

TWENTY-EIGHTH ANNUAL REPORT

OF THE

Managers and Officers

OF

THE NEW JERSEY STATE HOSPITAL

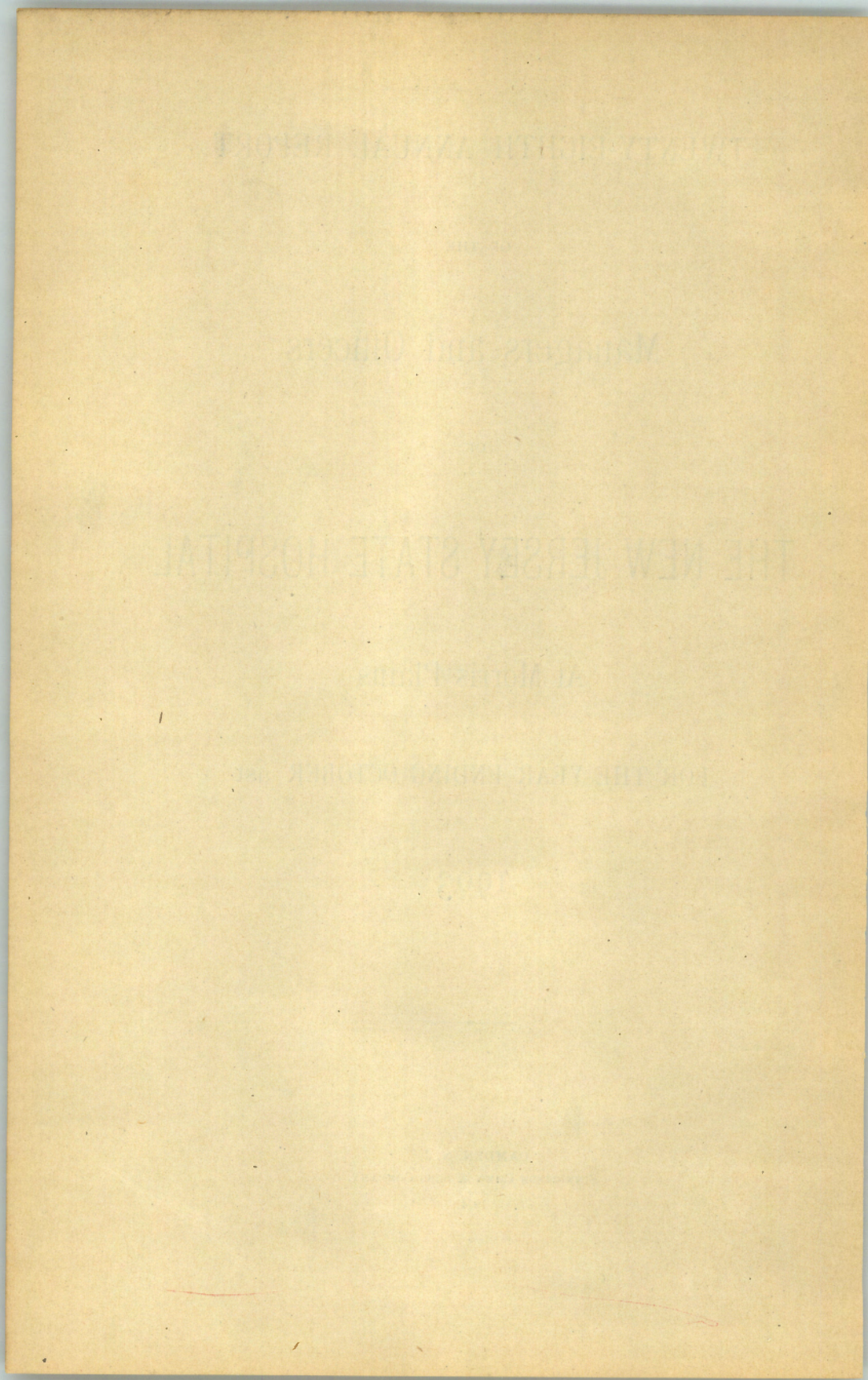
At Morris Plains

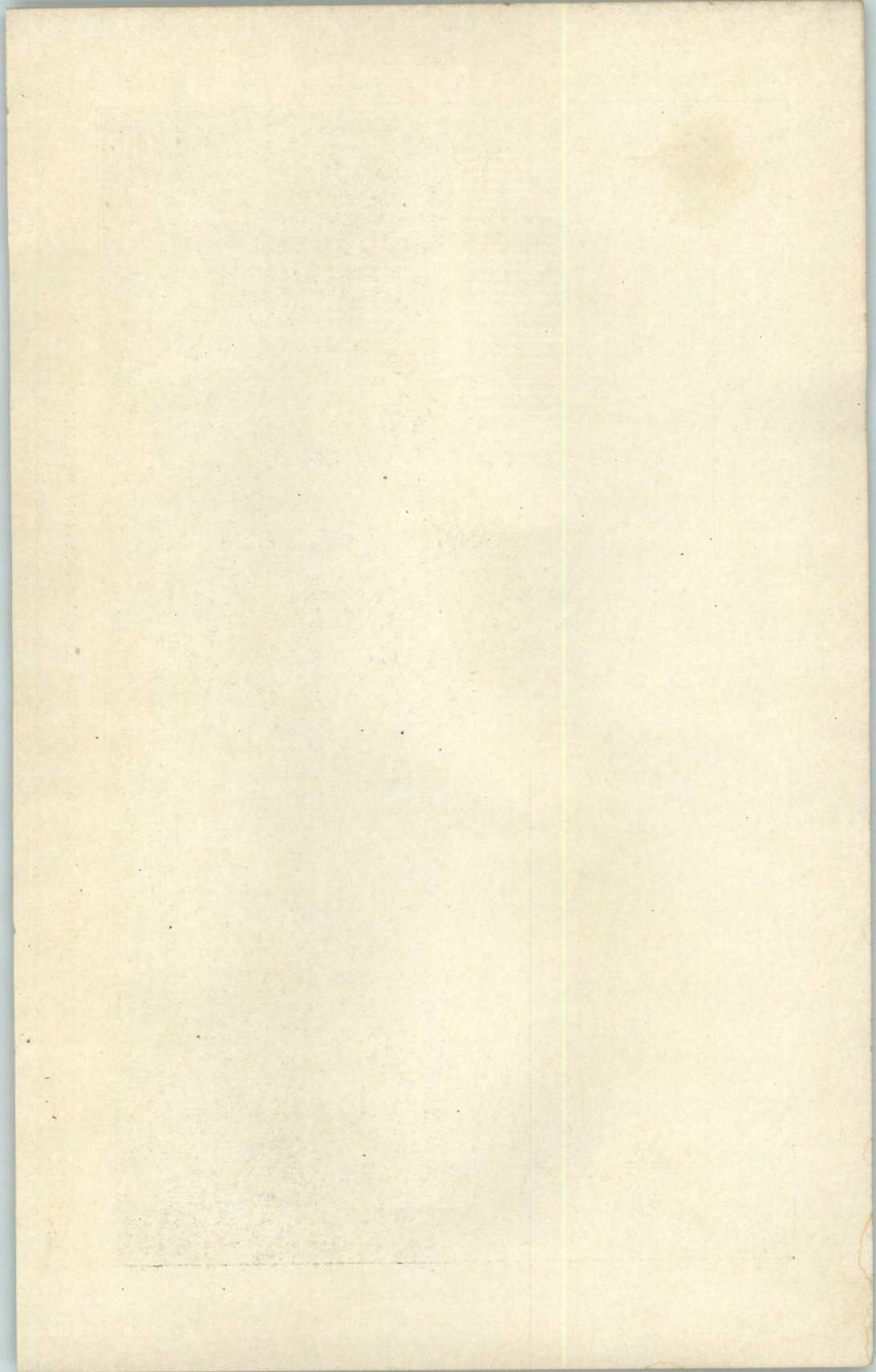
FOR THE YEAR ENDING OCTOBER 31st

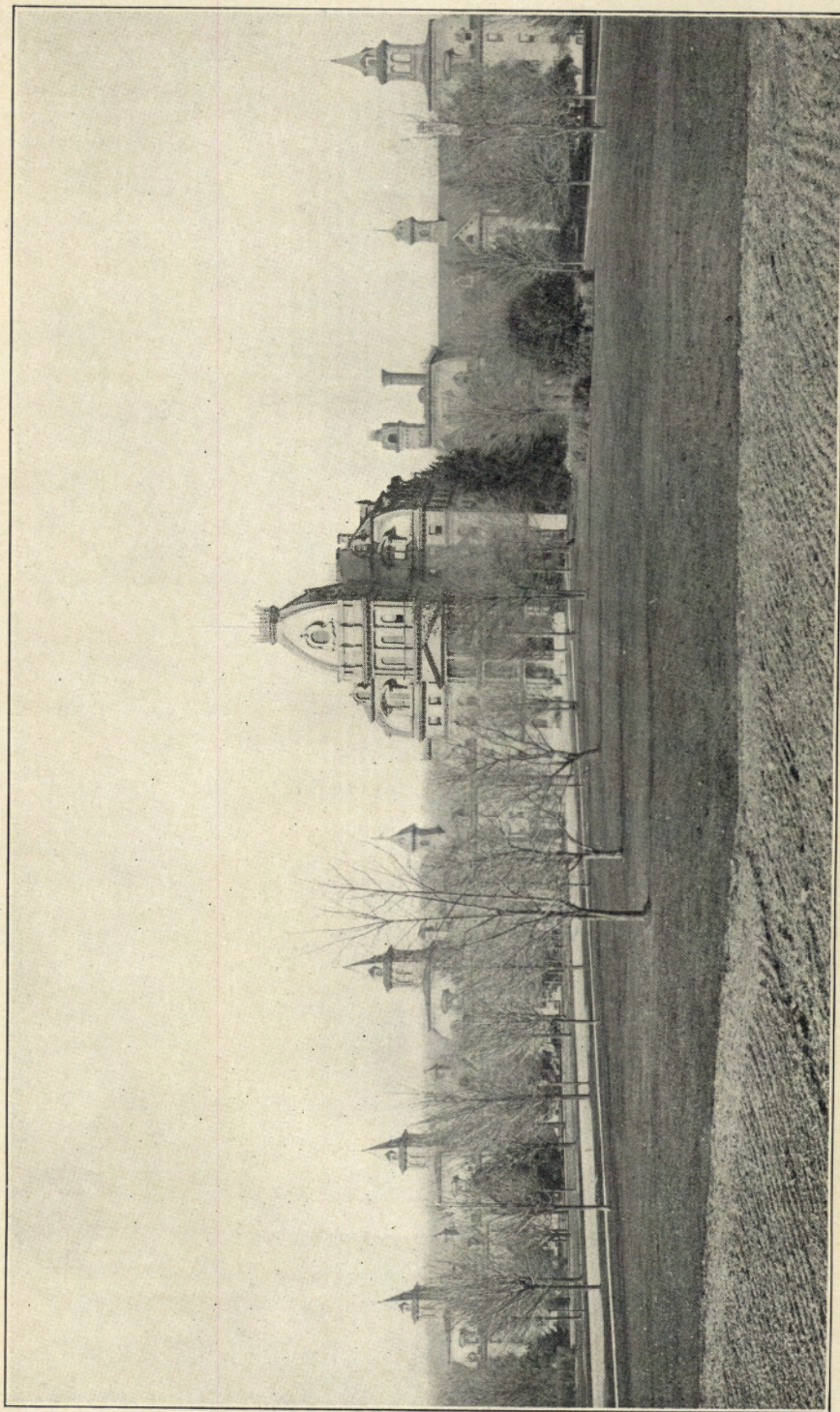
1903



CAMDEN, N. J.:
SINNICKSON CHEW & SONS COMPANY.
1904.







FRONT OF HOSPITAL, SHOWING ADMINISTRATION BUILDING

MANAGERS.

PRESIDENT.

PATRICK FARRELLY MORRISTOWN.

VICE PRESIDENT.

JOHN C. EISELE NEWARK.

JAMES M. BUCKLEY, D.D. MORRISTOWN.

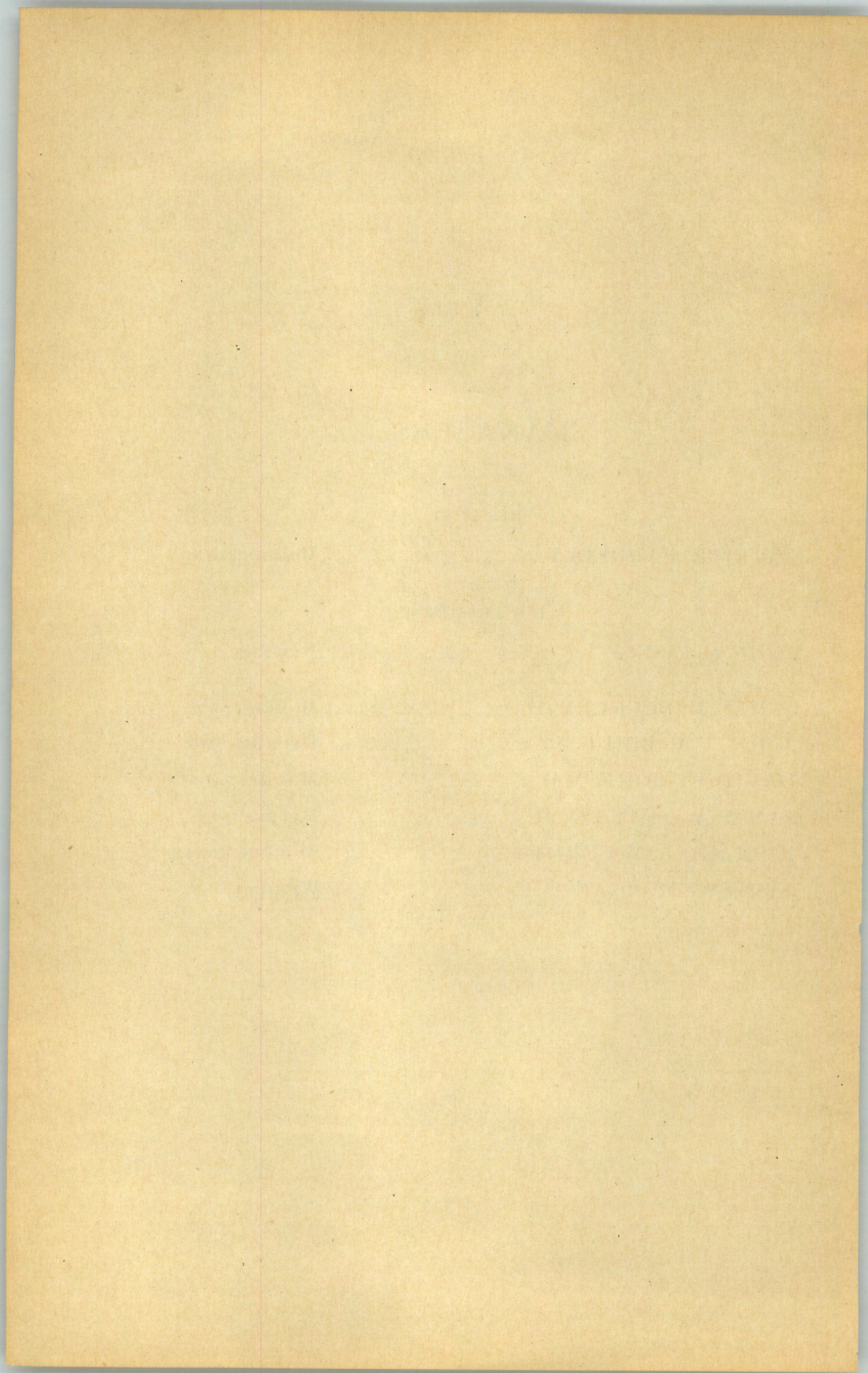
JOHN A. McBRIDE DECKERTOWN.

DAVID ST. JOHN, M.D. HACKENSACK.

JAMES W. SMITH, M.D. PATERSON.

RICHARD A. McCURDY MORRIS PLAINS.

JAMES G. MORGAN WEEHAWKEN.



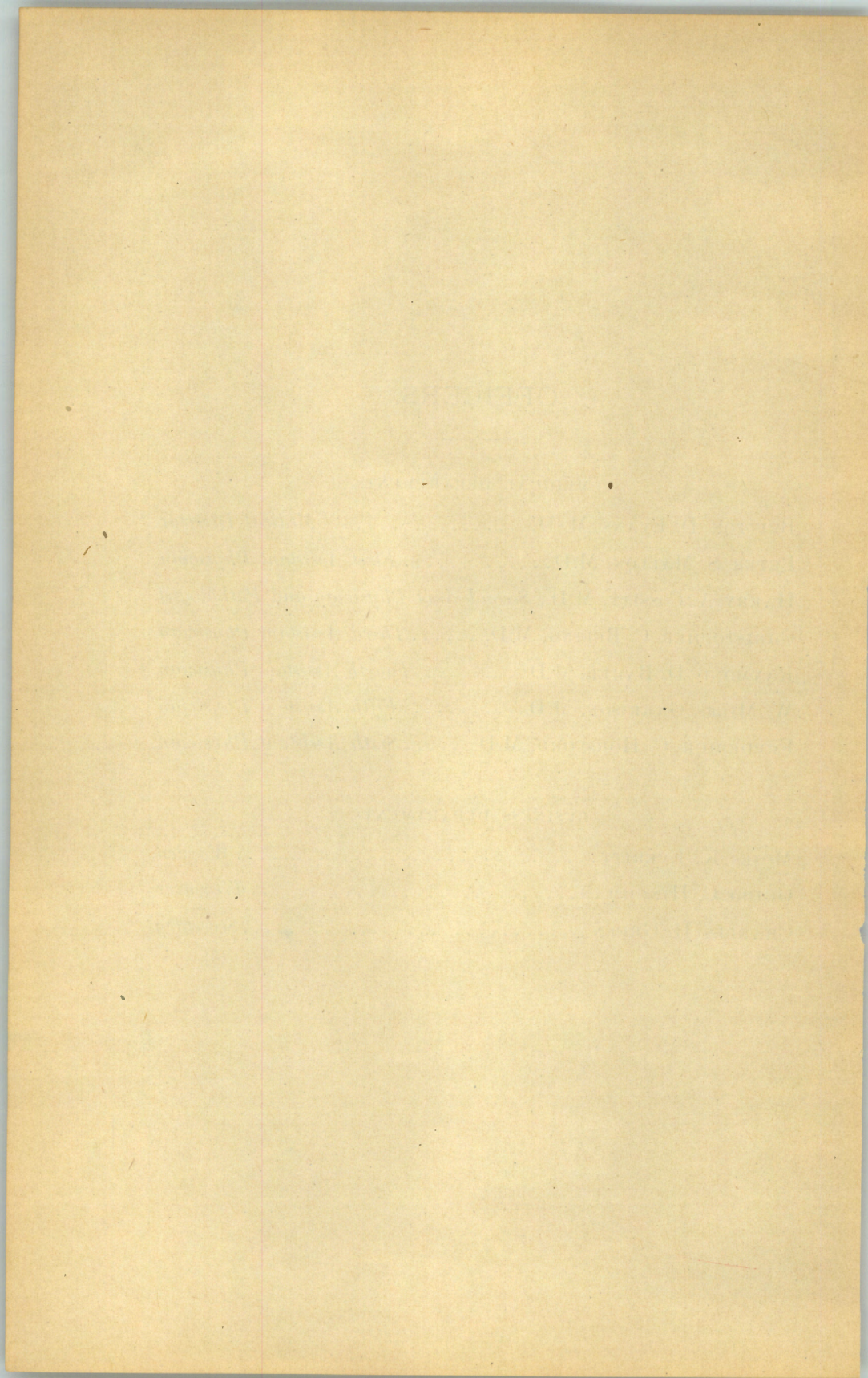
OFFICERS.

• MEDICAL DEPARTMENT.

BRITTON D. EVANS, M. D..... *Medical Director.*
PETER S. MALLON, M.D..... *First Assistant Physician.*
HARRY A. COSSITT, M.D., *Second Ass't Physician and Pathologist.*
CHRISTOPHER C. BELING, M.D..... *Third Assistant Physician.*
RAYMOND D. BAKER, M.D..... *Fourth Assistant Physician.*
W. MILES GARRISON, M.D..... *Fifth Assistant Physician.*
FREDERICK C. HORSFORD, M.D..... *Sixth Assistant Physician.*

BUSINESS DEPARTMENT.

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



Report of the Board of Managers

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

In presenting this twenty-eighth annual report of the New Jersey State Hospital at Morris Plains, the Managers are highly gratified to be able to state that the record of recoveries during the past year shows, not only a greater number of patients discharged as recovered, but a greater ratio. The Hospital was opened August, 1876. The highest number discharged as recovered in any previous year was in 1901, when the recoveries were 98. The recoveries for this year are 131. The highest ratio of recoveries in previous years also was in 1901, which was 31.5 per cent., while for the year covered by this report the ratio is 35.7 per cent. of recoveries.

During the past year admissions have averaged more than 1 a day, there being 367 admitted between October 31st, 1902, and November 1st, 1903. Further particulars on this interesting and encouraging result may be found in the report of the Medical Director to the Board of Managers.

There are now 1,505 patients in the Hospital. Usually the sexes appear here in about equal numbers; this year there were 17 more women than men. The highest number on any one day was 1,547. The percentage of recoveries is computed upon the number of admissions; as, unlike general hospitals, the majority of incurables become residents. This is seen from the fact that the total number of patients under treatment during the year was 1,828, while 367 were admitted for treatment.

The table showing the Age at Death demonstrates that the insane, under good care, are liable to live to a ripe old age. More than 40 per cent. of those who died were over 60 years of age; 20 were between 60 and 70; 23 between 70 and 80, and 8 between 80 and 90. Twenty-seven of those who died were

victims of senile dementia. Although some of the patients who died at a great age did not become inmates of the institution until they were far advanced in life, a large number had been inmates for many years. Some utilitarians might regard this as undesirable, but the obligations of humanity rest upon the State, even though persons of no use to their friends and their families survive. It is the same care which leads to longevity in the aged insane which makes possible the restoration of those who recover.

More than three-fourths of those admitted were suffering from their first attack. The largest number were between 50 and 60 years of age; the next largest between 30 and 35; the next below that between 35 and 40; and the next below that between 45 and 50 and 25 and 30, 40 of each.

We have directed the attention of successive governors of our commonwealth to the great evils resulting from admitting the criminal and convict insane to our State Hospitals. The Medical Director testifies that in his entire experience he has never seen a relative of a patient who did not feel deeply hurt when first made acquainted with the fact that convicts and criminals are admitted to the State Hospitals. It would cost no more to maintain insane convicts and criminals in an institution properly constructed, equipped and organized for their detention, management and treatment than it does to keep them in the present State Hospitals. In the latter place they exert a demoralizing influence upon all with whom they come in contact, and there is no way to keep them so as to prevent their escape. At this time there are in the State Hospital at Morris Plains 67 convicts and 33 criminals. The convicts are those who have been tried for crime, found guilty and sentenced to prison, and have there become insane or have been found to be insane, after trial and before removal to prison. The criminals are those who have committed a crime and have at once been found to be insane and committed to asylums and hospitals, or have been tried and acquitted on the ground of insanity.

It is increasingly difficult to secure and retain qualified nurses. The Medical Director convincingly sets forth in his report to the

Board of Managers the importance of a building for nurses. With the present facilities the nurses and attendants are forced to sleep in the wards occupied night and day by the patients. This deprives them of any semblance of home life. The Medical Director graphically describes the duties of such nurses, but does not in any degree pass beyond the facts. Only a small percentage of those being nursed and cared for seem capable of appreciating the attentions they receive, and rarely show gratitude for the kind care given them. Yet the nurses are required to return kind words for abuse. The work is most difficult. There is no time in which they are free from the necessity of extreme watchfulness, both to prevent the patients from injuring themselves or other patients and to protect their own persons from sudden attacks. The Medical Director in his report calls for a building where they may sleep, away from the strain, noise and disturbances which characterize their daily duty, where they can spend their few off-duty hours in reading, study and legitimate recreation. In this way the service of a uniformly high grade of nurses and attendants may be commanded. There are in the institution 150 nurses and attendants, equally divided among the sexes. The Board of Managers, after carefully considering the subject, unanimously approve the recommendation, and ask for this year forty thousand dollars (\$40,000) to erect a house to accommodate the 75 female nurses and attendants.

Another need of the Medical Department is of vital importance to the State. The records of the department include legal commitment papers which have accumulated under the necessary system which prevailed at the time when the institution was established, so as to occupy all the available space and to become a serious incubus. Besides, should a fire break out in the offices of the Medical Department, they would be destroyed. The law of the State requires that the testimony of physicians, relatives, and the commitment papers should be preserved; that from time to time all available facts concerning the past history and current condition of patients should be recorded. This is necessary because inquiries may arise concerning any patient in the settling up of property, and the institution itself must be in a condition

to defend itself against false charges. We therefore ask for an appropriation of three thousand dollars (\$3,000) to make and equip a fire-proof room.

Further askings of the Board are as follows: Twenty-five thousand dollars (\$25,000) for a laundry and machinery for the same. The present laundry was built to do the work for 1,000 patients and those required to take care of them. At present, over 1,800 persons must be cared for in this respect; the present facilities are wholly inadequate. This building is an absolute necessity and has been growing more and more onerous with the annual rise in population, until now it is unendurable.

An extension is called for to the dairy barn, in order to make it possible to furnish the Hospital with this character of supplies for daily food. It should be remembered that a very large number of patients have to be kept entirely on milk in various periods of their diseased mental and physical condition. The appropriation necessary for this is six thousand dollars (\$6,000). The appropriation of three thousand dollars (\$3,000) made by the last Legislature for this purpose was inadequate, and we were therefore forced to allow it to lapse.

Eighteen thousand dollars (\$18,000) is asked for a new slaughter-house and cold storage appliances.

A dairy building and appliances, which will cost four thousand dollars (\$4,000), are also necessary. The report of the Warden assigns the reasons for these requests.

Last year the Legislature made an appropriation for an elevator at the Administration building, the need of which is continually felt. A large proportion of the patients brought to the institution are in such a condition that they cannot be easily taken without the aid of an elevator to the wards to which they are assigned without the demoralizing disturbance, while the steady work of the institution requires economy of effort in ascending and descending stairs. But the appropriation was not sufficient to secure one, and the Board was obliged regretfully to allow it to lapse into the treasury.

COUNTY INSTITUTIONS FOR THE INSANE.

There are three county institutions which by law the Board of Managers is required to visit and report the results to your Excellency. The city of Paterson has an arrangement with the authorities of the county whereby the indigent insane are taken care of in the Passaic County Asylum. At present there are 34 women and 8 men in that institution, which is still in the hands of Mr. John J. Donnelly, who is the superintendent. Under his management affairs are conducted in a manner satisfactory to the county officials of Passaic.

The Essex County Asylum, situated on South Orange avenue, in the city of Newark, is under the superintendency of Dr. Dill, chief of the medical staff, who occupies the same position relative to the new building located at Overbrook, in Verona township. In the South Orange avenue institution there are three medical assistants, and at Overbrook there are two resident physicians. The number of patients in both on the date of our visit was 997, of which 419 were male and 578 were female. At Overbrook much has been done in regard to improvements since our inspection last year. At this Hospital a wing is in course of construction, a portion of which is being built with the view of caring for the convict insane. This has become a necessity, inasmuch as the State has not yet seen fit to erect the separate Hospitals which alone could meet the emergency caused by the existence of convict and criminal insane. The training school is educating an efficient corps of attendants. Much of the credit is due to Dr. Dill and his assistants. The only recommendations we have to make are to urge the freeholders to continue the support of the medical staff and superintendents, so as to place Essex county beyond question in the front rank of institutions of its class in the country.

HUDSON COUNTY ASYLUM.

This institution is still in charge of Dr. George W. King, and is situated at Snake Hill. At the date of our visits the inmates numbered 313 male and 236 female. For many years we have

reported the pressing need of more assistants to the Medical Director. It is impossible for one man to properly care for the number under his charge. In addition to his duties as Medical Director, Dr. King has to attend to all the business of the institution. We renew our recommendation of last year, that provision be made to enable Dr. King to select and appoint one or more physicians who shall be under his orders and control. The corridor and rooms on the ground floor are not in a sanitary condition.

We regret to have to record our conviction that the Hudson County institution, though it has an excellent superintendent is not, for the reasons above mentioned, a credit to the county.

CONCLUSIONS.

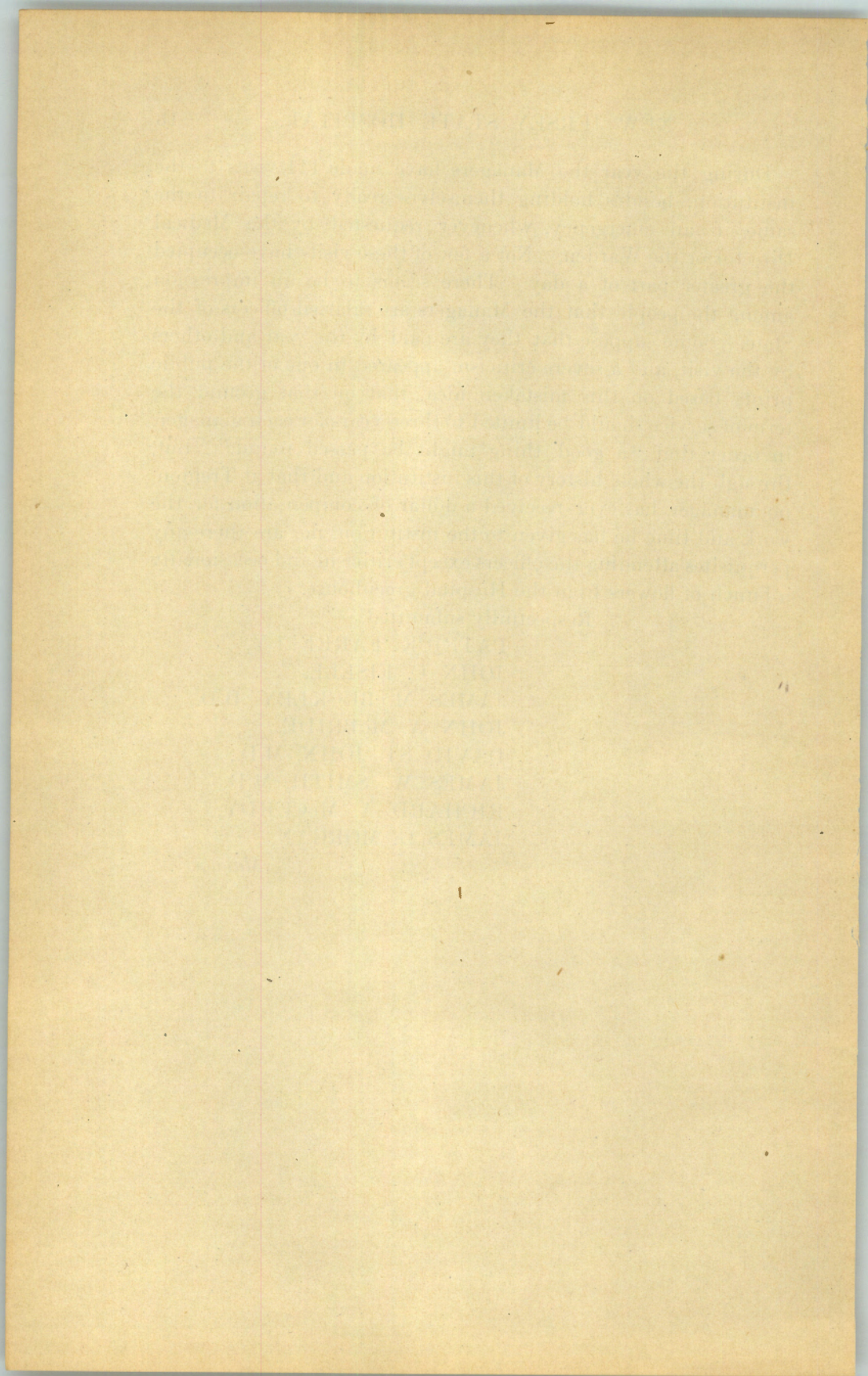
In presenting to your Excellency the matter of appropriations needed for the proper administration of the affairs of the Hospital, we have given careful consideration to both such as are provided for by statute, and those known as extraordinary appropriations. We have deemed it our duty to direct your attention especially to those matters and things which, after mature thought, have appealed to us as being greatly needed and of the highest importance. The State, by legislation, has made provision for the maintenance of the indigent insane, but the needs of a rapidly-growing and already immense institution demand from time to time additional facilities and accommodations and the making of permanent improvements. Such improvements do not disappear, but become a part of the plant and add permanently to the value of the State's property and the institution's assets. To overlook or neglect these important aspects of the work would not evidence good stewardship, and would result in allowing this great charity, in which every good citizen takes pride, to deteriorate. We make the recommendations referred to in the strict exercise of our conscientious duty as the legally constituted guardians of this Hospital. If to any of them no response is made by the Legislature, our duty is done and the responsibility rests with that body.

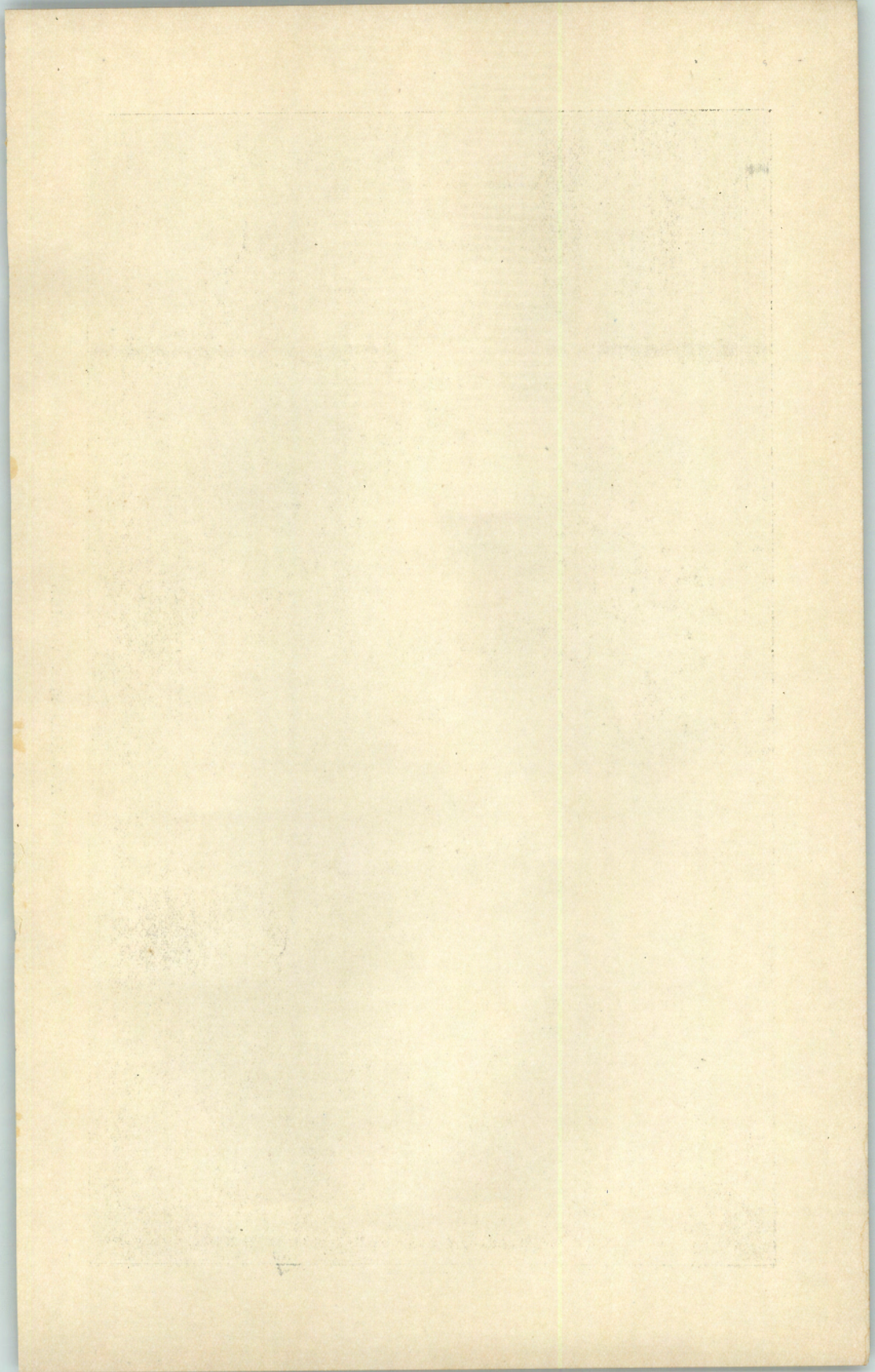
During the year the Managers have made 111 visits to the institution, besides holding themselves ready to repair to the same in an emergency, whenever requested by the Medical Director or the Warden. Not a few of these visits have occupied the greater part of a day. There seems to be an impression among the people that the Managers are salaried officers of the State. Some suppose that they are paid by the year and others by the visit, and a severe criticism appeared in one of the public prints, based on this mistaken idea, that on that ground the term of service should be limited to three years for each manager, in order that "a good thing might be passed round." But, through the whole history of this institution and that at Trenton, no manager has ever received a dollar of compensation for the work and time he has given to the institution, nor are there any perquisites attending the officers except criticism and occasionally a bunch of flowers from the Hospital greenhouse.

