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FAIRLEIGH DICKINSON UNIVERSITY

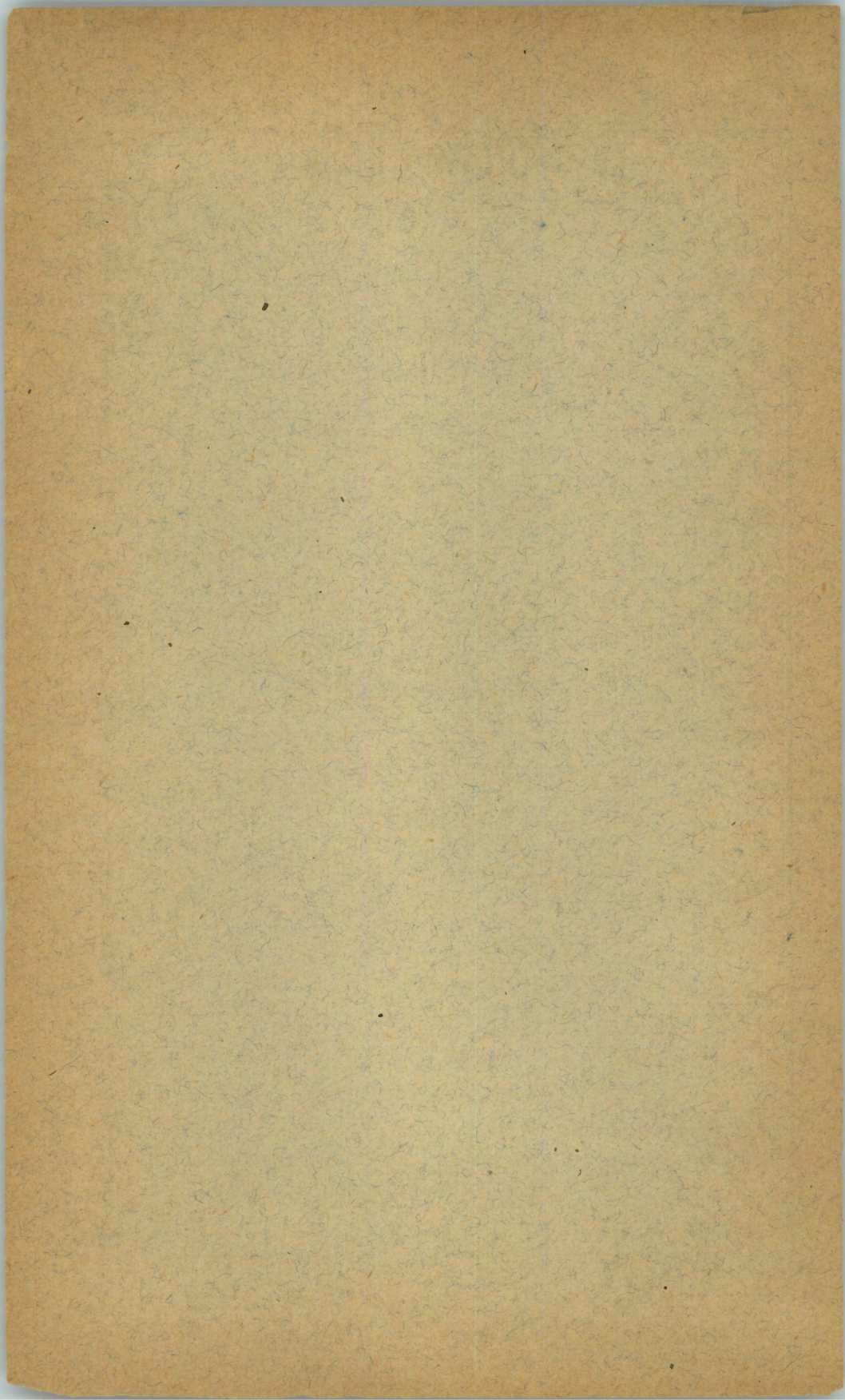
THIRTY-FIRST ANNUAL REPORT
OF THE
MANAGERS AND OFFICERS
OF THE
New Jersey State Hospital
AT
MORRIS PLAINS

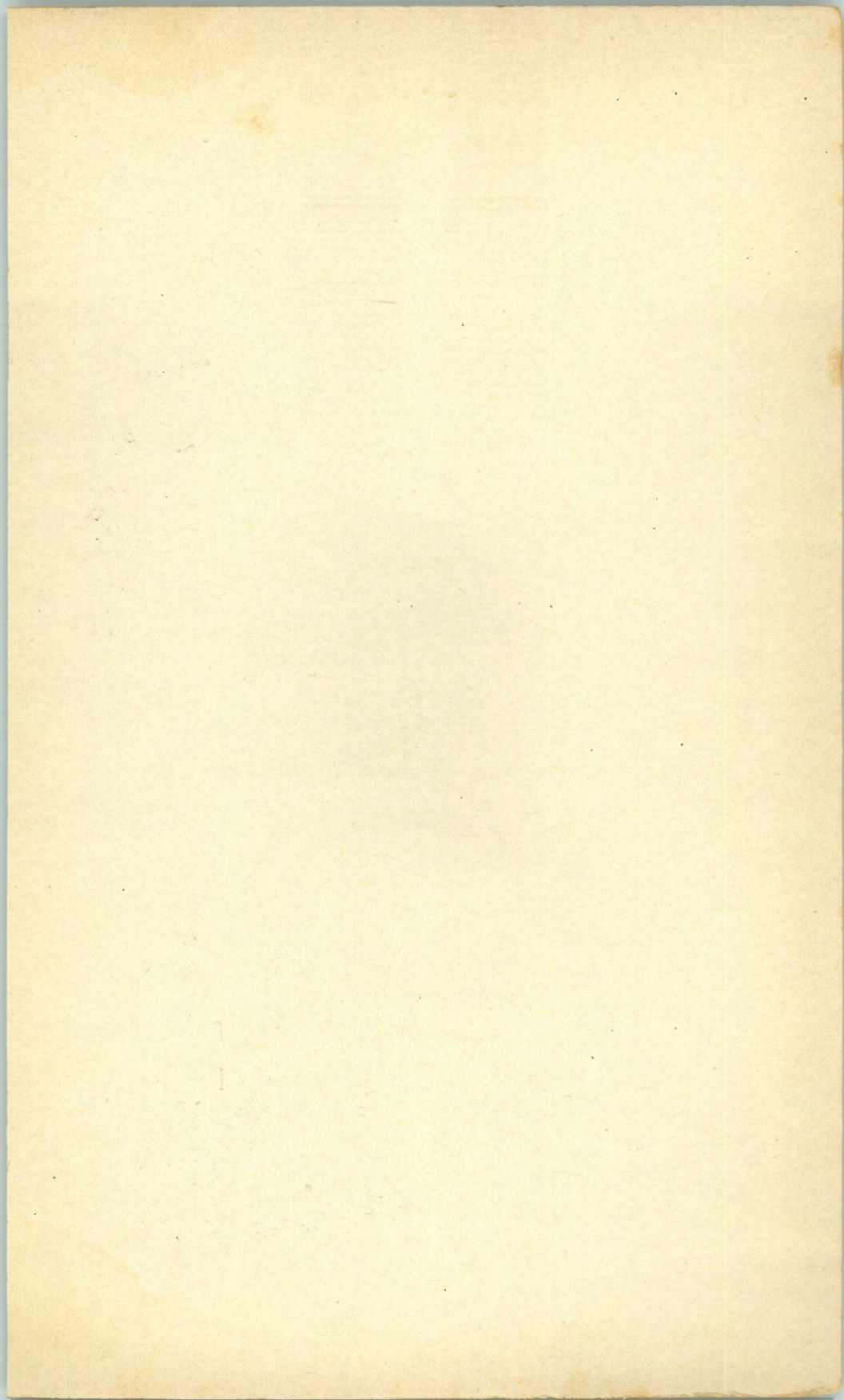
For the Year Ending October 31st

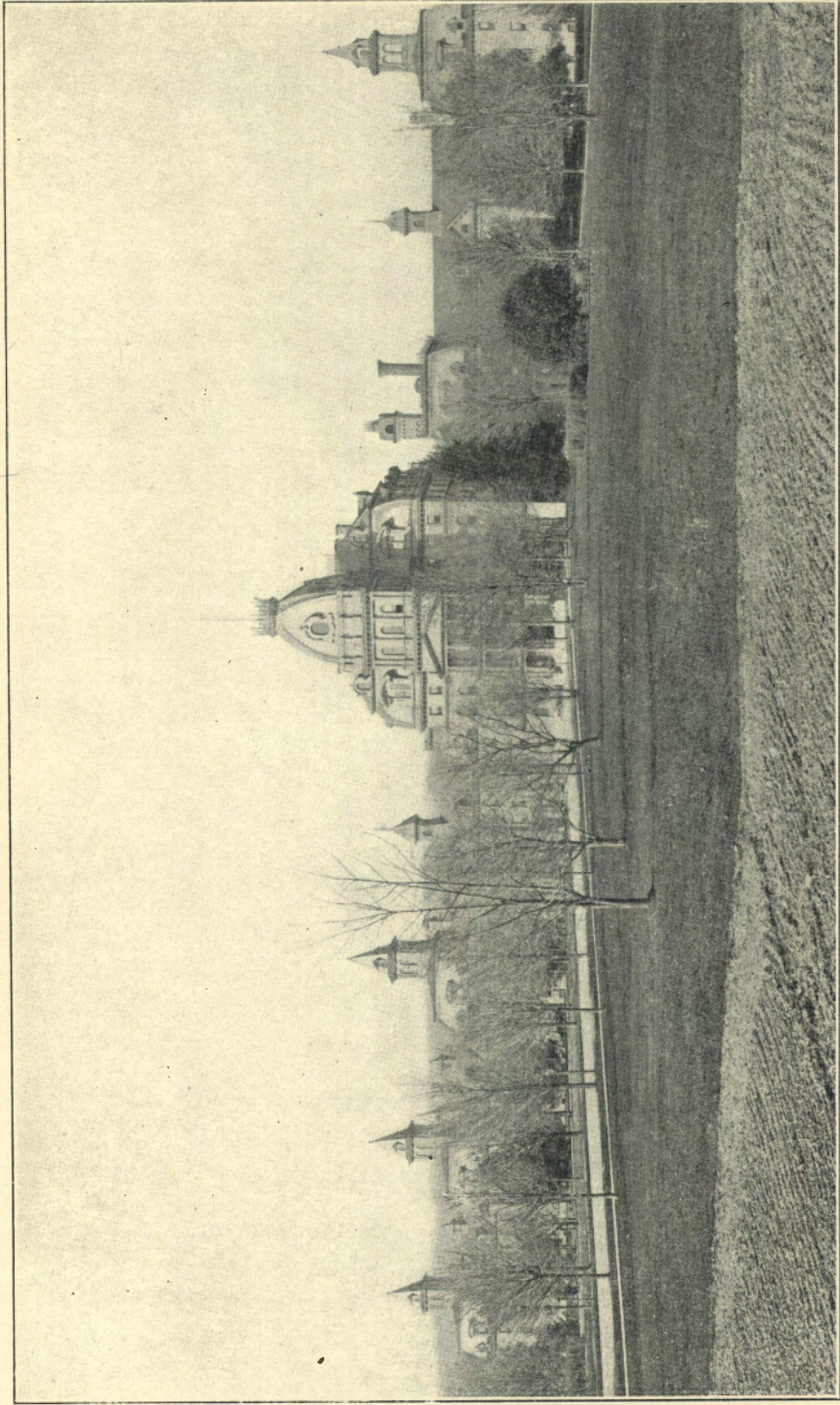
1906



TRENTON, N. J.:
The John L. Murphy Publishing Company, Printers.
1907.







FRONT OF MAIN BUILDING

THIRTY-FIRST ANNUAL REPORT

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THE NEW JERSEY STATE HOSPITAL

MANAGERS AND OFFICERS

New Jersey State Hospital

NEW JERSEY

NEW JERSEY STATE HOSPITAL

1907



MANAGERS.

PRESIDENT.

JOHN C. EISELENewark.

VICE PRESIDENT.

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

JOHN A. McBRIDEDeckertown.

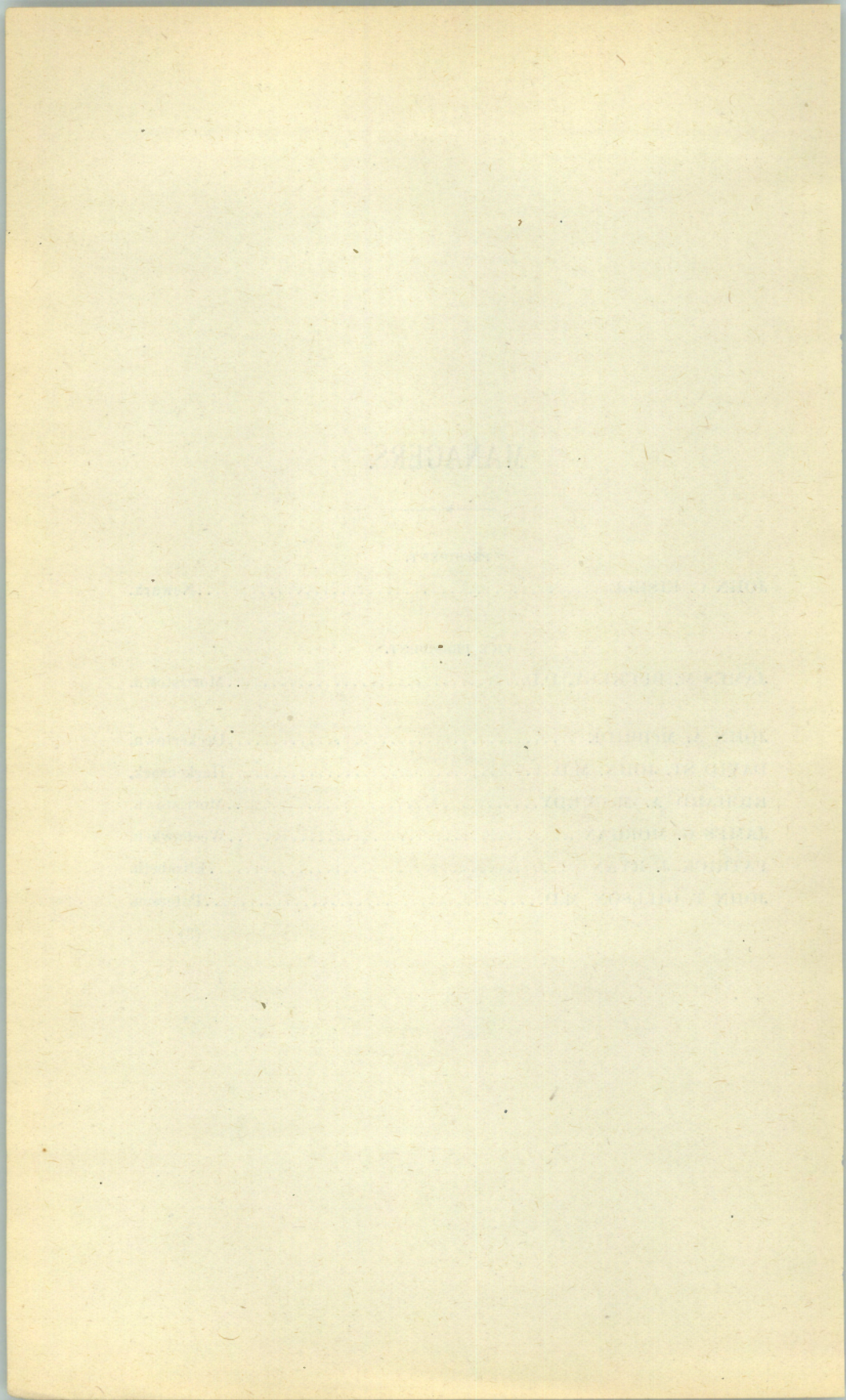
DAVID ST. JOHN, M.D.....Hackensack.

RICHARD A. McCURDY.....Morristown.

JAMES G. MORGANWeehawken.

PATRICK J. RYANElizabeth.

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



OFFICERS.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D..... Medical Director.
PETER S. MALLON, M.D..... First Assistant Physician.
H. AUSTIN COSSITT, M.D..... Second Assistant Physician and Pathologist.
CHRISTOPHER C. BELING, M.D..... Third Assistant Physician.
FREDERICK C. HORSFORD, M.D..... Fourth Assistant Physician.
ALEXANDER J. CARROLL, M.D..... Fifth Assistant Physician.
E. MOORE FISHER, M.D..... Sixth Assistant Physician.

BUSINESS DEPARTMENT.

MOSES K. EVERITT Warden.
GUIDO C. HINCHMAN Treasurer.
CHARLES H. GREEN Secretary.

OFFICERS

REPORT OF THE BOARD OF MANAGERS.

(7)

REPORT OF THE BOARD OF MANAGERS.

REPORT OF THE BOARD OF MANAGERS.

To His Excellency Edward C. Stokes, Governor of the State of New Jersey:

In compliance with the law, the Board of Managers of the New Jersey State Hospital at Morris Plains respectfully submits its report for the hospital year ending October 31st, 1906, which is the thirty-first annual report of the institution.

The Medical Director's statistics covered by this report show that the hospital year closed with 1,779 patients in the house, 872 men and 907 women. Because of deaths, discharges and admissions, the population of the Hospital varies from day to day, and while there were 1,779 patients remaining in the Hospital at the close of the year, the records show that 2,104 persons had been under treatment during the year. From the beginning of the Hospital until the present time, 8,041 patients have been admitted, cared for and treated, according to the best hygienic, medical and moral methods. The two sexes vary in number but slightly from year to year. Since the beginning 4,128 patients treated were males and 3,913 females.

During the thirty-one years 1,934 patients have been discharged recovered; 1,247 have been discharged improved; 2,486 died; 564 were discharged unimproved, and thirty-one escaped.

During the past year 430 patients were admitted, 312 of whom had not been insane before; fifty-one were suffering from a second attack, twenty-two from a third, thirteen from a fourth and fourteen from a fifth attack or more, and of eighteen nothing could be ascertained as to previous attacks or otherwise. So far as the records reveal any light on the subject, only ninety-four of the 430 committed came of families in which insanity appeared.

During the past year 102 patients were discharged as recovered, sixteen improved, fourteen unimproved and 149 died. It should be understood that many of the patients on their arrival are found

to have incurable bodily diseases which would have shortened their lives or proved fatal sooner outside the Hospital than within its walls; also that a considerable proportion are almost in a moribund condition when they arrive.

The Medical Director's report deals with a number of very serious problems. Experience has shown that while the quarantine regulations call for a rigid examination of immigrants with respect to infectious and contagious diseases, it is not the practice to closely investigate as to whether persons hereditarily contaminated with mental and nervous diseases are offering themselves to become American citizens. It is a very striking fact that less than 24 per cent. of all those admitted to the Hospital during the past year were born in the State, and 42 per cent. of the whole number admitted were born in foreign lands.

We beg leave to direct your Excellency's attention to the remarks of the Medical Director concerning the evil effect of continual changes of the laws relating to insanity. Of course, when a weakness is found in these laws or a defect is ascertained by experience, a change should be properly made, but every unnecessary change is the cause of much trouble and expense, especially with regard to the regulation for examining and committing patients to the institution.

During the past year the question: "Whether Insanity is Increasing?" has been mooted in many quarters. There is every reason to believe that it is increasing in this State. The relative proportion of foreign-born persons constantly increases; many develop ill-health and many fail to secure a comfortable livelihood. These, and others, are often afflicted with homesickness to a degree which is liable to proceed to actual insanity, while others, deprived of adequate nutrition and living midst unwholesome surroundings, succumb. From this point of view the Medical Director suggests that the time will soon come for the erection of another State Hospital in the southern part of the State, and the readjustment of districts will be a matter worthy of consideration, for our institution will very soon be as insufferably crowded as it was before the erection of the new building.

NEEDS OF THE MEDICAL DEPARTMENT.

The Medical Director, Dr. Britton D. Evans, calls attention to the need of equipments for giving in the treatment of nervous and mental diseases of the male patients the various forms of baths. Provision was made for the female patients through an appropriation of the last Legislature, and the baths are being given with highly satisfactory results. These rooms, provided and equipped for the women, cannot with propriety be used for the men patients. To meet this want an appropriation of \$3,200 is asked, for the purpose of fitting up hydrotherapeutic rooms in the men's department of the main building. The Board fully approves of this application.

COTTAGE FOR MALE NURSES.

The Medical Director also suggests the wisdom of building a cottage for male nurses such as has been built for the women, and an appropriation of \$25,000 is necessary for its construction and \$3,000 for furnishing it. As soon as such cottage is in readiness for occupancy the rooms on the wards vacated by the nurses become immediately available for patients. After providing such a cottage for nurses, the Hospital will be able to command a better grade of help and thus advance the welfare and comfort of the sick.

NEEDS OF THE BUSINESS DEPARTMENT.

Mr. Moses K. Everitt, Warden, in his report points out the needs of the business department. His experience and close attention to the department gives value to his opinions. The appropriations actually needed in the business department will be submitted to your Excellency and to the Committee on Appropriations at a later period.

The history of the Hospital confirms the opinion of the Warden that it needs an electric plant of sufficient capacity to do all the lighting and run many parts of the machinery. The present gas plant is below the required capacity and a vast amount of labor

and expense is necessary each year to make it do its imperfect work; it could be kept so as to serve in an emergency and the gas utilized for cooking purposes.

THE COUNTY ASYLUMS.

A provision in the laws of New Jersey imposes upon the Managers of the two State Hospitals the duty of visiting and inspecting the county hospitals and of transmitting the result of such inspection to the Governor in the official annual report.

The act providing for such visitation and inspection was approved March 11th, 1893, and reads as follows:

“That it shall be the duty of the said board of managers to visit each county lunatic asylum in the State receiving State aid, at least once each year, and to inspect such institutions and their management, and to make in their annual report such recommendations as they shall deem necessary concerning such local institutions.”

An act approved May 18th, 1897, divides the State into two districts, and reads as follows:

“Hereafter there shall be two asylum districts within the State, one to be known as the Trenton district and the other as the Morris Plains district.”

This division of the State leaves, under the law, for the managers of the New Jersey State Hospital at Morris Plains the duty of visiting and inquiring into the management of the local institutions of three counties, viz., Essex, Hudson and Passaic, these being the only counties in the Morris Plains district which have institutions in which to care for their insane.

ESSEX COUNTY HOSPITAL FOR THE INSANE.

The original building supported by Essex county is on South Orange avenue, in the city of Newark, and the new building at Overbrook is eight miles from Newark. The building on South Orange avenue contained on the day of our inspection 729 patients,

295 males and 434 females, and that at Overbrook 466 patients, 253 males and 213 females, making a total of 1,195 patients under care at that time.

Dr. D. M. Dill is the Superintendent, and the medical staff, including himself, consists of six graduated physicians, four of whom are in the South Orange avenue building and the other two at Overbrook. Both the departments of the institution are conducted upon a liberal scale and imbued with a philanthropic spirit. A well-organized training school is maintained and the nurses show evidence of having been fitted for the duties assigned to them. The Superintendent selects, employs, and, if necessary, dismisses his nurses and other employes. This enables him to preserve discipline and command the respect due the chief officer of such an institution.

The food provided for the patients was of a good quality, well cooked and properly served. Nothing deserving adverse criticism was apparent on our visit.

The freeholders of Essex county are constructing at Overbrook a system of buildings at an estimated cost of \$2,000,000; when these are completed the entire insane population of the county will be cared for at that place.

HUDSON COUNTY HOSPITAL FOR THE INSANE.

This institution, situated at Secaucus, contained on November 15th, 1906, 583 patients, 246 men and 337 women. We find that the conditions as regards the quality and service of food and the furnishing of the wards have decidedly improved since our visit to the Hospital last year, but we regret to have to say that the number of nurses has not been increased, but, on the contrary, has been diminished. Last year twenty male nurses were employed to care for 240 men and eighteen female nurses attended 327 women. This year we find that nineteen male nurses care for 246 men and fourteen female attendants vainly try to care for 337 women. This ratio of nurses to patients is so low that it leaves the administration of the Hospital open to serious criticism.

We find that the freeholders of Hudson county exercise the

authority of selecting the nurses and determining the number to be employed; that responsibility should belong to the Superintendent, whose professional qualifications and daily experience especially equip him for the discharge of such duties.

The Hospital is overcrowded and inadequately ventilated. We recommend an addition to the buildings sufficiently large to relieve the congestion.

A county with the resources of Hudson, with an institution drawing from the State treasury \$104 per year for each patient, should, through its controlling authority, strive to maintain a hospital well equipped and supplied with nurses qualified by education and training to care for the sick, whether in body or mind; but, though the wages paid to nurses, male and female, are greater than in any other similar institution in the State, they are not selected upon any educational basis or standard of nursing.

There should be connected with the Hudson county asylum, and all other institutions for the insane having more than two hundred patients, a training school for nurses, and nurses in charge of wards should be graduates of some recognized training school. The standard should be an educational one and regulated by statute.

We further recommend that a law be passed clothing the superintendents of county institutions for the insane with full authority to select, employ and dismiss all their attendants, nurses and other subordinates.

We have been assured by persons of influence connected with the management of this institution that they are working earnestly, and will continue to do so, for the adoption of administrative improvements recommended by this Board.

Dr. George W. King, the superintendent, uses the limited facilities at his command in a commendable manner, seeking at all times the welfare of the patients.

PASSAIC COUNTY HOSPITAL FOR THE INSANE.

This county supports nearly all of its insane in the State Hospital at Morris Plains, but forty persons, twenty-nine women and eleven men, more or less of unsound mind, are supported at the almshouse of the city of Paterson under contract.

The freeholders or county commissioners exercise the right of making a contract with the city of Paterson for the maintenance of this limited number of insane persons. The accommodations at the almshouse are not such as to enable us to commend this arrangement.

VISITATIONS AND OFFICIAL INSPECTIONS.

