

FRONT OF HOSPITAL, SHOWING ADMINISTRATION BUILDING.



THIRTIETH ANNUAL REPORT

OF THE

Managers and Officers

OF THE

NEW JERSEY STATE HOSPITAL

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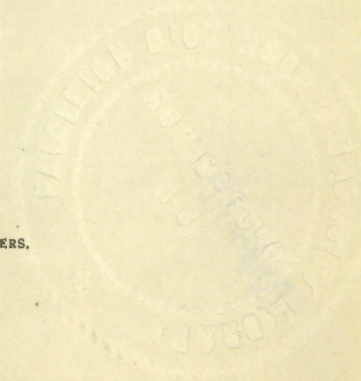
MORRIS PLAINS

For the Year Ending October 31st

1905

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TRENTON, N. J.  
MACCRELLISH & QUIGLEY, STATE PRINTERS.  
1905





THIRTIETH ANNUAL REPORT

Managers and Officers

NEW JERSEY STATE HOSPITAL

MORRIS PLAINS

For the Year Ending October 31st

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## MANAGERS.

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### PRESIDENT.

JOHN C. EISELE, .....NEWARK

### VICE-PRESIDENT.

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

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

JOHN A. McBRIDE, .....DECKERTOWN

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

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

JAMES G. MORGAN, .....WEEHAWKEN

PATRICK J. RYAN, .....ELIZABETH

**New Jersey State Library**



MANAGERS

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## OFFICERS.

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### MEDICAL DEPARTMENT.

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

### BUSINESS DEPARTMENT.

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



## OFFICERS

1890-1891

BETTON D. KELLY, M.D.  
JAMES S. MASON, M.D.  
H. ARTHUR GOSSETT, M.D.  
CHRISTOPHER C. BROWN, M.D.  
FREDERICK C. BROWN, M.D.  
ALEXANDER J. TAYLOR, M.D.  
E. AUGUST FETTER, M.D.

1891-1892

MOSES A. BROWN, M.D.  
GEO. C. HICKMAN, M.D.  
CHARLES H. KELLY, M.D.



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Report of the Board of Managers.

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Report of the Board of Managers.

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## Report of the Board of Managers.

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

In compliance with the law, the Board of Managers of the New Jersey State Hospital at Morris Plains respectfully submits its report for the hospital year ending October 31st, 1905, which is the thirtieth annual report of the institution.

The Medical Director's statistics covered by this report show that the hospital year closed with 1,674 patients in the house, 834 men and 840 women. Because of deaths, discharges and admissions the population of the hospital changes from day to day, and while at the close of the year there were but 1,674 patients remaining in the hospital, the records show that 1,991 persons were under treatment, and that on August 25, 1905, there were 1,692 patients in the institution.

A number of important facts are set forth in the medical statistics. There were 34 less admissions than in the previous year, 27 more patients discharged, the deaths were 36 less and 29 more were discharged as recovered, giving a percentage of recoveries higher than any year in the history of the hospital, 35.7 per cent., computed upon the number admitted during the year.

### NEEDS OF THE MEDICAL DEPARTMENT.

A State hospital, to do the best professional work, must be properly equipped. The Medical Director, in his report published herewith, directs the Board's attention to the fact that the hospital needs a properly equipped electrical room provided with a static machine and all modern necessary appliances to give electrical baths and all other forms of electrical treatment; a hydrotherapeutic room supplied with all the necessary apparatus and appliances to give the various baths in the treatment of mental



and nervous diseases; facilities for the examination and treatment of the eye, ear, nose and throat, and such instruments of precision as will enable the physicians to diagnose through the eye lesions of the nervous system, and advises the supplementing of the pathological laboratory with appliances with which to make careful examination of drinking water and milk supply. These items, in the judgment of the Managers, are important and necessary. An expert estimate of the cost and installation of them is \$5,500, and the Board respectfully recommends an appropriation of this amount to supply them.

#### NEEDS OF THE BUSINESS DEPARTMENT.

The Warden, in his report to the Managers, has directed attention to important matters which call for legislative appropriations.

First in importance is the equipment of the laundry with the proper machinery. The present laundry is inadequate to the demands of the hospital and has a capacity of but little more than was necessary to look after the needs of the institution when there were but half the number of patients there are now in the hospital. The Legislature made an appropriation with which the laundry has been constructed, but failed to make an appropriation to equip it. The building has been without machinery and is useless except it be furnished with such laundry appliances and equipments as are necessary.

The bakery is wholly inadequate. It has been in use in this hospital for thirty years and the plant had been used elsewhere before being placed here. It is at present incapable of being repaired, without any of the best modern facilities, and unsanitary.

The reservoir for reserve water supply is not sufficiently large and the dam, being constructed of dirt, is during a rainy season a serious source of danger to property on and adjacent to the hospital grounds. In case of fire in a dry season it is impossible to estimate the amount of damage that might be done.

The Warden also directs attention to needed improvements in the facilities for lighting the building, the present arrangement



being inadequate. An addition to the dairy barn and the erection of a milk house, equipped with all the necessary appliances for cooling, bottling and caring for the milk is very important.

Attention is also called to the need of improvement in the disposal of the sewage and the enlargement of the filtration beds. Professor Charles McMillan submits the report of his investigations and conclusions and an estimate.

For specific amounts required for these improvements we are in consultation with Dr. Wight, Commissioner of State Charities and Corrections, and his assistant, Mr. Poole.

#### THE COUNTY ASYLUMS.

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

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

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

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

"Hereafter there shall be two asylum districts within this State, one to be known as the Trenton District and the other as the Morris Plains District."

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



## ESSEX COUNTY HOSPITAL FOR THE INSANE.

The insane of Essex county are cared for in two buildings; one located on South Orange avenue, Newark, N. J., and the other at Overbrook, N. J., in Verona township of Essex county.

A committee of the Managers made an inspection of both these institutions. There were 667 patients—258 men and 409 women—in the building in Newark, and they were cared for by 48 nurses. In the branch hospital at Overbrook there were 455 patients—246 men and 209 women. For the supervision of these patients there was a corps of 40 nurses. The total number in the Newark institution and the branch hospital was 1,122 patients, who were cared for by 88 nurses, which is about one nurse to thirteen patients.

The sanitary conditions of both these institutions were good. The food being served was well cooked, of good quality and nutritious and the patients were properly clad. D. M. Dill, M.D., is the Superintendent, and there are three Assistant Physicians, of whom the first is Pathologist. At Overbrook the work is in charge of Robert Bolton, M.D., Resident Physician, and one Assistant Physician.

The building on South Orange avenue in Newark is to be vacated in the near future and all the patients are to be transferred to Overbrook. This transfer will take place upon the completion of the new building at Overbrook. Contracts have already been awarded for the construction of a hospital at that place, on the most modern and up-to-date plans, at an estimated cost of somewhere about a million and a half dollars.

The Freeholders of Essex county employ for the county institution for the insane a full staff of physicians; they equip and maintain a chemical and pathological laboratory, also a training school for nurses. They employ all physicians strictly upon their merits, and not upon outside representations and influences. By a recent resolution they have empowered the Medical Superintendent to select and employ nurses entirely upon their characters and qualifications.



## HUDSON COUNTY HOSPITAL FOR THE INSANE.

On the day of our visit to this institution we found in the Hudson County Asylum, which is at Secaucus, N. J., 567 patients—240 males and 327 females. There were 20 male nurses caring for the 240 men, an average of one to twelve. There were 18 female nurses looking after the 327 women patients, an average of one to eighteen.

Such a difference in the ratio of nurses employed for the care of male patients raises a serious question. The visiting committee is of the opinion that if twelve men require the attention of one man to look after them, the women should require the same proportionate care, and the employment of a larger number of men suggests that it is upon a basis other than the interests of the patients. By careful inquiry it was learned that neither the employment or dismissal of nurses or attendants is controlled by the Superintendent, but that the Freeholders select and employ them. However, we note some improvements in other respects made since our last report. The Superintendent, Dr. George W. King, has been given an assistant who is a graduated physician.

The rooms are well ventilated, but we are compelled to say that the food being served to patients was by no means what it should be in quality or service. These criticisms do not apply to the Superintendent, whose authority is seriously restricted by the Board of Freeholders.

A county with the resources of Hudson, with an institution drawing from the State Treasury \$104 per year for each patient, should have a hospital better equipped, and nurses qualified by education and training to care for the sick. There should also be a pathological laboratory and all the facilities necessary to enable a competent medical staff to do the best professional work.

The management of this institution should receive careful attention from the Governor and Legislature.

## PASSAIC COUNTY HOSPITAL FOR THE INSANE.

A committee of the Board inspected the Passaic County Institution for the Insane. There are in that institution 40 of this



class—29 men and 11 women. Passaic county has no institution for the care and treatment of the insane. By a contract, the County Alms House provides certain apartments for a limited number of insane persons; these are maintained there, Passaic county drawing \$2 per capita per week from the State Treasury toward their maintenance. We are of the opinion that such an arrangement does not meet the requirements of the law and that the leasing of or contracting for certain apartments or accommodations in a county or city alms house does not constitute what is comprehended under the law as a “county *institution for the insane*.” If this be correct, Passaic county is not entitled to draw from the State Treasury approximately \$4,080 per year toward the maintenance of those insane persons now kept in the County Alms House.

It is a remarkable fact that while Passaic county maintains in the New Jersey State Hospital at Morris Plains a greater number of indigent patients than any other county, it has not sent to that hospital during the past year one patient at the expense of the State; that is, no patient has been committed to that hospital under the legal classification of “State Indigent.”

At the last session of the Legislature a law was enacted and approved by the Governor, creating a Department of Charities and Corrections, giving to the officers of this new department a supervisory power over all charitable and penal institutions which draw from the State Treasury money toward the maintenance or support of such institutions. The Managers are unanimously of the opinion that in view of the creation of this department the inspection of *county asylums* and the making of recommendations relative to their management should devolve upon the officers of the Department of Charities and Corrections, and further that the inspection of *private institutions* for the insane, the granting of licenses to such and the State supervision of their qualifications, management and control, should be placed in the same department.

The Managers also deem it proper to express their judgment that, in view of the fact that the county hospitals or asylums for the insane draw from the State Treasury the same amount per capita for the maintenance of their indigent insane as the State Hospitals, the State should exercise a more active supervision



over the management of the said institutions, and that there should be established a standard under the law to which such county institutions should be required to conform, and in case they fall short in equipment, the feeding and clothing of patients, the basis or conditions upon which they employ physicians and nurses and in their general management, that the State should withhold its financial support from them and exercise its unquestionable right to enact regulations and require conditions necessary to bring such institutions up to the legal standard.

We most respectfully ask the attention of your Excellency to the growing need of the oft recommended separate asylum for the convict and criminal insane. This incongruous part of the State Hospital's population has been increased during the past year by 5 per cent.

The relation of private asylums to the law is entirely unsatisfactory. While they are forbidden to carry on business without a license granted by the Board of Managers, after examination by a committee, no penalty is provided or provision made by statute to compel obedience to the law by institutions attempting to treat the insane which refuse to secure a license, nor is any method of procedure laid down for such cases. Many facts in our possession show the necessity of the speedy enactment of a law covering these points.

Once more we direct attention to the fact that it is impossible to comply with the law which requires the payment of cash for all purchases or bills due, so long as we do not receive payment from the counties when due. The Warden's report contains a suggestion which, if made law, would relieve the stringency at once.

Respectfully submitted,

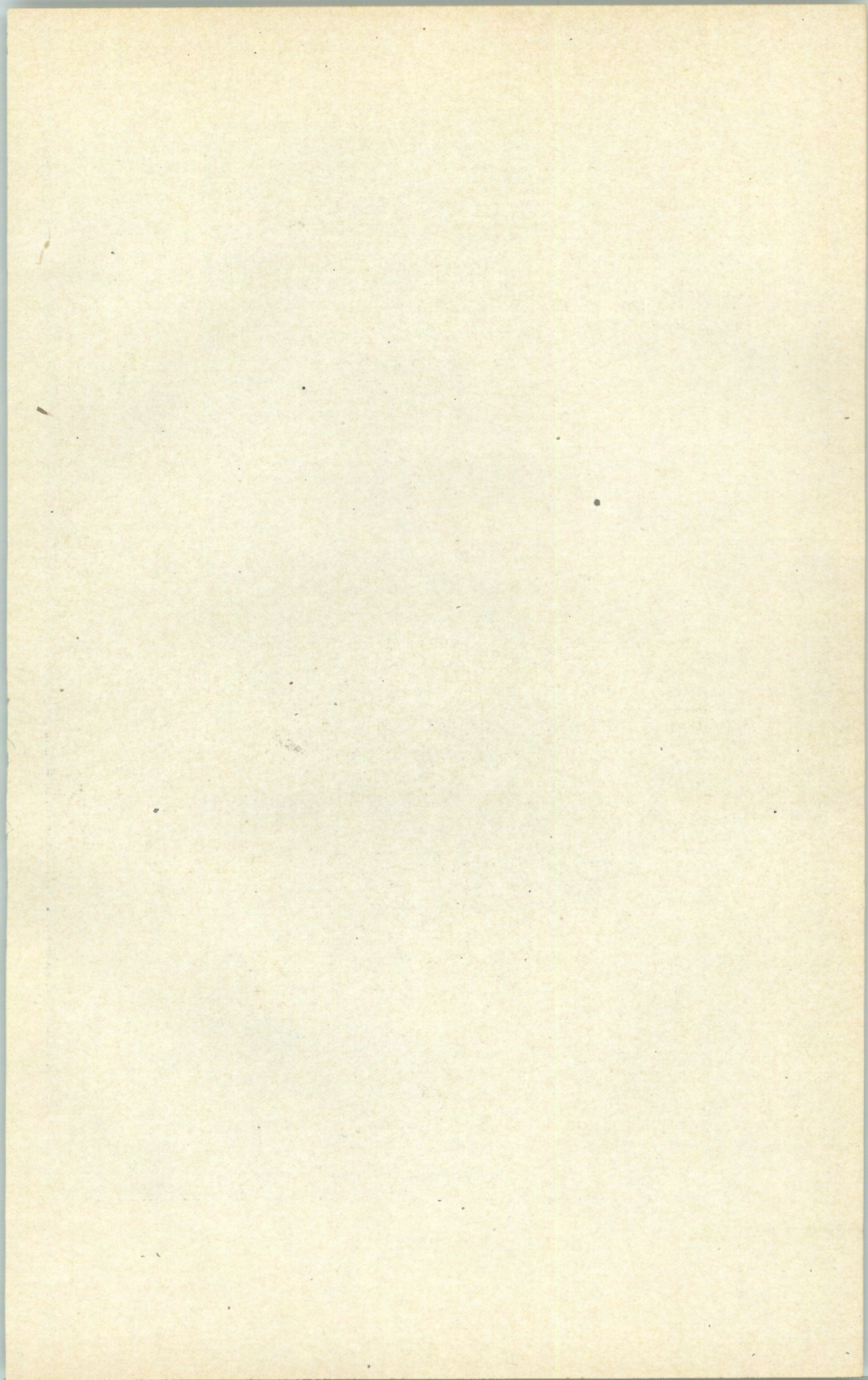
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RICHARD A. McCURDY,  
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PATRICK J. RYAN,

*Managers.*

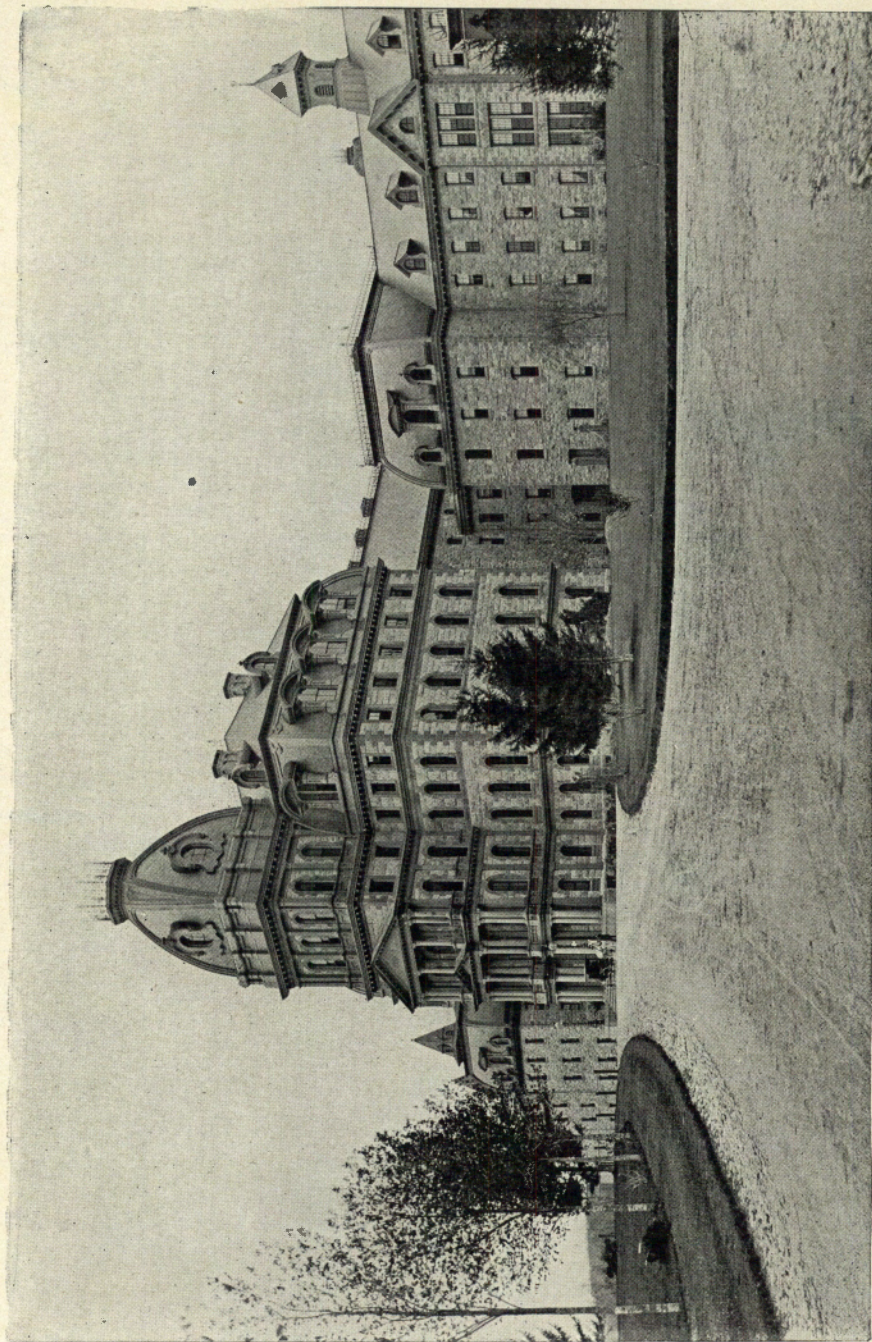












MAIN BUILDING.



