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FORTY-FIFTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

MORRIS PLAINS

FOR THE YEAR ENDING JUNE 30th

1920

HOSPITAL PRINT

1920

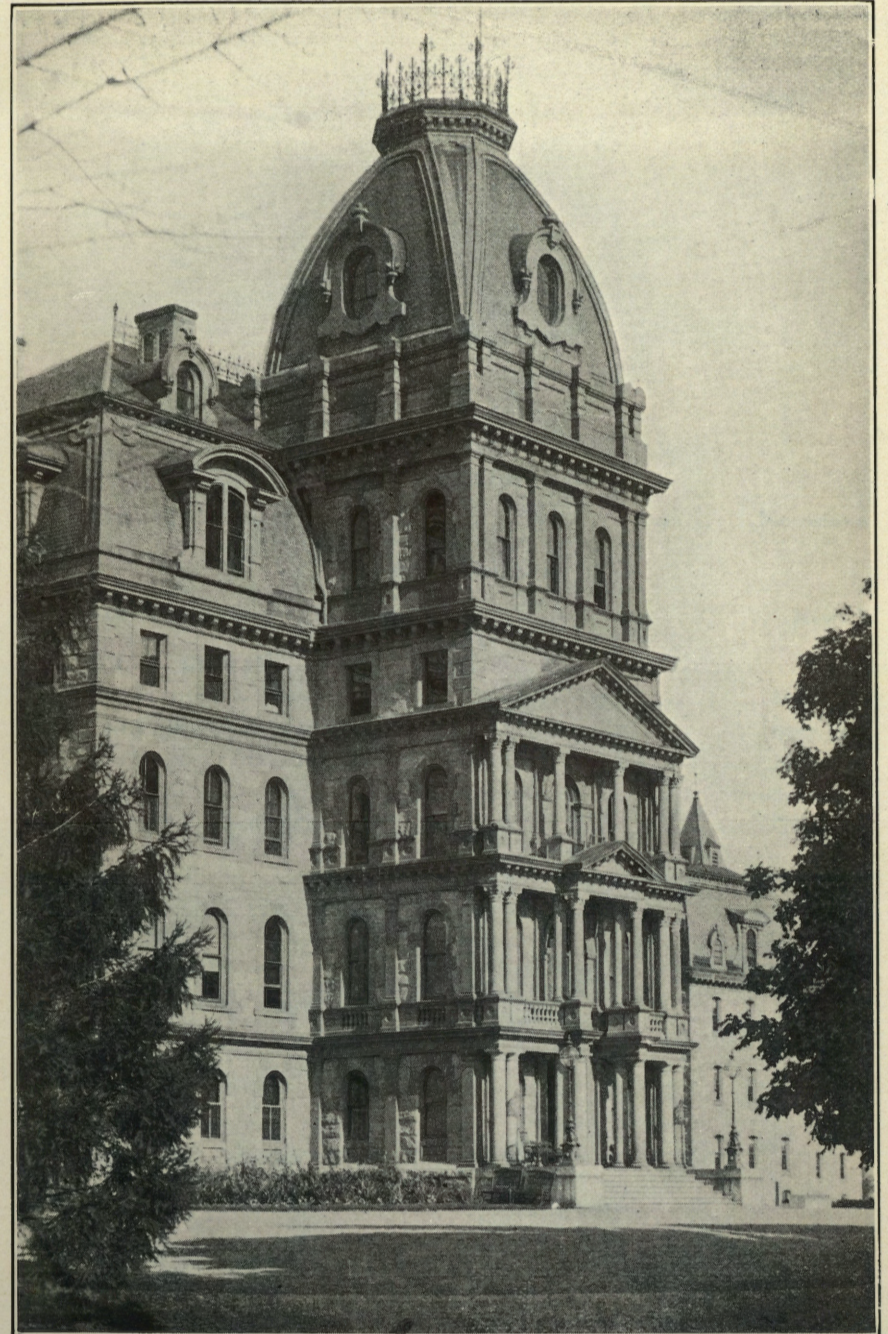
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ADMINISTRATION BUILDING

Managers

PRESIDENT

DANIEL S. VOORHEESMorristown

VICE-PRESIDENT

JAMES T. WRIGHTSON, M. D.Newark

W. L. R. LYNDDover

MRS. SEYMOUR L. CROMWELLMendham

JOHN F. BOYLE (Resigned)Jersey City

MRS. U. N. BETHELLMontclair

A. B. LEACHSouth Orange

AUGUSTUS S. KNIGHT, M. D.Gladstone

JOHN BOYDSecretary

Officers

BRITTON D. EVANS, M. D. (Deceased) ..	{	Medical Superintendent & Chief Executive Officer
MARCUS A. CURRY, M. D.		
GEORGE R. HAMPTON, M. D.		Senior Assistant Physician
GEORGE B. McMURRAY, M. D.		Senior Assistant Physician
LAURENCE M. COLLINS, M. D.		Assistant Physician
FRANKLIN C. YOUNG, M. D.		Assistant Physician
ELAM F. SRYGLEY, M. D.		Assistant Physician
HARRIS DAY, M. D.		Assistant Physician
J. VICTOR DONNET, M. D.		Pathologist
ANNIE E. FREESE, M. D.		Bacteriologist
VACANCY		Junior Assistant Physician
VACANCY		Junior Assistant Physician
ANNIE F. COLLEY, D. D. S.		Resident Dentist
O. M. BOWEN		Warden
EDWARD I. COURSEN		Assistant Warden

Board of Consultants

JAMES T. WRIGHTSON, M. D.	Physician
JOSEPH BRETtauER, M. D.	Gynecologist
PHILANDER A. HARRIS, M. D.	Gynecologist
JOSEPH FEWSMITH, M. D.	Neurologist
CHRISTOPHER C. BELING, M. D.	Neurologist
FRANCIS H. GLAZEBROOK, M. D.	Surgeon
JEROME MORLEY LYNCH, M. D.	Surgeon
CLIFFORD MILLS, M. D.	Surgeon
WILLIAM H. LAWRENCE, JR., M. D.	Surgeon
REYNOLD WEBB WILCOX, M. D.	Internal Medicine
LEONIDAS L. MIAL, M. D.	Eye, Ear, Nose and Throat
E. BLAIR SUTPHEN, M. D.	Eye, Ear, Nose and Throat
H. J. F. WALLHAUSER, M. D.	Dermatologist
HARRISON S. MARTLAND, M. D.	Pathologist
CLARENCE R. O'CROWLEY, M. D.	Urologist
DAVID A. KRAKER, M. D., F. A. C. P.	Gastro-Enterologist and Proctologist
WILLIAM G. SHARP, D. D. S.	Dentist



THE LATE DR. BRITTON D. EVANS
SUPERINTENDENT FROM 1892 TO 1920



THE LATE DR. WILLIAM H. WALKER
MEMORIAL FUND FOR THE

REPORT OF THE BOARD OF MANAGERS



SUPERINTENDENT MARCUS A. CURRY, M. D.

Report to the Commissioner.

To the Honorable Burdette G. Lewis, Commissioner of Institutions and Agencies:

According to statutory requirements, the Board of Managers of The New Jersey State Hospital at Morris Plains respectfully submits to you its forty-fifth annual report, and also the detailed report of the Chief Executive Officer, Doctor Marcus A. Curry. The year covered by this report has brought unusual problems to the managers of this hospital, the most serious having to do with a change in superintendency.

The Board of Managers records with deep regret the death, on January 14, 1920, of Doctor Britton Duroc Evans, Medical Superintendent and Chief Executive Officer of The New Jersey State Hospital at Morris Plains. For more than a quarter of a century Doctor Evans had served as medical head of this institution, devoting to it the crowning years of his life. As a psychiatrist and an executive he commanded high respect and as a man, affectionate and loyal esteem. In his death we lost not only a valued superintendent, but a beloved personal friend.

To the choice of a successor to Doctor Evans, the Board of Managers devoted most careful attention and effort. As a result, Doctor Marcus A. Curry was appointed as Medical Superintendent and Chief Executive Officer on March 12, and was confirmed. He had acted temporarily as Medical Superintendent from January 16.

Doctor Curry has undertaken the many duties of his position with energy and success. He has carried out the routine work of the institution in a manner deserving of commendation. He has also begun gradually to bring about changes for the betterment of the hospital in various departments and has laid before

us in outline plans and propositions for future action which have met with our approval. We feel that under the direction of Doctor Curry this hospital has a promising future.

In addition to the problems attendant upon the change of executives, other conditions at the institution have often been such as to cause serious concern to the managers. The shortage of help has become acute, which is not only a misfortune but an actual menace in a hospital of this kind. We feel that under these circumstances the small number of serious accidents may be regarded as almost Providential. Throughout the year the coal supply has been so uncertain as to be a source of anxiety on many occasions, and at least once the brink of disaster was reached. Staple foodsuffs and necessary clothing have not been furnished in quantities sufficient for the needs at all times. With the ever-present peril of strikes and railroad congestion, it seems imperative that a certain reserve of fuel, food and clothing should be kept in store at the hospital for emergencies. There are too many helpless dependents in this institution to justify the taking of any chances with vital necessities.

At the close of the year covered by this report there remained on the records of the hospital 2,713 patients—1,325 males and 1,388 females; an increase over the preceding year of 44 patients. There were admitted during the year 605 patients—310 males and 295 females. The discharges numbered 318 patients—158 males and 160 females; 170 were recovered, 126 improved, 10 unimproved and 12 classified as not insane. There were 218 deaths—98 males and 120 females.

The records of the board show that twelve regular meetings and five special meetings have been held during the year, with a total attendance of seventy-eight. Visits were made at the hospital by the different members of the board to the number of 161, in addition to attendance at meetings.

There have been various changes in the personnel of the Board during the year. In March Mr. John F. Boyle resigned and Doctor Augustus S. Knight was appointed by the State Board

of Control of Institutions and Agencies. In May Doctor James T. Wrightson resigned.

The Board of Managers wishes to place upon its records the deaths during the past year of two men who have been prominent in the history of this institution. Major Martin B. Monroe, first Steward of the hospital, who held this position from the time of the opening of the hospital in 1876 until his resignation in 1891, died in Morristown, February, 1920. Rev. James M. Buckley, D. D., who was a member of the Board of Managers of this hospital from 1892 until 1914, being made Vice-President in 1896 and holding the office of President from 1912 until he resigned in 1914, died in Morristown on February 8, 1920. Doctor Buckley not only had a great influence in shaping the policies of this institution, but he was also on the Board of Managers of The New Jersey State Hospital at Trenton, and it was largely through his efforts that the State Village for Epileptics was established.

In regard to the needs of the hospital, recommendations for certain appropriations are included in the report of the Chief Executive Officer and in the report of the Warden to the Chief Executive Officer. We endorse these recommendations as being worthy of attention.

In conclusion, the managers of this hospital desire to express their sincere appreciation of the work of the individual resident officers during the past year. Under difficult circumstances they have faithfully discharged their duties in a manner most satisfactory to the board.

Very respectfully submitted,

DANIEL S. VOORHEES, President.
W. L. R. LYND,
MRS. SEYMOUR L. CROMWELL,
MRS. U. N. BETHELL,
A. B. LEACH,
AUGUSTUS S. KNIGHT, M. D.

NEW JERSEY STATE HOSPITAL

REPORT OF THE BOARD OF MANAGERS FOR THE YEAR 1917

The Board of Managers of the New Jersey State Hospital, created by Chapter 111 of the Laws of 1907, has the honor to submit herewith its report for the year 1917. The Board has the pleasure to announce that the Hospital has during the year 1917, continued its policy of maintaining the highest standard of medical and nursing service, and of providing for the comfort and convenience of its patients. The Hospital has during the year 1917, received a large number of patients, and has been able to provide for them in a most satisfactory manner. The Board has the pleasure to announce that the Hospital has during the year 1917, continued its policy of maintaining the highest standard of medical and nursing service, and of providing for the comfort and convenience of its patients. The Hospital has during the year 1917, received a large number of patients, and has been able to provide for them in a most satisfactory manner.

MRS. SHYMOCK B. CROMWELL
 MRS. M. B. BRYANT
 MRS. M. B. BRYANT
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NEW JERSEY STATE HOSPITAL

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TREASURER'S REPORT

REPORT OF THE TREASURER FOR THE YEAR 1917

The Treasurer of the New Jersey State Hospital, created by Chapter 111 of the Laws of 1907, has the honor to submit herewith his report for the year 1917. The Treasurer has the pleasure to announce that the Hospital has during the year 1917, continued its policy of maintaining the highest standard of medical and nursing service, and of providing for the comfort and convenience of its patients. The Hospital has during the year 1917, received a large number of patients, and has been able to provide for them in a most satisfactory manner. The Treasurer has the pleasure to announce that the Hospital has during the year 1917, continued its policy of maintaining the highest standard of medical and nursing service, and of providing for the comfort and convenience of its patients. The Hospital has during the year 1917, received a large number of patients, and has been able to provide for them in a most satisfactory manner.

TREASURER'S REPORT OF CASH RECEIPTS AND DISBURSEMENTS
FOR THE FISCAL YEAR ENDING JUNE 30, 1920

RECEIPTS

From Bergen County,	\$49,355.94
" Essex County,	2,469.90
" Hudson County,	13,427.74
" Morris County,	32,640.75
" Middlesex County,	941.31
" Monmouth County,	618.57
" Mercer County,	220.12
" Passaic County,	108,144.01
" Sussex County,	7,924.62
" Union County,	69,961.42
" Warren County,	2,023.50
" Private Patients,	117,430.49
" Miscellaneous collections,	11,501.03
" Individuals for support of indigent patients,	2,070.22
" Petty Expense Fund,	2,000.00
	<u>\$420,729.62</u>

DISBURSEMENTS

Total of checks issued to State Treasurer,\$420,729.62

TREASURER'S REPORT ON CASH RECEIPTS AND DISBURSEMENTS
FOR THE FISCAL YEAR ENDING JUNE 30, 1929

RECEIPTS	
From Bergen County	\$49,353.94
Do Hudson County	2,492.90
Do Middlesex County	17,122.75
Do Monmouth County	12,546.12
Do Morris County	941.71
Do Somerset County	1,919.57
Do Sussex County	130.13
Do Warren County	109,144.01
Do Essex County	1,524.02
Do Union County	69,861.42
Do Warren County	2,023.50
From Patients	117,430.49
From Miscellaneous Collections	11,501.05
From Indebted for support of indigent patients	2,000.00
From Expense Fund	2,000.00
Total	\$450,129.62

DISBURSEMENTS	
Total of checks issued to State Treasurer	\$450,129.62

REPORT OF THE CHIEF EXECUTIVE OFFICER

Report of the Chief Executive Officer

To the Board of Managers:

In accordance with the statutes, I present you herewith the forty-fifth annual report of The New Jersey State Hospital at Morris Plains for the fiscal year ending June 30, 1920. The twelve months covered by this report has been a momentous period for this hospital. On January 14, 1920, Dr. Britton D. Evans, who had been head of the institution for more than twenty-seven years, as medical director while the plan of dual management prevailed and as chief executive officer from the time the departments were united under one superintendent, died at his post of duty. Through the long term of his connection with the hospital and through the dominant quality of his personality, the hospital had come in large measure to stand as the monument of the man. The number of patients had nearly trebled since the time he assumed charge, and the staff of physicians, as well as employees of every class, had correspondingly increased.

The changes necessitated by this expansion had been developed under the personal direction and oversight of Dr. Evans, with the advice and co-operation of the Board of Managers, so that at the time of his death the institution exhibited in every department the influence of his ideals. In addition, he was held in affectionate personal esteem by those who had been associated with him in the hospital and who had come to know his essential largeness of heart and humanity of purpose, and his loss made itself felt throughout the institution.

Following my appointment to succeed Dr. Evans, as temporary medical superintendent on January 16, and as chief executive officer on March 12, various changes became necessary in the staff and in the regulations of the hospital, which I have noted in the appropriate sections of this report. In reviewing the record of the past year, the fact should be borne in mind that all work

has been carried on under unusual conditions, owing to this change of executives in the middle of the period.

Aside from this feature of the situation, the problem of maintaining an adequate working force has been most acute. It was hoped that with the release of soldiers and war workers for civil pursuits there would be a decided increase in the number of nurses and attendants available. On the contrary, the general disorganization of the reconstruction period has resulted in a decrease of what seemed already the irreducible minimum. Never in the history of the hospital has there been such a high ratio of patients to nurses, particularly on the women's side, and the condition works in a vicious circle, for with fewer on duty the work is correspondingly harder and the dissatisfaction increases.

Attempts at solving the difficulties by offering higher wages have shown little result, as no state institution can hope to compete with outside agencies under present economic conditions; and it is impossible to put in the system of three shifts and an eight hour day with the present working force. The saving feature has been the loyalty of a small group of employees, who have attended to the skilled nursing and supervision, and have been assisted by patients trained to perform the routine ward duties. Under such conditions, however, the best results cannot be expected, and many things have been left undone which might have contributed much to the comfort and restoration of those entrusted to this institution.

NEW SYSTEM OF STATISTICAL CARDS.

The statistical cards recommended by the National Committee for Mental Hygiene in the interest of uniform state hospital statistics have been adopted in this institution. The change was made in the middle of the hospital year, which complicated matters as it necessitated working backward as well as forward and in some instances the required information could not be obtained. The cards for the year have been completed, however, and the statistical data is given in the form recommended, al-

though only the more important tables are included in this report. It is hoped that the task of filling out the new cards for all patients in the house admitted prior to July 1, 1919, will be carried to completion during the coming year.

STATISTICAL RESUME.

At the close of the year covered by this report there remained on the records of the hospital 2,713 patients—1325 males and 1,388 females, an increase in population over the preceding year of 44 patients.

There were admitted during the year 310 males and 295 females, a total of 605 patients. The highest number of admissions for any one month was 64, in July; the lowest number was in February, when but half the latter number (32) were admitted.

Of those admitted, 483 were first admissions (to *any* institution for the insane)—252 males and 231 females. The readmissions (inclusive of all patients previously under treatment in *any* institution for the insane, excepting transfers) numbered 110—52 males and 58 females. Included among the admissions are also 12 patients transferred from other institutions for the insane, equally divided as to sex.

Among the admissions, 53 patients (nearly 11 percent) were diagnosed as suffering from senile psychoses, 45 (9.3 percent) general paralysis, 170 (35 percent) manic depressive psychoses, and 129 (nearly 27 percent) from dementia precox. The principal mental diagnoses of those readmitted were manic depressive psychoses, 48 patients (over 43 percent) and dementia precox, 39 patients (over 35 percent). These two groups were therefore assigned in the cases of nearly 80 percent of all readmissions.

During the year 170 patients were discharged as recovered, a percentage of over 35 based on the number of first admissions, or 28 percent on the combined number of first admissions, readmissions and transfers. Of the remaining discharges, 126 were improved, 10 unimproved and 12 classified as not insane.

There were 218 deaths during the year—98 males and 120 females. The principal mental diseases of those who died were

senile psychoses, in 62 cases; general paralysis, in 33; manic depressive psychoses, in 38; and dementia precox, in 41 cases. Among the chief causes of death were pneumonia, in 19 cases; nephritis, in 38; tuberculosis, in 13; cerebral hemorrhage, in 18; paretic convulsions, in 19; and cardiac diseases, in 98 cases.

More than 59 per cent (129 patients) of those who died, were over 50 years of age; of these patients 53 were 70 years of age and over at the time of death. Of the total duration of hospital life of those who died, 36 patients were under institutional care for from 1 to 3 years, 40 from 6 to 20 years, and 19 for over 20 years.

HEALTH.

Notwithstanding the unfavorable conditions resulting from shortage of help and high prices of staple articles of food and clothing, the general health of the patients has been fairly good. There was no repetition of last year's epidemic of influenza, as the hospital was placed under quarantine from January 28 to March 1, 1920. During this period there occurred a few cases of what appeared to be acute bronchial colds, accompanied usually by rise in temperature and digestive disturbances, but never more than two or three on a ward, and no serious complication followed in any instance.

In December an attendant was found to be suffering from Vincent's angina with diphtheria bacillus present; the case was reported to the Board of Health and isolated. Recovery was rapid and there was no spread of the diphtheria. On April 28, a recently admitted woman patient was found to give a positive culture for Klebs-Loeffler bacillus. She was at once isolated on the ward and every precaution taken; antitoxin treatment was instituted, but owing to her very excited mental condition and the impossibility of keeping her quiet and inducing her to take proper nourishment she gradually failed and died on May 8 from acute myocarditis, diphtheria and manic-depressive psychosis, manic type. At the same time another newly-admitted patient in the same ward was found to have diphtheria bacilli

present in her throat, but showed no important systemic reactions, being evidently a carrier. She was placed in a room and kept isolated until the laboratory tests were reported negative.

There have been no further outbreaks of the disease. One male employee suffered a typical attack of measles, but was kept isolated, and there were no more cases. Owing to the shortage of nurses it has been impossible to give the patients as much outdoor exercise as desirable, but I feel that conditions as a whole have been fully as good as could be hoped under existing circumstances.

ACCIDENTS, OPERATIONS, ETC.

