Drunkard..... | 2 wks., 5 days..... | July 2, 1911.. | July 14, 1911.. | Recovered. |
| A. M..... | Delirium Tremens..... | 2 wks., 10 days..... | July 7, 1911.. | July 17, 1911.. | Recovered. |
| H. K. (2d Ad.) | Delirium Tremens..... | 5 wks., 2 days..... | July 31, 1911.. | Aug. 23, 1911.. | Recovered. |
| C. H..... | Arteriosclerotic Brain Disease | 6 wks., 5 days..... | Aug. 23, 1911.. | Sept. 28, 1911.. | Improved. |

| FEMALE— NAME. | DIAGNOSIS. | DURATION. | DATE OF ADMISSION. | DATE OF DISCHARGE. | CONDITION ON DISCHARGE. |
|------------------|---------------------|------------------------------|-----------------------|-----------------------|-------------------------------|
| E. P..... | Neurasthenia..... | 9 mos..... | Mar. 20, 1911.. | May 20, 1911.. | Recovered. |
| A. K..... | Neurasthenia..... | 16 mos., 2 wks., 4 days..... | Mar. 25, 1911.. | May 13, 1911.. | Capable of self support. |
| H. E. W..... | Toxic Delirium..... | 7 wks..... | July 9, 1911.. | Sept. 7, 1911.. | Recovered. |

MEDICAL STAFF.

We have had only one change in the medical staff during the year, Dr. James K. Pollock, who served one year as junior assistant physician, resigned April 1st, to accept a position as first assistant physician at the Southeastern Hospital for the Insane at Madison, Indiana.

Dr. J. Erwin Diehl, Jr., a graduate of the University of Maryland, 1910, was appointed to succeed Dr. Pollock.

I wish to recommend for your consideration the members of the medical staff who have performed their duties in a highly satisfactory manner during the year.

CONSULTING STAFF.

There have been no changes in the consulting staff during the year. The medical men and surgeons have served three months

each. We take this opportunity to extend the thanks of the board of managers and the medical director to all of the consulting physicians who have rendered valuable work to the hospital.

The following is a list of operations during the year:

OPERATIONS.

| DATE. | PATIENT. | SEX. | OPERATION. | SURGEON. | RESULT. |
|---------------------|-------------------|------------|--|----------------|-------------|
| Nov. 15, 1910 | E. U..... | Female .. | Trachelorrhophy and posterior colporrhophy..... | Dr. Sommer... | Successful. |
| Nov. 15, 1910..... | M. P. | Female .. | Vaginal hysterectomy, ant. and post. colporrhophy..... | Dr. Sommer... | Successful. |
| Dec. 6, 1910..... | M. J. B..... | Female .. | Repair of umbilical hernia. Removal of small pus cyst in urethra. Anterior and posterior colporrhophy..... | Dr. Sommer... | Successful. |
| Jan. 3, 1911..... | V. E. (col.)..... | Female .. | Double salpingo-oophorectomy and supra vaginal hysterectomy..... | Dr. Sommer... | Successful. |
| Jan. 24, 1911..... | R. M. (col.)..... | Female .. | Currtage..... | Dr. Sommer... | Successful. |
| Jan. 24, 1911.. .. | M. C. | Female .. | Hemithyroidectomy, left lobe..... | Dr. Sommer... | Successful. |
| Jan. 31, 1911 | A. W..... | Female .. | Removal of left lachrymal sac..... | Dr. Adams.... | Successful. |
| Jan. 31, 1911..... | R. R. | Female .. | Operation for correction of entropion, both eyes..... | Dr. Adams.... | Successful. |
| Apr. 20, 1911..... | A. W..... | Male | Removal of pterygium | Dr. Turner.... | Successful. |
| July 18, 1911..... | M. P..... | Male | Operation for volvulus of sigmoid | Dr. Reddan... | Successful. |
| Male | | 2 | | | |
| Female..... | | 8 | | | |
| Total..... | | 10 | | | |

DENTAL WORK.

At the last Legislature money was appropriated for a dental equipment. During the summer this equipment was purchased and installed, so that at the present time this hospital has a complete dental department.

Dr. Fred S. Collier was appointed visiting dentist. He visits the hospital one day a week, and at any other time when his services are necessary.

The success attending the inauguration of resident dentists in insane hospitals in other States has been marked, and we are glad to report that already much good has been done to the patients in this hospital.

NURSING STAFF.

We are glad to report that there has been considerable improvement in the services of the nurses and attendants during the year. The improved conditions following the changes in the supervisors of the male department have been apparent.

We are glad to report that only one case of abuse has occurred during the year, and this was of a minor character. An attendant, George Norris, came on the ward intoxicated and ordered a patient to run the floor mop. The patient was not feeling well and refused. The attendant then told him that he would make him do it whether he wanted to or not. He took the patient in a room, and after threatening him, gave him a severe beating. Although no serious injury was sustained by the patient, the matter was referred to the prosecutor, who investigated the circumstances, and found the attendant liable. He was tried, convicted, and sentenced to the Rahway Reformatory.

We continue to notice a marked improvement in the nursing of the male patients since we adopted the policy of having female nurses in the male department of the hospital. At the present time all the wards, with the exception of the criminal, colored and epileptic wards, are under the charge of female nurses. Since the adoption of this change in the nursing methods of male patients three years ago, nothing has occurred to cast discredit on this policy, and we will extend it throughout the hospital as rapidly as possible. The experience of other hospitals which have adopted similar methods is the same as we have mentioned.

The nurses' annual commencement was held on June 7th. The following nurses, eleven in number, received diplomas:

Mary Duvall, Peter Joseph Galbraith, Thomas P. Gilligan, Sarah Killough, Margaret Lantz, Clara B. Lyall, Agnes Proestley, Mary A. Rafferty, Anna M. Rogers, Anna E. Schminkey, Edythe A. Taylor.

On account of the high grade of efficiency of Miss Anna M. Rogers and Miss Sarah Killough, the gold medals offered by the medical director and Dr. Luther M. Halsey, chairman of the medical committee of the board of managers, were awarded to these two nurses.

Dr. Charles V. Turnbull, of Philadelphia, delivered the address to the graduates. The usual dance for the graduating class was held in the evening.

We regret to report the resignation of Miss Elvina K. Bailey, who left the hospital on July 1st.

Miss Bailey, as supervisor of the Training School, did very much to improve the standard of nursing, and to promote the welfare of the patients. She was gentle in her manner, firm and kind in her treatment of the nurses, and commanded the respect of all those who came under her influence. We feel that the success of the training school and the improvements of the nursing staff has been largely due to her efforts, and we regret that her health would not allow her to continue in the work.

Mrs. Mary McMartin, who was assistant supervisor, has been appointed to succeed Miss Bailey.

Miss Julia D. Loftus, who is a graduate of the Vermont State Hospital, and also a graduate of the General Hospital in Boston, was appointed assistant supervisor.

OCCUPATION AND AMUSEMENTS.

Contrary to previous experience in this hospital, and to some extent, other hospitals, we have been able to maintain our orchestra at its full quota. Since organizing, a year and a half ago, daily concerts have been given on the lawn during the summer, and during the winter the concerts are given in the chapel. Attendance on the concerts is not compulsory, but all patients who care to are allowed to go. The music is a great source of pleasure to the patients, especially during the summer months when concerts are held on the lawn, and as stated in our last report, we believe that no act of the board of managers has met with such general approval, and has been so beneficial to the patients, as the establishment of this orchestra.

We take occasion to mention the work of Professor Veghte, who continues to direct the music. His untiring efforts and his deep interest in the welfare of the patients accounts for the success of the music.

The orchestra plays for the dances once a week, gives concerts every other week in the evenings, and plays for the occasional attendants' dances.

The plan to provide occupation for all patients who are able to work, which was inaugurated by your board last year, continues in effect, and we are glad to report that the work under the direction of Miss Amy R. Rickey has been very successful, and much benefit derived by the patients from this work.

At the present time all the nurses take special training in raffia and basket making, and it is one of their duties on the wards to take this to the patients who do not go out to the classes. One of the great difficulties we have to meet is that a number of patients are able to do all kinds of work, and naturally make good baskets, are selected for this work in preference to those patients who are idle and indolent. The main object of such occupational work is to get patients interested who do absolutely nothing because of a certain apathy and deterioration, and it is necessary to impress upon the nurses and attendants the necessity for occupying this class of patients. It, of course, takes some patience and perseverance on the part of the nurses to induce such patients to take up the work, but the results obtained are certainly worth the effort.

NEW BUILDING, IMPROVEMENTS, ETC.

At the session of the Legislature of 1911, \$3,000 was appropriated for remodeling the wards. This money has been spent in tearing out rooms, making open spaces and more day spaces on the wards where very little light and air penetrated before. Improvements have been made in the male department corresponding to that of the female department made last year.

A fireproof steel filing cabinet, for which money was appropriated, has been installed, and adds materially to the convenience of consulting our records, and also to the safety and protection against possible fires.

One thousand five hundred dollars, appropriated for completing the plumbing at the annex, has been expended. We are glad to report that this work has been completed, and the hospital now, throughout, can be classed with the best in the country in regard to their sanitary and hygienic toilet and bathing facilities.

Two thousand dollars, appropriated for furniture for the wards, has also been expended, and the material improvement in the appearance of the wards on the male side is apparent.

LABORATORY APPARATUS.

Two thousand dollars, appropriated for a new laboratory equipment, has been expended, and the following apparatus has been purchased and installed:

Leitz microphotographic outfit, Filmer & Schwing's microscopic camera with laboratory stand, Board of Health type of incubator, Eclipse autoclave, high power large capacity centrifuge, Nausch & Lomb microscope, convertible projection apparatus (Bausch & Lomb), Jung microtome, Leitz dark field outfit, rotary autopsy table, special incubator for Wasserman reaction work.

MUSEUM.

The building on the grounds known as the museum has been remodeled at a cost of \$800. This building was donated to the State by Governor Randolph in 1854, and the purpose at the time of its erection was to provide a museum for storing curiosities, &c., but some years ago the contents of the museum were removed, and since that time the doors have been boarded up and the building was of no use whatever to the hospital. Since it has been remodeled the building serves as a recreation hall for the nurses and attendants.

TUBERCULOSIS SHACK.

The tuberculosis shack for female patients, for which \$3,000 was appropriated at the session of the Legislature in 1912, has been completed, and is now occupied. It can accommodate twenty female patients, but twenty-four to thirty could be housed in this building if necessary.

MEDICAL WORK.

The medical work of the hospital has proceeded along the lines adopted by your board four years ago. At the present time the hospital is in possession of accurate and complete histories of nearly 1,800 cases.

In the next annual report, which will complete the fifth year of the work under the new system, it is our hope to go somewhat into detail of these records and compile special statistics deduced from our findings in various mental diseases. Such a clinical report will be valuable, not only from a medical standpoint, but from the question of prevention as well.

During the past year we have been sending abstracts of our records of the patients to both physicians who commit these patients, and we find this feature of our work has been very much appreciated by the physicians. They take a great deal more interest in their patients when they receive these reports from the hospital about them. Symptoms are gone into carefully, the diagnosis, prognosis and treatment are also given, and the physicians are notified when the patient is discharged.

The appreciation expressed by the committing physicians in regard to this innovation shows how willing the general practitioner is to obtain knowledge concerning the questions of insanity, and fully repays us for the extra work necessary in preparing these reports for them.

During the year, under the direction of your board, we have issued the first volume of collected papers by the medical staff of this hospital. Most of the papers were written by the members of the staff in the last four years, and consist of fourteen original articles, as follows:

"The Cytological Study of the Cerebro-Spinal Fluid by Alzheimer's Method, and its Diagnostic Value in Psychiatry."

"A Case of Central Neuritis, with Autopsy."

"Cardio-Genetic Psychosis. Report of a Case with Autopsy."

"Some Problems in the Treatment and Prevention of Mental Disease."

"Scarlet Fever as an Etiological Factor in the Psychosis."

"Studies in Heredity, with Examples."

"Hysterical Insanity, with Report of Cases."

"The Etiology and General Bacteriology of Typhoid Fever."

"Typhoid Fever in State Hospitals, as illustrated at the New Jersey State Hospital at Trenton."

"Some Peculiar Nucleolar and Cell Alterations in the Ganglion Cells of Cerebral Cortex."

"Serum Treatment of Epidemic Cerebral-Spinal Meningitis, Case Report."

"Report of Case of Primary Tuberculosis Infection Through Intestine without Intestinal Lesion."

"Certain Paracolon Forms Found in Polluted Wells."

"A Typhoid Bacillus Carrier. History and Autopsy."

Besides these collected papers, a number of other papers have been presented to the various medical societies, and will be published in the next volume. Among these papers are the following:

"Study of Heredity in Mental Diseases."

"Contribution to the Study of Aphasia, with Illustrative Cases."

"Analysis of Cases of Polyneuritic Delirium."

"Traumatic Psychosis."

"Analysis of Alcoholic Insanity, Especial Reference to Recoverability of Same."

"Studies of Variations in Weight in Various Mental Diseases."

"Report of Cases of Hereditary Cerebellar Ataxia."

"The Effects of Treatment by Continuous Baths in Excited Conditions."

"Analysis of Results of One Thousand Wasserman Tests Among the Insane."

Aside from the above, there will appear shortly in the collected studies of the New York Psychiatric Society, a paper entitled, "Comparative Psychological Studies of the Mental Capacity in Dementia Præcox and Alcoholic Insanity."

Also, in a publication from the Royal Psychiatric Clinic in Munich, known as the *Histologischen Pathologischen Arbeiten*, an article by the Medical Director, entitled, "The Fatty Degeneration of the Nervous Elements of the Cortex in Various Mental Diseases."

In the laboratory report, special mention will be made of the newer methods of diagnosis, such as the Wasserman reaction for syphilis, cerebro-spinal fluid examinations, &c. It is interesting to note the absolute necessity to-day for accurate aids to diagnosis, especially organic brain condition. The work at this hospital shows that with the most careful examination, errors in diagnosis will occur, as is shown from the fact that three cases of general paralysis were not diagnosed clinically.