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Report of the Medical Director.

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Report of the Medical Director.



## Report of the Medical Director.

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*To the Board of Managers:*

GENTLEMEN—I herewith submit to you the thirtieth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains. This report throughout will bear upon and relate to the hospital year which began November 1st, 1904, and closed October 31, 1905.

The year ended with an insane population of 1,674, consisting of 834 men and 840 women, the total number of patients under treatment during the year was 1,991. The highest daily census in the year was reached August 25, 1905, when there were 1,692 patients in the hospital. There were admitted 196 men and 194 women, making a total of 390 admissions, as against 424 for the preceding year. This is unusual. The number of persons admitted annually has steadily increased, though in greater numbers in one year than in another. I am unable to determine the cause of this falling off in the number of admissions.

The residence and class of those admitted are as follows: From Bergen county, 52 were admitted; of these, 30 were indigent, 15 State indigent and 7 private. From Essex county, 101 were admitted; of these, 10 were indigent, 64 State indigent, 21 were private and 6 criminal. From Hudson county, 38 were admitted; of these, 4 were indigent, 2 State indigent, 31 private and 1 criminal. From Morris county, 29 were admitted; of these, 19 were indigent, 4 State indigent and 5 private. From Passaic county, 59 were admitted; of these, 54 were indigent and 5 private. From Sussex county, 12 were admitted; of these, 6 were indigent, 2 State indigent and 4 private. From Union county, 76 were admitted; of these, 40 were indigent, 25 State indigent and 11 private. From Warren county, 19 were admitted; of these, 17 were indigent, 1 State indigent and 1 private.



From Monmouth, Somerset and Middlesex counties, and the State of New York, there were from each, 1 private patient admitted, making a total of 390 patients, of whom 180 were indigent, 113 State indigent, 89 private and 8 criminal.

A review of the statistics relating to the residence and distribution of indigent patients, shows that the counties which maintained the largest number of indigent patients are Passaic, Union, Morris and Bergen. At the close of the year, Passaic had 330 patients in the hospital, Union 259, Morris 166 and Bergen 146. A noticeable feature in the classification is that Passaic county, which maintained more indigent patients than any other county in the State, did not, during the entire year, send one patient to the hospital under the classification of State indigent, while Essex sent 64, Union 25 and Bergen 15. The month showing the highest daily average was September; the average daily census for this month was 1,684. The greatest number of admissions in any one month was 46; these admissions were in March, 1905.

About 40 per cent. of those admitted had suicidal or homicidal tendencies, and five patients were admitted suffering from pulmonary tuberculosis. About 35 per cent. of those admitted to the hospital during the year were of foreign birth; 29 per cent. were natives of the State of New Jersey, and the greatest number exhibited mental derangement between the ages of 20 and 40.

There were, in all, 197 persons discharged from the hospital. Of these, 140 were discharged as restored to their normal mental health; 46 were discharged as having been sufficiently improved in mind to be cared for at their homes; 11 were taken away in an unimproved condition, their friends and relatives having assumed full responsibility by giving bonds for their safe keeping, care and custody. While the number of admissions was 34 less than in the previous year, the number discharged was 27 greater.

The total number of deaths during the year was 120, 62 were men and 58 women; while for the preceding year the record shows that 156 patients died. In comparing the statistics of the hospital year, covered by this report, with those of the preceding year, five important points are presented. This year's statistics show: (1) 34 fewer admissions; (2) 27 more discharges; (3)



37 less deaths; (4) 29 more recoveries; (5) highest percentage of recoveries since the opening of the hospital. The ratio of recoveries, computed on the number admitted during the year, was nearly 36 per cent. The death rate, based upon the whole number under treatment, is a trifle under 6 per cent., as against 8 per cent. of last year. The causes of deaths of patients, who died during the year, are set forth in Table XXI of the Statistical Appendix. There were 16 deaths due to tuberculosis, and 15 deaths due to general paresis. Of those who died, 34 per cent. were over 60 years of age, and about 33 per cent. between the ages of 45 and 60 years.

At the close of the hospital year there were 1,674 patients remaining in the hospital, and according to the classifications provided by law; they were distributed as follows: Indigent, 1,394; private, 175; criminal, 42; convicts, 63. On October 31, 1905, 73 more patients were in the hospital than at the close of the previous hospital year.

Of the 1,394 classified as indigent patients, 271 come under the classification of State indigent patients, and 1,165 are what may be termed county indigent patients. State indigent patients are supported entirely by the State, while county indigent patients are supported or maintained conjointly by the State and county in which such persons have legal settlement. State indigent patients are persons whose legal settlement cannot be determined to be in any county in the State of New Jersey. The law governing legal settlement requires that a person must reside ten consecutive years in a county in order to acquire legal settlement, and a person may lose legal settlement, once acquired, by removing to another county in the State. This peculiar definition of legal settlement, as defined in the "Poor Law" of 1846, makes it not only possible but quite easy for a person to be born in and reside in the State all his life, until he is 100 years old, and not acquire legal settlement in any county, and under the visitation of insanity, if such person be without means, he would be classified as a State indigent patient.

The year's census shows an increase in the criminal and convict insane, there being four more patients recorded under these classi-



fications as remaining in the hospital at the close of this year than in the preceding year. This again directs our attention to the fact that the criminal and convict insane should be provided for in an institution especially set apart for them.

Among alleged causes of insanity of those admitted during the year, excessive indulgence in alcohol and drugs has been noted in about 24 per cent., while in about 20 per cent. the relatives and friends admitted a hereditary taint. It may be here stated that reliable statistics relating to hereditary insanity cannot be obtained from friends and relatives who accompany patients at the time of their being admitted to hospitals for the insane. So long as insanity is looked upon as a stigma upon the family in which it is found, will there continue to be a disposition to conceal the presence of this serious disease and to withhold from hospital authorities and statisticians the true and full facts bearing upon family taint.

A definite history of syphilis was obtained relative to eight patients, all of whom were men. This is another form of disease a history of which is withheld from the hospital authorities. The patient denies having been infected, and the relatives and friends in most cases are without knowledge, and the physicians who have treated the patient are either not accessible or decline to give information on this point, so that the records of our hospitals for the insane are incomplete and unsatisfactory along this line.

#### NEW CASE RECORD SYSTEM.

The appropriation of \$5,000 by the Legislature for the purpose of equipping the institution with fixtures and installing a new system of keeping the case records and vital statistics of the Medical Department, has given to the hospital a long needed facility in this important department. The old system was antiquated, cumbersome and expensive. The new system is up to date, flexible, less expensive and makes all these statistics easily accessible, classifies them in an orderly manner, and systematizes them so that they may be easily and readily consulted. The card indexes and cross indexes connected with this system, which



is a vertical filing system, enable us to classify the various forms of statistics in such a manner as to command desired information promptly.

The records of each patient are filed in the drawers of steel cabinets and so indexed that they may be reviewed or notes added to them from time to time. Notes and records of the patients in the hospital under care and treatment are classified as "active;" those who have been discharged or who have died are classified as "inactive" and are grouped together. The various charts, diagrams, letters and laboratory reports relating to each patient are filed in a folder especially set apart for that particular patient.

The cabinets are of rolled steel plate with mahogany finish, and cost \$1,700. The transcribing of the records of nearly 8,000 patients, the furnishing of stock and supplies necessary for such transcribing and additional supplies necessary for twelve months, has been contracted for at a cost of \$3,000. The tiling of the room in which these vital statistics are to be kept costs \$300; making a total cost of \$5,000, the amount of the appropriation.

The system adopted was selected after an inspection of numerous hospitals and a careful inquiry into their methods of keeping case records, and I am of the opinion that no better system is in operation in any State Hospital in the United States. Under this system any form of information or data which should reasonably be made a matter of record can be easily obtained. The useful features and gratifying results of this acquisition to the statistical work manifest themselves daily.

#### IMPORTANT NEEDS OF THE MEDICAL DEPARTMENT.

In order to have the hospital properly equipped to do the work of a first-class, up-to-date institution for the care of mental diseases it should be properly provided with the following equipments and facilities.

First—an electrical room equipped with a static machine and all the necessary modern electrical appliances.

**New Jersey State Library**



Second—a bath-room furnished with all the necessary apparatus for giving the various medical baths needed in the treatment of mental and nervous diseases.

Third—a room provided with the various instruments for a scientific examination of the eye, the ear, the nose and throat, so that the hospital physicians may be enabled to not only treat diseases of those organs, but through a scientific examination and investigation of them diagnose the various nervous lesions which may be determined through these channels of inquiry.

Fourth—a supplementing of the equipment of the pathological laboratory with instruments necessary for the analysis of milk and drinking water. Our lack of these facilities forces us to have the drinking water and milk examined in other laboratories, and calls for the expenditure of money for work that could more promptly be done in our own laboratory and with more gratifying results.

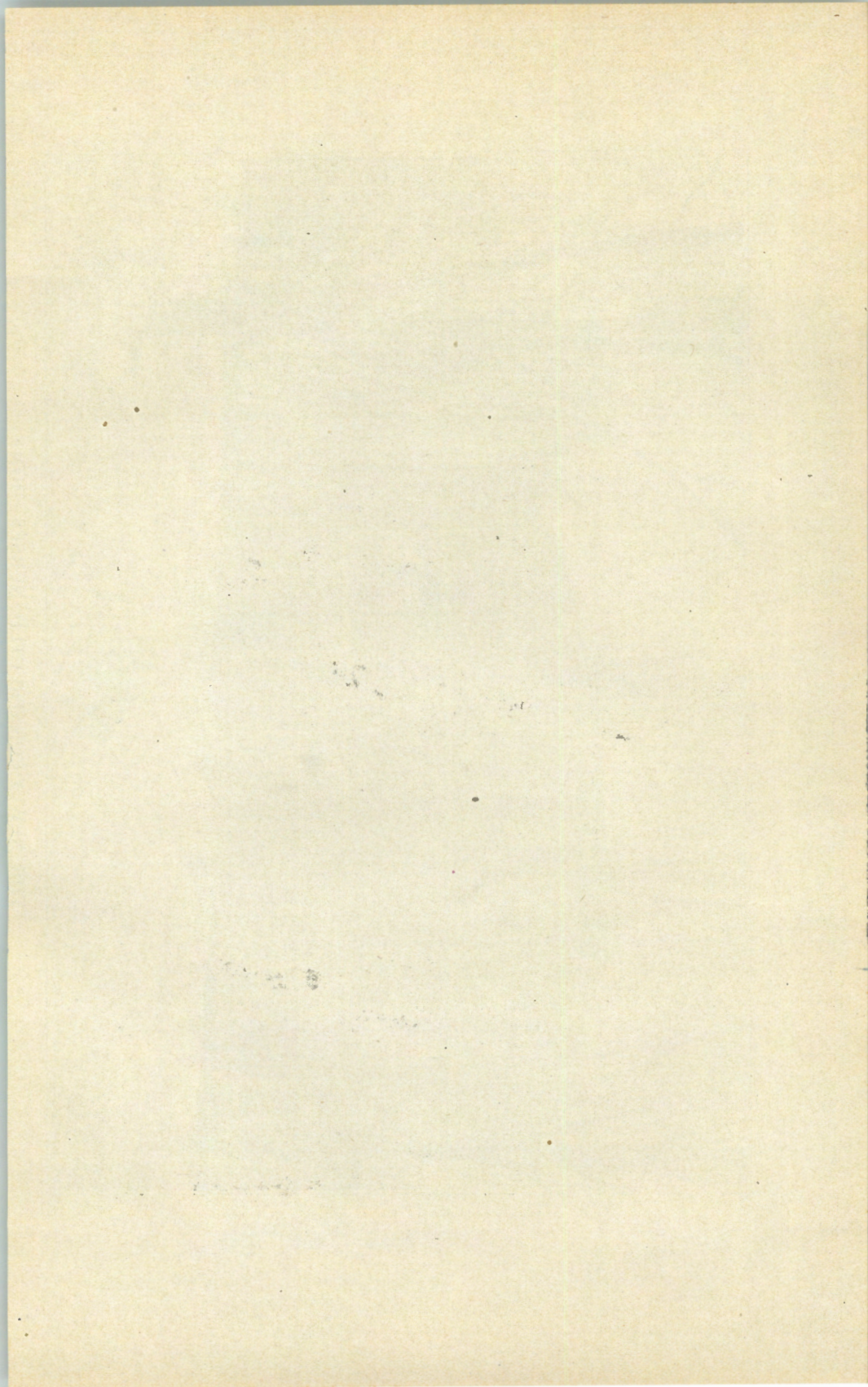
These are not theoretical matters; they are practical. They are not experimental problems, but are such facilities and equipments as a large number of the best hospitals in the United States have already installed. To properly fit up the rooms necessary for the apparatus to which I have referred and to purchase the various necessary appliances, put them in position and in working order would not call for a large expenditure of money.

I recommend to your favorable consideration that you ask the Legislature for an appropriation of \$5,500, with which to provide the hospital with these much needed adjuncts to the work of the Medical Department.

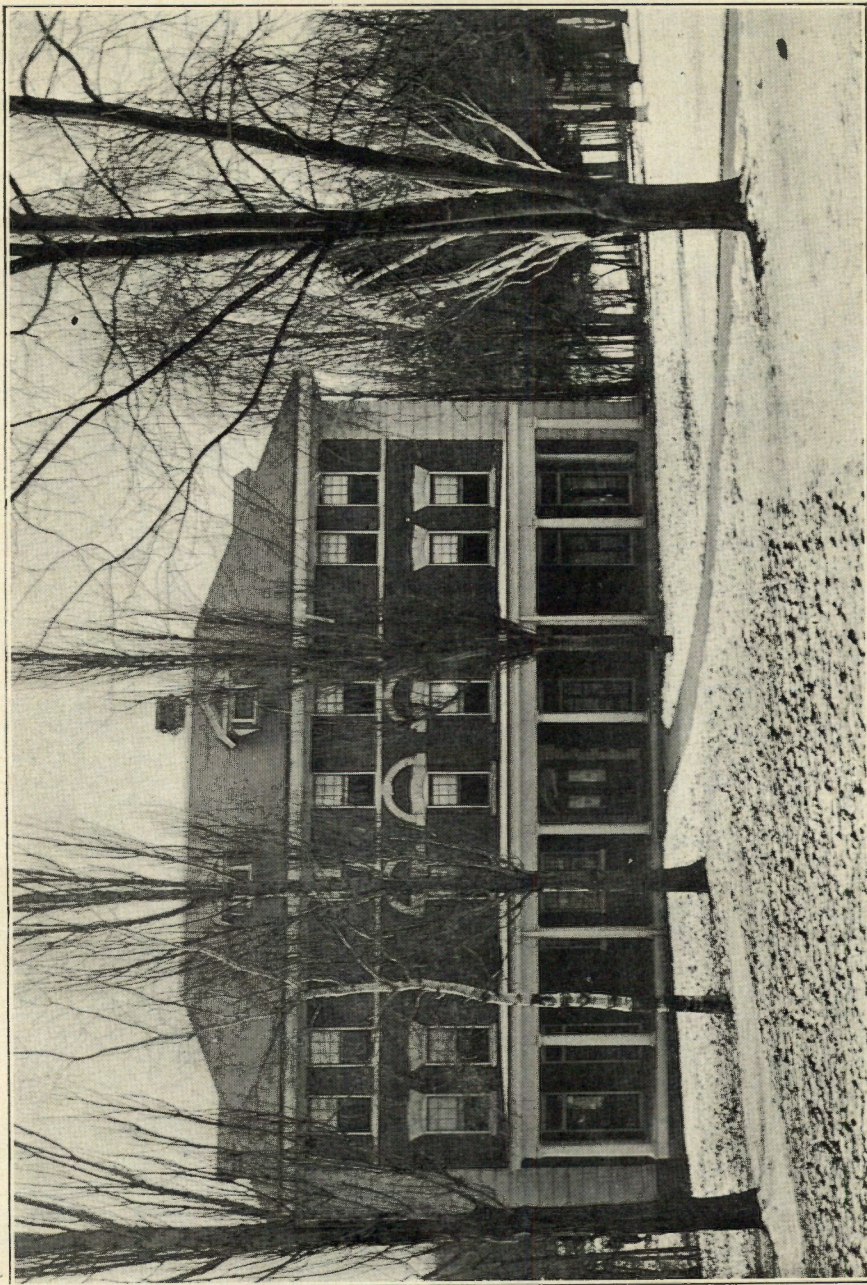
#### CONVICT AND CRIMINAL, INSANE.

The unwisdom and injustice of housing insane convicts and criminal persons who have become deranged in mind with persons whose lives have been free from crime has been frequently and earnestly treated in the annual reports of the State Hospitals of New Jersey. By reference to the annual reports of other States it will be found that the Superintendents of nearly









THE NEWLY-CONSTRUCTED NURSES' HOME.



every State Hospital in the Union have ardently and vigorously advocated the segregation of the convict and criminal classes from the non-criminal insane. The justice of such a position is so clear and so readily apparent that extensive argument seems out of place. Such States as New York, Pennsylvania, Michigan, Illinois and Ohio have provided separate institutions in which they care for such insane persons as under the law are classified as criminals or convicts.

I again make record of this important matter in this annual report because of the fact that I feel to omit it would not be short of a serious oversight in the discharge of my duty to the public at large. In my annual report of last year I quoted from the Superintendents of the two State Hospitals for the Insane of New Jersey. I further quoted from the Managers who had taken under consideration this serious problem. The last Legislature made a large appropriation for the extension of the State Prison. A provision in that statute, I believe, might have consistently been made which would look toward the housing of the convict insane and caring for them in connection with that institution. In again briefly calling attention to this matter, I hope to attract the notice of the departments of State upon which the responsibility of the solution of this difficult problem rests.

#### NURSES' HOME.

The appropriations made by the Legislature for the construction and furnishing of the nurses' home have resulted in the erection of an attractive and substantial building which has a capacity for rooming fifty-four nurses by requiring two nurses to occupy each room. The building has been fitted up with modern plumbing, electric light, hot and cold water, and with its furnishings, which have been selected with good judgment, gives to a limited number of nurses homelike comforts and will prove to be a place for relaxation and rest from the trials and worry of long days of onerous duties, and further provides for such nurses as are favored with its advantages a place for study and limited recreation. It will be devoted entirely to women



nurses. The men, who have equally arduous and trying duties, are entitled to similar consideration. It is to be hoped that in the future a building may be constructed for the men nurses of this institution.

