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THIRTY-SIXTH ANNUAL REPORT
OF THE
MANAGERS AND OFFICERS
OF THE
NEW JERSEY STATE HOSPITAL

AT
MORRIS PLAINS

For the Year Ending October 31st

1911

FAIRLEIGH DICKINSON UNIVERSITY

TRENTON, N. J.
STATE GAZETTE PUBLISHING CO., PRINTERS.
1912.

New Jersey State Library



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Managers.

PRESIDENT.

JOHN C. EISELE.....Newark.

VICE-PRESIDENT.

JAMES M. BUCKLEY, D.D.....Morristown.

JOHN A. MCBRIDE.....Deckertown.

PATRICK J. RYAN.....Elizabeth.

JOHN T. GILLSON, M.D.....Paterson.

GEORGE W. JAGLE.....Newark.

JOHN NEVIN, M.D.....Jersey City.

ALBERT RICHARDS.....Dover.

Officers.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D.....Medical Director.
E. MOORE FISHER, M.D.....Senior Assistant Physician.
LOUIS K. HENSCHEL, M.D.....Senior Assistant Physician and Pathologist.
GEORGE A. ANDERTON, M.D.....Junior Assistant Physician.
MARCUS A. CURRY, M.D.....Junior Assistant Physician.
GEORGE R. HAMPTON, M.D.....Junior Assistant Physician.
GEORGE B. McMURRAY, M.D.....Junior Assistant Physician.
FREDERICK H. THORNE, M.D.....Junior Assistant Physician.
FRANK M. MIKELS, M.D.....Junior Assistant Physician.
FRODE HEIMAN.....Assistant Pathologist.

BUSINESS DEPARTMENT.

O. M. BOWEN.....Warden.
HARRISON P. LINDABURY.....Treasurer.
HENRY W. BUXTON.....Secretary.

Board of Consultants.

JAMES T. WRIGHTSON, M.D.....Physician.
EDWARD J. ILL, M.D.....Gynecologist.
JOSEPH BRETTAUER, M.D.....Gynecologist.
PHILANDER A. HARRIS, M.D.....Gynecologist.
JOSEPH FEWSMITH, M.D.....Neurologist.
CHRISTOPHER C. BELING, M.D.....Neurologist.
FRANK D. GRAY, M.D.....Surgeon.
FRANCIS H. GLAZEBROOK, M.D.....Surgeon.
H. AUSTIN COSSITT, M.D.....Gastro-Enterologist.
L. 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.
WILLIAM G. SHARP, D.D.S.....Dentist.

Report of the Board of Managers.

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

The Board of Managers of the State Hospital at Morris Plains respectfully presents its Thirty-sixth Annual Report—the sixteenth since the State hospitals were by act of Legislature placed under non-partisan management.

The period covered by this report is from November 1st, 1910, to October 31st, 1911.

The accompanying reports of the Medical Director and the Warden are comprehensive and set forth matters relating to their respective departments in a lucid manner.

The report of the Medical Director shows that there were 2,672 patients—1,373 men and 1,299 women—under treatment at the Hospital during the year. The year closed with 2,210 patients—1,131 men and 1,079 women—remaining in the Hospital. The highest census at any time during the year was 2,245 on September 30th, 1911. The admission during the year reached a total of 554—280 men and 274 women; the number grows larger each year. There have been 22 voluntary patients—15 men and 7 women—admitted this year under Chapter 184 of the Laws of 1910; of these at the close of the year there were 4 men and 4 women remaining.

Based on the number admitted during the year, 140 patients—over 25 per cent.—were discharged as recovered; of the number under treatment during the year 188—7 per cent. of the number—died.

The report of the Treasurer shows the financial affairs of the Hospital continue to be favorable; it is submitted with the reports of the other departments for your consideration.

The Warden's report has been abridged, while at the same time care has been taken to refer to all important matters which should require your attention.

OVERCROWDED CONDITIONS.

Owing to the rapidly increasing population of the Hospital, it is distressingly overcrowded. Accommodations are provided for only 1,600, yet during the year there were about 2,200 on the average under care. This excess of more than 600 patients renders more difficult the care of all the patients in the institution. It is necessary for many to sleep on cots placed in the corridors, a cause of great inconvenience and danger, as one outbreak can awaken and excite a whole line. Under such conditions proper segregation of the patients is impossible.

In the Medical Director's report will be found a careful calculation based on the most reliable statistics he could obtain, of the ratio of the increase of insanity.

An appropriation for building the Detention House for convict and criminal insane provided for in the act of Legislature, Chapter 261, page 548, Laws of 1910, would relieve this Hospital to a limited extent.

It will be necessary for the State to erect another institution for the care of the insane of New Jersey, for admissions to the two State hospitals increase each year while the accommodations provided are now obviously deficient.

NEW BUILDINGS AND CONSTRUCTION.

Contracts have been awarded for the construction of buildings for which appropriations were made by the last Legislature.

The new kitchen has required a long time to build, but it is hoped will soon be ready for occupancy.

Work on the new fire house is progressing satisfactorily.

The tubercular building is well under way, and when completed will be especially adapted to the care and treatment of those with the most serious tubercular lesions.

The cottage for male nurses is in course of construction and making satisfactory progress.

The installation of the new dynamos is approaching completion.

CONTAMINATION OF WATER SUPPLY.

The water supply of the Hospital came under suspicion in September last when typhoid fever developed in one of the Hospital staff. At that time many patients were troubled with severe gastro-intestinal diseases. Colon bacillus was found in every specimen of water taken from the different sources of supply. The State Department of Health was notified by the Medical Director and investigated the conditions, afterward recommending various improvements which, so far as possible, were immediately made after their report reached the Board of Managers. The Department of Health recommended the installation of two or three hypochlorite of lime plants for the purification of the water supply and also of an incinerating plant to destroy any refuse liable to breed disease. The financial resources of the Hospital are not such as to warrant the carrying out of these recommendations without the aid of special appropriations. The State Department of Health advises the purchase of several properties which are on the watershed and drain into the reservoirs.

NEEDS OF HOSPITAL REQUIRING APPROPRIATIONS.

Contrary to the up-to-date methods of safety, the Main Building continues to be lighted by gas, the gas house and plant being antiquated and inadequate. This condition is more fully dealt with in the Medical Director's report.

It is recommended that the Main Building be wired so that electricity for lighting can be supplied from the dynamos which will be capable of generating sufficient electricity for this purpose.

For the satisfactory treatment of the acute and excitable insane "Continuous Baths" are necessary. The Medical Director recommends that at least sixteen be installed where they may be most useful throughout the building.

The boilers, which have been in use since the opening of the Hospital in 1876, have gradually become unserviceable. The Fidelity and Casualty Company states that these boilers cannot be operated with safety after the winter of 1911-1912. The boilers which we commenced using in 1899 will be incapable of supplying

sufficient power and heat for the needs of the Hospital when it becomes necessary that we cease using the old boilers. It is an absolute necessity that the Hospital be provided with increased heating apparatus. As soon as it is necessary to heat the new buildings now nearing completion and supply power for the new dynamos, unless provided with new boilers, it will be impossible to heat properly any of the buildings or make the dynamos available and efficient.

The *new buildings* provide accommodations for about 125 persons. An appropriation for furnishings is essential, for without them the buildings cannot be occupied.

Our laundry facilities are impaired by lack of space. The laundry should be enlarged by an extension such as is set forth clearly in the Warden's report.

Since the completion of the cottage for women nurses our nursing corps has increased, and because of the overcrowded condition of the wards it has been necessary to more than double the number on duty at night.

In the report of the Medical Director will be found an account of competitive gardening which was tried this year. This experiment was highly successful; the process should be extended along this and other lines.

In several previous reports it has been recommended that there be established and equipped shops for the employment of patients during the winter and unpleasant weather. Other institutions supported by the State, and more recently the Essex County Hospital, have work shops or industrial schools of the character here suggested. They are needed to aid in the treatment of those mentally unsound, so that their energies may be utilized in a manner to produce something useful to themselves and to the institution.

HUDSON COUNTY HOSPITAL FOR THE INSANE.

Dr. George W. King, Medical Superintendent of this institution, continues to care for the patients under his supervision in the best manner possible with the means provided.

The Hospital is overcrowded, and we recommend that the Legislature take cognizance of the situation. We would, therefore, suggest the advisability of erecting a new institution at once.

The Hudson county institution is not properly located for the purpose, situated as it is in close proximity to correctional and semi-correctional institutions, and buildings devoted to the treatment of contagious diseases. Such surroundings are not conducive to a restoration of mental balance, nor can modern means be used for this purpose under present conditions.

At the close of the Hospital year there were in that institution 299 male and 376 female patients—a total of 675. To care for this number of patients there are 6 male and 22 female nurses.

PASSAIC COUNTY ALMSHOUSE.

In Passaic county the insane who are not confined in the State Hospital at Morris Plains, are cared for in the county almshouse. There were on the occasion of our visit 49 insane persons in the almshouse—7 male and 42 female. They are generally quiet and demented and are apparently humanely treated.

Recently in Passaic county some criticism of the poor hygienic conditions existing at that institution has developed, and also concerning the practice of keeping sane paupers with the insane. This is justly criticised on the ground that it is not fair to those who are of sound mind. Criminals are also sent to that institution for varying terms. Therefore, we cannot, in justice to ourselves and humanity, go on record in support of a continuance of such practices.

ESSEX COUNTY HOSPITAL.

In the Essex County Hospital for the Insane are 1,481 patients—678 men and 803 women. To care for these patients there are 7 supervisors, 73 male and 83 female nurses. It will be seen that this provides 1 nurse for every 9 patients.

The Medical Director, Dr. Guy Payne, at the time of our visit was of the opinion that the present method of caring for chronic inebriates is not productive of the best results. Their care and betterment is often hampered by the intervention of friends and relatives who desire that the patients be given their liberty as soon as they recover from an acute attack of alcoholism, which is not a sufficient length of time to warrant their discharge, and in fact the

majority of such patients return to the institution after a very brief interval of freedom. Dr. Payne recommends that a suitable institution for inebriates be provided, and that they be retained there for a period of not less than one year, being treated and occupied according to the best methods.

In the Essex county institution there are 24 idiots. The governing authorities realize that these patients should be confined in an institution especially adapted to their needs.

The general health of the patients throughout the year has been good and there have been no outbreaks of contagious disease.

A Consulting Staff of twenty physicians has been appointed and also a visiting dentist who make weekly visits to the Hospital. Two medical internes have been added to the staff, which makes one physician to each 211 patients.

The new isolation Hospital has been completed; it is well equipped and ready for use in case of an outbreak of disease.

A new pathological laboratory has also been provided which it is intended soon to have properly equipped for scientific research. Plans have been drawn for two buildings for tubercular patients, and it is expected that the contract will be awarded and the structure erected in the near future.

Two rooms are now being fitted up for the accommodation of an industrial school which has already been commenced. The class in raffia and reed basket making has produced results gratifying both from medical and pecuniary standpoints.

STATE HOSPITAL AT MORRIS PLAINS.

The Medical Department has been conducted with unusual care, and the cumulative experience acquired each year renders physicians and nurses better qualified to deal with "minds diseased."

The very important department superintended by the Warden under the general direction of the Board of Managers, continues highly satisfactory. If we were to recount the different forms of duty devolving upon the Warden and estimate their value the public would clearly see that this great institution of the State stands on two pillars—medical science and skill—and physical energy and business sagacity.

There is on file in the Warden's office an interesting report of farm and garden products raised during the past year, which is open to inspection.

VISITS.

The visit to and the inspection of the Hospital by His Excellency, the Governor, on August 29th, 1911, was highly appreciated.

The Legislative Committee on Appropriations visited the Hospital on February 23d, 1911, with a view to ascertaining the actual needs of the Hospital which they naturally thought could be determined more accurately by personal inspection of the buildings and grounds.

We, as members of the Board, besides attending regular meetings, have made frequent visits to the Hospital, holding special meetings of the Board and committees as exigencies required.

The record shows that the various members of the Board have visited the Hospital 150 times during the year.

