

TWENTY-SEVENTH ANNUAL REPORT

OF THE

Managers and Officers

OF

THE NEW JERSEY STATE HOSPITAL

At Morris Plains

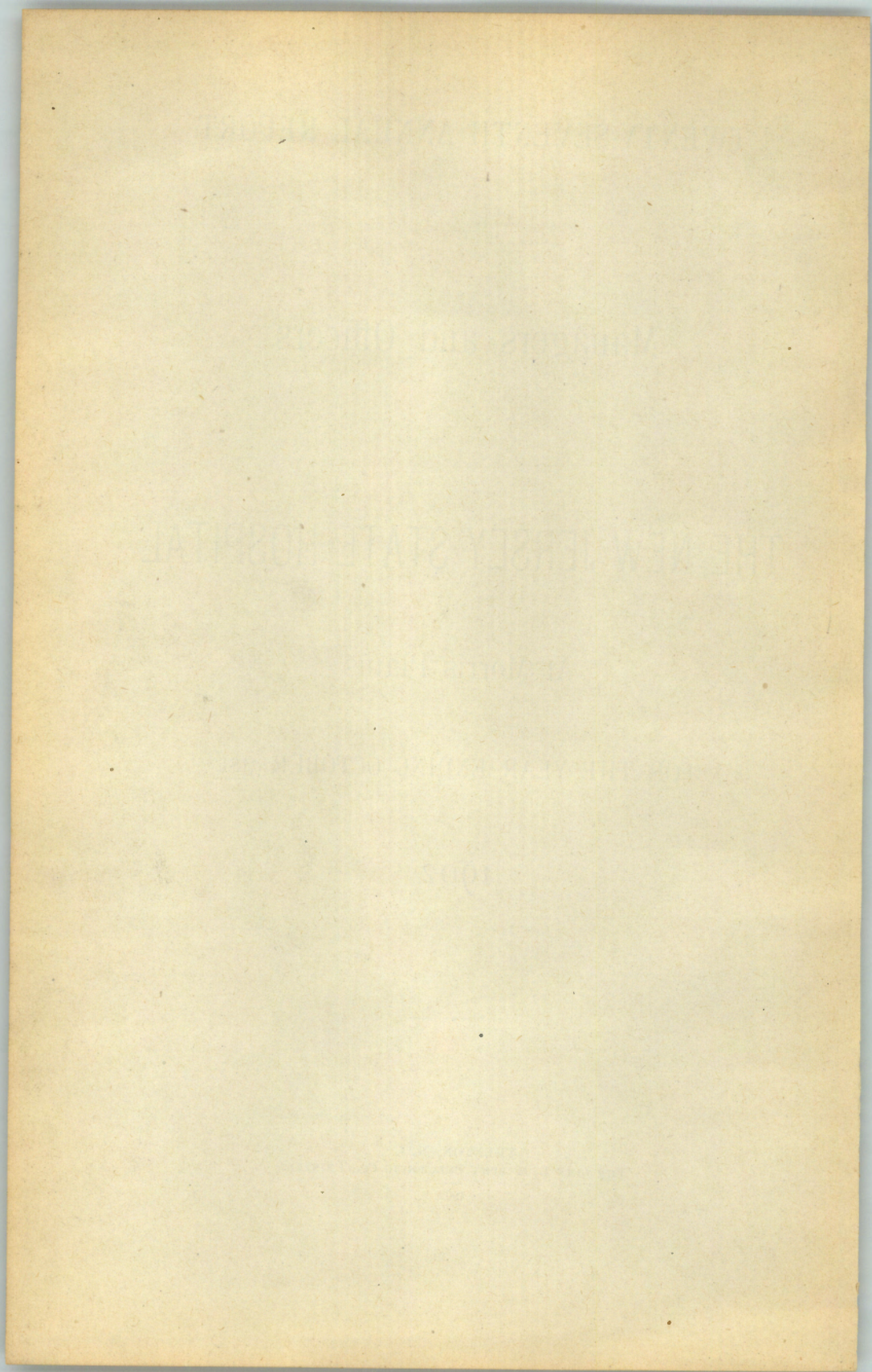
FOR THE YEAR ENDING OCTOBER 31st

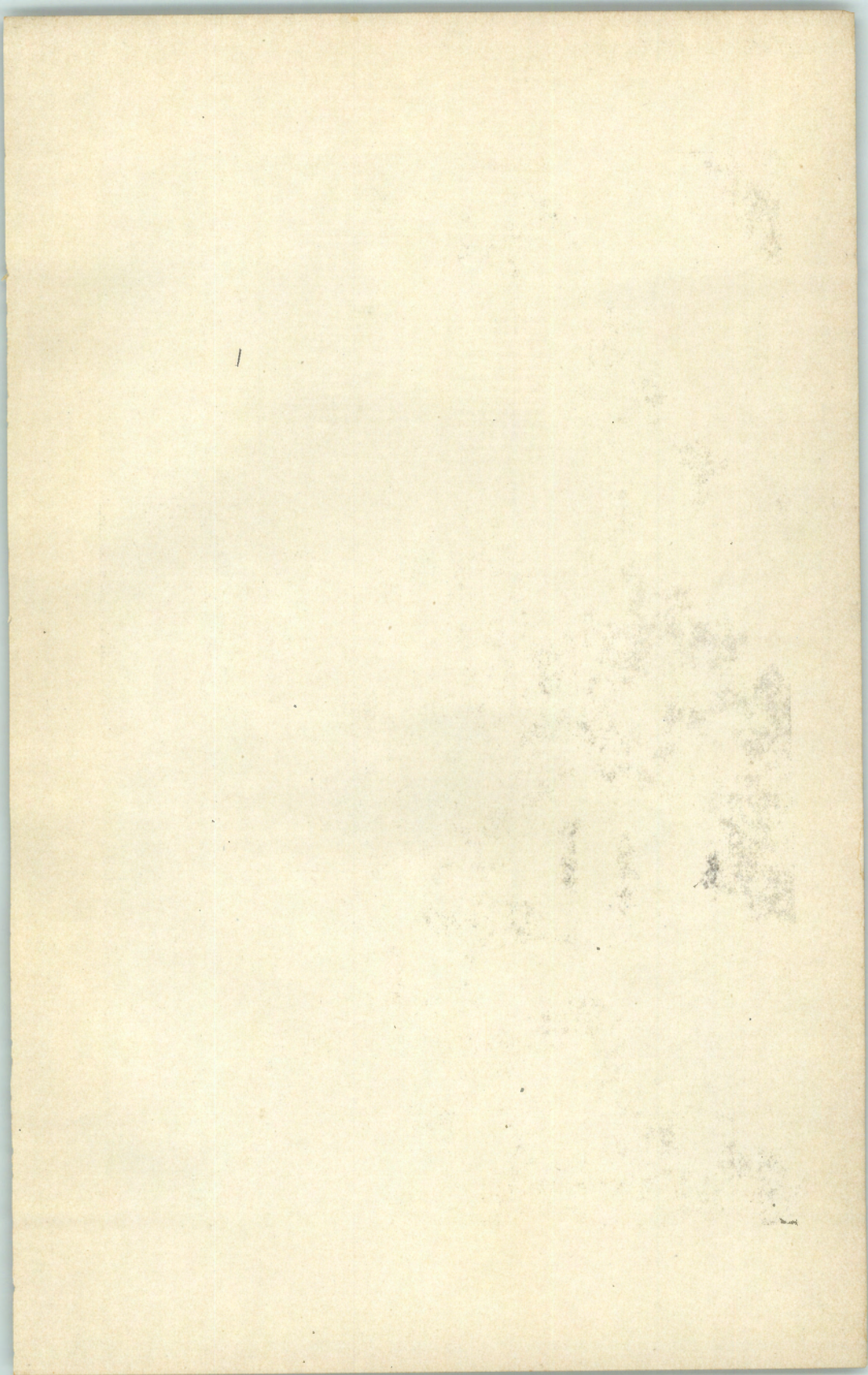
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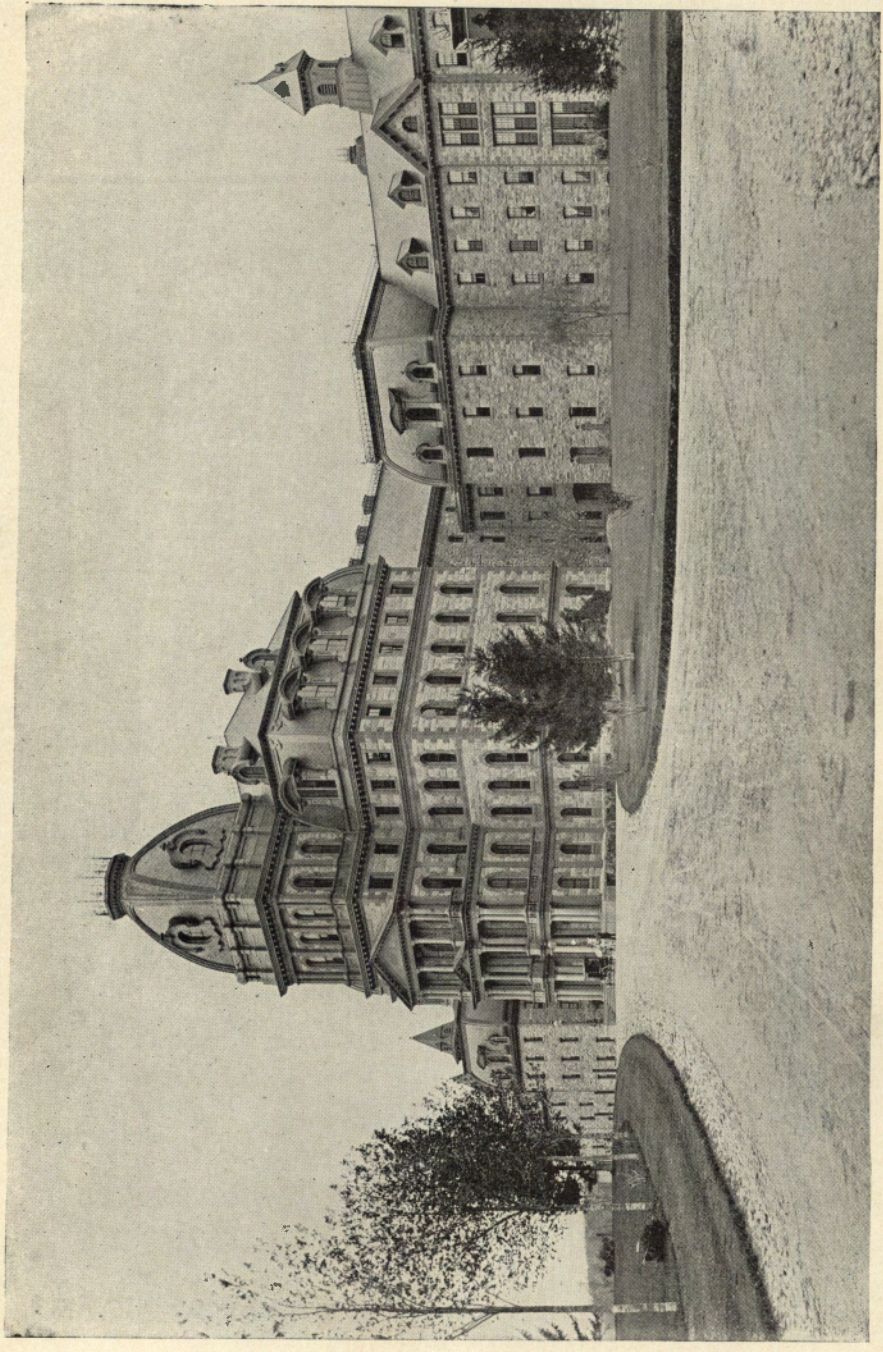


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1902.







MAIN BUILDING.

## MANAGERS.

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### PRESIDENT.

PATRICK FARRELLY ..... MORRISTOWN.

### VICE PRESIDENT.

JOHN C. EISELE ..... NEWARK.

JAMES M. BUCKLEY, D.D. .... MORRISTOWN.

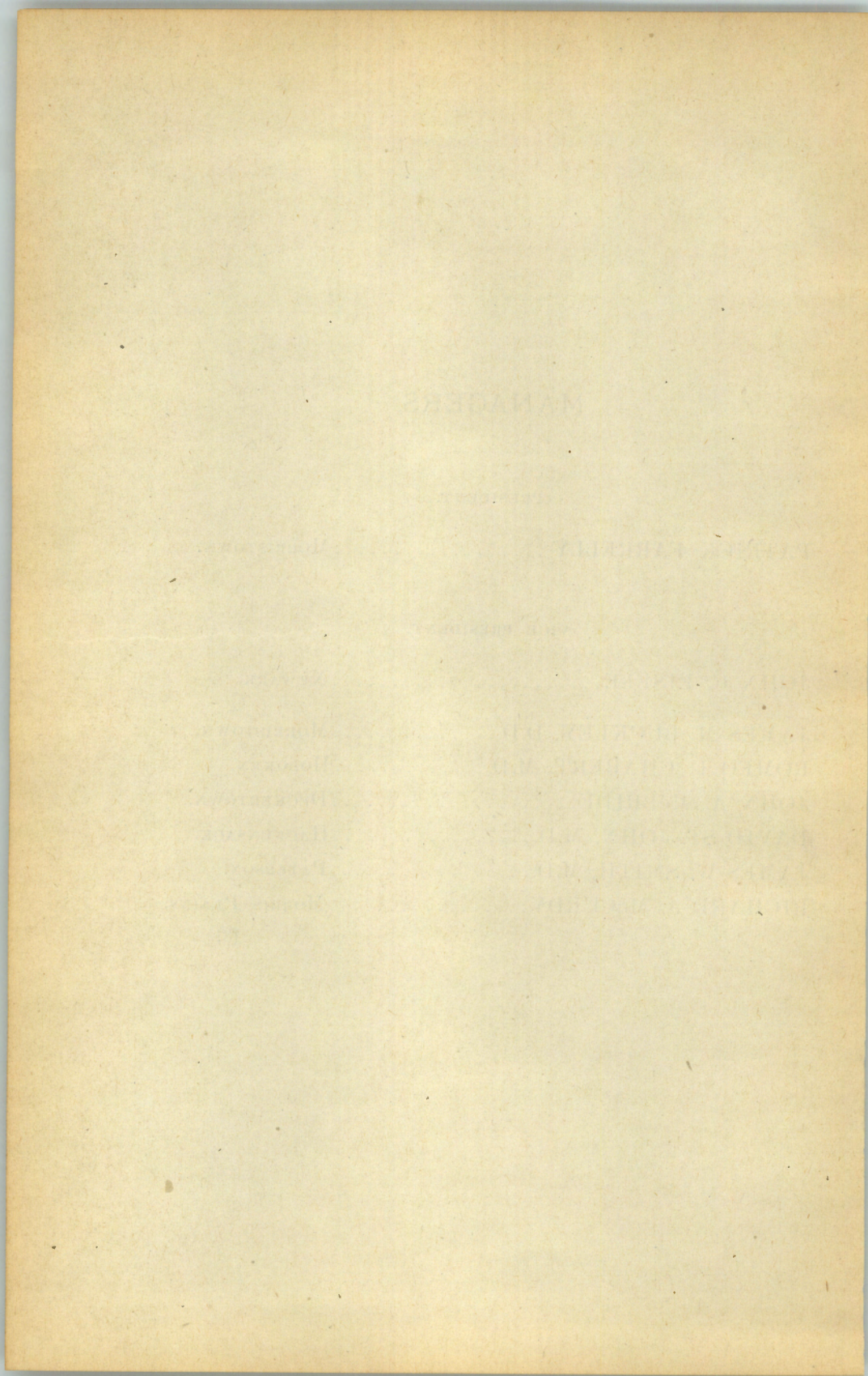
ROMEO F. CHABERT, M.D. .... HOBOKEN.

JOHN A. McBRIDE ..... DECKERTOWN.

DAVID ST. JOHN, M.D. .... HACKENSACK.

JAMES W. SMITH, M.D. .... PATERSON.

RICHARD A. McCURDY ..... MORRIS PLAINS.



## OFFICERS.

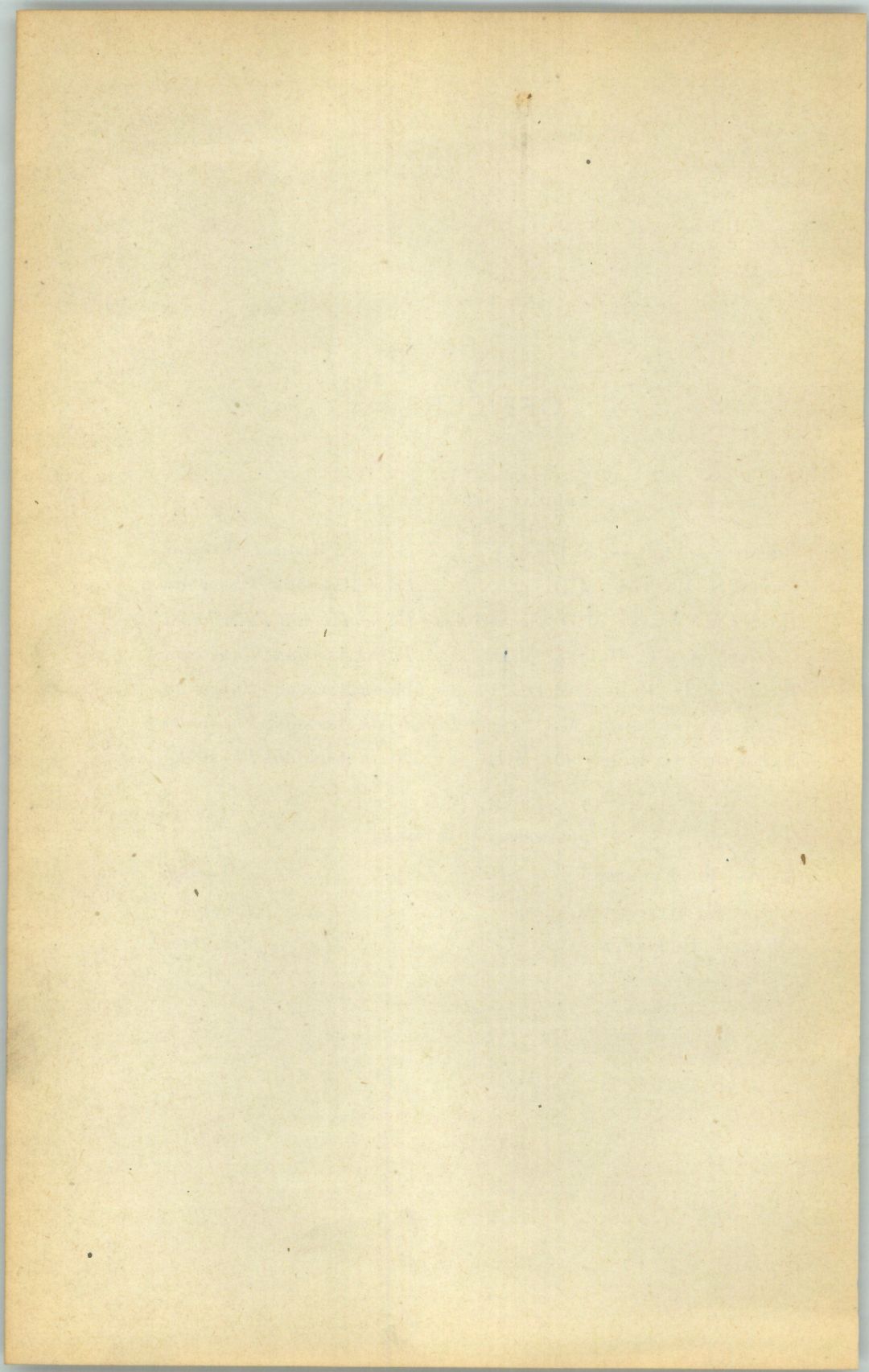
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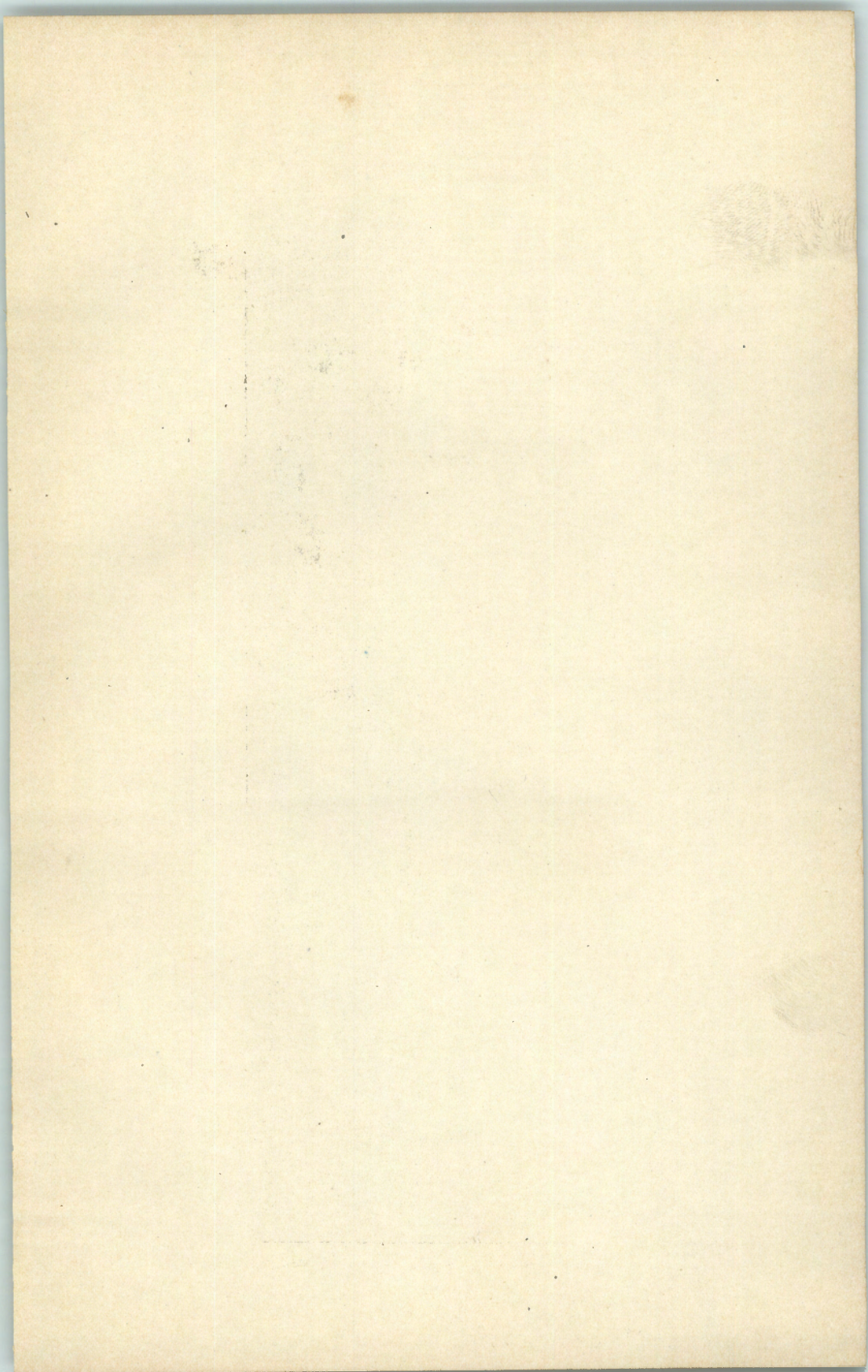
### MEDICAL DEPARTMENT.

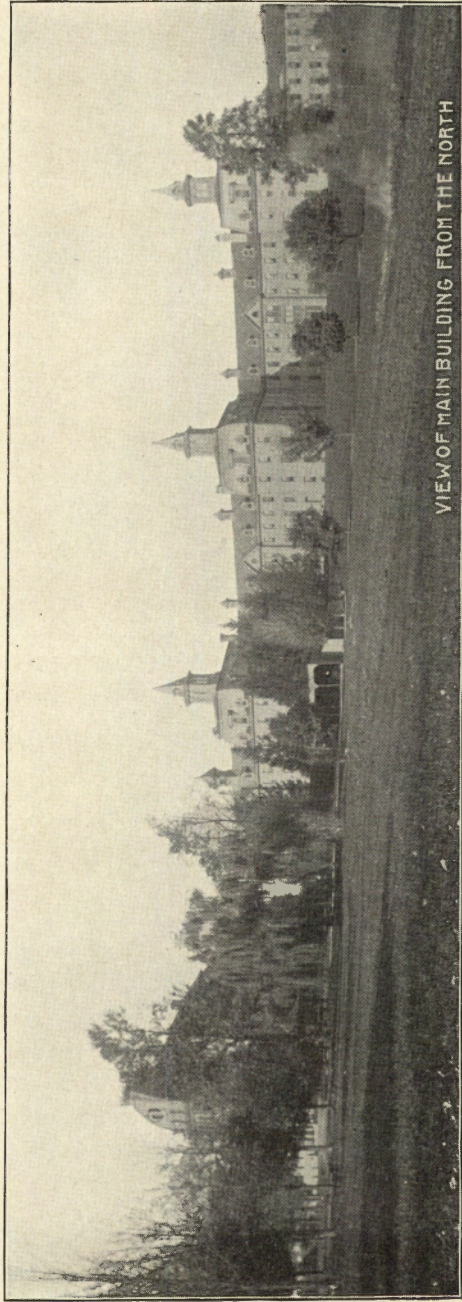
BRITTON D. EVANS, M.D.....*Medical Director.*  
PETER S. MALLON, M.D.....*First Assistant Physician.*  
HARRY A. COSSITT, M.D., *Second Ass't Physician and Pathologist.*  
CHRISTOPHER C. BELING, M.D.....*Third Assistant Physician.*  
RAYMOND D. BAKER, M.D.....*Fourth Assistant Physician.*  
W. MILES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







VIEW OF MAIN BUILDING FROM THE NORTH

## Report of the Board of Managers.

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

The Board of Managers of the New Jersey State Hospital for the Insane at Morris Plains beg leave to submit their twenty-seventh annual report to your Excellency.

The work of the Medical Department is set forth in detail in the report submitted by the Medical Director. This document emphasizes certain facts and conditions which, in the growth of the institution, have assumed unusual importance. The statistics in this report, prepared with exactness, show what the hospital is accomplishing in the custody, improvement and recovery of those committed to its care. These results are brought about by the scientific use of medical, hygienic, moral and intellectual means.

The religious services furnished by Protestant and Catholic pastors to those of their own faiths, respectively, contribute to the restoration and preservation of orderly habits and natural ways of thinking. Besides the exertion of a general influence, the direction of the minds of the patients to an overruling Providence, which may at any time bring light out of darkness, is an encouragement to a much larger number than are connected with church organizations.

The pathological report, which has been completed by Dr. H. A. Cossitt, successor to Dr. William H. Barton, who succumbed to one of the risks of the medical profession, indicates the thoroughness with which the medical department, with the concurrence of the Board of Managers, is pursuing the study of mental derangement, this most deplorable of human maladies, with the hope of finding additional means to prevent its recurrence, terminate its existence or restrict its ravages.

The report of the Warden recounts receipts and expenditures, improvements and repairs made, the products of the farm—and with the report of the Treasurer—exhibits the business done by

the institution with the precision of an account of stock and a trial balance.

It also suggests and describes necessary changes and improvements. We beg especially to call your Excellency's attention to the needs of the Institution, and the deficit of the Hospital treasury as set forth in detail in the Warden's report. The deficit to which the Warden calls attention was caused by no lack of close supervision on the part of the Hospital management, but is a result of your predecessor having the Managers draw from what is known as the House Fund, for the purpose of making up a shortage in the amount appropriated for building purposes, and in addition to this the failure of the Legislature to meet, by appropriation, the additional \$1 per capita per week provided for by a statute enacted during its last session, which statute assumes this per capita increase but failed to make appropriation to meet it. Previous to the enactment of this law the counties paid \$3 per week for each patient, and the State \$1. Under this law the State assumes the obligation of paying \$2 per week and the cost to the counties was reduced from \$3 to \$2 a week per patient. These two serious drafts upon the resources of the Hospital make it obligatory upon us to look to you and the Legislature for relief. The improvements and repairs called for in the reports of the Medical Director and Warden will add greatly to the facilities and the efficiency of the work of this important and noblest of public charities, and at the same time increase in value and public approbation the commonwealth's property and the work to be accomplished by it.

We beg leave to direct the attention of your Excellency to the fact that all private persons or corporations proposing to conduct institutions for the treatment of the insane must be licensed so to do by the Board of Managers, and that said license shall not be granted until after inspection of the buildings and situation, and of the credentials and character of the proprietor or proprietors. Also, that said license must be renewed annually. Since it was enacted this law has been complied with by this Board, but we ask your Excellency to note the fact that no provision is made for dealing with persons who establish and maintain such institutions, and who refuse to take out a license, or whose applications for license have been rejected by the Board, or whose license may have been withdrawn for cause. Our observation convinces us that it is highly important to the good people of the State of New Jersey,

and to the people of surrounding States, that such examination should be thorough; that the Board should be capable of receiving and investigating complaints against such institutions, and that in case it refuses to issue a license, or withdraw one, the proper officers should be designated by law to proceed against the person or company so offending if they presume to continue to receive persons of unsound mind, and that a penalty for such unauthorized reception and treatment of patients should be prescribed. It is impossible to conceive anything more appalling than the power to seize, confine and conceal human beings who may or may not be insane, and every reasonable safeguard and legal protection should be thrown around the liberty of the citizen. We therefore ask your Excellency to direct the attention of the Legislature to the necessity of an amendment to the law relating to such institutions.

We have expended the amount appropriated by the last Legislature for the purpose of making scientific experiments upon our sewer plant. We beg to call your attention to the report of Professor Charles McMillan which we append.

The Warden has been instructed to increase the area of the sewer beds as suggested in the report, which will give temporary relief. We do not submit any plan for further extension or improvement in view of the fact that the city of Morristown is contemplating constructing a trunk-line sewer to tide water, and in the event of this being done within a reasonable time, we will make an estimate as to the cost of connecting the Hospital sewer system with this proposed trunk sewer and submit the same for the consideration of the Legislature.

The progress of the State Village for Epileptics is gratifying, but as yet there seems to be some difficulty in removing epileptic patients from the hospitals for the insane who are suitable to be cared for in the village. A certain proportion of these unfortunates are insane at all times, others for considerable periods before or after attacks, and in some instances both before and after epileptic seizures; and all epileptics are irresponsible during the convulsion. Those who are not insane at all, or only for brief periods, are suitable for the Epileptic Village, and it would appear that there should be a method of transferring those committed by law from the Asylums to the Village for Epileptics, or transferring such as become unmanageably insane from the Village to the hospitals for the insane without undue expense or delay.

For many years the Board has pointed out the evils of the housing of the convict and criminal insane in the ordinary State Hospitals. The convict insane are those who were tried and convicted of crime and imprisoned in jails and penitentiaries and after conviction become insane. The criminal insane are those who have committed crimes, and are found to be, when arrested or pending trial, unmistakably insane. It is impossible to take care of these classes without transforming the Hospital into a penitentiary. The convict insane bring their criminal instincts, propensities and experiences with them. The criminal insane are, in most cases, of the criminal type. That these should associate with unfortunate persons who never willingly violated the laws, is a self-evident evil of no small proportions. The convict insane disturb the Institution and often render it incapable of discharging its proper functions, as a different class of attendants is required and cells or strong rooms must be built in which to seclude them when they become dangerously violent and a menace to the innocent insane. To erect a building, not far from the State Prison at Trenton, for the incarceration of the convict and criminal insane would not require a large expenditure of money. There are 137 such persons in the two State Hospitals, as well as a number in county institutions. They could receive as satisfactory treatment as elsewhere, and on recovery could be returned to the prison or jail, and in the case of the criminal insane, could be brought to trial. It is high time that this should be done. Other States have long since found the wisdom of erecting buildings for the separation and segregation of the convict and criminal insane. Why should the State of New Jersey, which, in other respects, can now be consistently proud of her public institutions, be left behind in the onward march of human progress and Christian civilization? She will hardly ever be in a better position to erect such a building than at present. We earnestly appeal to your Excellency to endeavor to unify sentiment upon this subject, assured as we are, that no member of the House of Senate would wish any relative of his, in addition to the miseries of mental malady, to be forced into the society of criminals and convicts. Sensitiveness is not always or usually wholly destroyed by the more common forms of insanity and is sometimes made much more discerning and acute thereby. The Medical Director has, in his report, called attention to this matter somewhat in detail.

At the present time there are more inmates at the State Hospital in Morris Plains than ever before, and this notwithstanding several hundred patients within a few years have been removed to county asylums. So long as the population of New Jersey increases the population of hospitals for the insane will continue to increase.

Crimes committed by persons found to be insane or who have for years acted in a manner to create suspicion that they were insane, also increase, showing that though there are more within the asylums than ever before there are possibly many without who should consistently be within. It is sometimes said that people are now sent to insane asylums who would not have been sent there half a century ago. This is quite true, so are there persons in general hospitals who would not have gone there fifty years ago, but thousands are now made every whit whole in hospitals who would have been left deformed and crippled fifty years ago. So many are improved and many cured of insanity who would have remained insane, and the horrors of the almshouses of that time, where sane and insane were huddled together, have for the most part passed away.

The presence of one insane or demented person in a family lowers it greatly in the scale of humanity. While parents afflicted with senile dementia are sometimes, in a cruel way, put off by children able to support them, in many other cases families not able to pay for an extra servant and requiring the work of the whole family to secure the maintenance, would be utterly demoralized by being obliged to care for them.

The provisions of the law of the State which require the Board to examine the County Asylums within the territory specified have been complied with.

#### ESSEX COUNTY HOSPITAL AND BRANCH AT OVERBROOK.

The main hospital is situated on South Orange avenue, Newark, and the branch hospital at Overbrook, Verona township, Essex county.

Dr. D. M. Dill is the Superintendent of both of these institutions. The medical staff at the main hospital consists of three physicians, one of whom is the pathologist, and a dispensary clerk.

The Overbrook hospital is cared for by two physicians, who are under the direction of the Superintendent.

The total number of patients under treatment in both institutions is 974. Of this number 268 men and 368 women are in the main hospital and 137 men and 209 women are in the hospital at Overbrook.