#### PATHOLOGICAL LABORATORY.

Doctor H. Austin Cossitt, the resident Pathologist, has submitted to me a report of the work done in the Pathological and Chemical Laboratories during the year. This report is not elaborated by extensive tabulated statements, nor is it burdened with many widely spread-out technical matters which characterize numerous reports of this kind.

I have requested him to confine his report largely to such statements of the work done in the laboratories as may be comprehended by the general practitioner of medicine and such laymen as feel an interest in work of this kind. There has been no abatement of interest in this important adjunct of the hospital's work. There has been a decided effort to bend or apply our best energies to adjusting the operations of the laboratories to the wants and clinical demands of the various wards of both buildings.

The various examinations of urine, blood, sputum, nasal excretions, pus, fluids from the thoracic cavity and abdominal cavity, cysts, gastric contents, feces, tape worms, toxins, etc., numbered 2,660. In addition to these chemical and microscopical examinations thirteen autopsies were made. Many of the important details of the work done in the laboratories are set forth in the Pathologist's report. It is proper that I should make record of the fact that this report shows scantily the scope and amount of labor involved in the numerous scientific investigations made during the year. A complete and systematic account has been kept and placed upon file in the laboratory records. It is but due Dr. Cossitt that I should make record of the untiring energy and constant application he has displayed through the entire year in the prosecution of his duties.

The laboratory should have further equipment in order that the Pathologist may be enabled to meet the fullest requirements.



There are needed a number of appliances and instruments for the examination of milk and drinking water. This matter is set forth more in detail in another part of the report.

#### ELEVATOR.

The new hydraulic elevator with lever control, for which an appropriation was made, has been completed and will give an important and lasting service to the hospital in that it makes accessible to the infirm and feeble portion of our patients the upper floors of the main building. By means of this elevator those patients who are unable to walk up and down stairs will be enabled to go out into the sunshine and open air and get the benefit of out-door recreation. Many patients, because of weak heart, advanced age and physical infirmities have been deprived of a number of the advantages which are now made accessible to them.

The appropriation was not sufficient to provide a connection with the fourth floor of the main building. This is to be regretted, as such a provision would have put the assistant physicians in closer touch with the wards and enabled them to more promptly reach from their apartments patients in all parts of the house in the time of an emergency, and would also have furnished a means of egress in the event of a fire and be of the highest importance under such conditions in the protection of life. This is a matter of such serious importance that it should not be overlooked, but should have the earliest possible attention.

#### TRAINING-SCHOOL.

The training-school for nurses continues to be an attractive feature of the work. It imposes upon all the members of the Medical Staff additional work and responsibility, but as a result of this work the young men and women employed to care for and nurse the patients are better equipped for the discharge of their important duties, and are qualified to more satisfactorily



and intelligently prosecute the work which is committed to them. Many of the nurses who graduate from our school go where they are better paid and where the opportunities for competent and intelligent nurses offer more attractive inducements. It is to be regretted that the wages paid to nurses are not sufficient to enable us to retain all of our best and most efficient graduates. There, however, accrues to the benefit and welfare of the institution much as a result of the systematic education and training which we give the nurses.

The physicians, in preparing their lectures, refresh themselves upon the rudimentary phases of the various branches of medicine; the nurses are stimulated to a higher conception of the importance of the work in which they are engaged, and as a result the sick are not only intelligently ministered to, but are more systematically and humanely cared for. The following is the schedule of the lectures, demonstrations and quizzes for the year covered by this report.

#### LECTURE SCHEDULE.

1905-1906.

##### *Junior Class.*

October 18th—Dr. Evans, Ethics of Nursing.  
October 20th—Dr. Mallon, Symptomatology.  
October 25th—Dr. Cossitt, Practice of Medicine.  
October 27th—Dr. Beling, Physiology.  
November 1st—Dr. Horsford, Anatomy.  
November 3d—Dr. Carroll, Physics.  
November 8th—Dr. Fisher, Hygiene.  
November 10th, Dr. Evans, Insanity.  
November 15th—Dr. Mallon, Symptomatology.  
November 17th—Dr. Cossitt, Fevers.  
November 22d—Dr. Beling, Physiology.  
November 24th—Dr. Horsford, Anatomy.  
November 29th—Dr. Carroll, Chemistry.  
December 1st—Dr. Fisher, Hygiene.  
December 6th—Dr. Evans, Insanity.  
December 8th—Dr. Mallon, Materia Medica.  
December 13th—Dr. Cossitt, Eruptive Fevers.  
December 15th—Dr. Beling, Physiology.  
December 22d—Dr. Horsford, Anatomy.



January 3d—Dr. Carroll, Chemistry.  
January 5th—Dr. Fisher, Hydrotherapy.  
January 10th—Dr. Evans, Insanity.  
January 12th—Dr. Mallon, Materia Medica.  
January 17th—Dr. Cossitt, Practice of Medicine.  
January 19th—Dr. Beling, Physiology.  
January 24th—Dr. Horsford, Anatomy.  
January 26th—Dr. Carroll, Urinalysis.  
January 31st—Dr. Fisher, Obstetrics.  
February 2d—Dr. Evans, Insanity.  
February 7th—Dr. Mallon, Therapeutics.  
February 9th—Dr. Cossitt, Practice of Medicine.  
February 14th—Dr. Beling, Physiology.  
February 16th—Dr. Horsford, Anatomy.  
February 21st—Dr. Carroll, Urinalysis.  
February 23d—Dr. Fisher, Genito-Urinary Diseases.  
February 28th—Dr. Cossitt, Practice of Medicine.  
March 2d—Dr. Beling, Artificial Feeding.  
March 7th—Dr. Horsford, Anatomy.  
March 9th—Dr. Mallon, Quiz.  
March 14th—Dr. Cossitt, Quiz.  
March 16th—Dr. Beling, Quiz.  
March 21st—Dr. Horsford, Quiz.  
March 23d—Dr. Carroll, Quiz.  
March 28th—Dr. Fisher, Quiz.  
March 30th—Dr. Evans, Quiz.  
April 4th—Dr. Mallon, Quiz.  
April 6th—Dr. Cossitt, Quiz.  
April 11th—Dr. Beling, Quiz.  
April 13th—Dr. Horsford, Quiz.  
April 18th—Dr. Carroll, Quiz.  
April 20th—Dr. Fisher, Quiz.  
April 25th—Dr. Evans, Quiz.  
April 27th—Dr. Mallon, Examination.  
May 2d—Dr. Cossitt, Examination.  
May 4th—Dr. Beling, Examination.  
May 9th—Dr. Horsford, Examination.  
May 11th—Dr. Carroll, Examination.  
May 16th—Dr. Fisher, Examination.  
May 18th—Dr. Evans, Examination.

## LECTURE SCHEDULE.

*Senior Class.*

October 18th—Dr. Evans, Ethics of Nursing.  
October 20th—Dr. Mallon, Symptomatology.  
October 25th—Dr. Cossitt, Practice of Medicine.  
October 27th—Dr. Beling, Dietetics.



November 1st—Dr. Horsford, Practice of Medicine.  
November 3d—Dr. Carroll, Inflammation.  
November 8th—Dr. Fisher, Hygiene.  
November 10th—Dr. Evans, Insanity.  
November 15th—Dr. Mallon, Symptomatology.  
November 17th—Dr. Cossitt, Practice of Medicine.  
November 22d—Dr. Beling, Dietetics.  
November 24th—Dr. Horsford, Fevers.  
November 29th—Dr. Carroll, Pathology.  
December 1st—Dr. Fisher, Hygiene.  
December 6th—Dr. Evans, Insanity.  
December 8th—Dr. Mallon, Materia Medica.  
December 13th—Dr. Cossitt, Practice of Medicine.  
December 15th—Dr. Beling, Food in Health.  
December 22d—Dr. Horsford, Anatomy.  
January 3d—Dr. Carroll, Bacteriology.  
January 5th—Dr. Fisher, Hydrotherapy.  
January 10th—Dr. Evans, Insanity.  
January 12th—Dr. Mallon, Materia Medica.  
January 17th—Dr. Cossitt, Practice of Medicine.  
January 19th—Dr. Beling, Food in disease.  
January 24th—Dr. Horsford, Anesthesia.  
January 26th—Dr. Carroll, Toxicology.  
January 31st—Dr. Fisher, Obstetrics.  
February 2d—Dr. Evans, Insanity.  
February 7th—Dr. Mallon, Therapeutics.  
February 9th—Dr. Cossitt, Infectious Diseases.  
February 14th—Dr. Beling, Methods of Feeding.  
February 16th—Dr. Horsford, Surgery: Emergencies.  
February 21st—Dr. Carroll, Toxicology.  
February 23d—Dr. Fisher, Gynecology.  
February 28th—Dr. Cossitt, Practice of Medicine.  
March 2d—Dr. Beling, Artificial Feeding.  
March 7th—Dr. Horsford, Quiz.  
March 9th—Dr. Mallon, Quiz.  
March 14th—Dr. Cossitt, Quiz.  
March 16th—Dr. Beling, Quiz.  
March 21st—Dr. Horsford, Quiz.  
March 23d—Dr. Carroll, Quiz.  
March 28th—Dr. Fisher, Quiz.  
March 30th—Dr. Evans, Quiz.  
April 4th—Dr. Mallon, Quiz.  
April 6th—Dr. Cossitt, Quiz.  
April 11th—Dr. Beling, Quiz.  
April 13th—Dr. Horsford, Quiz.  
April 18th—Dr. Carroll, Quiz.  
April 20th—Dr. Fisher, Quiz.  
April 25th—Dr. Evans, Quiz.  
April 27th—Dr. Mallon, Examination.



May 2d—Dr. Cossitt, Examination.  
May 4th—Dr. Beling, Examination.  
May 9th—Dr. Horsford, Examination.  
May 11th—Dr. Carroll, Examination.  
May 16th—Dr. Fisher, Examination.  
May 18th—Dr. Evans, Examination.  
June 21st, 1906, Commencement.

## GENERAL OUTLINE OF LECTURES.

1905—1906.

*Junior Class.*

DR. BRITTON D. EVANS.

October 18—Ethics of Nursing.  
November 10—Classification of Mental Diseases.  
December 6—Management of Acute Insanity.  
January 10—Relation of Age and Occupation to Mental Disease.  
February 2—Nursing and Ward work.

DR. PETER S. MALLON.

October 20—Classification of Symptoms of Disease.  
November 15—Symptomatology.  
December 8—Forms and Methods of Administering Medicine.  
January 12—Systemic Remedies.  
February 7—Therapeutics.

DR. H. AUSTIN COSSITT.

October 25—Practice of Medicine.  
November 17—Fevers.  
December 13—Eruptive Fevers.  
January 17—Diseases of the Respiratory System.  
February 9—Diseases of the Digestive System.  
February 28—Practice of Medicine.

DR. CHRISTOPHER C. BELING.

October 27—General Composition of the Human Body.  
November 22—Mechanism and Functions of the Respiratory Organs.  
December 15—Heart, Blood and Circulatory System.  
January 19—Brain, Spinal Cord and Nerves.  
February 14—Digestion, Assimilation, Secretion and Excretion.  
March 2—Artificial Feeding.



## DR. FREDERICK C. HORSFORD.

November 1—Bones, Joints, Muscles, Fasciæ and Skin.  
 November 24—Thoracic Viscera.  
 December 22—Abdominal Viscera.  
 January 24—Arteries, Veins and Lymphatics.  
 February 16—Brain, Nervous System, Organs of Special Sense.

## DR. ALEXANDER J. CARROLL.

November 3—States of Matter and Laws Governing Them.  
 November 29—Mechanical Mixtures and Chemical Compounds.  
 January 3—Oxygen, Hydrogen, Chlorine and Nitrogen.  
 January 26—Constituents of Normal Urine. Tests.  
 February 21—Tests for Abnormal Constituents. Tests for Poisons.

## DR. E. MOORE FISHER.

November 8—Air, Water and Ventilation.  
 December 1—Personal and Ward Hygiene.  
 January 5—Hydrotherapy.  
 January 31—The Reproductive Organs. Pregnancy.  
 February 23—Genito-Urinary Diseases.

## GENERAL OUTLINE OF LECTURES.

1905—1906.

*Senior Class.*

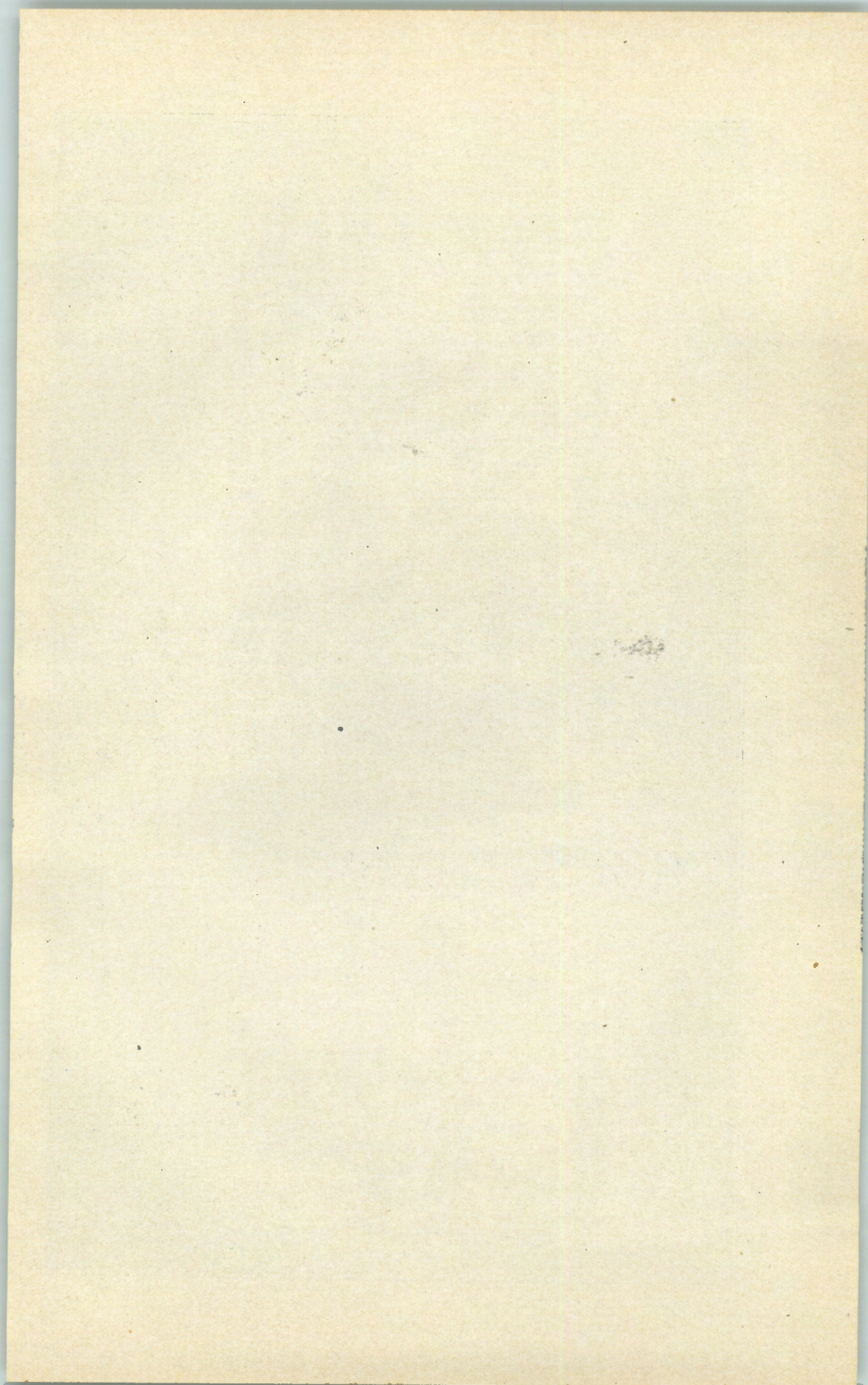
## DR. BRITTON D. EVANS.

October 18—Ethics of Nursing.  
 November 10—Classification of Mental Diseases.  
 December 6—Management of Acute Insanity.  
 January 10—Relation of Age and Occupation to Mental Disease.  
 February 2—Nursing and Ward Work.

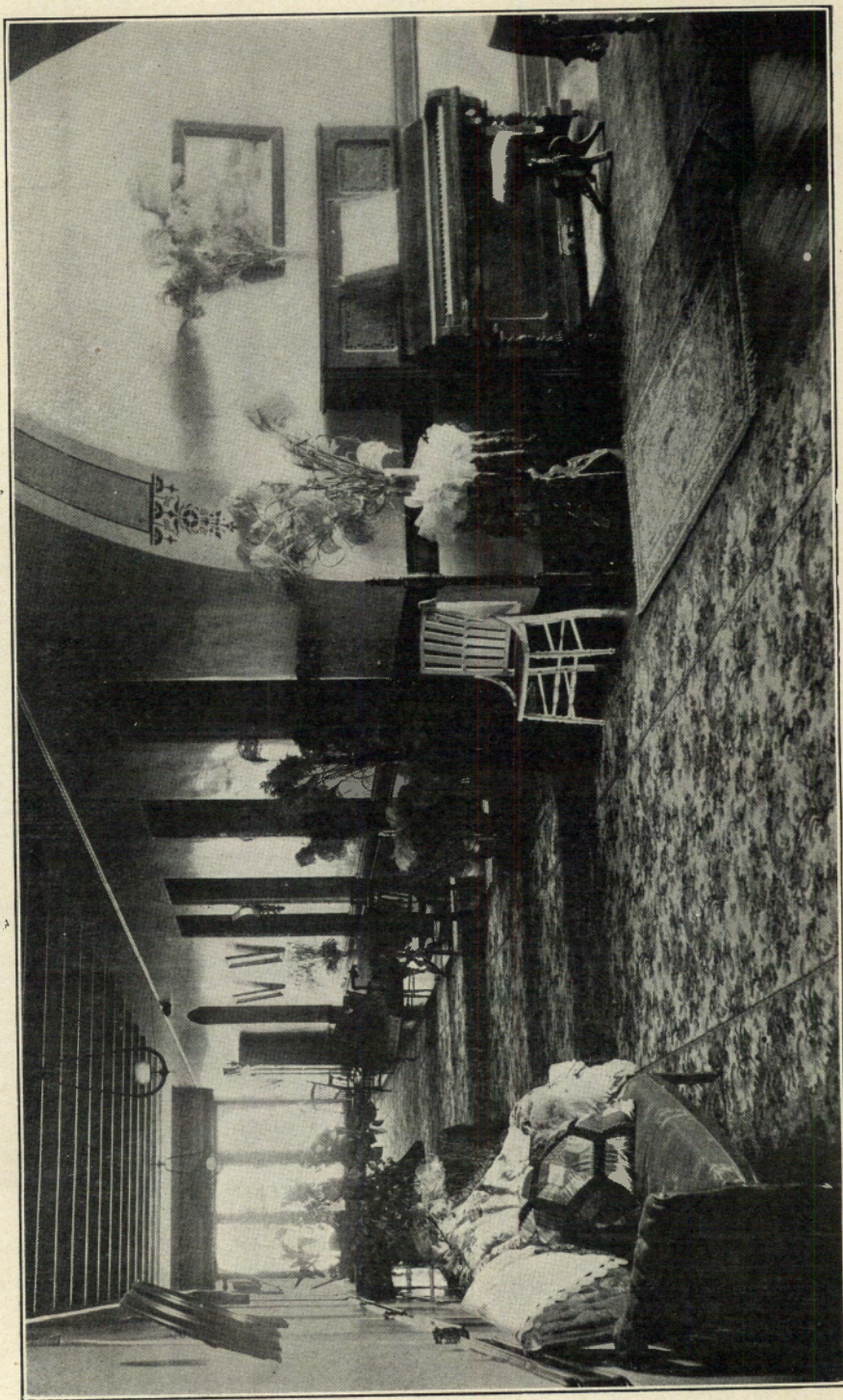
## DR. PETER S. MALLON.