An act passed by the last Legislature relieved this Board of the duty of visiting, examining and licensing private asylums for the insane. To be entrusted by the State with the management of this Hospital is an honor and an opportunity to serve, without fee or reward, the State and the most unfortunate class of inhabitants in the world, but to consume our time, without compensation, in examining institutions maintained for personal profit was found to be a burden, especially under a law which made no provision for the enforcement of the taking out of a license, nor gave this Board the power in any case to revoke licenses. The law placing this responsibility upon the Commissioner of Charities and Corrections receives the hearty approval of the Board of Managers.

In view of the excellent working of this new department, we beg leave to suggest, for the consideration of your Excellency, that the examination of the county asylums should be made a part of the duty of the said department. The vast and constantly increasing population of the State Hospital, with the problems arising therefrom, would seem a sufficient tax upon our time and thought. We ask relief at this point, but will faithfully continue to make such annual visitations and inspection until there shall be enacted a law transferring this duty to the Department of Charities and Corrections.

The Board recognizes with gratification the consideration given to the Hospital by the last Legislature as shown by the granting of several appropriations which were needed for the treatment and

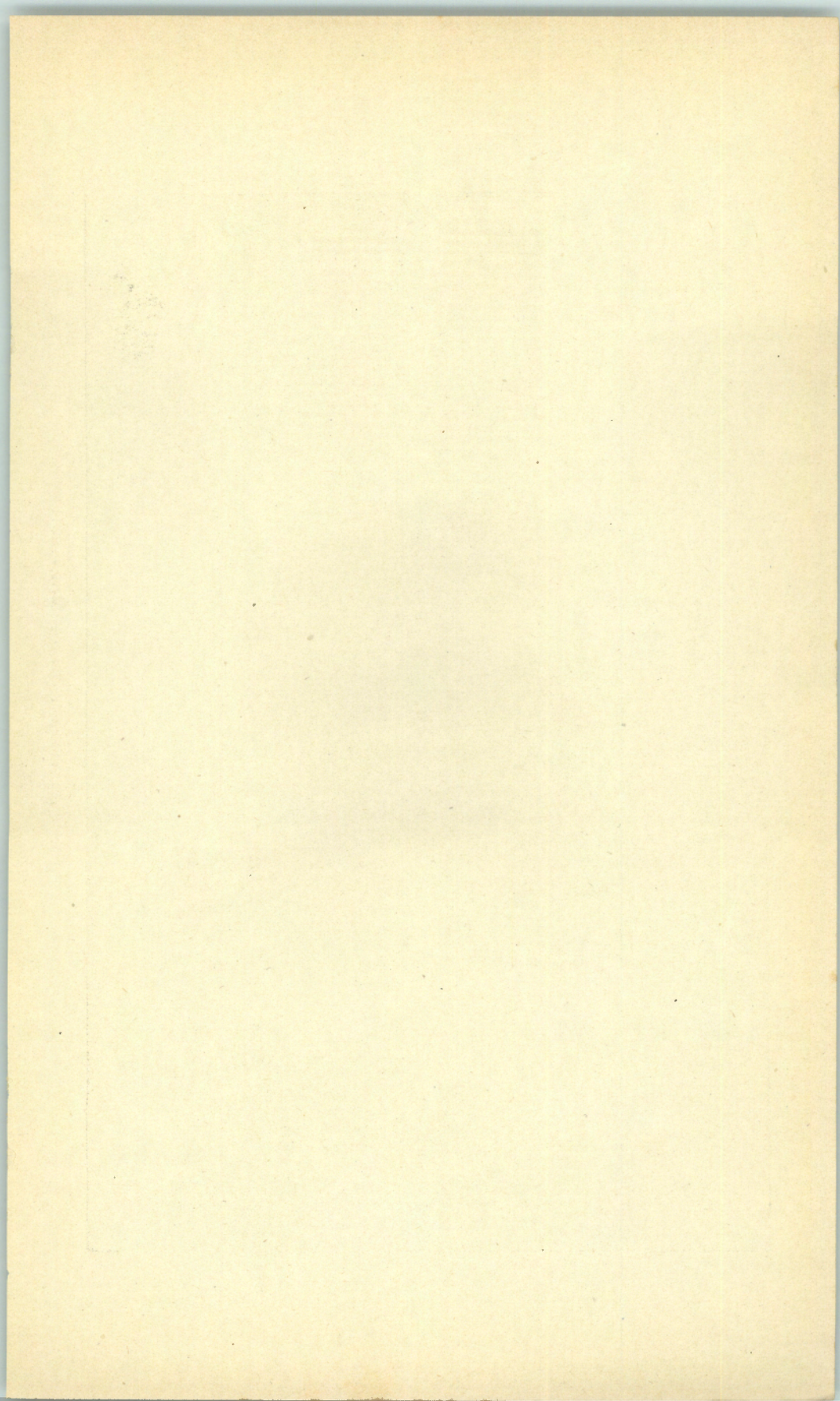
comfort of the patients, and which at the same time enhanced the value of the State's property.

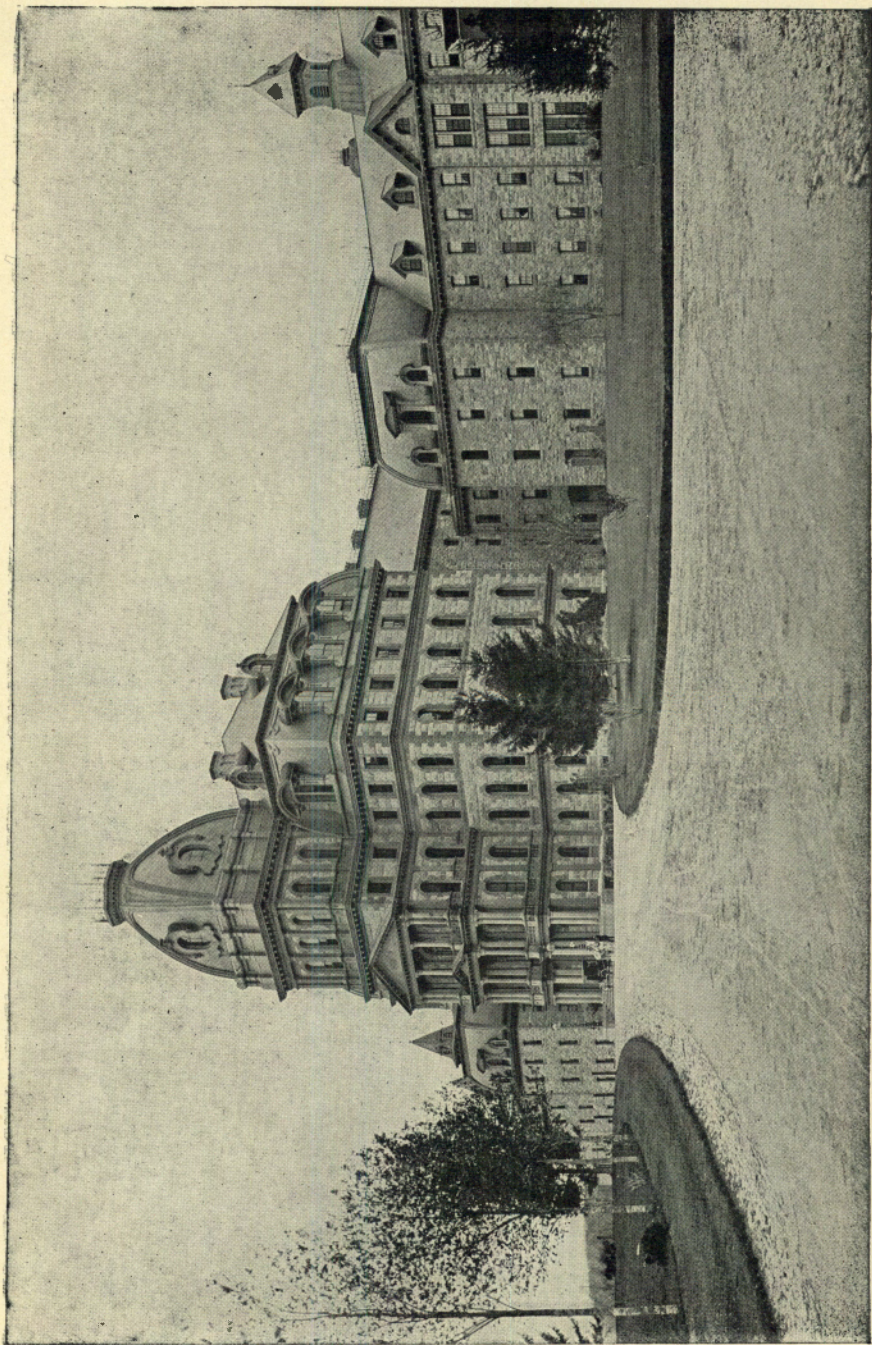
In expending the said appropriations, the advice of Dr. George B. Wight, Commissioner of Charities and Corrections, and his assistant, Mr. George E. Poole, in all matters where new buildings were to be constructed or a change in architecture was called for, we found valuable and always at our service.

Respectfully submitted,

JOHN C. EISELE,
JAMES M. BUCKLEY,
JOHN A. McBRIDE,
DAVID ST. JOHN,
RICHARD A. McCURDY,
JAMES G. MORGAN,
PATRICK J. RYAN,
JOHN T. GILLSON,

Managers.





VIEW OF ADMINISTRATION PART OF MAIN BUILDING

REPORT OF THE MEDICAL DIRECTOR.

REPORT OF THE MEDICAL DIRECTOR.

(17)

REPORT OF THE MEDICAL DIRECTOR.

To the Board of Managers:

GENTLEMEN—I have the honor to herewith submit to you the thirty-first annual report of the Medical Department of the New Jersey State Hospital at Morris Plains. The hospital year covered by this report began November 1st, 1905, and ended October 31st, 1906.

The insane population in the Hospital at the close of the year was 872 men and 907 women, making a total of 1,779. This shows a steady yearly increase and points clearly to the fact that the State of New Jersey must, at an early date, build another Hospital for her insane.

The State Hospital at Trenton and the one at Morris Plains have already become too unwieldy and cumbersome, and in my judgment should not have further additions made to them. There should be another State Hospital in the southern part of the State and the State divided into three hospital districts. The insane should be under well-organized State supervision and acutely insane patients should only be sent to properly equipped hospitals.

The highest census of the Hospital was reached on October 29th, 1906, when there were 1,784 patients in the house.

The admissions were greater during the year covered by this report than since the opening of the Hospital. There were 430 admissions—205 men and 225 women. Such a large number of admissions into this Hospital, taken into consideration with the number admitted to the State Hospital at Trenton and to the various county institutions for the insane, calls for serious thought from those who study the statistics of the State and interest themselves in caring for its dependents.

The legal classification of the 1,779 patients remaining under treatment at the close of the hospital year is as follows: Indigent, 1,496; private (or pay patients), 181; criminals (those presumably guilty of crime, but upon whom trial or sentence is sus-

pended because of intercurrent insanity), forty-one; convicts (those convicted of crime and sent to State Prison, and upon subsequent exhibition of insanity transferred by order of court to this Hospital), sixty-one.

Of this year's 1,496 indigent patients, 1,187 are what may be termed "county indigent"—that is, they are maintained conjointly by the State and the counties in which the courts have determined they have legal settlement.

The remaining 309 indigent patients are classified as State indigent, because of their having no legal settlement in any county of the State; these patients are maintained by the State and are in no part a burden upon the counties from which they are sent. The classification, based upon the source of maintenance, is determined by the justice or judge who reviews the commitment papers and inquires into all such matters as relate to legal settlement, mental condition and financial responsibility.

The residence and classification of those admitted during the year are set forth in the following tabulated statement:

<i>Counties.</i>	<i>Indigent.</i>	<i>State Indigent.</i>	<i>Private.</i>	<i>Total.</i>
Bergen	44	24	5	73
Essex	22	41	11	74
Hudson	4	7	31	42
Hunterdon .....	..	..	1	1
Middlesex .....	..	..	1	1
Monmouth .....	..	..	1	1
Morris	32	4	9	45
Passaic	68	10	7	85
Somerset .....	..	..	1	1
Sussex	6	2	2	10
Union	60	15	7	82
Warren	10	2	2	14
New York .....	..	..	1	1
Total	246	105	79	430

Under the law the counties are taxed in the matter of the maintenance of the criminal insane the same amount per capita as in the support of the non-criminal county indigent patients. A classification based strictly upon the manner and source of maintenance would group the criminal insane with the county indigent and make the total number 1,228. Of these, 351 were committed from Passaic county; 281 from Union county; 173 from Morris

county; 166 from Bergen county; seventy-nine from Warren county; sixty-five from Essex county; fifty-two from Hunterdon county; twenty from Hudson county; forty-one from Sussex county. Not included in the above were 309 State indigent patients, of whom 154 were sent from Essex county; fifty-one from Union county; forty-two from Bergen county; twenty from Hudson county; nineteen from Morris county; four from Sussex county; four from Warren county, and fifteen from Passaic county.

The statistical tables relating to patients admitted show that 10 per cent. of them suffered from senile dementia; more than 16 per cent. were diagnosed as being afflicted with adolescent insanity, and about 28 per cent. exhibited suicidal and homicidal tendencies.

While it is granted that our public charitable institutions are founded upon broad principles of philanthropy, we cannot divorce from them certain police functions. By this I mean that, though such institutions care for defectives, the mentally deranged and other dependents, through philanthropic and charitable consideration, the necessity of protecting the interests of the public at large or the body politic enters into and becomes an active force in the establishment and maintenance of all such institutions.

An interesting fact, made clear by the statistics of this Hospital, is that if the State of New Jersey were only obliged to care for dependents born within her borders, more than three-fourths of the patients which have been admitted to this institution would have been excluded. To make this clear, your attention is called to the statistical tables which set forth the fact that but 24 per cent. of all admitted during the year were born in the State of New Jersey, and 42 per cent. were not only not born in the State of New Jersey, but were of foreign birth.

Persons of unsound mind, dangerous to themselves and those about them, must be cared for and put under some form of restraint as a matter of Christian charity and public safety, but when a percentage closely approximating one-half of all the admissions to a large institution such as this is shown to be of foreign birth, it forcefully suggests that our laws regulating immigration are in some manner too lax, and that many aliens are coming into this country whose mental instability was clearly demonstrated in their native land before their departure.

In a general way our quarantine regulations are fairly restrict-

ive, and justly so, but they deal more particularly with contagious and infectious diseases. To prevent the bringing to us through our ports of entry contagious and infectious diseases is of great importance to the health and welfare of our people, but it is not of more importance than preventing the incoming of persons who will almost certainly become dependents, a class hereditarily contaminated with mental and nervous diseases that sooner or later finds admission to the public institutions for the insane, or marries and begets offspring to later become public dependents.

It is evident that, in order to protect ourselves against the immigration of such classes, it will require a higher order of scientific governmental investigation and supervision; but it means much to us as a nation to prevent an increase of serious nervous disorders and mental diseases. The people responsible for nation building should feel a responsibility similar to that of the father protecting the welfare and upbuilding of his family.

To avoid and shut out that which contaminates and weakens us mentally lays the foundation for the better building up of the health of future generations. These suggestions are not to advocate the exclusion of other nationalities, but to advise that it is wise to more closely inspect those who come to us to become a part of our social fabric.

About one-fourth of those admitted to this Hospital exhibited as a complication disease of the heart and blood vessels in some form or another. Arteriosclerosis was found in thirty-two cases, chronic endocarditis in fifty-three and myocarditis in four.

The number of deaths during the year was 149, of whom ninety-four were men and fifty-five women. The death rate for the year is 7.09 per cent., and slightly exceeds last year's percentage. This is computed upon the total number under treatment, which was 2,104. Nearly 43 per cent. of the deaths were among patients who suffered from the insanity of old age (senile dementia) and from terminal dementia, both of which are incurable forms of mental disease. General paresis, another mental disease which in the light of advanced medical science remains incurable, caused the death of sixteen patients.

Tuberculosis was the cause of twenty-one deaths, five more than the number for last year. This disease will continue to increase our death rate if better facilities are not provided for the segregating of patients afflicted with it.

The number discharged from custody was 176; of these, seventy-three were men and 103 women. There were 102 discharged recovered, sixty improved sufficiently to be cared for at their homes, and fourteen who were discharged unimproved; these were removed by their relatives and friends. When unimproved patients were taken from the Hospital their relatives, friends or guardians who requested their discharge were required to assume the full responsibility of such removal and give assurance in the form of a written statement or "removal bond." These papers are filed with the case records of the patients so discharged.

The ratio of recoveries, computed on the number admitted during the year, is 23.72 per cent. This is a noticeable falling off from the very remarkable percentage of last year. Prominent among the reasons for this are the large number of admissions of aged and incurable patients and of those affected with bodily diseases of such a character as to make recovery of mental balance impossible. Such statistical fluctuations occur from year to year.

It is well known to all who are familiar with the causation of mental diseases that hereditary taint or inherited predisposition is the most prominent factor in their production. In the face of this well-known fact, our records show that hereditary taint was assigned as a cause in but 6 per cent. of those admitted during the year. The table setting forth the alleged causes of insanity, therefore, must be looked upon as clearly misleading and unreliable.

Relatives giving the family history too often deny family taint and assign causes such as sunstroke, overwork, fright, worry, shock, business reverses, domestic troubles, overstudy, cessation of menses, traumatism, religious excitement, disappointed affections, masturbation, chronic constipation, rheumatism, fever, general ill-health, &c., when a careful investigation will show that at least 90 per cent. of such cases are due to an inherited predisposition to mental unbalance, and the causes frequently assigned by relatives and occasionally by family physicians and certifying physicians should be looked upon as mere incidents in the development of the mental disease.

Susceptibility to mental breakdown is not the common property of all the members of the human race. Some are born of a parentage guaranteeing to them a nervous make-up which is practically invulnerable. This is, unfortunately, exceptional. When alleged causes, such as above set forth, are given as the chief fac-

tors in upsetting mental equilibrium, it may be reasonably assumed as evidence that all such persons so rendered insane are in some way predisposed by heredity, and that they did not possess what may be termed a healthful or normal power of resistance. The alleged causes mentioned, when properly considered, are found to be incidents which would have produced no disastrous or calamitous results in well poised or healthful central nervous systems. Of causative factors to be considered as operating in the production of mental diseases, hereditary taint takes first place and is of more importance both from a scientific and clinical standpoint than all others combined.

As a factor *de novo*, syphilis commands studious attention, for the reason that this loathsome disease will invade the nervous system of those not predisposed to mental alienation and become directly and indirectly the cause of some of the most serious forms of insanity.

The next prominent causative influence in the production of mental disorders is the excessive imbibition of the alcoholic drinks, but due consideration must be given to the fact that excessive alcoholic indulgences cause insanity readily in persons predisposed by heredity to mental and nervous irregularities, and comparatively rarely in persons of a stable nervous and mental balance. This in no sense argues that the excessive use of alcoholic drinks is not dangerous; the majority of the human race has not inherited an impregnable mental and nervous poise, and it is wisdom to avoid such agencies and excitants as tend to invade and break down mental integrity. The greater the susceptibility to the deleterious influence of alcoholic beverages the greater is the danger arising from indulging in them, and it therefore emphasizes the importance of avoiding them.

AMUSEMENTS AND EMPLOYMENTS.

The amusements for the benefit of the patients have been continued during the past year. It was necessary on two occasions to discontinue the regular Monday evening dance for periods of about a month, once during the spring, owing to the presence in the Hospital of several cases of diphtheria, and again in the summer because of the extremely hot weather.

I have occasionally been able to procure outside talent to entertain the patients. These entertainments are greatly enjoyed. An entertainment worthy of especial mention was given by the employes of both departments, assisted by a number of patients. This entertainment was markedly appreciated.

The golf links and tennis courts have been kept in order, and patients, officers and employes have been benefited by the outdoor exercise derived from their use. During the winter months the bowling alleys have afforded much healthful recreation for patients and employes. The patients more than simply enjoy this game, they take the liveliest interest in it. The pool and billiard tables have been kept in repair, and those who take part in these games have in this way spent much time in pleasurable diversion.

The purchase of two graphophones and a liberal supply of records has proved a wise one. Concerts and entertainments are given in different parts of the Hospital, and patients not capable of controlling themselves sufficiently to go to the amusement hall are thus provided with a means of mental relaxation.

The question of providing suitable employment for patients whose labor could be utilized for the benefit of this Hospital and themselves, is one which has not yet been satisfactorily solved. While, as will be seen by consulting the work tables which follow, a great part of the routine work of this institution is done by patients, I do not feel that the facilities we have at command are adequate to give each individual the form of employment which would prove most appropriate and most beneficial to his mental and physical health. Patients unaccustomed to hard manual labor, often not only decline to take part in it, but are inclined to regard the request to engage in such work as an attempt to humiliate them.

Experience has taught that in order to use the labor of patients so as to improve their health and at the same time bring about results which are profitable to the Hospital, it is necessary to have a variety of forms of useful occupation, some of them semi-professional, or at least of such a character as not to be repulsive to the refined and dignified patient.

Such forms of occupation as the digging of ditches, road building, the loading and unloading of carts, the use of wheelbarrows, farm, garden and kitchen work, are important lines of employment in which properly selected patients may consistently take

part; such work should be done by persons who have previously been accustomed to manual labor. There are many patients whose recovery can best be promoted by judiciously selected exercise which carries with it methodical mental concentration, but to assign them to distasteful or repulsive tasks would retard their recovery rather than aid it.

With an increased number of occupations varying in form to meet individual requirements, a much larger percentage of our patients could be usefully employed to the positive betterment of their health.

TABLE I.

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

DATE.	LAUNDRY.			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing Room.	Miscellaneous Work.	Total.
	Men.	Women.	Total.							
1905.										
November ...	390	877	1,267	294	1,325	87	312	1,115	378	4,778
December.....	402	890	1,292	353	1,212	87	311	1,090	361	4,706
1906.										
January	420	805	1,225	383	1,216	94	318	1,890	337	5,463
February	419	807	1,226	375	1,183	81	292	1,150	319	4,626
March.....	453	819	1,272	320	1,332	90	326	1,450	546	5,336
April.....	435	880	1,315	377	1,183	88	289	1,509	539	5,300
May.....	422	891	1,313	360	1,680	86	322	1,600	595	5,956
June.....	425	915	1,340	335	1,845	67	416	1,595	557	6,155
July.....	435	917	1,352	333	1,578	59	326	1,385	634	5,667
August	434	905	1,339	336	1,931	74	369	1,385	668	6,102
September ...	412	909	1,321	368	1,847	61	343	1,369	636	5,945
October.....	438	915	1,353	361	2,013	70	394	1,350	672	6,213
Totals....	5,085	10,530	15,615	4,195	18,345	944	4,018	16,888	6,242	66,247

TABLE II.

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

1905.	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
November	7,405	7,440	14,845
December	7,587	7,390	14,977
1906.			
January	7,845	7,400	15,245
February	6,974	7,450	14,424
March	7,838	7,500	15,338
April	7,591	7,485	15,076
May	7,698	7,490	15,188
June	7,342	7,488	14,830
July	7,510	7,590	15,100
August	7,193	7,680	14,873
September	6,986	7,590	14,576
October	7,205	7,480	14,685
Totals	89,174	89,983	179,157

APPROPRIATIONS MADE BY LAST LEGISLATURE.

The special appropriations made by the Legislature for the use of the medical department proper amounted to only \$5,500. This sum was to be used as follows:

- I. The equipment and installation of a hydrotherapeutic room.
- II. The equipment and installation of an electrotherapeutic room.
- III. The fitting up and equipping an eye, ear, nose and throat-operating and examination room.
- IV. Supplementing the equipment of the pathological laboratory with instruments for the analysis of milk and drinking water.

The sum appropriated was expended as follows:

- \$2,400 for the hydrotherapeutic room.
- \$1,900 for the electrotherapeutic room.
- \$750 for the eye, ear, nose and throat room.
- \$450 for the laboratory.

I have referred elsewhere in this report both to the hydrotherapeutic and electrotherapeutic rooms. The room selected for eye, ear, nose and throat work is now equipped and in use.

NEEDS OF THE MEDICAL DEPARTMENT.

I recommend that you ask the Legislature for an appropriation of \$25,000 for the erection of a nurses' cottage for male attendants and also for an appropriation of \$3,000 for the furnishing of the same.

I further recommend that an appropriation be asked for the equipment of a hydrotherapeutic room for the male department similar to the one which has been recently installed in the department for female patients, for the reasons which I have explained in another part of this report. The sum necessary for this purpose is \$3,200.

Under the heading of "Employments and Amusements," mention is made of the desirability of this institution having an increased number of forms of occupation for patients. I desire to emphasize the importance of such recommendation.

LEGISLATION.

Year after year there is a disposition to legislate upon the commitment, care, treatment, maintenance and discharge from custody of insane persons. This is no doubt prompted by a desire to see that this class of the State's wards are properly cared for and also to protect the State against impositions, but it results in confusing the mind of the public from year to year, and imposing upon the various counties and the hospitals for the insane, numerous additional financial obligations in the matter of having new forms printed and sending broadcast notices of changes in legal requirements. Upon first thought this may not appear to be more than a trivial tax, but to those who have had experience and know the significance and cost it presents a problem of serious import.

In every session of the Legislature some person of wisdom suggests and some willing member introduces a bill which is supposed to embody all the necessary provisions calculated to protect the liberty of the citizen and correctly place or fix the obligations of maintenance and support.

Formerly the chosen freeholder was, according to law, called upon to endorse the commitment of the indigent patients sent from

his township. This method of procedure was found to be frequently used to advance political interests not of a high order, and after careful thought was discontinued by an act of the State Legislature.

The observations and experiences of the officers of this Hospital do not support, even in a slight degree, the claim suggesting that persons who should be maintained from private sources seek to become public charges. On the other hand, we find relatives impoverishing themselves and their children in order that those in whom they are interested may be maintained in the Hospital without the stigma of indigence or pauperism resting upon their families.

