

Document No. 16.

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FIFTY-SIXTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT TRENTON,

*For the Year ending October 31st, 1903.*

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**New Jersey State Library**



## MANAGERS.

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GARRET D. W. VROOM, *President*.....TRENTON.  
N. NEWLIN STOKES, M.D., *Vice President*.....MOORESTOWN.  
B. W. ANDREWS.....WOODBURY.  
C. S. HOFFMAN.....SOMERVILLE.  
J. BAYARD KIRKPATRICK.....NEW BRUNSWICK.  
PETER P. RAFFERTY, M.D.....RED BANK.  
JOSEPH RICE.....TRENTON.  
JOHN TAYLOR.....TRENTON.

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SCOTT SCAMMELL, *Secretary*.....TRENTON.

## RESIDENT OFFICERS.

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### MEDICAL DEPARTMENT.

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

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### BUSINESS DEPARTMENT.

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

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

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

The Board of Managers of the New Jersey State Hospital at Trenton, as required by law, beg leave to present this their annual report.

The annual report of the Medical Director accompanying our report shows that the number of patients in the Hospital at the close of the last fiscal year was eleven hundred and ninety-one, an increase over the previous year of fifty-four. The largest number under care at any one time during the past year was twelve hundred, and the smallest number eleven hundred and thirty-one. When it is considered that the number now under care is more than three hundred over the normal capacity of the buildings, the importance of properly caring and providing for the rapidly-increasing patients must be apparent to everyone. As pointed out by the Medical Director, a proper classification is impossible, and the patient is of necessity rendered uncomfortable by his associations, and restoration to mental health is retarded, and perhaps in some cases improvement is prevented. And it must be borne in mind that this increase in the number of patients continues, notwithstanding the recent creation of county asylums in the counties of Atlantic, Burlington and Cumberland and the existence of county asylums in three other counties in this asylum district. Having removed in the past ten years to county asylums two hundred and nineteen patients, yet the increase in our numbers is two hundred and seventy-one.

The cause of this increase is a most important question for the State, both from a medical and economical point of view. Deductions made solely from insanity statistics might lead to the conclusion that insanity was largely on the increase in our State. Still we think that, upon a careful examination of the subject, it will not appear that there has been an abnormal increase of insanity. Two causes have operated to increase the admissions into the Hospital: one, the loose administration of the law respecting admissions, and the other the operation of the statute authorizing the committing to the Hospital of persons alleged to be insane who are found to have no legal settlement in the State. The effect of this law is to saddle upon the State the entire expense of the maintenance of these patients.

It may, and doubtless will, be urged that, technically, none but insane persons are committed; and when we consider the fact that no person, under the law, can be admitted to the Hospital save upon the sworn certificate of two physicians that he is insane, it might seem that this contention were true. Yet how many persons so committed could, and should, be cared for in their own homes as in the past, instead of, in their old age, being committed to a public institution, which was established as a hospital for the treatment, and possible cure, of the insane, and not as an asylum for aged and feeble-minded men and women? A wiser discrimination and more careful examination on the part of physicians would, in a great measure, remedy this growing evil, and many, if properly examined, would, if indigent, with far greater propriety, be sent to the almshouse, instead of to a hospital intended only for the treatment of the insane.

The statistics prepared by the Medical Director and accompanying this report, will show the large and increasing number of aged persons committed to the Hospital. During the past year sixty-nine were admitted over the age of sixty years, and of these twenty-one had passed the age of seventy-five.

We again urge the importance of the making a speedy provision for the epileptics now under care in our Hospital. They now number nearly one hundred, and we quote from the words of our Medical Director: "It is acknowledged by all alienists

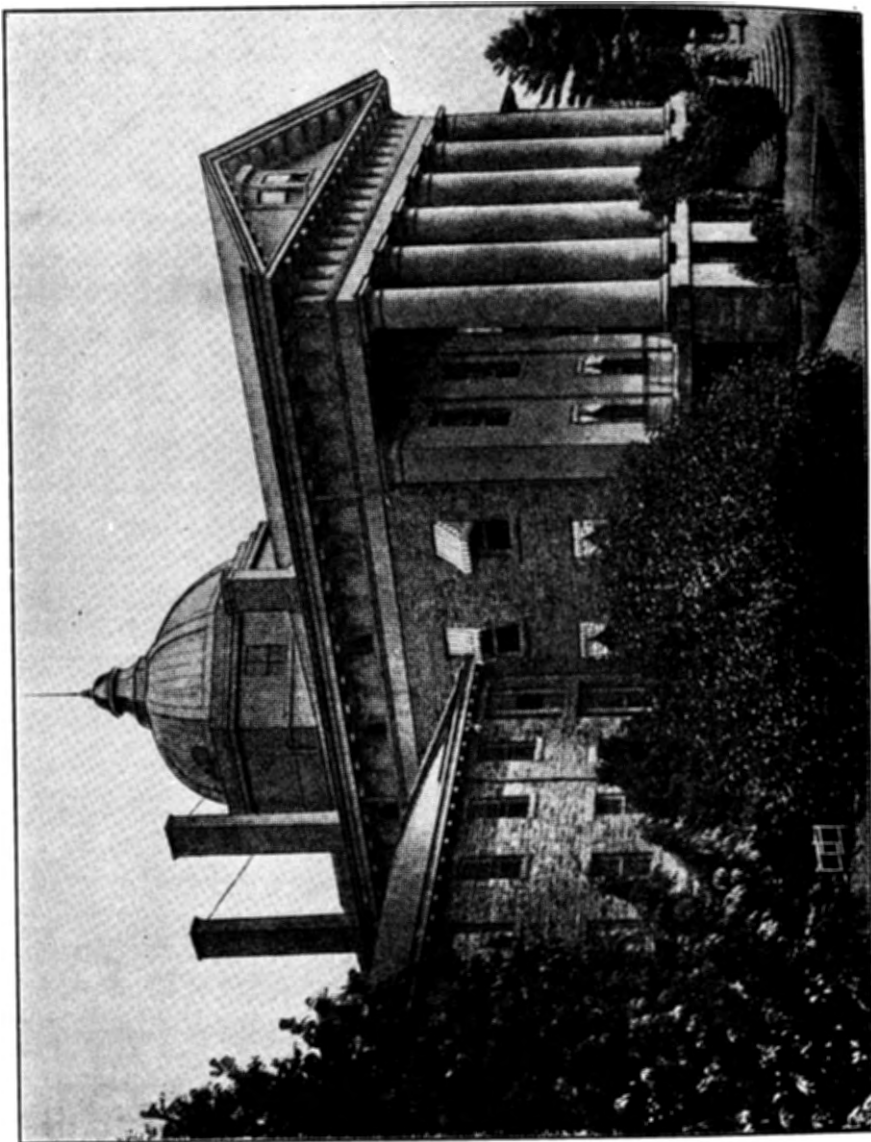
that the epileptic cannot receive that care and treatment upon the corridors of a Hospital for the Insane that modern science has demonstrated to be necessary for the successful management of his case looking to his recovery or of any essential improvement."

Again, this Board most respectfully insists upon the recommendation so often made for the erection of a separate building for the care of the convict and criminal insane. Without any suitable place for their care in our Hospital they are of necessity placed with the other patients. This statement, without any comment as to its propriety or want of security, should be sufficient to call for a change in the provision for these cases. The suggestion that a building devoted exclusively to care and treatment of all the convict and criminal insane should be erected either at the Trenton Hospital or at Morris Plains, and put under the control of the managers, does not meet with the approval of this Board. In our judgment these cases should be under the control of the State Prison authorities, unless of sufficient number to warrant the establishment of a separate Hospital as has been done in the State of New York. A building, ample for the purpose, could be erected on the grounds of the State at the Trenton Prison, and should be attended by the prison physicians, and the patients could be properly guarded by the officers of that institution. It may be added that the number of convict and criminal insane in the two State Hospitals at present is nearly two hundred.

The training school for the attendants has been successfully conducted during the past year, and lectures have been regularly given by the Medical Staff of this institution.

The construction of the sewer to connect the Hospital with the Trenton system has been commenced, and the work is progressing very favorably and will be completed during the coming year.

We desire to call attention to the accompanying report of the Medical Director and Warden, and to express our great satisfaction with the manner in which those officers and the Medical Staff have performed their respective duties during the year.



FRONT ENTRANCE.

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

*Atlantic.*—The asylum is located at Smith's Landing, and was opened for the reception of patients March 21st, 1896. Since the opening of the asylum it has been under the immediate care of Mr. Tobias McConnell, his wife acting as Matron. Dr. Joseph H. North visits the institution daily, and is subject to call at any time his services may be needed. Dr. Charles S. Potts, of Philadelphia, visits the asylum monthly, as consultant. We found the institution in excellent condition. An addition is being added for the accommodation of women patients; is a duplicate in all respects of the men's department, and provides for thirty additional patients. The asylum is of brick, well built, steam-heated, lighted throughout with electricity, and supplied with an abundance of excellent water from an artesian well.

	Men.	Women.	Total.
Number of patients, November 1st, 1902.....	42	26	68
Received since to November 1st, 1903.....	11	16	27
Discharged during the year .....	16	7	23
Recovered .....	4	1	5
Died.....	11	6	17
Remaining under care October 31st, 1903.....	37	35	72

*Causes of Death*—Paralysis, three; general paresis, three; pulmonary consumption, three; senile dementia, two; heart disease, two; paralysis of bowels, one; peritonitis, one; apoplexy, one, and old age, one.

*Burlington.*—The asylum is located near New Lisbon, and was opened for the reception of patients May 29th, 1901. Mr. Charles H. Deacon is the Resident Superintendent, his wife acting as Matron. Dr. Richard H. Parsons visits the institution regularly every other day, and is subject to call whenever his services are needed. We found the institution in good condition, and the patients apparently well cared for.

Number of patients, November 1st, 1902.....	140
Received since to November 1st, 1903 .....	31
Discharged during the year.....	13
Recovered.....	5
Died. ....	11
Remaining under care, October 31st, 1903 .....	152
Sixty-eight men; eighty-four women.	

*Causes of Death*—Three from general paresis, and one each from pulmonary consumption, heart disease, apoplexy, post-partem hemorrhage, paralysis, general debility, chronic diarrhoea, and one unknown.