The reason of the failure to diagnose these cases of general paralysis is that they showed no typical mental or physical symptoms which would lead one to believe that they were suffering from this disease, and their death occurred within a short time after admission to the hospital, so that they did not run the ordinary course. In such cases, where the disease is of longer duration, the stages can be easily diagnosed, even where a mistake is made in the diagnosis in the first instance.

New Jersey State Library

The cerebro-spinal diseases dependent on syphilis form an important group. Frequently they would go undiagnosed if it were not for the successful use of the Wasserman reaction for syphilis, and in such cases frequently the treatment is altogether changed by finding an indication of previous syphilis. Although the new treatment for syphilis known as salversan has not been employed successfully in meta-syphilitic diseases, at the same time its successful employment in acute stages of syphilis leads us to believe that it will have some place in the treatment of the former condition.

OUT-PATIENT DEPARTMENT.

The adoption by your board of a resolution providing this hospital with an out-patient department in connection with the Mercer Hospital in the City of Trenton, marks a distinct epoch in the treatment and care of the insane. The wisdom of this policy has been shown in the results obtained during the past year. It is undoubtedly a great step in advance in connection with the prevention of mental diseases. Such an action of the board places this hospital with the progressive hospitals which have adopted a similar policy.

The necessity for such a department has been repeatedly shown, and such men as Dr. Adolf Meyer and others have called attention to the advisability of State hospitals having connection with the general hospital, whereby the community can make use of free advice, consultation and treatment in early conditions.

The out-patient department is so organized at the present time that the medical director spends one morning a week at Mercer Hospital, to which the indigent patients suffering from nervous and mental diseases can go for this necessary advice and consultation, without any cost to the patients themselves.

The out-patient department is a step in advance, for the reason that while a great many people or their families may feel that they need expert advice as to admission, &c., to a hospital, at the same time they do not wish to visit the State Hospital for that purpose, as they have a natural aversion to such a proceeding. A number of patients suffering from incipient mental trouble have visited the out-patient department, and have accepted the advice of the medical director, and entered the State Hospital

as voluntary patients, with the satisfactory result that they have recovered their mental condition within a few weeks. Under ordinary circumstances these patients would have waited a shorter or longer time before the attending physician would consider it necessary to commit them as insane, and in some cases the mental condition would have progressed to such a point that no hope for the mental recovery of the patient could be obtained.

The following table gives the number and character of cases treated in this department since February, 1911:

FIELD WORK.

The inauguration by your board during last year of a permanent department devoted to field work, is in line with the progressive attitude you have always shown towards the scientific work of this hospital. It is a course of gratification to feel that this hospital was one of the first to adopt such a department as a permanent part of its medical work.

The last Legislature appropriated \$2,800 for field work. The main object of this money was to provide field workers for the hospital, who will go into families and communities of patients admitted to this hospital, and learn the facts regarding heredity, environment, domestic relations, causes of mental diseases, &c. They also do very important work in the nature of "after care" of discharged patients.

The patients in the hospital are listed according to villages, cities, and towns in the various counties. When a field worker goes to a certain community to get facts regarding the patients, she carried with her a list of the discharged patients who are in that vicinity, thus combining the search for heredity facts with visiting discharged patients and obtaining information in regard to their present condition.

Often the family is in need of advice, and do not know what to do in regard to keeping the patient home or returning him to the hospital. The field worker advises as to the proper method of communicating with the medical director, and obtaining advice in regard to those patients.

In some instances the insanity of a patient admitted to the hospital has been questioned by friends, and statements made

which contradict the statements made by the family of the patient. In such cases the field workers have been instructed to go into the community and learn the necessary facts regarding the contradictory statements, and the information thus obtained was used to verify or contradict the statements of the family, and has had considerable bearing on the confinement of such patients. Of course, the patients mentioned here do not show any very marked evidences of insanity at the time of admission, but whose conduct before admission has been such that they have been declared insane.

Through the kindness of Dr. Charles B. Davenport, secretary of the Eugenics Section, Cold Spring Harbor, Long Island, New York, we have obtained the services of Miss Elizabeth P. Moore and Miss Florence T. Orr, as field workers for this hospital.

Miss Moore has previously been occupied in similar research work. She spent one year in biology at Columbia University, and two years at Woods Hole. For three years she did special sociological investigations for the New York charity organizations, and also took a special course at Cold Spring Harbor, under Dr. Davenport. For one year previous to her coming to this hospital she was engaged in New York, studying heredity in cases of cancer, under the Crocker fund.

She has been very successful in tracing up the heredity of patients admitted to this hospital, and in one county was able to investigate 3,300 members of a family group.

Miss Orr is a graduate of Grinnell College, Iowa, and has a degree of B.S. She also received special instruction at Cold Spring Harbor, and spent one year at King's Park Hospital, Long Island, in heredity work with Dr. Rosanoff, and has published with the latter a valuable contribution to the study of heredity. She is also specially prepared for this line of work, and has been very successful.

It is gratifying to know that the State of New Jersey has taken such a tremendous interest in this question of research work.

In the various State institutions at the present time systematic work is being carried on, such as in the Vineland Training School for Feeble Minded, and Home for Feeble Minded Women, the State Village for Epileptics at Skillman, the State Home for Girls at Trenton, and this hospital.

When the work of the field workers from the different institutions cross or any other relatives or members of the family are in the various institutions, records are exchanged so that complete histories are therefore obtained and the work is not duplicated.

Much credit must be given to Dr. Chas. E. Davenport for his interest in these problems, and for his untiring efforts to develop the best material for field workers for State institutions. Beginning in a very small way two years ago, he now trains from 20 to 30 field workers every summer for duties in the various State institutions throughout the country.

We feel that the amount extended for this special work is small in comparison to the great amount of good to the State which will result from these investigations.

LABORATORY.

The general plan of conducting the laboratory work adopted since 1908 has, with certain added features, been adhered to during the last hospital year, and the laboratory has been continued to carry out the work of a laboratory of general pathology and bacteriology, a laboratory of hygiene and of clinical medicine in addition to the more special work of neuro-pathology and serology.

The autopsy work has consisted of 103 complete post-mortem examinations from each of which the histologic material has been utilized. Of the total number of autopsies, 97 were performed upon patients dying in the institution and six at the request of other hospitals or general practitioners in the city of Trenton or vicinity.

As compared with the total number of deaths (143) during the past year the 97 autopsies obtained during this period represents a percentage of 67.8 per cent.

Although 97 autopsies can by no means be regarded as a small number relative to the size of the institution, there is still noticeable in these figures a regrettable decrease as compared to 1910, when of a total mortality of 134, 100 autopsies, or 74.6 per cent., were obtained. And in turn even the latter figure should for many reasons be higher.

In fact, for strictly practical purposes as well as scientific, the number of autopsies in State institutions should reach 100 per cent.

In no other way can the exact general mortality tables, in which this country, as compared to those of Europe, is so sadly lacking, be compiled, to say nothing of the similar tables as applied specially to the insane.

Such a rule is furthermore at all times a very definite safeguard against the spread of unrecognized contagious disease as has been already illustrated in this institution in previous years.

For scientific purposes the necessity of autopsies is obvious but for special research and as a confirmation or correction of clinical observation.

As illustrative of the latter, the following comparative table of the clinical and anatomical conclusions with regard to the form of mental disorder in the 97 patients coming to autopsy in 1911 is given:

COMPARATIVE TABULATION OF CLINICAL AND ANATOMICAL GROUP DIAGNOSES OF THE PSYCHOSES OF PATIENTS COMING TO AUTOPSY.

| | <i>Clinical.</i> | <i>Anatomical.</i> |
|---|------------------|--------------------|
| Arteriosclerotic brain disease..... | 10 | 8 |
| Delirium (undifferentiated)..... | 3 | 0 |
| Dementia præcox..... | 25 | 25 |
| Epidemic meningitis (delirium)..... | 1 | 1 |
| Epilepsy | 3 | 3 |
| General paralysis..... | 17 | 20 |
| Idiocy | 1 | 1 |
| Imbecility | 2 | 2 |
| Korsakoff's psychosis (central neuritis)..... | 2 | 2 |
| Lues cerebri..... | 0 | 2 |
| Manic depressive insanity..... | 9 | 9 |
| Organic brain disease (not further undifferentiated)..... | 5 | 0 |
| Senile dementia..... | 18 | 23 |
| Unclassified | 1 | 1 |

From this it appears that in all psychic affections within the reach of present histologic methods a valuable readjustment of clinical opinion is obtained, and the clinical errors in the groups comprising general paralysis, arteriosclerotic brain disease, senile dementia, cerebral syphilis and undetermined clinical "organic brain disease" are plainly indicated. It will be further noted even in this table, in which many discrepancies in individual cases naturally cannot appear, that each of the three cases placed clinically in the "undifferentiated delirium" group were in the anatomical classification withdrawn from this and placed in others on the

basis of definite histologic findings. Two of these cases were general paralysis and the third an arteriosclerotic brain disorder. All of these cases, dying under such circumstances, would certainly have been overlooked without the aid of an anatomical examination.

In the syphilitic and para-syphilitic groups there appear two more cases of the former and three more of the latter in the anatomical than in the clinical column. Each of the cases of lues were clinically designated as organic brain disease, as was also one of the cases of general paralysis; the other two general paralysis cases being clinically undifferentiated delirium.

With regard to the diagnosis of the general paralysis group it is truly remarkable that there continues to appear each year a certain number of cases anatomically general paralysis which are not recognized clinically.

In 1908 and 1909 the unrecognized cases represented an error of 27 per cent., and in 1910 a similar error of 26 per cent., while for the past year the three unrecognized cases out of a total of 20 give an error of 15 per cent.

That this error is remarkable lies in the fact that lumbar puncture, in itself practically equal to an autopsy in diagnostic accuracy in this disease, is in such general use on the wards and that it is applied to every clinical case which is thought even remotely to resemble paresis. Thus, since no case thus far has been overlooked after a lumbar puncture has been performed the error arises from the fact that there are still a number of cases each year which are clinically so very unlike the accepted picture of even the most atypical general paralysis that puncture is not even suggested.

Although in the foregoing table, as already pointed out, certain facts relative to comparative clinical and anatomical classifications are apparent, still this tabulation does not deal with results obtainable by comparing the clinical diagnosis with the anatomical findings of each individual case.

It is in such a comparison where the clinical conclusions and anatomical findings in each case are compared side by side that the real value of the latter become apparent as shown in the following table:

| | <i>Clinically.</i> | | | <i>Anatomically.</i> | | |
|---------------------------|--------------------|---------|--------|----------------------|---------|--------|
| | Male. | Female. | Total. | Male. | Female. | Total. |
| General paralysis..... | 16 | 1 | 17 | 17 | 3 | 20 |
| Arteriosclerosis | 5 | 5 | 10 | 6 | 2 | 8 |
| Cerebral lues..... | 0 | 0 | 0 | 1 | 1 | 2 |
| Senile brain atrophy..... | 8 | 10 | 18 | 9 | 14 | 23 |
| Epidemic meningitis..... | 1 | 0 | 1 | 1 | 0 | 1 |
| Total | 30 | 16 | 46 | 34 | 20 | 54 |

On this basis there is a total of 54 individual male and female anatomically organic cases which presented an opportunity for correct clinical diagnosis of which number 46 were correctly diagnosed, giving an error of 14.8 per cent. for both male and female causes and a similar error of 11.7 per cent. for male cases and 20 per cent. for female cases respectively.

In the previous general table in which general group diagnosis only appears the total error is but 7.2 per cent., or only one-half that shown in the table of individual cases.

By comparison of the two tables, however, it will be seen that this increase in error in the latter table is due largely to discrepancies between the anatomical and clinical groups of senile brain atrophy and arteriosclerotic brain disease, and that if these two groups are considered as belonging to one class, which in reality is frequently the same, the error is again reduced and virtually reverts to that arising in general paralysis and cerebral lues. Finally, as regards accuracy of clinical diagnosis in the organic psychoses, the following comparative summary of the previous four years' work is given:

| | MENTAL DIAGNOSIS. | | |
|---|-------------------|------------|------|
| | 1908-1909. | 1910-1911. | |
| Per cent. error in total general group diagnosis..... | 8 | 7 | 7.2 |
| Per cent. error in male general group diagnosis..... | 10.4 | 5.4 | 3.5 |
| Per cent. error in female general group diagnosis.... | 6.2 | 8.8 | 4.3 |
| Per cent. error in individual organic cases..... | 41 | 35.4 | 14.8 |
| Per cent. error in individual male organic cases..... | 45 | 38 | 11.7 |
| Per cent. error in individual female organic cases... | 35 | 31.2 | 20 |

It is plainly evident from this that although the clinical diagnostic efficiency in the total number of cases, irrespective of class, remains about the same, there is a very striking and constantly increasing improvement in individual cases of the organic groups which is particularly noticeable in the male figures.

As an accompaniment to this increase in accuracy of mental diagnosis stands a similar improvement in the diagnosis of the last illness and cause of death of patients coming to autopsy as shown by the following summary in which the total number of all deaths and those due to tuberculosis are separately considered with regard to diagnostic efficiency:

| PHYSICAL DIAGNOSIS. | | | |
|---|------------|------------|------|
| | 1908-1909. | 1910-1911. | |
| Per cent. error in total autopsies..... | 32.7 | 24 | 18.5 |
| Per cent. error in male autopsies..... | 30 | 23.6 | 17.9 |
| Per cent. error in female autopsies..... | 35 | 24.4 | 26.9 |
| Per cent. error in total tuberculosis cases..... | 35 | 21.7 | 17.6 |
| Per cent. error in male tuberculosis cases..... | 30 | 25 | 22.2 |
| Per cent. error in female tuberculosis cases..... | 42 | 18 | 14.2 |

From this it appears that a diagnostic error in physical diagnosis in all cases in 1908 and 1909 of 32.7 per cent., is reduced almost one-half (18.5 per cent.) in 1911, and that an exactly similar reduction of error (35 per cent. in 1908 and 1909, and 17.6 per cent. in 1911) has occurred in cases dying of tuberculosis.

