

FAIRLEIGH DICKINSON UNIVERSITY

THIRTY-FIFTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

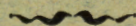
New Jersey State Hospital

AT

MORRIS PLAINS

For the Year ending October 31st

1910

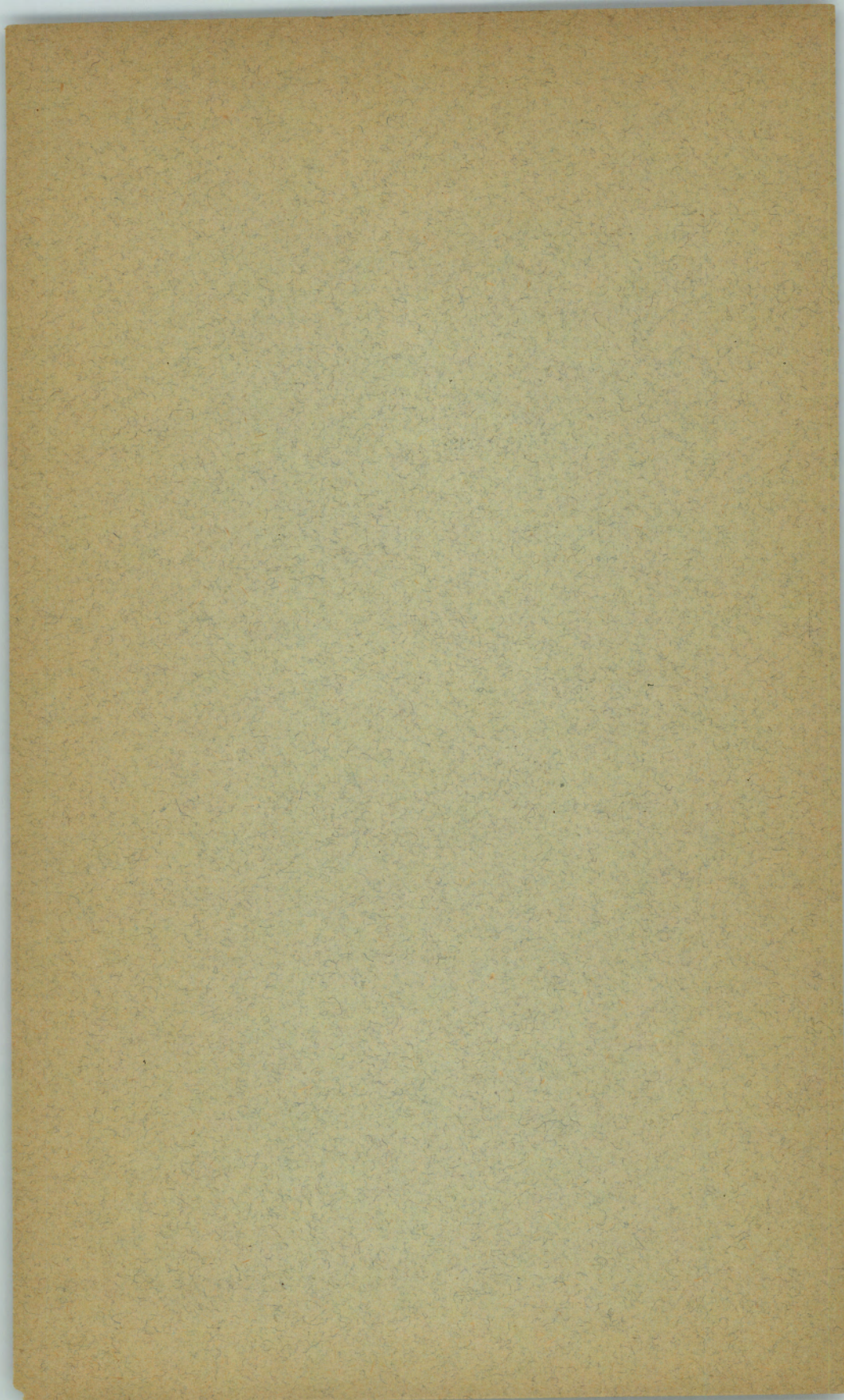


BURLINGTON, N. J.

ENTERPRISE COMPANY, STATE PRINTERS

1911

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Managers.

President.

JOHN C. EISELE Newark

Vice-President.

JAMES M. BUCKLEY, D. D. Morristown

JOHN A. McBRIDE Deckertown.

DAVID ST. JOHN, M. D. Hackensack.

PATRICK J. RYAN Elizabeth.

JOHN T. GILLSON, M. D. Paterson.

GEORGE W. JAGLE Newark.

JOHN NEVIN, M. D. Jersey City.

Officers.

Medical Department.

BRITTON D. EVANS, M. D. Medical Director
PETER S. MALLON, M. D. First Assistant Physician.
FREDERICK C. HORSFORD, M. D. Second Assistant Physician
and Pathologist.
E. MOORE FISHER, M. D. Third Assistant Physician.
LOUIS K. HENSCHER, M. D. Fourth Assistant Physician.
GEORGE A. ANDERTON, M. D. Fifth Assistant Physician.
MARCUS A. CURRY, M. D. Sixth Assistant Physician
GEORGE R. HAMPTON, M. D. Interne
FRODE HEIMAN Assistant Pathologist.

Business Department.

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



Board of Consultants.

STEPHEN PIERSON, M. D. Physician.
JAMES T. WRIGHTSON, M. D. Physician.
EDWARD J. ILL, M. D. Gynecologist.
JOSEPH BRETTAUER, M. D. Gynecologist.
PHILANDER A. HARRIS, M. D. Gynecologist.
JOSEPH FEWSMITH, M. D. Neurologist.
CHRISTOPHER C. BELING, M. D. Neurologist.
WILLIAM J. ARLITZ, M. D. Surgeon.
FRANCIS H. GLAZEBROOK, M. D. Surgeon.
H. AUSTIN COSSITT, M. D. Gastro-Enterologist.
L. L. MIAL, M. D. Eye, Ear, Nose and Throat.
E. BLAIR SUTPHEN, M. D. Eye, Ear, Nose and Throat.
H. J. F. WALLHAUSER, M. D. Dermatologist.
WILLIAM G. SHARP, D. D. S. Dentistry.

Report of the Board of Managers

To His Excellency, John Franklin Fort, Governor of the State of New Jersey:

In harmony with the laws of the State, the Board of Managers of the New Jersey State Hospital at Morris Plains herewith respectfully submits its Thirty-Fifth Annual Report, and the fifteenth annual report since the Legislature passed an Act requiring that of the eight Managers there shall be no more than four of the same political party, thus placing the State Hospitals under a strictly non-partisan administration.

This report covers the period from November 1st, 1909, to October 31st, 1910.

The population of the institution at the close of the Hospital year was 2,118—1,093 men and 1,025 women—an increase of 59 patients. This increase is less than during the two preceding years, and is accounted for by the fact that upon the completion of its new County Hospital at Cedar Grove, Essex County removed 50 patients to that institution. Just prior to the removal of these patients the highest census ever obtained by this Hospital was reached, when 2,137 were under treatment.

During the hospital year covered by this report, 276 men and 243 women were admitted, a total of 519.

The report of the Medical Director, whose attention to every detail of his department is recognized with satisfaction and approval, abounds with important statements adapted to illuminate the minds of those who are interested in the beneficent work of the institution and also those who are executive or legislatively responsible to the State for its management.

It is gratifying to be able to report an increased percentage of recoveries during the year. They amounted to 26.2, based upon the number admitted during the year and shows a gain of 1.2 over the preceding year. It will be encouraging to some to know that 86 per cent. of those who were restored gained their mental equi-

librium within twelve months after their admission. During the year 6.71 of all under treatment in this Hospital died.

The Treasurer's report shows that the financial condition of the Hospital continues to improve.

The chief officers of the institution have furnished detailed reports, which have been examined and approved by the Board and are herewith presented for your consideration.

The report of the Warden, whose work during last year has been very satisfactory and productive, as made to the Board is greatly abridged, but not to such a degree as to obscure important facts in relation to his department.

RECOMMENDATIONS.

We have to present several important recommendations to Your Excellency.

We beg herewith again to suggest the advisability of making it one of the duties of the State Department of Charities and Corrections to supervise, visit and report upon the County Hospitals for the insane and in order that this may be done, we respectfully suggest that an Act of the Legislature be passed relieving this Board of the duty and responsibility of exercising general control over these institutions. As the Board has no control over the County Hospitals for the insane they cannot enforce any changes and thus have no corrective influence; and having no special authority to make a thorough examination our visitations and reports are necessarily perfunctory.

So long as the law remains as it is, the Managers are willing to inspect the County institutions, but are convinced that it could be done more appropriately and effectively by the above-mentioned Department.

CROWDED CONDITION OF THE HOSPITAL.

The two great buildings of the institution were originally erected to contain 1,500 patients. At present they are crowded with 2,118. Every patient above 1,500 is an incubus upon the institution. We present to Your Excellency the specific difficulties and dangers this crowded condition compels:

One of the greatest evils is the difficulty of proper classification and the dangers arising out of the impossibility of proper supervision, making suicides and homicides more easily committed.