A law which is so constructed as to leave no room for violation is clearly an unnecessary statute. Any reasonable law is susceptible of being broken, and the violation of a statute in nowise signifies that it was unwisely conceived, improperly drawn or based upon unsound principles.

The law of 1898 regulating the commitment and maintenance of the insane was framed under the supervision of the Honorable Garret D. W. Vroom, then President of the Board of Managers of the State Hospitals of New Jersey. The law enacted in 1906, chapter 324 of the laws of New Jersey, was drafted, after careful and mature consideration, by Messrs. Munn & Church, county counsel for the county of Essex. It was approved by his Excellency, Edward C. Stokes, Governor of New Jersey, after he had given it much thought in its various details. This law has been called a revision.

It has been found possible to violate this law, but this is in no sense an indication that it is not a good one. It is to be regretted that laws cannot be enacted which will meet the requirements and demands of all good and wise people, but this has never obtained, and it may be reasonably assumed that no such gratifying legislative success will ever be presented to us.

There should be a revision, condensation and codification of the laws governing and regulating the various interests of the State's dependents. This important work should be committed to a commission composed of competent lawyers and others familiar with the present laws relating to all the public charitable institutions of the State and conversant with the requirements and needs of persons cared for in them.

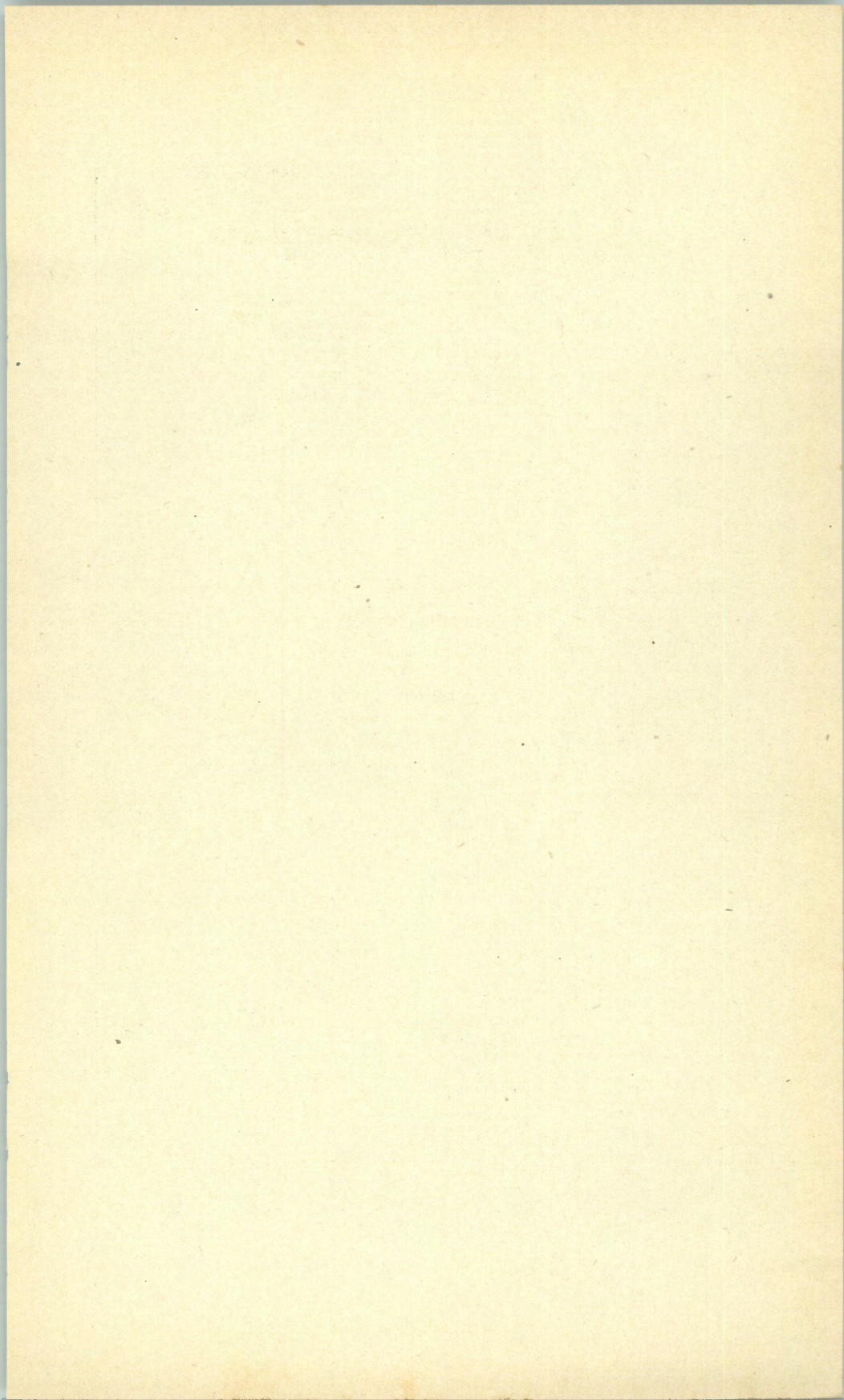
CONVICT AND CRIMINAL INSANE.

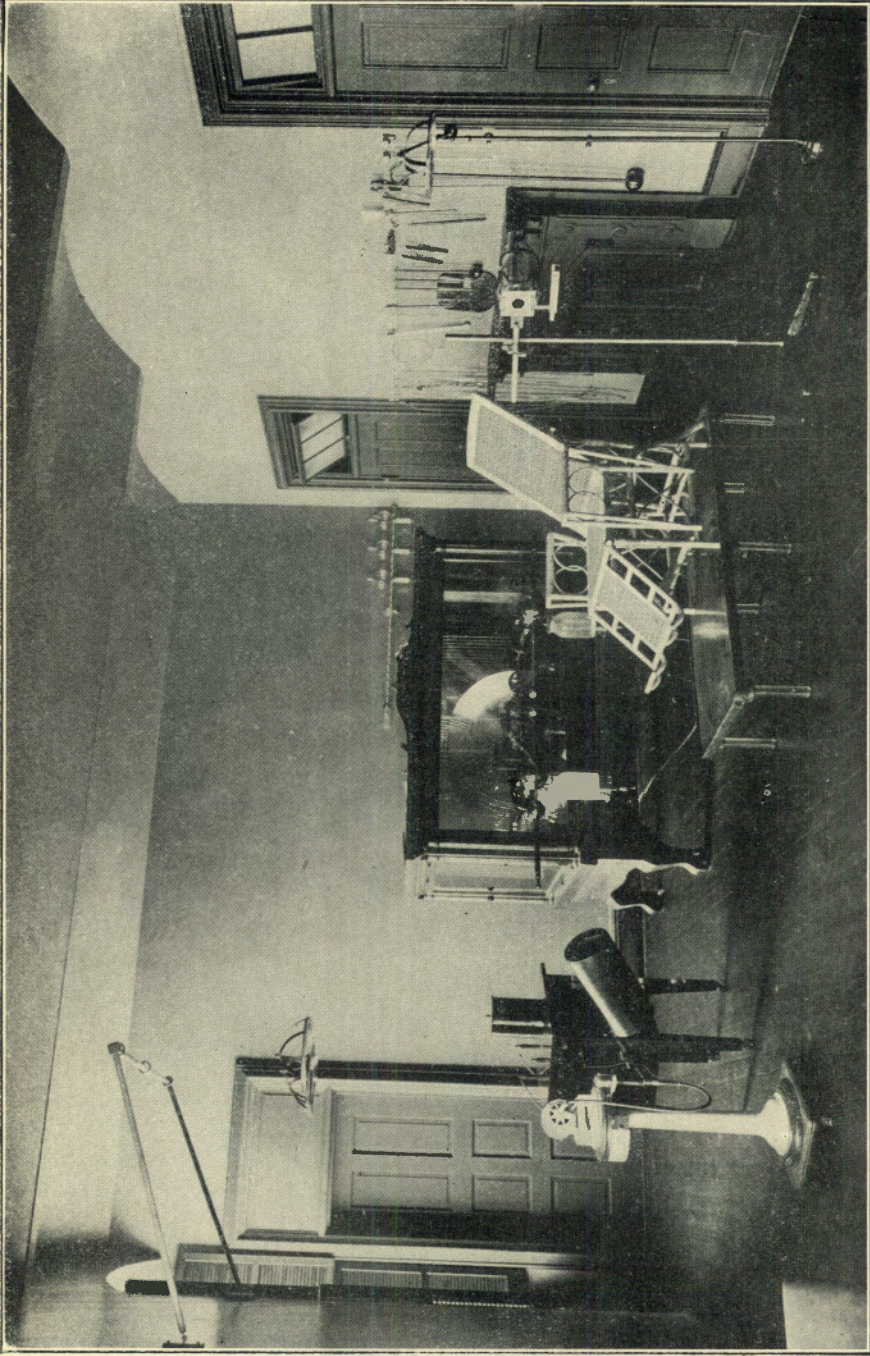
The segregation of the convict and criminal insane in an institution especially constructed and maintained for their care and treatment, is a subject which has received perennial consideration in these reports. I feel it my duty to remind you that the argument in favor of such a provision continues pertinent and should command the attention of the Governor and Legislature. The insane population of this institution has already approached the maximum number that can be properly cared for with our accommodations and facilities. With the approach to crowding it becomes increasingly difficult to separate the various diseased and socially variant classes one from the other.

It is a common experience to observe the lower and criminal instincts characteristic of persons convicted of crime and at the same time insane, manifested in their relations with their associates. A low moral tone is exhibited; outbreaks of violence and brutality are not infrequently directed by these patients either against their fellows or toward the officers and attendants concerned with their care and treatment. That such persons should mingle with and exert their depraved influence on the non-criminal patients, and that relatives and friends' of the non-criminals should be subjected to the distressing and humiliating submission to such contact, is unjust.

These facts have been recognized by many of the States of our Union and resulted in the construction of separate buildings for the criminal insane. New Jersey in this respect has neglected to get in line with the vanguard of progress, and it is not creditable to those on whom rests the responsibility. For more than thirty years the Boards of Managers and Medical Directors of our State Hospitals for the Insane have recommended that this important matter have attention.

Referring to the tables accompanying this report, it will be found that the number of criminal and convict insane at present cared for in this institution is 102. The vacancies which would be created by the removal of these to a separate institution would materially relieve our crowded condition. Thoughtful consideration of the facts set forth in this brief statement will impress you with the reason why I so persistently recommend the adoption of





ELECTROTHERAPEUTIC ROOM

some measure of relief from the responsibility of caring for this class of dangerous and generally undesirable patients along with the non-criminal sick.

I beg to call your attention to some of the States which have made special provision for the care of their insane criminals and convict insane, and also to the manner in which these classes have been provided for so as to separate them from the non-criminal insane.

In Arkansas a special department of the penitentiary is set apart for the care of her insane convicts; California has a separate building at the State Prison for her convict insane; Connecticut keeps her insane convicts in a special ward in the State Prison; the District of Columbia has a separate building for her convict insane; Georgia keeps this class of patients at the Prison Farm; Illinois has a special hospital for the care of her male criminal insane; Indiana cares for her insane criminals in a special ward in the prison; Massachusetts maintains her criminal insane in a special hospital; Michigan has a separate State institution for the care of her criminal insane; Minnesota has a special building for her insane convicts; New York has a hospital for criminal insane at Matteawan and a hospital for her insane convicts at Dannemora; North Carolina and Virginia sets apart a special department in the State Penitentiary for the care of insane criminals.

There is no doubt as to the wisdom displayed by these States in separating the criminal classes from the non-criminal insane. In making these provisions for the criminal insane, it does not increase the cost of maintenance, a group of dangerous people are more securely cared for, the interests of the public are better protected, and the welfare of the non-criminal insane proportionately advanced.

ELECTROTHERAPEUTIC ROOM.

The installation of a new model Holtz electrical static machine, with an X-ray attachment and most of the necessary electrodes and equipments, supplies the needed facilities for the treatment of such nervous diseases as the ablest medical authorities find to be benefited by the scientific application of therapeutic electricity.

This Hospital may be consistently congratulated on this valued addition to the strength of its therapeutic arm. All who share the responsibility in the care and treatment of the insane know the remedial measures at command are too few in number and much limited in the scope of their application.

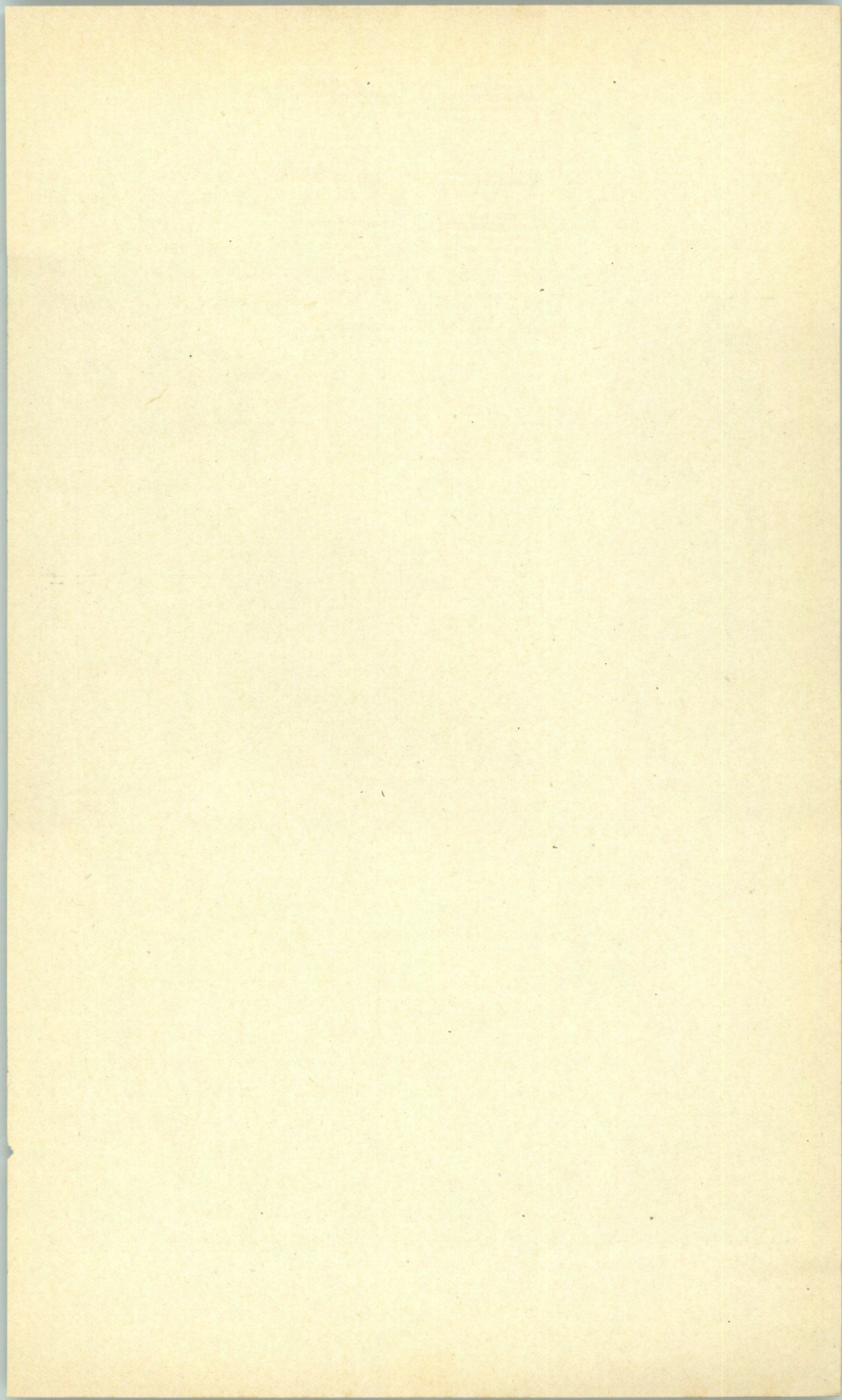
A suitable room in the center of the administration building, accessible from all parts of the Hospital, has been fitted up for electrotherapeutic work. It is thirty feet in length and eighteen feet in width. The walls and ceiling have been painted a dull slate color and the woodwork specially treated to make it nearly black for the purpose of excluding certain light rays, so as to give the best possible results in skiagraphic work.

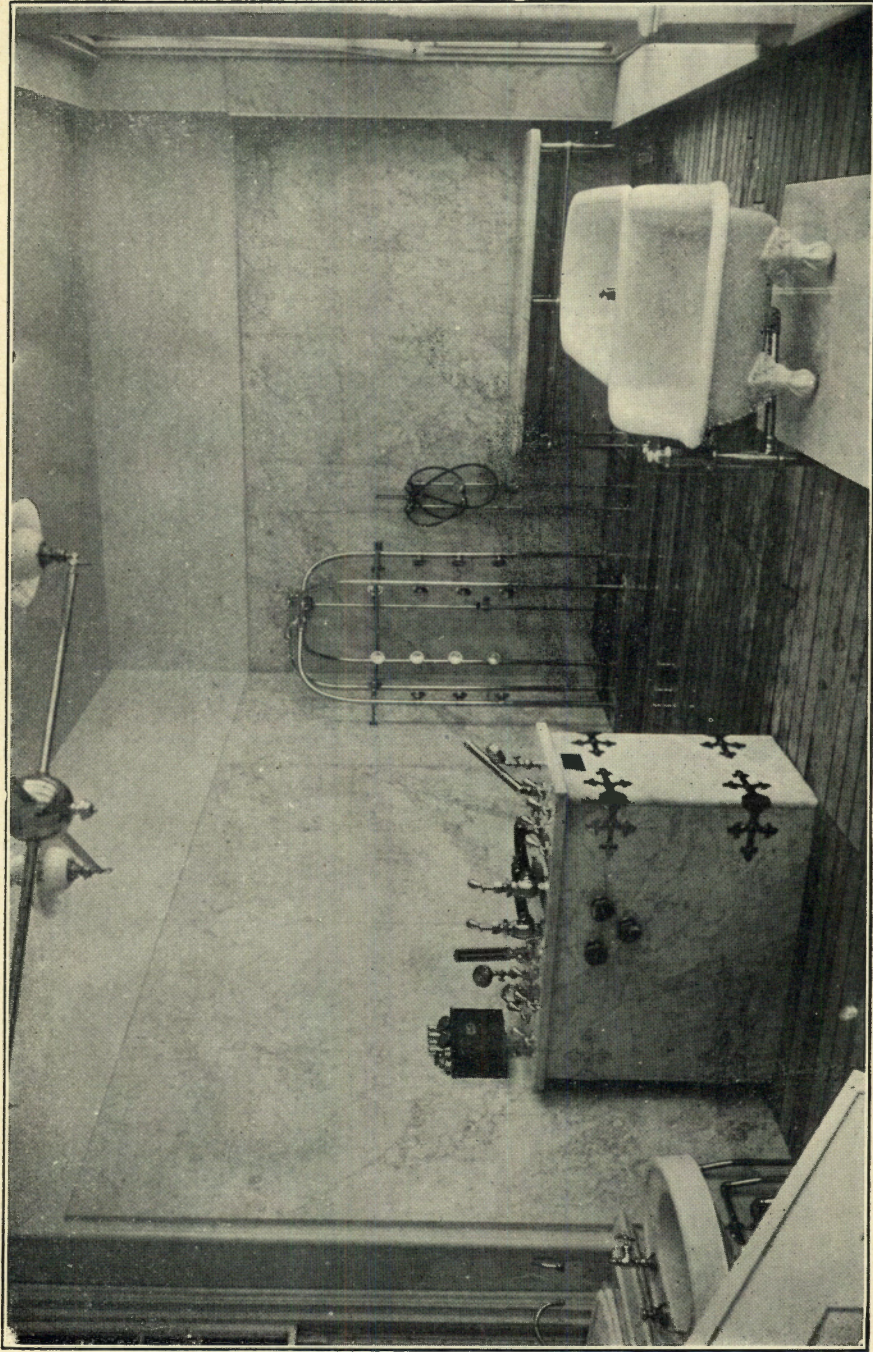
The static machine, which was expressly designed and built for the Hospital, is one of the most efficient now in use. It has twenty stationary plates, twenty revolving plates, each thirty-four inches in diameter, and runs smoothly at 600 revolutions per minute, and is capable of producing a twenty-four-inch spark. It is fitted with an exciter partitioned off from the main machine and has an induced current control.

By means of the various electrodes, including vacuum, Monell point, multiple point, broom, rectal, urethral, vaginal, surface, throat, ball and point and three-crown breeze attachments, we are enabled to have a trained operator administer by prescription all the known forms of electrical treatment.

This room is supplied with an adaptor which transforms the direct current from our dynamos into Faradic and Galvanic currents, and supplies cauteriy and light. There is a complete set of electrodes connected with this outfit, and with these we are equipped to do throat and nose work, urethroscopy, endoscopy, and to use Faradism and Galvanism when required.

A Leucodescent lamp of 500 candle-power, a Victor vibrator and a Hanfeld's tissue oscillator with electrical attachment for combination with Faradism complete this valuable equipment. It will be necessary to make improvements from time to time in our electrotherapeutic appliances and to keep our armamentarium apace with the advance made year after year in electrotherapy.





HYDROTHERAPEUTIC ROOM

THE NEW HYDROTHERAPEUTIC ROOM.

The value of the intelligent use of water in the treatment of disease has been well established in recent years. It is well recognized that the application of water at varying degrees of temperature and pressure exerts influences of a valuable therapeutic character upon the entire human economy and aids the recuperative powers of the body. By its appropriate application the skin and sweat glands are stimulated to increased activity, the circulation reflexly affected and the nervous system influenced so as to exert a general action upon every other part of the body.

The sum of \$2,400, which was a part of the appropriation of \$5,500 made under section 26, chapter 283 of the laws of 1906, was expended to fit up and equip hydriatric rooms in the woman's side of the main building.

For this purpose two adjoining rooms, formerly used as a dormitory and as an operating room, respectively, were selected on account of their nearness to the infirmaries and because of the excellent supply of light, which is highly important in hydriatric treatment.

The department consists of a douche room, a massage room, a wet pack room and three dressing rooms. The douche room contains a marble control table of the most modern type, from which all the temperatures and pressures, hot and cold water, ice water, steam, circular douche, rain douche, perineal douche, full bath, sitz bath and jet douches are operated and regulated.

The floor of the douche room is of heavy copper in the form of a basin; above this basin are slatted white pine sections, permitting removal for its thorough cleansing.

The piping from the control table to the various fixtures is laid between the slat flooring and the copper basin and is easily accessible for inspection and care.

This room also contains an electric light bath cabinet, a shampoo table of Italian marble, a shampoo spray with hot and cold-water connection, a wash basin and two hot-air cabinets, in addition to the facilities already mentioned.

The plumbing from this point connects with the main supply of the house, and with a hot-water boiler of a capacity of 250 gallons, and an ice tank which consists of a wooden refrigerator lined

with copper and containing three small cylinders which, when in use, will be submerged in ice water.

The massage room is equipped with a table especially constructed for the giving of massage treatment and Swedish movements.

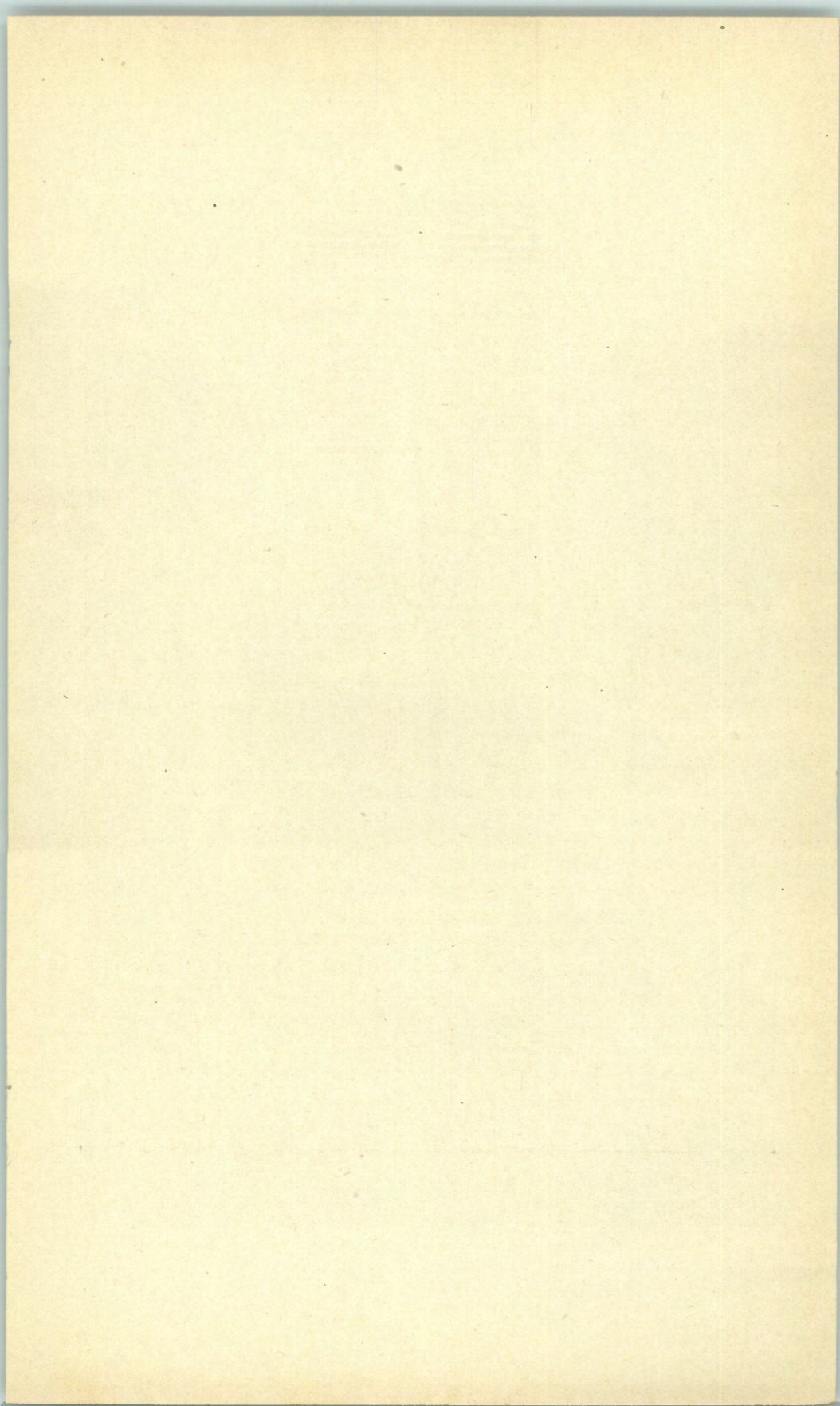
The entire equipment is modern and up to date, and promises to be a valuable adjunct in the treatment of our patients.