*Camden.*—The institution is located at Blackwood, and is under the care of Mr. Charles F. Currie, who has been the Resident Superintendent for several years. The hospital was opened for the reception of patients in 1878. We found the institution in excellent condition, and the patients showed evidence of proper and intelligent care. The house is well lighted and ventilated, well supplied with wholesome water and all the appliances usual in a hospital of this character. Dr. J. Anson Smith visits the patients daily, and, as in the other hospitals, is subject to call. His office is half a mile distant and connected by telephone.

	Men.	Women.	Total.
Number of patients, October 20th, 1902.....	99	94	193
Received since to October 29th, 1903.....	21	18	39
Discharged during the year.....	13	8	21
Died.....	11	12	23

*Causes of Death*—Senility, four; Bright's disease, one; general paralysis, eight; acute mania, one; phthisis, one, and chronic diarrhoea, three.

*Cumberland.*—The institution is located about two miles from Bridgeton, and was opened for the reception of patients on April 3d, 1900. We found this hospital in its usual good condition, and everything showing evidence of careful supervision. The patients were comfortable, well clad and appearing well cared for. The hospital building is supplied with all the usual appliances found in institutions for the care of the insane. A new laundry, thoroughly fitted with modern machinery, &c., is a

much-needed addition and improvement. The institution is under the immediate care of Mr. David Elwell, his wife acting as an efficient Matron. The medical care of the hospital is under the charge of Dr. Thomas J. Smith, who resides at Bridgeton, two miles distant. He visits the hospital daily, and is subject to call.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Patients in the hospital, November 1st, 1902.....	61	60	121
Received since to November 1st, 1903.....	14	25	39
Discharged during the year.....	10	10	20
Recovered.....	5	7	12
Removed to other institutions.....	1	...	1
Died.....	3	4	7
Remaining under care, October 31st, 1903.....	59	70	129

*Causes of Death*—Congestion of kidneys, one; paralysis, one; angina pectoris, two; hypertrophy of heart, two; Bright's disease, one.

*Gloucester.*—The institution is situated near Clarksboro, and is under the care of Mr. Joseph Ridgeway, Steward of the Gloucester County Almshouse. There are ten patients under care, five men and five women. No admissions during the year. One patient died from paralysis. Patients are visited twice weekly, Tuesdays and Fridays, by Dr. Wesley Simmons. Nearly all the patients are advanced in years, feeble-minded and harmless. The house is clean and well ventilated, but there are absolutely no accommodations for the proper care and treatment of the insane.

*Salem.*—The asylum is located about one and one-half miles from Woodstown; opened for the reception of patients about 1861, and is under the immediate care of Mr. William B. Turner, his wife acting as Matron. Patients are visited twice weekly by Dr. De Groft, of Woodstown, and Dr. Wm. H. Good, of Quinton, six miles distant; physicians subject to call. Like Gloucester county, there are here no adequate provisions made for the care of the insane; no attendants, except as supplied from the almshouse. Patients are required to bathe once a week; one bathroom to accommodate both sexes, and all hot water for the

bath to be carried from the almshouse proper, through a connecting corridor, and to the second story of the asylum building. The building was clean, and the patients made as comfortable as possible with the means furnished the steward by the Board of Freeholders. Neither this asylum nor the one in Gloucester county, however, does not in any sense fulfill the idea intended by the State in authorizing the establishment of county asylums.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Number of patients received during the year.....	2	3	5
Died.....	2	1	3
Remaining under care October 17th, 1903.....	9	12	21

*Causes of Death*—Epilepsy, one; paralysis, one, and one from pneumonia.

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

*Managers.*

Dated Trenton, N. J., November 12th, 1903.

## TREASURER'S REPORT.

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

GENTLEMEN—The following abstract of receipts and disbursements for the fiscal year ending October 31st, 1903, is respectfully submitted :

RECEIPTS.	
Balance on hand November 1st, 1902.....	\$10,270 70
From State Treasurer, for county patients.....	\$111,209 98
From State Treasurer, for State patients .....	18,793 47
From State Treasurer, for convict patients.....	11,961 42
From sundry counties, for county patients.....	102,204 28
From private patients.....	27,212 04
From sale of sundries.....	3,727 16
	275,108 35
	\$285,379 05
DISBURSEMENTS.	
On orders of Warden.....	\$256,827 27
Balance on hand October 31st, 1903.....	\$28,551 78

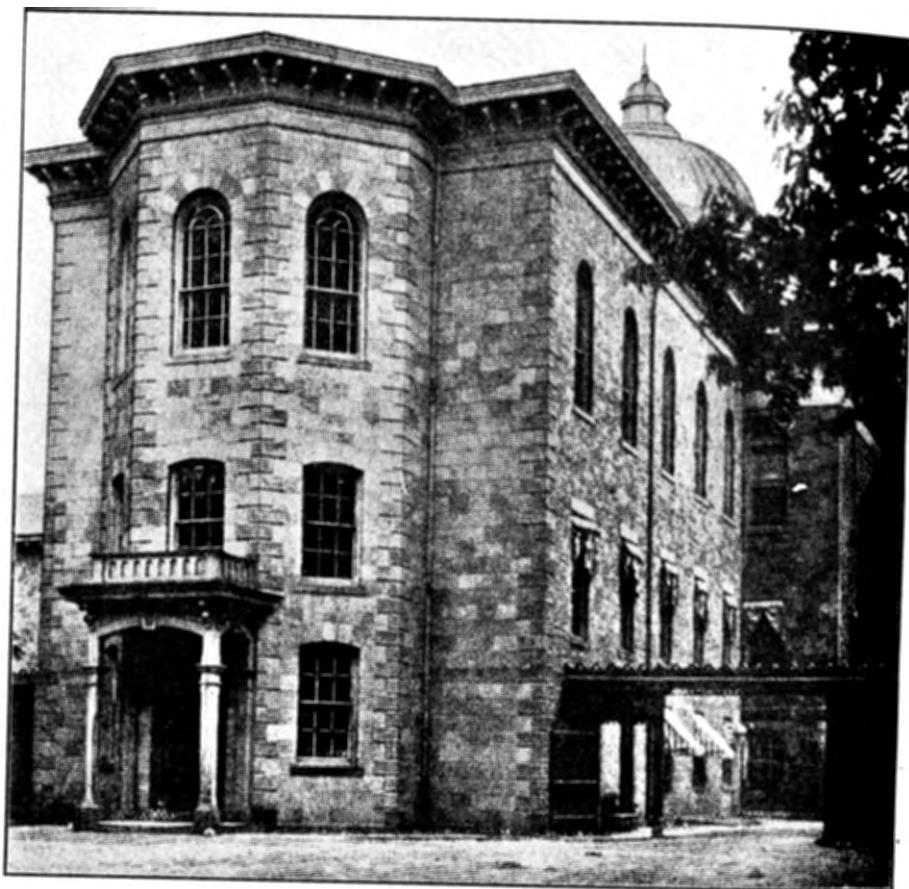
H. H. JOHNSON,  
*Treasurer.*

New Jersey State Hospital at Trenton, November 1st, 1903.

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

B. W. ANDREWS,  
C. S. HOFFMAN,  
JOSEPH RICE,  
*Auditing Committee.*

SCOTT SCAMMELL,  
*Sec'y.*



EAST ENTRANCE.

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## REPORT OF THE WARDEN.

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## WARDEN'S REPORT.

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

GENTLEMEN—I present herewith the annual report of the Warden's department for the year ending October 31st, 1903, showing amount of cash receipts and disbursements for that time, also a statement of the work done and improvements made, and the approximate amounts of money required from the State for the year ending October 31st, 1905. In addition to these is presented an appendix to the report, giving a detailed statement of work done in flour-mill, sewing-rooms, and the mattress department, the products of the farm and garden, and fruits canned, preserved and pickled. In addition to the account showing the gross amount of cash receipts and payments, there is added an itemized statement of same; the expenses showing an increase of \$20,077.88 over those of the previous year. This is accounted for, partly in the increased price of coal at the beginning of the year, and in the larger number of patients, the average number for the year being one thousand one hundred and sixty, or an increase of about 8 per cent. over the average number of the preceding year. The average cost per patient, per annum, is \$220, almost exactly as that of the year previous, and this amount is the same as received for county patients, at the rate of \$4 per week, and an average of \$12 per annum for clothing. The amount received for the support of State indigent patients, being much less, is therefore shown to be insufficient, and the shortage is being made up out of the amounts received from private patients. This should not be so, and the Legislature should be requested to appropriate the same amount per week for this class of patients as that allowed for the maintenance of the county

indigent patients. The cash balance shows on the surface as being a very considerable amount, but the statement does not show that the State Treasurer has just paid for three months' maintenance, and will not, therefore, advance any further sum until January next, so that the amount as shown, in the interval between, will grow less and disappear, and there will not be sufficient to pay the expenses of the institution as promptly as the law requires.

The receipts and disbursements of cash have been as follows :

Balance in hands of Treasurer, November 1st, 1902.....	\$10,270 70
Cash receipts from all sources.....	275,108 35
	<hr/>
	\$285,379 05
Cash payments during the year.....	256,827 27
	<hr/>
Cash balance October 31st, 1903.....	\$28,551 78

As stated above, this amount seems large, but after deducting bills of \$8,000, and pay-roll for the past month, \$5,400, the balance will be small, when we remember that there are no more payments from the State until January, and the expenses of November and December to pay.

#### INVENTORY.

The annual appraisalment of the personal property of the institution was made as usual in the third week of October, and amounted to \$161,583.40. Messrs. Horace G. Hough and Frank H. Wilson, who were appointed by the Board of Managers as appraisers, assisted in making same. The Warden 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.....	\$770,000 00
Personal property, appraised as per inventory.....	161,583 40

#### WALKS.

In the exercise yards and around the buildings we have in the neighborhood of six thousand feet of board walks, which are constantly being broken by the patients and others, and also decaying from exposure. During the past year these walks have been repaired, and fully one-fifth of the entire length has been completely renewed. To economize in this line I would recommend that flagging be substituted therefor, which, after the first cost, can be maintained with comparatively no expense. For this improvement an appropriation of about \$3,500 will be required.

#### STEEL CEILINGS.

The plaster ceilings throughout the halls are a constant source of annoyance on account of the cracking and falling of same, sometimes on patients and others, and to remedy this we have placed metal ceilings on several of the halls. These have proven very satisfactory, the only expense after the installation being the occasional painting necessary. I would recommend that the Legislature be requested to appropriate \$4,000 for this improvement.