Respectfully submitted,

JOHN C. EISELE, *President.*

JAMES M. BUCKLEY, *Vice President.*

JOHN A McBRIDE.

PATRICK J. RYAN.

JOHN T. GILLSON.

GEORGE W. JAGLE.

JOHN NEVIN.

ALBERT RICHARDS.

October 31st, 1911.

Treasurer's Report.

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

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract showing available appropriation for maintenance, receipts and disbursements from November 1st, 1910, to October 31st, 1911, inclusive.

APPROPRIATION FOR FISCAL YEAR ENDING OCTOBER 31ST, 1911.

Bills rendered against the State and allowed:		
For county patients.....	\$136,595.71	
For State indigents.....	115,778.58	
For State convicts.....	17,008.60	
		\$269,382.89
Collections made by the Hospital Treasurer and paid to the New Jersey State Treasurer:		
From sundry counties.....	\$162,642.75	
From private patients.....	88,404.06	
From hides, fat, &c., sale of.....	6,819.34	
From sundries, &c.....	562.76	
		258,428.91
		\$527,811.80
Funds received from State Treasurer, chargeable against this appropriation:		
For bills	\$351,146.99	
For employes' payrolls.....	176,594.22	
		\$527,741.21
Balance of appropriation in hands of State Treasurer, unexpended October 31st, 1911, which will lapse		\$70.59

NEW JERSEY STATE HOSPITAL.

RECEIPTS.

From State Treasurer for sundry charges against Hospital:		
For bills	\$351,146.99	
For employes' payrolls.....	176,594.22	
For officers' payrolls.....	16,674.94	
		\$544,416.15
Collections by Hospital Treasurer during October, 1911, payable to New Jersey State Treasurer, November 1st, 1911, part of appropriation for fiscal year beginning November 1st, 1911:		
From sundry counties.....	\$6,522.20	
From private patients.....	16,952.23	
From sale of hides, fat, &c.....	786.86	
From sundries	20.00	
		24,281.29
		\$568,697.44

DISBURSEMENTS.

By bills paid.....	\$351,146.99	
By employes' payrolls.....	176,594.22	
By officers' payrolls.....	16,674.94	
		544,416.15
Balance payable to State Treasurer November 1st, 1911.....		\$24,281.29

NOTE.—Officers' payrolls are not chargeable against the general maintenance appropriation; a special appropriation is made therefor.

Respectfully submitted,

H. P. LINDABURY,
Treasurer.

NEW JERSEY STATE HOSPITAL AT
MORRIS PLAINS, N. J.

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

GEORGE W. JAGLE,
JOHN NEVIN,
JOHN C. EISELE,
Auditing Committee.

Report of the Medical Director.

To the Board of Managers:

GENTLEMEN—In conformity to the laws of the State and the established by-laws of this institution, it becomes my duty to submit to you this, the thirty-sixth annual report, of the Medical Department of the New Jersey State Hospital at Morris Plains. This report covers the Hospital year beginning November 1st, 1910, and ending October 31st, 1911, with added references to some of its important needs and what I deem pertinent to the institution's best interests.

SYNOPSIS OF THE STATISTICAL TABLES.

The following synopsis shows briefly the changes in population during the past year, along with other important incidental data. During the Hospital year covered by this report, 554 patients were admitted—280 men and 274 women. This number of admissions is greater than for any year in the history of the institution, but as in past years the number of men and women admitted were about the same. There were in the Hospital at the close of the year 2,210 patients—1,131 men and 1,079 women. This is an increase in population of 92 patients over the number under care on October 31st, 1910, and is an index to the steady increase of the population of the Hospital and points forcefully to the necessity of steps being taken for a provision for this increase. It is important that emphasis should be given to this matter since this Hospital has in it now about 650 patients above its normal capacity.

Since the opening of the Hospital thirty-five years ago, 10,535 patients have been admitted and received treatment.

During the year 2,672 patients were under treatment at the Hospital—1,373 men and 1,299 women. The patients remaining

at the end of the year were according to the manner of their commitment and maintenance classified as follows: 1,880 indigent, 237 pay or private, 63 convicts and 30 criminals.

Of those admitted during the year, 183 are classified as county indigent, signifying that they are maintained jointly by the State and the county from which they are sent. One hundred and twenty-two are classified as State indigent, who are patients wholly supported at the expense of the State and whose maintenance charges are drawn from the State treasury, and 149 private or pay patients who are supported from private sources and are in nowise a tax upon the State treasury or the counties from which they were admitted.

In the special "Table Showing the Manner of Support," it is set forth that the patients who are supported entirely by the State number 635, or 29 per cent. of the total patient population. Of these 572 are State indigent and 63 are convicts.

Under Chapter 184, of the Laws of 1910, a provision is made for the admission of voluntary patients whose maintenance is to be provided from private sources. There were during the year 22 patients admitted under the provision of this act—15 men and 7 women. The act provides that any person voluntarily committing himself may, upon three days' notice to the Medical Superintendent or officer in charge, leave the institution, except in the meantime such patient be committed by the more usual process of law. On October 31st, 1911, the close of the Hospital year, there were 8 voluntary patients remaining in the Hospital under treatment—4 men and 4 women. This act has enabled persons suffering from incipient psychoses, principally the drug psychoses and depressed delusional patients, who realize that they are on the verge of serious mental breakdown, to receive treatment in the early period of their mental trouble.

About 33 per cent. of the patients admitted during the year exhibited mental exaltation. Eighty-six patients were admitted suffering from toxic insanity with manic symptoms, this being the group in which alcoholic and drug psychoses are chiefly classified. These figures compared with those of previous years indicate an increase in the number of persons whose mental disorder has as an exciting cause the unwise use of drugs or the excessive use of alcohol.

Forty-two patients were admitted who exhibited homicidal tendencies and 82 with suicidal tendencies. Such patients require such vigilant attention as to call for the services of a ratio of nurses far out of proportion to that which is necessary to care for patients who do not exhibit such serious symptoms. With 124 patients who are suicidal and homicidal admitted during the year and added to those with like tendencies already in the Hospital, it is not difficult to understand the necessity of a full corps of competent nurses.

Fifty-six patients suffering from senile dementia were admitted during the year. This is over 10 per cent. of the total admissions. Some of these patients were bed-ridden when brought to the Hospital and died a few days after admission.

The statistics show an increase in adolescent insanity (dementia praecox). In the previous year 17 per cent. of the admissions came under the classification of dementia praecox. In the year covered by this report 20 per cent. were so classified.

In over 15 per cent. of the admissions some form of melancholia or mental depression was exhibited; 54 patients suffered from acute melancholia or a depressed phase of manic depressive insanity.

While it is fully recognized that hereditary taint plays an important part in supplying hospitals for the insane with patients, we were only able to obtain a history of family taint of insanity in 20 per cent. of the patients admitted. In over 30 per cent. of the cases admitted hereditary taint was denied, while in almost 50 per cent. it was impossible to obtain any data bearing upon this point worth recording. This indicates clearly the necessity for the employment of field workers or some outside means to obtain more reliable family histories, since such scientific data contributes much to the thoroughness of our records.

Among the so-called complications or physical diseases found in those admitted, there were 57 persons suffering from arteriosclerosis, 32 with endocarditis and 12 with nephritis.

One hundred and sixty-two of the patients admitted were born in New Jersey; 160 were born in other states, and the foreign born numbered 220. There were 140 patients restored to their former mental equilibrium during the past year, a percentage of over 25 based on the number admitted during the year, while 116 were discharged much improved in mental health. As in former

years the records show that of 140 patients discharged as recovered, the majority were admitted to the institution within twelve months from the time they first became ill, which proved the great importance of early institutional care. This can best be made possible by a correct early recognition of the incipient insanities by the general practitioner.

One hundred and eighty-eight patients died during the year; 7 per cent. of those under treatment. In 60 per cent. of those who died, the mental disease was some form or degree of dementia.

Twenty-five patients who suffered from adolescent insanity recovered—more than double the number last year. It is gratifying to be able to report that during the year a number of patients have apparently recovered from the katatonic form of dementia praecox, which accounts for the increased number of patients recorded as afflicted with “adolescent insanity” who were restored to health during the year.

Table VIII. of the Statistical Appendix shows the wide range of occupation of those admitted. Among the 280 men, the order of employment, professional and otherwise, covers 86 various callings. There were 53 classified as ordinary laborers, 15 clerks, 14 farmers, 12 carpenters, 11 machinists, 3 physicians, 1 clergyman, 1 lawyer, 1 dentist; the remaining 169 were classified as to their employment under 77 other forms of occupation. Of 274 women admitted, 24 were domestics, 124 housewives and 38 did housework—a total of 186, or over 67 per cent.

OVERCROWDED CONDITION.

This Hospital is seriously overcrowded. It is becoming more so every year. Its normal capacity for patients is about 1,600. There were in the Hospital at the close of the year covered by this report 2,210 patients. These figures make plain to anyone interested in the welfare of the insane of the State, that something must be done in the way of providing hospital care for its steadily increasing insane population.

By reference to Table XXII. of the statistical portion of this report found on page 62, it will be seen that the increase of population has been on an average of about 100 each year for the last six years. With the growing general population of the State there

is no reason to believe that this increase will be less. The present overcrowded condition creates a situation of a most grave character. Many of these conditions I have set forth in previous reports, but since no relief has as yet come, it becomes my duty to again call attention officially to the necessity of action and the danger of inaction relative to these serious problems.

Under the laws of the State all patients coming to the Hospital with legally executed admission papers must be received by the officers in charge, whether there be room or not and whether or not the admission of such patients operates to jeopardize the welfare, comfort and safety of those already under care. With 600 patients in excess of the normal capacity of the Hospital it is evident that a classification such as will promote the welfare of all the patients, preserve hygienic conditions, give a reasonable assurance of safety, assure proper scientific treatment, protect patients against accidents of a suicidal and homicidal character, prevent a calamity in the event of fire or avoid disastrous results should an epidemic break out, is next to impossible.

If this proposition could not go further, its seriousness cries out for immediate attention, but the steady increase in population from year to year, as previously set forth, adds to the gravity of the situation and brings before the State a responsibility which cannot be easily ignored.

Neither the Hospital management nor its resident officers have it in their power to in any way stop the steady increase of the insane in the State. The only solution of this problem is the building of an additional Hospital. This I have suggested in other annual reports. A State hospital for the insane cannot be built in a year. It is therefore of the highest importance that this matter receive early attention. The insane of the State cannot be allowed to run at large; the police laws of the State will not permit this; humanitarian principles would disapprove it.

The above is a brief statement of great public concern and in again presenting it officially I feel that I am discharging my plain duty to the State.

"Is the insane population of the State increasing proportionately more rapidly than the general population of the State?" is a question frequently asked and one difficult to answer because of the complexities which are presented in any computation necessary to solve the problem. The following arithmetical calculation is made

upon as practical a basis as the statistical data of the U. S. Government and this Hospital will permit:

The population of the eight counties comprising this hospital district for the year 1910 was.....	1,688,890
For the year of 1900 it was.....	1,205,468
Increase in population of the hospital district.....	483,422
The admissions for the year 1910 were.....	519
The admissions for the year 1900 were.....	323
Increase of admissions.....	196
Ratio of admissions to population of hospital district, 1910.....	.000307
Ratio of admissions to population of hospital district, 1900.....	.000267
Increase of ratio of admissions to population.....	.000040
Number of patients under treatment, year 1910.....	2,578
Number of patients under treatment, year 1900.....	1,625
Increase of patients under treatment.....	953
Ratio of patients under treatment to population of hospital district, 1910 .....	.00152
Ratio on same basis, 1900.....	.00134
Increase of ratio on the above basis.....	.00018

THE NURSE OF THE INSANE.