Two of the elements of this overcrowding consist of the number of convicts and criminals. The convict comes from the prison; the criminal in this classification is a person who having committed a crime would have been a convict, but being insane is blameless and being dangerous must be cared for by the State. There are at the present time in the Hospital 66 convicts and 30 unfortunate criminals. The convict necessarily brings into the institution all his evil elements, his bloodthirsty tendencies, his cunning and his deception. If an institution to hold all convict and criminal insane in the State were erected, there would be room in the Hospitals for the insane for more unfortunates than there is now.

TUBERCULOSIS.

What the Medical Director has said in his report about this ever-present malady is in substance as follows:

"Tuberculosis is now regarded as an infectious disease. Last year there were in this Hospital 41 persons suffering from tuberculosis and among *persons deprived of their reason* it is impossible to enforce the observance of such proprieties of conduct as will prevent the spread of tubercular infection."

This being the fact, the great need of facilities for isolating the victims of this disease and at the same time ensure them special sanitary aids to recovery, is apparent.

The last Legislature appropriated the sum of \$3,500 for tubercular shacks. The State Architect drew plans for a small building. Bids for building the same were advertised for and received, but greatly exceeded the appropriation; and as no suitable building could be erected for the sum, upon the advice of the State Architect the appropriation was allowed to lapse. We hope that an adequate appropriation for this purpose may be made.

NEED OF COTTAGE FOR MALE NURSES.

The nurses' cottage for women has vindicated itself by improved health among the nurses, more satisfaction with their positions and by releasing more space for patients. A great need of the Hospital is the proper accommodation for male nurses. The needed building should accommodate 100 nurses and provide for them homelike surroundings. Its necessity is clearly indicated and the wisdom of the construction of such homes has been demonstrated in numerous States of the Union. For this purpose an appropriation will be asked.

SERIOUS NEED OF ADDITIONAL PHYSICIANS ON STAFF.

This Board approves of the suggestion made by the Medical Director in his report relative to the necessity for the appointment of two additional assistant physicians upon the Medical Staff.

The Medical Staff has not been increased along with the increasing population of the Hospital and has the same number of physicians upon it as it had when the population of the Hospital was 600 less than it is now.

This Board passed a resolution providing for an increase of the Medical Staff by the election of two additional members. This resolution was approved by Your Excellency, but because of the omission on the part of the Legislature to appropriate funds for the payment of such physicians we have been forced to get along without this much needed help in the Medical Department.

ESSEX COUNTY HOSPITAL FOR THE INSANE.

As careful an inspection of the Essex County Hospital for the Insane as our relation to the institution will allow, enables us to report that the Medical Department is being so conducted as to entitle it our commendation. Dr. Guy Payne is the Acting Medical Director in Charge, with four regular assistants and one interne. Since our last visit the Business Department has been placed in charge of Mr. Charles A. Steadman, as Warden.

The buildings are new and architecturally modern and so arranged and constructed as to offer every reasonable opportunity for scientific treatment and humane care of the patients. On the grounds are two fine buildings for nurses—one as a living place or home for men nurses; the other for women nurses. This provision for people who have long hours at the bedside of the insane sick has our unqualified approval.

Another edifice, separate and apart from the main building is an Amusement Hall, which provides wisely for the entertainment of the patients.

The institution is well equipped with nurses, having a ratio of practically one nurse to eight patients. An adequate corps of competent and reliable nurses goes far to guarantee the safety and proper care of the patients and preserves the essential interest of the Hospital.

The vast amount of money expended by Essex County in providing for its insane would suggest the necessity of a management

divorced from partisan politics. The series of unpleasant and unfortunate occurrences in this large County institution for the insane emphasizes the wisdom of the action of the State Legislature in 1894 and 1897 in placing the management of the two State Hospitals strictly upon a non-partisan basis, which order of management has since been continuously maintained.

The census of the Essex County Hospital at the time visited was as follows:

Patients.		Nurses.	
Male	622	Male	72
Female	767	Female	81
	<hr/>	Supervisors	5
Total	1389	Total	158

PASSAIC COUNTY INSTITUTION.

In the Department for the Insane, of the Passaic County Poor House, there are 41 patients—10 men and 31 women. They are mostly aged and peaceable and the conditions, under the circumstances, are adequate.

HUDSON COUNTY HOSPITAL FOR THE INSANE.

At the time of our visit there were in the Hudson County Hospital for the Insane 662 patients—298 men and 364 women.

This Hospital is very much overcrowded, particularly the male wards. It is presided over by Dr. George W. King, Medical Superintendent, who has held the superintendency of the institution for many years and continues both ably and acceptably to care for the inmates of the Hospital.

With the exception of the new wing erected for women, the buildings are old, unsatisfactory in construction and poorly located. Besides this there are most objectionable conditions which cannot be remedied so long as the institution remains where it is. This County Hospital which is intended for the care and treatment of the sick, has been made one of a group of County institutions which should not be in close proximity to such a Hospital. On the same property, known as "Snake Hill," are to be found the County Almshouse, the County Penitentiary, a Small-pox Hospital, a Hospital for Tubercular patients and a brick building known as the "Pest House" for contagious diseases.

The presence of these penal institutions and those for infectious diseases makes the present site of the institution for the insane

very undesirable and out of accord with the principles and opinions laid down by persons best qualified to speak on the subject.

Since it is evident that something must be done to make suitable provision for the insane of Hudson County, it would seem that the proper course would be to select a more suitable site; one where insane patients will not be brought into contact with criminals of the penitentiary and the inmates of the other County institutions mentioned.

The present location is not only not an ideal one, but it is far from a satisfactory one. It appears that to legalize the purchase of a new site and erect a Hospital upon it, an Act of the Legislature is necessary. It is the unanimous judgment of this Board that such an Act should be passed as soon as possible.

Respectfully submitted,

JOHN C. EISELE, *President*,
JAMES M. BUCKLEY, *Vice-President*,
JOHN A. McBRIDE,
DAVID ST. JOHN,
PATRICK J. RYAN,
JOHN T. GILLSON,
GEORGE W. JAGLE,
JOHN NEVIN,

Managers.

October 31st, 1910.

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 showing available appropriations for maintenance, receipts and disbursements from November 1, 1909, to October 31, 1910, inclusive:

Appropriation For Fiscal Year Ending October 31st, 1910.

Bills rendered against the State and allowed:

For County Patients	\$135,066.58
For State Indigents	109,601.02
For State Convicts	17,364.30
	<hr/>
	\$262,031.90

Collections made by the Hospital Treasurer paid to the New Jersey State Treasurer:

From Sundry Counties	\$153,776.92
From Private Patients	81,374.90
From sale of hides, tallow, etc.	6,775.06
From Sundries, etc.	541.11
	<hr/>
	242,467.99

\$504,499.89

Funds received from State Treasurer chargeable against this appropriation:

For bills	\$340,611.64
For employes' payrolls	163,849.11
	<hr/>
	504,460.75

Balance of appropriation in hands of State Treasurer unexpended October 31, 1910, which will lapse..... 39.14

Receipts.

From State Treasurer for sundry charges against Hospital:

For bills	\$340,611.64
For employes' payrolls	163,849.11
For officers' payrolls	16,214.36
	<hr/>
	\$520,675.11

Collections by Hospital Treasurer during October, 1910, payable to New Jersey State Treasurer November 1, 1910, part of appropriation for fiscal year beginning November 1, 1910:

From Sundry Counties	\$ 11,330.38	
From Private Patients	15,352.10	
From hides, fat, etc., sale of	499.03	
From Sundries	40.00	
		27,221.51
		\$547,896.62

Disbursements.

By bills paid	\$340,611.64	
By employes' payroll paid	163,849.11	
By officers' payroll paid	16,214.36	
		520,675.11

Balance payable to State Treasurer, Nov. 1, 1910..... \$27,221.51

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

Respectfully submitted,

H. P. LINDABURY,
Treasurer.

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

November 10, 1910.

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.

(Signed) GEORGE W. JAGLE,
JOHN A. McBRIDE,
P. J. RYAN,
Auditing Committee.

Report of the Medical Director.

To the Board of Managers:

GENTLEMEN—I have the honor to herewith present to you the thirty-fifth annual report of the Medical Department of The New Jersey State Hospital at Morris Plains. This report covers the Hospital year beginning November 1st, 1909, and ending October 31st, 1910.

In presenting this document, it gives me pleasure to submit to you in a condensed form an official record of a year of gratifying clinical results not marred by serious incidents such as may come to any institution of this kind though conducted with much care and utmost vigilance.

SYNOPSIS OF THE STATISTICAL TABLES.

During the Hospital year covered by this report, 276 men and 243 women were admitted—a total of 519. This is a greater number of admissions than during any similar period in the history of the Hospital. The population of the institution at the close of the year was 2,118—1,093 men and 1,025 women; an increase of 59 patients over the number under care on October 31st, 1909. This increase is less than during the two preceding years, and is accounted for by the fact that Essex County removed 50 patients upon the completion of the new County Hospital at Cedar Grove. Just prior to the removal of these patients the highest census ever attained was reached, when 2,137 were under treatment.