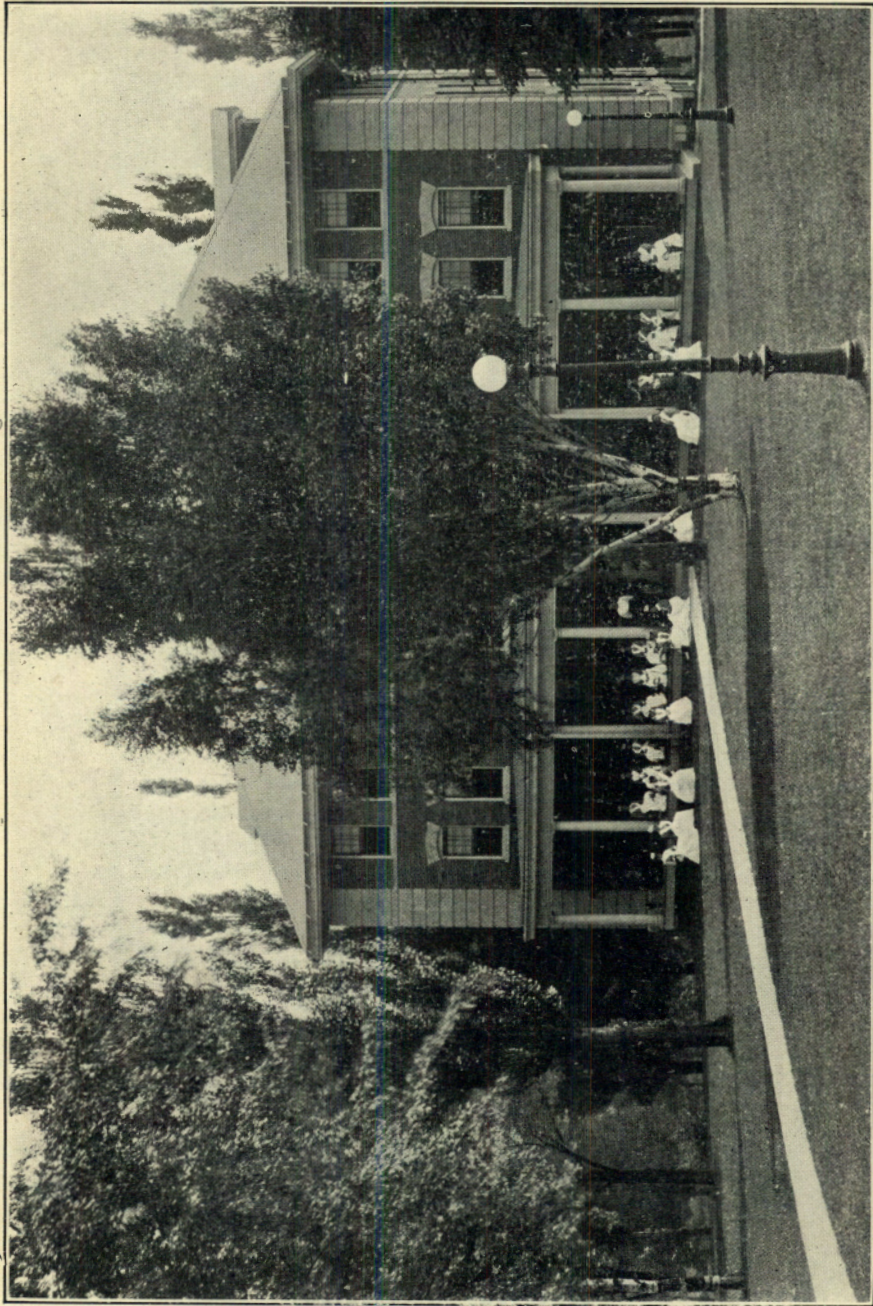
This therapeutical acquisition has so clearly demonstrated its usefulness in the treatment of mental and nervous disorders as to not leave in doubt the imperative need of similar facilities and equipments for the treatment of male patients.

TRAINING SCHOOL.

The twelfth annual session of the Training School for Nurses closed in June. Since the establishment of this school of instruction in 1894, 132 persons have been awarded diplomas. The small number of graduates in the class of 1906 was in part due to the unfortunate illness of some of its members, and in part to the high standard of required proficiency which it is my constant endeavor to maintain. The recognition of intelligent nurses as a paramount importance in the treatment of those sick of bodily disease has long been recognized. As medical science has increased its therapeutic resources and has demanded intelligence and precision in their application, the training schools, especially in the service of general hospitals, have advanced in step with these requirements.

With the increasing evidences that mental disease is, in most instances, either associated with or excited by disordered bodily functions, there is a corresponding demand for the highest grade of educated nurses in hospitals for the insane. To continue our training school in accord with these principles of advanced requirements, it is necessary that we offer such inducements as will attract to our institution young men and women of at least moderate intelligence, preliminary education and perseverance in the attainment of their ambition. The necessity for such special inducement is evident, in view of the disadvantage as between our institution specializing in a particular branch of medicine and the general hospital.





NURSES' COTTAGE

New Jersey State Library

Our new nurses' cottage, providing, as it does, a pleasant, quiet and homelike retreat for the nurses when off duty, is helpful in this direction. A similar cottage for male attendants and a graduated increase in the wages paid to all our nurses, are, in my judgment, measures that should be adopted in order that we may make progress along hospital lines in the intelligent treatment of the insane.

The following is a summary of the work outlined for our training school during the session of 1906-07:

LECTURE SCHEDULE, 1906-1907.

JUNIOR CLASS.

October 24th,	Dr. Evans,	Ethics of Nursing.
October 26th,	Dr. Mallon,	Symptomatology.
October 31st,	Dr. Cossitt,	Practice of Medicine.
November 2d,	Dr. Beling,	Physiology.
November 7th,	Dr. Horsford,	Anatomy.
November 9th,	Dr. Carroll,	Physics.
November 14th,	Dr. Fisher,	Hygiene.
November 16th,	Dr. Evans,	Insanity.
November 21st,	Dr. Mallon,	Symptomatology.
November 23d,	Dr. Cossitt,	Fevers.
November 28th,	Dr. Beling,	Physiology.
November 30th,	Dr. Horsford,	Anatomy.
December 5th,	Dr. Carroll,	Chemistry.
December 7th,	Dr. Fisher,	Hygiene.
December 12th,	Dr. Evans,	Insanity.
December 14th,	Dr. Mallon,	Materia Medica.
December 19th,	Dr. Cossitt,	Eruptive Fevers.
December 21st,	Dr. Beling,	Physiology.
January 2d,	Dr. Horsford,	Anatomy.
January 4th,	Dr. Carroll,	Chemistry.
January 9th,	Dr. Fisher,	Hydrotherapy.
January 11th,	Dr. Evans,	Insanity.
January 16th,	Dr. Mallon,	Materia Medica.
January 18th,	Dr. Cossitt,	Practice of Medicine.
January 23d,	Dr. Beling,	Physiology.
January 25th,	Dr. Horsford,	Anatomy.
January 30th,	Dr. Carroll,	Urinalysis.
February 1st,	Dr. Fisher,	Obstetrics.
February 6th,	Dr. Evans,	Insanity.
February 8th,	Dr. Mallon,	Therapeutics.
February 13th,	Dr. Cossitt,	Practice of Medicine.
February 15th,	Dr. Beling,	Physiology.
February 20th,	Dr. Horsford,	Anatomy.
February 27th,	Dr. Carroll,	Urinalysis.
March 1st,	Dr. Fisher,	Genito-Urinary Diseases.
March 6th,	Dr. Cossitt,	Practice of Medicine.
March 8th,	Dr. Beling,	Artificial Feeding.

March	13th,	Dr. Horsford,	Anatomy.
March	15th,	Dr. Mallon,	Quiz.
March	20th,	Dr. Cossitt,	Quiz.
March	22d,	Dr. Beling,	Quiz.
March	27th,	Dr. Horsford,	Quiz.
March	29th,	Dr. Carroll,	Quiz.
April	3d,	Dr. Fisher,	Quiz.
April	5th,	Dr. Evans,	Quiz.
April	10th,	Dr. Mallon,	Quiz.
April	12th,	Dr. Cossitt,	Quiz.
April	17th,	Dr. Beling,	Quiz.
April	19th,	Dr. Horsford,	Quiz.
April	24th,	Dr. Carroll,	Quiz.
April	26th,	Dr. Fisher,	Quiz.
May	1st,	Dr. Evans,	Quiz.
May	3d,	Dr. Mallon,	Examination.
May	8th,	Dr. Cossitt,	Examination.
May	10th,	Dr. Beling,	Examination.
May	15th,	Dr. Horsford,	Examination.
May	17th,	Dr. Carroll,	Examination.
May	22d,	Dr. Fisher,	Examination.
May	24th,	Dr. Evans,	Examination.

June 20th, 1907, Commencement.

LECTURE SCHEDULE, 1906-1907.

SENIOR CLASS.

October	24th,	Dr. Evans,	Ethics of Nursing.
October	26th,	Dr. Mallon,	Symptomatology.
October	31st,	Dr. Cossitt,	Practice of Medicine.
November	2d,	Dr. Beling,	Dietetics.
November	7th,	Dr. Horsford,	Surgery.
November	9th,	Dr. Carroll,	Inflammation.
November	14th,	Dr. Fisher,	Hygiene.
November	16th,	Dr. Evans,	Insanity.
November	21st,	Dr. Mallon,	Symptomatology.
November	23d,	Dr. Cossitt,	Practice of Medicine.
November	28th,	Dr. Beling,	Dietetics.
November	30th,	Dr. Horsford,	Fevers.
December	5th,	Dr. Carroll,	Pathology.
December	7th,	Dr. Fisher,	Hygiene.
December	12th,	Dr. Evans,	Insanity.
December	14th,	Dr. Mallon,	Materia Medica.
December	19th,	Dr. Cossitt,	Practice of Medicine.
December	21st,	Dr. Beling,	Food in Health.
January	2d,	Dr. Horsford,	Anatomy.
January	4th,	Dr. Carroll,	Bacteriology.
January	9th,	Dr. Fisher,	Hydrotherapy.
January	11th,	Dr. Evans,	Insanity.
January	16th,	Dr. Mallon,	Materia Medica.
January	18th,	Dr. Cossitt,	Practice of Medicine.

January	23d,	Dr. Beling,	Food in Disease.
January	25th,	Dr. Horsford,	Anesthesia.
January	30th,	Dr. Carroll,	Toxicology.
February	1st,	Dr. Fisher,	Obstetrics.
February	6th,	Dr. Evans,	Insanity.
February	8th,	Dr. Mallon,	Therapeutics.
February	13th,	Dr. Cossitt,	Infectious Diseases.
February	15th,	Dr. Beling,	Methods of Feeding.
February	20th,	Dr. Horsford,	Surgery; Emergencies.
February	27th,	Dr. Carroll,	Toxicology.
March	1st,	Dr. Fisher,	Gynecology.
March	6th,	Dr. Cossitt,	Practice of Medicine.
March	8th,	Dr. Beling,	Artificial Feeding.
March	13th,	Dr. Horsford,	Quiz.
March	15th,	Dr. Mallon,	Quiz.
March	20th,	Dr. Cossitt,	Quiz.
March	22d,	Dr. Beling,	Quiz.
March	27th,	Dr. Horsford,	Quiz.
March	29th,	Dr. Carroll,	Quiz.
April	3d,	Dr. Fisher,	Quiz.
April	5th,	Dr. Evans,	Quiz.
April	10th,	Dr. Mallon,	Quiz.
April	12th,	Dr. Cossitt,	Quiz.
April	17th,	Dr. Beling,	Quiz.
April	19th,	Dr. Horsford,	Quiz.
April	24th,	Dr. Carroll,	Quiz.
April	26th,	Dr. Fisher,	Quiz.
May	1st,	Dr. Evans,	Quiz.
May	3d,	Dr. Mallon,	Examination.
May	8th,	Dr. Cossitt,	Examination.
May	10th,	Dr. Beling,	Examination.
May	15th,	Dr. Horsford,	Examination.
May	17th,	Dr. Carroll,	Examination.
May	22d,	Dr. Fisher,	Examination.
May	24th,	Dr. Evans,	Examination.

June 20th, 1907, Commencement.

GENERAL OUTLINE OF LECTURES, 1906-1907.

JUNIOR CLASS.

DR. BRITTON D. EVANS.

October	24th—	Ethics of Nursing.
November	16th—	Classification of Mental Diseases.
December	12th—	Management of Acute Insanity.
January	11th—	Relation of Age and Occupation to Mental Disease.
February	6th—	Nursing and Ward Work.

DR. PETER S. MALLON.

October 26th—Classification of Symptoms of Disease.
 November 21st—Symptomatology.
 December 14th—Forms and Methods of Administering Medicine.
 January 16th—Systemic Remedies.
 February 8th—Therapeutics.

DR. H. AUSTIN COSSITT.

October 31st—Practice of Medicine.
 November 23d—Fevers.
 December 19th—Eruptive Fevers.
 January 18th—Diseases of the Respiratory System.
 February 13th—Diseases of the Digestive System.
 March 6th—Practice of Medicine.

DR. CHRISTOPHER C. BELING.

November 2d—General Composition of the Human Body.
 November 28th—Mechanism and Functions of the Respiratory Organs.
 December 21st—Heart, Blood and Circulatory System.
 January 23d—Brain, Spinal Cord and Nerves.
 February 15th—Digestion, Assimilation, Secretion and Excretion.
 March 8th—Artificial Feeding.

DR. FREDERICK C. HORSFORD.

November 7th—Bones, Joints, Muscles, Fasciæ and Skin.
 November 30th—Thoracic Viscera.
 January 2d—Abdominal Viscera.
 January 25th—Arteries, Veins and Lymphatics.
 February 20th—Brain, Nervous System.
 March 13th—Organs of Special Sense.

DR. ALEXANDER J. CARROLL.

November 9th—States of Matter and Laws Governing Them.
 December 5th—Mechanical Mixtures and Chemical Compounds.
 January 4th—Oxygen, Hydrogen, Chlorine and Nitrogen.
 January 30th—Constituents of Normal Urine. Tests.
 February 27th—Tests for Abnormal Constituents. Tests for Poisons.

DR. E. MOORE FISHER.

November 14th—Air, Water and Ventilation.
 December 7th—Personal and Ward Hygiene.
 January 9th—Hydrotherapy.
 February 1st—The Reproductive Organs. Pregnancy.
 March 1st—Genito-Urinary Diseases.

GENERAL OUTLINE OF LECTURES, 1906-1907.

SENIOR CLASS.

DR. BRITTON D. EVANS.

- October 24th—Ethics of Nursing.
 November 16th—Classification of Mental Diseases.
 December 12th—Management of Acute Insanity.
 January 11th—Relation of Age and Occupation to Mental Disease.
 February 6th—Nursing and Ward Work.

DR. PETER S. MALLON.

- October 26th—Classification of Symptoms of Disease.
 November 21st—General Appearance, Inflammation, Pain.
 December 14th—Systemic and Local Remedies.
 January 16th—Emetics, Cathartics, Diuretics, Expectorants.
 February 8th—Demulcents, Emollients, Protectives, Digestants.

DR. H. AUSTIN COSSITT.

- October 31st—Diseases of the Digestive System and Kidneys.
 November 23d—Diseases of the Circulatory System.
 December 19th—Diseases of the Respiratory System.
 January 18th—Fever, Typhoid Fever, Malarial Fevers.
 February 13th—Rubeola, Variola, Varicella, Scarletina, Diphtheria.
 March 6th—Constitutional, Nervous and Children's Diseases.

DR. CHRISTOPHER C. BELING.

- November 2d—General Dietetic Considerations.
 November 28th—Food and Food Preparations.
 December 21st—Food in Health.
 January 23d—Food in Disease.
 February 15th—Methods of Feeding.
 March 8th—Artificial Feeding.

DR. FREDERICK C. HORSFORD.

- November 7th—Inflammation, Asepsis, Antiseptics.
 November 30th—Surgical Fevers, Contusions, Wounds.
 January 2d—Fractures, Dislocations, New Growths.
 January 25th—Sterilization, Anæsthesia, Preparation for Operation.
 February 20th—Minor and Major Surgery, Emergencies.

DR. ALEXANDER J. CARROLL.

November	9th—Inflammation, Causes and Effect.
December	5th—Forms of Inflammation. Methods of Repair.
January	4th—The More Common Forms of Micro-Organisms.
January	30th—Poisons and Their Antidotes.
February	27th—Poisons and Their Antidotes.

DR. E. MOORE FISHER.

November	14th—General Hygienic Considerations.
December	7th—The Prevention of Disease.
January	9th—Hydrotherapy.
February	1st—Parturition, Obstetrical Nursing.
March	1st—Diseases of Women.

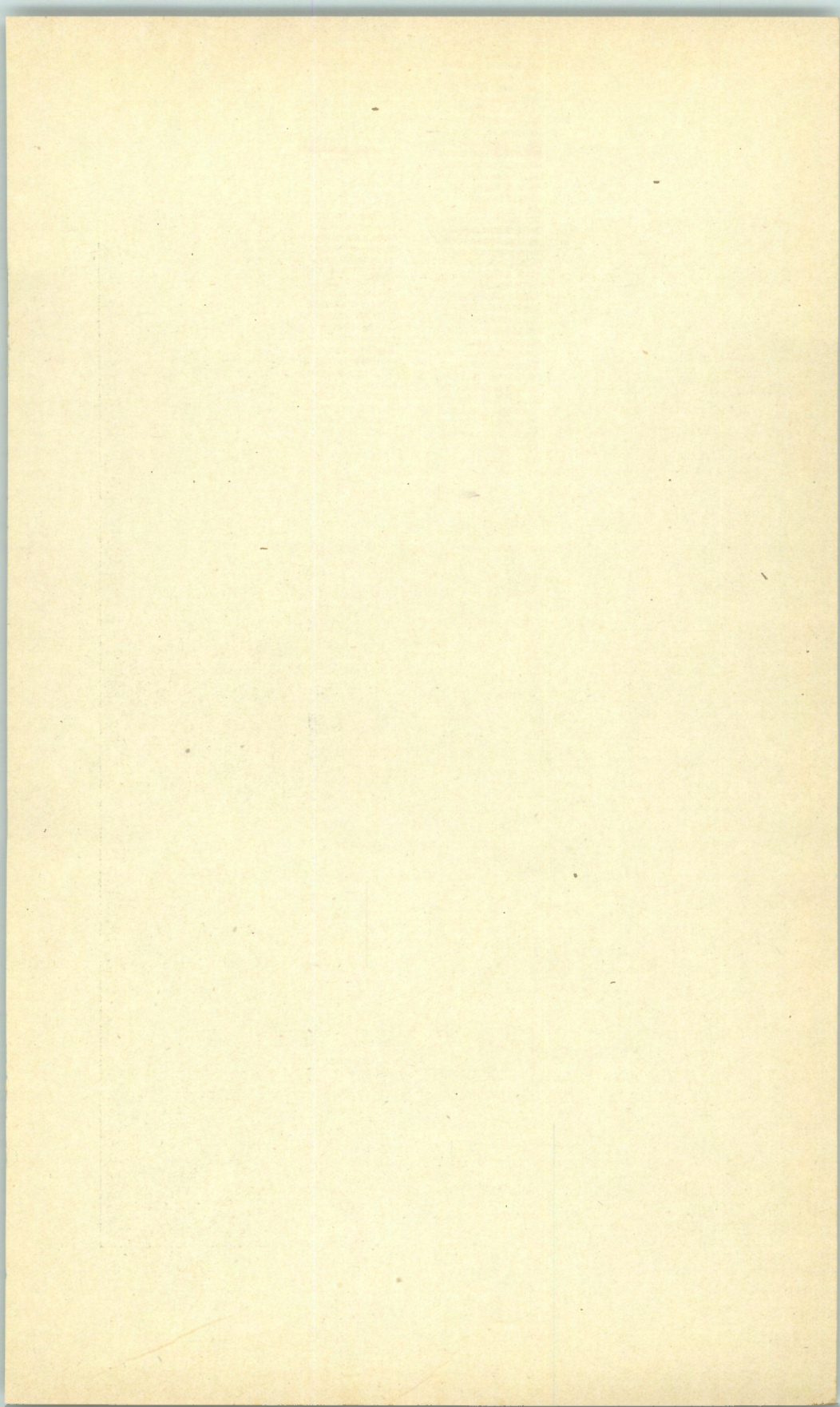
SPECIAL WARD WORK.

2-2 SOUTH.

Mrs. Annie Campbell	.....November 1st to November 14th, 1906.
Mrs. Isabelle Clark	.....November 14th to November 28th, 1906.
Miss Jennie DeBord	.....November 28th to December 12th, 1906.
Miss Bertha E. Duster	.....December 12th to December 26th, 1906.
Miss Mildred Eaton	.....December 26th, 1906, to January 7th, 1907.
Miss L. A. Hudgin	.....January 7th to January 21st, 1907.
Mrs. Rose A. Jayne	.....January 2d to February 5th, 1907.
Miss Emma Jenkins	.....February 5th to February 19th, 1907.
Miss Catherine Leichtman	.....February 19th to March 5th, 1907.
Miss Mary Monohan	.....March 5th to March 19th, 1907.
Miss May Whaley	.....March 19th to April 2d, 1907.
Miss Mary Moran	.....April 2d to April 16th, 1907.
Miss Mary J. Sullivan	.....April 16th to April 30th, 1907.

During the term Miss Mary R. Keegan, Miss Phoebe J. Northwood and Miss Margaret Barrett will give practical instruction in bandaging, massage, and the keeping of temperature and other charts, Female Department.

Mr. Henry Cook and Mr. William McPhilamy will instruct in the same subjects in the Male Department.





PARIOR, NURSES' COTTAGE

TEXT-BOOKS.

Members of both classes are requested to provide themselves with the necessary books before the session beginning October 24th, 1906, and the text-books used may be selected from the following list:

JUNIOR YEAR.

American Pocket Medical Dictionary Dorland.
 Accidents and Emergencies Dulles.
 Anatomy and Physiology for Nurses Leroy Lewis.
 Essentials of Hygiene Canfield.
 Fever Nursing Wilson.
 Immediate Care of the Injured Morrow.
 Manual for Nursing Humphry.
 Manual of Personal Hygiene Pyle.
 Materia Medica for Nurses Stoney.
 Outlines of Obstetrics Jewett.
 Practical Points in Nursing Stoney.
 Reference Handbook for Nurses Amanda Beck.
 12,000 Medical Words Gould.

SENIOR YEAR.

Bacteriology and Surgical Technic for Nurses ... Stoney.
 Bandaging Davis.
 Dietetics for Nurses Friedenwald and Ruhrah.
 How to Cook for Sick and Convalescent Sachs.
 General Nursing Weeks.
 Massage Ostrom.
 Nursing Ethics Robb.
 Nursing in the Acute Infectious Fevers Paul.
 Obstetric and Gynecologic Nursing Davis.
 Obstetrics for Nurses De Lee.
 Primer of Psychology Burr.
 Principles of Hygiene Bergey.
 Sickness and Accidents Curran.
 Surgical Nursing and Bandaging Voswinkle.
 Text-Book of Mechano-Therapy (Massage and
 Medical Gymnastics) Grafstrom.
 The Operating Room and the Patient Russell S. Fowler.
 Treatment and Care of the Nervous and Insane.. Mills.

Lectures will be delivered to the Junior Class at 2 P. M. and to the Senior Class at 6:30 P. M., on Wednesdays and Fridays throughout the session.

The classes will meet for instruction in bandaging, massage and laboratory work at such times as the instructors may designate.