#### GENERAL REPAIRS AND IMPROVEMENTS.

The usual amount of repairs have been made, which, in an institution of the size of the New Jersey State Hospital, is very large. Both dining-rooms of the annex building, also halls No. 10 east, No. 2 east annex, No. 10 west, No. 12 B west, main building, each with all of their adjoining rooms have been painted. To give an idea of the size of one of these halls and its adjoining rooms, hall No. 2 east annex has seventeen thousand five hundred square feet of wall surface. The greenhouses, farm-house, residence of Medical Director, all of the fences in the rear of the main building, and the Warden's residence have also been painted. Floors have been renewed in the closets and wash-rooms of halls Nos. 1, 2 and 3 east annex, and Nos. 1 and 2 west annex, also in bath-rooms on annex halls Nos. 1 and 2

east. The flooring of both large rooms in the west kitchen, main building, has also been entirely renewed. The ice-house on the grounds near the main entrance, not having been in use for a long time and having become unsafe, has been removed and a summer-house or pavilion erected in the same place. The ground around same has been graded, and the vicinity has been much improved by the change. A lumber building, sixty feet long and twenty-four feet wide, was erected in the rear of the carpenter shop, giving storage room for a large amount of our lumber, which in the past has been stored in the woods. In the cellar, under sections A and B east, six thousand five hundred square feet of cement flooring has been laid with drain tile the length of same. At this end of the main building, the surrounding grounds are high, and we are troubled with the surface water from outside. This work disposes of this water and consequently improves the cellar. As reported in my last year's report, we are continuing the making of gutters adjoining our macadam roads, having completed over seventeen hundred feet of same during the past year. The storms of the past season have thoroughly tested these gutters, and they have satisfactorily accomplished the purpose for which they are made. We have not experienced any trouble whatever with our roads where these gutters adjoin same. Not being able to secure asphalt blocks, our masons were kept at work during the winter months manufacturing concrete blocks, which are, if possible, more satisfactory and economical than the asphalt.

#### ENTERTAINMENTS.

The amusement of our patients is a matter that requires considerable thought, and it is a difficult problem to satisfactorily entertain them. During the winter months, commencing about December 1st, and continuing until the middle of April, the patients have a dance every Tuesday evening, to which all patients are admitted, who desire and are in condition to appreciate same. During the same time, a variety of entertainments, consisting of vaudeville attractions, sleight-of-hand, juggling,

music, readings, &c., are given every two weeks, thus filling in the winter months, and for the summer season an athletic ground has been laid out and a grand-stand, seventy-two feet long and sixteen feet wide, erected for the accommodation of the patients. This has been thoroughly utilized during the past summer, as a baseball team, composed of employes and patients, have played with teams from the outside in nearly a score of games, much to the satisfaction of all who witnessed them.

#### DIETARY.

Our dietary, under the supervision of our Overseer of kitchens, dining-rooms and bakery, has continued generally satisfactory, and is gradually improving, both in service and variety. The difficulty of avoiding the monotony in the feeding of a large number of people is very great, and it is impossible to prevent some complaint of our meals, for where there is a regular set dietary, there will be always some complaint regarding sameness. We are endeavoring to avoid this as much as possible, and are succeeding very satisfactorily.

#### COAL BINS.

Your Warden has been recommending for several years past the securing of an appropriation from the State of a sufficient amount to build coal bins of a much larger capacity than at present. If the capacity for the storage of coal had been sufficient during the strike of the anthracite coal miners which occurred last year, a considerable amount of money would have been saved by having a large supply of coal in store at the beginning of the strike. There should be storage capacity enough to supply the needs during cold and wet winter months, as a much cleaner and better grade of coal can be secured before the continued freezing weather, and considerable labor saved in unloading same from cars. We suggest an appropriation be secured for this purpose of \$15,000.

## REQUIREMENTS.

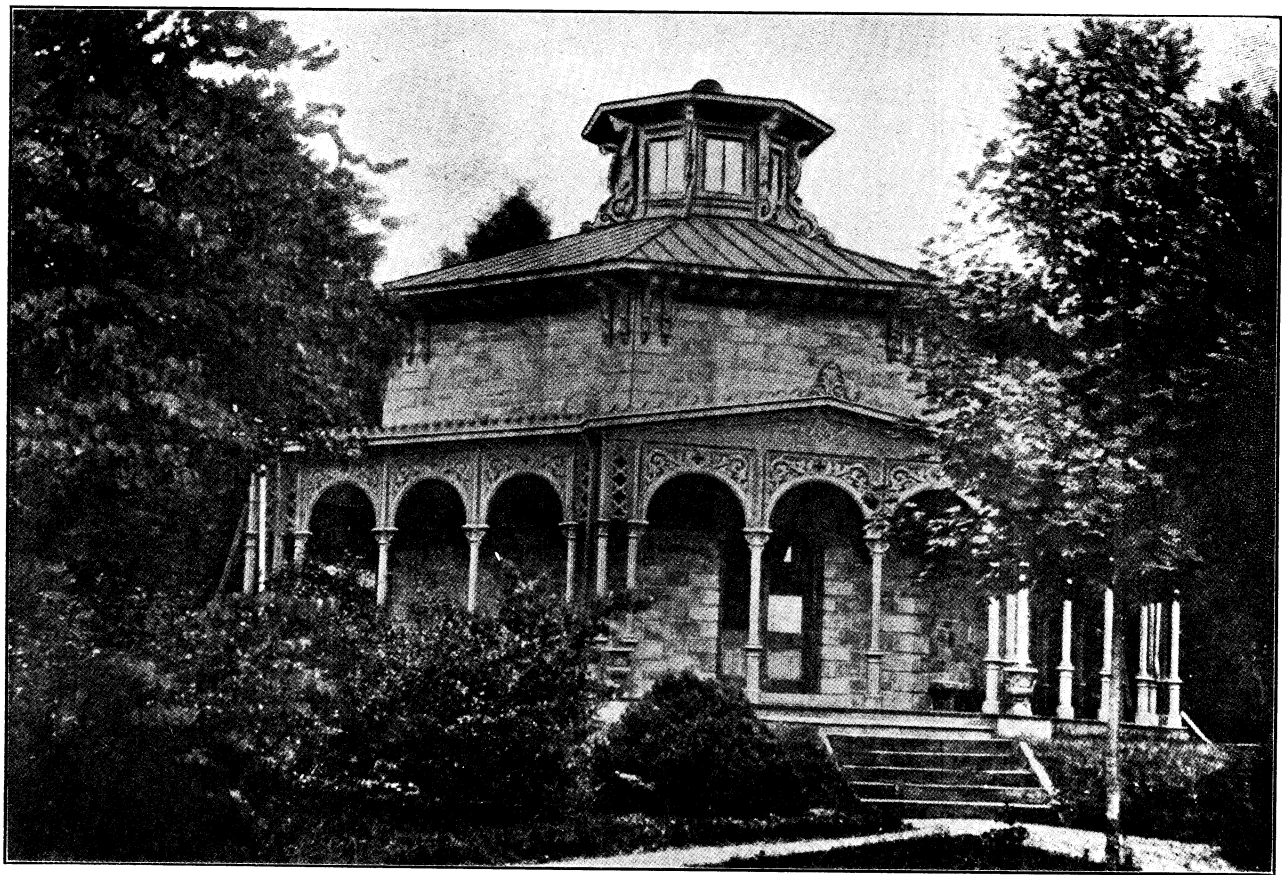
The following statement shows an approximate estimate of the several amounts of money required from the State for the support and maintenance of the several classes of patients for the year ending October 31st, 1905.

For the annual inventory .....	\$75 00
For support and clothing of insane convicts.....	12,000 00
For support of State indigent patients at \$4 per week.....	35,000 00
For the salaries of resident officers.....	12,500 00
For allowance of \$2 per week for each county patient.....	100,000 00

Attention is called to the fact, that the amounts as above are each the same as asked for last year, with the single exception of that of State indigents. As stated before, the average cost for maintenance per patient is \$220 per annum, and therefore the amount allowed the past few years for this class is not sufficient to maintain them, and the amount requested will be needed to meet the cost. If there is any more than a moderate increase in any class of patients over the present number, there will be a deficiency in the amount as asked for above.

The increase in the number of State indigent patients has been so very rapid that the amount appropriated for the maintenance of this class of patients was insufficient to meet the cost. The number reported in 1901 was 60; in 1902, 90, and at the present time it has increased to 130. The shortage for the past year has been as follows: For the support of State indigent patients, \$1,459.76. For the present year, on which we are now entering, the appropriation made last year will not be sufficient, as follows: For the support of State indigent patients, \$5,000.

To relieve the State Hospital of this constantly-increasing number of State patients, I would recommend that the Legislature be requested to enact a law allowing the commitment of these patients to the county asylums in cases where they are sent from a county having a county asylum.



MUSEUM.

I desire, at this time, to acknowledge to the Medical Director and medical staff my appreciation of the courtesies shown me during the past twelve months, and, in conclusion, gentlemen, I again express my thanks to each member of the Board of Managers for their continued confidence and assistance in performing the duties of my office.

Respectfully submitted,

WILLIAM P. HAYES,  
*Warden.*

## ABSTRACT OF 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, 1903, is respectfully submitted :

### RECEIPTS.

Balance in hands of Treasurer October 31st, 1902.....	\$10,270 70
Amount received from State Treasurer, for county patients .....	\$111,209 98
Amount received from State Treasurer, for convict patients .....	11,961 42
Amount received from State Treasurer, for State patients..	18,793 47
Amount received from Burlington county.....	288 99
Amount received from Camden county.....	28 70
Amount received from Cape May county.....	2,882 72
Amount received from Cumberland county.....	352 80
Amount received from Gloucester county.....	6,303 99
Amount received from Hunterdon county.....	6,361 15
Amount received from Mercer county.....	28,922 34
Amount received from Middlesex county.....	23,060 04
Amount received from Monmouth county.....	12,287 38
Amount received from Ocean county.....	5,517 79
Amount received from Salem county.....	5,816 89
Amount received from Somerset county.....	10,381 49
Amount received from private patients.....	27,212 04
Amount received from sundries.....	3,727 16
	275,108 35
	\$285,379 05

### DISBURSEMENTS.

Amusements.....	\$732 75
Books and stationery.....	581 90
Bedding, linen, &c.....	4,610 23
Clothing.....	9,886 08
Crockery and cutlery.....	1,038 55
Farm and garden.....	6,504 60
Feed.....	2,179 80
Fruit.....	8,491 71