During the year 1,326 men and 1,252 women—2,578 in all—received treatment. The patients at the end of the year were classified as follows: 1,813 indigent patients, 209 pay patients, 66 convicts and 30 criminals.

Of those admitted 259 were County indigent, 134 State indigent and 126 pay patients.

Since the opening of the Hospital thirty-four years ago 9,981 patients have been received.

In the special table entitled "Table Showing the Manner of

Support, Residence and Legal Classification," it will be found that the patients who are supported entirely by the State number 604, or 28 per cent. of the total population. Of these 538, or 25.4 per cent. are State indigent and 66, or 3.11 per cent. are convicts.

With reference to the patients admitted, about 33 per cent. were diagnosed as suffering from mania or mental exaltation. This percentage shows no change from last year. Fifty-six patients had a history of homicidal tendencies. The principal forms of mental disease included in these maniacal states were mania acute, with a percentage of 14.45 and mania toxic, 15.02 per cent.

In 21.2 per cent. of the admissions dementia was manifested, while 18.7 per cent. were afflicted with melancholia or mental depression. Suicidal tendencies were said to have been exhibited in 104 cases.

The cases of adolescent insanity (*dementia præcox*) have increased from 12 per cent. in the preceding year to 17 per cent. in the year covered by this report.

In over 24 per cent. of those admitted a history of hereditary taint was ascertained. In many cases, however, it was impossible to secure reliable data regarding heredity, because of the reluctance of relatives to enter into the intimate phases of the family history, and the percentage given is therefore not as large as I believe the facts would warrant. This is evidenced by the fact that hereditary taint was assigned as the cause of insanity in but 7.7 per cent. of the admissions, while later information obtained showed the percentage above set forth.

The statistics for the past year show an increase of cases in which intemperance and other excesses are given as the cause of mental alienation, amounting to 17 per cent. of those admitted.

Of the physical diseases accompanying mental disorder the following were most frequently found: Arteriosclerosis, in 68 cases; endocarditis, in 36, and nephritis, in 27. These conditions were frequently associated.

The patients admitted who were born in the State of New Jersey numbered 179. One hundred and thirty-seven were natives of the other States, while 203 were of foreign birth.

It is gratifying to report an increased percentage of recoveries during the year. The recoveries amounted to 26.2 per cent., based on the number admitted, and shows a gain of 1.2 per cent. over the preceding year. Over 86 per cent. of those who were restored

gained their mental equilibrium within twelve months after their admission.

During the year 173 patients, or 6.71 per cent. of those under treatment, died. The mental disease in 68 per cent. of these cases was dementia.

Table XXI gives the physical complications responsible for death.

CONVICTS AND CRIMINALS.

Nearly one-twentieth of the Hospital population are convicts and criminals, which makes it evident that the State should make provision for the segregation of this class. Their presence among the non-criminal insane is obviously objectionable from an ethical and disciplinary standpoint, as well as a sense of justice to the other patients.

I have in numerous reports plainly written upon this subject. No relief can come except through an appropriation for the construction of a suitable building for the insane convicts and criminals of the State. A bill was introduced by the last Legislature providing for the construction of a building upon the grounds of the Trenton State Hospital, but it failed of passage.

To keep such patients segregated would be less expensive to the public, safer and more in the promotion of the interests of those insane persons whose lives have been untainted by crime.

This matter is of the most serious import to every family in the State whose relatives are afflicted with mental disorder and confined in either of the State Hospitals.

If this proposition was experimental there might be some reason to question its practicability. It is a tried-out and proven fact that the convict insane and insane criminals can best be cared for in buildings suitably constructed for them. Both the State Hospitals are more than taxed to their full capacity; in fact, their present crowded condition endangers the safety of the patients, makes satisfactory classification impossible and seriously operates against the highest order of scientific treatment.

It is reasonable to assume that the State of New Jersey desires to give her insane every reasonable opportunity to recover and the physicians of the State Hospitals such conditions as will enable them to properly care for the unfortunate class under their care.

The time has come when something must be done to relieve the

congested condition of the State Hospitals. To relieve them of their criminal classes would be a magnanimous step in that direction.

TUBERCULOSIS COTTAGE.

An appropriation was made by the last Legislature for the purpose of constructing a cottage or shack for the care and treatment of tubercular patients.

A request was made for \$7,000, this amount being in accordance with the advice of competent and well-equipped architects. The high price of building material and such labor as is necessary for construction work of this kind made it clear that \$7,000 would be but a very modest beginning in providing for the tubercular insane of this institution. It is to be regretted that the Legislature did not deem it wise to appropriate but \$3,500. After several efforts to obtain plans for a structure within the appropriation, it was found that the amount was insufficient for the construction of a building which would be of any real service to the Hospital and the \$3,500 appropriated was allowed to lapse into the State Treasury.

The Hospital is still without means for isolating or properly segregating tubercular patients. This, to my mind, is a serious matter and is worthy of prompt and serious consideration. The normal capacity of this Hospital is about 1,650. The Hospital year closed with 2,118 patients. These figures make it clear that the institution is overcrowded and to any student of hospital work it indicates the necessity of protection against infectious and contagious diseases. Even if we were not suffering from an overcrowded population it would be but simple wisdom to provide buildings which would protect the population of the institution from the spreading of infectious and contagious diseases; but with the Hospital over-populated the infection of the institution by dangerously infectious and contagious maladies would amount to a calamity.

From year to year I have treated this subject as elaborately as the space in an Annual Report would permit. I again briefly direct your attention to the urgent necessity of placing before the Governor and the Legislature this Hospital's need of buildings for the care of patients suffering from infectious diseases, prominently among them our tubercular patients.

There were in the Hospital during the year 41 persons suffering from tuberculosis. Sane persons suffering from this dire disease spread the infection freely, but among persons deprived of their reason it is impossible to enforce the observance of such proprieties of conduct as will prevent the spread of tubercular infection. Throughout this country the necessity of separate buildings for consumptives has been appreciated and in the most progressive State institutions for the insane have been protected by the construction of shacks and cottages for the segregation of their tubercular insane.

I submit this important matter to you in order that it may again go before those to whom we naturally look for the solution of problems of so great gravity.

WORK SHOPS.

The curative effects of employment of insane patients has been fully appreciated for more than half a century. I have from year to year laid this matter before you in my reports. I desire to again emphasize the wisdom and importance of providing additional means for the employment of the patient population of this Hospital.

The nearly 900 acres of land offers employment to a large percentage of patients such as are willing or inclined to take an interest in farming, gardening, grading and landscape work. The institution has, however, in it a number of professional men, artists, skilled mechanics and persons whose inclinations make the digging and cultivation of the soil unattractive or objectionable.

Other similar institutions have found that the establishment and operation of shops of highly ergo-therapeutic importance, for the reason that they not only serve to employ the mind and give physical exercise, but in addition to this they give a return to the institution in the utilization of the physical and mental energies of the patients so as to yield products useful to the institution. The establishment and operation of such industries as making brushes, willow work, the caning of chairs, manufacture of brooms, basket making, a small printing office, bookbinding, furniture making, mattress making and the making of numerous useful and ornamental articles, would be helpful to the patients and give such a return to the Hospital as would render the maintenance of such shops without expense to the State and at the same time would not

put them in competition with organizations doing similar work in the outside world.

I look upon this problem as an important one and again suggest that an appropriation be asked sufficient to enable us to give our patients reasonable employment. Insane patients properly employed are much less destructive and the outlook for their ultimate recovery and restoration to usefulness to society at large is thereby greatly improved.

A very considerable percentage of patients in this Hospital is disinclined to engage in any sort of labor. For this class of patients various forms of amusement are provided, such as lawn tennis, baseball, golf, croquet, quoits, bowling, billiards, pool, cards, checkers, chess, etc. The moving picture machine or Projecting Kinetoscope furnishes a satisfactory order of entertainment to the patients and the weekly dance is always a source of much enjoyment to them.

HOME FOR MALE NURSES.

The greatest guaranty for the safe administration and conduct of any large hospital for the insane can be given through securing and retaining in its service of a corps of reliable, conscientious and competent nurses. A large Hospital for the care of the insane may have efficient officers and every reasonable architectural equipment and still be a decided failure in the promotion of the paramount objects of its organization and maintenance. The nurse is the absolute necessity. Good, faithful and intelligent nurses give the greatest assurance possible of safety, humane treatment, tender care and protection of the sick. Ninety-five per cent. of all the serious conditions which have arisen in institutions for the insane may be traced to the wilful or ignorant conduct of incompetent, careless, vicious and unprincipled nurses.

In order to command the services of persons who by temperament, education and moral equipment are fitted to care for the insane, it is necessary to provide conditions which will attract such persons to the service and it is further necessary to surround them with such an order of home life as is calculated to induce them to remain in the service.