The presentation of the nurse problem is for the purpose of plainly and conscientiously placing before the public officially pertinent facts relating to the nursing of the insane along with some of the serious perplexities which constantly present themselves, of which the general public has only indefinite knowledge and therefore faintly appreciates. If I were called upon to name in the order of their importance the factors essential to the proper care of the insane, I would place first the nurse, and by the term nurse I would not mean simply the man or woman who is willing to do service in a hospital, for with this definition nurses may be found in great numbers throughout the country, whereas suitable and competent nurses for the insane are scarce. The Civil Service Commission is unable to supply nurses to the State hospitals; this fact alone forcefully impresses any student of the situation. At no time during the year have we been able to supply the Hospital

with more than 80 per cent. of a full corps of nurses, and much of the time the number, in spite of our best efforts to engage suitable persons, fell to 65 per cent. There must be some good reason for this, and it is right and proper that it be published for educational purposes, that the public may better comprehend matters of such importance to the welfare of the insane. To properly man a hospital for the insane with competent nurses means to adequately protect the sick as well as the good name of the institution; to fail to do this indicates that a most important public charity is for some reason suffering. A corps of competent nurses is absolutely essential to the fully successful care of the insane.

Ninety per cent. of the adverse criticisms of the conduct of public institutions for the insane arises out of the inability of such institutions to command the services of suitable men and women as nurses.

One of the most important matters to be considered in this connection is to pay such salaries or wages as will attract people who are intellectually, morally and physically equipped to be developed into competent and efficient nurses, and in addition to this to throw about the nursing corps of a hospital such conditions, social and educational, as will tend to retain them in the service. Surround any order of employes, professional or others, with conditions that show that the work in which they are engaged is of a high order of importance, and when properly prosecuted it has adequate recognition on the part of the State, and that they are socially respected because of the character of the service they are rendering and the problem will be largely solved.

An increase of the ratio of nurses to the number of patients and an increase in the wages paid nurses means an increase in the cost of maintenance of the patients, but would inevitably result in better care, less accidents, more recoveries, lower death rate, increase of public confidence and, in fact, the promotion of all the paramount interests of a high-grade institution for the insane. On the other hand, the higher cost of patient maintenance always tends to bring forth criticisms which seem to appeal to a large proportion of the reading public. It is difficult for the management of a public institution to harmonize a cheap order of recognition of its employes with a high standard of efficiency in the care of its patients.

The location of an institution has much to do with inviting and retaining permanently desirable employes. The hospital which is most favorably located to afford nurses ready access to cities for the purpose of shopping and diversion, offers a decided advantage over those not so situated. As a result of many years of experience I find that the low pay of nurses in an unfavorably located institution, offering poor accommodation, unavoidably invites: (1) Applications on the part of persons who are unable to obtain employment in hospitals which offer the advantages above referred to. (2) The employment of men and women poorly qualified to do their work successfully and efficiently. (3) Applications from persons who are commonly known as "hospital rounders," and have little regard for the record they leave behind them. Among this latter class are too frequently found drug habitues, habitual drunkards and moral degenerates, who seem always able to obtain letters of recommendation from good people and substantial citizens.

The keepers in jails, reformatories, penitentiaries and prisons are not required to take any special course of training or exhibit any special knowledge in the care of sick people, and yet, as a rule, they receive at least twice as much pay as the nurse for the insane receives, with shorter hours and better opportunities from a social standpoint.

A large majority of the nurses who graduate from the training school of this institution leave shortly after receiving their diplomas because they are able, in the field of general nursing, to obtain much higher remuneration, with shorter hours, than is paid here for graduate nurses. This results in the loss of experienced, reliable and trained help and necessitates the employment of untrained persons who are always unknown quantities, many of whom turn out to be unreliable and undesirable.

The nursing of violently insane patients is attended with marked danger; the work is onerous and disagreeable; the hours of service long and the associations a cause of much mental strain.

In many federal and municipal departments, those persons whose work necessitates facing danger are given, on the completion of a definite term of service, a reasonable pension or retired upon a fractional portion of their former full pay.

I am of the opinion that it would be a wise act if the State of New Jersey would by legislation provide for the pensioning of

such faithful nurses who render a continuous service of twenty-five continuous years in any one of the State hospitals, or are permanently injured in the proper discharge of their duties therein. Such a provision of law would stimulate to a higher order of performance of duty and influence good and reliable persons to remain in the service.

FORMS OF DIVERSION FOR PATIENTS.

The necessity and wisdom of liberally providing means of diversion for the insane is so generally admitted that the question is scarcely if at all in the field of controversy. The percentage is extremely small in any institution for the insane, of patients who cannot be greatly benefited by mental diversion such as may be found in the judicious selection of the various forms of employment, amusements, entertainments, lectures, good reading, music and outdoor and indoor exercise.

In observance of this well recognized fact, we have given our patients every form of amusement, employment and diversion possible under our limited facilities and resources. Encouragement has been given them to work in the various departments, indoor and outdoor. Weekly dances have been given. Baseball, tennis and golf have been a source of much pleasure and helpful comfort to a limited number.

As an experiment competitive gardening was given a trial, and once acre of land was set apart for this use—one-half acre for the women and the same area for the men. The patients were notified that volunteer applicants were wanted to engage in raising flowers and truck. The full quota was soon found. The experiment proved more successful than was anticipated. It was a pleasure to see the patients start off happy and joyful each morning to attend to their "little farms," as they called the portions of land assigned them. They spent much more time outdoors than when simply permitted to go out for a walk or in the exercise yard for recreation. The products of their labor were served for their meals and seemed to be appreciated far more than anything that the culinary department in its regular routine was able to furnish. Below is a summary of what the women patients raised on a plot of ground consisting of only one-half acre:

Lettuce.....	335 heads.	Tomatoes.....	32 bushels.
Onions.....	116 bunches.	Parsley.....	15 bunches.
Radishes.....	108 bunches.	Beans (Wax).....	14½ bushels.
Peppers.....	385.	Beans (Green).....	14 bushels.
Cabbage.....	96 heads.	Watermelons.....	5
Cucumbers.....	223 dozen.	Spinach.....	1½ bushels.
Corn.....	51 dozen.	Peas.....	½ bushel.
Lima beans.....	67 quarts.		

Next year we hope to get more patients interested in this work, and feel we shall be successful in obtaining like results, thus doing good for our sick without a loss or misapplication of their mental and physical energies.

I still believe that there is need for workshops at this institution; not shops to compete with or in the slightest interfere with the interests of labor outside, but a means for giving a goodly proportion of the patients an orderly occupation of the kind which they much need for its therapeutic influence. The male patients especially suffer greatly from the overcrowded condition upon the wards and are compelled to stay in when the weather is inclement, with little to divert their minds. There is no reason why they should not, if afforded proper facilities, make a great many useful and ornamental articles for the Hospital while thus legitimately employed in a manner helpful to themselves.

The following tables A and B give in a concise manner the major part of the work done by patients, and while they show a total of 262,821 days' work done upon the wards and in the various departments, it does not represent nearly the amount that could and should be done if the institution were properly equipped so as to judiciously employ all available persons. It does not heavily tax the imagination of the intelligent student of public charitable institutions to comprehend two important facts: *First*—The labor of patients makes it possible for the State to maintain its hospitals for the insane at a high standard at a reasonable cost. *Second*—That the better the location of the institution as to agricultural advantages and the more complete the equipment for the useful employment of a large percentage of the patients, the lower the cost of maintenance will be. The tables referred to do not include work done in competitive gardening, fancy work, embroidery and such voluntary work which is done on their own initiative:

TABLE A.

NUMBER OF DAYS' WORK DONE BY PATIENTS IN THE INDUSTRIAL DEPARTMENTS.

	LAUNDRY.			Kitchen.	Farm and grounds.	Bakery.	Shops.	Sewing.	Miscellaneous work.	Total.
	Men.	Women.	Total.							
1910.										
November	356	995	1,351	224	1,689	89	351	697	499	4,900
December	354	938	1,292	224	1,596	92	355	723	489	4,771
1911.										
January	349	960	1,309	239	1,578	92	332	724	498	4,772
February	315	952	1,267	207	1,351	86	330	685	439	4,365
March	338	957	1,295	270	1,512	93	401	708	489	4,768
April	331	929	1,260	238	1,650	90	387	686	433	4,744
May	339	989	1,328	242	1,998	93	423	684	443	5,211
June	341	956	1,297	236	2,130	90	468	649	437	5,307
July	341	940	1,281	310	1,881	97	348	640	512	5,069
August	341	1,062	1,403	375	1,911	99	303	671	479	5,241
September	330	1,082	1,412	486	1,652	90	316	678	496	5,130
October	335	985	1,320	263	1,683	95	365	669	491	4,886
Total	4,070	11,745	15,815	3,314	20,631	1,106	4,379	8,214	5,705	59,164

TABLE B.

NUMBER OF DAYS' WORK DONE BY PATIENTS ON THE WARDS.

	Men.	Women.	Total.
1910.			
November	10,268	6,419	16,687
December	10,666	6,506	17,172
1911.			
January	10,670	6,347	17,017
February	9,614	6,057	15,671
March	10,678	6,793	17,471
April	10,445	6,401	16,846
May	10,790	6,659	17,449
June	10,019	6,354	16,373
July	11,272	6,326	17,598
August	11,004	6,237	17,241
September	10,650	6,436	17,086
October	10,633	6,413	17,046
Total	126,709	76,948	203,657

FIRES AND FIRE PROTECTION.

During the Hospital year there have been three fires in parts of the buildings which are under the close surveillance of the officers of the Medical Department. There were fortunately no casualties or injuries and the damage in each case was slight. These fires all broke out during the daytime, when the entire corps of officers, nurses and other help was on duty. The outbreak of a fire at night would present a very different proposition.

The first fire occurred on January 10th, 1911, in the Men's Department (Ward 1/1) and was found to have started in a dust chute; it was put out by officers, employes and patients who formed a bucket chain from the nearest water supply.

The second fire was on March 21st, 1911, in the Women's Department at the Main Building (Ward 1/4) and was started by a patient who a short time previously had become offended at a nurse and felt piqued in consequence. The patient lighted a paper at a gas jet and set fire to the bed clothes on six beds in a room nearby. The officers and nurses responded promptly to the alarm sent out and got the fire under control before the fire department had time to reach the point of trouble.

On July 21st, 1911, about noon, a fire broke out in a cupola at the Dormitory Building. The cause was not definitely ascertained, but because there had been two severe electrical storms during the previous night, it was thought that the fire was due to lightning.

Nurses are instructed upon wards and during fire drills as to their duties in the event of fire; in addition to this the subject is treated comprehensively in the training school lectures. Fire drills for patients and nurses are conducted through the spiral fire escapes at least semi-monthly, weather permitting, and the wards can be quickly emptied if necessary.

Red globes have been placed on gas jets and electric bulbs nearest the entrances to the fire escapes so that little confusion may be experienced if a fire drill requires that the patients be removed from the wards at night, or in the event of an actual fire.

Several of the wards on the ground floor at the Dormitory Building were without exits. Doors were provided that would

prevent patients in these wards being cut off from means of escape in case of fire.

The Main Building is lighted by gas. The gas plant gives uncertain service and is frequently out of order, so that darkness ensues and we have to care for over 1,600 patients with lanterns, which in itself signifies a dangerous proposition such as no institution officer desires to have confront him.

On several occasions the gas has gone out without warning, and has afterwards been forced from the jets, filling the rooms, corridors or wards with illuminating gas. The danger of this does not need to be commented upon.

There is no way to protect a gas flame in such a manner as to prevent patients lighting inflammable material from it; they endeavor to do this as a means of suicide, because of a tendency to arson, as a plan to escape which they think may be possible in the confusion liable to result, or as a method of retaliation against the officers whom delusions make them think responsible for continued confinement.

Because of the ever-present danger of a disastrous conflagration due to the use of gas, I strongly advise the discontinuation of this means of lighting and the substitution of electricity. The wiring of the Main Building is practically all that is now needed, as the dynamos installed this year under an appropriation from the last Legislature will generate electricity sufficient to furnish electric lights where gas is now being used.

RESTRAINT.

The patients of this Hospital are cared for and treated with as little restraint of any possible form as in our judgment will promote their comfort, safety and recovery.