At the main hospital all the improvements recommended by the Superintendent have not been made because of necessary economies carried out by the Board of Freeholders, but arrangements are now being made to continue the work of refitting the old lavatories with new bathtubs and modern sanitary plumbing.

Overbrook hospital is very much in need of an amusement hall for the use of both patients and attendants, but notwithstanding its crowded condition this institution is getting excellent results. It is the intention of the Board of Freeholders to build additional wings to this building as soon as the financial condition of the county will permit of the increased expenditure, in order to properly care for the great number of patients which it contains.

The Essex County Hospital maintains a training school for nurses, and year after year an efficient corps of attendants are graduated.

Both hospitals demonstrate that Essex county is doing all it can for the care of the insane, and they compare favorably with State institutions. The annual report of the Superintendent shows that the insane of the county of Essex are receiving skillful and conscientious treatment, and that the money of the taxpayers is expended with the best possible results.

#### HUDSON COUNTY ASYLUM.

This institution, in charge of Dr. George W. King, is situated at Snake Hill, Hudson county, New Jersey.

The number of patients admitted during the year was 118; 72 were discharged and 56 died, leaving a total of 552 patients, of whom 236 are men and 306 are women. Average number of patients during the year was 541. Total number of employes, 40.

This hospital was visited October 28th, 1902, and found to be in good condition, every department being well kept. There is urgent need of an assistant to the Medical Superintendent. We

therefore recommend that provision be made for Dr. King to select and appoint a physician who shall be under his absolute control. We also recommend that the corridors and rooms on the ground floor be lowered to the level of the front entrance.

## PASSAIC COUNTY ASYLUM.

The Board of Freeholders of Passaic county are maintaining at the County Almshouse seven male and thirty-eight female patients in addition to the large number cared for at the State Hospital at Morris Plains.

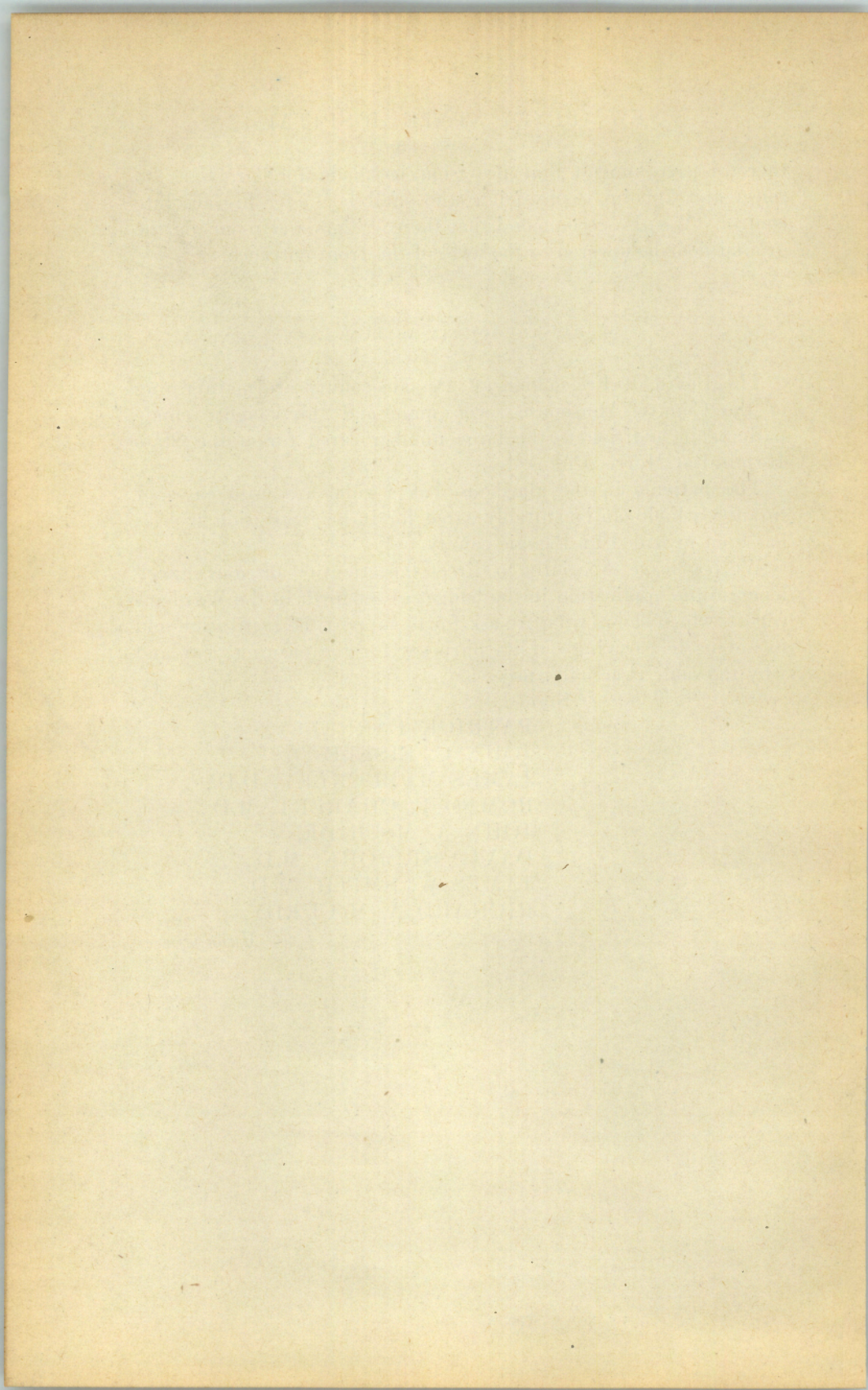
The patients in the almshouse, as a rule, are mild cases of insanity which can be suitably cared for in an institution such as has been provided by Passaic county.

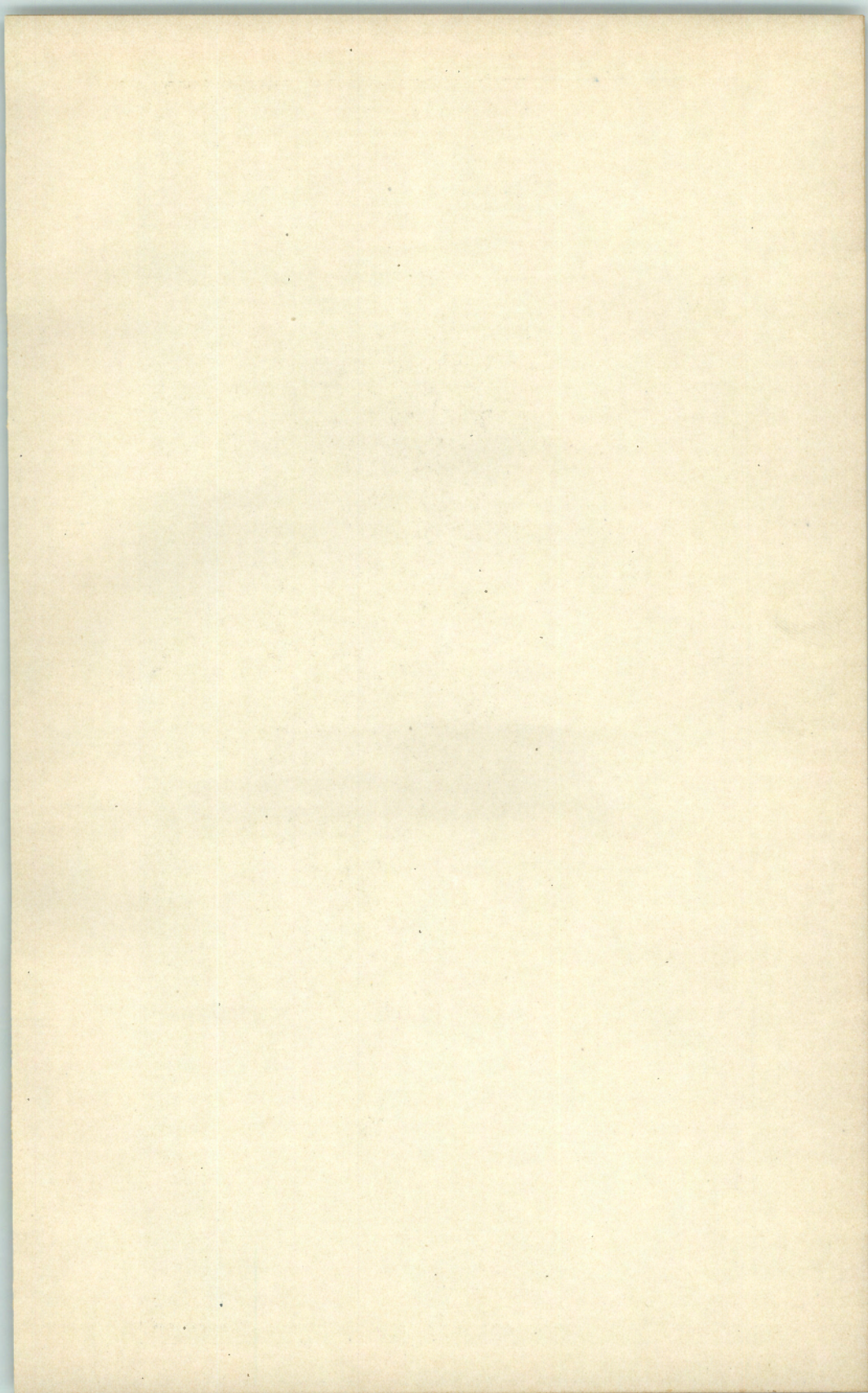
We beg leave especially to direct the attention of your Excellency to the application in the budget as set forth in the Warden's report, which shows what we ask for to support the institution and to aid us in carrying out its purposes for the ensuing year and why the same is actually necessary.

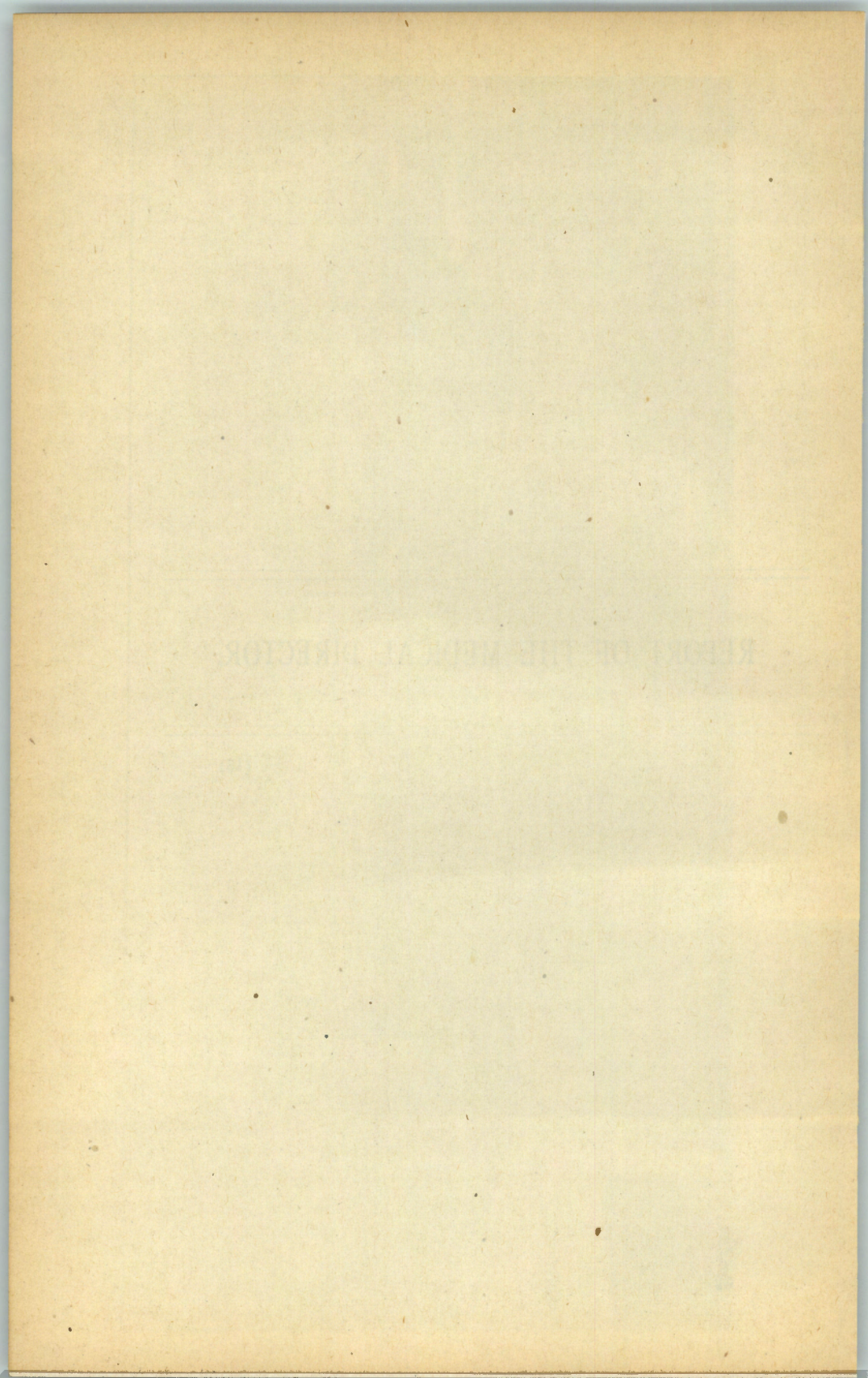
Signed,

PATRICK FARRELLY,  
JOHN C. EISELE,  
JAMES M. BUCKLEY, D.D.,  
ROMEO F. CHABERT, M.D.,  
JOHN A. McBRIDE,  
DAVID ST. JOHN, M.D.,  
JAMES W. SMITH, M.D.,  
RICHARD A. McCURDY,

*Managers.*







## Report of the Medical Director.

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*To the Board of Managers:*

GENTLEMEN—I have the honor to herewith transmit to you the twenty-seventh annual report of the Medical Department of the New Jersey State Hospital at Morris Plains for the year ending October 31st, 1902.

The year closed with a total of 1,461 patients in the Hospital; 729 men and 732 women. During the year there were in all 1,742 patients under treatment, and the daily average for the year was 1,427. The highest census was on September 30th, when the insane population of the Hospital reached 1,476. The proportion of recoveries, computed as it usually is, upon the number admitted, is about 28 per cent.

The death rate, based upon the number under treatment, is 7.7 per cent., and the average age at death was fifty-four years, showing that the average age of death was far above that usually given by statisticians. This reflects favorably upon the influence of properly regulated institution life, associated with good care and scientific medication.

Table XIX. of the statistical appendix shows that nearly 40 per cent. of those who died were over sixty years of age.

Table XX. shows that twenty-one of the deaths was the result of paresis, an incurable disease.

The classification, according to legal commitment, of those remaining in the Hospital October 31st, 1902, is as follows: Indigent, 1,197; private, 166; criminal, 33; convict, 65; a total of 1,461.

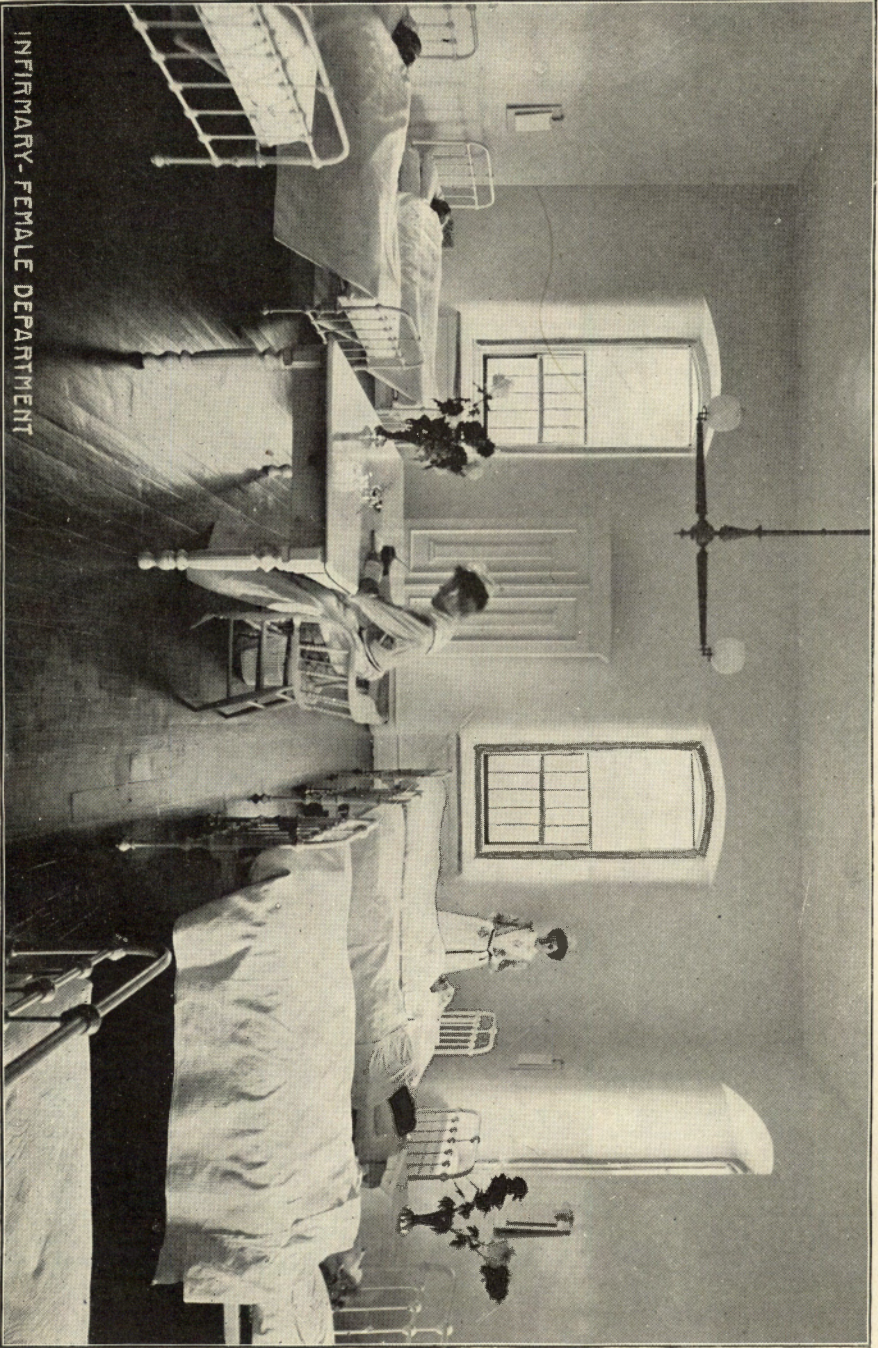
During the year covered by this report, 352 patients have been admitted and 281 discharged, showing a gain of 71 patients over the close of the preceding year, indicating the steady increase in the insane population of the State.

## INFIRMARIES AND OPERATING ROOMS.

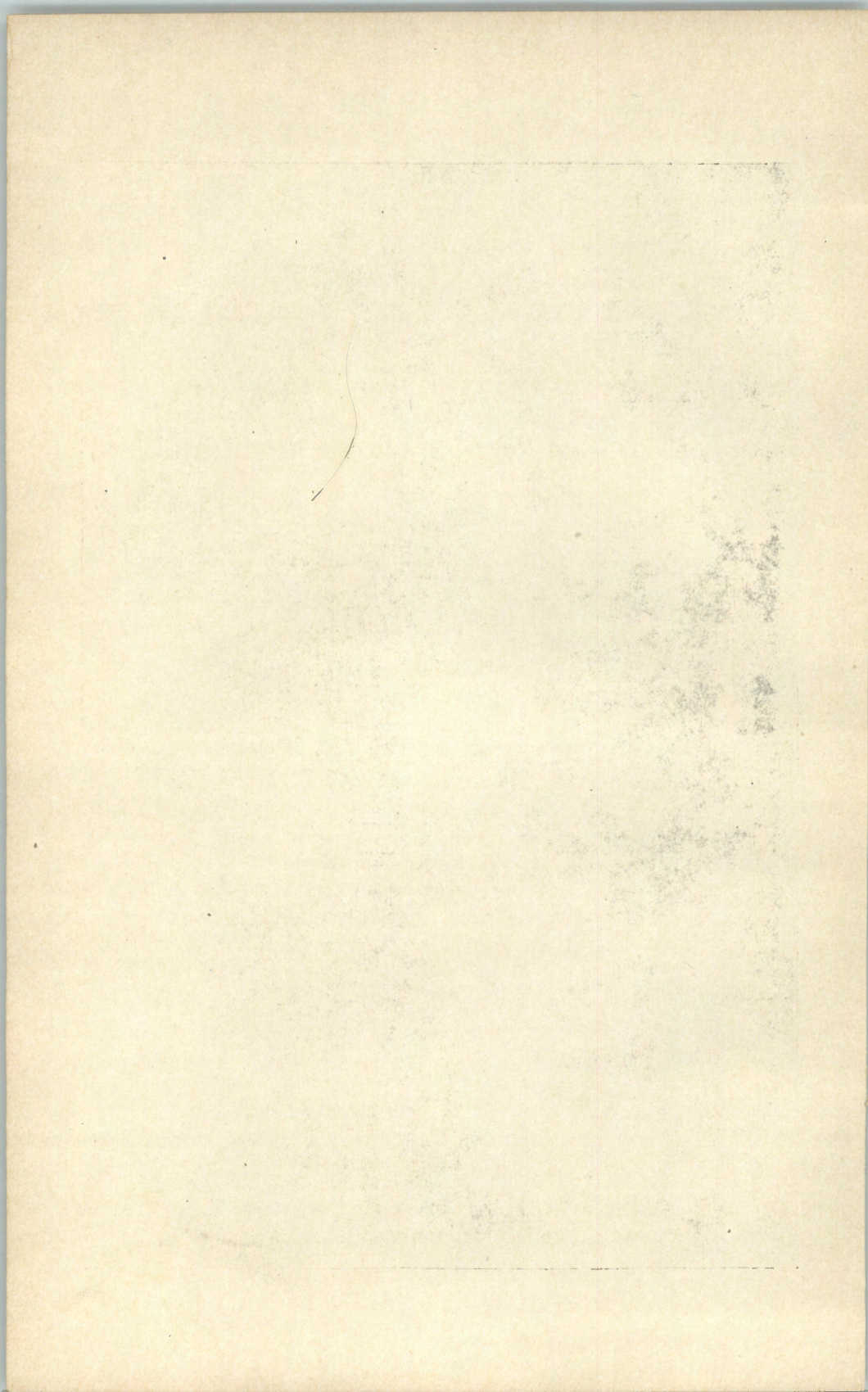
More than usual attention has been devoted to our infirmaries and operating rooms. Four large dormitory rooms have been fitted up for the reception of patients whose ailments call for treatment in bed; such as paretics in advanced stages, post-operative cases, those suffering from acute bodily disorders, persons of feeble health from advanced age or protracted mental disease, and for the close supervision of those with marked suicidal tendencies. Scientific observation and treatment of those acutely insane or suffering from acute exacerbations of chronic mental or physical diseases is best accomplished in well-appointed infirmaries having competent medical and surgical nurses. In accordance with these principles the infirmaries have been equipped with such appliances as are found in the wards of modern general hospitals. The most efficient nurses are placed in attendance. The principles of asepsis and modern sanitation are closely applied. The nurses in charge are required to keep accurate records, embracing general symptomatology, temperature, pulse, respiration and all the mental peculiarities of every case. In these infirmaries the nurses of the training school receive bedside instruction.

Three operating rooms have been fitted up with all the practical modern appliances necessary for the surgical work of an institution of this kind. In all of these rooms are cases of surgical instruments, sterilizers, antiseptic dressings and operating tables. Here surgical operations are performed, varying from the dressing of mere contusions to abdominal sections and operations for the radical cure of hernia. The more important examinations for diagnostic purposes are also here conducted.

Surgical emergencies arise on the wards from time to time which require immediate attention on the part of a physician, and experience has taught us that we must be prepared to meet these conditions with promptness. To go to the various instrument cases and select instruments consumes time valuable to the interests of the patient. To guard against this delay, and to insure prompt attention, a surgical-emergency bag, similar to those in use in the Bellevue Hospital ambulance service, has been provided and it is at all times readily accessible to any member of the medical staff who may be hastily summoned to the wards.



INFIRMARY- FEMALE DEPARTMENT



The day when the care of the insane is looked upon as a mere custodial service has passed, and along with the steady progress of scientific work is to be found the earnest student of mental alienation. But efficient work can best be accomplished with the endorsement of the powers that be and their assistance and encouragement morally and financially. To give to your medical staff every facility for first-class work and demand nothing short of the best possible service will be attended with results which always tend to betterment of humanity, the advancement of science and the promotion of the best interests of the sick.

#### EPILEPTIC INSANE.

It is in no sense difficult to understand that epileptic patients interfere with the welfare of the acute and excitable insane. It is impracticable in a hospital for the insane to group all epileptics on one or two wards, in view of the fact that insane epileptics vary as greatly in the degree of their mental derangement as do patients suffering from other forms of insanity.

In addition to this difficulty we find some patients subject to epileptic seizures of a mild character at long intervals, others having frequent paroxysms or fits in close succession. Many epileptics are homicidal and suicidal, especially about the time they are suffering from severe convulsive seizures. Some epileptics are intelligent, refined and sensitive, and when not suffering from the immediate effects of their paroxysms, are observant of the proprieties characteristic of ladies and gentlemen; cleanly in their habits, neat in their dress, polite and courteous in their deportment. Others are ignorant, unrefined, uncultivated, not cleanly in their habits and rude and overbearing in their general attitude toward their associates. It is therefore at once apparent that to intelligently care for epileptics there must be provisions for their proper classification and grouping, always having in mind the wants, characteristics, deportment, degree of mental derangement and disposition of each particular patient.

There are in this Hospital 98 insane epileptics, 53 men and 49 women. There are in Trenton 93 insane epileptics, 53 men and 40 women, making a total in both State hospitals of 191. It was claimed that relief would be given the State hospitals by the con-

struction of a colony for epileptics, but although the latter has been done no transfers have been made and no relief given.

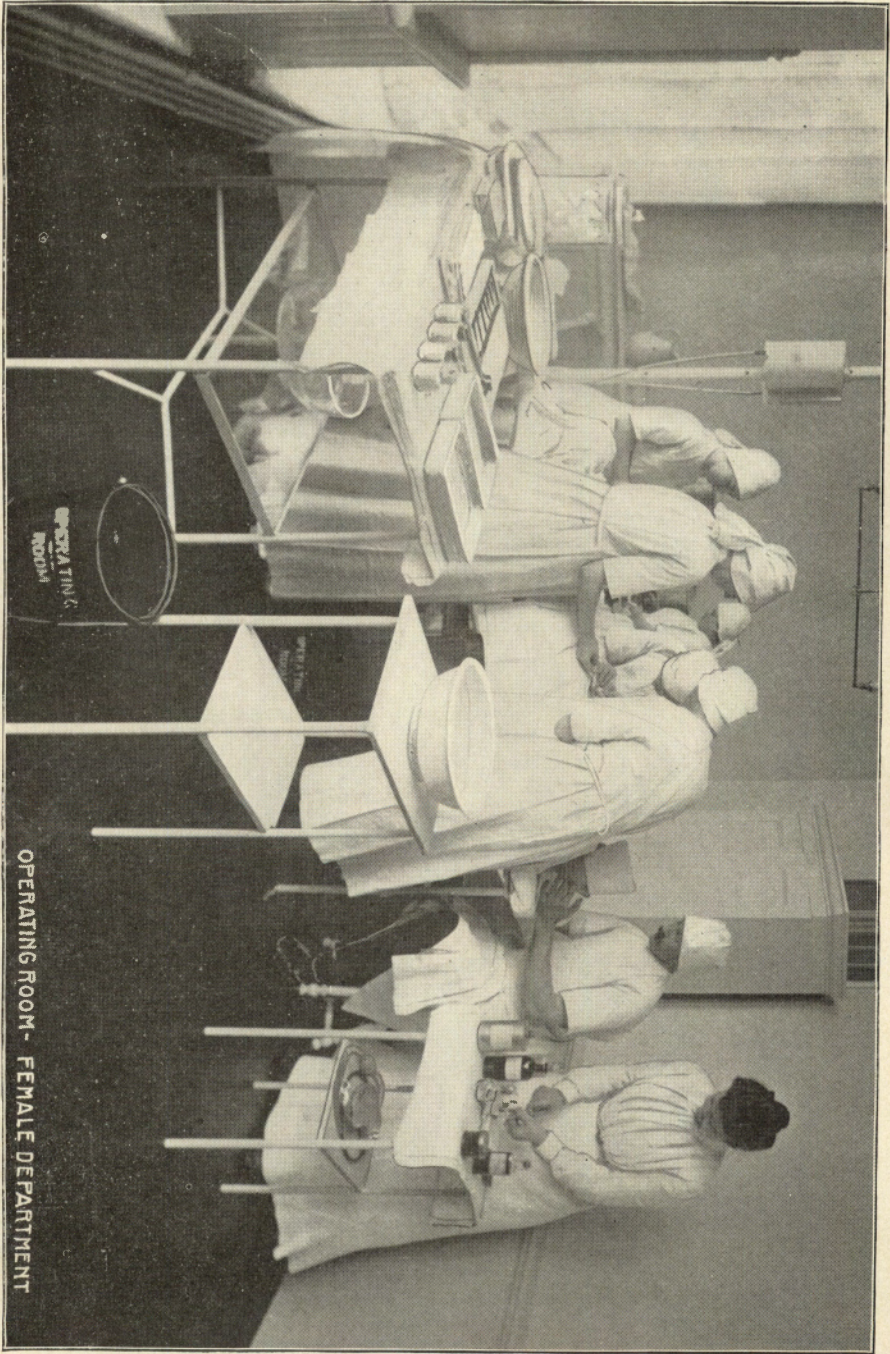
If this class of patients cannot be consistently transferred to the Village for Epileptics, I advise that special cottages be constructed for them, that they may be better classified and grouped so as to promote their best interests while in custody at the State hospitals, and at the same time relieve other patients from the detrimental influence occasioned by their presence upon the wards. The maxim that "what is worth doing is worth doing well" applies in hospital work as forcibly as in any other sphere of human activity, and I feel it is a bounden duty to place this matter officially before you.

#### CONVICT INSANE.

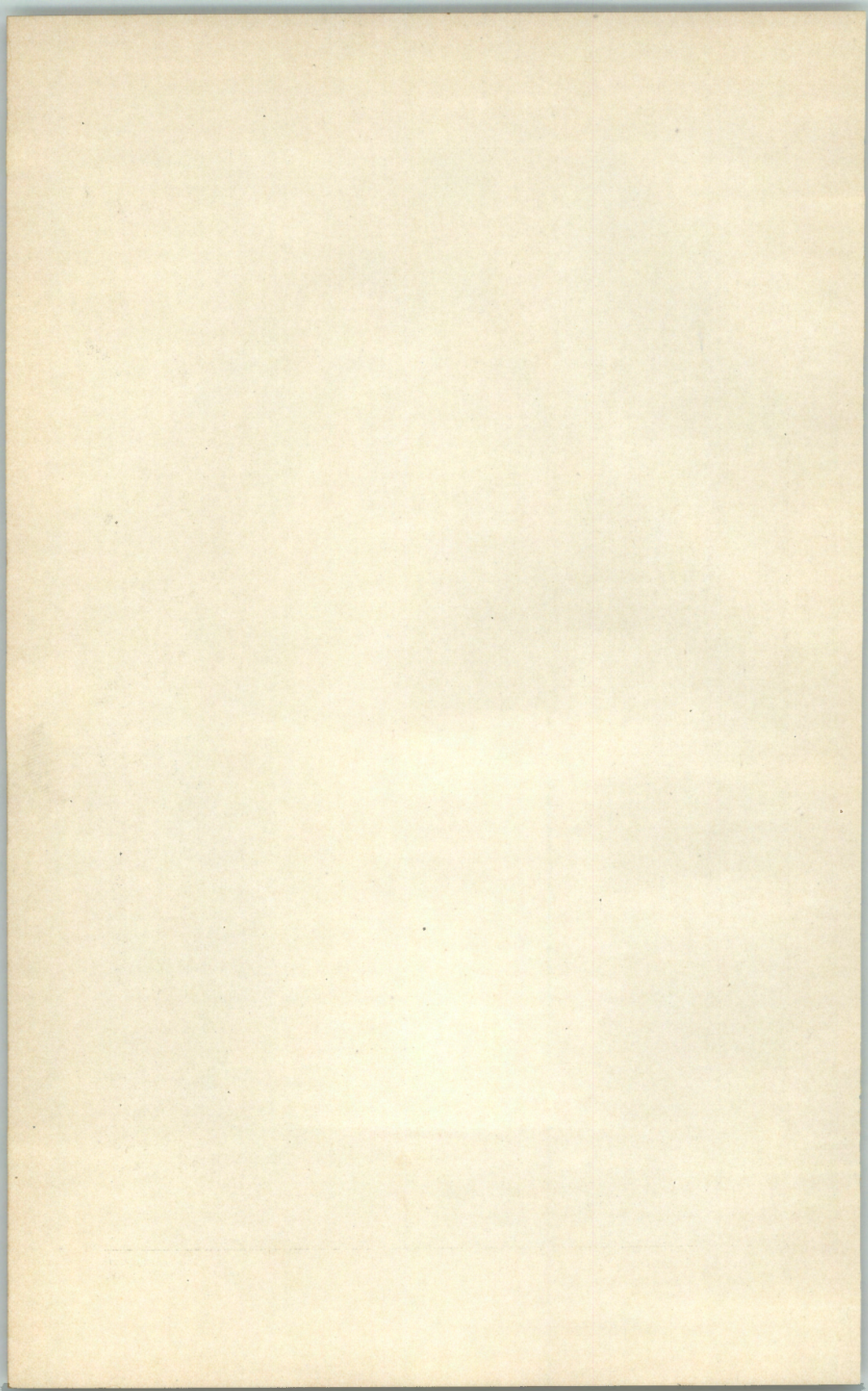
It is to be hoped that some provision may be made for the separate care of the convict insane now kept in the State hospitals. Year after year I have in the annual reports called attention to the many evils arising out of keeping this class among patients whose lives are free from criminality. To those patients who realize that in their affliction and loss of liberty they are kept in the same building with convicts of the vilest sort, the effect is to bring about feelings of dissatisfaction, humiliation and resentment, and in many instances improvement and recovery are retarded if not made impossible.