I have in several reports brought to your attention the advisability of following the example of a large number of State institutions for the insane in constructing nurses' homes or cottages for

nurses. The meagre wages paid nurses who look after insane patients in the State Hospitals of New Jersey does not operate to readily attract a sufficient number of reliable and competent applicants. The graduate nurse doing general nursing commands from \$20 to \$30 per week with maintenance. Our State Hospitals pay on an average of about \$7 per week with maintenance. The law of supply and demand promptly takes a large percentage of our graduate nurses from us. It cannot be reasonably expected that a State hospital for the insane can retain the services of well-equipped and competent nurses for small wages, give them long hours of service and then compel them to sleep and make their abode upon the wards with noisy, troublesome and disturbing patients. A careful study of this phase of hospital work has shown that nurses' homes or nurses' cottages are a positive necessity to a high order of State Hospital work.

No hospital for the insane should have less than one nurse to every ten patients. This hospital has more than 2,100 patients and therefore should have at least 210 nurses.

An appropriation was made for a nurses' cottage which would accommodate about 50 nurses. This leaves 160 nurses to sleep on the wards among the patients and without such surroundings as characterize home life of such environment as is calculated to make comfortable and contented the hard-working and conscientious nurse.

For the reasons which I have set forth, I submit to you the necessity of asking an appropriation of the Legislature for the purpose of constructing a building for male nurses. The nurses' cottage which we now have is occupied by a part of the women nurses.

CONSULTING STAFF.

The appointment of a consulting staff of physicians and surgeons has proven to be a valuable aid to the hospital work.

Men of marked ability in their respective specialties have been chosen. They give their services without cost to the Hospital. Their counsel and professional services are of a high order and the Hospital is fortunate to be able to command the aid of such a corps of able consultants.

The Medical Director and resident staff heartily approve this important innovation.

VOLUNTARY PATIENTS.

The Voluntary Commitment Law, Chapter 184, page 304, Laws of New Jersey, 1910, has operated with gratifying results. While as yet few patients have been admitted under the law, numerous inquiries have been made about it and much interest manifested in it. It provides an expeditious method of admitting to institutional care those persons clearly needing treatment and personally applying for it. Being a voluntary act on the part of the person admitted it cannot be seriously criticised by such persons as seem ever ready to look with suspicion upon the forced detention of persons who are a menace to society and incapable of taking care of themselves because of incipient mental disease.

CIVIL SERVICE COMMISSION.

During the year the Civil Service Commission has given this Hospital its fullest support. All official communications sent to that department have received courteous and efficient attention and consideration, and in turn it has been a pleasure to the officers of this Hospital to respond to the demands of a Commission which constantly manifests readiness and willingness to promote a high order of hospital work.

IDIOTS.

From time to time idiotic children are brought to this Hospital with admission papers upon the forms prescribed by law for the admission of insane persons.

The law of 1893 defines the term insane or lunatic in such a manner that under this term an idiot is not eligible to admission to the State Hospitals.

Paragraph 47 reads as follows:

“And be it enacted, The terms “lunatic” and “insane” as used in this act, include every species of insanity and extend to all deranged persons and to all of unsound minds other than idiots; a word denoting the singular number is to include one or many; and every word importing the masculine gender only, may extend to and include females.”

It is unfortunate that the State of New Jersey has no institution for idiots and imbeciles. The State Hospitals are not suitable places in which to keep this helpless class and are not equipped in

such a manner as to give such persons the care and attention their mental deficiencies and bodily conditions demand.

While I am of the opinion that the law denying them admission to the State Hospitals is a proper one, I am of the firm conviction that is the duty of the State to make suitable provision for the care and treatment of this helpless class.

The State of New Jersey maintains a part of its idiots and imbeciles in the State of Pennsylvania and others are cared for in Vineland. The training school at Vineland is limited in its capacity and cannot and does not accept all such as make application for admission. The presence of a mentally defective child in the household very often seriously interferes with the prosperity and bread-winning qualities of the entire family.

Almost all of the older States of the Union have built institutions for the care, treatment and training of their feeble-minded or mentally defective, and in my judgment the State of New Jersey should do the same.

TRAINING SCHOOL.

In 1894, with the approval of the Managers, I organized a training school for nurses so that those attendant upon the insane might be given a practical course of instruction in medical and surgical nursing and special instruction in caring for such persons as come to an institution of this kind.

The work of this school has been, from the time of its organization, prosecuted with earnestness by the physicians of the Hospital staff, the supervisors and competent graduate nurses. Didactic lectures have been delivered regularly, followed by instruction on the wards and at the bedside.

A two years' course of study is obligatory, after which candidates for graduation are required to take written and oral examinations. A general average of not less than 75 per cent. is required for graduation. Those nurses who have taken the prescribed course and passed satisfactory examinations are awarded diplomas. Since the opening of the school at this Hospital, 181 pupils have graduated and received diplomas.

It is unfortunate for the Hospital that graduates cannot be offered such remuneration as will induce them to remain in the service. Of the 181 graduates but 29 are now in the service of this Hospital. The greater part of the graduates of this school

have gone into general nursing, but a large percentage of them have been taken into the nursing corps of the United States Government. This is, in a way, complimentary to our school and those who have graduated from it, but I am of the opinion that it is of cardinal importance to retain in the service high-grade graduate nurses.

That Hospital which retains in its service the best corps of nurses will give the most satisfactory account of its work in caring for and healing the mentally sick.

The order of instruction for nurses at this Hospital may be briefly set forth by giving the subjects of instruction and the names of the lecturers and teachers, which are as follows:

Dr. Britton D. Evans: Mental Diseases, Ethics of Nursing.

Dr. Peter S. Mallon: Medicine and Medical Nursing.

Dr. E. Moore Fisher: Hygiene, Obstetrics.

Dr. L. K. Henschel: Physiology, Dietetics, Hydrotherapy, Electro and Mechano Therapeutics, Urinalysis.

Dr. George A. Anderton: Materia Medica, Therapeutics and Toxicology.

Dr. Marcus A. Curry: Physics, Chemistry.

Dr. George R. Hampton: Anatomy, Surgery and Surgical Dressing.

Miss Mary R. Keegan, Supervisor: Ward Work and Discipline.

Miss Phoebe J. Northwood, Supervisor: Bandaging.

Miss Margaret Barrett, Supervisor: Bandaging, Diet Preparation.

Mr. Leland C. Roberts and Miss Julia B. McGuire: Nurses in charge of Departments of Hydrotherapy.

Mr. Henry Cook, Nurse: Feeding, Diet and Bandaging.

At the close of the last session, eleven women and two men were graduated and received diplomas.

PATHOLOGICAL REPORT.

The following is a brief statement of the character of the work done in the laboratory during the past year, under the supervision of Dr. Frederick C. Horsford:

Laboratory Examinations.

Examinations of—			
Urine:	Chemical and microscopical	618	
	For tubercle bacillus	2	
	Bacteriological	2	
			622
Blood:	Complete cytology of	14	
	Leucocyte and differential count	17	
	Gruber-Wedal serum test	23	
	For Malaria	7	
	Bacteriology of	5	
			66
Sputum	80	80	
Stomach Contents	10	10	
Exudates:	Pharyngeal for Klebs-Loffler's B.	2	
	(Pleural)	2	
	Vaginal	1	
	Urethral	1	
	Conjunctival	1	
	Abscess (Cultures)	1	
	Wound (Cultures)	1	
	For Spirochetæ P.	3	
			11
Cerebro-Spinal Fluid (Bacteriological)	2	2	
Samples of Water (Bacteriological)	8	8	
Tissues (Special histological)	14	14	
Cerebro-Spinal:	Cytological	2	
	Bacteriological	1	
			3
X-Ray	13	13	
			829
Total Examinations			

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

Dementia, paretic	3
Dementia, terminal	9
Dementia, senile	1
Manic-depressive insanity	1
Epileptic insanity	1

15

Of these 8 were males and 7 were females; 14 were white persons and 1 was colored. The average age of death was 49.8 years; extremes of age being 75 and 22 years. The average duration of mental diseases was 14.06 years, the extremes of duration being 46 years and 1½ months.

CHAPEL SERVICES.

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

Rev. F. M. O'Neill, Roman Catholic, Morris Plains.
 Rev. Dr. Ralph B. Urmy, Methodist, Morristown.
 Rev. Barrett P. Tyler, Episcopalian, Morristown.
 Rev. William W. Barker, Baptist, Morristown.
 Rev. W. W. Hammond, Presbyterian, Morris Plains.

Schedule of Chapel Services From November 1st, 1910.

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

"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.

CHANGES IN THE MEDICAL STAFF.

On June 1st, 1910, Dr. A. J. Carroll, Third Assistant Physician, after a service of five years, resigned to enter into private practice. Dr. E. M. Fisher was advanced to third assistant, Dr. L. K. Henschel to fourth assistant, Dr. G. A. Anderton to fifth assistant and Dr. M. A. Curry, who was in the service in the capacity of an interne at the Hospital since last November and who served on the staff at Central Islip previous to coming to this institution, was elected to the position of sixth assistant. Dr. George R. Hampton, who was second interne, was advanced to first interne.