October 20—Classification of Symptoms.  
 November 15—General Appearance, Inflammation, Pain.  
 December 8—Systemic and Local Remedies.  
 January 12—Emetics, Cathartics, Diuretics, Expectorants.  
 February 7—Demulcents, Emollients, Protectives, Digestants.









WARD FOR MEN.



## DR. H. AUSTIN COSSITT.

- October 25—Diseases of the Digestive System and Kidneys.  
 November 17—Diseases of the Circulatory System.  
 December 13—Diseases of the Respiratory System.  
 January 17—Fever, Typhoid Fever, Malarial Fevers.  
 February 9—Rubeola, Variola, Varicella, Scarlatina, Diphtheria.  
 February 28—Constitutional, Nervous and Children's Diseases.

## DR. CHRISTOPHER C. BELING.

- October 27—General Dietetic Considerations.  
 November 22—Food and Food Preparations.  
 December 15—Food in Health.  
 January 19—Food in Disease.  
 February 14—Methods of Feeding.  
 March 2—Artificial Feeding.

## DR. FREDERICK C. HORSFORD.

- November 1—Inflammation, Asepsis, Antisepsis.  
 November 24—Surgical Fevers, Contusions, Wounds.  
 December 22—Fractures, Dislocations, New Growths.  
 January 24—Sterilization, Anesthesia, Preparation for Operation.  
 February 16—Minor and Major Surgery. Emergencies.

## DR. ALEXANDER J. CARROLL.

- November 3—Inflammation, Causes and Effects.  
 November 29—Forms of Inflammation. Methods of Repair.  
 January 3—The More Common Forms of Micro-Organisms.  
 January 26—Poisons and Their Antidotes.  
 February 21—Poisons and Their Antidotes.

## DR. E. MOORE FISHER.

- November 8—General Hygienic Considerations.  
 December 1—The Prevention of Disease.  
 January 5—Hydrotherapy.  
 January 31—Parturition. Obstetrical Nursing.  
 February 23—Diseases of Women.

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



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

#### TEXT BOOKS.

Members of both classes are required to provide themselves with the necessary books before the session beginning October 18th, 1905, and the text books used may be selected from the following list:

##### *Junior Year.*

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

##### *Senior Year.*

Text-Book on Nursing, .....	Peter M. Wise
Principles of Hygiene, .....	Bergey
General Nursing, .....	Weeks
Sickness and Accidents, .....	Curran
Treatment and Care of the Nervous and Insane, .....	Mills
Massage, .....	Ostrom
Primer of Psychology, .....	Burr
Surgical Nursing and Bandaging, .....	Voswinkle
How to Cook for Sick and Convalescent, .....	Sachs
Nursing Ethics, .....	Robb
Bandaging, .....	Davis
Obstetrics for Nurses, .....	De Lee
Bacteriology and Surgical Technic for Nurses, .....	Stoney
Dietetics for Nurses, .....	Friedenwald & Ruhrah

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



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

## CHAPEL SERVICES.

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

Rev. James T. Brown, Roman Catholic, Morris Plains.

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. Ralph B. Urmey, Methodist, Morristown.

Rev. Dr. Wm. H. Hughes, Episcopalian, Morristown.

Rev. Oliver C. Horsman, Baptist, Morristown.

## SCHEDULE OF CHAPEL SERVICES FROM NOVEMBER 5, 1905.

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



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

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

#### EMPLOYMENT AND AMUSEMENTS.

Much attention has been given to the matter of amusing, employing and entertaining the patients. Our facilities, however, for the employment of patients are limited, in fact seriously restricted. In my opinion there should be provided numerous industries of such form and character that all classes of patients may be interested and induced to engage in healthful, judicious and profitable employment. No one form of work can be made suitable to an entire group of patients coming from the various strata of social, business and professional life. That form of employment which will serve to interest one patient and divert him from his vagaries will fall far short of doing so with another. For these reasons I have in my former reports called attention to the fact that the hospital needs a variety of shops, factories and mechanical industries, so that all manner of patients may be employed for the betterment of their mental condition and at the same time be producers of commodities of value to the hospital.

This is not a new idea, but is one that has been found to be most practicable and has been put into operation in a large number of the best hospitals for the insane throughout the country. I submit two statistical tables which show in a general way the amount of work done by the patients as well as the variety of the employment we have been able to give them.



TABLE I.

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

	LAUNDRY.			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing Room.	Miscellaneous Work.	Total.
	Men.	Women.	Total.							
1904.										
November, ..	345	439	784	322	1,106	92	271	827	423	3,825
December, ..	359	437	796	331	1,042	94	278	891	447	3,879
1905.										
January, .....	368	406	774	312	921	92	274	1,195	449	4,017
February, ...	338	418	756	311	895	87	262	1,117	395	3,823
March, .....	418	403	821	348	969	97	319	1,125	434	4,113
April, .....	367	622	989	349	1,140	90	299	881	445	4,193
May, .....	375	917	1,292	335	1,556	98	311	1,052	475	5,119
June, .....	341	958	1,299	321	1,598	90	276	1,040	475	5,099
July, .....	381	891	1,272	323	1,546	93	236	1,353	492	5,315
August, .....	425	997	1,422	329	1,540	99	290	1,442	459	5,581
September, ...	405	921	1,326	311	1,408	90	285	1,535	455	5,400
October, ....	403	871	1,274	303	1,434	91	285	1,369	456	5,212
Totals, ..	4,525	8,280	12,805	3,895	15,155	1,113	3,386	13,827	5,395	55,576

TABLE II.

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

	Men.	Women.	Total.
1904.			
November, .....	7,408	7,178	14,586
December, .....	7,699	7,432	15,131
1905.			
January, .....	7,714	7,405	15,119
February, .....	6,972	6,894	13,866
March, .....	7,718	7,673	15,391
April, .....	7,470	7,332	14,802
May, .....	7,716	7,567	15,283
June, .....	7,470	7,356	14,826
July, .....	7,721	7,580	15,301
August, .....	7,710	7,470	15,180
September, .....	7,498	7,215	14,713
October, .....	7,711	7,488	15,199
Totals, .....	90,807	88,590	179,397



## BAKERY.

It is of the highest importance to any large hospital that it should have a first-class bakery. Bread is in all hospitals looked upon as an indispensable part of the daily diet. It is therefore highly desirable that facilities be provided which will guarantee that this item of food shall be produced in its best and most economical form. This hospital has for many years suffered serious inconvenience because of its poor bakery. The plant which it now has is undesirable for the reason that it is impossible with it to turn out good, nutritious and palatable bread. The methods used here have long since been discarded elsewhere.

At the present time the aeration process is employed at this hospital; by this process of manufacturing bread no yeast is used, but carbon dioxide gas, obtained by the chemical reaction of sulphuric acid and marble dust is forced through the dough by mechanical means. The employment of this method does not result in producing bread in the same palatable form obtained through the use of yeast. The bread is heavy, and when baked has such a thick, hard, unpalatable crust that nearly all the patients complain about it and a great many refuse to eat it. For this reason about one-third of the bread supplied to the wards goes to waste. This is clearly a serious attack upon the principles of economy. The bread dries so rapidly that in twenty-four hours after it is baked it is almost tasteless. The form of oven in use is a rotary one of an antiquated kind.

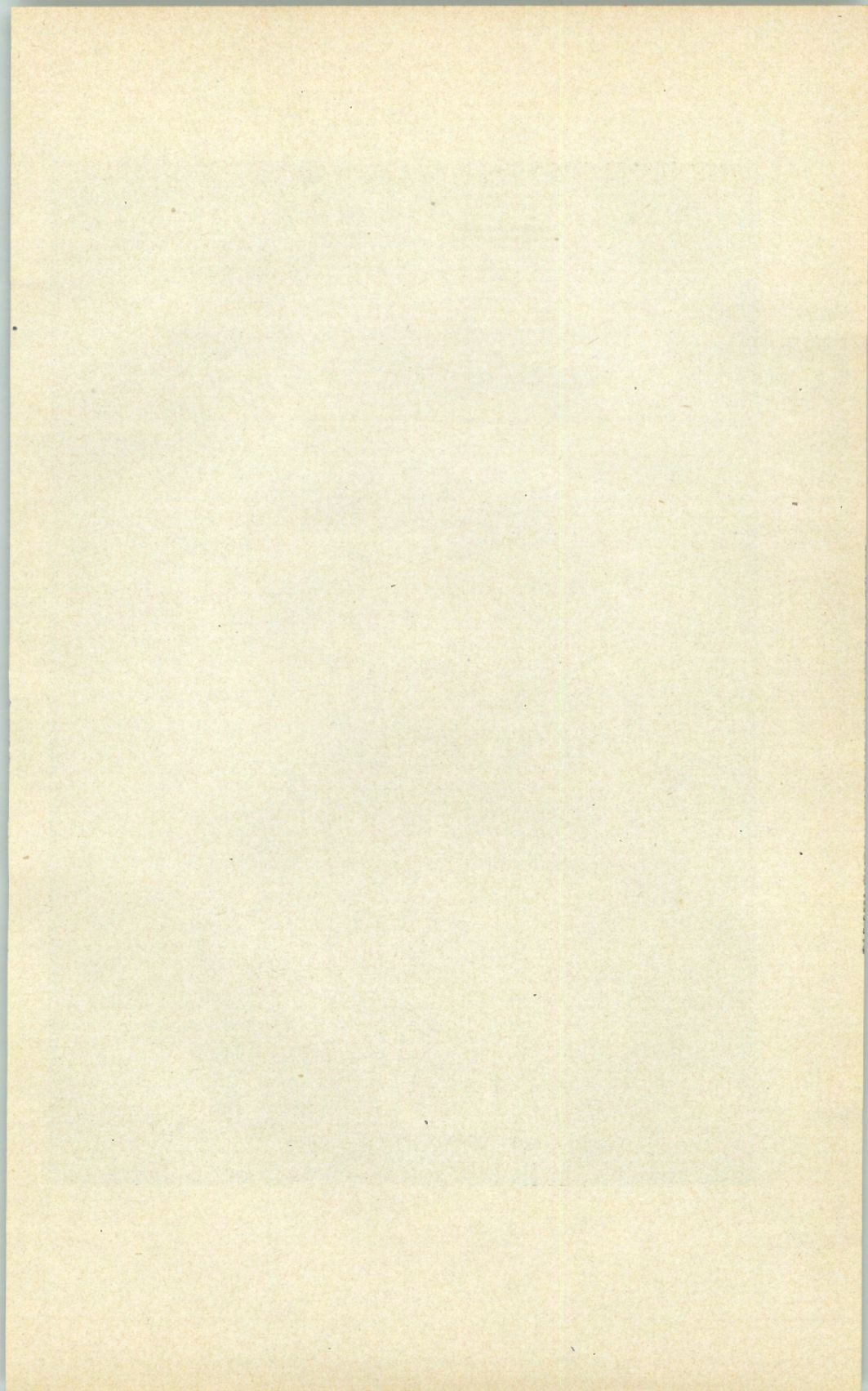
It is urgently advised that a new bakery be provided for the institution. My reasons are that with our present bakery and our present manner of preparing the dough we obtain bread that it is not palatable, that dries out so rapidly that few people care for it, and that there is an enormous waste because of the thick, hard crust which the patients refuse to eat and which they discard.

CHANGES IN THE MEDICAL STAFF, RESIGNATIONS AND  
APPOINTMENTS.

Dr. W. Miles Garrison resigned January 19th, 1905.

Dr. Raymond D. Baker resigned February 16th, 1905.









WARD FOR WOMEN.



Dr. Alexander J. Carroll was appointed March 24th, 1905, and reported for duty April 1st, 1905.

Dr. Edward S. Loizeaux was appointed March 24th, 1905, but failed to report for duty and Dr. J. F. Wilson was subsequently appointed to take his place. Dr. Wilson reported for duty May 3d, 1905.

Dr. J. F. Wilson resigned July 20th, 1905.

Dr. E. Moore Fisher was appointed August 17th, 1905, and reported for duty September 1st, 1905.

Respectfully submitted,

B. D. EVANS,

*Medical Director.*

October 31st, 1905.

New Jersey State Library



NEW JERSEY STATE HOSPITAL

Dr. Alexander J. Linnell was appointed March 2nd, 1902, and retained for duty until 1903.

The Edward S. Johnson was appointed March 2nd, 1902, but failed to report for duty and Dr. J. F. Wilson was subsequently appointed to take his place. Dr. Wilson reported for duty May 21, 1902.

Dr. J. F. Wilson resigned July 20th, 1902.

Dr. E. Moore Brown was appointed August 15th, 1902, and reported for duty September 1st, 1902.

Respectfully submitted,

H. B. EVANS,  
Medical Director

New Jersey State Library



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Statistical Appendix to the Medical  
Director's Report.

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Statistical Appendix to the Medical  
Director's Report.



# Statistical Appendix to the Medical Director's Report.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31ST, 1905.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31, 1904, .....	789	812	1,601			
Patients admitted—						
First admissions, .....	171	171	342			
Re-admissions, .....	25	23	48			
Totals, .....	196	194	390			
Total number under treatment during the year, .	985	1,006	1,991			
Patients discharged—						
Recovered, .....	60	80	140			
Improved, .....	25	21	46			
Unimproved, .....	4	7	11			
Died, .....	62	58	120			
Totals, .....	151	166	317			
Remaining in hospital, .....	834	840	1,674			
Of this number are, public, .....	751	748	1,499			
Private, .....	83	92	175			
Totals, .....	834	840	1,674			
Whole number admitted from August 17th, 1876, to October 31st, 1905, .....	3,923	3,687	7,610			
Whole number discharged during the same period of time—						
Recovered, .....	920	912	1,832			
Improved, .....	574	612	1,186			
Unimproved, .....	251	299	550			
Died, .....	1,313	1,024	2,337			
Eloped, .....	31	....	31			
Totals, .....	3,089	2,847	5,936			
Remaining, October 31st, 1905, .....	834	840	1,674			



TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1904.									
November, .....	16	18	34	12	7	19	792.51	815.84	1608.35
December, .....	11	15	26	11	18	29	792.54	818.98	1611.52
1905.									
January, .....	12	13	25	6	9	15	796.60	820.28	1616.88
February, .....	16	20	36	8	6	14	803.38	828.38	1631.76
March, .....	30	16	46	13	11	24	813.68	840.25	1653.93
April, .....	12	9	21	9	16	25	820.22	835.68	1655.90
May, .....	18	12	30	15	15	30	824.63	831.08	1655.71
June, .....	16	22	38	12	11	23	829.22	835.41	1664.63
July, .....	21	21	42	21	17	38	832.07	844.59	1676.66
August, .....	15	15	30	8	14	22	834.93	847.87	1682.80
September, .....	12	17	29	19	14	33	836.01	847.90	1683.91
October, .....	17	16	33	16	29	45	834.20	846.97	1681.17
Total, .....	196	194	390	151	166	317			
For year, .....							817.50	834.43	1651.93

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First, .....	148	150	298
Second, .....	33	27	50
Third, .....	9	9	18
Fourth, .....	4	1	5
Fifth and over, .....	2	7	9
Totals, .....	196	194	390



TABLE IV.

AGE WHEN ATTACKED OF THOSE ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years, .....	5	9	14
Fifteen to twenty years, .....	18	26	44
Twenty to twenty-five years, .....	17	25	42
Twenty-five to thirty years, .....	27	24	51
Thirty to thirty-five years, .....	22	28	50
Thirty-five to forty years, .....	24	25	49
Forty to forty-five years, .....	17	14	31
Forty-five to fifty years, .....	22	17	39
Fifty to sixty years, .....	15	12	27
Sixty to seventy years, .....	15	9	24
Seventy to eighty years, .....	12	4	16
Eighty and over, .....	2	1	3
Totals, .....	196	194	390

TABLE V.