As a sanitary guard the latter result is of particular value since without efficient clinical diagnosis of the condition no amount of special isolation facilities can avail in preventing institutional tubercular infection.

That this is an ever increasing necessity is shown by the figures on tuberculosis of both this and previous years.

For the past four years the relation of the tubercular death rate to total mortality has remained pretty constantly around 10 per cent.; for the past year it is 17.5 per cent. (autopsies only). Furthermore, as pointed out in previous reports, a large per centage of tubercular infection is acquired in the institution.

For the years 1908 and 1909, 1910 and 1911 the amount of tubercular infection acquired in the hospital has been, respectively 65, 57 and 68.2 per cent., and although fully 85 per cent. of these infections occur among the hopelessly incurable insane, it must be recognized that diagnosis of incipient cases and their prompt isolation in the tubercular pavilions recently erected are necessary procedures.

Aside from tuberculosis and one case of epidemic cerebro-spinal meningitis (acquired before admission), but one other contagious disease has come under the sanitary aspect of the laboratory work.

As described in another part of this report, the institution has been visited by a small sporadic outbreak of typhoid fever, the original infection of which was traced to outside sources. This outbreak has necessitated about 50 fecal examinations and some 100 odd Widal reactions.

As in previous years the institution's milk and water supplies have received attention and have been found in excellent condition. The milk supply in particular, it is gratifying to note, was found on bacterial examination to compare favorably with that of the best certified dairies and to give constant counts of well under 10,000, and frequently less than 5,000 bacteria per cc. Extended examinations by animal inoculations for the detection of tubercle bacilli in the milk have likewise proved that, owing to the elimination of tubercular cattle from the hospital herd by means of the tuberculin test, as well as the efficient manner in which the milk is handled at the dairy, that the institution's milk supply is free from these organisms.

In addition to the general bacteriologic and pathologic work connected with the institution itself, as in previous years similar work has been performed for the three general hospitals in Trenton. This has included cultural, microscopic, histologic and sero-diagnosis of all varieties and 318 complete microscopic and macroscopic examinations of material from surgical clinics are recorded. A number of physicians have also made use of the laboratory facilities in connection with Salvarsan administration.

As an added feature to the work done in previous years the Wasserman and Noguchi sero-reactions for the diagnosis of syphilis and para-syphilitic psychoses have been introduced during the past year and considerable use has been made of Ehrlich's new remedy, Salvarsan.

It is the present intention to perform the Wasserman reaction with the blood serum of every patient in the institution and already some 900 patients have been thus examined. By this means it has been possible to not only determine several previously overlooked cases of general paralysis, but to detect a quite astonishing number of luetic infections in individuals with no clinical mani-

festations of the disease and to study the possible relationship between latent lues and various psychoses.

In conclusion, attention is called to the urgent necessity for better laboratory facilities with regard to available working space.

For the past four years the steadily increasing amount of work has overcrowded the present building and has been a source of constant annoyance and a very serious obstacle of the progress of the work. The amount of the latter as at present performed is at least ten times that done when the building was erected, and the situation is such that a large amount of valuable newly acquired apparatus must be stored in another part of the institution, to say nothing of the loss of valuable anatomical material which the sheer limitation of storage space involves.

As already indicated in another section a substantial appropriation with which to erect and equip a large and modern laboratory building is necessary in order that the standard of this line of work be maintained at its present level and to keep pace with that of other modern State hospitals.

RECOMMENDATIONS.

The board of managers of this hospital and also of the hospital at Morris Plains have repeatedly petitioned the Legislature for an appropriation for a criminal insane department, and both have agreed upon the location of this building on the grounds of the New Jersey State Hospital at Trenton. We have repeatedly mentioned in our reports, the criminal insane in this State are cared for in an entirely inadequate manner. They have to be kept on the wards with the other patients, eat in the same dining rooms, and as mentioned previously, the chances for them to escape with the present equipment are very great.

In order to obtain the criminal insane building, we have agreed to leave out our requisition for other buildings, &c., as far as possible so that any money to be appropriated for the hospital will be appropriated for this purpose. We feel that \$200,000 would be a sufficient appropriation to erect such a building. I sincerely hope that our request this year will be granted.

The special appropriation given last year for field work, we feel has been well expended, and the results have been so satis-

factory that we again request that \$3,500 be appropriated so that we can continue this part of our work.

As we mentioned above, New Jersey should be proud of the advanced stand which has been taken in regard to this feature of institution work, and every effort should be made to keep the State of New Jersey in the high rank that she now occupies.

Our laboratory building, erected in 1897, has become entirely too small for our present needs. The importance of the laboratory to the care and treatment of the patients needs only to be mentioned to be appreciated.

The actual amount of work done in the present laboratory is at least ten times more than it was intended to be done at the time it was erected. It is further to be noted, that in order for this hospital to keep pace with the progress of other modern State hospitals, additional lines of work are constantly being adopted and some space is needed for this purpose. Not only do the more purely scientific studies require that this should be done, but the more practical questions of institution hygiene and the prevention of epidemic disease, render the fullest laboratory facilities a matter of necessity rather than choice.

In view of the fact that we have no good isolation building to be used, in case we have an epidemic of any contagious disease, we believe that it would be better to abandon the present laboratory building, using the same for an isolation building, and erect another building which would be nearer the main office, where we could employ facilities not only for our present work, but for years to come. We believe that such a building could be erected and equipped at an expense of \$20,000.

We also request an appropriation of \$1,000 for new furniture. The majority of the furnishings in the institution is very old and inadequate. Although we have added some new furniture in the last two years, at the same time we do not feel that we are fully equipped as yet. It will be necessary to open new wards in the annex in a very short time, and more furniture will be necessary.

For two years we have asked for the appropriation of \$20,000 to construct additions to the main hospital to be known as admission wards, for the treatment of newly admitted patients. We are at present making use of small dormitories in both the male and female departments for this purpose, but we find that with our present rate of admissions we are overcrowded, and it is impos-

sible to give proper attention to all newly admitted patients to these dormitories, as it is necessary to remove them too soon after admission to make place for other patients. We hope that an appropriation of \$40,000 will be granted for this purpose.

In view of the fact that we are spending every effort to obtain our criminal insane building this year, we have dropped many of the appropriations asked for last year, which were not granted, as we feel it is important that this building be erected in the near future.

The increase in the criminal insane, and the overcrowding in the hospital in general, call for immediate action in this matter. If a building could be erected to accommodate two hundred and fifty criminal insane patients, it would relieve both this hospital and the one at Morris Plains of some of the features of overcrowding.

DOROTHY DIX ROOM.

We are still collecting memorials of Dorothy Dix to be placed in her room, and take this opportunity to acknowledge an autograph letter of Dorothy Dix to Governor Vroom, which was presented by Judge G. D. W. Vroom, president of the board of managers.

Mr. Samuel Leslie, an employe of the hospital, also presented a photograph of a painting of Dorothy Dix to the medical director, which has been placed in this room.

Any one having mementos of Miss Dix, and wishing to present the same, the hospital would appreciate the gift.

CONCLUSIONS.

In concluding this report I wish to again express my deep appreciation for the encouragement and hearty co-operation of your board, which has been extended to me during the year. The active interest in the work of the hospital by the members of the medical committee, the house and grounds committee, and the board in general are a source of gratification, and we feel that any progress we have made during the year is due largely to the valuable as-

sistance rendered by the board of managers to those in executive positions.

I also wish to thank the Warden and the members of his department, who have given valuable assistance to us during the year, and lastly, I wish to thank the members of the medical staff whose faithful work and loyalty to the interest of the hospital are responsible for the good showing we have made in the care and treatment of the patients.

I also wish to thank those in subordinate positions who have materially assisted in carrying out the policies of your board.

Respectfully submitted,

HENRY A. COTTON,

Medical Director.

TRENTON, N. J., January 9th, 1912.

Warden's Report.

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

GENTLEMEN—I herewith respectfully submit the annual report of the warden's department for the fiscal year ending October 31st, 1911, showing amount of cash receipts and expenditures, appraisement of personal property, also reports are appended showing in detail the products of the farm, garden and dairy, and the value of the different products, also an estimate of requirements for the coming year.

INVENTORY.

The annual appraisement of the personal property of the institution was made during the third week in October, as required by law, and amounts to \$192,745.64. Messrs. L. M. Codington and Thomas B. Taylor, who were appointed by the board of managers as appraisers, assisted the Warden in making same, who desires at this time to express his appreciation of the manner in which they performed the duties required of them.

APPRAISEMENT.

| | |
|--|--------------|
| Buildings, grounds, &c., valued at..... | |
| Personal property appraised as above..... | \$192,745 64 |
| The cash receipts and payments have been as follows: | |
| Balance in hands of treasurer, November 1st, 1911..... | 11,169 08 |
| Cash receipts from all sources..... | 343,641 42 |
| Cash payments during the year..... | 342,941 18 |
| Cash balance October 31st, 1911..... | 11,869 32 |

The average number of patients for the year of 1911 was 1,411, making the average cost for maintenance per patient per annum \$243.8326, or \$4.6760 per week.

RECOMMENDATIONS.

FOR DAIRY BARN AND EQUIPMENT, CONSISTING OF COW STABLES,
MILK HOUSE, FEED ROOM, SILOS, STANCHIONS, ETC.

The Legislature of 1911 appropriated money to purchase 254 $\frac{3}{4}$ acres of land for the purpose of producing our own milk and raising vegetables for the needs of the institution. We find the buildings on this land are neither suitable nor large enough for the purpose of housing our herd of cattle. There are no silos on this property, nor any milk house suitable for dairy purposes. The barn is unsanitary and would be condemned by the State Board of Health. The amount needed for this purpose is \$24,000.

WATER SUPPLY CONSISTING OF WELLS, TANK, ENGINE, PLUMB-
ING, ETC.

The Legislature is requested to appropriate \$3,200 for the purpose of furnishing water supply consisting of boring wells, furnishing and erecting tank, also furnishing engine for pumping, plumbing, &c.

REPAIRS TO BUILDINGS, PLUMBING, HEATING, ETC.

Would request that \$2,000 be appropriated in order to enable us to remodel the dwelling house, making more rooms, building bathroom, also plumbing and heating same for the accommodation of some twenty-five or thirty patients working in the dairy, piggery and on the farm.

PIGGERY CONSISTING OF BUILDING AND EQUIPMENT FOR HOUSING
AND KILLING PIGS AND CATTLE, ALSO FOR MAKING
SOAP, FERTILIZERS, ETC.

We had the misfortune to have our piggery burned. It was an old wooden structure badly constructed and very unsuitable for our purpose. We find the raising of pigs very profitable; they are fed

upon the offal and refuse from the kitchens until within a few weeks before killing, when they are fed Indian meal for the purpose of hardening and preparing the meat. We find the product from our pigs a great help toward the maintenance of our institution. At Norristown, Pa., they raise pigs enough to supply the entire institution with lard and salt pork besides having their own sausage, pork loins and scrapple, and I think we should do the same at the New Jersey State Hospital. We respectfully ask for this purpose \$15,000.

ADVERTISING FOR HYDROTHERAPEUTIC OUTFIT.

Would request that \$71.77 be appropriated for the purpose of paying the expense of advertising for bids for the installation of a hydrotherapeutic outfit, \$61.23, and one bill for advertising for laundry machinery, \$10.54. The Legislature of 1910 appropriated the sum of \$3,000 for installing a hydrotherapeutic outfit; the lowest responsible bid was that of Piper Bros., Trenton, N. J., to whom the contract was awarded for \$2,970, \$30 less than the total amount appropriated. The contract was awarded immediately before the close of the fiscal year, October 31st, 1911, and bills for advertising were sent to the State Comptroller and payment was refused, the Comptroller ruling that expense for advertising should be taken from the original appropriation. This ruling was entirely new in the light of previous experience, and as the fiscal year had closed and amount unexpended had reverted to the State, an appropriation for the above amount is requested.

RENEWAL OF INSURANCE POLICIES.

Would ask the Legislature to appropriate the sum of \$2,000 for expense of renewing the different insurance policies when same become due.

PURCHASING CATTLE.

We asked the Legislature of 1911 to appropriate \$5,000 for purchasing cattle; they gave us \$2,500, and this sum enabled us to

add twenty-five fine cows to our herd. We now ask for an appropriation of \$2,500 more to continue increasing our herd.

SCREENING WINDOWS OF THE HOSPITAL.

We have repeatedly called attention to the fact that the present condition of the hospital is unsanitary because of lack of proper screening. It is almost impossible to eliminate the fly question in such a large institution. Although all suspected sources of breeding have been eliminated, at the same time we are confronted more and more with the increased number of flies during the summer. It is utterly useless to have the dining rooms of the hospital screened and other parts without screens, as the flies will go into the dining rooms from the wards. In case of any serious epidemic we would be seriously handicapped in avoiding same unless we have the building properly screened. The amount asked for screening the windows is \$5,000.

LUMBER FOR NEW FLOORS, ALSO FOR BUILDING FENCES AROUND THE INSTITUTION.

Many of the floors in the old part of the main building are in a very bad condition and need renewing; we have also considerable fencing which needs replacing. Two thousand five hundred dollars will be needed to make these repairs.

OIL, LEAD, ETC., FOR PAINTING BUILDINGS AND FENCES.

As our buildings and fences need painting, would ask the Legislature for an appropriation of \$500 for purchasing oil, lead and other materials for this work.

ADDITIONS TO MAIN BUILDINGS.