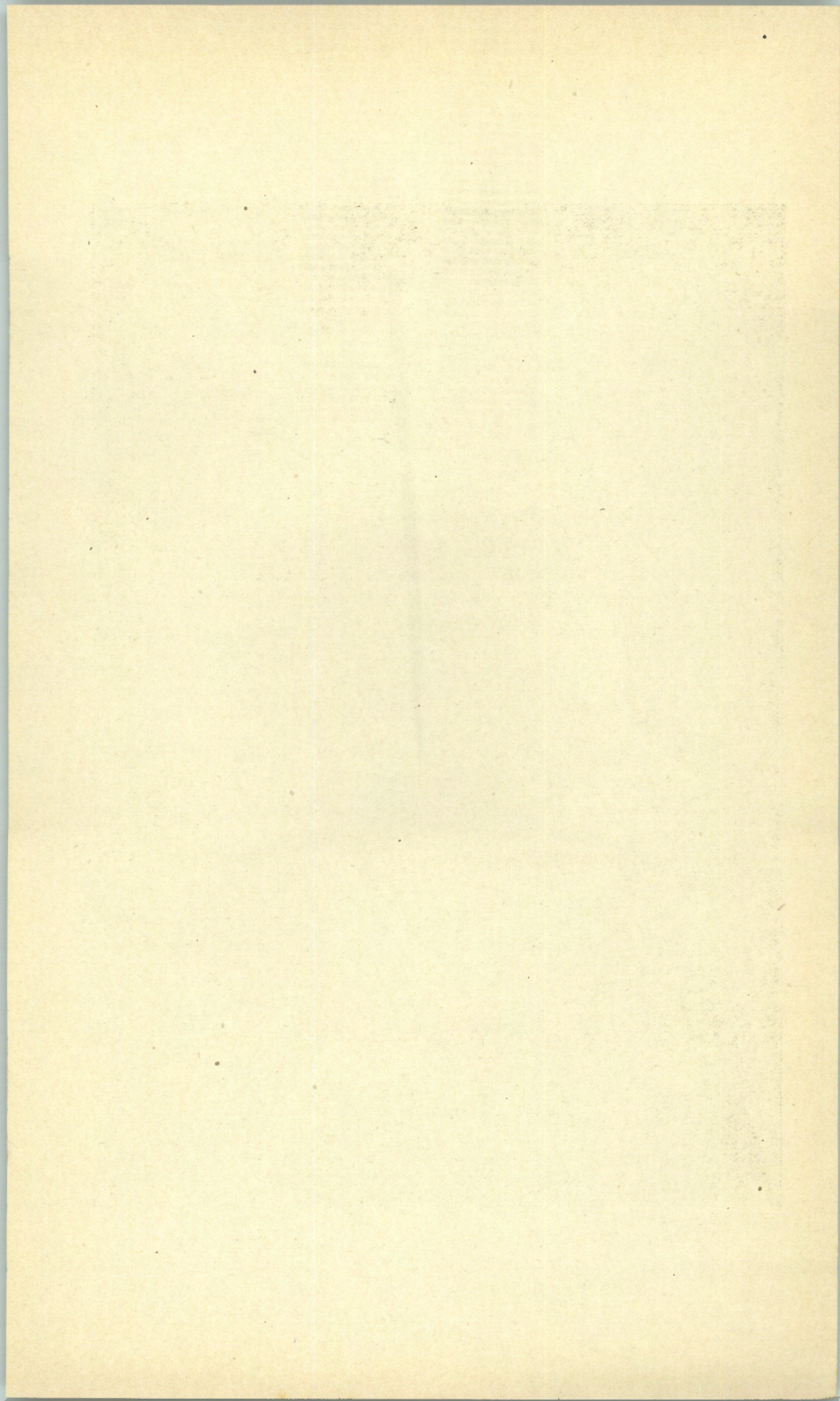
PATHOLOGICAL LABORATORY.

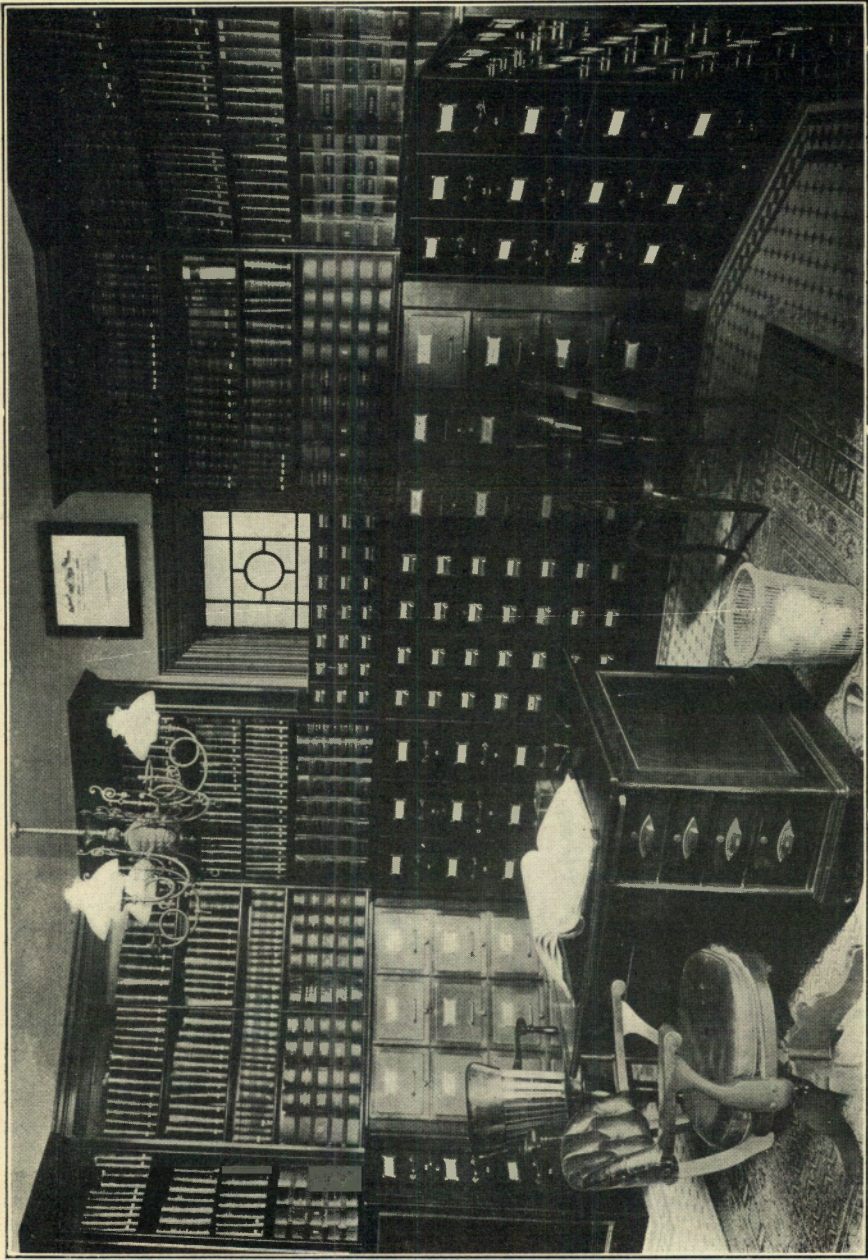
Dr. H. Austin Cossitt has satisfactorily conducted the work of the Pathological Laboratory, and his report herewith submitted sets forth in part what has been done in that section of my department. In an annual report of this kind operations and findings of an active laboratory cannot be set forth in detail. A review of Dr. Cossitt's report and statistics will show that much interesting and important work has been done during the year, and that the laboratory has been constantly used in intimate connection with the clinical work done upon the wards.

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. James T. Brown, Roman Catholic, Morris Plains.
- Rev. Dr. Albert Erdman, Presbyterian, Morristown.
- Rev. Dr. Ralph B. Urmey, Methodist, Morristown.
- Rev. Dr. William H. Hughes, Episcopalian, Morristown.
- Rev. Oliver C. Horsman, Baptist, Morristown.





RECORD ROOM

SCHEDULE OF CHAPEL SERVICES FROM NOVEMBER 4TH, 1906.

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

"Each clergyman has an equal representation and is responsible for the services on the date set apart for him. If, for any reason, he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the account of the Hospital can be kept with the clergyman responsible for the date, not with the substitute."

Adopted by the Board of Managers at a regular meeting, September 1st, 1896.

RECORD DEPARTMENT.

The vertical filing system of keeping the records of the Medical Department, including all matters relating to the care and treatment of patients, has been in active use for several months, and in that time we have satisfactorily demonstrated its superiority over the old system in many important particulars.

It is clearly susceptible of enlargement and improvement from

time to time, and enables us to put into operation new and useful methods of recording all necessary information of a clinical and statistical character.

A most gratifying feature is found in the fact that changes, enlargements and modifications of the system may be made with but little cost.

Clinical methods change with the progress of medical science. Improvements and discoveries which add to our facilities for diagnosis and treatment call for changes in the manner of recording our findings and necessitate new classifications. A flexible and easily adjusted system carrying with it accuracy is more than a convenience, it is a blessing.

MEDICAL LIBRARY.

During the year a number of new medical books have been purchased for the library, and to this has been added the bound volumes of medical journals and periodicals. By yearly additions of this sort the library is assuming admirable proportions, and most of the recent medical works published in English are available to the members of the Medical Staff for consultation and reference.

A well-selected library in an institution like this is practically indispensable; without it we cannot reasonably keep in touch with the work being done in psychiatry, neurology, or the other branches of medical research.

CONCLUSION.

It is not possible to set forth in an annual report such as this all the important hospital happenings and administrative incidents. I have endeavored to give you a general account of such institutional affairs as will throw light upon the more weighty operations of the work.

The statistical appendix which follows the text of the report contains much valuable data relating to the changes in population, the classification of those admitted and discharged, and the character and duration of the mental and general bodily diseases from which those under treatment suffered.

With a grateful recognition of all you have done during the year to make my work and that of those associated with me successful in furthering the noblest and truest interests of this great public charity, this report is

Respectfully submitted,

BRITTON D. EVANS, M.D.,

Medical Director.

October 31st, 1906.

THE WISKEY STATISTICS

With a general description of all the distilleries in the
country, and a list of those licensed to sell whisky
in Scotland, and a list of those licensed to sell whisky
in England, and a list of those licensed to sell whisky
in Ireland.

By J. G. WILSON.

LONDON: J. G. WILSON, 1851.

Price 1s. 6d.

STATISTICAL APPENDIX TO THE MEDICAL
DIRECTOR'S REPORT.

(47)

STATISTICAL APPENDIX TO THE MEDICAL
DIRECTOR'S REPORT.

New Jersey State Library

STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING
OCTOBER 31ST, 1906.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1905.....	834	840	1,674
Patients admitted—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
First admissions	177	191	368
Readmissions	28	34	62
Total	205	225	430
Total number under treatment during the year	1,039	1,065	2,104
Patients discharged—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
Recovered	43	59	102
Improved	25	35	60
Unimproved	5	9	14
Died	94	55	149
Total	167	158	325
Remaining in Hospital	872	907	1,779
Of this number are—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
Public	797	801	1,598
Private	75	106	181
Total	872	907	1,779
Whole number admitted from August 17th, 1876, to October 31st, 1906	4,128	*3,913	8,041
Whole number discharged during the same period of time—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
Recovered	963	971	1,934
Improved	599	*648	1,247
Unimproved	256	308	564
Died	1,407	1,079	2,486
Eloped	31	....	31
Total	3,256	3,006	6,262
Remaining October 31st, 1906	872	907	1,779

* In the installation of the new system of case records, two errors were discovered, one each in the number of women admitted and discharged. The figures have been revised to correct these errors.

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1905.									
November.....	22	17	39	9	6	15	840.56	845.20	1,685.76
December.....	18	21	39	14	7	21	844.96	855.65	1,700.61
1906.									
January.....	22	17	39	21	14	35	849.37	860.98	1,710.30
February.....	11	17	28	15	14	29	847.60	862.13	1,709.73
March.....	10	18	28	22	10	32	837.77	873.25	1,711.02
April.....	24	13	37	10	13	23	843.22	876.16	1,719.38
May.....	14	18	32	13	15	28	850.26	874.94	1,725.20
June.....	18	20	38	17	15	32	844.53	881.78	1,726.31
July.....	21	24	45	11	14	25	856.35	887.87	1,744.22
August.....	14	16	30	11	14	25	862.67	895.08	1,757.75
September.....	12	24	36	9	15	24	861.20	899.30	1,760.50
October.....	19	20	39	15	21	36	867.39	903.71	1,771.10
Totals.....	205	225	430	167	158	325			
For the year.....							850.49	876.33	1,726.82

TABLE III.

NUMBER OF ATTACKS OF THOSE ADMITTED.

Attack—	Men.	Women.	Total.
First.....	147	165	312
Second.....	26	25	51
Third.....	11	11	22
Fourth.....	4	9	13
Fifth and over.....	5	9	14
Unascertained.....	12	6	18
Total.....	205	225	430

TABLE IV.

AGE WHEN ATTACKED OF THOSE ADMITTED.

<i>Age—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years	12	8	20
Fifteen to twenty years	12	9	21
Twenty to twenty-five years	24	17	41
Twenty-five to thirty years	16	31	47
Thirty to thirty-five years	24	26	50
Thirty-five to forty years	31	32	63
Forty to forty-five years	19	21	40
Forty-five to fifty years	17	12	29
Fifty to sixty years	29	25	54
Sixty to seventy years	16	14	30
Seventy to eighty years	5	16	21
Eighty years and over .....	..	6	6
Unascertained .....	..	8	8
Total	205	225	430

TABLE V.

NATIVITY OF THOSE ADMITTED.

<i>Nativity—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Connecticut .....	..	2	2
District of Columbia .....	..	1	1
Indiana .....	..	3	3
Maine	1	..	1
Massachusetts	1	3	4
Minnesota .....	..	1	1
Missouri	1	..	1
New Jersey	43	62	105
New York	15	27	42
North Carolina	1	2	3
Ohio .....	..	1	1
Pennsylvania	3	3	6
Texas	1	..	1
Virginia .....	..	4	4
Wisconsin .....	..	1	1
United States	56	12	68
Austria	10	3	13
Belgium .....	..	1	1
Bohemia .....	..	1	1
Canada	2	1	3
Denmark	1	..	1
England	9	12	21
France	1	1	2
Germany	21	19	40
Holland	2	..	2

<i>Nativity—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Hungary	7	2	9
Ireland	9	31	40
Italy	7	10	17
Japan	1	..	1
Poland	3	4	7
Russia	4	6	10
Scotland .....	..	7	7
Sweden	1	1	2
Switzerland	2	2	4
Unascertained	3	2	5
Total	205	225	430

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen	27	46	73
Essex	36	38	74
Hudson	20	22	42
Hunterdon .....	..	1	1
Middlesex	1	..	1
Monmouth .....	..	1	1
Morris	21	24	45
Passaic	48	37	85
Somerset .....	..	1	1
Sussex	4	6	10
Union	40	42	82
Warren	7	7	14
New York	1	..	1
Total	205	225	430

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single	89	75	164
Married	95	109	204
Widowed	14	40	54
Unascertained	7	1	8
Total	205	225	430

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

<i>Occupation—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Agents	1	...	1
Artisans	8	...	8
Artists	1	...	1
Bakers	1	...	1
Barbers	2	...	2
Barkeepers	2	...	2
Boilermakers	1	...	1
Bookkeepers	2	1	3
Bootblacks	1	...	1
Butchers	2	...	2
Canal boatmen	1	...	1
Carpenters	4	...	4
Cigarmakers	1	...	1
Civil engineers	1	...	1
Clerks	8	...	8
Compositors	1	...	1
Conductors	2	...	2
Confectioners	1	...	1
Cornicemakers	1	...	1
Dentists	1	...	1
Domestics .....	...	42	42
Dressmakers .....	...	2	2
Druggists	1	...	1
Dyers' helpers	2	...	2
Electricians	2	...	2
Electrotypers	1	...	1
Engineers	1	...	1
Expressmen	1	...	1
Factory hands	2	1	3
Farmers	8	...	8
Firemen	2	...	2
Foremen	1	...	1
Gardeners	2	...	2
Glovemakers .....	...	1	1
Hotelkeepers	2	...	2
Housekeepers .....	...	14	14
Housewives .....	...	108	108
Inventors	1	...	1
Laborers	48	...	48
Lawyers	2	...	2
Locksmiths	1	...	1
Machinists	6	...	6
Masons	4	...	4
Manufacturers	1	...	1
Merchants	1	...	1
Mill hands	3	1	4

<i>Occupation—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Milliners .....	...	1	1
Miners	2	...	2
Moulders	1	...	1
Nurses .....	...	1	1
Painters	5	...	5
Physicians	1	...	1
Plumbers	3	...	3
Restaurant-keepers	1	...	1
Salesmen	8	...	8
Schoolboys	4	...	4
Schoolgirls .....	...	2	2
Seamstresses .....	...	1	1
Shopgirls .....	...	1	1
Shoemakers	3	...	3
Silk workers .....	...	5	5
Soapmakers	1	...	1
Stenographers .....	...	3	3
Tailors	3	...	3
Teachers .....	...	1	1
Teamsters	3	...	3
Telegraph operators	1	...	1
Tinsmiths	1	...	1
Typewriters .....	...	1	1
Waiters	1	...	1
Watchmen	1	...	1
Weavers	5	...	5
No occupation	22	37	59
Unascertained	5	2	7
Total	205	225	430

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	30	34	64
Mania, chronic	2	1	3
Mania, epileptic	7	4	11
Mania, puerperal .....	..	6	6
Mania, recurrent .....	..	9	9
Mania, toxic	17	10	27
Melancholia, acute	31	31	62
Melancholia, agitata	3	10	13
Melancholia, chronic	2	3	5
Melancholia, hypochondriacal	3	..	3
Melancholia, recurrent	4	9	13
Dementia, epileptic	1	2	3
Dementia, organic	8	5	13
Dementia, parietic	23	3	26
Dementia, terminal	5	..	5
Dementia, senile	12	33	45
Imbecility	6	..	6
Imbecility, with mania	1	7	8
Imbecility, with epilepsy	2	..	2
Insane neuroses, hysteria .....	..	2	2
Insanity, adolescent	38	34	72
Insanity, pubescent	1	..	1
Paranoia	6	22	28
Idiocy	3	..	3
Total	205	225	430

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State	52	52	104
County	125	120	245
Private	28	53	81
Total	205	225	430

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Physical:			
Apoplexy	2	3	5
Cancerous cachexia .....	..	1	1
Cerebral arterio-sclerosis	1	..	1
Cerebral hemorrhage	1	1	2
Childbirth .....	..	3	3
Chronic constipation .....	..	1	1
Climacteric .....	..	7	7
Congenital	4	..	4
Convulsions	1	..	1
Diphtheria .....	..	1	1
Ear disease .....	..	1	1
Eclampsia .....	..	1	1
Epilepsy	9	7	16
Exposure	1	..	1
Fever	1	..	1
General ill health	2	3	5
Heredity	12	13	25
Intemperance and other excesses	24	13	37
Lactation .....	..	1	1
Masturbation	13	1	14
Meningitis	1	..	1
Menstrual irregularities .....	..	3	3
Miscarriages .....	..	1	1
Overwork	9	9	18
Predisposition .....	..	2	2
Pregnancy .....	..	2	2
Puerperium .....	..	1	1
Rheumatism .....	..	1	1
Scarlet fever	1	..	1
Senility	3	23	26
Sunstroke	2	1	3
Syphilis	11	..	11
Traumatism	6	2	8
Tubercular disease of the spine	1	..	1
Total	105	102	207

<i>Causes—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Moral:			
Disappointed affections .....	..	5	5
Domestic troubles	1	7	8
Financial reverses	4	4	8
Fright	2	1	3
Grief	3	7	10
Religious excitement	3	4	7
Shock	2	1	3
Worry	8	17	25
Total	23	46	69
Total physical	105	102	207
Total moral	23	46	69
Unassigned	77	77	154
Total	205	225	430

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

<i>Complications—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Abscess	1	1	2
Acne	1	11	12
Amenorrhea .....	..	7	7
Amputations	2	..	2
Aneurism of aorta	1	..	1
Arterio-sclerosis	11	21	32
Arteritis	3	..	3
Blindness of one eye	1	..	1
Bronchitis	1	6	7
Carbuncle .....	..	1	1
Carcinoma	1	1	2
Cardiac arrhythmia	1	..	1
Cataract	1	2	3
Chronic rheumatic arthritis .....	..	1	1
Cirrhosis	1	..	1
Colitis	2	..	2
Conjunctivitis .....	..	1	1
Cystitis	1	..	1
Diabetes insipidus	1	1	2
Deafness	1	..	1
Dysmenorrhea .....	..	2	2
Eczema .....	..	1	1
Emphysema	3	5	8
Endocarditis	17	36	53
Enlarged thyroid .....	..	5	5
Enteroptosis .....	..	1	1
Epilepsy	13	7	20
Fracture	2	3	5

<i>Complications—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Gonorrheal urethritis .....	..	1	1
Hematuria	1	..	1
Hemiplegia	4	5	9
Hemorrhoids	1	5	6
Hernia	6	..	6
Keratitis	1	..	1
Leucorrhea .....	..	2	2
Mastitis .....	..	1	1
Menorrhagia .....	..	1	1
Menstrual irregularities .....	..	1	1
Multiple neuritis	2	..	2
Myocarditis .....	..	4	4
Myoma of uterus .....	..	1	1
Nephroptosis .....	..	1	1
Nephritis	14	13	27
Neurasthenia .....	..	1	1
Nystagmus	1	..	1
Otitis media .....	..	1	1
Ovarian cyst .....	..	1	1
Phimosi s	1	..	1
Pneumonia	3	..	3
Pregnancy .....	..	2	2
Presbyopia .....	..	1	1
Prolapsus uteri .....	..	1	1
Psoriasis	1	1	2
Puerperal fever .....	..	1	1
Pulmonary embolism	1	..	1
Pulmonary tuberculosis	5	4	9
Rheumatism .....	..	6	6
Scoliosis	2	..	2
Strabismus .....	..	1	1
Subinvolution uteri .....	..	1	1
Syphilis	17	..	17
Torticollis	1	..	1
Tubercular disease of the spine	1	..	1
Tumor	1	1	2
Varicose veins	2	6	8
Varicocele	1	..	1
Homicidal tendencies	26	36	62
Suicidal tendencies	17	40	57
Without complications	98	86	184

In this table patients who had a number of complications have been noted more than once; therefore, the total would have no significance.

TABLE XIII.

HEREDITY OF THOSE ADMITTED.			
<i>Heredity—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family	37	57	94
Hereditary taint denied	77	65	142
Hereditary history unobtainable	91	103	194
Total	205	225	430

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.			
<i>Duration—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	50	66	116
One to three months	51	29	80
Three to six months	27	34	61
Six to twelve months	27	21	48
One to two years	17	20	37
Two to three years	11	16	27
Three to four years	6	6	12
Four to five years	2	2	4
Five to ten years	5	19	24
Ten to twenty years	4	4	8
Over twenty years	5	8	13
Total	205	225	430

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.			
<i>Age—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years	2	2	4
Fifteen to twenty years	1	6	7
Twenty to twenty-five years	5	11	16
Twenty-five to thirty years	3	8	11
Thirty to thirty-five years	8	5	13
Thirty-five to forty years	7	10	17
Forty to forty-five years	4	6	10
Forty-five to fifty years	2	6	8
Fifty to sixty years	9	4	13
Sixty to seventy years	2	1	3
Total	43	59	102

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	13	28	41
One to three months	11	11	22
Three to six months	6	10	16
Six to twelve months	2	1	3
One to two years	6	..	6
Over two years	5	9	14
Total	43	59	102

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	1	3	4
One to two months	1	4	5
Two to three months	8	7	15
Three to four months	5	8	13
Four to five months	4	4	8
Five to six months	3	7	10
Six to nine months	6	6	12
Nine to twelve months	5	7	12
Twelve to eighteen months	3	6	9
Eighteen to twenty-four months	4	1	5
Over two years	3	6	9
Total	43	59	102

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	12	13	25
Mania, puerperal .....	..	3	3
Mania, recurrent .....	..	3	3
Mania, toxic	16	11	27
Melancholia, acute	9	12	21
Melancholia, agitata .....	..	1	1
Melancholia, chronic .....	..	1	1
Melancholia, recurrent	1	3	4
Insanity, adolescent	5	10	15
Insane neuroses, hysteria .....	..	2	2
Total	43	59	102

TABLE XIX.

AGE AT DEATH.			
<i>Age—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years	1	1	2
Twenty to twenty-five years	1	2	3
Twenty-five to thirty years	3	1	4
Thirty to thirty-five years	9	7	16
Thirty-five to forty years	13	3	16
Forty to forty-five years	7	6	13
Forty-five to fifty years	12	7	19
Fifty to sixty years	14	7	21
Sixty to seventy years	20	9	29
Seventy to eighty years	9	7	16
Eighty to ninety years	5	5	10
Total	94	55	149

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental Disease—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	5	4	9
Mania, chronic	1	..	1
Mania, epileptic	1	1	2
Mania, toxic	3	..	3
Mania, recurrent .....	..	2	2
Melancholia, acute	9	4	13
Melancholia, agitata	1	..	1
Melancholia, chronic	2	2	4
Melancholia, recurrent	1	..	1
Dementia, epileptic	3	1	4
Dementia, organic	7	1	8
Dementia, parietic	15	1	16
Dementia, senile	20	7	27
Dementia, terminal	16	20	36
Imbecility	1	..	1
Imbecility with epilepsy	2	2	4
Imbecility with mania	1	1	2
Insanity, adolescent	4	5	9
Paranoia	1	4	5
Idiocy	1	..	1
Total	94	55	149

TABLE XXI.