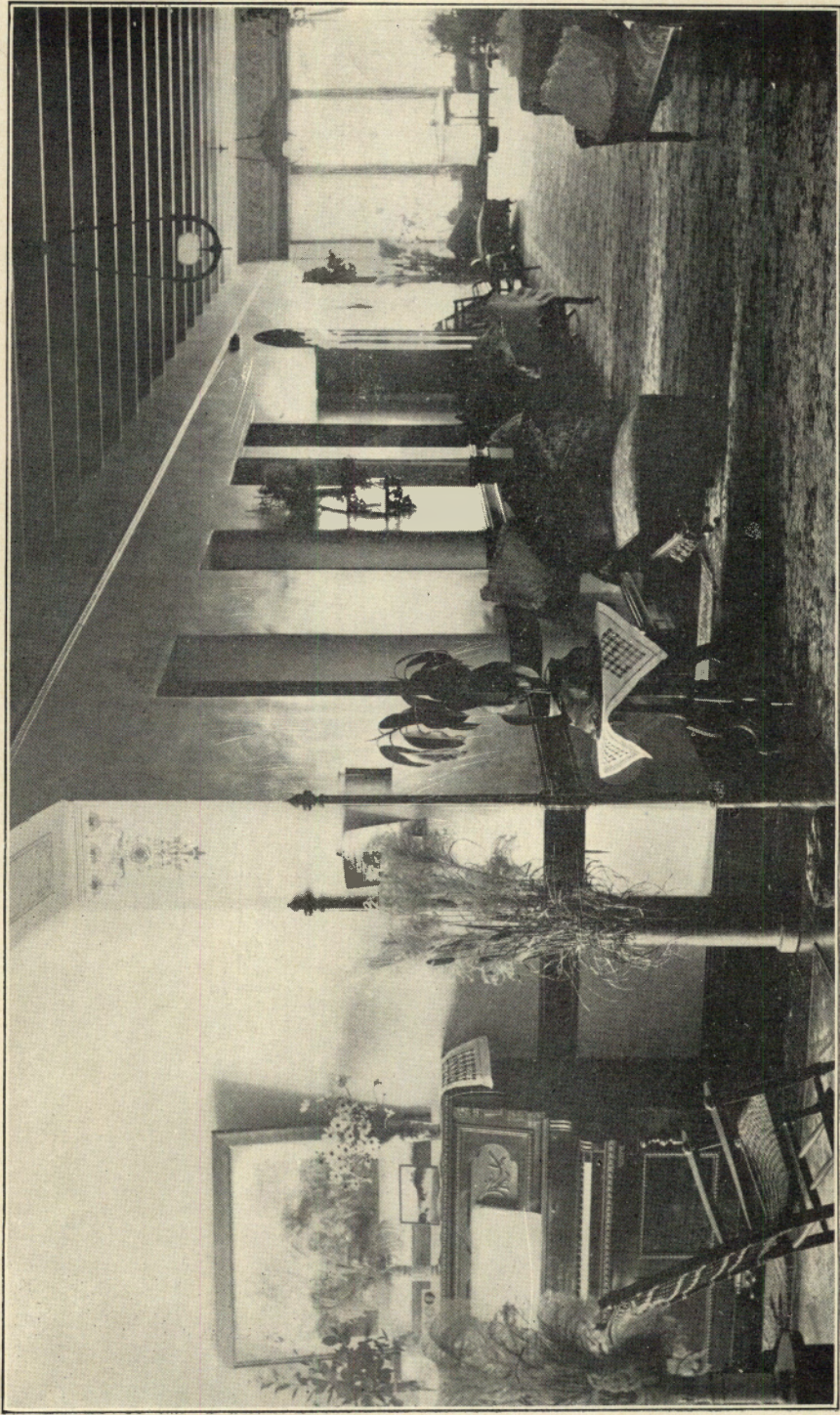
Respectfully submitted,

PATRICK FARRELLY,
JOHN C. EISELE,
JAMES M. BUCKLEY, D.D.,
JOHN A. McBRIDE,
DAVID ST. JOHN, M.D.,
JAMES W. SMITH, M.D.,
RICHARD A. McCURDY,
JAMES G. MORGAN,

Managers.



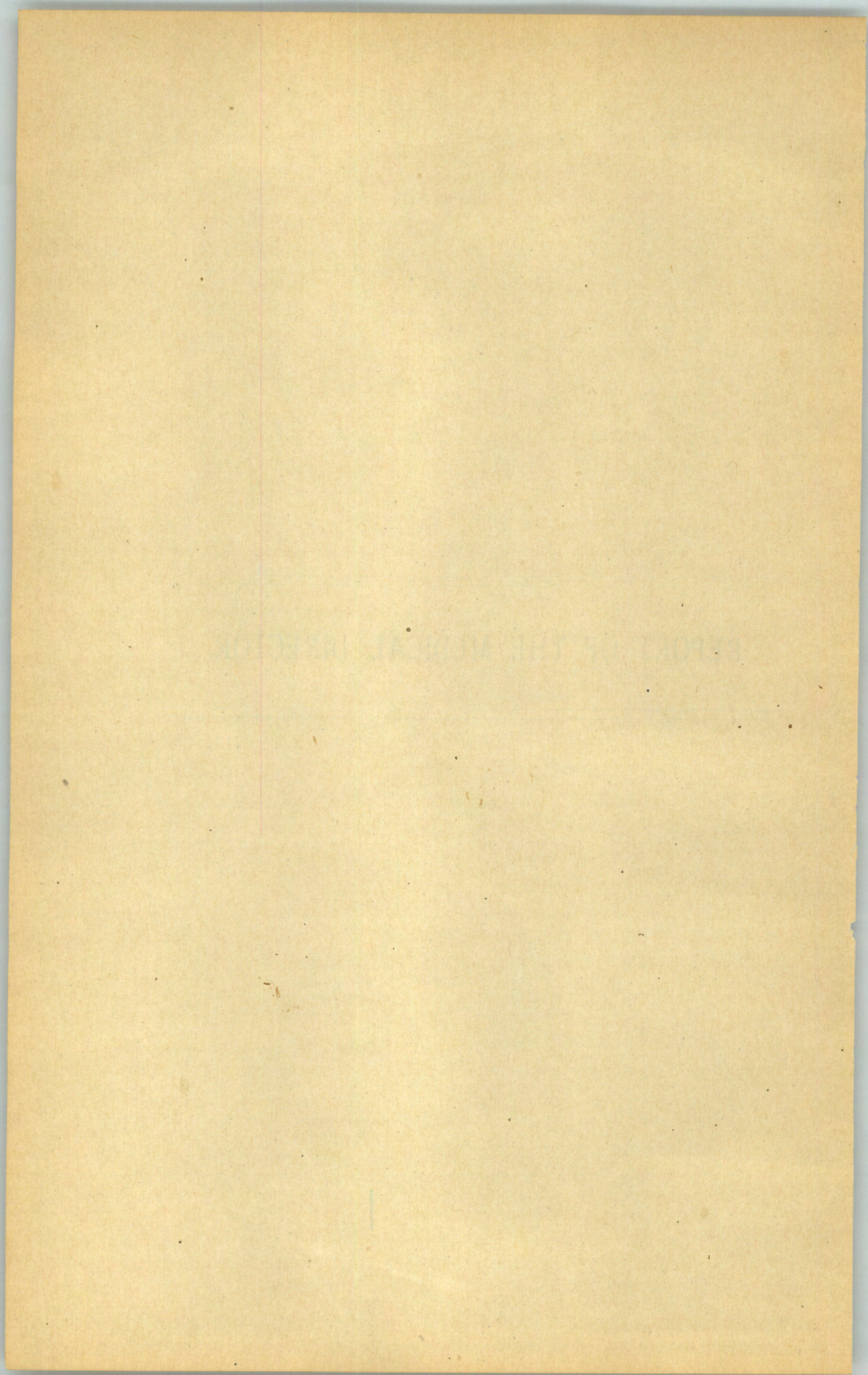




A WARD FOR WOMEN

REPORT OF THE MEDICAL DIRECTOR.

(15)



Report of the Medical Director.

To the Board of Managers:

GENTLEMEN:—I again have the honor of submitting to you the annual report of the Medical Department of the New Jersey State Hospital at Morris Plains. This report, covering the period between October 31st, 1902, and November 1st, 1903, is the twenty-eighth annual report of this institution.

The year closed with 1,505 patients in the Hospital; 744 men and 761 women. The highest census for the year was reached on June 30th, 1903, when there were 1,547 patients in the house. The admissions averaged more than one a day, there being 367 admitted for treatment between October 31st, 1902, and November 1st, 1903.

A review of the statistics of the Hospital since its opening in August, 1876, shows that a greater number of patients were admitted during the hospital year covered by this report than in any year since the original transfers were made from the State Hospital at Trenton. The average number of yearly admissions in the last twenty years is 270; this year's admissions exceeds this twenty-year average by nearly 100.

The total number of patients under treatment during the year was 1,828, and the daily average was 1,507.

The percentage of recoveries, based upon the number of admissions, is 35 $\frac{3}{4}$ per cent. A greater percentage of men was discharged as recovered than of women; the difference, however, is small, the men showing a percentage of a fraction over 36 per cent. and the women a fraction over 35 per cent.

It is gratifying to note that our record of recoveries during the year is better than that of the preceding year, the preceding year showing only a 28 per cent. of recoveries.

Technically speaking, 323 patients were discharged from cus-

tody during the year, but in this number are included the deaths and escapes. There were 131 discharged as recovered; of these 69 were men and 62 were women; 34 were discharged as improved, 16 were men and 18 were women; 26 were discharged as unimproved; of these 20 were men and 6 were women. There were 3 escapes—all men. 129 died; of this number 68 were men and 61 were women.

The death rate, computed upon the total number under treatment during the year, is 7 per cent. The percentage of deaths among the men exceeded that of the women by two-thirds of 1 per cent.

Table XXI of the statistical appendix sets forth the causes of death of all patients who died during the year. There were 12 deaths due to tuberculosis, as against four in the preceding year.

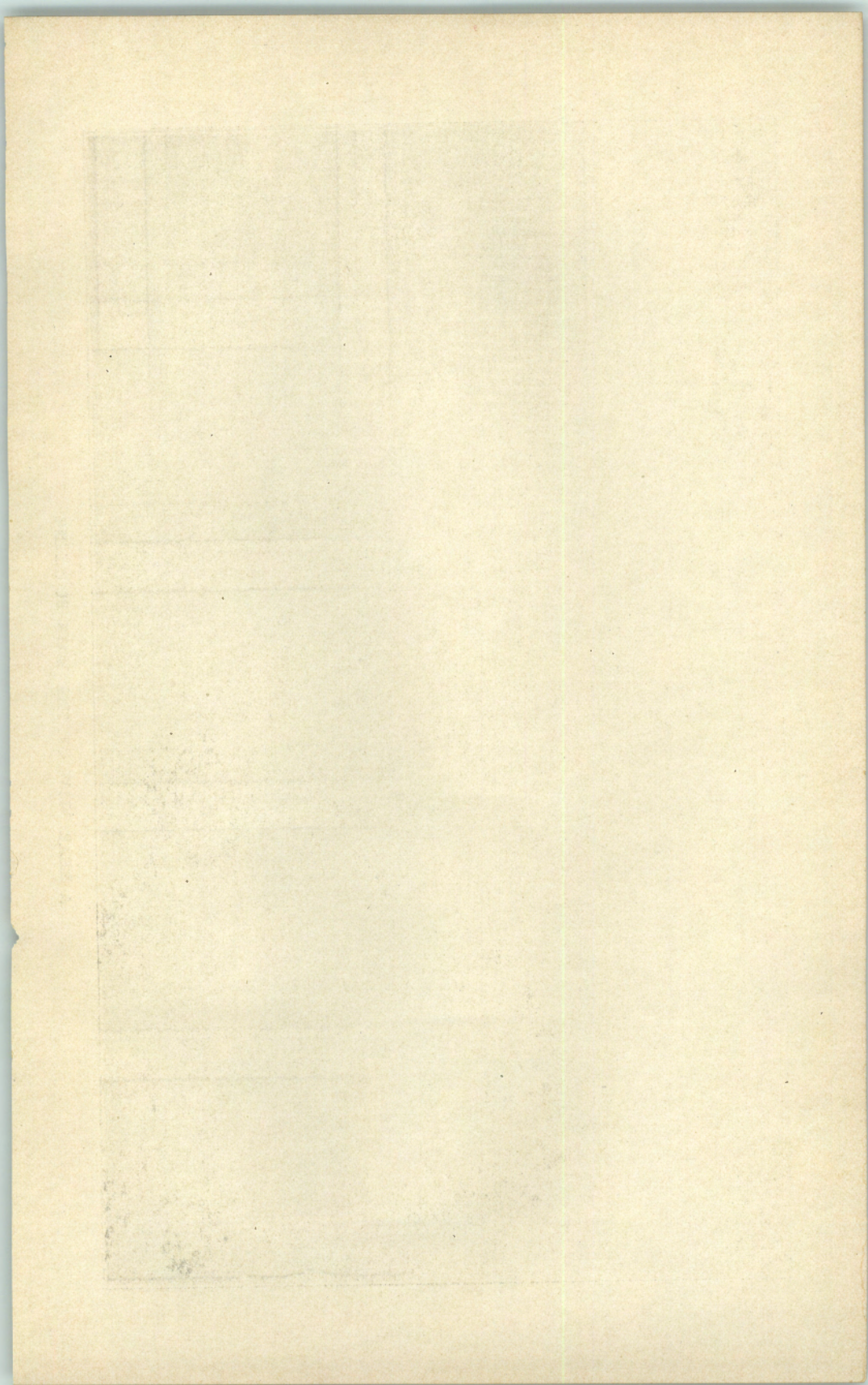
Several patients were brought to the Hospital in a moribund condition; one man died in six hours after admission.

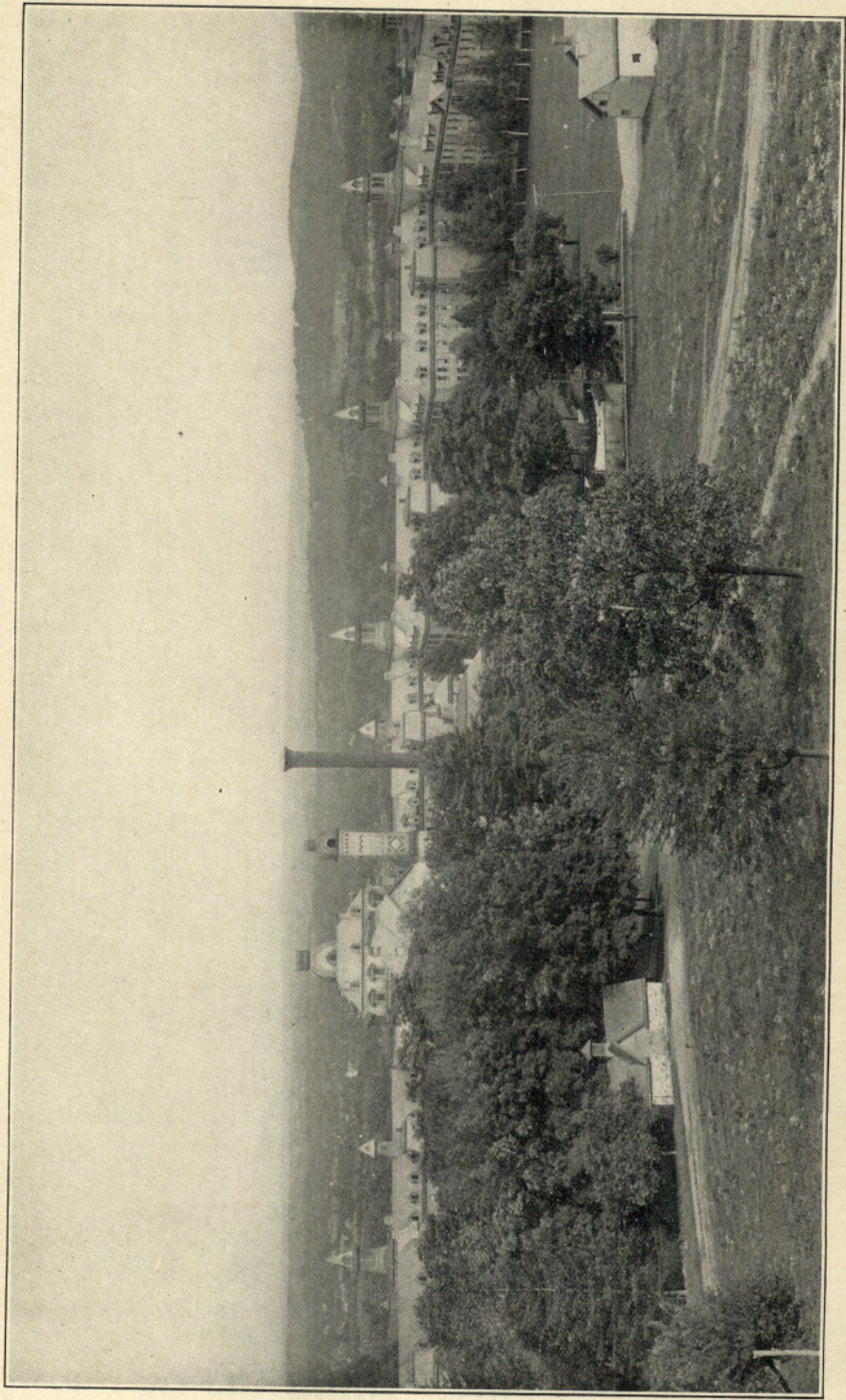
A further reference to this table shows that 18 deaths were due to general paresis, while in the previous year 21 deaths were attributed to that disease.

By reference to table XIX it will be seen that insane people, when well cared for, live to ripe old age. The table discloses the fact that about 40 per cent. of those who died were over 60 years of age, the same percentage as was shown by the records of last year.

The classification, according to legal commitment of those remaining in the Hospital October 31st, 1903, is as follows: Indigent, 1,249; private, 156; criminals, 33; convicts, 67, a total of 1,505, making a gain in population over last year of 44 patients.

The year closed with 52 more indigent patients than the closing census of the same class in the previous year, but with 10 less private patients, the same number of criminal and 2 more convicts. The cause for the decrease in private patients is found in the fact that Sailors' Snug Harbor removed to a New York hospital 19 private patients who were maintained at the expense of that institution. This removal was made eight days before the close of the Hospital year; but for this transfer our statistics would have shown a gain of 9 private patients.





A REAR VIEW OF THE MAIN BUILDING

It is a matter of gratification to be able to record a greater number of recoveries than has heretofore marked the history of this Hospital since its opening August, 1878. The highest number discharged as recovered in any previous year was in 1901, when the recoveries were 98. The recoveries for this year are 131, exceeding the previous high-water mark by 33. The highest ratio of recoveries for any previous year was for the same year, and was 81.5 per cent., while for the year covered by this report we are able to record a ratio of 85.7 per cent. of recoveries.

CONVICTS AND CRIMINALS

For years I have in my annual reports called attention not only to the inadvisability of admitting the criminal and convict insane to our State Hospitals, but I have at length pointed out the pernicious effect their presence and vicious habits have upon patients not tainted with crime. I have endeavored to make plain the disorganizing influence they exert, and make clear the fact that an institution cannot be a well-organized Hospital and at the same time a successful annex to a State Prison.

To introduce into a Hospital for the insane regulations and discipline such as would apply to convicts transferred from State's Prison, makes it not a place for the sick, but a building for transgressors of the law—a place for the vilest of criminals. To admit criminals and not endeavor to prevent their escape suggests a lack of interest in the integrity of society and the welfare of the public.

I have in previous reports called attention to the fact that it is highly unjust to the so-called innocent insane that they should be brought in contact with the convicts and criminals. I have never yet seen a relative of a patient but who felt deeply hurt when acquainted with the fact that convicts and criminals are admitted to our State Hospitals. The disapproval of existing conditions should be corrected by legislation. It costs no more to maintain insane convicts and criminals in an institution properly constructed, equipped and organized for their detention, management and treatment than it does to keep them in our

State Hospitals, where they have a demoralizing and disorganizing influence upon all with whom they come in contact, and where they cannot be kept so as to prevent their escape. Other States long ago have come to a realization of this fact and wisely constructed separate institutions for their convict and criminal insane.

I heartily recommend that a bill providing for an appropriation to construct a building for the convict and criminal insane be drawn up and introduced into our coming State Legislature, so that the full responsibility of this matter may be placed upon the power which is capable of remedying it.

TRAINING SCHOOL FOR NURSES.

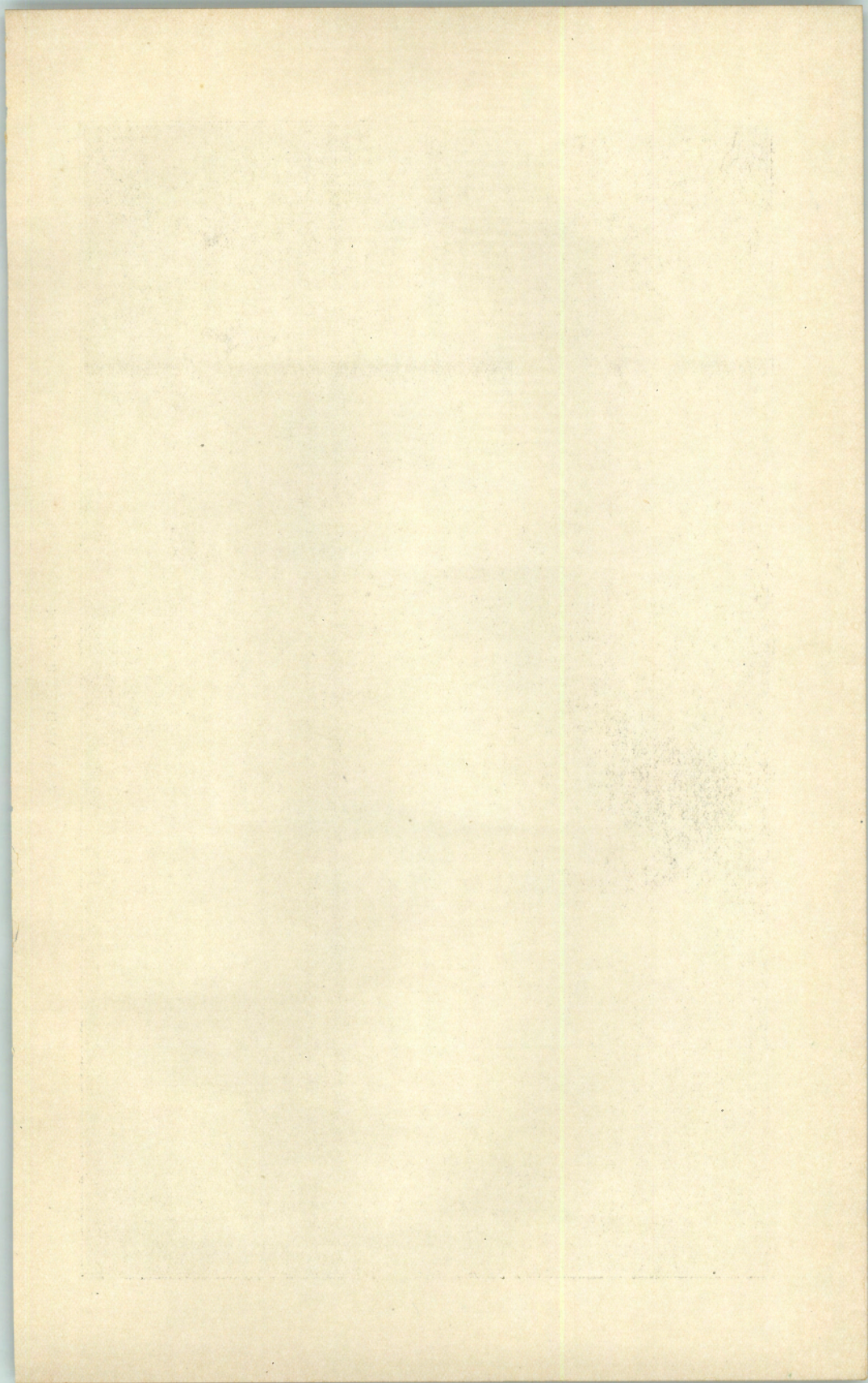
Since the organization of the Training School in 1894 the work has been faithfully kept going, until now its graduates number 114 in all ; 46 men and 68 women.

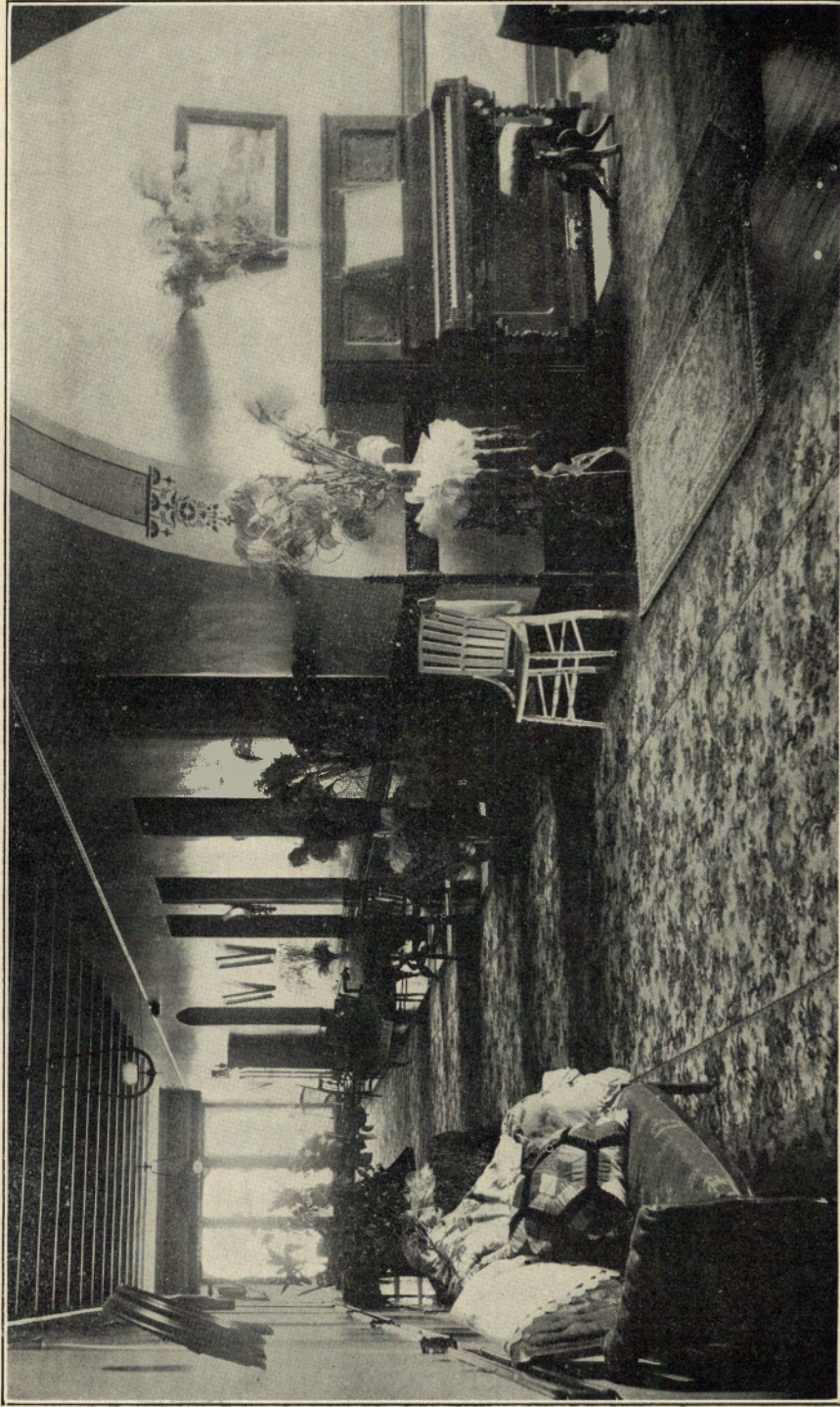
The results of this work from its very inception have been for the good of the patient, and that which promotes such interests demands our fullest support and encouragement.

Much time and labor are required in conducting a first-class school, but I am convinced that the officers of an institution for the insane can do it no better service than when they devote a good share of their time to the better equipment of its nurses for the onerous and important duties they have constantly to perform.

Our Training School has become a permanent part of our institutional work, and it seems difficult to understand how we were able to run the medical department even in a half-way satisfactory manner without it.

If I were called upon to say what is most important for the successful operation of an institution for the insane my answer would be "securing and keeping in it good, conscientious, kind-hearted and well-trained nurses." Any force, influence or action on the part of a commonwealth, the managers or local officers of a State Hospital which tends to give such institution better nurses is clearly in the promotion of its best interests and strictly in the





A WARD FOR MEN

advancement of the welfare of its patients. Any influence which tends to reduce the grade of its nurses operates against the institution's paramount interests and attacks the foundation principles of its philanthropic existence.

The subjoined abstract of the annual announcement shows that every medical officer in the Hospital takes an active part in the instruction of the pupils of the school.

ANNOUNCEMENT.

The New Jersey State Hospital Training School for Nurses was established in 1894, for the purpose of giving practical instruction to those employed in the capacity of nurses, and thus enable them to become proficient in their calling, and render a more intelligent and satisfactory service to the Hospital.

The full course covers a period of two years, is obligatory, and consists of lectures, demonstrations, practical instruction in bedside nursing, the management of medical and surgical cases, the preparation of diet, the administration of food and medicine, the giving of the various baths and the methods of dealing with emergencies.

Members of the Senior Class will be detailed to serve in the infirmary wards in regular rotation for two weeks at a time.

On the completion of the prescribed course a written examination will be held, and those of the Senior Class obtaining a general average of 75 per cent. or better will be granted diplomas.

The Junior Class will also be subjected to a written examination at the end of the first year, and those obtaining a general average of 70 per cent. will be advanced to the Senior Class.

Any pupil nurse not receiving a general average of 50 per cent. will be dropped from the employ of the Hospital.

LECTURE SCHEDULE.

Junior Class.

1903.

November	3—Dr. Evans.	Ethics of Nursing.
November	5—Dr. Mallon.	Symptomatology.
November	10—Dr. Cossitt.	Practice of Medicine.
November	13—Dr. Beling.	Physiology.
November	17—Dr. Baker.	Artificial feeding.
November	19—Dr. Garrison.	Physics.
November	24—Dr. Horsford.	Anatomy.
November	27—Dr. Evans.	Insanity.
December	1—Dr. Mallon.	Symptomatology.
December	4—Dr. Cossitt.	Fevers.
December	8—Dr. Beling.	Physiology.
December	10—Dr. Baker.	Hygiene.
December	15—Dr. Garrison.	Chemistry.
December	17—Dr. Horsford.	Anatomy.
December	22—Dr. Evans.	Insanity.

1904.

January	5—Dr. Mallon.	Materia Medica.
January	8—Dr. Cossitt.	Eruptive Fever.
January	12—Dr. Beling.	Physiology.
January	14—Dr. Baker.	Hygiene.
January	19—Dr. Garrison.	Chemistry.
January	21—Dr. Horsford.	Anatomy.
January	26—Dr. Evans.	Insanity.
January	28—Dr. Mallon.	Materia Medica.
February	2—Dr. Cossitt.	Diseases of the Respiratory System.
February	5—Dr. Beling.	Physiology.
February	9—Dr. Baker.	Hydrotherapy.
February	11—Dr. Garrison.	Urinalysis.
February	16—Dr. Horsford.	Anatomy.
February	18—Dr. Evans.	Insanity.
February	23—Dr. Mallon.	Therapeutics.
February	25—Dr. Cossitt.	Diseases of the Digestive System.
March	1—Dr. Beling.	Physiology.
March	4—Dr. Baker.	Gynæcology.
March	8—Dr. Garrison.	Urinalysis.
March	10—Dr. Horsford.	Anatomy.
March	15—Dr. Evans.	Quiz.
March	17—Dr. Mallon.	Genito-Urinary.
March	22—Dr. Cossitt.	Quiz.
March	24—Dr. Beling.	Quiz.
March	29—Dr. Baker.	Quiz.
March	31—Dr. Horsford.	Quiz.
April	5—Dr. Cossitt.	Quiz.
April	8—Dr. Evans.	Quiz.
April	12—Dr. Mallon.	Quiz.

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April	14—Dr. Garrison.	Quiz.
April	19—Dr. Baker.	Quiz.
April	21—Dr. Beling.	Quiz.
April	26—Dr. Mallon.	Quiz.
April	28—Dr. Horsford.	Quiz.
May	3—Dr. Evans.	Examination.
May	6—Dr. Mallon.	Examination.
May	10—Dr. Cossitt.	Examination.
May	12—Dr. Beling.	Examination.
May	17—Dr. Baker.	Examination.
May	19—Dr. Garrison.	Examination.
May	24—Dr. Horsford.	Examination.

LECTURE SCHEDULE.

Senior Class.

1903.