Under the humanitarian conception of the needs of mechanical restraint, there are in a hospital of this kind less than two per cent. in which any form of restraint, in its restricted sense, is suggested or admissible.

Restraint may be reduced briefly to two forms—viz.: (1) Medicinal. (2) Mechanical. Of these, medicinal restraint, such as the vigorous use of narcotics, motor depressants, powerful sedatives and large doses of hypnotics, work the greatest havoc.

They quiet the patient, it is true; they make mechanical restraint totally unnecessary, but they frequently retard recovery, when not attended with more serious results.

It seems hardly necessary to take into consideration the forms of mechanical restraint in the days of the elder Tuke or Philippe Pinel or even those of a half century ago. The method of those days obtain, I believe, in no hospital for the insane on this continent and yet a very limited amount of mechanical restraint is in use in some of the best conducted institutions in America, and the same may be said in reference to medicinal restraint. Therefore the forms of restraint now used and the manner of their application only remains relevant to this report.

Mechanical restraint may be summed up as meaning locked doors, canvas jackets, restraining sheets, physical force by nurses, dry packs, cold wet packs, warm wet packs and continuous baths; the last four are generally spoken of as therapeutic measures and they are most frequently so used; packs, however, are capable of being employed as a form of mechanical restraint more binding in character and with far more serious effects than the canvas jacket. Calling them "packs" instead of restraint does not modify the actual physical conditions which restrain the patient from moving from a fixed position. The keeping of a patient against his will in a tub of water for hours (continuous bath) is restraint, but it is a most humane form when applied to those who need it. Non-restraint of to-day then signifies the putting aside of those forms of restraint which are harsh and not humane; in this sense the term "non-restraint" does not mislead.

The injudicious or unwise use of therapeutic measures having a restraining influence, whether they be medicinal, the various applications of water or the modern mechanical methods such as I have mentioned, operate to produce no results of a curative nature and should, therefore, be disapproved to the fullest degree.

TRAINING SCHOOL.

Previous to the year 1894 there was no training school for nurses connected with this Hospital. With the approval of the Managers I, in that year, organized a training school for the purpose of giving a practical course of instruction to all persons

employed as nurses or attendants. The course of training was made obligatory and all of the physicians of the staff were required to lecture on subjects assigned them. Yearly since the organization of this school the work of methodically teaching the nurses has received much attention, and 203 pupils have graduated and received diplomas.

Up to the present school year a two years' course, with a general average of 75 per cent. has been necessary for graduation. With your approval a three years' course is now required. At the end of the third year a written and oral examination will be conducted. Those students receiving a general average of not less than 75 per cent. will be graduated. During the three years' course a record will be kept of the bedside work and the manner in which each student performs such duties. These records will be taken into account at the final examinations. The third year of the course will consist, in addition to practical teaching at the bedside, instruction in the diet kitchen and the hydrotherapeutic rooms.

Students will also receive instructions in massage, bandaging, surgical dressing and gynecological nursing. In our surgical rooms an opportunity is afforded the nurses to gain a practical knowledge of the surgical technique.

The following is a schedule of the subjects taught and a list of the lectures and instructors:

- Dr. Britton D. Evans—Mental Diseases and Ethics of Nursing.
- Dr. E. Moore Fisher—Hygiene, Obstetrics, Gynecology and Genito-Urinary Diseases.
- Dr. L. K. Henschel—Dietetics, Hydrotherapy, Electro and Mechano Therapeutics and Urinalysis.
- Dr. George A. Anderton—Materia Medica, Therapeutics and Toxicology.
- Dr. Marcus A. Curry—Medicine and Medical Nursing.
- Dr. George R. Hampton—Surgery and Surgical Dressing.
- Dr. George B. McMurray—Eye, Ear, Nose and Throat.
- Dr. Frederick H. Thorne—Anatomy.
- Dr. Frank M. Mickels—Physiology.
- Miss Mary R. Keegan, Supervisor—Instructor in Ward Work and Discipline.
- Miss Phoebe Northwood, Supervisor—Instructor in Bandaging.
- Miss Margaret Barrett, Supervisor—Instructor in Bandaging and Diet Preparation.
- Mr. Leland C. Roberts, Nurse—Instructor in Hydrotherapy.
- Miss Julia B. Maguire, Nurse—Instructor in Hydrotherapy.
- Mr. Henry Cook, Nurse—Instructor in Feeding, Diet and Bandaging.

SYSTEMATIC CARE OF INEBRIATES UNDER STATE REGULATION.

The delegates from the American Medico-Psychological Association to the Eighth International Prison Congress, held in Washington in 1910, reported to the Association that the following resolutions regarding the care of inebriates were adopted at the Congress:

"(1) That experiments of the last ten years made in certain countries providing special establishments for the detention of habitual criminal drunkards for a long period—two or three years—have been successful.

"(2) That it is not necessary to complete the discipline of these establishments by special medical treatment, but it is essential that hygienic and medical treatment of the inmates of establishments of this class shall be directed by qualified medical practitioners.

"(3) That further extension of this detention of the inebriate, under State control, with a view especially to arresting the habit is desirable."

In the histories of persons suffering from alcoholic psychoses admitted here, a history of alcoholism in the parents or antecedents is frequently obtained. It is reasonable to assume, therefore, that alcohol has in certain selective cases a deteriorating influence on the anlage.

In view of recent investigations it is highly probable that many cases of inebriety are due to a mental deterioration following an attack of insanity so mild as to pass in many instances unnoticed by friends or associates.

Alcohol taken by these persons increases mental deterioration and intensifies their appetite for it; thus a vicious circle is formed which within a short time leads to such mental instability as to necessitate treatment in an institution for the insane. Such persons deteriorate mentally and become permanent wards of the State; a large percentage, however, by the early recognition of their disease and hospital treatment, might be and ought to be cured, restored to good citizenship and made bread earners, instead of being allowed to continue a menace to society and a more or less constant public expense.

Chapter 188, of Laws of 1881, makes provision for institutional care of habitual drunkards, but does not provide for persons other

than those who are to be maintained from private sources. This is a wise law and has operated for the betterment of society and at the same time has been helpful to many persons who could only be helped by treatment in an institution.

When alcoholism represents a clearly defined disease in which reason is impaired and the victim has lost control of his appetite and has as a result become a menace to society, a problem is presented entitled to the solemn thought of thinking people. The indigent inebriate is as clearly a detriment to society as the self-maintaining habitual drunkard, and under properly restricted considerations should be restrained and subjected to scientific medical treatment.

The resolutions above are the outcome of much study and experience, and I commend them to you as worthy of the attention of all persons who are interested in the welfare and rational treatment of the inebriate.

PHOTOGRAPHIC DEPARTMENT.

The photographic department, which has been in operation for the past year, has been placed under the management of Mr. Frode Heiman, the laboratory technician. At the close of the year 1,092 patients had been photographed in two positions—profile and full face. These photographs are mounted on cardboard and placed on file in the permanent case records.

This is in no sense a new idea, but prior to the past Hospital year it had not found a place in the case record work of this Hospital. By this means there is set forth in the histories of our patients what could but poorly be expressed in words. These photographs will be of scientific value in presenting such facial expressions as occur during the progress of any given psychosis and will aid in grouping from this standpoint the various forms of insanity recognizable by facial characteristics.

Every large hospital for the insane has in it patients whose real names are unknown—the John Does and Jane Does of the courts; other patients die without the institution authorities being able to locate their relatives; patients dangerous to the public escape, and estates are from time to time left unsettled because of failure to locate certain heirs who have disappeared and died in institutions

for the insane. In all such cases the photograph serves a purpose of much value. For such reasons in addition to the scientific feature involved it is deemed wise to maintain this department.

DRINKING WATER CONTAMINATION.

On September 11th, 1911, Dr. George R. Hampton, one of the resident officers, was taken ill with typhoid fever. This led to the suspicion of and a careful examination of the milk and water supply. The milk was found to be pure, but the drinking water in the various reservoirs was found to be contaminated. The colon bacillus was found in varying percentages in every source of the Hospital's supply.

Specimens were examined in the laboratory at the State Hospital, in the laboratories of the State Board of Health and by the New York City Board of Health. The result of these analyses all agree.

The matter was in the fullest detail laid before the Board of Managers. The State Board of Health was asked to investigate the entire watershed from which the springs, streams and reservoirs which give this institution its supply are fed.

The Department of Health promptly responded and sent representatives to make a careful examination, and not only were Hospital lands examined, but the surrounding and contiguous properties were carefully gone over and inspected. The report of this examination was made at length to the Board of Managers. The report of the Board of Health's finding is too lengthy and elaborate to be incorporated in this annual report of the Hospital, with the result of the following orders being issued:

1. All barns and stables shall be provided with manure pits similar to the one at the coach stable and kept in the same manner as the coach stable pit is now being kept.
2. The toilet at the farm barn shall be connected with the sewer system.
3. The spring houses shall be built up with concrete at least two feet above ground and equipped with permanent covers that can be kept locked.
4. Warning signs against pollution shall be placed in conspicuous places throughout the watershed.
5. Instruct Mr. Martin M. Madden (owner of adjoining property on the watershed) to immediately construct suitable outhouses with concrete vaults to each one; this construction to be under the supervision of the Warden.
6. The house occupied by the hospital farmer, William Ayres, and the "Dover Cottage" are to be connected with the main sewer.

7. Toilet accommodations shall be provided for the florist, gardener, the hostlers at the coach barn and outdoor working patients.

8. Wire fences around the reservoirs are important and advisable, and should be supplied as soon as possible.

9. Provide the Hospital with an incinerating plant so that all refuse calculated to breed disease either through the agency of flies or by being washed or drained into the water supply, may be burned.

The Warden is directed to ascertain as early as possible the cost of such a plant, and the Warden and Medical Director are authorized to appoint some competent person to inspect at least once a week every source of contamination, and report the same in writing to both the Warden and Medical Director, so that they may in turn report monthly to the Board of Managers and the State Board of Health any dangerous conditions threatening the health of the Hospital population.

10. A change in location of the deposit of fertilizers for use in the garden :
(a) The construction of a manure pit of concrete.

(b) All manure removed to the garden and kept in the form of a compost bed to be placed in a position where the drainage shall not contaminate the water supply.

11. The establishment of two or three hypochlorite of lime plants for the purification of the water supply; the Medical Director to investigate the subject and report to the managers.

12. The Warden is directed to proceed as vigorously as possible in carrying out the most urgent of the recommendations above made. Those of a more expensive and elaborate form may be held under consideration until the report of the State Board of Health is received.

The most urgent of the above orders have been carried into effect. Those requiring an expenditure of money and the purchase of apparatus beyond the present resources of the Hospital have received such temporary attention as the facilities and treasury of the Hospital would warrant. It is gratifying to record that no other cases of typhoid have developed. Nor has it been possible to determine whether the infection in the one case reported came from within the zone of the Hospital or from some outside source.

The subsequent regular analyses made of the drinking water shows a very decreased percentage of colon bacilli. It can hardly be expected, however, that the water-supply of this large institution can be kept free from contamination until the State has control of the various contiguous properties, which may at any time seriously vitiate the streams and springs which supply our reservoirs.

PATHOLOGICAL RESEARCH.

Pathological research has done much for the science of medicine and surgery; through it humanity has been greatly benefited. It is to be regretted that in every department of the domain of medi-

cine it has yielded greater and more satisfactory results than it has in psycho-pathology. There are comparatively few of the so-called bodily diseases in which a distinctive and recognizable set of pathological processes may not be found, while on the other hand, there are absolutely few so-called mental disorders in which laboratory research has established a distinctive and diagnostic pathology.

Few progressive hospitals for the insane in this country and in Europe which have not pathological laboratories for the purpose of gaining a better knowledge of the morbid processes involved in mental disorders. I have always advocated and supported a high order of pathological laboratory work in this connection, but the results throughout the world up to this time have been disappointing to a marked degree.

In so far as laboratory methods and pathological research assist in determining the presence of complications and morbid so-called physical processes associated with mental derangement, or further enlighten as to morbid processes which in some indefinite way contribute to the cause of mental unbalance, psychiatry has been benefited.

