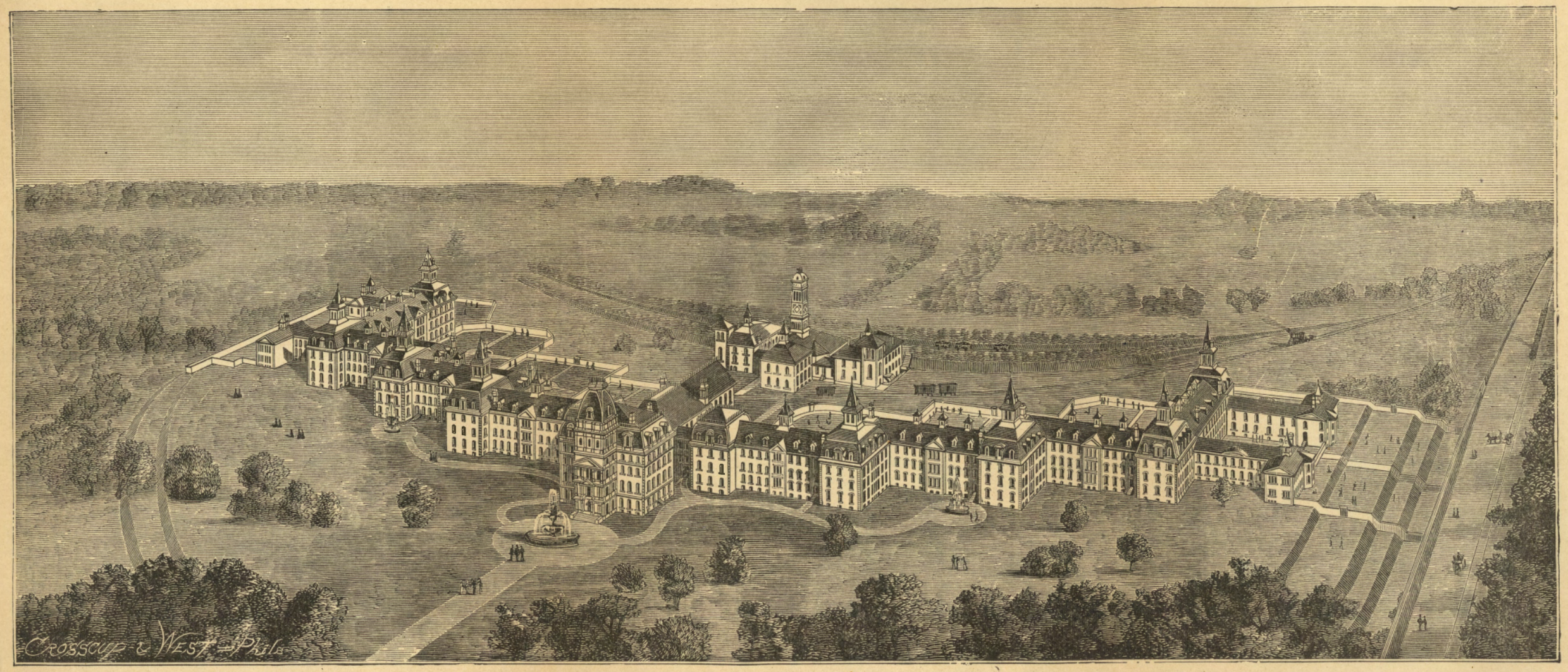
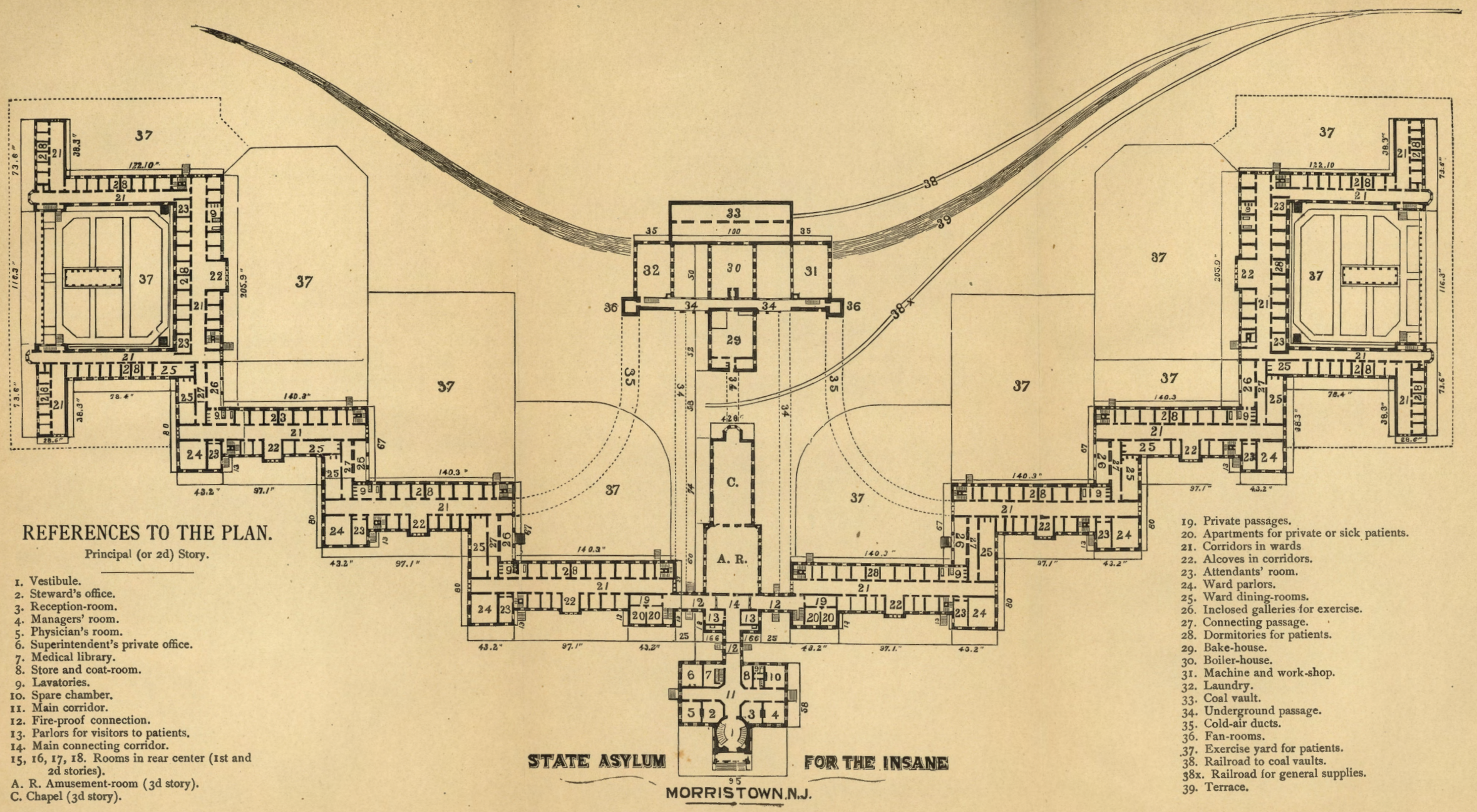
William P. Hayes.

3/13/99.

NEW JERSEY STATE HOSPITAL, AT MORRIS PLAINS, N. J.
(PERSPECTIVE VIEW.)


CROSSCUP & WEST Phila



REFERENCES TO THE PLAN.

Principal (or 2d) Story.

1. Vestibule.
2. Steward's office.
3. Reception-room.
4. Managers' room.
5. Physician's room.
6. Superintendent's private office.
7. Medical library.
8. Store and coat-room.
9. Lavatories.
10. Spare chamber.
11. Main corridor.
12. Fire-proof connection.
13. Parlors for visitors to patients.
14. Main connecting corridor.

15, 16, 17, 18. Rooms in rear center (1st and 2d stories).

A. R. Amusement-room (3d story).

C. Chapel (3d story).

19. Private passages.
20. Apartments for private or sick patients.
21. Corridors in wards
22. Alcoves in corridors.
23. Attendants' room.
24. Ward parlors.
25. Ward dining-rooms.
26. Inclosed galleries for exercise.
27. Connecting passage.
28. Dormitories for patients.
29. Bake-house.
30. Boiler-house.
31. Machine and work-shop.
32. Laundry.
33. Coal vault.
34. Underground passage.
35. Cold-air ducts.
36. Fan-rooms.
37. Exercise yard for patients.
38. Railroad to coal vaults.

38x. Railroad for general supplies.

39. Terrace.

TWENTY-THIRD ANNUAL REPORT

OF THE

Managers and Officers

OF

The New Jersey State Hospital at Morris Plains

FOR THE YEAR ENDING OCTOBER 31ST,

1898.

Compliments of
M. K. EVERITT,
Warden.

TRENTON, N. J.:
THE JOHN L. MURPHY PUBLISHING CO., PRINTERS.
1898.

MANAGERS.

PRESIDENT.

George Richards, ... Dover.

VICE PRESIDENT.

Patrick Farrelly, ... Morristown.

James M. Buckley, D.D., ... Morristown.
Romeo F. Chabert, M.D., ... Hoboken.
John C. Eisele, ... Newark.
John A. McBride, ... Deckertown.
David St. John, M.D., ... Hackensack.
James W. Smith, M.D., ... Paterson.

RESIDENT OFFICERS.

MEDICAL DEPARTMENT.

Britton D. Evans, M.D., . .	Medical Director.
Eliot Gorton, M.D., . . .	Assistant Physician.
Thomas P. Prout, M.D., . .	Second Assistant Physician and Pathologist.
Peter S. Mallon, M.D., . .	Third Assistant Physician.
Arthur S. Corwin, M.D., . .	Fourth Assistant Physician.

BUSINESS DEPARTMENT.

Moses K. Everitt, ...	Warden.
Guido C. Hinchman, ...	Treasurer.

REPORT OF THE BOARD OF MANAGERS OF THE NEW JERSEY STATE HOSPITAL AT MORRIS PLAINS.

To His Excellency David O. Watkins, Acting Governor of New Jersey:

The Board of Managers of the State Hospital at Morris Plains, in compliance with the requirements of the law, respectfully submit their report for the fiscal year ending October 31st, 1898, being the twenty-third annual report of this institution.

There has been no change in the personnel of the Board of Managers since the last report. They are as follows: George Richards, President; Patrick Farrelly, Vice President; James M. Buckley, D.D., Romeo F. Chabert, M.D., John C. Eisele, John A. McBride, David St John, M.D., James W. Smith, M.D.

The regular meetings of the Board, required by law, have been held and the visits to the county and private asylums of this hospital district have been made. The reports of the Medical Director, Warden and Treasurer of the institution are herewith submitted, and set forth in detail the operations of their respective departments.

Numerous repairs, such as have been necessary to keep the buildings and premises in good condition, have been made, the most important improvement being the laying of four and six-inch water mains from the new reservoir, which gives an increased pressure to the fire service and supplies the new building which is being constructed.

Much attention has been given to the improvement of lands for farming purposes, which has amply repaid the efforts by increased crops, besides furnishing employment for the inmates of the Hospital. This class of labor has also been employed in the improvement of the roads and in keeping the grounds in splendid condition.

Attention is also called to the dairy, which is carried on upon sanitary principles, insuring to the Hospital a supply of good, pure milk.

There has been but one change in the staff of resident officers; that was occasioned by the resignation of Dr. M. L. Perry, who after four years of service resigned his position as Fourth Assistant Physician. The vacancy caused by Dr. Perry's resignation was, after a competitive examination, filled by the election of Dr. Arthur S. Corwin, of Madison, N. J.

In accordance with an act passed by the last Legislature appropriating $50,000 available prior to October 31st, 1898, and $100,000 after October 31st, to complete the central portion and north wing of the new building, we have proceeded with the work and expended the first available appropriation. The contracts for the work have been made with the approval of the Hon. Foster M. Voorhees, Acting Governor. We have been seriously handicapped and put to additional cost during the progress of this work, which might have been avoided if the building could have been completed under one appropriation. With the completion of this wing and center building, accommodating 300 patients, the seriously-crowded condition of the male department of the old building will be relieved, but the female department, which now contains over 600 patients, with a normal capacity of 400 will remain just as badly crowded and as much a subject for legislative consideration as before. We earnestly hope that your Excellency will recommend an appropriation sufficient to complete the south wing for the female patients, thus finishing the new building. At the close of the Hospital year, October 31st, 1897, there were in the institution 1,177 patients, an increase of 59. On September 29th, the census of the Hospital was 1,253, which is 76 more than there were in the Hospital on October 31st, 1897. This steady increase in population shows, in a most forcible manner, the necessity of an early completion of the building under construction. In previous reports we called attention to the great danger of overcrowding from the fact that the Hospital was originally built to accommodate 800, and we now have 436 more than that number.

In our last report we referred to the epileptics in this institution, of which there are 96. This class of patients is very undesirable in a hospital for the insane. We congratulate the State upon the action of the last Legislature in arranging for the establishment of a village for epileptics, which in course of time may be

expected to largely relieve the State Hospitals of this class of patients. The Medical Director in his report deals with the subject of criminal and convict insane, of whom there are 79 in this Hospital, with 65 in the Trenton State Hospital. The Board cannot better express its sense of the need of legislative action upon this subject than to quote from the report of the Medical Director, which is as follows: "The presence of this class of patients in this and similar institutions causes constant apprehension to the officials and is a menace to the welfare of the institution as well as to the comfort, discipline and safety of other patients who have to associate with them.

"It is a source of much concern and embarrassment to the many friends and relatives that there should even be a probability of the innocent insane in whom they are interested having to come in contact with convicts. Among the large number of relatives and friends of our patients are many of the State's noblest and best citizens.

"There is but one solution of this perplexing problem and that is to be found in placing all the convict and criminal insane in a building set apart especially for them. It would not impose upon the State an additional burden. The State supports them now in the State Hospitals; it would then care for them in a building properly equipped to prevent escape and thus work a great good to society at large, as well as to the innocent insane.

"The building should be located at or near the State Prison grounds, thus rendering transfers to and from it convenient."

Owing to our overcrowded condition we have several times warned the Legislature that the institution was liable to an outbreak of contagious diseases, and though every precaution had been taken, on February 4th scarlet fever made its appearance in one of the wards and soon two attendants and eight patients were attacked with this disease, the highly-contagious nature of which caused serious apprehension that it might spread through all the wards, but with a rigid enforcement of the most modern methods of disinfection and the isolation of the patients in a hurriedly-improvised cottage in the rear of the building its spreading was prevented.

We are indebted to the Managers of the Memorial Hospital at Morristown for the relief which they gave us by admitting the first case into their institution.

After more than four years' experience with the training school for nurses we are more confident than ever in our estimate of the useful-

ness and value of such a school in connection with the work of caring for the insane.

We refer your Excellency to the Medical Director's report on this subject for further details relative to its operation. Not only has the school been the means of supplying the hospital with a better service, but at the time of urgent need it supplied the United States Army with eighteen efficient nurses.

The death-rate of the institution for the past year was 5.2 per cent. of the number under treatment, which was four-tenths per cent. lower than in the preceding year. There were 64 recoveries, which is more than 25 per cent. of the number admitted during the year. Of the 255 admitted, 187 were suffering from the first attack, 46 from the second, 11 from the third, 5 from the fourth, 1 from the fifth, and 5 from the sixth. There have been treated in the Hospital since its opening on the 17th of August, 1876, to October 31st, 1898, 5,171 patients; 1,107 have been discharged as restored, 945 as improved, 421 as unimproved, 1,445 died and 17 escaped from custody, of which 12 were convicts and one criminal, which leaves remaining in the Hospital 1,236, the greater number of whom are suffering from progressive forms of insanity, many of them being necessarily classed as incurable.

In former reports we have recommended the enactment of a law relating to the commitment of patients to all institutions or retreats for the care of the insane, which would insure a careful inquiry into the particulars of each case to be committed, and which would define the qualifications of the physicians making the certificates of insanity. The last Legislature approved this recommendation and passed an act which embodies the suggestions of the Joint Committee representing both State Hospitals.

The rules regulating visits to the Hospital have been revised, the reasons for and details of which are set forth in the Medical Director's report.

The location and number of private asylums in this hospital district is the same as last year, namely, four, situated respectively in Paterson, Morristown, Plainfield and South Orange.

COUNTY ASYLUMS.

Essex County Asylum.

This institution is situated in Newark, N. J., on South Orange avenue, and is in charge of L. S. Hinckley, M.D., with a staff of three physicians, assisted by a dispensary clerk. It contains 784 patients, of whom 332 are males and 452 females. In the male department there are 20 attendants and 1 supervisor; 17 on day duty and 3 on night, an average of 1 attendant to 20 patients. In the female department there are 31 attendants with 1 supervisor; 28 on day duty and 3 on night duty, or 1 attendant to 15 patients on day service; also 1 school teacher for a day school for patients. Total number of persons employed is 95.

The building is well arranged and well kept. Many needed improvements have been made during the past year, notably the plumbing, which is being changed and renewed in accordance with the most modern sanitary principles. While the institution is very much overcrowded some relief will soon be afforded by the opening of their new building at Overbrook, which will accommodate about 250 patients. For this work the Board of Freeholders and Superintendent Hinckley are to be commended, as they are sparing no efforts to put this institution on a par with the best State Hospitals.

Hudson County Asylum.

There are in this institution 520 patients—207 males, 313 females. Dr. George W. King is the Resident Physician and Superintendent. There are 24 day attendants employed, 12 males and 12 females, which gives an average of about 1 male attendant to every 17 patients and 1 female attendant to every 24 patients.

There has been no change in the management or the regulations during the year. The interior of the building has been painted and the grounds and surroundings have been improved by the aid of patients' labor.

Passaic County.

The City Almshouse in which the insane are kept is under a joint management of the Board of Aldermen and Freeholders, having a superintendent, John Donnelly, who conducts the affairs of the institution to the best of his ability with the limited means allowed.

There is no resident physician, but the City Physician visits the institution daily.

Number of inmates at this date, 28 females and 9 males.

GEORGE RICHARDS,
PATRICK FARRELLY,
JOHN A. MCBRIDE,
JOHN C. EISELE,
JAMES W. SMITH, M.D.,
JAMES M. BUCKLEY,
DAVID ST. JOHN, M.D.,
ROMEO F. CHABERT,
Board of Managers.

MAIN BUILDING.

REPORT OF THE MEDICAL DIRECTOR.

REPORT OF THE MEDICAL DIRECTOR.