For the last four years we have asked for an appropriation of \$40,000 to construct admission wards for the treatment of new

patients. These wards could be either additions to the main building, or entirely new buildings, one for male and one for female patients. At present we are making use of small dormitories in both the male and female departments, but we find at the present rate of admission we are much overcrowded, as it is impossible to give proper attention to all newly admitted patients to these dormitories. In order to make room for new patients we have to remove them too early from the admission wards. Newly admitted patients should not come in contact with the more demented and older patients in the hospital, but should, as far as possible, be kept separate. The increased number of patients makes it imperative that we should have some relief. In building these new wards we could make room for at least 150 new patients.

NEW FURNITURE.

Most of the furniture of the hospital is very old, and some of the wards are inadequately furnished. Although we have had some new furniture in the last two years, we do not feel that we are fully equipped yet. As we expect to open four new wards in the annex in the near future, it will be necessary for us to have more furniture. One thousand five hundred dollars will be sufficient for this purpose.

TWO NEW BOILERS.

Would ask the Legislature to appropriate \$6,500 for the purpose of installing two new 150 horsepower, horizontal tabular high pressure boilers. Our old boilers have been in use about eighteen years, and we find it impossible to properly heat the buildings with our present capacity, and with the old indirect steam system of heating. The institution has been very cold and the patients have suffered very much from insufficient heat. The boilers have also to supply steam power for the laundry, one machine, a mangle, requiring 80 pounds pressure to properly operate. The boiler inspector will not allow us to carry more than 60 pounds pressure on the boilers, which is reduced to 50, or 55 pounds pressure by

the time it reaches the laundry. As the mangle cannot be properly operated with this pressure, \$6,500 is asked for to provide the required pressure and boiler capacity.

STEAM RADIATORS, PIPING, PLUMBING, ETC.

We have made a thorough investigation of the heating system of this institution, and believe the best system of heating is by direct steam heat, and would ask the Legislature to appropriate \$10,000 for the purpose of installing this system in the main building.

SAMUEL T. ATCHLEY,
Warden.

Requirements.

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

| | |
|--|------------|
| For the annual inventory..... | \$200 00 |
| For support and clothing of 52 State convict patients at \$5 per week per patient..... | 13,520 00 |
| For support of 272 State indigent patients at \$4 per week per patient | 56,576 00 |
| For allowance of \$2 per week per patient for 1,001 county patients | 104,104 00 |
| For money earned and not appropriated for maintenance of patients from November 1st, 1910, to November 1st, 1911... | 8,616 98 |
| For salaries of resident officers..... | 18,800 00 |
| For dairy barn and equipment consisting of cow stables, milk house, feed room, silos, stanchions, &c..... | 24,000 00 |
| For water-supply consisting of wells, tank, engine, plumbing, &c.. | 3,200 00 |
| For repairs to building, plumbing, heating, &c..... | 2,000 00 |
| For piggery consisting of building and equipment for housing and killing pigs and cattle, and for making soap, fertilizers, &c.. | 15,000 00 |
| For advertising for hydrotherapeutic outfit..... | 71 77 |
| For laboratory and equipment..... | 20,000 00 |
| For renewing of insurance policies..... | 2,000 00 |
| For research work | 3,500 00 |
| For purchasing cattle | 2,500 00 |
| For screening windows of hospital..... | 5,000 00 |
| For lumber for new floors, also building fences around the institution | 2,500 00 |
| For oil, lead, &c., for painting buildings and fences..... | 500 00 |
| For additions to main buildings..... | 40,000 00 |
| For laboratory supplies and apparatus..... | 1,000 00 |
| For new furniture | 1,500 00 |
| For two new boilers..... | 6,500 00 |
| For steam radiators, piping, plumbing, &c..... | 10,000 00 |

Receipts and Disbursements.

The Board of Managers of the New Jersey State Hospital at Trenton:

GENTLEMEN—The following abstract of receipts and disbursements for the year ending October 31st, 1911, is respectfully submitted:

RECEIPTS.

| | |
|---|--------------|
| Balance in hands of State Treasurer October 31st, 1911..... | \$11,169 08 |
| Amount received from State Treasurer for county patients, convict patients, State patients..... | \$170,023 58 |
| Amount received from State Treasurer for reimbursements for county patients..... | 2,762 14 |
| Amount received from State Treasurer for officers' salaries | 16,144 96 |
| Amount received from Atlantic county..... | 400 00 |
| “ “ “ Bergen county | 112 89 |
| “ “ “ Burlington county | 471 51 |
| “ “ “ Camden county | 116 73 |
| “ “ “ Cape May county..... | 2,841 21 |
| “ “ “ Cumberland county | 467 98 |
| “ “ “ Gloucester county | 7,688 19 |
| “ “ “ Hudson county | 2 86 |
| “ “ “ Hunterdon county | 6,103 39 |
| “ “ “ Mercer county | 32,797 00 |
| “ “ “ Middlesex county | 24,918 82 |
| “ “ “ Monmouth county | 17,488 64 |
| “ “ “ Ocean county | 6,467 86 |
| “ “ “ Salem county | 5,615 23 |
| “ “ “ Somerset county | 7,722 01 |
| “ “ “ Union county | 288 15 |
| “ “ “ Private patients | 36,761 12 |
| “ “ “ Sundries | 4,367 19 |
| “ “ “ Interest | 79 96 |
| | 343,641 42 |
| | \$354,810 50 |

DISBURSEMENTS.

| | |
|------------------------------|-------------|
| Officers' pay-roll | \$16,144 96 |
| Employes' pay-roll | 127,230 73 |
| Schedule of expense | 198,565 43 |
| Petty cash expense fund..... | 1,000 00 |
| Reverted to the State..... | 06 |
| | 342,941 18 |
| | \$11,869 32 |

NEW JERSEY STATE HOSPITAL.

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FARM REPORT FOR YEAR ENDING OCTOBER 31ST, 1911.

| | | |
|---|-------------|-------------|
| 2,917 bushels potatoes, at \$0.95..... | | \$2,771 15 |
| 525 tons ensilage, at \$4.75..... | | 2,493 75 |
| 45 tons mixed hay, at \$22..... | | 990 00 |
| 1,800 bundles cornstalks, at \$0.03..... | | 54 00 |
| 64 tons straw, at \$10..... | | 640 00 |
| 400 cornshocks, at \$0.78..... | | 312 00 |
| 1,030 bushels wheat, at \$0.90..... | | 927 00 |
| Cash for wheat at Thackeray farm..... | | 278 91 |
| 4 acres of oats and peas, at \$50..... | | 200 00 |
| 4 acres of corn fodder, at \$40..... | | 160 00 |
| 3,000 bushels beets, at \$0.40..... | | 1,200 00 |
| 185,674 quarts milk, at \$0.05¼..... | | 9,747 89 |
| 38 calves sold, at \$2.50..... | | 95 00 |
| 1,945 pounds tankage sold, per 100, at \$0.40..... | | 7 78 |
| 322 pounds hides sold, at \$0.09..... | | 28 98 |
| 650 pounds beef slaughtered, per 100, at \$9.20..... | | 59 80 |
| Cash for cattle condemned by Tuberculosis Commission..... | | 417 00 |
| Killing 87 hogs, producing..... | | 3,833 31 |
| Manure | | 1,000 00 |
| Credit, hauling cinders, sand, coal and freight..... | | 550 00 |
| Rent from Knight farm..... | | 350 00 |
| Purchasing and keeping of hogs in food..... | \$634 25 | |
| Fertilizers and seeds..... | 1,442 25 | |
| Feeding of cows and horses..... | 6,279 85 | |
| Wages | 4,481 41 | |
| Rent of land..... | 1,400 00 | |
| Insurance | 25 00 | |
| Horseshoeing, wear, tear, &c..... | 1,500 00 | |
| Sundries | 275 00 | |
| Valuation farm products for the year..... | | \$26,116 57 |
| Expense of farm for the year..... | \$16,037 76 | 16,037 76 |
| Profit over cost of maintaining farm for year ending October 31st, 1911 | | \$10,078 81 |

GARDEN REPORT FOR YEAR ENDING OCTOBER 31ST, 1911.

| | |
|---|----------|
| 1,614 bunches asparagus, at \$0.20..... | \$322 80 |
| 7,839 bunches rhubarb, at \$0.07..... | 548 73 |
| 6,284 bunches radishes, at \$0.03..... | 188 52 |
| 15,517 bunches onions (green), at \$0.03..... | 465 51 |
| 1,358 bunches parsley, at \$0.04..... | 54 32 |
| 341 bunches kohlrabi, at \$0.05..... | 17 05 |
| 7,699 heads lettuce, at \$0.03..... | 230 97 |
| 334 heads of cauliflower, at \$0.20..... | 66 80 |
| 4,000 heads cabbage (early), at \$0.05..... | 200 00 |
| 172 bushels spinach, at \$0.50..... | 86 00 |
| 100 bushels peas, at \$1.50..... | 150 00 |

| | | |
|---|------------|------------|
| 66 bushels onions, at \$1..... | | \$66 00 |
| 136 bushels beets, at \$0.65..... | | 88 40 |
| 257 bushels string beans, at \$0.75..... | | 192 75 |
| 19 bushels carrots, at \$0.50..... | | 9 50 |
| 43 bushels cucumbers, at \$0.75..... | | 32 25 |
| 937 bushels tomatoes, at \$0.60..... | | 562 20 |
| 53½ bushels tomatoes (yellow), at \$0.80..... | | 42 80 |
| 72 bushels egg plant, at \$1..... | | 72 00 |
| 37½ bushels grapes, at \$1.50..... | | 56 25 |
| 251 bushels squash, at \$0.50..... | | 125 50 |
| 118½ bushels lima beans, at \$1..... | | 118 50 |
| 9½ bushels peppers, at \$0.50..... | | 4 75 |
| 35,317 ears corn, per 100, at \$1.25..... | | 441 46 |
| 2¾ bushels okra, at \$1.50..... | | 4 13 |
| 100 bushels apples, at \$0.40..... | | 40 00 |
| 63 bushels tomatoes (green), at \$0.50..... | | 31 50 |
| 2,000 greenhouse plants, at \$0.20..... | | 400 00 |
| 4,000 bedding plants, at \$0.05..... | | 200 00 |
| 500 bunches cut flowers, at \$0.10..... | | 50 00 |
| 5,000 roses, per 100, at \$2..... | | 100 00 |
| 15,000 carnations, at \$0.04..... | | 600 00 |
| 2,000 pansy plants, per 100, at \$2..... | | 40 00 |
| 1,000 chrysanthemums, at \$0.10..... | | 100 00 |
| Miscellaneous plants and flowers..... | | 100 00 |
| Manure | | 150 00 |
| Credit of hauling..... | | 175 00 |
| Keeping of lawns..... | | 400 00 |
| Fertilizers and seeds..... | \$947 16 | |
| Keeping of horses..... | 440 00 | |
| Wages | 2,901 67 | |
| Horseshoeing, wear, tear, &c..... | 75 00 | |
| Sundries | 110 00 | |
| Fuel for heating..... | 98 80 | |
| Valuation of garden product for the year.... | | \$6,533 69 |
| Expense of garden for the year..... | \$4,572 63 | 4,572 63 |
| Profit over cost of maintaining garden for year ending October 31st, 1911 | | \$1,961 06 |

ANALYSIS OF EXPENSES.

Administrative.

| | |
|-------------------------------------|------------|
| Medical Director's salary..... | \$3,500 00 |
| Warden's salary | 2,500 00 |
| Assistant physicians' salaries..... | 9,145 00 |
| Clerical services | 8,086 01 |
| Wages | 119,341 46 |
| Postage | 411 55 |
| Telephone | 1,198 21 |
| Telegraph | 80 20 |

| | | |
|-------------------------------------|----------|--------------|
| Freight and express..... | \$578 28 | |
| Stationery and office supplies..... | 1,228 91 | |
| Traveling expenses—managers | 182 33 | |
| Traveling expenses—officers | 223 53 | |
| Treasurer and Secretary—salary..... | 1,000 00 | |
| Printing and printing supplies..... | 654 93 | |
| Sundries | 96 35 | |
| | | \$148,226 76 |

Table Supplies.

| | | |
|--------------------------------|-------------|--------------|
| Butter | \$13,488 93 | |
| Bread, crackers, cake, &c..... | 1,162 12 | |
| Beans | 1,967 40 | |
| Beef—fresh | 14,110 25 | |
| Coffee, cocoa, &c..... | 3,666 16 | |
| Cereals | 1,805 45 | |
| Cheese | 781 39 | |
| Canned goods | 970 86 | |
| Eggs | 6,258 85 | |
| Fruit, fresh and dried..... | 6,058 94 | |
| Flour | 9,526 30 | |
| Fish | 2,771 25 | |
| Ham | 3,560 62 | |
| Spices | 352 34 | |
| Lamb and mutton..... | 3,389 87 | |
| Lard | 1,332 97 | |
| Milk | 6,233 01 | |
| Molasses and syrup..... | 110 49 | |
| Oysters and clams..... | 1,530 15 | |
| Other meats | 2,775 68 | |
| Peas | 596 38 | |
| Potatoes, white and sweet..... | 5,112 93 | |
| Pork—fresh | 142 23 | |
| Pork—salt | 706 50 | |
| Poultry | 1,899 18 | |
| Rice | 477 51 | |
| Sugar | 7,317 66 | |
| Tea | 804 85 | |
| Vegetables | 756 45 | |
| Sundries | 1,425 54 | |
| | | \$101,092 26 |

House Supplies.

| | | |
|---------------------------------|------------|--|
| Beds and bedding..... | \$6,072 94 | |
| Brooms | 571 08 | |
| Brushes | 199 20 | |
| Carpets, rugs, &c..... | 862 30 | |
| Crockery and glassware..... | 664 08 | |
| Cutlery | 122 36 | |
| Furniture and upholstery..... | 278 14 | |
| Kitchen furnishings | 891 46 | |
| Laundry supplies, soap, &c..... | 2,520 06 | |
| Soap | 2,357 83 | |
| Towels, toweling, &c..... | 948 57 | |

| | | |
|-------------------------------------|----------|-------------|
| Table linen | \$248 62 | |
| Woodenware, baskets, pails, &c..... | 516 74 | |
| Sundries | 932 74 | |
| | <hr/> | \$17,186 12 |