Dr. Frederick C. Horsford, Second Assistant Physician and Pathologist, who has been a member of the staff for nine years, desiring to enter private practice, tendered his resignation to take effect October 31st, 1910. Dr. E. M. Fisher was promoted to second assistant, Dr. L. K. Henschel to third assistant and pathologist, Dr. G. A. Anderton to fourth assistant, Dr. M. A. Curry to fifth assistant and Dr. G. R. Hampton to sixth assistant physician.

CONCLUSION.

I desire to thank you individually and as a Board for the support, encouragement and assistance you have given me always in the performance of the important and often trying duties of my post. Without such aid and counsel my labors would have been more difficult and the unavoidable ordeals incident to my work would have been much more severe. For every aid you have given me and for all your indulgences of any shortcomings I may have exhibited, I desire to tender you my sincerest gratitude.

Respectfully submitted,

BRITTON D. EVANS, M. D.,

Medical Director.

October 31st, 1910.

Statistical Appendix to the Medical Director's Report.

TABLE I.

Showing the Admissions, Discharges and Deaths During the Year Ending
October 31st, 1910.

	Men.	Women.	Total.
In the Hospital October 31st, 1909.....	1,050	1,009	2,059
Patients admitted—			
	Men.	Women.	Total.
First admissions	244	202	446
Re-admissions	32	41	73
Total	276	243	519
Total under treatment during the year.....	1,326	1,252	2,578
Patients discharged—			
	Men.	Women.	Total.
Recovered	69	56	125
Improved	59	68	123
Unimproved	20	18	38
Died	88	85	173
Not insane	1	..	1
Total	233	227	460
Remaining in Hospital—			
	Men.	Women.	Total.
Public	1,002	907	1,909
Private	91	118	209
Total	1,093	1,025	2,118
Whole number admitted from August 17th, 1876, to October 31st, 1910	5,174	4,807	9,981*
Whole number discharged during the same period of time—			
	Men.	Women.	Total.
Recovered	1,218	1,206	2,424
Improved	755	854	1,609
Unimproved	305	330	635
Died	1,770	1,391	3,161
Eloped	31	..	31
Not insane	2	1	3
Total	4,081	3,782	7,863
Remaining October 31st, 1910	*1,093	1,025	2,118

* One male patient carried on elopement.

TABLE II.

Monthly Admissions, Discharges and Averages.

	Admissions.			Discharges and Deaths.			Daily Averages.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1909									
November	21	13	34	22	12	34	1,044.81	1,007.72	2,052.53
December	27	14	41	20	16	36	1,047.83	1,005.92	2,053.75
1910									
January	23	14	37	12	18	30	1,054.06	1,001.99	2,056.05
February	17	23	40	14	13	27	1,066.64	1,005.80	2,072.44
March	35	19	54	16	9	25	1,078.89	1,014.59	2,093.48
April	27	21	48	15	18	33	1,087.42	1,018.37	2,105.79
May	25	24	49	24	16	40	1,094.35	1,023.46	2,117.81
June	22	25	47	50	46	96	1,085.83	1,028.00	2,113.83
July	25	27	52	9	19	28	1,081.92	1,017.78	2,099.70
August	19	23	42	16	25	41	1,090.59	1,012.58	2,103.17
September	17	20	37	11	15	26	1,095.49	1,018.37	2,113.86
October	18	20	38	24	20	44	1,091.41	1,019.13	2,110.54
Total	276	243	519	233	227	460			
Total for the year							1,076.60	1,014.48	2,091.08

TABLE III.

Number of Attacks of Those Admitted.

Attack.	Men.	Women.	Total.
First	179	149	328
Second	36	33	69
Third	14	19	33
Fourth	2	7	9
Fifth and over	5	10	15
Unascertained	40	25	65
Total	276	243	519

TABLE IV.

Age When Attacked of Those Admitted.

Age.	Men.	Women.	Total.
Under fifteen years	12	5	17
Fifteen to twenty years	22	17	39
Twenty to twenty-five years	26	30	56
Twenty-five to thirty years	29	26	55
Thirty to thirty-five years	36	32	68
Thirty-five to forty years	28	24	52
Forty to forty-five years	17	19	36
Forty-five to fifty years	19	19	38
Fifty to sixty years	28	15	43
Sixty to seventy years	11	13	24
Seventy to eighty years	10	10	20
Eighty years and over	1	1	2
Unascertained	37	32	69
Total	276	243	519

TABLE V.

Nativity of Those Admitted.

Nativity.	Men.	Women.	Total.
Alabama	1	..	1
Connecticut	3	..	3
Delaware	2	..	2
District of Columbia .....	..	1	1
Georgia	1	..	1
Illinois .....	..	2	2
Indiana	1	..	1
Louisiana	1	..	1
Maryland	1	..	1
Massachusetts	4	2	6
Michigan .....	..	1	1
Mississippi	1	..	1
New Hampshire .....	..	1	1
New Jersey	108	71	179
New York	30	46	76
North Carolina	2	..	2
Ohio	1	1	2
Pennsylvania	10	10	20
Rhode Island .....	..	2	2
Virginia	2	2	4
Wisconsin .....	..	1	1
United States	2	6	8
Austria	10	6	16
Bermuda .....	..	1	1
Bohemia .....	..	1	1

Canada .....	..	1	1
Denmark	1	..	1
England	12	8	20
Finland	2	1	3
France	1	1	2
Germany	17	17	34
Holland	5	3	8
Hungary	6	8	14
Ireland	18	20	38
Italy	11	9	20
Japan	1	..	1
Lithuania	1	..	1
Poland	2	1	3
Roumania	1	..	1
Russia	12	12	24
Scotland	1	1	2
Sweden	1	1	2
Switzerland	1	2	3
Turkey .....	..	1	1
West Indies .....	..	1	1
Unascertained	3	2	5
Total	276	243	519

TABLE VI.

Residence of Those Admitted.

Counties.	Men.	Women.	Total.
Bergen	37	48	85
Essex	48	50	98
Hudson	44	29	73
Hunterdon	2	..	2
Mercer	1	..	1
Middlesex	2	..	2
Monmouth .....	..	3	3
Morris	27	14	41
Passaic	46	42	88
Somerset	1	1	2
Sussex	11	10	21
Union	38	38	76
Warren	17	7	24
Kentucky	1	..	1
New York	1	1	2
Total	276	243	519

TABLE VII.

Civil Condition of Those Admitted.

Civil Condition.	Men.	Women.	Total.
Single	135	84	219
Married	116	119	235
Widowed	19	40	59
Divorced	2	..	2
Unascertained	4	..	4
Total	276	243	519

TABLE VIII.

Occupation of Those Admitted.

Occupation.	Men.	Women.	Total.
Actors	1	..	1
Artisans	5	..	5
Barbers	2	..	2
Bartenders	2	..	2
Blacksmiths	4	..	4
Bookkeepers	6	2	8
Brickmakers	1	..	1
Brokers	1	..	1
Butchers	3	..	3
Carpenters	11	..	11
Cigarmakers	1	..	1
Civil engineers	1	..	1
Clerks	21	1	22
Coachmen	1	..	1
Compositors	2	..	2
Cooks	1	1	2
Domestics .....	..	31	31
Dressmakers .....	..	2	2
Druggists	2	..	2
Dyers	1	..	1
Electricians	4	..	4
Elevator boys	1	..	1
Engineers	1	..	1
Factory hands	1	4	5
Farmers	6	..	6
Firemen	2	..	2
Gardeners	1	..	1
Hotel keepers	1	..	1
Housekeepers	6	6
Housewives	118	118
Inspectors	2	..	2
Ironworkers	1	..	1
Jewelers	2	..	2

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Laborers	47	..	47
Laundresses	2	2
Lawyers	1	..	1
Linemen	1	..	1
Machine foremen	1	..	1
Machinists	10	..	10
Managers	1	..	1
Marine engineers	1	..	1
Masons	8	..	8
Mechanical engineers	1	..	1
Merchants	10	..	10
Millhands	5	3	8
Millwrights	1	..	1
Miners	3	..	3
Moulders	2	..	2
Nurses .....	..	2	2
Painters	9	..	9
Pattern makers	2	..	2
Physicians	1	..	1
Piano makers	1	..	1
Plumbers	4	..	4
Policemen	3	..	3
Porters	1	..	1
Printers	4	..	4
Restaurant keepers	1	..	1
Salesmen	4	..	4
Saleswomen .....	..	2	2
Scissors grinders	1	..	1
Seamstresses .....	..	2	2
Secretaries	1	..	1
Shoemakers	2	..	2
Shop boys	1	..	1
Silkworkers	4	3	7
Singers .....	..	1	1
Statisticians	1	..	1
Steamfitters	2	..	2
Stenographers	3	3	6
Students	6	1	7
Tailors	2	..	2
Teachers .....	..	2	2
Teamsters	5	..	5
Telegraphers	2	1	3
Tinsmiths	1	..	1
Waiters	1	..	1
Watchmen	1	..	1
Weavers	7	1	8
Well diggers	1	..	1
Wood carvers	2	..	2
No occupation	22	55	77
Unascertained	1	..	1
Total	276	243	519

TABLE IX.