There have been rather more than the usual number of minor accidents resulting in cuts, bruises, and so on, the increase being due to the impossibility of properly supervising the patients, owing to the lack of nurses. A few injuries of more serious character have occurred, including several fractures, the most important being those of the humerus and femur. One male patient became excited about 4:30 A. M. on April 27, and tore out his right eye by means of his thumb and finger. The organ was completely destroyed, but the sight of the other eye remains unimpaired. On June 28 a woman patient, who for some time had appeared to be in fairly good mental condition and had been assisting with the work about the ward, obtained possession of scissors and without warning slashed her throat, severing the trachea. She was operated upon at once by the hospital physicians, a tracheal tube inserted, and the wound closed, but she died two days later, from bronchial pneumonia.

Throughout the year the ward physicians have performed the necessary minor operations, as well as several of a major character, including an appendectomy, a surgical reduction of an inguinal hernia, and an amputation of the arm. Dr. Clifford Mills, of the board of consultants, has been called in on numerous occasions and has been invariably prompt and generous in his response to our needs for his services. During the year twelve operations have been performed here by Dr. Mills, assisted by

different members of the staff; eight of these operations were appendectomies, seven employees and one patient. Dr. Leonidas L. Mial, of the consultant board, has been called in on various occasions and performed one operation during the year, an ireductomy on a woman patient.

There have been no children born to patients in the hospital during the fiscal year. The two babies born last year who were still in the hospital on July 1, 1919, were given over to the executive secretary of the Plainfield Charity Organization Society, and removed from the hospital on July 21.

DENTAL DEPARTMENT.

In this department the work has been carried on as usual by Annie F. Colley, D.D.S., the resident dentist, and has consisted of routine examinations, treatments, fillings, extractions, and repairs. As noted in the report of the X-ray department, special attention has been given to the examination and treatment whenever there seemed a possibility of focal infection.

PATHOLOGICAL DEPARTMENT.

The work of the pathological laboratory has been in charge of Dr. J. V. Donnet. His report is as follows:

I herewith submit to you the report of the pathological department. It is mere resume of the work done in the laboratory as a full presentation would occupy entirely too much space. Part of our research work had to be abandoned and unduplicable tissues were lost, as we were not able to secure by requisition the necessary material.

SUMMARY OF THE CLINICAL PATHOLOGICAL REPORT.

Total specimens examined. (Routine.) 3,538

BLOOD:

Complete cytology.....	171
Culture.....	15
Plasmodium malaria.....	2
Wassermann.....	1,175
Fixation for typhus bac. (A. & B.).....	299

NEW JERSEY STATE HOSPITAL

25

Fixation for streptococci.....	358	
Widal.....	6	
Isoagglutination.....	150	
Armeth.....	150	2,326

CEREBRO-SPINAL FLUID:

Cytology.....	160	
Globulin.....	160	
Wassermann.....	170	490

SPUTA:

For T. B. bacilli.....	9	
For pneumococci.....	15	
Negative.....	20	54

FECES:

For trichocephalus dispar.....	1	
For ankylostomun duodenale.....	4	
For bethriocephalus latus.....	1	
Negative.....	8	14

SMEARS:

For gonococci.....	25	
Treponema pallidum.....	8	
Vincent bacilli.....	2	
Negative.....	15	50

Bacteriological examination by cultures—

WATER:	24	
Feces.....	8	
Urine.....	2	
Sputa.....	1	
Blood.....	15	50

URINE:

Chemical and microscopical.....	498	498
Tissue examination—		
Adenoma of appendix.....	1	
Adenoma of rectum.....	1	
Carcinoma Dura.....	1	
Liver (primary).....	1	
Liver (secondary).....	3	
Duodenum.....	1	
Nipples.....	1	
Skin.....	1	

Uterus	1	
Endothelioma:		
Plexus choroid	1	
Gumma		
Tongue	1	
Liver	1	
Oidium mycosis, skin	1	
Sarcoma		
Arm	1	
Radial nerve	1	
Kidney	1	
Inflammatory: Tonsils	5	
Appendix	6	
Lymphatic gland	1	30
Autopsies—	26	
Men	18	
Women	8	26
Manic depressive	8	
Dementia precox	13	
Dementia paretica	4	
Dementia due to cerebral hemorrhage	1	
Microphotographical slides	160	

WASSERMANN TEST.

A Wassermann test was made in 1345 instances, most of them of newly admitted patients. All positive and also doubtful patients were subjected to a lumbar puncture and a complete analysis of the spinal fluid was made. Twelve percent gave four plus reaction.

Among the paretics the Wassermann reaction was as follows: ,

Wassermann	in			
Blood	Spinal Fluid	Cytology	Globulin	
++++92%	96%	92%	94%	
+— 5%	2%	2%	4%	
— 3%	2%	6%	2%	

RESEARCH WORK.

In spite of very unfavorable conditions much work has been done in the field of internal secretion and oxydant ferments, the variation of the polymorphonuclear among the insane, the

pathology of the plexus choroid, the action of wood alcohol on the nervous tissue. A few interesting specimens have been found at the autopsies, viz.: Primary carcinoma of the liver; endothelioma of plexus choroid; carcinoma of the dura; sarcoma of the median nerve.

ROENTGENOLOGY AND ELECTROTHERAPEUTICS.

Work in this department has been very satisfactorily carried out under the direction of Dr. George R. Hampton. Electrotherapy has been administered regularly during the year to suitable cases, special attention having been given to depression, insomnia and patients suffering from high blood pressure. These conditions are usually greatly benefited by the systematic use of the static head breeze, or the high frequency current.

A number of physical complications, such as rheumatism, neuritis, and constipation, were relieved by means of the galvanic and sinusoidal currents. During the latter half of the year sinusoidal baths were installed and encouraging results obtained.

Roentgenograms were taken of all patients and employees who sustained injuries during the year. The X-rays have also been useful in the diagnosis of obscure chest, abdominal and bone cases. Decayed teeth and infected gums have received a great deal of attention and X-ray films were taken whenever indicated.

X-ray work done from July 1, 1919, to June 30, 1920—

EXPOSURES:

Head	28
Maxilla	5
Chest	37
Abdomen (barium meal)	21
Pelvis	3
Kidney	1
Upper extremity	101
Lower extremity	57
Teeth (films)	117

FRACTURES:

Diagnoses.

Head of humerus.....	5
Clavicle.....	2
Ulnar.....	2
Metatarsal bone.....	4
Cuneiform bone.....	1
Phalanges.....	1
Head of femur.....	3
Subperiosteal fracture.....	1
Sprain fracture.....	3
Old fracture.....	2
Rib.....	1

370

DISLOCATIONS:

Shoulder.....	2
Radius.....	1
Subluxation of shoulder.....	1

FOREIGN BODIES:

Head, 2 bullets.	
Hand, 1 bullet.	
Chest, 8 pins.	
Foot, splinter.	

MISCELLANEOUS:

Disuse atrophy.....	2
Dilated stomach.....	1
Gastropnoia.....	1
Prolapse of kidney.....	1
Broncho pneumonia.....	1
Pleurisy.....	4
Pulmonary tuberculosis.....	8
Asthma.....	1
Tubercular knee.....	1
Teeth, apical abscess.....	14
Pyorrhea.....	3
Abdominal tumor.....	1
Osteomyelitis, syphilitic.....	2
Osteomyelitis, pyogenic.....	1
Tumor of brain.....	1
Negative.....	52

Electro-therapeutic and X-ray treatments from July 1, 1919, to June 30, 1920—

Static head breeze.....	1,096
High frequency current (auto condensation).....	300
Galvanic and sinusoidal current.....	76
Static spark.....	69
Vacuum electrode.....	27
Galvanic current (for nerve atrophy).....	33
Sinusoidal current (to abdomen).....	13
Electrolysis.....	9
Roentgen rays for epithelioma, fibroma and eczema.....	35

1,658

COMMUNITY WORK.

The work of the clinic for venereal disease has been continued and treatment given to cases from the surrounding district, sent in by their local authorities. It is planned to increase the scope of this work by offering to members of the families of such patients as are found to have venereal disease the opportunity for examination and treatment if indicated. Various psychopathic cases, chiefly children, referred to the hospital by physicians, social service organizations, and relatives, have been given free mental and physical examinations and recommendations have been made as to treatment.

RESEARCH WORK.

As the hospital has not had a full quota of physicians at any time during the year, extensive research work has been impossible. Groups of patients, however, have been given special treatments, but as yet there are no positive results to report. Much attention has been devoted to the field of occupational therapy, and a full account of the results will be found under the report of the department of diversional occupation. Certain special studies have been made at the laboratory, as shown in the pathologist's report, and Dr. Hayao, of the University of Tokio, has been carrying out a series of investigations regarding the choroid plexus.

The eugenic research work has been confined to the hospital. Friends and relatives of patients have been interviewed, usually

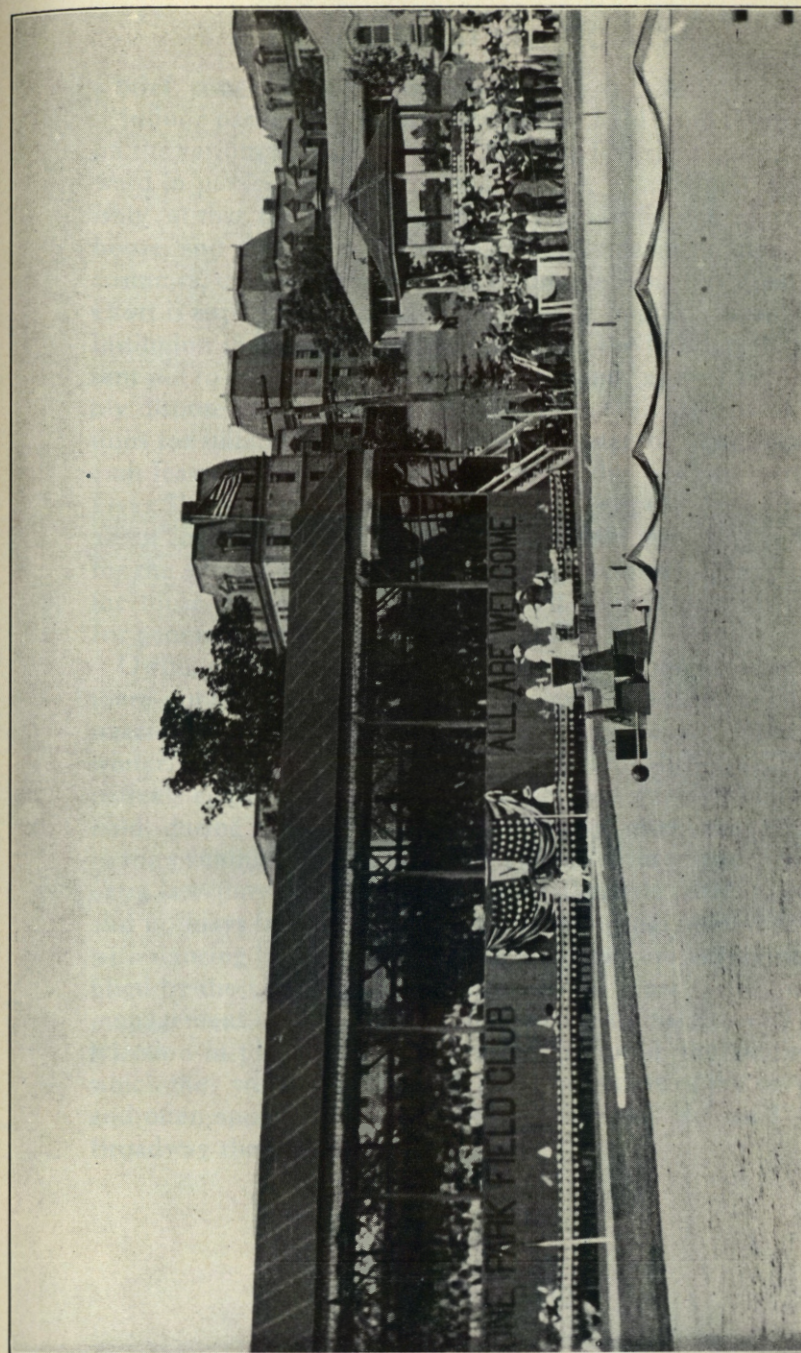
on their first visit to the hospital after the patient's admission. The data thus obtained is reported to the physician in charge and by him reviewed at staff meeting, if of sufficient importance. Finally, it is filed in the case, where it becomes a part of the permanent record.

AMUSEMENTS.

As is the custom at this hospital, the management during the past year has paid particular attention to amusements and diversions for the patients. Baseball was a feature during the past summer, the hospital team playing on its own grounds each Saturday, holiday, and many Wednesdays, against strong nines of the vicinity, and a great deal of pleasure was thus afforded the patients. On Labor Day, Rev. William A. Sunday, the evangelist, and his wife were present during the ball game, and their visit greatly delighted the patients.

Croquet and golf were enjoyed from early spring until late autumn and in September a corn roast was given for the men employed in the patients' garden and was declared a great success.

During the summer months the patients were encouraged to enter into athletics and a large number of them trained on the hospital athletic field, under the direction of Dr. McMurray, thereby improving both mental and physical condition. The annual Field Day was held on August 29, in combination with an amateur circus in which the different parts were taken by patients. About 250 other patients competed for prizes in the huge athletic meet, contests being arranged for men and women, black and white. Each competitor received at least one prize, and the more agile accumulated several. About 4,000 friends and relatives of patients were present. An aeroplane exhibition was given by Lieutenant Fisher, of the United States Army; he did numerous flying stunts over the athletic field, affording most of the patients their first close view of an aeroplane in action. The then Governor of the State, Hon. William N. Runyon, was among the visitors and favored the patients with



THE CIRCUS-RING ON FIELD-DAY

a brief congratulatory speech.

Indoor parties and entertainments are held from time to time on the various wards. Hallowe'en is the favorite season, and one ward in particular, on the women's side, entertained quite lavishly at that time, inviting guests from different parts of the house, and giving an elaborate programme with music, fancy costumes, dances, speakers, and fortune tellers. A great deal of effort is expended to make Christmas a happy season for the institution inmates. A few weeks before the holiday, letters are sent out to friends and relatives of patients, as well as to charitably disposed people of the hospital district, giving lists of suggestions for suitable gifts. Many people prefer to send checks or cash leaving the selection of gifts to the hospital authorities. Over \$1,300 was contributed for that purpose last Christmas, about \$500 being for designated individuals, and the remainder for the general fund. With the fund, presents were purchased for those not otherwise remembered, as well as candy and fruit for general distribution.

Owing to repairs being in progress part of the season and to there not being a sufficient number of attendants available to oversee the patients, the bowling alleys were not opened last winter. There are pool-rooms on the wards, however, and the patients enjoyed their usual games. The weekly dances were held during the year, but on Monday afternoon instead of in the evening as heretofore, the change being made to avoid extra late duty for the nurses. On alternate Friday evenings and holidays interesting moving picture programs were given, with dancing between pictures. The films were very kindly supplied by the Universal Film Company of New York, and the management of this company has been extremely careful in the selection of pictures, always bearing in mind the audience to which they were to be shown. The pictures are of the very latest, and often appear here even before they are released for the Broadway theatres.

MUSIC.

An important feature of hospital activity is the department of music. The requirements for admission to the orchestra are high, but so far the ranks have not been seriously depleted by the general shortage of employees. The majority of the orchestra players are always attendants, but a few patients also take part. Music is provided for the weekly patients' dance, for the employees' dances and the moving picture shows on alternate Friday evenings, for the various church services, and for all important hospital occasions. Band concerts are given at the baseball games during the summer, and occasionally on the lawn outside the various wards.

For nearly eighteen years the department of music was in charge of Mr. George P. Grailey, and he not only did excellent work in obtaining and training men for the orchestra, but he was always reliable, faithful, and loyal in his relations to the hospital and its management. On April 14 he died suddenly of heart disease. Since that time the leadership of the orchestra has been in the hands of Mr. Bernard Borchers, who is achieving excellent results.

RELIGIOUS SERVICES.

The same system of conducting religious services has been followed as in the past. The pastors of the Methodist, Baptist and Episcopal churches of Morristown and of the Presbyterian church of Morris Plains hold services at the hospital. On each Tuesday morning the Roman Catholic priest of the Morris Plains parish conducts mass at the hospital. On one Saturday each month and on the religious holidays a rabbi from Newark holds services, various clergymen of different denominations visit the hospital to administer cheer and consolation to patients who have been members of their parishes, or to strangers of similar faith.

Christmas Sunday, Rev. D. M. Bookman, D. D., rector of St. Peter's Church, Morristown, brought his entire choir to the hospital to sing old Christmas hymns and carols. The patients showed deep appreciation of the fine music and of the generous and

thoughtful spirit exhibited by both rector and choir.

THE TRAINING SCHOOL FOR NURSES.

The work of the Training School has been continued during the past year quite as successfully as heretofore, despite the fact that the shortage of nurses rendered the duties of those remaining correspondingly heavier. The course covers three years and consists of lectures and practical work. The lectures are given by the physicians of the staff and include the subjects of anatomy, physiology, medicine, materia medica, surgery, obstetrics, hydrotherapy, bacteriology and pathology, dietetics, nursing ethics, and mental and nervous diseases. A written examination in each subject is held at the end of the year. Instruction in ward management and general care of the insane is provided by the various supervisors, and the members of the graduating class are given courses in bedside nursing and bandaging.

The commencement exercises were held on the evening of June 10, in the hospital chapel. As Dr. Evans had founded the Training School and had always taken keen interest in its welfare, and as the greater part of the training of the graduating class had been taken under his direction, the exercises were opened by the superintendent, Dr. Marcus A. Curry, who gave a brief resume of the work of Dr. Evans along this line, and asked the audience to stand for a moment in silent tribute to his memory. The speaker of the evening was Hon. Burdette G. Lewis, Commissioner of Institutions and Agencies. The class pins were presented by Hon. Daniel S. Voorhees, President of the Board of Managers, assisted by Miss Mary R. Keegan, Supervisor, and the diplomas were given out by the superintendent. The graduates were ten in number, two men and eight women, as follows:

William Butler; Richard F. Carr; Kitty Frances Costello; Elmira Victoria Evans; Margaret J. Fitzgerald; Marion Veronica Kelly; Anna T. McKeon; Helen M. Molnar; Myrtle Frances Smart; Mary M. Thurston.

Including this class, the total number of graduates is now 279; 81 men and 198 women. Of these 38 are employed at the hos-

pital, 12 men and 22 women on the wards, and 4 women in other capacities. There are 12 remaining in the training school; six women entering the third year, and five women and one man entering the second year; the lists for entrance to the first year are, of course, not yet available.

SURVEYS.

Dr. Sidney D. Wilgus of the National Committee for Mental Hygiene, acting in co-operation with the Department of Institutions and Agencies, remained for several weeks at the hospital during the spring, making a thorough investigation of the different departments of the institution as to equipment, personnel, and methods. This survey was supplemented by the work of Miss Helen C. Sinclair of the National Committee for Mental Hygiene, who spent a few days in studying the nursing situation here.

STAFF MEETINGS.

Staff meetings have been held regularly on Tuesday and Saturday of each week. At these meetings matters of hospital and medical interest are discussed and reports are made of laboratory and X-ray work, autopsies, operations, accidents and so on. The history of each patient admitted to the hospital is read at the staff meeting; the patient is then presented before the staff and questioned by the different physicians, after which the various phases of the case are discussed and the diagnosis made. Stenographic record of the questioning and discussion of each patient is filed in the case record.

WAR RISK PATIENTS.

As anticipated in last year's report, there have been numerous admissions of ex-soldiers and ex-sailors whose mental disease is attributable to service, either through the strain of war conditions or through inability to effect readjustment to meet the requirements of civil life after discharge. Several of these cases showed rapid improvement and were discharged as recovered; others were less satisfactory, although permitted to leave the hospital as improved.



GRADUATING CLASS OF NURSES

At present there are about thirty still held as patients, some with prospect of cure, but the majority undoubtedly destined to become permanent institution cases.

After various complications in the matter of adjusting claims and compensations, the hospital in April entered into a contract with the United States Public Health Service under the terms of which war risk patients from the hospital district should be accepted, when regularly committed according to law, and given care and treatment for a specified weekly sum. Before this contract was made the hospital was inspected by Dr. Francis M. Schockley of the New York office of the United States Public Health Service, with a view to determining its fitness to care for Government charges. The report which he returned was most favorable, as he found the institution well run and the patients comfortable and contented. The Industrial Department called forth especial commendation, Dr. Schockley regarding it as the best of its type that he had seen during his extensive inspection of similar institutions. More recently a visit was made by Dr. Bruce Robinson of the same department, and he, too, found the hospital satisfactory and was particularly pleased with the detailed records kept.

The maintenance of war risk patients involves considerable additional work for the staff and for the clerical force, as numerous reports and examinations are necessary to fulfill Government requirements, but all accept the burden willingly, feeling with me that any slight personal sacrifice we can make is not worthy of consideration if it contributes in any way to the care and comfort of these boys who have sacrificed so much.

PSYCHIC PHENOMENA AND THE STATE HOSPITAL.

A state hospital must always, to a certain extent, reflect any variation from normal conditions in the surrounding community. Seasons of financial panic, great religious revivals, war conditions, even the lighter fads and fancies of the people, produce a degree of mental stress or conflict which acts, in certain individ-

uals, as the culminating factor for a psychosis. At present a wave of interest in occult and psychic phenomena is sweeping the country, which is calculated to bring an unusual number of patients into the institution.