Freight.....	\$219 59
Furniture and carpets.....	3,273 78
Fuel.....	25,663 67
Funeral expenses.....	349 00
Gas and steam pipes, fixtures, &c.....	775 87
Grounds and grading.....	1,492 24
Hay and straw.....	1,250 37
Harness, wagons, &c.....	544 18
Household goods.....	3,164 10
Insurance.....	2,504 00
Incidentals.....	1,659 01
Laundry.....	6,496 20
Light.....	7,069 73
Lumber.....	1,325 89
Medical supplies.....	4,915 17
Newspapers.....	257 80
Provisions and groceries.....	88,495 79
Postage.....	474 31
Refunding.....	1,079 17
Repairs and improvements.....	12,981 95
Stock (live).....	2,339 18
Tinware.....	258 33
Tools and supplies, boiler-house and machine-shop.....	979 96
Telegrams, telephone rental, &c.....	234 36
Vegetables.....	2,016 08
Wheat.....	4,868 61
Wages.....	48,113 31
	<u>\$256,827 27</u>
Balance in hands of Treasurer October 31st, 1903.....	\$28,551 78

## APPENDIX TO WARDEN'S REPORT.

## Farm and Garden Products.

## FARM AND GARDEN.

3,600 Bushels potatoes, at 65 cents.....	\$2,340 00
980 Bushels wheat, at 80 cents.....	784 00
350 Tons ensilage, at \$4.....	1,400 00
80 Tons hay, at \$17.....	1,360 00
30 Tons wheat straw, at \$10.....	300 00
151,102 Quarts milk, at 4½ cents.....	6,799 59
	<u>\$12,983 59</u>

## STOCK.

Cows slaughtered (6,790 pounds), at 7 cents.....	\$475 30
Calves sold (37), at \$2.50.....	92 50
Hides, tallow and grease.....	773 00
Hogs sold.....	1,931 40
	<u>\$3,272 20</u>

## GARDEN.

429 Bunches asparagus, at 10 cents.....	\$42 90
3,126 Bunches onions, at 2½ cents.....	70 33
1,572 Bunches parsley, at 3½ cents.....	55 02
3,748 Bunches radishes, at 2 cents.....	74 96
3,418 Bunches rhubarb, at 5 cents.....	170 90
2,100 Bunches leek, at 3 cents.....	63 00
300 Bunches herbs, at 10 cents.....	30 00
99 Bushels apples, at 60 cents.....	59 40
330 Bushels beets, at 65 cents.....	214 50
264 Bushels string beans, at 75 cents.....	198 00
106 Bushels lima beans, at \$1.....	106 00
120 Bushels carrots, at 50 cents.....	60 00
4 Bushels cucumbers, at 75 cents.....	3 00
40½ Bushels grapes, at \$1.25.....	50 63
159 Bushels onions, at \$1.....	159 00
1½ Bushels okra, at \$1.50.....	1 88
20 Bushels peppers, at 50 cents.....	10 00
210 Bushels spinach, at 50 cents.....	105 00
128 Bushels squash, at 50 cents.....	64 00
662 Bushels tomatoes, at 70 cents.....	463 40

## NEW JERSEY STATE HOSPITAL.

77 Bushels green tomatoes, at 70 cents. ....	\$53 90
108 Bushels peas, at \$1.50.....	162 00
4½ Bushels currants, at \$1.50.....	6 75
300 Bushels turnips, at 40 cents .....	120 00
100 Bushels rutabaga turnips, at 40 cents.....	40 00
24 Bushels onion sets, at \$2.....	48 00
300 Bushels parsnips, at 50 cents. ....	150 00
450 Pumpkins, at 7½ cents.....	33 75
16,515 Ears corn, at 1½ cents.....	247 72
5,810 Heads cabbage, at 4 cents.....	232 40
351 Heads cauliflower, at 7½ cents... ..	26 32
4,814 Heads lettuce, at 2 cents .....	96 28
81 Heads endive, at 5 cents.....	4 05
15,000 Heads celery, at 3 cents.....	450 00
1,225 Heads celeriac, at 3 cents.....	36 75
700 Pounds horseradish, at 7 cents.....	49 00
600 Bundles cornstalks, at 3 cents.....	18 00
	<u>\$3,776 84</u>
	<u>\$20,032 63</u>

## WORK DONE AT MILL.

Cornmeal, ground.....	9,800 pounds.
Cracked corn .....	46,000 pounds.
Flour, ground.....	240,000 pounds.
Hog feed.....	17,000 pounds.
Bran.....	71,300 pounds.

## FRUITS CANNED AND PRESERVED.

Apple jelly.....	579 glasses.
Apple preserves.....	14 quarts.
Blackberry jam.....	96 quarts.
Blackberries.....	450 quarts.
Blackberry jelly .....	29 glasses.
Crab-apple jelly.....	179 glasses.
Citron, spiced.....	776 quarts.
Cherries.....	305 quarts.
Crab-apple preserves .....	14 quarts.
Currant jelly.....	119 glasses.
Currant preserves.....	9 quarts.
Greengages.....	712 quarts.
Grapes .....	200 quarts.
Grape jelly.....	328 glasses.
Huckleberry preserves .....	200 quarts.
Peaches.....	2,714 quarts.
Peach jelly. ....	159 glasses.
Pears.....	1,248 quarts.
Pineapples.....	215 quarts.
Pineapple jelly.....	86 glasses.
Plums.....	210 quarts.

## NEW JERSEY STATE HOSPITAL.

Plum jelly.....	61 glasses.
Quince jelly.....	212 glasses.
Quince preserves.....	243 quarts.
Raspberry jelly.....	20 glasses.
Raspberry preserves. ....	226 quarts.
Strawberries .....	240 quarts.
Strawberry jelly .....	95 glasses.
Tomato preserves.....	668 quarts.
Tomatoes, canned. ....	1,560 gallons.
Watermelon.....	80 quarts.
Butter beans.....	28 quarts.
Elderberry jelly.....	32 glasses.
Pear jelly .....	7 glasses.
Rhubarb jelly.....	5 glasses.
Tomato pickles.....	478 gallons.
Pepper hash.....	252 gallons.

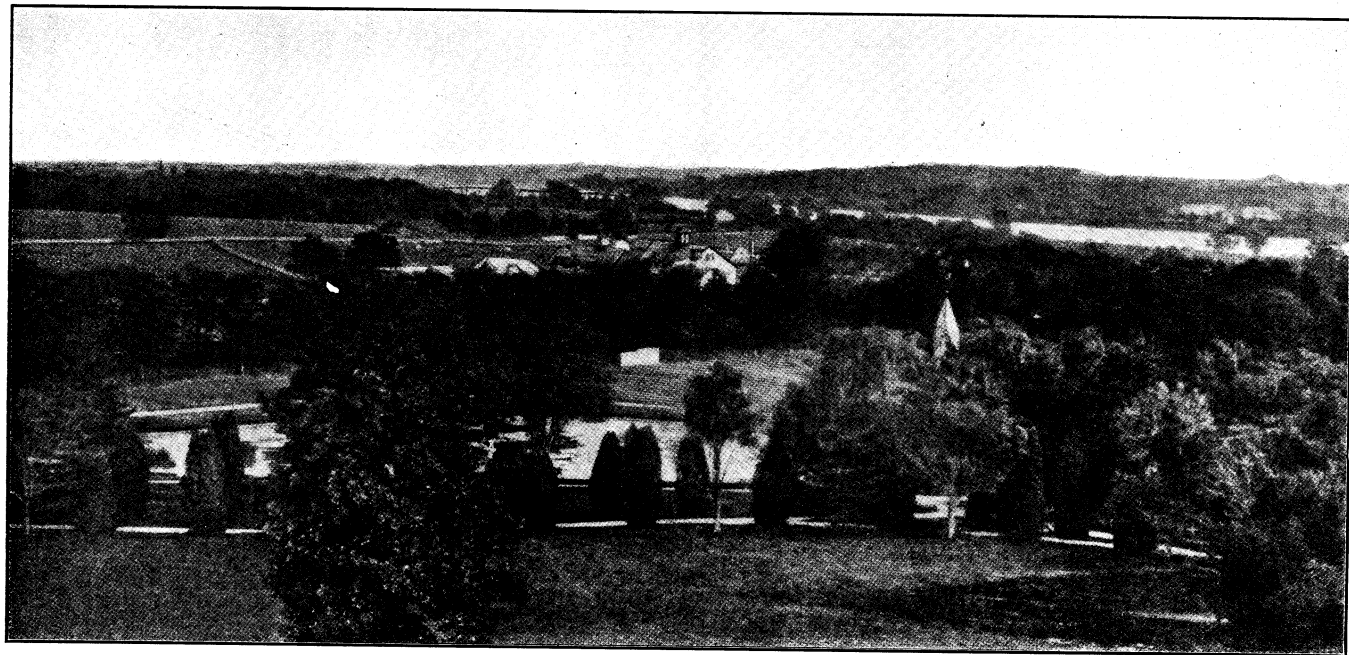
## WORK DONE IN MATTRESS ROOM.

Awnings repaired .....	4
Awnings hung.....	14
Bolsters made (new).....	3
Bolsters made over .....	5
Curtains hung (lace). ....	76
Cushions made (chair).....	22
Carpets taken up (room).....	332
Carpets relaid (room) .....	263
Carpets made (new).....	66
Carpets taken up (hall).....	52
Carpets relaid (hall). ....	41
Carpets made over.....	37
Carpets repaired.....	68
Carpets, yards hemmed .....	344
Furniture upholstered (pieces).....	49
Linoleum laid, new (yards).....	127
Linoleum laid, old (yards).....	151
Linen, rooms covered.....	3
Matting, rooms laid with old.....	3
Mattresses made, new (single).....	4
Mattresses made over (single).....	200
Mattresses made, new (three-quarters).....	2
Mattresses made over (three-quarters).....	10
Mattresses made, new (double).....	2
Mattresses made over (double).....	5
Mattress ticks made (all sizes).....	245
Pillows made, new (feather).....	37
Pillows made over (feather).....	9
Pillows made, new (hair).....	66
Pillows made over (hair).....	53

Pillow ticks made.....	171
Pillows made (sofa).....	10
Rugs made (large).....	6
Rugs made (small).....	66
Shades made, new.....	73
Shades repaired.....	67
Stools covered.....	51
Tables covered.....	6

## REPORT FROM SEWING-ROOM.

Petticoats.....	328
Pillow slips.....	1,856
Ladies' aprons.....	284
Chemises.....	458
Sheets.....	1,998
Gents' undervests.....	487
Ladies' undervests.....	74
Pairs stockings.....	20
Gents' shirts.....	648
Ladies' drawers.....	220
Window curtains.....	47
Burial drawers.....	84
Camisoles.....	41
Towels.....	2,858
Pairs wristlets.....	32
Holders.....	72
Dresses.....	729
Pairs bakers' gloves.....	24
Clothes bags.....	25
Burial robes.....	36
Burial chemises.....	48
Table cloths.....	146
Men's drawers.....	349
Men's aprons.....	249
Sets bed ties.....	19
Bolster cases.....	51
Hemmed blankets.....	524
Dress waists.....	7
Oil-cloth collars.....	12
Trimmed hats.....	13
Linen muffs.....	12
Attendants' caps.....	115
Jelly bags.....	14
Bibs.....	318
Ladies' night gowns.....	49
Burial skirts.....	48
Dress skirts.....	