November	3—Dr. Evans.	Ethics of Nursing.
November	5—Dr. Mallon.	Symptomatology.
November	10—Dr. Cossitt.	Diseases of Digestive System.
November	13—Dr. Beling.	Dietetics.
November	17—Dr. Baker.	Artificial Feeding.
November	19—Dr. Garrison.	Pathology.
November	24—Dr. Horsford.	Inflammation, Asepsis, Antisepsis.
November	27—Dr. Evans.	Insanity.
December	1—Dr. Mallon.	Symptomatology.
December	4—Dr. Cossitt.	Diseases of the Circulatory System.
December	8—Dr. Beling.	Food in Health.
December	10—Dr. Baker.	Hygiene.
December	15—Dr. Garrison.	Pathology.
December	17—Dr. Horsford.	Surgical Fevers; Wounds.
December	22—Dr. Evans.	Insanity.

1904.

January	5—Dr. Mallon.	Materia Medica.
January	8—Dr. Cossitt.	Diseases of the Respiratory System.
January	12—Dr. Beling.	Food in Disease.
January	14—Dr. Baker.	Hygiene.
January	19—Dr. Garrison.	Bacteriology.
January	21—Dr. Horsford.	Fractures, Dislocations.
January	26—Dr. Evans.	Insanity.
January	28—Dr. Mallon.	Materia Medica.
February	2—Dr. Cossitt.	Infectious Diseases.
February	5—Dr. Beling.	Quiz.
February	9—Dr. Baker.	Hydrotherapy.
February	11—Dr. Garrison.	Toxicology.
February	16—Dr. Horsford.	Preparation for Operations.
February	18—Dr. Evans.	Insanity.
February	23—Dr. Mallon.	Therapeutics.
February	25—Dr. Cossitt.	Infectious Diseases.

1904.

March	1—Dr. Beling.	Quiz.
March	4—Dr. Baker.	Obstetrics.
March	8—Dr. Garrison.	Toxicology.
March	10—Dr. Horsford.	Minor Surgery. Emergencies.
March	15—Dr. Evans.	Quiz.
March	17—Dr. Mallon.	Quiz.
March	22—Dr. Cossitt.	Constitutional and Nervous Diseases.
March	24—Dr. Baker.	Diseases of Women.
March	29—Dr. Garrison.	Quiz.
March	31—Dr. Horsford.	Quiz.
April	5—Dr. Cossitt.	Quiz.
April	8—Dr. Evans.	Quiz.
April	12—Dr. Mallon.	Quiz.
April	14—Dr. Cossitt.	Quiz.
April	19—Dr. Baker.	Quiz.
April	21—Dr. Garrison.	Quiz.
April	26—Dr. Horsford.	Quiz.
April	28—Dr. Baker.	Quiz.
May	3—Dr. Evans.	Examination.
May	6—Dr. Mallon.	Examination.
May	10—Dr. Cossitt.	Examination.
May	12—Dr. Beling.	Examination.
May	17—Dr. Baker.	Examination.
May	19—Dr. Garrison.	Examination.
May	24—Dr. Horsford.	Examination.

JUNE 22, 1904, COMMENCEMENT.

GENERAL OUTLINE OF LECTURES.

Junior Class.

DR. BRITTON D. EVANS.

1903-04.

November	3—The Ethics of Nursing.
November	27—Classification of Mental Diseases.
December	22—The Management of Acute Insanity.
January	26—Relation of Age and Occupation to Mental Diseases.
February	18—Nursing and Ward Work.

DR. PETER S. MALLON.

November	5—Classification of Symptoms of Disease
December	1—Pulse, Temperature, Respiration, Sensory and Motor Disturbances.
January	5—Forms and Methods of Administering Medicine.
January	28—Systemic Remedies.
February	23—Therapeutics.
March	17—Genito-Urinary.

DR. HARRY A. COSSITT.

1903-04.

- November 10—The Practice of Medicine.
December 4—Fever.
January 8—Eruptive Fevers
February 2—Diseases of the Respiratory System.
February 25—Diseases of the Digestive System.

DR. CHRISTOPHER C. BELING.

- November 13—General Composition of the Human Body.
December 8—The Mechanism and Functions of the Respiratory Organs.
January 12—Heart, Blood and Circulatory System.
February 5—Brain, Spinal Cord and Nerves.
March 1—Digestion, Assimilation, Secretion and Excretion.

DR. RAYMOND D. BAKER.

- November 17—Artificial or Forced Feeding.
December 10—Air, Water and Ventilation.
January 14—Personal and Ward Hygiene.
February 9—Hydrotherapy.
March 4—The Reproductive Organs. Pregnancy.

DR. W. MILES GARRISON.

- November 19—States of Matter and Laws Governing Them.
December 15—Mechanical Mixtures and Chemical Compounds.
January 19—Oxygen, Hydrogen, Chlorine and Nitrogen.
February 11—Constituents of Normal Urine. Tests.
March 8—Tests for Abnormal Constituents.
March 31—Tests for Poisons.

DR. FREDERICK C. HORSFORD.

- November 24—Bones, Joints, Muscles, Fasciæ and Skin.
December 17—Thoracic Viscera.
January 21—Abdominal Viscera.
February 16—Arteries, Veins and Lymphatics.
March 10—Brain, Nervous System, Organs of Special Sense.

GENERAL OUTLINE OF LECTURES.

Senior Class.

DR. BRITTON D. EVANS.

1903-04.

- November 3—Ethics of Nursing.
 November 27—Classification of Mental Diseases.
 December 22—The Management of Acute Insanity.
 January 26—Relation of Age and Occupation of Mental Disease.
 February 18—Nursing and Ward Work.

DR. PETER S. MALLON.

- November 5—Classification of Symptoms.
 December 1—General Appearance, Inflammation, Pain.
 January 5—Systemic and Local Remedies.
 January 23—Emetics, Cathartics, Diuretics, Expectorants.
 February 17—Demulcents, Emollients, Protectives, Digestants.

DR. HARRY A. COSSITT.

- November 10—Diseases of the Digestive System and Kidneys.
 December 4—Diseases of the Circulatory System.
 January 8—Diseases of the Respiratory System.
 February 2—Fever, Typhoid Fever, Malarial Fevers.
 February 25—Rubeola, Variola, Varicella, Scarletina, Diphtheria.
 March 22—Constitutional, Nervous and Children's Diseases.

DR. CHRISTOPHER C. BELING.

- November 13—Food and Food Preparations.
 December 8—Food in Health.
 January 12—Food in Disease.

DR. RAYMOND D. BAKER.

- November 17—Methods and Materials for Feeding.
 December 10—General Hygienic Considerations.
 January 14—The Prevention of Disease.
 February 9—Hydrotherapy.
 March 4—Parturition, Obstetrical Nursing.
 March 24—Diseases of Women.

DR. W. MILES GARRISON.

1903-04.	
November	19—Inflammation; Causes and Effect.
December	15—Forms of Inflammation; Methods of Repair.
January	19—The More Common Forms of Micro-Organisms.
February	11—Poisons and Their Antidotes.
March	8—Poisons and Their Antidotes.

DR. FREDERICK C. HORSFORD.

November	24—Inflammation, Asepsis, Antisepsis.
December	17—Surgical Fevers, Contusions, Wounds.
January	21—Fractures, Dislocations, New Growths.
February	16—Sterilization, Anæsthesia, Preparation for Operation.
March	10—Minor and Major Surgery, Emergencies.

SPECIAL WARD WORK.

2-2, SOUTH.

Miss Evalina Amon.....	November 5th to November 18th, 1903.
Miss Linnie Beckner.....	November 18th to December 2d, 1903.
Miss Alvina Buntele.....	December 2d to December 16th, 1903.
Mrs. Julia Cotton.....	December 16th to December 30th, 1903.
Miss Madge Coughlin.....	December 30th, 1903, to January 13th, 1904.
Miss Roska Kitch.....	January 13th to January 27th, 1904.
Miss Julia London.....	January 27th to February 10th, 1904.
Miss Helen McLean.....	February 10th to February 24th, 1904.
Miss Kate Marshall.....	February 24th to March 10th, 1904.
Miss Elizabeth Pflaum.....	March 10th to March 24th, 1904.
Miss Elizabeth Shortall.....	March 24th to April 7th, 1904.
Miss Florence Steele.....	April 7th to April 21st, 1904.
Miss Catherine B. Walsh.....	April 21st to May 7th, 1904.
Miss Nellie Walsh.....	May 7th to May 21st, 1904.
Miss Emma Woods.....	May 21st to June 5th, 1904.
Miss Annie Shanahan.....	June 5th to June 19th, 1904.

2-2, NORTH.

Furmen D Beckner	November 5th to November 18th, 1903.
H. Thorp Potts	November 18th to December 2d, 1903.
Alvin Sawyer.....	December 2d to December 16th, 1903.

During the term Miss Mary R. Keegan, Miss Phœbe 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.

TEXT-BOOKS.

Members of both classes are requested to provide themselves with the necessary books before the session beginning November 3d, 1903, and the text-books used may be selected from the following list:

First Year.

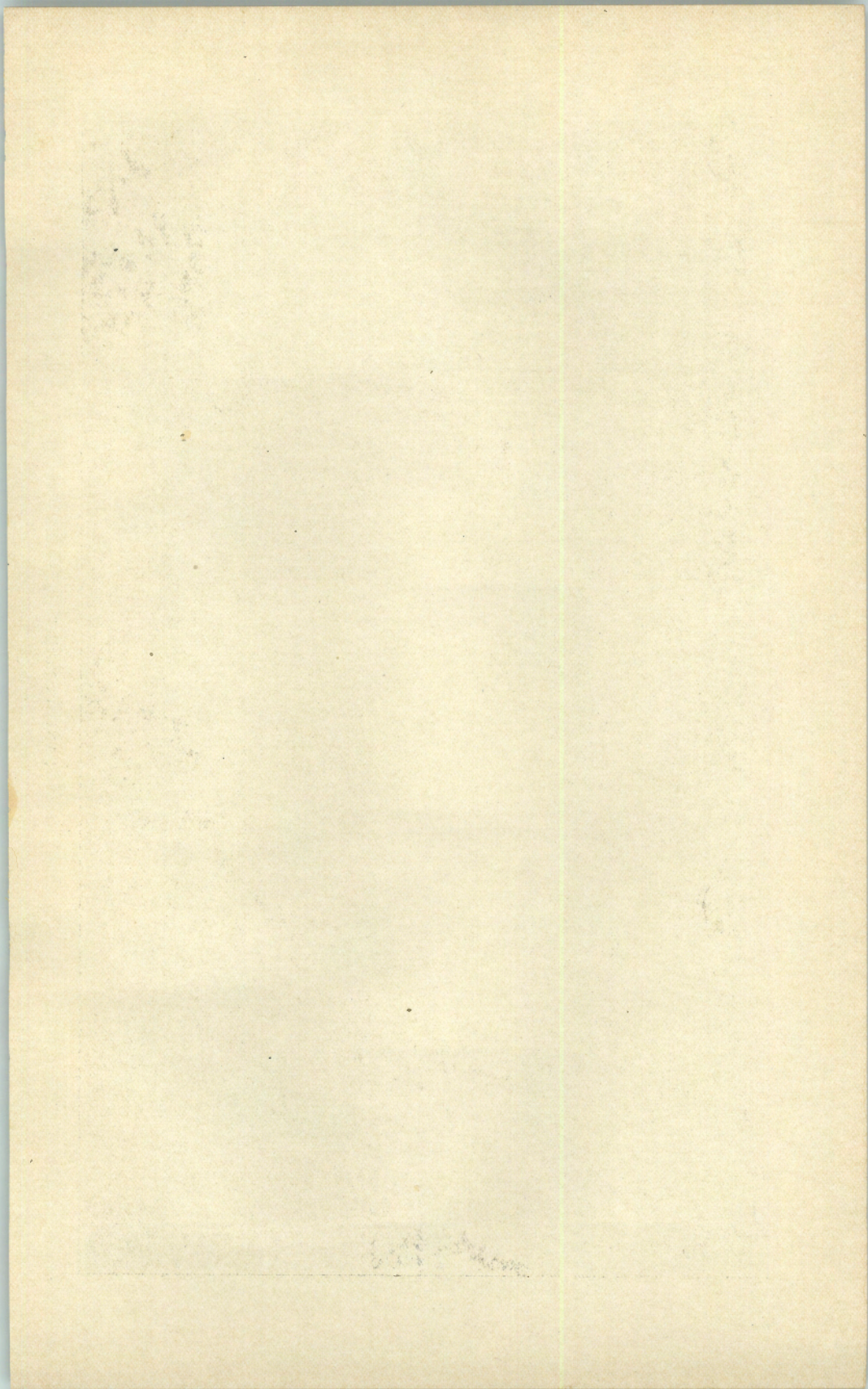
Anatomy and Physiology for Nurses.....	Diana C. Kimber.
Manual for Nursing.....	Humphry.
Essentials of Hygiene.....	Canfield.
Accidents and Emergencies.....	Dulles.
Outlines of Obstetrics.....	Jewett.
Fever Nursing.....	Wilson.
12,000 Medical Words.....	Gould.

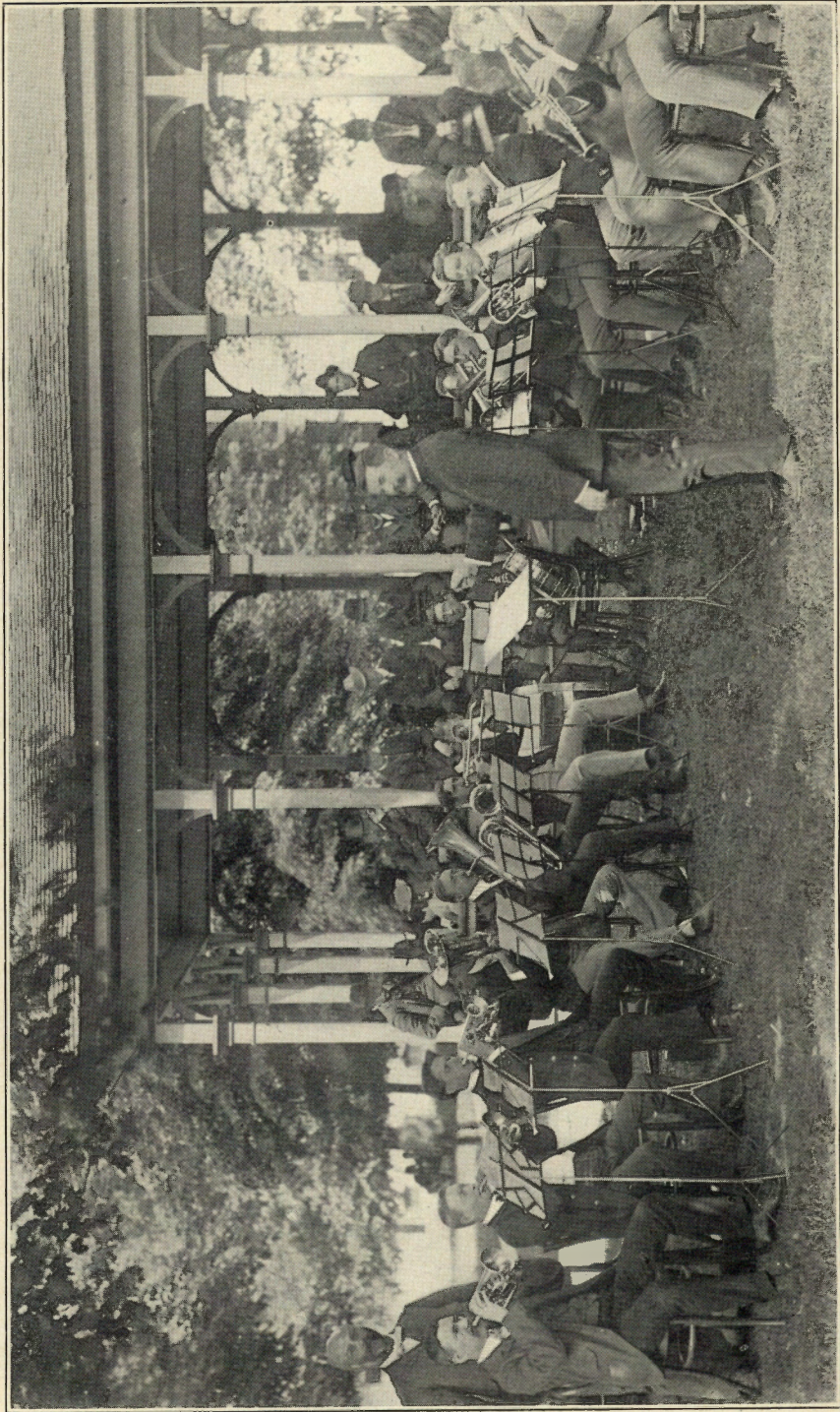
Second Year.

Text-Book on Nursing.....	Peter M. Wise.
Physiology and Hygiene.....	Brown.
General Nursing.....	Weeks.
Sickness and Accidents.....	Curran.
Treatment and Care of the Nervous and Insane.....	Mills.
Massage.....	Ostrom.
Primer of Psychology.....	Burr.
Surgical Nursing and Bandaging.....	Voswinkle.
How to Cook for Sick and Convalescent.....	Sachs.
Nursing Ethics.....	Robb.
Bandaging.....	Davis.

Lectures will be delivered to the Junior Class at 2 P. M., and the Senior Class at 6:30 P. M., on Tuesdays and Thursdays, throughout the session, except the first Thursday of each month. Lectures falling on that day will be given the following day, Friday.

The class will meet for instruction in Bandaging, Massage and Laboratory Work at such times as the instructors may designate.





BAND CONCERT

AMUSEMENTS.

There has been during the year no relaxation in our efforts to supply judicious amusement and entertainment for such patients as were capable of taking part in them or enjoying them. This means of helping persons deranged of mind is so well known and so fully appreciated that no extensive comment in support of it is necessary, even in a report which is largely read by persons not versed in medicine or the special care of insane persons. Any means which serve to lead an insane and deluded person away from his worry of mind and induce him to think of matters not irritating in character is both helpful and healthful. Active participation in games, plays and athletics is usually attended with more gratifying results than being simply an interested spectator, but both are in a high degree beneficial and indispensable in the treatment of the insane.

The chief forms of outdoor amusement provided were golf, base-ball, lawn-tennis and foot-ball; the indoor amusements were weekly dances, theatricals, bowling, pool, card parties, musicales, chess, draughts and dominoes.

Two of the most interesting theatrical performances of the year were gotten up and composed by home talent. One of our patients, who has had many years of experience on the stage, selected from the nurses and patients characters for a very interesting and highly-amusing farce-comedy. Mr. John Watts, a nurse, wrote a comedy entitled "A Trial by Jury," and the *dramatis personæ* were patients and nurses of this Hospital. The play was in every sense a success, and was all the more interesting because of the fact that the audience had a personal acquaintance with all who were taking part in the performance.

With the additional facilities afforded by the equipment of the stage at the new building, the coming year promises much to our patients who take pleasure in theatricals.

INDIGENT INEBRIATES.

In 1881 the Legislature of New Jersey passed an act to amend and supplement "An act relative to habitual drunkards." This law has stood the test for more than twenty years, and has proven to be a wise one, operating in the protection of society and fostering most important interests of the citizen.

This act provides that it shall be lawful for the Court of Chancery to issue a commission in the nature of a writ "*de lunatico inquirendo*," to inquire into the habitual drunkenness of any person, and that any person found to be an habitual drunkard under such writ of inquiry shall, by order of the Court of Chancery, have a guardian appointed to control his person and estate, and that it shall be lawful for the chancellor, on application of the guardian of such habitual drunkard, to make such order for the safe keeping of such habitual drunkard, and as he may deem necessary with a view to his reformation, and from time to time alter or modify the same. The act provides that the chancellor may issue an order for the commitment of such habitual drunkard to one of the State institutions for the insane, or to any asylum or retreat.

This law has been a blessing to the State of New Jersey, but it is deficient in that it only contemplates the commitment of persons who possess sufficient means to maintain them in a hospital or retreat. This leaves no provision for the State care of indigent habitual drunkards, and for that reason the highest order of true charity is omitted from the law. There are many homes made desolate by persons who have not sufficient money or property to maintain them in an institution; many crimes are committed by drunkards of no means which could be prevented by timely restraint and judicious treatment.

The integrity and safety of society is as much endangered by a poor drunkard as by a wealthy one.

It is clear that the law should be so amended that indigent habitual drunkards, who are a menace to society, whose repeated drunken debauches point to criminality and whose dealings with their families and neighbors are characterized by brutality and

indecent should be, in the interests of the public at large and humanity, subject to the same form of writ as persons who possess means, and they should be placed under restraint and treatment at the expense of the State or the county in which they have residence. Such a law would save thousands of humble homes and lessen the number of the State's dependents. Too many homes are wrecked by the drunken habits of one member of the family, who takes from other members that which they have earned and deprives his children of an opportunity to acquire such an education as would render them self-supporting. They are debased socially by precepts born of an uncontrolled appetite for alcohol. The impress of his habits tends to qualify them for lives of pauperism and crime.

The restraining and reforming influence of the law should be brought to the rescue of such families. The knowledge that statutory regulations are available and will be enforced will have a bracing effect on any who are weak of will and strong of alcoholic appetite.

I recommend an amendment to the act above referred to because it would be highly philanthropic legislation. It would lessen crime, decrease the number of the State's dependents, keep intact many such homes as are now daily being wrecked; it would promote morality and protect law-abiding citizens against the indecent and criminal acts of a large number of habitual drunkards, and would have a reforming and curative effect upon the inebriates themselves. Such a law can only be productive of good and influential for the promotion of the public's best interests.

PATHOLOGICAL LABORATORY.

The work done in the pathological laboratory during the past year is largely set forth in the report of Dr. H. A. Cossitt, the resident pathologist.

Heretofore our laboratory work has been greatly hampered by insufficient appointments and a lack of scientific equipments, but the fitting up of the commodious and well-lighted rooms at the new building and the acquisition of the new instruments

and scientific appliances, through a recent appropriation from the Legislature, gives us increased facilities such as this Hospital has never before commanded. With the fitting up of the room for micro-photographic work, the laboratory will be in first-class condition, and we may look forward to the coming year to place this important adjunct to the institution's work upon a higher plane than it has ever reached.

The laboratory has not been simply a place for examining specimens taken from dead bodies at autopsies for the purpose of studying post-mortem phenomena. The urine of every patient admitted is sent there for a careful chemical and microscopical examination; the blood of all patients in whom there are symptoms which we think may be made clearer by laboratory examination and research, is sent there for analysis. Swabs from sore throats suggesting diphtheria are promptly submitted, and cultures made in all diseases in which a bacteriological investigation may aid in diagnosis or treatment.

The work of this department is carefully written up, and all investigations and discoveries thus become a part of the permanent records of the institution.

A BUILDING FOR NURSES.

I feel it my duty to call attention in this official report to the urgent need of the Hospital for a building for nurses. It is evident to anyone who may give the subject of the care of the insane serious thought that no greater service can be rendered to the patient than may be done by supplying the Hospital with a corps of efficient, conscientious and reliable nurses. It is also equally important that when the services of such persons are procured conditions be provided calculated to retain them.

With our present limited facilities, our nurses and attendants are forced to sleep in the wards occupied night and day by the patients; this deprives them of any semblance of home life.

There is probably no class of work attended with more trying conditions than that of nursing the insane. Only a small percentage of those being nursed and cared for seem capable of appreciating the attentions they receive, and they rarely show

gratitude, but because of their mental derangement, heap abuse upon their nurses for detaining and persecuting them. The nurse must return kind words for abuse, and when violently attacked must be calm and display a spirit of humanity. When spat upon and called the harshest names it must be borne with evenness of temper. The helpless, the soilers, the stubborn and resistive must be washed, fed and cared for even as a mother cares for her babe. Not every man or woman who applies for the position of nurse to the insane possesses either the qualities of character or educational qualifications to perform well the duties of the post.

Not only is the work difficult, but the hours are long—usually from 6 A. M. to 9 P. M. No large institution for the insane can be successfully managed with an inefficient and unreliable corps of nurses, but in order to command the services of men and women qualified by temperament, industry, education and kindness of heart, a keen interest must be exhibited in their welfare and comfort.

The faithful discharge of duty of the employes should receive due recognition from the employer.

The State of New Jersey should have in her hospitals for the insane only kind-hearted, intelligent and faithful nurses, and in turn should provide for them home-like comforts and surroundings. Give them a building where they may sleep away from the strain, noises and disturbances which characterize their daily duty. Provide them apartments where they may have an opportunity to spend off-duty hours in reading, studying and legitimate recreation. In this way the services of a uniformly high grade of nurses and attendants may be commanded. They will appreciate the recognition they receive, and will strive to retain their positions and make nursing their life-work; they will find among themselves sufficient home life to attract them and not look forward constantly, when off duty, to going to adjoining towns to find recreation and associations which not infrequently leads to conduct calling for dismissal. Faithful and reliable nurses are worthy of such comforts as may be consistently given in a properly-constructed and well-regulated home set apart for their use when not on active duty.

CHAPEL SERVICES.

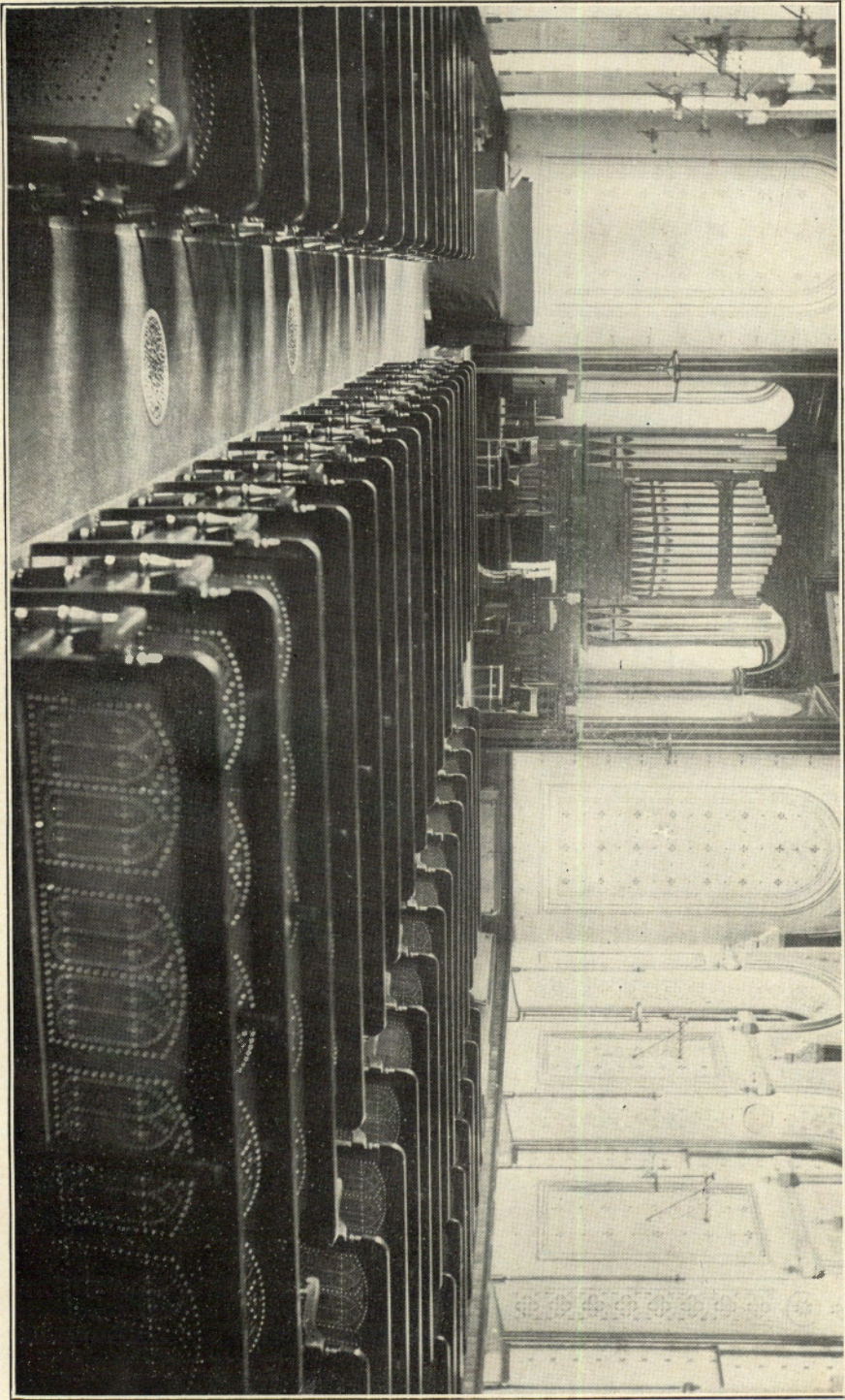
The following clergymen conducted religious services in the chapel according to the schedule, and to them or their successors a similar schedule will be sent, so that the religious services will be provided for officially :

Rev. Dr. Albert Erdman, Presbyterian, Morristown.
 Rev. Dr. Jesse L. Hurlbut, Methodist, Morristown.
 Rev. Dr. William H. Hughes, Episcopalian, Morristown.
 Rev. Father James T. Brown, Roman Catholic, Morris Plains.
 Rev. S. Z. Batten, Baptist, Morristown.

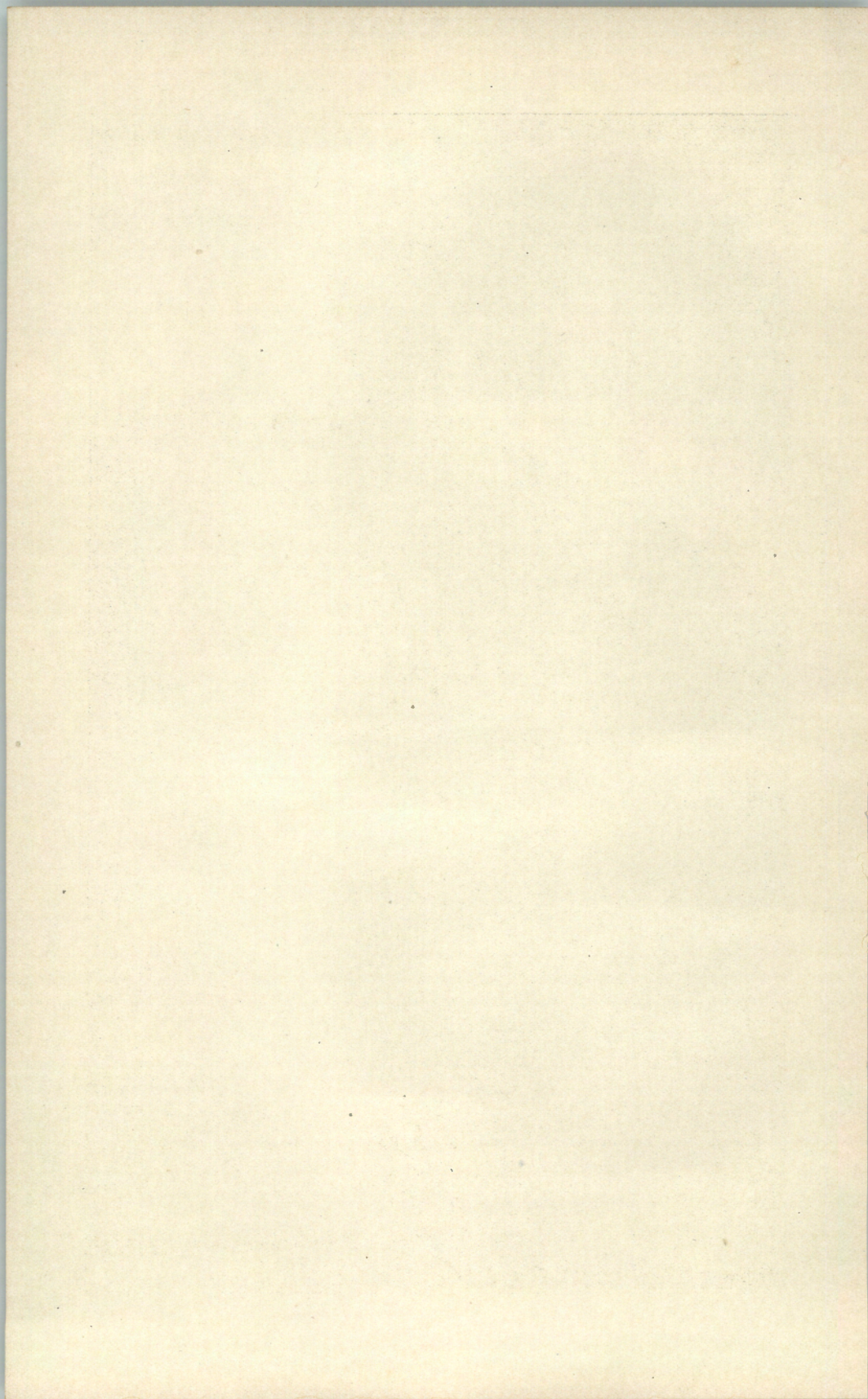
The following is the schedule for the coming year :

SCHEDULE FOR CHAPEL SERVICES, 1903 AND 1904.

1903.		1904.	
November	1.....Presbyterian.	May	1.....Roman Catholic.
"	8.....Roman Catholic.	"	8.....Methodist.
"	15.....Methodist.	"	15.....Baptist.
"	22.....Baptist.	"	22.....Episcopal.
"	29.....Episcopal.	"	29.....Presbyterian.
December	6.....Presbyterian.	June	5.....Roman Catholic.
"	13.....Roman Catholic.	"	12.....Methodist.
"	20.....Methodist.	"	19.....Baptist.
"	27.....Baptist.	"	26.....Episcopal.
1904.			
January	3.....Episcopal.	July	3.....Presbyterian.
"	10.....Presbyterian.	"	10.....Roman Catholic.
"	17.....Roman Catholic.	"	17.....Methodist.
"	24.....Methodist.	"	24.....Baptist.
"	31.....Baptist.	"	31.....Episcopal.
February	7.....Episcopal.	August	7.....Presbyterian.
"	14.....Presbyterian.	"	14.....Roman Catholic.
"	21.....Roman Catholic.	"	21.....Methodist.
"	28.....Methodist.	"	28.....Baptist.
March	6.....Baptist.	September	4.....Episcopal.
"	13.....Episcopal.	"	11.....Presbyterian.
"	20.....Presbyterian.	"	18.....Roman Catholic.
"	27.....Roman Catholic.	"	25.....Methodist.
April	3.....Methodist.	October	2.....Baptist.
"	10.....Baptist.	"	9.....Episcopal.
"	17.....Episcopal.	"	16.....Presbyterian.
"	24.....Presbyterian.	"	23.....Roman Catholic.
		"	30.....Methodist.



CHAPEL, SHOWING NEW PIPE ORGAN



"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 accounts 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.

APPROPRIATIONS BY THE LAST LEGISLATURE. •

The special appropriation for the Medical Department proper, made by the Legislature at its last session, amounted to \$6,000; and the act specified that this appropriation should be used as follows: Scenery for stage, \$1,000; pool tables, \$700; bowling alleys, \$1,200; seats for the amusement hall, \$1,000; laboratory equipment, \$2,100.

The contracts were given out with strict observance of the specifications of the act making the appropriation, and it is gratifying to record that the execution of the work and the character of the supplies received under these contracts are eminently satisfactory.

Our new amusement hall, by the putting in of neat folding seats and the equipping of the stage with beautiful scenery, has been transformed into a modern and attractive assembly-room. It needs but a concert piano to make its equipment complete.

