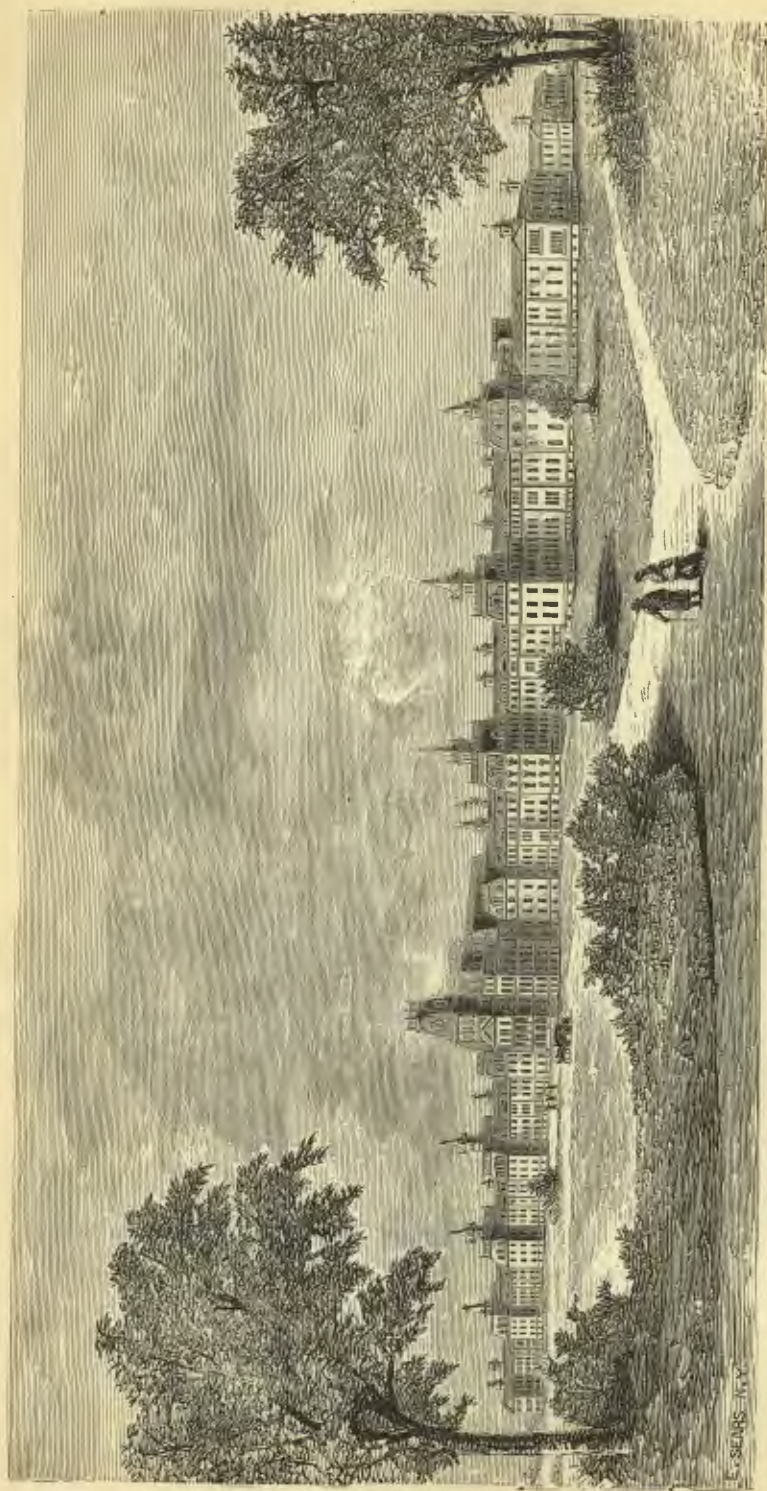


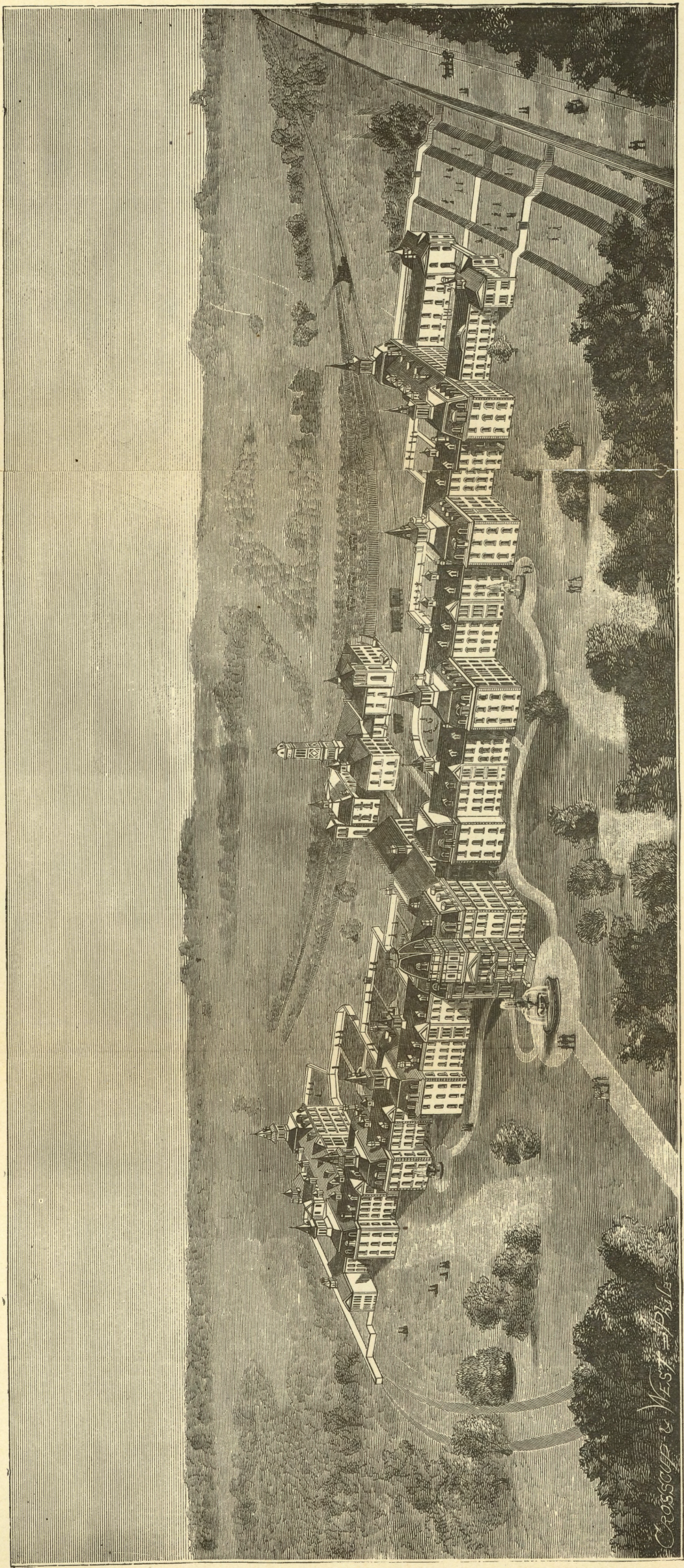
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