Clothing and Clothing Material.

| | | |
|--------------------------------|----------|-------------|
| Boots | \$90 00 | |
| Clothing | 5,262 05 | |
| Drygoods for clothing, &c..... | 5,461 14 | |
| Furnishing goods | 266 12 | |
| Hats, caps, &c..... | 72 37 | |
| Rubber boots and rubbers..... | 49 80 | |
| Shoes | 1,865 05 | |
| Slippers | 470 03 | |
| Sundries | 134 80 | |
| | <hr/> | \$13,671 36 |

Repairs.

| | | |
|-----------------------------------|----------|-------------|
| Crushed stone | \$499 50 | |
| Prick | 43 50 | |
| Doors, sash, &c..... | 90 14 | |
| Electrical work and supplies..... | 1,649 84 | |
| Glass | 61 97 | |
| Hardware | 460 88 | |
| Lumber | 2,997 50 | |
| Lime, cement, plaster, &c..... | 1,039 54 | |
| Machinery, tools, &c..... | 523 92 | |
| Paint, oil, &c..... | 1,421 52 | |
| Plumbing, steamfitting, &c..... | 4,498 11 | |
| Roofing and materials..... | 943 10 | |
| Sundries | 2,388 35 | |
| | <hr/> | \$16,617 87 |

Farm, Stable and Grounds.

| | | |
|-------------------------------------|----------|------------|
| Blacksmith supplies | \$407 36 | |
| Carriages, wagons, repairs, &c..... | 359 16 | |
| Fertilizers, vines, seeds, &c..... | 2,476 59 | |
| Hay, grain, &c..... | 3,593 28 | |
| Harness and repairs..... | 169 40 | |
| Rent | 1,400 00 | |
| Tools, farm machinery, &c..... | 425 44 | |
| Sundries | 287 48 | |
| | <hr/> | \$9,118 71 |

Heat, Light and Power.

| | | |
|------------------------|-------------|-------------|
| Coal | \$24,632 15 | |
| Electric current | 6,898 09 | |
| Gas | 630 83 | |
| Oil | 419 91 | |
| Sundries | 85 99 | |
| | <hr/> | \$32,666 97 |

Miscellaneous Expenses.

| | | |
|-------------------------------|----------|-------------|
| Advertising | \$620 41 | |
| Books | 486 00 | |
| Entertainments | 333 65 | |
| Funeral expenses | 741 00 | |
| Insurance | 3,134 78 | |
| Medical supplies | 5,338 48 | |
| Newspapers and magazines..... | 349 70 | |
| Out-patient's allowance | 22 50 | |
| Religious services | 255 00 | |
| Returning runaways | 77 71 | |
| Tobacco | 1,687 67 | |
| Wines and liquors..... | 190 21 | |
| Sundries | 630 11 | |
| | | <hr/> |
| | | \$13,867 22 |

Refund.

| | |
|------------------------|----------|
| Private patients | 1,589 76 |
|------------------------|----------|

Research work **381 80**

\$354,418 83

New Jersey State Library

1. General Statistics For the Year.

| | <i>Males.</i> | <i>Females.</i> | <i>Total.</i> |
|---|---------------|-----------------|---------------|
| Patients in hospital October 31st, 1910..... | 716 | 689 | 1,405 |
| Admitted within the year..... | 279 | 185 | 464 |
| Viz.: by commitment | 218 | 145 | 363 |
| by voluntary commitment..... | 21 | 6 | 27 |
| by transfer | 4 | ... | 4 |
| from escape | 1 | 1 | 2 |
| *from visit | 35 | 33 | 68 |
| Whole number of cases within the year..... | 995 | 874 | 1,869 |
| Dismissed within the year..... | 253 | 165 | 418 |
| Viz.: discharged within the year as recovered at | | | |
| time of leaving hospital..... | 109 | 64 | 173 |
| as capable of self-support..... | 15 | 12 | 27 |
| as improved | 21 | 22 | 43 |
| as not improved..... | 7 | 4 | 11 |
| as not insane..... | ... | 2 | 2 |
| died | 87 | 56 | 143 |
| escaped | 7 | ... | 7 |
| on visit | 7 | 5 | 12 |
| Patients remaining in hospital November 1st, 1911.. | 742 | 709 | 1,451 |
| Viz.: as indigent patients..... | 595 | 626 | 1,221 |
| as private " | 47 | 76 | 123 |
| convict " | 46 | 4 | 50 |
| criminal " | 54 | 3 | 57 |
| Number of different persons within the year..... | 989 | 874 | 1,863 |
| Number of different persons admitted..... | 238 | 152 | 390 |
| Daily average number of patients..... | 716 | 695 | 1,411 |

* 35 male and 33 female patients nominally admitted for discharge.

2. Insane Received on First and Subsequent Commitments.

| <i>Number of Admissions.</i> | CASES COMMITTED. | | |
|-----------------------------------|------------------|-----------------|----------------|
| | <i>Males.</i> | <i>Females.</i> | <i>Totals.</i> |
| First | 200 | 124 | 324 |
| Second | 29 | 12 | 41 |
| Third | 10 | 7 | 17 |
| Fourth | 1 | 3 | 4 |
| Fifth | 1 | 2 | 3 |
| Sixth | 2 | 2 | 4 |
| Seventh | 1 | ... | 1 |
| Eighth | ... | ... | ... |
| Ninth | ... | ... | ... |
| Tenth | ... | ... | ... |
| Eleventh | ... | ... | ... |
| Twelfth | ... | ... | ... |
| Thirteenth | ... | ... | ... |
| Fourteenth | ... | 1 | 1 |
| Fifteenth | ... | ... | ... |
| Sixteenth | ... | ... | ... |
| Seventeenth | ... | ... | ... |
| Eighteenth | ... | ... | ... |
| Nineteenth | ... | 1 | 1 |
| Total cases | 244 | 152 | 396 |
| Total persons | 238 | 152 | 391 |
| Never before in any hospital..... | 200 | 124 | 324 |

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

| PLACES OF NATIVITY. | MALES. | | | FEMALES. | | | TOTALS. | | |
|-----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Patient. | Fathers. | Mothers. | Patient. | Fathers. | Mothers. | Patient. | Fathers. | Mothers. |
| United States— | | | | | | | | | |
| New Jersey | 90 | 36 | 39 | 45 | 28 | 28 | 135 | 64 | 67 |
| New England States..... | 3 | 6 | 5 | 3 | 1 | 1 | 6 | 7 | 6 |
| Middle Atlantic States..... | 27 | 13 | 12 | 26 | 11 | 12 | 53 | 24 | 24 |
| Southern States | 10 | 3 | 2 | 4 | 3 | 3 | 14 | 6 | 5 |
| Other States | 5 | 38 | 36 | 3 | 19 | 19 | 8 | 57 | 55 |
| Totals | 135 | 96 | 94 | 81 | 62 | 63 | 216 | 158 | 157 |
| Other Countries— | | | | | | | | | |
| England | 6 | 8 | 11 | 2 | 3 | 3 | 8 | 11 | 14 |
| Germany | 10 | 21 | 21 | 5 | 9 | 9 | 15 | 30 | 30 |
| Greece | 1 | 1 | 1 | ..... | ..... | ..... | 1 | 1 | 1 |
| Ireland | 9 | 32 | 33 | 18 | 29 | 29 | 27 | 61 | 62 |
| Austria | 6 | 6 | 6 | 2 | 2 | 2 | 8 | 8 | 8 |
| Norway ..... | ..... | ..... | ..... | 1 | 1 | 1 | 1 | 1 | 1 |
| Scotland | 1 | ..... | 1 | ..... | 1 | 1 | 1 | 1 | 2 |
| Russia | 8 | 8 | 8 | 2 | 2 | 2 | 10 | 10 | 10 |
| Italy | 11 | 11 | 11 | 2 | 2 | 2 | 13 | 13 | 13 |
| Holland ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | 1 | ..... |
| Hungary | 2 | 2 | 2 | 2 | 3 | 3 | 4 | 5 | 5 |
| Sweden ..... | ..... | ..... | ..... | 2 | 2 | 2 | 2 | 2 | 2 |
| Denmark ..... | ..... | ..... | ..... | 1 | 1 | 1 | 1 | 1 | 1 |
| Switzerland | 1 | 2 | ..... | 1 | 1 | 1 | 2 | 3 | 1 |
| Wales ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Cuba ..... | ..... | ..... | ..... | ..... | 1 | ..... | ..... | 1 | ..... |
| Poland | 5 | 5 | 5 | 4 | 4 | 4 | 9 | 9 | 9 |
| Canada | 1 | 1 | ..... | ..... | ..... | ..... | 1 | 1 | ..... |
| France ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | 1 | ..... |
| West Indies | 1 | 1 | 1 | ..... | ..... | ..... | 1 | 1 | 1 |
| Total foreign | 62 | 100 | 100 | 42 | 61 | 60 | 104 | 161 | 160 |
| Unknown | 3 | 4 | 6 | 1 | 1 | 1 | 4 | 5 | 7 |
| Total | 200 | 200 | 200 | 124 | 124 | 124 | 324 | 324 | 324 |

4. Residence of Insane Persons Admitted by Commitment.

| PLACES. | FIRST ADMITTED TO ANY HOSPITAL. | | | OTHER ADMISSIONS. | | | TOTALS. | | |
|---|------------------------------------|----------|---------|----------------------|----------|---------|---------|----------|---------|
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| Atlantic | 1 | 2 | 3 | 2 | ..... | 2 | 3 | 2 | 5 |
| Bergen ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Burlington | 4 | 5 | 9 | 2 | 1 | 3 | 6 | 6 | 12 |
| Camden | 12 | 7 | 19 | 1 | 1 | 2 | 13 | 8 | 21 |
| Cape May | 1 | 1 | 2 | 2 | ..... | 2 | 3 | 1 | 4 |
| Cumberland | 2 | ..... | 2 | 1 | ..... | 1 | 3 | ..... | 3 |
| Essex | 1 | ..... | 1 | ..... | 1 | 1 | 1 | 1 | 2 |
| Gloucester | 10 | 8 | 18 | 6 | 1 | 7 | 16 | 9 | 25 |
| Hudson | 1 | ..... | 1 | ..... | ..... | ..... | 1 | ..... | 1 |
| Hunterdon | 12 | 8 | 20 | 3 | 3 | 6 | 15 | 11 | 26 |
| Mercer | 61 | 41 | 102 | 13 | 11 | 24 | 74 | 52 | 126 |
| Middlesex | 26 | 16 | 42 | 8 | 3 | 11 | 34 | 19 | 53 |
| Monmouth | 31 | 21 | 52 | ..... | 5 | 5 | 31 | 26 | 57 |
| Morris | 1 | ..... | 1 | ..... | ..... | ..... | 1 | ..... | 1 |
| Ocean | 8 | 2 | 10 | 4 | 1 | 5 | 12 | 3 | 15 |
| Passaic | 1 | ..... | 1 | ..... | ..... | ..... | 1 | ..... | 1 |
| Salem | 7 | 2 | 9 | ..... | ..... | ..... | 7 | 2 | 9 |
| Somerset | 19 | 9 | 28 | 2 | ..... | 2 | 21 | 9 | 30 |
| Union ..... | ..... | 2 | 2 | ..... | ..... | ..... | ..... | 2 | 2 |
| Philadelphia | 2 | ..... | 2 | ..... | ..... | ..... | 2 | ..... | 2 |
| Warren ..... | ..... | ..... | ..... | ..... | 1 | 1 | ..... | 1 | 1 |
| Totals | 200 | 124 | 324 | 44 | 28 | 72 | 244 | 152 | 396 |
| Cities or large towns (10,000 or more) | 86 | 56 | 142 | 19 | 12 | 31 | 105 | 68 | 173 |
| Country districts under 10,000, | 114 | 68 | 182 | 25 | 16 | 41 | 139 | 84 | 223 |

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

| | <i>Males.</i> | <i>Females.</i> | <i>Totals.</i> |
|-----------------|---------------|-----------------|----------------|
| Unmarried | 91 | 48 | 139 |
| Married | 123 | 79 | 202 |
| Widowed | 18 | 22 | 40 |
| Divorced | 8 | 2 | 10 |
| Unknown | 4 | 1 | 5 |
| Totals | 244 | 152 | 396 |

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

| MALES. | | | |
|----------------------|----|--------------------------|-----|
| Accountant | 1 | Mech. engineer | 1 |
| Barber | 1 | Motorman | 1 |
| Blacksmiths | 6 | Merchants | 2 |
| Boatman | 1 | Ministers | 1 |
| Bronze moulder | 1 | Music teacher | 1 |
| Bookkeeper | 1 | Painters | 7 |
| Butcher | 1 | Pedlar | 1 |
| Carpenter | 6 | Plumbers | 2 |
| Civil engineer | 1 | Printers | 2 |
| Clerks | 3 | Potters | 5 |
| Coachmen | 2 | Real estate | 2 |
| Dentist | 1 | Railroad agent | 1 |
| Dishwasher | 1 | Retired | 3 |
| Draughtsman | 1 | Rubberworkers | 2 |
| Driver | 1 | Salesmen | 6 |
| Drayman | 1 | Sailor | 1 |
| Physicians | 3 | Storekeeper | 1 |
| Engineers | 2 | Silver plater | 1 |
| Farmers | 16 | Teamster | 1 |
| Firemen | 3 | Trolley conductor | 1 |
| Fruit grower | 1 | Umbrella mender | 1 |
| Glassworker | 1 | Upholsterer | 1 |
| Grocers | 1 | Veterinary surgeon | 1 |
| Hotel keepers | 2 | Waiter | 1 |
| Hucksters | 2 | Wiredrawer | 1 |
| Ironmakers | 4 | None | 16 |
| Janitor | 1 | Unknown | 2 |
| Laborers | 58 | | |
| Machinists | 9 | Total | 200 |
| Managers | 1 | | |
| FEMALES. | | | |
| Clerks | 2 | Factory | 1 |
| Domestics | 9 | Laundress | 1 |
| Dressmakers | 2 | Musician | 1 |
| Housekeepers | 84 | Waitress | 1 |
| School girl | 1 | None | 18 |
| Teacher | 1 | Unknown | 1 |
| Typewriter | 1 | | |
| Stenographer | 1 | Total | 124 |