The bowling alleys are first class in every particular and have, from the time of their completion, proven to be a source of much pleasure and useful exercise to our patients. When the weather is bad the clubs organized by patients and nurses go to the alleys and there find interesting and invigorating exercise.

The pool tables have been placed in the large rooms on the wards, known as ward parlors. They are much appreciated by the patients, and many evenings, which would without them have been dull and dreary, have been made cheerful to those patients who have access to them.

The part of the appropriation set apart for supplying the

pathological laboratory with necessary scientific apparatus has left that department no excuse for doing anything but a high order of scientific work.

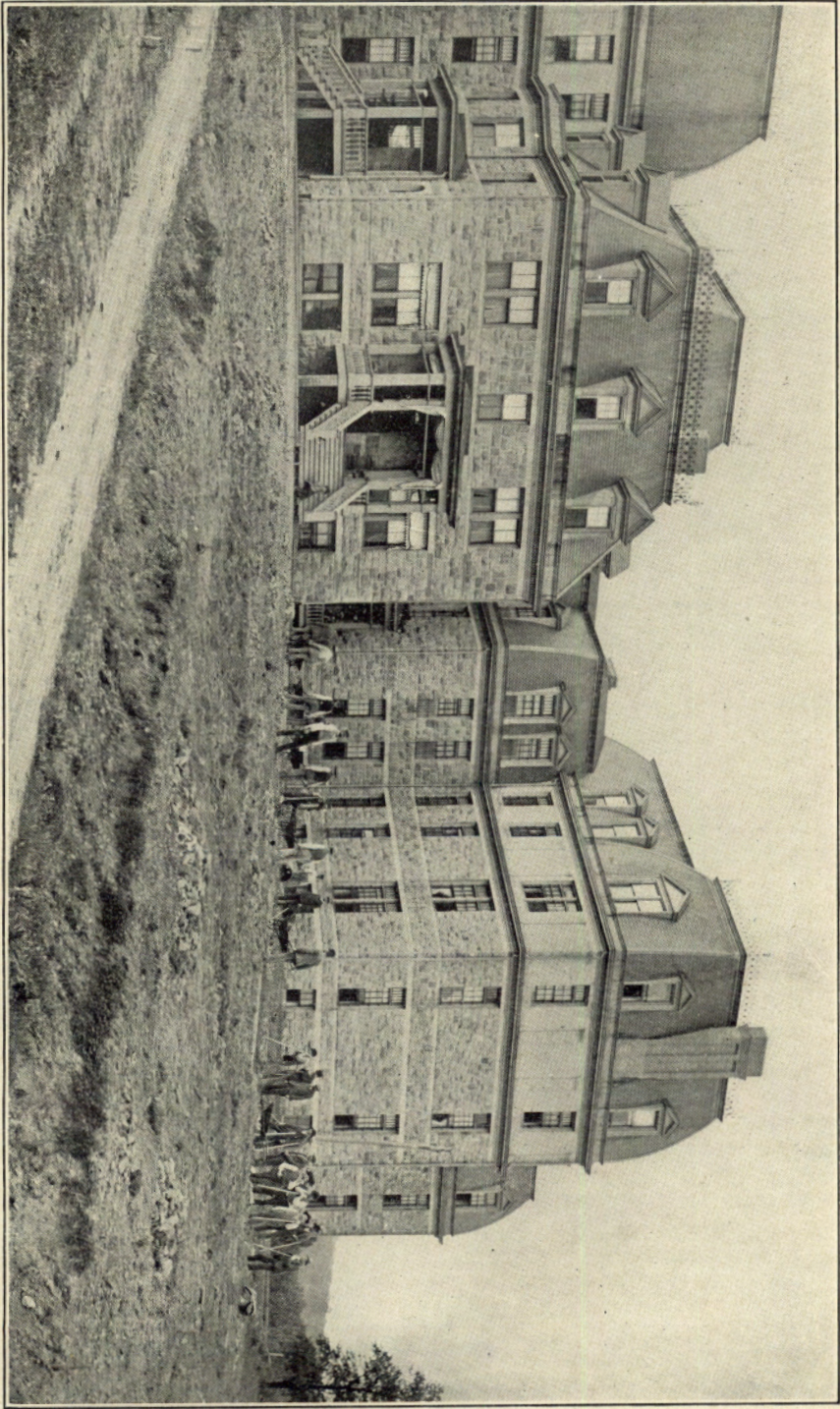
I am of the opinion that no special appropriation of the same proportion has done more good for the comfort of the patients, and the promotion of their general well-being, than the \$6,000 above referred to in detail.

PATIENTS' WORK, ETC.

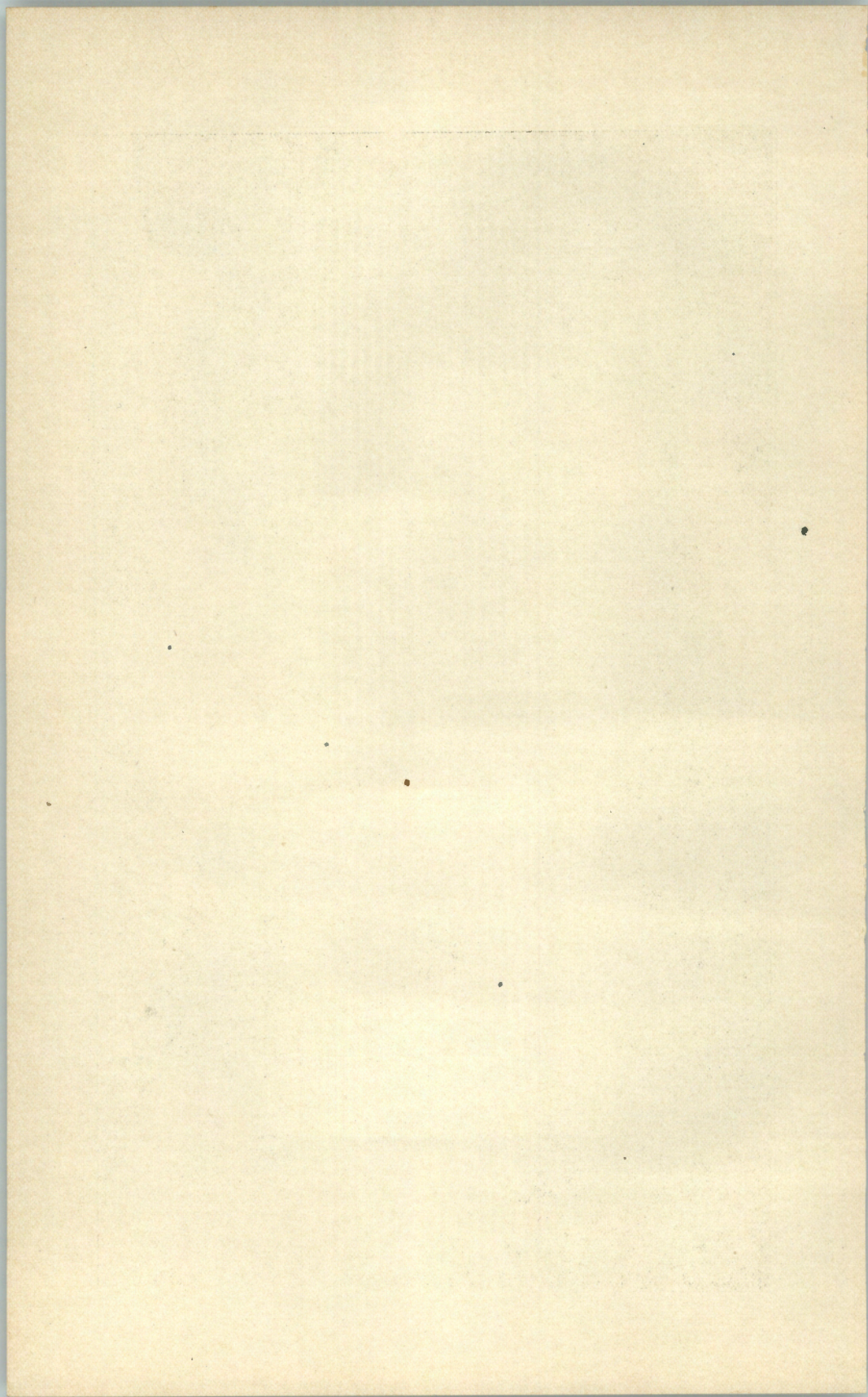
To fail to utilize the labor of the patients in work in the various industrial departments as well as on the wards would mean to increase the running expenses of a hospital two-fold. To judiciously employ those patients who are physically able to work means to reduce the institution's running expenses and at the same time benefit both mentally and physically those so employed.

Patients when properly employed are not only benefited by the concentration of mind required upon their part for the execution of the work assigned them and the consequent diversion from their morbid ideas and irritating delusions, but healthful exercise acts as a hypnotic, and the day of grateful occupation is followed by a night of refreshing and health-giving sleep, and when those who when wakeful are noisy, destructive and agitated may be induced to sleep by giving them suitable employment during the day, the good results are at once apparent and manifold, for in reducing noise the comfort of all who are seeking rest and sleep is promoted and in reducing destructive tendencies the principles of economical administration are being supported. .

To obtain the best results from the employment of patients the first and most important consideration must be given to the welfare and comfort of those employed. To assign a large number of patients to a given piece of work, without studying carefully the adaptability of each to the character of work he is to do, is giving precedence to the commercial aspect of the proposition and losing sight of the paramount principles involved. There are many patients who would be benefited by work who would



PATENTS GRADING AT DORMITORY BUILDING



object to such employment as grading, farm work, hoeing vegetables or working in the laundry or stables, and it is evident that to insist upon a person doing that which is repugnant would not tend to quiet excited conditions or give rest to an agitated mind. Employment which humiliates does not soothe. The correct manner of procedure is to get the patient interested in the work and convince him it is for his good. To do this, he must be engaged in a class of work somewhat in keeping with his tastes and inclinations when in health.

For a large institution for the insane to meet the requirements of this important proposition, it must be provided with a variety of forms of semi-professional occupation; such as a good job printing outfit, a book-bindery, shops for manufacturing on a small scale articles in daily use in the house, such as brushes, combs, brooms, etc. Along these lines a classification in employment may be preserved as well as classification as to grouping upon the wards, and give most gratifying results in the matter of the treatment of the mental disturbances of those so employed.

I heartily recommend the establishment at this institution of additional industries along the lines above suggested.

I append two tables showing the number of days' work done by patients in this Hospital during the year covered by this report. By reference to these tables it will be found that in all the departments and on the wards 209,509 days' work is accredited to patients; this, at an average of 50 cents per day, would amount to \$104,754.50, which shows it to be an item of considerable importance.

TABLE I.

Number of Days' Work Done by Patients in the Industrial Department.

DATE.	LAUNDRY.			Kitchen.	Farm and grounds.	Bakery.	Shops.	Sew'ng-room.	Total.
	Men.	Women.	Total.						
1902.									
November	337	612	949	334	1,060	81	328	1,364	4,116
December	392	603	995	383	922	93	308	1,136	3,837
1903.									
January	404	594	998	369	919	105	288	1,047	3,726
February	338	499	837	325	830	111	336	1,000	3,439
March	380	558	938	369	1,004	120	336	1,048	3,815
April	375	640	1,015	330	1,270	92	322	1,137	4,166
May	375	592	967	319	1,408	90	435	1,045	4,264
June	368	588	956	316	1,520	108	617	1,083	4,600
July	391	627	1,018	333	1,632	103	662	1,128	4,876
August	399	578	977	300	1,456	99	663	1,121	4,616
September	336	460	796	248	1,420	112	534	1,058	4,168
October	390	478	868	302	1,297	74	462	1,138	4,141
Total	4,485	6,829	11,314	3,928	14,738	1,188	5,291	13,305	49,764

TABLE II.

Number of Days' Work Done by Patients on the Wards.

Date.	Men.	Women.	Total.
1902.			
November	6,015	5,915	11,930
December	6,040	6,057	12,097
1903.			
January	7,238	7,265	14,503
February	6,527	5,762	12,289
March	7,097	6,448	13,545
April	6,873	6,889	13,762
May	6,954	7,219	14,173
June	6,973	6,946	13,919
July	7,148	7,379	14,527
August	7,050	5,510	12,560
September	6,818	6,780	13,598
October	6,927	5,915	12,842
Total	81,660	78,085	159,745

REVISION OF CASE RECORDS.

The case-book system now in use at this Hospital for the purpose of keeping records of patients is both a cumbersome and antiquated one. It answered the purpose in the day of its initiation, but the requirements of the institution have long since outgrown it. It, in addition to being unwieldy and out of date, is expensive. The envelope or pocket system, in conjunction with card indexes, should supersede it. This would simplify our records, be more easily kept and less expensive both as to material and necessary labor. Case records not setting forth in detail all matters of importance relating to the history of the patients, their symptomatology, treatment, the manner of their commitment, duration of their mental disease, nativity, residence, hereditary taint, civil condition, physical and mental peculiarities, diagnosis and classification, etc., etc., would be of little value. The records of 6,796 cases are already written up in these large case-books, and in their present form they have outgrown the space formerly allotted to them and are taking up all available space of a readily accessible location. A fire in the medical offices would endanger, and likely destroy, these important records and they could not be reproduced.

I recommend that the pocket or envelope system be introduced and a room be fitted up with fire-proof compartments for filing these records along with the court records of commitments. This would entail in all an expense of \$3,000.

CONCLUSION.

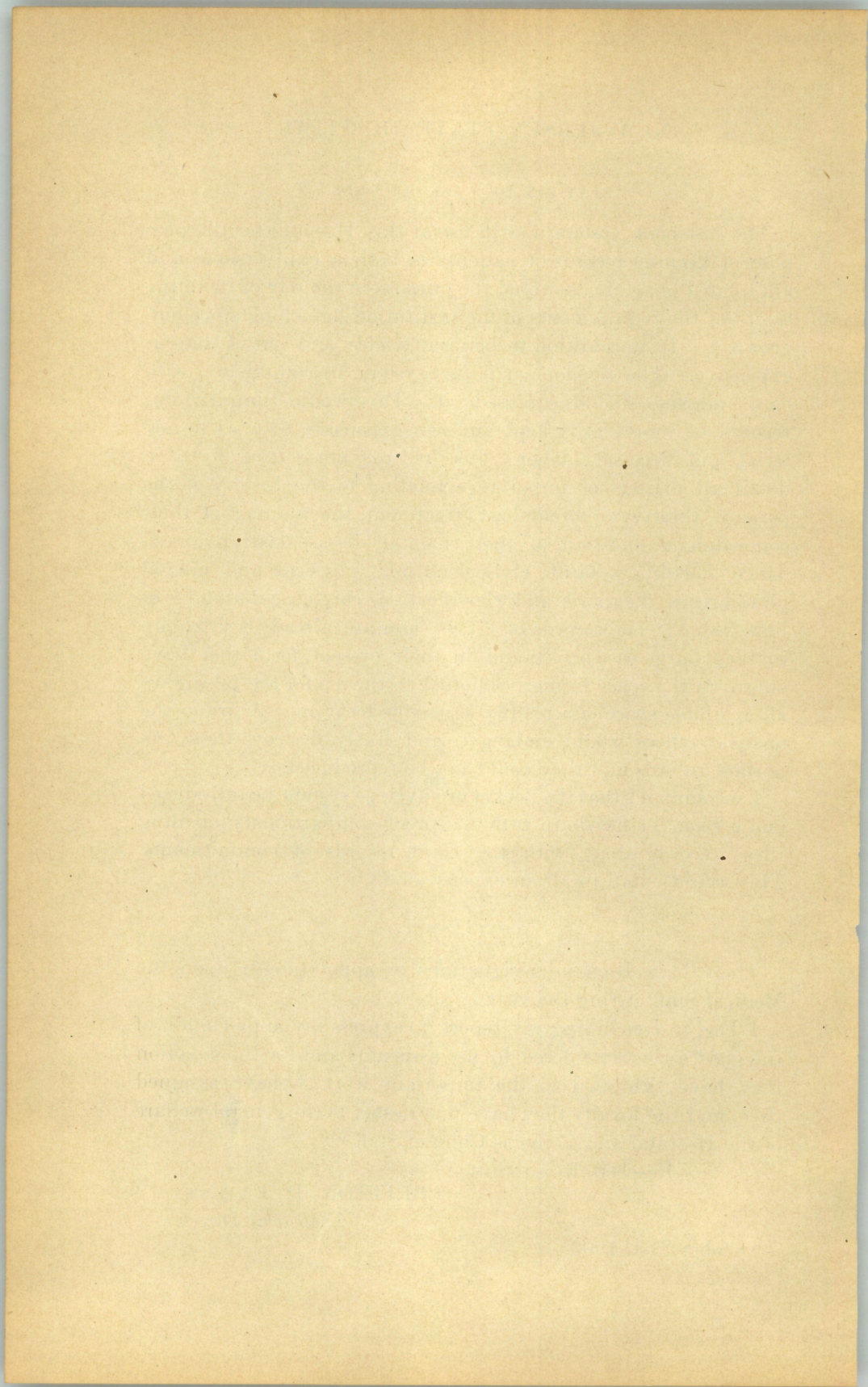
There have been no resignations or appointments upon the Medical Staff during the year.

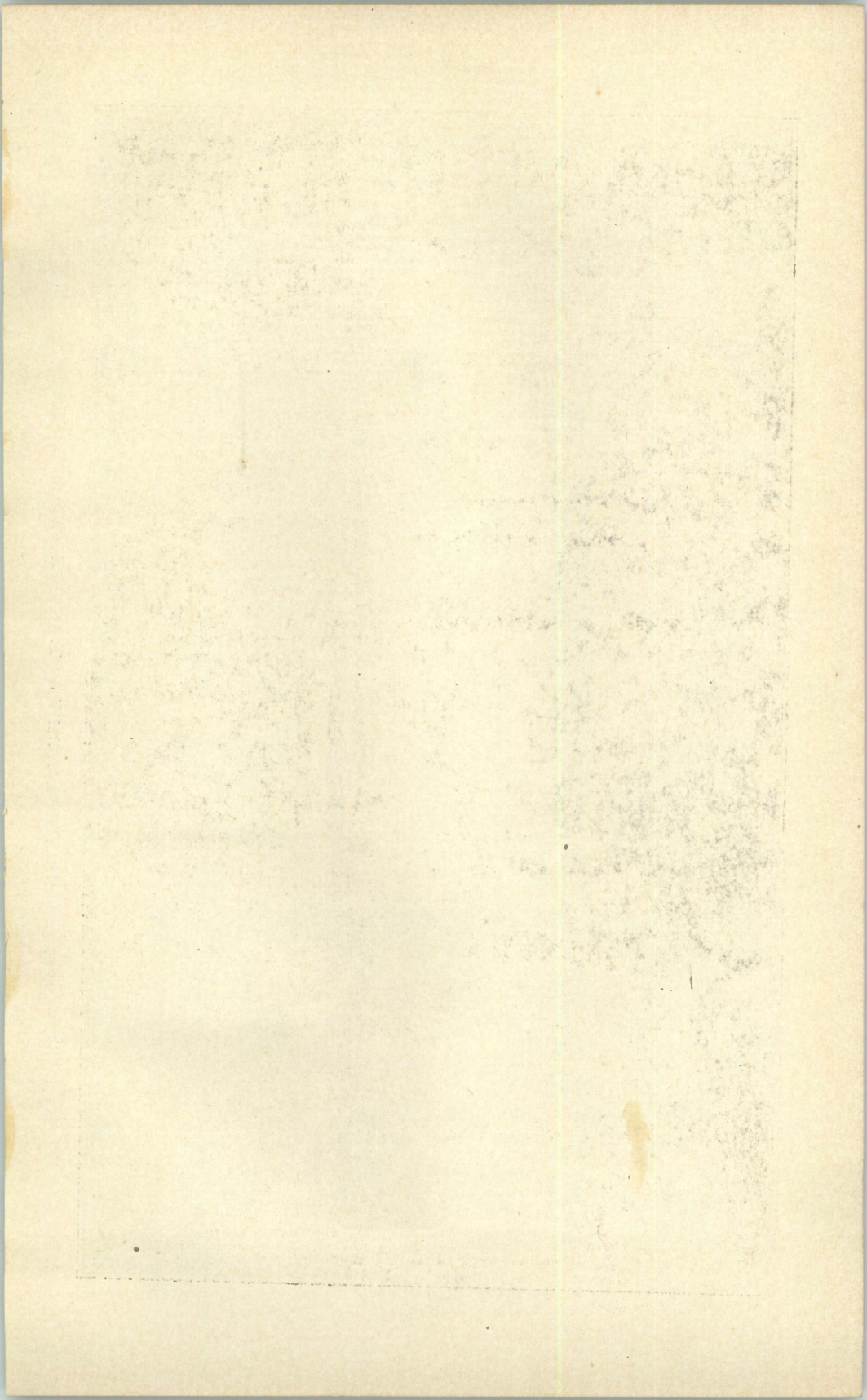
I beg, in concluding my report, to express my appreciation of the good services rendered by my assistants and for the devotion they have exhibited to the important work I have assigned them and the loyalty they have manifested to the general welfare of the Hospital and to me as Chief of Staff.

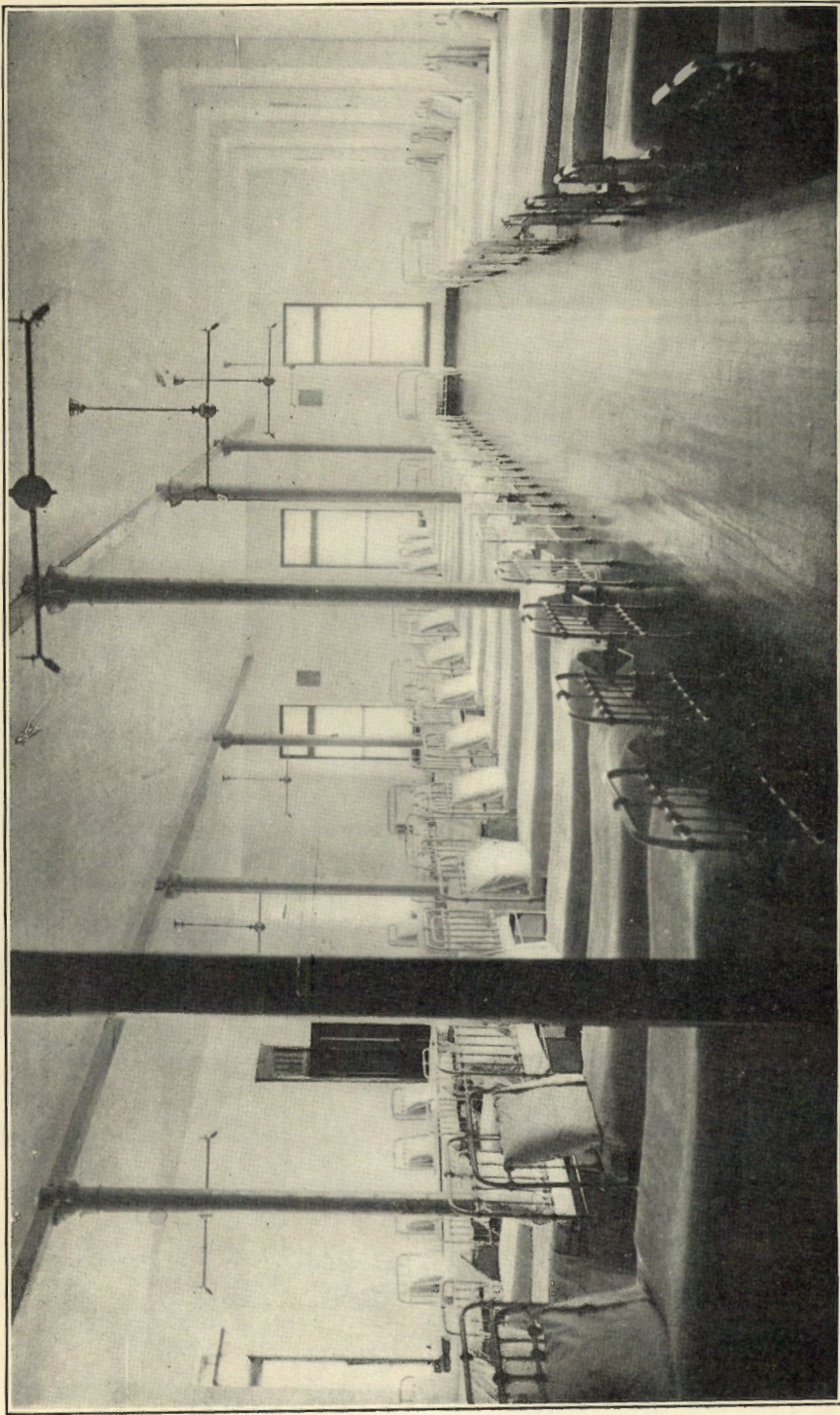
Respectfully submitted,

BRITTON D. EVANS,
Medical Director.

October 31st, 1903.



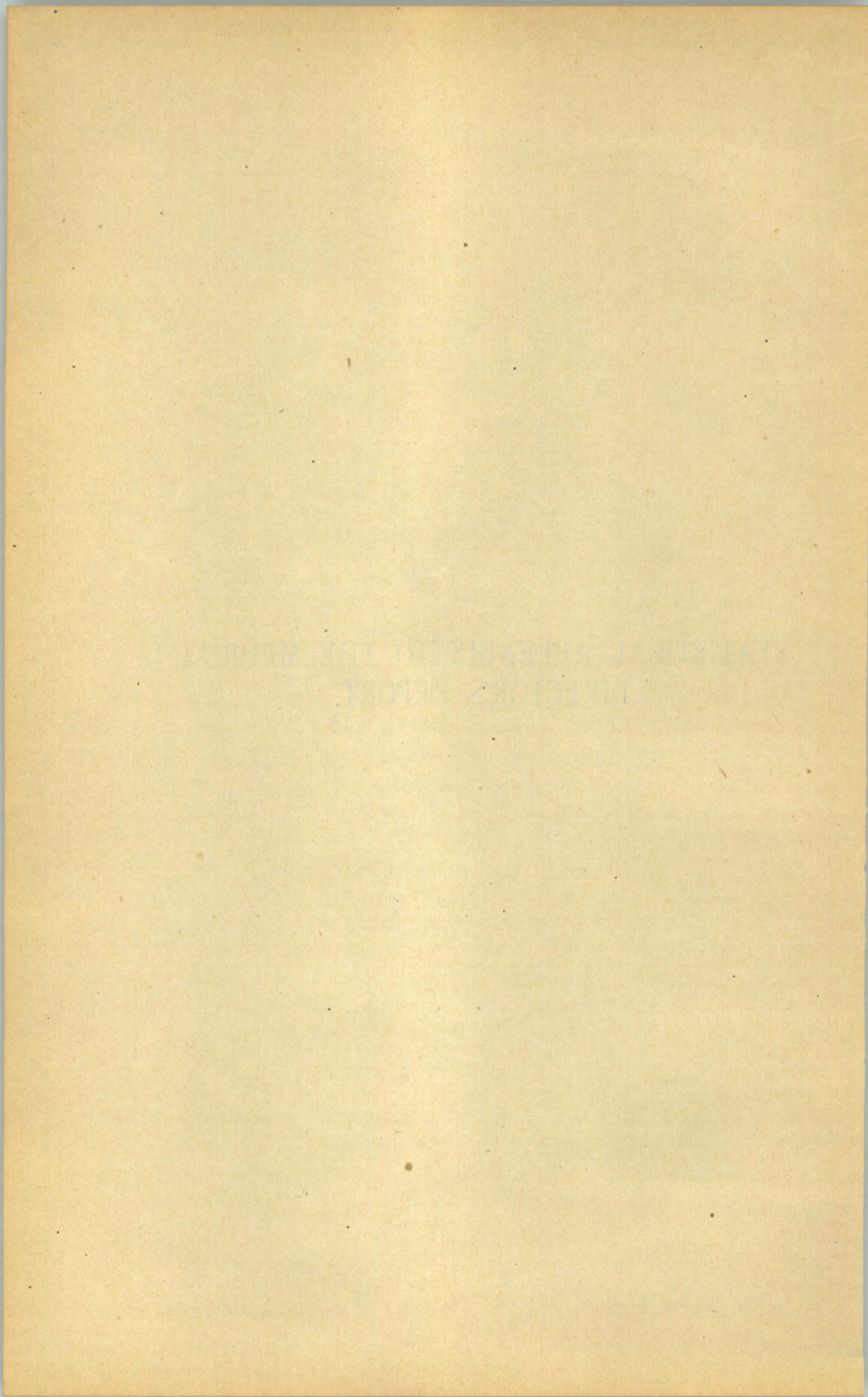




ONE OF THE LARGE DORMITORIES IN THE NEW BUILDING

STATISTICAL APPENDIX TO THE MEDICAL
DIRECTOR'S REPORT.

(41)



STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR
ENDING OCTOBER 31ST, 1903.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1902.....				729	732	1,461
Patients admitted—						
First admissions.....	166	160	326			
Re-admissions	25	16	41			
Total				191	176	367
Total number of patients under treatment during the year.....				920	908	1,828
Patients discharged—						
Recovered.....	69	62	131			
Improved	16	18	34			
Unimproved	20	6	26			
Died	68	61	129			
Eloped	3	.....	3			
Total				176	147	323
Remaining in the Hospital.....				744	761	1,505
Of this number there are, Public.. ..	671	678	1,349			
Private	73	83	156			
Total				744	761	1,505
Whole number admitted from August 17th, 1876, to October 31st, 1903.....				3,529	3,267	6,796
Whole number discharged during same period of time—						
Recovered	801	780	1,581			
Improved	535	560	1,095			
Unimproved	245	278	523			
Died	1,173	888	2,061			
Eloped.....	31	.....	31			
Total				2,785	2,506	5,291
Remaining October 31st, 1903				744	761	1,505

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1902.									
November	16	18	34	8	11	19	731.68	730.66	1,462.34
December	17	4	21	11	5	16	738.94	734.93	1,478.87
1903.									
January	10	14	24	9	13	22	742.66	736.56	1,479.22
February	14	9	23	4	8	12	749.37	739.14	1,488.51
March	21	18	39	13	6	19	756.10	742.66	1,498.76
April	14	24	38	11	6	17	758.65	758.68	1,517.33
May	18	15	33	19	19	38	760.65	764.49	1,525.14
June	19	18	37	12	8	20	762.95	766.97	1,529.92
July	15	13	28	13	23	36	765.04	768.34	1,533.38
August	10	11	21	11	15	26	767.26	758.47	1,525.73
September	16	20	36	19	5	24	766.22	764.25	1,530.47
October	21	12	33	44	27	71	759.91	766.06	1,525.97
Total	191	176	367	174	146	320	.....	.....	.....
For the year .....	.....	.....	.....	.....	.....	.....	754.95	752.60	1,507.55

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First.....	159	134	293
Second.....	17	29	46
Third.....	11	7	18
Fourth.....	1	2	3
Fifth.....	2	2	4
Sixth or more.....	1	2	3
Total.....	191	176	367

TABLE IV.

AGE WHEN ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	1	3	4
Fifteen to twenty years.....	9	9	18
Twenty to twenty-five years.....	21	11	32
Twenty-five to thirty years.....	21	19	40
Thirty to thirty-five years.....	19	25	44
Thirty five to forty years.....	26	16	42
Forty to forty-five years.....	15	22	37
Forty-five to fifty years.....	15	25	40
Fifty to sixty years.....	28	27	55
Sixty to seventy years.....	24	9	33
Seventy to eighty years.....	7	7	14
Eighty years and over.....	5	3	8
Total.....	191	176	367

TABLE V.