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
New Jersey, .....	60	54	114
New York, .....	20	29	49
Austria, .....	2	7	9
Germany, .....	20	15	35
Pennsylvania, .....	8	5	13
Switzerland, .....	1	6	7
Poland, .....	3	4	7
United States, .....	29	32	61
Sweden, .....	5	2	7
Russia, .....	7	1	8
Ireland, .....	7	16	23
Italy, .....	4	8	12
Norway, .....	1	...	1
France, .....	4	...	4
Denmark, .....	1	1	2
England, .....	5	2	7
California, .....	1	...	1
Connecticut, .....	...	1	1
Hungary, .....	5	1	6
Scotland, .....	3	3	6
Virginia, .....	3	3	6
Michigan, .....	1	1	2



<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
South Carolina, .....	1	...	1
Syria, .....	1	...	1
Iowa, .....	2	...	2
Illinois, .....	...	1	1
Bulgaria, .....	1	...	1
Unknown, .....	1	...	1
Delaware, .....	...	1	1
Kentucky, .....	...	1	1
Totals, .....	196	194	390

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen, .....	30	22	52
Essex, .....	50	51	101
Hudson, .....	22	16	38
Morris, .....	14	15	29
Passaic, .....	29	30	59
Sussex, .....	5	7	12
Union, .....	33	43	76
Warren, .....	12	7	19
Monmouth, .....	...	1	1
Somerset, .....	1	...	1
Middlesex, .....	...	1	1
New York, .....	1	...	1
Totals, .....	196	194	390

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single, .....	83	84	167
Married, .....	94	83	177
Widowed, .....	19	27	46
Totals, .....	196	194	390



TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Tailor, .....	3	...	3
Lawyer, .....	2	...	2
Gardener, .....	1	...	1
Shop girl, .....	...	2	2
Domestics, .....	...	32	32
School boy, .....	2	...	2
School girl, .....	...	2	2
Machinists, .....	16	...	16
Moulders, .....	4	...	4
No occupation, .....	20	40	60
Housewives, .....	...	103	103
Laborers, .....	48	...	48
Fireman, .....	1	...	1
Masons, .....	3	...	3
Cabinetmakers, .....	2	...	2
Carpenters, .....	2	...	2
Soldiers, .....	2	...	2
Broker, .....	1	...	1
Bookkeepers, .....	2	...	2
Farmers, .....	7	...	7
Artisans, .....	14	3	17
Baker, .....	1	...	1
Plumbers, .....	3	...	3
Butlers, .....	2	...	2
Butcher, .....	1	...	1
Clerks, .....	13	...	13
Painters, .....	8	...	8
Cigarmaker, .....	1	...	1
Seamstress, .....	...	1	1
Merchant, .....	8	...	8
Hotel keeper, .....	3	...	3
Dressmaker, .....	...	2	2
Shoemakers, .....	2	...	2
Agents, .....	4	...	4
Engineers, .....	6	...	6
Clergyman, .....	1	...	1
Blacksmiths, .....	2	...	2
Teachers, .....	...	2	2
Mill hands, .....	2	6	8
Harness maker, .....	1	...	1
Stenographers, .....	2	1	3
Weavers, .....	5	...	5
Physician, .....	1	...	1
Totals, .....	196	194	390



TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute, .....	25	37	62
Mania, chronic, .....	...	2	2
Mania, epileptic, .....	4	5	9
Mania, puerperal, .....	...	7	7
Mania, recurrent, .....	2	5	7
Mania, toxic, .....	21	12	33
Melancholia, acute, .....	32	27	59
Melancholia, agitata, .....	4	7	11
Melancholia, chronic, .....	1	7	8
Melancholia, hypochondriacal, .....	1	...	1
Melancholia, recurrent, .....	1	2	3
Dementia, epileptic, .....	1	2	3
Dementia, organic, .....	5	2	7
Dementia, paretic, .....	21	2	23
Dementia, terminal, .....	5	...	5
Dementia, senile, .....	25	20	45
Imbecility, .....	4	1	5
Imbecility with mania, .....	1	9	10
Imbecility with epilepsy, .....	2	...	2
Insane neuroses, hypochondria, .....	...	1	1
Insane neuroses, hysteria, .....	...	2	2
Insanity, adolescent, .....	25	30	55
Insanity, puebescent, .....	2	...	2
Paranoia, .....	12	12	24
Habitual drunkard, .....	1	1	2
Idiocy, .....	1	1	2
Totals, .....	196	194	390

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State, .....	54	59	113
County, .....	98	90	188
Private, .....	44	45	89
Totals, .....	196	194	390



TABLE XI.

ALLEGED CAUSE OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Physical—			
Epilepsy, .....	3	8	11
Heredity, .....	17	22	39
Puerperium, .....	...	5	5
Intemperance and other excesses, .....	34	10	44
Congenital, .....	1	2	3
Syphilis, .....	8	...	8
General ill health, .....	3	3	6
Menopause, .....	...	12	12
Old age, .....	9	6	15
Exposure, .....	1	...	1
Pregnancy, .....	...	3	3
Injury, .....	7	1	8
Starvation, .....	1	...	1
Childbirth, .....	...	5	5
Cerebral hyperemia, .....	1	...	1
Overwork, .....	3	7	10
Masturbation, .....	9	...	9
Cerebral Hemorrhage, .....	3	2	5
Amenorrhea, .....	...	3	3
Fever, .....	1	...	1
Totals, .....	101	89	190
Moral—			
Fright, .....	...	2	2
Worry, .....	9	20	29
Financial reverses, .....	1	...	1
Religious excitement, .....	4	8	12
Disappointed affections, .....	3	1	4
Grief, .....	1	8	9
Domestic troubles, .....	2	2	4
Totals, .....	20	41	61
Total physical, .....	101	89	190
Total moral, .....	20	41	61
Unassigned, .....	75	64	139
Totals, .....	196	194	390



TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Anæmia, .....	1	5	6
Arterio-sclerosis, .....	3	12	15
Blindness of one eye, .....	2	...	2
Arteritis, .....	...	3	3
Ankylosis, .....	1	...	1
Bronchial asthma, .....	...	1	1
Bronchitis, .....	3	5	8
Emphysema, .....	5	1	6
Epididymitis, .....	1	...	1
Endocarditis, .....	5	8	13
Epilepsy, .....	7	8	15
Dermographia, .....	2	...	2
Deaf, .....	1	...	1
Chorea, .....	2	...	2
Hydrocele, .....	2	...	2
Hernia, .....	8	2	10
Cataract, .....	...	1	1
Cirrhosis, .....	...	1	1
Nephritis, .....	6	4	10
Menorrhagia, .....	...	1	1
Pulmonary tuberculosis, .....	...	5	5
Rheumatism, .....	...	1	1
Arthritis deformans, .....	...	1	1
Syphilis, .....	9	1	10
Enlarged thyroid, .....	...	1	1
Varicose veins, .....	2	...	2
Varicocele, .....	1	...	1
Poliomyelitis, .....	...	1	1
Paralysis, .....	2	...	2
Herpes zoster, .....	1	...	1
Tabes dorsalis, .....	1	...	1
Dysmenorrhea, .....	...	1	1
Salpingitis, .....	...	1	1
Homicidal tendencies, .....	48	25	73
Suicidal tendencies, .....	41	41	82
Without complications, .....	138	138	276

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



TABLE XIII.

## HEREDITY OF THOSE ADMITTED.

<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family, .....	35	40	75
Hereditary taint denied, .....	97	83	180
Hereditary history unobtainable, .....	64	71	135
Totals, .....	196	194	390

TABLE XIV.

## DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month, .....	55	53	108
One to three months, .....	50	44	94
Three to six months, .....	30	36	66
Six to twelve months, .....	14	15	29
One to two years, .....	21	16	37
Two to three years, .....	9	9	18
Three to four years, .....	5	7	12
Four to five years, .....	3	3	6
Five to ten years, .....	2	3	5
Ten to twenty years, .....	3	6	9
Over twenty years, .....	4	2	6
Totals, .....	196	194	390

TABLE XV.

## AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years, .....	2	1	3
Fifteen to twenty years, .....	9	4	13
Twenty to twenty-five years, .....	3	12	15
Twenty-five to thirty years, .....	8	16	24
Thirty to thirty-five years, .....	5	13	18
Thirty-five to forty years, .....	7	11	18
Forty to forty-five years, .....	7	9	16
Forty-five to fifty years, .....	10	9	19
Fifty to sixty years, .....	7	4	11
Sixty to seventy years, .....	2	1	3
Totals, .....	60	80	140



TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month, .....	30	39	69
One to three months, .....	13	23	36
Three to six months, .....	5	4	9
Six to twelve months, .....	3	6	9
One to two years, .....	3	5	8
Over two years, .....	6	3	9
Totals, .....	60	80	140

XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month, .....	3	2	5
One to two months, .....	10	10	20
Two to three months, .....	8	9	17
Three to four months, .....	5	6	11
Four to five months, .....	5	7	12
Five to six months, .....	3	5	8
Six to nine months, .....	9	14	23
Nine to twelve months, .....	1	6	7
Twelve to eighteen months, .....	6	9	15
Eighteen to twenty-four months, .....	4	3	7
Over two years, .....	6	9	15
Totals, .....	60	80	140

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute, .....	14	17	31
Mania, puerperal, .....	...	5	5
Mania, recurrent, .....	3	4	7
Mania, toxic, .....	14	10	24
Melancholia, acute, .....	16	26	42
Melancholia, agitata, .....	1	2	3
Melancholia, chronic, .....	4	1	5
Melancholia, recurrent, .....	1	3	4
Insanity, adolescent, .....	6	7	13
Insanity, pubescent, .....	1	...	1
Insane neuroses, hysteria, .....	...	4	4
Habitual drunkard, .....	...	1	1
Totals, .....	60	80	140



TABLE XIX.

AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years, .....	..	1	1
Twenty to twenty-five years, .....	..	6	6
Twenty-five to thirty years, .....	3	2	5
Thirty to thirty-five years, .....	3	5	8
Thirty-five to forty years, .....	7	5	12
Forty to forty-five years, .....	4	4	8
Forty-five to fifty years, .....	12	1	13
Fifty to sixty years, .....	13	13	26
Sixty to seventy years, .....	8	9	17
Seventy to eighty years, .....	11	8	19
Eighty to ninety years, .....	1	4	5
Totals, .....	62	58	120

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute, .....	5	4	9
Mania, chronic, .....	1	1	2
Mania, toxic, .....	2	..	2
Mania, puerperal, .....	..	1	1
Melancholia, acute, .....	4	4	8
Melancholia, agitata, .....	1	3	4
Melancholia, chronic, .....	2	..	2
Melancholia, recurrent, .....	2	1	3
Dementia, epileptic, .....	3	1	4
Dementia, organic, .....	4	3	7
Dementia, paretic, .....	12	4	16
Dementia, primary, .....	1	..	1
Dementia, senile, .....	15	11	26
Dementia, terminal, .....	9	18	27
Insanity, pubescent, .....	..	2	2
Imbecility with epilepsy, .....	..	1	1
Imbecility with mania, .....	..	1	1
Paranoia, .....	1	3	4
Totals, .....	62	58	120



TABLE XXI.

<i>Causes.</i>	CAUSES OF DEATH.		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Mania—</b>			
Acute, with empyema, .....	1	..	1
Acute, with endocarditis, .....	1	..	1
Acute, with exhaustion, .....	2	..	2
Acute, with tuberculosis, .....	1	3	4
Acute, with pneumonia, .....	..	1	1
Puerperal, with tuberculosis, .....	..	1	1
Toxic, with nephritis, .....	1	..	1
Toxic, with intestinal obstruction, .....	1	..	1
Chronic, with exhaustion, .....	1	..	1
Chronic, with nephritis, .....	..	1	1
<b>Melancholia—</b>			
Acute, with tetanus, .....	1	..	1
Acute, with chronic nephritis, .....	2	2	4
Acute, with exhaustion, .....	1	1	2
Acute, with tuberculosis, .....	..	1	1
Agitata, with exhaustion, .....	1	2	3
Agitata, with arterio-sclerosis, .....	..	1	1
Chronic, with pneumonia, .....	1	..	1
Chronic, with appendicitis, .....	1	..	1
Recurrent, with pneumonia, .....	1	..	1
Recurrent, with septicemia, .....	1	..	1
Recurrent, with entero-colitis, .....	..	1	1
<b>Dementia—</b>			
Epileptic, with cerebral hemorrhage, .....	1	..	1
Epileptic, with exhaustion, .....	..	1	1
Epileptic, with pneumonia, .....	1	..	1
Epileptic, with asphyxia, .....	1	..	1
Organic, with dysentery, .....	1	..	1
Organic, with entero-colitis, .....	1	..	1
Organic, with pulmonary oedema, .....	1	..	1
Organic, with endocarditis, .....	..	2	2
Organic, with nephritis, .....	..	1	1
Organic, with pneumonia, .....	1	..	1
Organic, with exhaustion, .....	..	1	1
Paretic, with exhaustion, .....	8	1	9
Paretic, with nephritis, .....	2	..	2
Paretic, with arterio-sclerosis, .....	1	1	2
Paretic, with convulsions, .....	..	1	1
Paretic, with cerebral hemorrhage, .....	1	..	1
Primary, with pulmonary oedema, .....	1	..	1
Senile, with tuberculosis, .....	1	..	1
Senile, with cerebral hemorrhage, .....	1	1	2



<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Senile, with endocarditis, .....	..	3	3
Senile, with fractured hip, .....	..	1	1
Senile, with erysipelas, .....	1	..	1
Senile, with exhaustion, .....	4	1	5
Senile, with nephritis, .....	4	..	4
Senile, with arterio-sclerosis, .....	1	1	2
Senile, with entero-colitis, .....	2	..	2
Senile, with dysentery, .....	1	3	4
Senile, with senile gangrene, .....	..	1	1
Terminal, with cerebral hemorrhage, .....	1	..	1
Terminal, with myocarditis, .....	..	1	1
Terminal, with endocarditis, .....	1	5	6
Terminal, with nephritis, .....	2	2	4
Terminal, with pneumonia, .....	..	1	1
Terminal, with tuberculosis, .....	4	2	6
Terminal, with cellulitis, .....	..	1	1
Terminal, with entero-colitis, .....	..	2	2
Terminal, with exhaustion, .....	1	2	3
Terminal, with cancer, .....	..	1	1
Terminal, with dysentery, .....	..	1	1
Paranoia—			
With pneumonia, .....	..	2	2
With endocarditis, .....	1	..	1
With tuberculosis, .....	..	1	1
Imbecility, with exhaustion, .....	..	1	1
Imbecility, with tuberculosis, .....	..	1	1
Insanity, adolescent, with pneumonia, .....	..	1	1
Insanity, adolescent, with tuberculosis, .....	..	1	1
Totals, .....	62	58	120



TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Year.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876, .....	159	183	342	...
October 31st, 1877, .....	216	229	445	103
October 31st, 1878, .....	227	253	480	35
October 31st, 1879, .....	248	279	527	47
October 31st, 1880, .....	277	309	586	59
October 31st, 1881, .....	310	331	641	55
October 31st, 1882, .....	321	346	667	26
October 31st, 1883, .....	330	377	707	40
October 31st, 1884, .....	371	374	745	38
October 31st, 1885, .....	415	414	829	84
October 31st, 1886, .....	415	441	856	27
October 31st, 1887, .....	434	439	873	17
October 31st, 1888, .....	463	441	904	31
October 31st, 1889, .....	427	430	*857	...
October 31st, 1890, .....	450	436	886	29
October 31st, 1891, .....	455	443	898	12
October 31st, 1892, .....	471	478	949	51
October 31st, 1893, .....	509	500	1,009	60
October 31st, 1894, .....	520	530	1,050	41
October 31st, 1895, .....	541	575	1,116	66
October 31st, 1896, .....	538	550	†1,088	...
October 31st, 1897, .....	593	584	1,177	89
October 31st, 1898, .....	618	618	1,236	59
October 31st, 1899, .....	658	644	1,302	66
October 31st, 1900, .....	696	693	1,389	87
October 31st, 1901, .....	707	683	†1,390	1
October 31st, 1902, .....	729	732	1,461	71
October 31st, 1903, .....	744	761	1,505	44
October 31st, 1904, .....	789	812	1,601	96
October 31st, 1905, .....	834	840	1,674	73

\* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Hospital.

‡ Twenty-five patients removed by Hudson and Passaic counties.

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



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Report of H. Austin Gossitt,  
M.D., Pathologist.

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(57)



Report of H. Austin Gossill,  
M.D., Pathologist.



## Report in Pathology.

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*To the Medical Director:*

The following is the report of the Pathological Department of this Hospital for the year ending October 31st, 1905.

This year I have thought it proper to omit the usual autopsy tables for the reason that no gross or microscopical lesions of such unusual character were presented as to be of sufficient value to continue the former autopsy tabulations. In the summary of autopsies, immediately following, I will mention in a brief manner the principal post-mortem findings, and leave the more highly specialized pathological and histological work a matter of laboratory record, to be inspected by you and others interested when desired.

### SUMMARY OF AUTOPSIES.

Of the 13 post mortems, 9 were complete; 4 were examinations of the thoracic, abdominal and pelvic cavities only; 5 were of men and 8 of women.

The average age at death was 50.4 years. The average duration of mental disease was 6.9 years.

### BRAIN.

General cerebral atrophy was present in 30.7 per cent of post mortems; edema of brain in 15.35 per cent.; congestion of brain in 30.7 per cent., and diseased condition of the vessels at base of brain in 69.2 per cent.

The meninges were diseased in 46.1 per cent. of cases examined, and the cerebrospinal fluid increased in 23 per cent. Autopsy No. 325 exhibits tumor of the brain.



## CIRCULATORY SYSTEM.

General arteriosclerosis was present in 69.2 per cent. of post mortem examinations. Autopsy No. 326, a case of paranoia, presented an aneurism of the ascending arch of the aorta.

## KIDNEYS.

Nephritis was demonstrated in 61 per cent. of autopsies, the most common type being chronic interstitial nephritis with cystic degeneration in some cases.

## TUBERCULOSIS.

The percentage of tuberculosis is higher this year (76 per cent.) than last year (46.7 per cent.). A few cases which have come to autopsy deserved special mention.

Autopsies Nos. 321, 326 and 330, all presented marked transverse coloptosis, and chronic gastropnoxis was found in Nos. 321 and 330; all three had pulmonary tuberculosis.

Autopsy No. 323, a case of acute intestinal obstruction, presented wide, firm, fibrous bands extending across the lower portion of the ileum; thirty-five inches of the latter was found to be gangrenous.

Autopsy No. 325, female, age 30, white, dementia organic, presented a brain tumor in the occipital region.

Autopsy No. 326, male, age 57, white, paranoia, presented a large aneurism of the ascending arch of the aorta, a "bovine" heart weighing 760 grams, hypertrophied left ventricle, walls being 5 centimeters in thickness; a chronic interstitial nephritis and malignant tumors of bladder.

Autopsy No. 327 exhibited general peritonitis following ulceration and perforation of the vermiform appendix at the middle third.

Autopsy No. 331, female, age 60, white, dementia terminal; liver weighed 2,430 grams, the entire right lobe being involved



with a primary carcinoma. A gall-stone 4 centimeters in diameter was also found in the gall-bladder, the bile being very dark and viscid and the walls of the gall-bladder being much thickened.

Autopsy No. 332, male, age 64, white, dementia terminal, presented a distended gall-bladder containing very dark, viscid bile, and a gall-stone 12 millimeters in diameter. The stone was round, smooth, with no facets, and brownish-yellow in color. The urinary bladder of this same case had a distinct sacculation at apex of bladder and was distended with decomposed urine.

Autopsy No. 333, female, age 51, white, dementia parietic, presented acute intestinal obstruction due to a volvulus, and a chronic inflamed gall-bladder. The brain exhibited general cerebral atrophy, chronic meningo-encephalitis, excess of cerebrospinal fluid, a granular ependyma, localized areas of cerebral softening and atrophy of convolutions.

#### CLINICAL LABORATORY WORK.

The clinical work of the laboratory shows a decided increase in the amount of work done, being about 10 per cent. more than in the previous year. Investigations have been conducted along practically the same lines as during the previous year, consisting of chemical, microscopical, bacteriological, and biological examinations of urine, blood, gastric contents, sputum, throat swabs, exudations, transudates, cerebrospinal fluid, Widal's reaction for typhoid fever, pathological tissues, analyses of milk, water, etc.; all as an aid in the diagnosis and treatment of the patients in the hospital.