Mental Disease of Those Admitted.

Mental Disease.	Men.	Women.	Total.
Mania, acute	21	54	75
Mania, chronic .....	..	1	1
Mania, epileptic	5	..	5
Mania, puerperal .....	..	6	6
Mania, recurrent	2	4	6
Mania, toxic	56	19	75
Melancholia, acute	18	48	66
Melancholia, agitata	7	12	19
Melancholia, chronic .....	..	1	1
Melancholia, hypochondriacal	4	1	5
Melancholia, involuntal	1	1	2
Melancholia, puerperal .....	..	1	1
Melancholia, recurrent	1	2	3
Dementia, epileptic	1	3	4
Dementia, organic	2	5	7
Dementia, paretic	44	4	48
Dementia, senile	23	23	46
Dementia, terminal	4	2	6
Imbecility	9	..	9
Imbecility, with epilepsy	3	..	3
Imbecility, with mania	1	4	5
Imbecility, with melancholia .....	..	2	2
Insane neuroses, hypochondriasis .....	..	1	1
Insane neuroses, hysteria .....	..	1	1
Insanity, adolescent	54	35	89
Insanity, pubescent	1	3	4
Paranoia	14	10	24
Habitual drunkard	3	..	3
Cerebral syphilis	1	..	1
Not insane	1	..	1
Total	276	243	519

TABLE X.

Manner of Support of Those Admitted.

How Supported.	Men.	Women.	Total.
State	68	66	134
County	143	116	259
Private	65	61	126
Total	276	243	519

TABLE XI.

Alleged Causes of Insanity of Those Admitted.

Causes.	Men.	Women.	Total.
Physical:			
Adolescence	3	..	3
Apoplexy .....	..	2	2
Autotoxemia .....	..	1	1
Cerebral changes .....	..	2	2
Cerebral hemorrhage	1	..	1
Climacteric .....	..	13	13
Congenital	3	1	4
Convulsions in infancy	1	..	1
Epilepsy	7	2	9
Fever .....	..	3	3
General ill health	2	3	5
Heredity	12	28	40
Intemperance and other excesses.....	70	18	88
La Grippe	1	2	3
Masturbation	10	2	12
Menstrual irregularities .....	..	4	4
Neurasthenia	1	..	1
Overwork	9	5	14
Predisposition	3	5	8
Pubescence	1	1	2
Puerperium .....	..	13	13
Sclerosed arteries	1	..	1
Senility	13	16	29
Sexual indiscretions	1	..	1
Sexual perversion .....	..	2	2
Sunstroke	1	1	2
Surgical operation	1	1	2
Syphilis	13	1	14
Traumatism	13	1	14
Tubercular meningitis	1	..	1
Vaso-motor neurosis, etc.	1	..	1
Total	169	127	296
Moral:			
Disappointed affections	1	1	2
Domestic troubles	2	5	7
Financial reverses	6	1	7
Grief	1	5	6
Religious excitement	6	2	8
Shock .....	..	3	3
Worry	13	7	20
Total	29	24	53
Total physical	169	127	296
Total moral	29	24	53
Unassigned	78	92	170
Total	276	243	519

TABLE XII.

Complications of Those Admitted.

Complications.	Men.	Women.	Total.
Acne .....	..	4	4
Anaemia .....	..	9	9
Ankylosis .....	..	1	1
Arcus senilis .....	..	5	5
Arteriosclerosis	31	38	69
Arthritis deformans .....	..	2	2
Astigmatism .....	..	1	1
Blindness .....	..	2	2
Bronchitis	2	7	9
Bullet wound	1	..	1
Cataract .....	..	2	2
Cholelithiasis .....	..	1	1
Cirrhosis	1	1	2
Conjunctivitis .....	..	2	2
Coxsackia .....	..	1	1
Cystitis .....	..	1	1
Cyst of vagina .....	..	1	1
Deafness .....	..	4	4
Decubitus .....	..	2	2
Deformity of right foot	1	..	1
Depression over left eye	1	..	1
Depression of skull	1	1	2
Diarrhea .....	..	1	1
Diastasis of rectal muscles .....	..	1	1
Dislocation of wrist .....	..	1	1
Dysmenorrhea .....	..	1	1
Eczema .....	..	1	1
Edema of lungs	1	1	2
Emphysema .....	..	1	1
Endocarditis	15	21	36
Epilepsy	9	3	12
Epithelioma of lip	1	..	1
Exophthalmia .....	..	1	1
Fibroma of breast .....	..	1	1
Fistula in ano .....	..	1	1
Fracture	2	1	3
Gastritis .....	..	1	1
Genu valgum	1	..	1
Genu varum .....	..	1	1
Goitre .....	..	7	7
Gonorrhoea .....	..	1	1
Hematomae of ears .....	..	1	1
Hemiplegia	2	3	5
Hemorrhoids	2	1	3
Hernia	9	5	14

Hypostatic pneumonia	3	2	5
Hydrocele	1	..	1
Keratitis .....	..	1	1
Kyphosis	1	1	2
Leucorrhoea .....	..	2	2
Lobar pneumonia	2	2	4
Locomotor ataxia	1	1	2
Lordosis .....	..	1	1
Loss of right eye	1	..	1
Mastitis .....	..	1	1
Menorrhagia .....	..	1	1
Metorrhagia .....	..	2	2
Nephritis	15	12	27
Neuritis .....	..	1	1
Obesity .....	..	1	1
Osteomyelitis	1	..	1
Otitis media .....	..	1	1
Pancarditis .....	..	1	1
Pes planus	3	..	3
Phlebitis .....	..	1	1
Pregnancy .....	..	2	2
Presbyopia .....	..	4	4
Prolapsus uteri .....	..	1	1
Psoriasis .....	..	2	2
Pulmonary tuberculosis	5	2	7
Renal calculus .....	..	1	1
Rheumatism	1	1	2
Scoliosis	1	2	3
Scorbutus	1	..	1
Sprained ankle .....	..	1	1
Strabismus	3	1	4
Thickening of pleura	1	..	1
Tonsillitis .....	..	1	1
Varicocele	1	..	1
Varicose ulcers	2	3	5
Varicose veins	1	3	4
Vesico-vaginal fistula .....	..	1	1
Homicidal tendencies	35	21	56
Suicidal tendencies	55	49	104
Without complications	133	89	222

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

TABLE XIII.

Heredity of Those Admitted.

Heredity.	Men.	Women.	Total.
Insanity in family	54	72	126
Hereditary taint denied	53	72	125
Hereditary history unobtainable	169	99	268
Total	276	243	519

TABLE XIV.

Duration of Disease Before Admission.

Duration.	Men.	Women.	Total.
Under one month	66	67	133
One to three months	55	43	98
Three to six months	31	25	56
Six to twelve months	26	21	47
One to two years	22	10	32
Two to three years	14	16	30
Three to four years	7	14	21
Four to five years	8	2	10
Five to ten years	10	11	21
Ten to twenty years	3	11	14
Over twenty years	1	2	3
Unascertained	33	21	54
Total	276	243	519

TABLE XV.

Age When Attacked of Those Restored.

Age.	Men.	Women.	Total.
Under fifteen years	2	1	3
Fifteen to twenty years	8	5	13
Twenty to twenty-five years	9	4	13
Twenty-five to thirty years	6	13	19
Thirty to thirty-five years	9	6	15
Thirty-five to forty years	4	4	8
Forty to forty-five years	6	3	9
Forty-five to fifty years	5	7	12
Fifty to sixty years	8	4	12
Sixty to seventy years	1	3	4
Unascertained	11	6	17
Total	69	56	125

TABLE XVI.

Duration Before Admission of Those Restored.

Duration.	Men.	Women.	Total.
Under one month	28	19	47
One to three months	8	14	22
Three to six months	7	4	11
Six to twelve months	9	4	13
One to two years	3	3	6
Over two years	9	7	16
Unascertained	5	5	10
Total	69	56	125

TABLE XVII.

Duration of Treatment of Those Restored.

Duration.	Men.	Women.	Total.
Under one month	2	1	3
One to two months	6	3	9
Two to three months	9	10	19
Three to four months	10	9	19
Four to five months	8	7	15
Five to six months	5	5	10
Six to nine months	13	6	19
Nine to twelve months	7	7	14
Twelve to eighteen months	6	2	8
Eighteen to twenty-four months	1	2	3
Over two years	2	4	6
Total	69	56	125

TABLE XVIII.

Mental Disease of Those Restored.

Mental Disease.	Men.	Women.	Total.
Mania, acute	11	21	32
Mania, puerperal .....	..	1	1
Mania, recurrent .....	..	1	1
Mania, toxic	36	10	46
Melancholia, acute	7	17	24
Melancholia, chronic	1	..	1
Melancholia, recurrent	1	2	3
Insanity, adolescent	7	4	11
Insanity, pubescent	1	..	1
Habitual drunkard	5	..	5
Total	69	56	125

TABLE XIX.