To the Board of Managers:

GENTLEMEN—I herewith submit to you the twenty-third annual report of the Medical Department of The New Jersey State Hospital at Morris Plains.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31ST, 1898.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1897	.....	.....	.....	593	584	1,177
Patients admitted—						
First admission	102	110	212	.....	.....	.....
Not first admission	24	19	43	.....	.....	.....
Total admitted during the year	.....	.....	.....	126	129	255
Total number of patients under treatment during the year	.....	.....	.....	719	713	1,432
Patients discharged—						
Restored	33	31	64	.....	.....	.....
Improved	12	17	29	.....	.....	.....
Unimproved	13	13	26	.....	.....	.....
Died	41	34	75	.....	.....	.....
By elopement	2	.....	2	.....	.....	.....
Total discharged and died	.....	.....	.....	101	95	196
Remaining in the Hospital	.....	.....	.....	618	618	1,236
Of this number there are, Public	542	548	1,090	.....	.....	.....
Private	76	70	146	.....	.....	.....
Total	.....	.....	.....	618	618	1,236
Whole number admitted from August 17th, 1876, to October 31st, 1898	.....	.....	.....	2,685	2,486	5,171
Whole number discharged during the same period of time—						
Restored	565	542	1,107	.....	.....	.....
Improved	465	480	945	.....	.....	.....
Unimproved	199	222	421	.....	.....	.....
Died	821	624	1,445	.....	.....	.....
By elopement	17	.....	17	.....	.....	.....
Total	.....	.....	.....	2,067	1,868	3,935
Remaining October 31st, 1898	.....	.....	.....	618	618	1,236

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1897.									
November	7	15	22	5	5	10	591 95	587.18	1,179.13
December	13	9	22	3	5	8	599.61	594.75	1,194.36
1898.									
January	13	10	23	5	2	7	607.31	599.12	1,206.43
February	7	14	21	6	5	11	612.00	609.00	1,221.00
March	7	12	19	8	8	16	610.78	612.00	1,222.78
April	11	9	20	6	9	15	613 24	617.42	1,230.66
May	14	8	22	13	12	25	614.11	615.20	1,229.31
June	7	12	19	8	9	17	613.77	611.53	1,225.30
July	12	15	27	9	10	19	616.13	616.52	1,232.65
August	11	10	21	6	9	15	620.68	622.22	1,242.90
September	13	9	22	13	6	19	620.50	624 50	1,245 00
October	11	6	17	17	15	32	622.62	621.41	1,243.43
Total	126	129	255	99	95	194	.....	.....	.....
For the year	.....	.....	.....	.....	.....	.....	611.84	610.90	1,222.74

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.	Men.	Women	Total.
First	92	95	187
Second	27	19	46
Third	4	7	11
Fourth	2	3	5
Fifth	.....	1	1
Sixth	1	4	5
Total.	126	129	255

TABLE IV.

AGE WHEN ADMITTED.

AGE.	Men.	Women	Total.
Under fifteen years	1	2	3
Fifteen to twenty years	6	12	18
Twenty to twenty-five years	20	10	30
Twenty-five to thirty years	11	16	27
Thirty to thirty-five years	16	18	34
Thirty-five to forty years	11	13	24
Forty to forty-five years	16	14	30
Forty-five to fifty years	14	7	21
Fifty to sixty years	13	14	27
Sixty to seventy years	8	13	21
Seventy to eighty years	6	7	13
Eighty years and over	4	3	7
Total	126	129	255

TABLE V.

NATIVITY OF THOSE ADMITTED.

NATIVITY.	Men.	Women.	Total.
Connecticut	2	1	3
Illinois	1	2	3
Maine	1	.....	1
Maryland	.....	1	1
Massachusetts	.....	1	1
Minnesota	.....	1	1
Mississippi	.....	1	1
New Jersey	47	51	98
New York	21	17	38
North Carolina	2	1	3
Pennsylvania	2	2	4
South Carolina	1	.....	1
Virginia	.....	2	2
Austria	4	.....	4
England	5	8	13
France	1	1	2
Germany	17	9	26
Holland	.....	2	2
Ireland	13	17	30
Italy	2	.....	2
Poland	1	2	3
Russia	1	1	2
Scotland	2	5	7
Sweden	2	1	3
Switzerland	1	3	4
Total	126	129	255

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

COUNTIES.	Men.	Women.	Total.
Bergen	10	13	23
Essex	16	18	34
Hudson	24	9	33
Middlesex	2	1	3
Monmouth	.....	1	1
Morris	13	23	36
Passaic	25	22	47
Somerset	1	.....	1
Sussex	1	5	6
Union	23	24	47
Warren	6	9	15
New York, N. Y.	5	4	9
Total	126	129	255

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Men.	Women.	Total.
Single	61	59	120
Married	51	48	99
Widowed	14	22	36
Total	126	129	255

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

OCCUPATION.	Men.	Women.	Total.
Artisans	29	4	33
Broker	1	.....	1
Carpenters	6	.....	6
Clerks	21	6	27
Clergyman	1	.....	1
Farmers	5	.....	5
Housewives	.....	39	39
Housekeepers	.....	15	15
Laundress	.....	1	1
Lawyer	1	.....	1
Laborers	20	.....	20
Merchants	8	.....	8
Mechanics	15	.....	15
Mariners	5	.....	5
Nurses	.....	2	2
Seamstresses	.....	2	2
Servants	2	15	17
Teachers	1	5	6
Students	2	1	3
No occupation	9	39	48
Total	126	129	255

TABLE IX.

FORM OF MENTAL DISEASE OF THOSE ADMITTED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute	19	23	42
Mania, acute delirious	.....	1	1
Mania, chronic	8	8	16
Mania, epileptic	1	1	2
Mania, puerperal	.....	2	2
Mania, recurrent	1	7	8
Mania, toxic (alcoholic)	10	1	11
Melancholia, acute	29	31	60
Melancholia, agitata	3	2	5
Melancholia, chronic	15	2	17
Melancholia, recurrent	.....	5	5
Dementia, epileptic	.....	4	4
Dementia, organic	1	3	4
Dementia, paretic	7	4	11
Dementia, senile	9	10	19
Dementia, terminal	2	6	8
Imbecility	2	1	3
Imbecility with epilepsy	.....	4	4
Circular insanity	1	.....	1
Adolescent insanity	3	2	5
Pubescent insanity	5	5	10
Paranoia	10	7	17
Total	126	129	255

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

HOW SUPPORTED.	Men.	Women.	Total.
State	28	17	45
County	63	80	143
Private	35	32	67
Total	126	129	255

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

CAUSES.	Men.	Women.	Total.
Physical.			
Congenital	1	.....	1
Cerebral hemorrhage	2	1	3
Cerebral tumor	.....	1	1
Childbirth	.....	8	8
Epilepsy	1	9	10
General ill-health	1	2	3
Heredity	20	24	44
Injury	5	3	8
Intemperance and other excesses	15	3	18
La grippe	1	2	3
Masturbation	4	1	5
Menopause	.....	1	1
Old age	5	8	13
Overwork	2	2	4
Puberty	2	1	3
Pregnancy	.....	1	1
Sunstroke	3	.....	3
Surgical operation	1	.....	1
Syphilis	1	.....	1
Total physical	64	67	131
Moral.			
Business troubles	2	.....	2
Domestic troubles	.....	4	4
Disappointed affections	2	1	3
Financial reverses	1	.....	1
Grief	2	.....	2
Religious excitement	3	2	5
Worry	3	10	13
Total moral	13	17	30
Total physical	64	67	131
Total moral	13	17	30
Unassigned	49	45	94
Total	126	129	255

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Men.	Women.	Total.
Anæmia	4	1	5
Arrythmia	3	.....	3
Bradycardia	1	.....	1
Bulbar paralysis	.....	1	1
Carcinoma of breast	.....	1	1
Chronic bronchitis	2	.....	2
Cerebral tumor	.....	1	1
Diabetes mellitus	1	.....	1
Enlarged thyroid	.....	1	1
Emphysema	.....	2	2
Endarteritis	1	1	2
Epilepsy	1	9	10
Frost-bite	.....	1	1
Fracture of femur and patella	1	.....	1
Hemiplegia	2	1	3
Hernia	4	1	5
Inanition	3	2	5
Nephritis	3	2	5
Neuritis (alcoholic)	1	1	2
Malaria	.....	1	1
Organic heart disease	14	15	29
Pulmonary tuberculosis	.....	3	3
Pregnancy	.....	1	1
Rheumatism	.....	1	1
Syphilis	3	2	5
Tachycardia	5	.....	5
Tabes dorsalis	2	.....	2
Varicocele	2	.....	2
Homicidal tendencies	7	5	12
Suicidal tendencies	17	19	36
Without complications	81	86	167

In this table several 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.

HEREDITY.	Men.	Women.	Total.
Insanity in family	27	35	62
Hereditary taint denied	52	78	130
Hereditary history unobtainable	47	16	63
Total	126	129	255

TABLE XIV.

DURATION OF TREATMENT BEFORE ADMISSION.

DURATION.	Men.	Women.	Total.
Under one month	33	35	68
One to three months	29	21	50
Three to six months	9	10	19
Six to twelve months	8	14	22
One to two years	21	14	35
Two to three years	8	5	13
Three to four years	6	3	9
Four to five years	3	2	5
Five to ten years	5	13	18
Ten to twenty years	3	6	9
Over twenty years	1	6	7
Total	126	129	255

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Men.	Women.	Total.
Under fifteen years	.....	1	1
Fifteen to twenty years	1	2	3
Twenty to twenty-five years	6	4	10
Twenty-five to thirty years	6	4	10
Thirty to thirty-five years	2	4	6
Thirty-five to forty years	4	10	14
Forty to forty-five years	6	4	10
Forty-five to fifty years	3	1	4
Fifty to sixty years	4	1	5
Sixty to seventy years	1	.....	1
Total	33	31	64

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month	12	14	26
One to three months	10	11	21
Three to six months	6	3	9
Six to twelve months	1	.....	1
One to two years	2	1	3
Over two years	2	2	4
Total	33	31	64

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION OF TREATMENT.	Men.	Women.	Total.
Under one month	1	1	2
One to two months	3	3	6
Two to three months	5	6	11
Three to four months	2	5	7
Four to five months	4	3	7
Five to six months	6	4	10
Six to nine months	5	1	6
Nine to twelve months	4	2	6
Twelve to eighteen months	1	1	2
Eighteen to twenty-four months	1	.....	1
Two years and over	1	5	6
Total	33	31	64

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute	9	8	17
Mania, acute delirious	.....	1	1
Mania, chronic	1	.....	1
Mania, recurrent	2	2	4
Mania, toxic (alcoholic)	8	1	9
Melancholia, acute	13	12	25
Melancholia, chronic	.....	1	1
Melancholia, recurrent	.....	1	1
Adolescent insanity	.....	5	5
Total	33	31	64

TABLE XIX.

AGE AT DEATH.

AGE.	Men.	Women.	Total.
Fifteen to twenty years	1	1	2
Twenty to twenty-five years	.....	2	2
Twenty-five to thirty years	2	2	4
Thirty to thirty-five years	2	2	4
Thirty-five to forty years	2	1	3
Forty to forty-five years	3	.....	3
Forty-five to fifty years	3	3	6
Fifty to sixty years	7	8	15
Sixty to seventy years	10	8	18
Seventy to eighty years	5	6	11
Eighty to ninety years	6	.....	6
Ninety and over	.....	1	1
Total	41	34	75
Average age at death	58	54	56

TABLE XX.

FORM OF MENTAL DISEASE OF THOSE WHO DIED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute	.....	2	2
Mania, chronic	1	2	3
Melancholia, acute	1	.....	1
Melancholia, agitata	.....	1	1
Melancholia, chronic	2	6	8
Melancholia, recurrent	.....	1	1
Melancholia, stuporous	1	.....	1
Dementia, epileptic	3	2	5
Dementia, organic	1	3	4
Dementia, paretic	9	2	11
Dementia, senile	9	9	18
Dementia, terminal	11	5	16
Idiocy	.....	1	1
Imbecility with epilepsy	1	.....	1
Paranoia	2	.....	2
Total	41	34	75

TABLE XXI.

CAUSES OF DEATH.

CAUSES	MANIA		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women	
Mania—							
Acute, with cerebral hemorrhage		1					1
Acute, with pernicious anæmia		1					1
Chronic, with chronic diffuse nephritis	1						1
Chronic, with pulmonary abscess		1					1
Chronic, with organic heart disease		1					1
Melancholia—							
Acute, with exhaustion			1				1
Agitata, with strangulation (suicide)				1			1
Chronic, with bulbar paralysis				1			1
Chronic, with entero-colitis				1			1
Chronic, with gastro-enteritis			1				1
Chronic, with organic heart disease			1	1			2
Chronic, with pneumonia				1			1
Chronic, with pulmonary tuberculosis				2			2
Recurrent, with cerebral hemorrhage				1			1
Stuporous, with acute enteritis			1				1
Dementia—							
Epileptic, with acute enteritis					1		1
Epileptic, with organic heart disease						1	1
Epileptic, with pulmonary tuberculosis					1		1
Epileptic, with status epilepticus					1	1	2
Organic, with chronic diffuse nephritis					1		1
Organic, with cerebral hemorrhage						1	1
Organic, with exhaustion						1	1
Organic, with bulbar paralysis						1	1
Paretic, with cerebral embolism						1	1
Paretic, with convulsions						1	1
Paretic, with exhaustion					6		6
Paretic, with hypostatic pneumonia					2		2
Paretic, with organic heart disease					1		1
Senile, with acute enteritis						1	1
Senile, with chronic diffuse nephritis						1	1
Senile, with carcinoma of breast						1	1
Senile, with exhaustion					3	3	6
Senile, with gastric hemorrhage					1		1
Senile, with general arterio-sclerosis					1		1
Senile, with organic heart disease					1	3	4
Senile, with pneumonia					2		2
Senile, with pulmonary tuberculosis					1		1
Terminal, with bulbar paralysis					1		1
Terminal, with cerebral embolism					1		1
Terminal, with cerebral hemorrhage					2		2

TABLE XXI.—*Continued.*

CAUSES OF DEATH.

CAUSES.	MANIA		MELANCHOLIA.		DEMENTIA		Total.
	Men.	Women	Men.	Women.	Men.	Women.	
Dementia—Continued.							
Terminal, with chronic diffuse nephritis	.....	.....	.....	.....	.....	1	1
Terminal, wlth exhaustion	.....	.....	.....	.....	1	1	2
Terminal, with organic heart disease	.....	.....	.....	.....	2	1	3
Terminal, with pneumonia	.....	.....	.....	.....	1	.....	1
Terminal, with pulmonary tuberculosis	.....	.....	.....	.....	2	2	4
Terminal, with tabes dorsalis	.....	.....	.....	.....	1	.....	1
Idiocy, with exhaustion	.....	.....	.....	.....	.....	1	1
Imbecility, with epilepsy, status epilept's	.....	.....	.....	.....	1	.....	1
Paranoia, with cerebral hemorrhage	.....	.....	.....	.....	1	.....	1
Paranoia, with organic heart disease	.....	.....	.....	.....	1	.....	1
Total	1	4	4	8	36	22	75

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

YEARS.	Men.	Women.	Total.	Increase.
October 31st, 1876	159	183	342	.....
October 31st, 1877	216	229	445	103
October 31st, 1878	227	253	480	35
October 31st, 1879	248	279	527	47
October 31st, 1880	277	309	586	59
October 31st, 1881	310	331	641	55
October 31st, 1882	321	346	667	26
October 31st, 1883	330	377	707	40
October 31st, 1884	371	374	745	38
October 31st, 1885	415	414	829	84
October 31st, 1886	415	441	856	27
October 31st, 1887	434	439	873	17
October 31st, 1888	463	441	904	31
October 31st, 1889	427	430	* 857	.....
October 31st, 1890	450	436	886	29
October 31st, 1891	455	443	898	12
October 31st, 1892	471	478	949	51
October 31st, 1893	509	500	1,009	60
October 31st, 1894	520	530	1,050	41
October 31st, 1895	541	575	1,116	66
October 31st, 1896	538	550	† 1,088	.....
October 31st, 1897	593	584	1,177	89
October 31st, 1898	618	618	1,236	59

* One hundred patients transferred to Essex County Hospital.
† Eighty-five patients transferred to Hudson County Asylum.

RESUME.

The census at the close of the hospital year showed an insane population of 1,236, equally divided as to sex, there being 618 men and 618 women.

There were 255 admitted—126 were males and 129 females; 212 were first admissions and 43 were readmissions. The nativity of those admitted was as follows: New Jersey, 98; other parts of the United States, 59, and of foreign birth, 98. Of the admissions, 246 were residents of New Jersey, and 9 were non-residents.