#### CLINICAL LABORATORY EXAMINATIONS.

##### URINALYSIS.

Number of complete urinalyses, .....	829
For tubercle bacilli, .....	51
For gonococci, .....	6
For pneumococci, .....	12
For typhoid bacillus, .....	26
For diazo-reaction, negative, .....	281
For diazo-reaction, positive, .....	15
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Total number examined, .....	1,220



## BLOOD EXAMINATIONS.

Erythrocytes, counts, .....	72
Leucocytes, counts, .....	104
Hemoglobin, estimation of, .....	69
Differential counts, .....	67
Plasmodium malariae, .....	96
Widal's reaction, for typhoid fever, .....	44
Pneumococci, .....	20
Bacillus of Eberth, .....	4
Iodine-reaction, .....	90
Glycogenic-reaction, .....	5
Total, .....	571

## SPUTUM EXAMINATIONS.

For tubercle bacilli, .....	107
For pneumococci, .....	83
For Pfeiffer's bacillus, .....	38
For Curschmann's spirals, .....	7
Total sputum examinations, .....	235

## THROAT EXAMINATIONS.

For Klebs-Loeffler bacillus, .....	69
For tubercle bacilli, swabs, .....	7
For Frankel's pneumococcus, .....	6
For Weichelbaum's diplococcus intracellularis, .....	5
To determine etiological factor, .....	7
Total throat examinations, .....	94

## NASAL EXAMINATIONS.

For Weichelbaum's diplococcus intracellularis, .....	4
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## EXAMINATIONS OF PUS.

From male urethra for gonococci, .....	13
Vaginal discharges for gonococci, .....	9
Uterine discharges for gonococci, .....	6
Vaginal discharges for tubercle bacilli, .....	11
Uterine discharge for tubercle bacilli, .....	6
From abscess for tubercle bacilli, .....	17
To determine etiological factor, .....	23



Vaginal examination for spermatozoa, .....	2
From kidney for gonococci, .....	6
From ear for tubercle bacilli, .....	9
From ear to determine etiological factor, .....	9
Total, .....	111

## EXAMINATIONS OF FLUIDS.

Pleural, chemical and microscopical examination, .....	12
Pleural, for tubercle bacilli, .....	12
Pleural, for pneumococci, .....	12
Abdominal fluid, chemical and microscopical examination, .....	6
Abdominal fluid, for tubercle bacilli, .....	6
Cystic-ovarian, chemical and microscopical examination, .....	3
Hydrocele, .....	2
Cerebrospinal fluid, .....	3
Total examinations of fluids, .....	56

## PATHOLOGICAL TISSUE.

Removed at operation, for diagnosis, .....	16
From animals, .....	5
Tumors, .....	8
Appendices, .....	7
Autopsies, .....	18
Tissue for tubercle bacilli, .....	14
Uterine scrapings, .....	2
Total number of examinations of pathological tissue, .....	70

## CYTODIAGNOSIS.

Fluid from pleural cavity, .....	12
Fluid from abdominal cavity, .....	6
Cerebrospinal fluid, .....	3
Other fluids, .....	5
Total, .....	26

## EXAMINATIONS FOR TUBERCLE BACILLI.

Urine, .....	51
Sputum, .....	107
Pus from abscesses, .....	17
Pus from ear, .....	9



Throat, .....	7
Vaginal discharge, .....	11
Uterine discharge, .....	6
Pleural fluid, .....	12
Abdominal fluid, .....	6
Tissue for tubercle bacillus, .....	14
Uterine scrapings, .....	2
Other fluids, .....	5

Total examinations for tubercle bacilli, ..... 247

#### MISCELLANEOUS EXAMINATIONS.

Stomach contents, .....	14
Tapeworms, roundworms, etc., .....	4
Feces, .....	5
Toxicological examinations, .....	2
Total, .....	25

I would suggest that the equipment of the laboratory be made more complete by the addition of apparatus necessary for the examination of milk, water and food-stuffs, and the installation of electrical appliances for heating inflammable materials; also a vacuum-compressed air apparatus, to be operated by an electric motor, and a distilling apparatus to meet the requirements of special work.

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

Respectfully submitted,

H. AUSTIN GOSSITT,

*Pathologist.*



## Donations.

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Among other friends of the Hospital who have from time to time made contributions of books and papers, we are indebted to the Rev. W. H. C. Lylburn, of Morristown, for a number of periodicals and magazines, and to Mr. T. C. Farrelly, of New York, for about 400 volumes of works of fiction, bound in cloth. These were distributed equally to the wards for women and the wards for men.

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

The Observer, .....	Hoboken.
The Jersey City News, .....	Jersey City.
The Evening Journal, .....	Jersey City.
The New Jersey Staats Zeitung, .....	Jersey City.
The Evening News, .....	Hoboken.
The Bayonne Budget, .....	Bayonne.
Hudson County Review, .....	Town of Union.
The Kearney Observer, .....	Kearney and Arlington.
Hunterdon County Democrat, .....	Flemington.
Hunterdon Independent, .....	Frenchtown.
The Clinton Democrat, .....	Clinton.
The Lambertville Record, .....	Lambertville.
The Newark Sunday Call, .....	Newark.
Town Talk, .....	Newark.
New Jersey Trade Review, .....	Newark.
New Jersey Deutsche Zeitung, .....	Newark.
Newark Evening News, .....	Newark.
South Orange Bulletin, .....	South Orange.
The Republican, .....	Westfield.
The Railroad Employe, .....	Hoboken.
Daily True American, .....	Trenton.
Union Democrat, .....	Rahway.
Der Haus-Freund, .....	Elizabeth.
Evening Record, .....	Hackensack.
Newark Tribune, .....	Newark.



Newark Pioneer, .....	Newark.
The Bloomfield Record, .....	Bloomfield.
The Bloomfield Citizen, .....	Bloomfield.
The Newark Item, .....	Newark.
The Orange Journal, .....	Orange.
Orange Sontagsblatt, .....	Orange.
The Short Hills Item, .....	Short Hills.
The Advance, .....	Jamesburg.
Southwestern Presbyterian, .....	New Orleans, La.
Paterson Volksfreund, .....	Paterson.
De Telegraaf, .....	Paterson.
Paterson Evening News, .....	Paterson.
Passaic Daily News, .....	Passaic.
Passaic City Record, .....	Passaic.
The Union County Standard, .....	Westfield.
The Westfield Leader, .....	Westfield.
The Constitutionalist, .....	Plainfield.
The Daily Press, .....	Plainfield.
The Summit Herald, .....	Summit.
The Summit Record, .....	Summit.
Elizabeth Daily Journal, .....	Elizabeth.
Union County Record, .....	Elizabeth.
Freie Press, .....	Elizabeth.
The New Jersey Advocate, .....	Rahway.
The Hackensack Republican, .....	Hackensack.
The Bergen County Index, .....	Hackensack.
The Englewood Times, .....	Englewood.
Bergen County Herald, .....	Rutherford.
Carlstadt Freie Press, .....	Carlstadt.
Hunterdon Republican, .....	Flemington.
Democrat-Advertiser, .....	Flemington.
The Milford Leader, .....	Milford.
The Frenchtown Star, .....	Frenchtown.
The Morris County Chronicle, .....	Morristown.
The True Democratic Banner, .....	Morristown.
The Evening Express, .....	Morristown.
The Jerseyman, .....	Morristown.
The Iron Era, .....	Dover.
The Dover Index, .....	Dover.
The Morris Journal, .....	Dover.
The Madison Eagle, .....	Madison.
The Rockaway Record, .....	Rockaway.
The Boonton Weekly Journal, .....	Boonton.
The New Jersey Herald, .....	Newton.
The Post, .....	Phillipsburg.
The Warren Democrat, .....	Phillipsburg.
The Warren Republican, .....	Hackettstown.
The Warren Journal, .....	Belvidere.



The Warren Tidings, .....Washington.  
The Washington Star, .....Washington.  
The Morning Call, .....Paterson.  
The Paterson Daily Press, .....Paterson.  
Paterson Daily Guardian, .....Paterson.



The Warren Library  
The Washington State  
The National Library  
The National Library  
The National Library  
The National Library



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## Treasurer's Report.

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# Treasurer's Report.

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## Treasurer's Report.

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

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1904, to October 31st, 1905, inclusive:

### *Receipts.*

Balance on hand November 1st, 1904, .....		\$981 58
From State Treasurer for convict patients, .....	\$16,786 43	
State Treasurer for county patients, .....	119,765 99	
State Treasurer for State indigent patients,...	55,672 84	
Sundry counties for maintenance of county patients, .....	143,720 79	
Private patients, .....	63,515 03	
Hides, tallow, &c., .....	7,706 68	
First National Bank, Morristown, N. J., for interest, .....	71 11	
M. K. Everitt, two loans amounting to, .....	6,000 00	
	<hr/>	413,238 87
		<hr/>
		\$414,220 45

### *Disbursements.*

By orders of Warden for current accounts, .....	\$405,268 81	
Orders of Warden for loans repaid to M. K. Everitt, .....	6,000 00	
Balance in Treasurer's hands, .....	2,951 64	
	<hr/>	414,220 45

G. C. HINCHMAN,  
*Treasurer.*



## NEW JERSEY STATE HOSPITAL.

THE NEW JERSEY STATE HOSPITAL, AT

MORRIS PLAINS, N. J., November 1st, 1905.

We hereby certify that we examined the Treasurer's accounts, and compared the same with the books and vouchers, and find them in accordance with the above statement and correctly stated and balanced.

P. J. RYAN,

J. A. McBRIDE,

D. ST. JOHN,

*Auditing Committee.*

## RECAPITULATION.

## State Treasurer, convict patients—

First quarter, .....	\$4,290 00	
Second quarter, .....	4,225 00	
Third quarter, .....	4,176 43	
Fourth quarter, .....	4,095 00	
		\$16,786 43

## State Treasurer, county patients—

First quarter, .....	\$29,487 71	
Second quarter, .....	29,855 14	
Third quarter, .....	30,213 43	
Fourth quarter, .....	30,209 71	
		119,765 99

## State Treasurer, indigent patients,

Second quarter, .....	\$12,842 96	
	13,676 16	
		\$26,519 12
Third quarter, .....	\$625 16	
	13,579 43	
		14,204 59
Fourth quarter, .....	14,949 13	
		55,672 84

## County Collectors—

First quarter, .....	\$48,542 40	
Second quarter, .....	19,521 22	
Third quarter, .....	50,046 91	
Fourth quarter, .....	25,610 26	
		143,720 79



## Private patients—

First quarter, .....	\$15,223 53	
Second quarter, .....	14,816 44	
Third quarter, .....	17,045 88	
Fourth quarter, .....	16,429 18	
	<hr/>	\$63,515 03

## Hides, tallow, &amp;c.

First quarter, .....	\$1,831 46	
Second quarter, .....	2,183 97	
Third quarter, .....	1,559 35	
Fourth quarter, .....	2,131 90	
	<hr/>	7,706 68

## Interest—

First quarter, .....	\$23 17	
Third quarter, .....	47 94	
	<hr/>	71 11

## Loans from M. K. Everitt—

First quarter, .....	\$2,000 00	
Second quarter, .....	4,000 00	
	<hr/>	6,000 00
		<hr/>
		\$413,238 87

## Orders paid—

First quarter, .....	\$100,445 71	
Second quarter, .....	95,316 96	
Third quarter, .....	106,958 58	
Fourth quarter, .....	108,547 56	
	<hr/>	411,268 81



Private patients—	
First quarter	\$12,221.23
Second quarter	11,820.41
Third quarter	17,042.88
Fourth quarter	10,112.16
	<hr/>
	\$51,996.68
Higher salaries, etc.	
First quarter	\$1,821.21
Second quarter	1,082.07
Third quarter	1,250.35
Fourth quarter	4,211.00
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	\$8,364.63
Interest—	
First quarter	\$21.27
Second quarter	17.01
Third quarter	
	<hr/>
	\$38.28
Loans from St. R. E. Fund—	
First quarter	\$2,000.00
Second quarter	4,000.00
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	\$6,000.00
Others paid—	
First quarter	\$100,412.71
Second quarter	92,116.00
Third quarter	100,000.00
Fourth quarter	100,000.00
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	\$392,528.71
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	\$513,328.87



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# Warden's Report.

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Warden's Report.

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## Warden's Report.

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

GENTLEMEN—I have the honor to present the annual report of my department for the year 1905, together with a statement of resources and liabilities and an abstract of accounts.

The financial condition of the hospital shows a balance of resources above liabilities of \$3,087.57.

This has resulted largely from an increased number of patients. The house is getting filled to near its capacity, which reduces the per capita cost and does not increase the cost of maintenance in proportion to the increase of inmates; because of the cost for lighting and heating, which are two very large items, remaining the same.

The repairs to buildings, necessary to be made from day to day cost practically the same as they did in years 1902, 1903 and 1904. The same can be said of the farm and garden expenses, which include wages, fertilizers, seeds, etc.; also the dairy, the product of which is a very large item and amounts, this year, to \$15,529.27.

The cost of caring for the water supply and the sewage may be classed in the same list.

Some improvements have been made during the year including rebuilding one of the greenhouses, making some additions to the sewage plant, grading around Nurses' Home and putting down walks; grading the lot of about four acres east of the main building; clearing up some of the land for agricultural purposes; also re-roofing five of the tenant houses. There are many other improvements that should have been made if funds had been available. The hospital is still laboring under the difficulty of having to wait so long for the payment of the State and county bills. I have referred to this matter before



and do so again from the fact that the law requires that all goods shall be purchased for cash, and with our present small balance it is impossible. The State's bills are made up quarterly, and it is from fifteen to twenty days later before the hospital gets a remittance. The county bills are made out quarterly in advance, but the payments are not usually made until nearly the end of the quarter, and in some cases run over into the next quarter. The income of the hospital is derived principally from the State and counties; the income from private patients amounting to about \$5,000.00 per month. If the Legislature would pass an act authorizing the hospitals to render their bills to the State and counties at the close of each month, and make them payable within twenty days from the date of such bills, it would be possible to make all purchases for cash.

The elevator, which has been a long time building, with very many aggravating delays, is now nearing completion.

#### REPAIRS AND IMPROVEMENTS TO PROPERTY.

The main building and annex and other buildings need many repairs, such as renewing sash in the old building, painting both buildings, painting dairy barn, repairing and painting tenant houses, rebuilding one wing of the greenhouse, enlarging and rebuilding a portion of the ice-house. The present bakery plant is inadequate, the institution having long since outgrown it. An up-to-date bakery plant should be installed to produce such bread as is used in all hospitals and by the public at large. This might be placed on the second floor of the old laundry.

An up-to-date cold-storage plant should be placed in the basement.

These two items should have attention.

#### STORE-HOUSE.

I again call your attention to the need of store-rooms in the rear of the boiler-house, so that all the supplies for both the



main building and annex can be unloaded direct from the cars into such store-rooms. This would save a great cost in handling freight and the articles would be at a central point for distribution. All supplies would also be under closer supervision of the storekeeper.

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

#### RESERVOIR.

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

I again recommend that this work be done.

#### LAUNDRY.

Laundry work is very important, and in order to do this work for 2,000 persons, of whom 1,700 are patients, promptly and in a satisfactory manner, as well as economically, it is neces-



sary to have proper machinery. As stated in my annual report of last year, the appropriation of \$18,000.00 for erecting laundry building, installing new machinery, etc., was only sufficient to put up the building, leaving no provision for removing machinery, drying-rooms, etc., from the old plant to the new, nor for purchasing additional dry-rooms, machinery, shafting, belting, pulleys, etc. The new laundry building has been completed, but on the above account we have been unable to occupy it. The approximate last year for machinery, etc., was \$10,025. Owing to the advance in price of laundry supplies, \$12,000.00 will be required. We have been working at a great disadvantage for the past year, the machinery has been very much overtaxed and needs considerable repairs. We have one metal and one wooden drying-room. The wooden drying-room is a source of great danger, and it would not be good policy to move it to the new building. Metal drying-rooms reduce the possibility of danger from fire to the minimum.

#### SEWAGE DISPOSAL.

This matter has been gone over carefully with Professor Charles McMillan, of Princeton, who will submit his report to you. It is not necessary for me to take this matter up in detail, but I wish to say that I regard it as very important from a sanitary standpoint. The plant is too small to properly handle the increasing amount of sewage to be disposed of, but if the present system is enlarged and extended the difficulties will be largely, if not entirely, overcome.

#### GAS PLANT.

Unless an electric plant is installed, and the main building equipped for being lighted by electricity, it will be necessary to expend money for rebuilding and increasing the number of gas retorts; also for constructing a gas holder. The holder now in use was built thirty years ago, has a storage capacity



of 23,000 cubic feet, which is inadequate to meet the requirements. For instance, fifty or sixty thousand feet of gas is consumed every twenty-four hours, and it can readily be seen that during the time that the greatest draft is made on the plant, which occurs in the short days, between five and eleven o'clock at night the small reserve supply is quickly exhausted, and it is very difficult to keep up with the demands. If we had an additional holder, with a capacity of from eighty to one hundred thousand cubic feet, gas could be made at easy stages during the hours when the demand is not so great, and the supply would always be equal to the demand.

#### DAIRY BARN AND MILK HOUSE.

In my report for 1904 it was stated that it was necessary to increase the capacity of the dairy barn to meet the requirements. One thousand or more quarts of milk are required daily to supply the house, and this amount will have to be increased with the increase in number of inmates.

You will recognize the necessity of having a dairy building of sufficient size to house the requisite number of cows to produce the milk required. At the present time, in order to provide the amount required, it is necessary to keep one hundred cows. I again recommend that a milk-house be built and equipped with necessary appliances for cooling, bottling and caring for the milk, which I believe to be more economical and sanitary than the present way of handling it. The cost of the addition to the barn will be at least \$7,000. The advance in cost of materials and labor accounts for the increase over the amount asked for last year. The same conditions will apply to the milk-house. The amount asked for last year was \$4,000.00, but to make it an up-to-date plant will now require \$5,000.00.



## REQUIREMENTS.

For the annual appraisement, .....	\$75 00
For the salaries of resident officers, .....	14,550 00
For the maintenance of county patients, based on an average of 1,250 patients for the year, .....	130,000 00
For maintenance of insane convict patients, based on an average of 70 patients for the year, .....	18,200 00
For the maintenance and clothing of State indigent patients, based on an average of 350 patients for the year—	
Maintenance, .....	\$72,800 00
Clothing, .....	6,500 00
	<hr/>
	79,300 00
	<hr/>
	\$242,125 00

Respectfully submitted,

M. K. EVERITT,  
*Warden.*The New Jersey State Hospital at Morris Plains,  
October 31st, 1905.



## Annual Appraisement.

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The annual inventory and appraisement was taken as usual. Mr. John Naughton and Mr. Charles W. Ennis, of Morristown, were appointed to assist in this work and we are indebted to them for their valuable services. The total appraisement of the personal property amounted to \$228,444.23.