Our State hospitals are not so constructed as to make the detention of convicts secure, and many of them escape in spite of our vigilance and best efforts. They then return to lives of crime until again apprehended. It is therefore clear that in attempting to keep them in the State hospitals a gross injustice is done, not only to all other patients forced to in some degree associate with them, but the public at large suffers from the escape of dangerous criminals.

The year closed with 65 convicts and 33 criminals in the Hospital. Since the institution has been compelled to care for convicts transferred from the State Prison by order of the court, there have been committed to this Hospital 142 convicts, and upon the order of the county courts 75 criminals, making a total of 217 convicts and criminals, who have under the law been committed to the care of this Hospital and thus caused to be brought in contact, and to



OPERATING ROOM - FEMALE DEPARTMENT



a greater or lesser degree into association, with patients whose records were free from the taint of criminality. The State Hospital at Trenton has in it more than 40 convicts who were transferred from the State Prison, giving a total of more than 100 insane convicts who are at this time being cared for in the State hospitals for the insane. This I believe to be radically wrong, and it cannot be too forcibly placed before the Governor and State Legislature. These patients have been convicted of serious crimes and sentenced to State Prison for periods varying from one to twenty years. The character of the crimes for which they were sentenced may be briefly stated as follows: Murder, 20; atrocious assault and battery, 21; larceny, 28, and other crimes, 37. This number of insane convicts justifies and warrants the construction of a separate building of such a character and so equipped as to guarantee the safe detention of this class of persons. As I have recommended in my former reports, I believe that such a building should be somewhere near the State Prison at Trenton, so that persons becoming insane or feigning insanity may be readily transferred to it. With such a building there would be no incentive for feigning insanity as an ultimate means of escape. Its special construction would protect the public at large from the dangers incident to the escape of such persons, and it would free the State hospitals from a class of patients which work to the detriment of hospital management, disorganizing the discipline, contaminating what may be termed the innocent insane and humiliating and embarrassing the patients as well as their friends and relatives throughout the commonwealth.

#### TRAINING SCHOOL.

It is with pardonable pride that we again direct your attention to the training school. Entering as it does upon its ninth year, it still gives evidence of all the vigor which characterized its inception. It has graduated nurses who have gone forth from this institution to battle with sickness and mental disease in other hospitals and in private practice, and have in the faithful performance of their duties reflected credit to the school which raised them from the unenviable position of mere attendants to the dignified calling of nurses. Not only is this true of those who have gone

from the service of the Hospital where they received daily instruction, but it is also true of those who have remained in the employment of the institution and are still giving the sick under their care the benefit of the results of their systematic training.

The students are divided into junior and senior classes, to each of which lectures and bedside instruction, suitable to their advancement, are given.

This year there were graduated five men and five women; formerly graduated, 37 men and 53 women, making in all 100 nurses who have received two or more courses of instruction and have been granted diplomas.

An abstract of the annual announcement and schedule of lectures which follows shows briefly the character and scope of this important work.

#### TRAINING 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.

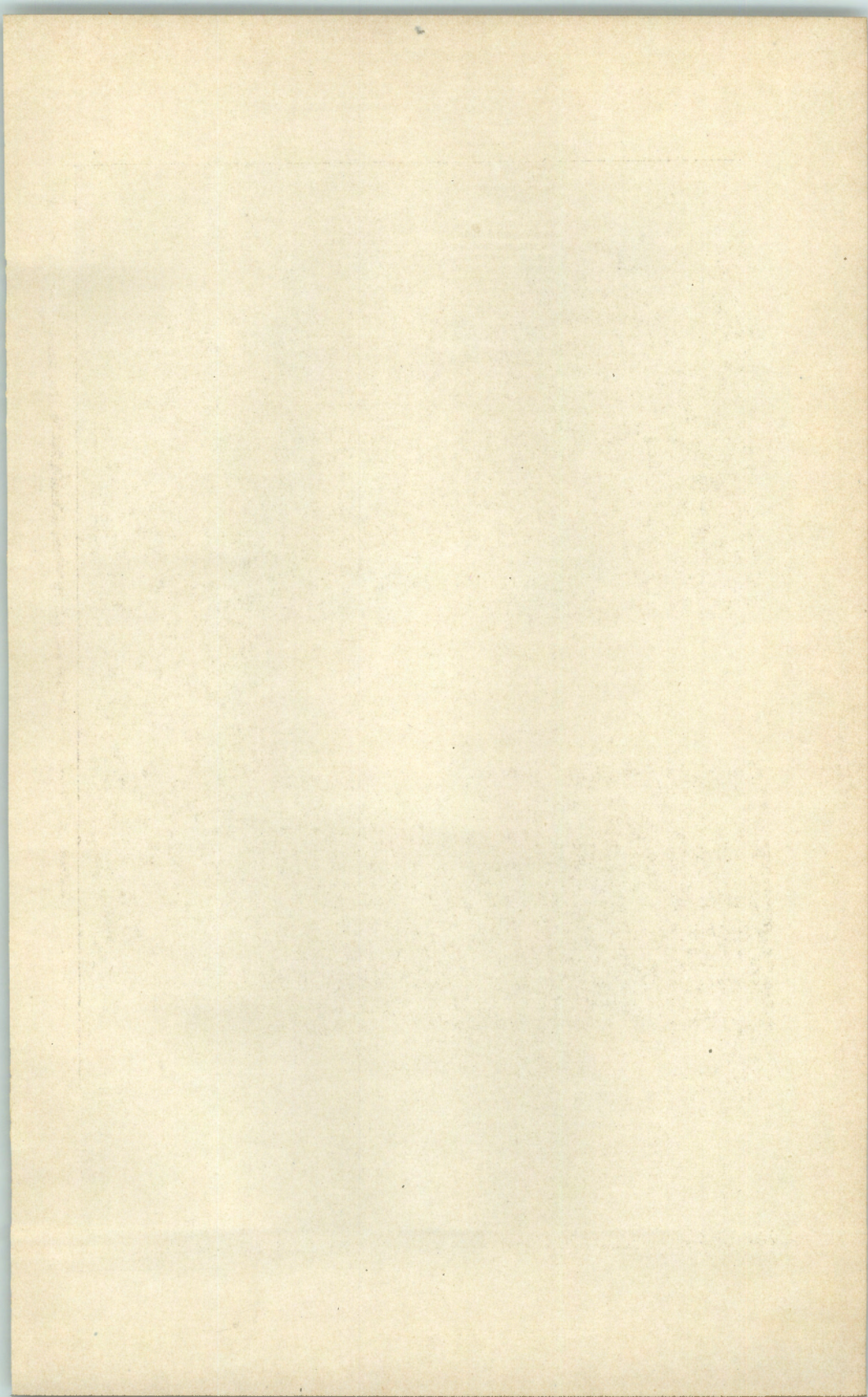
The full course covers a period of two years, is obligatory and consists of lectures, demonstrations, practical instruction and bedside nursing, the management of medical and surgical cases, the preparation of diet, the administration of food and medicine, the giving of various baths and the methods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

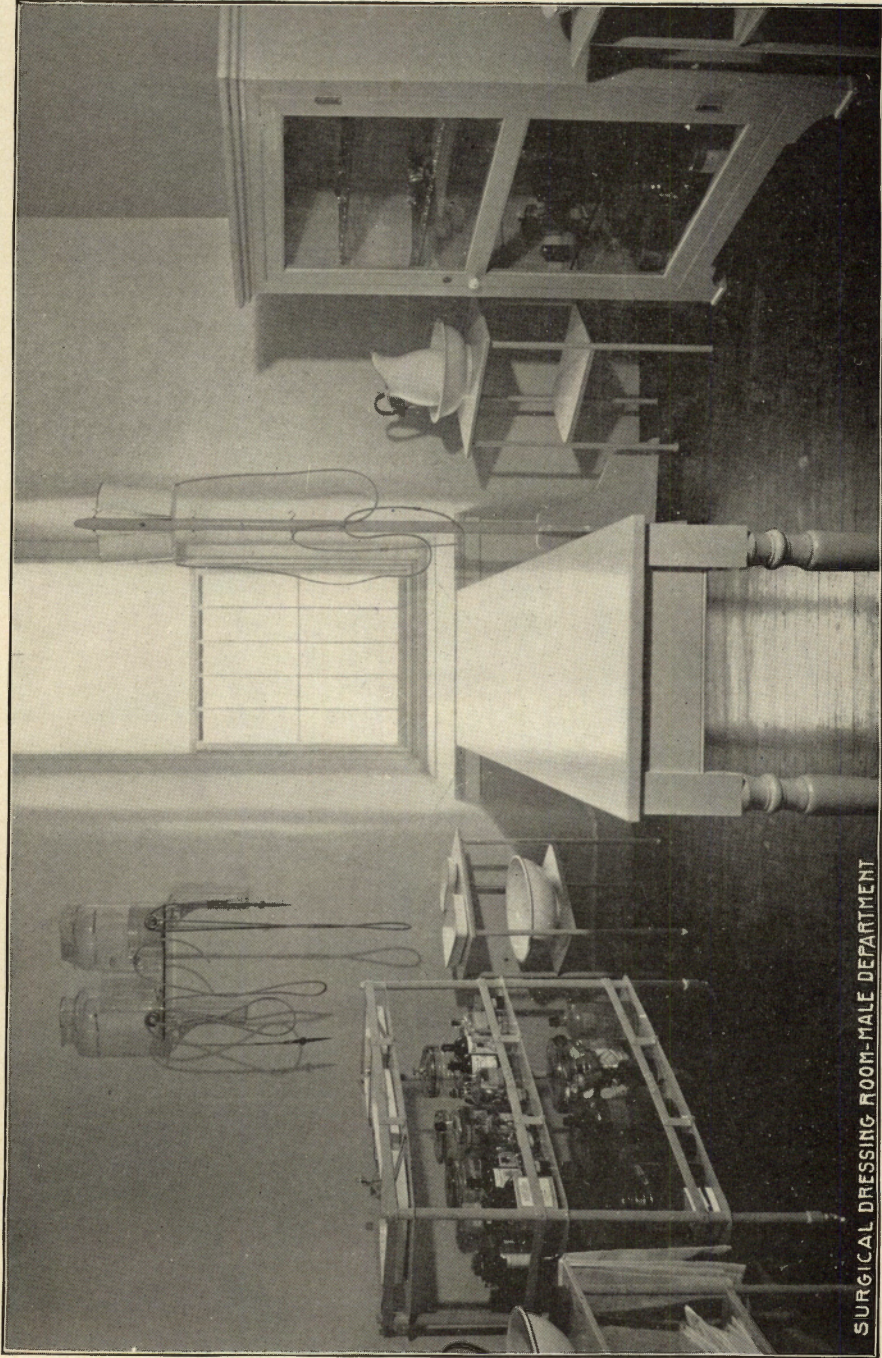
Members of the senior class will be detailed to serve in the infirmary wards in regular rotation for two weeks at a time.

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 a diploma.

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.





SURGICAL DRESSING ROOM-MALE DEPARTMENT

## GENERAL OUTLINE OF LECTURES.

*Junior Class.*

## DR. BRITTON D. EVANS.

- 1901-02.  
 November 7—The Ethics of Nursing.  
 November 29—Classification of Mental Diseases.  
 January 3—The Management of Acute Insanity.  
 January 28—Relation of Age and Occupation to Mental Disease.  
 February 25—Nursing and Ward Work.

## DR. ELIOT GORTON.

- November 5—Artificial or Forced Feeding.  
 December 3—Air, Water, Ventilation.  
 January 7—Personal and Ward Hygiene.  
 January 30—Reproductive Organs. Pregnancy.  
 February 27—Parturition.

## DR. PETER S. MALLON.

- November 12—Classification of Symptoms of Disease.  
 December 6—Pulse, Temperature, Respiration, Sensory and Motor Disturbances.  
 January 9—Forms and Methods of Administering Medicines.  
 February 4—Systemic Remedies.  
 March 4—Local Remedies.  
 March 27—Genito-Urinary Diseases.

## DR. HARRY A. COSSITT.

- November 15—The Practice of Medicine.  
 December 10—Fever.  
 January 14—Eruptive Fevers.  
 February 7—Diseases of the Respiratory and Digestive System.

## DR. WILLIAM H. BARTON.

- November 19—States of Matter and Laws Governing Them.  
 December 12—Mechanical Mixtures and Chemical Compounds.  
 January 16—Oxygen, Hydrogen, Chlorine and Nitrogen.  
 February 11—Constituents of Normal Urine. Tests.  
 March 11—Tests for Abnormal Constituents.  
 April 4—Tests for Poisons.

## DR. CHRISTOPHER C. BELING.

- November 21—General Composition of the Human Body.  
 December 17—The Mechanism and Functions of the Respiratory Organs.  
 January 21—Heart, Blood and Circulatory System.  
 February 13—Brain, Spinal Cord and Nerves.  
 March 13—Digestion, Assimilation, Secretion and Excretion.

## DR. RAYMOND D. BAKER.

1901-02.

- November 26—Bones, Joints, Muscles, Fasciæ and Skin.  
 December 19—Thoracic Viscera.  
 January 23—Abdominal Viscera.  
 February 18—Arteries, Veins and Lymphatics.  
 March 18—Brain, Nervous System, Organs of Special Sense.

## GENERAL OUTLINE OF LECTURES.

*Senior Class.*

## DR. BRITTON D. EVANS.

- November 7—Ethics of Nursing.  
 November 29—Classification of Mental Disease.  
 January 3—The Management of Acute Insanity.  
 January 28—Relation of Age and Occupation to Mental Disease.  
 February 25—Nursing and Ward Work.

## DR. ELIOT GORTON.

- November 5—Methods and Materials for Feeding.  
 December 3—General Hygienic Considerations.  
 January 7—The Prevention of Diseases.  
 January 30—Parturition, Dystocia, Duties of the Nurse.  
 February 27—Diseases of Women.

## DR. PETER S. MALLON.

- November 12—Classification of Symptoms.  
 December 6—General Appearance, Inflammation, Pain.  
 January 9—Systemic and Local Remedies.  
 February 4—Emetics, Cathartics, Diuretics, Expectorants.  
 March 4—Demulcents, Emollients, Protectives, Digestants.

## DR. HARRY A. COSSITT.

- November 15—Diseases of the Digestive System and Kidneys.  
 December 10—Diseases of the Circulatory and Respiratory Systems.  
 January 14—Fever, Typhoid Fever, Typhus Fever, Malarial Fever.  
 February 7—Rubeola, Variola, Varicella, Scarletina, Diphtheria.  
 March 7—Constitutional, Nervous and Children's Diseases.

## DR. WILLIAM H. BARTON.

- November 19—Inflammation. Cause and Effect.  
 December 12—Common Pathogenic Bacteria.  
 January 16—Methods, Kinds and Uses of Hydrotherapy.  
 February 11—Toxines formed in the Body.  
 March 11—Toxines Formed in the Body.

## DR. CHRISTOPHER C. BELING.

1901-02.

November 21—Food and Food Preparations.  
 December 17—Food in Health.  
 January 21—Food in Disease.

## DR. RAYMOND D. BAKER.

November 26—Inflammation, Asepsis, Antisepsis.  
 December 19—Surgical Fevers, Contusions, Wounds.  
 January 23—Fractures, Dislocations, New Growths.  
 February 18—Sterilization, Anæsthesia, Preparation for Operation.  
 March 18—Minor and Major Surgery, Emergencies.

## SPECIAL WARD WORK.

## 2-2 SOUTH.

Miss Blanche C. Bird.....January 6th to January 20th, 1902.  
 Miss Annie Fitzsimmons.....January 20th to February 3d, 1902.  
 Miss Cora Greene.....February 3d to February 17th, 1902.  
 Miss Helen McLean.....February 17th to March 3d, 1902.  
 Mrs. Nellie Nolan.....March 3d to March 17th, 1902.  
 Miss Rosa Veach.....March 17th to March 31st, 1902.  
 Miss Leota Wilson.....March 31st to April 14th, 1902.

## 2-2 NORTH.

William H. Brown.....January 6th to January 20th, 1902.  
 Alfred J. Noonan.....January 20th to February 3d, 1902.  
 Robert W. Pollock.....February 3d to February 17th, 1902.  
 Claude Pontius.....February 17th to March 3d, 1902.  
 Kirby E. Riffie.....March 3d to March 17th, 1902.  
 Robert B. Short.....March 17th to March 31st, 1902.

During the term Miss Mary R. Keegan, Miss Phoebe J. Northwood and Miss Margaret Barrett have given practical instructions in Massage, Bandaging and the keeping of Temperature and other Charts, female department.

Mr. J. D. Doran and Mr. Henry Cook have instructed 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 5th, 1901, and the text-books used may be selected from the following list:

*First Year.*

Anatomy and Physiology for Nurses.....	Diana C. Kimber.
Manual of Nursing.....	Humphrey.
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.

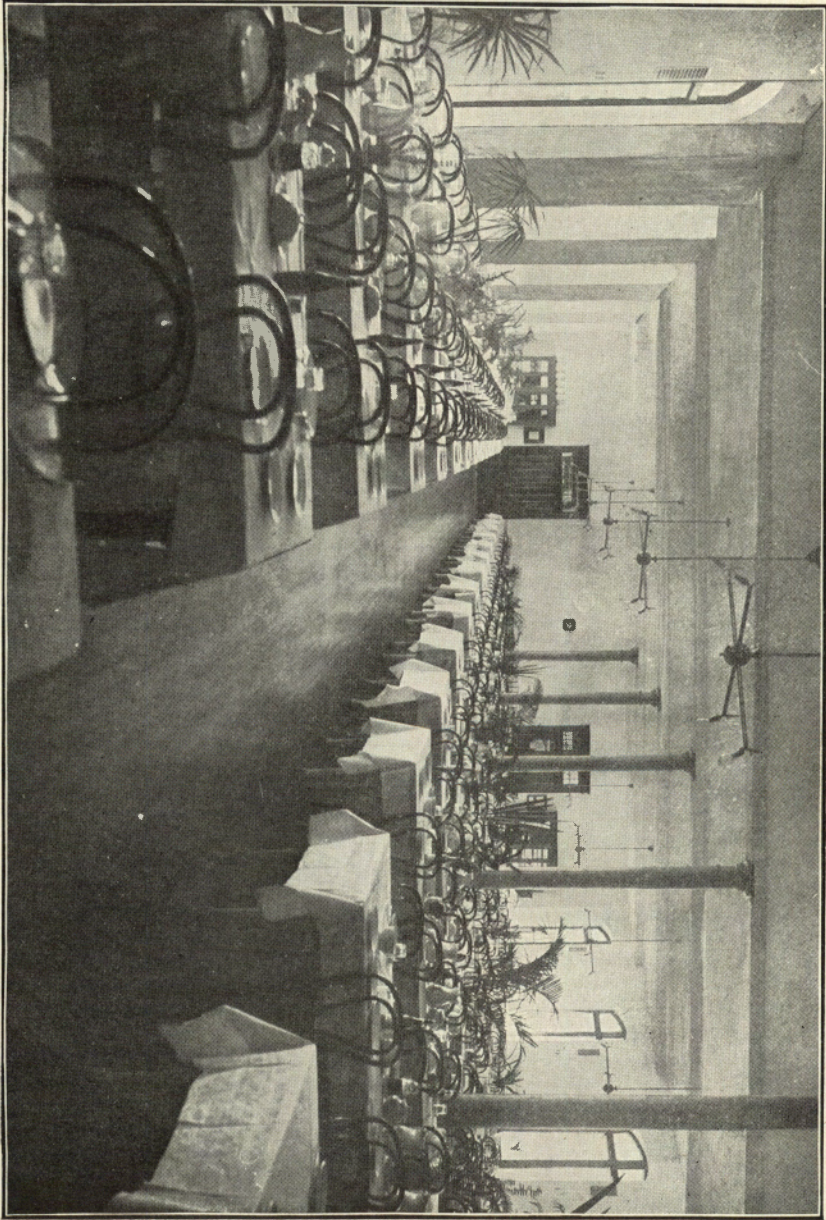
Lectures were delivered to the junior class at 2 P. M. and the senior class at 6:30 P. M., on Tuesdays and Thursdays throughout the session, except the first Thursday of each month. Lectures falling on that day were given the following day, Friday.

The class receives instruction in Bandaging and Massage and Laboratory work at such times as the instructors may designate.

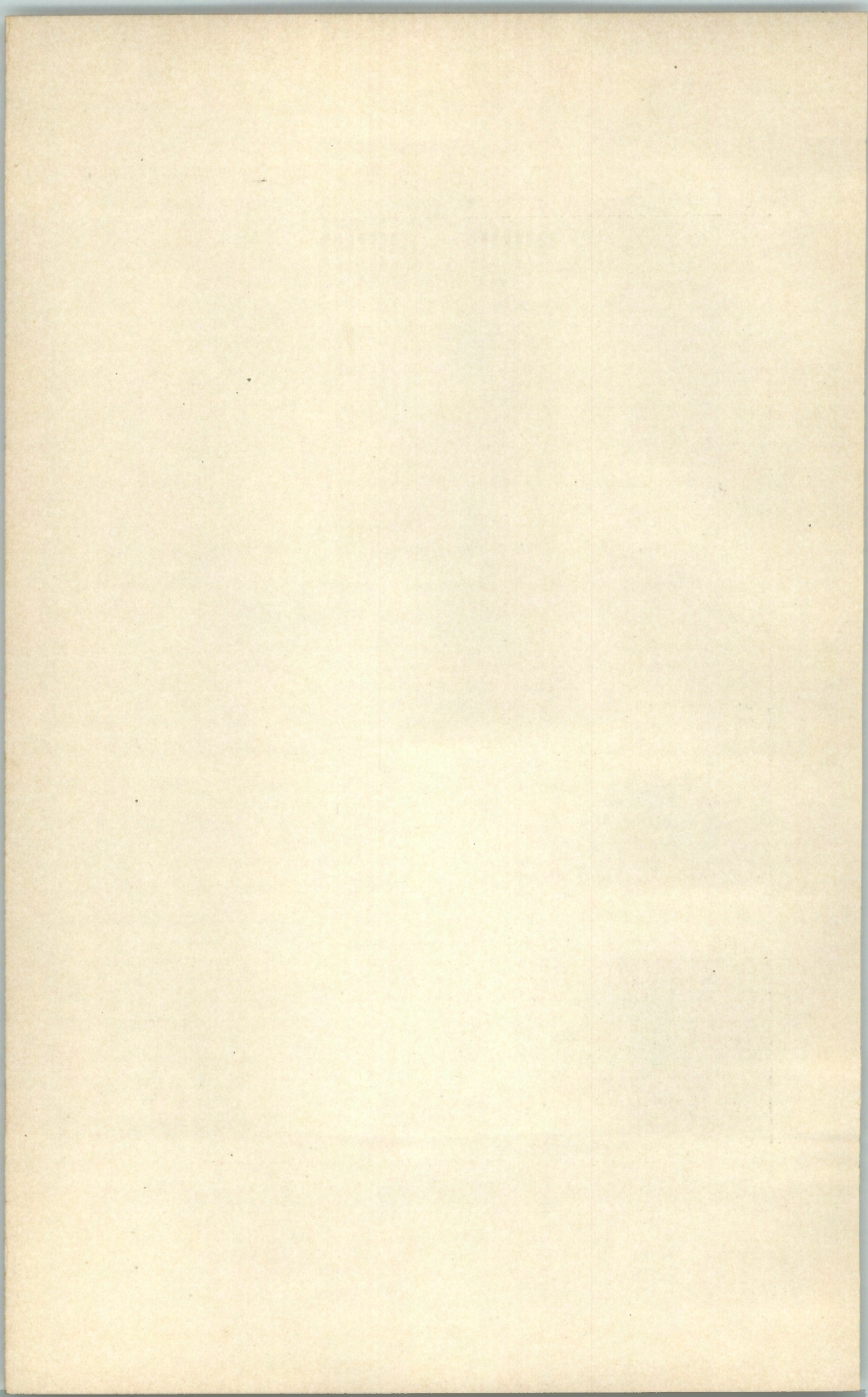
## DIETARY.

During the past year we have not only maintained the standard of good food for the insane which this Institution has in the past provided, but it has been materially improved. Attempts have been made in certain institutions to reduce the quantity and quality of food to a point barely sufficient to supply the necessary physiological requirements. Under such a policy charitable institutions are robbed of the very principle which prompted their establishment. Charity itself is degraded to absolute utilitarianism and a distinct retrograde step made toward the darkness of paganism.

Following will be found the dietary schedule of this Institution for the year covered by this report. It is in keeping with the principle that good food judiciously selected is positively essential for the maintenance of health and the restoration of the sick and infirm. The provision of such a liberal dietary cannot be other than a matter of congratulation to the many friends and relations of the patients in this Institution, as well as a source of pride to the people of New Jersey who are always jealous of the reputation and standing of their State and charitable institutions:



DORMITORY BUILDING.—ASSOCIATE DINING ROOM.



## DIETARY.

	Breakfast.	Dinner.	Supper.
Sunday.....	Oatmeal and milk, with sugar or syrup; eggs, potatoes, bread, butter, coffee.	Ham or roast beef, vegetables, bread, butter, pie. (Tea female department; no tea for D. B.)	Bread, butter, tea, smoked beef, ginger bread, fruit.
Monday....	Ham or liver and bacon, fried mush, with syrup; bread, butter, coffee.	Corned beef, cabbage, potatoes, bread, butter, rice pudding. (Tea female department; no tea for D. B.)	Cold meat, bread, butter, tea, cheese, fresh fruit.
Tuesday.....	Oatmeal and milk, beefsteak, potatoes, bread, butter, coffee.	Soup, mutton, macaroni, vegetables, bread, butter, bread pudding. (Tea female department; no tea for D. B.)	Tea biscuit, bread, butter, hard boiled eggs, tea, fruit.
Wednesday..	Hash or cold meats, fried hominy and syrup, bread, butter, coffee.	Meat stew, vegetables, bread, butter, fruit or cornstarch pudding. (Tea female department; no tea for D. B.)	Cheese, bread, butter, tea, cold ham or beef. (Oysters female department.)
Thursday....	Steak or chops, fried potatoes, oatmeal and syrup, bread, butter, coffee.	Roast beef or pork and beans, vegetables, bread, butter, boiled rice, custard pudding. (Tea female department; no tea for D. B.)	Bread, corn bread, butter, tea, cake, fruit, cold meat.
Friday.....	Chops or fish, fried mush, with syrup; bread, butter, coffee.	Boiled ham, fresh fish, potatoes, vegetables, bread, butter, rice pudding. (Tea female department; no tea for D. B.)	Cold meat or fish, bread, butter, tea, cake, fruit. (Oysters male department.)
Saturday....	Oatmeal and milk, beefsteak or chops, potatoes, bread, butter, coffee, sugar or syrup.	Soup, pork and beans, vegetables, bread, butter, dessert. (Tea female department; no tea for D. B.)	Corn bread, smoked beef, bread, butter, tea, fresh fruit.

## SPECIAL DIET.

Bread and milk, boiled milk, milk toast, milk punch, eggnog, eggs in such form as may be prescribed, panada, dry toast, jelly, oatmeal, gruels, corn-starch, farina, tapioca, sago, chicken, steak, chops, tea, oysters, soups and broths.

Approved by the Board of Managers, August 1st, 1901.

D. B. means Dormitory Building.

## REGULATIONS CONCERNING FOREGOING DIETARY.

The schedule for the general diet is subject to changes only at regular times, and then by the Board of Managers, except in cases of emergency, when the Medical Director, on consultation with the Medical Committee of the Board, if accessible, or in case of immediate emergency on his own authority, shall make such changes as may be necessary. All changes are to be recorded and reported to the Board at its next meeting by the Medical Director, with reasons therefor.

On Friday the fish shall comprise, from time to time, fresh and salt, including an occasional dish of oysters, the latter to be served to a portion of the house at a time.

A sufficient quantity of beef, hot or cold, shall, on Friday, be served to patients who do not eat fish.

Macaroni and vegetables of more than one kind besides potatoes, such as peas, beets, onions, parsnips, cabbage, tomatoes, &c., shall be supplied, not uniformly the same, but with due regard to variety.

Milk, when served to all, shall be served as part of the special diet; prunes and apple-sauce not to be served more than four times in a week, and, for the sake of variety, when apples are obtainable, they should be used so as to make two services of prunes and two of apple-sauce, neither of them, in any case, to be substituted for fresh fruit when it can be procured with reasonable outlay.

Special diet to be served on order of the Medical Director.

## PATIENTS' WORK.

The necessary work on the wards provides employment for a large number of men and women, and in addition many are employed in the kitchen, bakery, laundry, shops and sewing-room. In the past year 51,223 days' work have been done by patients outside of the wards, and 135,314 days' work by patients on the wards. While this is a satisfactory showing, considering our limited facilities for providing suitable occupation for all classes of insane patients, it is not what it should be for an institution carrying approximately 1,500 patients. A much larger number could be employed if our facilities were greater. The selection of employment suitable to each case is a matter of no small importance. A large proportion of the patients in any large institution may be induced to work if the employment assigned be of a grade and character in keeping with the previous life and habits of the patient. By a wise and liberal provision of means of labor a greater number may be interested in work highly beneficial to their health and useful to the institution as well.

TABLE I.

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

DATE.	LAUNDRY.			Kitchen.	Farm and grounds.	Bakery.	Shops.	Sewing-room.	Total.
	Men.	Women.	Total.						
1901.									
November.....	245	445	690	339	1,124	126	327	866	3,472
December.....	225	364	589	376	825	137	268	801	2,996
1902.									
January.....	223	443	666	373	835	157	343	846	3,220
February.....	213	355	568	290	758	154	300	879	2,949
March.....	258	407	665	333	934	180	312	1,033	3,457
April.....	266	476	742	350	1,150	290	322	887	3,741
May.....	268	317	585	395	1,263	189	312	920	3,664
June.....	272	420	692	397	1,372	207	334	786	3,788
July.....	272	492	764	382	1,164	209	341	868	3,728
August.....	337	602	939	388	1,206	226	338	932	4,029
September.....	362	488	850	423	1,211	91	355	792	3,722
October.....	369	701	1,070	385	1,226	93	371	1,492	4,637
Total.....	3,310	5,510	8,820	4,431	13,068	2,059	3,923	11,102	43,403

TABLE II.

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

<i>Date.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1901.			
November .....	5,331	5,968	11,299
December .....	5,527	5,830	11,357
1902.			
January .....	5,980	5,723	11,703
February .....	5,400	5,755	11,175
March .....	5,024	5,842	10,866
April .....	5,942	5,617	11,559
May .....	5,975	5,967	11,942
June .....	5,815	4,628	10,443
July .....	5,820	5,700	11,520
August .....	5,713	5,720	11,433
September .....	5,422	5,333	10,755
October .....	5,542	5,720	11,262
Total .....	67,491	67,823	135,314

## AMUSEMENTS, ETC.

Amusements, entertainments, employment and exercises have commanded careful consideration and have received the fullest support possible within the limits of our facilities and resources. In them we have found some of the strongest and most reliable therapeutic agencies.

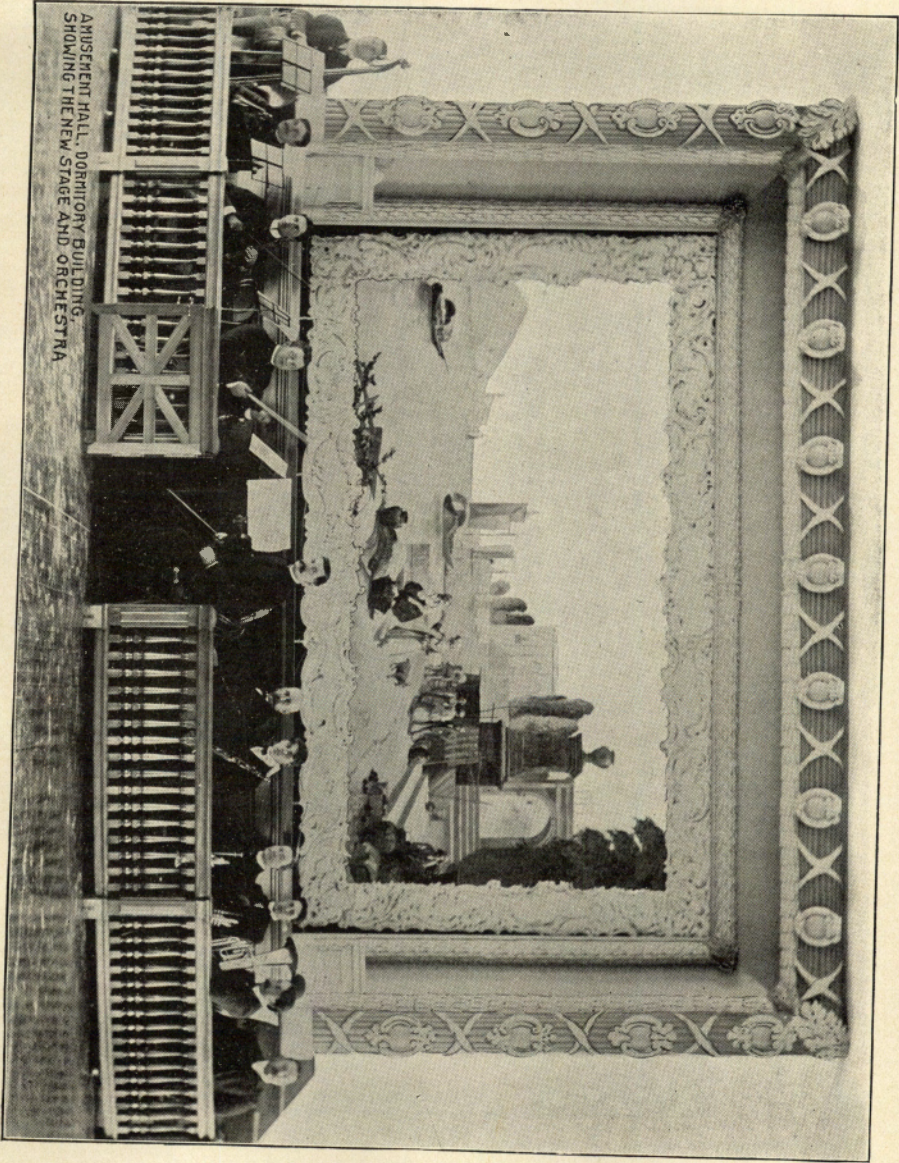
There has been no regularly organized base-ball club maintained during the year, but numerous games have been gotten up in which the patients took part, and which afforded them much pleasure.