<i>Causes—</i>	CAUSES OF DEATH.		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania :			
Acute, with chronic nephritis	1	..	1
Acute, with exhaustion	1	1	2
Acute, with hypostatic pneumonia	1	..	1
Acute, with pneumonia	3	1	4
Acute, with tuberculosis .....	..	1	1
Chronic, with carcinoma	1	..	1
Chronic, with pneumonia	1	..	1
Epileptic, with convulsions .....	..	1	1
Recurrent, with chronic nephritis .....	..	1	1
Toxic, with dysentery	1	..	1
Toxic, with pneumonia	1	..	1
Melancholia :			
Acute, with acute congestion of kidneys	1	..	1
Acute, with chronic nephritis	1	1	2
Acute, with colitis	1	..	1
Acute, with cystitis	1	..	1
Acute, with endocarditis	1	..	1
Acute, with erysipelas .....	..	1	1
Acute, with inanition	2	..	2
Acute, with tuberculosis .....	..	1	1
Agitata, with chronic nephritis	1	..	1
Chronic, with carcinoma	1	..	1
Chronic, with exhaustion .....	..	1	1
Chronic, with secondary pernicious anæmia	1	..	1
Chronic, with tuberculosis .....	..	1	1
Recurrent, with exhaustion .....	..	1	1
Recurrent, with pneumonia	1	..	1
Dementia :			
Epileptic, with pneumonia	4	..	4
Epileptic, with tuberculosis .....	..	1	1
Organic, with arterio-sclerosis	1	..	1
Organic, with colitis	1	..	1
Organic, with endocarditis	1	..	1
Organic, with nephritis	3	..	3
Organic, with pneumonia	1	..	1
Organic, with pulmonary tuberculosis .....	..	1	1
Paretic, with convulsions	5	..	5
Paretic, with cystitis	1	..	1
Paretic, with exhaustion	6	1	7
Paretic, with pneumonia	2	..	2
Paretic, with pulmonary œdema	1	..	1
Senile, with acute bronchitis	1	..	1
Senile, with arterio-sclerosis	1	..	1
Senile, with carcinoma of larynx	1	..	1
Senile, with dysentery	1	..	1
Senile, with endocarditis	2	3	5

<i>Causes—</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Senile, with exhaustion	2	1	3
Senile, with fracture of femur and exhaustion...	1	..	1
Senile, with inanition .....	..	1	1
Senile, with nephritis	5	1	6
Senile, with pneumonia	6	2	8
Terminal, with arterio-sclerosis .....	..	1	1
Terminal, with cerebral hemorrhage .....	..	2	2
Terminal, with chronic nephritis	6	4	10
Terminal, with diphtheria	1	..	1
Terminal, with dysentery .....	..	2	2
Terminal, with endocarditis	3	5	8
Terminal, with entero-colitis	2	..	2
Terminal, with exhaustion	1	1	2
Terminal, with inanition	1	..	1
Terminal, with intestinal obstruction	1	..	1
Terminal, with pneumonia	2	..	2
Terminal, with tuberculosis	1	6	7
Paranoia :			
With acute colitis .....	..	1	1
With chronic nephritis .....	..	1	1
With exophthalmic goitre	1	..	1
With mitral regurgitation .....	..	1	1
With tuberculosis .....	..	1	1
Imbecility :			
With acute pneumonia	1	..	1
Imbecility with Epilepsy :			
With chronic nephritis .....	..	1	1
With pulmonary tuberculosis	1	1	2
With status epilepticus	1	..	1
Imbecility with Mania :			
With acute pneumonia	1	..	1
With exhaustion .....	..	1	1
Insanity of Adolescence :			
With cancer of mouth	1	..	1
With dysentery .....	..	1	1
With acute nephritis .....	..	1	1
With tuberculosis	3	3	6
Total	94	55	149

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

* 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.

REPORT OF H. AUSTIN COSSITT, M.D.,
PATHOLOGIST.

REPORT OF H. ARSTIN COSSITT, M.D.
PATHOLOGIST

REPORT IN PATHOLOGY.

To the Medical Director:

The following is the report of the Pathological Department of this Hospital for the year ending October 31st, 1906:

In the summary of autopsies immediately following, I have mentioned in a brief manner the form of mental disease, the total number of autopsies performed and the principal post-mortem findings.

The full clinical histological and pathological examinations have been properly filed as permanent hospital laboratory records, subject to the inspection of those interested when desired.

SUMMARY OF AUTOPSIES.

There have been fifteen post-mortems, comprising the following forms of mental disease:

Melancholia, acute	2
Melancholia, chronic	3
Dementia, organic	1
Dementia, senile	3
Dementia, terminal	6
Total	15

Of the fifteen post-mortems, ten were complete; ten were of men and five of women.

The average age at death was fifty-three years. The average duration of mental disease was 8.2 years.

CLINICAL LABORATORY EXAMINATIONS.

Investigations have been conducted along practically the same lines as during the previous year, consisting of general chemical, microscopical, bacteriological examinations of blood, gastric contents, sputum, urine, throat swabs, exudates, transudates, Widal's reaction for typhoid fever, pathological tissues, etc., all as an aid in the diagnosis and treatment of the patients in the Hospital.

URINALYSIS.

Number of complete urinalyses	832
For tubercle bacilli	46
For gonococci	4
For pneumococci	3
For typhoid bacillus	7
For malignancy	6
Total number examined	898

BLOOD EXAMINATIONS.

Complete	68
Differential counts	89
Plasmodium malariae	82
Widal's reaction for typhoid fever	30
Pneumococci	8
Bacillus of Eberth	5
Iodine-reaction	78
Glycogenic-reaction	3
Spirochaeta pallida	5
Total	368

SPUTUM EXAMINATIONS.

For tubercle bacilli	102
For pneumococci	37
For Pfeiffer's bacillus	14
Total sputum examinations	153

THROAT EXAMINATIONS.

For Klebs-Loeffler bacillus, swab cultures	297
For tubercle bacilli, swabs	5
For Frankel's pneumococcus	4
To determine etiological factor	15
Total throat examinations	321

NASAL EXAMINATIONS.

For Weichelbaum's diplococcus intracellularis	2
For Klebs-Loeffler bacillus	9
Total nasal examinations	11

EYE EXAMINATIONS.

For gonococci	6
To determine etiological factor	17
	<hr/>
Total eye examinations	23

EXAMINATIONS OF PUS.

From male urethra, for gonococci	7
Vaginal discharges, for gonococci	5
Uterine discharges, for gonococci	2
Vaginal discharges, for tubercle bacilli	5
Uterine discharges, for tubercle bacilli	2
From abscess, for tubercle bacilli	28
To determine etiological factor	41
From ear, for tubercle bacilli	5
From ear, to determine etiological factor	19
From eye	23
	<hr/>
Total	137

EXAMINATIONS OF FLUIDS.

Pleural, chemical and microscopical examination	11
Pleural, for tubercle bacilli	11
Pleural, for pneumococci	11
Abdominal fluid, chemical and microscopical examination....	14
Abdominal fluid, for tubercle bacilli	14
Cystic, chemical and microscopical examination	2
Hydrocele	1
Cerebro-spinal fluid	5
Mammary secretion	3
	<hr/>
Total examinations of fluid	72

PATHOLOGICAL TISSUE.

Removed at operation, for diagnosis	19
From animals	3
Tumors	9
Appendices	2
Autopsies	18
Tissue, for tubercle bacilli	35
Uterine scrapings	4
Gall stones	4
	<hr/>
Total number of examinations of pathological tissue...	94

CYTODIAGNOSIS.

Fluid from pleural cavity	11
Fluid from abdominal cavity	14
Cerebro-spinal fluid	2
Other fluids	4
	<hr/>
Total	31

EXAMINATIONS FOR TUBERCLE BACILLI.

Urine	46
Sputum	102
Pus from abscesses	28
Pus from ear	5
Throat	5
Vaginal discharge	5
Uterine discharge	2
Pleural fluid	11
Abdominal fluid	14
Tissue, for tubercle bacillus	35
Uterine scrapings	4
Other fluids	11
	<hr/>
Total examinations for tubercle bacilli	269

MISCELLANEOUS EXAMINATIONS.

Stomach contents and vomit	26
Tapeworms, roundworms, &c.	1
Feces	3
Toxicological examinations	2
Water	4
Milk	2
Tests of disinfectants	8
Placentæ	4
	<hr/>
Total	50

In conclusion, I wish to again thank you for your continued support and encouragement, and to acknowledge my indebtedness to the other members of the medical staff for much assistance in my work during the year.

Respectfully submitted,

H. AUSTIN COSSITT,
Pathologist.

DONATIONS.

The following is a list of the newspapers which have been sent to the Hospital gratuitously, and are always welcome and appreciated:

The Observer	Hoboken
The Jersey City News	Jersey City
The Evening Journal	Jersey City
The New Jersey Staats Zeitung	Jersey City
The Evening News	Hoboken
The Bayonne Budget	Bayonne
Hudson County Review	Town of Union
The Kearney Observer	Kearney and Arlington
Hunterdon County Democrat	Flemington
Hunterdon Independent	Frenchtown
The Clinton Democrat	Clinton
The Lambertville Record	Lambertville
The Newark Sunday Call	Newark
Town Talk	Newark
New Jersey Trade Review	Newark
New Jersey Deutsche Zeitung	Newark
Newark Evening News	Newark
Newark Tribune	Newark
Newark Pioneer	Newark
The Newark Item	Newark
South Orange Bulletin	South Orange
The Republican	Westfield
The Railroad Employe	Hoboken
Daily True American	Trenton
Union Democrat	Rahway
Der Haus-Freund	Elizabeth
Evening Record	Hackensack
The Bloomfield Record	Bloomfield
The Bloomfield Citizen	Bloomfield
The Orange Journal	Orange
Orange Sontagsblatt	Orange
The Short Hills Item	Short Hills
The Advance	Jamesburg
Southwestern Presbyterian	New Orleans, La.
Paterson Volksfreund	Paterson
De Telegraaf	Paterson

Paterson Evening News	Paterson
Passaic Daily News	Passaic
Passaic City Record	Passaic
The Union County Standard	Westfield
The Westfield Leader	Westfield
The Constitutionalist	Plainfield
The Daily Press	Plainfield
The Summit Herald	Summit
The Summit Record	Summit
Elizabeth Daily Journal	Elizabeth
Union County Record	Elizabeth
Freie Press	Elizabeth
The New Jersey Advocate	Rahway
The Hackensack Republican	Hackensack
The Bergen County Index	Hackensack
The Englewood Times	Englewood
Bergen County Herald	Rutherford
Carlstadt Freie Press	Carlstadt
Hunterdon Republican	Flemington
Democrat-Advertiser	Flemington
The Milford Leader	Milford
The Frenchtown Star	Frenchtown
The Morris County Chronicle	Morristown
The True Democratic Banner	Morristown
The Evening Express	Morristown
The Jerseyman	Morristown
The Iron Era	Dover
The Dover Index	Dover
The Morris Journal	Dover
The Madison Eagle	Madison
The Rockaway Record	Rockaway
The Boonton Weekly Journal	Boonton
The New Jersey Herald	Newton
The Post	Phillipsburg
The Warren Democrat	Phillipsburg
The Warren Republican	Hackettstown
The Warren Journal	Belvidere
The Warren Tidings	Washington
The Washington Star	Washington
The Morning Call	Paterson
The Paterson Daily Press	Paterson
Paterson Daily Guardian	Paterson

TREASURER'S REPORT.

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TRAZI KRYZ KIDOKI

TREASURER'S REPORT.

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

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of his receipts and disbursements from November 1st, 1905, to October 31st, 1906, inclusive:

RECEIPTS.

Balance on hand November 1st, 1905		\$2,951 64
From State Treasurer, for convict patients	\$15,935 72	
From State Treasurer, for county patients	122,701 43	
From State Treasurer, for State indigent patients...	64,530 25	
From sundry counties for maintenance of county patients	141,737 99	
From private patients	61,293 89	
From hides, tallow, &c.	6,971 75	
From First National Bank, Morristown, N. J., for interest on deposit	137 00	
		<hr/>
		\$413,308 03
		<hr/>
		\$416,259 67

DISBURSEMENTS.

By orders of Warden	\$403,730 45	
By protested check, M. M. Wolf	101 54	
By balance in Treasurer's hands	12,427 68	
		<hr/>
		\$416,259 67

Respectfully submitted,

G. C. HINCHMAN,
Treasurer.

THE NEW JERSEY STATE HOSPITAL AT MORRIS PLAINS, N. J.,
November 22d, 1906.

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.

PATRICK J. RYAN,
DAVID ST. JOHN,
JOHN A. McBRIDE,
Auditing Committee.

RECAPITULATION.

State Treasurer—Convict Patients—			
		\$4,067 86	
		3,973 57	
		<hr/>	
Second quarter		\$8,041 43	
Third quarter		3,929 29	
Fourth quarter		3,965 00	
		<hr/>	\$15,935 72
State Treasurer—County Patients—			
First quarter		\$30,163 43	
Second quarter		30,538 86	
Third quarter		30,616 00	
Fourth quarter		31,383 14	
		<hr/>	122,701. 43
State Treasurer—Indigent Patients—			
Second quarter		\$14,764 00	
		\$16,173 71	
		16,868 00	
		<hr/>	
Third quarter		33,041 71	
Fourth quarter		16,724 54	
		<hr/>	64,530 25
County Collectors—			
First quarter		\$45,784 48	
Second quarter		25,965 44	
Third quarter		35,918 22	
Fourth quarter		34,069 85	
		<hr/>	141,737 99
Hides, Tallow, &c.—			
First quarter		\$1,832 24	
Second quarter		1,169 30	
Third quarter		1,821 79	
Fourth quarter		2,148 42	
		<hr/>	6,971 75
Private Patients—			
First quarter		\$13,987 99	
Second quarter		15,824 10	
Third quarter		15,043 74	
Fourth quarter		16,438 06	
		<hr/>	61,293 89
Interest from First National Bank, Morristown, N. J.—			
First quarter		\$67 09	
Third quarter		69 91	
		<hr/>	137 00
Total			\$413,308 03

NEW JERSEY STATE HOSPITAL.

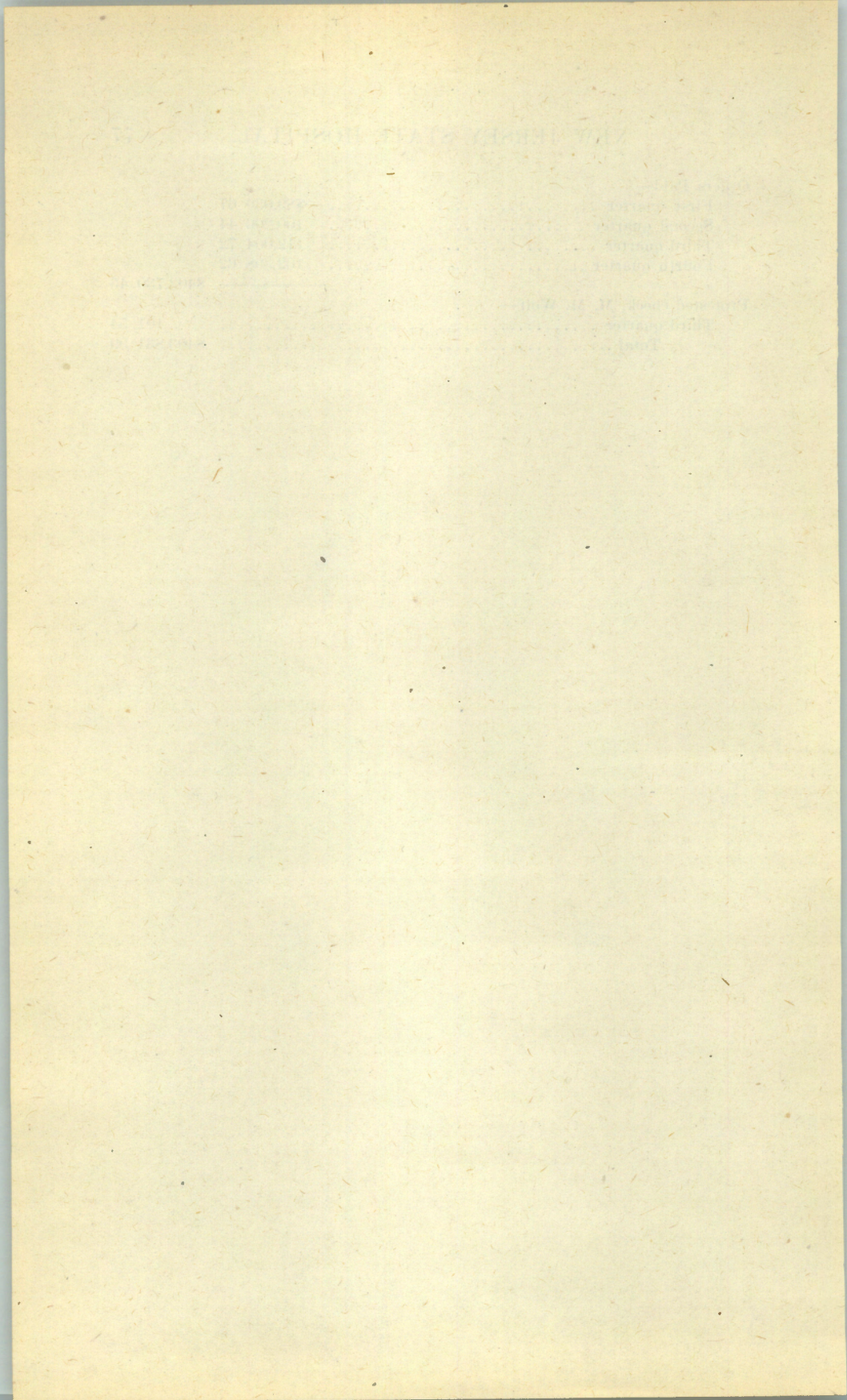
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Orders Paid—

First quarter	\$89,030 67	
Second quarter	100,296 44	
Third quarter	112,004 72	
Fourth quarter	102,398 62	
	<hr/>	\$403,730 45

Protested check, M. M. Wolf—

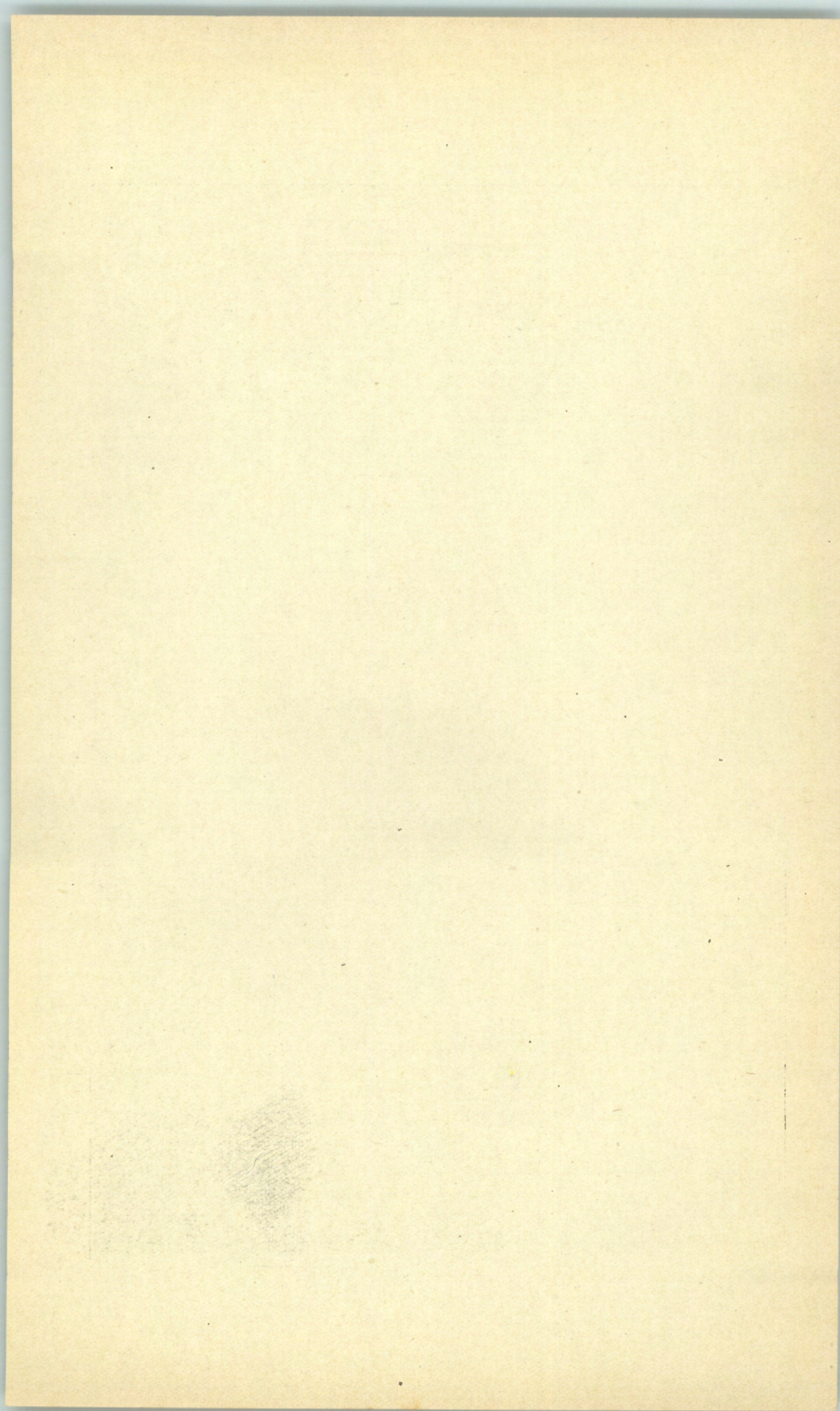
Third quarter		101 54
Total		\$403,831 99

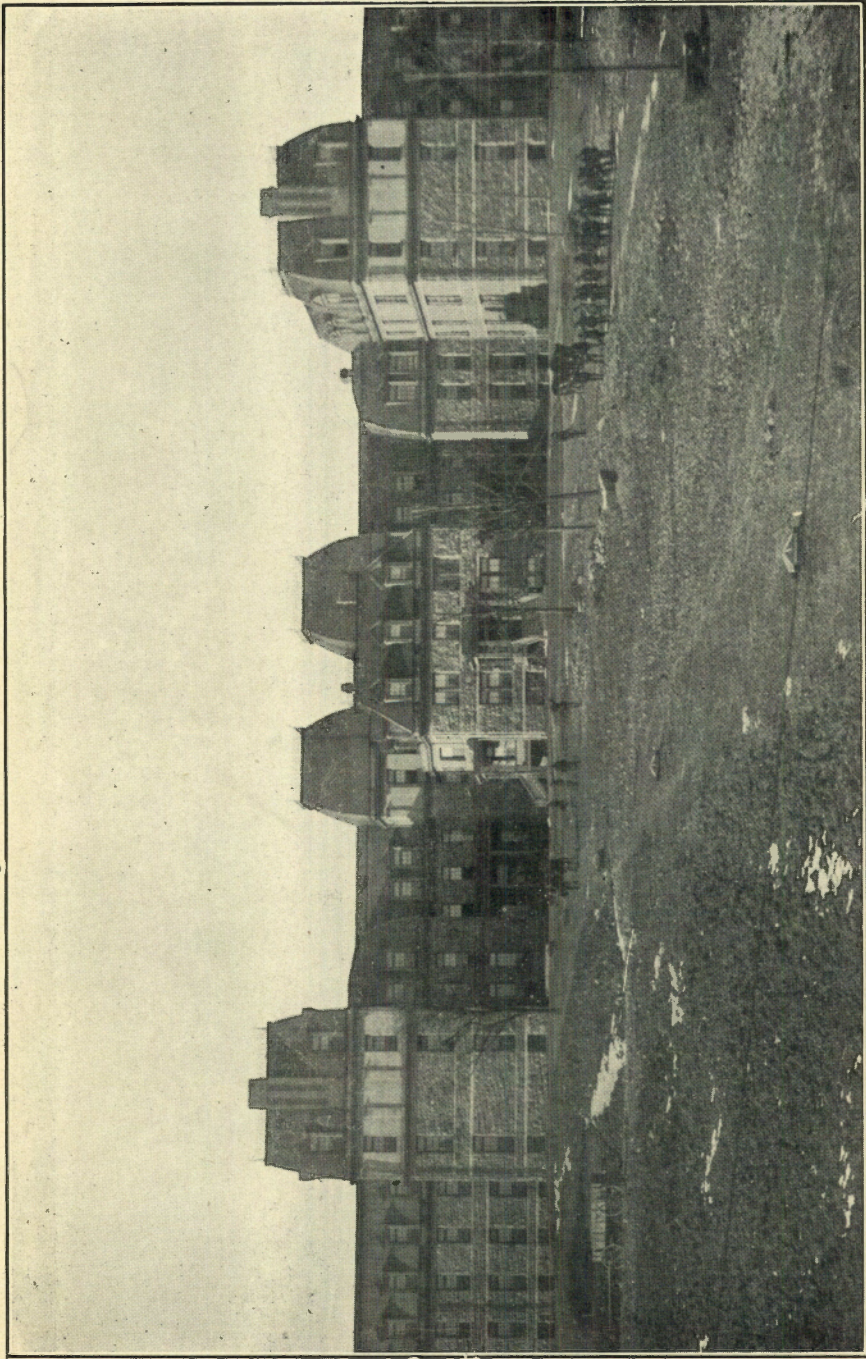


WARDEN'S REPORT.

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WARDEN'S REPORT





GRADING, FRONT OF ANNEX BUILDING

WARDEN'S REPORT.

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

GENTLEMEN—I have the honor to present the annual report of my department for the year 1906, together with statement of resources and liabilities and abstract of accounts. The financial condition of the Hospital shows a balance of resources above liabilities of \$6,540.50.

The necessary repairs to buildings have been made during the past year, exceeding in number and cost repairs made in previous years. The excess in cost resulted from the advance in price of material and increase in rate of wages. The reports on the products of the farm, dairy and garden are very satisfactory.

A review of the work done in excavating, grading, laying water mains, storm drains, blind ditches, &c., covering a period of fifteen years, shows that a great amount of work has been accomplished and good results obtained. Patient help was utilized in carrying out this work. Employes were detailed to assist in the work and to care for and direct the patients. At such times that the teams were not required on the farm they were engaged in this work. The grading, excavating for sewer beds, excavating for dairy barn, new boiler-house, new horse barn and sheds, roads, &c., involved the moving of 100,000 or more cubic yards of earth.

Over seven miles of trenches for water mains, gas mains and blind ditches of an average depth of three feet and width of two and one-half feet were excavated. The blind ditches were filled with stone taken from the line fences and roadsides, making a permanent improvement in the appearance of the property. Over sixty acres of land are drained by the ditches spoken of and are now the most fertile part of the property.

The cost of maintaining the sewer system has been slightly increased by the building of a settling tank on the north side and the

laying of an eight-inch pipe for carrying the sewage from the north side, as the six-inch formerly used was insufficient. The results obtained from the use of the settling tank are very satisfactory.

The work of grading around the annex building has been carried on during the year, and fair progress has been made. A macadam road has been built and others are in the course of construction.

The buildings have been kept in repair, four tenement-houses, the dairy barn, smith shop and wagon-sheds have been painted, and old sash in the main building have been renewed. The reports of the several mechanical departments show the number of numerous and varied repairs constantly being made.

DAIRY.

I again renew my recommendation that an addition of fifty feet be built to the dairy barn. The present stabling room is now inadequate, and as the number of cows will be increased to keep pace with the growing demand for milk necessary to supply the rapidly-increasing number of inmates and employes, additional stabling room must be provided.

Milk of a high standard of quality is being produced; this must be maintained. It can always be produced at a cost lower than that for which it could be purchased, when everything necessary to secure such results is provided.