Barring those mental diseases in which syphilis is an immediate or remote factor and those due to some sort of tumor or trauma, laboratory work has been attended with comparatively barren results in psychiatric work.

Few forms of mental derangement can be positively diagnosed by autopsy and microscopical examination, while in nearly all maladies other than mental disease the employment of such scientific means results in making a positive and reliable diagnosis. For just these reasons no satisfactory and acceptable classification of mental disorders has ever been made.

The following report in pathology is an abbreviated account of the work done in the pathological laboratory, submitted to me by the resident pathologist, Dr. L. K. Henschel. A fuller and more complete report is on file in the permanent records of the Hospital.

ABRIDGED PATHOLOGICAL REPORT.

Examination of—

<i>Urine:</i>	Chemical and microscopical.....	650	
	For tubercle bacillus.....	1	
	For gonococci.....	3	
		<hr/>	654
<i>Blood:</i>	Complete cystology of.....	50	
	Gruber-Widal serum test	8	
	Blood culture	6	
	For malaria	6	
		<hr/>	70
<i>Sputum:</i>	For tubercle bacillus.....	44	
	For pneumococci	3	
		<hr/>	47
<i>Stomach Contents</i>		2	2
<i>Exudates:</i>	Pharyngeal for Klebs-Loeffler bacillus.....	1	
	Pleural	2	
	Vaginal	2	
	Abscess (culture)	6	
		<hr/>	11
<i>Samples of Water</i> (bacteriological)			39
<i>Tissues</i> (special histological)			9
<i>X-Ray Photographs</i>			40
		<hr/>	
Total			872

During the past Hospital year ten autopsies were made at this laboratory on patients who died in this Hospital. The following table shows the form of mental diseases in each case:

Adolescent insanity.....	1
Dementia organic.....	1
Dementia paretic.....	1
Dementia senile.....	9
Dementia terminal.....	6

Of these, seven were males and three were females; all were white. The average age at death was 56 years, extremes of age being 71 and 28 years. The average duration of mental diseases was 11.58 years, the extremes being 28 years and 2 years.

Attention is respectfully called to the fact that in almost every case coming to autopsy evidence of pulmonary tuberculosis was found, and that all the patients autopsied had been inmates of the Hospital for at least two years. The overcrowded condition of the institution is likely a strong factor in causing so many patients to become afflicted with this disease. Those who were domiciled for any length of time on the fourth floor of the Main Building—the most overcrowded and unhygienic portion of the institution—showed the most active tubercular processes.

General atrophy of the brain was present in five cases after post-mortem; tubercular meningitis in one case; abscess of the brain in one case; arteriosclerosis of the vessels of the brain in four cases; cerebral hemorrhage in one case; tuberculosis of the lungs in six cases; chronic fibrinous pleuritis in four cases; chronic endocarditis in five cases.

A few cases which have come to autopsy deserve special mention:

Autopsy 423. A case of carcinoma of the pancreas presented marked icteroid pigmentation of the skin, mucus membrane, subcutaneous fat and internal viscera. The gall bladder was atrophied and the walls thickened, holding about 4 cc. of fluid. There was a carcinoma of the head of the pancreas pressing on the bile ducts, causing an obstruction to the flow of bile.

Autopsy 424. A case of abscess of the brain, presented an abscess of the right hemisphere, 7 cm. long, 4 cm. wide, and 1.5 cm. deep, and situated in the temporal and parietal lobes. Microscopical examination showed a pure culture of Friedlander's bacillus. The surface of the brain was moderately engorged, and there was marked arteriosclerosis of the vessels at the base of the brain.

An attempt is being made to preserve museum specimens dry, for when specimens are preserved in alcohol or formalin the natural color fades and many of the distinctive features of the organs preserved are obliterated. But when they are mounted dry in airtight glass jars (Kaiserling's method), they retain their natural color indefinitely. In the future we hope to have many specimens preserved in this way, which will add greatly to the appearance of our museum.

Each year it is becoming more and more difficult to obtain relatives' consent to the performing of autopsies, and this year we were only able to do ten autopsies—chiefly on patients who were buried at public expense, no relatives or friends claiming the bodies. If a law were enacted, giving to the Hospital authorities some definite power to determine in what cases, for the cause of science, autopsies may be performed, the laboratory work would be of greatly added interest and value to the institution.

The samples of water examined were taken from the various portions of the Hospital watershed, and our findings of contamination by colon bacilli is verified by the reports from the State Board of Health.

CONVICT AND CRIMINAL INSANE.

The Managers and Medical Directors of the two State hospitals of New Jersey have from year to year recommended the segregation of the convict and criminal insane, from insane persons whose lives are untainted by crime or charges of criminality. The Legislature of 1911 passed an act entitled "An act for the erection and management of a house of detention for convict or criminal insane upon the grounds of the New Jersey State Hospital at Trenton, and to regulate commitments thereto," page 548, chapter 261, laws of New Jersey, 1911. This act did not carry with it an appropriation and no appropriation was made to carry the act into effect. The wisdom of and the urgent demand for this act is clear and unquestioned, and it therefore remains for the Legislature of 1912 to make the appropriation necessary to construct the building and thereby confer not only a benefit but a blessing upon the insane of the entire State; it would allow this Hospital to transfer 78 men and 15 women, and to that extent relieve our overcrowded condition and at the same time place a dangerous class of patients under safer and more suitable supervision.

The keeping of convicts and criminals with the non-criminal insane has for years received public disapproval and has been a subject of deep concern to the governing authorities of both the State hospitals.

CLASSIFICATION.

The statistical appendix again follows the classification of former years. It has not been Kraepelinized. The laity, by whom this document will be read, cannot be expected to follow the frequent changes in medical nomenclature. The numerous classifications of mental diseases offered by the distinguished writers of this generation upon psychiatry are interesting and have a place chiefly in medical journals and are entitled to that amount of respect which their respective claims merit.

It may not be logically assumed that any particular classifications must be followed in order to determine or understand the presence of a psychopathic symptom complex, and for the purpose of this report it is so assumed. The various psychoses, from year

to year, receive the benignant attention of a rechristening but with little, if any, apparent benefit to the afflicted object of this scholarly attention.

ACKNOWLEDGMENTS.

Numerous friends of the Hospital and persons interested in the patients have from time to time during the year sent books, magazines and other gifts which the patients have greatly appreciated and for which I wish to make grateful acknowledgment.

NEEDS, ETC.

A large institution such as this, unavoidably presents yearly conditions which call for State aid in the form of appropriations. It is my duty to make known the needs of the Medical Department and those wants which are directly for its betterment. I appreciate fully that requests of this order are criticised by persons not conversant with either the needs or the work of the institution, and I am also cognizant of the fact that should serious results follow my omission to officially call attention to such matters, severe criticism would follow. I therefore place before you in this connection those matters and things which, after careful consideration, I deem worthy of attention. The merits of these requests remain to be determined, with due regard to the principles of economy and a humane consideration of the afflicted class in whose interest they are presented.

It would seem proper to enumerate some of the more urgent needs of the Hospital in the briefest manner, several of which have had mention in other parts of this report. As in former years, these matters will be presented to His Excellency and the Committee on Appropriation with full details and estimates.

Sixteen continuous baths.

Electric wiring of main building.

An extension to the cottage for women nurses, to provide sleeping quarters for nurses on night duty.

Equipment of shops for the employment of patients during the winter, &c.

Appropriation for field workers.

Additional books for ward libraries.

Relief from overcrowded conditions—new hospital the only remedy.

Furnishing the new cottage for men nurses.

Furniture for the tubercular cottage.

Extension of walks in front of main building.

CHAPEL SERVICES.

The following clergymen conducted religious services in the chapel according to the schedule, and to them or their successors a similar schedule will be sent, so that the religious services will be provided for officially:

REV. F. M. O'NEILL, Roman Catholic, Morris Plains.
 REV. DR. RALPH B. URMY, Methodist, Morristown.
 REV. BARRETT P. TYLER, Episcopalian, Morristown.
 REV. WILLIAM W. BARKER, Baptist, Morristown.
 REV. W. W. HAMMOND, Presbyterian, Morris Plains.

SCHEDULE OF CHAPEL SERVICES FROM NOVEMBER 1ST, 1911.

November	5th.	Baptist.	May	5th.	Episcopal.
"	12th.	Episcopal.	"	12th.	Presbyterian.
"	19th.	Presbyterian.	"	19th.	Roman Catholic.
"	26th.	Roman Catholic.	"	26th.	Methodist.
December	3rd.	Methodist.	June	2nd.	Baptist.
"	10th.	Baptist.	"	9th.	Episcopal.
"	17th.	Episcopal.	"	16th.	Presbyterian.
"	24th.	Presbyterian.	"	23rd.	Roman Catholic.
"	31st.	Roman Catholic.	"	30th.	Methodist.
January	7th.	Methodist.	July	7th.	Baptist.
"	14th.	Baptist.	"	14th.	Episcopal.
"	21st.	Episcopal.	"	21st.	Presbyterian.
"	28th.	Presbyterian.	"	28th.	Roman Catholic.
February	4th.	Roman Catholic.	August	4th.	Methodist.
"	11th.	Methodist.	"	11th.	Baptist.
"	18th.	Baptist.	"	18th.	Episcopal.
"	25th.	Episcopal.	"	25th.	Presbyterian.
March	3rd.	Presbyterian.	September	1st.	Roman Catholic.
"	10th.	Roman Catholic.	"	8th.	Methodist.
"	17th.	Methodist.	"	15th.	Baptist.
"	24th.	Baptist.	"	22nd.	Episcopal.
"	31st.	Episcopal.	"	29th.	Presbyterian.
April	7th.	Presbyterian.	October	6th.	Roman Catholic.
"	14th.	Roman Catholic.	"	13th.	Methodist.
"	21st.	Methodist.	"	20th.	Baptist.
"	28th.	Baptist.	"	27th.	Episcopal.

In addition to the above schedule Roman Catholic services (mass) are held every Tuesday morning.

MEDICAL STAFF MATTERS.

The Hospital has lost a valued friend and one of its prominent consultants by the death of Dr. Stephen Pierson. He was always willing and prompt to respond to any demand where his services and counsel were needed. His death has indeed left a vacancy in the consulting staff of the Hospital. He was at all times a physician in the highest sense. In his visits to this Hospital he inspired confidence and gave comfort to those to whom he ministered.

On May 1st, 1911, Dr. Peter S. Mallon, First Assistant Physician, after a service of over seventeen years, tendered his resignation. Dr. E. Moore Fisher, Second Assistant, and Dr. L. K. Henschel, Third Assistant Physician, were made Senior Assistant Physicians. Drs. George A. Anderton, Marcus A. Curry and George R. Hampton were made Junior Assistant Physicians. Dr. George B. McMurray, who served on the staff of the State Hospital at Taunton, Mass., was appointed Junior Assistant Physician. Dr. Frederick H. Thorne and Dr. Frank M. Mikels were appointed to fill the two additional positions upon the staff, giving the Hospital nine physicians to look after 2,300 patients.

The various members of the Consulting Staff were prompt in responding to every call made upon them by the Medical Director and his Assistants.

Dr. Francis H. Glazebrook performed a number of gynecological and abdominal operations with very gratifying results.

The establishment of a Dental Department in the institution and its equipment with modern and up-to-date appliances for the prosecution of the various forms of dental work incident to a hospital of this sort, has proven to be an important acquisition. Dr. William G. Sharp, a member of the Board of Consultants, comes to the Hospital one day each week and gives attention and professional services to such persons as most urgently require them. The Hospital is fortunate in commanding the services of a dentist of Dr. Sharp's professional ability, but the need of dental work in an institution of 2,300 patients is so great that it is doubtful if he will, by giving only one day a week, be able to meet the demands of this institution.

CONCLUSION.

The affairs of the Medical Department throughout the year have been free from such serious complications as epidemics, homicides or disastrous fires, which from time to time occur in large institutions of this kind. The year has presented many trying conditions for reasons detailed in the body of this report.