## Annual Appraisalment.

The annual inventory and appraisalment was taken as usual. Mr. John Wagoner and Mr. Charles W. Ewing of Abbeville were appointed to assist in this work and we are indebted to them for their valuable service. The total appraisalment of the personal property amounted to \$18,444.32.



## Report on Sewage Disposal.

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PRINCETON, N. J., November 8th, 1905.

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

GENTLEMEN—Mr. M. K. Everitt, the Warden of your hospital, has requested me to consider a general scheme, which he has outlined to me, for increasing the means of removing the sludge from the sewage of the institution before applying the strained liquid to the existing filter-beds; also, incidentally, for securing, by pumping, command of additional areas for temporary sewage-disposal, which areas cannot be utilized at present; the understanding being that if the general scheme met my approval, I was to report to you my conclusions, with such details as might be necessary to make the proposition as a whole intelligible, together with an estimate of probable cost.

I have carefully considered the general suggestions of the Warden in the light of all the conditions which exist on your premises, and take pleasure in saying that I approve of them as important and even necessary preliminaries to the endeavor finally to dispose of the sewage of your institution upon the existing filter-beds, which are necessarily your last resource for the purification of your sewage on your own lands. These filter-beds have, in my estimation, latterly been overwhelmed with an amount and kind of liquid which they are absolutely unable to deal with, partly because of their own defects, but also because of the large amount of sludge carried to them by the sewage. It is this last difficulty which the proposition of the Warden is designed to correct.

This proposition, which I now recommend for your favorable consideration and for adoption, substantially contemplates the



extraction of as much of the solid contents of the sewage as can be intercepted by sets of small screening or straining tanks—a separate set for each sewer—of which those already in operation on the line of the north sewer may be taken as a type. The liquid which passes through these tanks is to be further strained through adjustable screens of suitable fineness, placed in the so-called galleries, which are in the immediate neighborhood of the flush tank. And, finally, since it seems to be absolutely necessary to bring into service for temporary sewage-disposal the comparatively elevated area which lies between the main driveway and the Todd lot, it is proposed to install at or near the flush tank a pumping station, whereby the whole or part—as may be expedient—of the strained liquid which reaches the neighborhood of that tank can be lifted to a further series of four small straining tanks on the knoll overlooking the elevated area just referred to, operated in pairs, so that the second tank of a pair will strain the liquid which has been strained through the first one. The effluent from these tanks can be led through a terra-cotta pipe into the delivery main, which discharges upon the filter-beds, or, whenever expedient, it may be applied to the surface of the area commanded by the knoll. The use of this area at suitable times will add considerably to the relief and preservation of the terminal filter-beds, but, as it is bordered on one side by the main driveway of the institution, I regard the provision for the extra straining of the liquid, which is to be applied to this area, as a very wise and necessary precaution against malodors which may arise from the decomposition of accidentally neglected films of sludge. Moreover, the effect of this last reduction of the turbidity of the liquid will be of decided advantage to the filter-beds whenever the resultant effluent is applied to their surface.

Each of these sets of screening tanks will have its own sludge tank, into which the contents of a screening tank, which requires cleaning, can be emptied by gravity, by simply pulling up a plug from the outlet in the bottom. Actual trial with the experimental tanks of the north sewer seems to show that a primary screening tank, that is, one that screens unstrained sewage, will arrest a large proportion of the sludge contained in the sewage, and yet



not need cleaning oftener than once a month, and that the process tentatively adopted by the Warden of emptying a tank and cleaning its sides and bottom occupies but a short time. The contents of the sludge-tank are allowed to rest undisturbed until, by draining, the sludge has become sufficiently condensed, whereupon it is mixed with earth and ashes and thrown out into a heap which, later, will furnish very good compost. I have observed the operation of these experimental tanks in the interval between cleanings, and also on the afternoon following the cleaning of a tank. On neither of these occasions could I detect anything offensive in the immediate neighborhood. I have also examined the composted sludge-heap which was purposely disturbed in my presence, in order to secure the worst conditions, and was obliged to acknowledge that it was in a very inoffensive condition to sight and smell. I deem it necessary to enter into the above details in order to re-assure you as to the effectiveness of the method which is now being proposed for the preliminary treatment of your sewage, and also because it is herein proposed to follow, in the contemplated installation of similar tanks on the line of the south sewer, the general proportions derived from our experience with the tanks of the north sewer. But the larger part of the roof of each tank should be of reinforced concrete covered with from eight inches to one foot of earth, leaving only enough openings guarded by heavy flap doors, on hinges, to furnish access to the tank, and for the regulation of the screens. It is important to retain in the sewage as much of its warmth as possible up to the time of applying it to the filter-beds. As a means to the same end, the flush tank should be covered with a substantial wooden roof, made slightly conical, and supported on suitable concrete columns.

The reason for recommending to you screening as the proper expedient for reducing the amount of sludge in the liquid to be applied to your terminal filter-beds, instead of resorting to septic action, is that I consider the latter expedient unsuitable to your case. The liquid which results from septic treatment of sewage is exceedingly unstable, and is saturated with foul gases of decomposition which are ready to escape into the air on the slightest provocation (disturbance of the liquid).



It is, in my estimation, necessary to accomplish the reduction of the sludge in as short a time as possible, in order to reduce the putrefactive changes, which will occur in spite of our endeavors to the contrary, to a minimum, or in other words, that the liquid, deprived as much as possible of its sludge, should be delivered to the filter-beds in as fresh a condition as the circumstances will permit. Screening or straining the sewage at a comparatively high rate of flow will accomplish this better than any other simple process I know of.

It may very naturally occur to you to ask why the screening arrangements could not be concentrated in one locality, instead of being dispersed. Ordinarily it would be good policy to so concentrate them, but in this case, the necessity for utilizing, for temporary sewage-disposal, such areas along the lines of the sewers as are available is a pressing one, and even after the filter-beds shall have been improved as recommended by me further on, resort to such auxiliary sewage-disposal will still be needed, in order to secure for the filter-beds necessary intervals of rest and recuperation from overdosing. Raw or sludge-bearing sewage should not be applied to such areas, inasmuch as the sludge thus spread over the land will inevitably be a source of offense, even considerably after the application of the sewage has ceased, whereas a properly strained and comparatively fresh sewage will have lost its power of causing a nuisance almost in proportion to the amount of sludge strained out of it; and for this reason it seemed to be necessary to provide both the north and south sewers with local sludge extractors. It must be remembered that whenever the clarified liquid issuing from these screening tanks is not to be applied to cultivated surfaces, it will be switched into the sewer leading to the galleries adjoining the flush tank, and will thus contribute to and become part of the general scheme of clarifying the sewage. The Todd lot has, during the past season, offered a striking illustration of the advantage of straining sewage before applying it to arable land. During the preparation of the disposal grounds of the old system, this lot was used to dispose of the untreated flow of the north sewer, about 75,000 gallons per day, while during the past season it has been dealing with at



least 300,000 gallons of strained sewage per day, and the lot is much more inoffensive to sight and smell than I sometimes found it to be in the old times.

Inasmuch as according to this scheme, the old galleries will have to intercept very much finer material than the greater part of that which they had been latterly arresting, their screening arrangements will have to be adapted to the turbidity of the liquid received by them; moreover, since the cleaning of them occupies considerable time, owing to their comparatively large capacity, a new set of tanks, alternating in action with the old galleries, of somewhat similar pattern, but of lesser contents and containing more ample provision for screens, should be constructed immediately adjoining the supply channel of the old tanks and extending eastward from it, so that the new and the old tanks will be, so to speak, head to head, and will receive the liquid from the same channel.

A covered sludge-tank, designed to receive sludge from all the tanks in the neighborhood of the flush tank, should be constructed at or about the location of the present sludge-pit. The roof should be of reinforced concrete; two flap doors of wood will give access to the interior. The concrete part of the roof should be covered with from eight inches to one foot in depth of earth. The contents of the tank will be allowed to undergo septic action, which it is expected will effect an appreciable disappearance of the sludge. It is proposed to deal with the effluent from this tank primarily on a small bed of coal ashes, the effluent from which will be disposed of on filter bed No. 4. The periodical charging of this tank with sludge will be accompanied by the generation of offensive gases arising from the disturbance of its contents. I therefore propose that a small brick hut, about ten feet by ten feet in ground plan, be erected on one corner of the tank. The hut to be provided with a brick chimney about fifteen feet high, with a small fire-place and grate within the hut, which would communicate through a pipe with the air space in the uppermost part of the tank, and in which a coke or charcoal fire could be made at the time of charging the tank. The offensive gases resulting from the disturbance of the tank's contents would then be drawn through the glowing fuel on the grate, and thus lose their offensive



character. The hut might be used for the storage of tools of the attendants of the sewers, and in very inclement weather would afford the workmen shelter.

The Warden and I are decidedly of the opinion that the most suitable kind of an engine for furnishing the power to a pump for raising the sewage from the flush tank up to the knoll previously referred to would, under the circumstances, be an oil-vapor engine. This class of engine, though high in first cost, is economic in fuel, requires little attention while running, and what little attention it needs is not of a high-priced kind. The regulation of the speed of such engines by automatic appliances has been brought to a very satisfactory degree, and after having been started, the engine can be left alone for considerable intervals of time. The necessary pump should be of the centrifugal kind, and because of its high speed should be belt-connected to the engine, and should be thoroughly brass-fitted, to resist the corrosive action of the sewage. Other necessary items of cost will be, foundations, carting and erection, belting, water-tank and underground oil-storage tank, suction pipe, and supply, exhaust and circulating piping. All the machinery and fixtures should be enclosed in a suitable weather-proof building having a concrete floor and a comparatively air-tight ceiling.

The force main from the pump-house to the knoll previously referred to should be eight-inch cast-iron water service pipe, laid with poured and calked lead joints. It should be laid in a trench not less than four and one-half feet deep. A six-inch force main would be unsuitable; its frictional resistance to the requisite flow would very greatly increase the load upon the engine.

The force main would deliver the liquid to one pair or both pairs, as occasion might require, of the four tanks on the knoll previously adverted to, whence the further clarified liquid can be delivered at will, either to the pipe discharging upon the filter-beds or upon the surface of the cultivated ground overlooked by the knoll. The discharge pipe leading towards the filter-beds should be of well laid and jointed glazed sewer-pipe, and may be laid throughout the greater portion of its length in the same trench with the force main. The four straining



tanks above referred to will have a suitable sludge tank connected with them located in the Todd lot.

As to the filter-beds: I have no doubt whatever that the execution of the scheme recommended in the preceding pages will greatly facilitate the disposal of the sewage on your premises, but the success of the final product of your system of purification in satisfying reasonable standards of purity will also depend upon the kind and amount of available filtering material to which, as a last measure, you must apply the product of your preliminary processes for final purification.

It is a fact that the material of the so-called five-acre field, the surface of which is now entirely occupied by filter beds, is very variable in the degree of its fitness for purification of sewage. Out of seven filter beds you have really only two, Nos. 5 and 6, constituting at most a scant acre and three-quarters, that are capable, in their present condition, of giving high results in the purification of sewage. Of the others, No. 7 is capable of giving only average results; bed No. 1 is a low-lying bed which is as yet unfit for use with direct application of liquid, and is, therefore, utilized as a secondary filter for the further treatment of the effluents from beds Nos. 2, 3 and 4; bed No. 2, under the attention which the Warden gives it, admits of a fair degree of percolation when liquid is applied to it, but it is still defective in aeration, and, consequently, the effluent is not sufficiently purifying; bed No. 3 is in a much worse condition; bed No. 4 is now practically of no use at all. These conditions of the old beds, 1 to 4 inclusive, are mainly due to original, natural defects in the materials which constitute these beds, but it is also due, in some degree, to the saturation of the upper strata with the slimy contents of sewage through long use and unforeseen necessarily heavy dosing with sludge-bearing liquid. It is proper, I think, to add that the liquid which these beds were designed to deal with was the effluent from the old sub-surface pipe system, which effluent was apparently free from sludge.

Beds Nos. 2, 3 and 4 should have the loamy masses or layers which interfere with their proper action removed as far down as the underlying gravelly stratum, and good filtering material—the gravelly sand of the Plains, or coal ashes—should be put in



the place of the earth removed. It is impossible for the Hospital to make, in a reasonable time, the amount of coal ashes which would be required for this purpose. I have made an approximate allowance in my estimate for the amount of coal ashes which is available for this purpose, and find that the bulk of the work of improving the filter beds will have to be done with purchased material.

The natural draining of the five-acre field is not as free as it ought to be for dealing with the large doses (more than twice the normal rates of application) which will have to be applied to the filters even after all the improvements herein recommended shall have been executed.

Deep drains should be laid along suitable lines underneath the field, to remove the underground water more promptly from its base.

My approximate estimate of cost for executing all the work herein described is as follows:

North sewer—masonry roofs for present tanks, .....	\$230 00
South sewer—screening and sludge tanks complete, .....	1,159 00
New galleries, including changes in old ones, .....	2,500 00
Cover of flush tank, .....	710 00
Sludge tank for galleries, ash filter and hut and chimney, .....	2,850 00
Pumping station, machines and appurtenances, complete, .....	4,000 00
Force main, .....	1,155 00
Straining tanks on knoll, their sludge tank on Todd lot, including pipe outlet to filter-beds, outlet to sludge-tank and outlet to field,	3,850 00
Deep draining five-acre field and reconstructing beds Nos. 2, 3, 4,	20,700 00
	<hr/>
	\$37,154 00
Add ten per cent., .....	3,715 40
	<hr/>
Total, .....	\$40,869 40

I am, gentlemen, with sentiments of high esteem,

Very respectfully yours,

CHAS. McMILLAN.



## Resources and Liabilities.

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### RESOURCES.

Balance in hands of Treasurer, .....	\$2,951 64
Due from Hudson as per bill rendered, .....	729 80
Due from Hunterdon county, as per bill rendered, .....	1,673 25
Due from Passaic county, as per bill rendered, .....	10,233 49
Due from Sussex county, as per bill rendered, .....	1,423 71
Due from State for Board of County Patients, .....	10,069 90
Due from State for Board of State Indigent Patients, .....	4,989 14
Due from State for Board of Convict Patients, .....	1,365 00
Due from Private Patients as per bills rendered, .....	3,305 50
Due for clothing furnished patients since bills were rendered, .....	4,829 34
Clothing carried in stock in store room, .....	7,508 03
Due for hides, grease, &c., .....	423 52
Petty expense account, .....	438 12

### LIABILITIES.

Bills payable, .....	\$22,202 25	
Pay-roll for October, 1905, .....	9,535 89	
Private patients' accounts paid beyond October 31st, .....	8,391 28	
County patients' accounts paid beyond October 31st, .....	3,291 26	
Amount unearned on private patients' bills, ....	1,368 48	
Amount unearned on bills rendered counties, .....	1,752 75	
Unclaimed wages and patients' moneys vouchers on which payment was stopped, .....	310 96	
Excess resources above liabilities, .....	3,087 57	
	\$49,940 44	\$49,940 44







# Abstract of Accounts.

For the Fiscal Year Ending October 31st, 1905

G. C. HINCHMAN, *Treasurer.*

## DR.

To balance October 31st, 1904, .....	\$981 58
To amount received for board, clothing and incidental expenses of county patients, .....	\$143,720 79
To amount received for board, clothing and incidental expenses of private patients, .....	63,515 03
To amount received from State Treasurer for county patients, .....	119,765 99
To amount received from State Treasurer for Board of Convict Patients, .....	16,786 43
To amount received from State Treasurer for Board of State Indigent Patients, .....	55,672 84
To amount received from loans, .....	6,000 00
To amount received for hides, fat, grease and bones, .....	2,657 37
To amount received from gas tar, .....	1,039 00
To amount received for incidentals, .....	3,005 47
To amount received for hogs, .....	1,004 84
To amount received for interest, .....	71 11
	<hr/>
	413,238 87
	<hr/>
	\$414,220 45

## DISBURSEMENTS.

Amusements, .....	\$283 61
Beef, .....	19,721 63
Books, stationery, printing and office supplies, ....	1,215 74
Bedding, linen, &c., .....	9,378 03
Clerical services, .....	494 00
Clothing (suits, dresses, underwear, shoes), .....	20,163 42
Coach stable (wages and supplies), .....	3,025 41
Crockery and cutlery, .....	1,874 30
Counsel fees, .....	41 13
Dairy (includes stock, feed, labor), .....	15,766 33
Electrical wages and supplies, .....	668 15

(95)

New Jersey State Library



Farm (wages, tools, fertilizer, seeds, &c.),.....	\$6,457 97	
Flour, .....	17,097 56	
Freight and train service, .....	9,204 03	
Fruit, .....	2,347 01	
Fuel, .....	26,276 67	
Furniture, carpets, &c., .....	3,647 15	
Gas fixtures, plumbing and plumbers' supplies, ..	3,942 49	
Garden (labor, fertilizer, seeds, &c.), .....	7,030 57	
Green-house, .....	1,774 75	
Grounds, .....	1,807 63	
Heating plant, Nurses' Home, .....	378 27	
Household goods, .....	9,981 61	
Ice (labor and tools), .....	458 99	
Improvement of buildings, .....	133 89	
Improvement of farm lands, .....	703 93	
Insurance, .....	6,823 92	
Laundry (wages and supplies), .....	10,475 24	
Gas plant, .....	8,051 64	
Medical library, .....	274 65	
Medical supplies, .....	3,927 73	
Miscellaneous expenses, .....	3,215 15	
Newspapers, .....	37 25	
Oil, .....	969 36	
Pathological laboratory (wages and supplies), ....	512 10	
Postage, .....	770 02	
Petty current expenses, .....	1,000 00	
Provisions and groceries, .....	106,696 83	
Pigs (includes cost and wages), .....	2,841 20	
Railroad repairs, .....	866 91	
Refunds for unexpired time of private patients discharged, .....	2,354 14	
Repairs to buildings, .....	10,049 24	
Smith and wheelwright, .....	1,024 81	
Sewers, .....	1,056 65	
Sewage disposal (material and wages), .....	1,716 62	
Telegrams, .....	161 26	
Telephone rental and tolls, .....	925 85	
Tinware (material and labor), .....	1,925 80	
Tools, supplies and repairs (Engineer's Department), .....	9,190 16	
Undertaker's charges, .....	1,823 00	
Vegetables, .....	2,054 52	
Ward supplies, .....	998 39	
Water-supply, .....	291 69	
Wages, .....	61,358 51	
Loan paid, .....	6,000 00	
		\$411,268 81
Balance in hands of Treasurer October 31st, 1905, .....		\$2,951 64