The amount now required daily is one thousand quarts.

One of the very necessary requirements is ample stable room in the barn; also shed room for the protection of the cows during inclement weather; both are needed.

Owing to lack of room in the barn, one of the sheds was fitted up with stanchions and is used for stabling; the remaining shed will not accommodate the cows, consequently part of the herd must be exposed to the weather or be kept shut up in the stables. Unless the barn is enlarged it will be necessary to use the remaining shed for stable room. The sheds were not intended for this purpose; the ceilings are low, the air-space insufficient and ventilation poor. Increasing the number of cows means an increase in amount of fertilizer. The fertilizer from the dairy makes it possible to keep the land in a high state of fertility, which is evidenced by the fact that 100 tons of hay over and above the amount required for feed-

ing the stock was disposed of for the sum of \$1,500. The facilities for caring for the milk are not up to the standard. We should have an up-to-date milk-house with all modern improvements for sterilizing milk vessels, bottling milk, &c.

GAS PLANT.

Unless an electric plant is installed and the main building equipped for being lighted by electricity it will be necessary to expend money at the gas-house in enlarging the purifying system and constructing a holder with a capacity of 80,000 to 100,000 cubic feet of gas.

During the winter months, in the short days, from 60,000 to 70,000 cubic feet of gas is consumed in twenty-four hours, and the greater part of this consumption is from five o'clock in the afternoon until eleven o'clock in the evening, and in the morning for two hours. The plant was originally constructed for a maximum output of 35,000 cubic feet per twenty-four hours. This year additional retorts have been installed and the plant is now of sufficient capacity to make all the gas that is necessary for lighting purposes. The purifiers are too small for the present plant, as it was originally constructed to purify not more than 35,000 cubic feet in twenty-four hours. With a holder of the capacity spoken of above, gas could be made at easy stages during the day, and with the greater draft coming in between the hours named above we would be using from storage instead of making the gas and pushing it through rapidly as is now done. We do not get as high standard of light as we would if the purification was perfect.

I would like to see an up-to-date electric plant of sufficient capacity to do all lighting and run many parts of the machinery. The gas plant could be relied on in emergencies and gas utilized for cooking purposes. Gas as a fuel is more desirable than coal.

Last year, in my annual report, I recommended that a bill be passed by the Legislature authorizing the hospitals to render their bills to the State and counties monthly, making them payable twenty days from the date of such bills. As I stated then, and I state now, this would result in a great advantage to the Hospital, enabling it to pay more promptly bills for goods purchased. The Governor could not see his way clear to sign the bill, but he did

sign the bill authorizing the making up of the bills for the State indigents monthly. His objection to the rendering of bills to the State monthly was that he did not think that the State should be compelled to pay its bills oftener than once each quarter, but saw no objection to the payment of bills monthly by the counties.

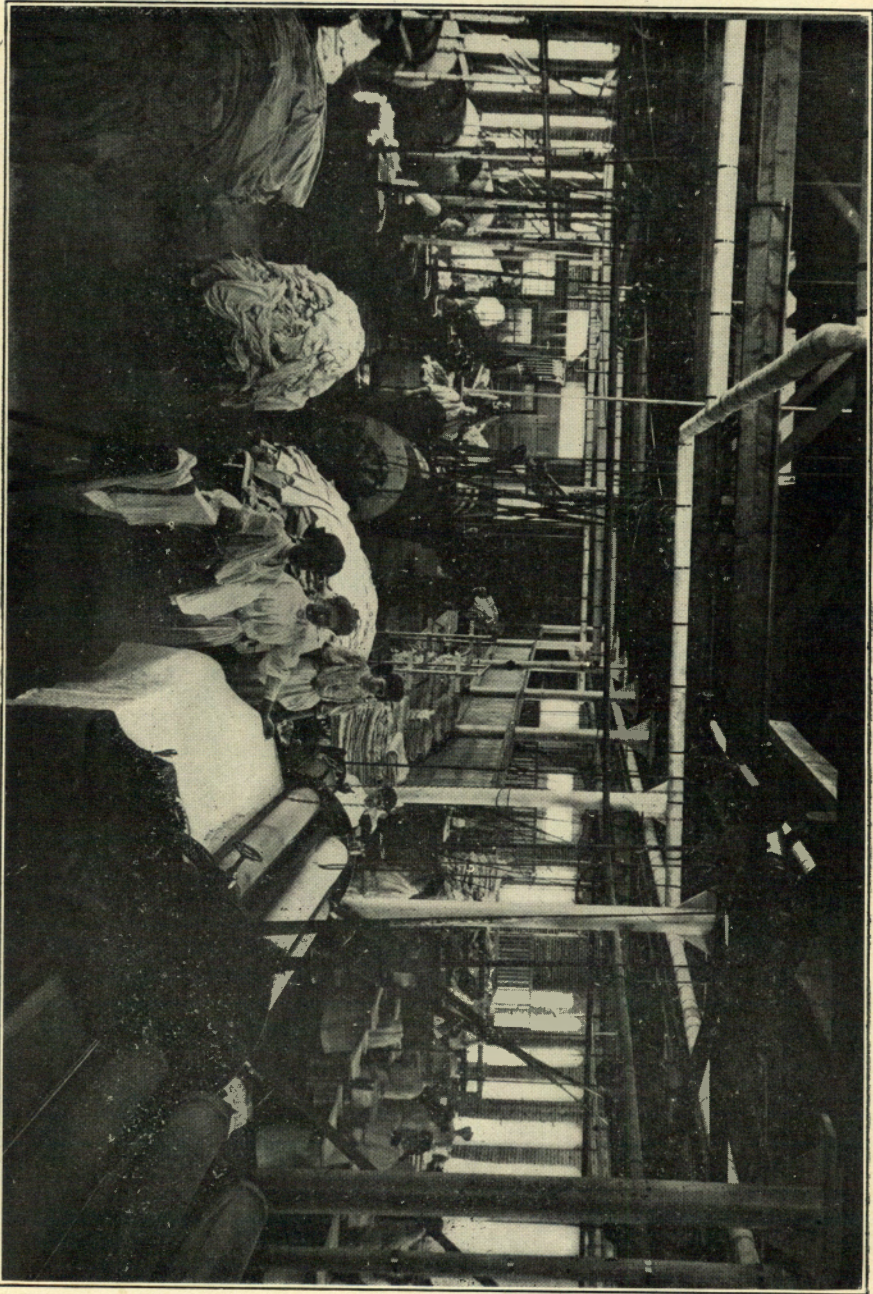
COLD STORAGE.

Last year an appropriation for installing a cold storage plant was asked for. We have the building necessary for this purpose, but need an appropriation to equip an up-to-date plant. This is very necessary, as the experience of last year has shown. We passed through a very open winter and just by chance succeeded in gathering a partial ice-supply, necessitating purchasing of ice at a cost of over \$1,000. Had we failed to harvest the ice we did, it would have cost the Hospital between \$4,000 or \$5,000 to purchase the necessary supply. With a good up-to-date cold storage plant small storage rooms now in use would be discontinued, effecting a large saving in ice consumption and give better results.

LAUNDRY.

The Legislature at its last session appropriated \$12,000 for installing and equipping the new laundry building with machinery. Careful attention and study was given to the selection of the necessary machinery of good quality and of sufficient capacity adequate to properly laundry the 45,000 or more pieces of goods sent to the laundry each week. The contracts have been awarded, the work is well under way and the plant will be in operation by January 1st.

To relieve the congestion which will occur as soon as the building is occupied it will be necessary to build an addition of fifty feet.



LAUNDRY

New Jersey State Library

The following is a list of the machinery and appliances to be furnished and installed as specified in contract:

Four 37x64-inch metal washers,	One collar and cuff ironer,
Four sections metal cabinet dry rooms,	One 4-inch band ironer,
One 4x4x3½ jacketed soap tank,	Four 26-inch centrifugal extractors,
One 120x48-inch steam mangle,	One dip-wheel C. & C. starcher,
One 36-inch body ironer,	One 75-inch steam underwear mangle,
One high-board shirt ironer,	One four-roll band ironer,
One No. 4 root blower,	One Cord steam dampener,
Fifty double-force blast gas stoves,	Fifty No. 54 skirt tables,
One 50 H. P. engine,	One 37x48-inch brass tumbler,
Machinery (old to be moved and set up in laundry),	One 37x62-inch washer,
One 100-inch duplex mangle,	Five 28-inch centrifugal extractors,
Seven 32x54-inch washers,	One 18-rack all-metal dry room,
One 4x4x3½ jacketed soap tank,	One 24-inch body ironer,
One copper starch cooker,	One C. & C. shaper.

BAKERY.

For the purpose of installing and equipping an up-to-date bakery plant an appropriation of \$12,000 was made. A committee of your Honorable Board visited the exhibit of bakery machinery and supplies at the Grand Central Palace, New York City; also, by direction of the Board, accompanied by Mr. Connell, the baker, and Mr. Hicks, I visited various bakeries in New York City and Brooklyn, and the results obtained from oven, machinery and appliances of different styles and manufactures carefully noted. Such equipment as will meet the present and future requirements of the institution have been selected and contracts given. The present laundry building, after all machinery is removed, will be used for the new bakery. The bakery machinery cannot be installed until the new laundry is equipped and in operation, delaying a much-needed improvement. As soon as possible the work of installing the new plant, which will be up-to-date in every particular, will be taken up and pushed to completion.

The following is a list of the machinery and appliances to be furnished and installed as specified in contract:

Two Bailey Ovens,	One B. H. scale, with scoop and weights,
One Hicks automatic flour scales, No. 2,	One Van Houten two-pocket dough divider,
One Hicks automatic water scales, No. 2,	One Megson cruller stove,
One Express cake-mixer, No. 1,	One copper steam jacket tilting kettle,
One flour bin, 20 barrels,	One hundred four-sided R. I. pans, 11½x19-inch,
One Van Houten roll divider, 36 part,	Conveyor for carrying flour from car to storeroom.
One dough-moulding table, 5x12 feet,	One Superior dough mixer,
Four bread racks,	One Hicks tempering tank, No. 1,
Three dough troughs, 2-8 feet 1-10 feet,	One Hicks Nonpareil blender, No. 1,
One proof-room for wet and dry steam,	One Carroll egg beater, 96 quarts,
Twelve hundred X L bread pans, five on frame, 1½-lb. size,	One flour elevator,
Twenty-five R. I. cake pans, three sides wired,	Two oven racks,
Six R. I. bread pans, 20x26x2,	Two proof racks,
Two 6-inch blades, with handles,	One Corby moulder,
Three steel 1x29-inch, 2x34-inch,	One sack cleaner,
One apple parer,	Two Perfect pan racks,
One rolling pin, 3½x15,	Two 10-inch blades, with handles,
Twenty-four frames cup cake pans, twelve on frame,	Two 20-inch blades, with handles,
One set tin measures, 1 gill, ½ pint, 1 pint, 1 quart, 2 quarts,	Two bowl racks,
Six assorted cake cutters,	One apple corer,
Two 10-inch flour brushes,	One rolling pin, 4x20,
Two pastry brushes, 2½,	Thirty-six 6-inch pie plates,
Two trough scrapers, 6-inch,	Two 5-row wash brushes,
Two oven shovels,	One Little Wonder cake dropper,
One flour scraper,	One two-quart dipper,
Two 10-inch palette knives,	Two flour shovels,
	Two scoops, tin,
	One 1-quart iron mortar,
	One sugar dredge,
	One 400-lb. coal truck.

SEWAGE DISPOSAL.

The results obtained during the past year from the sewage disposal plant have been very satisfactory, but the fact must not be lost sight of that the plant must be enlarged and extended. The chemist employed by the State Sewage Commission has been taking samples of the sewage and effluent from the beds; his report, a copy of which is submitted, is very gratifying.

I believe if the extension is carried out on the lines suggested by Professor McMillan in his report which was published in the annual report of last year, that the Hospital will have as good a system as is in use.

The cost to complete the present system will be large. Before such an expenditure is made other systems should be investigated, and if there is a system that has been tried and is superior to the one now in use it should be carefully considered.

STATE SEWERAGE COMMISSION No. 2.

REPORT ON MORRIS PLAINS, }
October 10th, 1906. }

The sewage disposal plant for the State Hospital at Morris Plains, as the result of numerous changes and additions to the system for many years past, is very complex.

There are two main pipes, the south line "A" leading to a settling tank, which flushes automatically, and filter beds, and the north line "B" to an open lot over which the sewage is distributed after screening. This broad irrigation plan is in use throughout the day, but at night this sewage is diverted to the south line system. The ground absorbs all the sewage and there is no effluent from the north line during the day.

There is considerable difference between the sewage in the north and south lines, as the latter contains all the laundry waste and is much weaker than the former.

The south line embraces a complicated system of underground screens and galleries before the flush-tank is reached, which are so arranged that much septic action takes place and the sewage which finally gets to the several filters is practically a good septic effluent.

The final effluent from the filter beds of sand, ashes and gravel is the best that I have yet examined. It is as clear and bright as spring water and perfectly non-putrescible.

Further changes in the plant are in contemplation for increasing its capacity.

The whole system is much too complicated for a brief description.

Very respectfully,

HERBERT B. BALDWIN.

LABORATORY OF HERBERT B. BALDWIN,

927 BROAD STREET,

NEWARK, N. J., October 10th, 1906.

The Honorable the State Sewerage Commission of New Jersey:

GENTLEMEN—I have examined the sample of sewage and effluent from the sewage disposal works at Morris Plains marked thus: "A" raw sewage containing laundry waste; "B" raw sewage without laundry waste; "C" septic effluent from "A" and "D" final effluent, and beg to report as follows:

These were composite samples taken three times daily between September 15th and September 28th, 1906.

Color.	Parts Per Million.			
	"A."	"B."	"C."	"D."
Turbidity	270	280	45	0
Sediment	130	230	15	0
Total solids	430	649	197	113
Volatile solids	240	313	97	23
Total suspended solids	59	172	28	0
Volatile suspended solids	33	168	25	0
Nitrogen as—				
Free ammonia	3.5	2.0	12.50	.08
Total organic	10.0	23.0	9.5	1.04
Dissolved organic	8.0	17.0	9.0	.....
Suspended organic	2.0	6.0	.5	.....
Nitrites .....	.....	.....	.....	.....
Nitrates	0	0	0	2.05
Total oxygen consumed	62.0	54.0	25.0	6.8
Dissolved oxygen consumed	50.0	33.0	23.0	.....
Suspended oxygen consumed	12.0	21.0	2.0	.....
Chlorine	27.0	17.0	20.0	18.0
Oxygen dissolved	1.6	2.6	.3	4.0
Oxygen dissolved, per cent. saturation temperature	91	88	82	75
Putrescibility (av. in days) .....	.....	.....	.....	14

	Per Cent. of Purification.		
	Suspended Matter.	Organic Nitrogen.	O. Consumed.
Septic effluent	52	5.0	60
Final effluent	100	90.0	90.0

STOREHOUSE.

I again call your attention to the need of storerooms in the rear of the boiler-house, so that all the supplies for both the main building and annex can be unloaded direct from the cars into such storerooms. This would save a great cost in handling freight and the articles would be at a central point for distribution. All supplies would also be under closer supervision of the storekeeper.

We should have a storehouse independent of the main Hospital building. In this particular we are far behind the well-equipped State hospitals in other States. In the construction of the building no provision for storing supplies was made. We are now, for storeroom purposes, occupying rooms intended for other important uses, and totally unfit for storing and distributing the supplies of a large institution. The interests of economy and methodical administration demand the construction of a storehouse adequate to the needs of the Hospital.

RESERVOIR.

In my report of last year I recommended that the reservoir, known as the ice pond, be enlarged by raising the dam eight feet and extending the excavation for the pond back 500 feet further than it is at present. This would give a capacity of 25,000,000 gallons, the present capacity being only 10,000,000. The dam is constructed of dirt, thus causing great anxiety during the stormy season. In case of a break in the dam the damage to property below the Hospital grounds would be serious. The present dam should be re-enforced with a concrete core, with an additional embankment built immediately below and contiguous to the present dam.

ANNUAL APPRAISEMENT.

The annual inventory and appraisal was taken as usual. Mr. John Naughton and Mr. Charles W. Ennis, of Morristown, were appointed to assist in this work, and we are indebted to them for their valuable services. The total appraisal of the personal property amounted to \$245,681.68.

REQUIREMENTS.

For the annual appraisalment	\$75 00	
For the salaries of resident officers	16,050 00	
For the maintenance of county patients, based on an average of 1,300 patients for the year		135,200 00
For maintenance and clothing of insane convict pa- tients, based on an average of 70 patients for the year—		
Maintenance	\$18,200 00	
Clothing	1,050 00	
		<u>19,250 00</u>
For the maintenance and clothing of State indigent pa- tients, based on an average of 400 patients for the year—		
Maintenance	\$83,200 00	
Clothing	8,000 00	
		<u>91,200 00</u>
		<u>\$261,775 00</u>

In addition to the requirements it will be necessary for the Legislature to provide for the following item so that it may be available during the year 1907, viz.:

Deficiency officers' salaries, for 1906-1907	\$1,500 00
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Respectfully submitted,

M. K. EVERITT,

Warden.

The New Jersey State Hospital at Morris Plains, October 31st,
1906.

ABSTRACT OF ACCOUNTS.

FOR THE FISCAL YEAR ENDING OCTOBER 31ST, 1906.

G. C. HINCHMAN,

Treasurer.

Dr.

To balance, October 31st, 1905	\$2,951 64
To amount received for board, clothing and incidental expenses of county patients	\$141,737 99
To amount received for board, clothing and incidental expenses of private patients	61,222 89
To amount received from State Treasurer for county patients	122,701 43
To amount received from State Treasurer for board of convict patients	15,935 72
To amount received from State Treasurer for board of State indigent patients	64,530 25
To amount received for hides, fat, grease and bones,	3,386 73
To amount received from gas tar	1,510 20
To amount received for incidentals	1,523 70
To amount received for wheat and rye	522 12
To amount received for interest	137 00
	413,208 03
	\$416,159 67

DISBURSEMENTS.

Amusements	\$824 20
Beef	23,592 55
Books, stationery, printing and office supplies	1,401 71
Bedding, linen, &c.	12,452 24
Clerical services	321 50
Clothing (suits, dresses, underwear, shoes)	22,588 74
Coach stable (wages and supplies)	2,646 76
Crockery and cutlery	1,963 30
Counsel fees	7 50
Dairy (includes stock, feed, labor)	15,945 24
Electrical wages and supplies	2,222 30
Fire apparatus	212 15
Farm (wages, tools, fertilizer, seeds, &c.)	7,842 85

Flour	\$11,968 96
Freight and train service	8,809 58
Fruit	3,025 32
Fuel	27,142 72
Furniture, carpets, &c.....	7,210 31
Gas fixtures, plumbing and plumbers' supplies.....	3,971 61
Garden (labor, fertilizer, seeds, &c.)	6,490 17
Green-house	1,120 81
Grounds	3,814 21
Grading, Annex	2,644 07
Grading, Nurses' Home	160 37
Gas plant	6,765 26
Heating plant, Nurses' Home	76 16
Household goods	8,103 52
Ice (labor and tools)	725 97
Improvement of buildings	381 74
Improvement of farm lands	323 81
Insurance	161 49
Laundry (wages and supplies)	9,949 55
Medical library	568 40
Medical supplies	4,311 65
Miscellaneous expenses	3,305 12
Newspapers	98 10
Oil	1,030 46
Pathological laboratory (wages and supplies).....	606 77
Postage	559 50
Protest fee, check of M. Wolf	1 54
Provisions and groceries	91,628 70
Pigs (includes cost and wages)	1,306 98
Railroad repairs	1,547 68
Refunds for unexpired time of private patients' dis- charged	1,491 23
Repairs to buildings	13,767 34
Smith and wheelwright	1,720 02
Sewers	1,222 96
Sewage disposal (material and wages)	411 11
Telegrams	128 26
Telephone rental and tolls	941 67
Tinware (material and labor)	1,728 42
Tools, supplies and repairs (engineer's department), Undertaker's charges	9,016 96
Vegetables	1,875 00
Ward supplies	4,339 79
Water-supply	1,179 56
Wages	290 57
	65,787 53
	<hr/>
	\$403,731 99
Balance in hands of Treasurer October 31st, 1906	\$12,427 68

APPENDIX TO WARDEN'S REPORT.

DAIRY, FARM AND GARDEN PRODUCTS.

359,880	Quarts milk (average number of cows milked, 99.7; average per cow, 9.88 quarts per day)	@ \$0 05	\$17,994 00
3,447 ² / ₁₂	Dozens eggs	" 25	861 79
974 ¹ / ₂	Pounds roasters	" 16	153 92
409 ¹ / ₄	Pounds broilers	" 30	122 78
255	Tons of hay	" 15 00	3,825 00
10	Tons of rye-straw	" 15 00	150 00
5	Tons of wheat-straw	" 7 50	37 50
225	Bushels of rye	" 65	146 25
250	Bushels of wheat	" 90	225 00
160	Bushels of hand-picked apples	" 75	120 00
78	Bushels wind-fall apples	" 40	31 20
810	Bushels of shelled corn	" 60	486 00
18,500	Bundles of cornstalks	" 02	370 00
300	Tons of manure	" 2 00	600 00
			\$25,123 44

STOCK.

4,167	Pounds of veal (28 calves)	@ \$0 12 ¹ / ₂	\$520 87
81	Cows slaughtered; dressed 53,125 pounds, Amount received for hides, &c., from slaughtered cows	" 08	4,251 00
			1,299 31
			\$6,071 18

GARDEN.

5,000	Bushels tomatoes	@ \$0 40	\$2,000 00
3,360	Bushels potatoes	" 65	2,184 00
300	Bushels carrots	" 50	150 00
650	Bushels parsnips	" 50	325 00
700	Bushels beets	" 50	350 00
650	Bushels white turnips	" 35	227 50
200	Bushels rutabaga turnips	" 50	100 00
150	Bushels onions	" 1 00	150 00
400	Bushels spinach	" 50	200 00
400	Bushels kale	" 35	140 00
650	Bushels bush beans	" 75	487 50
200	Bushels lima beans	" 1 00	200 00

275	Bushels peas	@ \$1 00	\$275 00
150	Bushels cucumbers	" 50	75 00
10	Bushels cucumber pickles	" 1 50	15 00
40	Bushels horse radish	" 1 25	50 00
25,000	Heads celery	" 2½	625 00
17,000	Heads cabbage	" 05	850 00
25,000	Heads lettuce	" 02	500 00
65,000	Bunches green onions	" 02	1,300 00
65,000	Bunches radishes	" 02	1,300 00
1,000	Bunches celery for soup	" 04	40 00
14,000	Bunches asparagus	" 10	1,400 00
25,000	Bunches rhubarb	" 05	1,250 00
3,000	Bunches parsley	" 04	120 00
1,500	Bunches leeks	" 04	60 00
1,000	Bunches herbs	" 05	50 00
175	Baskets grapes	" 50	87 50
15	Baskets Keiffer pears	" 50	7 50
40,000	Ears sweet corn	" 01	400 00
2,500	Bundles cornstalks	" 02	50 00
200	Cheese pumpkins	" 10	20 00
1,500	Egg plants	" 05	75 00
3,000	Peppers	" 01	30 00
450	Quarts strawberries	" 10	45 00
300	Quarts raspberries	" 10	30 00
100	Quarts blackberries	" 10	10 00
400	Quarts currants	" 10	40 00
			\$15,219 00

REPORT OF WORK DONE IN SEWING-ROOM FOR THE YEAR ENDING OCTOBER
31ST, 1906.

Sheets (single)	4,336
Sheets (double)	152
Pillow cases	3,857
Bolster cases	14
Hand towels	5,319
Roller towels	1,126
Dish towels	2,306
Table cloths	456
Napkins	778
Drawers	1,348
Chemise	1,200
Petticoats	1,260
Night dresses	564
Kitchen aprons	37
Waiters' aprons	108
Chefs' aprons	12
Infirmery aprons	36
Barbers' aprons	6
Curtains	294
Curtain bands	330

Blankets	321
Clothes bags for wards	524
Tags on men's shirts	365
Dresses (regulation)	1,584
Dresses (strong)	32
Dresses (children's)	54
Shirtwaist suits	418
Wrappers	32
Nurses' uniform dresses	21
Nurses' uniform aprons	21
Nurses' uniform straps	14
Waists made (goods furnished)	12
Suits made (goods furnished)	15
Skirts altered	24
Suits altered	3
Waists altered	1
Burial robes	51
Burial chemise	51
Burial petticoats	51
Burial sheets	51
	<hr/>
	27,184

REPORT OF NEW WORK AND REPAIRS, TINSMITH'S DEPARTMENT, FISCAL YEAR
ENDING OCTOBER 31ST, 1906.

New Work.

Butter-box covers	24
Diet-cup covers	134
Speaking-tube elbows	28
Drinking cups	524
Small flats	300
Large flats	38
Diet cups	342
Tin pails	54
Biscuit pans	144
Steamers	24
Large steamers	12
Milk pitchers	36
Rice pans	76
Sugar boxes	12
Butter boxes	12
Butter-box cases	6
Butter-box covers	36
Scrap pans	12
Bread boxes	6
Grit boxes	16
Large dippers	9
Cake and pudding pans	36
Curtain rods	16
Key guides	36
Wire supports	54

Wire hooks	34
Cart guards	26
Sprinkling pots	9
Bung covers	620
Other pieces as needed	380
Feet leader put up	588
Feet gutter put up	160
Feet roofing laid	375
Galvanized iron used in ice-boxes, pigpens, &c. (pounds)...	1,621
Fruit cans sealed up	4,394
Keys made	155

Repairs.

Tinware repaired	2,016
Locks repaired	1,120
Knives and scissors sharpened	299
Repairs to gutters, leaders, slate and tin roofs, electric bells, &c.	

REPORT OF WORK DONE BY PAINTERS DURING FISCAL YEAR ENDING OCTOBER
31st, 1906.

Main Building.