EXERCISE GROUNDS AND FARM BUILDINGS.

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MEDICAL DIRECTOR'S REPORT.

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## MEDICAL DIRECTOR'S REPORT.

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

GENTLEMEN—The fifty-sixth annual report of the Medical Department of the New Jersey State Hospital at Trenton, for the year ending October 31st, 1903, is respectfully submitted :

### GENERAL RESULTS FOR THE YEAR.

The number of patients at the close of the last fiscal year was eleven hundred and thirty-seven—five hundred and ninety-one men and five hundred and forty-six women. The number received since, viz., from November 1st, 1902, to October 31st, 1903, inclusive, was two hundred and ninety-five—one hundred and fifty men, and one hundred and forty-five women—making a total under care during the year of fourteen hundred and thirty-two—seven hundred and forty-one men and six hundred and ninety-one women. Of this number two hundred and forty-one—one hundred and nineteen men and one hundred and twenty-two women—have been discharged, as follows: Recovered, one hundred and two; improved, twenty-three; unimproved, eight; escaped, two; not insane, one; died, one hundred and four, and one was removed to another institution. At the close of the fiscal year there remained under care in the Hospital eleven hundred and ninety-one—six hundred and twenty-two men and five hundred and sixty-nine women. We close the year with fifty-four more patients—thirty-one men and twenty-three women—in the institution than we had under care at the close of the last fiscal year. The largest number under care at any one time during the year was twelve hundred—six hundred and eleven men and five hundred and eighty-nine women; the smallest

number was eleven hundred and thirty-one—five hundred and eighty-eight men and five hundred and forty-three women. The daily average for the year was: For men, five hundred and eighty-nine, and for women, five hundred and seventy-one. Death resulted in one hundred and four cases—fifty men and fifty-four women. The death rate in proportion to the whole number under care was about seven per centum. Attention is especially directed to Tables Nos. VI. and VIII. at the close of this report, showing the ages of those who have been admitted and of those who have died during the year. The number of recoveries during the year was about twenty-eight per centum of the whole number of admissions.

#### CONVICT INSANE.

During the past year we have a further increase of four—three men and one woman—in the class committed to our care under the provisions of the act of the Legislature, approved March 12th, 1869, transferring all convicts from the New Jersey State Prison to the State Hospitals who were at that time or who might subsequently become insane. Of this class we now have a total of forty-three under care in the Hospital. In regard to the proper care of this class reference was made at length and the subject fully discussed in the last annual report, and it was earnestly hoped that something might be done to right this wrong by making separate provision for the care of this class and also thereby afford us some relief from our overcrowded condition. The matter, apparently, however, was not considered seriously, at least no action was taken by the Legislature in regard to it. Each succeeding year, for several years past, the members of the Joint Committee of the Legislature on State Hospitals have expressed themselves as fully in accord with the opinion expressed by the officers of these institutions that something should be done in regard to making some separate provision for the proper care of the convict insane. The principal; and so far as I know, the only argument against doing so has been that the number of this class in the State institutions was not suffi-

ciently large to warrant the State in making the outlay that would be necessary in order to make the proper provision for their care in a separate structure. This argument had some validity for several years following the passage of the act of 1869, when the number was comparatively small, but it can no longer be urged; as stated in the last annual report there are of the convict and criminal classes from one hundred and fifty to two hundred under the care in the two State Hospitals, assuredly a number at present sufficiently large to warrant the State in making the outlay to erect a separate building especially adapted for their proper care and treatment.

#### EPILEPTICS.

We close the fiscal year with nearly one hundred epileptics under care. The State has already recognized the necessity for making separate provision for the treatment of this class by establishing the State Village for Epileptics, at Skillman, in Somerset county. We had hoped that as soon as the village became organized that those of our patients afflicted with this malady would be speedily transferred from the Hospital to the new institution. The claim of the Managers of the Village that it is impossible as yet to permit these transfers seems to be just, because of the lack of appropriations by the State to provide the necessary buildings. They have a very large number of applications from various sections of the State, in addition to those under care in the State Hospitals, making urgent appeals for admission to the village. One of the arguments urged by the original commission for establishing the village was the relief that the State Hospitals would experience by the removal of this class to the new institution. Thus far, however, not a single epileptic has been removed, and the prospect of its being done at any time in the near future, from present appearances, is dim and shadowy. This is very greatly to be regretted. It is acknowledged by all alienists that the epileptic cannot receive that care and treatment upon the corridors of a hospital for the insane that modern science has demonstrated to be necessary for

the successful management of his case looking to his recovery or of any essential improvement. On the other hand, every physician in a hospital for the insane in which epileptics are received has witnessed the painful and depressing effect of an epileptic seizure upon many suffering from mental derangement and especially is this true of those who are convalescing.

#### INFIRMARY.

At the risk of being tedious, I again call attention to the urgent necessity that exists for the erection of an infirmary for the special care of the aged, infirm and paralytic. This class is steadily increasing, and we now have under care a very large number, the accumulation of several years. The erection of an infirmary adapted in its construction to meet their special needs would secure for them a much better care and supervision than it is possible to give them under existing conditions, compelled as we are to associate them with our recent acute and excited cases. Under our present arrangement, meals are served to the members of our household in large associate dining-rooms, instead of in separate dining-rooms located on the corridors occupied by the patients, as was formerly the case. These associate dining-rooms are located at the extremities of the main building, which makes it very difficult for the feeble and paralyzed to reach them; indeed in many cases it is quite impossible for them to do so, and hence the service of food to this class is always attended with much difficulty and very unsatisfactory. In many cases the food has to be carried from the central dining-room to remote parts of the Hospital. Another very urgent reason for the erection of an infirmary is that we shall be compelled, in the very near future, to refuse admission to patients unless additional accommodations are provided for their care. By the erection of an infirmary to accommodate at least three hundred patients, one hundred and fifty of each sex, we would obtain at least temporary relief. We closed the year with eleven hundred and ninety-one patients under care, an excess of more than three hundred beyond our proper accommodations. Notwithstanding the fact that during

the last decade two hundred and nineteen patients have been removed to the county institutions, we have had a net increase in our numbers of two hundred and seventy-one. Had it not been for the small relief thus afforded by the county asylums it is impossible to conceive what would have been the result. It has become a daily problem how properly to provide for the increasing numbers. All attempts at proper classification, based, as it should be, upon the mental condition of the patient, has been abandoned, and the only rule that at present governs us in making classifications is based chiefly on the general habits and tranquility of the patient. Such a system can result in no good to those committed to our care. The patient is rendered uncomfortable by his associations, restoration to mental health is retarded, and perhaps in some cases improvement prevented. It is a fact that a very large percentage of the irritability and fault finding, sometimes manifested, arises principally from the unpleasant associations consequent upon improper classification. Provision could also be made in an infirmary for the isolation of those suffering from contagious diseases, consumption, &c. We have at present no means of treating such cases except on the corridors occupied by the patients, and isolation has to be secured as best we can. The State has already recognized by legislative enactment the necessity for the care and treatment of those suffering from pulmonary tuberculosis in separate hospitals, and the same necessity that exists for the isolation of consumptives elsewhere applies with equal force to the treatment of consumptives in a hospital for the insane.

#### STATISTICAL TABLES.

By reference to the statistical tables at the close of this report a more detailed exhibit of the work of the Medical Department for the year may be learned. Table No. I. shows the number of admissions, discharges, &c., how discharged and also a summary of the same since the opening of the Hospital in 1848. Table No. II. gives the number of patients admitted, counties from whence sent and how committed, *i. e.*, whether private, indigent,

or convict. Tables Nos. III. and IV. show the number of admissions and the number of deaths for each month in the year. Table No. V., causes of death. By reference to this table it will be seen that one case is recorded as possibly due to hydrophobia. Patient was thirty-two years of age, of strong habit and well nourished. He was admitted to the Hospital at about half-past one o'clock in the afternoon of November 4th, 1903, and died at twenty minutes past nine o'clock in the evening. The history is that he was bitten by a dog supposed to be mad. Unfortunately the dog was killed and no tests made in order to determine whether suffering from hydrophobia or not. Patient was bitten on the 15th day of August, 1903, but showed no unusual symptoms until about the 8th day of November following, at which time he complained of a sensation of choking, and could not swallow liquids, but experienced little or no difficulty in swallowing solids. Soon afterwards he became violent, highly excited, &c. Patient had been intemperate in the use of alcohol for several years, and in the latter part of October had been drinking freely. It is stated that at the time that he was bitten in August that he was more or less under the influence of alcohol and attempted to open the dog's mouth in order to determine whether or not it was mad, claiming that he was able to tell by an examination of its mouth. The dog closed his jaws on the finger and inflicted a slight flesh wound. Upon sobering up the patient, because of a rumor that the dog had been bitten by a rabid animal, became greatly worried and drank more freely. He looked forward anxiously for a crisis in nine weeks. At the time of admission patient had an anxious, distressed countenance, rapid pulse and respiration, high temperature, was profoundly exhausted, and had marked delusions of fear and apprehension. Conversation was wandering and incoherent, constantly muttering about a mad dog. He made no attempt to bite and showed no disposition to do violence to those about him. The patient sank rapidly and died in about eight hours after admission to the Hospital. The Pathologist of the Hospital made a careful autopsy, an account of which, with accompanying illustrations, will be found in his report.