The people who seize upon spiritualism in its varied forms are too often either those who are naturally of a highly strung, neurotic tendency, or who have just passed through some great trouble which has temporarily deprived them of normal resistance. The conditions of mystery and emotional strain which surround the seances are particularly dangerous for people of this type. Their minds are fixed on unhealthful topics; they are induced to make every effort to feel sensations, hear voices, and receive messages from the world of spirits.

In individuals of neurotic or hysterical makeup the step is all too short from the seance to actual hallucinations of sight, touch, and hearing, and from the idea of direction by some dead friend through the medium of the ouija board to definite delusions of influence and guidance. In fact, it would be difficult to imagine conditions more favorable for the development of a psychosis than those furnished by repeated visits to mediums and seances with constant morbid dwelling upon supernatural manifestations, and if popular taste does not soon swing to some more wholesome diversion, the state hospitals are destined to receive a new influx of patients.

INDUSTRIAL DIVISION.

This department has been under the supervision of Dr. George B. McMurray. The war and the work for wounded soldiers has directed public attention to the great benefits that are possible through diversional occupation and therapeutics. These benefits are especially marked with those suffering from various forms of mental disease. This hospital during the past year has been progressive, ever on the lookout for new and improved methods in this line of work. At the present time, almost all the patients who are physically able are urged to engage in some form of industrial occupation. Patients as far as possible are allowed to

choose their own line of work, but we have endeavored to persuade them to pick up an entirely new type from that to which they were accustomed in the outside world.

We find that we are able, following this method, to stimulate the patient's interest and cause him to lose more quickly his condition of introspection, his delusions and his hallucinations. After he improves, the patient is allowed to return to the work which he usually performed before coming to the institution, since by this time he is rested mentally. The first piece of work the patient accomplishes at the Industrial Building is saved, and from time to time the patient is shown his improvement; for instance, if he is put at making rugs, his first rug is laid aside and then in a few weeks it is brought out and compared with his more recent endeavor. This self-competition promotes enthusiasm and confidence in patients.

In running this department there should be no quibbling over the supplies and the material furnished. The patients should have unlimited stock to work with, for without this they soon become disinterested and, if I may use the term, disgusted. The material supplied to these patients is just as important from a therapeutic standpoint as the drugs from the pharmacy.

Of course, there is some waste of material, especially with beginners, but we should never lose sight of the fact that the industrial work is intended as a curative measure and should not be looked upon from a purely business standpoint, as is too often the case, especially by a lay person. While there is some waste with beginners, I can safely say that those who have improved accomplish enough work and produce enough goods to far off-set the waste of the beginners. In fact, the industrial department at the present time is producing to a value exceeding the appropriation made by the Legislature. During the past year enough willows were raised on the hospital grounds to supply us with material to make all the laundry baskets used at the hospital, all the waste-paper baskets, and numerous other baskets, beside which the excess was sold for the sum of \$2300. It can be

readily seen that with an appropriation of only \$4000, annually, the industrial returns are far in excess of the appropriation.

It is not necessary to go into details as to the benefits of diversional occupation, for it is a matter of record that patient after patient is restored to mental health by this method. The work of the Industrial Building is divided into arts and crafts for men, arts and crafts for women, printing, ruling, and bookbinding departments, textile work, and repairs.

In the arts and crafts for men, numerous staple articles are made up for hospital use. The following deserve particular mention. The manufacturing of brooms—at the present time we make all the brooms used at the hospital and in addition raise practically all the broom corn needed. Basket making—all of the baskets used in this institution are manufactured at the Industrial Building; formerly the laundry baskets were a large item of expense, owing to the fact that they are frequently handled and as they have to be sent through narrow dumb waiters are often destroyed; at the present time, not only are new baskets manufactured, but old baskets are kept in repair. Brush making—the patients manufacture scrub brushes, brush brooms, and clothes brushes sufficient for all hospital needs. The caning of chairs and repairing of other furniture about the hospital is another considerable item; new articles of furniture are also constructed by the patients. The toy section—at the present time some of the patients have mastered the art of toy making to such a degree that the finished products will compare favorably with any foreign article on the market; this is an important section, for we find that patients will begin to work here when it has been absolutely impossible to interest them in any other line of industrial work.

Concrete blocks for building purposes—the large garage which was erected on the hospital grounds during the past year is composed of concrete blocks made by patients. In this department we have a baling press and all of the waste paper about the institution is collected, baled and sold. Several patients are em-

ployed in the weaving of rugs and making of door mats, some of which are distributed about the hospital and some sold. During the past year we have woven considerable toweling, although not as much as if we had not been frequently handicapped in regard to securing warp.

In the print shop all of the printed matter used in a state institution of this kind is prepared. Anyone familiar with the number of index cards, record sheets, forms, and reports necessary will readily appreciate the amount of work accomplished in this department.

The hospital magazine, *THE PSYCHOGRAM*, is also made up here; this paper is edited and printed entirely by the patients. All of the ruling of paper used at the hospital is done at the print shop, which makes a considerable item. We have a section known as the bookbinding department in which are bound all the medical periodicals, books such as ledgers and journals used in the business department, register books used by farm hands, form books for time keeping, etc. This affords employment to a considerable number of patients, and several have learned the bookbinding trade since coming under our care. Besides being of great therapeutic value to the patients, it has saved the state hundreds of dollars.

In the women's arts and crafts department most of the clothing for the indigent women patients is manufactured, such as chemises and other underwear, dresses, nightgowns, and so on. In this department the women also make fancy baskets, do embroidery, hemstitching, crochet different forms of lace, knit sweaters, and the like. This work has all been greatly handicapped during the last year because of the lack of sufficient raw material. Any deficiency of supplies, either in quantity or quality, in any department of the industrial shops causes a great deal of anxiety on the part of the instructors, as it lessens the enthusiasm of the patients, causes them to become disinterested, and so decreases the therapeutic value of diversional occupation.

Besides those working in the Industrial Building proper, a num-

ber of patients are employed about the hospital in the various departments, such as the laundry, farm stables, dairy—practically all the milking is at the present time being done by patients—the garden, greenhouse and grounds, plumbing department, engine room, blacksmith shop, storehouse, garage, tailorshop, shoeshop and so on.

It is impossible to compute with any accuracy the value in money of the work done by patients. I have attempted, however, in the following tables to indicate roughly the amount of work done in the various departments, with the market price of the finished products.

Print shop—

Printing department:		
Impressions	612,171, value	\$5,577.55
Ruling and bookbinding department:		
Impressions	202,400	
Books bound.....	1,437	
Books ruled and bound.....	167	
Books repaired.....	243, value	1,162.51
Total value of print shop work.....		\$6,740.06
Arts and crafts, men:		
Articles made and repaired....	6,256, value	4,828.16
Carpenter work.....	value	909.98
Willow crop, 1919	value	2,300.00
Total value of arts and crafts work, men		8,038.14
Repairs to clocks, etc.....		31.35
Textile department.....		547.20
Arts and crafts, women:		
Articles made and repaired.....	26,029, value	8,039.26
Total valuation of work in industrial department.....		\$23,396.01

No attempt has been made to estimate the value of work done in the shops, laundry, bakery, garden and on the wards, but record has been kept of the number of patients working in each division by months, as follows:

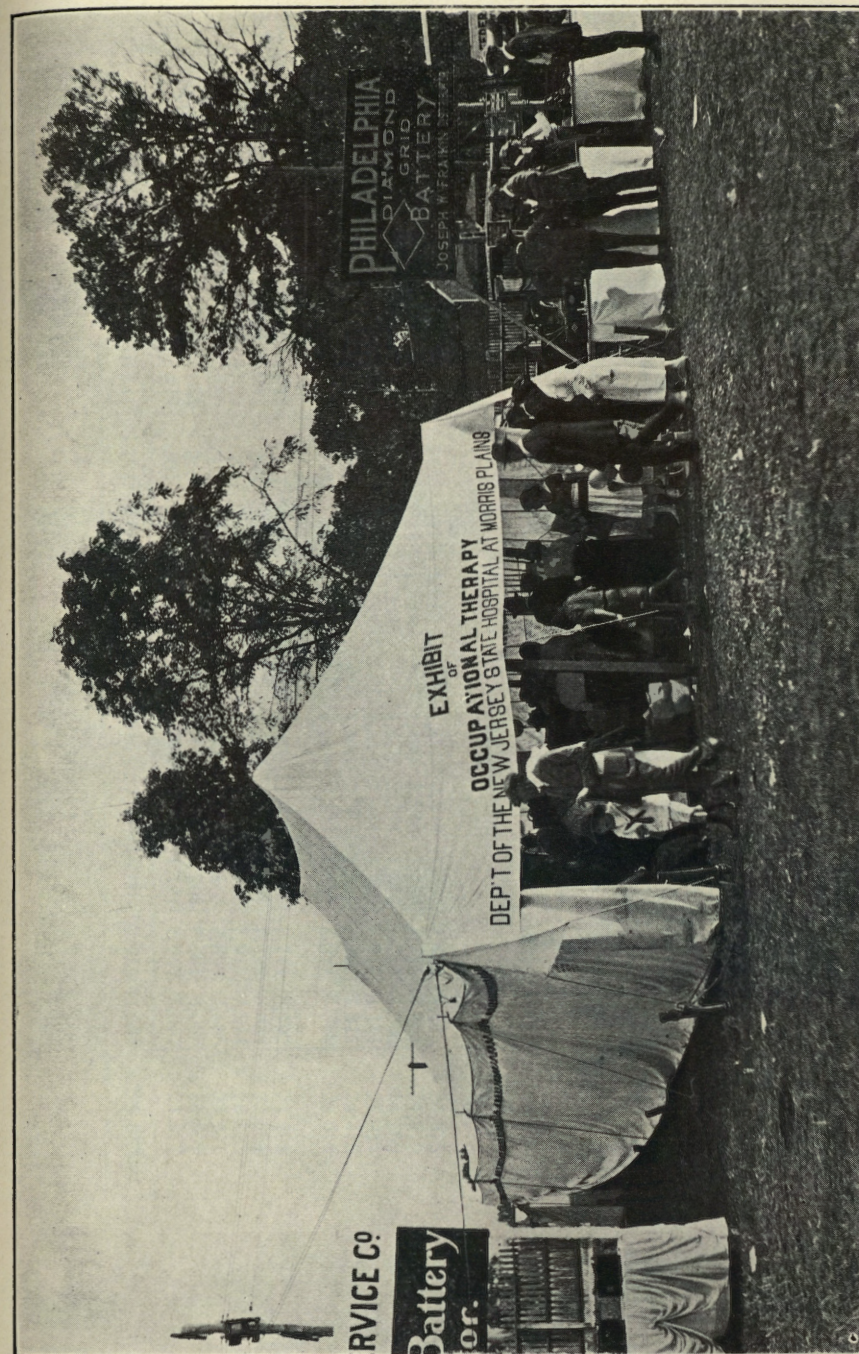


EXHIBIT OF OCCUPATIONAL THERAPY

NEW JERSEY STATE HOSPITAL.

	LAUNDRY		Kitchen (Men)	Bakery (Men)	Sewing (Women)	Shops (Men)	Special Farm and Garden	INDUSTRIAL DIVISION		WARD WORK		Total
	Men	Women						Men	Women	Men	Women	
1919												
July	712	947	369	117	1,612	237	1,495	2,540	1,597	7,431	7,618	24,675
August	347	1,046	455	151	1,459	317	1,490	2,528	1,459	7,716	7,851	24,819
September	596	995	692	146	1,380	263	1,576	2,394	1,510	7,702	7,306	24,560
October	628	1,065	501	151	1,455	279	1,619	2,444	1,716	7,945	8,111	25,914
November	571	853	497	184	1,387	239	1,628	2,314	1,219	7,702	7,821	24,415
December	578	1,021	489	216	1,458	232	1,624	2,401	1,618	7,997	8,380	26,014
1920												
January	636	871	463	185	1,453	263	1,422	1,977	1,589	7,744	8,192	24,795
February	585	782	398	209	1,839	236	1,154	1,885	1,208	7,498	6,834	22,628
March	618	800	398	197	1,671	244	1,274	2,185	1,110	7,914	7,914	24,325
April	597	750	363	196	1,749	187	1,404	2,225	856	7,899	7,095	23,921
May	635	688	265	160	1,766	184	1,476	2,260	1,004	8,201	8,000	24,639
June	647	823	301	174	1,532	198	1,457	2,273	1,121	7,989	7,862	24,377
Total	7,150	10,641	5,191	2,086	18,761	2,879	17,619	27,426	16,007	93,738	93,584	295,082

In the past the hospital gardens have been divided into two distinct groups: the patients' garden, which was planned and worked by the patients, and the main garden, which was cared for by employees. Beginning with this spring, the gardens have all been placed under one system, being worked by patients under the direction of a gardener and with the assistance of a few employees. The following is the production from what was formerly designated as the patients' garden:

Cucumbers.....	20	bu.
Onions.....	97½	"
Onion sets.....	3	"
Tomatoes.....	141½	"
Yellow tomatoes	28	qts.
Lima beans.....	95	bu.
Winter radishes.....	25	"
Beets.....	22	"
Potatoes.....	58½	"
Carrots.....	74½	"
Turnips.....	12	"
Peas.....	21½	"
Wax beans.....	29½	"
String beans	58½	"
Peppers.....	15	"
Sweet corn.....	11,814	ears
Celery.....	5,892	heads
Cabbage.....	450	"
Lettuce.....	5,443	"
Egg plants	615	fruits
Ground almonds.....	10	q's.
Apples.....	63	bu.
1920		
Green onions.....	7,917	bunches
Radishes.....	1,037	"
Lettuce.....	700	heads
Peas.....	5½	bu.
Strawberries.....	200	qts.

I am convinced that through scientifically directed activity of body, many of our patients can find their way back to normal

mental adjustment. I believe that the number of industrial instructors should be increased, so that physical training can be begun in the form of simple calisthenics and class drills on the wards. As the patients gain in ability to respond, they can be transferred to the Industrial Building, where they will be taught to perform elementary tasks. From these they can be gradually advanced, as their re-education progresses, until they are capable of skilled work of a character, similar to that in the outside world.

As a final step in the reconstruction process, the patients in some instances are discharged first on parole, and placed on the hospital pay-roll as employees; they have complete freedom as to spending of money and pursuits outside of working hours, but are still held under observation, and if there is any indication they are not doing well, they can be returned to the wards for further treatment, without new papers. If after a certain period of employment at the hospital the patients show no need for further treatment and they wish to seek another position, they are permitted to do so and are formally discharged from the records, recovered.

Every patient thus brought back to normal usefulness in the community is a definite saving to the State of thousands of dollars; his work at the hospital during the period will amount in most cases to a considerable sum, which is clear gain, above the cost of materials, equipment and instruction, as maintenance per capita is practically the same whether the patient is a useful worker at the Industrial Building or a "wallflower" on the ward. When the patient is discharged as recovered and able to take his place in the outside world, not only is the State relieved of the burden of his support, but in many cases his local community is also freed from the necessity of longer caring for his dependents. A few thousand dollars spent in suitable equipment, sufficient supplies, and competent instructors for the industrial division will, in my opinion, bring as returns a saving of tens of thousands, perhaps hundreds of thousands, of dollars to the taxpayers, not to speak of the immense conservation of human energy, and the

incalculable privilege of restoring these mental derelicts to normal human happiness.

OVERCROWDED CONDITIONS.

As in previous years, all therapeutic work has been seriously handicapped by the fact that we have approximately 1,000 patients in excess of our planned capacity. The Legislature of 1918 made an appropriation of \$400,000, available after July 1, 1919, to be used in the construction of two new psychopathic buildings. It was planned that these should serve as reception and acute service wards, male and female, thus relieving the main wards of a group of about 200 patients who require special care and attention. This would serve the double purpose of freeing the more quiet patients of a disturbing influence, and of permitting intensive treatment of those in a condition of acute mental disease. Plans and specifications were drawn up by the state architect and submitted to contractors. When the bids were opened it was found that the lowest was over \$700,000 for one building, nearly double the sum appropriated for two. This necessitates delay for investigation, and will probably mean the drawing up of a complete new set of plans and specifications. Meantime, the patients continue to suffer from the effects of overcrowding, with the unhygienic physical conditions and the impossibility of classifying and grouping properly the different types of mental disease.

A special plea for further appropriation to relieve overcrowding was made by the hospital authorities, and the Legislature of this year responded with an additional \$400,000 to become available after July 1, 1920. It is now planned to use this sum in the construction of a hospital building or infirmary where all medical and surgical cases could be cared for. By this means the atmosphere of sickness will be removed from the general wards, additional space will be given for the physically healthy patients, and the attendants will be freed from bedside duties to give more time to those patients who by reason of mental depression or delusions are in need of sympathetic attention. In the hos-

pital building the acutely ill and bedridden patients can receive the special nursing and diet demanded by their condition, and be freed from annoying interference. In addition, opportunity will be given for the members of the training school to receive experience under conditions approximating those on the medical and surgical wards of a general hospital.

THE PROBLEM OF HELP.

There is no one feature which has caused the local officials more intense and constant anxiety than the shortage of nurses and attendants. Our patients are not only unable to care for themselves, but they have in many cases highly dangerous homicidal and suicidal tendencies. A ratio of one attendant to every ten patients is considered low by most authorities, but our day nurses are at present responsible for from twenty-five to one hundred patients each, and we have only twenty-six night nurses on duty for the entire institution.

Under circumstances like this it is inevitable that many otherwise preventable injuries should occur and that conditions should arise for which the friends and relatives of inmates indignantly and unsparingly condemn the entire hospital management. Moreover, I personally fear that unless drastic remedies are applied it is only a matter of time before some appalling disaster will take place. When that occurs, you know that wherever the blame may belong, public opinion will place it on the authorities of the institution.

The attempt to solve the problem of obtaining and retaining employees by means of a bonus payment, was most unfortunate in its results. Recently employed individuals received larger sums than did faithful nurses who had stood by the hospital through years of stress. Naturally, widespread dissatisfaction and resignations followed. At the time the computations for the second bonus were made up, representatives of the hospital spent several days in Trenton going over the figures with the civil service officers, but the results were not all that could be desired.

In my opinion the bonus system in general has little to recommend it and much to condemn, and as worked out in this institution it has added seriously to the already difficult problem of help. Raises in salary arranged from personal knowledge of working conditions and individual merit seem the only method by which compensation can be arranged with justice on a monetary basis.

Much dissatisfaction is expressed regarding the serving of meals and the working hours. Two dining rooms for nurses have been fitted up, one on the North side and one on the South side, but it is impossible to occupy them at present, as there is only one nurse on a ward in most cases and so no relief for the meal hour. As a consequence, the nurses continue to eat with the patients as heretofore. For like reason it is out of the question to make any reduction in the working hours, as there are no nurses to be had for additional shifts.

FILING CABINETS FOR PATIENTS' CASE RECORDS.

The case records of the patients contain all legal documents, correspondence, mental and physical examinations, ward reports, notes, historian's reports, laboratory reports, and other data pertaining to the patients. The material is invaluable and impossible to duplicate. At the present time most of these case records are kept on file in the Record Room, but the filing cabinets there are of obsolete construction and insufficient capacity. Small appropriations have been made for additional cabinets in the past two years; as there was no more space in the Record Room, these were bought and placed in the corridor outside, but were only sufficient for the yearly increase in records, and all the available space in the corridor is now occupied. I recommend that a room in the basement of the administration building be rendered as nearly fireproof as possible, and that the old filing cabinets be removed from the Record Room and placed in this basement room to be used for the purpose of storing the records of patients who are no longer in the hospital. I recommend the

purchase and installation of new and modern filing cabinets for the Record Room, so that the case records of patients in the house may be safely and conveniently filed.

SCREENS.

Wire screening for the laboratory and morgue building is extremely essential. Specimens of various kinds, many of them highly toxic in character, are constantly being examined at this building, and numerous autopsies are performed. It is necessary in summer to have the windows open, and without screens flies pass in and out freely and cannot be kept from the specimens and the autopsy room. Not only are they most disagreeable to those working in the laboratory, but there is possibility of their carrying contamination and infection to the kitchens and dining rooms. I feel that it will be a serious reflection on the hospital management if this screening is not done, and I recommend that an appropriation be made for the purpose.

I recommend also that for the comfort and protection of the inmates screens be provided for the firehouse and for the industrial building. Both these buildings are now unscreened and are in close proximity to the unscreened laboratory and morgue. The original appropriation for all these structures failed to include screens.

LABORATORY BUILDING.

The morgue in the laboratory building is greatly in need of a refrigerating equipment for taking care of dead bodies. It is often necessary to hold bodies in the morgue for some hours before autopsy, when patients die in the late evening or when several die on the same day. In hot weather, especially, some adequate refrigerating system is greatly needed.

PURCHASE OF A PLOT OF GROUND FOR BURIAL OF BODIES OF UNCLAIMED DEAD PATIENTS.

The custom has been to bury the unclaimed bodies of indigent

patients dying at the hospital in Evergreen Cemetery, Morristown. The board of directors of that cemetery has served several notices upon the hospital that owing to lack of room they are unable to continue to accept our unclaimed dead. I recommend that a plot of ground be purchased for the purpose of providing a cemetery for such bodies.

SHOWER BATHS.

The shower baths installed on two of the hospital wards have proved most satisfactory. The saving in water is considerable, and there is also a saving in time and labor for the attendants, which is a highly important factor under present conditions, as it permits the patients to be more frequently and hygienically bathed. I am convinced that similar equipment should be installed on all the wards of the hospital, and recommend that an appropriation be made for a certain number of shower baths each year until the work is completed.