With the multiplex duties incumbent upon my office the responsibilities have been such that only with that order of support and counsel which you have given me would I have been able to render an account of my stewardship such as I have set forth in this report. I am grateful for the opportunity to officially express my appreciation of the same. At no time have I erred in strictly observing your advice and governing my official work accordingly. I cannot express too strongly my obligations to you for what you have contributed to the success of my administration of Hospital affairs.

With grateful acknowledgment this report is respectfully submitted.

BRITTON D. EVANS,
Medical Director.

October 31st, 1911.

Statistical Appendix to the Medical Director's Report.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING
OCTOBER 31ST, 1911.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1910.....	1,093	1,025	2,118
Patients admitted—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First admissions....	249	245	494
Re-admissions	31	29	60
Total	280	274	554
Total under treatment during the year..	1,373	1,299	2,672
Patients discharged—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Recovered	65	75	140
Improved	52	64	116
Unimproved	15	3	18
Died	110	78	188
Total	242	220	462
Remaining in Hospital—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Public	1,027	946	1,973
Private	104	133	237
Total	1,131	1,079	2,210
Whole number admitted from August 17th, 1876, to October 31st, 1911.....	5,454	5,081	10,535
Whole number discharged during the same period of time—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Recovered	1,283	1,281	2,564
Improved	807	918	1,725
Unimproved	320	333	653
Died	1,880	1,469	3,349
Eloped	31	.....	31
Not insane.....	2	1	3
Total	4,323	4,002	8,325
Remaining October 31st, 1911.....	*1,131	1,079	2,210

* One male patient carried on elopement.

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1910.									
November	25	14	39	25	9	34	1,088.42	1,025.16	2,113.58
December	20	19	39	25	23	48	1,087.95	1,025.16	2,113.11
1911.									
January	28	28	56	13	15	28	1,090.74	1,030.68	2,121.42
February	13	17	30	16	16	32	1,099.23	1,038.97	2,138.20
March	24	29	53	23	13	36	1,099.83	1,048.25	2,148.08
April	23	23	46	14	18	32	1,104.26	1,053.29	2,157.55
May	25	23	48	19	18	37	1,110.23	1,057.03	2,157.26
June	27	34	61	15	12	27	1,116.24	1,070.99	2,187.23
July	26	18	44	20	15	35	1,123.85	1,082.36	2,206.21
August	23	20	43	22	19	41	1,130.05	1,086.53	2,216.58
September	22	24	46	12	16	28	1,132.47	1,087.13	2,219.60
October	24	25	49	38	46	84	1,128.12	1,080.91	2,209.03
Total	280	274	554	242	220	462			
Total for the year.....							1,109.28	1,057.20	2,166.48

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First	174	164	338
Second	41	41	82
Third	10	9	19
Fourth	2	9	11
Fifth and over	3	10	13
Unascertained	50	41	91
Total	280	274	554

TABLE IV.

AGE WHEN ATTACKED OF THOSE ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years	3	11	14
Fifteen to twenty years	22	19	41
Twenty to twenty-five years	29	28	57
Twenty-five to thirty years	13	27	40
Thirty to thirty-five years	24	30	54
Thirty-five to forty years	38	23	61
Forty to forty-five years	20	25	45
Forty-five to fifty years	21	14	35
Fifty to sixty years	31	22	53
Sixty to seventy years	20	16	36
Seventy to eighty years	12	7	19
Eighty years and over	3	1	4
Unascertained	44	51	95
Total	280	274	554

TABLE V.

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
California .....	..	1	1
Connecticut	3	2	5
District of Columbia .....	..	1	1
Illinois .....	..	1	1
Kentucky .....	..	1	1
Louisiana	2	..	2
Maine .....	..	3	3
Maryland	3	..	3
Massachusetts	3	1	4
Missouri	1	3	4
New Jersey	90	72	162
New York	40	44	84
North Carolina .....	..	3	3
Ohio .....	..	4	4
Pennsylvania	5	8	13
Rhode Island .....	..	1	1
South Carolina	1	3	4
Virginia	2	5	7
Wisconsin	1	..	1
United States	8	10	18
Austria	9	10	19
Belgium	1	1	2
Bermuda .....	..	2	2
Bohemia	1	..	1
Canada	1	2	3
Denmark	1	..	1
England	10	8	18
Finland	1	..	1
Germany	33	14	47
Holland	3	3	6
Hungary	5	10	15
India	1	..	1
Ireland	13	27	40
Italy	13	7	20
Norway	1	..	1
Poland	3	3	6
Russia	6	10	16
Scotland	3	6	9
Sweden	3	2	5
Switzerland	4	3	7
Unascertained	9	3	12
Total	280	274	554

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen	53	31	84
Camden	1	..	1
Essex	37	51	88
Hudson	41	42	83
Hunterdon	1	2	3
Mercer	1	..	1
Middlesex .....	..	2	2
Monmouth	5	1	6
Morris	22	21	43
Passaic	43	58	101
Somerset	4	3	7
Sussex	6	10	16
Union	49	44	93
Warren	17	7	24
New York .....	..	2	2
Total	280	274	554

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single	116	106	222
Married	130	116	246
Widowed	20	47	67
Divorced	3	3	6
Unascertained	11	2	13
Total	280	274	554

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Accountants	3	..	3
Agents	4	..	4
Bakers	1	..	1
Barbers	4	..	4
Bartenders	2	..	2
Blacksmiths	1	..	1
Boatbuilders	1	..	1
Boilermakers	1	..	1
Bookkeepers	5	1	6
Brassworkers	1	..	1
Bricklayers	1	..	1
Brokers	1	..	1
Burnishers	1	..	1
Butchers	2	..	2
Cabinetmakers	2	..	2
Carpenters	12	..	12
Chairmakers	1	..	1
Chauffeurs	1	..	1
Chemists	1	..	1
Civil engineers	1	..	1
Clergymen	1	..	1
Clerks	15	3	18
Coachmen	1	..	1
Conductors	1	..	1
Contractors	1	..	1
Cooks	1	3	4
Dentists	1	..	1
Domestics .....	..	24	24
Dressmakers .....	..	7	7
Drivers	3	..	3
Electricians	1	..	1
Electroplaters	1	..	1
Engineers	2	..	2
Engravers	1	..	1
Factory hands	6	3	9
Farmers	14	..	14
Firemen	1	..	1
Florists	1	..	1
Foremen	2	..	2
Foundrymen	1	..	1
Gardeners	2	..	2
Glaziers	1	..	1
Harnessmakers	2	..	2
Hostlers	2	..	2
Housekeepers .....	..	7	7
Housewives .....	..	124	124
Housework .....	..	38	38
Ironworkers	2	..	2
Jewelers	1	..	1
Laboratory workers	1	..	1
Laborers	53	..	53
Laundresses	2	2

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Lawyers	1	..	1
Leatherworkers	2	..	2
Laundrymen	1	..	1
Letter carriers	1	..	1
Lithographers	1	..	1
Machinists	11	..	11
Managers	2	..	2
Manufacturers	1	..	1
Masons	2	..	2
Mechanics	1	..	1
Merchants	7	1	8
Millhands	3	5	8
Milliners .....	..	1	1
Miners	2	..	2
Musicians	1	..	1
Newsboys	1	..	1
Nurses .....	..	2	2
Opticians	1	..	1
Painters	5	..	5
Peddlers	3	..	3
Physicians	3	..	3
Pianomakers	1	..	1
Plumbers	2	..	2
Porters	2	..	2
Pressfeeders	1	..	1
Printers	3	..	3
Railroad men	3	..	3
Salesmen	5	..	5
Saleswomen .....	..	2	2
Saloonkeepers	2	..	2
Shoemakers	4	..	4
Shopboys	1	..	1
Silkworkers	4	5	9
Stenographers	1	5	6
Students	4	4	8
Tailors	1	..	1
Teachers .....	..	2	2
Teamsters	4	..	4
Telegraphers	1	..	1
Tinsmiths	1	..	1
Undertakers	1	..	1
Varnishers	2	..	2
Weavers	1	..	1
Woodworkers	2	..	2
No occupation	15	34	49
Unascertained	6	1	7
Total	280	274	554

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	25	60	85
Mania, chronic .....	..	1	1
Mania, epileptic	1	..	1
Mania, puerperal .....	..	8	8
Mania, recurrent	3	2	5
Mania, toxic	58	28	86
Melancholia, acute	8	46	54
Melancholia, agitata	2	8	10
Melancholia, chronic	2	..	2
Melancholia, hypochondriacal	1	..	1
Melancholia, involutional	8	7	15
Melancholia, puerperal .....	..	1	1
Melancholia, recurrent	1	1	2
Dementia, epileptic	2	8	10
Dementia, organic	8	2	10
Dementia, parietic	36	10	46
Dementia, senile	32	24	56
Dementia, terminal	3	..	3
Imbecility	1	..	1
Imbecility, with mania .....	..	10	10
Imbecility, with melancholia .....	..	1	1
Insane neuroses, hypochondriasis .....	..	1	1
Insane neuroses, hysteria .....	..	1	1
Insanity, adolescent	72	44	116
Paranoia	16	11	27
Cerebral syphilis	1	..	1
Total	280	274	554

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State	66	56	122
County	141	142	283
Private	73	76	149
Total	280	274	554

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Physical—			
Anemia .....	..	1	1
Arteriosclerosis	3	2	5
Cerebral changes	2	3	5
Cerebral growth	1	..	1
Cerebro-spinal fever .....	..	1	1
Climateric .....	..	10	10
Colitis	1	1	2
Congenital	1	2	3
Convulsions in childhood.....	..	1	1
Epilepsy	4	4	8
General ill health.....	1	8	9
Heat exhaustion	4	..	4
Heredity	25	15	40
Ill treatment .....	..	1	1
Insomnia .....	..	1	1
Intemperance and other excesses.....	45	26	71
La Grippe	1	2	3
Masturbation	10	..	10
Melancholia .....	..	1	1
Menstrual irregularities .....	..	3	3
Nephritis	1	..	1
Neurasthenia .....	..	1	1
Nostalgia .....	..	2	2
Otitis media .....	..	1	1
Overwork	5	4	9
Paresis	1	1	2
Predisposition	1	4	5
Puerperium .....	..	14	14
Senility	14	15	29
Sexual perversion .....	..	3	3
Sunstroke	1	1	2
Syphilis	14	1	15
Traumatism	12	3	15
Tuberculosis	1	..	1
Tumor of brain.....	..	1	1
Vaginismus .....	..	1	1
Endometritis .....	..	1	1
Total	148	135	283
Moral—			
Disappointed affections	2	2	4
Domestic troubles	2	5	7
Financial reverses	7	1	8
Grief	4	7	11
Religious excitement	1	8	9
Shock	1	3	4
Worry	9	13	22
Total	26	39	65
Total physical	148	135	283
Total moral	26	39	65
Unassigned	106	100	206
Total	280	274	554

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Acne .....	..	2	2
Amenorrhea .....	..	1	1
Ankylosed elbow .....	..	1	1
Arteriosclerosis	27	30	57
Arthritis .....	..	2	2
Asthma .....	..	1	1
Bronchitis .....	..	7	7
Carcinoma	1	1	2
Cataract	1	..	1
Chorea .....	..	1	1
Colitis	1	1	2
Conjunctivitis	1	..	1
Deafness .....	..	1	1
Deformity of hands .....	..	1	1
Diabetes mellitus	1	..	1
Dilatation of heart .....	..	2	2
Emaciated	3	..	3
Empyema	1	1	2
Emphysema .....	..	1	1
Endocarditis	8	24	32
Endometritis .....	..	1	1
Enucleated left eye	1	..	1
Epilepsy	3	8	11
Exhaustion	2	..	2
Exophthalmia .....	..	1	1
Fracture	4	2	6
Goitre .....	..	3	3
Gonorrhea	1	..	1
Hemiplegia	3	2	5
Hernia	11	3	14
Hirsuties .....	..	1	1
Inanition	1	1	2
Infantile paralysis	1	..	1
Injury to head	1	..	1
Leucoderma .....	..	1	1
Lipoma	1	..	1
Lobar pneumonia	3	..	3
Locomotor ataxia	1	..	1
Movable kidney .....	..	1	1
Mumps .....	..	1	1
Mute	1	..	1
Myopia .....	..	1	1
Nephritis	3	9	12
Neuritis .....	..	3	3
Osteomyelitis .....	..	1	1
Otitis media	1	1	2
Ovarian cyst .....	..	1	1
Paraplegia .....	..	1	1
Pes planus	1	..	1
Pleurisy	1	..	1

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Pregnancy .....	..	1	1
Prolapse of rectum.....	..	1	1
Prolapse of uterus.....	..	1	1
Psoriasis	1	..	1
Retroflexion of uterus.....	..	1	1
Salpingitis purulent.....	..	1	1
Scabies	2	..	2
Sclerosis	1	1	2
Scoliosis	1	..	1
Sprained ankle.....	..	1	1
Sub-clavian aneurism	1	..	1
Torticollis .....	..	1	1
Tricuspid insufficiency	1	..	1
Tuberculosis of hip.....	1	..	1
Tumor of brain.....	..	1	1
Varicocele	1	..	1
Varicose veins	2	4	6
Homicidal tendencies.....	29	13	42
Suicidal tendencies.....	31	51	82
Without complications.....	160	130	290

In this table patients who had a number of complications have been noted more than once; the total is therefore omitted, because it would have no statistical value.