Age.	Age at Death.		Men.	Women.	Total.
Ten to twenty years .....	..		3		3
Twenty to twenty-five years	2		3		5
Twenty-five to thirty years	4		10		14
Thirty to thirty-five years	8		7		15
Thirty-five to forty years	10		8		18
Forty to forty-five years	13		4		17
Forty-five to fifty years	13		7		20
Fifty to sixty years	11		13		24
Sixty to seventy years	10		13		23
Seventy to eighty years	11		11		22
Eighty to ninety years	6		6		12
Total			88	85	173

TABLE XX.

Mental Diseases of Those Who Died.

Mental Diseases.	Men.	Women.	Total.
Mania, acute	2	10	12
Mania, chronic .....	..	1	1
Mania, epileptic	3	1	4
Melancholia, acute	2	8	10
Melancholia, agitata	5	3	8
Melancholia, chronic	2	3	5
Melancholia, involuntal	2	..	2
Melancholia, recurrent	1	..	1
Dementia, epileptic	2	3	5
Dementia, organic	4	3	7
Dementia, paretic	32	8	40
Dementia, senile	18	18	36
Dementia, terminal	14	16	30
Imbecility .....	..	1	1
Imbecility, with mania .....	..	1	1
Insanity, adolescent .....	..	8	8
Paranoia .....	..	1	1
Central neuritis	1	..	1
Total	88	85	173

TABLE XXI.

Causes of Death.

Causes.	Men.	Women.	Total.
Mania:			
Acute, with acute lobar pneumonia	1	..	1
Acute, with acute nephritis .....	..	1	1
Acute, with exhaustion .....	..	3	3
Acute, with hypostatic pneumonia .....	..	2	2

Acute, with edema of lungs ..	1	1
Acute, with pulmonary tuberculosis ..	1	2
Acute, with strangulated hernia ..	1	1
Chronic, with mammary carcinoma, hypostatic pneumonia ..	1	1
Epileptic, with epileptiform convulsions ..	1	..
Epileptic, with hypostatic pneumonia ..	1	..
Epileptic, with shock following operation ..	1	..
Epileptic, with status epilepticus ..	1	1

Melancholia:

Acute, with acute miliary tuberculosis ..	1	1
Acute, with chronic nephritis ..	1	1
Acute, with exhaustion ..	2	2
Acute, with hypostatic pneumonia ..	1	1
Acute, with inanition ..	1	1
Acute, with lobar pneumonia ..	1	..
Acute, with edema of lungs ..	1	1
Acute, with scorbutus, inanition ..	1	..
Acute, with suicidal hanging ..	1	1
Agitata, with cerebral hemorrhage ..	1	1
Agitata, with chronic interstitial nephritis... ..	1	..
Agitata, with chronic interstitial nephritis, aortic insufficiency ..	1	..
Agitata, with chronic valvular heart disease; chronic interstitial nephritis ..	1	..
Agitata, with exhaustion ..	1	1
Agitata, with hypostatic pneumonia ..	1	..
Agitata, with pulmonary hemorrhage ..	1	1
Agitata, with pulmonary tuberculosis ..	1	..
Chronic, with chronic endocarditis ..	1	1
Chronic, with pulmonary tuberculosis ..	2	2
Involuntal, with atrophic cirrhosis of liver..	1	..
Involuntal, with pulmonary tuberculosis...	1	..
Recurrent, with pulmonary tuberculosis ..	1	..

Dementia:

Epileptic, with acute lobar pneumonia ..	1	..
Epileptic, with pulmonary congestion ..	..	1
Epileptic, with convulsions ..	1	1
Epileptic, with status epilepticus ..	..	1
Organic, with arteriosclerosis, chronic endocarditis, chronic nephritis ..	..	1
Organic, with cerebral embolism ..	..	1
Organic, with exhaustion ..	..	1
Organic, with hypostatic pneumonia ..	1	..
Organic, with organic heart disease ..	1	..
Organic, with pneumonia ..	1	..
Organic, with pulmonary edema ..	1	..
Paretic ..	2	2
Paretic, with cerebral hemorrhage ..	1	..

Paretic, with convulsions	1	1	2
Paretic, with cystitis .....	..	1	1
Paretic, with apoplectiform convulsions	5	..	5
Paretic, with exhaustion	15	1	16
Paretic, with hypostatic pneumonia	5	2	7
Paretic, with lobar pneumonia .....	..	1	1
Paretic, with pulmonary edema	3	..	3
Senile, with aortic insufficiency, chronic interstitial nephritis, arteriosclerosis	1	..	1
Senile, with articular rheumatism, exhaustion ..	..	1	1
Senile, with cellulitis of arm, hypostatic pneumonia	1	..	1
Senile, with cerebral hemorrhage, arteriosclerosis	1	..	1
Senile, with chronic endocarditis .....	..	2	2
Senile, with chronic interstitial nephritis, arteriosclerosis	1	..	1
Senile, with chronic interstitial nephritis, arteriosclerosis, hypostatic pneumonia....	1	..	1
Senile, with chronic nephritis	2	..	2
Senile, with chronic valvular heart disease, chronic interstitial nephritis	1	..	1
Senile, with cirrhosis of liver, chronic endocarditis .....	..	1	1
Senile, with epithelioma of lip, exhaustion....	1	..	1
Senile, with exhaustion	2	3	5
Senile, with hypostatic pneumonia	4	9	13
Senile, with hypostatic pneumonia, chronic interstitial nephritis	1	..	1
Senile, with lobar pneumonia	1	..	1
Senile, with organic heart disease .....	..	1	1
Senile, with pneumonia	1	..	1
Senile, with volvulus with gangrene .....	..	1	1
Terminal, with acute pneumonia, chronic endocarditis .....	..	1	1
Terminal, with brocho-pneumonia	1	..	1
Terminal, with cerebral apoplexy, chronic endocarditis, chronic nephritis .....	..	1	1
Terminal, with cerebral hemorrhage .....	..	1	1
Terminal, with chronic endocarditis .....	..	2	2
Terminal, with chronic interstitial nephritis, chronic endocarditis	1	..	1
Terminal, with chronic myocarditis, chronic nephritis, cirrhosis of liver	1	..	1
Terminal, with chronic nephritis, exhaustion..	1	..	1
Terminal, with chronic nephritis with exudation	1	..	1
Terminal, with exhaustion	2	3	5
Terminal, with heart failure, chronic nephritis, secondary anaemia .....	..	1	1

Terminal, with hypostatic pneumonia	2	1	3
Terminal, with hypostatic pneumonia, cirrhosis of liver, chronic interstitial nephritis.....	..	1	1
Terminal, with inanition, carcinoma of stom- ach, chronic nephritis .....	..	1	1
Terminal, with miliary tuberculosis	1	..	1
Terminal, with pneumonia	1	..	1
Terminal, with pulmonary hypostatic conges- tion and edema, endocarditis, chronic nephritis .....	..	1	1
Terminal, with pulmonary tuberculosis.....	2	3	5
Terminal, with sarcoma	1	..	1
Imbecility:			
With paraplegia, decubitus, exhaustion.....	..	1	1
Imbecility with Mania:			
With epileptic convulsions .....	..	1	1
Insanity of Adolescence:			
With parenchymatous nephritis .....	..	1	1
With aspiration pneumonia .....	..	1	1
With hypostatic pneumonia .....	..	2	2
With pulmonary tuberculosis .....	..	2	2
With lobar pneumonia .....	..	1	1
With chronic endocarditis .....	..	1	1
Paranoia:			
With chronic nephritis .....	..	1	1
Central Neuritis:			
With hypostatic pneumonia	1	..	1
Total	88	85	173

TABLE XXII.

Showing Yearly Increase of Population Since Opening of Institution.

Year.	Men.	Women.	Total.	Increase.
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	o1,505	44
October 31st, 1904.....	789	812	1,601	96
October 31st, 1905.....	834	840	1,674	73
October 31st, 1906.....	872	907	1,779	105
October 31st, 1907.....	917	907	1,824	45
October 31st, 1908.....	993	950	1,943	119
October 31st, 1909.....	1,050	1,009	2,059	116
October 31st, 1910.....	1,093	1,025	x2,118	59

* 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.

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

x Fifty patients transferred to Essex County Hospital.

TABLE SHOWING IN DETAIL THE MANNER OF SUPPORT, RESIDENCE AND LEGAL CLASSIFICATION.

October 31st, 1910.