Table No. VI. gives ages of those who have died and the length of time under care in the Hospital. It will seem by reference to this table that of the one hundred and four deaths that occurred during the year, seventy-three—thirty-nine men and thirty-four women—cases had passed the fiftieth year and thirty-one—thirteen men and eighteen women—cases had passed the seventy-fifth year. The admission of patients of advanced years to the Hospital adds greatly to the annual death list. Tables Nos. VII. and VIII., show ages of those discharged as recovered and the length of time under care in the Hospital, and ages of those admitted and the length of time deranged prior to admission. Table No. IX., the form of mental derangement. Table No. X., the alleged causes of mental derangement. Table No. XI., nativity of patients admitted and Table No. XII., number of patients remaining under care in the Hospital at the close of the year and the counties from whence sent. These tables are followed by condensed statistics as to heredity, suicidal and homicidal tendency, intemperance in the use of alcohol and narcotics, intemperance in the parents of patients, and the civil condition of those admitted.

#### TRAINING SCHOOL.

Lectures have been regularly given by my staff during the autumn, winter and spring months before the pupils in the training school. The school has been successfully conducted, and it is gratifying to report that in the main manifest interest was taken in it by the attendants. Eighty-five in all were enrolled in the two classes—thirty-six men and forty-nine women—and at the written examinations at the close of the lectures in the spring, twenty-four of the Junior class were advanced to the Senior class. Your Board has secured the services of Miss Rachel Bourke as Chief Nurse, and we hope to accomplish even better work during the coming year. Miss Bourke is a graduate of the Massachusetts General Hospital as well as of the school connected with the McLean Hospital at Waverly, Mass., and was connected with the latter institution for six years. She comes to us from the Cooper

Hospital at Camden, in this State, in which hospital she held the responsible position of Chief Nurse for a period of thirteen years.

## CONCLUSION.

In May last, after a competitive examination, your Board selected Edgar B. Funkhouser, M.D., to fill the vacancy existing in the position of fourth assistant physician. Dr. Funkhouser is a graduate of the Jefferson Medical College in Philadelphia, class of 1900. He entered upon his duties on the 21st of May last, and by intelligent and faithful application has given evidence of his fitness for the position in which you have placed him. No other changes have occurred during the year in the Medical Staff, and I take this opportunity to cordially thank them for their assistance and co-operation in conducting the affairs of the Medical Department of the Hospital. Thanks are also tendered the Warden for courtesies extended to the officers of the Medical Department. With expressions of grateful obligations to your Board for continued confidence in and support given me in my efforts to discharge the duties of my office this report is

Respectfully submitted,

JOHN W. WARD.

NEW JERSEY STATE HOSPITAL,  
TRENTON, November 1st, 1903.

## STATISTICAL TABLES.

TABLE No. I.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Patients in the Hospital October 31st, 1902.....	591	546	1,137
Received since to November 1st, 1903.....	150	145	295
Under treatment during year.....	741	691	1,432

	<i>M.</i>	<i>W.</i>	<i>T.</i>
Discharged recovered.....	50	52	102
Discharged improved.....	10	13	23
Discharged unimproved.....	6	2	8
Escaped.....	2	...	2
Not insane.....	1	...	1
Died.....	50	54	104
Removed to other institutions.....	1	...	1
Total discharged, died, &c.....	120	121	241
Remaining October 31st, 1903.....	621	570	1,191

Whole number of cases received and treated from the opening of the institution, May 15th, 1848, to November 1st, 1903.....	5,403	5,304	10,707
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	<i>M.</i>	<i>W.</i>	<i>T.</i>
Discharged recovered.....	1,770	1,864	3,634
Discharged improved.....	946	1,079	2,025
Discharged unimproved.....	186	190	376
Escaped.....	27	5	32
Not insane.....	20	11	31
Died.....	1,508	1,266	2,774
Removed to other institutions.....	325	319	643
Total discharged, died, &c.....	4,782	4,734	9,516
Remaining October 31st, 1903.....	621	570	1,191

(48)

TABLE No. II.

RESIDENCE OF THOSE COMMITTED DURING THE YEAR AND HOW COMMITTED.

Counties.	INDIGENT.			PRIVATE.			CRIMINAL AND CONVICT.		
	M.	W.	T.	M.	W.	T.	M.	W.	T.
Atlantic.....	1	3	4	...	...	...	...	...	...
Bergen.....	...	...	...	1	1	2	...	...	...
Burlington.....	2	...	2	2	1	3	1	...	1
Camden.....	10	12	22	...	1	1	1	...	1
Cape May.....	1	5	6	1	2	3	...	...	...
Cumberland.....	2	1	3	...	...	...	...	...	...
Gloucester.....	11	5	16	...	...	...	...	...	...
Hudson.....	...	...	...	...	1	1	...	...	...
Hunterdon.....	7	8	15	3	2	5	...	1	1
Mercer.....	47	30	77	2	5	7	1	...	1
Middlesex.....	19	19	38	...	3	3	2	...	2
Monmouth.....	18	20	38	...	...	...	...	...	...
Ocean.....	3	4	7	...	...	...	...	...	...
Salem.....	3	9	12	...	...	...	...	...	...
Somerset.....	7	5	12	2	3	5	...	...	...
Union.....	...	...	...	2	3	5	...	...	...
Total.....	131	121	252	14	23	37	5	1	6

TABLE No. III.

Admitted during the month of—	Men.	Women.	Total.
November, 1902.....	8	11	19
December.....	12	9	21
January, 1903.....	12	7	19
February.....	9	8	17
March.....	19	15	34
April.....	10	12	32
May.....	11	14	25
June.....	17	18	35
July.....	12	14	26
August.....	19	16	35
September.....	12	15	27
October.....	9	6	15
Total.....	150	145	295

TABLE No. IV.

Died during the month of—	Men.	Women.	Total.
November, 1902.....	6	...	6
December.....	6	6	12
January, 1903.....	3	1	4
February.....	4	7	11
March.....	1	4	5
April.....	3	7	10
May.....	3	7	10
June.....	6	2	8
July.....	6	10	16
August.....	3	3	6
September.....	3	2	5
October.....	6	5	11
Total.....	50	54	104

TABLE No. V.

CAUSES OF DEATH.

	Men.	Women.	Total.
Pulmonary tuberculosis.....	8	10	18
General paresis.....	9	1	10
Paralysis.....	5	8	13
Apoplexy.....	3	4	7
Epilepsy.....	6	4	10
Typhomania.....	1	1	2
Old age.....	6	9	15
Bright's disease.....	3	2	5
Pneumonia.....	1	3	4
Organic disease of the heart.....	2	5	7
Senile gangrene.....	1	1	2
Chronic diarrhoea.....	1	1	2
Ulceration of bowels.....	1	...	1
Carcinoma of the liver.....	2	...	2
Erysipelas.....	...	1	1
Angina pectoris.....	...	1	1
Pernicious anæmia.....	...	1	1
Intestinal obstruction.....	...	1	1
La Grippe.....	...	1	1
Hydrophobia? (see report of autopsy.).....	1	...	1
Total.....	50	54	104

TABLE No. VI.

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

Age.	M.	W.	T.	Length of Time.	M.	W.	T.
Under twenty years.....	...	...	...	Less than one week.....	3	2	5
Twenty to twenty-five.....	1	2	3	One to two weeks.....	4	3	7
Twenty-five to thirty.....	1	1	2	Two weeks to one month.....	1	1	2
Thirty to thirty-five.....	5	1	6	One to three months.....	2	2	4
Thirty-five to forty.....	2	2	4	Three to six months.....	5	2	7
Forty to forty-five.....	4	3	7	Six to nine months.....	4	3	7
Forty-five to fifty.....	3	6	9	Nine months to one year.....	2	3	5
Fifty to fifty-five.....	6	1	7	One to two years.....	4	6	10
Fifty-five to sixty.....	6	4	10	Two to three years.....	4	3	7
Sixty to sixty-five.....	3	3	6	Three to four years.....	5	7	12
Sixty-five to seventy.....	4	8	12	Four to five years.....	2	4	6
Seventy to seventy-five.....	2	5	7	Five to ten years.....	6	5	11
Seventy-five to eighty.....	6	9	15	Ten to fifteen years.....	4	4	8
Eighty to eighty-five.....	5	7	12	Fifteen to twenty years.....	3	3	6
Eighty-five to ninety.....	1	...	1	Twenty to thirty years.....	1	3	4
Over ninety years.....	1	2	3	Over thirty years.....	...	3	3
Total.....	50	54	104	Total.....	50	54	104

TABLE No. VII.

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

Age.	M.	W.	T.	Length of Time.	M.	W.	T.
Under twenty years.....	3	0	3	Less than three months.....	10	12	22
Twenty to thirty.....	6	9	15	Three to six months.....	13	17	30
Thirty to forty.....	15	17	32	Six to nine months.....	11	8	19
Forty to fifty.....	14	19	33	Nine months to one year.....	5	6	11
Fifty to sixty.....	8	6	14	One to two years.....	9	7	16
Over sixty.....	4	1	5	Two to three years.....	1	1	2
				Three to four years.....	1	1	2
Total.....	50	52	102	Total.....	50	52	102

TABLE No. VIII.

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

Age.	M.	W.	T.	Duration of Insanity.	M.	W.	T.
Under twenty years.....	3	9	12	Less than one week.....	14	1	15
Twenty to twenty-five.....	16	10	26	One week to one month.....	19	20	39
Twenty-five to thirty.....	10	12	22	One to three months.....	23	23	46
Thirty to thirty-five.....	15	12	27	Three to six months.....	16	22	38
Thirty-five to forty.....	18	9	27	Six to nine months .....	12	14	26
Forty to forty-five.....	12	14	26	Nine months to one year.....	5	5	10
Forty-five to fifty.....	20	15	35	One to two years.....	15	15	30
Fifty to fifty-five.....	9	12	21	Two to three years.....	12	14	26
Fifty-five to sixty.....	6	10	16	Three to four years.....	10	6	16
Sixty to sixty-five.....	12	16	28	Four to five years.....	2	4	6
Sixty-five to seventy.....	4	5	9	Five to ten years.....	3	12	15
Seventy to seventy-five.....	6	5	11	Ten to fifteen years.....	2	2	4
Seventy-five to eighty.....	8	7	15	Fifteen to twenty years.....	4	1	5
Over eighty.....	2	4	6	Over twenty years.....	5	...	5
Unknown.....	9	5	14	Unknown.....	8	6	14
Total.....	150	145	295	Total.....	150	145	295

TABLE No. IX.

FORM OF MENTAL DERANGEMENT.

Form.	Men.	Women.	Total.
Mania, acute.....	19	26	45
Mania, chronic.....	12	16	28
Mania, recurrent.....	14	13	27
Mania, puerperal.....	...	2	2
Dementia, acute.....	15	10	25
Dementia, chronic.....	17	20	37
Dementia, senile.....	8	16	24
Melancholia, acute.....	19	14	33
Melancholia, chronic.....	12	8	20
General paresis.....	10	5	15
Epilepsy.....	5	6	11
Congenital.....	1	4	5
Alcoholism.....	14	3	17
Opium habit.....	4	2	6
Total.....	150	145	295

TABLE No. X.