TABLE XIII.

HEREDITY OF THOSE ADMITTED.

<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family	58	58	116
Hereditary taint denied	112	96	208
Hereditary history unobtainable	110	120	230
Total	280	274	554

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	65	69	134
One to three months	59	40	99
Three to six months	34	36	70
Six to twelve months	16	24	40
One to two years	29	17	46
Two to three years	16	12	28
Three to four years	6	13	19
Four to five years	5	7	12
Five to ten years	20	14	34
Ten to twenty years	2	7	9
Over twenty years .....	..	2	2
Unascertained	28	33	61
Total	280	274	554

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years .....	..	3	3
Fifteen to twenty years	8	8	16
Twenty to twenty-five years	6	11	17
Twenty-five to thirty years	7	9	16
Thirty to thirty-five years	6	8	14
Thirty-five to forty years	9	8	17
Forty to forty-five years	3	8	11
Forty-five to fifty years	3	4	7
Fifty to sixty years	9	4	13
Sixty to seventy years	1	..	1
Unascertained	13	12	25
Total	65	75	140

TABLE XVI

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	21	33	54
One to three months	20	11	31
Three to six months	2	8	10
Six to twelve months	3	1	4
One to two years	3	3	6
Over two years	6	9	15
Unascertained	10	10	20
Total	65	75	140

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	2	2	4
One to two months	5	8	13
Two to three months	13	9	22
Three to four months	6	12	18
Four to five months	6	6	12
Five to six months	2	2	4
Six to nine months	6	13	19
Nine to twelve months	7	10	17
Twelve to eighteen months	8	7	15
Eighteen to twenty-four months	3	3	6
Over two years	7	3	10
Total	65	75	140

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	10	18	28
Mania, puerperal .....	..	2	2
Mania, recurrent	1	2	3
Mania, toxic	31	24	55
Melancholia, acute	4	16	20
Melancholia, agitata .....	..	2	2
Melancholia, involutional	3	..	3
Melancholia, recurrent	1	..	1
Insanity, adolescent	15	10	25
Insane neuroses, hysteria .....	..	1	1
Total	65	75	140

TABLE XIX.

AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years	2	4	6
Twenty to twenty-five years	4	2	6
Twenty-five to thirty years	1	6	7
Thirty to thirty-five years	12	5	17
Thirty-five to forty years	10	1	11
Forty to forty-five years	12	7	19
Forty-five to fifty years	21	7	28
Fifty to sixty years	10	14	24
Sixty to seventy years	19	15	34
Seventy to eighty years	16	8	24
Eighty to ninety years	3	8	11
Over ninety years .....	..	1	1
Total	110	78	188

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	3	8	11
Mania, chronic .....	..	1	1
Mania, epileptic	3	1	4
Mania, puerperal .....	..	1	1
Mania, toxic	2	1	3
Melancholia, acute	6	6	12
Melancholia, agitata .....	..	2	2
Melancholia, chronic	2	5	7
Melancholia, involutional .....	..	2	2
Dementia, epileptic	4	2	6
Dementia, organic	3	3	6
Dementia, paretic	38	4	42
Dementia, senile	24	19	43
Dementia, terminal	14	9	23
Imbecility	2	..	2
Imbecility, with epilepsy	1	..	1
Imbecility, with melancholia .....	..	1	1
Insanity, adolescent	6	9	15
Paranoia	2	3	5
Insane neuroses, hypochondriasis .....	..	1	1
Total	110	78	188

TABLE XXI.

CAUSES OF DEATH.				
<i>Causes.</i>		<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania—				
Acute, with acute cardiac dilatation.....	..	3	3	3
Acute, with endocarditis .....	..	2	2	2
Acute, with exhaustion .....	..	2	2	2
Acute, with lobar pneumonia	3	..	3	3
Acute, with pulmonary tuberculosis .....	..	1	1	1
Chronic, with chronic endocarditis.....	..	1	1	1
Epileptic, with convulsions	2	..	2	2
Epileptic, with lobar pneumonia	1	..	1	1
Epileptic, with status epilepticus .....	..	1	1	1
Puerperal, with acute cardiac dilatation.....	..	1	1	1
Toxic, with amoebic colitis.....	1	..	1	1
Toxic, with chronic parenchymatous nephritis, tri- cuspid insufficiency.....	1	..	1	1
Toxic, with pulmonary tuberculosis .....	..	1	1	1
Melancholia—				
Acute, with cerebral hemorrhage .....	..	1	1	1
Acute, with chronic endocarditis .....	..	1	1	1
Acute, with empyema of chest, exhaustion.....	..	1	1	1
Acute, with exhaustion .....	..	1	1	1
Acute, with hypostatic pneumonia	2	..	2	2
Acute, with inanition	1	1	2	2
Acute, with lobar pneumonia	1	..	1	1
Acute, with pulmonary edema .....	..	1	1	1
Acute, with pulmonary tuberculosis	1	..	1	1
Acute, with suicidal hanging	1	..	1	1
Agitata, with exhaustion .....	..	1	1	1
Agitata, with inanition, exhaustion .....	..	1	1	1
Chronic, with exhaustion	1	..	1	1
Chronic, with hypostatic pneumonia	1	3	4	4
Chronic, with pulmonary tuberculosis .....	..	2	2	2
Involutional, with hypostatic pneumonia.....	..	2	2	2
Dementia—				
Epileptic, with convulsions	1	1	2	2
Epileptic, with lobar pneumonia	1	..	1	1
Epileptic, with status epilepticus	2	1	3	3
Organic, with arteriosclerosis, chronic nephritis..	..	1	1	1
Organic, with cerebral hemorrhage	2	..	2	2
Organic, with hypostatic pneumonia, gangrene of leg .....	..	1	1	1
Organic, with lobar pneumonia	1	1	2	2
Paretic	4	..	4	4
Paretic, with apoplectiform convulsions, decubitus,	1	..	1	1
Paretic, with apoplexy .....	..	1	1	1
Paretic, with cerebral hemorrhage	1	..	1	1
Paretic, with convulsions	7	..	7	7
Paretic, with decubitus, exhaustion	1	..	1	1
Paretic, with exhaustion	11	2	13	13
Paretic, with hypostatic pneumonia	8	1	9	9
Paretic, with hypostatic pneumonia, infected wound of arm	1	..	1	1
Paretic, with lobar pneumonia	3	..	3	3
Paretic, with pulmonary tuberculosis	1	..	1	1
Senile, with carcinoma of breast.....	..	1	1	1

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Senile, with cerebral hemorrhage	1	..	1
Senile, with cerebral hemorrhage, chronic interstitial nephritis	1	..	1
Senile, with chronic endocarditis	2	..	2
Senile, with chronic interstitial nephritis, exhaustion	2	2	4
Senile, with chronic interstitial nephritis, hypostatic pneumonia	1	1	2
Senile, with chronic interstitial nephritis, inanition .....	..	1	1
Senile, with chronic interstitial nephritis, pulmonary edema .....	..	1	1
Senile, with chronic myocarditis	1	..	1
Senile, with epithelioma of lip.....	1	..	1
Senile, with exhaustion .....	..	2	2
Senile, with heat exhaustion	1	..	1
Senile, with hypostatic pneumonia	8	6	14
Senile, with lobar pneumonia	3	3	6
Senile, with mitral regurgitation	1	..	1
Senile, with pulmonary edema .....	..	2	2
Senile, with septicaemia	1	..	1
Senile, with strangulated hernia, chronic endocarditis	1	..	1
Terminal, with abscess of right lung, chronic endocarditis	1	..	1
Terminal, with apoplexy, hypostatic pneumonia..	..	1	1
Terminal, with asthma, chronic endocarditis....	1	..	1
Terminal, with carcinoma of stomach.....	1	..	1
Terminal, with cerebral hemorrhage, hypostatic pneumonia	1	..	1
Terminal, with chronic endocarditis	1	..	1
Terminal, with chronic endocarditis, edema of lungs .....	..	1	1
Terminal, with chronic endocarditis and myocarditis, hypostatic pneumonia, chronic nephritis, arteriosclerosis, chronic bronchitis with tubercular nodules of lungs.....	..	1	1
Terminal, with chronic endocarditis, chronic myocarditis	1	..	1
Terminal, with chronic interstitial nephritis....	1	1	2
Terminal, with chronic interstitial nephritis, scorbutus	1	..	1
Terminal, with chronic myocarditis	1	..	1
Terminal, with chronic nephritis, chronic endocarditis .....	..	1	1
Terminal, with cirrhosis of liver.....	1	..	1
Terminal, with intestinal obstruction	1	..	1
Terminal, with lobar pneumonia	2	2	4
Terminal, with pulmonary tuberculosis	1	2	3
Imbecility—			
With chronic nephritis, convulsions, cervical tubercular adenitis	1	..	1
With chronic nephritis, uremic convulsions.....	1	..	1
Imbecility with epilepsy—			
With convulsions	1	..	1

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Imbecility with melancholia—			
With hypostatic pneumonia.....	..	1	1
Insanity, adolescent—			
With abscess of jaw.....	1	..	1
With acute endocarditis, chorea.....	..	1	1
With carcinoma of stomach, mitral regurgitation,	..	1	1
With chronic endocarditis .....	..	1	1
With chronic interstitial nephritis, chronic valvular heart disease.....	1	..	1
With exhaustion .....	..	2	2
With hypostatic pneumonia, chronic interstitial nephritis	1	..	1
With heat exhaustion	1	1	2
With lobar pneumonia	1	1	2
With pulmonary tuberculosis	1	2	3
Paranoia—			
With acute cardiac dilatation, chronic endocarditis .....	..	1	1
With carcinoma of breast.....	..	1	1
With lobar pneumonia	2	..	2
With uremic convulsions .....	..	1	1
Insane neuroses, hypochondriasis—			
With lobar pneumonia .....	..	1	1
Total	110	78	188

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Year.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876.....	159	183	342	....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	904	31
October 31st, 1889.....	427	430	*857	....
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	†1,088	....
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	‡1,390	1
October 31st, 1902.....	729	732	1,461	71
October 31st, 1903.....	744	761	§1,505	44
October 31st, 1904.....	789	812	1,601	96
October 31st, 1905.....	834	840	1,674	73
October 31st, 1906.....	872	907	1,779	105
October 31st, 1907.....	917	907	1,824	45
October 31st, 1908.....	993	950	1,943	119
October 31st, 1909.....	1,050	1,009	2,059	116
October 31st, 1910.....	1,093	1,025	¶2,118	59
October 31st, 1911.....	1,131	1,079	2,210	92

* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Hospital.