PLUMBING.

The plumbing in the Main Building has been in use for many years, much of it since the opening of the institution. It is of obsolete construction and in poor condition. Frequent leakage or clogging of pipes are unhygienic in results and the expense of keeping up repairs is high. The small size of the water-pipes makes it difficult to obtain sufficient pressure on the top floors, and at times when the water is low in the reservoir the supply may be entirely cut off. New and larger pipes have been installed in two of the tiers with good results. I recommend that an appropriation be made to cover the work of installing new plumbing, toilets, and sinks throughout the Main Building, and new and larger water-pipes in the tiers not already so equipped. If the sum required is too large for one appropriation, as much as possible should be appropriated now and the remainder provided as soon as may be.

RE-PLASTERING WOMEN NURSES' HOME.

Some years ago there was a fire in the Nurses' Home which destroyed a part of the building. The walls of the section which was not condemned were saturated with water. Consequently, since the re-plastering was done the lath has warped, causing the plaster to crack badly and many sections to fall. For the good of the building and the comfort of the occupants it is necessary that a large part of the interior be re-lathed and re-plastered, and I recommend that an appropriation be made for this purpose.

PAINTING AND REPAIRS.

Painting and repairs are greatly needed throughout the institution, both inside and out. During the war period in an effort to cut down expenses this work was left undone. As a result, the buildings are in bad condition and unless given attention immediately will deteriorate to a dangerous degree. I recommend that a sufficient appropriation be made for painting and repair work.

REPAIRING AND ENLARGING ELEVATOR AT THE LAUNDRY.

The elevator at the laundry should be enlarged, as baskets and clothing are destroyed and the safety of the operators endangered by the use of the present narrow shaft. I accordingly recommend that an appropriation be made for the purpose.

BOILER PLANT.

The present boiler plant is barely capable of meeting our immediate requirements under the most favorable conditions. Part of the system has been in use more than twenty years and is likely to be condemned by the inspector at any time. With the construction of the additional buildings which are contemplated the present boiler capacity will be entirely insufficient, and I therefore recommend that an appropriation be made for a new boiler plant.

GAS PLANT.

The slate roof of the gas plant is in very bad condition and past repair. I recommend that an appropriation be made for a new roof.

REFRIGERATING PLANT.

Owing to the fact that the supply of natural ice cannot be depended upon and that the refrigerating plant of the compression type does not meet requirements, I recommend that an appropriation be made for the installation in the Main Building of a refrigerating plant of the absorption type, such as is used in the Dormitory Building with good results.

TRACTOR FOR FARM WORK.

A tractor for farm work has been included for the past two years in the list of appropriations requested. As the labor problem has become even more serious and the high cost of supplies now renders the maximum of production imperative, I feel that money expended for such a tractor would be wisely invested, and I accordingly recommend that a sufficient sum be appropriated for this purpose.

RESIGNATIONS AND APPOINTMENTS
IN THE MEDICAL STAFF.

July 7, 1919, Dr. Annie E. Freese reported for duty as bacteriologist.

August 5, 1919, Dr. Franklin C. Young reported for duty and was reinstated on the staff, having received honorable discharge from the United States Army.

September 4, 1919, Dr. Elam F. Srygley reported for duty and was reinstated on the staff, having received honorable discharge from the United States Army.

October 15, 1919, Dr. Charles A. Kinch resigned to accept a position on the staff of the Central Islip State Hospital, New York.

January 14, 1920, Dr. Britton D. Evans, Medical Superintendent and Chief Executive Officer, died.

January 16, 1920, Dr. Marcus A. Curry was appointed temporary medical superintendent and temporary chief physician.

January 16, 1920, Dr. George B. Mc Murray was promoted to the position of senior assistant physician.

March 12, 1920, Dr. Marcus A. Curry was appointed medical superintendent and chief executive officer.

ACKNOWLEDGMENTS.

Grateful acknowledgment is hereby made to the many thoughtful and generous people who have during the past year donated books, papers, magazines, money, tobacco, and other gifts to render the inmates of this hospital happier and more comfortable.

CONCLUSION.

This year has been a period of unusual difficulty for the institution, owing to the after-war conditions of high prices and insufficient labor, and to the complications attendant upon a change of administration. The six months since I became superintendent have presented many perplexing problems for solution. I wish to hereby express my most sincere thanks to the members of the staff for their loyal co-operation and their faithful and efficient services at all times. I wish also to express to the nurses and the other employees my appreciation of their constancy in remaining at their posts and carrying on the routine work of the institution through this trying year. To the members of the consulting staff, especially to Dr. Clifford Mills, I make grateful acknowledgment for the many services rendered. And to the Board of Managers I feel myself indeed most deeply indebted for support, co-operation, counsel and sustaining friendship during this, the early period of my superintendency.

Respectfully submitted,

MARCUS A. CURRY.

Medical Superintendent and Chief Executive Officer,

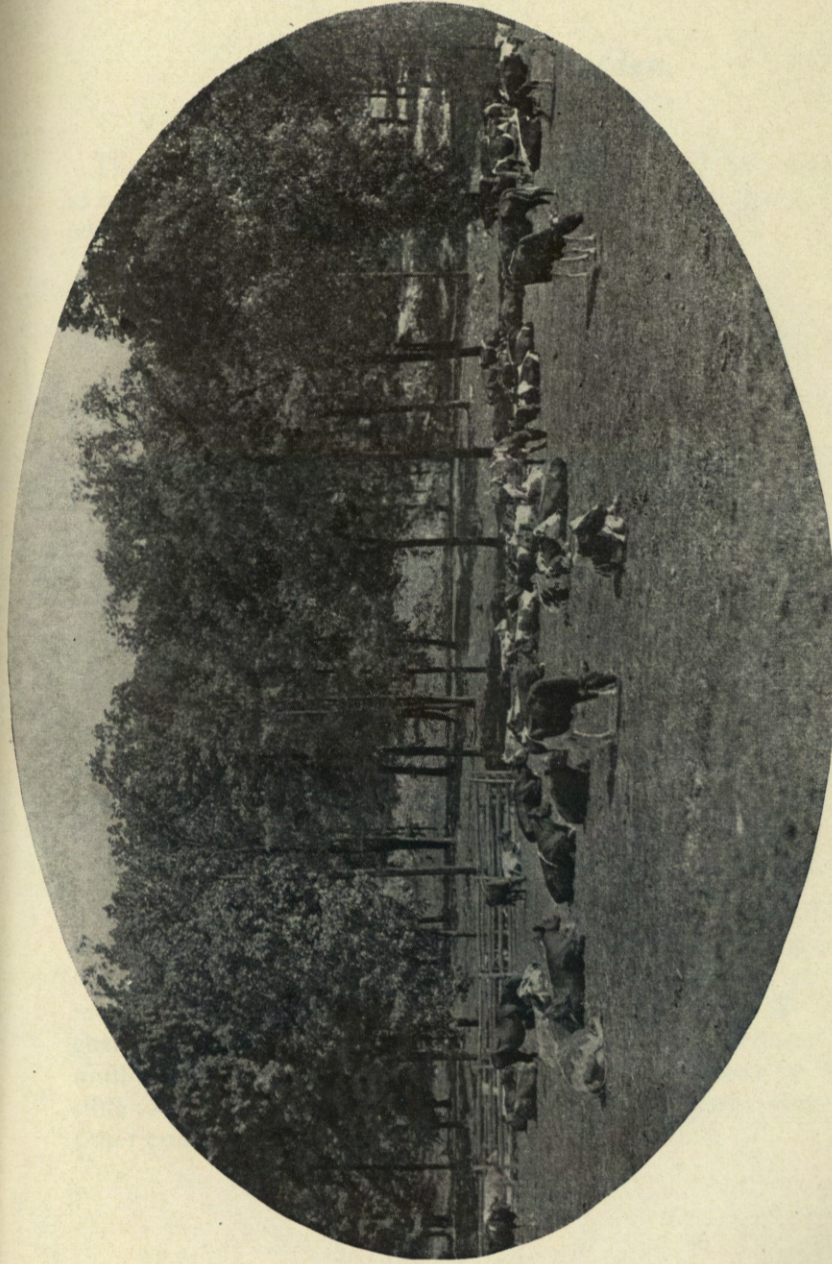
SPECIAL REPORT

MADE BY

O. M. BOWEN, *Warden,*

TO

DR. MARCUS A. CURRY, *Chief Executive Officer.*



THE PASTURE

Special Report by Warden.

The following is the report of the Warden, Mr. O. M. Bowen, as submitted to me, bearing upon the affairs of the institution which come under his supervision.

WARDEN'S REPORT.

To Dr. M. A. Curry, Medical Superintendent and Chief Executive Officer:

DEAR SIR:—

I present herewith report of the business department for fiscal year ending June 30, 1920.

DISH WASHING MACHINE.

After a continuous service of nineteen years in the main kitchen at the Dormitory building, two dish washing machines which were expensive to operate and maintain and extremely hard upon the operators, were discarded in December and replaced by one of modern construction, a decided departure from the cumbersome machines formerly used. A considerable quantity of crockery was broken in connection with their operation. The new machine is very efficient, easily operated, and with its use the breakage of crockery has been reduced to a minimum.

BONE GRINDER.

A bone grinder was purchased incidentally for grinding an accumulation of bones stored at the piggery. The necessary additional pulleys, belting, etc., required for operation of the machine by the portable farm engine cannot at this time be purchased, owing to lack of funds, consequently it must remain idle until means for securing equipment are available. It may be possible to utilize this machine in connection with preparation of other commodities for use on farm, etc.

GARAGE.

Erected during the past year, and equipped with steam heat, hot and cold water, electric lights, etc., by hospital mechanics, constructed of concrete blocks manufactured by patient labor in the industrial department, a building fifty feet by fifty feet now occupied as a garage, is an evidence of the constructive ability of patients and employees at this institution. The two trusses, each weighing one and one-half tons, were made, raised and placed in position by the hospital force. The horses stabled in coach barn were transferred to the farm barn, and are being utilized in farm work. A portion of the coach stable has been remodeled and fitted up as a garage for housing trucks.

SCALES FOR WEIGHING FARM PRODUCE AND OTHER COMMODITIES.

The old platform scale in use for many years was of sufficient capacity and strength to care for regulation wagon loads of materials, but with the advent of the auto truck their usefulness ceased. A truck loaded with ashes attempted to pass over them, resulting in the complete collapse of the scale. It was found to be beyond repair and a new scale of twenty ton capacity was purchased and installed. The necessary lumber was furnished from the hospital mill, and concrete foundation constructed by the hospital mechanics.

RAILROAD.

The hospital switch with sidings is approximately two and one-half miles in length, is kept in repair by hospital workmen, and at intervals inspected by the road master of the Lackawanna. Some years ago the rail then in use was condemned by the Lackawanna engineers as being too light and unsafe. Appropriations have been asked for each year and granted, sufficient to purchase a portion of the necessary equipment. New switches have been installed, a considerable portion of the sixty-five pound rail replaced with eighty pound, and an appropriation will be avail-

able July 1 for the purchase of additional rail, spikes, tie plates, etc. New ties are continually required to replace those defective, all of which are furnished from the hospital property and sawed at the hospital mill. A switch sixty feet in length was built for the purpose of unloading water main, crushed stone, sand, etc., at stock yard.

BAKERY.

The bakery machinery was installed in 1907, has been in constant use, producing daily an average of 2,300 loaves of bread in addition to rolls, pie, cakes, etc. The equipment has from time to time been repaired and is after these years of service much worn. In November the bread mixing machine, which is, on account of lack of sufficient capacity, overtaxed, collapsed, and while repairs were under way it was necessary to mix by hand, which was very laborious work. The mixer is of a type not now being made, the factory could not furnish new parts unless special patterns were made for casting, and they would not guarantee delivery under six weeks. A local foundry made up the parts and machine was again put in operation four weeks after the accident. In a plant producing the quantity of bread as is baked here, two mixers are needed, one to be kept in reserve or repaired if necessary, while the other is in operation.

CONNECTING CORRIDORS REAR OF DORMITORY BUILDING.

For the protection and comfort of the patients at the Dormitory building, who sleep in the Annex buildings, situated 140 feet in the rear, covered corridors laid with concrete floors have been constructed. Patients now pass to and fro during all weathers without suffering exposure.

SLAUGHTER HOUSE.

Funds received for insurance on old slaughter house destroyed by fire, together with an available appropriation granted for repairs to the old building, were expended in the purchase of material and payment of labor entering into the construction of

new slaughter house.

The new house is a frame building, twenty-two by thirty-two feet, with concrete floor and side walls cement covered for a height of four feet. It is well ventilated, amply equipped with track for handling carcasses of beef, and is also supplied with scalding tank, steam heat, hot and cold water, installed by the hospital mechanics. Although small, the building is of sufficient capacity for the needs of the institution.

SAW MILL.

A roof and enclosure was erected for protection of mill equipment, and it is now possible to operate during stormy weather. The gasoline engine is not entirely satisfactory, lacking sufficient power to operate saw for handling heavy timber. The mill is being operated by foreman of carpentry department at such times as material is required, consequently a surplus supply of sawed lumber is not kept in stock. This method is, however, preferable, as the facilities for storing lumber under cover are limited. In addition to 15,000 board feet of materials of various sizes for general use, special timber has been gotten out for a number of pieces of work, also 612 ties for use on hospital switch.

FIRE SERVICE.

All fire hydrants have been numbered as an aid in readily and accurately locating and designating them for repair or other purposes. The location of two hydrants at dairy barn have been changed by placing them at a greater distance from the buildings, the original positions being too close. Two new hydrants were purchased to replace one in rear of Dormitory building found to be defective, the second to be installed in rear of the building to provide additional service. It is planned to extend fire main from the south west corner of building to the garden and green house group of buildings and place hose at this point for instant use.

Approximately eight hundred feet of conduit in ducts of main building, originally in use in telephone service was removed, re-

threaded and will be laid in conduit between the male nurses' home and pumping station, to carry wiring for fire alarm service. A fire gong will be installed at the pumping station so that the man in charge will at once receive an alarm in case of fire; at present the telephone is relied upon and is unsatisfactory. The motor truck has been so equipped that fire apparatus can be attached and taken out for practice, or in case of fire. This arrangement will be of especial value when horses are at work and not readily available for fire service. An additional supply of hose for hose wagon should be provided to replace that found to be defective, also for reserve.

AUTO TRUCK.

The Velie truck of 1 1/2 tons capacity received in October was fitted with body by the hospital mechanics. It meets many needs where small loads are to be handled, but when long distance runs are made to Newark, Elizabeth or Trenton, a truck of greater capacity is needed. This need has been supplied with a 3 1/2 ton capacity truck donated to the institution by the Federal Government. Such truck is required daily for hauling freight from the depot at Morris Plains to the hospital to eliminate switching charges and delay in handling by the railroad.

DAIRY.

Seventy-six cows purchased in Michigan under the direction of the Department of Institutions and Agencies at a cost of \$13,821.75, reached the hospital in August in good physical condition. Four were fresh, the balance freshened during September and October.

As a herd they have produced fairly well and some will no doubt develop during the second year at the hospital dairy into good producers. It has been our experience that cows coming from a distance are not during the first year at their best.

Application was made to place the hospital herd on the accredited list. With this purpose in view the first tuberculin test was applied October 14th and 15th to all stock previously tested

in March and May; also cows received in August, resulting as follows: Reactors, — 5 cows previously tested, 3 calves not previously tested. Suspects, — 1 cow previously tested, 1 heifer previously tested, 2 cows from Michigan previously tested. Non-reactors, — 150. Total in herd, 162. The eight reactors were slaughtered November 12 under direction and inspection of Dr. J. H. McNeill, Chief of the Bureau of Animal Industry. The carcasses of two calves were rejected; the balance were passed for food.

April 5 and 6, 122 cows, 29 heifers and 2 bulls were tuberculin tested, under direction of Dr. McNeill, resulting in two cows, four heifers, one bull reacting; later the opthalmic test was applied to a number of suspects, three cows and one heifer reacted. April 22, ten cows and heifers were slaughtered, also under supervision of Dr. McNeill; all carcasses with exception of one were passed for food. A further opthalmic test to additional suspects on the 27th resulted in five reactors, all of which were slaughtered on the 28th; inspected by Dr. McNeill and passed for food. A pure bred bull purchased by the Department of Institutions and Agencies was tested December 11 and 12, 1919, at which time it did not react, but did, however April 6, 1920. The average number of cows milked was ninety-one, average quarts per cow per day 10.71, total production for the year, 357,850 quarts.

Irregular deliveries of feeds for the dairy made impossible the feeding of a balanced ration and the dairy suffered accordingly. Added to the difficulty of obtaining feeds, the help question grew steadily worse and it became necessary to resort to and depend almost entirely upon patient labor. This departure is proving a valuable asset to the dairy, and it is planned to have eventually a force composed principally of this class of help. The stanchion platforms in the new stable were originally laid with cork brick, which did not wear well and absorbed moisture. Wood blocks have been substituted in a portion of the floor and have proven satisfactory. The new stable is equipped with the James stanchions, drinking fountains, etc. This equipment was installed

some years ago, and although efficient does not combine a number of new and practical ideas as to construction, operation, etc. embodied in their latest fixtures.

It is proposed to equip the old stables with the latest and most practical stanchions, drinking fountains, litter carriers, etc. and the necessary request for an appropriation with which to purchase same will be made. Preparations have been made for installing scales in old barn of sufficient size and capacity for weighing cows, trucks loaded with feed, hay, ensilage, manure, etc. providing means for securing data necessary and valuable in connection with the operation of a dairy.

FARM AND GARDEN.

The results accomplished in these departments are very satisfactory when the many difficulties contended with are considered. The problem of help was a serious one, lateness of season, stormy and unfavorable weather, the lack of men making impossible the early preparation of ground for planting. During the 1919 season in the garden, seeds did not germinate properly, necessitating replanting, in some instances a number of times, lateness of crops not only resulting, but reduced production and quality as well.

On the farm the hay crop was reduced approximately one hundred tons, owing to delay in delivery of fertilizer for top dressing, which reached the hospital six weeks after time when it should have been applied. The 1920 season production in garden will also be affected on account of lateness of delivery of fertilizers; a greater portion of the planting was done minus fertilizers. The same setback was experienced on farm as in previous year, the top dresser not arriving until too late for application, consequently the hay yield will suffer another reduction. Detailed reports show variety and quantities of vegetables and crops raised, also values.

ROOT CELLAR.

An appropriation of \$1,200 was expended for materials enter-

ing into the erection of a root cellar of concrete construction according to plans prepared by State Architect, and cellar built by hospital labor. The cellar is small and will house a small portion only of the roots grown in garden, consequently the remainder will be cached as heretofore. Additional cellar room should be provided to care for all products.

PIGGERY.

The hogs were injected with anti-hog cholera serum, virus and vaccine in August, 1919, also in March, 1920. A number of small pigs died in April, 1920, the cause being diagnosed as hemorrhagic septicemia. The remainder of litter were treated with vaccine and recovered. Owing to a reduction in the quantity of garbage delivered at the piggery, the number of head to be raised has been reduced. It is not considered advisable to raise more than can be fed on table waste, the cost of grains being excessive and proper help to care for stock scarce. The stock slaughtered under supervision of Dr. H. W. Dustan, and carcasses inspected by him and all passed for food, were as follows:

Nov. 22, 1919.	20 head	4,435 lbs.	@ .20	\$887.00
Dec. 31, 1919.	13 "	4,800 "	.20	960.00
Jan. 14, 1920.	19 "	4,665 "	.20	933.00
Mar. 17, 1920.	19 "	4,978 "	.19	944.68
Apr. 20, 1920.	18 "	3,476 "	.20	695.20

Total value....\$4,419.88

Values on pork were set by the Department of Institutions and Agencies. In the lot slaughtered Jan. 14 were two hogs weighing above the average, dressing 668 and 700 lbs.

GROUNDS.

The main driveway for a distance of approximately one-quarter mile was badly washed and cobble stone gutters torn out, a drain line of 12-inch tile pipe underneath gutter, into which water flowed through traps placed at intervals of 100 feet were completely filled with stones and sand, and many sections torn

out, the effect of a severe storm in July. The repairing of this roadway involved a great deal of time and labor, and in addition the roads and drives generally were damaged, and were also repaired.

A bridge of reinforced concrete construction located at north-eastern end of ice pond was badly damaged, one-half of foundation nearest dam being washed away. It was impossible to repair this bridge without involving a great amount of work and expense for the reason that the unfinished condition of new reservoir which is in course of construction makes necessary the carrying of surplus water over spillway at ice pond directly underneath this bridge. Later storms have caused additional damage, resulting in complete destruction of the bridge. It is planned to rebuild as quickly as conditions affected by construction of new reservoir will permit. If present condition is allowed to continue, the danger of affecting ice pond dam, causing a washout, is imminent.

Two and seven-tenths miles of roads and driveways on and about the hospital property have been treated with ashes from the power plant and placed in good condition. Repairs are necessary in addition, however, throughout the year, as roads are more or less washed or cut away by storms. While ashes are not as substantial as crushed rock, they do, however, make a smooth bed, wear fairly well, and as they must be removed from power plant, it is economical to utilize them in road repairing. The heavy snow storm in January interfered seriously with the routine work, all roads and walks being impassable.