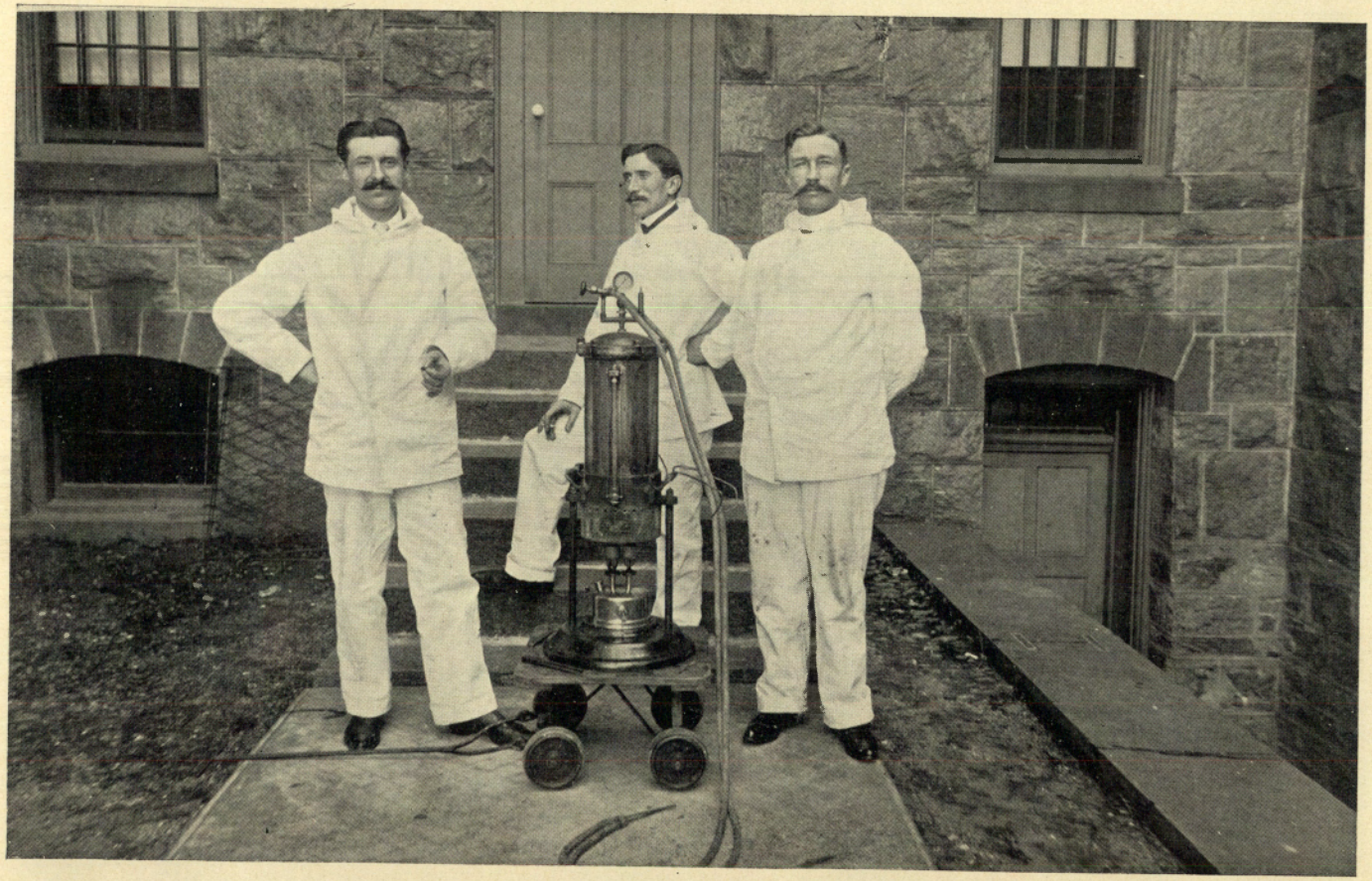
There were 64 patients discharged as recovered—33 males and 31 females. The recoveries for the year are 25.1 per cent. of the number admitted. This is a good ratio of recovery for a State hospital which receives all forms of insanity, including imbeciles, dements, epileptics and idiots. Higher percentages may be found in reports from institutions which have option as to the class of patients to be admitted.

The whole number under treatment during the year was 1,432, of which 719 were men and 713 women. There were 75 deaths, which is 5.2 per cent. of the number under treatment.

In Table XII. are recorded the bodily diseases of those admitted; they are as follows: Anæmia, 5; arrythmia, 3; brachycardia, 1; bulbar paralysis, 1; carcinoma of breast, 1; chronic bronchitis, 2; cerebral tumor, 1; diabetes mellitus, 1; enlarged thyroid, 1; emphysema, 2; endarteritis, 2; epilepsy, 10; frost-bite, 1; fracture of femur and patella, 1; hemiplegia, 3; hernia, 5; inanition, 5; nephritis, 5; neuritis (alcoholic), 2; malarial disease, 1; organic heart disease, 29; pulmonary tuberculosis, 3; pregnancy, 1; rheumatism, 1; syphilis, 5; tachycardia, 5; tabes dorsalis, 2; varicocele, 2; without complications, 167.

Numerous cases of chronic kidney disease and organic heart disease found later upon more thorough examination are not included in this table.

The mental disease of those who died is set forth in Table XX., as follows: Acute mania, 2; chronic mania, 3; acute melancholia, 1; melancholia agitata, 1; chronic melancholia, 8; recurrent melancholia, 1; stuporous melancholia, 1; epileptic dementia, 5; organic dementia, 4; paretic dementia, 11; senile dementia, 18; terminal dementia, 16; idiocy, 1; imbecility with epilepsy, 1; paranoia, 2.



DISINFECTING CORPS—WITH FORMIC-ALDEHYD GENERATOR.

The following is the official classification of those remaining in the Hospital October 31st, 1898: Indigent, 1,011; pay patients, 146; criminals, 21; convicts, 58; making a total of 1,236.

SCARLET FEVER.

The outbreak upon our wards of scarlet fever caused much anxiety and alarm. This is a disease which is highly contagious, and in its malignant forms, very fatal. The serious sequelæ characteristic of scarlet fever, even in its milder forms, make it a much-dreaded disease.

A male attendant was the first person attacked. A careful investigation failed to enable us to determine where he became infected. He was promptly removed to the Memorial Hospital in Morristown. His room and the entire ward were at once disinfected, and we hoped we had by prompt action prevented the spread of the disease, but fourteen days later one of the patients exhibited suspicious symptoms, and the following day the rash appeared, making no doubt as to the diagnosis. Realizing that the wards had become infected, arrangements were made to transfer such patients as soon as attacked by the disease to a building about a mile in the rear of the Hospital proper. This house is located on the Hospital premises, and was at that time occupied by one of the employes of the institution; it was vacated by him, hurriedly made into an isolation cottage, and connected by telephone with the main building.

A suitable water-supply was secured by tapping the main leading from the new reservoir.

A corps of experienced nurses was detailed to look after the patients. The total number of cases was limited to 11, of which 8 were insane patients, 2 were nurses and 1 a child in the family of the florist.

The first case developed February 4th, and the last May 3d. Of the patients attacked 1 was a woman and 7 were men.

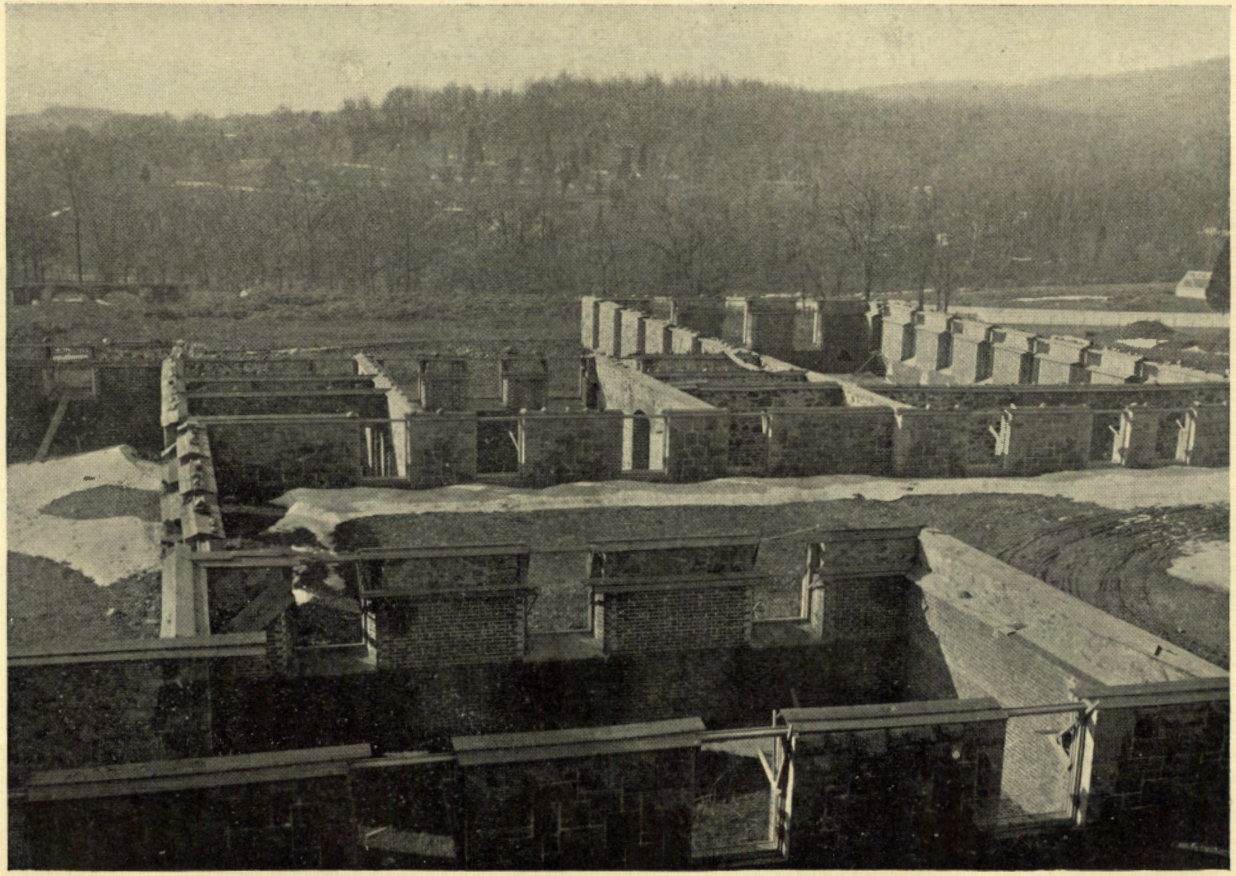
There were six wards invaded in the male department and one in the female department, which is interesting considering the small number of persons attacked. As each case developed the patient was promptly removed to our improvised isolation cottage, his clothing and bedding burned and the entire ward in which he had been was carefully disinfected. A disinfecting corps of male attendants was

organized, and the following method of disinfecting pursued till every ward and room occupied by patients had been disinfected. The ceilings, walls, woodwork and furniture were washed with a strong solution of bichloride of mercury. The rooms were then sealed, filled with formic aldehyde gas and kept closed for ten hours. The patients were given a bichloride bath and supplied with a change of sterile clothing. The clothing they had taken off was treated with a solution of bichloride of mercury, after which it was subjected to formic aldehyde disinfection and sent to the laundry. All wards which were invaded by scarlet fever were quarantined for six weeks.

It is gratifying that there are no fatalities to record as a result of the outbreak of this contagious disease in the Hospital, and in view of the thorough methods of disinfection adopted, we are prompted to hope that the disease has been effectually stamped out.

THE CROWDED CONDITION OF THE HOSPITAL.

In reports made of this Hospital since 1890, attention has been called from year to year to its crowded condition. Its census has increased about 50 each succeeding year, making a total gain in population of about 400. The yearly increase in population means a proportionate increase in all the embarrassments and serious consequences which overcrowding causes. The evils and inconveniences resulting from the excess over its normal capacity have been plainly set forth in former reports and need but little further comment at my hands. The comfort and safety of the patients are constantly endangered. To preserve discipline and properly treat and care for them is extremely difficult, if not impossible, under such adverse conditions. The laws of hygiene are seriously trespassed upon, and many patients afflicted with insanity in its early stages are deprived of the benefits to which they are justly entitled and which a hospital not overcrowded would afford. The part of the new building in process of construction gives promise of relieving the congested wards of the male department, but will afford no relief to the female department which is equally overcrowded, and until both wings are completed the problem will remain but half solved.



FOUNDATION OF SOUTH WING OF NEW BUILDING—(FOR WOMEN).
Work Stopped—Awaiting Appropriation.

NORTH WING OF NEW BUILDING—(FOR MEN).
Nearing Completion.

EPILEPTICS.

There are in the Hospital 96 epileptics. For years in preceding reports I have called attention to two important facts in this connection; one is that the presence of epileptics in a hospital for the insane interferes seriously with the successful treatment and management of the insane not afflicted with epilepsy; the other, that a hospital for the insane is not the place for that class of epileptics which may be treated in an institution especially set apart for their care. These two statements are based upon the experience and observations of the most competent observers of the dependent classes. It is gratifying to a high degree that the State of New Jersey has taken steps to provide a village for its epileptics, and that eventually the hospitals for the insane may be relieved from the care of a large proportion of this class of patients. The desire to have them removed from the State Hospitals should not prompt their transfer in a body to the new epileptic institution as soon as it is open, for reasons which upon reflection are apparent and forcible. A home for epileptics should have many features of an industrial and educational character, and much care should be exercised in the selection of the inmates or patients first to be admitted into such an institution. The majority of those admitted in the first two or three years should be of that grade of intelligence and tractability calculated, under proper training, to make them an educating force to those who are to be admitted later on. To at once remove all the epileptic patients from both the State Hospitals to the new institution for epileptics would place in that institution a large group of persons who, as a result of years of affliction and association with the insane, have become greatly demented and largely insusceptible to training. This would prove an unfair incumbrance to the new institution. While their removal would be for the betterment of the insane, it is plain to see that their too early presence in the institution for epileptics would seriously interfere with the success and progress of that institution.

CRIMINAL AND CONVICT INSANE.

The year closed with 58 convicts and 21 criminals in the Hospital, making a total of 79 patients whose official commitment papers show a criminal record.

They are not all in one ward, but in several. There is no one ward in the Hospital large enough to accommodate them, nor is there one in which it would be safe to congregate them. The capacity for and tendency to concerted action by this class makes it unwise and unsafe to group a large number of them together in one ward.

The presence of this class of patients in this and similar institutions causes constant apprehension to the officials and is a menace to the welfare of the institution as well as to the comfort, discipline and safety of other patients who have to associate with them.

It is a source of much concern and embarrassment to the many friends and relatives that there should even be a probability of the innocent insane, in whom they are interested, having to come in contact with convicts. Among the large number of relatives and friends of our patients are many of the State's noblest and best citizens.

There is but one solution of this perplexing problem, and that is to be found in placing all the convict and criminal insane in a building set apart especially for them. It would not impose upon the State an additional burden. The State supports them now in the State Hospitals; it would then care for them in a building properly equipped to prevent escapes, and thus work a great good to society at large as well as to the innocent insane.

The building should be located at or near the State prison grounds, thus rendering transfers to and from it convenient.

TRAINING SCHOOL.

The reports from all hospitals for the insane where training schools for nurses have been established, give testimony to their practicability and usefulness. A well organized and properly conducted school is a blessing to the institution with which it is connected, but even a poor school is better than none. The benefits derived from training nurses are so numerous as to be apparent to anyone who may give the matter of hospital work the slightest serious consideration.

Our school enters upon its fifth year with renewed energy; the good results following the work of the four years past are visible in every ward in the Hospital.

A suspension of the lectures was caused by the breaking out of scarlet fever upon the wards on February 4th, and the course was not completed until the first of July. The examinations were, in accord-

WARD FOR WOMEN.

ance with the established rule, conducted in writing. Six men and ten women received a general average of 75 per cent. or better, and were awarded diplomas, making in all twenty-nine men and thirty-eight women, a total of sixty-seven who have graduated since the organization of the school.

As a rule our graduates remain in the service of the Hospital, giving the institution the advantage of the training they have received. Those who leave go out into the world better citizens and better equipped to earn an honorable livelihood and render a more intelligent and valuable service to the sick at whose bedsides they may be called to serve.

Eighteen nurses, seven men and eleven women, were called into the service of the hospitals in the United States Army Camps. Of these, eleven women and two men hold diplomas from the training school of this Hospital. They were nearly all assigned responsible posts, and the reports received relative to their work is of the most gratifying character. Telegrams were received from Surgeon-General Sternberg and Dr. Anita Newcomb McGee, expressing their appreciation to the Hospital for furnishing these nurses when they were so urgently needed. The vacancies thus occasioned were filled, as all such vacancies are filled, from the written applications on file. All applicants are required to fill out blank forms. These application forms, when fully made out, set forth clearly the qualities and qualifications of the candidate. No reference to the applicant's religious creed or political preference is in any way exhibited or allowed. By observing strictly this rule in selecting persons to serve in my department of the Hospital I believe the institution has always been rewarded with a better and purer service.

The qualities and qualifications sought for in a nurse are briefly these: (1) sufficient education and intelligence to take the course of training, (2) good health, (3) good moral character and sobriety, (4) musical ability and experience in athletics sufficient to assist in orchestra, band, choir and outdoor amusements, (5) industry and kind-heartedness.

Our nurses retain their positions by: (1) earnest devotion to duty, (2) observance of hospital discipline, (3) kindness to patients, (4) good behavior, (5) industry and sufficient application to studies to enable them to meet the requirements of the training school examinations.

PATHOLOGICAL WORK.

This department continues to command confidence as an important adjunct to the medical work of the Hospital. The laboratory examinations of the blood, secretions and excretions serve daily to aid in diagnosis and as a guide as well to the treatment to be instituted. The work done during the year has been of the usual character.

There were but seven necropsies, which is an unusually small number. The value of postmortem work in hospitals for the insane, however, does not depend upon the number of autopsies. A few thoroughly-studied interesting cases of acute insanity in which autopsies are done soon after death yield more valuable information than ten times the number of cases in which the insanity was of long standing.

Several new methods of staining have been used, among them that of W. Ford Robertson, which has given gratifying results.

Much time has been devoted to the blood in making counts and studying its morphological appearances. Systematic studies along this line, taken together with clinical observations, have been productive of much interesting and valuable information, giving a more intimate knowledge of the various bedside phenomena presented and leading to the adoption of the most rational remedial measures.

Studies of the urine of epileptics are being made, and while highly interesting are not ready for publication in this report.

During the absence abroad of Dr. Prout, the Resident Pathologist, the work of the laboratory was conducted by Dr. William H. Barton.

Dr. Prout has, in addition to his tabulated report, given at length some very interesting findings in a case of paresis associated with tertiary syphilis, and I have thought it proper to set it forth in full in a pathological supplement.

THE CHANGE IN VISITING RULES.

The old rules regulating visiting were open to many serious objections. The fact that the Hospital was open daily to visitors tended to cultivate the idea in the public mind that, being a State institution it was necessarily a place with open doors, and that the patients were to be seen at all times by those who so desired, even though they were actuated by mere curiosity.

There are very few patients whose mental condition is improved by frequent visits from their relatives or friends; on the other hand, the opposite effect is often produced. The interview between each patient and his visitors usually requires the presence of an attendant. The attendant thus occupied is taken away from his ward duties, or may be prevented from taking his patients out for exercise in the open air and sunshine. Such interference restricted to two or three afternoons each week may not be attended with serious results, but when it occurs morning and afternoon, daily, the detrimental consequences are obvious.

In all hospitals the most important duty of the physician is to visit, observe and prescribe for his patients. The physicians here make their regular morning and afternoon rounds through the wards at the time when the greatest number of visitors call. Visitors usually request an interview with the physicians, which request is not easy to deny, and when granted, consumes the time which should be devoted to more important duties.

The new rules, which limit the visiting to the afternoons of Mondays, Wednesdays and Fridays, have to a great degree overcome many of the objectionable features of the old regulations and at the same time they afford friends and relatives of patients ample opportunity for making all necessary visits. Printed copies of the following new regulations have been framed and placed in the reception-rooms and corridors.

NEW REGULATIONS CONCERNING VISITORS TO THE NEW JERSEY STATE HOSPITAL FOR THE INSANE AT MORRIS PLAINS.

1. No visitors can be admitted on Sunday. Patients cannot be taken to the reception-rooms to receive visitors on that day, because one-half of the attendants are excused to attend religious services in the morning and an equal number are occupied in caring for those at chapel in the afternoon.