‡ Twenty-five patients removed by Hudson and Passaic counties.

§ Nineteen private patients removed to Sailors' Snug Harbor, N. Y.

¶ Fifty patients transferred to Essex County Hospital.

TABLE SHOWING IN DETAIL THE MANNER OF SUPPORT, OCTOBER 31ST, 1911.

COUNTY.	INDIGENT.			STATE INDIGENT.			PRIVATE.			CONVICT.			CRIMINAL.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Bergen	81	90	171	51	49	100	16	8	24	3	2	5	.....	5	5
Essex	5	9	14	125	120	245	18	33	51	17	12	19	1	.....	1
Hudson	25	24	49	38	22	60	25	38	63	17	12	19	4	.....	4
Hunterdon	25	15	40	.....	.....	.....	1	3	4	1	.....	1	.....	.....	.....
Mercer .....	.....	1	1	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Middlesex .....	.....	1	1	.....	.....	.....	2	3	5	2	.....	2	.....	.....	.....
Monmouth .....	.....	1	1	.....	.....	.....	3	4	7	.....	.....	.....	1	.....	1
Morris	74	84	158	31	14	45	6	7	13	2	.....	2	12	2	14
Passaic	203	210	413	22	25	47	6	11	17	3	1	4	.....	.....	.....
Somerset .....	.....	.....	.....	.....	.....	.....	3	4	7	.....	.....	.....	.....	.....	.....
Sussex	25	31	56	1	2	3	2	2	4	2	.....	2	1	1	2
Union	149	160	309	38	27	65	15	15	30	5	.....	5	2	.....	2
Warren	52	43	95	4	3	7	2	1	3	4	.....	4	1	.....	1
Kentucky .....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
New York .....	.....	.....	.....	.....	.....	.....	3	4	7	.....	.....	.....	.....	.....	.....
Total	639	669	1,308	310	262	572	104	133	237	56	7	63	22	8	30

SUMMARY.				
<i>Class</i>		<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Indigent		639	669	1,308
State Indigent.....		310	262	572
Private		104	133	237
Convict		56	7	63
Criminal		22	8	30
Total		1,131	1,079	2,210

Warden's Report.

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

GENTLEMEN—I have the honor to present to you the annual report of the Business Department for the Hospital year ending October 31st, 1911, embracing Statement of Resources and Liabilities, Abstract of Accounts, and Report of the Farm, Garden and Mechanical Departments.

Considering that the weather conditions during the past season were not favorable to the growing of farm and garden products, the results obtained are very satisfactory. The valuation of products from the farm and garden for the year ending October 31st, 1910, amounted to \$46,884.21; for the year ending October 31st, 1911, \$51,734.52, an increase in value over the previous year of \$4,850.31.

In order to insure the production of the quantity of milk required for the institution, I deem it advisable to grow a greater quantity of hay and fodder than heretofore. As the dairy product is a valuable one to the institution, it should have preference over such products as cannot be successfully grown. In addition, more ground will be utilized for the raising of small vegetables.

The tomato crop was exceptionally large, exceeding that of former years. In addition to the quantities served direct from the garden, eight thousand three hundred and thirty-seven one-gallon cans were filled, about double the amount usually canned.

The work of painting the interior of the Dormitory Building, which was in progress at the close of the year 1910, was completed during the present year. In order to preserve the buildings, I would recommend that an appropriation be asked for each year for painting.

The cold storage plant, which was in the course of construction at the close of last year, is complete, has been in continuous operation, and has proven satisfactory in every respect.

Excavating for the Kitchen Building was begun in October, 1910. It was deemed advisable to defer until the spring months the work of construction; this arrangement did not, however, affect the work of excavating. It was not until late in the spring that the work was resumed, since which time there have been continual delays.

This building, under ordinary conditions, should have been completed and occupied during the month of July, but with the close of the Hospital year, it is apparent that it will be a number of weeks and perhaps months before it can be occupied.

The reservoir in course of construction at the close of the year has been completed. During the dry season, 100,000 gallons of water were collected daily in this reservoir, which amount, in addition to the regular supply from other sources, provides sufficient water for the present needs of the Hospital. As part of the system, a duplicate boiler, pump, etc., have been installed at the pumping station.

The installation of urinals of the syphon jet pattern, which was incomplete at the close of last year, has been finished. Since they have been in use, there has been a marked decrease in the quantity of water consumed.

Appropriations were made by the Legislature for the construction of a Fire House, Tuberculosis Pavilion, Nurses' Home for Men, the installation of a dynamo, and the furnishing and installing of window and door screens in the several Hospital buildings.

Contracts were awarded for the erection of the buildings, and for the furnishing of the dynamo and installation of window and door screens.

The Administration Building, at the time of its completion in 1876, was provided, for power and heating purposes, with ten boilers. These boilers have been in constant use, and were depended upon for the furnishing of power and heating purposes until 1899, when six new boilers were installed, since which time the old boiler plant has been used as a reserve, furnishing during the winter season, at such times as the new plant was overtaxed, a sufficient pressure of steam to meet the requirements.

At the time the new plant was installed, the Fidelity and Casualty Company allowed the old boilers to be operated at a pressure of 125 pounds, which amount has been gradually reduced from year to year, as the boilers became more unfit for use, until at the

present time, 25 pounds pressure only is allowed. The Fidelity Company state that they are in such condition that it will not be safe to operate them longer than the present season.

Since the installation of the new boiler plant, there has been a constant increase in the amount of work which they have been required to perform, as the result of additional laundry work, the installation of the dynamo now in use, the refrigerating plant, etc.

With the completion of the Nurses' Home for Men, Fire House, and Tuberculosis Pavilion, the heating of these buildings, and the heating and supplying of the new Kitchen Building for cooking purposes, the furnishing of power for the new dynamos, and the installation of an additional hot water heater for the Administration Building; also for the Dormitory Building, will necessitate the installation of boilers to replace the old ones which are unfit for use, which should be of such number and capacity as to amply provide for the present requirements, and in addition for the future.

Additional coal vaults should be constructed contiguous to the present vaults, in order to increase the storage room which at the present time is inadequate. During the severe weather, at which time the consumption reaches fifty tons of coal per day, and which amount will be increased with the additional boiler capacity, the present vaults would hold approximately twenty days supply, which on account of the uncertainties of delivery, difficulty at the mines or on the railroad, make it important that provision should be made to provide for at least double the quantity that can be stored at the present time.

The Fire House now being constructed will provide sleeping rooms for twenty-two men. To furnish these rooms, furniture, bedding, etc., will be required.

The continued increase in the quantity of bedding material, and articles of clothing brought to the laundry, are being taken care of, but owing to lack of proper room, the machinery required to properly handle the increase cannot be installed.

The great amount of heavy material, such as bed protectors, blankets, etc., cannot be dried rapidly, and as a result the lighter material, such as sheets, pillow cases, spreads, table cloths, etc., cannot be properly taken care of in the limited amount of dry room space available, and consequently are passed through the mangles a number of times in order to dry them.

This process consumes time which is very valuable to the institution, meaning as it does an increase in the cost of labor, inability at times to properly launder the clothing, etc., and an added expense in the amount of steam consumed at the mangles, which if used in metal dry rooms would produce much better results than by drying on the mangle, and leave the mangle free to handle a greater quantity of material.

The Laundry Building should be enlarged by the construction of an addition 28 by 80 feet. This additional room will provide space for the installation of a dry room 8 feet six inches by 30 feet; also two washing machines and a sterilizer.

A sterilizer should be added to the equipment, as it will then be possible to properly care for the clothing coming from the Tuberculosis Pavilion, or from other sources of contagion.

In addition, at least two new washers should be purchased to take the place of those worn out; a total of four.

92218

Annual Appraisement.

The appraisement of personal property and real estate shows a slight increase over the previous year. Mr. John Naughton and Mr. Charles W. Ennis, of Morristown, N. J., assisted in the work, and their services were highly satisfactory.

The valuation of personal property is \$326,746.33; real estate, \$3,148,050.00.

REQUIREMENTS FOR THE FISCAL YEAR ENDING OCTOBER 31, 1913.

For the annual appraisement	\$200.00
For the salaries of resident officers.....	18 800.00
For the maintenance of county patients, based on an average of 1,525 patients for the year	158,600.00
For the maintenance of State indigent patients, based on an average of 750 patients for the year.....	156,000.00
For clothing of State indigent patients.....	12,000.00
For the maintenance of insane convict patients, based on an average of 100 patients for the year.....	26,000.00
For clothing of insane convict patients.....	1,600.00

Respectfully submitted,

O. M. BOWEN,

Warden.

The New Jersey State Hospital at Morris Plains, October 31st,
1911.

Abstract of Receipts and Disbursements for the Year Ending October 31, 1911.

RECEIPTS.

Collections for October, 1910, paid State Treasurer, November, 1910	\$27,221.51
Allowance by State for support of—	
County patients	\$136,595.71
State indigent patients	115,778.58
State convict patients	17,008.60
	269,382.89
Amount received from Bergen County	20,829.88
Amount received from Cumberland County	16.84
Amount received from Essex County	287.10
Amount received from Hudson County	6,506.58
Amount received from Hunterdon County	4,754.24
Amount received from Mercer County	174.96
Amount received from Middlesex County	56.10
Amount received from Morris County	20,544.74
Amount received from Passaic County	52,250.20
Amount received from Sussex County	6,355.73
Amount received from Union County	35,239.95
Amount received from Warren County	10,818.25
Amount received from private patients	90,587.14
Amount received from hides, fat, etc.	7,107.17
Amount received from balance, petty expense account	71.40
Amount received from interest	37.39
Amount received from Blackman Talking Machine Co., overpayment	16.85
Amount received from checks on which payment was stopped...	17.33
Amount received from New York American, amount refunded...	3.04
Amount received for support of State indigent patient, Dora Sture	396.75
	\$552,676.04

DISBURSEMENTS.

Administrative expenses	\$190,995.45
Table supplies	175,031.44
House supplies	33,216.82
Clothing and clothing material.....	27,102.46
Heat, light and power.....	40,878.58
Repairs	18,838.81
Farm, stable and grounds.....	23,343.73
Miscellaneous expenses	14,532.71
Refunding	3,801.21
Protested checks, with fees—	
Elizabeth Motor Car Co.....	\$11.36
Alonzo W. Miller.....	92.40
J. L. Vansant.....	100.00
Peter S. Conover.....	182.00
Elizabeth Crawford	197.19
	582.95
Balance reverted to the State, October 31st, 1911.....	70.59
	<hr/> \$528,394.75
Balance in hands of H. P. Lindabury, Treasurer, October 31st, 1911	24,281.29

RESOURCES.

Due from Bergen County	\$1,711.59
Due from Essex County	95.96
Due from Hunterdon County	754.43
Due from Hudson County	839.05
Due from Morris County .....	.10
Due from Mercer County	9.61
Due from Middlesex County	8.86
Due from Monmouth County	264.32
Due from Passaic County	7,833.81
Due from Union County	3,098.60
Due from Warren County	994.72
Due from State Treasurer for support of county patients.....	11,641.71
Due from State Treasurer for support of State indigent patients,	10,469.14
Due from State Treasurer for support of convict patients.....	1,395.00
Balance with H. P. Lindabury, Treasurer.....	24,281.29
Due from private patients as per bills rendered.....	13,447.72
Clothing furnished during October	1,982.75
Due for hides, grease, etc.	823.58
	<hr/> \$79,652.24

LIABILITIES.

Bills payable for October	\$22,066.15
Refunds for October	924.01
Pay roll for October	14,403.99
Pay roll for October, petty expense	404.80
Amount of private patients' accounts paid beyond October 31st..	11,405.95
Unclaimed wages, patients' money, etc.....	410.98
Amount of private patients' bills rendered unearned.....	3,807.26
Excess resources above liabilities	26,229.10
	<hr/> \$79,652.24

Appendix to Warden's Report.

VALUE OF FARM AND GARDEN PRODUCTS.

Dairy and farm.....	\$835,756.17
Stock slaughtered	7,083.02
Garden	15,978.35