## ALLEGED CAUSES OF INSANITY.

	Men.	Women.	Total.
General ill health.....	20	16	36
Domestic affliction—loss of friends, &c.....	4	10	14
Domestic troubles.....	6	12	18
Business troubles—loss of property, &c.....	12	9	21
Loss of sleep, overwork, overstudy, &c.....	10	10	20
Puerperal state.....	...	5	5
Old age.....	5	14	19
Epilepsy.....	5	7	12
Viscious habits and indulgences.....	12	6	18
Specific diseases.....	8	1	9
Intemperance in the use of alcohol.....	18	6	24
Sun stroke, heat exhaustion.....	2	1	3
Injury to head.....	7	3	10
Congenital.....	1	4	5
Disappointed affections.....	...	1	1
Menopause.....	...	6	6
Menstrual troubles.....	...	7	7
La Grippe.....	3	...	3
Opium habit.....	4	2	6
Following surgical operations.....	...	2	2
Fright.....	2	1	3
Suicide of wife.....	1	...	1
Exposure in Philippines.....	1	...	1
Following dog bite.....	1	...	1
Lead poisoning.....	1	...	1
Abscess of breast.....	...	2	2
Unknown or unascertained.....	27	20	47
Total.....	150	145	295

TABLE No. XI.

## NATIVITY OF PATIENTS ADMITTED.

	Men.	Women.	Total.
New Jersey.....	70	78	148
Pennsylvania.....	7	10	17
New York.....	6	9	15
Virginia.....	4	3	7
Delaware.....	2	2	4
Maryland.....	1	1	2
Connecticut.....	...	2	2
England.....	9	8	17
Germany.....	7	5	12
Ireland.....	12	11	23
Austria.....	3	3	6
Poland.....	1	2	3
Scotland.....	1	1	2
Nova Scotia.....	...	1	1
Finland.....	...	1	1
Russia.....	4	2	6
Italy.....	3	...	3
Hungary.....	3	...	3
Isle of Man.....	1	...	1
Unknown.....	16	6	22
Total.....	150	145	295

TABLE No. XII.

PATIENTS REMAINING IN THE HOSPITAL OCTOBER 31st, 1903, AND COUNTIES  
FROM WHENCE SENT.

Counties.	Men.	Women.	Total.
Atlantic.....	8	7	15
Bergen.....	2	.....	2
Burlington.....	12	.....	12
Camden.....	25	23	48
Cape May.....	11	19	30
Cumberland.....	7	1	8
Essex.....	.....	3	3
Gloucester.....	36	27	63
Hudson.....	3	.....	3
Hunterdon.....	20	33	53
Mercer.....	162	134	296
Middlesex.....	124	124	248
Monmouth.....	83	98	181
Morris.....	.....	1	1
Ocean.....	29	27	56
Salem.....	10	12	22
Somerset.....	50	51	101
Union.....	1	4	5
New Jersey.....	39	4	43
Pennsylvania.....	.....	1	1
Total.....	622	569	1,191

## HEREDITY.

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

## SUICIDAL TENDENCY.

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

## HOMICIDAL TENDENCY.

In twenty cases—fourteen men and six women—there existed a decided homicidal tendency, and in forty-one cases—twenty-three men and eighteen women—homicide was threatened.

## INTEMPERANCE.

In thirty-nine cases—thirty-two men and seven women—there was acknowledged intemperance in the use of alcohol; in nine cases—seven men and two women—the individual was designated as a moderate drinker, and in five cases—two men and three women—the opium habit existed.

## INTEMPERANCE IN PARENTS.

In thirteen cases—seven men and six women—the father of the patient was intemperate in the use of alcohol, and in three cases—two men and one woman—both father and mother.

## CIVIL CONDITION.

Of the two hundred and ninety-five patients admitted during the year, one hundred and forty-five—seventy-eight men and sixty-seven women—were married and one hundred and six—fifty-two men and fifty-four women—were single. Fifteen were widowers; twenty were widows; one man was divorced, and in eight cases—four men and four women—the civil condition could not be ascertained.

## NUMBER OF ADMISSION.

Of the entire number—two hundred and ninety-five—two hundred and eighty-two were first admissions; the remainder—twelve—were second and third admissions.

## ACKNOWLEDGMENTS.

Our thanks are especially due to the proprietors of the following daily and weekly newspapers for gratuitous copies sent regularly throughout the year for the use of the members of our household. The local or home newspaper is always one of the most welcome visitors to our corridors.

Daily State Gazette .....	Trenton.
Daily True American .....	Trenton.
Trenton Times (daily).....	Trenton.
Salem Sunbeam.....	Salem.
National Standard. ....	Salem.
South Jerseyman.....	Salem.
New Jersey Mirror.....	Mount Holly.
Mount Holly Herald.....	Mount Holly.
Monmouth Democrat.....	Freehold.

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

## REPORT OF THE PATHOLOGIST.

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

SIR—I herein submit my report of work done at the laboratory during the year ending November 1st, 1903.

Clinico-pathological investigations have been carried on as usual, but unfortunately our material has been unusually scanty, only nine autopsies have been secured. Their results are as follows:

Case No. 36.—Male. Thirty-two years old. In the Hospital ten hours. Mental disease, acute mania (rabies). Died under symptoms of exhaustion. Pathological findings—Slight thickening of the pia-arachnoid, pigmentary degeneration of the nerve cells in brain and spinal cord, perivascular round cell deposit in various locations throughout the central nervous system, small hemorrhages into the medulla, "rabie tubercles" in the medulla, mid-brain and optic thalamus; in the Gassorian and spinal ganglia, vascular dilatation, round cell deposit, pigmentary degeneration of the nerve cells, and slight proliferation of the capsular epithelium; congestion of the lungs, liver, spleen and kidneys, slight fatty degeneration of the heart muscle, and of the epithelium of renal tubules. Cause of death, rabies.

Case No. 37.—Male. Fifty years old. In the Hospital nine months. Mental disease, general paresis. Death in a convulsive seizure. Pathological findings—Dural adhesions, extensive hemorrhagic exudation over the base of the brain, chronic meningo-encephalitis, chronic interstitial nephritis. Cause of death, general paresis.

Case No. 38.—Male. Forty-one years old. In the Hospital thirteen months. Mental disease, "delusional insanity." Sudden death without previous complaint. Pathological findings—Dural adhesions, slight chromatolysis and irregularity of outline of the cortical nerve cells, a tubercular focus in one lung, intestinal ulcers, with a large perforation and extensive fresh peritonitis, a small gumma in the kidney. Cause of death, acute peritonitis, from intestinal perforation.

Case No. 39.—Male. Thirty-two years old. In the Hospital five years. Mental disease, imbecility. Last illness, malignant disease in the abdominal cavity. Pathological findings—Slight broncho-pneumonia, chronic peritonitis, carcinoma of the descending colon, with extension to the small intestine, and to the retroperitoneal tissues and a metastasis in the liver, slight chronic interstitial gastritis, and chronic interstitial nephritis. Cause of death carcinoma of the intestines and liver.

Case No. 40.—Male. Fifty-six years old. In the Hospital thirteen months. Mental disease, general paresis. Death in a convulsive seizure. Pathological findings—Dural adhesions, chronic meningo-encephalitis with atrophy of the brain, pleural adhesions, broncho-pneumonia, chronic interstitial nephritis. Cause of death, general paresis.

Case No. 41.—Male. Forty-two years old. In the Hospital three months. Mental disease, hallucinatory delirium. Last illness, cancer of the liver. (Abdominal viscera examined only.) Pathological findings—Carcinoma of the pancreas, with metastasis in the liver, chronic diffuse nephritis. Cause of death, cancer of the pancreas and liver.

Case No. 42.—Female. Forty-three years old. In the Hospital seven months. Mental disease, "delusional melancholia." Last illness, pernicious anemia. (Only the thoracic and abdominal organs examined.) Pathological findings—Pleural adhesions, fatty degeneration of the heart muscle and of the liver cells, deposit of hemosiderin in the liver lobules, ulcerative colitis, chronic gastritis, chronic parenchymatous nephritis. (Examination of the blood before death showed the corpuscular changes characteristic of pernicious anemia.) Cause of death, pernicious anemia.

Case No. 43.—Male. Thirty-seven years old. In the Hospital eleven days. Mental disease, chronic dementia. Last illness, pneumonia. Pathological findings—Chronic lepto-meningitis, subarachnoid hemorrhages, lung tubercle, broncho-pneumonia, chronic diffuse nephritis. Cause of death, broncho-pneumonia.

Case No. 44.—Male. Seventy years old. In the Hospital six months. Mental disease, senile dementia. Last illness, pneumonia. Pathological findings—Tuberculosis of the vertebral column, pleural adhesions, bronchoectasis and collapse of the left lung, broncho-pneumonia in the lower lobe of the right lung, lung tubercles, atheroma of the aorta, and thickening and deformity of the aortic valves of the heart, chronic myocarditis, fatty degeneration of the liver, pyelitis and pyelonephritis, chronic cystitis. Cause of death, broncho-pneumonia.

I would again urge, in the strongest terms, the necessity for taking some measures toward securing the right to make autopsies in patients dying while a public charge. This is needed in the interest of scientific progress. Without it no real contribution toward the solution of the still unsettled problems of the etiology and pathology of insanity can be expected.

It is recommended that a large brain microtome, and a slide cabinet be purchased for the laboratory.

Respectfully submitted,

CHARLES LEWIS ALLEN, M.D.

## SOME PATHOLOGICAL FINDINGS IN A CASE OF HYDROPHOBIA.

BY CHARLES LEWIS ALLEN, M.D.

While hydrophobia is in general uncommon, there are periods during which, owing to lack of suitable precautions, mainly on account of a false public sentiment with regard to licensing and muzzling dogs, this fearful disease occurs with undue frequency.

Through such a period we passed last year. The absolute hopelessness of treatment after the disease has been once established, makes the counteracting of the effect of the poison by prompt inoculation of the greatest importance, hence the necessity for the earliest possible recognition of its presence in the biting animal. The method of inoculating rabbits with an emulsion made from the brain and spinal cord of the suspected dog is reliable, but since this requires from two to four weeks or longer much valuable time is lost in waiting for its result, hence it has long been the endeavor of pathologists to determine which, if any, of the changes found in the body give positive evidence of the presence of rabies. The symptoms of the disease, both in man and in animals, are such as to indicate that the poison spends its force mainly upon the nervous system, and as a matter of fact in the nervous system the chief lesions are found.