2. Regular visiting days and hours are Mondays, Wednesdays and Fridays of each week, from two to five o'clock in the afternoon.

3. In case of serious illness of patients the Medical Director may permit their relatives or guardians to visit said patients at times other than those designated above as regular visiting days and hours.

4. While the managers of this Hospital desire to afford taxpayers and all others reasonable facilities to observe what the State is doing

for the most unfortunate class of its citizens, the Board finds it necessary to discourage visits of mere curiosity-seekers. The Medical Director is therefore authorized and instructed to decline to admit excursion parties to the wards, and to allow no loud conversation among those visiting the wards, especially personal reference to the patients.

Adopted at a regular meeting of the Board of Managers held September 1st, 1898.

THE NEW COMMITMENT LAW.

The law relating to the commitment of patients to the State Hospitals passed by the last Assembly became operative on July 4th, 1898. This act defines the qualifications of physicians who may make certificates for the commitment of patients, and the requirements set forth in such certificates are such that if faithfully met, no doubt can well exist as to the thoroughness of the examinations and medical inquiry forming the basis of the commitment papers. Under this law the commitments—private or indigent—are reviewed by the courts, and upon an order of approval issued by the Judge reviewing the papers, the patient is detained. A pamphlet compiled by Mr. Edwin Robert Walker, under direction of the Board of Managers of the State Hospitals, contains all the necessary forms to be used under the new law. It also contains abstracts from all laws in force in the State bearing upon the commitment of persons to the State Hospitals.

I have mailed copies of this pamphlet and the commitment blanks necessary under the new law, to all the physicians, Boards of Chosen Freeholders, Judges of the courts and newspapers in this Hospital district. The commitments since the date of the law taking effect have, with few exceptions, conformed to the legal requirements. The few irregular ones were referred back to the sources from which they came, and were promptly made to meet the demands of the statute. The only criticism which has come from the courts is that there should be an additional affidavit required of the person making the petition for the commitment, and that the additional affidavit should give specific data as to indigence or non-indigence, and the legal settlement of the person whose commitment is requested, thus giving to the courts called upon to review the papers something definite upon which to act in determining the matter in question.

NEW LOCKS ON THE WARDS.

The new locks which under your direction have been placed on all the doors leading into the wards as well as the communicating doors between wards are highly satisfactory. They had long been needed, as the old ones were badly worn and easily picked. The keys were of a pattern not difficult to duplicate and as a result there were a number of escapes.

In the twenty-two years which the old locks had been in use no written record had been kept of the keys. A certain amount of care had been exercised in their distribution as well as watchfulness over their being returned by persons leaving the service, but all "pass-keys" were alike and there was no way of distinguishing the key issued to one attendant or employe from that given to another.

The keys to the new locks are all numbered, and when one is issued it is charged to the person to whom it is given and a full record made of it. By this course the responsibility for each key is definitely placed.

AMUSEMENTS AND EMPLOYMENTS.

Measures used to divert the thoughts of the insane from unhealthy channels are properly considered as belonging to the most efficient class of remedial therapeutics. Exercise is the great safeguard to bodily health and mental vigor and is nature's hypnotic. It matters not if the employment of the mind and body to this end does not always result in the accomplishment of something that has a money value, such as the manufacture of useful articles, the tilling of the soil, the improvement of the Hospital grounds or the taking part in the numerous kinds of work incident to the operation of a large hospital, so long as the most important result is obtained, that of getting the morbid mind away from its pathological moorings and concentrating it upon something of a health-giving character.

This is sometimes done by interesting our patients in useful occupations, and at other times it is accomplished by inducing them to participate in or interest themselves with outdoor and indoor amusements. The simple diverting of the mind is not the only end desired; it is highly important when practicable to get the patient whose appetite is poor, circulation sluggish, bowels constipated and who sleeps poorly, to

engage in such physical exercise as will promote the activity of the sluggish bodily functions; when this is done he is, as a rule, far advanced toward recovery. It calls for much care and a knowledge of the individual requirements to successfully select those persons whose best interests of mind and body are promoted by assigning to them such employment as cultivating the soil, and laboring in the various branches of the industrial department, and to interest others to whom manual labor is repugnant, and upon whom it would have a detrimental effect in the different forms of outdoor sports and indoor amusements and entertainments such as base-ball, lawn tennis, golf, quoits, lawn parties, amateur theatricals, card parties, dances, chess, draughts, &c.

The labor performed by patients during the year is fully shown in the following tables; 83,424 days' work was done upon the wards, and 30,253 days' work done on the farm and grounds, in the shops, sewing-room, kitchen and laundry.

TABLE 1.

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

DATE.	Men.	Women.	Total.
1897.			
November	3,928	3,000	6,928
December	3,598	3,188	6,786
1898.			
January	4,773	3,145	7,918
February	3,731	2,959	6,690
March	3,382	3,270	6,652
April	3,627	3,198	6,825
May	3,724	3,365	7,089
June	3,628	3,188	6,816
July	3,630	3,223	6,853
August	3,968	3,225	7,193
September	3,662	3,034	6,696
October	3,801	3,177	6,978
Total	45,452	37,972	83,424

HOSPITAL CHAPEL.

TABLE 2.

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

DATE.	LAUNDRY.			KITCHEN.			Bakery.	Farm and grounds.	Shops.	Sewing room work.	Total.
	Men.	Women	Total.	Men.	Women.	Total.					
1897.											
November.....	184	470	654	193	34	227	89	1,051	375	403	2,749
December.....	211	430	641	329	33	362	90	477	336	233	2,139
1898.											
January	111	391	502	305	30	335	86	551	361	276	2,111
February.....	220	461	681	286	25	311	86	966	347	331	2,722
March	215	357	572	360	35	395	87	635	320	285	2,294
April	191	394	585	318	36	354	88	872	349	298	2,546
May.....	196	418	614	166	32	198	85	1,203	318	313	2,731
June.....	83	407	490	215	39	254	84	961	307	349	2,445
July.....	109	423	532	341	36	377	86	975	343	305	2,618
August	213	397	610	220	34	254	85	1,152	340	315	2,756
September.....	207	400	607	313	36	349	93	874	315	435	2,673
October	122	379	501	280	29	309	87	806	342	424	2,469
Total.....	2,062	4,927	6,989	3,326	399	3,725	1,046	10 523	4,003	3,967	30,253

RELIGIOUS SERVICES.

During the prevalence of scarlet fever in the Hospital it was thought unsafe to congregate the patients in the chapel for the purpose of religious worship. Services were discontinued until there was reason to believe the danger of infection had passed.

The following clergymen regularly officiated until the suspension above referred to:

Rev. Dr. Albert Erdman, Presbyterian, Morristown.
Rev. Dr. T. I. Coultas, Methodist, Morristown.
Rev. S. Z Batten, Baptist, Morristown.
Rev. Father A. M. Egan, Roman Catholic, Morris Plains.
Rev. William Fryling, Presbyterian, Morris Plains.

Upon the resumption of divine services the following newly-adopted schedule went into effect:

SCHEDULE FOR RELIGIOUS SERVICES.

1898.		
September	18th	Baptist.
"	25th	Episcopal.
October	2d	Presbyterian.
"	9th	Roman Catholic.
"	16th	Methodist.
"	23d	Baptist.
"	30th	Episcopal.
November	6th	Presbyterian.
"	13th	Roman Catholic.
"	20th	Methodist.
"	27th	Baptist.
December	4th	Episcopal.
"	11th	Presbyterian.
"	18th	Roman Catholic.
"	25th	Methodist.
1899.		
January	1st	Baptist.
"	8th	Episcopal.
"	15th	Presbyterian.
"	22d	Roman Catholic.
"	29th	Methodist.
February	5th	Baptist.
"	12th	Episcopal.
"	19th	Presbyterian.
"	26th	Roman Catholic.
March	5th	Methodist.
"	12th	Baptist.
"	19th	Episcopal.
1899.		
March	26th	Presbyterian.
April	2d	Roman Catholic.
"	9th	Methodist.
"	16th	Baptist.
"	23d	Episcopal.
"	30th	Presbyterian.
May	7th	Roman Catholic.
"	14th	Methodist.
"	21st	Baptist.
"	28th	Episcopal.
June	4th	Presbyterian.
"	11th	Roman Catholic.
"	18th	Methodist.
"	25th	Baptist.
July	2d	Episcopal.
"	9th	Presbyterian.
"	16th	Roman Catholic.
"	23d	Methodist.
"	30th	Baptist.
August	6th	Episcopal.
"	13th	Presbyterian.
"	20th	Roman Catholic.
"	27th	Methodist.
September	3d	Baptist.
"	10th	Episcopal.
"	17th	Presbyterian.
"	24th	Roman Catholic.

This schedule for the conduct of religious services has been framed so as to give all an equal representation, and it is expected that each clergyman will be responsible for the services on the day and hour connected with his name. If from any cause he is unable to be present he is expected to 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 day—not the substitute.

Adopted by the Board of Managers at a regular meeting September 1st, 1898.

The burial services of the unclaimed indigent dead were conducted by Rev. Father Egan and Rev. Mr. Pannell.

RESIGNATIONS, APPOINTMENTS, ETC.

Dr. J. H. Crosby resigned the position of House Druggist December 18th, 1897, to accept the position of Junior Assistant Physician on the Medical Staff of the Manhattan State Hospital, Ward's Island, New York, and Mr. Peter J. Daly was appointed to the place thus made vacant.

Dr. Thomas P. Prout was granted a leave of absence in which to prosecute his studies in pathology in the laboratories of Germany, and Dr. William H. Barton was appointed to look after the pathological laboratory during Dr. Prout's absence. Dr. Barton's service to the Hospital has been of a most satisfactory character.

After four years' efficient service upon the Medical Staff of this Hospital, in the capacity of Fourth Assistant Physician, Dr. Middleton L. Perry resigned in order to continue his medical studies in the schools of Vienna and Berlin. His resignation took effect April 1st, 1898. Throughout Dr. Perry's official connection with the Hospital, his work was characterized by exceptional ability and a zealous devotion to the interests of the patients under his care.

After a competitive examination, Dr. Arthur S. Corwin, of Madison, N. J., was elected to the position of Fourth Assistant Physician, made vacant by Dr. Perry's resignation, and is acceptably discharging the duties of his post. His appointment took effect April 1st, 1898.

The relations of the Medical and Business Departments have been uniformly harmonious.

In all phases of the work of the Medical Department, I have found in my assistants upon the Medical Staff devotion to the Hospital's best and truest interests. I am pleased to make record of their faithfulness to duty and constant loyalty.

Respectfully submitted,

BRITTON D. EVANS, M.D.,
Medical Director.

MORRIS PLAINS, N. J., October 31st, 1898.

REPORT OF
Thomas P. Prout, M.D., Resident Pathologist.

REPORT IN PATHOLOGY.

To the Medical Director:

The statistical facts in regard to the seven autopsies of the past year are comprised in the tables which follow. I have reported at some length autopsy No. 242, a case of paretic dementia.

TABLE I.

Number.	Sex.	Age.	Mental Disease.	Duration.	Anatomical Diagnosis.
237	M.	78	Mania, chronic.....	4 years ...	General anasarca. Chronic endocarditis. Chronic hepatic congestion. Chronic interstitial nephritis. Chronic interstitial splenitis. Chronic meningo-encephalitis.
238	M.	81	Dementia, senile.....	3 years....	General arterial sclerosis. Chronic interstitial nephritis. Chronic interstitial splenitis. Chronic pleuritis.
239	M.	56	Dementia, paretic....	1 year.....	Fatty heart. Chronic renal congestion. Subacute parenchymatous nephritis. Chronic meningo-encephalitis. Arterial sclerosis.
240	M.	63	Dementia, senile.....	7 years....	Chronic endocarditis. Chronic pleuritis. Chronic interstitial nephritis. Acute atheromatous degeneration. Cerebral hemorrhage with acute cerebral pressure.
241	M.	66	Dementia, terminal..	10 years....	Chronic interstitial splenitis. Hemorrhagic gastritis. Acute cerebral hemorrhage. Acute cerebral pressure.
242	M.	32	Dementia, paretic....	2 years....	Acute cerebral congestion (general). Hypostatic pneumonia. Chronic syphilitic lymphadenitis. Syphilitic hepatitis.
243	F.	25	Mania, acute.....	10 months..	Chronic interstitial nephritis. Hepatic congestion (active). Hemorrhagic capsulitis.

TABLE II.

Number.	GROSS LESIONS OF ORGANS.	Brain membranes.	GROSS APPEARANCE OF BRAIN.		
			Consistence.	Blood-supply.	Other conditions.
	Dementia, Paretic.				
239	Heart—Left ventricle slightly dilated. Spleen—Enlarged. Kidneys—Capsule strips readily. Small cyst in right. Striations injected. Parenchyma very pale. Liver—Markedly congested. Lungs—Hypostatic congestion with slight œdema.	Dura thickened. Pia, œdematous and opaque.	Diminished..	.....	Convolutions atrophied and flattened.
242	Liver—Very large. Edges sharp. Surface mottled Cut surface, dotted with whitish bodies which occupy the center of each lobule. *Mesenteric glands*—Enlarged and caseous (gummatous). Spleen—Large. Substance of increased consistence.	Dura congested	Increased....	Congested ..	Vessels at base very tortuous.
	Dementia, Senile.				
238	Lungs—Old cicatrices in apices. Adherent to parietes. Kidneys—Small. Surface granular. Cortex thin Glomeruli indistinct.	Dura thick and adherent. Pia œdematous.	.....	.....	Vessels at base very atheromatous.
240	Lungs—Hypostatic posteriorly. Heart—Much hypertrophied. Kidneys—Small. Increased consistence. Cortex thin. Glomeruli indistinct. Arteries—Thickened and atheromatous.	.....	Diminished..	Congested ..	Convolutions flattened. Vessels atheromatous. Hemorrhage in substance.

TABLE II.—CONTINUED.

Number.	GROSS LESIONS OF ORGANS.	Brain membranes.	GROSS APPEARANCE OF BRAIN. Consistence.	Blood-supply.	Other conditions.
	Dementia, Terminal.				
241	Heart—Hypertrophied. Left ventricular cavity large. Spleen—Large. Increased consistence. Capsule thickened. Stomach—Mucous lining shows hyperæmia and punctate hemorrhages.	Dura adherent and thickened...	Diminished..	Congested ..	Vessels at base tortuous. Hemorrhage in brain substance. Ependyma thickened,
	Mania, Acute.				
243	Heart—Small. Coronary vessels very tortuous. Liver—Small. Substance congested. Kidneys—Small. Surface irregular and mottled Malpighian bodies indistinct. Suprarenal Capsules—Very large. Hemorrhages in substance.	Dura congested. Pia œdematous and congested.....	Diminished..	Congested ..	Vessels of choroid plexuses injected. Vessels at base normal.
237	Lungs—Carnified except small area. Effusion in pleuræ. Liver—Increased consistence. Congested (passive). Spleen—Capsule thickened. Substance of markedly increased consistence. Kidneys—Small. Capsules adherent. Cortex thin. Cystic. Striations obliterated. Substance of increased consistence.	Dura thickened. Pia thickened and œdematous.....	Diminished..	.....	Calcareous mass in orbital region (left).

The average age at death was 57 years, and the average duration of mental disease was about 4 years. Both these figures are considerably below those of last year.

Five of the autopsies presented a gross kidney lesion, a percentage of 71.4, which is somewhat above that of last year (63.6). Reproducing last year's table, which gave the percentage of gross kidney lesions by ages for the four years previous, and making the additions to it for the past year, the relative frequency of gross kidney lesions in the insane as shown by the 107 autopsies during the past five years appears as follows:

AGE.	No.	Showing gross kidney lesion.	Without gross kidney lesion.	Per cent. showing gross kidney lesion.
Below 30	15	7	8	46.6
30 to 40	16	9	7	56.2
40 to 50	25	18	7	72.0
50 to 60	19	12	7	63.1
60 and over	32	26	6	81.2
Total	107	72	35	67.3

The percentages are very little changed from those appearing in last year's tables; the total percentage showing gross kidney lesions is slightly higher.

A MINOR STUDY OF THE PATHOLOGICAL CHANGES IN THE NERVOUS TISSUE OF THE CEREBRAL CORTEX IN A CASE OF PARETIC DEMENTIA.

I have selected for the subject of this study a case of paresis, which developed rapidly and went through the whole course of the disease in a comparatively short time. The patient was a Swede, aged 32, admitted to the Hospital May 24th, 1897, and died on September 23d, 1898, the total duration of the mental disease being one year and five months. He died during an apoplectiform seizure characteristic of the disease, it being the only one from which he suffered. There was no direct history of syphilis, the patient having no friends or relatives living in this country who could give any account of him. There was, however, a well-marked scar on the superior surface of

the glans penis, and at the autopsy a number of the retroperitoneal glands were found in advanced gummatous condition. Some of the organs, particularly the liver and spleen, also showed multiple gummatious deposits microscopically.* The autopsy was done one and one-half hours after death, and the tissues were brought rapidly into the fixing solutions.

For the study of the nerve cells, two methods were used, the Nissl and the recently-published method of Robertson.† The latter I consider a distinct addition to our methods of research, as it stains the more completely degenerated nerve cells in a manner not attainable by the Nissl process. Cells so completely degenerated as to stain but lightly or not at all by the Nissl method are brought out by this method in a highly satisfactory manner. It is somewhat cumbersome, but has this distinct advantage over the methylene blue process, that it is not necessary to subject the sections to the high temperature required by the latter. In addition to this the neuroglia cells are stained.

For the study of the neuroglia the methods of Robertson and Weigert were chiefly used. Cox's modification of the Golgi method was also used with good results.

THE NORMAL NERVE CELL.

Before proceeding to a discussion of the pathological findings it will be well to bear in mind a few points regarding the structure of the normal nerve cell. Stained after the Nissl method the normal nerve cell presents a well-defined cell-body near the central portion of which is located a well-rounded nucleus, the membrane of which is sharply stained, the caryoplasm (nuclear substance) remaining unstained or being but lightly tinged. Near the center of the nucleus we find a well-rounded, deeply-stained nucleolus, radiating from which in the more successful preparations may be seen delicately-stained fibrillæ which extend outward into the clear caryoplasm. The protoplasm of the body of the cell is studded with deeply-staining blue masses which are sometimes spindle-shaped, sometimes pyramidal and sometimes amorphous in form. These may occupy any portion of the proto-

* For other facts regarding the case, see autopsy No. 242, Tables I. and II.