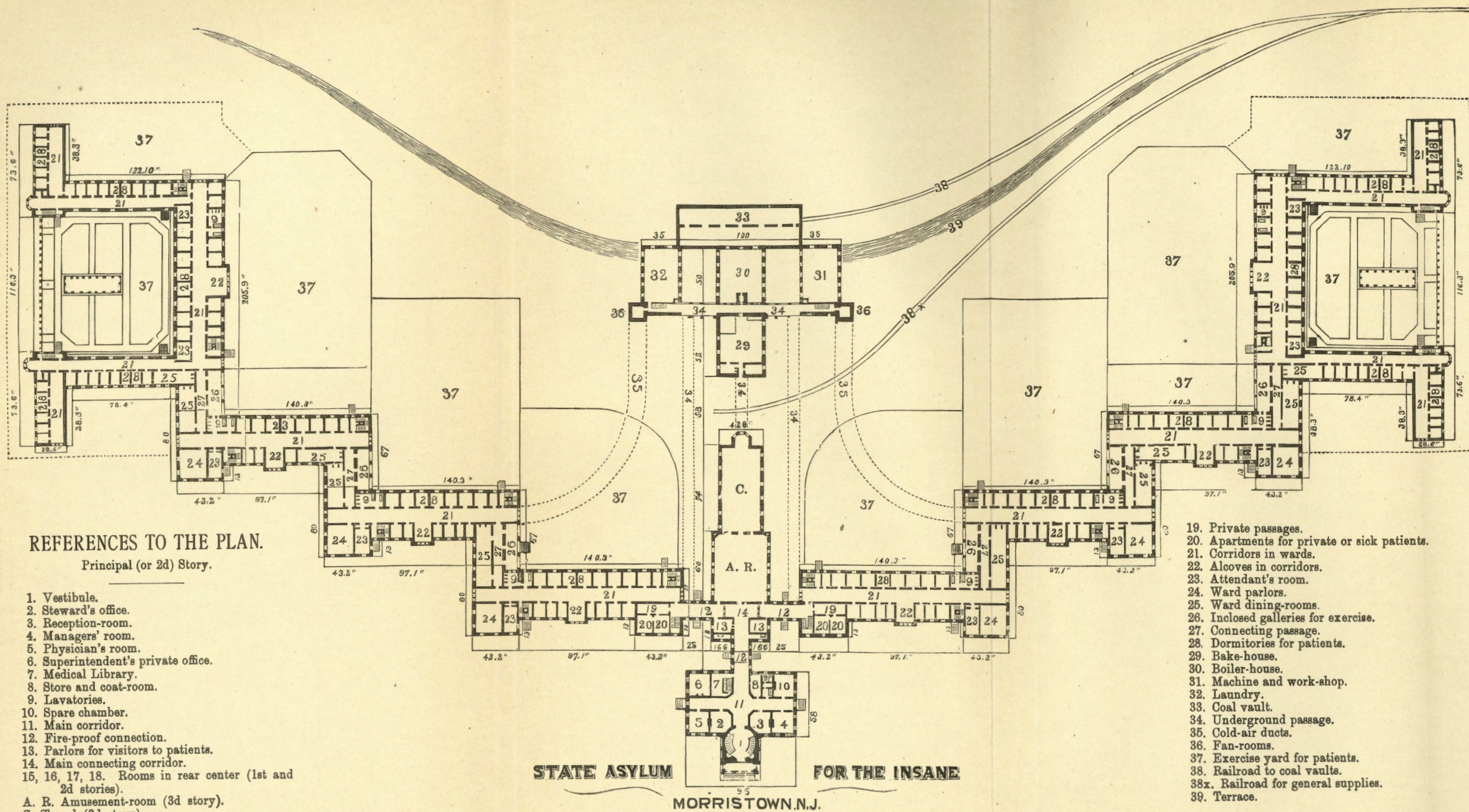
STATE ASYLUM FOR THE INSANE, AT MORRISTOWN, N. J.