The process is of the nature of an acute parenchymatous inflammation of the central nervous system, constituting an encephalomyelitis. This is manifested by vascular dilatation, hemorrhages, local softening, and perivascular round cell deposit, and by acute degeneration of the nerve cells and nerve fibres. None of these changes, however, are characteristic of hydrophobia, as they are found also in other diseases. Babes, four or five years ago, called attention to a change which he thinks sufficiently characteristic to justify a diagnosis in a sus-

capsular changes are as far as they go fairly characteristic. Considerable doubt, however, has been thrown upon the specificity of either of these changes, by the researches of Crocq, Spiller, Ravenel and McCarthy.

In the above case, the changes found though strongly suggestive, taken alone, without the animal inoculations would hardly justify a positive diagnosis of hydrophobia.

The accompanying photomicrographs will illustrate some of the more important lesions found.

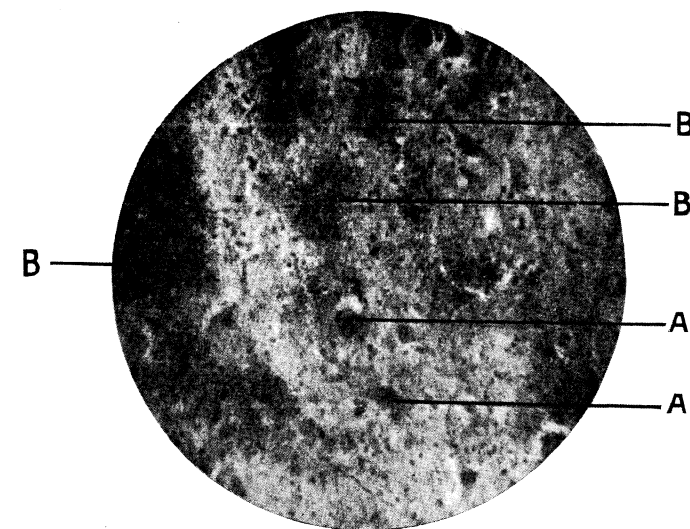


FIG. 1.  
Hemorrhage into the hypoglossal nucleus. (A) Nerve cells. (B) Exuded red blood corpuscles.

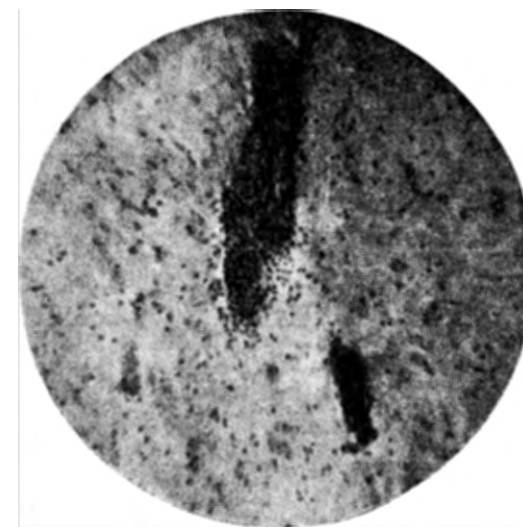


FIG. 2.  
Perivascular round cell deposit. From the medulla.

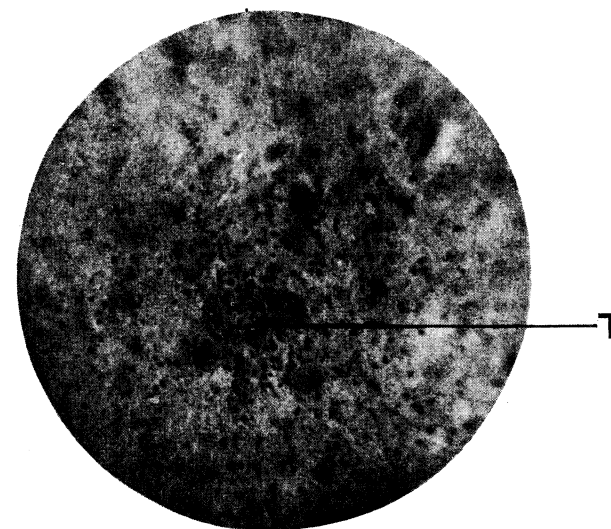


FIG. 3.  
Rabic tubercle from the vagus nucleus (T).

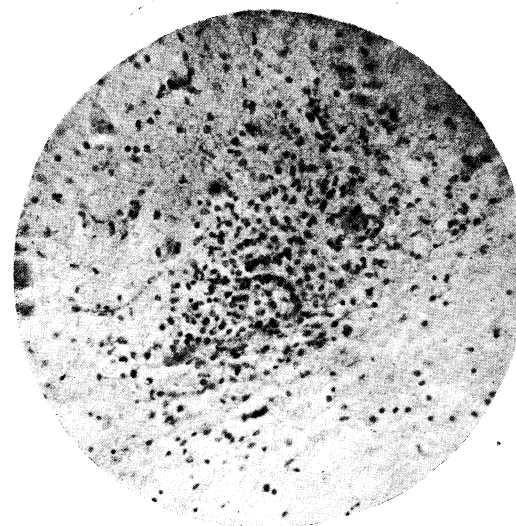


FIG. 4.  
Collection of round cells (rabic tubercle) from the arcuate nucleus.

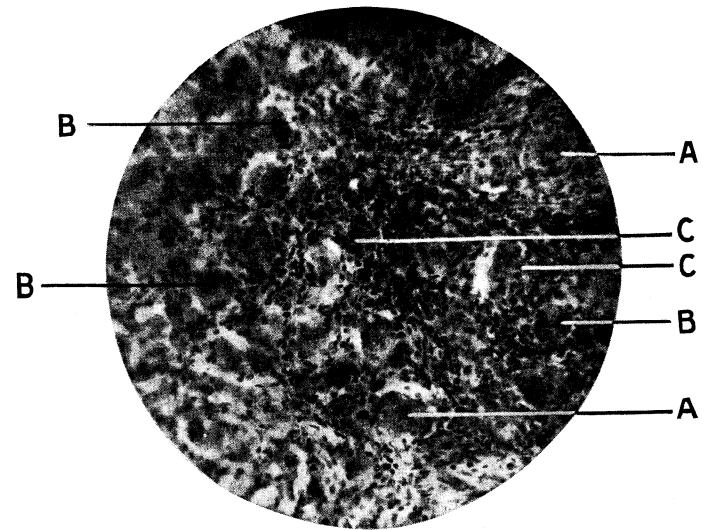


FIG. 5.

Gasserian ganglion. (A) Normal nerve cells. (B) Cells which have undergone pigmentary degeneration. (C) Proliferation of the capsular endothelium.

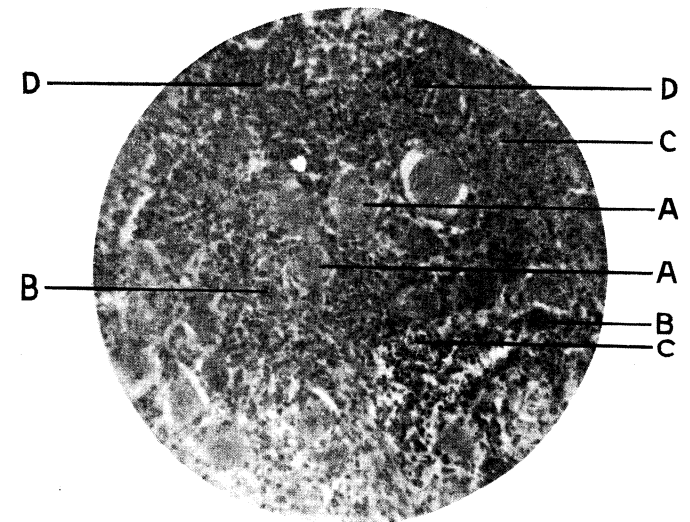


FIG. 6.

A spinal ganglion. (A) Normal nerve cells. (B) Cells which have undergone pigmentary degeneration. (C) Capsular proliferation. (D) Round cell deposit.

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BY-LAWS, FORMS, ETC.

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## EXTRACTS FROM THE BY-LAWS.

### ADMISSION OF PATIENTS.

#### ORDER OR WARRANT FILED.

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

#### CLEANLINESS.

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

#### CLOTHING FOR MEN.

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

#### CLOTHING FOR WOMEN.

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

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

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

#### JEWELRY, ETC.

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

#### HISTORY OF CASE.

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

#### BOND, ETC.

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

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

# REQUIREMENTS FOR ADMISSION OF PATIENTS.

To the New Jersey State Hospital at Trenton.

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

STATE OF NEW JERSEY.

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

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

The undersigned, of....., in the county of....., and  
City or Town.  
State of....., being desirous of having....., an  
Full name of patient.  
insane person of the county of....., and State of....., com-  
mitted to and confined as an indigent patient in The New Jersey  
State Hospital at Trenton, hereby requests the admission therein  
of the said....., for the purpose aforesaid. Said.....  
Full name of patient. Full name of patient.  
was born at....., on....., resides at.....  
City or Town. Date of birth. State patient's resi-  
....., and is a.....The under-  
dence with particularity. Profession, trade or calling of patient.  
signed is a.....of the said  
State degree of relation or other circumstances of connection  
between patient and person making request.

.....  
Full name of patient.  
Dated....., 19....

Name of person making request.....  
P. O. Address, .....  
Street and number, .....  
City, .....  
County, .....  
State, .....



PATIENTS' CORRIDOR.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Other facts perceived by me indicating insanity: .....

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

....., Physician.

**AFFIDAVIT.**

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

....., M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Other facts perceived by me indicating insanity: .....

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

....., Physician.

**AFFIDAVIT.**

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

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

## NEW JERSEY STATE HOSPITAL.

## FORM OF BOND.

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

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

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

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

..... in the presence of

[L. s.]

## FORMS AND DIRECTIONS.

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

STATE OF NEW JERSEY.

County of .....

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

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

....., J. [L. s.]  
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## JUDGE'S ORDER APPROVING CERTIFICATES OF INSANITY.

STATE OF NEW JERSEY.

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

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

....., J. [L. S.]

## JUDGE'S ORDER APPROVING CERTIFICATES OF INSANITY.

STATE OF NEW JERSEY.

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

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

....., J. [L. S.]

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