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
California	1	2	3
Connecticut.....	1	3	4
Delaware.....	1	1	2
Illinois.....	.....	1	1
Iowa.....	1	.....	1
Massachusetts.....	3	.....	3
New Jersey.....	63	54	117
New York.....	22	21	43
North Carolina.....	.....	1	1
Ohio.....	1	.....	1
Pennsylvania.....	6	1	7
South Carolina.....	.....	1	1
Virginia.....	2	3	5
United States.....	3	11	14
Austria.....	8	3	11
Belgium.....	1	.....	1
Canada.....	3	1	4
Danish West Indies.....	1	.....	1
Denmark.....	.....	1	1
England.....	15	6	21
Germany.....	16	16	32
Holland.....	2	.....	2
Hungary.....	3	1	4
Ireland.....	15	26	41
Italy.....	8	3	11
Jamaica.....	.....	1	1
Poland.....	1	3	4
Russia.....	6	3	9
Scotland.....	2	6	8
Sweden.....	1	1	2
Switzerland.....	2	5	7
Unknown.....	3	1	4
Total.....	191	176	367

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen	31	25	56
Essex	35	27	62
Hudson	22	17	39
Hunterdon ..	1	.....	1
Middlesex .....	.....	2	2
Monmouth	1	.....	1
Morris.....	19	21	40
Passaic	26	39	65
Somerset.....	2	.....	2
Sussex	6	5	11
Union	37	35	72
Warren.....	8	5	13
New York, N. Y.....	3	.....	3
Total..	191	176	367

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single.....	76	68	144
Married	98	82	180
Widowed	17	26	43
Total.....	191	176	367

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Actors	2	.....	2
Artisans	31	8	39
Bakers	1	.....	1
Barbers.....	3	.....	3
Brokers.....	3	.....	3
Butchers.....	1	.....	1
Carpenters.....	2	.....	2
Clergymen ...	2	.....	2
Clerks	17	3	20
Chemists	1	.....	1
Dentists	1	.....	1
Dressmakers.....	.....	3	3
Electricians.....	4	.....	4
Farmers.....	6	.....	6
Gardeners	3	.....	3
Hotel-keepers.....	1	.....	1
Housekeepers.....	.....	6	6
Housewives.....	.....	71	71
Hucksters.....	1	.....	1
Insurance agents.....	2	.....	2
Laborers	40	.....	40
Lawyers.....	4	.....	4
Liverymen	1	.....	1
Machinists	10	.....	10
Mechanical engineers.....	1	.....	1
Mechanics.....	7	.....	7
Merchants.....	5	.....	5
Musicians.....	1	.....	1
Nurses.....	.....	1	1
Sailors	3	.....	3
Salesmen.....	6	.....	6
Servants	2	34	36
Shoemakers	1	.....	1
Students.....	.....	4	4
Teachers	1	2	3
No occupation..	28	44	72
Total.....	191	176	367

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	16	50	66
Mania, acute delirious.....	4	1	5
Mania, chronic.....	3	3	6
Mania, epileptic.....	3	2	5
Mania, puerperal.....	.....	1	1
Mania, recurrent.....	4	1	5
Mania, toxic.....	10	7	17
Melancholia, acute.....	41	48	89
Melancholia, agitata.....	5	10	15
Melancholia, chronic.....	11	2	13
Melancholia, recurrent.....	2	2	4
Dementia, epileptic.....	2	4	6
Dementia, organic.....	5	2	7
Dementia, paretic.....	28	.....	28
Dementia, primary.....	1	3	4
Dementia, senile.....	19	12	31
Dementia, terminal.....	4	1	5
Imbecility.....	2	2	4
Insane neuroses; hypochondria.....	1	.....	1
Insane neuroses; hysteria.....	.....	2	2
Insanity, adolescent.....	14	8	22
Insanity, choreic.....	.....	1	1
Insanity, pubescent.....	4	.....	4
Idiocy with mania.....	.....	2	2
Imbecility with mania.....	2	5	7
Paranoia.....	10	6	16
Habitual drunkard.....	.....	1	1
Total.....	191	176	367

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State.....	39	37	76
County.....	99	111	210
Private.....	53	28	81
Total.....	191	176	367

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Physical—			
Adolescence.....	.....	2	2
Blindness.....	1	.....	1
Cerebral hemorrhage.....	4	1	5
Congenital.....	1	1	2
Cerebral paralysis.....	1	.....	1
Cerebro spinal meningitis.....	.....	1	1
Chorea.....	.....	1	1
Childbirth.....	.....	11	11
Epilepsy.....	6	5	11
General ill health.....	3	2	5
Grippe.....	3	2	5
Heredity.....	23	21	44
Idiocy.....	.....	1	1
Injury.....	10	2	12
Intemperance and other excesses.....	18	12	30
Masturbation.....	7	.....	7
Menopause.....	.....	20	20
Morphine.....	2	.....	2
Meningitis.....	1	.....	1
Old age.....	6	14	20
Overwork.....	6	3	9
Puberty.....	1	.....	1
Pneumonia.....	.....	1	1
Rheumatism.....	1	.....	1
Sunstroke.....	1	2	3
Syphilis.....	14	.....	14
Spinal curvature.....	2	.....	2
Sexual abnormality.....	1	.....	1
Total.....	112	102	214
Moral—			
Business troubles.....	6	.....	6
Domestic troubles.....	3	7	10
Disappointed affections.....	1	2	3
Financial reverses.....	2	.....	2
Fright.....	1	.....	1
Grief.....	2	4	6
Religious excitement.....	4	1	5
Worry.....	7	9	16
Total moral.....	26	23	49
Total physical.....	112	102	214
Total moral.....	26	23	49
Unassigned.....	53	51	104
Total.....	191	176	367

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Arthritis deformans.....	1	2	3
Anemia .....	.....	1	1
Arterio-sclerosis	12	11	23
Asthma.....	1	.....	1
Bronchitis, chronic.....	1	2	3
Cirrhosis of liver.....	1	.....	1
Cystitis.....	7	7	14
Cystocele .....	.....	1	1
Diabetes mellitus.....	.....	1	1
Endometritis.....	.....	2	2
Endocarditis	7	14	21
Epididymitis	1	.....	1
Epilepsy	6	5	11
Enlarged thyroid.....	1	1	2
Exophthalmic goitre	1	.....	1
Gastritis	1	1	2
Granular ophthalmia.....	1	.....	1
Hypospadias.....	1	.....	1
Hydrocele.....	1	.....	1
Hemorrhoids	2	1	3
Hernia	5	.....	5
Locomotor ataxia.....	1	.....	1
Malarial fever.....	1	.....	1
Mastitis.....	.....	1	1
Multiple sclerosis.....	.....	1	1
Nephritis	34	16	50
Optic atrophy.....	1	.....	1
Pneumonia.....	1	.....	1
Pulmonary tuberculosis.....	4	.....	4
Prolapsus uteri.....	.....	2	2
Starvation.....	.....	1	1
Stomatitis.....	.....	1	1
Scrofula.....	.....	1	1
Strabismus .....	.....	1	1
Spermatorrhœa	1	.....	1
Syphilis	21	1	22
Spinal curvature.....	2	.....	2
Tonsillitis	1	.....	1
Varicose veins.....	2	.....	2
Varicocele.....	3	.....	3
Homicidal tendencies.....	48	28	76
Suicidal tendencies.....	48	45	93
Without complications.....	90	108	198

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.....	41	36	77
Hereditary taint denied.....	73	42	115
Hereditary history unobtainable.....	77	98	175
Total.....	191	176	367

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	47	47	94
One to three months.....	34	40	74
Three to six months.....	27	23	50
Six to twelve months.....	17	15	32
One to two years.....	15	11	26
Two to three years.....	11	9	20
Three to four years.....	6	5	11
Four to five years.....	6	2	8
Five to ten years.....	7	6	13
Ten to twenty years.....	5	6	11
Over twenty years.....	7	2	9
Unknown.....	9	10	19
Total.....	191	176	367

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	1	2	3
Fifteen to twenty years.....	6	8	14
Twenty to twenty-five years.....	17	9	26
Twenty-five to thirty years.....	7	9	16
Thirty to thirty-five years.....	9	7	16
Thirty-five to forty years.....	11	5	16
Forty to forty-five years.....	5	5	10
Forty-five to fifty years.....	3	8	11
Fifty to sixty years.....	6	5	11
Sixty to seventy years.....	4	4	8
Total.....	69	62	131

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	29	19	48
One to three months.....	18	13	31
Three to six months.....	6	10	16
Six to twelve months.....	4	8	12
One to two years.....	7	5	12
Over two years.....	5	7	12
Total.....	69	62	131

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	27	17	44
One to two months.....	14	8	22
Two to three months.....	7	6	13
Three to four months.....	4	6	10
Four to five months.....	1	3	4
Five to six months.....	2	2	4
Six to nine months.....	2	9	11
Nine to twelve months.....	2	1	3
Twelve to eighteen months.....	2	4	6
Eighteen to twenty-four months.....	4	1	5
Over two years.....	4	5	9
Total.....	69	62	131

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	13	14	27
Mania, acute delirious.....	2	1	3
Mania, chronic.....	.....	2	2
Mania, puerperal.....	.....	1	1
Mania, recurrent.....	3	8	11
Mania, toxic.....	12	4	16
Melancholia, acute.....	17	22	39
Melancholia, agitata.....	3	1	4
Melancholia, chronic.....	4	1	5
Melancholia, recurrent.....	5	1	6
Melancholia, stuporous.....	.....	2	2
Insanity, adolescent.....	7	4	11
Insanity, pubescent.....	1	1	2
Insane neuroses; hypochondria.....	1	.....	1
Habitual drunkard.....	1	.....	1
Total.....	69	62	131

TABLE XIX.

AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years.....	.....	1	1
Twenty to twenty-five years.....	2	1	3
Twenty-five to thirty years.....	4	1	5
Thirty to thirty-five years.....	6	3	9
Thirty-five to forty years.....	7	7	14
Forty to forty-five years.....	6	5	11
Forty-five to fifty years.....	9	10	19
Fifty to sixty years.....	7	9	16
Sixty to seventy years.....	14	6	20
Seventy to eighty years.....	10	13	23
Eighty to ninety years.....	3	5	8
Total.....	68	61	129
Average age at death.....	52	54	53

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	2	12	14
Mania, acute delirious.....	1	.....	1
Mania, chronic.....	2	5	7
Mania, recurrent.....	.....	1	1
Mania, toxic.....	2	.....	2
Melancholia, acute.....	3	6	9
Melancholia, agitata.....	2	3	5
Melancholia, chronic.....	2	2	4
Melancholia, recurrent.....	.....	1	1
Dementia, epileptic.....	1	3	4
Dementia, organic.....	2	.....	2
Dementia, paretic.....	19	.....	19
Dementia, primary.....	.....	1	1
Dementia, senile.....	12	15	27
Dementia, terminal.....	16	12	28
Insanity adolescence.....	1	.....	1
Paranoia.....	3	.....	3
Total.....	68	61	129

TABLE XXI.

CAUSES OF DEATH.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania—			
Acute, with acute gastritis.....	.....	1	1
Acute, with cerebral syphilis.....	.....	1	1
Acute, with diabetic coma.....	.....	1	1
Acute, with exhaustion.....	.....	2	2
Acute, with marasmus.....	.....	1	1
Acute, with tuberculosis.....	2	1	3
Acute, with nephritis.....	1	6	7
Chronic, with convulsions.....	.....	1	1
Chronic, with cerebral hemorrhage.....	.....	1	1
Chronic, with exhaustion.....	.....	2	2
Chronic, with nephritis.....	1	.....	1
Chronic, with tuberculosis.....	.....	1	1
Chronic, with locomotor ataxia.....	1	.....	1
Chronic, with pneumonia, hypostatic.....	.....	1	1
Recurrent, with colitis.....	.....	1	1
Toxic, with pneumonia.....	2	.....	2
Melancholia—			
Acute, with chronic nephritis.....	1	3	4
Acute, with fatty heart.....	1	.....	1
Acute, with hemorrhage.....	.....	1	1
Acute, with pneumonia.....	1	.....	1
Acute, with pulmonary tuberculosis.....	.....	1	1
Agitata, with catarrhal dysentery.....	.....	1	1
Agitata, with exhaustion.....	1	.....	1
Agitata, with chronic nephritis.....	1	2	3
Chronic, with organic heart disease.....	.....	1	1
Chronic, with tuberculosis.....	2	.....	2
Recurrent, with pulmonary tuberculosis.....	.....	1	1
Dementia—			
Epileptic, with exhaustion.....	.....	2	2
Epileptic, with status epilepticus.....	1	1	2
Organic, with endocarditis.....	1	.....	1
Organic, with exhaustion.....	1	.....	1
Paretic, with gastritis.....	1	.....	1
Paretic, with convulsions.....	5	.....	5
Paretic, with exhaustion.....	6	.....	6
Paretic, with inanition.....	1	.....	1
Paretic, with nephritis.....	4	.....	4
Paretic, with oedema of lungs.....	2	.....	2

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Dementia—			
Primary, with nephritis. ....	.....	1	1
Senile, with cerebral hemorrhage.....	2	.....	2
Senile, with endocarditis.....	3	.....	3
Senile, with colitis.....	.....	1	1
Senile, with œdema of lungs.....	1	.....	1
Senile, with exhaustion.....	3	11	14
Senile, with nephritis.....	3	1	4
Senile, with pneumonia.....	.....	1	1
Senile, with cardiac failure.....	.....	1	1
Terminal, with cerebral hemorrhage.....	1	.....	1
Terminal, with cystitis.....	.....	1	1
Terminal, with endocarditis.....	1	1	2
Terminal, with exhaustion.....	3	6	9
Terminal, with colitis.....	.....	1	1
Terminal, with intestinal obstruction.....	.....	1	1
Terminal, with locomotor ataxia.....	1	.....	1
Terminal, with nephritis.....	5	1	6
Terminal, with pneumonia.....	2	.....	2
Terminal, with tuberculosis.....	3	1	4
Insanity, adolescent, with exhaustion.....	1	.....	1
Paranoia, with nephritis.....	1	.....	1
Paranoia, with appendicitis.....	1	.....	1
Paranoia, with pneumonia.....	1	.....	1
Total.....	68	61	129

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

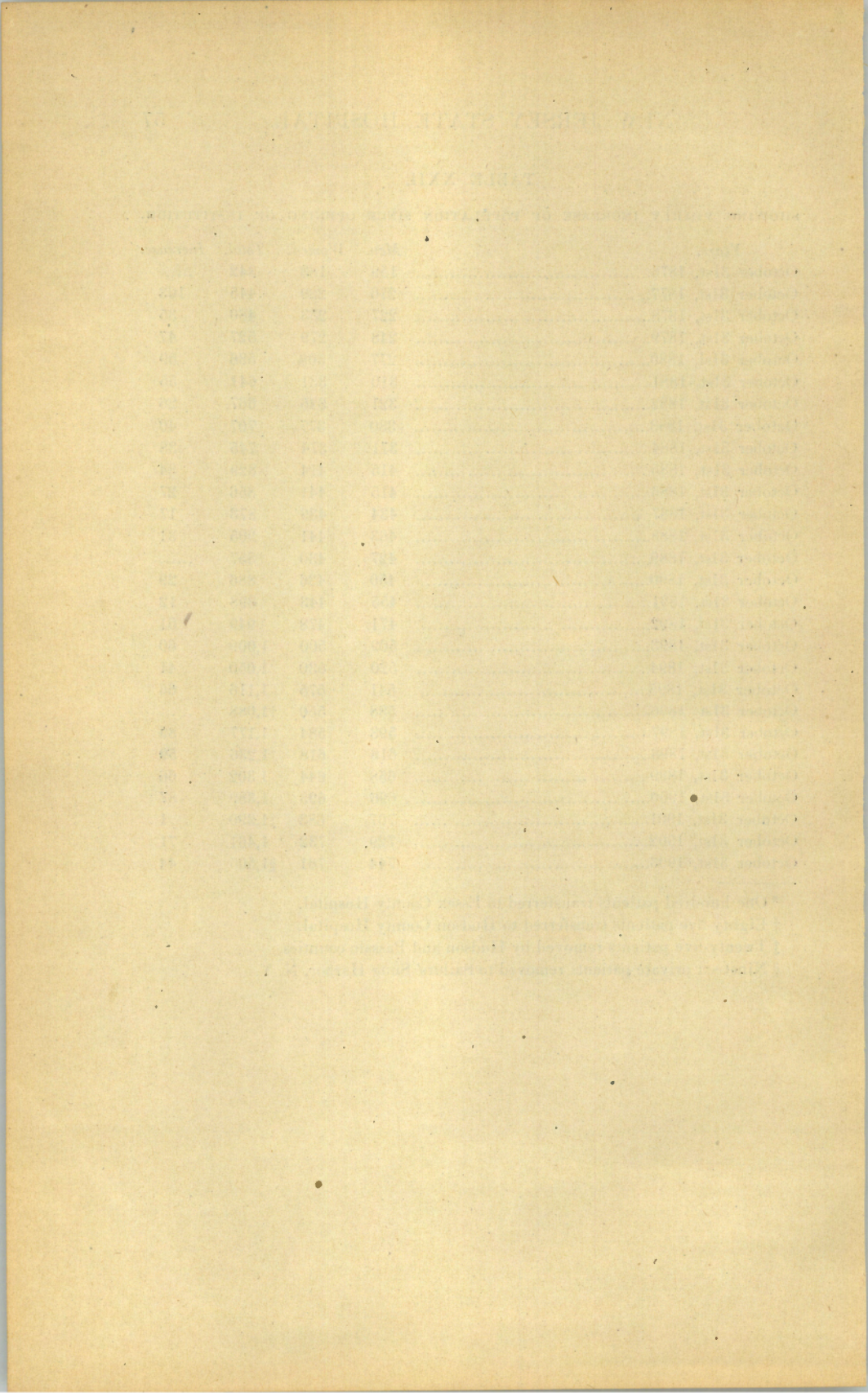
Years.	Men.	Women.	Total.	Increase.
October 31st, 1876.....	159	183	342	.....
October 31st, 1877..	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879..	248	279	527	47
October 31st, 1880..	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	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	905	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

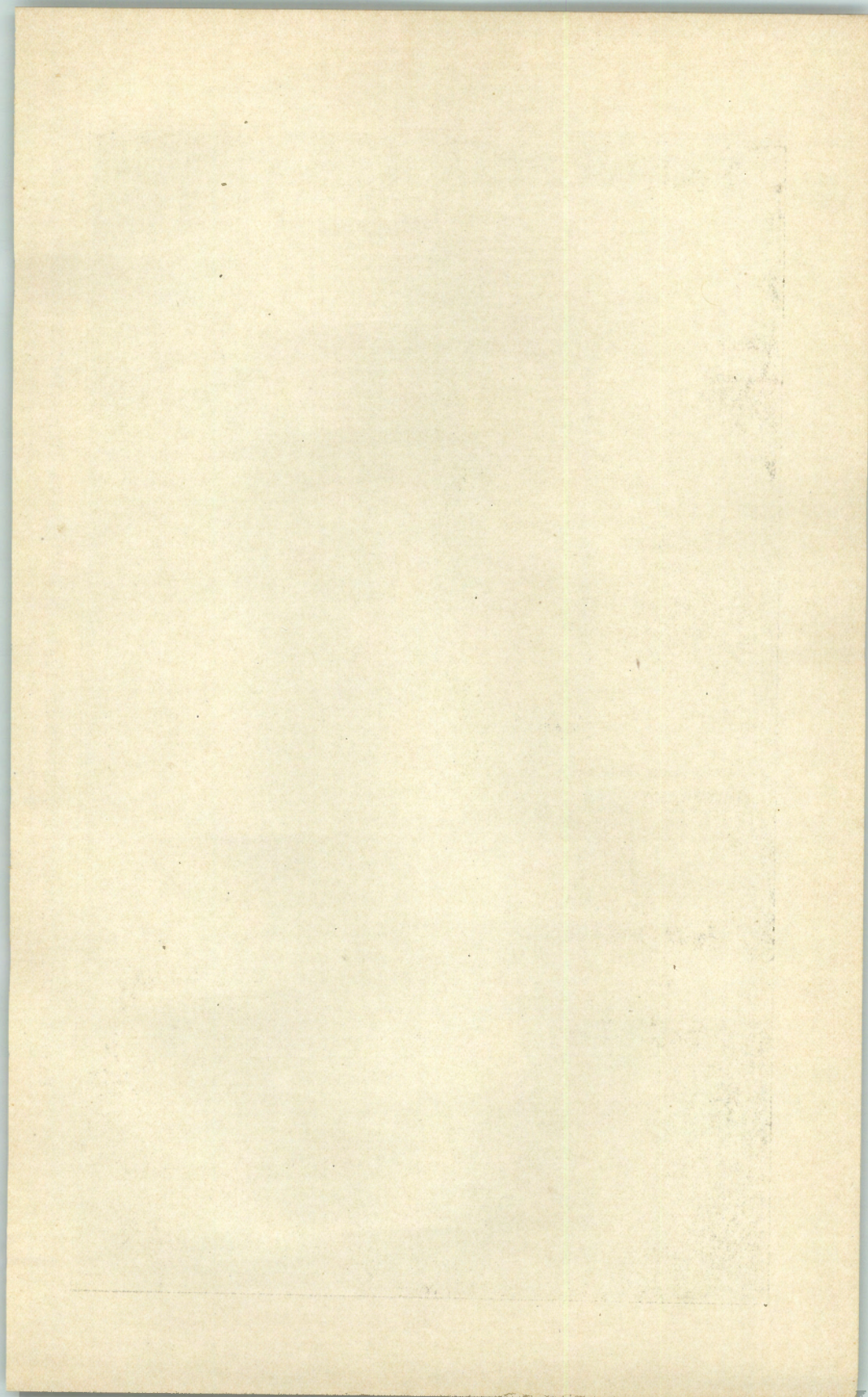
* One hundred patients transferred to Essex County Hospital.

† 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.



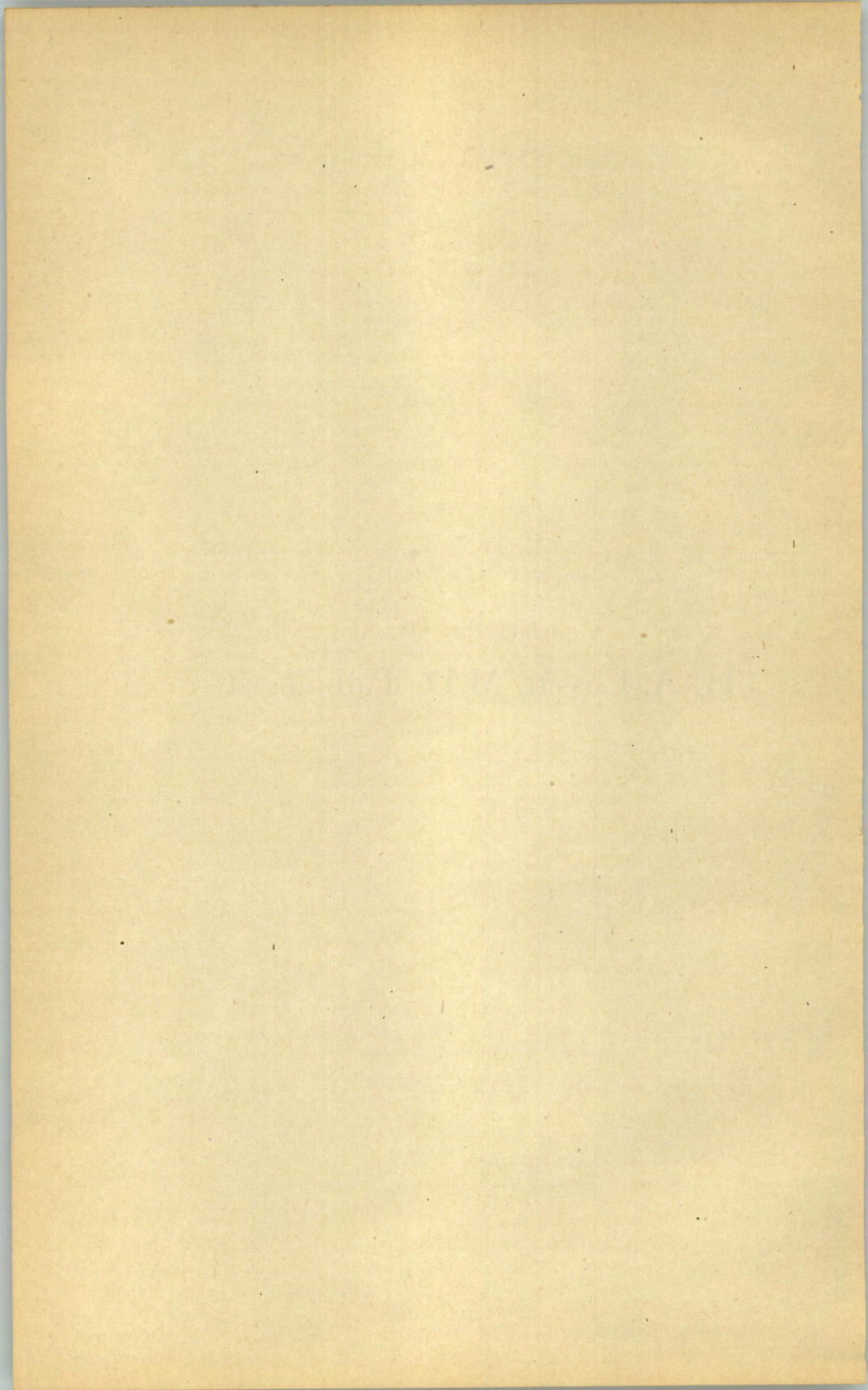




PATHOLOGICAL LABORATORY, PHYSIOLOGICAL AND CHEMICAL DEPARTMENT

REPORT OF
H. A. Cossitt, M.D., Pathologist.

(59)



REPORT IN PATHOLOGY.

To the Medical Director :

During the year 22 autopsies have been performed ; 9 more than reported last year. In 5 permission to open the skull could not be obtained, which accounts for the term "Not examined."

It is unfortunate that more post-mortem material is not available, for the knowledge gathered from an autopsy is always of value.

In the past year we have been unable to obtain from friends or relatives permission to make post-mortems, even in very interesting and obscure cases.

TABLE OF AUTOPSIES GIVING MENTAL DISEASE.

Mania, acute.....	6
Mania, toxic alcoholic.....	1
Melancholia, acute.....	3
Mania, chronic.....	2
Dementia, paretic.....	3
Dementia, terminal.....	5
Dementia, senile.....	1
Paranoia.....	1
Total.....	<u>22</u>

Of the 22 autopsies set forth in tabulated forms, 14 were males, 8 females. As to race 19 were white, 3 colored. The average age at death was 46.40 years, the youngest being 23 and the oldest 71 years of age.

The average duration of mental disease was 6.51 years, the extremes of duration being from 1 week to 26 years.

Eleven of the cases were under one year's duration ; 10 of the total number suffered from acute diseases.

In 19 of the autopsies there were gross kidney lesions; 86.33 per cent. This is somewhat below the percentage of last year, which was 92.5 per cent.

Thirteen of the subjects autopsied showing kidney lesions were 40 or more years of age.

Two which came to autopsy exhibited acute congestion of kidneys, with no organic lesion; both were females. In 1 the kidneys were normal. Fifty per cent. of all examined were of the chronic diffuse type.

Reproducing last year's table, which gave the percentage of cases showing gross kidney lesions by ages for the past 8 years, and making the additions to it for the year covered by this report, the relative frequency of this form of kidney lesion in the insane, as shown by the 169 autopsies appears as follows:

Age.	No.	Showing Gross		Per Cent.
		Kidney Lesion.	Kidney Lesion.	Showing Gross Kidney Lesion.
Below 30.....	22	10	12	45.4
30 to 40.....	29	18	11	61.7
40 to 50.....	39	32	7	82
50 to 60.....	30	22	8	73.3
60 and over.....	49	42	7	85.9
Total.....	169	124	45	74.6

The percentages in the above table are higher than those appearing in last year's report. The total percentage showing gross kidney lesions are for this year's table 74.6, while last year it was 71.4.

The percentage of gross kidney lesion was higher in the males than in the females, and was as follows: Of the 14 men, 13 (92.8 per cent.) exhibited such lesions, while in the 8 women but 6 (75 per cent.) presented this character of kidney lesion.

Three were cases of paresis, making a total to date 22 paretics, 20 (90.9 per cent.) of which have presented gross kidney lesions.

As heretofore the most important lesions found outside of the central nervous system have been chronic nephritis, diseases of the circulatory system, fatty degeneration of the liver and interstitial changes in the spleen.

Valvular disease of the heart was present in 50 per cent. of all cases coming to autopsy.

Widespread arterio-sclerosis was one of the most common lesions present.

In 35 per cent. of all cases, vessels at the base of the brain were found to be atheromatous.

Over 40 per cent. of autopsies showed that the cortical vessels were the seat of chronic disease.

A great number presented thickening of the meninges. In all patients suffering from a chronic type of insanity the convulsions were more or less atrophied; in some they were flattened. A few exhibited localized areas of cerebral softening.

Marked changes in the suprarenal bodies were found, the greater percentage showing more or less fatty degeneration; in a smaller percentage they were very much atrophied and of increased consistence.

TABLE I.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
284	M.	62	W.	Dementia, terminal..	26 years.....	<p>Chronic meningo-encephalitis. Acute lobar pneumonia. Chronic pleuritis. Chronic indurative splenitis. Chronic diffuse nephritis. Myocarditis. Chronic hepatic congestion.</p> <p>Pericarditis with effusion. Fatty degeneration heart. Acute dilatation right ventricle. Chronic endocarditis. Calcareous degeneration of vessels. Chronic pleuritis. Chronic diffuse nephritis. Fatty degeneration liver. Chronic interstitial splenitis. Hemorrhoids. Lobar pneumonia. Pulmonary tuberculosis. Chronic gastritis.</p>
285	M.	51	W.	Melancholia, acute...	9 months..	<p>Pachymeningitis externa. Cardiac hypertrophy. Pericarditis. Chronic pleuritis. Hypostatic pneumonia. Chronic interstitial nephritis. Chronic interstitial splenitis. Appendicitis. Acute gastritis. Endocarditis.</p>
286	M.	31	W.	Melancholia, acute...	8 months..	<p>Chronic meningo-encephalitis. General arteriosclerosis. Hypostatic congestion lungs. Chronic endocarditis. Sclerosis coronary arteries. Atrophic cirrhosis liver. Interstitial splenitis. Chronic diffuse nephritis. Ovarian cyst. Multilocular fibroid uterus. Submucous polypoid uterus. Chronic gastritis.</p>
287	F.	55	B.	Mania, chronic.....	4 years....	<p>Pachymeningitis externa. Chronic diffuse nephritis with acute congestion. Arterio sclerosis. Fatty degeneration liver. Cystic left ovary. Hypostatic congestion lungs. Chronic interstitial splenitis. Pancreatitis. Chronic endocarditis.</p>
288	F.	42	W.	Mania, acute.....	3 weeks...	

TABLE I.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
289	M.	71	W.	Dementia, terminal..	26 years....	{ Chronic meningo-encephalitis. Chronic endocarditis. Chronic pleuritis with effusion. Chronic diffuse nephritis with cystic degeneration of the kidneys. Hypostatic congestion lungs. General arterio sclerosis. Hypertrophy of prostate. Fatty degeneration liver.
290	M.	62	W.	Mania toxic, alc.....	1 month...	{ Chronic pachyleptomeningitis. Pulmonary tuberculosis. Chronic endocarditis. General arterio sclerosis. Chronic diffuse nephritis. Pleuritis. Tubercular peritonitis. Interstitial splentitis. Fatty degeneration liver.
291	M.	49	W.	Dementia, terminal..	14 years....	{ Chronic diffuse nephritis, with cystic degeneration of left kidney and acute congestion. Hypertrophy of left ventricle. Arterio sclerosis. Passive hepatic congestion. Hypostatic congestion of lungs. Effusion in pleural cavity.
292	M.	24	W.	Mania, acute.	1 year.....	{ Chronic pachyleptomeningitis. Pulmonary tuberculosis. Chronic interstitial nephritis, with acute congestion. Splentitis. Acute intussusception ileum.
293	F.	30	W.	Mania, acute.	2 months..	{ Tubercular peritonitis. Tubercular disease of kidneys, with cystic degeneration. Hepatitis. Pulmonary tuberculosis.
294	M.	41	B.	Dementia, paretic....	5 years....	{ Chronic meningo-encephalitis, with sub-dural cyst. Chronic endocarditis. General arterio sclerosis. Fatty degeneration of heart. Chronic gastritis. Hypostatic pneumonia. Chronic pleuritis. Chronic diffuse nephritis. Splentitis Hepatic congestion.

TABLE I.—Continued.

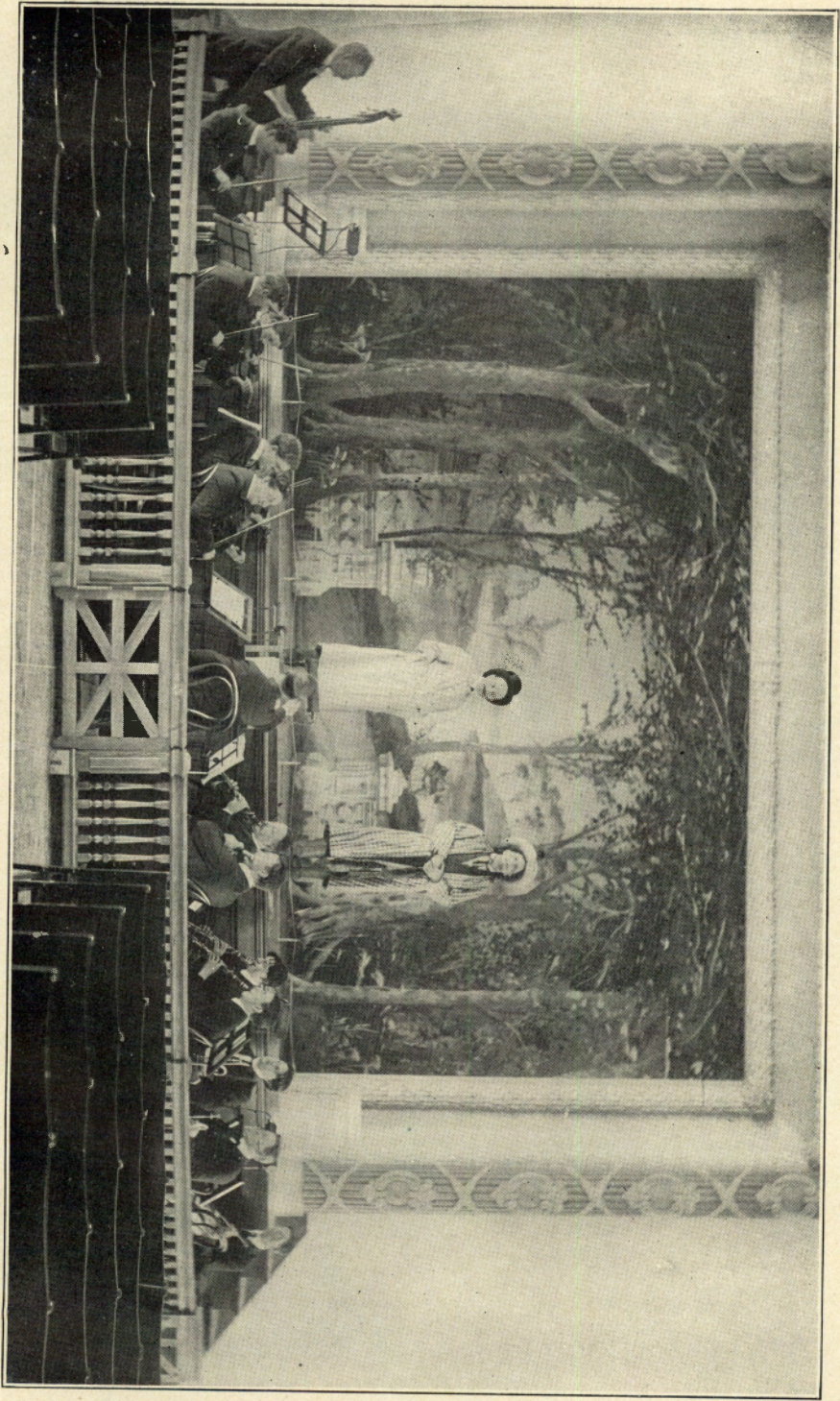
Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
295	F.	23	B.	Mania, acute.	1 week....	Passive pulmonary congestion. Acute congestion of kidneys. Chronic pleuritis.
296	M.	54	W.	Paranoia.....	12 years....	Chronic meningo-encephalitis. Chronic pleuritis with effusion. Hypostatic pneumonia. Old tubercular nodules. Pericarditis with effusion. Myocarditis. Hypertrophy left ventricle. Endocarditis. Fatty degeneration liver. Interstitial splenitis. Appendicitis. Septic peritonitis. Chronic diffuse nephritis. Arterio sclerosis.
297	M.	33	W.	Melancholia, acute...	11 months..	Chronic meningo-encephalitis. Chronic pleuritis. Fatty degeneration liver. Acute congestion spleen. Anthracosis. Acute gastritis
298	M.	53	W.	Dementia, paretic....	1 year.....	Chronic meningo-encephalitis. Atrophic cirrhosis of liver. General arterio sclerosis. Chronic endocarditis. Chronic gastritis. Anthracosis. Pleuritis. Chronic interstitial nephritis.
299	F.	47	W.	Mania, chronic.....	20 years....	Chronic interstitial nephritis. Chronic peritonitis, with bands and adhesions. Acute peritonitis. Volvulus and perforation of sigmoid flexure. Sub-peritoneal fibroids of uterus.
300	F.	34	W.	Dementia, terminal..	4 years....	Chronic meningo-encephalitis. Chronic pleuritis. Old tubercular nodules in lungs. Pulmonary tuberculosis. Interstitial splenitis. Chronic interstitial nephritis. Tubercular mesenteric adenitis.

TABLE I.—Continued.