The golf grounds have been kept in good order, and were open at all hours of the day to the use of all patients who were furnished with clubs and suitable golf supplies. This is a dignified game and the exercise is not of a violent character. It can be participated in by old and young and is sufficiently interesting to attract them to healthful exercise in the open air.

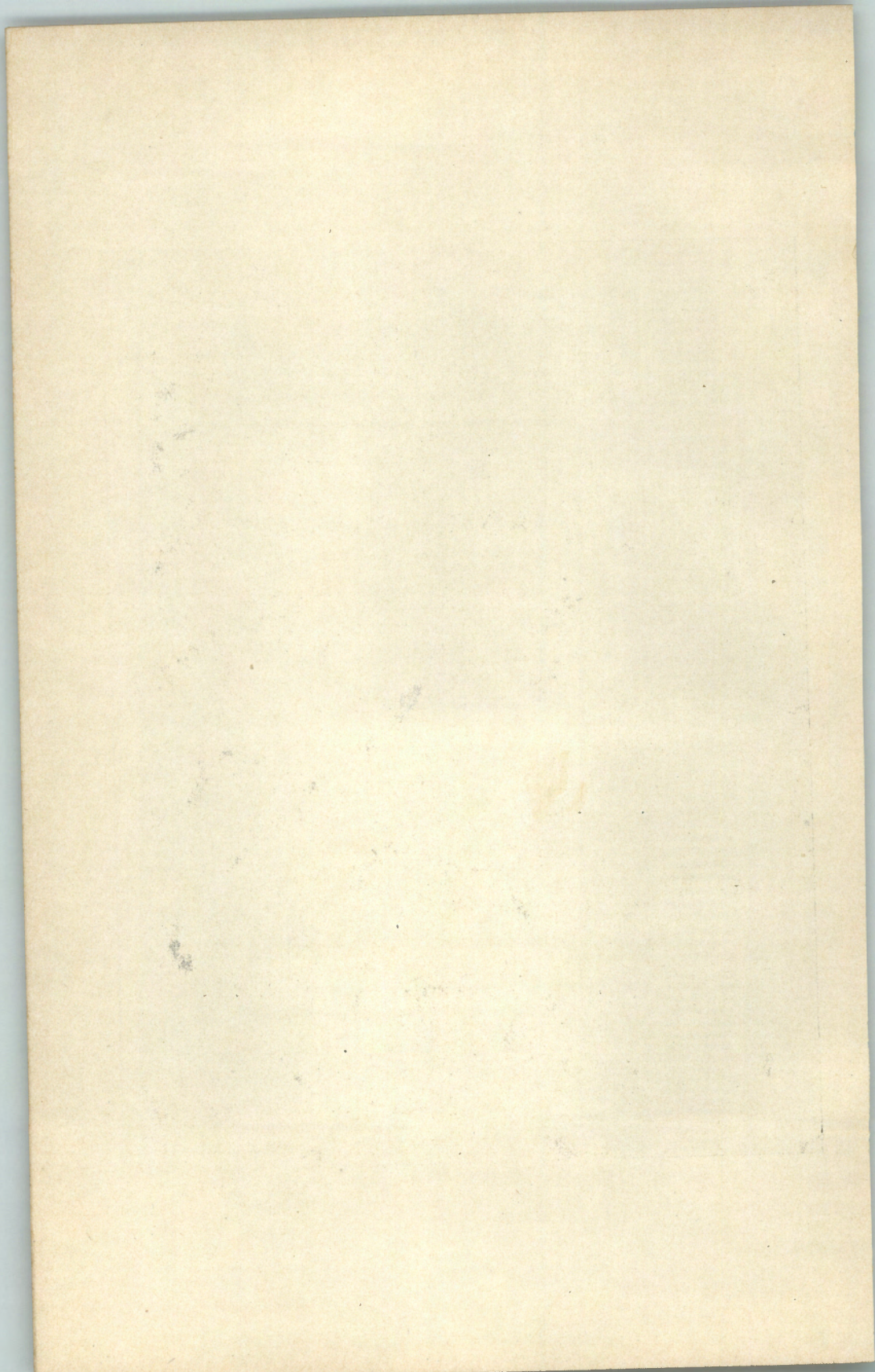
Tennis and foot-ball have also proven attractive to many of our patients.

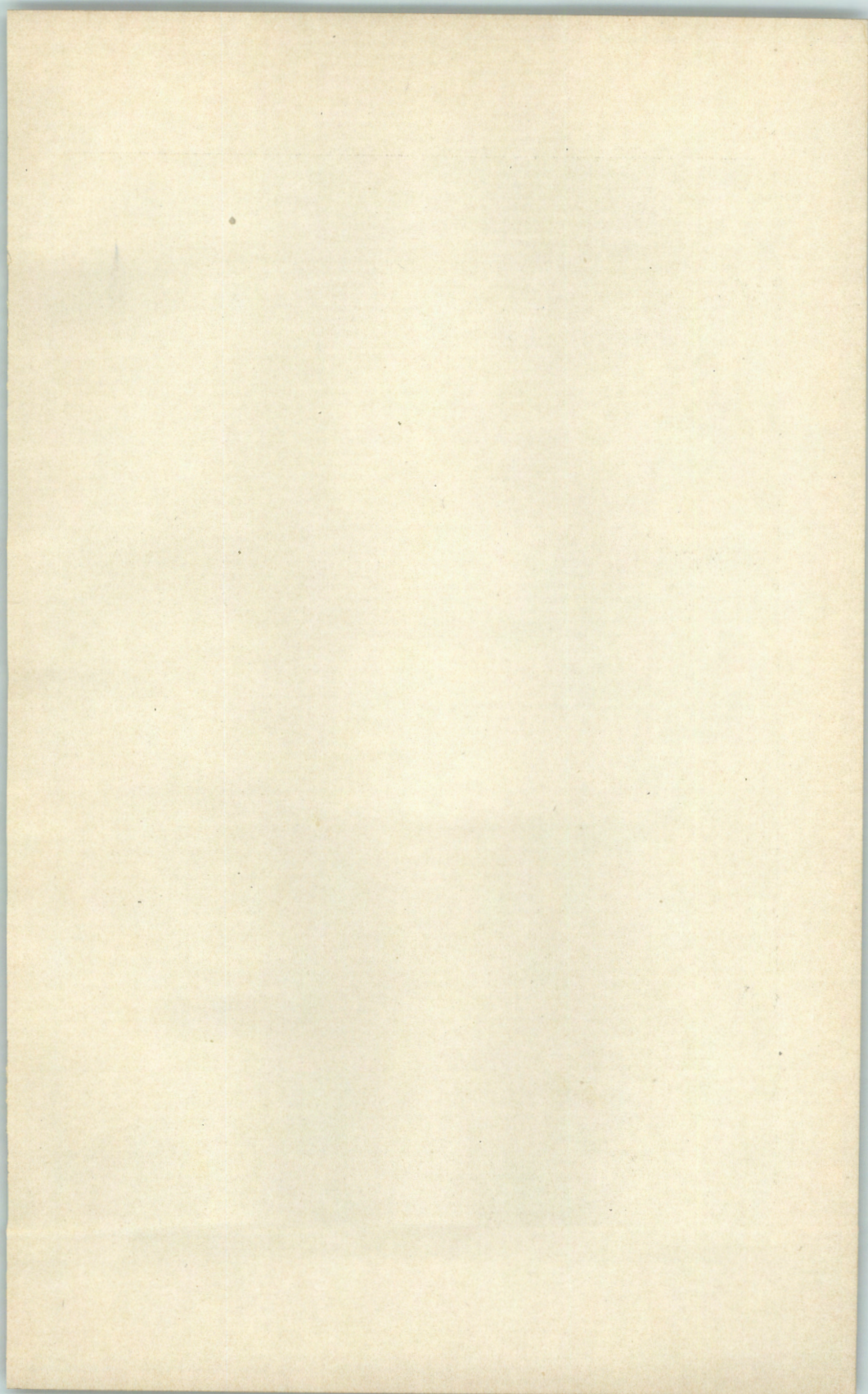
The various indoor games, such as all large institutions provide and encourage, have retained their usual popularity.

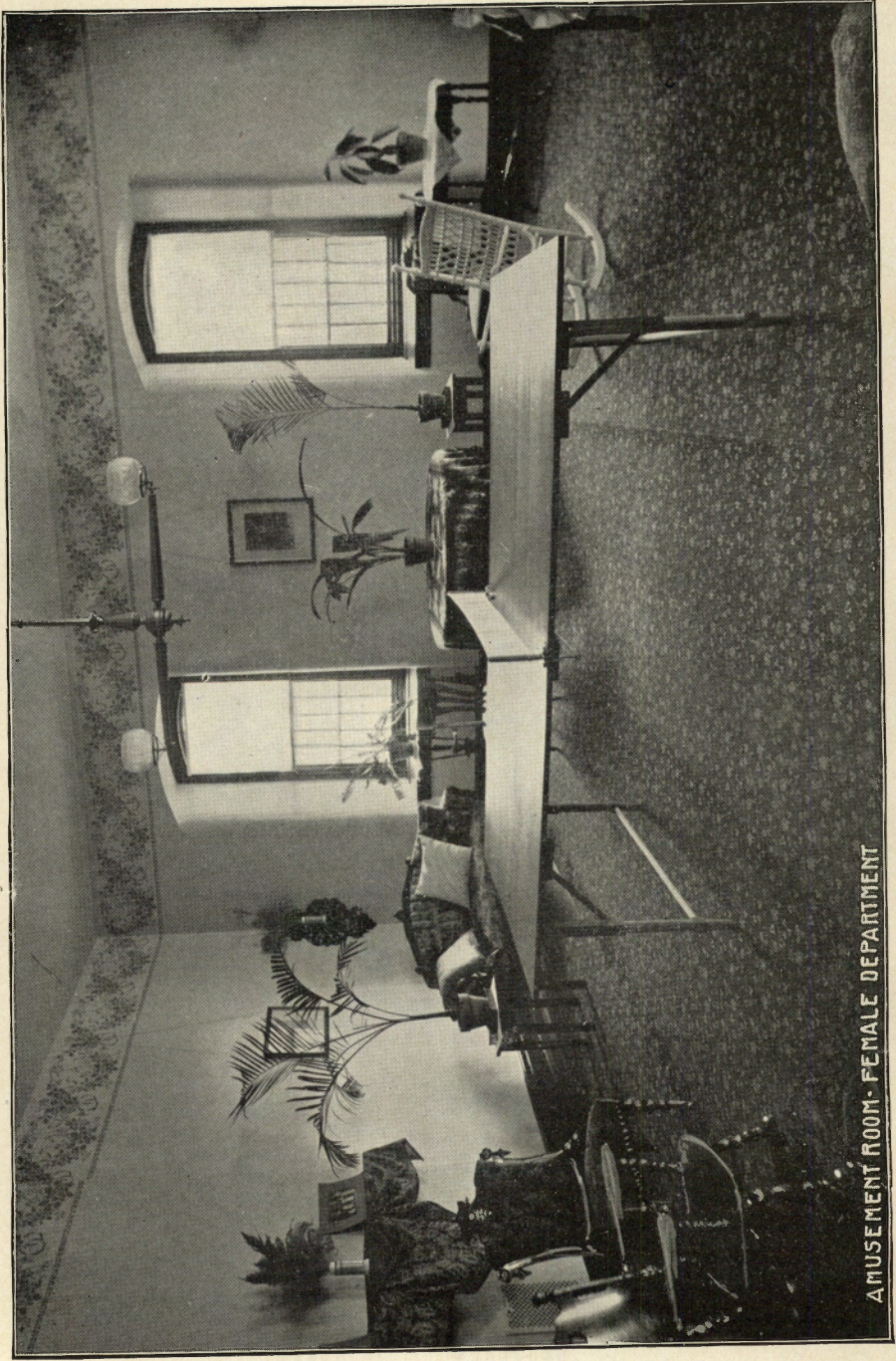
The weekly dances have been kept up throughout the entire year, and at no time have they failed to be well attended and appreciated.



MUSEUM HALL, DORMITORY BUILDING,  
SHOWING THE NEW STAGE AND ORCHESTRA







AMUSEMENT ROOM - FEMALE DEPARTMENT

More than usual attention has been paid the organization of the Hospital musical corps, and I am gratified that we now have a first-class orchestra and brass band.

All the members of the chapel choir have manifested much interest in associating with our religious services good music, and their efforts have been attended with highly gratifying results.

#### RECOMMENDATIONS.

The care of 1,500 insane persons carries with it great responsibilities, and presents many trying and perplexing problems. To regulate their diet, to suitably clothe them, to direct their medical treatment, to select employment, to provide means to induce them to exercise and to group and classify them so as to protect the best interests of all, is a matter of daily thought which even the casual observer readily recognizes, but to eliminate from the situation factors that greatly retard the progress of the work and institute changes for the betterment of the patients, where such changes entail the expenditure of money exceeding the Hospital treasury balance, make the responsibility heavier.

This Hospital needs to have removed from it the convict insane; it needs cottages for advanced cases of tuberculosis and other infectious diseases that the danger of infection may be removed; it needs cottages for the epileptic insane, unless they are removed to the State Epileptic Village, so that this class may be more systematically cared for and the interests and welfare of patients disturbed by the presence of epileptics may be better protected; it needs a nurses' home so that nurses who have been on duty sixteen hours out of the twenty-four may sleep away from the patients, or when off duty may be relieved of the monotony of the wards; that they may have a place to congregate and not be forced to go to the nearest town or village for entertainment. Such a home is needed because it would improve the morale of the institution and attract a better grade of men and women to apply for positions in the service.

A greater variety of employment is needed so that patients who are not willing to take part in the lower forms of labor can be employed in work closely akin to professional lines, such as type-setting, book-binding, printing, manufacturing of household utensils, &c.

The Hospital would be greatly benefited by installing a hydrotherapeutic plant with all the facilities necessary for treating mental diseases by hydrotherapy.

The records of the Medical Department, which comprise vitally important statistics of the Institution, should be kept in a fire-proof room or vault. This is much needed.

Many hospitals for the insane have long since been provided with diverse means for indoor recreation during the winter months. Here we have absolutely no facilities for affording our patients physical exercise and mental diversion during inclement weather, when it would be obviously detrimental to their health to permit them to go out of doors. Our paucity of efficient remedial agents in the treatment of mental diseases demands that every possible restorative method, with which we are in any way familiar, be utilized in the attempt to benefit our patients. I therefore heartily recommend the installation of bowling alleys in the Dormitory building, the basement of which is especially suitable for this purpose. The recreative, healthful value of this form of exercise is popularly recognized and will undoubtedly prove beneficial to a large number of patients. The expense incurred would be comparatively trifling to the beneficial results that would be accomplished.

I would further advise the purchase of two pool tables for the wards. These would give entertainment and employ the minds of patients whom we are unable to interest in such occupations as are available to us. We have two billiard tables, but I find that a great number of patients enjoy playing pool but are unable to become interested in billiards. We have in the Institution 166 private patients. These patients pay from \$5 to \$50 a week and they are entitled, along with deserving patients who are supported by the counties, recognition in the matter of entertainments, diversions and suitable occupation. To provide such means as are calculated to divert the patients' minds from morbid channels and cause them to forget their real or imaginary troubles, vexations and sorrows is an important step toward bringing about recovery. Good food, properly selected employment, both of a physical and mental character, judicious exercise, the scientific administration of medicine, all play their important parts in the treatment of persons suffering from minds diseased, but probably no factor operates more satisfactorily in doing good and promoting the well-being of a large proportion of our nervous and excitable patients





than judiciously selected amusements, such as pool, billiards, tennis, golf and bowling. I therefore strongly advise the purchase of two pool tables and the construction of bowling alleys. Neither of these is new in institution work; most institutions for the insane have them. They are simply important items in which our Hospital is lacking.

The pathologist has briefly stated in his report the fact of the pathological laboratory being handicapped by the want of proper equipment. This important scientific adjunct to the great work of this Institution should have every encouragement and be equipped with every reasonable facility. The amusement hall, at the new building, known as the Dormitory building, has a spacious hall and well suited for the entertainment of a large number of patients, and an appropriate assembly hall for conducting religious services, lectures and the various amusements, such as amateur theatrical performances, dances, &c. The appropriation made by the last Legislature for the construction of a stage has been used and a very satisfactory stage completed, with the exception of scenery. The drop curtain, electric lights and all the necessary facilities have been provided along with the construction of the stage. I recommend that 700 seats, suitable for an assembly hall, be purchased and that additional scenery be supplied.

The equipment of the laboratory, the furnishing of the assembly hall with seats and the necessary scenery, the purchasing of two pool tables and the construction of bowling alleys can be accomplished for about \$4,500.

The above items are of vital interest to the welfare of the Institution, but cannot readily be introduced except through financial aid from the Legislature. The improvement of the State's Hospital in those particulars, which add to its efficiency and promote its paramount interests adds to the value of the State's property and will naturally increase the pride of all good thinking citizens in the Hospital's work.

#### CHAPEL SERVICE.

The following clergymen will continue to conduct religious services in the chapel according to the schedule in operation November 1st:

Rev. Dr. Albert Erdman, Presbyterian, Morristown.  
 Rev. Dr. Jesse L. Hurlbut, Methodist, Morristown.  
 Rev. Dr. William H. Hughes, Episcopalian, Morristown.  
 Rev. S. Z. Batten, Baptist, Morristown.  
 Rev. Father James T. Brown, Roman Catholic, Morris Plains.  
 The following is the schedule of services for the coming year :

1902.		1903.	
November	2 . . . Baptist.	May	3 . . . Episcopal.
"	9 . . . Episcopal.	"	10 . . . Presbyterian.
"	16 . . . Presbyterian.	"	17 . . . Roman Catholic.
"	23 . . . Roman Catholic.	"	24 . . . Methodist.
"	30 . . . Methodist	"	31 . . . Baptist.
December	7 . . . Baptist.	June	7 . . . Episcopal.
"	14 . . . Episcopal.	"	14 . . . Presbyterian.
"	21 . . . Presbyterian.	"	21 . . . Roman Catholic.
"	28 . . . Roman Catholic.	"	28 . . . Methodist.
1903.		July	5 . . . Baptist.
January	4 . . . Methodist.	"	12 . . . Episcopal.
"	11 . . . Baptist.	"	19 . . . Presbyterian.
"	18 . . . Episcopal.	"	26 . . . Roman Catholic.
"	25 . . . Presbyterian.	August	2 . . . Methodist.
February	1 . . . Roman Catholic.	"	9 . . . Baptist.
"	8 . . . Methodist.	"	16 . . . Episcopal.
"	15 . . . Baptist.	"	23 . . . Presbyterian.
"	22 . . . Episcopal.	"	30 . . . Roman Catholic.
March	1 . . . Presbyterian.	September	6 . . . Methodist.
"	8 . . . Roman Catholic.	"	13 . . . Baptist.
"	15 . . . Methodist.	"	20 . . . Episcopal.
"	22 . . . Baptist.	"	27 . . . Presbyterian.
"	29 . . . Episcopal.	October	4 . . . Roman Catholic.
April	5 . . . Presbyterian.	"	11 . . . Methodist.
"	12 . . . Roman Catholic.	"	18 . . . Baptist.
"	19 . . . Methodist.	"	26 . . . Episcopal.
"	26 . . . Baptist.		

"Each clergyman has an equal representation and is responsible for the services on the date set apart for him. If, for any reason, he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the 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.

## RESIGNATIONS, APPOINTMENTS AND PROMOTIONS.

During the year there have been several changes in the medical staff. Among these were the resignation of Dr. Eliot Gorton, first assistant physician; the death of Dr. William H. Barton, resident pathologist and fourth assistant physician, and the election, after competitive examination, of Dr. W. Miles Garrison and Dr. Frederick C. Horsford to the positions of fifth and sixth assistant physicians, respectively.

Dr. Peter S. Mallon was promoted to the position of first assistant physician, and has been assigned to the position of senior assistant physician at the Dormitory building.

Dr. Harry A. Cossitt was elected pathologist to succeed Dr. William H. Barton, deceased, and promoted to the position of second assistant physician.

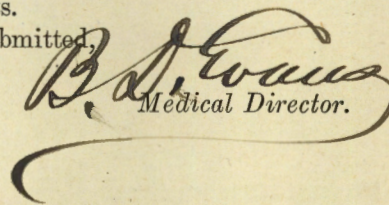
Dr. Christopher C. Beling was promoted from the position of fifth assistant to that of third assistant physician.

Dr. Raymond D. Baker was promoted from the position of sixth assistant to that of fourth assistant physician.

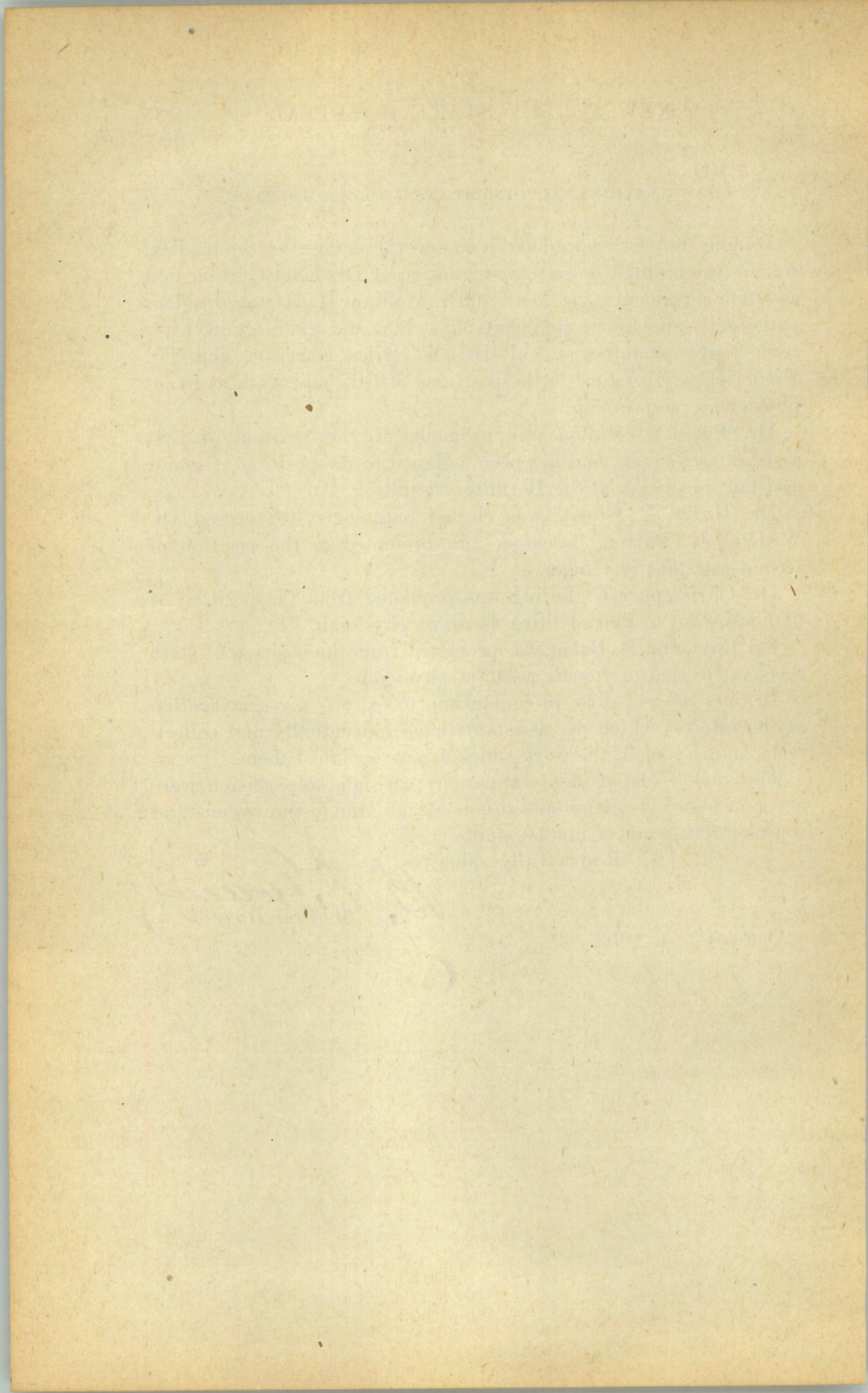
It gives me pleasure, in conclusion, to express my gratification at the interest which my assistants have individually and collectively manifested in the work which I have assigned them.

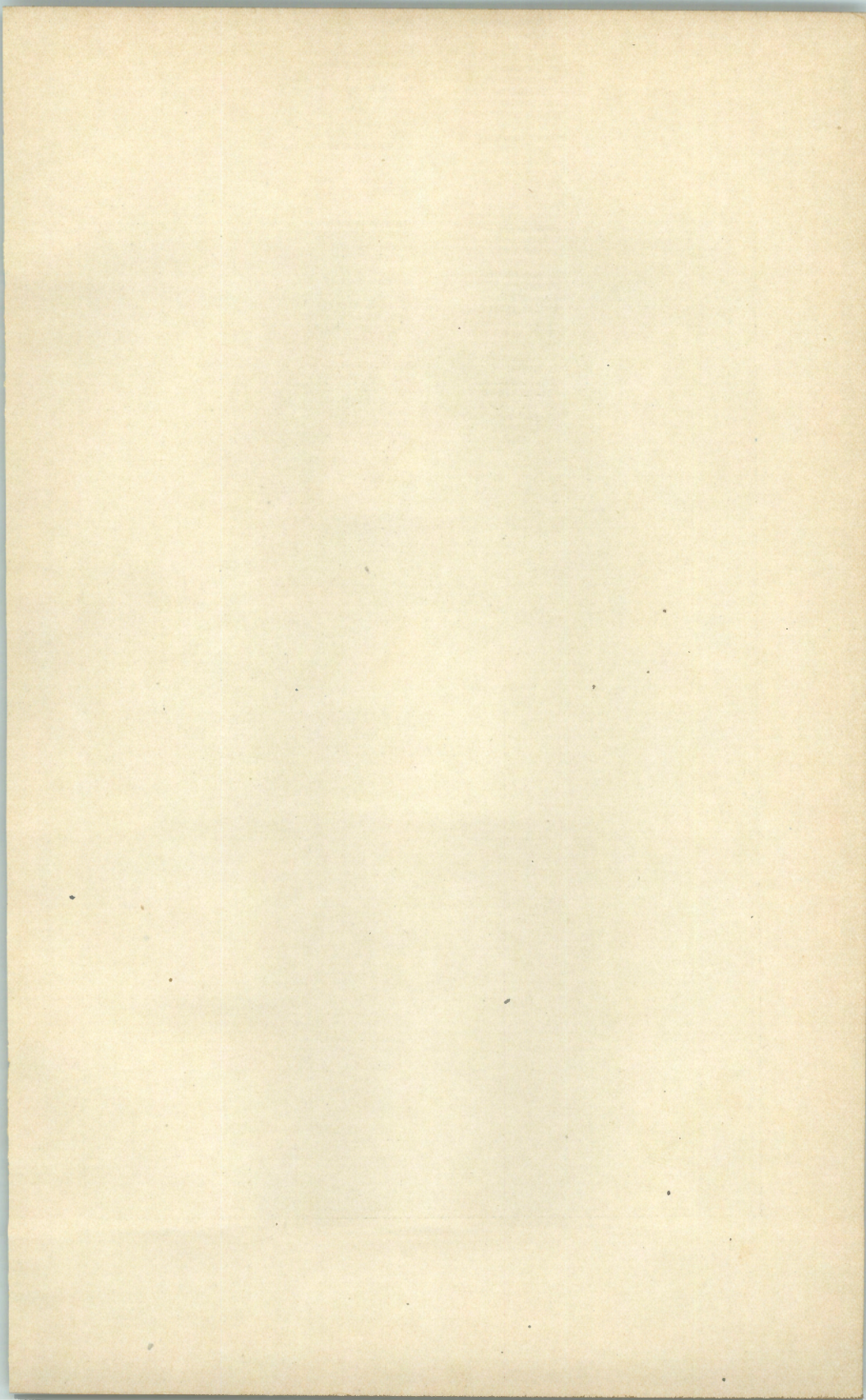
The various departments under my care and supervision were never in better condition and this is largely due to the zealous and conscientious work of my assistants.

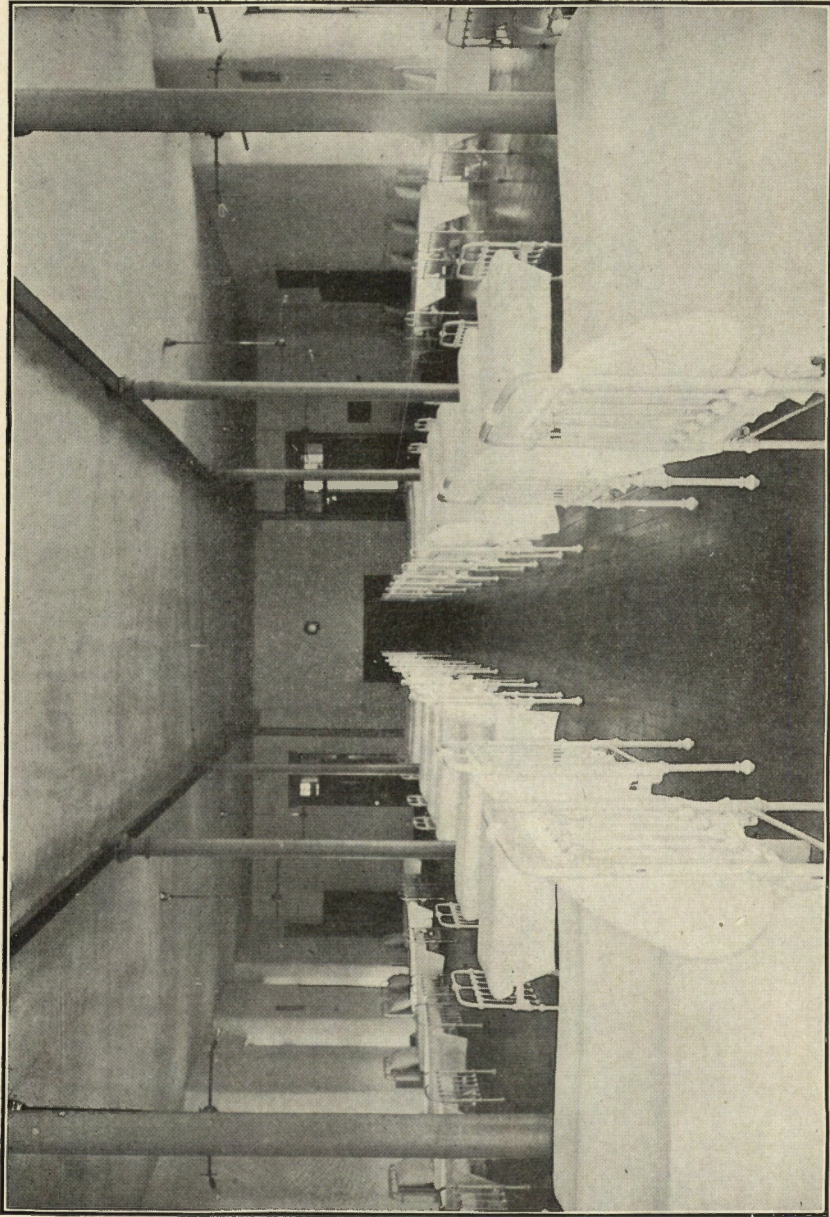
Respectfully submitted,

  
Medical Director.

October 31st, 1902.







DORMITORY BUILDING.—A DORMITORY FOR WOMEN.

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STATISTICAL APPENDIX TO THE MEDICAL  
DIRECTOR'S REPORT.

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STATISTICAL APPENDIX TO THE MEDICAL  
DIRECTOR'S REPORT

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## STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR  
ENDING OCTOBER 31ST, 1902.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1901.....				707	683	1,390
Patients admitted—						
First admissions .....	162	140	302			
Re-admissions .....	21	29	50			
Total .....				183	169	352
Total number of patients under treatment during the year .....				890	852	1,742
Patients discharged—						
Recovered .....	47	50	97			
Improved .....	18	18	36			
Unimproved .....	3	6	9			
Died .....	88	46	134			
Eloped .....	5	....	5			
Total .....				161	120	281
Remaining in the Hospital.....				729	732	1,461
Of this number there are, Public.....	646	649	1,295			
Private.....	83	83	166			
Total .....				729	732	1,461
Whole number admitted from August 17th, 1876, to October 31st, 1902 .....				3,338	3,091	6,429
Whole number discharged during the same period of time—						
Recovered .....	732	718	1,450			
Improved .....	519	542	1,061			
Unimproved .....	225	272	497			
Died .....	1,105	827	1,932			
Eloped .....	28	....	28			
Total .....				2,609	2,359	4,968
Remaining October 31st, 1902.....				729	732	1,461

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1901.									
November .....	16	14	30	11	10	21	708.	683.	1391.
December .....	12	13	25	11	4	15	707.	690.	1397.
1902.									
January .....	9	17	26	16	10	26	707.33	697.73	1405.06
February .....	14	10	24	7	8	15	709.41	701.46	1416.87
March .....	20	9	29	14	11	25	709.32	702.49	1411.81
April .....	16	16	32	13	11	24	713.65	701.	1414.65
May .....	17	23	40	18	13	31	717.98	710.02	1428.01
June .....	15	15	30	9	11	20	713.81	717.54	1431.35
July .....	17	17	34	16	8	24	718.30	722.28	1440.58
August .....	19	17	36	9	13	22	725.89	729.48	1455.37
September .....	17	10	27	11	8	19	735.89	730.97	1466.86
October .....	11	8	19	21	13	34	735.59	731.29	1466.88
Total .....	183	169	352	156	120	276			
For the year							716.85	709.77	1426.62

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First .....	134	129	263
Second .....	28	18	46
Third .....	12	10	22
Fourth .....	2	3	5
Fifth .....	4	3	7
Sixth or more.....	3	6	9
Total .....	183	169	352

TABLE IV.