† Edinburgh Hospital Reports, Vol. V.

plasm, there being usually a pyramidal-shaped mass at the apical extremity of the nucleus and spindle-shaped bodies scattered through the apical process, the remainder of the protoplasm being studded with amorphous bodies which show a tendency to occupy the peripheral portion of the cell. After the Robertson method the normal nerve cell presents a nucleus that stains deeply and homogeneously, the cell-body itself being well outlined, while the chromatic substance presents an amorphous granular appearance, staining a deep violet color. The granules present no regular arrangement, but show a tendency to occupy the peripheral portions of the cell body. While the Nissl stain therefore presents an unexampled view of the normal anatomical structure of the nerve-cell, the Robertson method supplements it well and affords an excellent picture of the more complete forms of degeneration.

In considering the pathological findings presented by any given method of staining the cells of the central nervous system, it becomes necessary to make due allowance for (1) age, the nerve cell in the human subject advanced in years presenting decided anatomical changes. (2) Post-mortem changes, evidences of decomposition in nervous tissue being apparent in bodies which have lain at ordinary room temperature for four or more hours after death. (3) Artifacts, the observer mistaking for pathological conditions, appearances of the nerve cell which are due to faulty technique.

In this instance the first two of these conditions are ruled out, the age of the patient at death being only thirty-two, which precludes the possibility of the so-called aging of the nerve cells, while the fact that the autopsy was done one and one-half hours after death removes the possibility of the post-mortem decomposition of the nervous elements.

As regards artifacts, one of the most fruitful sources of their production is faulty fixation. This, I believe, has been largely obviated by using only very thin pieces of tissue, not over one centimeter in thickness, and completing the process as rapidly as possible. For the Nissl stain pieces of tissue were taken from absolute alcohol and mounted without imbedding, sections being made as soon as the tissue was firmly fixed to the block. This obviated the necessity of subsequently dissolving the celloidin from the section and gave a clearer picture. The staining was done on the slide, a new methylene blue solution being used and all of the sections treated as nearly alike as

possible. For the Robertson method the tissue was fixed in Heidenhein's fluid. The staining was done on the slide, the temperature of which during the dehydration process was kept below 60° C. For the purposes of this study about sixty slides of brain tissue were examined.

MICROSCOPICAL APPEARANCES OF THE NERVE CELLS OF THE CORTEX.

Fatty degeneration of a large percentage of the nerve cells was found to exist. This condition was best shown in the Nissl sections, and varied much in intensity. In the vast majority of instances the condition might be described as intense, while about one cell in ten approached the comparatively normal condition shown in Fig. 2, a marked fatty change being still apparent. Cells varied from the more marked degrees of fatty degeneration to a point where the fatty condition was so slight as to be only manifest by the existence of a few fat droplets in the cell body. The more intense degrees of the fatty degeneration were invariably combined with other evidences of degeneration; when more than one-fifth of the body of the cell was involved in the fatty process, there were well-marked evidences of the dissolution of the chromatic substance (chromatolysis), the granules being ill-defined and presenting a distinct tendency to become diffused into the substance of the cell body. The fatty changes in many of these cells seemed to encroach upon the limits of the nucleus. As the degenerative process became more marked there was a decided loss in the chromatic substance, the granules being few in number and apparently reduced to a diffluent condition. Fig. I. presents a picture not uncommonly seen, in which the chromatic substance has become diffluent and flocculent, and encroaches upon the limits of the nucleus. A distinctive granular condition of the chromatic substance is still recognizable, but the granules are not sharply defined, and have disappeared from portions of the cell body. In the more advanced degenerative conditions, the outline of the cell body is ragged and irregular.

With the Nissl method the nucleus almost without exception stained an intense blue, contrary to the behavior of the nucleus of the normal cell. This I believe to be due to and an evidence of chromatolysis, those nuclei staining most intensely which belonged to cells

whose chromatin granules were in a condition of dissolution, and those nuclei staining most lightly whose chromatin granules were in a condition approaching the normal. The outline of the nucleus was frequently encroached upon not only by the fatty conditions but also and most frequently by a diffusion into it of the chromatic substance from the body of the cell as shown in Fig. I. The outline of the nucleus was frequently irregular and indefinable. By comparing Figs. 1 and 2, a decided difference in the size of the nucleolus is apparent, the nucleolus of Fig. 1 being about twice the size of that of Fig. 2. These two cells were from the same area of the cortex, and occupied nearly the same relative position as shown in the plate, being very near together and cells of the same type. We are therefore warranted in saying that the nucleolus in Fig 1 is swollen, that of Fig. 2 being about the usual size in cells of this type.

By means of the Robertson method the fatty and other changes in the body of the cell were well shown, but the chief value of the method lies in its defining degenerated nerve cells which other methods fail to stain. The nucleus stains deeply in human brain tissue stained after this method, and one of the first evidences of degeneration is a loss of chromatic substance from the nucleus. This is shown in Fig. 3, where the nucleus not only shows a loss of chromatic substance but the outline of the cell body shows distinct bulging, the nucleus being crowded to the left; on the right side there was a deposit of yellowish material probably of fatty nature. The chromatin granules in the body of the cell were still fairly well defined and deeply stained. This condition of the cell was very common and merged gradually into that shown in Fig. 4, in which almost the whole of the nucleus has failed to stain. At the apical process there is a distinct interruption of the nuclear outline, the nucleus at this point merging into the body of the cell. There is also chromatolysis in the cell body itself. Figs. 5 and 6 represent the degenerative process still further advanced. Both showed evidences of marked fatty degeneration, the process being evinced by large unorganized yellowish deposits. In Fig. 5 the nucleus appears crowded to one side and shows a distinct loss of chomatic substance, while the outline of the cell body appears ragged and irregular and the chromatin granules almost gone. In Fig. 6 only a trace of the nucleus remains, a mere shadow suggesting only a portion of its previous outline. The chromatic substance has almost disappeared. Various phases of this latter condition were found;

when the degenerative process has proceeded thus far the cell appears as a simple ragged mass, presenting here and there a few granules. Most frequently there is no trace of a nucleus.

The degenerative changes above described in the nucleus are of great significance. The disappearance of the nucleus as an integral part of the nerve cell means not only the impossibility of a regenerative process taking place in the cell itself, but the complete disappearance of the neuron as a unit in the central nervous system. Such an ultimate result is not hard to conceive as a sequence of the shades of nerve cells above portrayed.

Some interesting pictures were obtained by the Golgi method, where a silhouette of degenerated portions of nerve cells were thrown into relief. Pictures such as shown in Figs. 7 and 8 were by no means uncommon, large portions of the body of the neuron having failed to stain and the dendrites being partially or totally obliterated. Fig. 8 shows an instance of partial, Fig. 7 of complete obliteration. Pictures similar to Fig. 7 were not uncommon. Fig. 9 shows another condition in which a considerable portion is excavated from the side of the cell body and at the same time the dendrites have failed to stain and have lost their usual felting. Globose masses are visible on some of the dendrites. In some instances the central portion of the cell body failed to stain, the region of the nucleus consisting of a light portion containing dark granules which shaded off gradually into the body of the cell. In these instances the dendrites were more or less affected, either having entirely failed to stain or being partially or completely denuded of felting. In most neurons presenting marked evidence of degeneration in the body, the axis cylinder process failed to stain.

THE NEUROGLIA.

For the study of the neuroglia the methods of Weigert, Robertson and Golgi were used.

For the most part the method of Weigert stains the nuclei and the fibrillary processes, leaving the body of the cell unstained, but in some instances, especially in cells showing a departure from the normal, the protoplasm of the cell was plainly visible, staining a distinct yellow color. Fig. 10, *a* and *b*, are such cells. These cells present a nucleus in a stage of division. In *a* the division seems

complete, in *b* the two nuclei are still joined by a mere thread. In both instances the nuclei are deeply stained and irregular in outline; *c* represents various conditions of the nucleus in an apparent condition of mitosis. In two of these nuclei a figure dividing the nucleus into four portions is apparent; in one an indentation on either side is visible, and the other two present irregularities; all are very deeply stained (an abnormal condition), the nucleus in the normal state being a regularly-rounded body presenting a caryoplasm dotted with darkly-stained granules (Fig. 10, *d*). These pictures were all made from cells in the first cortical layer.

The Robertson method stained the neuroglia cells rather differently. The nuclei as a rule stained darkly and in many instances the protoplasm of the neuroglia cell was well brought out. This was especially true of the cells in the first layer. Besides this, in the lower cortical and subcortical regions the neuroglia cells presented another variety of change. Fig. 10, *e*, presents one of these conditions. Here we have a large nucleus of irregular outline and staining comparatively lightly, which is more than twice the ordinary size. Figs. *f* and *g* represent a further stage of the same process. In *f* the nuclear outline is indented and broken at the left. At this point there is a loss of chromatic substance. In *g* we have a condition of fragmentation of the nucleus of true degenerative character. The last stages of the process are represented in *h*, where we have the last vestige of a nucleus presenting an irregular fragmented outline, much reduced in size, lightly stained and containing several darkly-stained granules. Cells *i* and *j* represent stages of the mitotic process.

We may conclude, therefore, that we have here several distinct and separate conditions of the neuroglia. First, the normal condition, the neuroglia cell presenting its usual appearance either with or without protoplasmic processes.

Second, a mitotic condition, by which means the neuroglia elements go through regular and irregular forms of proliferation, this condition being pronounced in this particular case.

Third, a degenerative condition, the neuroglia cell undergoing a change leading up to its ultimate destruction and disappearance in a manner analogous to the destruction of the cortical nervous elements.

Before concluding these considerations in regard to the neuroglia I must dissent from Weigert's theory, which he thinks the findings of

his method warrant, that the neuroglia consists of nuclei and fibers anatomically distinct. In pathological conditions the differentiation between nucleus and fiber is often not distinct, the whole neuroglia cell being brought out, the so-called fibers occupying the edges of the protoplasmic processes and being immediately associated with them. Sometimes the fibers are poorly stained but in cells in which the whole protoplasmic mass has stained, if especially brought out they are always found to occupy the edges of the protoplasmic process. I believe Weigert is in error in considering these elements anatomically distinct. It seems to the writer that it would be quite as proper to consider the picture that the Nissl process presents of the nerve cell as warranting the theory that the nervous elements of the cortex consist of nerve cells and chromatin granules in themselves anatomically distinct, as to say that the picture presented by the Weigert method warrants any special anatomical distinction between nucleus and fiber in the neuroglia. The weight of all other histological methods is against this theory, and Weigert's own method when employed in staining pathological neuroglia tissue, not only fails to corroborate his theory, but goes far toward disproving it.

CONCLUSIONS.

The nervous elements in this case present various stages of degeneration leading to the ultimate destruction and disappearance of the nerve cell from the cortex.

The order in which the degenerative processes follow each other appears to be:

1. Fatty degeneration of cell body of progressive type.
2. Destruction and disarrangement of the chromatic substance in the body of the cell.
3. Irregularity and fragmentation of the cellular outline.
4. Change in chromatic properties of the nucleus, with loss of nuclear outline.
5. Destruction and disappearance of the nucleus.

The neuroglia elements present various changes of—(1) Mitotic character manifested in the nucleus by divisions, irregularities and changed reaction to stain; (2) Degenerative character manifested by swollen, ruptured and fragmented nuclei and shades of former nuclei.

DONATIONS.

The Hospital makes grateful acknowledgment for the following contributions and courtesies:

December 6th, 1897, magazines from Mrs. A. H. Whitney, Morris Plains, N. J.

December 8th, 1897, an entertainment by the Misses Kugler, Cochran, Stark and Walsh, of Morristown, N. J.

December 20th, 1897, magazines from Mrs. Oscar Ferris, Morris Plains, N. J.

January 7th, 1898, magazines from Dr. H. A. Buttolph, Short Hills, N. J.

January 18th, 1898, 96 bound books, 64 paper-covered books and 70 magazines from Mrs. Frelinghuysen, Morristown, N. J.

January 28th, 1898, entertainment by the Misses Monroe, Ennis and Kugler, and Messrs. Daly, Clark and Higgins.

May 30th, 1898, box of fans from "a grateful patient."

September 10th, 1898, magazines from the Memorial Hospital, Morristown, N. J.

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

The Observer	West 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.
Home Visitor	Flemington.
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.

EXPLANATION OF PLATE.

NISSL METHOD.

FIG. 1.—Large ganglion cell (motor cortex). Chromatic substance in condition of dissolution, (chromatolysis). Cell body fatty and swollen. Nucleolus swollen.

FIG. 2.—Large ganglion cell, (motor cortex.) Marked fatty degeneration and beginning chromatolysis.

ROBERTSON METHOD.

FIG. 3.—Swelling of cell body. Vacuolation of nucleus.

FIG. 4.—Nuclear membrane ruptured.

FIG. 5.—Nucleus ragged. Marked chromatolysis in body of cell. Cell body swollen.

FIG. 6.—Shade of nerve cell; nucleus and chromatic substance having disappeared and the cell outline being ragged and irregular. Complete degeneration.

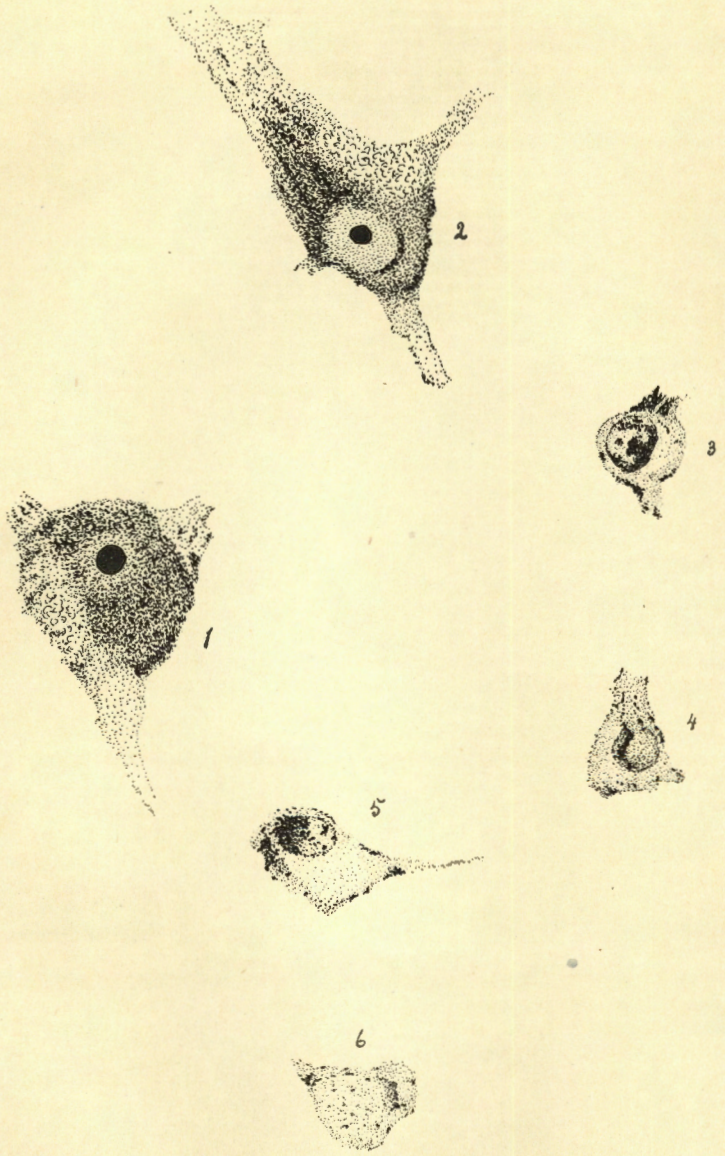
GOGLI METHOD,

FIG. 7, 8 and 9.—Degeneration of cell body, showing loss of dendrites and felting.

NEUROGLIA.

FIG. 10.—Various stages of proliferation and degeneration of neuroglia. *a* and *b* divided nuclei (Weigert method). *c* Nuclei showing tendency to divide. *d* Normal neuroglia cell (Weigert method). *e* Swollen nucleus. *f* Swollen nucleus with ruptured nuclear membrane (Robertscn method). *g* Fragmented nucleus. *h* Shades of neuroglia nuclei. *i* Nucleus dividing. *j* Irregular nuclei.

All drawings made with Zeiss Ocular No. 1, oil immersion 1-12. All outlines made by aid of Abbe camera lucida.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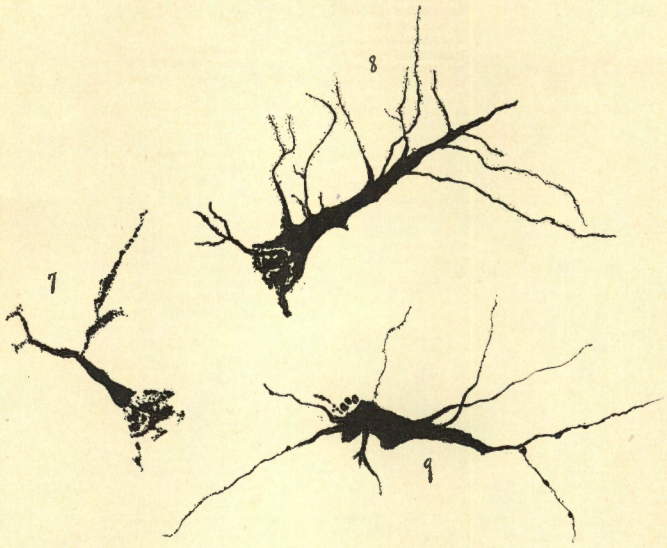
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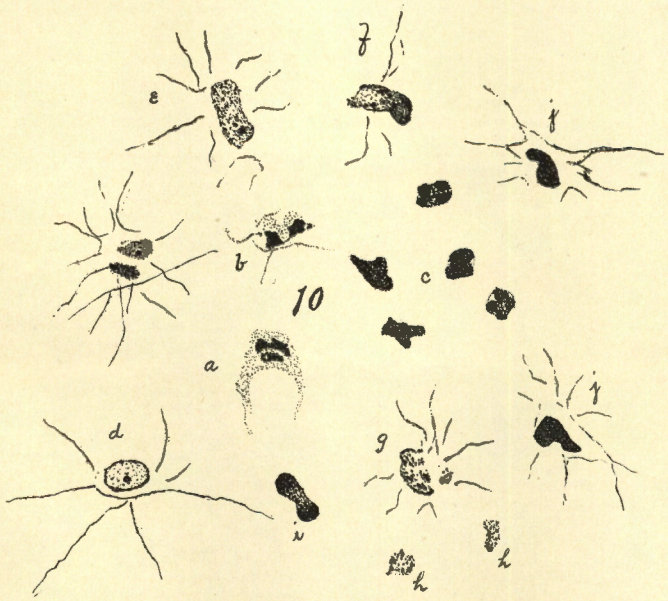
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Newark Tribune.....Newark.
Newark Pioneer.....Newark.
The Bloomfield Record.....Bloomfield.
The Bloomfield Citizen.....Bloomfield.
The Newark Item.....Newark.
The Orange Journal.....Orange.
Orange Sontagsblatt.....Orange.
The Short Hills Item.....Short 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 Presse.....Elizabeth.
New Jersey Advocate.....Rahway.
The Hackensack Republican.....Hackensack.
The Bergen County Index.....Hackensack.
The Englewood Times.....Englewood.
Bergen County Herald.....Rutherford.
Carlstadt Freie Presse.....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 Bulletin.....Boonton.
The New Jersey Herald.....Newton.
The Post.....Phillipsburg.
The Warren Republican.....Hackettstown.
The Warren Tidings.....Washington.
The Warren Journal.....Belvidere.