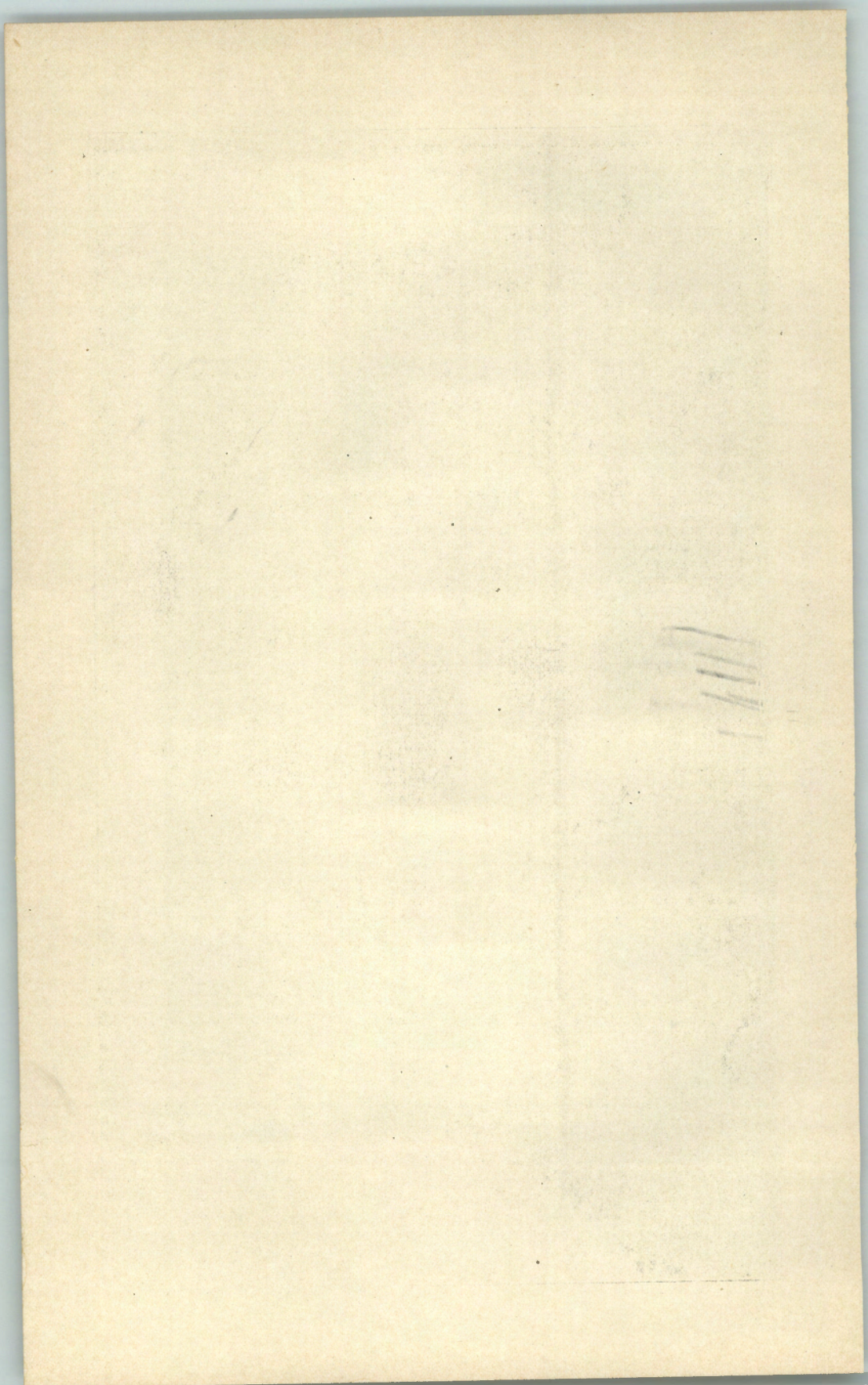
Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
301	M.	63	W.	Dementia, senile ...	6 months	Chronic meningo-encephalitis. Atrophic cirrhosis of liver. Chronic endocarditis. Atheroma of aorta. Chronic diffuse nephritis, with acute congestion. Anthracosis. Fibrosis of lungs. Chronic pleurisy.
302	F.	37	W.	Mania, acute.	4 months	Acute gastritis. Fatty degeneration of liver. Cystic degeneration ovary. Acute congestion of kidneys.
303	M.	31	W.	Dementia, parietic...	10 months..	Chronic meningo-encephalitis. Chronic pleurisy. Atrophy of heart. Interstitial splenitis. General arterio-sclerosis. Chronic diffuse nephritis.
304	M.	67	W.	Dementia, terminal..	26 years...	Chronic meningo-encephalitis. Cardiac hypertrophy left ventricle. Acute dilatation right auricle. Chronic pleuritis. Old tubercular nodules in lungs. Chronic interstitial nephritis. General arterio sclerosis
305	F.	61	W.	Mania, acute.	2 weeks..	Chronic pachyleptomeningitis. Chronic interstitial nephritis. Interstitial splenitis. Chronic pleuritis. General arteriosclerosis. Old tubercular nodules in lungs. General atrophy of all organs.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Mania, acute.</i>	
288	<p>Pericardium—Thickened, areas of sclerosis and calcareous deposits. Roughened. Heart—Small. Muscle pale. Mitral and aortic valves thickened, with calcareous deposits on valves. Coronary arteries—Tortuous sclerosis. Lungs—Hypostasis in dependent parts. Pulmonary vessels somewhat calcareous. Bronchitis. Spleen—Consistence increased. Capsule thickened, strips with difficulty. Liver—Large. fatty degeneration. Pancreas—Fibrous. Consistence increased. Ovaries—Atrophied. Cystic degeneration of left. Kidneys—Congested. Cortex pale. Ftriations obliterated. Capsule strips readily. Malpighian tufts indistinct. Pyramids greatly congested. Congestion more marked in right kidney.</p>	Thickened.
	<i>Mania, acute.</i>	
293	<p>Peritoneum—Necrotic in places. Thickened. Roughened, cannot be separated from viscera. Intestines—Congested. Distended with gas. Liver—Enlarged, especially left lobe. Color pale. Stomach—Distended, congested, thickened. Retroperitoneal and inguinal glands enlarged. Kidneys—Small. Cystic. Tubercular. Uterus—Consistence increased. Fibrous. Ovaries—Fibrous.</p>	
	<i>Mania, acute.</i>	
295	<p>Heart—Small. Muscle firm. Valves normal. Few small atheromatous areas in right coronary artery and aorta. Lungs—Pleura very adherent, laterally. Glands enlarged. Hypostatic congestion posteriorly. Liver—Lobules poorly defined. Congested. Spleen—Contracted. Congested. Kidneys—Lobulated. Acute congestion. Striations poorly defined. Malpighian tufts distinct. Ovaries—Cystic degeneration left ovary.</p>	Normal thickness and density.
	<i>Mania, acute.</i>	
302	<p>Liver—Enlarged. Fatty areas. Capsule strips easily. Smooth surface. Color pale. Stomach—Congested. Vessels dilated. Kidneys—Acute congestion. Small. Ovaries—Cystic degeneration. Supplementary ovary.</p>	
	<i>Mania, acute.</i>	
305	<p>Heart—Normal. No valvular lesions. Pleura—Adherent at apices. Lungs—Old tubercular nodules, more marked at apices. Hypostatic congestion posteriorly. Liver—Small. Edges sharp. Congested. Capsule strips easily. Spleen—Atrophied. Congested. Consistence increased. Fibrous. Kidneys—Contracted. Cortex thin. Cysts in cortex. Capsule adherent. Markings indistinct. Congested.</p>	Normal.



REHEARSAL ON THE NEW STAGE



II.

BRAIN MEMBRANES.	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood supply.</i>	<i>Other Conditions.</i>
Dura thickened, roughened, very much congested, very adherent to calvarium. Pia congested, roughened.	Grms., 1,050.	Diminished.	Congested.	Convulsions atrophied. Cortex thin. Vessels at base tortuous. Vessels of choroid plexuses injected. Hemorrhage in brain substance.
Not examined.				Not examined.
Dura normal thickness. Non-adherent. Vessels well filled. Pia opaque. Congested. Non adherent.	Grms., 1,280.	Normal.	Congested.	Medulla pigmented. Sinuses all free. Convulsions well formed. Circle of Willis intact. Vessels at base normal. No thickened areas. Choroid plexuses injected.
Not examined.				Not examined.
Dura adherent to skull. Thickened. Pia opaque. Vessels injected.	Grms., 900.	Normal.	Congested.	Lateral sinuses contain post-mortem clots. Convulsions atrophied. Vessels at base intact. Vessels injected.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Mania, acute.</i>	
292	Heart—Small. Valves normal. Aorta atheromatous areas. Lungs—Hypostatic congestion. Several small cheesy areas. Left lung contracted. Intestines—Distended. Congested. Intussusception in ileum. Adhesions. Liver—Small. Congested. Capsule non-adherent. Consistence diminished. Edges smooth. Spleen—Congested. Consistence diminished. Capsule thickened and adherent. Pancreas—Consistence increased. Kidneys—Congested. Cortex normal. Markings indistinct. Capsule adherent.	Thickened.
	<i>Mania, toxic alcoholic.</i>	
290	Pericardium—Thickened. Pale. Contains excess fluid. Heart—Right heart, large ante-mortem clot. Walls thin. Muscle pale. Pulmonary valves roughened. Tricuspid valve thickened. Left ventricle pale. Mitral and aortic valves thickened and have calcareous areas. Coronary arteries—Tortuous. Distended. Calcareous areas. Pleura—Thickened. Adherent over right lung. Lungs—Right upper lobe consolidated. Many cavities. Lower right lobe congested, in places consolidated. Few cavities. Left lung so adherent could not be removed. Consolidated and contains many cavities. Kidneys—Pale. Cortex thin. Capsule adherent. Malpighian tufts indistinct. Striations indistinct. Spleen—Consistence diminished. Large white area on anterior surface. Capsule adherent. Congested. Liver—Pale. Consistence diminished. Surface smooth. Cut section fatty. Capsule thickened. Peritoneum—Thickened. Roughened. Adhesions. Appendix—Two concretions in distal end. Congested.	Thickened.
	<i>Mania, chronic.</i>	
287	Heart—Muscle pale. Left ventricle, walls thickened, muscles flabby, contains large post-mortem clot. Mitral valve thickened. Aortic valve roughened. Right auricle contains ante-mortem clot. Tricuspid valve roughened. Coronary arteries—Tortuous. Thickened. Sclerotic. Lungs—Both congested, left more so. Pigmented and emphysematous. Peritoneum—Congested, thickened, roughened. Intestines—Echymotic. Very adherent to tumor. Many sacculations on transverse colon. Colon distended at sigmoid flexure. Appendix—Congested. Liver—Small. Contracted. Consistence increased. Edges smooth. Capsule thickened, adherent, leaves rough surface. Gall Bladder—Distended. Stomach—Congested. Contracted. Walls thickened. Kidneys—Left. Cortex thin. Striations and Malpighian tufts indistinct. Capsule very adherent, leaves rough surface. Right—very small. Contracted. Cortex almost absent. Striations and Malpighian tufts indistinct. Capsule same as left. Consistence increased. Congested. Suprarenal Glands—Atrophied. Spleen—Normal size. Capsule adherent. Consistence increased. Congested. Ovaries—Large ovarian cyst left ovary. Weighs 1,465 grms. Adherent to surrounding viscera. Uterus—Cervix elongated, soft, pliable. Os dilated. Two mucus polypii protrude from os. Tumor—Multilocular fibroid of uterus.	Thickened.

II.—Continued.

BRAIN MEMBRANE.	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood Supply.</i>	<i>Other Conditions</i>
Dura thickened. Adherent to skull. Pia thickened, opaque, cedematous. Congested.	Grms., 1,350.	Diminished.	Congested.	Cerebro-spinal fluid in excess. Ependyma granular. Vessels choroid plexuses cystic. Ventricles slightly dilated. Cortex diminished.
Dura thickened, roughened, very adherent. Marked congestion Pia opaque, cedematous, hemorrhagic membrane on inner surface.	Grms., 1,400.	Diminished.	Congested.	Cortex thin. Granular ependyma. Vessels of choroid plexuses markedly injected. Vessels at base tortuous and injected. Hemorrhage in brain substance All vessels of brain distended and thickened.
Dura congested, thickened, roughened, adherent. Pia thickened, adherent, congested.	Grms., 1,090.	Diminished.	Congested.	Frontal convolutions atrophied. Cortex thin. Cerebro-spinal fluid in excess. Vessels of choroid plexuses cystic.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Mania, chronic.</i>	
299	<p>Abdominal cavity—Contained a large amount of turbid fluid. Peritoneum—Congested. Thickened. Roughened. Adherent to intestines by bands. Intestines—Adherent. Congested. Mahogany red color. Sigmoid flexure twisted. Perforation of colon sigmoid flexure. Stomach—Distended. Congested. Kidney—Contracted. Congested. Capsule adherent. Surface roughened. Cortex thickened. Markings almost obliterated. Ovaries—Atrophied. Consistence increased. Uterus—Normal size. Several small sub-peritoneal fibroids.</p>	
	<i>Melancholia, acute.</i>	
285	<p>Pericardium—Thickened. Roughened. Contained two ounces of fluid. Heart—Large. Fatty. Distended with non-coagulated blood. Walls of right side thin. Muscle pale. Ante-mortem clot in right auricle. Tricuspid valve thickened and roughened. Left ventricle walls thickened. Muscle dark red. Aortic and mitral valves roughened. Coronary arteries—Calcareous deposits. Lungs—Left contracted, areas consolidated. Vessels atheromatous. Right pleura adherent. Cheesy deposits. Many fibrous areas. Vessels show calcareous changes. Liver—Congested. Consistence diminished. Capsule adherent. Edges lobulated and sharp. Cut surface fatty. Spleen—Much congested. Consistence diminished. Capsule thickened. Adherent. Surface roughened. Kidney—Small. Congested. Fatty. Striations poorly defined. Malpighian tufts indistinct. Consistence diminished. Cortex thin. Capsule strips with difficulty. Suprarenal Glands—Atrophied. Pancreas—Consistence increased. Stomach—Distended. Walls thickened and congested.</p>	
	<i>Melancholia, acute.</i>	
286	<p>Jugular veins distended. Pericardium—Thickened. Large amount of fat on external surface. Petechial spots. Contains 270 c.c pale serous fluid. Heart—Enlarged. Large ante-mortem clot in right ventricle. Tricuspid valve thickened, roughened, calcareous areas. Left ventricle filled with dark fluid blood. Mitral valve very much thickened. Calcareous deposits. Large calcareous area in left auricle. Lungs—Large areas consolidation. Congested. Mediastinal glands enlarged. Liver—Consistence increased. Edges smooth. Capsule adherent. Roughened surface. Pancreas—Consistence increased. Kidneys—Consistence increased. Striations well defined. Cortex thin. Capsule adherent and thickened. Suprarenal Glands—Atrophied. Appendix—Seven inches long. Thickened, adherent, congested. Spleen—Adherent to surrounding viscera. Consistence increased. Capsule adherent, thickened, strips with difficulty, leaving rough surface. Congested. Stomach—Congested. Walls thickened.</p>	Thickened.
	<i>Melancholia, acute.</i>	
297	<p>Heart—Small. Muscle pale. Right auricle full of blood. Lungs—Right pleura adherent at apex. Anthracosis both lungs. Congestion in dependent parts. Stomach—Congested. Distended. Liver—Yellow and fatty. Spleen—Consistence diminished. Congested. Almost black. Kidneys—Cortex thick. Markings distinct. Capsule adherent. Surface roughened. Pale color.</p>	Normal.

II.—Continued.

BRAIN MEMBRANE.	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood Supply.</i>	<i>Other Conditions.</i>
Not examined.				Not examined.
Not examined.				Not examined.
Dura thickened, non-adherent. Pia slightly congested and opaque.	Grms., 1,490.	Diminished.	Congested.	Convulsions coarse. Cortex thio. Ependyma granular.
Dura thickened, roughened, adherent. Pia thickened, opaque, oedematous, congested.	Grms., 1,360.	Normal.	Congested.	Convulsions in frontal region atrophied. Cortex diminished in thickness. Sinuses open. Vessels at base normal. No thickened areas. Circle of Willis intact.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Dementia, parietic.</i>	
294	<p>Pericardium—Fatty. Pale. Heart—Small. Muscle pale. Fatty. Consistence diminished. Mitral and aortic valves thickened, have calcareous areas. Coronary vessels. Tortuous. Distended. Sclerosed. Lungs—Pleura adherent at apices. Congested posteriorly. Consolidation. Peritoneum—Thickened. Fatty. Liver—Congested. Consistence diminished. Nutmeg on section. Capsule very adherent. Kidneys—Cortex thin. Striation and Malpighian tufts indistinct. Capsule thickened and adherent. Spleen—Contracted. Consistence increased. Pale. Capsule wrinkled, thickened and adherent Stomach—Dilated. Walls thickened. Congested.</p>	Thickened.
	<i>Dementia, parietic.</i>	
298	<p>Heart—Muscle red. Firm. Aortic valves thickened. Aorta shows calcareous areas. Pleura—Adhesions at apices and posteriorly. Lungs—Anthrocosis. Fibrous. Congested Liver—Atrophied. Consistence increased. Congested. Capsule adherent and thickened. Spleen—Contracted. Consistence diminished. Congested. Capsule adherent. Pancreas—Consistence increased. Fibrous. Kidneys—Lobulated. Capsule thickened and adherent. Markings indistinct.</p>	Thickened. Paccheonian depressions well marked. Inner surface roughened.
	<i>Dementia, parietic.</i>	
303	<p>Heart—Small. Walls of right ventricle thin. Pale. Flabby. Spleen—Lobulated. Capsule thickened and adherent. Congested. Pleura—Adherent at apices. Kidneys—Contracted. Cortex thin. Congested. Markings indistinct.</p>	Normal thickness. Diploe not well defined.
	<i>Dementia, terminal.</i>	
284	<p>Heart—Normal size. Muscle firm. Color pale. Valves normal. Mild grade myocarditis. Lungs—Left pleura adherent. Left lung stage of red hepatization. Right pale. Liver—Chronic passive congestion Spleen—Chronic indurative splenitis. Passive congestion. Kidneys—Pale in color. Cortex thickened. Capsule moderately adherent. Striations indistinct. New connective tissue.</p>	Thickened.
	<i>Dementia, terminal.</i>	
289	<p>Heart—Ante-mortem clot in right ventricle. Post-mortem clot in left ventricle. Muscle thickened, firm, red. Aortic valves thickened, areas of atheroma. Coronary arteries—Tortuous, distended. Aorta—Areas of calcareous degeneration. Lungs—Left, hypostatic congestion. Pleural cavity contained 500 c.c serous fluid. Vessels atheromatous. Right, pleural adhesion. Emphysematous. Hypostatic congestion. Vessels atheromatous. Liver—Large. Consistence diminished. Capsule strips easily. Cut section fatty. Spleen—Consistence diminished. Capsule strips easily. Kidneys—Right, cortex normal thickness. Many small cysts in cortex. Capsule strips easily. Left, cortex thin. Striations indistinct. Malpighian tufts not well marked. Several small cysts in substance. Appendix—Bent backward. Bound down by strong adhesions. Prostate—Hypertrophied.</p>	Very much thickened.

II.—Continued.

BRAIN MEMBRANE.	GROSS APPEARANCE OF BRAIN.			
	Weight.	Consistence.	Blood Supply.	Other Conditions.
Dura thickened, adherent to skull and brain. Congested. Sub-dural cyst contained thin yellow fluid. Pia thickened, opaque, oedematous, adherent to brain substance.	Grms., 850.	Soft.	Congested.	Medulla pigmented. Cortex very thin. Extreme atrophy of convolutions, especially of frontal. Vessels at base very tortuous, thickened atheromatous. Cerebro-spinal fluid in excess.
Dura thickened. Adherent to skull and brain substance. Congested. Pia thickened, opaque, adherent. Vessels of pia deeply injected.	Grms., 995.	Very much diminished.	Congested.	Convolution very much atrophied, and flattened. Cortex thin. Consistence of cerebellum very much diminished. Sinuses distended with dark venous blood. Cerebro-spinal fluid greatly increased. Vessels tortuous, thickened and atheromatous at base. Vessels deeply injected.
Dura thickened, congested, adherent to skull and brain. Pia opaque, oedematous, adherent.	Grms., 1,350.	Diminished.	Congested.	Convolution flattened. Cortex thin. Excess of cerebro-spinal fluid. Vessels at base tortuous and thickened. Cerebral vessels distended and thickened.
Dura thickened and adherent. Pia thickened, adherent. Many opaque areas.	Grms., 1,190.	Increased.	Anæmic.	Convolution very much atrophied, especially frontal. Entire brain substance shrunken. Vessels at base tortuous.
Dura very much thickened and adherent to calvarium, especially over parieto-occipito regions centrally and laterally. Pia thickened and opaque.	Grms., 1,360.	Diminished.	Congested.	Frontal convolutions atrophied. Cortex thin. Cerebro-spinal fluid in excess. Ventricles dilated. Ependyma granular. Vessels, at base, tortuous. Areas of softening.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Dementia, terminal.</i>	
291	Heart—Large. Ante-mortem clots in aurico-ventricular openings. Right ventricle thin. Color pale. Left ventricle much thickened. Muscle firm. Color pale. Valves normal. Coronary arteries—Thickened. Atheromatous. Lungs—Right, consistence increased. Dark red. Friable. Pleural cavity contains fluid. Left, same as right Peritoneum—Veins dilated. Passive congestion. Spleen—Lobulated. Consistence firm. Kidneys—Left, acute congestion. Small cysts in cortex. Cortex thin. Markings nearly obliterated. Capsule adherent, leaves rough surface. Right, smaller. Not congested as left. Capsule adherent. Consistence firm. Cortex thin. Markings indistinct. Surface roughened. Liver—Pale yellowish color. Cut surface nutmeg.	
	<i>Dementia, terminal</i>	
300	Heart—Small. Large ante-mortem clot in ventricles. Valves normal. Lungs—Right, pleura very adherent at apex. Many tubercular nodules in upper lobe. Areas of consolidation. Softening and pus. Left, pleura adherent all over lung. Lung soft, cheesy mass with large cavities. Liver—Cut section nutmeg Mesentery—Many large nodules. Spleen—Consistence firm. Increased in connective tissue. Congested. Kidneys—Capsule thickened. Adherent, leaves roughened surface. Cortex some thickened. Markings distinct.	Normal.
	<i>Dementia, terminal.</i>	
304	Heart—Hypertrophied. Right auricle dilated. Right auriculo-ventricular opening much enlarged. Left ventricular wall much hypertrophied. Coronary arteries—Sclerotic. Lungs—At apices, cicatricial. Remains of old tubercles. Pleura adherent Kidneys—Cortex thickened. Markings indistinct. Several small cysts in cortex. Capsule adherent. Spleen—Connective tissue in excess.	Thickened.
	<i>Paranoia.</i>	
296	Pericardium—Thickened. Roughened. Contains excess fluid. Heart—External surface rough, studded with miliary elevations. Yellow in color. Muscle pale and soft. Large ante-mortem clots in ventricles. Left ventricle hypertrophied. Aortic valve has atheromatous areas. Pleura—Adherent at apices. Cavity contains fluid. Lungs—Hypostatic pneumonia. Consolidated apex. Old tubercular nodules. Glands enlarged. Liver—Pale. Fatty. Consistence diminished. Capsule strips easily. On left lobe are many well-formed crosses and circles. Spleen—Small. Consistence diminished. Congested. Capsule adherent, lies in folds. Kidneys—Pale. Markings indistinct. Capsule thickened. Adherent. Cortex thin. Cysts in cortex and in substance. Appendix—Full of pus. Thickened. Peritoneal cavity—Full of pus. Intestines—Congested. Covered with flakes. Peritoneum—Roughened. Adherent to intestines. Congested.	Normal thickness. Diploe indistinct. Pacchionian depressions well marked over motor region.
	<i>Dementia senile.</i>	
301	Heart—Muscle dark red. Aortic valves thickened and calcareous areas. Atheroma of aorta Lungs—Anthracosis. Fibrous. Congested. Liver—Contracted. Edges sharp. Consistence increased. Congested. Capsule adherent. Spleen—Lobulated. Consistence increased. Kidneys—Contracted. Lobulated. Capsule thickened and adherent. Cortex thin. Cysts in cortex. Markings indistinct. Acute congestion.	Thin.

II.—Continued.

BRAIN MEMBRANE	GROSS APPEARANCE OF BRAIN.			
	Weight.	Consistence.	Blood Supply.	Other Conditions.
Not examined.				Not examined.
Dura ænemic, adherent, thickened. Pia adherent, opaque, thickened.	Grms., 1,255.	Diminished.	Congested.	Convulsions atrophied. Cortex thin. Localized softening. Ventricles dilated. Ependyma thickened.
Dura thickened and adherent to calvarium. Pia opaque.	Grms., 1,400.	Diminished.	Congested.	Convulsions coarse and flattened. Excess of cerebro-spinal fluid. Vessels, at base, tortuous and atheromatous.
Dura thickened, roughened. Vessels well filled. Pia adherent, thickened, opaque, congested.	Grms., 1,155.	Normal.	Congested.	Convulsions not well formed. Cortex thin. Ependyma thickened. Thickened areas in vessels at base. Circle of Willis intact. Sinuses partly closed.
Dura thickened, adherent to skull and brain substance. Pia congested, opaque, adherent.	Grms., 1,300.	Normal.	Congested.	Convulsions atrophied, especially frontal. Cortex thin. Ependyma roughened. Excess cerebro-spinal fluid. Post-mortem clots in petrosal and lateral sinuses.

CLINICAL LABORATORY WORK.

I am convinced that the best work that can be done in a pathological laboratory of a hospital for the insane is that of physiological chemistry, chemical pathology, clinical microscopy and bacteriological investigation.

By these methods we can make a thorough and scientific study of our patients, and later note improvement or progress of the disease.

Together with an occasional autopsy upon those where complete clinical laboratory and bedside records have been systematically kept, we can further corroborate and follow up our chemical, clinical and bedside findings. In this way the work becomes interesting and valuable.

Since the establishment of the laboratory there has been a gradual increase in the chemical and clinical microscopical work of the laboratory. Each year more work is demanded from this department to aid in the diagnosis and treatment of the patients in the Hospital.

During the year there has been an increase of work in all departments. Seven hundred and seventy-six urinalyses were made. In each a chemical and microscopical examination was made.

The crystals of the oxalate of lime were present in 40 per cent. of all specimens examined, patients of acute melancholia showing 18 per cent., acute mania 12 per cent. and other forms of mental diseases 10 per cent.

Many patients of acute melancholia and mania have had albuminuria without the presence of casts.

Some time has been given to the study of the "purin bodies" in the urine, which will be published at a future date.

TABLE III.

Showing Form of Mental Disease of Those Having Nephritis
on Admission.

<i>Form.</i>	<i>Number.</i>
Melancholia, acute	20
Melancholia, chronic.....	8
Melancholia, agitata.....	3
Mania, acute.....	15
Mania, chronic.....	3
Mania, recurrent.....	3
Mania, toxic alcoholic.....	5
Morphomania.....	4
Adolescent insanity.....	3
Puerperal insanity.....	1
Epilepsy.....	3
Imbecility.....	2
Idiocy.....	1
Paranoia.....	2
Paresis.....	15
Dementia, primary.....	1
Dementia, organic.....	4
Dementia terminal.....	2
Dementia, senile.....	15
Total.....	110

TABLE IV.

Showing Age of Those Having Nephritis on Admission.

<i>Age.</i>	<i>Number.</i>
Under twenty years.....	2
Twenty to thirty years.....	11
Thirty to forty years.....	14
Forty to fifty years.....	35
Fifty to sixty years.....	23
Sixty to seventy years.....	15
Over seventy years.....	10
Total.....	110

Thirty-five specimens were examined for the Klebs-Loeffler bacillus; in all, the fresh swab as well as blood serum cultures of different hours' growth have been examined. Thirty-two were negative, 3 positive.

To determine as to the presence of the tubercle bacilli, 96 specimens were examined. In 70 the results were negative and 26 positive.

For diagnosis 8 tumors were examined ; 28 specimens of pus ; 4 of fluid and 1 hydatid cyst in which the hooklets were present.

Analysis of stomach contents of patients have shown that in acute melancholia the quantity of hydrochloric acid was diminished, while in acute mania it is increased.

BLOOD EXAMINATIONS.

One hundred and one specimens have been examined for plasmodium malariae. Eighty were negative, 21 positive. In 3 cases of pronounced infection, the leucocytes were from 10,000 to 12,000 per cu. m. m.

Twenty-eight Widal reactions have been done. Of these 26 were negative, 2 positive.

One hundred and eighteen blood counts have been made. In every instance several separate fields have been counted. Many included a differential count.

In nearly every instance of acute mania and melancholia, the hæmoglobin was reduced. The number of red cells have varied slightly from the normal.

The differential count of 8 cases of acute mania and 10 of acute melancholia appears as follows :

	<i>Mania, acute.</i>	<i>Melancholia, acute.</i>
Lymphocytes { Small.....	19.4	20.
{ Large	12.7	11.7
Polynuclear	56.5	57.
Transitional	8.9	8.3
Eosinophile.....	2.2	2.6
"Mast cells".....	3.....	4

IMPROVEMENTS IN LABORATORY.

The equipment, during the year, of the laboratory with new chemical and microscopical tables, large chemical hood, cabinets for chemicals, instruments and a complete card index and verti-

cal file system for the keeping and indexing of the laboratory records which, with the following new and modern instruments of precision, has added greatly to our facilities :

Carl Zeiss photo-micrographic microscope, complete, with full set of Zeiss apochromatic objectives, compensating oculars and planar lenses for photographing large sections.

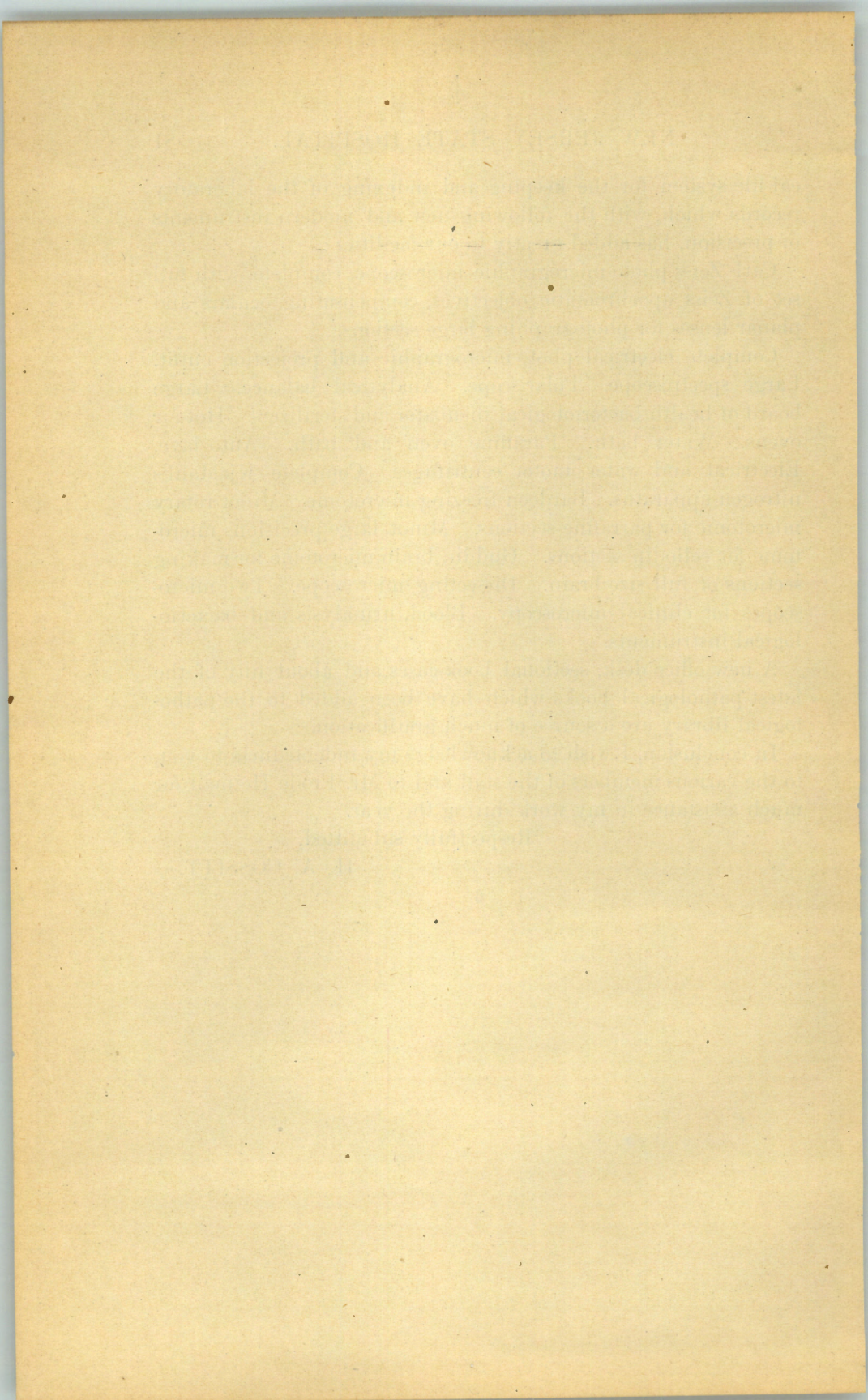
Complete electrical photo-micrographic and projection outfit. Large spectroscope. Polariscope. Analytical balance. Large board of health bacteriological incubator and sterilizers. Hot-air ovens. Water bath. Paraffine oven and bath. Autoclave. Electrical and water motor centrifuges. Complete Kjeldahl's nitrogen apparatus. Bardeen freezing microtome. Minot rotary microtome for paraffine sections. Minot large precision microtome for cellodin sections. Guddin brain microtome for making sections of full size brain. Dissecting microscope. Two microscopes for clinical microscopy. Blood, urinalysis and bacteriological instruments.

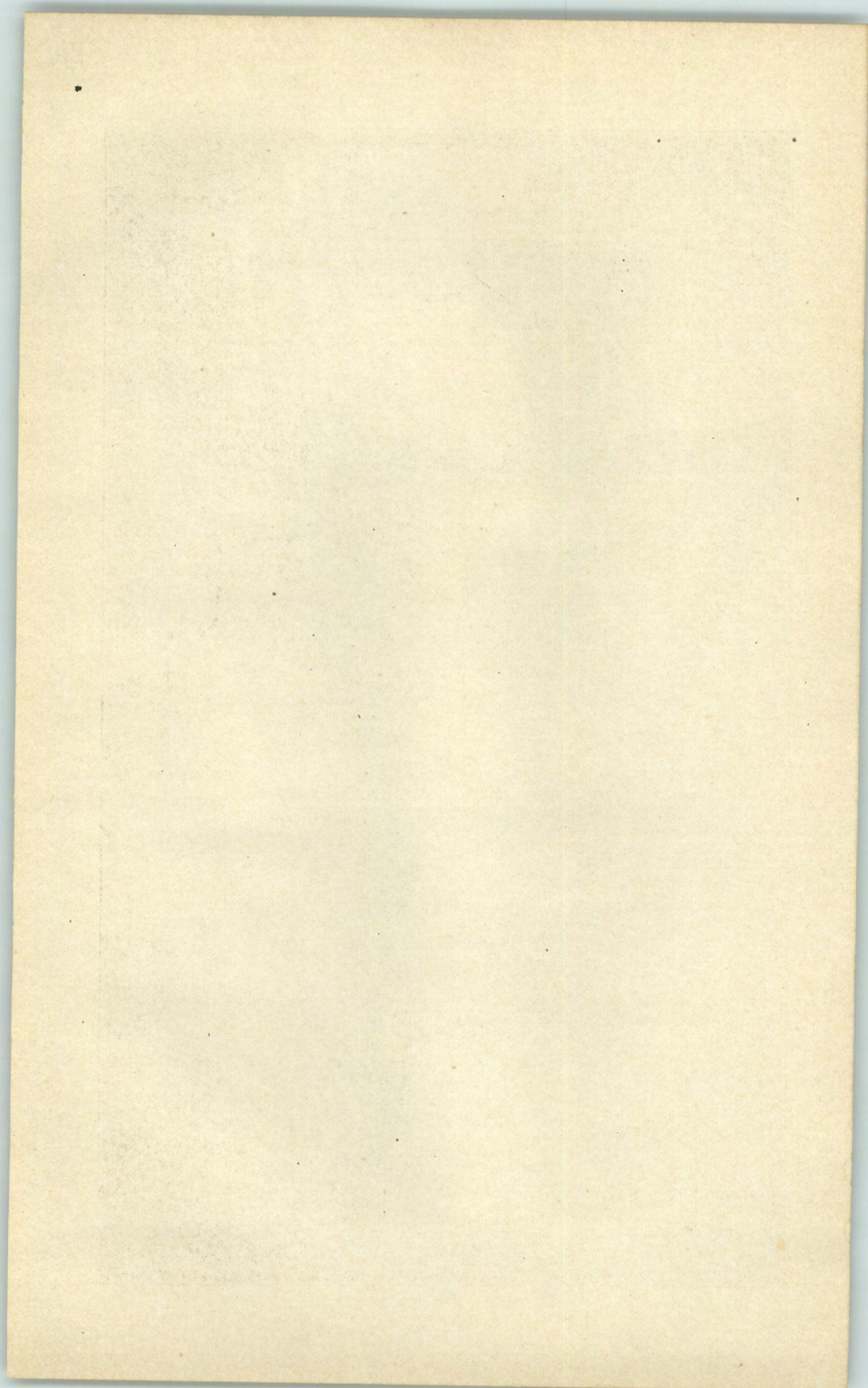
A new office desk, sectional book-cases and about fifty of the latest pathological books which have been added to the pathological library are a source of much gratification.