AGE WHEN ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	.....	1	1
Fifteen to twenty years.....	6	11	17
Twenty to twenty-five years.....	19	15	34
Twenty-five to thirty years.....	26	17	43
Thirty to thirty-five years.....	27	20	47
Thirty-five to forty years.....	30	24	54
Forty to forty-five years.....	18	19	37
Forty-five to fifty years.....	9	21	30
Fifty to sixty years.....	21	21	42
Sixty to seventy years.....	15	9	24
Seventy to eighty years.....	10	6	16
Eighty years and over.....	2	5	7
Total .....	183	169	352

TABLE V.

## NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
California .....	1	....	1
Colorado .....	1	....	1
Connecticut .....	3	3	6
Florida .....	1	1	2
Georgia .....	1	....	1
Illinois .....	....	1	1
Indiana .....	1	....	1
Iowa .....	1	....	1
Kentucky .....	1	....	1
Maine .....	1	....	1
Maryland .....	1	....	1
Massachusetts .....	2	2	4
New Jersey .....	70	56	126
New York .....	25	20	45
Ohio .....	....	1	1
Pennsylvania .....	6	6	12
Virginia .....	1	1	2
Washington, D. C. ....	1	1	2
United States .....	6	6	12
Austria .....	4	5	9
Canada .....	3	1	4
China .....	1	....	1
England .....	8	4	12
Finland .....	....	1	1
France .....	....	2	2
Germany .....	12	14	26
Holland .....	2	3	5
Hungary .....	2	4	6
Iceland .....	....	1	1
Ireland .....	15	25	40
Italy .....	2	2	4
Poland .....	1	1	2
Russia .....	5	2	7
Scotland .....	3	4	7
South America .....	1	....	1
Sweden .....	1	....	1
Switzerland .....	....	2	2
Total .....	183	169	352

TABLE VI.

## RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen .....	18	24	42
Cumberland .....	1	....	1
Essex .....	29	27	56
Hudson .....	24	17	41
Morris .....	19	17	36
Passaic .....	33	43	76
Sussex .....	5	6	11
Union .....	36	25	61
Warren .....	15	8	23
New York, N. Y.....	3	1	4
Nantucket, Mass.....	....	1	1
Total .....	183	169	352

TABLE VII.

## CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single .....	92	64	156
Married .....	72	67	139
Widowed .....	19	38	57
Total .....	183	169	352

TABLE VIII.

## OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Actors .....	1	....	1
Artisans .....	30	8	38
Carpenters .....	6	....	6
Clerks .....	19	4	23
Dressmakers .....	....	4	4
Chemist .....	1	....	1
Farmers .....	12	....	12
Housewives .....	....	71	71
Housekeepers .....	....	7	7
Laborers .....	45	....	45
Merchants .....	5	....	5
Mechanics .....	12	....	12
Nurses .....	....	2	2
Sailors .....	3	....	3
Servants .....	4	33	37
Students .....	2	....	2
Teachers .....	1	1	2
No Occupation.....	21	39	60
Salesmen .....	6	....	6
Clergymen .....	3	....	3
Barbers .....	5	....	5
Physicians .....	1	....	1
Musicians .....	1	....	1
Civil Engineers.....	1	....	1
Railroad Engineers.....	2	....	2
Lawyers .....	2	....	2
Total .....	183	169	352

TABLE IX.

## MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	23	32	55
Mania, acute delirious.....	4	1	5
Mania, chronic.....	1	8	9
Mania, epileptic.....	4	4	8
Mania, puerperal.....	....	2	2
Mania, recurrent.....	6	13	19
Mania, toxic.....	16	8	24
Melancholia, acute.....	54	55	109
Melancholia, agitata.....	....	3	3
Melancholia, chronic.....	8	4	12
Melancholia, recurrent.....	5	....	5
Melancholia, stuporous.....	....	2	2
Dementia, epileptic.....	1	1	2
Dementia, organic.....	4	1	5
Dementia, paretic.....	18	3	21
Dementia, primary.....	1	....	1
Dementia, senile.....	13	9	22
Dementia, terminal.....	3	4	7
Imbecility.....	....	7	7
Imbecility with epilepsy.....	1	....	1
Insane Neuroses; Hypochondria.....	4	....	4
Insane Neuroses; Hysteria.....	....	2	2
Adolescent insanity.....	15	5	20
Pubesant insanity.....	2	1	3
Choreic insanity.....	....	1	1
Paranoia.....	....	3	3
Total.....	183	169	352

TABLE X.

## MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State.....	36	39	75
County.....	102	94	196
Private.....	45	36	81
Total.....	183	169	352

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<i>Physical—</i>			
Cerebral hemorrhage.....	1	....	1
Child-birth .....	....	4	4
Epilepsy .....	6	5	11
General ill health.....	3	5	8
Grippe .....	2	1	3
Heredity .....	32	25	57
Injury .....	9	2	11
Intemperance and other excesses.....	18	6	24
Masturbation .....	9	2	11
Menopause .....	....	11	11
Morphine .....	3	1	4
Old age.....	8	12	20
Overwork .....	6	6	12
Puberty .....	....	1	1
Pregnancy .....	....	3	3
Sunstroke .....	4	2	6
Syphilis .....	7	....	7
<b>Total .....</b>	<b>108</b>	<b>86</b>	<b>194</b>
<i>Moral—</i>			
Business troubles.....	2	2	4
Domestic troubles.....	1	2	3
Disappointed affections.....	....	5	5
Financial reverses.....	4	1	5
Fright .....	....	2	2
Grief .....	1	5	6
Religious excitement.....	6	3	9
Worry .....	7	11	18
<b>Total moral .....</b>	<b>21</b>	<b>31</b>	<b>52</b>
<b>Total physical.....</b>	<b>108</b>	<b>86</b>	<b>194</b>
<b>Total moral.....</b>	<b>21</b>	<b>31</b>	<b>52</b>
<b>Unassigned .....</b>	<b>54</b>	<b>52</b>	<b>106</b>
<b>Total .....</b>	<b>183</b>	<b>169</b>	<b>352</b>

TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Acne rosacea.....	2	1	3
Acne vulgaris.....	....	1	1
Anæmia .....	1	1	2
Arterio-sclerosis .....	3	1	4
Atheroma .....	2	....	2
Bronchitis, chronic.....	2	2	4
Cystitis .....	1	....	1
Diabetes mellitus.....	2	....	2
Emphysema .....	3	3	6
Endocarditis .....	17	6	23
Entero-colitis .....	1	....	1
Epilepsy .....	6	5	11
Epithelioma .....	1	....	1
Gangrene of toes.....	1	....	1
Gastritis .....	2	1	3
Glaucoma .....	1	....	1
Gonorrhœa .....	5	....	5
Hemiplegia .....	2	....	2
Hemorrhoids .....	4	1	5
Hepatic abscess.....	1	....	1
Hernia .....	6	2	8
Nephritis .....	14	5	19
Otitis media.....	....	1	1
Pericarditis .....	1	....	1
Pneumonia .....	3	1	4
Pulmonary tuberculosis.....	2	2	4
Rheumatoid arthritis.....	2	1	3
Strabismus .....	1	....	1
Syphilis .....	10	5	15
Tuberculous disease of bone.....	1	....	1
Uterine or ovarian disease.....	....	4	4
Varicose veins.....	2	....	2
Homicidal tendencies.....	37	22	59
Suicidal tendencies.....	41	44	85
Without complications.....	88	128	216

In this table patients who had a number of complications have been noted more than once. Therefore the totals 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	38	79
Hereditary taint denied.....	69	62	131
Hereditary history unobtainable.....	73	69	142
Total .....	183	169	352

TABLE XIV.

## DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	65	56	121
One to three months.....	43	32	74
Three to six months.....	23	16	39
Six to twelve months.....	14	13	27
One to two years.....	18	23	41
Two to three years.....	6	6	12
Three to four years.....	3	4	7
Four to five years.....	2	9	11
Five to ten years.....	6	5	11
Ten to twenty years.....	2	3	5
Over twenty years.....	2	2	4
Total .....	183	169	352

TABLE XV.

## AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	.....	1	1
Fifteen to twenty years.....	.....	2	2
Twenty to twenty-five years.....	9	8	17
Twenty-five to thirty years.....	5	4	9
Thirty to thirty-five years.....	7	12	19
Thirty-five to forty years.....	4	8	12
Forty to forty-five years.....	9	5	14
Forty-five to fifty years.....	3	3	6
Fifty to sixty years.....	9	6	15
Sixty to seventy years.....	1	1	2
Total .....	47	50	97

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	15	19	34
One to three months.....	14	16	30
Three to six months.....	7	5	12
Six to twelve months.....	3	3	6
One to two years.....	1	3	4
Over two years.....	7	4	11
Total .....	47	50	97

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	2	.....	2
One to two months.....	3	2	5
Two to three months.....	9	4	13
Three to four months.....	4	7	11
Four to five months.....	8	10	18
Five to six months.....	3	3	6
Six to nine months.....	6	9	15
Nine to twelve months.....	5	6	11
Twelve to eighteen months.....	1	3	4
Eighteen to twenty-four months.....	1	1	2
Over two years.....	5	5	10
Total .....	47	50	97

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	9	11	20
Mania, acute delirious.....	1	3	4
Mania, chronic.....	2	.....	2
Mania, puerperal.....	.....	2	2
Mania, recurrent.....	1	6	7
Mania, toxic.....	11	4	15
Melancholia, acute.....	15	17	32
Melancholia, chronic.....	2	1	3
Melancholia, recurrent.....	1	3	4
Adolescent insanity.....	4	1	5
Insane neuroses; hysteria.....	.....	1	1
Insane neuroses; hypochondria.....	1	1	2
Total .....	47	50	97

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.....	1	1	2
Twenty-five to thirty years.....	5	2	7
Thirty to thirty-five years.....	6	2	8
Thirty-five to forty years.....	12	2	14
Forty to forty-five years.....	10	4	14
Forty-five to fifty years.....	3	7	10
Fifty to sixty years.....	18	7	25
Sixty to seventy years.....	18	5	23
Seventy to eighty years.....	14	13	27
Eighty to ninety years.....	1	2	3
Total .....	88	46	134
Average age at death.....	53	55	54

TABLE XX.

## MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	3	6	9
Mania, acute delirious.....	3	.....	3
Mania, chronic.....	4	5	9
Mania, epileptic.....	2	1	3
Mania, recurrent.....	1	1	2
Mania, toxic.....	3	.....	3
Melancholia, acute.....	4	6	10
Melancholia, agitata.....	.....	1	1
Melancholia, chronic.....	6	2	8
Dementia, epileptic.....	4	2	6
Dementia, organic.....	6	4	10
Dementia, parietic.....	21	.....	21
Dementia, senile.....	6	7	13
Dementia, terminal.....	24	11	35
Imbecility with epilepsy.....	.....	1	1
Paranoia .....	1	.....	1
Total .....	88	46	134

TABLE XXI.

<i>Causes.</i>	CAUSES OF DEATH.		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Mania—</b>			
Acute, with catarrhal colitis.....	1		1
Acute, with endocarditis.....	2		2
Acute, with exhaustion.....	2	2	4
Acute, with pneumonia.....	1	....	1
Acute, with tuberculosis.....	....	1	1
Acute delirious, with exhaustion.....	1	....	1
Acute delirious, with nephritis.....	1	....	1
Acute delirious, with pneumonia.....	1	....	1
Chronic, with cerebral hemorrhage.....	....	1	1
Chronic, with colitis.....	....	1	1
Chronic, with endocarditis.....	2	1	3
Chronic, with exhaustion.....	....	1	1
Chronic, with nephritis.....	2	....	2
Chronic, with tuberculosis.....	....	1	1
Epileptic, with extra-dural hemorrhage.....	....	1	1
Epileptic, with pneumonia.....	2	....	2
Recurrent, with endocarditis.....	....	1	1
Recurrent, with pneumonia.....	1	....	1
Toxic, with exhaustion.....	2	....	2
Toxic, with pneumonia.....	1	....	1
<b>Melancholia—</b>			
Acute, with exhaustion.....	2	3	5
Acute, with chronic nephritis.....	1	1	2
Acute, with gastric ulcer.....	....	1	1
Acute, with pneumonia.....	1	1	2
Chronic, with cerebral hemorrhage.....	....	1	1
Chronic, with hepatic abscess.....	1	....	1
Chronic, with inanition.....	1	....	1
Chronic, with nephritis.....	....	1	1
Chronic, with pneumonia.....	2	....	2
Chronic, with tuberculosis.....	2	....	2
<b>Dementia—</b>			
Epileptic, with cerebral hemorrhage.....	1	....	1
Epileptic, with exhaustion.....	1	1	2
Epileptic, with status epilepticus.....	2	1	3
Organic, with cerebral hemorrhage.....	3	1	4
Organic, with convulsions.....	....	1	1
Organic, with endocarditis.....	....	1	1
Organic, with exhaustion.....	2	....	2
Organic, with nephritis.....	....	1	1
Organic, with pneumonia.....	1	....	1

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Dementia—			
Paretic, with acute cardiac dilatation.....	1	....	1
Paretic, with cerebral hemorrhage.....	2	....	2
Paretic, with convulsions.....	9	....	9
Paretic, with exhaustion.....	7	....	7
Paretic, with nephritis.....	1	....	1
Paretic, with oedema of lungs.....	1	....	1
Senile, with cerebral hemorrhage.....	....	1	1
Senile, with diabetes.....	1	....	1
Senile, with exhaustion.....	2	3	5
Senile, with nephritis.....	1	1	2
Senile, with pneumonia.....	2	1	3
Senile, with senile gangrene.....	....	1	1
Terminal, with arterio-sclerosis.....	1	....	1
Terminal, with cerebral embolism.....	1	....	1
Terminal, with cerebral hemorrhage.....	5	1	6
Terminal, with cholelithiasis.....	....	1	1
Terminal, with endocarditis.....	7	3	10
Terminal, with exhaustion.....	5	1	6
Terminal, with hemiplegia.....	1	....	1
Terminal, with intestinal obstruction.....	1	....	1
Terminal, with nephritis.....	1	3	4
Terminal, with peritonitis.....	....	1	1
Terminal, with pneumonia.....	2	....	2
Terminal, with tuberculosis.....	....	1	1
Imbecility, with epilepsy, tuberculosis.....	....	1	1
Paranoia, with tuberculosis.....	1	....	1
Total .....	88	46	134

TABLE XXII.

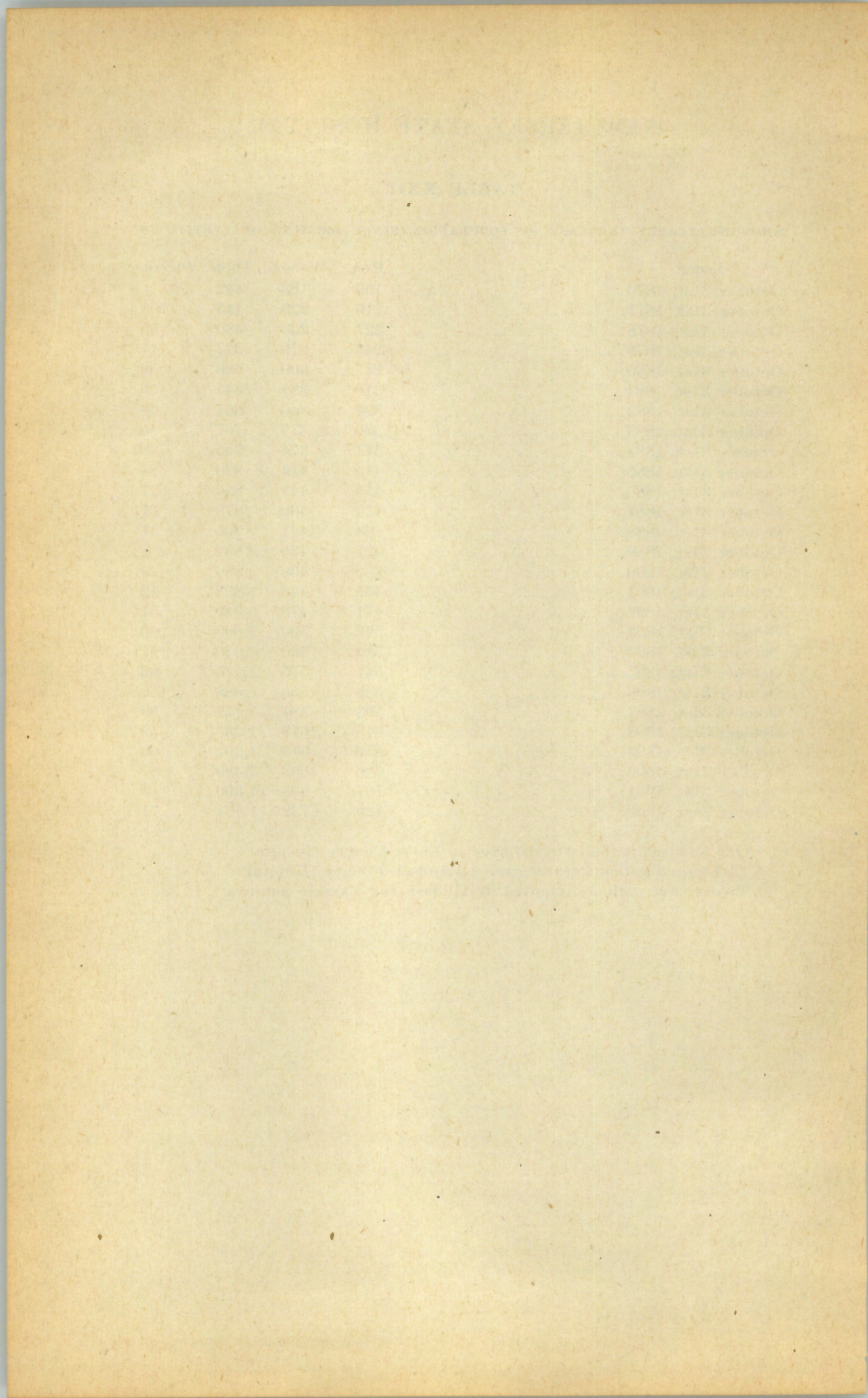
SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Years.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876.....	159	183	342	....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	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

\* 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.



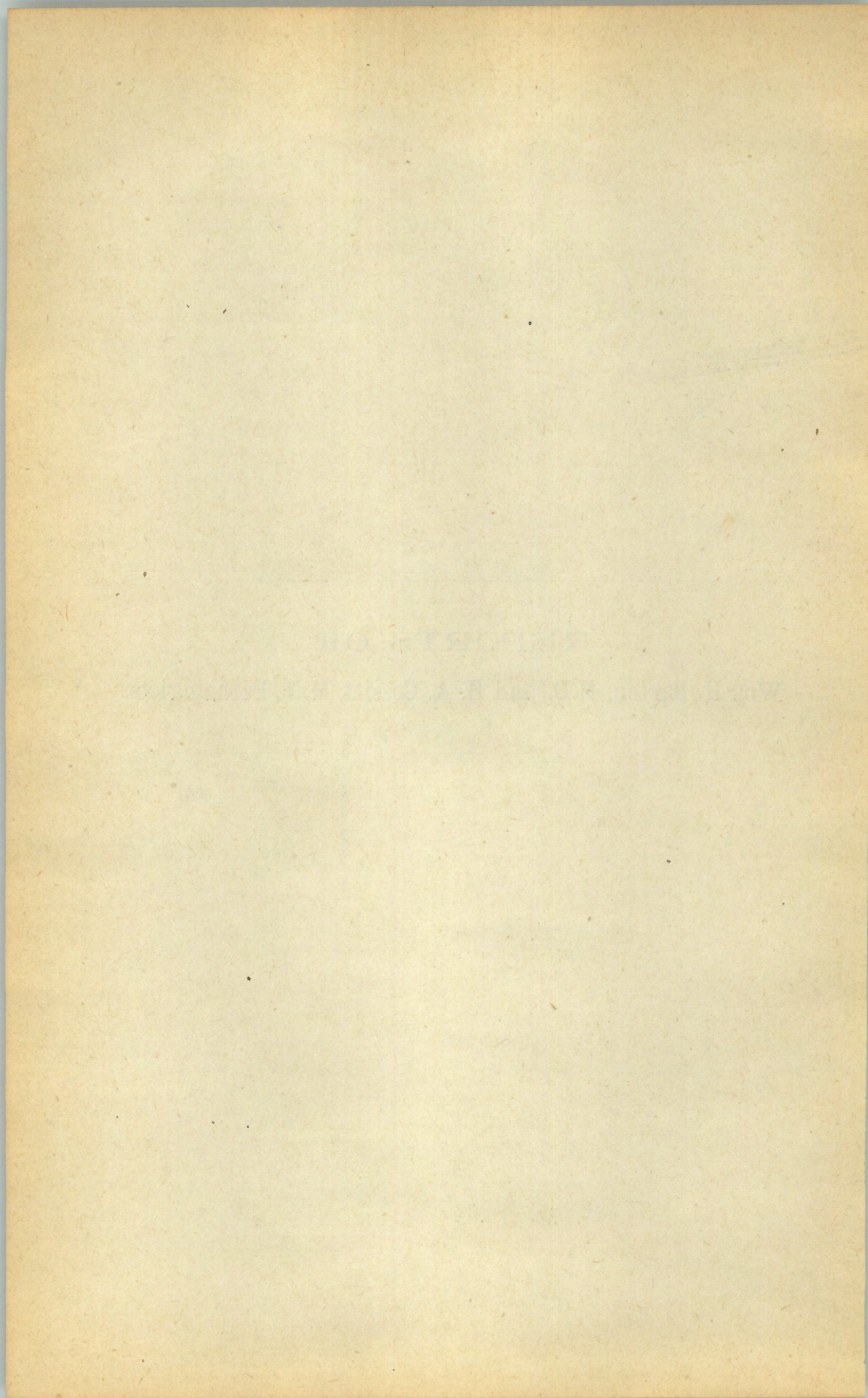
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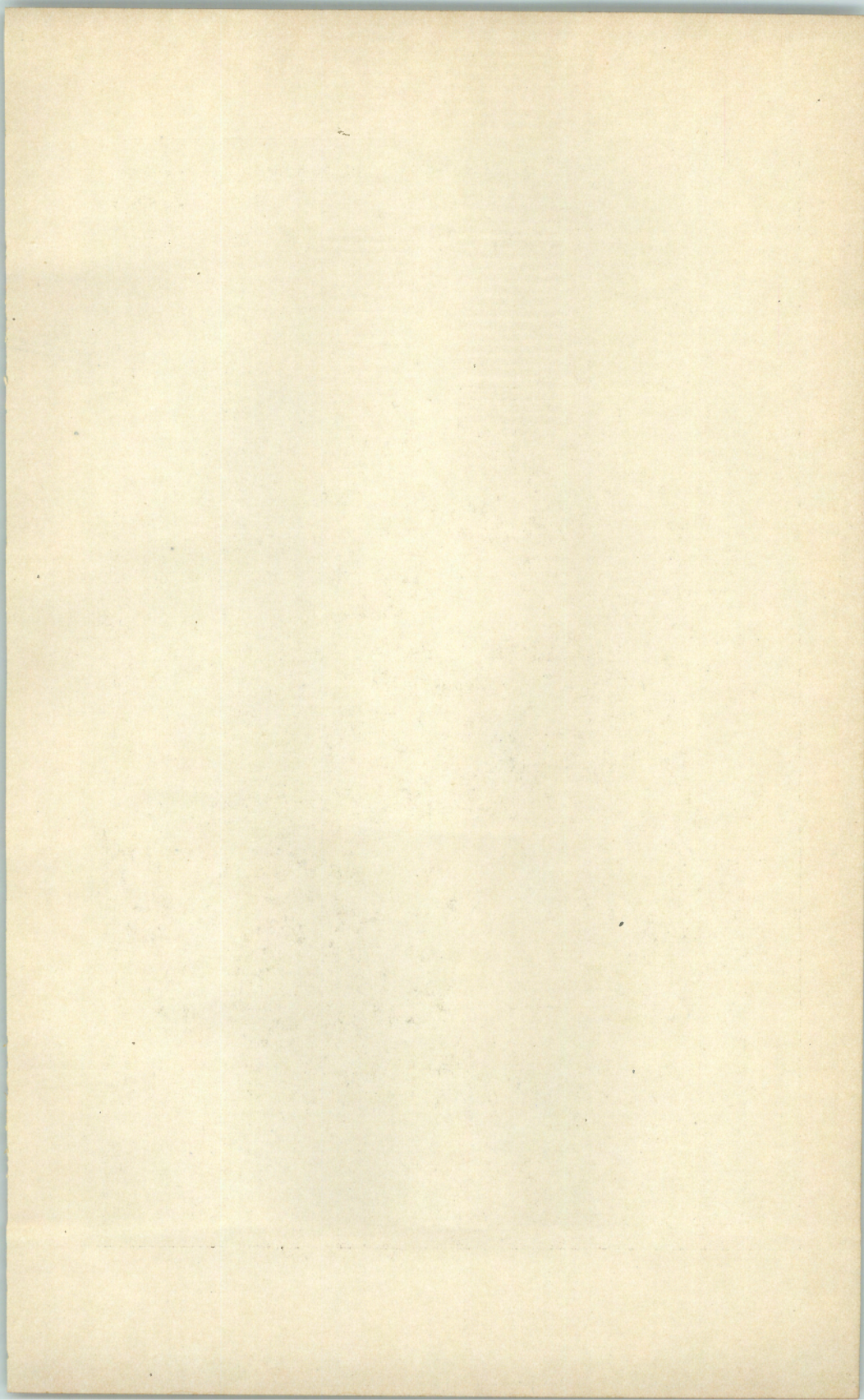
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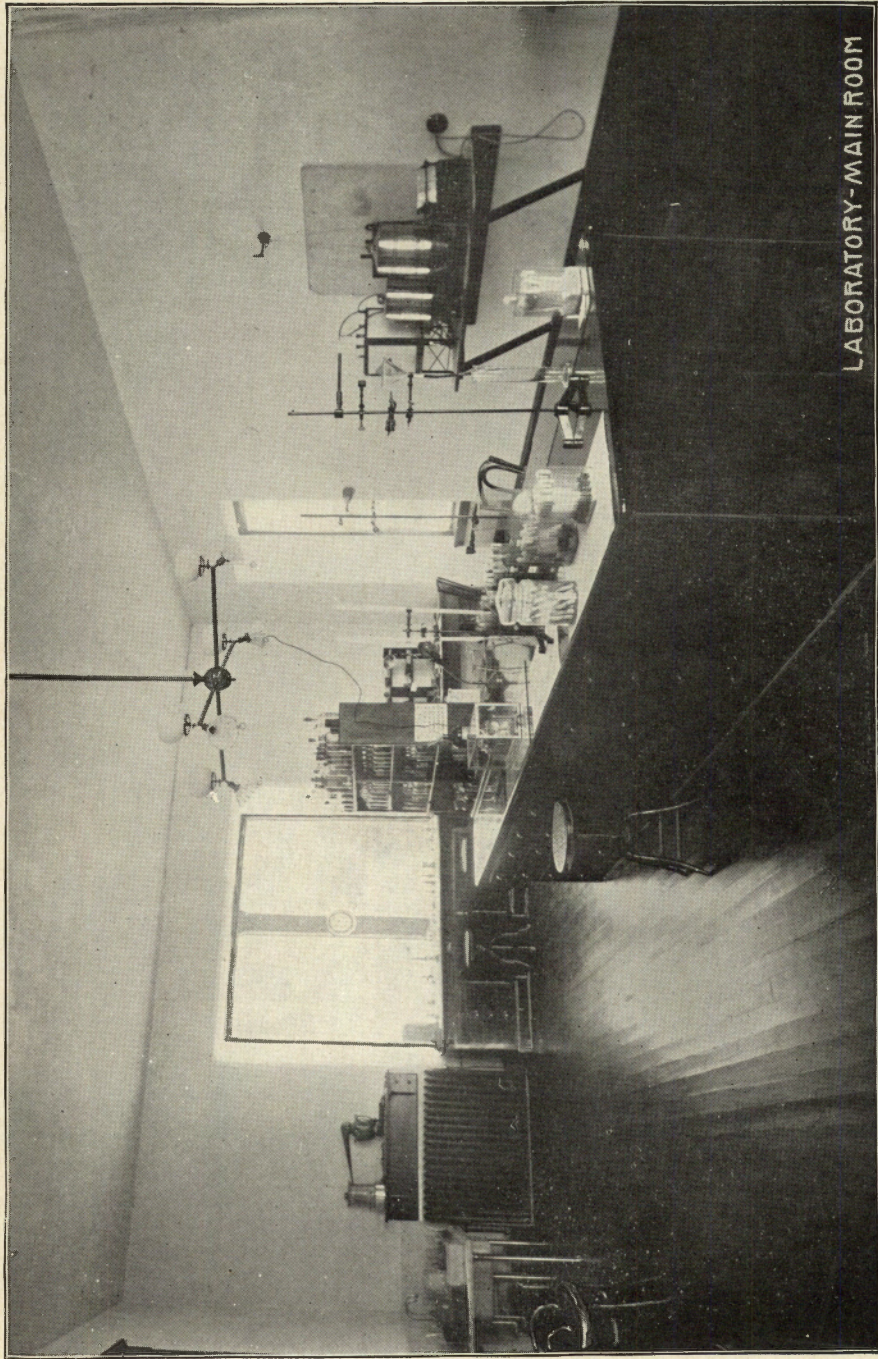
REPORTS OF  
Wm. H. Barton, M.D., and H. A. Cossitt, M.D., Pathologists.

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LABORATORY-MAIN ROOM

## REPORT IN PATHOLOGY.

*To the Medical Director:*

The following is the report of the pathological department of this Hospital for the year ending October 31st, 1902.

On July 3rd I was elected resident pathologist to succeed Dr. Wm. H. Barton, deceased. More than two-thirds of the year covered by this report had elapsed when I took charge of the work. So far there has been no marked deviation from the methods of my predecessor. The regular routine work has been kept up, most of the time being devoted to autopsies and clinical laboratory examinations.

I am pleased that the clinical and pathological departments have been closely united, and that the members of the medical staff have taken an active part in both laboratory and autopsy work, with the result that it has been of much help to all. The laboratory is being so arranged that the staff will be able to follow out any special work they may be interested in.

During the past year there have been thirteen autopsies. The average age at death of those upon whom autopsies were performed was fifty and one-half years. The youngest was twenty-nine years and the oldest sixty-seven years. Since autopsies are only performed when permission is given by the relatives or near friends, many interesting cases were not examined. In several, where permission was granted for a post-mortem examination, it was with the restriction that the skull should not be opened, which accounts for the term "not examined" found in succeeding tabulated statements.

The table immediately following shows the form of insanity of those upon whom autopsies were performed:—

### AUTOPSIES.

Mania, epileptic .....	1
Mania, acute .....	2
Mania, chronic .....	3
Melancholia, acute .....	1
Dementia, epileptic .....	1
Dementia, parietic .....	2
Dementia, terminal .....	3

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(57)

TABLE I.

Number.	Sex.	Age.	Mental disease.	Duration.	Anatomical Diagnosis
271	F.	49	Mania, chronic.....	10 years....	{ Broncho-pneumonia. Chronic pleuritis. Pericarditis. Chronic diffuse nephritis. Chronic appendicitis. Passive congestion of all the organs.
272	M.	38	Melancholia, acute...	8 months..	{ Chronic endocarditis. Hypostatic pneumonia. Chronic interstitial nephritis.
273	M.	57	Dementia, parietic...	3 years....	{ Chronic meningo-encephalitis. Chronic endocarditis. Acute dilatation of heart. General arterio-sclerosis. Chronic pleuritis. Chronic peritonitis. Chronic diffuse nephritis.
274	M.	32	Dementia, terminal..	8 years....	{ Chronic peritonitis. Chronic pleuritis. Chronic appendicitis. Chronic gastritis. Hepatic abscess. Chronic cholecystitis. Acute splenitis.
275	F.	47	Dementia terminal..	22 years....	{ Acute suppurative peritonitis. Chronic diffuse nephritis. Pyosalpingo-oöphoritis. Chronic endocarditis. Chronic pericarditis. Splenitis.
276	M.	58	Mania, acute.....	1 year.....	{ Chronic pachymeningitis. Chronic leptomeningitis. Chronic encephalitis. Acute passive congestion of brain. Partial separation of sagittal suture. Chronic bursitis of right knee. Chronic endocarditis. General arterio-sclerosis. Chronic diffuse nephritis.
277	M.	49	Mania, chronic.....	9 years....	{ Chronic pachymeningitis. Chronic leptomeningitis. General arterio-sclerosis. Hypostatic pneumonia. Chronic endocarditis. Chronic diffuse nephritis. Hypertrophic cirrhosis of liver.
278	M.	60	Mania, chronic. ....	13 years....	{ Chronic meningo-encephalitis. Hypostatic pneumonia of right lung. Chronic pleuritis. Chronic interstitial nephritis. Calcareous degeneration of vessels.
279	F.	67	Dementia, terminal..	20 years....	{ Choledocholithiasis. Chronic choledochitis. Cirrhosis of liver. Chronic interstitial nephritis. Acute septic peritonitis.

TABLE I.—Continued.

Number.	Sex.	Age.	Mental Disease.	Duration.	Anatomical Diagnosis.
280	M.	58	Dementia, epileptic.	18 years....	Chronic meningo-encephalitis. Acute cerebral hemorrhage. Chronic endocarditis. Chronic diffuse nephritis.
281	F.	62	Mania, epileptic.....	4 years....	Chronic pachymeningitis. Chron- icleptomeningitis. Acute extra- dural hemorrhage. Hypostatic congestion, posteriorly of both lungs. Chronic pleuritis. Fatty degeneration of heart. General arterio-sclerosis. Chronic inter- stitial nephritis
282	F.	29	Mania, acute.	1 month.	Myocarditis. Chronic endocar- ditis. Chronic diffuse nephritis.
283	M.	51	Dementia, paretic...	15 months.	Chronic meningo-encephalitis. General arterio-sclerosis. Chronic endocarditis. Chronic pleuritis. Passive hyperemia of liver. Chronic diffuse nephritis. Acute broncho-pneumonia.

TABLE II.