The Washington Star.....Washington.
Warren Democrat.....Phillipsburg.
The Morning Call.....Paterson.
Paterson Daily Press.....Paterson.
The Paterson Daily Guardian.....Paterson.

TREASURER'S REPORT.

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

GENTLEMEN—The Treasurer of The New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1897, to October 31st, 1898, inclusive:

RECEIPTS.

Balance on hand November 1st, 1897		$10,329 74
From State Treasurer for convict patients	$14,857 15	
From State Treasurer for county patients	48,500 00	
From State Treasurer for State indigent patients	15,000 00	
From sundry counties for maintenance of county patients	170,234 03	
From private patients	58,544 75	
From hides, tallow, &c	12,520 22	
From First National Bank, Morristown, for interest	49 07	
		319,705 22
		$330,034 96

DISBURSEMENTS.

On orders of Warden	$311,600 73	
Balance in Treasurer's hands	18,434 23	
		$330,034 96

G. C. HINCHMAN,
Treasurer.

The New Jersey State Hospital at Morris Plains, November 10th, 1898. We hereby certify that we have examined the Treasurer's accounts, and compared the same with his books and vouchers and find them in accordance with the above statement and correctly stated and balanced.

GEORGE RICHARDS,
JOHN A. MCBRIDE,
JOHN C. EISELE,
Auditing Committee.

RECAPITULATION.

State Treasurer—Convict Patients.

First quarter	$3,605 00	
Second quarter	3,687 86	
Third quarter	3,824 29	
Fourth quarter	3,740 00	
		$14,857 15

State Treasurer—County Patients.

First quarter	$11,839 42	
Second quarter	12,366 14	
Third quarter	12,439 00	
Fourth quarter	11,855 44	
		48,500 00

State Treasurer—State Indigent.

First quarter	$4,990 88	
Third quarter	7,313 88	
Fourth quarter	2,695 24	
		15,000 00

County Collectors.

First quarter	$44,371 04	
Second quarter	27,505 49	
Third quarter	48,693 43	
Fourth quarter	49,664 07	
		170,234 03

Private Patients.

First quarter	$15,205 54	
Second quarter	13,800 73	
Third quarter	16,597 63	
Fourth quarter	12,940 85	
		58,544 75

Hides, Tallow, &c.

First quarter	$3,179 87	
Second quarter	2,859 08	
Third quarter	4,155 50	
Fourth quarter	2,325 77	
		12,520 22

Interest.

First quarter	$15 88	
Second quarter	14 35	
Third quarter	13 06	
Fourth quarter	5 78	
		49 07
		$319,705 22

Orders Paid.

First quarter	$75,031 17	
Second quarter	74,026 37	
Third quarter	91,362 90	
Fourth quarter	71,180 29	
		$311,600 73

WARDEN'S REPORT.

WARDEN'S REPORT.

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

GENTLEMEN—The annual report of my department for the year 1898, with the abstract of accounts and an itemized report of the products of the various departments, is herewith submitted.

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

Balance on hand November 1st, 1897	$10,329 74	
Receipts from November 1st, 1897, to November 1st, 1898	319,705 23	
		$330,034 96
Total disbursements from November 1st, 1897, to November 1st, 1898		311,600 73
Cash balance on hand November 1st, 1898		$18,434 23

The resources and liabilities at the close of the year are:

RESOURCES.

Balance in hands of Treasurer	$18,434 23	
Due from Hudson county as per bill rendered	625 91	
Due from Union county as per bill rendered	9,687 18	
Due from Warren county as per bill rendered	3,682 42	
Due from State Treasurer for county patients	4,794 27	
Due from State Treasurer for convict patients	4,244 63	
Due from State Treasurer for State patients	2,782 89	
Due from private patients as per bills rendered	5,583 11	
Due from Sailors' Snug Harbor	4,237 81	
Due from petty expense account	406 84	
Due from clothing issued	3,660 55	
		$58,139 84

LIABILITIES.

Bills payable	$10,545 69	
Pay-roll for the month of October, 1898	7,659 26	
County patients paid beyond	4,101 28	
Private patients paid beyond	6,237 93	
Amount of bills rendered counties not yet earned	2,152 86	
Amount of bills rendered private patients not yet earned	2,102 91	
		32,799 93
Balance above liabilities		$25,339 91

Two thousand nine hundred and sixty-eight dollars and thirty-six cents ($2,968.36) of the amount due from State Treasurer for convict patients is for clothing furnished the patients. The charges extend over a period of three years. When the Legislature changed the law making specific appropriations and changing the price of board from seven to five dollars for convict patients, they failed to make an appropriation for the clothing furnished. Previous to this change the law required the State Treasurer to pay for the clothing in addition to the board. At the suggestion of the Comptroller in a letter to the Treasurer of the Hospital, the bills have been made out as formerly.

The annual appraisement of the personal property made in the month of October amounts to $157,501.82. Hon. Charles F. Hopkins, of Boonton, and Mr. Eugene S. Burke, of Morristown, who were appointed by your honorable Board to assist in this work, gave it their closest attention. We are under obligations to them for their valuable assistance.

YARDS.

During the past year the rear yards have been greatly improved. The fences were all taken down except the inclosure around the section wards. They have been rebuilt with the old material, and repainted. The north section yard has been enlarged. The grounds have been graded and seeded. New stone walks were laid, and on the north side parts of the fences taken down were utilized for walks. Two of the summer-houses have been moved within the inclosures.

NEW LOCKS.

New locks have been placed on all the entrances to the wards, to take the place of locks that had been in use since the opening of the house. These locks were very much worn, and so simple in their construction that they were no longer secure.

GRADING.

A great deal of grading has been done at the dairy buildings and along Hanover avenue, which bounds the property on the south to southwest. Progress has been made in grading the grove and entrance to the Hospital from the south.

PAINTING.

Several of the wards have been painted in the past year. The out-buildings and fences have also received the painters' attention. I recommend that during the coming year the exterior of the Hospital be painted.

WATER-MAINS.

The greatest undertaking during the past year has been the laying of the four and six-inch water-mains from the new reservoir to the annex, and continuing an eight-inch line to the old building and connecting it to the old and new fireplugs. This system is connected with a pipe-line from the pump-house to the upper reservoir, and makes it possible to feed the upper reservoir from the new.

FARM.

The products of the farm and garden will be found in the appendix. Excellent crops of corn, wheat, rye, hay and potatoes have been raised. The improvement to farm lands made by the draining of wet ground and the liberal use of fertilizers is beginning to pay for the money expended. The application of the sewage of the dairy buildings, hog-pens and slaughter-house, on about fifty acres of the farm land, shows marked improvement in the productiveness of the soil. The work of clearing up waste land has been continued during the past year. This is increasing the tillable land, thus making it possible to raise larger crops of corn and wheat than previously.

The improvements mentioned above bring a threefold good—

First. They improve the appearance of the property by removing stones and brush and leaving instead graded fertile land.

Second. They remove sources of contamination by draining the wet and marshy ground and caring for the sewage of the out-buildings.

Third. They enhance the value of the property by increasing the amount and fertility of its farm lands.

DAIRY.

During the past year 251,570 quarts of milk have been produced. The average number of cows milked each day has been sixty-one. This gives a daily yield of 11.29 quarts per cow.

The comparison of this with other dairies will show that the average per cow is higher than usually found. Six hundred and eighty-nine quarts of milk have been consumed daily. This gives an allowance of about one pint for each person. This is fully up to the amount furnished in institutions of this character. From observation made since the last report, we are convinced that the original plan of building a dairy-house, with modern appliances for cooling, bottling and caring for the milk, is the right course. This would be quite as economical as our present method. One of the main benefits would be that the milk would be more satisfactorily distributed if bottled. It would also contribute to the care and cleanliness of the milk.

It is hoped that during the coming year a dairy-house will be built. There is an extra steam boiler which is now used for laundry purposes that can be placed in the dairy-house and used to furnish power for threshing, root and hay-cutting, as well as hot water and steam used in the dairy.

GARDEN.

The garden has produced an abundance of vegetables for the use of the house. The main increase of the products has been in tomatoes. One thousand eight hundred and eighty-five bushels of tomatoes have been produced. It is intended to increase the yield of fruit and vegetables, so that the larger part of the canned goods used in the house can be supplied by the garden. Seven acres of land have been added to the garden, making in all about fifty acres.

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, 1899:

For the annual appraisement	$75 00
For the salaries of resident officers	12,600 00
For the maintenance of county patients	53,000 00
For the support and clothing of insane convicts	16,500 00
For the support and clothing of State indigent patients	17,000 00

Respectfully submitted,

M. K. EVERITT,
Warden.

The New Jersey State Hospital at Morris Plains, October 31st, 1898.

ABSTRACT OF ACCOUNTS.

For the fiscal year ending October 31st, 1898.

G. C. HINCHMAN, *Treasurer.*

DR.

To balance October 31st, 1897	$10,329 74
To amount received for board, clothing and incidental expenses of private patients	58,544 75
To amount received for board, clothing and incidental expenses of county patients	170,234 03
To amount received from State Treasurer for county patients	48,500 00
To amount received from State Treasurer for convict patients	14,857 15
To amount received from State Treasurer for State indigent patients	15,000 00
To amount received for hides, tallow, &c	8,209 75
To amount received for sundries, rags, &c	1,462 05
To amount received for hogs and pigs	2,820 42
To amount received for rents	28 00
To amount received for interest	49 07
	$330,034 96

CR.

Amusements	$1,139 68
Additional salary of Pathologist	300 00
Books and stationery	1,014 26
Bedding, linen, &c	7,426 56
Care of lawns, fertilizer and labor	1,799 94
Clothing	11,594 52
Crockery and cutlery	876 73
Counsel fees in matter of new act, printing pamphlets, circulars, &c, in regard to new commitment law	1,098 53
Ditching and improvement to farm lands	3,266 03
Dairy, includes stock, feed and labor	7,206 07
Farm, labor, stock, fertilizers	11,835 59
Flour	7,185 35
Fencing, material and labor, principally about dairy barn	873 17
Fruit	2,379 15
Freight	4,406 90
Furniture	4,204 39
Fuel	13,561 84
Funeral expenses	1,019 00

Garden, labor, seeds, fertilizers	$3,124 49
Greenhouse, labor, seeds and plants	1,126 62
Grading	3,487 33
Hay and straw	63 69
Harness, wagons, &c	1,570 38
Household goods	2,317 76
Improvement to buildings	5,527 11
Insurance	1,602 50
Incidentals	3,655 66
Laundry	5,940 36
Light	8,639 35
Labor, digging and filling trench for water-mains	3,321 79
Laundry machinery	410 00
Medical supplies	5,504 30
Medical library	489 60
Material used and wages of tinsmith	846 35
Newspapers	56 05
New locks for Hospital, labor and material	973 55
Provisions and groceries	98,095 52
Postage	834 94
Petty current expenses	500 00
Pathological	73 38
Religious services	166 50
Revenue stamps	10 00
Refunding	1,728 41
Repairs	16,180 24
Smith and wheelwright, labor and material	1,223 72
Stone walks, material and labor, rear yards	485 38
Tools and supplies, boiler-house and machine shop	485 65
Telegrams, telephone rental, &c	1,007 65
Vegetables	3,259 52
Water-main, hydrants and engineers' services	3,370 56
Wages	54,334 66
	$311,600 73
Balance in hands of Treasurer October 31st, 1898	$18,434 23

APPENDIX TO WARDEN'S REPORT.

FARM AND GARDEN PRODUCTS.

DAIRY AND FARM, 1898.

251,570	Quarts milk (average number of cows milked, 61; average per cow, 11.29 quarts) @	$0 04	$10,062 80
120	Dozen eggs	20	24 00
225	Tons of hay	12 50	2,812 50
18	Tons of rye straw	15 00	270 00
12	Tons of wheat straw	10 00	120 00
5	Tons of oat straw	5 00	25 00
500	Bushels rye	40	200 00
400	Bushels wheat	1 00	400 00
570	Bushels oats	25	142 50
2,100	Bushels corn	40	840 00
2,200	Bushels potatoes	65	1,430 00
3,000	Bushels cow horn turnips	25	750 00
200	Bushels winter apples	65	130 00
75	Bushels windfall apples	50	37 50
476	Bushels cider apples	10	47 60
7,000	Bundles corn stalks	3	210 00
26	Weeks' pasture for 68 head stock	50	884 00
			$18,385 90

STOCK.

6,006	Pounds veal (40 calves) @	$0 10	$600 60
60	Fowls	50	30 00
48	Cattle slaughtered, 31,808 pounds	7½	2,385 60
	Amount received for hogs sold		2,820 42
			$24,222 52

GARDEN, 1898.

1,885	Bushels tomatoes @	$0 75	$1,413 75
1,016	Bushels potatoes	65	660 40
800	Bushels carrots	40	320 00
350	Bushels parsnips	40	140 00
850	Bushels beets	35	297 50
550	Bushels yellow stone turnips	30	165 00
520	Bushels white turnips	30	156 00
440	Bushels rutabaga	30	132 00
800	Bushels mangel wurzel	30	240 00

225	Bushels onions	$0 50	$112 50
10	Bushels onion-sets	3 00	30 00
145	Bushels apples, selected	65	94 25
60	Bushels apples, cider	10	6 00
400	Bushels spinach	40	160 00
775	Bushels kale	30	232 50
600	Bushels bush beans	50	300 00
175	Bushels lima beans	75	131 25
565	Bushels peas	90	508 50
175	Bushels cucumbers	60	105 00
90	Bushels cucumber pickles	1 25	112 50
5	Bushels onions (pickling)	75	3 75
40	Bushels horseradish	1 00	40 00
150	Bushels grapes	1 00	150 00
261	Bushels squash	40	104 40
40,000	Heads celery	2½	1,000 00
18,000	Heads cabbage	4	720 00
20,250	Heads lettuce	1½	303 75
200	Heads early cauliflower	5	10 00
30,000	Bunches onions	1½	450 00
35,000	Bunches radishes	1½	525 00
1,300	Bunches carrots (for soup)	2	26 00
10,000	Bunches asparagus	10	1,000 00
12,000	Bunches rhubarb	4	480 00
2,000	Bunches parsley	3	60 00
2,000	Bunches leeks	3	60 00
1,197	Bunches celery (for soup)	5	59 85
200	Bunches sage	5	10 00
150	Bunches thyme	5	7 50
150	Bunches savory	5	7 50
100	Bunches sweet marjoram	5	5 00
50	Bunches tarragon	10	5 00
50	Bunches chive	10	5 00
10	Baskets pears (Sheldon)	75	7 50
10	Baskets pears (David Seedling)	60	6 00
75	Baskets pears (Seckel)	50	37 50
5,000	Musk melons	4	200 00
31,000	Ears sweet corn	1	310 00
1,200	Bundles corn stalks	3	36 00
400	Cheese pumpkins	5	20 00
2,000	Peppers	0¼	5 00
3,000	Eggplants	4	120 00
4,470	Quarts strawberries	10	447 00
1,500	Quarts blackberries	10	150 00
1,500	Quarts raspberries	10	150 00
300	Quarts currants	10	30 00
200	Quarts gooseberries	5	10 00
1,000	Quarts cherries	10	100 00
	Total		$11,978 90

CUT FLOWERS AND PLANTS FURNISHED, 1898.

CUT FLOWERS.

Roses	2,900
Chrysanthemums	800
Violets	4,000
Carnations	16,000
Stevia	400
Sweet peas	3,500
Iris	500
Asters	1,500
Freesia	500
Gladiolus	400
Tuberoses	200
Dahlias	600
Bunches of gaillardia	50
Bunches of cosmos	250
Delphinium	150
Bunches of phlox	75
Roman hyacinths	400
Tulips	500
Bunches of antirrhinum	50
Pansies	500
Calla lilies	150
Strings of smilax	150
Strings of asparagus	50
Mignonette	400
Sprays of bougainvillea	50

DECORATIVE AND BLOOMING PLANTS IN POTS.

Easter lilies	50
Azalea indica	30
Calla lilies	75
Cineraria	100
Dutch hyacinths	250
Chinese narcissus	20
Begonia	250
Chinese primroses	100
Crotons	300
Chrysanthemums	700
Narcissus	150
Hydrangea	50
Abutilon	100
Acalypha	100
Marguerites	25

PLANTS AND BULBS GROWN FOR FLOWER-BEDS.

Geranium	2,500
Canna	1,200
Caladium	200
Salvia (scarlet large)	300
Banana plants	10
Coleus	4,000
Heliotrope	150
Vinca	400
Stevia	600
Althernanthera	600
Echeveria	400
Petunia	400
Cineraria maritima	500
Begonia vernon	400
Ageratum	500
Rose plants for forcing	1,100
Carnation plants	900
Violet plants	500
Pansies	1,500
Daisy	1,000
Forget-me-not	500
Cowslips	75

ACCOUNT OF FRUIT, &c, CANNED AND PRESERVED.

Peaches	71	quarts
Cherries	21	quarts
Plums	3	quarts
Raspberries	55	quarts
Strawberries	170	quarts
Pickled peaches	10	quarts
Preserved pears	3	quarts
Pickled cucumbers	35	quarts
Chili sauce	2	quarts
Mangoes	8	quarts
Pickled tomatoes	4	quarts
Crabapples	10	quarts
Pears	4	quarts
Crabapple jelly	21	glasses
Currant jelly	27	glasses
Strawberry jelly	7	glasses
Tomatoes	2,810	gallons
Corn	80	quarts
Pickles	150	gallons

REPORT OF WORK DONE IN SEWING-ROOM FOR THE YEAR ENDING OCTOBER 31ST, 1898.