7. Ages of Insane at First Attack, Admissions and Deaths.

| AGES. | PERSONS ADMITTED TO THIS HOSPITAL. | | | | | | PERSONS DIED. | | | | | |
|--------------------------|------------------------------------|----------|---------|----------------|----------|---------|------------------|----------|---------|--------------------|----------|---------|
| | AT FIRST ATTACK. | | | WHEN ADMITTED. | | | AT FIRST ATTACK. | | | AT TIMES OF DEATH. | | |
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| Congenital | 8 | 6 | 14 | 8 | 6 | 14 | ..... | 1 | 1 | ..... | 1 | 1 |
| 15 years and less..... | 4 | ..... | 4 | 1 | 1 | 2 | ..... | ..... | ..... | ..... | ..... | ..... |
| From 15 to 20 years..... | 13 | 4 | 17 | 7 | 3 | 10 | ..... | 2 | 2 | ..... | 1 | 1 |
| “ 20 “ 25 “ | 24 | 8 | 32 | 18 | 6 | 24 | 6 | 3 | 9 | 1 | 1 | 2 |
| “ 25 “ 30 “ | 20 | 17 | 37 | 16 | 13 | 29 | 1 | 1 | 2 | 1 | 2 | 3 |
| “ 30 “ 35 “ | 29 | 19 | 48 | 35 | 15 | 50 | 4 | 4 | 8 | 7 | 2 | 9 |
| “ 35 “ 40 “ | 29 | 17 | 46 | 22 | 12 | 34 | 11 | 2 | 13 | 7 | 3 | 10 |
| “ 40 “ 45 “ | 16 | 7 | 23 | 26 | 21 | 47 | 13 | 6 | 19 | 8 | 6 | 14 |
| “ 45 “ 50 “ | 15 | 8 | 23 | 23 | 9 | 32 | 13 | 2 | 15 | 12 | 2 | 14 |
| “ 50 “ 60 “ | 23 | 12 | 35 | 43 | 27 | 70 | 8 | 7 | 15 | 18 | 8 | 26 |
| “ 60 “ 70 “ | 14 | 11 | 25 | 28 | 17 | 45 | 13 | 9 | 22 | 13 | 10 | 23 |
| “ 70 “ 80 “ | 8 | 10 | 18 | 12 | 16 | 28 | 9 | 15 | 24 | 16 | 15 | 31 |
| Over 80 years..... | 1 | 3 | 4 | 4 | 5 | 9 | 3 | 4 | 7 | 4 | 5 | 9 |
| Unknown | 40 | 30 | 70 | 1 | 1 | 2 | 6 | ..... | 6 | ..... | ..... | ..... |
| Totals | 244 | 152 | 396 | 244 | 152 | 396 | 87 | 56 | 143 | 87 | 56 | 143 |

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

| EXCITING CAUSES. | ADMITTED. | | | PREDISPOSING CAUSES. | | | | | |
|--|-----------|----------|---------|----------------------|----------|---------|---------------|----------|---------|
| | | | | HEREDITARY TENDENCY. | | | INTEMPERANCE. | | |
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| A—Physical: | | | | | | | | | |
| Alcohol | 62 | 10 | 72 | 25 | 2 | 27 | 62 | 10 | 72 |
| Alcohol and other causes.. | 9 | 2 | 11 | 1 | 1 | 2 | 8 | 1 | 9 |
| Arteriosclerosis | 13 | 13 | 26 | 1 | 4 | 5 | 1 | 1 | 2 |
| Arrested development..... | 2 | 1 | 3 | 1 | 1 | 2 | 1 | 1 | 2 |
| Infantile hemiplegia..... | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Child birth..... | 10 | 10 | 20 | 3 | 3 | 6 | 1 | 1 | 2 |
| Cerebro-spinal meningitis.. | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Fractured vertebra..... | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Climacteric | 7 | 7 | 14 | 3 | 3 | 6 | 1 | 1 | 2 |
| Constitutional inferiority.. | 25 | 12 | 37 | 9 | 9 | 18 | 1 | 1 | 2 |
| Constitutional inferiority and other causes..... | 3 | 3 | 6 | 1 | 1 | 2 | 1 | 1 | 2 |
| Chorea | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Drugs | 1 | 2 | 3 | 1 | 1 | 2 | 1 | 1 | 2 |
| Epilepsy | 4 | 1 | 5 | 2 | 1 | 3 | 1 | 1 | 2 |
| Grippe | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Gastritis | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Ill health..... | 7 | 16 | 23 | 3 | 7 | 10 | 3 | 3 | 6 |
| Lactation | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Ovariectomy | 2 | 2 | 4 | 2 | 2 | 4 | 1 | 1 | 2 |
| Masturbation | 4 | 4 | 8 | 2 | 2 | 4 | 1 | 1 | 2 |
| Acute nephritis..... | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Menstrual disorders..... | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Nephritis | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Operations | 2 | 2 | 4 | 2 | 2 | 4 | 1 | 1 | 2 |
| Osteoarthritis | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Pregnancy | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Scarlet fever..... | 3 | 1 | 4 | 3 | 1 | 4 | 1 | 1 | 2 |
| Sexual irregularities..... | 6 | 2 | 8 | 2 | 1 | 3 | 1 | 1 | 2 |
| Senility | 10 | 10 | 20 | 2 | 2 | 4 | 1 | 1 | 2 |
| Senility and other causes.. | 7 | 8 | 15 | 3 | 3 | 6 | 1 | 1 | 2 |
| Sunstroke | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Syphilis | 19 | 1 | 20 | 9 | 9 | 18 | 1 | 1 | 2 |
| Trauma | 7 | 2 | 9 | 1 | 1 | 2 | 1 | 1 | 2 |
| B—Mental: | | | | | | | | | |
| Exposure to sun..... | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Worry and exhaustion.... | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Domestic trouble..... | 12 | 7 | 19 | 4 | 5 | 9 | 1 | 1 | 2 |
| Faulty environment..... | 6 | 6 | 12 | 6 | 6 | 12 | 1 | 1 | 2 |
| Fright | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Grief | 1 | 4 | 5 | 3 | 3 | 6 | 1 | 1 | 2 |
| Ill treatment..... | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Business troubles..... | 5 | 6 | 11 | 2 | 1 | 3 | 1 | 1 | 2 |
| Overstudy | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Religion | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Worry | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 1 | 2 |
| Overwork and worry..... | 13 | 10 | 23 | 8 | 4 | 12 | 1 | 1 | 2 |
| Unknown | 20 | 9 | 29 | 11 | 11 | 22 | 1 | 1 | 2 |
| Totals | 244 | 152 | 396 | 56 | 57 | 113 | 75 | 14 | 89 |

9. Probable Duration of Mental Disease.

| <i>Previous Duration.</i> | (FIRST ADMITTED TO ANY HOSPITAL.) | | |
|---------------------------|-----------------------------------|-----------------|----------------|
| | <i>Males.</i> | <i>Females.</i> | <i>Totals.</i> |
| Congenital | 9 | 6 | 15 |
| Under 1 month..... | 46 | 21 | 67 |
| From 1 to 3 months..... | 17 | 22 | 39 |
| 3 to 6 months..... | 14 | 10 | 24 |
| 6 to 12 months..... | 18 | 5 | 23 |
| 1 to 2 years..... | 14 | 9 | 23 |
| 2 to 5 years..... | 27 | 24 | 51 |
| 5 to 10 years..... | 22 | 6 | 28 |
| 10 to 20 years..... | 4 | 7 | 11 |
| Over 20 years..... | 5 | 2 | 7 |
| Unknown | 24 | 12 | 36 |
| Totals | 200 | 124 | 324 |

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

| FORM OF MENTAL DISEASE. | COMMITTED. | | | DISCHARGED. | | | | | | | | | | | | | | | | | | |
|---|------------|----------|---------|-------------|----------|---------|--------------------------|----------|---------|-----------|----------|---------|---------------|----------|---------|--------|----------|---------|-------------|----------|---------|----|
| | | | | RECOVERED. | | | CAPABLE OF SELF-SUPPORT. | | | IMPROVED. | | | NOT IMPROVED. | | | DIED. | | | AGGREGATES. | | | |
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | |
| First admitted to any hospital. | | | | | | | | | | | | | | | | | | | | | | |
| A—Organic brain disorders. | | | | | | | | | | | | | | | | | | | | | | |
| I. Definite organic brain disease. | | | | | | | | | | | | | | | | | | | | | | |
| Organic brain disease..... | | | | | | | | | | | | | | | | | 2 | 2 | | 2 | | 2 |
| Organic brain disease (non-differentiated), | | | | | | | | | | | | | | | | | 1 | 1 | 1 | 1 | | 1 |
| Brain tumor | 1 | | 1 | | | | | | | | | | | | | | 1 | 1 | 1 | 1 | | 1 |
| Cerebro-spinal meningitis | 1 | | 1 | | | | | | | 1 | 1 | 2 | | | | | 11 | 13 | 24 | 12 | 14 | 26 |
| Aphasia | | | | | | | | | | | | | | | | | | | | | | |
| Arteriosclerotic brain disease..... | 17 | 16 | 33 | | | | | | | | | | | | | | | | | | | |
| Cerebral syphilis | 1 | | 1 | | | | | | | | | | | | | | | | | | | |
| Senile psychosis | 11 | 18 | 29 | | | | | 1 | 1 | 2 | 3 | 3 | | 1 | 1 | 10 | 10 | 20 | 10 | 15 | 25 | |
| General paralysis | 26 | 4 | 30 | | | | 2 | | 2 | 3 | 2 | 5 | | 2 | 22 | 3 | 23 | 27 | 5 | 32 | 35 | |
| Traumatic psychosis | 1 | | 1 | 1 | | 1 | | | | | 1 | 1 | | | | | | | 1 | 1 | 2 | |
| Senile brain atrophy..... | | | | | | | | | | | | | | | | | 3 | 3 | | 3 | 3 | |
| II. Psychosis due to intoxication. | | | | | | | | | | | | | | | | | | | | | | |
| 1. Alcoholic intoxication | 3 | 1 | 4 | 5 | 1 | 6 | | | | | | | | | | | | | | | | |
| Alcoholic delirium | 4 | | 4 | 1 | | 1 | | | | 1 | | 1 | | | | | | | 6 | 1 | 7 | |
| Alcoholic dementia | 2 | | 2 | | | | | | | | | | | | | 2 | | 2 | 3 | | 3 | |
| Habitual drunkard | 12 | 1 | 13 | 14 | 1 | 15 | | | | | | | | | | | | | | | | |
| Delirium tremens | 8 | | 8 | 9 | | 9 | | | | 1 | | 1 | | | | 1 | | 1 | 16 | 1 | 17 | |
| Acute alcoholic hallucinosis..... | 13 | 3 | 16 | 17 | 1 | 18 | | | | 1 | | 1 | | | | | | | 10 | | 10 | |
| Polyneuritic delirium | 4 | 3 | 7 | 6 | 2 | 8 | | | | | | | | | | 1 | | 1 | 18 | 1 | 19 | |
| Alcoholic paranoid condition..... | | | | | | | | | | | | | | | | 1 | 1 | 2 | 7 | 3 | 10 | |
| Choreic psychosis | 2 | 1 | 3 | | | | | | | | | | | | | | | | | | | |
| 2. Drug psychosis. | | | | | | | | | | | | | | | | | | | | | | |
| Drug habits (morphine, &c.)..... | 2 | 1 | 3 | 3 | 2 | 5 | | | | 1 | | 1 | | | | | | | | 1 | 1 | |
| Febrile and post-febrile delirium..... | | | | | | | | | | | | 1 | 1 | | | | | 1 | 1 | 3 | 4 | |
| III. Acute toxic or infective exhaustion types. | | | | | | | | | | | | | | | | | | | | | | |
| Undifferentiated delirium | 1 | | 1 | 1 | | 1 | | | | | | | | | | 1 | 2 | 3 | 2 | 2 | 4 | |
| Exhaustion delirium | 2 | 3 | 5 | 1 | 2 | 3 | | | | | | | | | | 2 | | 2 | 3 | 3 | 6 | |
| Toxic delirium | 1 | 2 | 3 | 1 | 3 | 4 | | | | | | 1 | 1 | | | | | | 1 | 3 | 4 | |
| Delirium | 1 | 1 | 2 | 1 | | 1 | | | | | | | | | | 3 | | 3 | 4 | | 4 | |
| Totals | 113 | 54 | 167 | 60 | 12 | 72 | 2 | 1 | 3 | 8 | 9 | 17 | | 3 | 3 | 56 | 33 | 89 | 126 | 58 | 184 | |