No.	GROSS LESIONS OF ORGANS.	Brain. Membranes.	Brain.
	<i>Mania, epileptic.</i>		
281	<p>Heart—Muscle of right side of heart atrophied. Left side hypertrophied. Muscle fatty. Post-mortem clot in right auricle and ventricle. Coronary arteries present calcareous degeneration. Base of aorta and aortic valve have areas of calcareous degeneration.</p> <p>Lungs—Pleural surfaces adherent at apices, and to diaphragm. Vessels present many calcareous plates, and small fibrous areas. Hypostatic congestion posterior surface of both lungs.</p> <p>Kidneys—Atrophied. Red. Surface granular. Capsule adherent. Increased consistence. Cortex thinned. Many small cysts on surface of kidney.</p> <p>Spleen—Large, soft, ænemic. Capsule strips easily. Surface slightly roughened.</p> <p>Ovaries—Right ovary has undergone cystic degeneration, contained drachm of fluid.</p>	<p>Dura closely adherent, thickened and roughened. Pia thickened and opaque. Large extra-dural hemorrhage, right side, over motor area.</p>	<p>Cortex of right side congested. Cortex of entire brain much atrophied. Substance of diminished consistence.</p>
	<i>Mania, acute.</i>		
276	<p>Heart—Enlarged. Great amount of fat along auriculo-ventricular septum. Walls of left ventricle thickened. Aortic valves thickened and show calcareous degeneration. Arch of aorta has many calcareous deposits.</p> <p>Lungs—Congested. Old cicatrix at apex of right lung. Upper part of upper left lobe œdematous.</p> <p>Kidneys—Enlarged. Capsule strips easily. Small cyst on posterior surface. Cortex diminished; gray in color. Pyramids paler than cortex. Malpighian tufts poorly defined.</p> <p>Spleen—Small. Substance of diminished consistence. Capsule thickened.</p>	<p>Dura congested and adherent. Pia œdematous; large amount of fluid separates it from the convolutions; in places it was cystic. Pia adherent, strips easily, opaque.</p>	<p>Hyperemia of entire brain. Choroid plexus of both lateral ventricles show œdema and cystic formation. Convolutions of brain were flattened and friable.</p>

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	Brain. Membranes.	Brain.
<i>Mania, acute.</i>			
282	Heart—Muscle pale, flabby and friable. Mitral valve thickened. Kidneys—Capsule adherent. Cortex thin. Striations poorly defined. Gall bladder—Distended. Walls thickened. Contained many small concretions.	Not examined.	Not examined.
<i>Mania, chronic.</i>			
271	Heart—Large. Muscular walls thin and fatty. Mitral valve thickened. Pericardium—Full of serous fluid. Distended and thickened. Lungs—Very oedematous. Completely consolidated. Pleural surfaces adherent and thickened at apices. Pleural cavity full of a bloody fluid. Kidneys—Congested. Capsule adherent; surface roughened. Cortex thin. Striations and Malpighian tufts poorly defined. Spleen—Atrophied. Substance of increased consistence. Liver—Congested. Omentum—Very much thickened. Appendix—Bound down by adhesions. Bladder—Congested. Muscular walls thickened. Vagina—Atresia. Uterus—Atrophied.	Not examined.	Not examined.
277	Heart—Muscular walls thickened. Mitral valve markedly thickened, with areas of calcareous degeneration. Calcareous deposits and small acute ulcer in arch of aorta. Lungs—Hypostatic congestion; oedematous. Liver—Enlarged. Very much congested. Nutmeg appearance; on section pale yellow.	Dura adherent and very much thickened. Pia congested and oedematous. Thickened white areas over motor region.	Congested. Cortex thin. Convulsions atrophied. Vessels atheromatous.

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	<i>Brain. Membranes.</i>	<i>Brain.</i>
	<i>Mania, chronic.</i>		
	Kidneys — Congested. Capsule strips with difficulty. On section, thickened white areas. Malpighian tufts indistinct. Spleen—Congested. Increased consistence. Intestines—Congested. Appendix—Adherent to colon. Congested.		
278	Heart—Ante-mortem clot in right ventricle and left auricle. Coronary arteries thickened and calcareous. Walls of left ventricle hypertrophied. Lungs — Hypostatic congestion. Areas consolidated. Pleural surfaces thickened and adherent. Liver—Congested. Kidneys—Small. Contain many small cysts. Capsule adherent, leaving a rough surface. Cortex atrophied. Malpighian tufts indistinct. Spleen—Atrophied. Increased consistence. Capsule adherent. Surface rough. Adherent to splenic flexure. Gall bladder—Distended, full of bile, contains many small concretions. Ducts patent.	Dura adherent, thickened and rough. Pia shows marked changes; much thickened and congested.	Congested. Substance of diminished consistence. Vessels atheromatous and show cystic degeneration. Lateral ventricles contain many small cysts about the size of a pea. Entire left side of Cerebrum and Cerebellum atrophied. Cortex thin. Convulsions atrophied.
	<i>Melancholia, acute.</i>		
272	Heart—Muscular walls thin. Mitral valve thickened and roughened. Lungs—Hypostatic congestion posteriorly of both lungs. Pleural surfaces adherent at apices and to diaphragm. Kidneys—Small, red in color. Capsule adherent. Cortex thinned. Malpighian tufts poorly defined.	Not examined.	Not examined.

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	<i>Brain.</i> <i>Membranes.</i>	<i>Brain,</i>
<i>Dementia, epileptic.</i>			
280	Heart—Muscle flabby, pale. Antemortem clot in left ventricle. Mitral valve thickened. Lungs—Both congested posteriorly. Kidneys—Cortex thin. Striations poorly defined. Capsule thickened, adherent.	Dura congested and thickened. Pia congested and thickened in places.	Blood clot in internal capsule. Convulsions flattened. Substance of diminished consistence.
<i>Dementia, paretic.</i>			
273	Heart—Filled with fluid. Right ventricle very thin and dilated. Aortic valves thickened and covered with calcareous deposits. Coronary arteries calcareous. Lungs—Congested. In state of collapse. Adherent to pericardium. Pleural surfaces adherent and thickened. Liver—Congested. Adherent to transverse colon. Kidneys—Cortex congested, thinned. Capsule adherent. Striations indistinct. Spleen—Congested. Substance increased in consistence. Omentum—Congested. Adherent on right side upon itself.	Dura congested, thickened and adherent. Pia cedematous and opaque.	Congested. Convulsions atrophied. Substance of increased consistence. Cortex thinned. Fluid in left ventricle.
283	Heart—Mitral valve thickened. Coronary arteries thickened and tortuous. Lungs—Lower right and left lobes posteriorly consolidated. Pleura adherent over lower and middle lobes. Liver—Large. Yellow. Surface finely granular. Substance of increased consistence. Kidneys—Capsule adherent. Cortex thin. Malpighian tufts indistinct.	Dura adherent. Veins congested and opaque.	Congested. Convulsions atrophied.

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
	<i>Dementia, terminal.</i>		
274	<p>Heart—Post-mortem clot in right ventricle. Mitral valve slightly roughened.</p> <p>Lungs—Pleural surfaces adherent and present miliary nodules at apices.</p> <p>Liver—Very much enlarged; right lobe studded with small multiple abscesses. Left lobe very much enlarged and contains large hepatic abscess.</p> <p>Gall bladder—Full of dark green purulent fluid. Walls thickened, rough and adherent to intestines.</p> <p>Appendix—Thickened. Bound down by strong adhesions.</p> <p>Spleen—Much enlarged, friable and congested.</p> <p>Stomach—State of chronic passive congestion.</p> <p>Retroperitoneal glands — Filled with pus.</p> <p>Kidneys—Large. Red. Capsule strips easily, leaving smooth surface. Entire substances congested.</p> <p>Suprarenal capsule—Very large.</p> <p>Peritoneum—Thickened and rough.</p>	Not examined.	Not examined.
275	<p>Oedema of lower extremities.</p> <p>Heart— Small. Mitral valve-edges thickened and present many calcareous deposits.</p> <p>Liver—Right lobe adherent to gall bladder.</p> <p>Spleen—Large and lobulated.</p> <p>Kidneys—Right kidney half the size of left. Capsule adherent. Cortex thinned and injected. Both kidneys atrophied.</p> <p>Peritoneum—Thickened, rough and congested. Cavity filled with a purulent fluid.</p> <p>Intestines—Bound down by strong adhesions.</p> <p>Fallopian tubes—Gangrenous. Ruptured. Adherent to surrounding viscera.</p> <p>Ovaries—Right adherent, injected and full of pus.</p>	Not examined.	Not examined.

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	<i>Brain.</i> <i>Membranes.</i>	<i>Brain.</i>
	<i>Dementia, terminal.</i>		
279	<p>Heart—Muscle pale and flabby. Mitral valve thickened. Aortic valve thickened and rough.</p> <p>Liver—Much enlarged. Yellow. Surface finely granular. Great amount of connective tissue.</p> <p>Gall bladder—Atrophied. Common duct enlarged; contains two large gall stones.</p> <p>Kidneys—Cystic. Capsule thickened and adherent. Cortex thinned.</p> <p>Suprarenal bodies—Very much atrophied.</p> <p>Pancreas—Very much enlarged. Substance of increased consistence. Adherent to under surface of liver.</p> <p>Peritoneal cavity—Contained a large amount of greenish fluid.</p>	Not examined.	Not examined.

Of the thirteen autopsies, twelve presented gross anatomical lesions of the kidneys, making the percentage of gross kidney lesions 92.3 per cent., the highest yet recorded. Adding the results of these autopsies to those of a similar character for the past seven years we obtain the following tabulated statement on gross kidney lesions:

Age.	No.	Per cent.		
		Showing Gross Kidney Lesion.	Without Gross Kidney Lesion.	Showing Gross Kidney Lesion.
Below 30.....	19	8	11	42.1
30 to 40.....	23	14	9	60.9
40 to 50.....	35	28	7	80.0
50 to 60.....	26	18	8	69.2
60 and over.....	44	37	7	84.0
Total .....	147	105	42	71.4

Ten presented gross anatomical lesions of the kidneys after the age of forty. Two of these cases were cases of paresis, making our total to date nineteen cases of paresis, seventeen (89.4 per cent.) of which have presented gross kidney lesions.

The disease was usually of the chronic diffuse type. In the greater per cent. of cases it had progressed to such an extent that a large number of the capillary tufts were almost completely destroyed.

Over 60 per cent. of the cases showed lesions of the heart, and in many of the cases atheromatous changes in the vessels were exhibited.

#### CLINICAL LABORATORY WORK.

There have been 567 specimens of urine examined. In nearly all of these a chemical, as well as a microscopical examination, has been made. Special time has been given to the study of indicanuria to determine its frequency of appearance in cases of mania and melancholia. It has been found to be more frequent in the acute and chronic forms of mania.

For determining as to the presence of the tubercle bacilli 62 specimens were examined. In 47 the results were negative and 15 positive.

Twenty-three specimens were examined for the Klebs-Löffler bacillus. Several cultures were made from each specimen. Num-

erous microscopical examinations were made of these cultures, 12 showing negative and 11 positive results.

There have been two examinations of stomach contents, two of milk, nine of pus and two of tumors. Complete records of all examinations have been made in books set apart for that purpose.

#### BLOOD EXAMINATIONS.

Fifteen Widal tests for typhoid fever have been made. Of these 14 were negative and 1 positive.

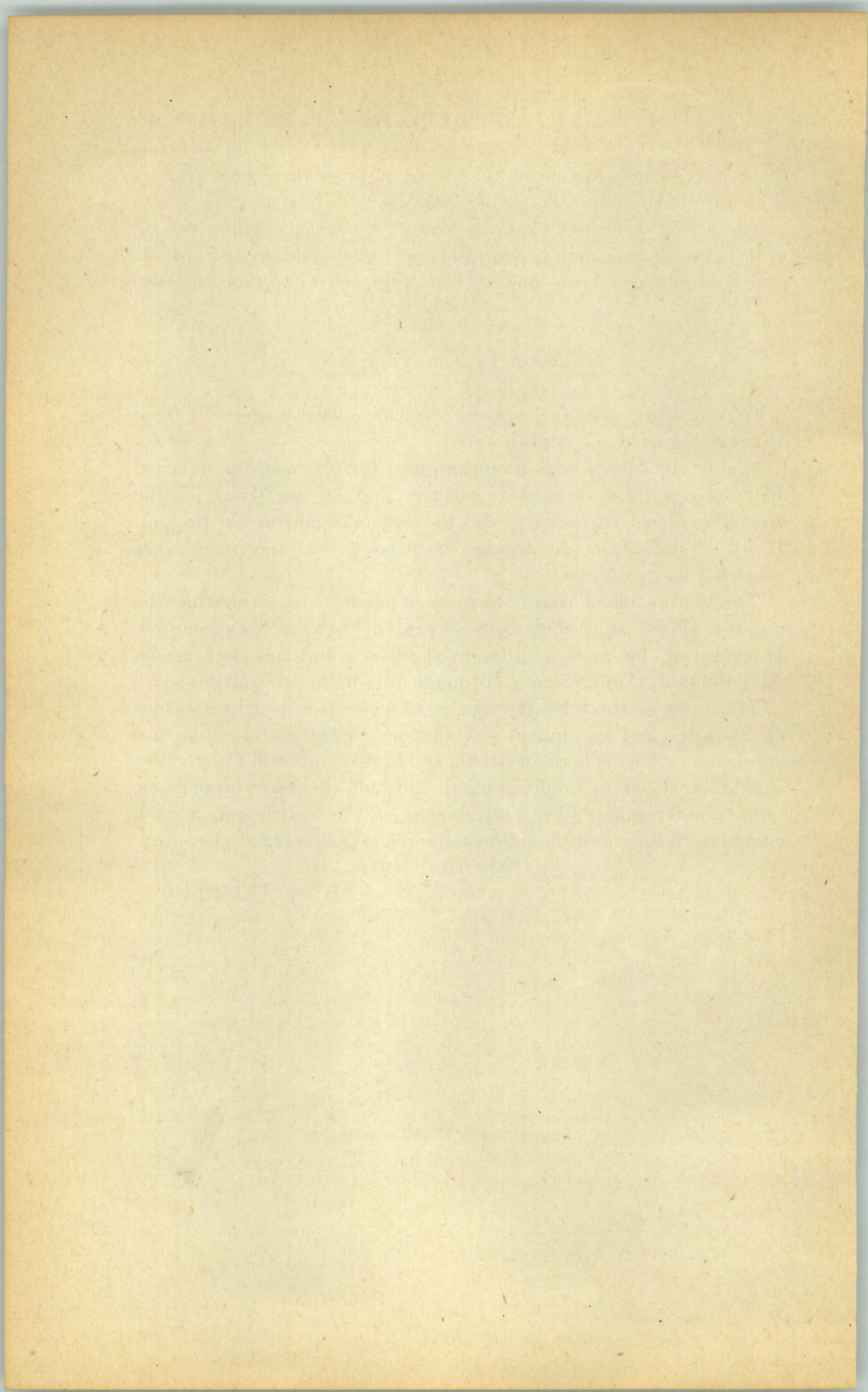
Eighty-eight cases have been examined for plasmodium malariae. Fifty-two of these cases were positive and 36 negative. In the greater per cent. of positive cases the tertian organism was present. In all of these cases an average of three stained specimens were prepared and examined.

Thirty-nine blood counts have been made. In estimating the number of red and white cells several fields have been counted. In many of the cases a differential blood count has been made. All of these examinations were made for diagnostic purposes.

The work of the laboratory is greatly handicapped by the lack of facilities and equipment. The rooms, light and location are admirable, and it is both desirable and highly important that they should be fitted up and supplied with all necessary apparatus, tables, shelving and such additional scientific instruments as will enable us to carry out the highest designs of a first-class laboratory.

Respectfully submitted,

H. A. COSSITT.



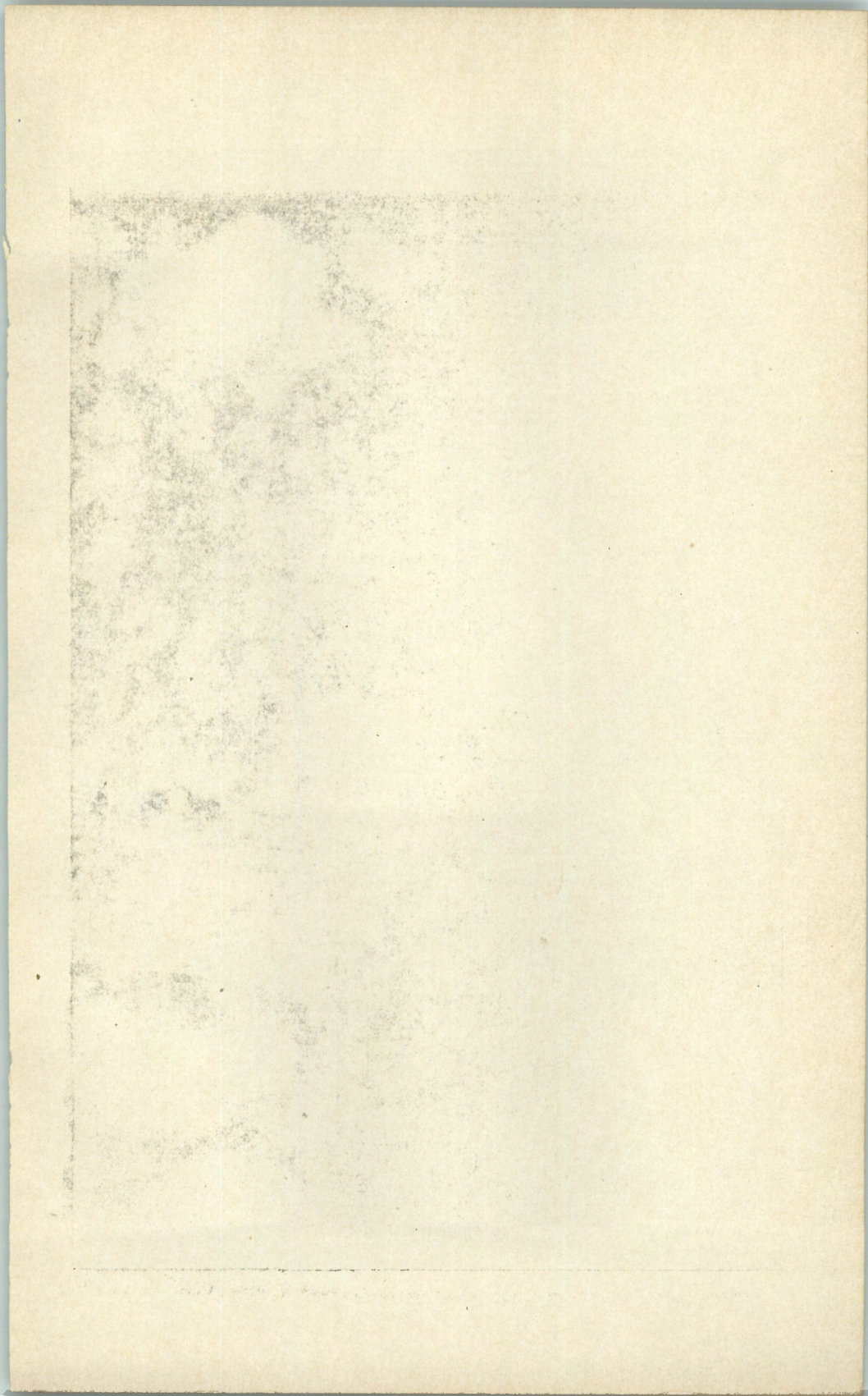
## DONATIONS.

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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.





ROOM FOR NEWLY ADMITTED PATIENTS

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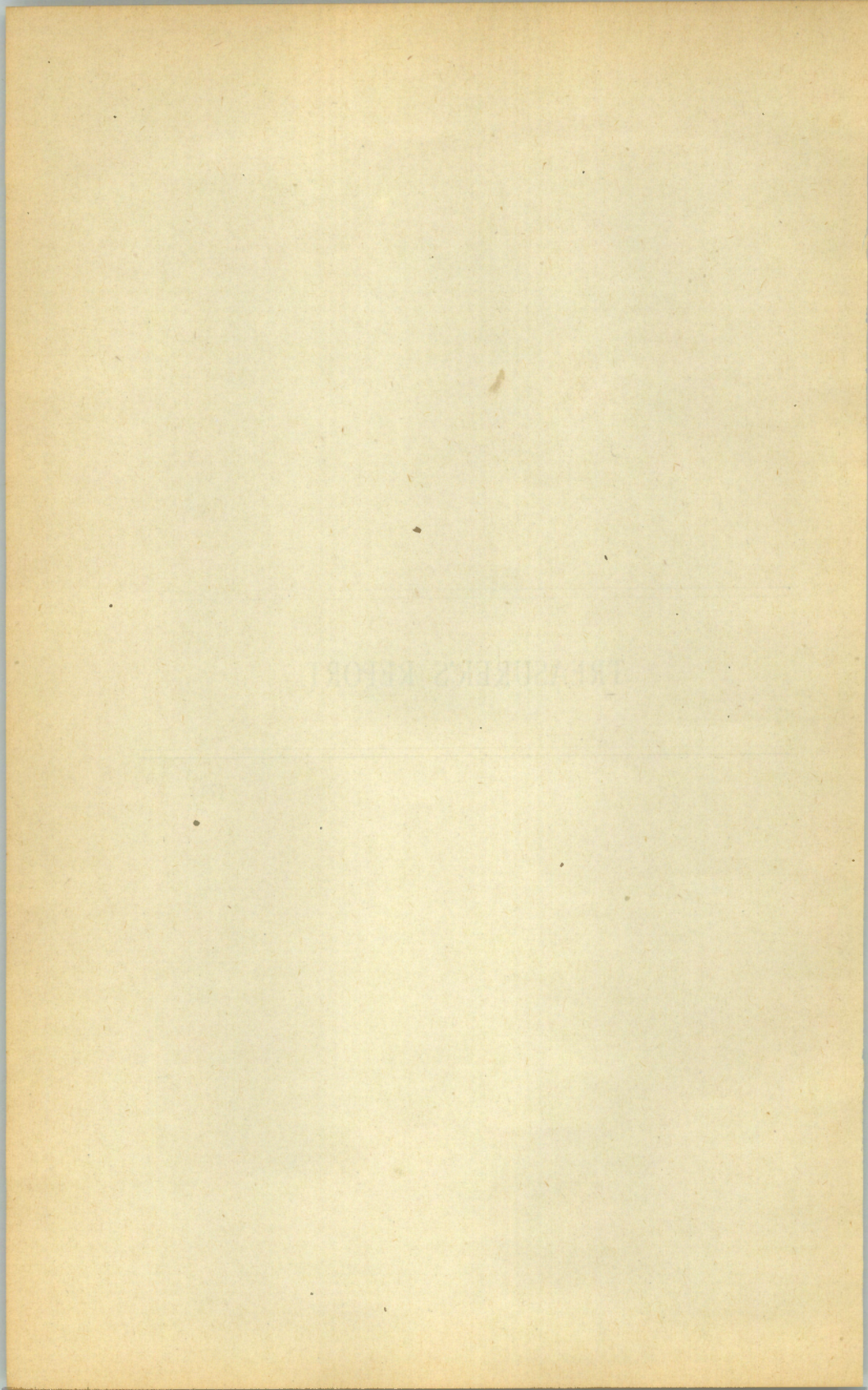
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TREASURER'S REPORT.

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## 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, 1901, to October 31st, 1902, inclusive:

### *Receipts.*

Balance on hand November 1st, 1901.....	\$13,312 44
From State Treasurer for convict patients.....	\$17,514 29
State Treasurer for county patients.....	53,136 42
State Treasurer for State indigent patients..	23,068 39
State Treasurer for expenses incurred in formulating a plan for the disposal of sewage .....	1,000 00
State Treasurer for furnishing and equipping new Hospital building.....	16,460 00
Sundry counties for maintenance of county patients .....	168,340 26
Private patients .....	59,506 21
Hides, tallow, &c.....	17,404 37
First National Bank, Morristown, N. J., for interest .....	62 82
Sundry insurance companies for loss by fire in laundry building, May 19th, 1902....	5,144 05
Sundry acceptances of Treasurer, not pre- sented at bank, payment of which was stopped by resolution of the Board, April 3d, 1902 .....	13 69
	361,650 50
	\$374,962 94

### *Disbursements.*

On orders of Warden.....	\$372,471 52
Balance in Treasurer's hands.....	2,491 42
	\$374,962 94

G. C. HINCHMAN,  
*Treasurer.*

## THE NEW JERSEY STATE HOSPITAL AT

MORRIS PLAINS, N. J., November 13th, 1902.

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. EISELE,  
JOHN A. McBRIDE,  
PATRICK FARRELLY,  
*Auditing Committee.*

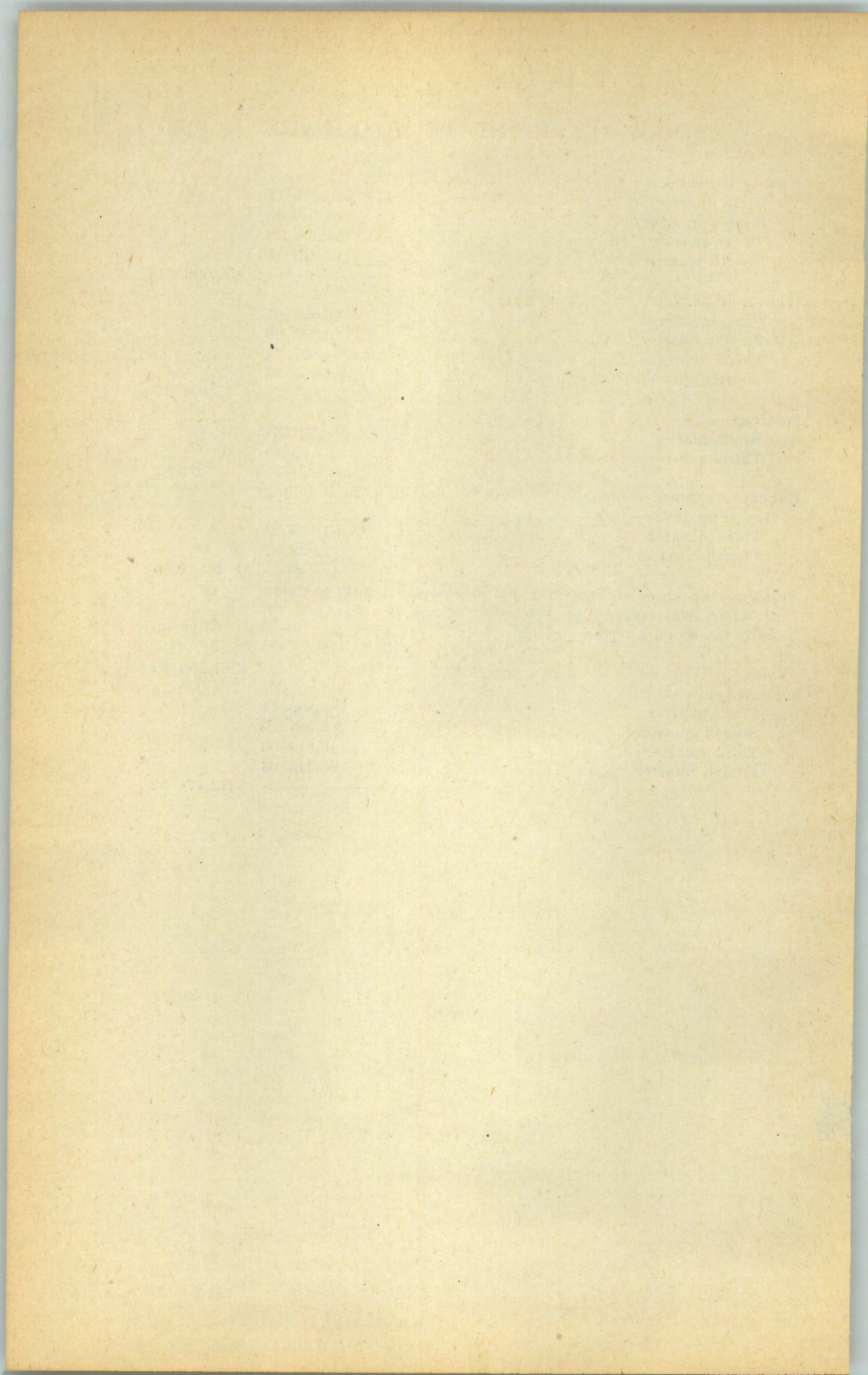
*Recapitulation.*

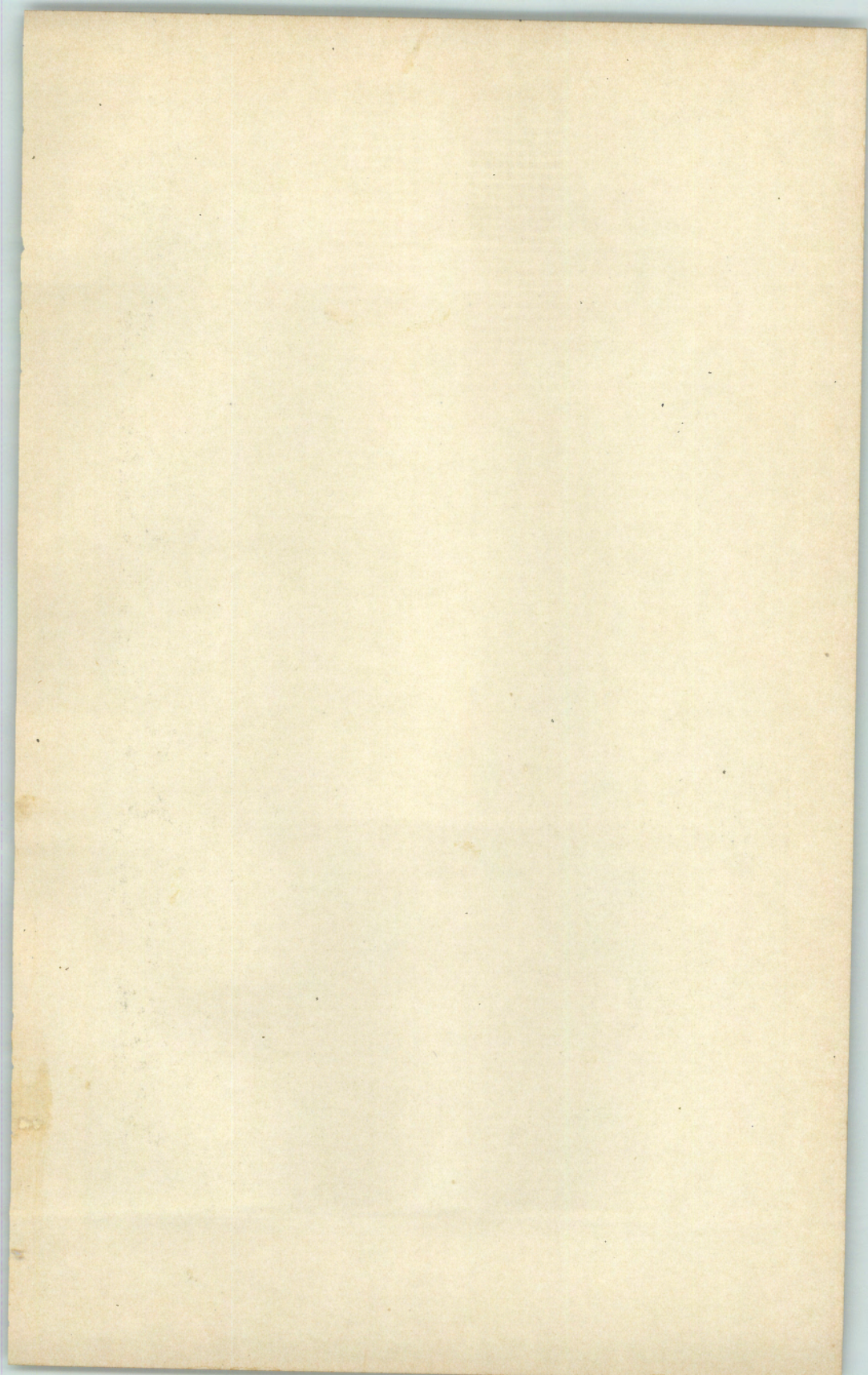
State Treasurer, convict patients—			
First quarter .....		\$4,395 00	
Second quarter .....	\$4,355 71		
	2,514 29		
		6,870 00	
Third quarter .....		4,140 71	
Fourth quarter .....		2,108 58	
			\$17,514 29
State Treasurer county patients—			
First quarter .....		\$13,212 86	
Second quarter .....	\$13,379 86		
	3,136 42		
		16,516 28	
Third quarter .....		23,407 28	
			53,136 42
State Treasurer, indigent patients—			
Second quarter .....	\$6,536 47		
	6,566 79		
	1,501 60		
		\$14,604 86	
Third quarter .....	\$6,887 21		
	1,576 32		
		8,463 53	
			23,068 39
State Treasurer—			
Second quarter, for expenses incurred in formulating a plan for the disposal of sewage.....			1,000 00
State Treasurer—			
Third quarter, for furnishing and equipping new Hospital building .....			16,460 00
County Collectors—			
First quarter .....	\$39,881 03		
Second quarter .....	49,720 33		
Third quarter .....	36,848 11		
Fourth quarter .....	41,890 79		
			168,340 26

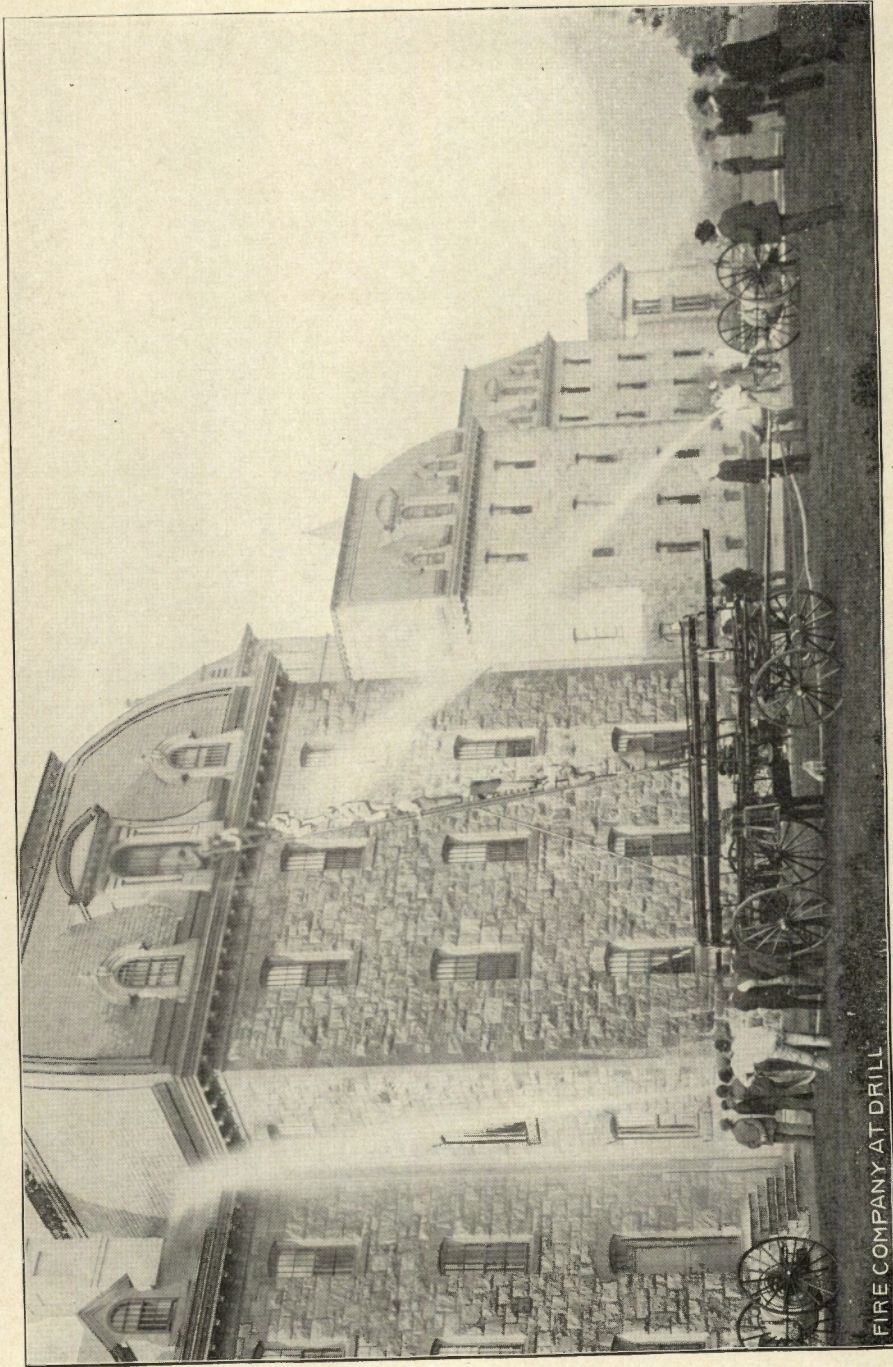
## NEW JERSEY STATE HOSPITAL.