County.	Indigent.			State Indigent.			Private.			Convict.			Criminal.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Bergen	78	92	170	44	46	90	12	9	21	3	2	5	.....	5	5
Essex	6	9	15	125	111	236	17	23	45	17	2	19	.....	.....	.....
Hudson	27	16	43	37	19	56	20	32	52	19	2	21	4	.....	4
Hunterdon	26	15	41	.....	.....	.....	.....	2	2	1	.....	1	.....	.....	.....
Mercer .....	.....	1	1	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Middlesex .....	.....	.....	.....	.....	.....	.....	3	3	6	2	.....	2	.....	.....	.....
Monmouth .....	.....	.....	.....	.....	.....	.....	2	4	6	.....	.....	.....	.....	.....	.....
Morris	79	82	161	24	11	35	5	8	13	2	.....	2	14	2	16
Passaic	199	201	400	26	26	52	8	8	16	3	1	4	.....	.....	.....
Somerset .....	.....	.....	.....	.....	.....	.....	1	2	3	.....	.....	.....	.....	.....	.....
Sussex	24	28	52	1	3	4	2	4	6	2	.....	2	1	1	2
Union	145	156	301	29	31	60	15	12	27	6	.....	6	2	.....	2
Warren	48	43	91	3	2	5	.....	3	3	4	.....	4	1	.....	1
Kentucky .....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
New York .....	.....	.....	.....	.....	.....	.....	4	3	7	.....	.....	.....	.....	.....	.....
Total	632	643	1275	289	249	538	91	118	209	59	7	66	22	8	30

NEW JERSEY STATE HOSPITAL.

NEW JERSEY STATE HOSPITAL.

SUMMARY.

Class.	Men.	Women.	Total.
Indigent	632	643	1,275
State Indigent	289	249	538
Private	91	118	209
Convict	59	7	66
Criminal	22	8	30
Total	<u>1,093</u>	<u>1,025</u>	<u>2,118</u>

Warden's Report.

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

GENTLEMEN—I have the honor to present to you the annual report of the Business Department for the Hospital year ending October 31st, 1910, embracing Statement of Resources and Liabilities, Abstract of Accounts, Report of the Farm, Garden, and the Mechanical Departments.

Contracts were awarded for all the improvements for which appropriations were provided by the legislature with the exception of the tuberculosis shack, for which the amount appropriated was insufficient.

The painting of the exterior of the Administration and Dormitory buildings, and shop group is completed; also the Amusement Hall in the Administration building. The work in the interior of the Dormitory building is progressing.

The installation of the cold storage plant is nearing completion and will be in operation early in December.

Ground was broken for the new kitchen building, and the work of construction will be carried forward as rapidly as the weather conditions will permit.

The experimental wells driven demonstrated the fact that water in sufficient quantity could not be obtained from wells. The construction of a reservoir, and equipping the pumping station with a duplicate system is practical, and will provide the institution with an additional supply of water, sufficient to meet the requirements; this work is being done.

The installation of new urinals of the syphon jet pattern has been delayed somewhat, the contractor being unable to obtain material from the potteries, and as a result a number of the urinals have been out of commission. During this time, the increase in the water supply was very marked, showing that the great waste

of water resulted from the use of the urinals which are now being dispensed with.

The weather conditions were very unfavorable to the growing of crops, and the results obtained under these conditions are very satisfactory.

The work of grading, laying of walks, and the general improvement of the property is being carried forward as rapidly as conditions will allow.

One of the green houses has been rebuilt and enlarged; an additional thirty feet being added. The construction of the side walls, bench supports, etc., is of concrete, making a substantial and permanent improvement.

I wish to call especial attention to the needs of better facilities and equipment for protection from fire. During the year just past, the hook and ladder truck has been so remodeled and equipped that it can be drawn by horses. This improvement is an important one.

The present fire house should be enlarged, or replaced by a building of such capacity and so equipped as to provide sleeping quarters for men, stalls for horses, and room for additional apparatus. A sufficient number of men to handle the apparatus properly should sleep in the fire house. At this time, the men who serve as firemen are sleeping in five different buildings, some of them so far removed from the fire house that valuable time is lost when responding to a call, while others located nearby, cannot get out of the buildings until the doors are opened by the night watchman. While waiting for the watchman, valuable time is lost. The institution is equipped with a Gamewell fire alarm system, and in order to provide further protection for the inmates and the property, this house should be provided for. With a fire house, equipped with sleeping apartments, the overcrowding of rooms now unavoidable on account of lack of necessary rooms will be overcome. At present, rooms intended for two persons are occupied by four.

At this time the institution is poorly lighted as a result of an accident to the dynamo, and the inability of the gas plant under the conditions to meet the demands upon it for a proper and sufficient supply of gas.

The dynamo has done very satisfactory work, as satisfactory as can be expected from a machine that runs each and every hour during the year, stopping only when a breakdown occurs. The

dynamo should be duplicated, so that we may have at all times a machine to assist in giving such extra current as may be required and to serve as a reserve.

The gas plant is now being relied upon to furnish light throughout the buildings, and is being taxed to its utmost capacity. Should trouble occur at this point, the result would be serious.

As a result of utilizing the shops formerly used by the painters and masons for cold storage purposes, these departments are without suitable quarters. The only place available is directly under the wards of either the Administration or Dormitory buildings, which is objectionable on account of danger from fire.

In addition, provision should be made for the carpenter and upholstery departments, which should be removed from the building where they are now located.

ANNUAL APPRAISEMENT.

Mr. John Naughton and Mr. Charles W. Ennis, of Morristown, N. J., assisted in the appraisal of the personal property, as listed in the inventory; a valuation was also placed upon the entire real estate.

The services rendered by these gentlemen were efficient and highly satisfactory.

The value of the real estate as appraised amounts to \$3,145,050; the personal property \$314,957.68.

Requirements.

For the annual appraisal	\$ 150.00
For the salaries of resident officers	16,800.00
For maintenance of county patients based on an average of 1,475 patients for the year	153,400.00
For the maintenance of State indigent patients, based on an average of 700 patients for the year	145,600.00
For clothing of State indigent patients	11,700.00
For the maintenance of insane convict patients, based on an average of 100 patients for the year	26,000.00
For the clothing of convict patients	1,530.00

Respectfully submitted,

O. M. BOWEN,

Warden.

The New Jersey State Hospital at Morris Plains, October 31st,
1910.

ABSTRACT OF RECEIPTS AND DISBURSEMENTS FOR THE YEAR
ENDING OCTOBER 31, 1910.

Receipts.

Collections for October, 1909, paid State Treasurer, November, 1909	\$ 24,002.67
Allowance by State for support of—	
County Patients	\$135,066.58
State Indigent	109,601.02
State Convict	17,364.30
	<hr/>
Amount received from Bergen county	20,595.25
" " " Essex county	4,911.65
" " " Hudson county	3,503.31
" " " Hunterdon county	5,417.64
" " " Morris county	21,691.21
" " " Mercer county	99.61
" " " Passaic county	46,077.56
" " " Sussex county	6,364.40
" " " Somerset county	80.78
" " " Union county	35,604.07
" " " Warren county	10,219.71
" " " Private Patients	84,865.54
" " " Hides, etc.	5,991.61
" " " Interest	42.05
Checks received for support of State Indigent Patients, Oscar Cassidy, Dora Sture, and Lizzie Filak	445.81
	<hr/>
	\$531,944.77

Disbursements.

Administrative Expenses	\$179,189.58
Table Supplies	163,249.54
House Supplies	38,302.17
Clothing and Clothing Material	25,467.92
Heat, Light and Power	35,732.38
Repairs	17,927.27
Farm, Stable and Grounds	24,692.00
Refunding	4,137.15
Miscellaneous Expenses	15,762.74
Protested Check, C. Colyer	131.56
Check of E. L. Hall, charged by Bank to Wrong Account.....	91.81
Balance Reverted to State, October 31st, 1910.....	39.14
	<hr/>
	\$504,723.26
Balance in hands of H. P. Lindabury, Treasurer, October 31st, 1910	27,221.51

Resources.

Due from Bergen county	\$ 1,802.93
" " Essex county	137.61
" " Hudson county	1,860.10
" " Hunterdon county	866.37
" " Morris county .....	.10
" " Mercer county	17.43
" " Monmouth county	20.18
" " Passaic county	12,227.99
" " Union county	2,896.41
" " Warren county	924.56
" " State Treasurer for support of county patients....	11,400.86
" " State Treas. for support of State indigent patients..	9,738.29
Due from State Treasurer for support of convict patients....	1,439.29
Balance with State Treasurer	39.14
Balance with H. P. Lindabury, Treasurer	27,221.51
Due from Private Patients as per bills rendered	8,437.52
Clothing furnished during October	1,362.44
Due for Hides, Grease, etc.	1,316.66
	<hr/>
	\$81,709.39

Liabilities.

Bills Payable	\$ 25,553.87
Refunds included with October Bills	598.03
Pay-roll for October	14,776.12
Amount of Private Patients Bills rendered, unearned.....	3,485.34
Private Patients' Accounts paid beyond Oct. 31st, 1910.....	11,419.75
Unclaimed Wages, Patients' Money, etc.	410.98
Excess Resources above Liabilities	25,465.30
	<hr/>
	\$81,709.39

Appendix to Warden's Report.

Value of Farm and Garden Products.

Dairy and Farm	\$ 32,269.65
Stock Slaughtered	9,866.55
Garden	14,614.56

96184