Roads were first opened around the Administration and Dormitory buildings for fire service, and all hydrants cleared. The railroad and switches embracing approximately two and one-half miles of track were cleared by patient help and employees after use of scraper. Later, heavy drifts necessitated removal by hand, as teams with scraper could not get through. The road scraper was utilized in clearing the greater portion of snow from roads and railroad track. The spur of trolley track from the

main line to terminal at male nurses' home was cleared, the snow being exceptionally deep in this line, at points two and one-half feet, and much of it frozen. Many stretches of track were embedded in ice, making more difficult the opening of road. More work resulted from this storm than any one in many years.

FENCING.

The rail and picket fence along the hospital property bordering Hanover avenue on the south, for a distance of 2,259 feet, was the remnant of the original fence placed there some years ago. During the last few years the posts were so badly decayed that continuous repairs became necessary, and under the best of conditions did not restrain trespassing upon the hospital property. To replace this fence with one of substantial and satisfactory type, woven steel wire fencing was purchased, two-inch mesh No. 6 gauge wire, 72 inches wide, barbed top, posts set in concrete at a cost of \$4,535.71. The fence has proven very satisfactory. An appropriation was requested for the purchase of additional fencing for enclosing ground contiguous to the dairy barn. The money required was appropriated and will be available after July 1st.

PLUMBING.

A portion of defective plumbing of obsolete type in Administration and Dormitory buildings, consisting of porcelain closets, wooden flush tanks copper lined, porcelain sinks, etc., were taken out and replaced with new iron equipment of modern pattern. The porcelain fixtures are easily broken and constant repairs were necessary. The copper lining in tanks was also expensive to maintain and with the new type a saving in labor and consequent cost will result. Lack of necessary funds with which to purchase the required fixtures prevented renewal of all. Defective floors in toilet and bath rooms were removed, new concrete floors laid and covered with composite flooring.

SEWAGE DISPOSAL.

The disposal beds, seven in number, for the most part contain

sand and gravel, excellent natural filtration material. Bed No. 4 is the exception; it is of clay formation and therefore of comparatively little value as a filtrant. Bed No. 1 is utilized for secondary filtration, receiving the effluent from bed No. 2 which is well underdrained and in addition a considerable quantity of effluent owing to the underlying formation, reaches bed No. 1 from the remaining beds. Beds No. 3 and 4 were under consideration and it was planned to underdrain these in a thorough manner as was No. 2 and with this object in view, the necessary delivery main was laid and standpipes and drawoff valves installed in each of these beds, No. 4 being the main objective owing to its extremely poor filtration qualities.

Specifications were prepared for the reconstruction of bed No. 7, the filtering qualities of which have never been questioned, contract awarded and work begun in August 1919. In the specifications the clause on excavation reads — "excavate old material from bed to the lowest point shown on plans. This is clearly marked. Excavate for main 6" and 8" drain and form slopes in bottom of bed to throw water to small 4" drain, which are to be laid 10' 5" on centers. Slope banks as shown.

Note: plan is not available showing depth to be excavated, but by referring to clause—Refill bed after drains have been all laid and inspected by engineer as follows: first 12" to 16" of well washed, clean cinders as shown (16" at drain, 12" at highest point). Over this lay 2' 6" of clean, coarse, sharp sand free from loam." The average depth of cinders was to be 14", of sand 2' 6", a total of 3' 8" which indicates the depth of material to be excavated. The sub contractor was instructed to excavate to this depth and after removing a portion of the material was informed that the foreman of contractor was in error, and that 12" to 14" only of material was to be taken out. The sub contractor removed approximately 12" of sand and gravel for which work he received \$1,851 from contractor. Instead, therefore, of removing 3' 8" of material as specified, 12" only was taken out.

Under heading of "Drains" the main drain of 6" and 8" drain pipe to be laid in trench cut with a true fall and bedded in cin-

ders. The fall is not a true one, and pipes were not bedded in cinders. Laterals to be of 4" vitrified tile pipe bell and spigot joint laid loose at an even pitch to main drain. The laterals were not laid at an even pitch, and one line selected at random and uncovered for scrutiny of Mr. Fell showed the uneven grade at which it was laid. Near the point where the lateral connected with the main drain, a length of 4" pipe was found to have been broken in order to make it "fit in." The broken end was uneven and pipe filled with sand and gravel. The insertion of broken tile indicates that line was not laid from main drain to outer edge of bed, but from outer edge to the main drain instead.

Manhole was to be built of 8" hard burned brick walls laid in cement mortar; brick were not used. The manhole was first constructed of concrete which mixture was so soft that it was picked loose by hand and was condemned. The mason work was later torn out, excavation carried to a greater depth (the first grade being incorrect) and the present concrete work constructed.

It was specified under head of "Supply Mains" — connect with present 12" T. C. pipe by means of a new 12" T. C. bell and spigot vitrified drain pipe as shown, laid with Portland cement joints and connected with troughs on top of sand fill. The joints of this main were only partially cemented, the portions underneath were not closed, consequently do not hold water. Troughs are to be put together with white lead joints and with 2" x 1/4" U. I. straps and bolts etc. — All joints were not leaded. Painting — all troughs to be given three coats of best lead and oil; paint as directed. — one coat only of paint was applied.

WATER SUPPLY

The available supply during the year was ample for all needs. With the completion of the new reservoir the storage capacity of all reservoirs will total 30 million gallons. The mountain spring

continues to supply pure water which is bottled daily for drinking purposes. The artesian well is held in reserve should the other sources of supply fail to furnish the required quantity. In December the quantity of water available at the Dormitory building fire hydrants and at other points became reduced and great inconvenience resulted. After a thorough investigation of the entire system, the trouble was located at the purification plant situated in the rear of the building. The water reaches the plant from the high service reservoir through a 6 inch pipe line, also from the ice pond when pump is operated, and at the plant passes through a Venturi tube the throat of which is of 2" diameter.

It was decided that a foreign substance had lodged in the throat of the tube. To remove the tube which was firmly embedded in concrete would require at least forty-eight hours, during which time water would not be available in the Dormitory building and other points supplied from the high service line, and in addition all water for fire service would be cut off. Plans were made for the installation of a by-pass constructed of 6" water main, elbows, tees, valves, etc. All mains and fittings were laid, leaded and calked and when completed, the water was shut off, delivery main pipe cut, connections made and water again turned on in three and one half hours.

The concrete in which Venturi tube was imbedded was then cut away, tube taken out and a piece of broken pump valve disc was found wedged into the throat of the meter, partially closing it. With the water now flowing through the by-pass the pressure is greater than formerly and ample water available at all points. The serious consequences resulting from a stoppage such as above described at a time when a fire was in progress, makes valuable the by-pass as a preventative, at this point, of a recurrence of the trouble. If the Venturi tube is to be replaced the throat in new tube should not be less than 3 inches in diameter, and it is questionable if an opening of this size will be sufficiently large to prevent a repetition of the

trouble. If new tube is secured it will be so installed as to be readily removed and with the by-pass to rely upon, no serious results are likely to occur in case of trouble at this point.

7,000 feet of 8" cast iron water main weighing 160 tons, together with necessary gate valves, fittings, etc. were purchased with money appropriated for the specific purpose of providing an additional and independent main for delivery of water from the high service reservoir to the Dormitory and other buildings. The present 6" line is utilized both for delivery of water to the buildings, also as a delivery main through which water passes from the pumping station into the reservoirs, pumping being necessary at times when the available supply at the reservoir is depleted or exhausted. When pumping to the high service reservoir it is done under pressure. With the laying of the 8" main the system will be provided with separate delivery line and in case of breakage, the remaining line can be utilized as at present, and water service will not be affected.

The problem of unloading this great quantity of material, each length of pipe averaging 530 lbs., was solved with the construction of a derrick by the hospital mechanics. It is of substantial construction of five ton capacity and will be utilized in handling pipe when distributed and such other heavy materials as are received at the institution. A boiler stack was purchased for the plant July 11 at a cost of \$756 which price included delivery, removal of remaining portion of old stack and erection of new. The boilers, pumps and other equipment are in duplicate and at the time stack was replaced the one remaining was considered as fit for still more service. Corroded by the weather, gas, etc. it deteriorated rapidly, and the upper portion recently collapsed, fell clear of the building and did no damage. It will cost \$750 at this time to replace the stack entire, the price embracing the same work as was done in connection with the first stack.

COAL TRESTLE, GAS PLANT

The stringers supporting rails on trestle over coal vaults at

gas plant were found to be defective. Yellow pine timbers 8" by 16" were purchased and are on hand and old timbers will be removed and new installed by the hospital mechanics as soon as other work will permit.

LOCAL TELEPHONE SYSTEM

At present two interior local phone systems are operated, necessitating day and night operators on both. Operators are not on duty from 5 to 8 A. M. during which time switchboards are given attention by the janitor while engaged with his regular duties. The Medical switchboard located in the usher's room and the board in the business office are some distance apart, consequently the attention given them during the three hours is uncertain. Combination of the two systems is recommended, which will insure better service, as three operators working eight hours each would be required; under the present system three operators are now on duty at night. In addition to the better service feature, the change will eliminate the services of two operators, producing a saving in wages. To provide the necessary room for a central office the use of the room now occupied by the Post Office is recommended; also the removal of the latter to a room on the first floor rear center, adjoining the barber shop. The cost involved in these changes will be small.

PROPOSED COAL TRESTLE.

The materials for construction of coal trestle are partially delivered. The work of excavating could not be done last year, it being necessary to utilize the ground space where trestle will be placed for stocking coal to insure an adequate supply for winter use. At times during May and June, when men in connection with other work were available, ground has been removed in readiness for the engineering force of the Lackawanna railroad to prepare layout for trestle, which will be of reinforced concrete construction. It will be impossible to complete the construction

work during the summer months, as it will again be necessary to stock coal for the coming winter.

PAVILION AND OTHER BUILDINGS.

The floor in the pavilion building buckled in a number of places, which was at first thought to be caused by water leaking through the roof at several points. The buckling or heaving of the floor was, however, caused by dampness from underneath, the foundation walls being tight, no provision having been made for circulation of air. The entire sub floor has rotted, and it is probable that a portion of the maple flooring as well will be unfit to be relaid. The floor entire must be removed and new sub floor boards laid and defective floor boards replaced. Necessary ventilation should, however, be provided before new floor is laid. The existing conditions result from defective planning of State Architect.

The roof of this building is one of several at this institution which are not practicable, and have not been satisfactory, it being impossible to make them water tight, owing to the parapet walls. Due also to the construction the water gets into walls, freezing and thawing follows, and, as a result, the bricks are in a bad condition, some of which have deteriorated and fallen out; cement has also fallen out.

To provide for and insure a practical roof, the parapet walls must be removed and roof extended over and beyond the side walls. The storehouse, industrial building and laboratory are of the same type and need to be remodeled also. The kitchen building of brick (lime and sand) is rapidly deteriorating and brick falling out. The walls of this building must within a comparatively short time be repaired or replaced with brick of good quality. The estimated cost of removing flooring in pavilion and renewing same, also putting four ventilating openings under foundation walls, is \$1,050.00. To remove parapet walls from storehouse and industrial buildings and extend roofs over cornice, \$3,000.00.

NEW RESERVOIR.

An appropriation of \$10,000 was granted for the construction of an additional reservoir of 10,000,000 gallons capacity. The site selected was directly above the reservoir commonly designated as the ice pond. Specifications were prepared and bids invited for this work and the money available for the construction of a dam as originally proposed was insufficient and one of 5,000,000 gallons capacity was decided upon and contract awarded for the sum of \$14,900.00. The specifications provide that sand be used in concrete mixture, also that all sand used in the work to be clean, coarse, sharp and free from loam or other impurities.

The specifications also state that the embankments for the dam shall start from a well-prepared base, stepped or sloping ground; all embankments and refilling shall be carried up in horizontal layers not exceeding six inches in thickness; every layer to be carefully rolled with a heavy ground roller and to be well watered. The earth to be well rammed with heavy rammers at such points as can not be reached by roller. Special care shall be required in ramming the earth close to the masonry. Embankments shall be kept at a uniform height on both sides of the masonry, during construction.

Fine slag was substituted for sand and a quantity of sand filled with loam washed down the brook or by-pass was used in the mixture. The trench for core wall was not carried deep enough and as a result water flowing down the brook passed under the core, coming to the surface on the lower side. Streams of water passed through the core, showing that it is porous. The dirt was banked against the sides of core, not placed in 6 inch layers, nor was it rolled or rammed. Large clumps of frozen dirt, also stones of various sizes, were placed in embankment. The embankments were not kept uniform in height, as called for. The work of pouring concrete was stopped by an inspector who stated that it was defective. Later the work was ordered continued by the State Architect.

As no provision for by-passing the water flowing into ice pond through new reservoir site was made, the water was continually agitated, preventing rapid freezing, and as a result only one-third the usual supply of ice was harvested. During the fall and spring months the rain fall was at times heavy, and as no provision had been made to divert this excessive quantity of water from flowing into the ice pond, it was necessary, in order to guard against a washout of the ice pond, to construct a bulkhead. This was done by the hospital force and all excessive water was carried around the reservoir through the by-pass used prior to the construction of new reservoir.

INVENTORY AND APPRAISEMENT.

The annual inventory and appraisement of real estate and personal property was made. Mr. John Naughton and Mr. William H. Bailey assisted in the appraisement, and we are indebted to them for their efficient and valuable services. The real estate was valued at \$3,599,012.71, personal property \$611,210.95.

Respectfully submitted,

ORLANDO M. BOWEN,
Warden.

Appendix to Warden's Report.

DAIRY AND FARM.

357,850 quarts milk.....	\$39,569.68
252 tons hay.....	6,372.94
77½ tons straw.....	927.00
650 tons ensilage.....	5,850.00
341 bushels rye.....	602.00
347 bushels wheat.....	698.00
51½ tons green fodder.....	257.50
800 tons manure.....	1,600.00
Calves sold.....	787.08
Offal sold.....	1,013.08
17 tons oats and peas.....	172.20
551 bushels turnips.....	473.86
2,365 dozen eggs.....	1,458.97
2,119 pounds broom corn.....	296.66
	<hr/>
	\$60,078.97

STOCK SLAUGHTERED AND USED AT HOSPITAL.

12,839 pounds beef.....	\$2,245.15
22,148 pounds pork.....	4,419.88
201 pounds fowls.....	72.54
1,127 pounds veal.....	325.91
	<hr/>
	\$7,063.48
	(73)

STATEMENT OF VEGETABLES AND FRUITS GROWN AND FURNISHED FROM GARDEN
DURING FISCAL YEAR ENDING JUNE 30, 1920

Asparagus, bunches.....	6,096	\$2,656.41
Beans, lima, baskets.....	182	245.20
Beans, string, baskets.....	1,180	1,056.60
Beets, bunches.....	653	48.38
Beets, baskets.....	3,109½	1,574.90
Beet tops, baskets.....	289	82.52
Cabbage, barrels.....	2,344½	4,503.37
Carrots, bunches.....	268	19.16
Carrots, baskets.....	3,001½	1,292.27
Carrots, bushels.....	308½	462.75
Cauliflower, barrels.....	17½	52.65
Celery, bunches.....	15,555	2,919.80
Cucumbers, baskets.....	205½	142.84
Corn, sweet, ears.....	98,859	2,462.43
Currants, quarts.....	231	36.96
Egg plant, baskets.....	34½	39.09
Gooseberries, quarts.....	65	9.87
Grapes, baskets.....	205	293.20
Leeks, baskets.....	30½	60.50
Lettuce, baskets.....	5,081	3,811.56
Onions, baskets.....	1,012	1,070.17
Onions, bunches.....	21,915	1,046.23
Parsley, bunches.....	2,168	70.14
Peppers, baskets.....	62	31.78
Peas, baskets.....	194½	220.40
Potatoes, bushels.....	817	1,472.55
Pumpkins.....	183	5.49
Rhubarb, bunches.....	17,867	1,542.35
Radishes, bunches.....	18,084	696.48
Raspberries, quarts.....	2,155	322.49
Spinach, baskets.....	1,666	458.11
Squash.....	46	2.30
Strawberries, quarts.....	3,109	869.15
Tomatoes, green, baskets.....	4	3.50
Tomatoes, baskets.....	8,629½	9,572.49
Turnips, white, baskets.....	926½	352.09
Turnips, rutabaga, baskets.....	376	135.36
		<u>\$39,641.54</u>

SUMMARY.

Dairy and farm.....	\$60,079.07
Garden.....	39,641.54
Stock slaughtered and used at hospital.....	7,063.48
	<u>\$106,784.09</u>

FLORIST'S REPORT.

RECORD OF CUT FLOWERS.

Roses.....	16,499
Carnations.....	3,551
Chrysanthemums, large.....	1,478
Chrysanthemums, small.....	3,625
Dahlias.....	4,951
Snapdragon.....	25,821
Gladiolus.....	2,938
Lilies, calla.....	390
Asters.....	3,679
Narcissus, paper white.....	283
Narcissus, double.....	42
Sprengeri strings.....	1,524
Peonies.....	1,014
Phlox hardy.....	4,860
Sweet peas.....	3,500
Golden glow (Rudebeckia).....	3,560
Total.....	<u>77,715</u>

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND
CUT FLOWERS.

Pansies.....	609
Geraniums.....	2,198
Forenia.....	200
Coleus.....	1,460
Celossia.....	100
Petunia.....	538
Salvia.....	1,269
Vinca.....	890
Chrysanthemums.....	2,500
Dahlia.....	450
Cannas.....	1,533
Snapdragon.....	<u>3,220</u>

NEW JERSEY STATE HOSPITAL.

Sweet peas, ft.....	200
Asters.....	3,475
Gladiolus.....	5,000
Roses.....	1,200
Carnations.....	1,140
Begonias.....	1,217
Zinnias.....	100
Verbena.....	200
Ageratum.....	958
Jerusalem cherries.....	600
Ferns.....	282
Hyacinths.....	697
Easter lilies.....	315
Spirea.....	367
Total.....	30,718

STATISTICAL APPENDIX TO CHIEF EXECUTIVE OFFICER'S
REPORT.

NEW JERSEY STATE HOSPITAL.

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TABLE 1. GENERAL INFORMATION

Data correct at end of institution year, June 30, 1920

1. Date of opening as an institution for the insane.....August 17, 1876
2. Type of institution: State.
3. Hospital plant—

Value of hospital property:

Real estate, including buildings.....	\$3,599,012.71
Personal property.....	611,210.95
Total.....	<u>\$4,210,223.66</u>

Total acreage of hospital property897

Acreage under cultivation during previous year259

4. Medical service—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Superintendents	1	0	1
Assistant physicians.....	7	1	8
Medical internes.....	0	0	0
Clinical assistants.....	0	0	0
Total physicians.....	8	1	9

5. Employees on pay roll—
(Not including physicians)

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Graduate nurses.....	12	22	34
Other nurses and attendants	69	31	100
All other employees.....	158	48	206
Total employees	239	101	340

6. Patients employed in industrial classes or in general hospital work on date of report. 546 423 969

7. Patients in institution on date of report (excluding paroles).....1,313 1,381 2,694

NEW JERSEY STATE HOSPITAL.

TABLE 2. FINANCIAL STATEMENT FOR THE YEAR ENDING
JUNE 30, 1920

RECEIPTS

1. For maintenance of patients:	
Balance on hand from previous fiscal year..	No balance
From appropriations.....	\$896,900.00
From paying patients.....	117,430.29
From all other sources.....	303,299.13
Total receipts for maintenance	\$1,317,629.42
2. For all purposes other than maintenance, includ- ing new buildings, additions, improve- ments, etc.:	
Balance on hand from previous fiscal year..	No balance
From all other sources.....	428,400.00
Total receipts.....	\$1,746,029.42

DISBURSEMENTS

1. Expenditures for maintenance of patients:	
Salaries and wages	\$293,378.19
Provisions	290,691.95
Farm and garden.....	43,452.08
Clothing.....	52,160.80
Furniture and furnishings.....	48,509.44
Fuel and light.....	92,620.10
Ordinary repairs and shops.....	27,828.24
Medical supplies	7,839.83
Transportation of patients.....	
Miscellaneous, including general supplies, lawns, roads, grounds, etc.....	45,467.55
Total expenditures for maintenance.....	\$901,948.18
2. Expenditures for all purposes other than main- tenance including new buildings, additions, improvements, etc.....	8,237.53
Total expenditures.....	\$910,185.71
Amount returned to State Treasurer or other officials.....	429,716.74
Balance on hand at close of year	* 406,126.97
Total disbursements, including balance on hand	\$1,746,029.42

*Inclusive of \$400,000.00 appropriated for new buildings.