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Private patients—		
First quarter .....	\$12,325 17	
Second quarter .....	13,458 64	
Third quarter .....	16,697 29	
Fourth quarter .....	17,025 11	
	<hr/>	\$59,506 21
Hides, tallow, &c.—		
First quarter .....	\$5,065 61	
Second quarter .....	2,875 66	
Third quarter .....	4,807 24	
Fourth quarter .....	4,655 86	
	<hr/>	17,404 37
Interest—		
First quarter .....	\$27 37	
Third quarter .....	35 45	
	<hr/>	62 82
Sundry insurance companies for loss by fire in main building, May 19th, 1902—		
Third quarter .....	\$4,115 23	
Fourth quarter .....	1,028 82	
	<hr/>	5,144 05
Sundry acceptances of Treasurer, not presented at bank, payment of which was stopped by resolution of the Board, April 3d, 1902, in second quarter.....		13 69
		<hr/>
		\$361,650 50
Orders paid—		
First quarter .....	\$83,856 11	
Second quarter .....	105,587 25	
Third quarter .....	116,814 53	
Fourth quarter .....	66,213 63	
	<hr/>	\$372,471 52







FIRE COMPANY AT DRILL

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WARDEN'S REPORT.

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W. F. KIDDER'S REPORT

1870

## 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 1902, together with an abstract of accounts.

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

Balance on hand November 1st, 1901.....	\$13,312 44	
Receipts from November 1st, 1901, to October 31st, 1902 .....	361,650 50	
		\$374,962 94
Total disbursements from November 1st, 1901, to October 31st, 1902 .....	372,471 52	
		\$2,491 42
Cash balance on hand October 31st, 1902.....		

The small balance of resources above liabilities shown is due in part to the expenditure of funds received for the maintenance of patients for equipping and furnishing the dormitory building and in part to the increased per capita cost of maintaining the patients therein on its being first occupied and only partially filled; and the oversight of the Legislature to appropriate for the support of the patients, with which the State is chargeable, has made it difficult to conduct the business of the Institution for the past year in a satisfactory manner. The law requires that all purchases be made for cash and not on credit. The only way to meet this requirement is to have the cash furnished as provided by law, and this has not been done.

The following is a statement of deficits for 1902:

County patients .....	\$79,798 58	
Appropriation .....	50,000 00	
	<hr/>	
Deficiency .....		\$29,798 58
State indigent .....	\$27,951 88	
Appropriation .....	15,000 00	
	<hr/>	
Deficiency .....		12,951 88
Convict .....	\$17,104 28	
Appropriation .....	15,000 00	
	<hr/>	
Deficiency .....		2,104 28
		<hr/>
		\$44,854 74

The Legislature, at its last session, passed a bill which provides that the State shall pay towards the maintenance and keep of each indigent patient a sum equal to one-half of the price which shall be fixed by the Managers of the Hospitals. Your Board having, by resolution, fixed the price for maintenance of each county indigent patient at \$4 per week, payable in advance, the State is liable for \$2 per week per capita instead of \$1 as formerly. The Legislature, through an oversight, failed to make an appropriation to meet this additional amount of \$1 per week, which will cause a shortage for the year 1903 of \$58,000.

#### BAKERY.

The bakery is an antiquated plant and sorely needs reconstruction upon principles employed in modern bakeries for baking bread and such other forms of food as are cooked in an up-to-date institution baking plant. It was constructed for the purpose of turning out what is known as aerated bread. This bread grows stale and very dry in less than twenty-four hours and is unpalatable and not acceptable to the appetites even of patients suffering from advanced dementia. Its products cause serious complaints throughout the house, and justly so. In addition to this it lacks capacity; the Institution has, in every sense, outgrown it. It is a source of great regret that first-class materials should have to be put through such an ill-adapted plant, giving such unsatisfactory results. There is but one other institution in this country which is now suffering from the inconveniences and ill effects of such an out-of-date baking plant. I strongly advise the doing away with

this unsatisfactory affair because it is not economical, it gives deplorable results at all times and is inadequate to the needs of the Institution. The bread it turns out could scarcely be disposed of upon the market at any price. This system of baking was tried in Newark, New Jersey (about twenty-five years ago), and as a mercantile venture it proved to be a total failure. This matter should be taken up as soon as possible. It will require an expenditure probably reaching twelve thousand (\$12,000) dollars, but I am of the opinion that it will be money well expended.

## LAUNDRY.

Work at the laundry has increased to such an extent that the plant is too small and will have to be enlarged, in order that the work be done with the necessary promptness. I would suggest that part of the room over the old boiler plant be converted into an ironing room. It will be necessary to put down a wooden floor in the room spoken of, put in a skylight, &c., raise the roof over the engine-room on the south side of the boiler-house; also, extend the present extension of the laundry basement thirty feet farther. This will give additional room for present necessities and will also provide for the future. Additional laundry machinery will be needed for this improvement.

The following is an estimate of the cost, viz.:

Floors and skylight.....	\$438 00
Extension .....	5,210 00
Machinery .....	1,500 00
Additional drying room.....	917 15
	<hr/>
	\$8,065 15

## SEWAGE.

Prof. McMillan, of Princeton University, has been employed to assist in perfecting the sewer plant. The workings of the sewer beds have been very satisfactory, but need further improving and reinforcing with a proper preliminary purification of the sewage before delivering it upon the beds, the details of which will be gone into more at large by the Professor in his report to your honorable body.

There has been expended on experiments \$1,010.57, of which the Legislature appropriated \$1,000.

## RESERVOIRS.

Owing to the copious rains during the past year the water-supply has been sufficient and the house has suffered no inconvenience, but I wish to call your attention to the fact that the supply, during a dry season, is not sufficient to meet the requirements. Additional storage should be provided as soon as possible, as it would be bad policy to wait until a severe drouth is upon us. I would again recommend that the reservoir, known as the Ice pond, be enlarged to more than double its present capacity. This would provide for the future. The cost would be about \$10,000.

## GROUNDS AND GRADING.

A lack of funds has made it impossible to do any work towards completing the grading of the grounds around the new building. This should not be allowed to drift along in an unfinished state. If completed it would add to the beauty and value of the property. It will take years to complete this work if done only as fast as the cost of it can be spared out of the ordinary income. It would seem advisable to ask the Legislature to appropriate sufficient money to complete it.

The estimated cost is \$10,000.

## DAIRY BARN.

As a result of the increasing number of patients and quantity of milk required, it has become necessary to increase the number of cows and enlarge the stable room that they may be properly housed for the winter. To do this one of the open sheds has been fixed up with stanchions, at a small cost. It is unfortunate to have to lose the open shed, as sheds are a great protection to cattle during the winter season. As every dairyman knows, cattle do not do as well when they are exposed to the weather. There should be an addition of forty feet built to the barn which would give additional stable room and provide for the increase in the future.

I again renew my recommendation for building a dairy house, with improved appliances for cooling, bottling and caring for the milk. This would be quite as economical, after the plant is established, as our present method, and the benefit, to the patients, of having the milk delivered on the wards in the same sealed bottles in which it is placed at the dairy, is too evident to need explanation. It would also be a more economical and satisfactory method of distribution.

The extra cost of the addition to barn will be.....	\$5,000 00
For the dairy house.....	4,000 00

#### REAL ESTATE.

It is deemed advisable that the State purchase a tract or tracts of land lying north and east of the Hospital lands, which would carry with it the control of the stream emptying into the reservoir, known as the Ice pond, from which a large part of the water-supply is drawn during a dry season, and would enable the Hospital to fully protect the stream from pollution. It would give the Hospital additional land for agricultural purposes, which is very much needed, and would be a good investment from this standpoint alone.

#### ELEVATOR.

It is desirable that an elevator be put in the old building, on the connecting hall between the administration building and Hospital proper. This would give access to every floor of the Hospital and also to the fourth floor of the administration building. This improvement would be of great advantage and would make the upper floors of both the Hospital and administration building very much more desirable and would add to the facilities of administering affairs.

This would cost \$3,500.

## STOREHOUSE, COLD STORAGE AND BUTCHER SHOP.

I again call your attention to the need of storerooms, cold storage and butcher shop in the rear of the boiler-house, so that all the supplies for both the main and annex buildings can be unloaded direct from the cars into such storerooms. This would save a great cost in handling freight and be at a central point for distribution; also, would be under closer supervision of the Storekeeper. As it is now, there are no less than five different storerooms, none of them connecting and all limited in capacity. These rooms could be used for other purposes advantageously. This improvement, with an elevator to connect storerooms with tunnel, would cost about \$12,000.

## SLAUGHTER-HOUSE.

The present slaughter-house is an old building past repair. I would recommend that a new slaughter-house be built on improved principles, with cold storage. It will be necessary to maintain a slaughter-house on the premises, even if the beef supplied in the future should be purchased by the carcass, as there will always be stock on the farm to be slaughtered.

The estimated cost of this plant is \$5,000.

## ANNUAL APPRAISEMENT.

The annual inventory and appraisalment 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 appraisalment of the personal property amounted to \$221,873.85.

## 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, 1904:

NEW JERSEY STATE HOSPITAL.

85

For the annual appraisal.....	\$75 00	
For the salaries of resident officers.....	14,500 00	
For the maintenance of county patients, based on an average of 1,141 county patients for the year .....		118,664 00
For the support and clothing of insane convict patients, based on an average of 72 convict patients for year—		
Maintenance .....	\$18,720 00	
Clothing .....	1,152 00	
		19,872 00
For the support and clothing of State indigent patients, based on an average of 243 State indigent patients for the year, at \$4 per week—		
Maintenance .....	\$50,544 00	
Clothing .....	3,888 00	
		54,432 00
		<u>\$207,543 00</u>

In addition to the requirements it will be necessary for the Legislature to provide for the following amounts referred to in the report, so that they may be available during the year 1903, viz:

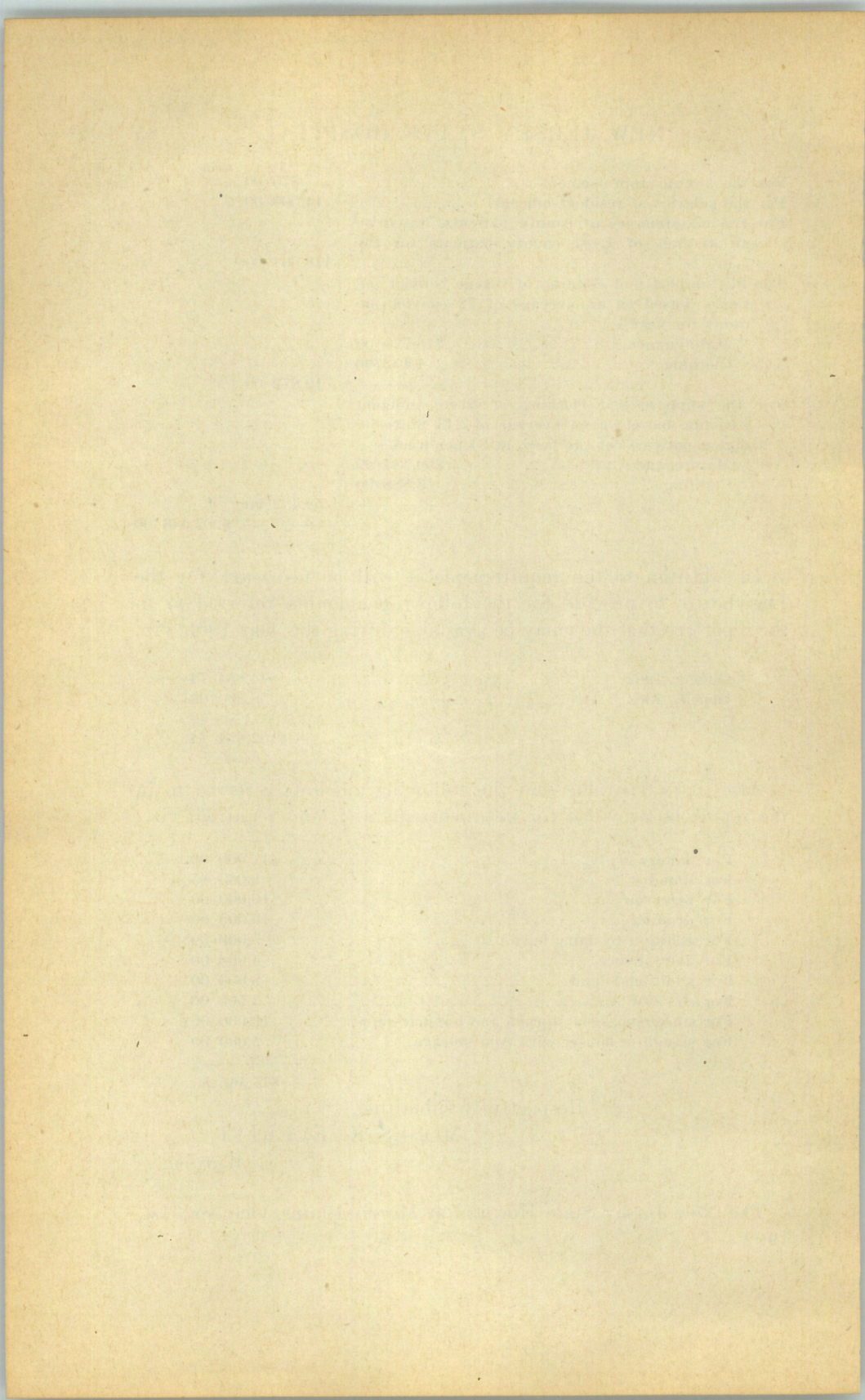
Deficit, 1902 .....	\$44,854 74
Deficit, 1903 .....	58,000 00
	<u>\$102,854 74</u>

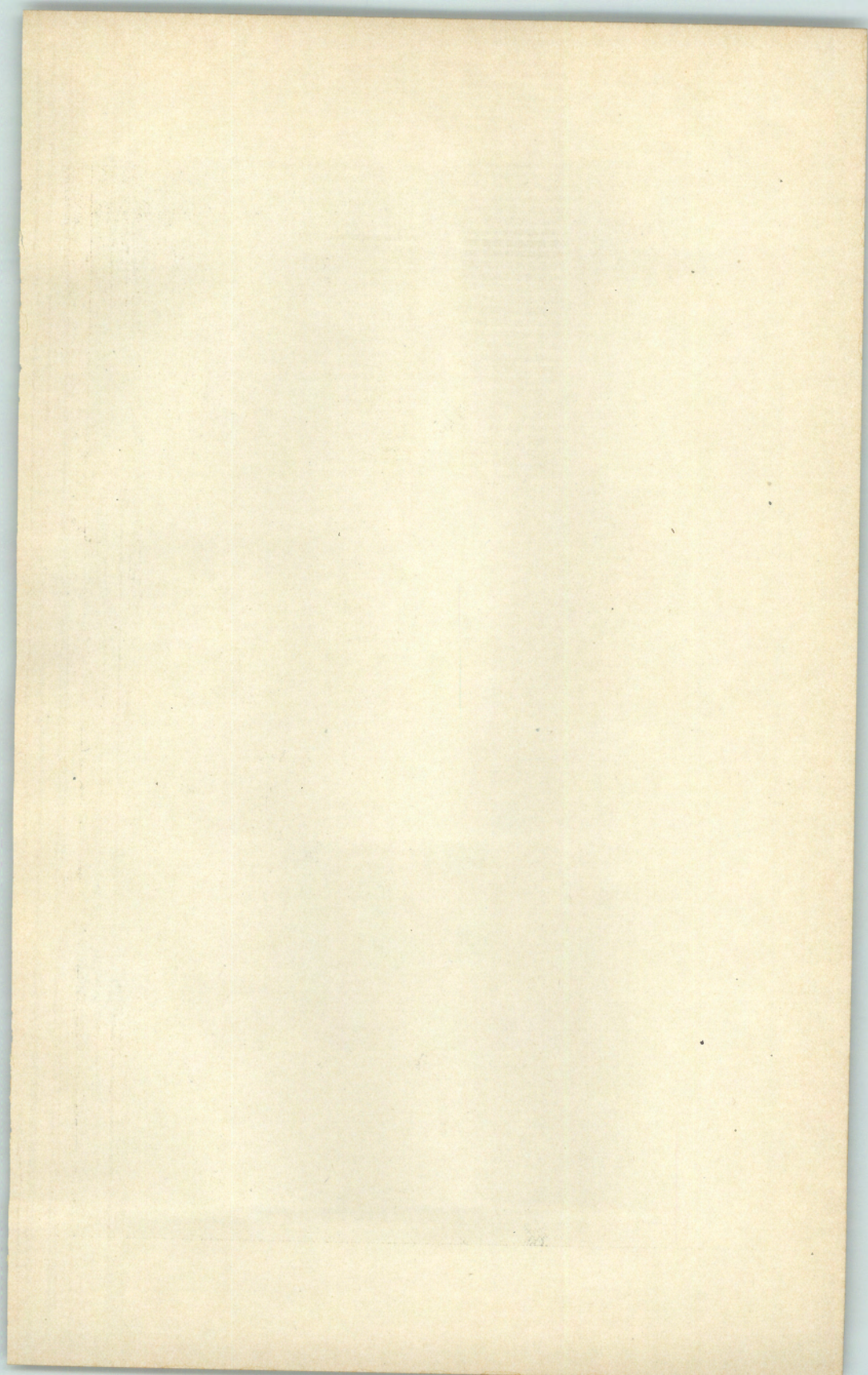
Also, it is desirable that the following amounts referred to in the report be provided for improvements and land required, viz.:

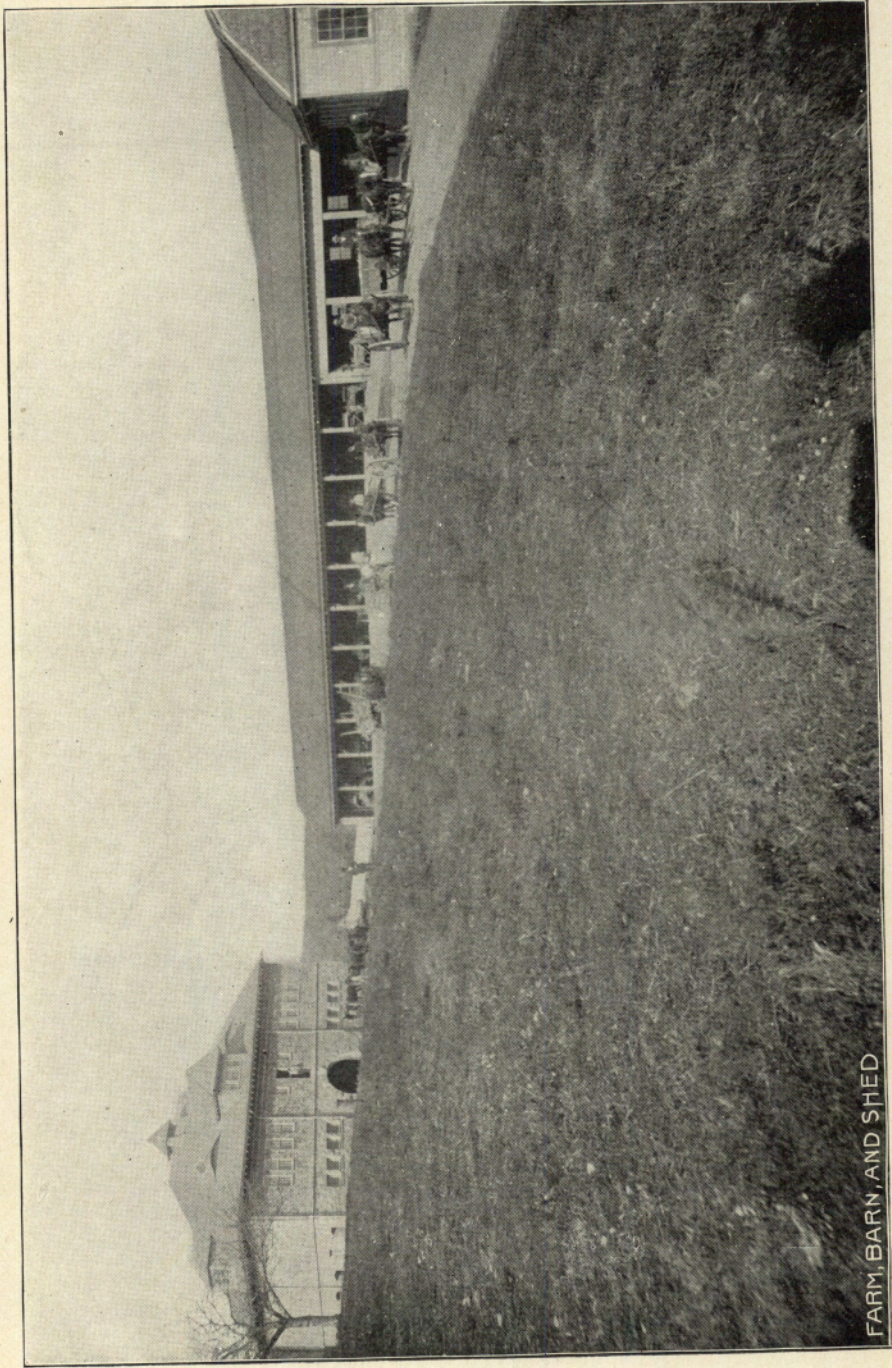
For bakery .....	\$12,000 00
For laundry .....	8,065 85
For reservoir .....	10,000 00
For grading .....	10,000 00
For addition to dairy barn.....	5,000 00
For dairy house.....	4,000 00
For additional land.....	8,000 00
For elevator .....	3,500 00
For storeroom, cold storage and butcher shop.....	12,000 00
For slaughter-house, with cold storage.....	5,000 00
	<u>\$77,565 85</u>

Respectfully submitted,  
 MOSES K. EVERITT,  
 Warden.

The New Jersey State Hospital at Morris Plains, October 31st,  
 1902.







FARM, BARN, AND SHED

# STATEMENT OF RESOURCES AND LIABILITIES.

October 31st, 1902.

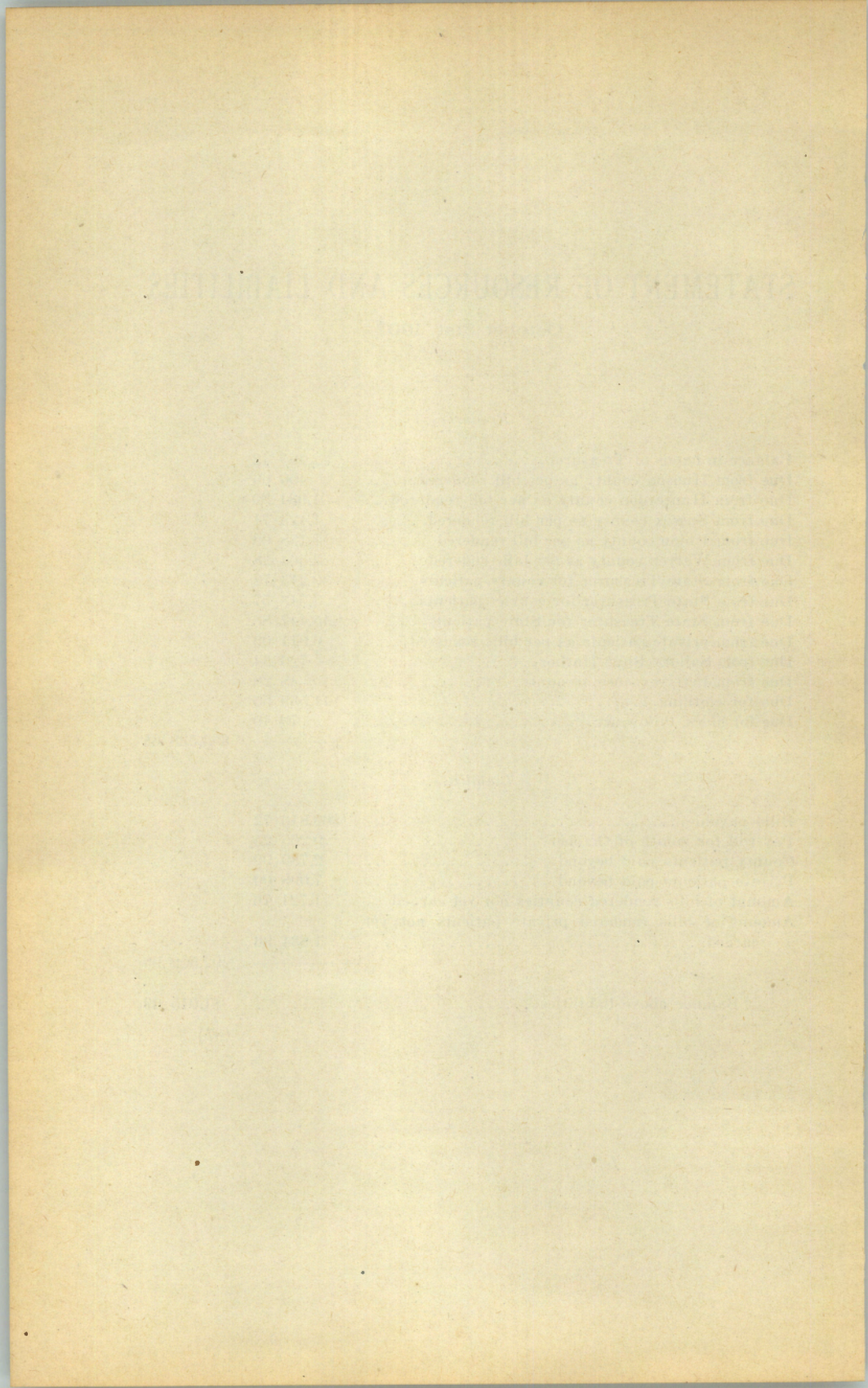
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*Resources.*

Balance in hands of Treasurer.....	\$2,491 42	
Due from Hudson county as per bill rendered.....	406 66	
Due from Hunterdon county as per bill rendered...	1,984 99	
Due from Sussex county as per bill rendered.....	1,423 71	
Due from Union county as per bill rendered.....	7,158 09	
Due from Warren county as per bill rendered.....	2,564 28	
Due from State Treasurer for county patients.....	39,213 72	
Due from State Treasurer for convict patients.....	3,543 57	
Due from State Treasurer for State patients.....	15,447 88	
Due from private patients as per bills rendered....	6,911 09	
Due from Sailors' Snug Harbor.....	726 34	
Due from Petty expense account.....	48 28	
Due for clothing.....	11,539 55	
Due for hides, tallow, &c.....	79 10	
		<hr/>
		\$93,538 63

*Liabilities.*

Bills payable.....	\$69,813 72	
Pay roll for month of October.....	9,265 25	
County patients paid beyond.....	2,789 90	
Private patients paid beyond.....	7,098 00	
Amount of bills rendered counties not yet earned...	1,721 76	
Amount of bills rendered private patients not yet earned .....	1,834 36	
		<hr/>
		92,522 98
Balance above liabilities.....		<hr/>
		\$1,015 69



## ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1902.

G. C. HINCHMAN, *Treasurer.*

*Dr.*

To balance, October 31st, 1901.....	\$13,312 44
To amount received for board, clothing and incidental expenses of county patients.....	168,340 26
To amount received for board, clothing and incidental expenses of private patients.....	59,506 21
To amount received from State Treasurer for county patients .....	53,136 42
To amount received from State Treasurer for convict patients .....	17,514 29
To amount received from State Treasurer for State indigent patients.....	23,068 39
To amount received from State Treasurer for sewage disposal .....	1,000 00
To amount received from State Treasurer for furnishing and equipping new building.....	16,460 00
To amount received for hides, tallow, &c.....	8,262 66
To amount received for sundries, rags, &c.....	3,174 39
To amount received for hogs and pigs.....	5,859 32
To amount received for rents.....	108 00
To amount received for interest.....	62 82
To amount received on account loss laundry fire.....	5,144 05
To sundry acceptances of Treasurer, not presented at bank, payment stopped.....	13 69
	\$374,962 94

*Disbursements.*

Amusements .....	\$469 86
Books and stationery.....	1,710 09
Bedding, linen, &c.....	4,486 54
Clerical services.....	268 00
Clothing .....	13,167 11
Counsel fees.....	75 00
Crockery and cutlery.....	1,998 05
Coach stable .....	2,686 45
Dairy (includes stock, feed, labor).....	12,521 61
Farm .....	10,720 50

Fire apparatus .....	\$141 54
Flour .....	3,778 10
Freight and train service.....	8,565 63
Fruit and vegetables.....	3,524 09
Fuel .....	24,174 00
Furniture, carpets, &c. ....	2,260 84
Garden .....	4,919 85
Gas fixtures and plumbing.....	3,836 53
Grading .....	3,074 78
Greenhouse .....	1,588 16
Grounds .....	648 24
Household goods and supplies.....	6,238 68
Improvement of buildings.....	640 15
Incidentals .....	3,686 81
Ice .....	319 89
Laundry .....	8,964 01
Light .....	6,900 23
Medical library.....	161 25
Medical supplies .....	9,307 53
Newspapers .....	98 97
New Organ.....	2,000 00
Oil .....	675 95
Pathological .....	5 40
Postage .....	793 56
Provisions and groceries.....	125,177 15
Petty current expenses.....	500 00
Railroad repairs.....	746 52
Refunding .....	2,351 62
Repairs to buildings .....	11,935 43
Smith and wheelwright.....	1,244 01
Stock .....	2,535 44
Sewers .....	1,498 41
Sewage disposal experiment.....	1,010 57
Telegrams, telephone rental, &c.....	1,317 16
Tinware and fixtures.....	1,490 42
Tools, supplies and repairs.....	13,556 36
Undertakers' charges.....	2,133 00
Wages .....	62,568 03
	<hr/>
	\$372,471 52
Balance in hands of Treasurer.....	\$2,491 42

## APPENDIX TO WARDEN'S REPORT.

### FARM AND GARDEN PRODUCTS.

#### *Dairy and Farm.*

327,855 Quarts milk (average number of cows milked, 80; average per cow, 11.23 quarts per day), at 5 cents.....	\$16,392 75
3,134 Dozen eggs, at 25 cents.....	783 50
235 Tons of hay, at \$15.....	3,525 00
15 Tons of rye straw, at \$15.....	225 00
10 Tons of wheat straw, at \$10.....	100 00
1,500 Bundles cornstalks, at 3 cents.....	45 00
400 Bushels wheat, at 75 cents.....	300 00
300 Bushels rye, at 70 cents.....	210 00
2,500 Bushels mangel-wurzel, at 35 cents.....	875 00
600 Bushels corn, at 75 cents.....	450 00
700 Bushels winter apples, at 50 cents.....	350 00
200 Bushels wind-fall apples, at 25 cents.....	50 00
1,116 Bushels cider apples, at 10 cents.....	111 60
4 Bushels crab apples, at 50 cents.....	2 00
2 Bushels white cherries, at \$3.....	6 00
800 Bushels potatoes, at 70 cents.....	560 00
	\$23,985 85

#### *Stock.*

5,942 Pounds of veal (42 calves), at 11 cents.....	\$653 62
1,862 Pounds of poultry, at 15 cents.....	279 30
328 Pounds of broilers, at 25 cents.....	81 00
47 Cows slaughtered, dressed, 26,615 pounds, at 8 cents....	2,129 20
Amount received for hogs sold.....	5,859 32
	\$32,988 29

#### *Garden.*

1,200 Bushels tomatoes, at 80 cents.....	\$960 00
3,000 Bushels potatoes, at 70 cents.....	2,100 00
700 Bushels carrots, at 50 cents.....	350 00
1,100 Bushels parsnips, at 50 cents.....	550 00
900 Bushels beets, at 50 cents.....	450 00
1,100 Bushels white turnips, at 40 cents.....	440 00
100 Bushels rutabaga, at 35 cents.....	35 00
2,900 Bushels mangel-wurzel, at 35 cents.....	1,015 00
350 Bushels onions, at 70 cents.....	245 00