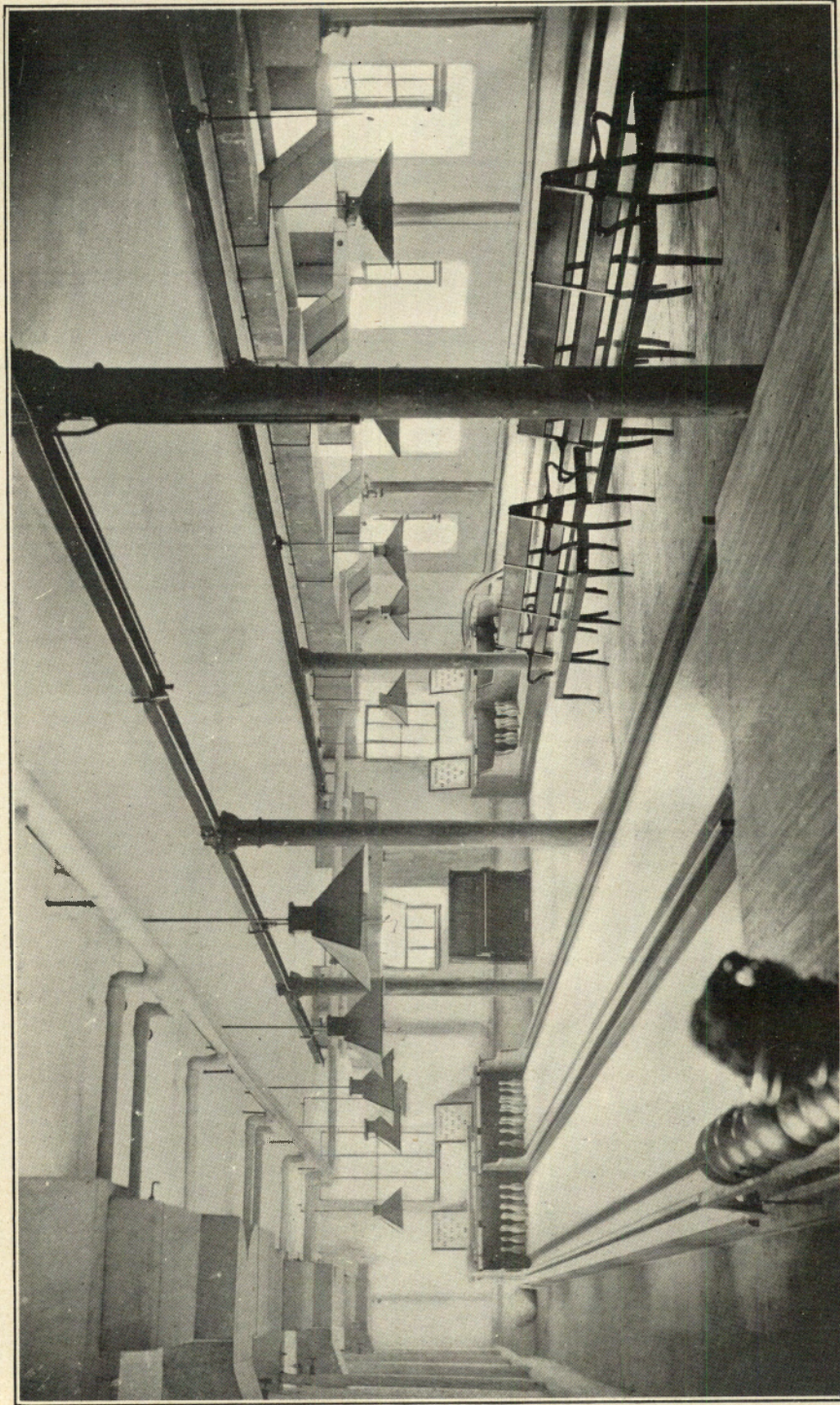
In conclusion, I wish to acknowledge my indebtedness to you, to the various members of the staff and to Mr. Frode Heiman for much assistance in my work during the year.

Respectfully submitted,

H. A. COSSITT.







NEW BOWLING ALLEYS

DONATIONS.

The following is a list of the newspapers which have been sent regularly 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.
The Kearny Observer.....	Kearny and Arlington.
Hudson County Review.....	Town of Union.
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.
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.
Newark Tribune.....	Newark.
Newark Pioneer.....	Newark.
The Bloomfield Record.....	Bloomfield.
The Bloomfield Citizen.....	Bloomfield.
The Newark Item.....	Newark.
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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TREASURER'S REPORT

TREASURER'S REPORT.

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

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1902, to October 31st, 1903, inclusive :

<i>Receipts.</i>		
Balance on hand November 1st, 1902.....		\$2,491 42
From State Treasurer for convict patients.....	\$19,137 85	
State Treasurer for county patients.....	141,456 31	
State Treasurer for State indigent patients.....	40,215 07	
Sundry counties for maintenance of county patients.....	128,124 33	
Private patients.....	62,530 73	
Hides, tallow, &c.....	14,272 42	
First National Bank, Morristown, N. J., for interest.....	168 03	
M. K. Everitt, loan.....	4,000 00	
		409,904 74
		\$412,396 16
<i>Disbursements.</i>		
On orders of Warden.....	\$411,189 15	
Balance in Treasurer's hands.....	1,206 91	
		\$412,396 16

G. C. HINCHMAN,
Treasurer.

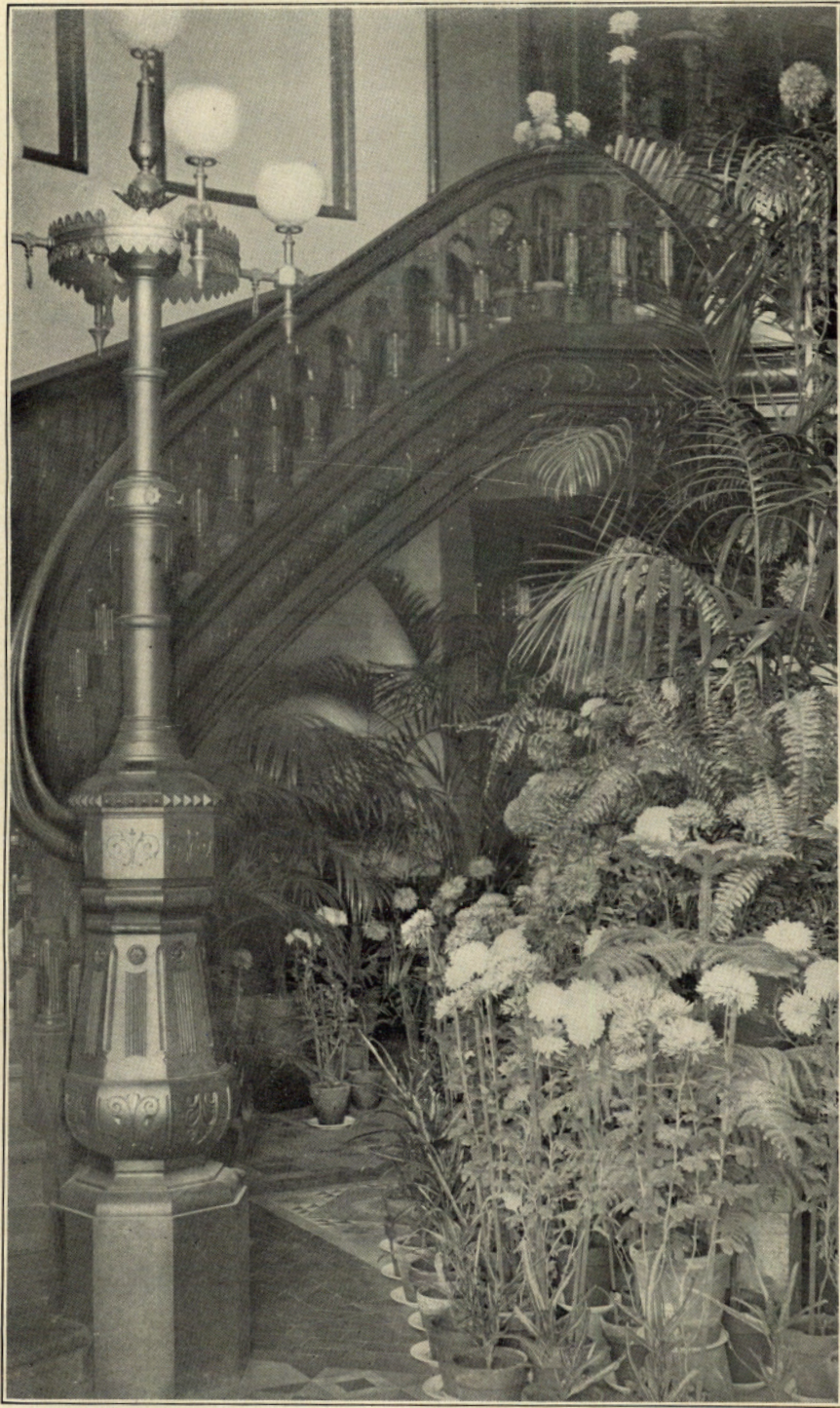
THE NEW JERSEY STATE HOSPITAL AT
MORRIS PLAINS, November 12th, 1903.

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.

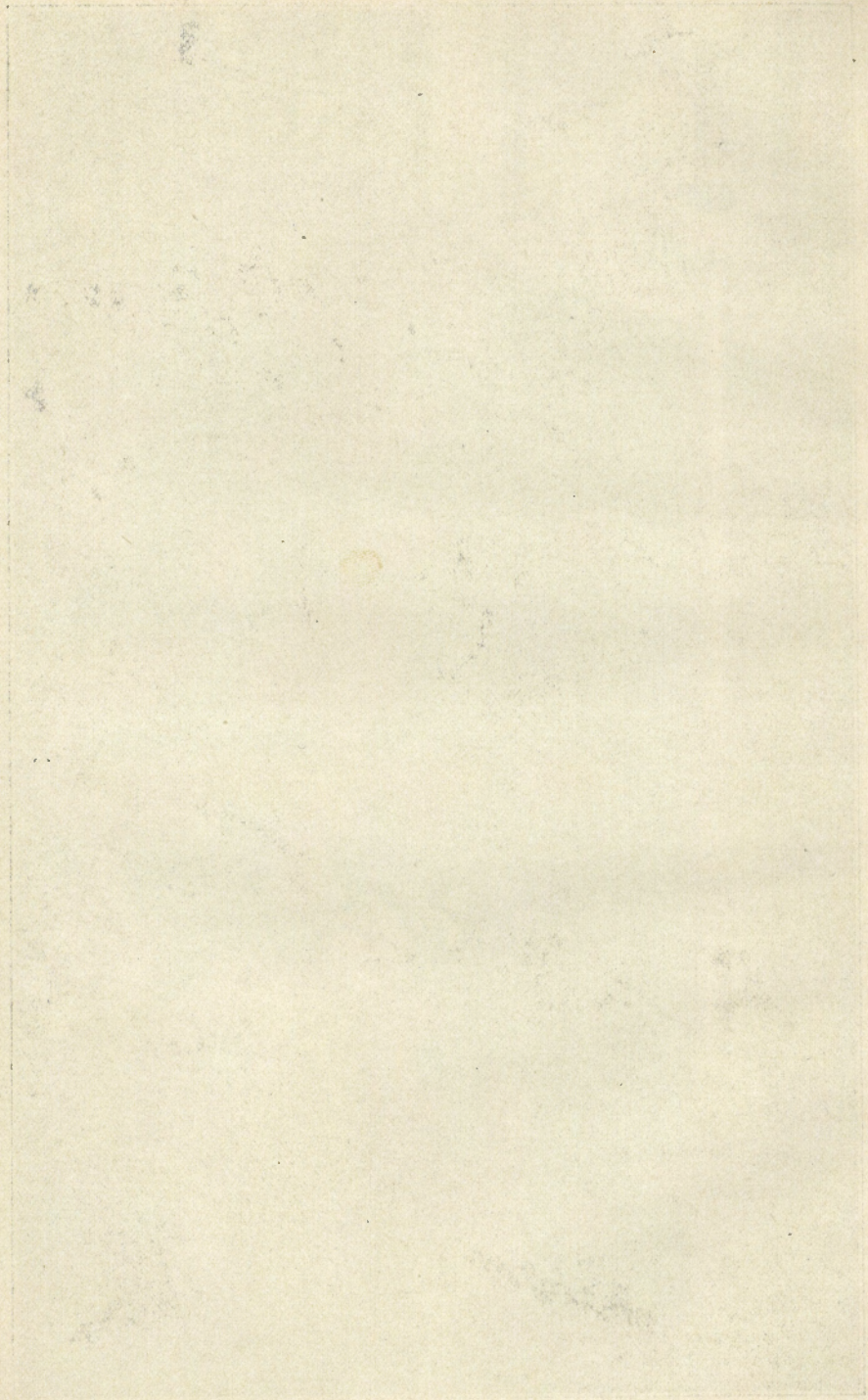
JOHN C. EISLE,
JOHN A. McBRIDE,
Auditing Committee.

Recapitulation.

State Treasurer, convict patients—		
First quarter.....		\$2,104 28
Second quarter.....	\$4,185 00	
	4,243 57	
	<hr/>	8,428 57
Third quarter.....		4,250 00
Fourth quarter.....		4,355 00
		<hr/>
		\$19,137 85
State Treasurer, county patients—		
First quarter.....	\$2,474 29	
	27,324 29	
	25,321 42	
	<hr/>	55,120 00
Third quarter.....	\$27,824 58	
	2,153 15	
	28,349 43	
	<hr/>	58,327 16
Fourth quarter.....		28,009 15
		<hr/>
		141,456 31
State Treasurer, indigent patients—		
First quarter.....	\$5,436 00	
	7,515 88	
	<hr/>	12,951 88
Second quarter.....		7,881 10
Third quarter.....	\$8,284 86	
	8,957 25	
	<hr/>	17,242 11
Fourth quarter.....		2,139 98
		<hr/>
		40,215 07
County collectors—		
First quarter.....	\$28,629 50	
Second quarter.....	22,416 53	
Third quarter.....	53,735 76	
Fourth quarter.....	23,342 54	
	<hr/>	128,124 33
Private patients—		
First quarter.....	\$12,350 47	
Second quarter.....	17,778 41	
Third quarter.....	14,282 72	
Fourth quarter.....	18,119 13	
	<hr/>	62,530 73
Hides, tallow, &c—		
First quarter.....	\$4,426 43	
Second quarter.....	2,176 24	
Third quarter.....	4,072 46	
Fourth quarter.....	3,597 29	
	<hr/>	14,272 42



FLOWER EXHIBIT, FRONT ENTRANCE, ADMINISTRATION BUILDING



THE UNIVERSITY OF CHICAGO LIBRARY

Interest—		
First quarter.....	\$100 93	
Third quarter.....	67 10	
	<hr/>	\$168 03
M. K. Everitt, loan—		
Fourth quarter.....		4,000 00
Orders paid—		
First quarter.....	\$107,352 98	
Second quarter.....	68,458 28	
Third quarter.....	113,121 75	
Fourth quarter.....	122,256 24	
	<hr/>	\$411,189 25

WARDEN'S REPORT.

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WARRICK KIRBY

WARDEN'S REPORT.

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

GENTLEMEN—I have the honor to present the annual report of my department for the year 1903, together with an abstract of accounts.

The receipts and disbursements for the year have been as follows:

Balance on hand November 1st, 1902.....	\$2,491 42	
Receipts from November 1st, 1902, to October 31st, 1903..	409,904 74	
		\$412,396 16
Total disbursements from November 1st, 1902, to October 31st, 1903...	411,189 25	
		\$1,206 91

STATEMENT OF RESOURCES AND LIABILITIES.

October 31st, 1903.

<i>Resources.</i>		
Balance in hands of Treasurer.....		\$1,206 91
Due from Bergen county.....		3,876 17
Due from Hudson county.....		498 37
Due from Hunterdon county.....		1,819 03
Due from Passaic county.....		8,609 20
Due from Sussex county.....		1,423 71
Due from State Treasurer for county patients.....		9,336 38
Due from State Treasurer for convict patients		1,482 86
Due from State Treasurer for indigent patients.....		9,329 15
Due from private patients.....		11,263 82
Due from Sailors' Snug Harbor.....		637 26
Due from petty expense account.....		398 83
Due for clothing.....		12,925 73
Due for hides, &c.....		401 90
Due for tar, &c.....		725 60
		\$63,934 92

Liabilities.

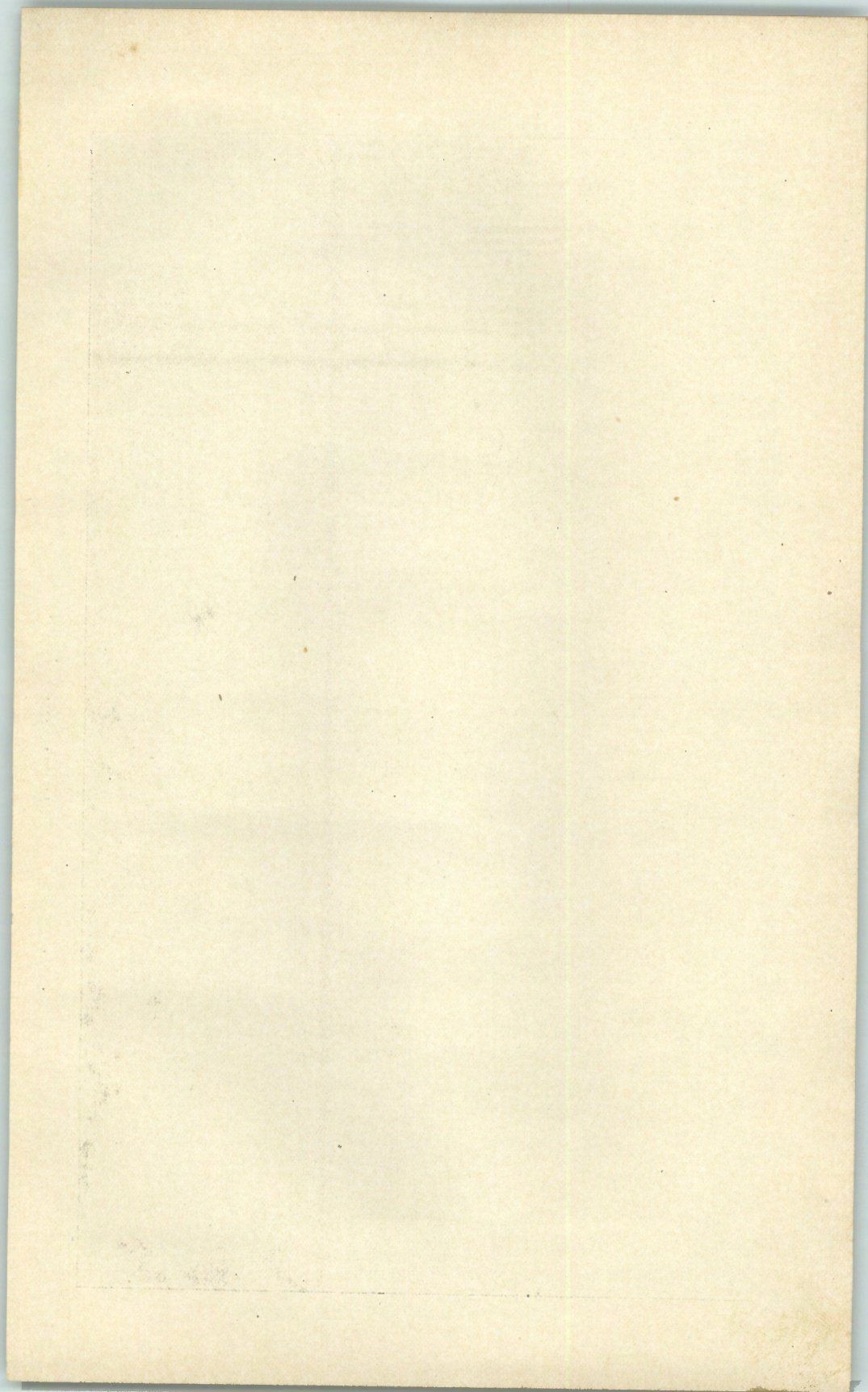
Bills payable.....	\$49,752 10	
Pay-roll for October.....	9,040 32	
Private patients paid beyond October 31st.....	6,825 35	
County patients paid beyond October 31st....	2,368 61	
Amount bills rendered counties, not yet earned.....	2,277 85	
Amount rendered private patients, not yet earned.....	2,279 66	
Unclaimed wages, vouchers on which payment was stopped, patients' unclaimed moneys.....	255 95	
Excess liabilities above resources.....		\$8,864 .92
	\$72,799 84	\$72,799 84

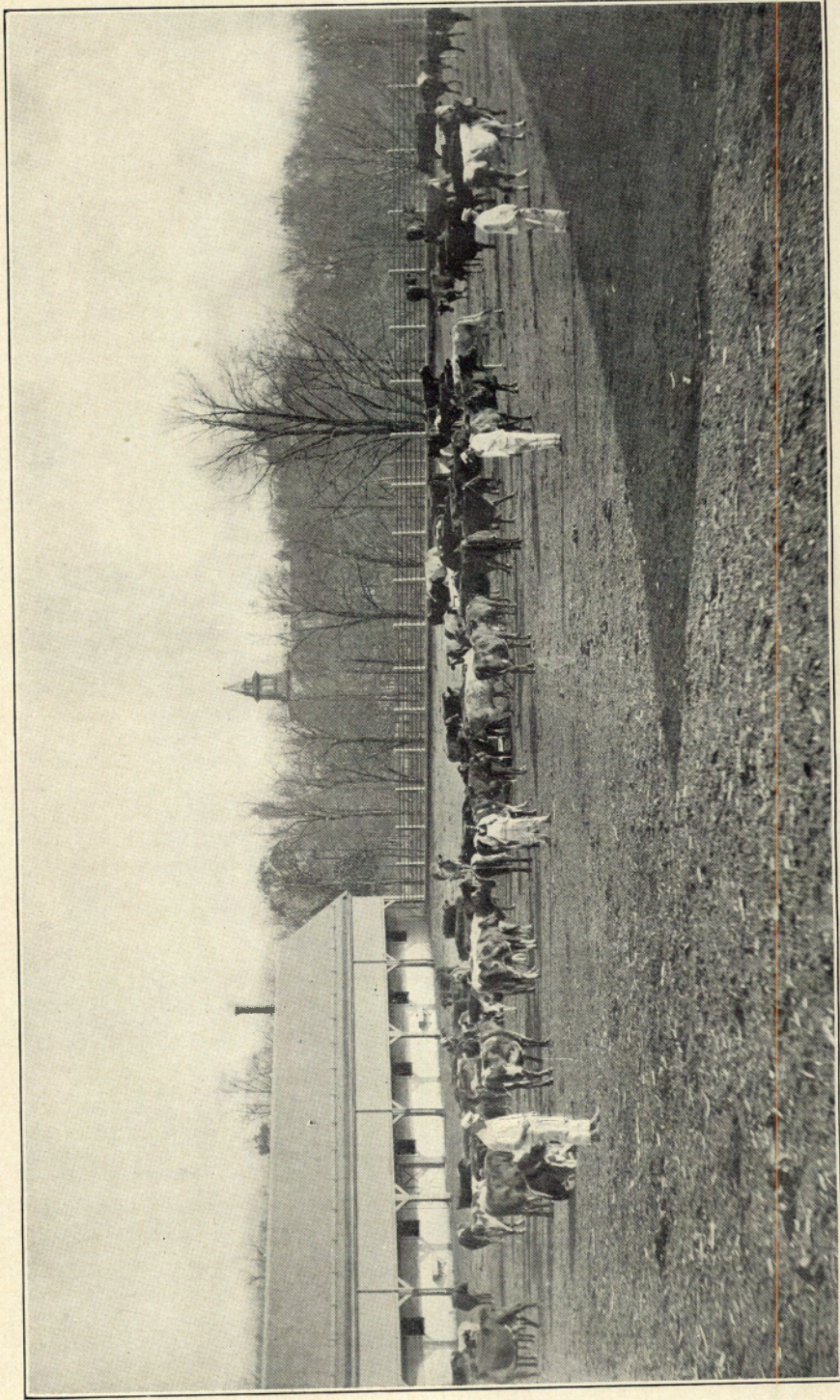
Your Honorable Board will notice that at the close of the fiscal year, the liabilities exceeded the resources \$8,864.92.

If the Legislature had appropriated \$4 per week (as required for the support of State indigent patients, instead of appropriating \$3 per week) this condition would not exist, as the difference of \$1 per week for this class of patients amounts to \$9,973.28 for the year. If I understand the law correctly, you are authorized to fix the price for maintenance of *all indigent* patients, which price shall not exceed \$4 per week. This you did, fixing the price for support of all indigent patients at \$4 per week. It would seem that the State indigent, as well as the county indigent patients, should be included in the term "all indigent patients." The Legislature allowed \$4 per week for the support of State indigent patients prior to 1900. The rate was then reduced to \$3 per week, although the law makes no apparent distinction between this class of patients and the county indigent patients, and the resolution of your Board fixes the same price for both classes, and there is no difference in the cost of maintaining each.

The number of State indigent patients at the close of the fiscal year ending October 31st, 1895, was 3; 1896, 19; 1897, 41; 1898, 77; 1899, 90; 1900, 116; 1901, 144; 1902, 172; 1903, 199; showing a rapid increase in this class of patients, and the indication is that the number will continue to increase each year at the same ratio.

I would suggest that the Legislature be asked to make good this deficiency and to direct that all State and county bills be made up and rendered quarterly in advance and be paid within





YARD, DAIRY BARN

thirty days of the date of bills. This would enable the Hospital to pay its bills promptly and get the advantage of the discounts obtained for spot cash.

The county bills have always been made up quarterly in advance, but as a rule they are not paid until nearly the end of quarter. The State's bills have been made up at the end of the quarter, and at times it is two weeks or more before they are paid. The county bills amount to \$33,000, and the State, \$41,000; a total of \$74,000 per quarter.

The prices of supplies of every kind have advanced 15 per cent., and, as I have stated in my former report, the opening and running of the new building has increased very materially the cost of maintenance.

DAIRY-BARN.

A supply of pure milk adequate to the needs of the patients, properly cooled and bottled so that it can be delivered to the wards in proper condition, free from contamination, is one of the very important and necessary requirements. The only way to secure this is to provide a dairy-house where the milk can be so prepared. With the constant increase in number of patients more milk is needed, and to provide this more room at the dairy is required. In my last annual report I asked for an appropriation for building an addition to the dairy-barn. I said then that one of the open sheds had been fixed up to accommodate cattle. It is now necessary to provide still further room for stabling. The addition asked for is 48 x 64 feet. I again renew my recommendation for building a dairy-house with improved appliances for cooling, bottling and caring for the milk. Appropriation asked for these two items was—

Addition to barn.....	\$5,000 00
Dairy-house	4,000 00

The Legislature appropriated \$3,000 for addition to dairy-barn, instead of the \$5,000 asked for, and it was found on re-estimating the cost for the extension that the amount asked for, viz.,

\$5,000, was too small ; that it would cost \$6,000, and your Honorable Board thought best not to spend the amount appropriated as it would not be sufficient to complete the work, consequently the appropriation lapsed.

GROUNDS AND GRADING.

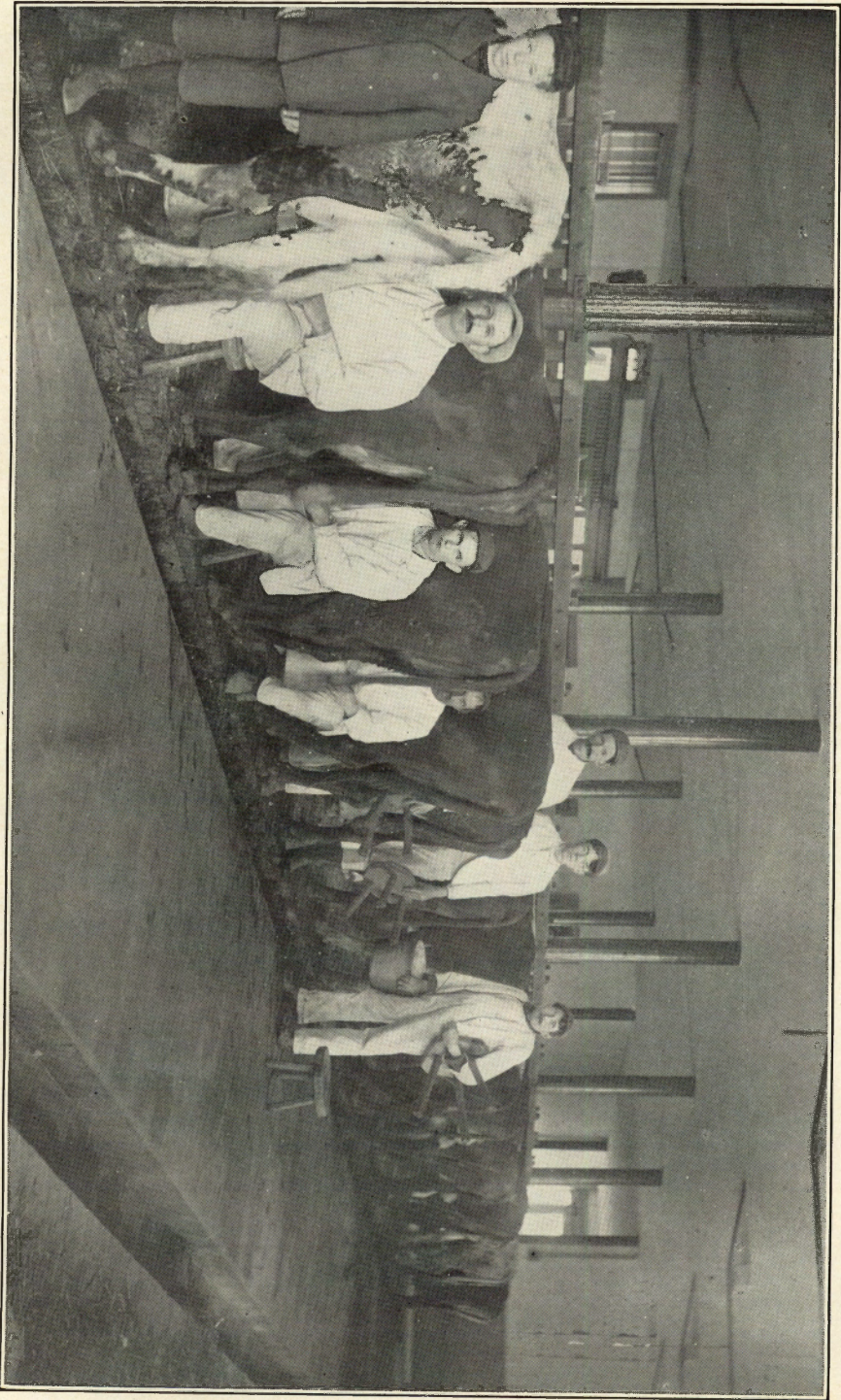
I again call your attention to the grading of the grounds around the new building. Some patients, detailed by the Medical Director, have been at work on the grounds in front of the building. The work is necessarily slow owing to the limited number of men available, and comparatively very little can be accomplished by this method. As I said in my annual report of last year, it would seem advisable to ask the Legislature to appropriate sufficient money to complete the grading, put down walks, so that tree planting would then be begun. The longer the planting of the trees is delayed, the longer must it be until the grounds are finally completed. Trees grow but slowly, and it is important to have them planted soon.

SEWAGE.

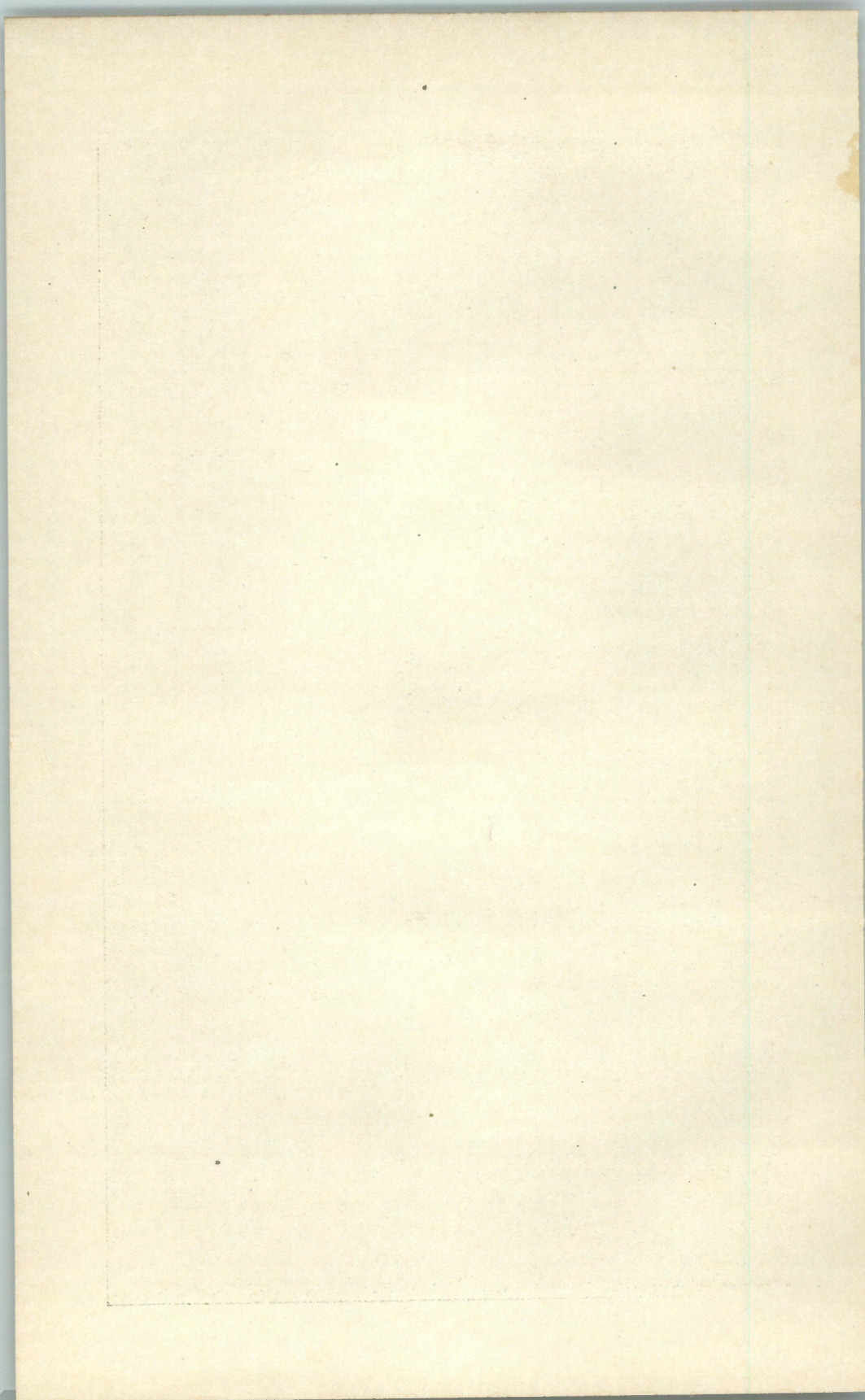
The system of sewage disposal has been improved and enlarged during the past year on lines suggested by Prof. Charles McMillan, and the results have been very satisfactory.