NEW JERSEY STATE HOSPITAL

TABLE III.
MOVEMENT OF PATIENT POPULATION
For the year ending June 30, 1920

	Males	Females	Total
Patients on records of institution June 30, 1919.....	1,284	1,385	2,669
Admissions during year—			
First admissions:	Males	Females	Total
With psychosis.....	246	228	474
Not insane.....	6	3	9
Readmissions:			
With psychosis.....	50	58	108
Not insane.....	2	..	2
Total admissions.....	304	289	593
Transferred from other institu- tions for the insane.....	6	6	12
Total received during year	310	295	605
Total under treatment during the year.....	1,594	1,680	3,274
Discharged from records during year—	Males	Females	Total
As recovered	86	84	170
As improved	55	71	126
As unimproved.....	9	1	10
As not insane.....	8	4	12
Transferred to other institu- tions for the insane	13	12	25
Died during year.....	98	120	218
Total discharged and died during year	269	292	561
Patients remaining on records of institution at end of institution year	1,325	1,388	2,713

SUPPLEMENTARY DATA

	Males	Females	Total
Average daily number of patients actually in insti- tution during year.....	1,285.51	1,382.10	2,667.61
Average daily number of other patients on records but away from institution.....	9.08	10.13	19.21

NEW JERSEY STATE HOSPITAL

Number of voluntary patients admitted during year—

	Males	Females	Total
First admissions.....	11	5	16
Readmissions	3	..	3
Total.....	<u>14</u>	<u>5</u>	<u>19</u>
With psychosis.....	8	4	12
Not insane.....	6	1	7
Total.....	<u>14</u>	<u>5</u>	<u>19</u>

NEW JERSEY STATE HOSPITAL

TABLE IV.

NATIVITY OF FIRST ADMISSIONS AND OF PARENTS OF FIRST ADMISSIONS, FOR THE
YEAR ENDING JUNE 30, 1920

Nativity	Patients.			Parents of Male Patients.			Parents of Female Patients.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
United States.....	127	127	254	76	83	159	76	70	146
Africa.....	..	..	..	..	..	..	..	..	..
*Asia.....	..	..	..	..	..	..	..	..	..
Australia.....	..	..	..	..	..	..	..	..	..
Austria.....	11	17	28	9	9	18	18	17	35
Belgium.....	1	1	2	1	1	2	1	1	2
Bohemia.....	..	2	2	..	..	..	2	2	4
†Canada.....	2	1	3	1	..	1	3	3	6
Central America.....	..	..	..	..	..	..	..	..	..
China.....	..	..	..	..	..	..	..	..	..
Cuba.....	..	..	..	..	..	..	..	..	..
Denmark.....	..	..	..	..	..	..	..	..	..
England.....	7	7	14	12	9	21	12	13	25
*Europe.....	6	..	6	6	6	12	1	1	2
Finland.....	..	..	..	..	..	..	..	..	..
France.....	2	2	4	4	4	8	4	2	6
Germany.....	23	9	32	34	30	64	22	22	44
Greece.....	2	..	2	2	2	4	..	..	..
Hawaii.....	..	3	3	2	2	4	3	3	6
Holland.....	..	4	4	4	4	8	4	5	9
Hungary.....	6	4	10	4	4	8	4	5	9
India.....	..	..	..	..	..	..	..	..	..
Ireland.....	9	19	28	21	19	40	29	33	62
Italy.....	19	11	30	21	21	42	10	10	20
Japan.....	..	..	..	..	..	..	..	..	..
Mexico.....	1	..	1	1	1	2	..	..	..
Norway.....	..	1	1	..	..	..	..	1	1
Philippine Islands.....	..	..	..	..	..	..	..	..	..
Poland.....	11	12	23	11	10	21	11	9	20
Porto Rico.....	..	..	..	..	..	..	..	..	..
Portugal.....	..	..	..	..	..	..	..	..	..
Roumania.....	..	..	..	..	..	..	..	..	..
Russia.....	15	7	22	13	13	26	10	10	20
Scotland.....	3	2	5	4	4	8	3	4	7
South America.....	..	..	..	..	..	..	..	1	1
Spain.....	..	..	..	1	..	1	..	..	..
Sweden.....	2	2	4	5	5	10	5	3	8
Switzerland.....	2	..	2	3	4	7	2	1	3
Turkey in Asia.....	..	1	1	..	..	..	1	1	2
Turkey in Europe.....	..	..	..	..	..	..	..	..	..
Wales.....	..	1	1	..	..	..	..	..	..
†West Indies.....	1	..	1	1	1	2	..	..	..
Other countries.....	..	..	..	..	..	..	..	..	..
Unascertained.....	2	2	4	20	24	44	14	19	33
Total.....	252	231	483	252	252	504	231	231	462

*Not otherwise specified. †Includes Newfoundland. ‡Except Cuba and Porto Rico.

NEW JERSEY STATE HOSPITAL.

TABLE V.

CITIZENSHIP OF FIRST ADMISSIONS

For the year ending June 30, 1920

	Males	Females	Total
Citizens by birth.....	127	127	254
Citizens by naturalization.....	7	2	9
Aliens.....	34	54	88
Citizenship unascertained.....	84	48	132
Total.....	252	231	483

NEW JERSEY STATE HOSPITAL

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS
For the year ending June 30, 1920

	Males	Females	Total	Males	Females	Total
1. TRAUMATIC PSYCHOSES.....	1	..	1	1	..	1
2. SENILE PSYCHOSES:						
a. Simple deterioration.....	23	14	37			
b. Presbyophrenic type.....						
c. Delirious and confused states....						
d. Depressed and agitated states in addition to deterioration.....	4	8	12			
e. Paranoid states in addition to deterioration.....	1	2	3			
f. Pre-senile types.....	..	1	1	28	25	53
3. PSYCHOSES WITH CEREBRAL ARTERIO-SCLEROSIS.....	9	5	14	9	5	14
4. GENERAL PARALYSIS.....	38	7	45	38	7	45
5. PSYCHOSES WITH CEREBRAL SYPHILIS.....						
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....						
7. PSYCHOSES WITH BRAIN TUMOR..						
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES:						
Cerebral embolism.....						
Paralysis agitans.....						
Meningitis, tuberculous or other forms.....						
Multiple sclerosis.....						
Tabes.....						
Acute chorea.....						
Other conditions.....	3	1	4	3	1	4

9. ALCOHOLIC PSYCHOSES:					
a. Pathological intoxication.....					
b. Delirium tremens.....	1	..	1		
c. Acute hallucinosis.....					
d. Acute paranoid type.....	2	..	2		
e. Korsakow's psychosis.....	1	..	1		
f. Chronic hallucinosis.....					
g. Chronic paranoid type.....					
h. Alcoholic deterioration.....	1	..	1		
i. Other types, acute or chronic....					
	—	—	—	5	.. 5
10. PSYCHOSES DUE TO DRUGS AND OTHER EXOGENOUS TOXINS:					
a. Opium (and derivatives), cocaine, bromides, chloral, etc., alone, or combined.....	1	..	1		
b. Metals, as lead, arsenic, etc....					
c. Gases.....					
d. Other exogenous toxins.....				1	.. 1
11. PSYCHOSES WITH PELLAGRA.....					
12. PSYCHOSES WITH OTHER SOMATIC DISEASES:					
a. Delirium with infectious diseases					
b. Post-infectious psychoses.....					
c. Exhaustion delirium.....					
d. Delirium of unknown origin....					
e. Diseases of the ductless glands..					
f. Cardio-renal disease.....	4	..	4		
g. Other diseases or conditions				4	.. 4
13. MANIC-DEPRESSIVE PSYCHOSES:					
a. Manic type.....	31	52	83		
b. Depressive type.....	23	50	73		
c. Stupor.....					
d. Mixed type.....	7	7	14		
e. Circular type.....					
	—	—	—	61	109 170

14. INVOLUTION MELANCHOLIA.....	2	6	8			
	—	—	—	2	6	8
15. DEMENTIA PRÆCOX:						
a. Paranoid type.....	45	30	75			
b. Katatonic type.....	10	15	25			
c. Hebephrenic type.....	23	6	29			
d. Simple type.....				78	51	129
	—	—	—			
16. PARANOIA AND PARANOIC CONDITIONS.....						
	8	18	26			
	—	—	—	8	18	26
17. EPILEPTIC PSYCHOSES:						
a. Deterioration.....						
b. Clouded states.....						
c. Other conditions.....						
18. PSYCHONEUROSES AND NEUROSES:						
a. Hysterical type.....						
b. Psychasthenic type.....	1	..	1			
c. Neurasthenic type.....						
d. Anxiety neuroses.....	1	1	2	2	1	3
	—	—	—			
19. PSYCHOSES WITH CONSTITUTIONAL PSYCHOPATHIC INFERIORITY....						
	3	4	7			
	—	—	—	3	4	7
20. PSYCHOSES WITH MENTAL DEFICIENCY.....						
	3	1	4			
	—	—	—	3	1	4
21. UNDIAGNOSED PSYCHOSES.....						
22. NOT INSANE:						
a. Epilepsy without psychosis.....						
b. Alcoholism without psychosis...						
c. Drug addiction without psychosis	3	3	6			
d. Constitutional psychopathic inferiority without psychosis....	1	..	1			
e. Mental deficiency without psychosis.....	1	..	1			
f. Others.....	1	..	1			
	—	—	—	6	3	9
Total.....				252	231	483

TABLE VII.

RACE OF FIRST ADMISSIONS, CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES, FOR THE YEAR ENDING JUNE 30, 1920

Race.	Total.			Traumatic.			Senile.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....	15	13	28				2	3	5
American Indian.....									
Armenian.....									
Bulgarian.....									
Chinese.....									
Cuban.....									
Dutch and Flemish...	1	3	4						
East Indian.....									
English.....	8	9	17				2		2
Finnish.....									
French.....	4	2	6				1		1
German.....	27	20	47				3	2	5
Greek.....	2		2						
Hebrew.....	16	10	26						
Irish.....	18	28	46				1	4	5
Italian*.....	21	10	31					2	2
Japanese.....									
Lithuanian.....	3		3						
Magyar.....	4	4	8						
Mexican.....	1		1						
Pacific Islander.....									
Portuguese.....									
Roumanian.....									
Scandinavian†.....	5	4	9				1		1
Scotch.....	4	2	6				1		1
Slavonic‡.....	12	16	28						
Spanish.....									
Spanish-American.....									
Syrian.....		1	1						
Turkish.....									
Welsh.....									
West Indian§.....									
Other specific races....									
Mixed.....	75	81	156				12	10	22
Race unascertained....	36	28	64	1		1	5	4	9
Total.....	252	231	483	1		1	28	25	53

*Includes "North" and "South." †Norwegians, Danes and Swedes. ‡Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian. §Except Cuban.

TABLE VII. (Continued.)

Race	With cerebral arteriosclerosis			General paralysis			With cerebral syphilis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....		1	1	3	1	4			
American Indian.....									
Armenian.....									
Bulgarian.....									
Chinese.....									
Cuban.....									
Dutch and Flemish...									
East Indian.....									
English.....		1	1	1	1	2			
Finnish.....									
French.....									
German.....	3	1	4	6	1	7			
Greek.....									
Hebrew.....		1	1	6		6			
Irish.....	2		2	2		2			
Italian*.....	1		1	4		4			
Japanese.....									
Lithuanian.....									
Magyar.....				1		1			
Mexican.....									
Pacific Islander.....									
Portuguese.....									
Roumanian.....									
Scandinavian†.....				1		1			
Scotch.....				1		1			
Slavonic‡.....									
Spanish.....									
Spanish-American.....									
Syrian.....									
Turkish.....									
Welsh.....									
West Indian§.....									
Other specific races....									
Mixed.....	3		3	9	3	12			
Race unascertained....		1	1	4	1	5			
Total.....	9	5	14	38	7	45			

TABLE VII. (Continued.)

Race	With Huntington's chorea			With brain tumor			With other brain or nervous diseases		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....									
American Indian.....									
Armenian.....									
Bulgarian.....									
Chinese.....									
Cuban.....									
Dutch and Flemish....									
East Indian.....									
English.....									
Finnish.....									
French.....									
German.....							1	..	1
Greek.....									
Hebrew.....									
Irish.....									
Italian*.....									
Japanese.....									
Lithuanian.....									
Magyar.....									
Mexican.....									
Pacific Islander.....									
Portuguese.....									
Roumanian.....									
Scandinavian†.....									
Scotch.....									
Slavonic‡.....									
Spanish.....									
Spanish-American.....									
Syrian.....									
Turkish.....									
Welsh.....									
West Indian§.....									
Other specific races....									
Mixed.....							2	1	1
Race unascertained....							2	..	2
Total.....	—	—	—	—	—	—	3	1	4

TABLE VII. (Continued.)

Race	Alcoholic			Due to drugs and other exogenous toxins			With pellagra		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....									
American Indian.....									
Armenian.....									
Bulgarian.....									
Chinese.....									
Cuban.....									
Dutch and Flemish....									
East Indian.....									
English.....									
Finnish.....									
French.....									
German.....									
Greek.....									
Hebrew.....									
Irish.....	3	..	3						
Italian*.....									
Japanese.....									
Lithuanian.....									
Magyar.....									
Mexican.....									
Pacific Islander.....									
Portuguese.....									
Roumanian.....									
Scandinavian†.....									
Scotch.....									
Slavonic‡.....									
Spanish.....									
Spanish-American.....									
Syrian.....									
Turkish.....									
Welsh.....									
West Indian§.....									
Other specific races....									
Mixed.....	1	..	1	1	..	1			
Race unascertained....	1	..	1						
Total.....	5	..	5	1	..	1			

NEW JERSEY STATE HOSPITAL

TABLE VII. (Continued.)

Race	With other somatic diseases			Manic- depressive			Involution Melancholia		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....				3	4	7			
American Indian.....									
Armenian.....									
Bulgarian.....									
Chinese.....									
Cuban.....									
Dutch and Flemish.....				..	2	2			
East Indian.....									
English.....				3	6	9	..	1	1
Finnish.....									
French.....				1	..	1			
German.....	1	..	1	3	9	12	1	..	1
Greek.....				1	..	1			
Hebrew.....				4	5	9			
Irish.....				5	9	14	..	3	3
Italian*.....				5	5	10			
Japanese.....									
Lithuanian.....									
Magyar.....				2	2	4			
Mexican.....				1	..	1			
Pacific Islander.....									
Portuguese.....									
Roumanian.....									
Scandinavian†.....				1	4	5			
Scotch.....				1	1	2			
Slavonic†.....				1	12	13			
Spanish.....									
Spanish-American.....									
Syrian.....									
Turkish.....									
Welsh.....									
West Indian?.....									
Other specific races.....									
Mixed.....	1	..	1	15	37	52	1	2	3
Race unascertained.....	2	..	2	15	13	28			
Total.....	4	..	4	61	109	170	2	6	8

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TABLE VII. (Continued.)

Race	Dementia precox			Paranoia and paranoic conditions			Epileptic psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....	6	4	10	1	..	1			
American Indian.....									
Armenian.....									
Bulgarian.....									
Chinese.....									
Cuban.....									
Dutch and Flemish.....	1	1	2						
East Indian.....									
English.....	2	..	2						
Finnish.....									
French.....	2	..	2	..	2	2			
German.....	6	3	9	3	3	6			
Greek.....	1	..	1						
Hebrew.....	6	3	9	..	1	1			
Irish.....	3	5	8	1	6	7			
Italian*.....	8	3	11	1	..	1			
Japanese.....									
Lithuanian.....	2	..	2						
Magyar.....	1	2	3						
Mexican.....									
Pacific Islander.....									
Portuguese.....									
Roumanian.....									
Scandinavian†.....	2	..	2						
Scotch.....	1	1	2						
Slavonic†.....	11	3	14	..	1	1			
Spanish.....									
Spanish-American.....									
Syrian.....	..	1	1						
Turkish.....									
Welsh.....									
West Indian?.....									
Other specific races.....									
Mixed.....	22	16	38	2	5	7			
Races unascertained.....	4	9	13						
Total.....	78	51	129	8	18	26			

TABLE VII. (Continued.)

Race	Psychoneuroses and neuroses			With constitutional psychopathic inferiority			With mental deficiency		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....									
American Indian.....									
Armenian.....									
Bulgarian.....									
Chinese.....									
Cuban.....									
Dutch and Flemish....									
East Indian.....									
English.....									
Finnish.....									
French.....									
German.....				..	1	1			
Greek.....									
Hebrew.....									
Irish.....				1	..	1			
Italian*.....									
Japanese.....									
Lithuanian.....	1	..	1						
Magyar.....									
Mexican.....									
Pacific Islander.....									
Portuguese.....									
Roumanian.....									
Scandinavian†.....									
Scotch.....									
Slavonic†.....									
Spanish.....									
Spanish-American.....									
Syrian.....									
Turkish.....									
Welsh.....									
West Indian‡.....									
Other specific races....	1	1	2	..	3	3	3	1	4
Mixed.....				2	..	2			
Race unascertained....									
Total.....	2	1	3	3	4	7	3	1	4

TABLE VII. (Continued.)

Race	Undiagnosed psychoses			Not insane		
	M.	F.	T.	M.	F.	T.
African (black).....						
American Indian.....						
Armenian.....						
Bulgarian.....						
Chinese.....						
Cuban.....						
Dutch and Flemish....						
East Indian.....						
English.....						
Finnish.....						
French.....						
German.....						
Greek.....						
Hebrew.....						
Irish.....				2	..	2
Italian*.....						
Japanese.....						
Lithuanian.....						
Magyar.....						
Mexican.....						
Pacific Islander.....						
Portuguese.....						
Roumanian.....						
Scandinavian†.....						
Scotch.....						
Slavonic†.....						
Spanish.....						
Spanish-American.....						
Syrian.....						
Turkish.....						
Welsh.....						
West Indian‡.....						
Other specific races....				4	2	6
Mixed.....						
Race unascertained....						
Total.....	—	—	—	6	3	9

TABLE VIII.

AGE OF FIRST ADMISSIONS, CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES, FOR THE YEAR ENDING JUNE 30, 1920

Psychoses	TOTAL			Under 15 years			15 — 19 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1						
2. Senile.....	28	25	53						
3. With cerebral arteriosclerosis..	9	5	14						
4. General paralysis..	38	7	45						
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor.									
8. With other brain or nervous diseases.....	3	1	4						
9. Alcoholic.....	5	..	5						
10. Due to drugs and other exogenous toxins.....	1	..	1						
11. With pellagra.....									
12. With other somatic diseases.....	4	..	4						
13. Manic-depressive..	61	109	170	..	1	1	7	8	15
14. Involution melancholia.....	2	6	8						
15. Dementia præcox.	78	51	129				9	2	11
16. Paranoia or paranoic conditions.	8	18	26						
17. Epileptic psychoses									
18. Psychoneuroses and neuroses....	2	1	3						
19. With constitutional psychopathic inferiority.....	3	4	7				..	1	1
20. With mental deficiency.....	3	1	4						
21. Undiagnosed psychoses.....									
22. Not insane.....	6	3	9				2	..	2
Total.....	252	231	483	..	1	1	18	11	29

TABLE VIII. (Continued.)

Psychoses	20 — 24 years			25 — 29 years			30 — 34 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....									
3. With cerebral arteriosclerosis..				1	..	1	1		1
4. General paralysis..									
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor.									
8. With other brain or nervous diseases.....									
9. Alcoholic.....							1	..	1
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....									
13. Manic-depressive..	5	13	18	8	16	24	7	15	22
14. Involution melancholia.....									
15. Dementia præcox.	22	9	31	16	13	29	13	8	21
16. Paranoia or paranoic conditions.				..	1	1	1	2	3
17. Epileptic psychoses									
18. Psychoneuroses and neuroses....	1	..	1				1	..	1
19. With constitutional psychopathic inferiority.....	..	1	1	1	1	2			
20. With mental deficiency.....	1	..	1	..	1	1	2	..	2
21. Undiagnosed psychoses.....									
22. Not insane.....	1	..	1	2	1	3			
Total.....	30	23	53	28	33	61	26	25	51

TABLE VIII. (Continued.)

Psychoses	35 — 39 years			40 — 44 years			45 — 49 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1						
2. Senile.....									
3. With cerebral arteriosclerosis..									
4. General paralysis.	10	3	13	9	1	10	9	1	10
5. With cerebral syphilis.....	..								
6. With Huntington's chorea.....									
7. With brain tumor.									
8. With other brain or nervous dis- eases.....	1	..	1						
9. Alcoholic.....	1	..	1	2	..	2			
10. Due to drugs and other exogenous toxins.....	1	..	1						
11. With pellagra....									
12. With other somatic diseases.....									
13. Manic-depressive..	7	10	17	8	12	20	7	14	21
14. Involution melan- cholia.....					1	1	..	1	1
15. Dementia præcox..	14	10	24	2	3	5	..	2	2
16. Paranoia or para- noic conditions.	3	2	5	..	5	5	2	3	5
17. Epileptic psychoses									
18. Psychoneuroses and neuroses...		..		..	1	1			
19. With constitutional psychopathic inferiority.....	..	1	1	..			1	..	1
20. With mental defi- ciency.....				..					
21. Undiagnosed psychoses.....		..		..		
22. Not insane.....				..	1	1	..	1	1
Total.....	38	26	64	21	24	45	19	22	41

TABLE VIII. (Continued.)

Psychoses	50 — 54 years			55 — 59 years			60 — 64 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	..	2	2	1	..	1	4	3	7
3. With cerebral arteriosclerosis..	2	2	4	..	2	2	3	1	4
4. General paralysis..	5	2	7	2	..	2	1		1
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor.									
8. With other brain or nervous dis- eases.....				1	..	1	1	..	1
9. Alcoholic.....				1	..	1			
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....	2	..	2				1	..	1
13. Manic-depressive..	7	9	16	2	2	4	1	5	6
14. Involution melan- cholia.....	..	3	3	1	1	2	1	..	1
15. Dementia præcox..	1	4	5	1	..	1			
16. Paranoia or para- noic conditions.	2	2	4	..	2	2	..	1	1
17. Epileptic psychoses									
18. Psychoneuroses and neuroses....									
19. With constitutional psychopathic inferiority.....							1	..	1
20. With mental defi- ciency.....									
21. Undiagnosed psychoses.....									
22. Not insane.....	1	..	1						
Total.....	20	24	44	9	7	16	13	10	23

TABLE VIII. (Continued.)