25 Bushels onion sets, at \$2.50.....	\$62 50
300 Bushels apples, at 50 cents.....	150 00
200 Bushels apples (cider), at 10 cents.....	20 00
200 Bushels spinach, at 40 cents.....	80 00
1,500 Bushels kale, at 35 cents.....	525 00
500 Bushels beans (bush), at 75 cents.....	375 00
150 Bushels beans (lima), at \$1.....	150 00
550 Bushels peas, at \$1.....	550 00
200 Bushels cucumbers, at 70 cents.....	140 00
25 Bushels cucumber pickles, at \$1.25.....	31 25
50 Bushels horseradish, at \$1.25.....	62 50
125 Bushels grapes, at \$1.....	125 00
350 Bushels squash, at 50 cents.....	175 00
15 Bushels okra, at \$1.50.....	22 50
50,000 Heads celery, at 3 cents.....	1,500 00
38,000 Heads cabbage, at 5 cents.....	1,900 00
25,000 Heads lettuce, at 2 cents.....	500 00
75 Heads cauliflower, at 10 cents.....	7 50
65,000 Bunches green onions, at 2 cents.....	1,300 00
60,000 Bunches radishes, at 2 cents.....	1,200 00
2,500 Bunches carrots (for soup), at 3 cents.....	75 00
1,500 Bunches celery (for soup), at 5 cents.....	75 00
18,000 Bunches asparagus, at 12½ cents.....	2,250 00
25,000 Bunches rhubarb, at 5 cents.....	1,250 00
2,000 Bunches parsley, at 3 cents.....	60 00
6,000 Bunches leek, at 3 cents.....	180 00
300 Bunches sage, at 5 cents.....	15 00
200 Bunches thyme, at 5 cents.....	10 00
100 Bunches sweet marjoram, at 5 cents.....	5 00
200 Bunches savory, at 5 cents.....	10 00
25 Baskets Keifer pears, at 50 cents.....	12 50
50,000 Ears sweet corn, at 1½ cents.....	750 00
1,200 Bundles cornstalks, at 3 cents.....	36 00
300 Cheese pumpkins, at 10 cents.....	30 00
2,000 Peppers, at ½ cent.....	10 00
3,550 Quarts strawberries, at 10 cents.....	355 00
150 Quarts blackberries, at 10 cents.....	15 00
900 Quarts raspberries, at 10 cents.....	90 00
150 Quarts gooseberries, at 5 cents.....	7 50
1,000 Quarts currants, at 10 cents.....	100 00
1,500 Quarts cherries, at 10 cents.....	150 00
200 Eggplants, at 5 cents.....	10 00

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 \$20,517 25

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

Single hair mattresses made, new.....	171
Double hair mattresses made, new.....	5
Single mattresses made over.....	1,358
Double mattresses made over.....	4
Hair pillows made, new.....	391
Hair pillows made over.....	2,146
Feather pillows made.....	48
Single mattress ticks made.....	152
Double mattress ticks made.....	4
Pillow ticks made.....	452
Sofa pillows made.....	24
Pieces of furniture upholstered.....	168
Chapel carpet made, new.....	1
Large hall carpets made over.....	3
Alcove carpets made, new.....	4
Alcove carpet made over.....	1
Corridor carpets made, new.....	2
Corridor carpet made over.....	1
Room carpets made, new.....	21
Room carpets made over.....	4
Carpets taken up.....	195
Carpets laid.....	218
Carpets repaired.....	105
Rooms laid with linoleum.....	4
Bed protectors made.....	413
Bed protectors repaired.....	149
Suspenders made, pairs.....	461
Holland shades made.....	188
Window shades repaired.....	416
Awnings made.....	27
Awnings put up.....	32
Awnings taken down.....	32
Curtains hung, pairs.....	29
Chairs caned.....	170
Settees caned.....	6
Carpet door mats made.....	8
Carpets bound and hemmed.....	386
Mattress ticks repaired.....	378
Holder for bakery and gas-house, pairs.....	106
Pieces of harness made.....	53
Pieces of harness repaired.....	210
Horse blankets repaired.....	39
Mangle aprons made.....	3
Chair cushions made.....	8
Flags made (10 x 18 feet).....	2
Shoes made for deformed feet, pairs.....	2
Boots, shoes and slippers repaired, pairs.....	1,064

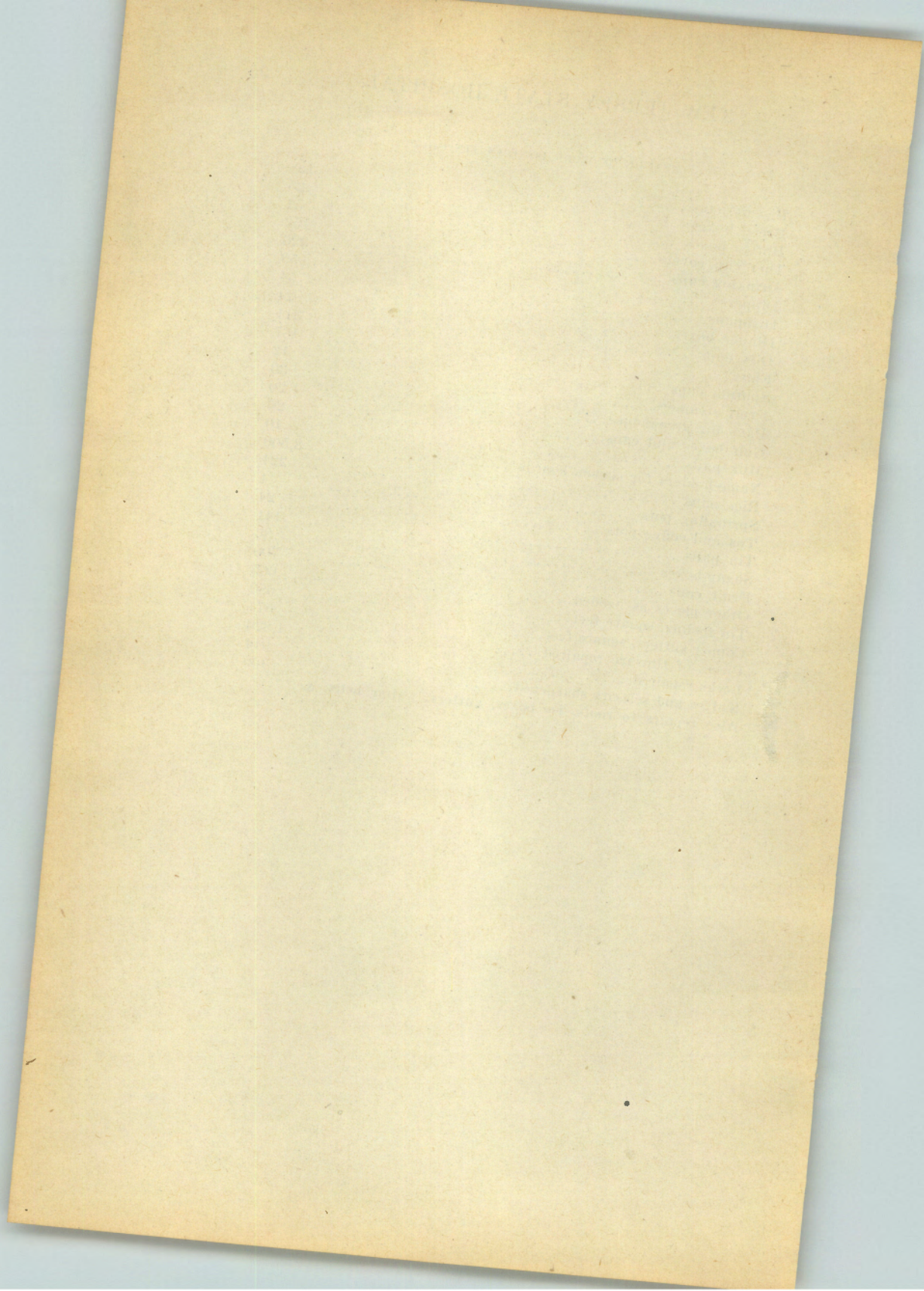
## REPORT OF WORK DONE IN SEWING ROOM.

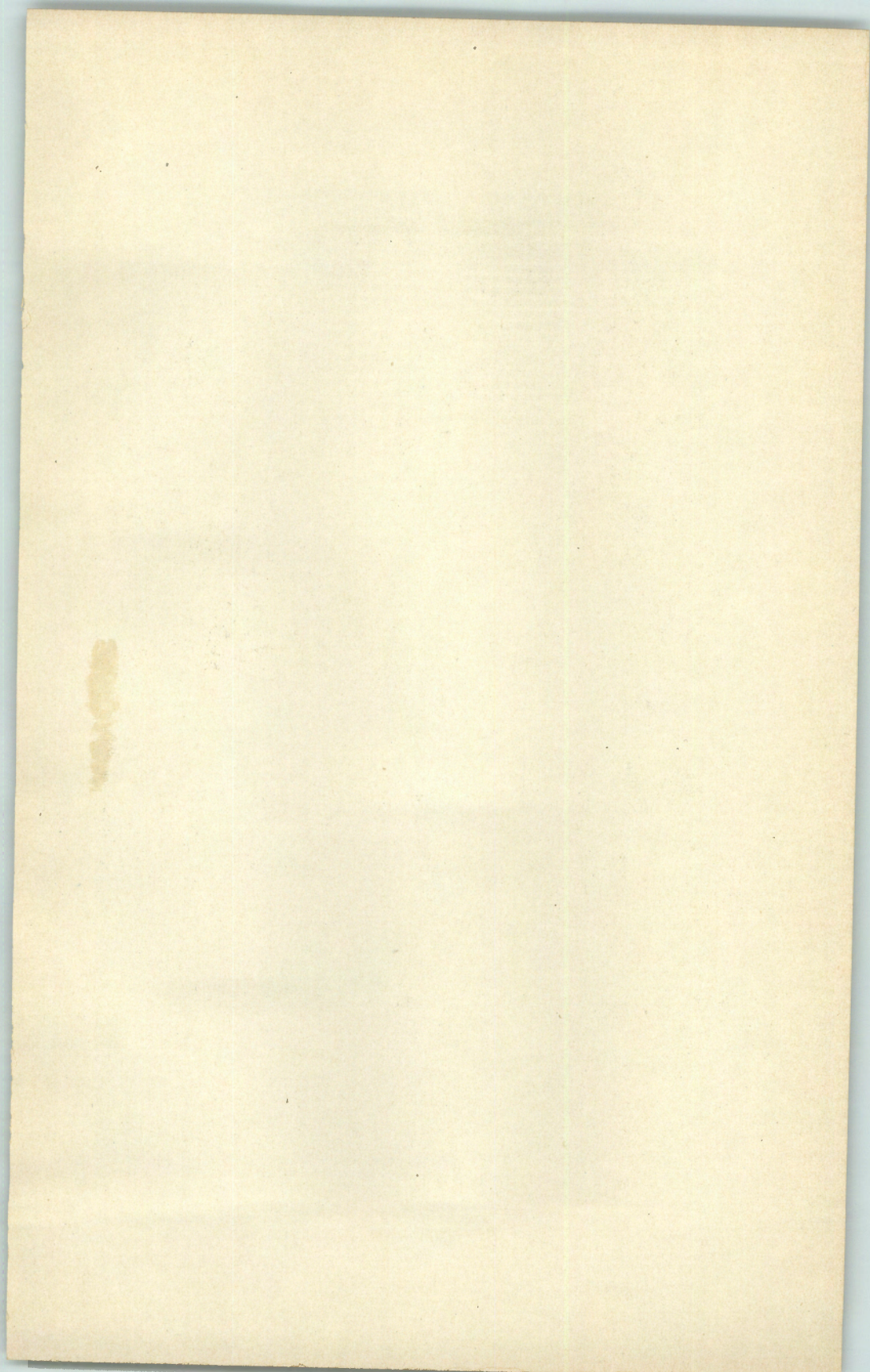
Year ending October 31st, 1902.

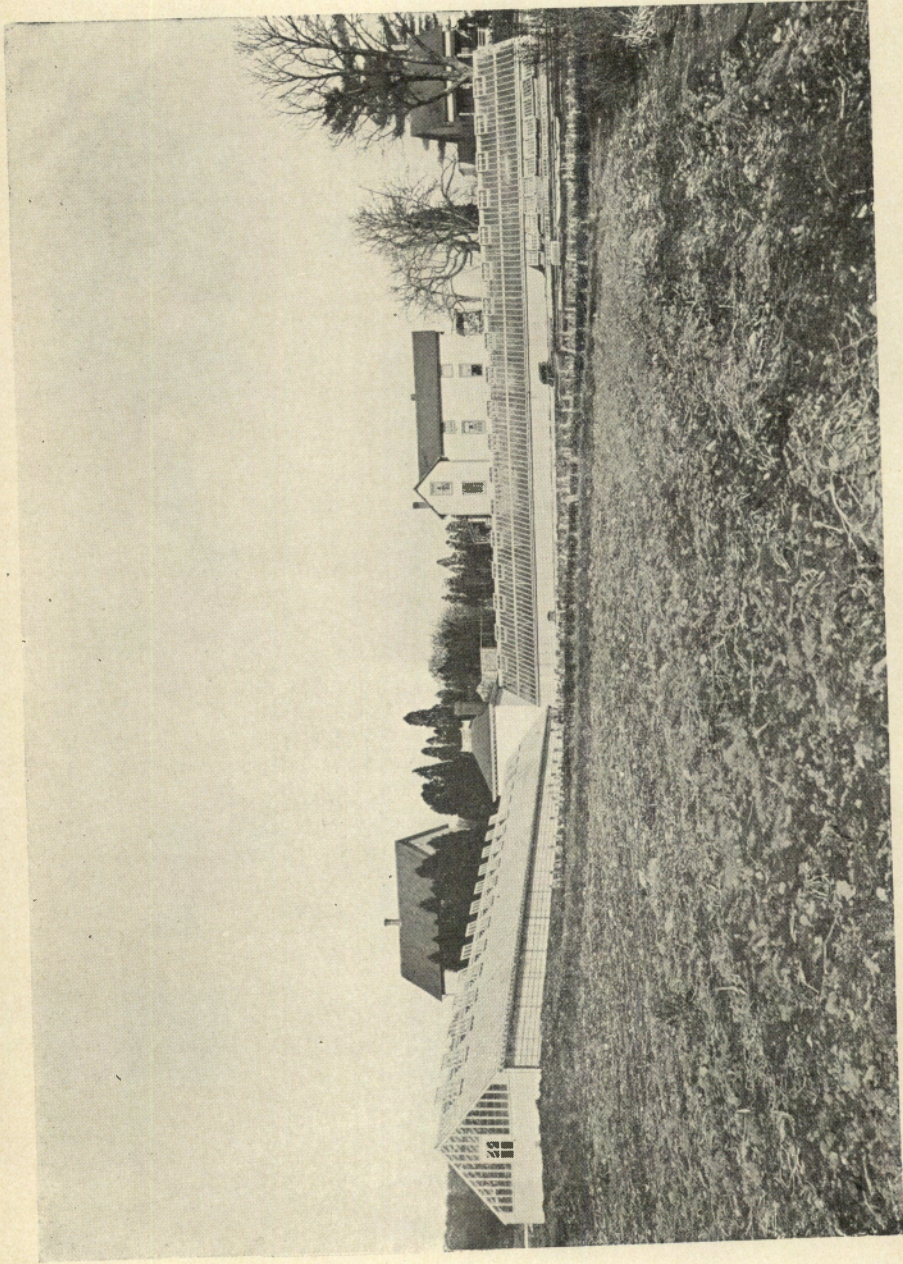
Sheets, single .....	4,062
Sheets, double .....	130
Pillow cases.....	2,622
Bolster cases.....	20
Towels, hand .....	3,789
Towels, roller .....	1,154
Towels, dish .....	2,457
Towels, drug room .....	291
Table cloths hemmed.....	389
Napkins hemmed.....	1,096
Blankets hemmed.....	414
Aprons, kitchen .....	418
Aprons, waiters .....	96
Aprons, chef .....	6
Aprons, laboratory .....	30
Aprons, infirmary .....	42
Operating gowns .....	36
Curtains made.....	432
Curtain bands.....	438
Burial robe .....	44
Burial sheets.....	44
Burial chemise .....	44
Burial petticoats.....	44
Chemise .....	1,299
Drawers .....	1,495
Petticoats .....	1,341
Underwaists .....	3
Night dresses .....	334
Night shirts .....	2
Bath robe .....	1
Kimonas .....	6
Dresses .....	1,641
Shirtwaist suits .....	61
Waists made .....	19
Waists altered .....	7
Wrappers altered .....	8
Wrappers made .....	12
Suits made .....	8
Skirts made .....	2
Skirts altered .....	8
Strong dresses .....	12
Eton jacket made.....	1
Jackets altered .....	2
Curtains altered .....	60
Curtain bands altered.....	65
Nurses' dresses .....	46
Nurses' aprons .....	46
Nurses' straps .....	52
Total .....	24,629

## RETURN OF WORK DONE IN TIN SHOP.

Biscuit pans .....	168
Bread boxes .....	25
Butter boxes .....	51
Diet cup covers .....	152
Drinking cups .....	326
Dippers .....	59
Dishpans .....	54
Dinner boxes .....	24
Diet cups .....	311
Flats .....	167
Sputum cups .....	12
Fruit steamers .....	30
Pans for greenhouse .....	20
Golf boxes and cans .....	26
Milk pails .....	10
Name-holders for census boards .....	3,500
Rice pans .....	221
Sprinkling pots .....	4
Tea and coffee pots .....	24
Tin pails .....	141
Sugar boxes .....	36
Fruit cans .....	700
Other pieces as needed .....	665
Tin roofing, square feet .....	680
Copper gutters, square feet .....	574
Pieces of tinware repaired .....	1,826
Locks repaired .....	914
Knives and scissors sharpened .....	409
Also repairs to roofs, ice boxes, gutters, waiter bells, &c.	







GREENHOUSE.

Report on the System of Sewage-Disposal of  
the New Jersey State Hospital at  
Morris Plains, N. J.

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PRINCETON, N. J., November 13th, 1902.

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

GENTLEMEN—Since making my preliminary report to your President in last June, upon the condition of the sewage-disposal system of your Hospital, with suggestions of a suitable provision for preventing that system from being ultimately overwhelmed by the great and apparently unavoidable increase in the volume of sewage flowing from the Hospital in consequence of the very rapid growth of that Institution, I have, with your authorization, on several occasions visited the sewage grounds in company with the Warden and also without him, and have therefore had repeated opportunities, especially throughout the summer, for looking further into their operation and management.

The degree to which the endeavors of the Warden and his aids had reduced the offensiveness of the exhalations from the filter-beds during the warm weather was certainly very encouraging and gratifying. My observations on that point placed my mind entirely at rest as to the probability that, notwithstanding the care taken of the beds, the warm weather might give rise to effluvia which could reach neighboring dwellings, as it has been alleged that it has done in the past. It will be remembered that, in the preliminary report referred to above, I had declared in effect that the odors then noticed by me on the beds (in the latter part of May) were neither strong nor far-reaching, and that they did not appear to me of a character to cause apprehension or that would prevent their being very rapidly dissipated, the implication being that, in my opinion, with the care observed, it seemed highly improbable that they could cause a nuisance. I have not visited your filter-beds since about a month ago, but up to that time, I found no

reason for qualifying the above declaration, implication or opinion as to exhalations from those beds, expressed in my preliminary report to the President. On the contrary, I remember one particular visit in July which caused me to be greatly elated at the success with which the Warden had been dealing with the filter-beds.

While I am referring to exhalations from sewage filters, I would beg you to accept my most positive assurance that I find no proper foundation for the public reports which tended to attribute to the operations of your sewage-disposal process the alleged outbreak of malaria in the neighborhood of the ponds adjoining your property and of the stream to which they are tributary. Investigations by authoritative bodies have failed to trace any connection between that particular disease and well-drained sewage filters of sand or gravel. The origin of the malaria will most probably be found, if sought for, in the extensive fluctuation of the water-surfaces of the mill-ponds of the region under consideration, during the drier seasons of the year, caused by the alternate storing and drawing off of the water according to the needs of the mills which these ponds supply with power, the result being that the lowlands along the borders of the ponds, and particularly at their upper ends, are alternately over-saturated and exposed to the heat of the sun—conditions which are well known to be most favorable to the production of malaria. Moreover, even a casual examination of the valley itself will suggest an additional cause for the disease. In my estimation, were your sewage-disposal to be immediately removed to some distant place, the tendency to malaria along the stream would still remain, until proper hygienic measures had been applied to the valley itself.

I have also, during the intervening months, made occasional tests of the effluents from your filter-beds. I have found that the unresolved organic matter in solution (albuminoid ammonia) in the effluent remains at about the same moderate figure, but I regret to say that in other important particulars the effluent is gradually, but persistently, deteriorating. The analyses suggest very forcibly that the aeration of the filters is seriously interfered with by the slimy matters which, under the existing unavoidable conditions, are necessarily delivered with every discharge of the flush-tank in considerable volume to the beds.

It is impossible, with any reasonable degree of definiteness, to draw a so-called danger line in such a case. The evidence in this case suggests that the deterioration has been progressing for much more than a year, and I am apprehensive that the rate of deterioration will be higher as time passes. I do not believe that the Warden can, under the present conditions and with means at hand make any headway against this deterioration, for his past efforts to obtain the best results from the filtration process, of which I have been witness on several occasions, and of which I have been cognizant since last May, were not ordinary, but very strenuous endeavors to effect the results aimed at, yet the result I find at the end of this season is as I have herein related. It was for this reason that I asked, in my verbal report to you, that the Warden be authorized to prepare another filter-bed. This will aid him to control the disposal, though the relief will be only temporary.

I feel it my duty, therefore, urgently to recommend to your honorable Board to take, as promptly as possible, the necessary steps for instituting the auxiliary process suggested in my report of June 4th, to the President, and herein again described.

The experiment with your sewage, which, upon my recommendation, you authorized the Warden and me to make, for the purpose of determining the effectiveness of the materials which it was proposed to use with this particular sewage, has been continuous operation for nearly two months. It might be advantageously carried further, and will be continued. Yet sufficient insight has been gained into the effectiveness of the material (macadam stone) in producing changes in your sewage, and, moreover, the need of reinforcing your sewage-purification system is now so pressing that I feel warranted, without further delay, in recalling for your consideration the auxiliary scheme suggested in my report of June 4th, as a suitable and efficient means for preventing the further deterioration of your valuable, though overworked, process of sewage disposal.

This auxiliary scheme consists essentially of the installation, on the slope lying between the flush-tank and the present filter-beds, of two series of concrete open tanks, filled with a little more than four feet in depth of the finer grades of macadam stone from which the dust has screened out. The upper series, consisting of four tanks, will be filled in succession with sewage directly from the flush-tank up to within a few inches of the upper surface of

the stone-filling. The sewage, after filling a tank to the requisite height, will be allowed to remain undisturbed for from two to three hours, at the expiration of which time it will be run off into the corresponding tank of the second series, whence, after an equal period of rest within the tank, it will be delivered, very much changed in appearance and composition, as was demonstrated by the samples sent me for examination, upon the existing filter-beds for final and inoffensive purification.

By this means the bulk of the matter held in suspension by the sewage will be arrested in the tanks of the first series, wherein they will gradually disappear, without offense, through bacterial agencies. Similar agencies will operate upon the effluents from the first series of tanks when delivered to the tanks of the second series, the final result of the double treatment being an effluent from the second series which will be free from malodor, possessing very little turbidity and comparatively rich in oxygen. After a tank has been emptied it will be allowed to remain empty for a considerable length of time before being refilled, in order to drain it thoroughly of its previous contents, and more particularly to give time for the reduction of the slimy coating of its stone filling; and the filling, resting filled, emptying and resting empty, of each tank will be regulated by suitable automatic apparatus, in order to secure regularity of action and to minimize the expense of attendance.

The area which will be occupied by all of these tanks will be about one and one-third acres.

My proposition includes the enlargement of the existing macerating tanks and the construction of a suitable covered sludge-tank, into which the deposits in the macerating tanks can be periodically emptied and there dealt with as may be most convenient.

I have carefully reviewed my calculations in the light derived from our experiment and estimate that the entire cost of installing the above auxiliary scheme, enlarging and improving the action of the existing macerating tanks and constructing the requisite sludge-tank, all complete and ready for action, will be about forty-eight thousand dollars (\$48,000). In view, however, of the very rapidly increasing demand for the better grades of cement, which, I understand, are therefore difficult to supply promptly in large orders involving time limitations, it might be safer to quote the above total cost at fifty thousand dollars (\$50,000).

For comparison of the cost of this project with the estimated costs of others, I would recall to your attention my mentioning, in my preliminary report to your President, a scheme for disposing of the sewage of your Hospital on the slopes above Malapardis which was preliminarily examined into by me, in last autumn, under the direction of some public-spirited friends of your Institution, residents of Morristown. The method of disposal considered was "broad irrigation" (sewage farming), with a rate of application to the land of about 2,000 gallons of sewage per acre per day. The estimated cost of conveying the sewage, mainly by gravity, to a proper place from which it could be distributed under proper control, there fitting it by proper treatment for application to the land, laying the necessary distributing ducts with their necessary appliances of control, and under-draining about 200 acres—your flow of sewage being then estimated at about 400,000 gallons per day—was between \$80,000 and \$85,000. This did not include the cost of lands for irrigation and rights of way, the cost and maintenance of power for flushing the inverted syphon which was apparently a necessity for effecting a crossing of the valley at Jaqui's mill, nor did it provide for damages consequent on the deflection of water from the stream.

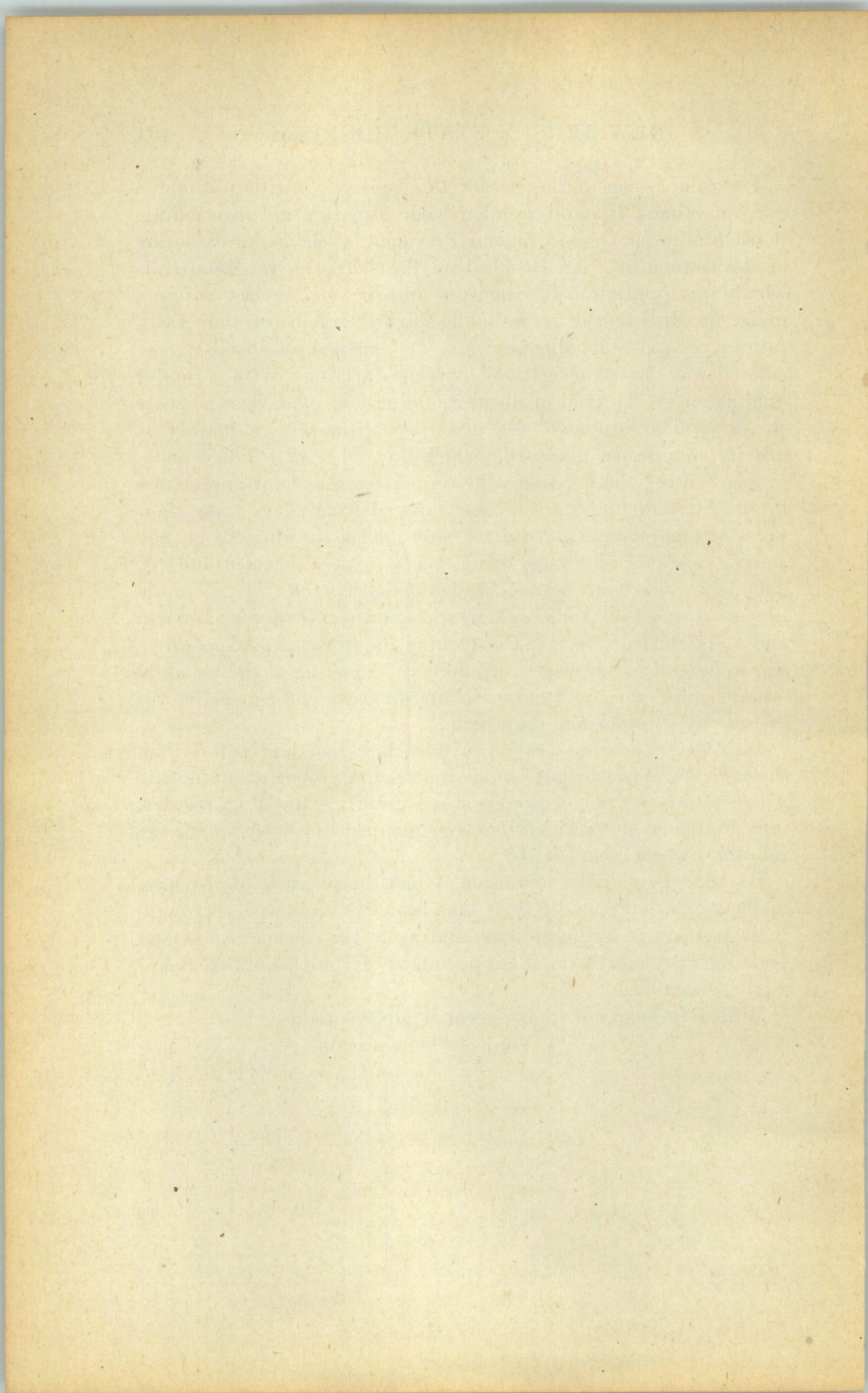
In addition to the above, you have now had laid before you, through the Morristown Commissioners, the proportionate cost to you for the disposal of your sewage, jointly with Morristown's, into the trunk sewer which has been planned to convey its sewage into the Staten Island Kills.

By your President's invitation, I had the pleasure of listening to the representations of the Commissioners, and will very willingly respond to any questions relating to the considerations and facts then presented which any members of your honorable Board might wish to ask.

With sentiments of high esteem, I am, gentlemen,

Your obedient servant,

CHAS. McMILLAN.



## Requirements for the Admission of Patients to the State Hospitals of New Jersey.

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### 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.

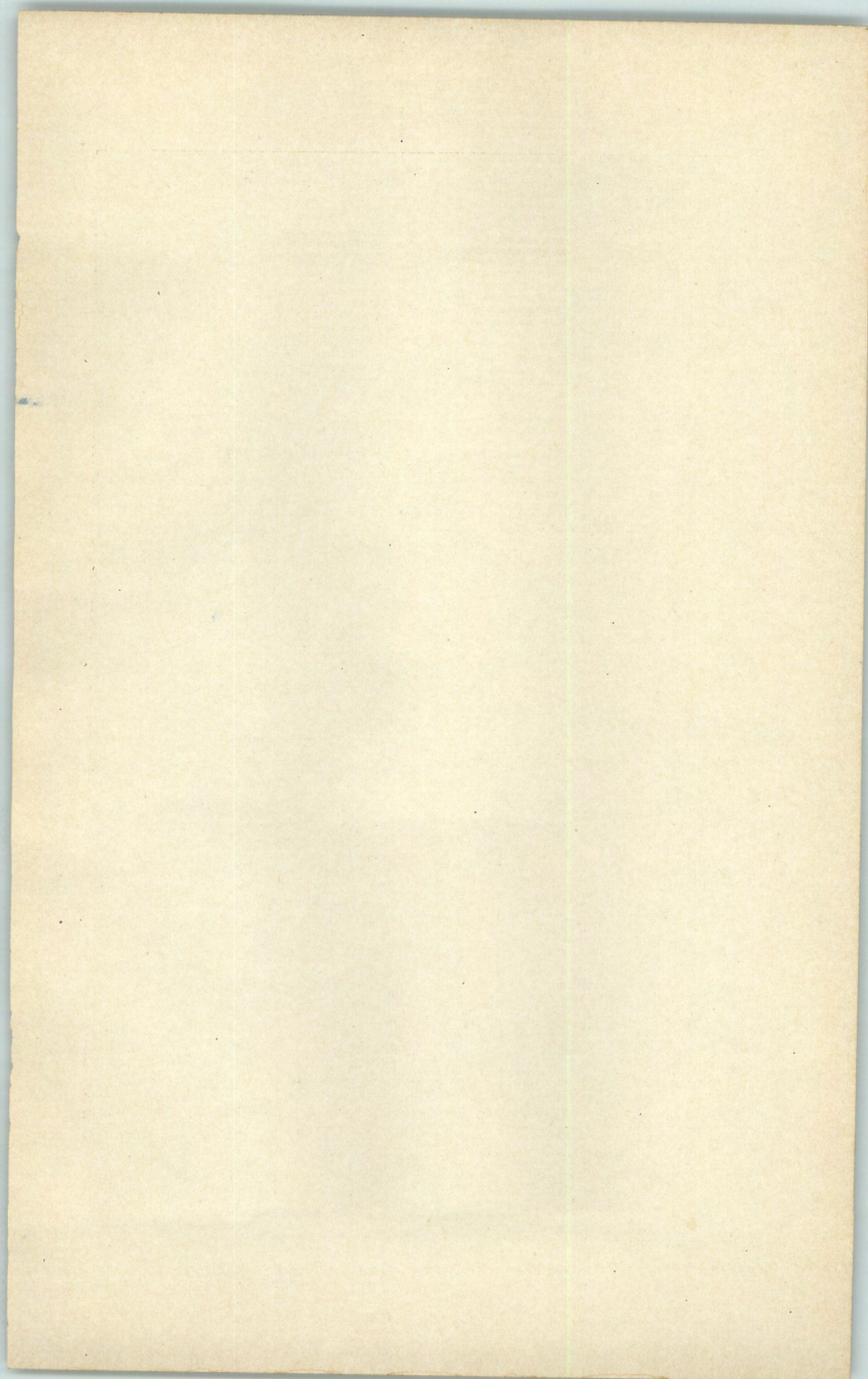
The above requirements are regulated by statute, and the action of the Board of Managers, and cannot be changed by resident officers.

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.





ROOM FOR  
CONVALESCENT PATIENT

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

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

**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 . . . . .

City or Town. Full name of patient. Full name of patient. City or Town. Date of birth. State patient's residence with particularity. Profession, trade or calling of patient.

The undersigned is a . . . . . of the said . . . . .

State degree of relation or other circumstances of connection between patient and person making request. Full name of patient.

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:

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(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.*)

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 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 this . . . . day of . . . . ., in the year 19 . . . .

(Name) . . . . . [L. s.]

(Residence) . . . . .

(P. O. Address) . . . . .

(Name) . . . . . [L. s.]

(Residence) . . . . .

(P. O. Address) . . . . .

Signed and sealed in 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.....