96179



## Appendix to Warden's Report.

### DAIRY, FARM AND GARDEN PRODUCTS.

345,095	Quarts milk (average number of cows milked, 92.3; average per cow, 10.21 quarts per day, at 4½ cents,	\$15,529 27
903½	Dozen eggs, at 25 cents, .....	225 88
	Fowls, roasters and broilers, .....	62 36
230	Tons of hay, at \$15.00, .....	3,450 00
30	Tons of rye straw, at \$15.00, .....	450 00
8	Tons of wheat straw, at \$7.50, .....	60 00
300	Bushels of rye, at 65 cents, .....	195 00
325	Bushels of wheat, at 90 cents, .....	292 50
110	Bushels of hand picked apples, at 75 cents, .....	82 50
52	Bushels wind fall apples, at 40 cents, .....	20 80
1,600	Bushels of corn in ear, at 30 cents, .....	480 00
6,466	Bundles of corn stalks, at 2½ cents, .....	161 70
467½	Tons of manure, at \$2.00, .....	935 00
108	Bushels of oats, at 40 cents, .....	43 20
13	Bushels of crab apples, at 50 cents, .....	6 50
		\$21,994 71

### STOCK.

4,520	Pounds of veal (31 calves), at 10 cents, .....	\$452 00
85	Cows slaughtered; dressed, 53,004 lbs., at 8 cents, ..	4,240 32
	Amount received for hogs sold, .....	1,004 84
		\$5,697 16

### GARDEN.

3,000	Bushels tomatoes, at 60 cents, .....	\$1,800 00
2,800	Bushels potatoes, at 65 cents, .....	1,820 00
550	Bushels carrots, at 50 cents, .....	275 00
675	Bushels parsnips, at 50 cents, .....	337 50
725	Bushels beets, at 50 cents, .....	362 50
600	Bushels white turnips, at 35 cents, .....	210 00
225	Bushels rutabaga, at 50 cents, .....	112 50

7 MOR

(97)



100	Bushels onions, at \$1.00, .....	\$100 00
50	Bushels spinach, at 40 cents, .....	20 00
500	Bushels kale, at 30 cents, .....	150 00
700	Bushels bush beans, at 75 cents, .....	525 00
100	Bushels lima beans, at \$1.00, .....	100 00
350	Bushels peas, at \$1.00, .....	350 00
175	Bushels cucumbers, at 50 cents, .....	87 50
10	Bushels cucumber pickles, at \$1.50, .....	15 00
50	Bushels horse radish, at \$1.25, .....	62 50
175	Bushels squash, at 40 cents, .....	70 00
15,000	Heads celery, at 2 cents, .....	300 00
18,000	Heads cabbage, at 5 cents, .....	900 00
23,000	Heads lettuce, at 1½ cents, .....	354 00
60,000	Bunches green onions, at 2 cents, .....	1,200 00
65,000	Bunches radishes, at 1½ cents, .....	975 00
300	Bunches, celery for soup, at 4 cents, .....	12 00
15,000	Bunches asparagus, at 10 cents, .....	1,500 00
23,000	Bunches rhubarb, at 5 cents, .....	1,150 00
2,500	Bunches parsley, at 4 cents, .....	100 00
500	Bunches leeks, at 4 cents, .....	20 00
600	Bunches herbs, at 5 cents, .....	30 00
200	Baskets grapes, at 50 cents, .....	100 00
12	Baskets Kieffer pears, at 50 cents, .....	6 00
25,000	Ears sweet corn, at 1½ cents, .....	375 00
1,500	Bundles corn stalks, at 2½ cents, .....	37 50
200	Cheese pumpkins, at 10 cents, .....	20 00
300	Egg plants, at 5 cents, .....	15 00
2,000	Peppers, at 1 cent, .....	20 00
300	Quarts strawberries, at 10 cents, .....	30 00
350	Quarts raspberries, at 10 cents, .....	35 00
75	Quarts blackberries, at 8 cents, .....	6 00
500	Quarts currants, at 10 cents, .....	50 00
		<hr/>
		\$13,624 00

## REPORT OF WORK DONE IN UPHOLSTERER'S DEPARTMENT.

Single hair mattresses made, new, .....	175
Double hair mattresses made, new, .....	3
Single mattresses made over, .....	929
Double mattresses made over, .....	5
Hair pillows made, new, .....	295
Hair pillows made over, .....	2,334
Feather pillows made, .....	26
Single mattress ticks made, .....	194
Double mattress ticks made, .....	2
Pillow ticks made, .....	321
Sofa pillows made, .....	22
Pieces of furniture upholstered, .....	212



## NEW JERSEY STATE HOSPITAL.

99

Large hall carpets made, new, .....	4
Large hall carpets made over, .....	2
Alcove carpets made, .....	5
Corridor carpets made, .....	5
Room carpets made, new, .....	8
Room carpets made over, .....	16
Carpets taken up, .....	181
Carpets laid, .....	165
Carpets repaired, .....	132
Rooms laid with lineoleum, .....	3
Carpet bound and hemmed, yards, .....	141
Bed protectors made, .....	938
Bed protectors repaired, .....	243
Holland shades made, .....	113
Shades repaired, .....	493
Curtains hung, pairs, .....	47
Chairs caned, .....	158
Settees caned, .....	3
Mattress ticks repaired, .....	239
Ticking mits made, pairs, .....	159
Pieces of harness made, .....	26
Pieces of harness repaired, .....	156
Horse blankets repaired, .....	31
Chair cushions made, .....	5
Awnings made, .....	3
Awnings put up, .....	36
Awnings taken down, .....	36
Leather put on blacksmith's bellows, .....	1
Canvas mail bags made, .....	8
Coach covers made, .....	3
Shoes made for deformed feet, pairs, .....	3
Boots, shoes and slippers repaired, .....	1,221

## REPORT OF WORK DONE IN SEWING-ROOM

FOR YEAR ENDING OCTOBER 31ST, 1905.

Sheets, .....	3,157
Sheets, double, .....	35
Pillow cases, .....	2,785
Bolster cases, .....	36
Hand towels, .....	3,924
Dish towels, .....	2,287
Roller towels, .....	1,712
Drug-room towels, .....	271
Table cloths, .....	445
Napkins hemmed, .....	330
Tray cloths, .....	8



Sideboard covers, .....	6
Drawers, ....	2,093
Chemise, .....	1,881
Petticoats, ....	1,746
Night dresses, .....	339
Corset Covers, .....	4
Surgeon's gowns, .....	2
Barber's aprons, .....	4
Waiter's aprons, .....	6
Infirmiry aprons, .....	21
Curtains, .....	138
Curtain bands, .....	175
Counterpanes hemmed, .....	195
Blankets hemmed, .....	528
Cloths-bags for wards, .....	71
Tags on men's shirts, .....	140
Dresses (regulation), .....	1,512
Dresses (strong), .....	18
Dresses (children's), .....	29
Shirt-waist suits, .....	314
Shirt waists, .....	6
Wrappers, .....	14
Nurses' uniform dresses, .....	33
Nurses' uniform aprons, .....	32
Nurses' straps, .....	28
Burial robes, .....	54
Burial chemise, .....	54
Burial petticoats, .....	54
Burial sheets, .....	54
Waist finished, .....	1
Wrappers made (goods furnished), .....	3
Shirtwaists made (goods furnished), .....	14
Shirtwaist suits made (goods furnished), .....	23
Dressing-sack made (goods furnished), .....	1
Cape re-lined, .....	1
Shirtwaist suits altered, .....	4
Coats altered, .....	2
Dress skirts altered, .....	7
Wrappers altered, .....	2

24,299

## RETURN OF WORK DONE IN TIN SHOP.

Bread pans, .....	332
Glazers' points, .....	2,500
Small flats, .....	212
Diet cups, .....	267
Drinking cups, .....	156



Biscuit pans, .....	108
Silver collecting pans, .....	24
Garbage collecting pans, .....	12
Milk pails, .....	33
Scrap pans, .....	36
Large fruit steamers, .....	12
Dinner boxes, .....	38
Scoops, .....	52
Diet cup covers, .....	25
Rice pans, .....	24
Small fruit steamers, .....	34
Bung covers, .....	475
Pieces of pipe, .....	27
Hacks for jig saw, .....	14
Funnels, .....	15
Trough covering, .....	280 ft.
Gutter beading, .....	26 ft.
Leader put up 6 inch, .....	200 ft.
Hanging gutter put up 6 feet, .....	200 ft.
Gutters and valleys, .....	413 sq. ft.
Angle strip, .....	25 ft.
Flashing, .....	192
Other pieces as needed, .....	219
Tinware repaired, .....	2,001
Locks repaired, .....	1,036
Keys made, .....	148
Knives and Scissors sharpened, .....	301
Fruit cans sealed up, .....	2,488
Repairs to gutters, leaders, slate and tin roofs, ice boxes, speaking tubes, electric belts, etc.	

## CUT FLOWERS.

Roses, .....	21,518
Carnations, .....	3,255
Chrysanthemums, .....	1,265
Violets, bunches, .....	135
Sweet peas, bunches, .....	150
Roman hyacinths, .....	1,265
Daffodils, .....	250
Dahlias, .....	2,500
Asters, .....	2,320
German Iris, .....	1,900
Peonies, .....	185
Scabiosa, .....	1,385
Smilax, strings, .....	135
Asparagus, strings, .....	85
Hardy pinks, .....	8,500



## POTTED PLANTS.

Chrysanthemums, .....	416
Easter lillies, .....	135
Caladiums, .....	142
Crotons, .....	500
Begonias, .....	500
Hyacinths, .....	200
Daffodils, .....	210
Geraniums, .....	3,000
Colius, .....	3,500
Single petunias, .....	350
Roses, .....	350
Carnations, .....	455
Salvias, .....	435
Albutlion, .....	775
Cannas, .....	635
Violets, .....	384
Pansy plants, .....	1,200
Forget-me-nots, .....	150

## PAINT SHOP.

WORK DONE FROM NOVEMBER 1ST, 1904, TO OCTOBER 31ST, 1905.

Pieces furniture shellaced, .....	723
Panes of glass renewed, .....	1,438
Hall dining-rooms painted, .....	6
Pair sash reglazed, Annex, .....	60
Storm sash painted and glazed, Annex, .....	136
Wardrobes painted, Annex, .....	12
Large and small man-hole covers painted, .....	74
Clothes bags marked, .....	152
Rooms, walls and ceilings painted, .....	66
Bedsteads painted and enameled, .....	116
Lawn settees and benches painted, .....	156
New sewing-room painted, .....	1
Center and side ducts painted and whitewashed.	
Fire alarm stations, signs painted, .....	2
Desks painted, .....	3
Screens painted, .....	6
Floors shellaced, .....	10
Water-coolers painted, .....	3
Skylight hood painted, .....	1
Trap-seats shellaced, .....	24
Ventilator sash glazed and painted, .....	18
Green-house reglazed and painted, .....	1
Center ducts, Annex, kalsomined.	



Rooms, Annex, kalsomined (yards), .....	684
Food elevators painted, .....	20
Window shelves stained and varnished, .....	12
Hot-bed sash glazed and painted, .....	5
Swing painted, .....	1
Posts and hydrants painted, .....	18
Roofs on main building, cottages and farm buildings painted.	
Inside of dairy barn painted.	
Sash on dairy farm painted and glazed.	
Bedsteads disinfected, .....	500
Lanterns filled and cleaned, .....	6,240
Hot-bed covers painted, .....	24
Also the usual repairs to bath-tubs, sinks, traps, etc.	

## WORK DONE IN CARPENTER SHOP,

NOVEMBER 1ST, 1904, TO NOVEMBER 1ST, 1905.

## REPAIRS.

Doors, .....	722
Chutes (feet), .....	47
Base-board (feet), .....	215
Food cars, .....	23
Sleeve-boards, .....	4
Laundry horses, .....	19
Saws filed, .....	92
Laundry cars, .....	6
Troughs (feet), .....	960
Incidentals, .....	2,375
Walk (feet), .....	466
Waiters, .....	80
Cues tipped, .....	260
Laundry clothes boxes, .....	11
Stair rails, .....	15
Furniture, .....	1,448
Tanks, .....	15
Floor (feet), .....	9,036
Ladders, .....	15
Stalls, .....	17
Window frames, .....	960
Trap seats, .....	59
Roofs, .....	8
Drain boards, .....	25
Closets, .....	27
Fence (feet), .....	723
Steps, .....	34



Furring walls (feet), .....	32
Railroad hand-car, .....	1
Bridges, .....	3

## NEW WORK.

Locks, .....	88
Screens, .....	22
Shelving (running feet), .....	312
Weather strip (feet), .....	203
Polishing blocks, .....	14
Walk (feet), .....	140
Tank, .....	1
Flower stand (feet), .....	48
Barrel bungs, .....	388
Gasket blocks, .....	89
Handles, .....	45
Feed car, .....	1
Covers, .....	88
Telephone wire boxing (feet), .....	30
Boxes and crates, .....	45
Stretchers, .....	3
Towel rollers, .....	11
Chopping boards, .....	63
Post tampers, .....	3
Doors, .....	3
Ladders, .....	8
Wall blocks, .....	406
Stirring paddles, .....	20
Curtain rods, .....	68
Tables, .....	8
Mould board (feet) .....	96
Drawers, .....	4
Chests, .....	2
Trap seats, .....	32
Bunk legs, .....	40
Partition (square feet), .....	2,405
Window and door nets, .....	16
Bread boards, .....	6
Ventilator sash, .....	18
Surveying stakes, .....	681
Milking stools, .....	6
Clothes closets, .....	12
Clothes strip and hooks (feet), .....	232
Stall floor racks, .....	5
Water trough, .....	1
Box stalls, 8.0x10.0, .....	6
Telephone box, .....	1
Mail box, .....	1



Water closet, 3.6x4.6x7.0, .....	1
Shade sticks, .....	50
Flower sticks (feet) .....	1,040
Desks, .....	2
Arch, center, .....	1
Tool closets, .....	2
Tool house, 6.6x7.0, .....	1
Mould and filter cover, 9.0x43.0, .....	1
Mould and filter cover, 9.0x27.0, .....	1
Sewing room complete, 20.0x26.0, .....	1
Cement mould (feet), .....	460
General repairs to ice houses.	
Alterations and refitting laboratory.	
Rebuilding 20.0x120.0 green house.	

## WHEELWRIGHT.

Hand carts repaired, .....	4
Wagons repaired, .....	12
Carts repaired, .....	3
Sleighs repaired, .....	1
Stone drags, .....	2
Farm machines, .....	2
Snow plows, .....	1
Carriages, .....	2
Sleds, .....	7
Road roller, .....	1
Wagon jack, .....	1
Hay riggins, .....	2
Tire setting frame, .....	1
End boards, .....	28
Whiffletrees, .....	22
Brake blocks, .....	56
Neck yokes, .....	4
Wagon and cart seats, .....	12
Bolsters, .....	2
Sleigh roller, .....	1
Poles fit in, .....	6
Poles, new, .....	2
Reach, .....	1
Shafts, pairs, .....	2
Harrow bar, .....	1
Track boards, mowers, .....	10
Wagon saddles, .....	6
Wagon stakes, .....	9



IN SENATE,  
January 1, 1881.  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE,  
IN ANSWER TO A RESOLUTION  
PASSED BY THE SENATE,  
MAY 1, 1880.  
ALBANY:  
J. B. LEECH, STATE PRINTER,  
1881.

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

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### PRIVATE PATIENTS.

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

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

The above requirements must be met before a patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

### INDIGENT PATIENTS.

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



## HABITUAL DRUNKARDS.

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

## GENERAL RULES.

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

Beginning March 2, 1905, the visiting days will be Tuesdays, Thursdays and Saturdays. The visiting hours will be from 12:30 to 4:30 P. M.

Visitors will not be permitted to visit both in the forenoon and afternoon of the same day.

Visiting will be permitted on legal holidays, except Sundays.

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

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

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

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

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



## FORMS.

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

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

The undersigned, of ....., in the county of ..... and  
City or Town.  
State of ....., being desirous of having ..... an  
Full name of patient.

insane person of the county of ....., and State of ....., com-  
mitted to and confined as a patient in the New Jersey State Hos-  
pital at Morris Plains, hereby requests the admission therein of  
the said....., for the purpose aforesaid. Said  
Full name of patient.

..... was born at....., on....., resided  
Full name of patient. City or Town. Date of birth.  
at ....., and is a.....  
State patient's residence with particularity. Profession, trade or

..... The undersigned is a.....  
calling of patient. State degree of relation or  
..... of the said .....  
other circumstances of connection between patient and Full name of patient.  
person making request.

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

Name of person making request.....

P. O. Address, .....

Street and number, .....

City, .....

County, .....

State, .....



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

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

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

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

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

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

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

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

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



6. Is the patient cleanly or uncleanly in personal habits?  
 .....  
 7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)  
 .....  
 8. What is the supposed cause of the insanity? *State both predisposing and exciting causes, if known.*  
 .....  
 9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)  
 .....  
 10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:  
 .....

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

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

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

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

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

.....Physician.



## AFFIDAVIT.

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

. . . . . M. D.

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

. . . . .

---

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

.....Physician.

#### AFFIDAVIT.

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

.....M. D.

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

.....

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

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

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

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

insane person of the county of....., and State of....., committed to and confined as an indigent patient in The New Jersey State Hospital at Morris Plains, hereby requests the admission



therein of the said....., for the purpose aforesaid. Said

Full name of patient.

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

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

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

of the said.....

Full name of patient.

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

Name of person making request,.....

P. O. Address, .....

Street and number, .....

City, .....

County, .....

State, .....

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

.....Physician.

#### AFFIDAVIT.

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

.....M. D.

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

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

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



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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

(3) Other facts perceived by me indicating insanity:

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

.....Physician.

#### AFFIDAVIT.

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

.....M. D.

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



## Maintenance Bond.

MALE.

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

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



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

(Name) .....[L. S.]

(Residence) .....

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

(Name) .....[L. S.]

(Residence) .....

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

Signed and sealed in the presence of.....

### Removal Bond.

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

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

Now, therefore, the condition of the above bond or obligation  
 is such that if the said....., or their heirs, executors or admin-  
 istrators, do and shall, from and after the date hereof, secure the  
 peaceable behavior and safe custody of said....., and pro-  
 vide for.....a comfortable maintenance, so that.....



shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

.....[L. s.]

.....[L. s.]

Sealed and delivered in the presence of.....