Psychoses	65 — 69 years			70 years and over			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	6	6	12	17	14	31			
3. With cerebral arteriosclerosis..	1	..	1	3	..	3			
4. General paralysis..									
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor..									
8. With other brain or nervous dis- eases.	..	1	1						
9. Alcoholic.....									
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....	1	..	1						
13. Manic-depressive..	1	4	5	1	..	1			
14. Involution melan- cholia.....									
15. Dementia præcox..									
16. Paranoia or para- noic conditions..									
17. Epileptic psychoses									
18. Psychoneuroses and neuroses....									
19. With constitutional psychopathic inferiority.....									
20. With mental defi- ciency.....									
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	9	11	20	21	14	35			

TABLE IX.

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES FOR THE YEAR ENDING JUNE 30, 1920

Psychoses	Total			Illiterate			Reads and writes		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1						
2. Senile.....	28	25	53	..	4	4	2	3	5
3. With cerebral arteriosclerosis..	9	5	14	1	1	2	..	1	1
4. General paralysis..	38	7	45	2	..	2	7	..	7
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor..									
8. With other brain or nervous diseases.	3	1	4						
9. Alcoholic.....	5	..	5				2	..	2
10. Due to drugs and other exogenous toxins.....	1	..	1						
11. With pellagra.....									
12. With other somatic diseases.....	4	..	4	1	..	1			
13. Manic-depressive..	61	109	170	6	14	20	11	8	19
14. Involution melan- cholia.....	2	6	8	..	1	1	1	1	2
15. Dementia præcox..	78	51	129	4	6	10	13	4	17
16. Paranoia or para- noic conditions..	8	18	26	1	..	1	2	2	4
17. Epileptic psychoses									
18. Psychoneuroses and neuroses.....	2	1	3						
19. With constitutional psychopathic inferiority.....	3	4	7				2	1	3
20. With mental defi- ciency.....	3	1	4	1	..	1	..	1	1
21. Undiagnosed psychoses.....	6	3	9	1	..	1	1	..	1
22. Not insane.....									
Total.....	252	231	483	17	26	43	41	21	62

TABLE IX. (Continued.)

<i>Psychoses</i>	Common school			High school		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1			
2. Senile.....	6	8	14			
3. With cerebral arteriosclerosis..	2	1	3		1	1
4. General paralysis..	9	3	12	3	2	5
5. With cerebral syphilis.....						
6. With Huntington's chorea.....						
7. With brain tumor..						
8. With other brain or nervous diseases.....		1	1			
9. Alcoholic.....	2	..	2			
10. Due to drugs and other exogenous toxins.....						
11. With pellagra.....						
12. With other somatic diseases.....						
13. Manic-depressive..	15	40	55	4	14	18
14. Involution melancholia.....		1	1		2	2
15. Dementia præcox..	27	25	52	3	2	5
16. Paranoia or paranoid conditions..	3	11	14		5	5
17. Epileptic psychoses						
18. Psychoneuroses and neuroses....				1	..	1
19. With constitutional psychopathic inferiority.....	1	3	4			
20. With mental deficiency.....	1	..	1			
21. Undiagnosed psychoses.....						
22. Not insane.....	1	2	3	2	1	3
Total.....	68	95	163	13	27	40

TABLE IX. (Continued.)

<i>Psychoses</i>	College			Unascertained		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....						
2. Senile.....				20	10	30
3. With cerebral arteriosclerosis..				6	1	7
4. General paralysis..				17	2	19
5. With cerebral syphilis.....						
6. With Huntington's chorea.....						
7. With brain tumor..						
8. With other brain or nervous diseases.....				3	..	3
9. Alcoholic.....				1	..	1
10. Due to drugs and other exogenous toxins.....	1	..	1			
11. With pellagra.....						
12. With other somatic diseases.....				3	..	3
13. Manic-depressive..	2	2	4	23	31	54
14. Involution melancholia.....				1	1	2
15. Dementia præcox..	4	..	4	27	14	41
16. Paranoia or paranoid conditions..				2	..	2
17. Epileptic psychoses						
18. Psychoneuroses and neuroses.....		1	1	1	..	1
19. With constitutional psychopathic inferiority.....						
20. With mental deficiency.....				1	..	1
21. Undiagnosed psychoses.....						
22. Not insane.....				1	..	1
Total.....	7	3	10	106	59	165

TABLE X.

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES FOR THE YEAR
ENDING JUNE 30, 1920

Psychoses	Total			Urban		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1	1	..	1
2. Senile.....	28	25	53	26	21	47
3. With cerebral arteriosclerosis..	9	5	14	7	5	12
4. General paralysis..	38	7	45	37	7	44
5. With cerebral syphilis.....	..	..	..	..	..	..
6. With Huntington's chorea.....	..	..	..	..	..	..
7. With brain tumor..	..	..	..	..	..	..
8. With other brain or nervous diseases.....	3	1	4	3	1	4
9. Alcoholic.....	5	..	5	5	..	5
10. Due to drugs and other exogenous toxins.....	1	..	1	1	..	1
11. With pellagra.....	..	..	..	..	..	..
12. With other somatic diseases.....	4	..	4	3	..	3
13. Manic-depressive..	61	109	170	54	102	156
14. Involution melancholia.....	2	6	8	2	5	7
15. Dementia præcox..	78	81	129	73	45	118
16. Paranoia or paranoic conditions..	8	18	26	7	16	23
17. Epileptic psychoses.....	..	..	..	..	..	..
18. Psychoneuroses and neuroses.....	2	1	3	2	1	3
19. With constitutional psychopathic inferiority.....	3	4	7	3	3	6
20. With mental deficiency.....	3	1	4	1	1	2
21. Undiagnosed psychoses.....	..	..	..	..	..	..
22. Not insane.....	6	3	9	6	3	9
Total.....	252	231	483	231	210	441

TABLE X. (Continued.)

Psychoses	Rural			Unascertained		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....	2	4	6	..	..	..
2. Senile.....	..	..	..	..	..	..
3. With cerebral arteriosclerosis..	2	..	2	..	..	..
4. General paralysis..	1	..	1	..	..	..
5. With cerebral syphilis.....	..	..	..	..	..	..
6. With Huntington's chorea.....	..	..	..	..	..	..
7. With brain tumor..	..	..	..	..	..	..
8. With other brain or nervous diseases.....	..	..	..	..	..	..
9. Alcoholic.....	..	..	..	..	..	..
10. Due to drugs and other exogenous toxins.....	..	..	..	..	..	..
11. With pellagra.....	..	..	..	..	..	..
12. With other somatic diseases.....	1	..	1	..	..	..
13. Manic-depressive..	7	7	14	..	..	..
14. Involution melancholia.....	..	1	1	..	..	..
15. Dementia præcox..	5	6	11	..	..	..
16. Paranoia or paranoic conditions..	1	2	3	..	..	..
17. With epileptic psychoses.....	..	..	..	..	..	..
18. Psychoneuroses and neuroses.....	..	..	..	..	..	..
19. With constitutional psychopathic inferiority.....	..	1	1	..	..	..
20. With mental deficiency.....	2	..	2	..	..	..
21. Undiagnosed psychoses.....	..	..	..	..	..	..
22. Not insane.....	..	..	..	..	..	..
Total.....	21	21	42	..	..	..

TABLE XI.

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES FOR THE YEAR ENDING JUNE 30, 1920

<i>Psychoses</i>	Total			Dependent			Marginal		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1				1	..	1
2. Senile.....	28	25	53				19	16	35
3. With cerebral arteriosclerosis...	9	5	14				8	5	13
4. General paralysis...	38	7	45				26	7	33
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor..									
8. With other brain or nervous diseases.	3	1	4				3	1	4
9. Alcoholic.....	5	..	5				4	..	4
10. Due to drugs and other exogenous toxins.....	1	..	1				1	..	1
11. With pellagra.....									
12. With other somatic diseases.....	4	..	4				3	..	3
13. Manic-depressive..	61	109	170	1	1	2	47	76	123
14. Involution melan- cholia.....	2	6	8				1	4	5
15. Dementia præcox..	78	51	129				67	45	112
16. Paranoia or para- noic conditions..	8	18	26	..	1	1	6	8	14
17. Epileptic psychoses									
18. Psychoneuroses and neuroses.....	2	1	3				1	1	2
19. With constitutional psychopathic inferiority.....	3	4	7				3	2	5
20. With mental defi- ciency.....	3	1	4				3	1	4
21. Undiagnosed psychoses.....									
22. Not insane.....	6	3	9				2	2	4
Total.....	252	231	483	1	2	3	195	168	363

TABLE XI. (Continued).

<i>Psychoses</i>	Comfortable			Unascertained		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....	9	6	15	..	3	3
2. Senile.....						
3. With cerebral arteriosclerosis...	1	..	1			
4. General paralysis..	12	..	12			
5. With cerebral syphilis.....						
6. With Huntington's chorea.....						
7. With brain tumor..						
8. With other brain or nervous dis- eases.....						
9. Alcoholic.....	1	..	1			
10. Due to drugs and other exogenous toxins.....						
11. With pellagra.....						
12. With other somatic diseases.....	1	..	1			
13. Manic-depressive...	13	31	44	..	1	1
14. Involution melancholia.....	1	2	3			
15. Dementia præcox..	11	6	17			
16. Paranoia or para- noic conditions..	2	9	11			
17. Epileptic psychoses and neuroses....	1	..	1			
18. Psychoneuroses						
19. With constitutional psychopathic inferiority.....	..	2	2			
20. With mental defi- ciency.....						
21. Undiagnosed psychoses.....						
22. Not insane.....	4	1	5			
Total.....	56	57	113	..	4	4

TABLE XII.

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES FOR THE YEAR ENDING JUNE 30, 1920

<i>Psychoses</i>	Total			Abstinent			Temperate		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1				1	..	1
2. Senile.....	28	25	53	6	18	24	14	3	17
3. With cerebral arteriosclerosis..	9	5	14	..	4	4	6	1	7
4. General paralysis..	38	7	45	13	5	18	13	..	13
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor..									
8. With other brain or nervous dis- eases.....	3	1	4	2	1	3	1	..	1
9. Alcoholic.....	5	..	5						
10. Due to drugs and other exogenous toxins.....	1	..	1	1	..	1			
11. With pellagra.....									
12. With other somatic diseases.....	4	..	4	1	..	1	1	..	1
13. Manic-depressive..	61	109	170	22	95	117	24	9	33
14. Involution melan- cholia.....	2	6	8	1	6	7	1	..	1
15. Dementia præcox..	78	51	129	24	43	67	34	5	39
16. Paranoia or para- noic conditions..	8	18	26	2	17	19	3	..	3
17. Epileptic psychoses									
18. Psychoneuroses and neuroses.....	2	1	3	..	1	1			
19. With constitutional psychopathic inferiority..	3	4	7	..	4	4	1	..	1
20. With mental defi- ciency.....	3	1	4	..	1	1	1	..	1
21. Undiagnosed psychoses.....									
22. Not insane.....	6	3	9				2	..	2
Total	252	231	483	72	195	267	102	18	120

TABLE XII. (Continued).

<i>Psychoses</i>	Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....						
2. Senile.....	5	..	5	3	4	7
3. With cerebral arteriosclerosis..	3	..	3			
4. General paralysis..	5	1	6	7	1	8
5. With cerebral syphilis.....						
6. With Huntington's chorea.....						
7. With brain tumor..						
8. With other brain or nervous dis- eases.....						
9. Alcoholic.....	5	..	5			
10. Due to drugs and other exogenous toxins.....						
11. With pellagra.....						
12. With other somatic diseases.....	1	..	1	1	..	1
13. Manic-depressive..	4	2	6	11	3	14
14. Involution melan- cholia.....						
15. Dementia præcox..	8	..	8	12	3	15
16. Paranoia or para- noic conditions..				3	1	4
17. Epileptic psychoses						
18. Psychoneuroses and neuroses.....				2	..	2
19. With constitutional psychopathic inferiority.....	2	..	2			
20. With mental defi- ciency.....	1	..	1	1	..	1
21. Undiagnosed psychoses.....						
22. Not insane.....	1	1	2	3	2	5
Total.....	35	4	39	43	14	57

TABLE XIII.

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES FOR THE YEAR ENDING JUNE 30, 1920

<i>Psychoses</i>	Total			Single			Married		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1				1	..	1
2. Senile	28	25	53	2	1	3	11	7	18
3. With cerebral arteriosclerosis ..	9	5	14	1	..	1	5	1	6
4. General paralysis ..	38	7	45	5	..	5	29	4	33
5. With cerebral syphilis									
6. With Huntington's chorea									
7. With brain tumor..									
8. With other brain or nervous diseases.	3	1	4	1	..	1	1	..	1
9. Alcoholic	5	..	5	2	..	2	3	..	3
10. Due to drugs and other exogenous toxins	1	..	1				1	..	1
11. With pellagra.....									
12. With other somatic diseases	4	..	4	1	..	1	3	..	3
13. Manic-depressive ..	61	109	170	25	25	50	30	66	96
14. Involution melan- cholia	2	6	8	1	1	2	1	5	6
15. Dementia præcox..	78	51	129	62	18	80	12	31	43
16. Paranoia or para- noic conditions..	8	18	26	4	8	12	4	5	9
17. Epileptic psychoses									
18. Psychoneuroses and neuroses	2	1	3	2	..	2	..	1	1
19. With constitutional psychopathic inferiority	3	4	7	3	3	6	..	1	1
20. With mental defi- ciency	3	1	4	3	1	4			
21. Undiagnosed psychoses									
22. Not insane	6	3	9	5	2	7	..	1	1
Total	252	231	483	117	59	176	101	122	223

TABLE XIII. (Continued).

<i>Psychoses</i>	Widowed			Separated		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....	13	15	28			
2. Senile.....						
3. With cerebral arteriosclerosis...	3	4	7			
4. General paralysis ..	2	3	5			
5. With cerebral syphilis						
6. With Huntington's chorea						
7. With brain tumor..						
8. With other brain or nervous dis- eases.	1	1	2			
9. Alcoholic						
10. Due to drugs and other exogenous toxins						
11. With pellagra.....						
12. With other somatic diseases						
13. Manic-depressive ..	4	16	20	..	1	1
14. Involution melan- cholia						
15. Dementia præcox..	..	1	1			
16. Paranoia or para- noic conditions..	..	5	5			
17. Epileptic psychoses						
18. Psychoneuroses and neuroses						
19. With constitutional psychopathic inferiority						
20. With mental defi- ciency						
21. Undiagnosed psychoses						
22. Not insane	1	..	1			
Total	24	45	69	..	1	1

TABLE XIII. (Continued.)

Psychoses	Divorced			Unascertained		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....						
2. Senile.....	1	..	1	1	2	3
3. With cerebral arteriosclerosis..						
4. General paralysis..	1	..	1	1	..	1
5. With cerebral syphilis.....						
6. With Huntington's chorea.....						
7. With brain tumor.						
8. With other brain or nervous diseases.....						
9. Alcoholic.....						
10. Due to drugs and other exogenous toxins.....						
11. With pellagra.....						
12. With other somatic diseases.....						
13. Manic-depressive..	..	1	1	2	..	2
14. Involution melancholia.....						
15. Dementia præcox..	..	1	1	4	..	4
16. Paranoia or paranoid conditions.						
17. Epileptic psychoses						
18. Psychoneuroses and neuroses...						
19. With constitutional psychopathic inferiority.....						
20. With mental deficiency.....						
21. Undiagnosed psychoses.....						
22. Not insane.....						
Total.....	2	2	4	8	2	10

TABLE XIV.

PSYCHOSES OF READMISSIONS
For the year ending June 30, 1920

Males Females Total Males Females Total

1. TRAUMATIC PSYCHOSES.....						
2. SENILE PSYCHOSES:						
a. Simple deterioration.....	1	..	1			
b. Presbyphrenic type.....						
c. Delirious and confused states....						
d. Depressed and agitated states in addition to deterioration.....	..	2	2			
e. Paranoid states in addition to deterioration.....						
f. Pre-senile types.....	—	—	—	1	2	3
3. PSYCHOSES WITH CEREBRAL ARTERIO-SCLEROSIS.....						
4. GENERAL PARALYSIS.....	7	..	7	7	..	7
5. PSYCHOSES WITH CEREBRAL SYPHILIS.....						
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....						
7. PSYCHOSES WITH BRAIN TUMOR..						
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES:						
Cerebral embolism.....						
Paralysis agitans.....						
Meningitis, tuberculous or other forms.....						
Multiple sclerosis.....						
Tabes.....						
Acute chorea.....						
Other conditions.....	1	1	2	1	1	2

TABLE XIV. (Continued.)

9. ALCOHOLIC PSYCHOSES:					
a. Pathological intoxication.....					
b. Delirium tremens.....	1	..	1		
c. Acute hallucinosis.....					
d. Acute paranoid type.....					
e. Korsakow's psychosis.....					
f. Chronic hallucinosis.....	1	..	1		
g. Chronic paranoid type.....					
h. Alcoholic deterioration.....	1	..	1		
i. Other types, acute or chronic....	—	—	—	3	.. 3
10. PSYCHOSES DUE TO DRUGS AND OTHER EXOGENOUS TOXINS:					
a. Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined.....					
b. Metals, as lead, arsenic, etc....					
c. Gases.....					
d. Other exogenous toxins.....					
11. PSYCHOSES WITH PELLAGRA.....					
12. PSYCHOSES WITH OTHER SOMATIC DISEASES:					
a. Delirium with infectious diseases					
b. Post-infectious psychoses.....					
c. Exhaustion delirium.....					
d. Delirium of unknown origin....					
e. Diseases of the ductless glands..					
f. Cardio-renal disease.....					
g. Other diseases or conditions					
13. MANIC-DEPRESSIVE PSYCHOSES:					
a. Manic type.....	13	17	30		
b. Depressive type.....	3	11	14		
c. Stupor.....					
d. Mixed type.....	2	2	4		
e. Circular type.....	—	—	—	18	30 48
14. INVOLUTION MELANCHOLIA.....					
	1	..	1		
	—	—	—	1	.. 1

TABLE XIV. (Continued.)

15. DEMENTIA PRÆCOX:					
a. Paranoid type.....	8	11	19		
b. Katatonic type.....	2	4	6		
c. Hebephrenic type.....	7	7	14		
d. Simple type.....	—	—	—	17	22 39
16. PARANOIA AND PARANOIC CONDITIONS.....					
	1	2	3		
	—	—	—	1	2 3
17. EPILEPTIC PSYCHOSES:					
a. Deterioration.....					
b. Clouded states.....					
c. Other conditions.....					
18. PSYCHONEUROSES AND NEUROSES:					
a. Hysterical type.....					
b. Psychasthenic type.....					
c. Neurasthenic type.....					
d. Anxiety neuroses.....					
19. PSYCHOSES WITH CONSTITUTIONAL PSYCHOPATHIC INFERIORITY....					
20. PSYCHOSES WITH MENTAL DEFICIENCY.....					
	1	1	2		
	—	—	—	1	1 2
21. UNDIAGNOSED PSYCHOSES.....					
22. NOT INSANE:					
a. Epilepsy without psychosis.....					
b. Alcoholism without psychosis...					
c. Drug addiction without psychosis	2	..	2		
d. Constitutional psychopathic in- feriority without psychosis.....					
e. Mental deficiency without psy- chosis.....					
f. Others.....	—	—	—	2	.. 2
Total.....				52	58 110

NEW JERSEY STATE HOSPITAL

TABLE XV.

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES AND CONDITION ON DISCHARGE FOR THE YEAR
ENDING JUNE 30, 1920

<i>Psychoses</i>	Total			Recovered			Improved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	1	3	4				1	3	4
3. With cerebral arteriosclerosis..	2	1	3	2	..	2	..	1	1
4. General paralysis..	9	1	10				7	1	8
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor.									
8. With other brain or nervous dis- eases.....									
9. Alcoholic.....	13	2	15	11	2	13	2	..	2
10. Due to drugs and other exogenous toxins.....	1	..	1	1	..	1			
11. With pellagra.....									
12. With other somatic diseases.....									
13. Manic-depressive..	61	99	160	48	69	117	12	30	42
14. Involution melan- cholia.....	4	5	9	1	1	2	3	4	7
15. Dementia præcox..	49	36	85	20	10	30	26	25	51
16. Paranoia or para- noic conditions.	2	4	6	1	1	2	..	3	3
17. Epileptic psychoses	3	..	3				2	..	2
18. Psychoneuroses and neuroses....	1	1	2	1	1	2			
19. With constitutional psychopathic inferiority.....	2	1	3	1	..	1	1	1	2
20. With mental defi- ciency.....	2	3	5				1	3	4
21. Undiagnosed psychoses.....									
22. Not insane.....	8	4	12						
Total.....	158	160	318	86	84	170	55	71	126

NEW JERSEY STATE HOSPITAL

TABLE XV. (Continued.)