Sheets	2,601
Double sheets	82
Pillow-cases	3,292
Hand towels	2,582
Roller towels	112
Dish towels	1,123
Table cloths hemmed	170
Napkins hemmed	426
Kitchen aprons	316
Chef aprons	6
Steward aprons	6
Blankets hemmed	758
Burial robes	32
Burial sheets	32
Burial chemise	32
Burial petticoats	32
Curtains	135
Curtain bands	135
Chemise	682
Petticoats	378
Drawers	359
Underwaists	22
Night-dresses	7
Dresses	865
Dress waists	15
Dress skirt	1
Dresses altered	10
Wrappers	16
Total number of pieces	14,227

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

Single hair mattresses made, new	912
Double hair mattresses made, new	12
Single hair mattresses made over	1,207
Double hair mattresses made over	39
Single mattress ticks made, new	977
Double mattress ticks made, new	12
Hair pillows made, new	910
Hair pillows made over	1,987
Pillow ticks made, new	1,003
Feather pillows made, new	182
Sofa pillows made, new	6
Pieces of furniture upholstered	96

Large hall carpets made, new	6
Large hall carpets made over	11
Alcove carpets made, new	9
Alcove carpets made over	8
Connecting carpets, hall, made, new	4
Connecting hall carpets made over	6
Parlor carpet made, new	1
Parlor carpets made over	8
Room carpets made new	306
Room carpets made over	268
Carpets taken up	912
Carpets laid	912
Carpets repaired	198
Yards carpet hemmed	864
Yards carpet bound	215
Rooms laid with rush matting	2
Rooms laid with linoleum	5
Chairs caned	189
Settees caned	9
Window shades repaired	289
Holland shades made, new	379
Long window curtains made, new	4
Long window curtains hung, pairs	26
Ottomans made, new	39
Carpet door-mats made, new	31
Pairs of holders made for bakery and gas-house	160
Pieces of harness repaired	98
Pieces of harness made, new	37
Bed protectors made, new	702
Bed protectors repaired	374
Horse blankets repaired	25
Sets of mangle aprons made, new	10
Sets of mangle aprons repaired	2
Chair cushions made, new	26
Awnings made, new	27
Awnings put up	27
Awnings taken down	27
Mattress ticks repaired	320
American flags, size 10 x 20, made, new	3
Pairs of boots, slippers and shoes repaired	898
Total	14,780

RETURN OF WORK DONE IN TIN-SHOP, 1898.

Dish pans	30
Scrap pans	12
Cake pans	43
Biscuit pans	7

Tin pails	56
Sauce pans	12
Diet cups	308
Drinking cups	207
Diet cup covers	100
Bread boxes	12
Coffee and tea pots	15
Sprinkling pots	6
Milk pitchers	36
Steamers, large	18
Steak boxes	6
Special diet boxes	20
Grease cans	12
Two-gallon fruit cans	800
Two-gallon fruit cans, new tops	500
Flats for special diet	104
Dinner boxes for steam cars	18
Keys cut	86
Brass tags	46
Other pieces as needed	107
Pieces of tinware repaired	892
Locks repaired	345
Knives sharpened	134
Scissors sharpened	81
Total number of pieces	4,013

OUTSIDE WORK.

Square feet tin roofing	1,260
Lineal feet galvanized iron gutter	76
Lineal feet leaders	106

Also repairs to slate and tin roofs, gutters, leaders, waiter bells, speaking tubes, &c.

REQUIREMENTS FOR ADMISSION OF PATIENTS

TO THE STATE HOSPITALS OF NEW JERSEY.

PRIVATE PATIENTS.

The admission of a private or pay-patient requires the certificates of two physicians who have been in practice for five years; their signatures must be sworn to before a notary public or other proper officer of the law; one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to; 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 attention must be paid for at the time of the admission of the patient, and quarterly, in advance, thereafter. These requirements must be met before the patient can be admitted.

The rates range from five dollars ($5) to fifty dollars ($50) per week, which includes medical attention, 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.

All the necessary blanks for the admission of private patients will be promptly forwarded upon application to the Medical Director.

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

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 his maintenance in the Hospital.

The law of 1898 requires the certificates of two physicians to the insanity of the patient before his admission can be secured into any Hospital of New Jersey, and these certificates, to be valid, shall bear date 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.

The original commitment papers, or certified copies of them, must be promptly forwarded to a judge of the court, who, after reviewing the case, makes out an order of approval, if the evidence of insanity be clear and sufficient. This makes the commitment complete.

The visiting days and hours are Mondays, Wednesdays and Fridays, from 2 to 5 P. M.

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

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply all necessary blank commitment papers in response to application for them.

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

FORMS AND NOTES.

(1.)

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

To the Medical Director of the New Jersey State Hospital at ..... :

The undersigned, of ....., in the county of ....., and State of
City or town.
....., being desirous of having ....., an insane person of
Full name of patient.
the county of ....., and State of ....., committed to and confined as a patient in the New Jersey State Hospital at....., hereby requests the admission therein of the said ....., for the
Full name of patient.
purpose aforesaid. Said ....., was born at ....., on
Full name of patient. City or town.
....., resides at ....., and is a .....
Date of birth. State patient's residence with particularity. Profession,
..... The undersigned is a .....
trade or calling of patient. State degree of relation or other
..... of the said .....
circumstance of connection between patient and person making request. Full name of patient.

Dated ....., 189.....

Name of person making request. ....

P. O. address, ...
Street and number, ...
City, ...
County, ...
State, ...

(2.)

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

Two certificates in the form following must be made in the case of every patient to secure his commitment to, and confinement in, any hospital in this State. The physicians making the certificates must have all of the qualifications set out in the form. Laws of 1898, chapter 130, sections 1 and 2. County clerks

and others printing blank forms of these certificates, should be careful to leave ample space for the writing of descriptive matter and answering of queries. The spaces in the form of blank printed below will be seen at a glance to be inadequate to admit of ample and proper statements and answers.

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.....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 ..... 18..... (*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 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.

This affidavit may be made before any officer authorizsd by the laws of the State of New Jersey to administer oaths.

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.

....

Sworn to and subscribed before me this.....day of ....., 189...

....

(3.)

Certificate of Insanity of Non-resident Patient by Non-resident Physician.

By the proviso to the second section of chapter 130 of the Laws of 1898, a non-resident of New Jersey may be committed as a patient to any hospital for the insane, public or private, or any institution or retreat for care and treatment of the insane in this State, upon the filing with the medical director (or other head officer) of such hospital, institution or retreat of a request in writing, as provided for in the first section of the act, and upon the certificates of two physicians, residents of the State from which such non-resident may be sent, which certificates shall be the same as required by the first section, and the non-resident physicians shall have all of the qualifications required by the laws of the State of which they are residents, to secure the commitment of patients resident in such State to any of the institutions mentioned, located in such State. After the commitment of any such non-resident patient into any hospital, institution or retreat in this State, his further commitment and detention must be secured by the certificates of resident physicians, and in all other respects according to the provisions of the act of 1898. Besides what has been said in this note, all of the remarks in the note at the head of form (2), being the certificate of insanity by physician resident of New Jersey, are applicable.

I, ..., of....., in the county of....., and State of....., do hereby certify that I am a graduate of.....and a permanent resident of the State of....., 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.....has been requested by.....of.....in the State of....., and I am of the opinion that the said.....is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not 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..... ; and that I have all of the qualifications required by the laws of the State of....., in which the said.....and myself are residents, to secure the commitment of patients resident in said last-named State to any hospital for the insane, or any institution or retreat for the care and treatment of the insane in said last-named State.

That 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 ..... 18..... (*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 insanitg 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 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.

This affidavit may be made out of the State of New Jersey before any notary public of the State, Territory, nation, kingdom or country in which the same shall be taken, or before any officer who may be authorized by the laws of this State to take acknowledgments of deeds in such State, Territory, nation, kingdom or country, and a recital that he is such notary or officer in the jurat or certificate of such affidavit, and his official designation affixed to his signature, and attested under his official seal, shall be sufficient proof that he is such notary or officer. See act relative to oaths and affidavits, General Statutes, volume 2, page 2333, section 37. Notwithstanding this statute, an affidavit taken out of this State before a notary public, if subscribed by him as "notary public" and sealed with his official seal, will be valid *prima facie.* See Magowan *v.* Baird, 8 Dick. Ch. Rep. 656. The jurat to this affidavit has been drawn in the form prescribed by the statute, and if followed by officers taking this affidavit out of the State, it will avoid any question as to regularity and validity.

State of....., 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.

.....

Sworn to and subscribed before me, a.....of the State of....., at....., in said State, and I do hereby certify that I am such....., of the State of....., commissioned and sworn, and duly authorized to take the foregoing affidavit.

Witness my hand and official seal, this.....day of....., eighteen hundred and ninety.....

..... [L. S.]

(4.)

Medical Director's Certificate as to Copies of Request and Physicians' Certificates.

The medical director (or other head officer) of all hospitals should print copies of the blank forms containing the request for the patient's admission, and the certificates of physicians to secure such admission, and append to each copy of request and certificates the following form, so that upon the commitment of the patient and lodgment with the medical director (or other head officer), of the request and certificates, a copy of the same may be filled out, signed and sent to the proper judicial officer, that he may approve or disapprove the certificates upon examination, or after inquiry, with or without the aid of a jury, as in his discretion he may see fit.

I, ..., Medical Director of the New Jersey State Hospital at ....., do hereby certify that the foregoing are true copies of the request for the commitment to and confinement in said Hospital as a patient of....., and of the verified certificates of.....and....., physicians who examined and who certify to the insanity of the said .....; and that the said.....was committed to said Hospital on the.....day of....., eighteen hundred and ninety....., under and by virtue of said request and certificates; and that he still remains confined in said Hospital.

In testimony whereof, I have hereunto set my hand and the seal of said Hospital this.....day of....., eighteen hundred and ninety-.....

...., Medical Director. [L. S.]

(5.)

Judge's Order Approving Certificates of Insanity.

By the first section of chapter 130 of the Laws of 1898, it is provided, that no person shall be committed to, or confined in, any insane hospital, except upon a request in writing of a relative or other person interested in the patient, nor except upon the certificates of two physicians, under oath, setting forth the insanity of such person; but no person so committed shall be held in confinement in any such hospital for more than fifteen days, unless within that time the person making the request for the patient's admission shall present, or cause to be presented, to a judge of the Court of Common Pleas of the county in which the alleged insane person resides, or other judicial officer mentioned in the act, the request and certificate mentioned, or copies of the same certified by the medical director of the hospital, and obtain the approval of such judge, or other judicial officer. Upon the presentation to him of the request and certificates, which it is believed will usually be in the shape

of certified copies, he may, upon examination of the request and certificates, approve or disapprove the same, or he may take proofs as to the alleged insanity of the patient, with or without the aid of a jury, before making such approval or disapproval; being given power by the act to send for witnesses and jurors. The following form is one for use in the case of a judge's approving of the certificates of insanity presented to him, when he does not deem it necessary for any reason to make any further inquiry or take the verdict of a jury. If found to be insane, whether by approval of certificates or after further inquiry, the patient shall be confined in the hospital until he shall be restored to reason, or removed or discharged according to law.

I,....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as patient in, the New Jersey State Hospital for the Insane at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof; and having examined the said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, do hereby order that the same be and are hereby approved, all of which I do hereby certify, to the end that the said.....shall be confined in said Hospital, pursuant to the statute in such case made and provided, until he be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(6.)

Subpœna for Witnesses.

New Jersey, *ss*—The State of New Jersey to.....

.....

Greeting: For good and sufficient reasons, you are hereby commanded that you personally be and appear before the Honorable ....., Judge of the Court of Common Pleas of the county of....., at..... ..., in....., on the.....day of....., at.....o'clock

in the.....noon, to testify, according to your knowledge, in the matter of ....., alleged to be insane. Hereof fail not at your peril.

Witness my hand and seal, at ....., this ..... day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

OATH TO WITNESS.

You do solemnly swear that the evidence you shall give in the matter of ....., alleged to be insane, shall be the truth, the whole truth, and nothing but the truth. So help you God.

(7.)

Precept to Sheriff to Summon a Jury.

Any jury summoned to inquire into the insanity, indigence or legal settlement of any person under the act of 1898, chapter 130, should consist of twelve men. The only exceptions to a twelve-men jury in our law are cases under commissions in the nature of writs *de lunatico inquirendo* out of Chancery, and in small cause courts and coroners' inquests.

New Jersey, *ss.*—The State of New Jersey to the Sheriff of the county of ..... Greeting: Whereas copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at ....., of ....., of the county of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal there of, have been presented to me, ..., Judge of the Court of Common Pleas of the county of ....., and having examined said request and certificates, and duly considered the same, and deeming it right and proper to institute inquiry and take proofs in the said matter before approving or disapproving of such certificates, and deeming it necessary to call a jury in the premises—these are therefore to will and require you to cause to come and appear before me twelve good and lawful men of said county of ..... above the age of twenty-one years and under the age of sixty-five years, at ....., on ....., the ..... day of ....., at ..... o'clock in the ..... noon of the same day, then and there, upon their oaths and affirmations to inquire of all such matters and things as shall be given them in charge

in the matter of the said ....., alleged to be insane; and thereof fail not at your peril.

Given under my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(*Return of Sheriff annexed to precept.*)

The execution of the within precept appears by the panel annexed.

...., Sheriff.

.....County, *ss.:*

Names of the jurors to inquire according to the tenor of the precept annexed: (*Here follow the names of the jurors.*)

.....

OATH TO JUROR.

You do solemnly swear that you will well and truly try and inquire of all such matters and things as shall be given you in charge in the matter of....., alleged to be insane, and a true finding and determination make, according to the evidence. So help you God.

(8.)

Judge's Certificate that Inquiry Cannot be Made and Concluded Within Five Days.

By the first section of the act of 1898, chapter 130, it is provided that the judicial officer to whom shall be presented the request and certificates for the commitment to and confinement as a patient in, any hospital for the insane in this State, shall certify his approval or disapproval of such certificates within five days after their presentation to him, but if such inquiry cannot be conveniently made and concluded within that time, then the judicial officer shall so certify to the medical director of the hospital in which the patient is confined that a longer (stating how much longer) period than five days is necessary to conclude such inquiry, and shall order that the patient remain in such hospital until the inquiry shall have been concluded.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at....., of....., alleged to be insane, and of the certificates of.....and.....,

physicians who certify to the insanity of said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, having examined said request and certificates and duly considered the same, and deeming it right and proper to institute inquiry and take proofs as to the alleged insanity of said....., before approving or disapproving of such certificates, but not being conveniently able to make and conclude such inquiry within five days after the.....day of....., 189... (the date of the presentation to me of such certificates), all of which I do hereby certify; and I do hereby further certify that a longer period than said five days, to wit, ...days after the expiration of said five days, is required within which to make and conclude said inquiry; therefore I do hereby order and direct that the said....., alleged to be insane, be and remain in said New Jersey State Hospital at....., until said inquiry shall have been concluded as aforesaid, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this..... day of....., eighteen hundred and ninety-.....

....., ..., J. [L. S.]

(9.)

Judge's Order Approving Certificates of Insanity, after Inquiry

This form of determination of insanity will be used where the judge to whom the request in writing and the certificates for the admission of any patient to a hospital for the insane have been presented, shall institute inquiry as to the alleged insanity of the patient, and examine witnesses touching such insanity, without summoning a jury to pass upon the question.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered same, and deeming it right and proper to institute inquiry and take proofs as to the alleged

insanity of the said ....., before approving or disapproving of such certificates, but not deeming it necessary to call a jury, did call before me ....., credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in the said Hospital, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ..... , eighteen hundred and ninety-.....

...., J. [L. S.]

(10.)

Judge's Order Approving Certificates of Insanity, After Inquiry and Upon Verdict of a Jury.

This form of determination of insanity will be used where the judge to whom the request in writing and the certificates for the admission of any patient to such hospital have been presented, shall institute inquiry as to the alleged insanity of a person, and examine witnesses touching such insanity, before a jury, whose determination he will take as a finding in the case.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital at....., of....., and of the certificates of..... and....., physicians who certify to the insanity of the said.....; which copies are certified by the Medical Director of said Hospital, under the seal thereof; and having examined said request and certificates and duly considered the same, and deeming it right and proper to institute inquiry and take proofs as to the alleged insanity of the said.....before approving or disapproving of such certificates, and deeming it necessary to call a jury, did issue my precept to the Sheriff of the county of....., for that purpose, who thereupon caused to appear before me twelve good and lawful men of said county of.....,

duly qualified according to law, at....., on....., the.....day of....., and the said jurors being duly sworn to inquire as to the insanity of the said....., and having called before me .....credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity of the said....., before the said jury, and the said jury upon their oath found and determined the said.....to be insane, and it appearing satisfactorily to me from the certificates aforesaid, and the determination of said jury, that the said.....is insane, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in the said Hospital, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this..... day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(11.)

Judge's Order Disapproving Certificates of Insanity.

Whenever a judge to whom the request in writing and the certificates for the admission of any patient to any hospital for the insane have been presented, shall conclude that the certificates do not contain sufficient facts to warrant a finding of insanity, he may disapprove the same, and so certify to the medical director of the hospital in which the person is confined, who shall forthwith discharge him therefrom. The same form can be used upon disapproval of the certificates where the application is made on behalf of an insane indigent patient, under section 5 of the act of 1898.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and not being satisfied with the sufficiency of said request and certificates, or that

the said ..... is insane, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby disapproved, to the end that the said ..... shall be forthwith discharged from said Hospital, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such discharge.

Witness my hand and seal, at ..... , this ..... day of ....., eighteen hundred and ninety- .....

...., J. [L. S.]

(12.)

Judge's Order Disapproving Certificates of Insanity Upon Finding, After Inquiry, that Person is Not Insane.

Whenever a judge to whom the request in writing and the certificates for the admission of a patient to any hospital for the insane have been presented, shall, after inquiry, conclude that the person sought to be confined in such hospital is not insane, he will so certify to the medical director of the hospital, and the person shall be forthwith discharged therefrom. Laws of 1898, chapter 130, section 1. The same form can be used after inquiry in cases where the application is made on behalf of an insane and indigent patient, under section 5 of the act.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and deeming it right and proper to institute inquiry and take proofs as to the alleged insanity of the said....., before approving or disapproving of such certificates, but not deeming it necessary to call a jury, did call before me.....

.....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity of the said....., and having duly considered their testimony, I find and determine that the said.....is not insane, all of which I do hereby certify, to the

end that the said.....shall be forthwith discharged from said Hospital, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such discharge.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(13.)

Judge's Order Disapproving Certificates of Insanity Upon Finding After Inquiry and Upon Verdict of a Jury that Person is Not Insane.