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

| FORM OF MENTAL DISEASE. | COMMITTED. | | | DISCHARGED. | | | | | | | | | | | | | | | | | | |
|--|------------|----------|---------|-------------|----------|---------|--------------------------|----------|---------|-----------|----------|---------|---------------|----------|---------|--------|----------|---------|-------------|----------|---------|-------|
| | | | | RECOVERED. | | | CAPABLE OF SELF-SUPPORT. | | | IMPROVED. | | | NOT IMPROVED. | | | DIED. | | | AGGREGATES. | | | |
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | |
| B—Perversion of mental adjustment. | | | | | | | | | | | | | | | | | | | | | | |
| 1. Manic depressive insanity. | | | | | | | | | | | | | | | | | | | | | | |
| Manic phase | 9 | 10 | 19 | 7 | 9 | 16 | 1 | ..... | 1 | 1 | 1 | 2 | ..... | ..... | ..... | 1 | 2 | 3 | 10 | 12 | 22 | |
| Depressed phase | 13 | 21 | 34 | 14 | 16 | 27 | 1 | ..... | 1 | ..... | 2 | 2 | ..... | ..... | ..... | 4 | 1 | 5 | 16 | 19 | 35 | |
| Mixed phase | 3 | 5 | 8 | 4 | 9 | 13 | ..... | ..... | ..... | ..... | 1 | 1 | ..... | 1 | 1 | 1 | 1 | 2 | 5 | 12 | 17 | |
| Deaf mute manic symptoms..... | | | | | | | | | | | | | | | | | | | | | | |
| 2. Other depressions. | | | | | | | | | | | | | | | | | | | | | | |
| Constitutional depression | | | | | | | | | | | | | | | | | | | | | | |
| Depression of involutional period..... | 1 | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| Symptomatic depression | | | | | 1 | 1 | | | | | | | | | | | 1 | 1 | 2 | 5 | 6 | 11 |
| 3. Paranoid condition | 10 | 9 | 19 | 2 | 2 | 4 | 1 | 1 | 2 | 1 | 2 | 3 | ..... | ..... | ..... | 1 | 1 | 2 | 5 | 6 | 11 | |
| 4. Paranoia | | | | | | | | | | | | | | | | | | | | | | |
| 5. Dementia praecox | 27 | 12 | 39 | 1 | ..... | 1 | ..... | 3 | 3 | 5 | 2 | 7 | 2 | ..... | 2 | 16 | 9 | 25 | 24 | 14 | 38 | |
| C—Neurasthenia | 3 | 5 | 7 | 3 | 3 | ..... | ..... | 1 | 1 | ..... | 1 | 1 | 1 | ..... | 1 | ..... | 1 | 1 | 1 | 6 | 7 | |
| Epileptic psychosis | 3 | ..... | 3 | ..... | ..... | ..... | ..... | 2 | 1 | ..... | 1 | 2 | 1 | ..... | 1 | ..... | 1 | ..... | 1 | 5 | 1 | 6 |
| Constitutional inferiority | 4 | ..... | 4 | 1 | ..... | 1 | 3 | 1 | 4 | ..... | ..... | 1 | 1 | ..... | ..... | 1 | ..... | 1 | ..... | 5 | 1 | 6 |
| Imbecility | 9 | 4 | 13 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | 1 | ..... | ..... | ..... | ..... | 2 | 2 | ..... | 3 | 3 |
| Psychasthenia ..... | ..... | 2 | 2 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Psychopathic personality ..... | ..... | ..... | ..... | ..... | 1 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Idiocy ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | ..... | 1 | 1 | ..... | 2 |
| Hysterical psychosis | 2 | 1 | 3 | ..... | ..... | 2 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 2 | ..... | ..... | ..... |
| Unclassified | 4 | ..... | 4 | 2 | 2 | 4 | 1 | 3 | 4 | 2 | 1 | 3 | 1 | ..... | 1 | 1 | 1 | 1 | 2 | 7 | 7 | 14 |
| Totals | 87 | 70 | 157 | 30 | 43 | 73 | 9 | 9 | 18 | 10 | 12 | 22 | 5 | 1 | 6 | 28 | 19 | 47 | 82 | 84 | 166 | |
| | 200 | 124 | 324 | 90 | 55 | 145 | 11 | 10 | 21 | 18 | 21 | 39 | 5 | 4 | 9 | 84 | 52 | 136 | 208 | 142 | 350 | |

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

| FORM OF MENTAL DISEASE. | COMMITTED. | | | DISCHARGED. | | | | | | | | | | | | AGGREGATES. | | |
|---|------------|----------|---------|-------------|----------|---------|--------------------------|----------|---------|-----------|----------|---------|---------------|----------|---------|-------------|----------|---------|
| | | | | RECOVERED. | | | CAPABLE OF SELF-SUPPORT. | | | IMPROVED. | | | NOT IMPROVED. | | | DIED. | | |
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| All other admissions. | | | | | | | | | | | | | | | | | | |
| A—Organic brain disease. | | | | | | | | | | | | | | | | | | |
| I. Definite organic brain disease. | | | | | | | | | | | | | | | | | | |
| Organic brain disease (non-differentiated). | | | | | | | | | | | | | | | | | | |
| Brain tumor | | | | | | | | | | | | | | | | | | |
| Aphasia | | | | | | | | | | | | | | | | | | |
| Arteriosclerotic brain disease | 1 | 1 | 2 | | | | | | | | | | | | | | | |
| Senile psychosis | | | | | | | | | | | | | | | | | | |
| Cerebral syphilis | | | | | | | | | | | | | | | | | | |
| General paralysis | 1 | 1 | 2 | | | | | | | | | | | | | 2 | 2 | 2 |
| Traumatic psychosis | | | | | | | | | | | | | | | | | | |
| II. Psychosis due to intoxication. | | | | | | | | | | | | | | | | | | |
| 1. Alcoholic intoxication | 1 | | 1 | 1 | | 1 | | | | | | | | | | | 1 | 1 |
| Alcoholic delirium | 1 | | 1 | 1 | | 1 | | | | | | | | | | | 1 | 1 |
| Acute alcoholic hallucinosis | 2 | | 2 | 1 | | 1 | | | | | | | | | | | 1 | 1 |
| Alcoholic dementia | | | | | | | | | | | | | | | | | | |
| Habitual drunkard | 6 | 1 | 7 | 6 | 1 | 7 | | | | 2 | | 2 | | | | | 8 | 1 |
| Delirium tremens | | | | 3 | | 3 | | | | | | | | | | | 3 | 3 |
| Polyneuritic delirium | | | | | | | | | | | | | | | | | | |
| Alcoholic paranoid condition | 1 | | 1 | | | | | | | | | | | | | | | |
| Chorea psychosis | | | | | | | | | | | | | | | | | | |
| 2. Drug psychosis. | | | | | | | | | | | | | | | | | | |
| Drug habits (morphine) | | | | | | | | | | | | | | | | | | |
| Totals | 13 | 3 | 16 | 12 | 1 | 13 | | | | 2 | | 2 | | | | 2 | 2 | 16 |
| III. Acute toxic or infective exhaustion types. | | | | | | | | | | | | | | | | | | |
| Febrile and post-febrile delirium | | | | | | | | | | | | | | | | | | |
| Undifferentiated delirium | | | | | | | | | | | | | | | | | | |
| Exhaustion delirium | | | | | | | | | | | | | | | | | | |
| Toxic delirium | | | | | | | | | | | | | | | | | | |

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

| FORM OF MENTAL DISEASE. | COMMITTED. | | | DISCHARGED. | | | | | | | | | | | | | | | | | | |
|------------------------------------|------------|----------|---------|-------------|----------|---------|--------------------------|----------|---------|-----------|----------|---------|---------------|----------|---------|--------|----------|---------|-------------|----------|---------|---|
| | | | | RECOVERED. | | | CAPABLE OF SELF-SUPPORT. | | | IMPROVED. | | | NOT IMPROVED. | | | DIED. | | | AGGREGATES. | | | |
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | |
| B—Perversion of mental adjustment. | | | | | | | | | | | | | | | | | | | | | | |
| 1. Manic depressive insanity. | | | | | | | | | | | | | | | | | | | | | | |
| Manic phase | 7 | 7 | 14 | 4 | 3 | 7 | | | | | | | | | | | | | 4 | 3 | 7 | 8 |
| Depressed phase | 11 | 5 | 16 | 1 | 3 | 4 | 1 | | 1 | | | | | | | 1 | 2 | 3 | 3 | 5 | 8 | 6 |
| Mixed phase | | 4 | 4 | 2 | 2 | 4 | | | | | | | | | | | | | | | | |
| 2. Other depressions. | | | | | | | | | | | | | | | | | | | | | | |
| Constitutional depression | | 1 | 1 | | | | | | | | | | | | | | | | | | | |
| Depression of involutional period. | | 1 | 1 | | | | | | | | | | | | | | | | | | | |
| Senile depression | | | | | | | | | 1 | 1 | | | | | | | | | | 1 | 1 | |
| 3. Paranoic condition | 2 | 1 | 3 | | | | | | | | | | | | | | | | | | | |
| 4. Paranoia | | | | | | | | | | | | | | | | | | | | | | |
| 5. Dementia praecox | 4 | 3 | 7 | | | | 1 | | 1 | 1 | | 1 | | | | | | | 2 | | 2 | |
| C—Neurasthenia | 1 | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| Epileptic psychosis | | | | | | | | | | | | | | | | | | | | | | |
| Constitutional inferiority | 2 | | 2 | | | | 2 | | 2 | 1 | 1 | 2 | | | | | | | | 3 | 1 | 4 |
| Imbecility | 3 | 1 | 4 | | | | | | | 1 | | 1 | | | | | | | | 1 | | 1 |
| Psychasthenia | | | | | | | | | | | | | | | | | | | | | | |
| Unclassified | 1 | 1 | 2 | | | | | | 1 | 1 | | | | | | 1 | | 1 | | 1 | | 1 |
| Totals | 31 | 25 | 56 | 7 | 8 | 15 | 4 | 2 | 6 | 3 | 1 | 4 | | | | 3 | 4 | 6 | 16 | 14 | 30 | |
| Aggregate cases | 244 | 152 | 396 | 109 | 64 | 173 | 15 | 12 | 27 | 21 | 22 | 43 | 7 | 4 | 11 | 87 | 56 | 143 | 224 | 156 | 380 | |
| Aggregate persons | 238 | 152 | 390 | 109 | 64 | 173 | 15 | 12 | 27 | 21 | 22 | 43 | 7 | 4 | 11 | 87 | 56 | 143 | 224 | 156 | 380 | |

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

| NUMBER OF ADMISSIONS. | RECOVERED. | | | CAPABLE OF SELF-SUPPORT. | | | IMPROVED. | | | NOT IMPROVED. | | | DIED. | | |
|-----------------------|------------|----------|---------|-----------------------------|----------|---------|-----------|----------|---------|---------------|----------|---------|--------|----------|---------|
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| First | 90 | 54 | 144 | 11 | 9 | 20 | 18 | 22 | 40 | 5 | 4 | 9 | 83 | 52 | 135 |
| Second | 12 | 7 | 19 | 4 | 1 | 5 | 3 | ..... | 3 | 1 | ..... | 1 | 4 | 2 | 6 |
| Third | 5 | ..... | 5 | ..... | 1 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | 1 |
| Fourth ..... | ..... | 2 | 2 | ..... | 1 | 1 | ..... | ..... | ..... | 1 | ..... | 1 | ..... | ..... | ..... |
| Fifth | 1 | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Sixth | 1 | ..... | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Seventh ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Eighth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Ninth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Tenth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | 1 |
| Eleventh ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Twelfth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Thirteenth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Fourteenth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Fifteenth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Sixteenth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Seventeenth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Eighteenth ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Nineteenth ..... | ..... | 1 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Total cases..... | 109 | 64 | 173 | 15 | 12 | 27 | 21 | 22 | 43 | 7 | 4 | 11 | 87 | 56 | 143 |
| Total persons..... | 109 | 64 | 173 | 15 | 12 | 27 | 21 | 22 | 43 | 7 | 4 | 11 | 87 | 56 | 143 |

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

| CAUSES. | DEMENTIA PRAECOX. | | | PARANOIC CONDITION. | | | EPILEPSY. | | | CONSTITU- TIONAL INFERIORITY. | | | IMBECILITY. | | | UNCLASS- IFIED. | | | DRUGS. | | |
|--|----------------------|----------|---------|------------------------|----------|---------|-----------|----------|---------|-------------------------------------|----------|---------|-------------|----------|---------|--------------------|----------|---------|--------|----------|---------|
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| General diseases— | | | | | | | | | | | | | | | | | | | | | |
| General tuberculosis | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| General miliary tuberculosis..... | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| Gangrene | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| Status epileticus | | | | | | | 1 | | 1 | | | | | | | | | | | | |
| Cellulitis | | | | | | | | | | | | | | | | | | | | | |
| Epithelioma | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| Diseases of nervous system— | | | | | | | | | | | | | | | | | | | | | |
| Concussion of brain..... | | | | | | | | | | | | | | | | | | | | | |
| General paralysis | | | | | | | | | | | | | | | | | | | | | |
| Cerebral abscess | | | | | | | | | | | | | | | | | | | | | |
| Cerebral thrombosis | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| Cerebral syphilis | | | | | | | | | | | | | | | | | | | | | |
| Cerebral softening | | | | | | | 1 | | 1 | | | | | | | | | | | | |
| Delirium tremens | | | | | | | | | | | | | | | | | | | | | |
| Cerebral hemorrhage | | | | | | | | | | | | | | | | | | | | | |
| Internal hemorrhage and pachymeningitis... | | | | | | | | | | | | | | | | | | | | | |
| Delirium | | | | | | | | | | | | | | | | | | | | | |
| Diseases of circulatory system— | | | | | | | | | | | | | | | | | | | | | |
| General arteriosclerosis | | 1 | 1 | | | | | | | | | | | | | | | | | | |
| Mlocarditis | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| Chronic myocarditis | | | | | | | | | | | | | | | | | | | | | |
| Organic heart disease..... | 2 | | 2 | | | | | | | | | | | | | | | | | | |
| Dilatation of heart | | | | | | | | | | | | | | | | | | | | | |
| Pernicious anemia | | | | 1 | 1 | 2 | | | | | | | | | | 2 | | 2 | | | |
| Cardiac exhaustion | | | | | | | | | | | | | | | | | | | | | |
| Purulent pericarditis | | | | | | | | | | | | | | | | 1 | | 1 | | | |