<i>Psychoses</i>	Unimproved			Not insane		
	M.	F.	T.	M.	F.	T.
1. Traumatic.....						
2. Senile.....						
3. With cerebral arteriosclerosis..	2	..	2			
4. General paralysis..						
5. With cerebral syphilis.....						
6. With Huntington's chorea.....						
7. With brain tumor.						
8. With other brain or nervous dis- eases.....						
9. Alcoholic.....						
10. Due to drugs and other exogenous toxins.....						
11. With pellagra.....						
12. With other somatic diseases.....						
13. Manic-depressive..	1	..	1			
14. Involution melan- cholia.....						
15. Dementia præcox..	3	1	4			
16. Paranoia or para- noic conditions.	1	..	1			
17. Epileptic psychoses	1	..	1			
18. Psychoneuroses and neuroses....						
19. With constitutional psychopathic inferiority.....						
20. With mental defi- ciency.....	1	..	1			
21. Undiagnosed psychoses.....				8	4	12
22. Not insane.....						
Total.....	9	1	10	8	4	12

TABLE XVI.

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES FOR THE YEAR ENDING JUNE 30, 1920

[illegible]

TABLE XVI. (Continued.)

[illegible]

TABLE XVI. (Continued.)

Causes of death.	General paralysis			Alcoholic			Manic-depressive		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
CIRCULATORY SYSTEM:									
Acute myocarditis							2	2	2
Chronic myocarditis ..		1	1				2	8	10
Acute pericarditis									
Chronic pericarditis ..									
Acute endocarditis	3		3				5	5	10
Chronic endocarditis ..							2	2	4
Arteriosclerosis							1	1	1
Other diseases of the arteries									
Other diseases of circulatory system..									
RESPIRATORY SYSTEM:									
Bronchitis							2	2	2
Bronchopneumonia							1	1	1
Lobar pneumonia	1	1	2				2	2	4
Pleurisy									
Gangrene of lungs									
Other diseases of the respiratory system..									
DIGESTIVE SYSTEM:									
Ulcer of stomach									
Other diseases of the stomach (cancer excepted)									
Diarrhea and enteritis ..									
Appendicitis							1	1	1
Intestinal obstruction..									
Other diseases of intestines									
Cirrhosis of liver									
Other diseases of liver ..									
Other diseases of digestive system (cancer and tuberculosis excepted)									

TABLE XVI. (Continued.)

Causes of death.	General paralysis			Alcoholic			Manic-depressive		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
GENITO-URINARY SYSTEM:									
Acute nephritis		1	1						
Chronic nephritis	2	1	3				1	7	8
Other diseases of kidneys and annexa.									
Diseases of bladder									
Diseases of genital organs									
Other diseases of genito-urinary system									
DISEASES OF THE SKIN:									
Gangrene									
Other diseases of the skin									
DISEASES OF BONES AND LOCOMOTOR SYSTEM (tuberculosis and rheumatism excepted)									
VIOLENCE:									
Suicide									
Fractures									
Dislocations									
Homicide									
Other external violence									
Total	24	9	33	1	..	1	17	38	55

TABLE XVI. (Continued).

<i>Causes of death.</i>	Involution melancholia			Dementia præcox			Paranoia or paranoic conditions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
GENITO-URINARY SYSTEM:									
Acute nephritis.....	1	--	1	2	--	2	2	--	2
Chronic nephritis.....				--	3	3	--	1	1
Other diseases of kidneys and annexa.									
Diseases of bladder...									
Diseases of genital organs.....									
Other diseases of genito-urinary system									
DISEASES OF THE SKIN:									
Gangrene.....									
Other diseases of the skin.....									
DISEASES OF BONES AND LOCOMOTOR SYSTEM: (tuberculosis and rheumatism excepted)									
VIOLENCE:									
Suicide.....				--	1	1			
Fractures.....									
Dislocations.....									
Homicide.....									
Other external violence									
Total.....	1	2	3	17	24	41	3	4	7

TABLE XVI. (Continued.)

	Epileptic psychoses	Psychoneuroses and neuroses	With constitu- tional psycho- pathic inferiority
Causes of death.	M. F. T.	M. F. T.	M. F. T.
GENERAL DISEASES:			
Typhoid fever.....			
Malaria.....			
Smallpox			
Measles.....			
Scarlet fever.....			
Diphtheria.....			
Influenza.....			
Dysentery.....			
Erysipelas.....			
Septicæmia			
Pellagra.....			
Acute articular rheumatism.....			
Tuberculosis of lungs..			
Other forms of tuberculosis.....			
Syphilis (non-nervous forms).....			
Cancer			
Tumor(non-cancerous)			
Diabetes			
Other general diseases			
NERVOUS SYSTEM:			
Cerebro-spinal meningitis.....			
Diseases of spinal cord			
Apoplexy (cerebral hemorrhage).....			
General paralysis of insane.....			
Cerebro-spinal syphilis			
Exhaustion from mental diseases.....			
Brain tumor.....			
Other diseases of brain			
Epilepsy.....	2	2	
Chorea			
Other diseases of nervous system....			

TABLE XVI. (Continued.)

<i>Causes of death.</i>	Epileptic psychoses			Psychoneuroses and neuroses			With constitutional psychopathic inferiority		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
CIRCULATORY SYSTEM:									
Acute myocarditis.....									
Chronic myocarditis.....							1	1	
Acute pericarditis.....									
Chronic pericarditis.....									
Acute endocarditis.....									
Chronic endocarditis.....									
Arteriosclerosis.....									
Other diseases of the arteries.....									
Other diseases of circulatory system..									
RESPIRATORY SYSTEM:									
Bronchitis.....									
Bronchopneumonia.....									
Lobar pneumonia.....									
Pleurisy.....									
Gangrene of lungs.....									
Other diseases of the respiratory system..									
DIGESTIVE SYSTEM:									
Ulcer of stomach.....									
Other diseases of the stomach (cancer excepted).....									
Diarrhea and enteritis.....									
Appendicitis.....									
Intestinal obstruction..									
Other diseases of intestines.....									
Cirrhosis of liver.....									
Other diseases of liver									
Other diseases of digestive system (cancer and tuberculosis excepted)...									

TABLE XVI. (Continued.)

<i>Causes of death.</i>	Epileptic psychoses			Psychoneuroses and neuroses			With constitutional psychopathic inferiority		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
GENITO-URINARY SYSTEM:									
Acute nephritis.....	1		1						
Chronic nephritis.....									
Other diseases of kidneys and annexa.									
Diseases of bladder...									
Diseases of genital organs.....									
Other diseases of genito-urinary system									
DISEASES OF THE SKIN:									
Gangrene.....									
Other diseases of the skin.....									
DISEASES OF BONES AND LOCOMOTOR SYSTEM: (tuberculosis and rheumatism excepted)									
VIOLENCE:									
Suicide.....									
Fractures.....									
Dislocations.....									
Homicide.....									
Other external violence									
Total.....	3	—	3				1	1	

TABLE XVI. (Continued.)

<i>Causes of death.</i>	With mental deficiency			*All other psychoses		
	M.	F.	T.	M.	F.	T.
GENERAL DISEASES:						
Typhoid fever.....						
Malaria.....						
Smallpox.....						
Measles.....						
Scarlet fever.....						
Diphtheria.....						
Influenza.....						
Dysentery.....						
Erysipelas.....						
Septicæmia.....						
Pellagra.....						
Acute articular rheumatism.....						
Tuberculosis of lungs..						
Other forms of tuberculosis.....						
Syphilis (non-nervous forms).....						
Cancer.....						
Tumor (non-cancerous)						
Diabetes.....						
Other general diseases.						
NERVOUS SYSTEM:						
Cerebro-spinal meningitis.....						
Diseases of spinal cord						
Apoplexy (cerebral hemorrhage).....						
General paralysis of insane.....						
Cerebro-spinal syphilis						
Exhaustion from mental diseases.....						
Brain tumor.....						
Other diseases of brain						
Epilepsy.....						
Chorea.....						
Other diseases of nervous system.....						

TABLE XVI. (Continued.)

<i>Causes of death.</i>	With mental deficiency			*All other psychoses		
	M.	F.	T.	M.	F.	T.
CIRCULATORY SYSTEM:						
Acute myocarditis....						
Chronic myocarditis..		2	2			
Acute pericarditis....						
Chronic pericarditis...						
Acute endocarditis....						
Chronic endocarditis..						
Arteriosclerosis.....						
Other diseases of the arteries.....						
Other diseases of circulatory system...						
RESPIRATORY SYSTEM:						
Bronchitis.....						
Bronchopneumonia...						
Lobar pneumonia.....		1	1		1	1
Pleurisy.....						
Gangrene of lungs....						
Other diseases of the respiratory system...						
DIGESTIVE SYSTEM:						
Ulcer of stomach.....						
Other diseases of the stomach (cancer excepted).....						
Diarrhea and enteritis.						
Appendicitis.....						
Intestinal obstruction						
Other diseases of intestines.....						
Cirrhosis of liver.....						
Other diseases of digestive system (cancer and tuberculosis excepted)...						

TABLE XVI. (Continued.)

<i>Causes of death</i>	With mental deficiency			*All other psychoses		
	M.	F.	T.	M.	F.	T.
GENITO-URINARY SYSTEM:						
Acute nephritis.....						
Chronic nephritis.....				1		1
Other diseases of kidneys and annexa.....						
Diseases of bladder.....						
Diseases of genital organs.....						
Other diseases of genito-urinary system.....						
DISEASES OF THE SKIN:						
Gangrene.....						
Other diseases of the skin.....						
DISEASES OF BONES AND LOCOMOTOR SYSTEM: (tuberculosis and rheumatism excepted)						
VIOLENCE:						
Suicide.....						
Fractures.....						
Dislocations.....						
Homicide.....						
Other external violence.....						
Total.....	..	3	3	1	1	2

*Includes group 22 "not insane."

TABLE XVII.

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES, FOR THE YEAR ENDING JUNE 30, 1920

<i>Psychoses</i>	Total			Under 15 years			15 — 19 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	27	35	62						
2. Senile.....									
3. With cerebral arteriosclerosis....	4	3	7						
4. General paralysis...	24	9	33						
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor...									
8. With other brain or nervous diseases..	1	1	2						
9. Alcoholic.....	1	..	1						
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....									
13. Manic-depressive...	17	38	55				..	1	1
14. Involution melancholia.....	1	2	3						
15. Dementia præcox...	17	24	41				..	1	1
16. Paranoia or paranoic conditions...	3	4	7						
17. Epileptic psychoses..	3	..	3						
18. Psychoneuroses and neuroses.....									
19. With constitutional psychopathic inferiority.....	..	1	1						
20. With mental deficiency.....	..	3	3						
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	98	120	218	—	—	—	..	2	2

TABLE XVII. (Continued.)

<i>Psychoses</i>	20 — 24 years			25 — 29 years			30 — 34 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....									
3. With cerebral arteriosclerosis..									
4. General paralysis..	..	1	1				..	1	1
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor.									
8. With other brain or nervous diseases.									
9. Alcoholic.....									
10. Due to drugs and other exogenous toxins.....									
11. With pellagra....									
12. With other somatic diseases.....									
13. Manic-depressive..	..	1	1	..	3	3	2	3	5
14. Involution melan- cholia.....									
15. Dementia præcox.	..	1	1	2	3	5	2	5	7
16. Paranoia or para- noic conditions.									
17. Epileptic psychoses	1	..	1						
18. Psychoneuroses and neuroses....									
19. With constitutional psychopathic inferiority.....							..	1	1
20. With mental defi- ciency.....									
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	1	3	4	2	6	8	4	10	14

TABLE XVII. (Continued.)

<i>Psychoses</i>	35 — 39 years			40 — 44 years			45 — 49 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....									
3. With cerebral arteriosclerosis..	1	..	1						
4. General paralysis..	4	3	7	4	2	6	8	1	9
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor.									
8. With other brain or nervous diseases.									
9. Alcoholic.....							1	..	1
10. Due to drugs and other exogenous toxins.....									
11. With pellagra....									
12. With other somatic diseases.....									
13. Manic-depressive..	..	4	4	1	4	5	3	6	9
14. Involution melan- cholia.....									
15. Dementia præcox.	5	4	9	2	..	2	1	3	4
16. Paranoia or para- noic conditions.				..	1	1			
17. Epileptic psychoses									
18. Psychoneuroses and neuroses....									
19. With constitutional psychopathic inferiority.....									
20. With mental defi- ciency.....				..	1	1	..	2	2
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	10	11	21	7	8	15	13	12	25

TABLE XVII. (Continued.)

<i>Psychoses</i>	50 — 54 years			55 — 59 years			60 — 64 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	..	3	3	..	1	1	5	2	7
3. With cerebral arteriosclerosis..				1	..	1	..	1	1
4. General paralysis..	5	..	5	2	..	2			
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor..									
8. With other brain or nervous diseases	1	..	1	..	1	1			
9. Alcoholic.....									
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....									
13. Manic-depressive..	..	6	6	5	3	8	1	4	5
14. Involution melan- cholia.....	..	1	1	..	1	1			
15. Dementia præcox..	1	..	1	1	3	4	1	..	1
16. Paranoia or para- noic conditions..	1	..	1	..	2	2	1	..	1
17. Epileptic psychoses							1	..	1
18. Psychoneuroses and neuroses....									
19. With constitutional psychopathic inferiority.....									
20. With mental defi- ciency.....									
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	8	10	18	9	11	20	9	7	16

TABLE XVII. (Continued.)

<i>Psychoses</i>	65 — 69 years			70 years and over			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	4	6	10	18	23	41			
3. With cerebral arteriosclerosis..	1	1	2	..	1	1	1	..	1
4. General paralysis..	1	..	1	..	1	1			
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor..									
8. With other brain or nervous diseases.									
9. Alcoholic.....									
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....									
13. Manic-depressive..	3	2	5	2	1	3			
14. Involution melan- cholia.....				1	..	1			
15. Dementia præcox..	1	2	3	1	2	3			
16. Paranoia or para- noic conditions..				1	1	2			
17. Epileptic psychoses				1	..	1			
18. Psychoneuroses and neuroses.....									
19. With constitutional psychopathic inferiority.....									
20. With mental defi- ciency.....									
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	10	11	21	24	29	53	1	..	1

TABLE XVIII.

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL
CLASSIFIED ACCORDING TO PRINCIPAL PSYCHOSES, FOR THE
YEAR ENDING JUNE 30, 1920

<i>Psychoses</i>	Total			Less than 1 month			1 — 3 months		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	27	35	62	7	6	13	10	4	14
3. With cerebral arteriosclerosis...	4	3	7						
4. General paralysis...	24	9	33	3	1	4	4	1	5
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor...									
8. With other brain or nervous diseases...	1	1	2				1		1
9. Alcoholic.....	1		1						
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....									
13. Manic-depressive...	17	38	55	2	9	11	1	5	6
14. Involution melan- cholia.....	1	2	3						
15. Dementia præcox...	17	24	41		2	2		3	3
16. Paranoia or para- noic conditions...	3	4	7		2	2			
17. Epileptic psychoses	3		3						
18. Psychoneuroses and neuroses.....									
19. With constitutional psychopathic inferiority.....		1	1						
20. With mental defi- ciency.....		3	3						
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	98	120	218	12	20	32	16	13	29

TABLE XVIII. (Continued.)

<i>Psychoses</i>	4 — 7 months			8 — 12 months			1 — 2 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	1	3	4	3	1	4	3	10	13
3. With cerebral arteriosclerosis...	1	1	2		1	1	2	1	3
4. General paralysis...	3		3	3	2	5	9	2	11
5. With cerebral syphilis.....									
6. With Huntington's chorea.....									
7. With brain tumor...									
8. With other brain or nervous diseases...									
9. Alcoholic.....							1		1
10. Due to drugs and other exogenous toxins.....									
11. With pellagra.....									
12. With other somatic diseases.....									
13. Manic-depressive...	1	4	5	1	2	3	1	1	2
14. Involution melan- cholia.....		1	1						
15. Dementia præcox...		1	1	1	1	2	1	3	4
16. Paranoia or para- noic conditions...							2		2
17. Epileptic psychoses									
18. Psychoneuroses and neuroses.....									
19. With constitutional psychopathic inferiority.....		1	1						
20. With mental defi- ciency.....					1	1			
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	6	11	17	8	8	16	19	17	36

TABLE XVIII. (Continued).

<i>Psychoses</i>	3 — 4 years			5 — 6 years			7 — 8 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....							1	5	6
2. Senile.....	1	3	4						
3. With cerebral arteriosclerosis....	1	..	1						
4. General paralysis....	1	3	4						
5. With cerebral syphilis									
6. With Huntington's chorea.....									
7. With brain tumor...									
8. With other brain or nervous diseases..									
9. Alcoholic									
10. Due to drugs and other exogenous toxins									
11. With pellagra									
12. With other somatic diseases.....	2	5	7	..	2	2			
13. Manic-depressive ...				..	1	1			
14. Involution melan- cholia				1	3	4	1	..	1
15. Dementia præcox...	4	1	5				..	1	1
16. Paranoia or para- noic conditions...									
17. Epileptic psychoses									
18. Psychoneuroses and neuroses									
19. With constitutional psychopathic inferiority.....									
20. With mental defi- ciency.....				..	1	1			
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	9	12	21	1	7	8	2	6	8

TABLE XVIII. (Continued.)

<i>Psychoses</i>	9 — 10 years			11 — 12 years			13 — 14 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....									
2. Senile.....	..	1	1	..	1	1			
3. With cerebral arteriosclerosis....									
4. General paralysis....									
5. With cerebral syphilis									
6. With Huntington's chorea.....									
7. With brain tumor...									
8. With other brain or nervous diseases..									
9. Alcoholic									
10. Due to drugs and other exogenous toxins.....									
11. With pellagra									
12. With other somatic diseases.....	..	1	1	2	4	6			
13. Manic-depressive ...									
14. Involution melan- cholia.....									
15. Dementia præcox...	3	1	4	..	1	1	1	3	4
16. Paranoia or para- noic conditions...							1	1	2
17. Epileptic psychoses..									
18. Psychoneuroses and neuroses									
19. With constitutional psychopathic inferiority.....									
20. With mental defi- ciency.....									
21. Undiagnosed psychoses.....									
22. Not insane.....									
Total.....	3	3	6	2	6	8	2	4	6

TABLE SHOWING IN DETAIL MANNER OF SUPPORT

JUNE 30TH, 1920

COUNTY	INDIGENT			ST. INDIGENT			PRIVATE			CONVICT			CRIMINAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bergen	131	139	270	64	56	120	10	17	27	..	..	..	..	..	..
Essex	17	34	51	189	346	535	19	38	57	..	..	..	..	..	..
Hudson	42	25	67	129	108	237	42	62	104	..	..	..	..	..	..
Hunterdon .....	..	..	..	..	1	1	..	3	3	..	..	..	..	..	..
Merter	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..
Middlesex	3	2	5	..	..	..	..	..	..	..	..	..	..	..	..
Monmouth .....	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..
Morris	77	76	153	40	26	66	1	18	19	..	..	..	..	..	..
Ocean .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Passaic	234	234	468	50	39	89	12	24	36	..	..	..	..	..	..
Somerset	19	23	42	3	1	4	1	4	5	..	..	..	..	..	..
Sussex	174	201	375	43	41	84	19	14	33	..	..	..	..	..	..
Union	8	1	9	..	..	..	..	..	..	..	..	..	..	..	..
Warren .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New York .....	..	..	..	..	1	1	..	5	8	..	..	..	..	..	..
Total	707	721	1428	489	466	955	121	201	322	5	..	5	3	..	3

NOTE:—In all indigent cases where inquiry has not been held, or final court order has not been received, the patients are credited to the County from which they were sent.

NEW JERSEY STATE HOSPITAL

TABLE XVIII. (Continued.)

Psychoses	15 — 19 years			20 years and over		
	M.	F.	T.	M.	F.	T.
1. Traumatic .....	..	..	..	..	..	..
2. Senile	1	1	2	..	..	..
3. With cerebral arteriosclerosis .....	..	..	..	..	..	..
4. General paralysis	1	..	1	..	..	..
5. With cerebral syphilis .....	..	..	..	..	..	..
6. With Huntington's chorea .....	..	..	..	..	..	..
7. With brain tumor .....	..	..	..	..	..	..
8. With other brain or nervous diseases .....	..	..	..	..	1	1
9. Alcoholic .....	..	..	..	..	..	..
10. Due to drugs and other exogenous toxins .....	..	..	..	..	..	..
11. With pellagra .....	..	..	..	..	..	..
12. With other somatic diseases	3	3	6	4	2	6
13. Manic-depressive .....	..	..	..	1	..	1
14. Involution melancholia	1	..	1	4	5	9
15. Dementia præcox	1	..	1	1	..	1
16. Paranoia or paranoid conditions	1	..	1	..	..	..
17. With epileptic psychoses .....	..	..	..	1	..	1
18. Psychoneuroses and neuroses .....	..	..	..	..	..	..
19. With constitutional psychopathic inferiority .....	..	..	..	..	..	..
20. With mental deficiency .....	..	1	1	..	..	..
21. Undiagnosed psychoses .....	..	..	..	..	..	..
22. Not insane .....	..	..	..	..	..	..
Total	7	5	12	11	8	19

SUMMARY

<i>Class</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Indigent.....	707	721	1,428
State indigent.....	489	466	955
Private.....	121	201	322
Convict.....	5	..	5
Criminal.....	3	..	3
Total.....	1,325	1,388	2,713