	<i>Square Ft.</i>	<i>Coats.</i>
Corridor, second floor, painted	5,594	2
Corridor, second floor, kalsomined	1,085	2
Corridor, second floor, varnished	1,274	4
Board-room varnished	520	1
Board-room painted	496	2
Rear centre lavatory painted	746	1
Rear centre lavatory varnished	350	1
Kitchen lavatory painted	746	1
Rear centre bedrooms painted	626	1
Centre and cross ducts painted	6,443	1
Diet and panrooms painted	2,572	1
Mattress hall and bedrooms painted	3,231	1
Mattress hall and bedrooms kalsomined	824	1
Mattress hall and bedrooms varnished	345	1
Bakery hall and bedrooms painted	5,280	1
Bakery hall and bedrooms kalsomined	1,136	1
North side dining-rooms painted	7,778	1
North side dining-rooms varnished	850	1
North parlor floor varnished	1,350	1
South side lavatories painted	8,080	1
South side lavatories varnished	591	1
South 2/1 spec. dining-room painted	400	1
South 2/1 spec. dining-room varnished	122	1
South 2/1 alcove painted	258	1
South 2/2 surgical room and fixtures enameled	400	4
South 1/2 two rooms painted	836	1
South 1/2 two rooms varnished	122	1

96180

	<i>Square Ft.</i>	<i>Coats.</i>
South 3/1 clothes-room painted	840	3
South 2/1 alcove ceiling decorated .....		..
Nurses' cottage floors varnished	4,510	4
Dormitory building roofs	1,820	1
Female Inf. D. painted	6,550	4
Female Inf. D. varnished	756	1
Male Inf. D. varnished	756	1
Male Inf. D. painted	6,550	3
392 beds enameled .....		..
12 new hotbed sash glazed and painted .....		..
104 screens painted, varnished or stained .....		..
65 settees painted or varnished .....		..
Dairy barn, sheds, corn-crib, barrack roofs and iron fence painted	35,888	2
Farmer's cottage painted	1,946	1
Baker's cottage painted	1,840	1
Blacksmith shop, farm sheds	9,000	2
Lime shed roof	870	1
Dover cottage	2,690	2
Greenhouse roof reputtied .....		..
1,187 pieces furniture varnished .....		..
32 pieces furniture enameled .....		..
2,274 lights glass put in .....		..
130 rolls wall paper hung .....		..
24 screens enameled .....		..
148 clothes-bags marked .....		..
Also, the usual repairs to traps, sinks, &c.		

REPORT OF WORK DONE IN CARPENTER SHOP DURING FISCAL YEAR ENDING OCTOBER 31ST, 1906.

Repairs.

Furniture	1,509
Sash cords	588
Doors	710
Trap seats	73
Window frames	250
Transoms	58
Sash	109
Waiver ropes	43
Settees	128
Sq. ft. floor	9,366
Locks	167
Waiters	82
Handles, hammer, axe, &c.	176
Drain boards	12
Towel rollers	26
Drawers	57
Ladders	22

Wire screens	98
Laundry horses	20
Stair rails	14
Food cars	12
Sq. ft. walk	209
Feet of baseboard	2,558
Feet of fence	494
Mirrors and pictures hung	379
Closets	14
Tanks	2
Paper cabinets	13
Steps	115
Stable stalls	13
Laundry boxes	8
Roofs	16
Crutches	4
Feet of coal chute	131
Cues tipped	156
Benches	12
Laundry cars	3
Feet of flower benches	480
Turnstiles	3
Feet of ice runway	70
Greenhouse rafters	61
Feet of partitions	620
Remodeling front-road cottage, ice-houses, 20-0x45-0 stable, tearing down three buildings, rebuilding crusher trestle.	

New Work.

Handles, hammer, axe, &c.....	52
Locks	117
Boxes and crates	81
Ladders	8
Pipe covers	5
Feet of shelving	621
Feet of weather strips	64
Window screens	166
Sq. ft. partitions	386
Wall blocks	27
Shade sticks	230
Closets	8
Gasket blocks	45
Looking-glass and picture frames	12
Arch centres	3
Bunk legs	104
Cutting boards	30
Sash	12
Ice elevator bars	40
Hotbed bars	15
Stirring paddles	18
Snow scrapers	2
Sq. ft. flower benches	336
Surveying stakes	522

Level boards	2
Polishing blocks	17
Pounders	3
Chests	3
Towel rollers	7
Manhole covers	27
Rakes	12
5-0x6-0 templet	1
Feet of troughs	462
Stanchion bars	9
Ironing boards	6
Feet telephone moulding	420
Window and door frames	5
Desks	3
Table benches	5
Sleeve boards	3
Doors	3
Cement moulds	7
Sink screens	2
Wash trays	2
Tables	10
Feet of flower sticks	1,550
Bed screen	1
Extinguisher holders	3
4-0x4-0x30-0 hay chute	1
17-0x28-0 hennery roof	1
Alterations and platform elevator	1
2-6x20-7x8-8 apartment closets	1
15-0x20-0 stable	1
10-0x25-0 toolroom	1
8-0x28-0 cottage addition	1
Dryer bars	42

Wheelwright.

Wagon poles	5
End boards	17
Farm machines repaired	5
Pair shafts	5
Seats	8
Whiffletrees	6
Wagons repaired	12
Carts repaired	13
Hand trucks	3
Wheelbarrow	1
Hand carts	3
Wagon body	1
Pole supports	8
Bolster	1
Bolster stakes	6
Poles	2
Stone drags	2
Hay riggings repaired	2
Road rollers	2

REPORT OF WORK DONE IN UPHOLSTERER'S DEPARTMENT DURING FISCAL YEAR
ENDING OCTOBER 31ST, 1906.

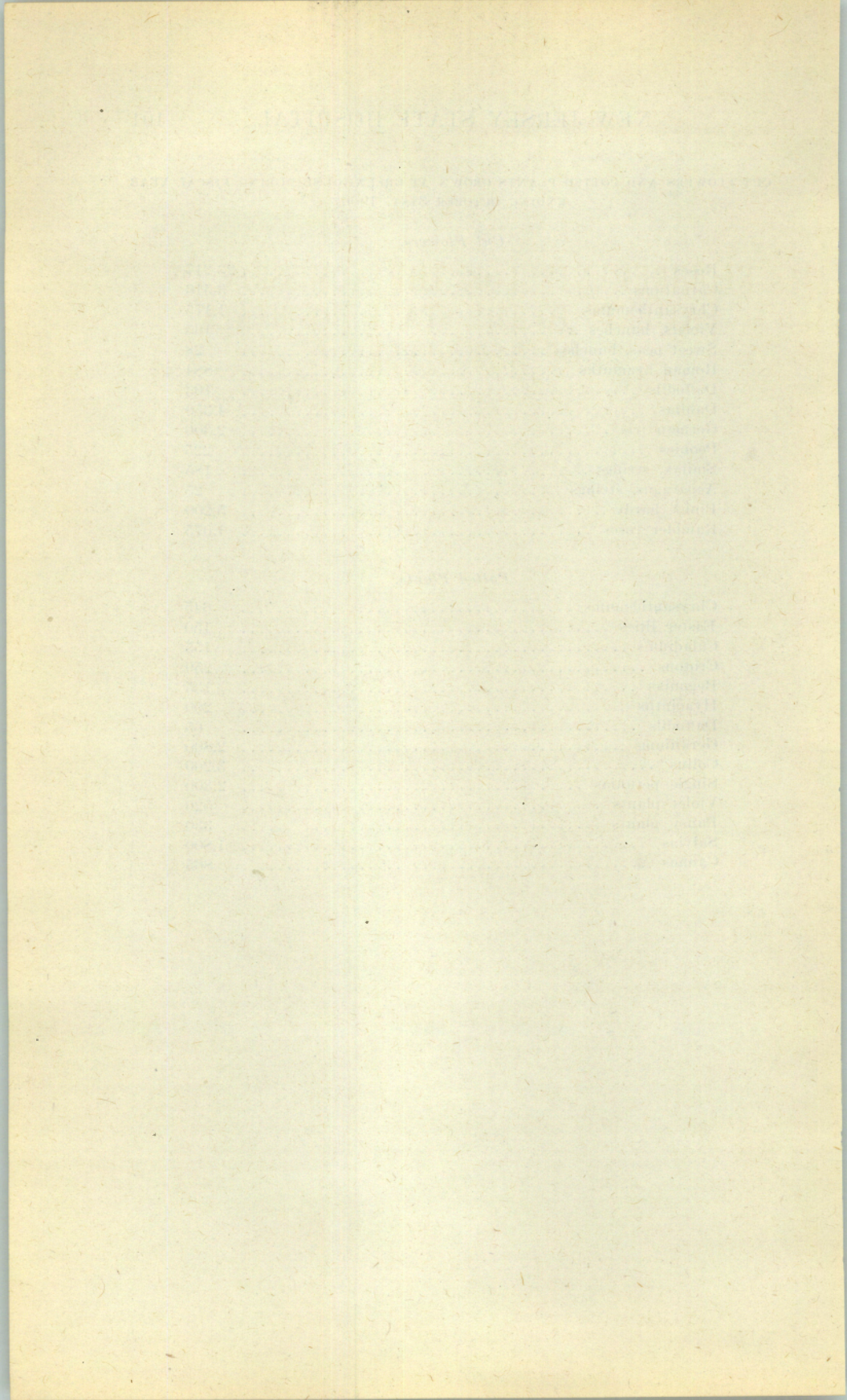
Single hair mattresses made, new	239
Double hair mattresses made, new	1
Single mattresses made over	1,049
Double mattresses made over	4
Hair pillows made, new	660
Hair pillows made over	1,516
Feather pillows made	66
Single mattress ticks made	232
Pillow ticks made	730
Sofa pillows made	69
Pieces of furniture upholstered	343
Hall carpets made, new	6
Hall carpets made over	2
Alcove carpets made	4
Corridor carpets made	4
Room carpets made, new	73
Room carpets made over	223
Carpets taken up	136
Carpets laid	153
Carpets repaired	89
Rooms laid with linoleum	5
Yards carpet bound or hemmed	506
Bed protectors made	1,056
Bed protectors repaired	181
Holland shades made	611
Shades repaired	686
Pairs curtains hung	84
Chairs caned	219
Settees caned	9
Hassocks made	9
Mattress ticks repaired	272
Pairs ticking mits made	187
Pieces of harness made	44
Pieces of harness repaired	166
Horse blankets repaired	41
Chair cushions made	3
Awnings put up	34
Awnings taken down	34
Canvas mail-bags made	5
Pairs shoes made for deformed feet	2
Pairs boots, shoes and slippers repaired	1,314

CUT FLOWERS AND POTTED PLANTS GROWN AT GREENHOUSE DURING FISCAL YEAR
ENDING OCTOBER 31st, 1906.*Cut Flowers.*

Roses	23,217
Carnations	3,516
Chrysanthemums	1,175
Violets, bunches	165
Sweet peas, bunches	28
Roman hyacinths	884
Daffodils	163
Dahlias	4,350
German iris	2,300
Peonies	225
Smilax, strings	185
Asparagus, strings	25
Pinks, hardy	5,200
Rambler roses	1,075

Potted Plants.

Chrysanthemums	645
Easter lilies	150
Caladiums	155
Crotons	250
Begonias	135
Hyacinths	200
Daffodils	65
Geraniums	2,800
Colius	3,200
Single petunias	2,300
Violet plants	520
Pansy plants	330
Salvias	1,800
Cannas	865



REQUIREMENTS FOR THE ADMISSION OF PATIENTS TO THE STATE HOSPITALS OF NEW JERSEY.

PRIVATE PATIENTS.

The admission of a private or pay patient requires a written request for admission, signed by a near relative or the guardian of the patient, the certificates of two physicians who have been in practice for at least five years and are permanent residents of the State of New Jersey; said request and certificates must be made on the forms approved by the Managers of the State Hospitals, and the certificates must be sworn to before a notary public or other proper officer of the law.

The certifying physicians must state in the body of their certificates the date on which the examination of the patient was made, and the patient must be delivered to the Hospital named in the certificates within six days after said examination, otherwise the request and certificates become invalid.

The making of the request must not be more than six days prior to the sending of the patient to the institution.

A surety company bond or one signed by two responsible property owners, one of whom (preferably both) must be a resident of, and own property in the State of New Jersey.

(See forms appended.)

Thirteen (13) weeks' board and medical attendance must be paid for at the time of the admission of the patient, and quarterly in advance thereafter.

The above requirements are regulated by statute and the Board of Managers, and the resident officers have no authority to modify them in any particular.

The rates range from seven dollars (\$7) to fifty dollars (\$50) per week, and include medical attendance, board, room and washing. No private patients are admitted for less than seven dollars (\$7) per week. No patient not a resident of the State of New Jersey will be admitted for less than ten dollars (\$10) per week.

INDIGENT PATIENTS.

For the admission of indigent patients a request and the certificates of two physicians are required, as in the admission of private patients, the papers differing in that the indigent papers must have the word "indigent" in them, showing that the person whose admission is requested is believed to be without means of support and unable to pay for maintenance in the Hospital.

HABITUAL DRUNKARDS.

The General Statutes of New Jersey, Vol. 2, page 1708, and Pamph. L. 1881, page 236, provide for the commitment of habitual drunkards to a State Hospital by proceedings before the Court of Chancery.

GENERAL RULES.

No visiting is allowed on Sunday. Visiting is limited to Tuesdays, Thursdays and Saturdays, from 12:30 to 4:30 P. M., and legal holidays, from 1 to 4 P. M.

The Medical Director will supply blank commitment papers in response to application for them.

The person writing for papers should always mention the sex of the patient to be committed and whether such patient is in indigent circumstances or able to pay for maintenance.

Communications and inquiries relative to patients should be addressed to the Medical Director.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised.

FORMS.

STATE OF NEW JERSEY.

Request for Private Patient's Commitment to State Hospital for the Insane.

*To the Medical Director of The New Jersey State Hospital, at
Morris Plains:*

The undersigned, of, in the county of and
City or Town.
State of, being desirous of having, an
Full name of patient.
insane person of the county of, and State of, com-
mitted to and confined as a patient in the New Jersey State Hos-
pital at Morris Plains, hereby requests the admission therein of
the said, for the purpose aforesaid. Said
Full name of patient.
..... was born at, on, resides
Full name of patient. City or Town. Date of birth.
at, and is a
State patient's residence with particularity. Profession, trade or
..... The next of kin of the said, is,
calling of patient.
who resides at..... The undersigned is a.....
State degree of relationship or
..... of the said
other circumstances of connection between patient Full name of patient
and person making request.

Dated, 19.....

Name of person making request
Street and number
Town or City
County
State
Telephone number
Telegraphic address

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

I,, of, in the county of, and State of New Jersey, do hereby certify that I am a graduate of and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years; that I have on the day of 19... (*State specifically the date upon which examination was made*), made a personal examination of, alleged to be insane and whose admission into the New Jersey State Hospital at Morris Plains has been requested by, of, and I am of the opinion that the said is insane, and a proper person to be committed to and confined in said Hospital; that I am not the superintendent, proprietor or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said

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

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

2. Name and birthplace of father; maiden name and birthplace of mother

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

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

5. If the patient is afflicted with any infirmity or disease other than insanity, state it and describe it.

6. Is the patient cleanly or uncleanly in personal habits? (*If uncleanly, state in what particular.*)

7. If the patient exhibits or has exhibited violence, destructiveness, excitability, depression, homicidal, suicidal or dangerous tendencies, state all such symptoms in detail.

8. What in your opinion is the cause of the insanity of the patient? (*Give both predisposing and exciting causes.*)

9. Is there any history of insanity in the patient's family? (*If so, state the exact relationship of the patient to the insane relative.*)

10. Does the patient use beer, liquor, tobacco, opium, cocaine or any other drugs; if so, to what extent?

11. State any irregularities of sleep, appetite or other bodily functions.

The following are the prominent symptoms upon which my diagnosis of the insanity of the said is based:

The patient said in my presence (*Give patient's exact words. If the patient maintains a persistent silence, so state.*)

The patient's behavior was as follows: (*State here manner, actions and demeanor.*)

The patient's general appearance at the time of my examination was (*State here condition of clothing, whether patient was tidy or untidy, orderly, cleanly or otherwise.*)

The following facts indicating insanity have been communicated to me by the persons hereinafter mentioned: (*State here names of informants and what, if any, important change has been observed in the patient's disposition, social habits, physical health and ability to follow usual avocation.*)

I am of the opinion that the aforesaid
is insane and a proper person to be committed to an institution for
the care and treatment of such patients, and this opinion is based
upon all the foregoing facts.

.....
Physician.

AFFIDAVIT.

State of New Jersey, county of, ss.—
being duly sworn, according to law, on his oath says, that he is
the physician named in and who made and subscribed the fore-
going certificate; that he has read the same and knows the con-
tents thereof, and that the facts, matters and things therein set
forth are true, to the best of his knowledge, information and belief;
and that the examination upon which the foregoing certificate is
based was made on the.....day of.....19....
.....M. D.

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

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

I,, of, in the county of, and State of
New Jersey, do hereby certify that I am a graduate of
and a permanent resident of the State of New Jersey, and have
been in actual practice as a physician for at least five years; that
I have on the day of 19....
(*State specifically the date upon which examination was made*),
made a personal examination of, alleged to be
insane and whose admission into the New Jersey State Hospital
at Morris Plains has been requested by....., of,
and I am of the opinion that the said
is insane, and a proper person to be committed to and confined in
said Hospital; that I am not the superintendent, proprietor or an
officer, or a regular professional attendant, or financially inter-
ested in said Hospital, nor am I a near relative either by blood or
marriage, or guardian or trustee of the said

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

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

2. Name and birthplace of father; maiden name and birthplace of mother

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

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

5. If the patient is afflicted with any infirmity or disease other than insanity, state it and describe it.

6. Is the patient cleanly or uncleanly in personal habits? (*If uncleanly, state in what particular.*)

7. If the patient exhibits or has exhibited violence, destructiveness, excitability, depression, homicidal, suicidal or dangerous tendencies, state all such symptoms in detail.

8. What in your opinion is the cause of the insanity of the patient? (*Give both predisposing and exciting causes.*)

9. Is there any history of insanity in the patient's family? (*If so, state the exact relationship of the patient to the insane relative.*)

10. Does the patient use beer, liquor, tobacco, opium, cocaine or any other drugs; if so, to what extent?

11. State any irregularities of sleep, appetite or other bodily functions.

The following are the prominent symptoms upon which my diagnosis of the insanity of the said is based:

The patient said in my presence (*Give patient's exact words. If the patient maintains a persistent silence, so state.*)

The patient's behavior was as follows: (*State here manner, actions and demeanor.*)

The patient's general appearance at the time of my examination was (*State here condition of clothing, whether patient was tidy or untidy, orderly, cleanly or otherwise.*)

The following facts indicating insanity have been communicated to me by the persons hereinafter mentioned: (*State here names of informants and what, if any, important change has been observed in the patient's disposition, social habits, physical health and ability to follow usual avocation.*)

I am of the opinion that the aforesaid is insane and a proper person to be committed to an institution for the care and treatment of such patients, and this opinion is based upon all the foregoing facts.

.....
Physician.

AFFIDAVIT.

State of New Jersey, county of, ss.— being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief; and that the examination upon which the foregoing certificate is based was made on the.....day of.....19....

.....M. D.

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

.....

STATE OF NEW JERSEY.

Request for Indigent Patient's Commitment to State Hospital for the Insane.

To the Medical Director of The New Jersey State Hospital at Morris Plains:

The undersigned, of, in the county of, and City or Town.

State of, being desirous of having, an Full name of patient.

insane person of the county of, and State of, committed to and confined as an indigent patient in the New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said, for the purpose aforesaid. Said Full name of patient.

..... was born at, on, resides at Full name of patient. City or Town. Date of birth.

....., and is a State patient's residence with particularity. Profession, trade or calling of patient.

The next of kin of the said is who resides at

The undersigned is a State degree of relationship or other circumstances of connection between patient and person making request.

of the said Full name of patient.

Dated, 19.... Name of person making request

Street and number

Town or city

County

State

Telephone number

Telegraphic address

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

I,, of, in the county of, and State of New Jersey, do hereby certify that I am a graduate of and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years; that I have on the day of 19... (*State specifically the date upon which examination was made*), made a personal examination of, alleged to be insane and whose admission into the New Jersey State Hospital at Morris Plains has been requested by, of, and I am of the opinion that the said is insane, and a proper person to be committed to and confined in said Hospital; that I am not the superintendent, proprietor or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said

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

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

2. Name and birthplace of father; maiden name and birthplace of mother

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

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

5. If the patient is afflicted with any infirmity or disease other than insanity, state it and describe it.

6. Is the patient cleanly or uncleanly in personal habits? (*If uncleanly, state in what particular.*)
.....

7. If the patient exhibits or has exhibited violence, destructiveness, excitability, depression, homicidal, suicidal or dangerous tendencies, state all such symptoms in detail.
.....

8. What in your opinion is the cause of the insanity of the patient? (*Give both predisposing and exciting causes.*)
.....

9. Is there any history of insanity in the patient's family? (*If so, state the exact relationship of the patient to the insane relative.*)
.....

10. Does the patient use beer, liquor, tobacco, opium, cocaine or any other drugs; if so, to what extent?
.....

11. State any irregularities of sleep, appetite or other bodily functions.
.....

The following are the prominent symptoms upon which my diagnosis of the insanity of the said is based:
.....

The patient said in my presence (*Give patient's exact words. If the patient maintains a persistent silence, so state.*)
.....

The patient's behavior was as follows: (*State here manner, actions and demeanor.*)
.....

The patient's general appearance at the time of my examination was (*State here condition of clothing, whether patient was tidy or untidy, orderly, cleanly or otherwise.*)
.....

The following facts indicating insanity have been communicated to me by the persons hereinafter mentioned: (*State here names of informants and what, if any, important change has been observed in the patient's disposition, social habits, physical health and ability to follow usual avocation.*)
.....

I am of the opinion that the aforesaid
is insane and a proper person to be committed to an institution for
the care and treatment of such patients, and this opinion is based
upon all the foregoing facts.

.....
Physician.

AFFIDAVIT.

State of New Jersey, county of, ss.—
being duly sworn, according to law, on his oath says, that he is
the physician named in and who made and subscribed the fore-
going certificate; that he has read the same and knows the con-
tents thereof, and that the facts, matters and things therein set
forth are true, to the best of his knowledge, information and belief;
and that the examination upon which the foregoing certificate is
based was made on the.....day of.....19....
.....M. D.

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

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

I,, of, in the county of, and State of
New Jersey, do hereby certify that I am a graduate of
and a permanent resident of the State of New Jersey, and have
been in actual practice as a physician for at least five years; that
I have on the day of 19...
(*State specifically the date upon which examination was made*),
made a personal examination of, alleged to be
insane and whose admission into the New Jersey State Hospital
at Morris Plains has been requested by....., of,
and I am of the opinion that the said
is insane, and a proper person to be committed to and confined in
said Hospital; that I am not the superintendent, proprietor or an
officer, or a regular professional attendant, or financially inter-
ested in said Hospital, nor am I a near relative either by blood or
marriage, or guardian or trustee of the said

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

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

2. Name and birthplace of father; maiden name and birthplace of mother

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

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

5. If the patient is afflicted with any infirmity or disease other than insanity, state it and describe it.

6. Is the patient cleanly or uncleanly in personal habits? (*If uncleanly, state in what particular.*)

7. If the patient exhibits or has exhibited violence, destructiveness, excitability, depression, homicidal, suicidal or dangerous tendencies, state all such symptoms in detail.

8. What in your opinion is the cause of the insanity of the patient? (*Give both predisposing and exciting causes.*)

9. Is there any history of insanity in the patient's family? (*If so, state the exact relationship of the patient to the insane relative.*)

10. Does the patient use beer, liquor, tobacco, opium, cocaine or any other drugs; if so, to what extent?

11. State any irregularities of sleep, appetite or other bodily functions.

The following are the prominent symptoms upon which my diagnosis of the insanity of the said is based:

The patient said in my presence (*Give patient's exact words. If the patient maintains a persistent silence, so state.*)

The patient's behavior was as follows: (*State here manner, actions and demeanor.*)

The patient's general appearance at the time of my examination was (*State here condition of clothing, whether patient was tidy or untidy, orderly, cleanly or otherwise.*)

The following facts indicating insanity have been communicated to me by the persons hereinafter mentioned: (*State here names of informants and what, if any, important change has been observed in the patient's disposition, social habits, physical health and ability to follow usual avocation.*)

I am of the opinion that the aforesaid is insane and a proper person to be committed to an institution for the care and treatment of such patients, and this opinion is based upon all the foregoing facts.

.....
Physician.

AFFIDAVIT.

State of New Jersey, county of, ss.— being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief; and that the examination upon which the foregoing certificate is based was made on the.....day of.....19....

.....M. D.

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

.....

Maintenance Bond.

Whereas, of, an insane person, has been admitted as a patient into the New Jersey State Hospital at Morris Plains, N. J.:

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

In Witness Whereof, We have hereunto set our names this day of, in the year 19

(Name) [L. s.]
 (Residence)
 (P. O. Address)
 (Name) [L. s.]
 (Residence)
 (P. O. Address)

Signed and sealed in the presence of

Removal Bond.

Know all men by these presents, that held and firmly bound unto the State of New Jersey in the penal sum of dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals, and dated this day of, in the year of our Lord one thousand nine hundred and

Whereas of the county of hath heretofore been, and still is, confined in the New Jersey State Hospital at; and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said is manifestly, and can probably be rendered comfortable at, and said Managers are willing to discharge said and to deliver to relatives or friends, upon receiving satisfactory security for peaceable behavior, safe custody and comfortable maintenance without further public charge;

Now, therefore, the condition of the above bond or obligation is such that if the said, or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said, and provide for a comfortable maintenance, so that shall not be a charge on the public, then said bond or obligation to be void, otherwise to continue in full force and virtue.

. [L. s.]

. [L. s.]

Sealed and delivered in the presence of