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

| CAUSES. | DEMENTIA PRAECOX. | | | PARANOIC CONDITION. | | | EPILEPSY. | | | CONSTITU- TIONAL INFERIORITY. | | | IMBECILITY. | | | UNCLASS- IFIED. | | | DRUGS. | | |
|-------------------------------------|----------------------|----------|---------|------------------------|----------|---------|-----------|----------|---------|-------------------------------------|----------|---------|-------------|----------|---------|--------------------|----------|---------|--------|----------|---------|
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| Respiratory system— | | | | | | | | | | | | | | | | | | | | | |
| Pulmonary tuberculosis | 4 | 1 | 5 | | 1 | 1 | 1 | | | | | | | | | | | | | | |
| Broncho pneumonia | | | | | | | | | | | | | | | | | | | | | |
| Lobar pneumonia | | | | | | | | | | | | | | | | | | | | | |
| Pulmonary gangrene | | | | | | | | | | | | | | | | | | | | | |
| Endocarditis | | | | | | | | | | | | | | | | | | | | | |
| Chronic mitral endocarditis..... | 1 | 1 | 2 | | | | | | | | | | | 12 | 12 | | | | | | |
| Hypostatic congestion of lungs..... | | | | | | | | | | | | | | | | | | | | | |
| Digestive system— | | | | | | | | | | | | | | | | | | | | | |
| Atrophic cirrhosis of liver..... | | 1 | 1 | | | | | | | | | | | | | | | | | | |
| Intestinal obstruction | | | | | | | | | | | | | | | | | | | | | |
| Abscess of liver..... | | | | | | | | | | | | | | | | | | | | | |
| Malnutrition | | | | | | | | | | | | | | | | | | | | | |
| Chronic gastro-enteritis | 2 | | 2 | | | | | | | | | | | | | | | | | | |
| Peritonitis | | | | | | | | | | 1 | | 1 | | | | 1 | 1 | | 1 | 1 | |
| Acute enterocolitis | | | | | | | | | | | | | | | | | | | | | |
| Malignant disease of abdomen..... | 1 | | 1 | | | | | | | | | | | | | | | | | | |
| Pyelonephritis | | | | | | | | | | | | | | | | | | | | | |
| Genito-urinary diseases— | | | | | | | | | | | | | | | | | | | | | |
| Nephritis | | 2 | 2 | | | | | | | | | | | | | | | | | | |
| Chronic nephritis | | 1 | 1 | | | | | | | | | | | | | | | | | | |
| Chronic interstitial nephritis..... | | | | | | | | | | | | | | | | | | | | | |
| Ill-defined causes— | | | | | | | | | | | | | | | | | | | | | |
| Exhaustion | | 1 | 1 | | | | 1 | | 1 | | | | | | | | | | | | |
| Suicide (strangulation) | | 1 | 1 | | | | | | | | | | | | | | | | | | |
| Shock | | | | | | | | | | | | | | | | | | | | | |
| Totals | 15 | 9 | 24 | 1 | 2 | 3 | 2 | 1 | 3 | 1 | | 1 | | 2 | 2 | 3 | 1 | 4 | | 1 | 1 |

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

| CAUSES. | AGGREGATES. | | | ORGANIC DEMENTIA. | | | SENILE DEMENTIA. | | | GENERAL PARALYSIS. | | | BRAIN TUMOR. | | | ALCOHOLIC INSANITY. | | | DELIRIUM. | | | MANIC DEPRESSIVE INSANITY. | | |
|--|-------------|----------|---------|-------------------|----------|---------|------------------|----------|---------|--------------------|----------|---------|--------------|----------|---------|---------------------|----------|---------|-----------|----------|---------|----------------------------|----------|---------|
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| General diseases— | | | | | | | | | | | | | | | | | | | | | | | | |
| General miliary tuberculosis | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | 1 | 1 | |
| General tuberculosis | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | |
| Gangrene | 3 | 2 | 5 | | 1 | 1 | | 1 | 1 | | | | | | | | | | 1 | | 1 | | | |
| Status epilepticus | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | |
| Cellulitis | 1 | 1 | 2 | | | | | | | | | | | | | | | | | | 1 | 1 | 2 | |
| Epithelioma of face | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | |
| Diseases of nervous system— | | | | | | | | | | | | | | | | | | | | | | | | |
| General paralysis | 17 | 2 | 19 | | | | | | | 17 | 2 | 19 | | | | | | | | | | | | |
| Concussion of brain | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | |
| Cerebral abscess | | | | | | | | | | | | | | | | | | | | | | | | |
| Cerebral thrombosis | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | |
| Cerebro-spinal meningitis | 1 | | 1 | | | | | | | | | | | | | | 1 | | 1 | | | | | |
| Cerebral softening | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | |
| Delirium tremens | | | | | | | | | | | | | | | | | | | | | | | | |
| Cerebral hemorrhage | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal hemorrhage and | | | | | | | | | | | | | | | | | | | | | | | | |
| pachymeningitis | 1 | | 1 | | | | | | | 1 | | 1 | | | | | | | | | | | | |
| Delirium | 4 | | 4 | | | | | | | | | | | | | | 1 | | 1 | | 1 | | | 1 |
| Cerebral syphilis | 1 | 1 | 2 | | 1 | 1 | | | | | | | 1 | | 1 | | | | | | | | | |
| Diseases of circulatory system— | | | | | | | | | | | | | | | | | | | | | | | | |
| General arteriosclerosis | 10 | 17 | 27 | | | | 8 | 16 | 24 | | | | | | | 2 | | 2 | | | | | | |
| Myocarditis | 1 | 1 | 2 | | | | | 1 | 1 | | | | | | | | | | | | | | | |
| Chronic myocarditis | | | | | | | | | | | | | | | | | | | | | | | | |
| Organic heart disease | 6 | | 6 | | | | 1 | | 1 | | | | | | | | | | 1 | | 1 | | | 1 |
| Dilatation of heart | 1 | | 1 | | | | 1 | | 1 | | | | | | | | | | | | | | | |
| Cardiac exhaustion | | | | | | | 1 | | 1 | | | | | | | | | | | | | 1 | 1 | |
| Purulent pericarditis | 1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Pernicious anemia | 1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Endocarditis | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic endocarditis | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | |

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

| CAUSES. | AGGREGATES. | | | ORGANIC DEMENTIA. | | | SENILE DEMENTIA. | | | GENERAL PARALYSIS. | | | BRAIN TUMOR. | | | ALCOHOLIC INSANITY. | | | DELIRIUM. | | | MANIC DEPRESSIVE INSANITY. | | |
|----------------------------------|-------------|----------|---------|-------------------|----------|---------|------------------|----------|---------|--------------------|----------|---------|--------------|----------|---------|---------------------|----------|---------|-----------|----------|---------|----------------------------|----------|---------|
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| Respiratory system— | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulmonary tuberculosis | 8 | 7 | 15 | | | | | | | 2 | | 2 | | | | | | | 1 | 1 | 2 | 1 | | 3 |
| Pulmonary gangrene | 1 | | 1 | | | | | | | 1 | | 1 | | | | | | | | | | | | |
| Hypostatic pneumonia | 1 | | 1 | | | | 1 | | 1 | | | | | | | | | | | | | | | |
| Broncho pneumonia | 4 | 1 | 5 | | | | 3 | 1 | 4 | 1 | | 1 | | | | | | | | | | | | |
| Lobar pneumonia | 4 | 3 | 7 | | | | 1 | 2 | 3 | 1 | | 1 | | | | 1 | | 1 | | | 1 | | 1 | |
| Digestive system— | | | | | | | | | | | | | | | | | | | | | | | | |
| Abscess of liver..... | 1 | 1 | 2 | | | | 1 | 1 | 2 | | | | | | | | | | | | | | | |
| Intestinal obstruction | | 2 | 2 | | | | | 1 | 1 | | | | | | | | | | | | | | | |
| Peritonitis | 2 | | 2 | | | | | | | | | | | | | | | | | | | | | |
| Tubercular peritonitis | 1 | 1 | 2 | | | | | 1 | 1 | 1 | | 1 | | | | | | | | | | | | |
| Malnutrition | 1 | | 1 | | | | | | | | | | | | | | | | | | | 1 | | 1 |
| Atrophic cirrhosis of liver..... | 1 | | 1 | | | | | | | | | | | | | | | | | | | 1 | | 1 |
| Malignant disease of abdomen, | 1 | 1 | 2 | | | | 1 | 1 | 2 | | | | | | | | | | | | | | | |
| Chronic gastro-enteritis | | | | | | | | | | | | | | | | | | | | | | | | |
| Gastritis | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute entero-colitis | 1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Genito urinary diseases— | | | | | | | | | | | | | | | | | | | | | | | | |
| Nephritis | 2 | 2 | 4 | | | | | | | | | | | | | | | 2 | 1 | 3 | | | | |
| Chronic nephritis | 2 | 4 | 6 | | | | 1 | 1 | 2 | | | | | | | | | | | | 1 | 1 | 2 | |
| Interstitial nephritis | 3 | 1 | 4 | | | | 1 | | 1 | | | | | | | 1 | | 1 | | | | | | |
| Ill-defined causes— | | | | | | | | | | | | | | | | | | | | | | | | |
| Exhaustion | 1 | 2 | 3 | | | | | | | 1 | | 1 | | | | | | | | | | 1 | | 1 |
| Suicide (strangulation) | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | |
| Shock | 1 | | 1 | | | | | | | 1 | | 1 | | | | | | | | | | | | |
| Totals | 87 | 56 | 143 | 2 | 2 | 20 | 26 | 46 | 26 | 2 | 28 | 1 | 1 | 4 | 4 | 8 | 2 | 10 | 10 | 6 | 16 | | | |

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

| PERIOD. | FIRST ADMITTED TO ANY HOSPITAL. | | | | | | | | | ALL OTHER ADMISSIONS. | | | | | |
|-------------------------|---------------------------------|----------|---------|---------------------|----------|---------|-----------------|----------|---------|--|----------|---------|---|----------|---------|
| | DURATION BEFORE ADMISSION. | | | HOSPITAL RESIDENCE. | | | WHOLE DURATION. | | | WHOLE KNOWN PERIOD OF MENTAL DISEASES. | | | WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE. | | |
| | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. | Males. | Females. | Totals. |
| A—Recovered: | | | | | | | | | | | | | | | |
| Under 1 month..... | 35 | 24 | 59 | 19 | 1 | 20 | 11 | ..... | 11 | 2 | ..... | 2 | 4 | ..... | 4 |
| From 1 to 3 months..... | 19 | 6 | 25 | 29 | 24 | 53 | 18 | 14 | 22 | 5 | 1 | 6 | 5 | 1 | 6 |
| 3 to 6 months..... | 9 | 7 | 16 | 25 | 10 | 35 | 16 | 8 | 24 | 3 | 1 | 4 | 4 | 1 | 5 |
| 6 to 12 months..... | 8 | 5 | 13 | 12 | 16 | 28 | 17 | 20 | 37 | 4 | 5 | 9 | 4 | 3 | 7 |
| 1 to 2 years..... | 4 | 5 | 9 | 4 | 1 | 5 | 14 | 7 | 21 | 1 | 2 | 3 | 1 | 2 | 3 |
| 2 to 5 years..... | 6 | 2 | 8 | 1 | 1 | 2 | 7 | 3 | 10 | ..... | 1 | 1 | ..... | 2 | 2 |
| 5 to 10 years..... | ..... | ..... | ..... | ..... | ..... | ..... | 2 | ..... | 2 | 1 | ..... | 1 | ..... | ..... | ..... |
| 10 to 20 years..... | ..... | 2 | 4 | ..... | ..... | ..... | 4 | 1 | 5 | 2 | ..... | 2 | ..... | ..... | ..... |
| Over 20 years..... | 1 | ..... | 1 | ..... | 1 | 1 | 1 | 1 | 2 | ..... | ..... | ..... | ..... | ..... | ..... |
| Unknown..... | 4 | 3 | 7 | ..... | ..... | ..... | ..... | ..... | ..... | 1 | ..... | 1 | 1 | 1 | 2 |
| Totals..... | 90 | 54 | 144 | 90 | 54 | 144 | 90 | 54 | 144 | 19 | 10 | 29 | 19 | 10 | 29 |
| B—Died: | | | | | | | | | | | | | | | |
| Congenital..... | 1 | 1 | 2 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Under 1 month..... | 16 | 6 | 22 | 19 | 8 | 27 | 10 | 4 | 14 | ..... | 1 | 1 | ..... | 2 | 2 |
| From 1 to 3 months..... | 7 | 5 | 12 | 7 | 6 | 13 | 2 | 1 | 3 | ..... | 1 | 1 | ..... | ..... | ..... |
| 3 to 6 months..... | 9 | 1 | 10 | 2 | 6 | 8 | 3 | 3 | 6 | 1 | ..... | 1 | 2 | ..... | 2 |
| 6 to 12 months..... | 11 | 5 | 16 | 5 | 6 | 11 | 10 | 3 | 13 | 1 | ..... | 1 | ..... | ..... | ..... |
| 1 to 2 years..... | 9 | 4 | 13 | 15 | 6 | 21 | 15 | 3 | 18 | ..... | 1 | ..... | 2 | ..... | 2 |
| 2 to 5 years..... | 5 | 16 | 21 | 7 | 8 | 15 | 13 | 17 | 30 | 2 | 1 | 3 | ..... | 1 | 1 |
| 5 to 10 years..... | ..... | 3 | 5 | 10 | 3 | 13 | 13 | 7 | 20 | ..... | ..... | ..... | ..... | ..... | ..... |
| 10 to 20 years..... | ..... | 3 | 5 | 5 | 4 | 9 | 4 | 9 | 13 | ..... | ..... | ..... | ..... | ..... | ..... |
| Over 20 years..... | 1 | ..... | 1 | 13 | 5 | 18 | 13 | 5 | 18 | ..... | 1 | 1 | ..... | 1 | 1 |
| Unknown..... | 20 | 8 | 28 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Totals..... | 83 | 52 | 135 | 83 | 52 | 135 | 83 | 52 | 135 | 4 | 4 | 8 | 4 | 4 | 8 |