Whenever a judge to whom the request in writing and the certificates for the admission of a patient to any hospital for the insane have been presented, shall institute inquiry upon the oath of a jury as to the insanity of such patient, and the jury shall find the person not to be insane, he will so certify to the medical director, and the person shall be forthwith discharged from the hospital. Laws of 1898, chapter 130, section 1. The same form can be used after inquiry and verdict of jury in cases where the application is made on behalf of an insane indigent patient, under section 5 of the act of 1898.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital at....., of....., and of the certificates of..... and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and having deemed it right and proper to institute inquiry and take proofs as to the alleged insanity of the said....., before approving or disapproving of such certificates, and having deemed it necessary to call a jury in the premises, did issue my precept to the Sheriff of the county of.....for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at....., on....., the.....day of....., and the said jurors being duly sworn to inquire as to the insanity of the said....., and having called before me.....

....

credible witnesses, and examined them, and each of them, upon their

several corporal oaths, touching the insanity of the said....., before the said jury, and the said jury upon their oath found and determined that the said.....is not insane, all of which I do hereby certify, to the end that said.....shall be forthwith discharged from said Hospital, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such discharge.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety- .....

...., J. [L. S.]

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(14)

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

This request is in the same form as the blank numbered (1), except the word "indigent" is incorporated into this form to bring the case within the purview of section 5 of chapter 130 of the Laws of 1898.

To the Medical Director of the New Jersey State Hospital at .....:

The undersigned, of ....., in the county of ....., and State
City or town.
of ....., being desirous of having ....., an indigent in-
Full name of patient.
sane person of the county of ....., and State of ....., committed to, and confined as a patient in, the New Jersey State Hospital at....., hereby requests the admission therein of the said
Full name of patient. Full name of patient.
....., for the purpose aforesaid. Said ....., was
Full name of patient.
born at ...., on ....., resides .....
City or town. Date of birth. State patient's residence with particularity.
and is a ..... The undersigned is a
Profession, trade or calling of patient.
....., of the said .....
State degree of relation or other circumstance of connection between patient and person making request. Full name of patient.

Dated ....., 189.....

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

(15.)

Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement, after Inquiry.

Under the fifth section of chapter 130 of the Laws of 1898, it will be necessary for the judicial officer to whom may be presented copies of the request in writing for the admission to, and confinement as an indigent patient in, any hospital or asylum for the insane in this State, to institute inquiry as to the indigence and legal settlement of the patient, even if he be satisfied with the sufficiency of the certificates of the patient's insanity, and does not deem it necessary to make any inquiry beyond an examination of the certificates to find the fact of insanity. A finding in the following form will be made where the judge approves of the certificates and finds the indigence and legal settlement of a person from the testimony of witnesses without the intervention of a jury. One of the recitals in the form is that the indigent has not sufficient estate to support not only himself but his family, under the visitation of insanity. If it appears from the proofs that he has no family, the words in parenthesis "(and his family)" should be stricken out.

This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined, a copy thereof, under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expenses of the indigent's support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said....., but not having deemed it necessary to call a jury, did call before me..... .....

....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said.....is insane and an indigent, and has not sufficient estate

to support himself (and his family), under such visitation of insanity, and that he has a legal settlement in the county of....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(16.)

County Clerk's Certificate as to Copy of Judge's Order.

The following is a form of county clerk's certification of determination of judge, certified copies of which determination or finding are to be sent to the medical directors of hospitals, and in some cases to the State treasurer, under section 5 of chapter 130 of the Laws of 1898. The act requires certified copies of the proceedings had before the judges and of their certificates to be forwarded. The certificates or findings of the judges will be found to contain a complete record or recital of all the proceedings had before them. The request for admission and physicians' certificates will be already on file with the medical directors. The judges' findings or certificates are drawn in the form of orders.

I, ... County Clerk of the county of....., do hereby certify that the foregoing is a true copy of the Judge's order approving certificates of insanity, and finding of indigence and legal settlement, after inquiry, in the matter of ....., an indigent insane person (*or as the case may be*), as the same remains of record in my office.

In testimony whereof, I have hereunto set my hand and [L. S.] official seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., Clerk.

(17.)

Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement, After Inquiry and Upon Verdict of a Jury.

If the judicial officer to whom may be presented copies of the request in writing for the admission to and confinement as an indigent patient in any hospital or asylum for the insane in this State, shall be satisfied with the sufficiency of the certificates of the patient's insanity, and does not deem is necessary to make any inquiry beyond an examination of the certificates to find the fact of insanity, but deems it necessary to take the verdict of a jury upon the question of indigence and legal settlement, and the jury finds the fact of indigence and of legal settlement in the county from whence the person's admission is requested, a finding in the following form should be made. This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined a copy thereof under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expenses of the indigent's support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital. Laws of 1898, chapter 130.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director ot said Hospital, under the seal thereof, and havinge xamined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of the said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said ....., and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of ..... for that purpose, who thereupon caused to appear before me twelve good and lawful men of said county of ....., duly qualified, according to law, at ....., on ....., the ..... day of ....., and the said jurors being duly sworn to inquire as to the indigence and legal settlement of the said ....., and having called before me .....
.....
credible witnesses, and examined them, and each of them, upon their

several corporal oaths, touching the indigence and legal settlement of the said....., before the said jury, and the said jury upon their oath found and determined the said.....to be indigent, and that he has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, and the determination of said jury, that the said.....is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said..... shall be confined in said Hospital, at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(18.)

Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement After Inquiry as to Insanity, Indigence and Legal Settlement.

If the judicial officer to whom may be presented copies of the request in writing for the admission to, and confinement as an indigent patient in, any hospital or asylum for the insane in this State, shall not be satisfied of the insanity of the person from the certificates presented, he may institute inquiry upon the oaths of witnesses, and take the verdict of a jury, as to the insanity of such person, as well as to his indigence and legal settlement, and the following form will be found to embody a finding of insanity, indigence and legal settlement after inquiry without the aid of a jury.

This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined, a copy thereof, under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expense of the indigent's

support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital. Laws of 1898, chapter 130.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said....., before approving or disapproving of such certificates, but not having deemed it necessary to call a jury, did call before me,.....

....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said.....is insane and an indigent, and has not sufficient estate to support himself (and his family), under such visitation of insanity, and that he has a legal settlement in the county of....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(19.)

Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement After Inquiry and Upon Verdict of a Jury as to Insanity, Indigence and Legal Settlement.

If the judicial officer to whom may be presented copies of the request, in writing, for the admission to, and confinement as an indigent patient in, any hospital or asylum for the insane in this State, shall not be satisfied of the insanity of the person from the certificates presented, he may institute inquiry upon the oaths of witnesses, and take the verdict of a jury, as to the insanity of such person, as well as to his indigence and legal settlement, and the following form will be found to embody a finding of insanity, indigence and legal settlement after inquiry and upon the verdict of a jury.

This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined a copy thereof, under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expense of the indigent's support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital. Laws of 1898, chapter 130.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said ..... before approving or disapproving of such certificates, and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of ..... for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at ....., on ....., the ....., day of ....., and the said jurors being duly sworn to inquire as to the insanity, indigence and legal settlement of the said ....., and having called before me.....
.....
credible witnesses, and examined them, and each of them, upon their

several corporal oaths, touching the insanity, indigence and legal settlement of the said ..... before said jury, and said jury upon their oath found and determined that the said ..... is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of ....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, and the determination of said jury, that the said ..... is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety-.....

...., J. [L. S]

(20.)

Judge's Order Approving Certificates of Insanity, and Finding that Person is Not Indigent, After Inquiry.

If the judicial officer to whom may be presented a request in writing for the admission into a hospital for the insane, of a patient as an indigent, accompanied with the proper certificates of insanity, the judge, if satisfied of the insanity from the certificates, may approve the same, but if from inquiry into the indigence and legal settlement, which he may make without the aid of a jury, he finds the person concerning whom inquiry is made is not indigent, the following form of finding should be used. This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined a copy thereof, under the seal of the county, and the county from whence his admission is requested shall not be chargeable with his support, but his estate, or the persons chargeable by law with his support, shall maintain him in such hospital, and if his support cannot be procured in that way, then a like certified copy of said proceedings and certificate shall be sent by the county clerk to the State treasurer, and the State shall support him in such hospital. The persons chargeable

by law with the support of poor people are father and grandfather, mother and grandmother, children and grandchildren, severally and respectively, being of sufficient ability. See "An act for settlement and relief of the poor," approved March 27th, 1874. General Statutes, volume 2, page 2502, section 30; Laws of 1898, chapter 130.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said....., but not having deemed it necessary to call a jury, did call before me.....

.....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said....., and it appearing satisfactorily to me from the certificates aforesaid, that the said.....is insane, and from the testimony of the witnesses aforesaid that the said.....is not indigent, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in the said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(21.)

Judge's Order Approving Certificates of Insanity, and Finding that Person is not Indigent, After Inquiry and Upon Verdict of a Jury.

The remarks in note to form (20) are applicable to the following form, except that the finding here is upon the verdict of a jury.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of the said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said....., and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of....., for that purpose, who thereupon caused to appear before me twelve good and lawful men of said county of....., duly qualified according to law, at....., on....., the.....day of....., and the said jurors being duly sworn to inquire as to the indigence and legal settlement of the said....., and having called before me.....
.....
credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said ....., before the said jury, and the said jury upon their oath found and determined that the said ..... is not indigent, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in the said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety-.....

...., J. [L. S.]

(22.)

Judge's Order Approving Certificates of Insanity, and Finding that Person is Not Indigent, After Inquiry as to Insanity and Indigence.

The remarks in note to form (20) are applicable to the following form, except that the finding here is upon inquiry, not only as to indigence and legal settlement, but as to insanity on the testimony of witnesses in addition to the sworn certificate of physicians.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said ..... before approving or disapproving of such certificates, but not having deemed it necessary to call a jury, did call before me .....

.....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane, but not indigent, all of which I do hereby certify; and I do hereby order that said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety- .....

...., J. [L. S.]

(23.)

Judge's Order Approving Certificates of Insanity and Finding That Person is Not Indigent, After Inquiry and Upon Verdict of a Jury as to Insanity and Indigence.

The remarks in note to form (20) are applicable to the following form, except that the finding here is upon inquiry and verdict of a jury, not only as to indigence and legal settlement, but as to insanity on the testimony of witnesses in addition to the sworn certificates of physicians.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said....., before approving or disapproving of such certificates, and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of.....for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at....., on....., the.....day of ....., and the said jurors being duly sworn to inquire as to the insanity, indigence and legal settlement of the said....., and having called before me.....

....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said.....before the said jury, and the said jury upon their oath found and determined that the said.....is insane, but not indigent, and it appearing satisfactorily to me from the certificates aforesaid and the determination of said jury that the said.....is insane, but not indigent, all of which I do hereby certify; and I do

hereby order that said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this .....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(24.)

Judge's Order Approving Certificates of Insanity, and Finding that Person is Indigent, but Without Legal Settlement in County from Whence Admission Requested, after Inquiry as to Indigence and Legal Settlement.

If the judicial officer to whom may be presented a request in writing for the admission into a hospital for the insane, of a patient as an indigent, accompanied with the proper certificates of insanity, the judge, if satisfied of the insanity from the certificates, may approve the same, but if from inquiry into the indigence and legal settlement, which he may make without the aid of a jury, he finds the person concerning whom inquiry is made is not indigent, the following form of finding should be used. This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined, a copy thereof, under the seal of the county, and shall also forward forthwith to the State treasurer a like certified copy, and the State shall pay the expenses of the patient's support, and as soon thereafter as practicable, the State treasurer shall forward the same to the treasurer of such hospital, unless the patient's settlement can be ascertained to be in some other county than that from whence he was sent, and in such case it shall be the duty of the overseer of the poor of the township in which such insane indigent resided, to immediately proceed to ascertain the legal settlement of said insane indigent, as nearly as may be, in the manner directed by the act .entitled "An act for the settlement and relief of the poor," approved March 27th, 1874. General Statutes, volume 2, page 2502; Laws of 1898, chapter 130.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of

said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said ....., but not having deemed it necessary to call a jury, did call before me.....

.....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane, and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ....., shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this .. .. day of ....., eighteen hundred and ninety-.....

...., J. [L. S.]

(25.)

Judge's Order Approving Certificates of Insanity, and Finding that Person is Indigent, but Without Legal Settlement in County from Whence Admission Requested, After Inquiry and Upon Verdict of a Jury as to Indigence and Legal Settlement.

The remarks in note to form (24) are applicable to the following form, except that the finding here is upon the verdict of a jury.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing

for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said ....., and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of ....., who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at ....., on ....., the ..... day of ....., and the said jurors being duly sworn to inquire as to the indigence and legal settlement of the said ....., and having called before me .....

.....

credible witnesses, and examined them, and each of them, upon their severel corporal oaths, touching the indigence and legal settlement of the said....., before the said jury, and the said jury upon their oath found and determined that the said.....is an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid and the determination of said jury that the said.....is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

...., J. [L. S.]

(26.)

Judge's Order Approving Certificates of Insanity, and Finding that Person is Insane and Indigent, but Without Legal Settlement in the County From Whence Admission Requested, After Inquiry as to Insanity, Indigence and Legal Settlement.

The remarks in note to form (24) are applicable to the following form, except that the finding here is upon inquiry, not only as to indigence and legal settlement, but as to insanity on the testimony of witnesses in addition to the sworn certificates of physicians.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said.....before approving or disapproving of such certificates, but not having deemed it necessary to call a jury, did call before me..... .....
....
credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane and an indigent and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety-.....

....J. [L. S.]

(27.)

Judge's Order Approving Certificates of Insanity, and Finding That Person is Insane and Indigent, But Without Legal Settlement in County From Whence Admission Requested, After Inquiry and Upon Verdict of Jury as to Insanity, Indigence and Legal Settlement.

The remarks in note to form (24) are applicable to the following form, except that the finding here is upon inquiry and verdict of a jury, not only as to indigence and legal settlement, but at to insanity on the testimony of witnesses in addition to the sworn certificates of physicians.

I, ..., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, insituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said.....before approving or disapproving of such certificates, and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of.....for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at....., on....., the.....day of ....., and the said jurors being duly sworn to inquire as to the insanity, indigence and legal settlement of the said....., and having called before me.....

....

credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said ....., before the said jury, and the said jury upon their oath found and determined that the said ..... is insane

and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid, and the determination of said jury, that the said ..... is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety-.....

....J. [L. S.]

(28.)

Chancellor's Order Authorizing Guardian to Place Habitual Drunkard in a New Jersey State Hospital for the Insane.

By the act of the legislature, Pamphlet Laws 1881, page 236, General Statutes, volume 2, page 1708, section 58, after a person has been declared an habitual drunkard by proceedings under a commission in the nature of a writ *de lunatico inquirendo* out of the Court of Chancery, it is made lawful for the Chancellor to authorize the guardian of any such drunkard to place him in a State hospital for the insane (or other proper retreat), and in case of commitment to a State hospital, the guardian shall be required to give security in such amount and form as the Chancellor shall direct, for the payment of the expense of keeping such drunkard in the hospital. The following is a form authorizing commitment of an habitual drunkard to a State hospital. This order will be made on motion of counsel in the Court of Chancery in the matter wherein the party was found an habitual drunkard.

In Chancery of New Jersey.

In the matter of....., an habitual drunkard. } Order authorizing guardian to place drunkard in State Hospital.

Upon reading and filing the duly-verified petition of....., the guardian heretofore appointed by the Orphans' Court of the county of....., for....., found to be an habitual drunkard, under a commission in the nature of a writ *de lunatico inquirendo*, heretofore issued out of and returned into this court, with finding of habitual drunkenness of the said..... ; and it appearing satisfactorily to the Chancellor that it will be most advantageous for the said..... to be confined in a State Hospital for the insane, with a view to his reformation:

It is, therefore, on this.....day of....., eighteen hundred and ninety-....., on motion of....., of counsel for the said guardian and petitioner, ordered that the said....., guardian of the said ....., be and he is hereby authorized and empowered to place the said.....for safe keeping in the New Jersey State Hospital at..... with a view to his reformation.

And it is further ordered that the said....., guardian, before placing the said.....in said State Hospital shall enter into bond to the Treasurer of said Hospital in the sum of.....dollars, with one or more surety or sureties, to be approved by....., one of the Special Masters of this court, conditioned to pay to the said Treasurer, or his successors in office, the sum of.....dollars per week for the board of said habitual drunkard, so long as he shall continue as a patient or boarder in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention, and to provide for him suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of said Hospital, and to remove him from said Hospital when thereunto required by law, or the order of the Chancellor, and to answer all costs and charges that may be incurred by him, or in his behalf, under the reasonable rules and regulations of said Hospital, and for any damage he may do to the property of said Hospital.

And it is further ordered that said guardian may, from time to time, apply to this court to alter or modify this order, and for such other order and directions in the premises as the nature and circumstances of the case may require.

...., C.

EXTRACTS FROM THE BY-LAWS.

ADMISSION OF PATIENTS.

1. When a patient is sent to the Hospital he must be accompanied by a full set of commitment papers, properly made out and legally executed, which papers must be delivered to the medical officer of the institution, whose duty it will be to examine them carefully, and upon finding them correct and in accordance with the law, he will admit the patient.

CLEANLINESS.

2. Each patient, before admission, shall be made perfectly clean, and be free from vermin or any contagious or infectious disease.

CLOTHING FOR MEN.

3. Each male patient shall be provided with at least two shirts, a new and substantial coat, vest and pantaloons, of strong woolen cloth, two pairs of socks, a black cravat, a good hat or cap, and a pair of new shoes or boots, together with a comfortable outside garment.

CLOTHING FOR WOMEN.

4. Each female patient, in addition to the same quantity of under-garments, shoes and stockings, shall have a flannel petticoat, two good dresses, also a cloak or other outside garment. In case the patient is so much excited as not to admit of being thus clothed, other clothing that can be kept on, that is comfortable and in sufficient quantity, with a change thereof, may be substituted.

It is very desirable that extra and better apparel should be sent with those accustomed to it, that when they become better, and when

they attend religious worship, walk or drive out, their self-respect may be preserved.

In all cases the patient's best clothing should be sent; it will be carefully preserved, and only used when deemed necessary for the purposes above mentioned.

JEWELRY, ETC.

5. Jewelry and all superfluous articles of dress, knives, &c., should be left at home, as they are liable to be lost.

HISTORY OF CASE.

6. A written history of the case should be sent with the patient, and, if possible, some one acquainted with him should accompany him to the Hospital, from whom minute and essential particulars may be learned.

BOND, ETC.

7. A bond, with satisfactory sureties, will be required for the payment of the board and expenses, and for the removal of the patient when discharged, of all persons except those sent as indigent.