LAUNDRY.

In my report of last year, among other recommendations, I called attention to the pressing need of more room at the laundry, to make it possible to handle the large and constantly increasing amount of work. The added number of patients each year means more clothing, linen, &c., to be taken care of, which necessitates additional help in the laundry. To do the work well, promptly and economically, proper space should be provided, so that the machinery now in use and the additional



MILKING



machinery required may be properly placed and the employes work to good advantage. Under the existing conditions this is impossible.

I regard this one of the most needed improvements. The work has grown entirely beyond the capacity of the present plant, and enlargement of the plant cannot be made in the space at our disposal in the present quarters. The work will continue to increase from year to year. The plant was constructed to perform the work for 1,000 persons. The population of the buildings—patients and employes—who have the use of the laundry is now upwards of 1,800.

RESERVOIRS.

The supply of water during the past year, fortunately, was ample, as a result of frequent heavy rains. Had it been a dry season great inconvenience would have resulted, for the storage capacity is sufficient to retain only a small reserve supply. The enlarging of the reservoir, known as the ice pond, would be the most practical and economical, the condition being such that the work could be done quickly and well. A liberal supply of water at all times is of vital importance to the Hospital. I again recommend that the ice-pond reservoir be enlarged to double the present capacity in area. By raising the dam eight feet, an increase in the storage capacity from 10,000,000 to 25,000,000 gallons would be secured. The present dam is constructed of dirt, and causes great anxiety when the water is high. In case of a break in the dam, the damage to property situated below the Hospital grounds would be serious. The present dam should be reinforced with a concrete core, to be built immediately below and contiguous to the present dirt dam.

SLAUGHTER-HOUSE.

I again renew my recommendation for a new slaughter and cold storage-house. The present slaughter-house is an old building past repair. It will be necessary to maintain a slaughter-

house on the premises even if the beef supply in the future should be purchased by the carcass, as there will always be stock on the farm to be slaughtered.

I have changed my views somewhat, in this matter, since the last annual report, and believe that we could get the best results by having the building constructed so that all the meat could be cut at the slaughter-house and brought in the building as needed.

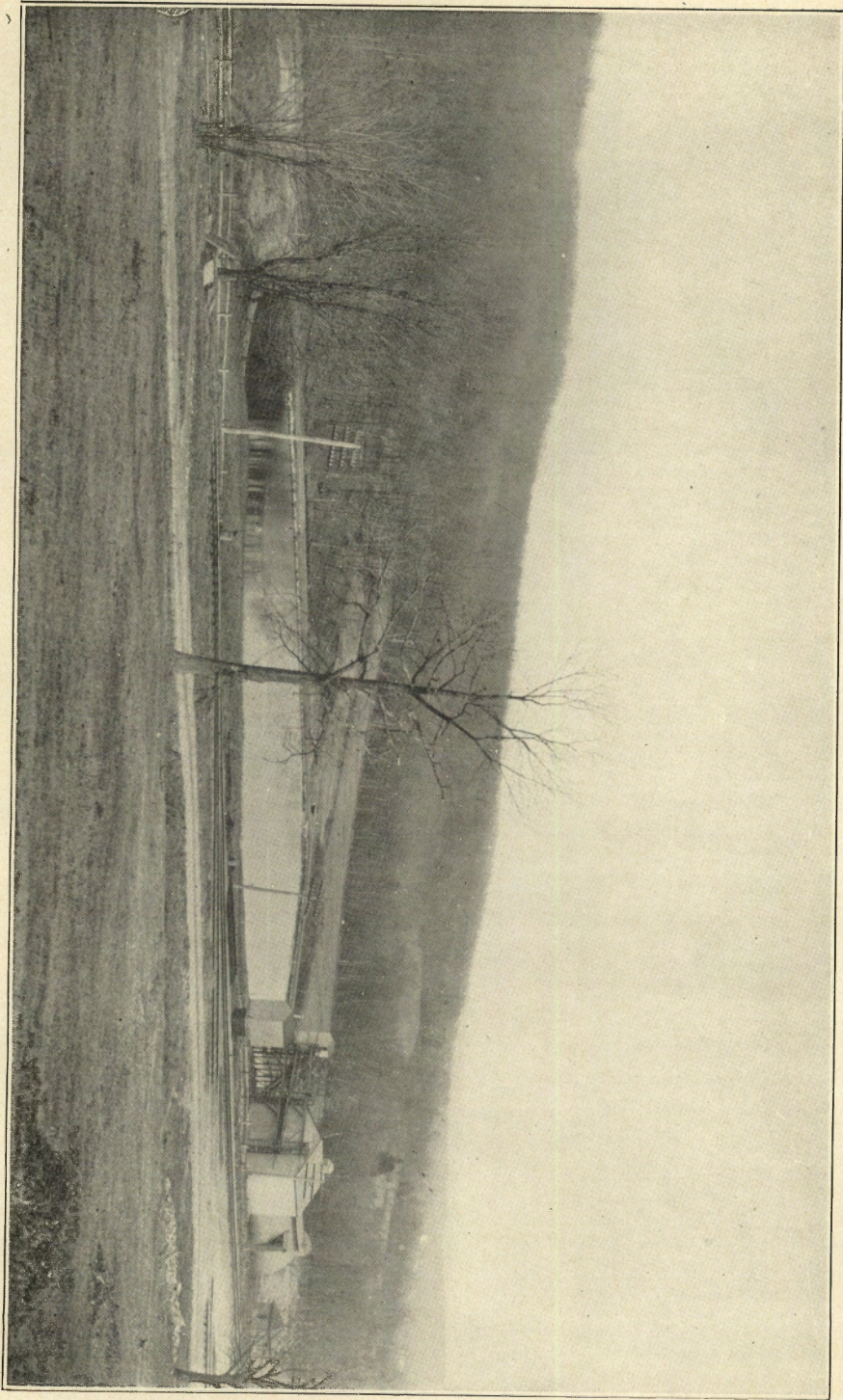
STORE-HOUSE.

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.

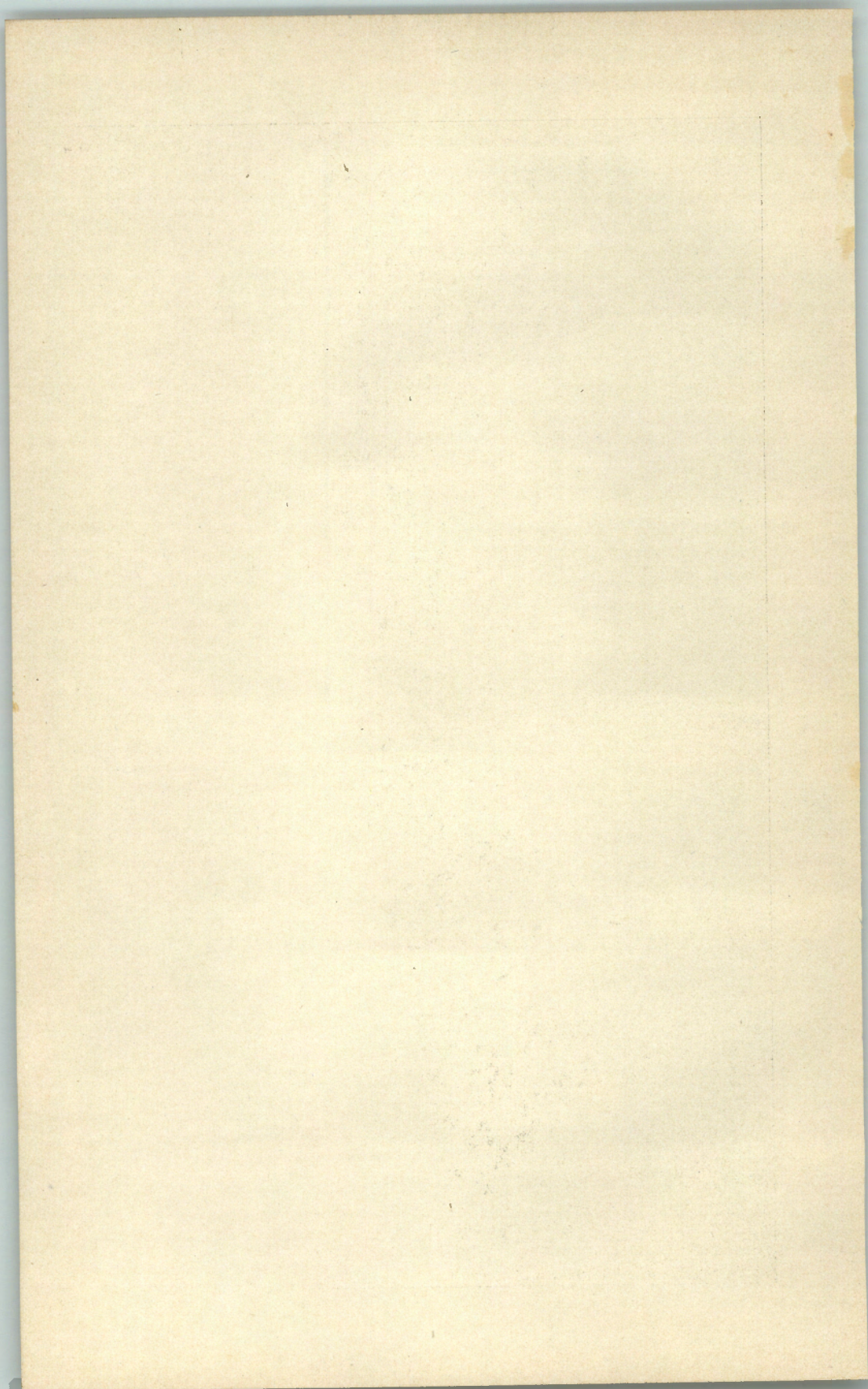
We should have a storehouse independent of the main Hospital building. In this particular we are far behind the well-equipped State Hospitals in other states. In the construction of the building no provision for storing supplies was made. We are now, for storeroom purposes, occupying rooms intended for 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. Such a building as is contemplated would provide, in the third story, a room ample for storing the trunks, valises, satchels, &c., of the more than 1,500 patients now in the Hospital. These belongings are at present stored in the damp basement where they become seriously damaged, and if kept there for a protracted period, are made useless.

ELEVATOR.

Last year we asked for an appropriation for an elevator at the administration building. The appropriation was granted but the amount appropriated was not sufficient for the purpose, and



ICE POND AND HOUSE



your Honorable Board concluded not to avail themselves of it, consequently the appropriation elapsed. We also asked for an appropriation for the enlargement and new equipment of the bakery. No appropriation was made for bakery improvements.

I renew my recommendation for each of the items above.

ANNUAL APPRAISEMENT.

The annual inventory and appraisal was taken as usual. Mr. John Naughton and Mr. James S. Adams, 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 \$217,408.34.

REQUIREMENTS.

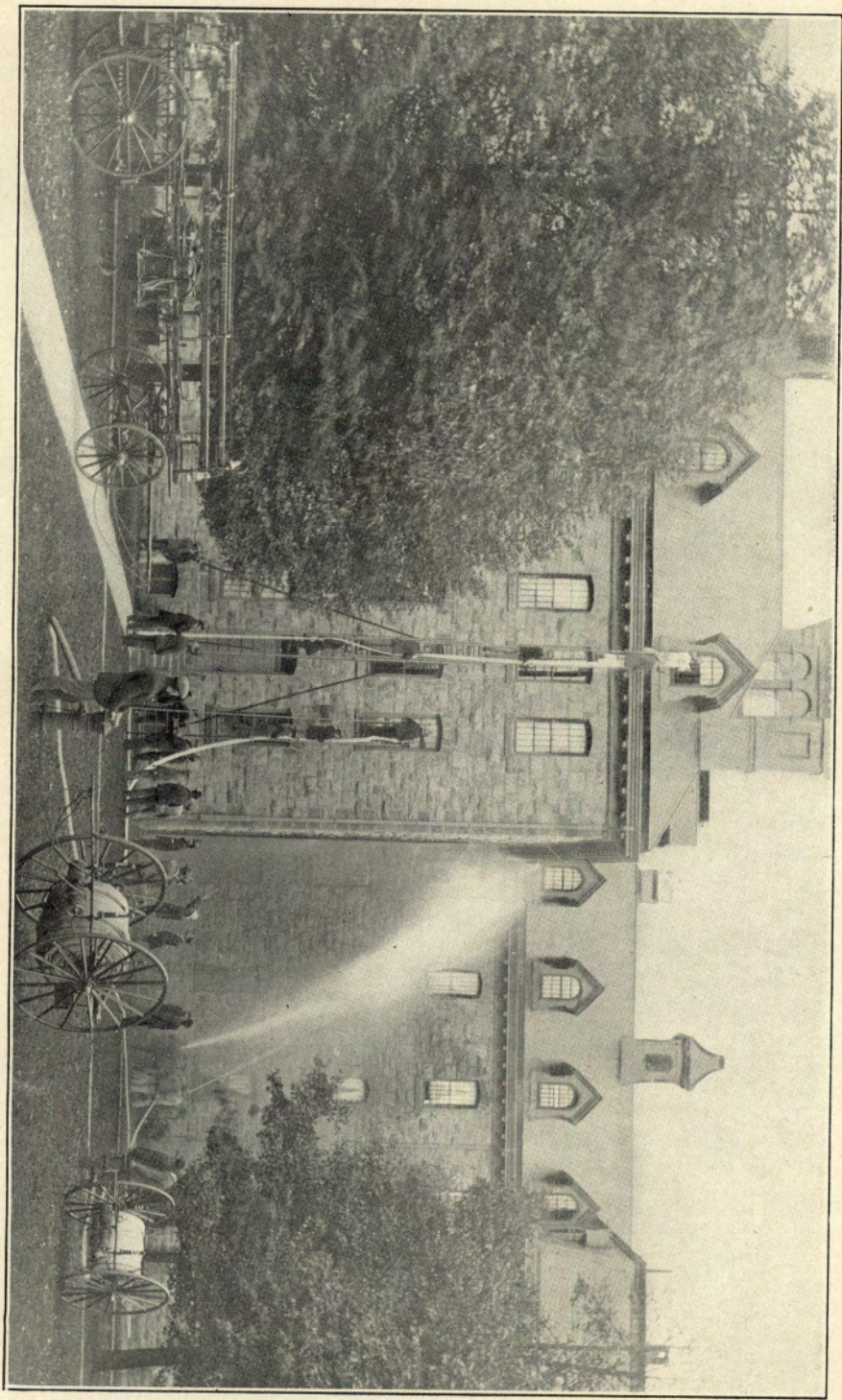
The following is an approximate estimate of the amounts of money required from the State, for the subjects herein mentioned, for the fiscal year ending October 31st, 1905 :

For the annual appraisal.....	\$75 00	
For the salaries of resident officers.....	14,550 00	
For the maintenance of county patients, based on an average of 1,206 county patients for the year.....	125,424 00	
For the support and clothing of insane convict patients, based on an average of 75 convict patients for the year—		
Maintenance.....	\$19,500 00	
Clothing.....	1,152 00	
	<u>20,652 00</u>	
For the support and clothing of State indigent patients, based on an average of 300 State indigent patients for the year, at \$4 per week—		
Maintenance.....	\$62,400 00	
Clothing.....	3,888 00	
	<u>66,288 00</u>	
		<u>\$226,989 00</u>

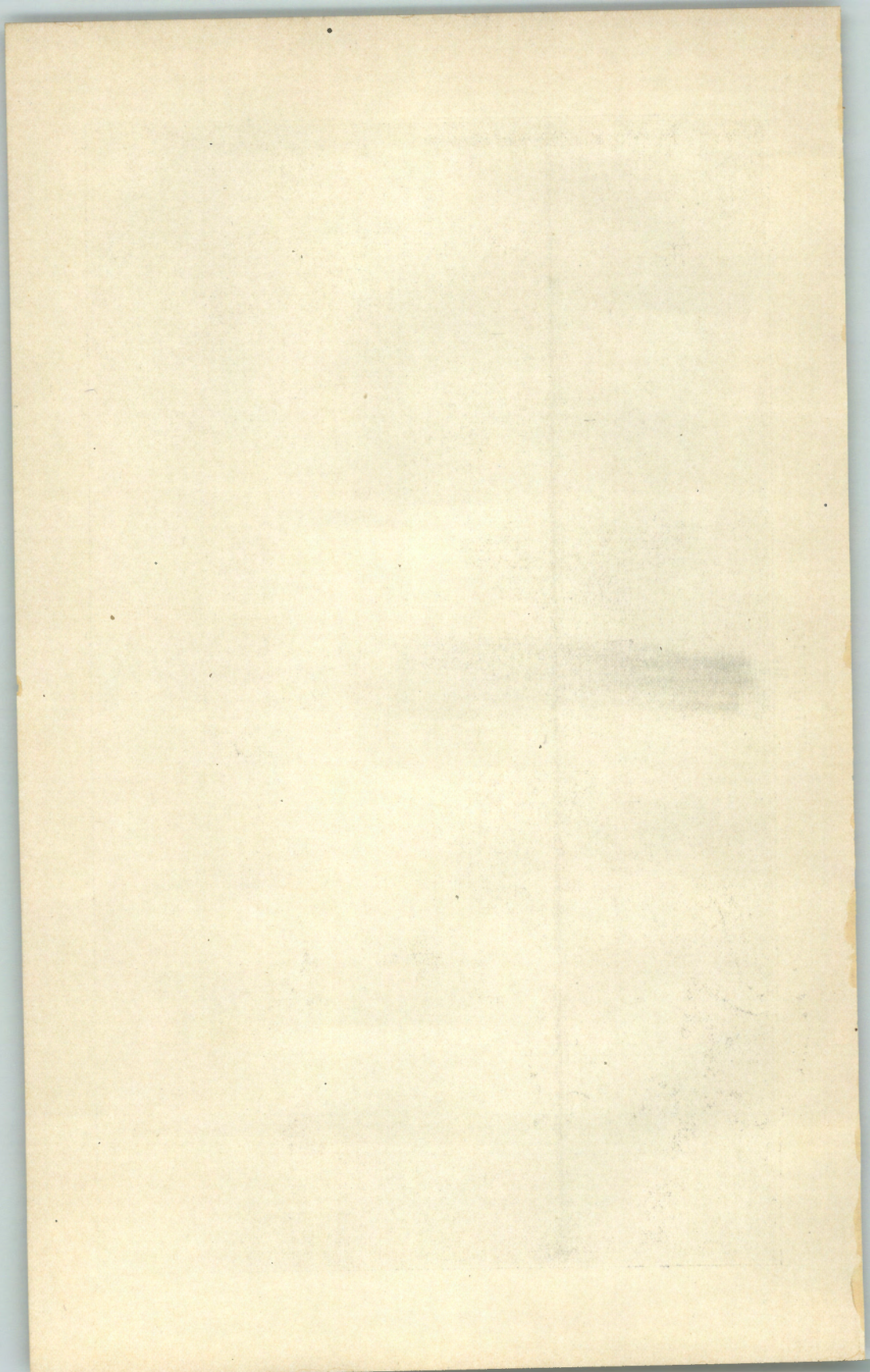
In addition to the requirements, it will be necessary for the Legislature to provide for the following item so that it may be available during the year 1904, viz.:

Support State indigent patients for 1903, at \$4 per week.....	\$39,893 14
Clothing furnished.....	4,044 88
	<hr/>
Total.....	\$43,938 02
Appropriation.....	30,100 00
	<hr/>
Deficiency.....	\$13,838 02

Respectfully submitted,
M. K. EVERITT,
Warden.



FIRE DRILL



ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1903.

G. C. HINCHMAN, *Treasurer.*

<i>Dr.</i>	
To balance, October 31st, 1902	\$2,491 42
To amount received for board, clothing and incidental expenses of county patients.....	128,124 33
To amount received for board, clothing and incidental expenses of private patients.....	62,530 73
To amount received from State Treasurer for county patients.....	141,456 31
To amount received from State Treasurer for convict patients.....	19,137 85
To amount received from State Treasurer for indigent patients.....	40,215 07
To amount received from M. K. Everitt loan.....	4,000 00
To amount received for hides, tallow, &c.	7,341 31
To amount received for sundries, rags, &c.	2,633 58
To amount received for hogs and pigs.....	4,183 53
To amount received for rents.....	114 00
To amount received for interest.....	168 03
	\$412,396 16

<i>Disbursements.</i>	
Amusements.....	\$697 03
Beef	25,184 46
Blank-books, stationery, printing and office supplies....	1,272 88
Bedding, linen, &c.....	10,454 46
Clerical services.....	499 50
Clothing (suits, dresses, underwear, shoes).....	23,252 36
Coach stable.....	3,284 49
Crockery and cutlery.....	1,583 49
Dairy (includes stock, feed, labor).....	14,998 79
Electrical wages and supplies.....	782 70
Farm	8,920 66
Fire apparatus	321 00
Flour.....	8,072 87
Freight and train service.	9,663 59
Fruit and vegetables.....	1,921 08

(101)

Fuel.....	\$22,184 88	
Furniture, carpets, &c.....	4,192 51	
Garden	7,320 67	
Greenhouse.....	1,386 94	
Grounds.....	1,131 70	
Grading.....	1,822 34	
Harness, wagons, &c.....	191 35	
Household goods and supplies.....	9,821 84	
Ice pond.....	263 95	
Improvement of buildings.....	1,128 08	
Improvement of farm lands.....	1,053 07	
Incidentals.....	2,993 69	
Insurance.....	1,827 56	
Laundry	9,196 25	
Light	6,392 06	
Medical library.....	351 41	
Medical supplies.....	8,732 28	
Newspapers	96 30	
Oil	1,054 37	
Pathological.....	397 07	
Postage	635 36	
Petty current expenses.....	1,000 00	
Provisions and groceries.....	110,562 02	
Plumbing and gas-fitting.....	4,124 90	
Railroad repairs.....	518 73	
Refunding.....	1,769 12	
Repairs to buildings.....	11,898 16	
Smith and wheelwright.....	1,791 81	
Stock.....	1,853 90	
Sewers.....	995 13	
Sewage disposal.....	2,132 05	
Telegrams, telephone rental, &c.....	982 06	
Tinware and fixtures.....	1,469 31	
Tools, supplies and repairs.....	11,480 47	
Undertakers' charges.....	1,505 00	
Ward supplies.....	552 67	
Wages.....	61,470 88	
M. K. Everitt loan.....	4,000 00	
		\$411,189 25
Balance in hands of Treasurer.....		\$1,206 91

APPENDIX TO WARDEN'S REPORT.

FARM AND GARDEN PRODUCTS.

326,155 Quarts milk (average number of cows milked, 88; average per cow, 10.12 quarts per day), at 5 cents	\$16,307 75
2,542 Dozen eggs, at 26 cents.	660 92
240 Tons of hay, at \$20.	4,800 00
18 Tons of rye straw, at \$15.	270 00
425 Bushels rye, at 65 cents.	276 25
200 Bushels winter apples, at 65 cents	130 00
168 Bushels windfall apples, at 25 cents.....	42 00
230 Bushels cider apples, at 10 cents.....	23 00
7 Bushels crab apples, at 50 cents.....	3 50
	\$22,513 42

Stock.

5,930 Pounds of veal (41 calves), at 11 cents.....	652 30
897 Pounds of poultry, at 16 cents.....	143 52
82 Cows slaughtered; dressed, 50.275 pounds, at 7 cents.....	3,519 25
Amount received for hogs sold.....	4,188 53
	\$31,012 02

Garden.

2 000 Bushels tomatoes, at 80 cents.....	\$1,600 00
2,100 Bushels potatoes, at 65 cents.....	1,365 00
350 Bushels carrots, at 55 cents.....	192 50
200 Bushels parsnips, at 55 cents	110 00
700 Bushels beets, at 65 cents.....	455 00
2,000 Bushels mangel wurzel, at 35 cents	700 00
700 Bushels white turnips, at 40 cents.....	280 00
600 Bushels rutabaga turnips, at 50 cents.....	300 00
150 Bushels onions, at 75 cents.....	112 50
10 Bushels onion sets, at \$3.....	30 00
150 Bushels apples, at 60 cents.....	90 00
75 Bushels cider apples, at 15 cents.	11 25
600 Bushels spinach, at 45 cents.	270 00
800 Bushels kale, at 40 cents.....	320 00
600 Bushels bush beans, at 80 cents	480 00
30 Bushels lima beans, at \$1.25.....	37 50
400 Bushels peas, at \$1.....	400 00

50 Bushels cucumbers, at 80 cents	\$40 00
10 Bushels cucumber pickles, at \$1.50.....	15 00
50 Bushels horseradish, at \$1.25.....	62 50
100 Bushels squash, at 50 cents	50 00
45,000 Heads celery, at 3 cents	1,350 00
22,000 Heads cabbage, at 5 cents.....	1,100 00
21,000 Heads lettuce, at 2 cents ..	420 00
60,000 Bunches green onions, at 2 cents.....	1,200 00
65,000 Bunches radishes, at 2 cents	1,300 00
2,000 Bunches carrots (soup), at 3 cents.....	60 00
100 Bunches celery (soup), at 5 cents.....	5 00
18,000 Bunches asparagus, at 10 cents	1,800 00
21,000 Bunches rhubarb, at 5 cents	1,050 00
2,000 Bunches parsley, at 4 cents	80 00
1,500 Bunches leeks, at 4 cents	60 00
200 Bunches sage, at 5 cents	10 00
100 Bunches thyme, at 5 cents	5 00
100 Bunches savory, at 5 cents.....	5 00
100 Bunches sweet marjoram, at 5 cents.....	5 00
100 Bunches chive, at 10 cents	10 00
250 Baskets grapes, at 50 cents	125 00
25 Baskets pears (Kieffer), at 50 cents.....	12 50
10 Baskets pears (Sickel), at 50 cents.....	5 00
20,000 Ears sweet corn, at 2 cents.....	400 00
1,500 Bundles cornstalks, at 5 cents	75 00
25 Cheese pumpkins, at 10 cents.....	2 50
1,000 Peppers, at 1 cent	10 00
1,200 Quarts strawberries, at 10 cents.. ..	120 00
1,000 Quarts raspberries, at 10 cents	100 00
400 Quarts blackberries, at 10 cents	40 00
850 Quarts currants, at 10 cents.. ..	85 00
	<hr/>
	\$16,356 25

RETURN OF WORK DONE IN MATTRESS-ROOM AND SHOE-SHOP.

Single hair mattresses made, new	157
Double hair mattresses made, new	10
Single hair mattresses made over.....	1,391
Double hair mattresses made over.....	6
Hair pillows made, new.....	266
Hair pillows made over.....	2,047
Feather pillows made.....	82
Single mattress ticks made	152
Double mattress ticks made.....	15
Pillow ticks made.....	385
Sofa pillows made.....	59
Chair cushions made	6
Pieces of furniture upholstered....	194
Large hall carpet made.....	1
Corridor carpets made.....	3
Parlor carpets made.. ..	2
Room carpets made, new.....	35
Room carpets made over.....	25
Carpets taken up.....	189
Carpets laid.....	186
Carpets repaired	98
Rooms laid with linoleum	2
Bed protectors made.....	435
Bed protectors repaired	124
Suspenders made, pairs	591
Window shades made	149
Window shades repaired.....	518
Long curtains hung, pairs	58
Chairs caned.....	166
Settees caned.....	7
Hassocks made.....	9
Carpet door-mats made	14
Yards of carpet bound and hemmed	116
Mattress ticks repaired.	310
Ticking mits for bakery and gas-house made, pairs	124
Pieces of harness made	39
Pieces of harness repaired... ..	186
Horse blankets repaired	19
Awnings put up.....	32
Awnings taken down	32
Mosquito netting put up in windows.....	180
Mangle aprons made.....	2
Mangle aprons repaired	6
Boots, shoes and slippers repaired	1,253

REPORT OF WORK DONE IN SEWING-ROOM.

Year ending October 31st, 1903.

Sheets, single.....	3,252
Sheets, double.....	92
Pillow cases.....	3,677
Bolster cases.....	18
Towels, hand.....	5,323
Towels, dish.....	1,718
Towels, roller.....	1,166
Towels, drug-room.....	14
Towels, sounding.....	12
Petticoats.....	1,058
Drawers.....	1,542
Chemises.....	1,418
Night dresses.....	327
Table cloths hemmed.....	618
Napkins hemmed.....	950
Curtains made.....	566
Curtains altered.....	41
Curtain bands.....	590
Sash curtains made.....	16
Sash curtains stitched.....	6
Doilies.....	12
Blankets hemmed.....	300
Corset waists.....	12
Infants' night dresses.....	6
Infants' petticoats.....	6
Night shirts.....	36
Aprons, kitchen.....	164
Aprons, waiter.....	120
Aprons, infirmary.....	24
Aprons, barber.....	6
Burial robes.....	52
Burial sheets.....	52
Burial chemises.....	52
Burial petticoats.....	52
Dresses, regulation.....	1,491
Dresses altered.....	20
Nurses' dresses.....	45
Nurses' straps, pairs.....	51
Nurses' aprons.....	45
Strong dresses.....	32
Drop skirt, goods furnished.....	1
Suits made, goods furnished.....	31
Waists made, goods furnished.....	24
Wrappers made.....	30
Wrappers altered.....	3
Coats altered.....	5
Sailor suits.....	8
Shirtwaist suits.....	175
Waists altered.....	8
Total.....	<u>25,272</u>

RETURN OF WORK DONE IN TIN-SHOP.

Tin pails.....	132
Pans for greenhouse.....	31
Diet cups.....	269
Diet cup covers.....	139
Milk pitchers.....	50
Signs for painters.....	90
Butter boxes.....	120
Bread pans.....	432
Rice pans.....	226
Biscuit pans.....	98
Wash basins.....	40
Spangles, fancy-dress ball.....	50
Drip pans, A. D. B.....	60
Sprinkling pots.....	8
Tea and coffeepots.....	16
Gas reflectors.....	26
Curtain guides.....	100
Curtain rods.....	26
Large steamers.....	12
Drinking cups.....	212
Bung covers.....	225
Water leader, feet.....	80
Egg beaters.....	34
Fruit cans.....	550
Other pieces as needed.....	380
Tinware repaired.....	1,846
Locks repaired.....	939
Knives and scissors sharpened.....	304
Keys fitted.....	164

CUT FLOWERS.

Roses	28,000
Carnations.....	5,000
Chrysanthemums	2,000
Violets.....	150
Sweet Peas.....	20
Gladiolus	1,000
Roman Hyacinths.....	950
Daffodills	800
Tulips	600
Calla Lilies	250
Dahlias	2,000
Asters	1,800
Phlox	400
German Iris.....	1,500
Peonies.....	250
Scabiosa	500
Cosmos, Bunches.	85
Strings of Smilax..	100
" " Asparagus.....	120

POTTED PLANTS.

Cinerarias.....	150
Easter Lilies	250
Azalia.....	50
Calla Lilies.....	50
Caladiums.....	175
Crotons	250
Chrysanthemums.....	600
Begonias	100
Hyacinths.....	500
Daffodills	250
Geraniums	2,500
Colius	2,800
Single Petunias.....	300
Ageratum	350
Canna Indica	600
Violet Plants.....	650
Carnation Plants	600
Salvia Plants.....	500
Pansy Plants..	800
Forget-me-not	500
Daisy Plants	400
Abutilon	350
Spiraea	50

Requirements for the Admission of Patients to the State Hospital of New Jersey.

PRIVATE PATIENTS.

The admission of a private or pay patient requires one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to, the certificates of two physicians who have been in practice for at least five years; their signatures must be sworn to before a notary public or other proper officer of the law; a bond signed by two responsible property owners, one of which (preferably both) must be a resident of and own property in the State of New Jersey. It is not necessary that the bond be sworn to. (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 must be met before a patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident 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, differing in that the indigent papers 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 P. L. 1881, page 236, provide for the commitment of habitual drunkards to a State Hospital for the Insane by proceedings before the Court of Chancery.

GENERAL RULES.

The law of 1898 requires the certificates of two physicians to the insanity of a patient before his or her admission into any State Hospital of New Jersey can be secured, and these certificates to be valid shall bear date of no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 A. M. to 4 P. M.

The above requirements are regulated by statute and the action of the Board of Managers, and cannot be changed by resident officers.

The forms of requests, certificates, bonds, &c., are appended. 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, who will give them prompt attention.

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

FORMS.

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 State of....., being desirous of having....., an insane person of the county of....., and State of....., committed to and confined as a patient in the New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said....., for the purpose aforesaid. Said..... was born at....., on....., resided at....., and is a..... The undersigned is a..... of the said..... other circumstances of connection between patient and person making request.

Dated....., 19....

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

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

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

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

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

2. Birthplace of father,; of mother,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

....., Physician.

AFFIDAVIT.

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

....., M.D.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Other facts perceived by me indicating insanity:

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

....., *Physician.*

AFFIDAVIT.

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

....., M.D.

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

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 State of....., being desirous of having....., an

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

..... was born at....., on....., resides at

....., and is a.....

The undersigned is a.....

of the said.....

Dated....., 19....

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

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

I,....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by....., of....., in said State, and I am of the opinion that the said..... is insane,

and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

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

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

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

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

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

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

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

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

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

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

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

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

.....

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

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

.....

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

.....

(3) Other facts perceived by me indicating insanity :

.....

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

.....

....., Physician.

AFFIDAVIT.

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

....., M.D.

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

.....

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Other facts perceived by me indicating insanity:

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

....., Physician.

AFFIDAVIT.

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

....., M.D.

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

.....

Maintenance Bond.

MALE.

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 he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention ; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital ; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he 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 his friends in case one or either of us shall fail to remove said patient when required to do so as aforesaid ; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he 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 thisday 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