(PERSPECTIVE VIEW)











FIFTEENTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

State Asylum for the Insane,

AT

MORRISTOWN, N. J.,

*For the Year ending October 31st,*

1890.

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TRENTON, N. J.:

THE JOHN L. MURPHY PUBLISHING COMPANY, PRINTERS.

1890.

New Jersey State Library



Forty-third Annual Report

MANAGERS AND OFFICERS

# State Asylum for the Insane

MORRISTOWN, N. J.

For the Year ending October 31st,

1890

THE STATE OF NEW JERSEY,  
DEPARTMENT OF PUBLIC INSTRUCTION,  
OFFICE OF THE COMMISSIONER.

New Jersey State Library



## OFFICERS OF THE ASYLUM.

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### MANAGERS.

GEORGE A. HALSEY,	. . . . .	Newark.
HIRAM C. CLARK,	. . . . .	Newton.
JAMES S. GREEN, M.D.,	. . . . .	Elizabeth.
JOSIAH MEEKER,	. . . . .	Succasunna.
JOHN W. JACKSON, M.D.,	. . . . .	Rockaway.
N. W. VOORHEES,	. . . . .	Clinton.
ROMEO F. CHABERT, M.D.,	. . . . .	Hoboken.
GEORGE W. TERRIBERRY, M.D.,	. . . . .	Paterson.
EUGENE VANDERPOOL,	. . . . .	Newark.
JOHN O. WELLS, M.D.,	. . . . .	Englewood.

### OFFICERS OF THE BOARD OF MANAGERS.

President,	. . . . .	HON. GEORGE A. HALSEY.
Vice President,	. . . . .	JAMES S. GREEN, M.D.
Secretary and Treasurer,	. . . . .	GEORGE D. MEEKER.
Warden,	. . . . .	M. B. MONROE.

### MEDICAL OFFICERS.

H. CRITTENDEN HARRIS, M.D.,	. . . . .	Medical Director.
WILLIAM P. SPRATLING, M.D.,	. . . . .	Assistant Physician.
ELIOT GORTON, M.D.,	. . . . .	Second Assistant Physician.
LEONIDAS L. MIAL, M.D.,	. . . . .	Third Assistant Physician.
CHARLES M. HAY, M.D.,	. . . . .	Fourth Assistant Physician.
GILBERT B. PFOUTZ, M.D.,	. . . . .	Resident Pathologist.



# OFFICERS OF THE ASYLUM

## MANAGERS

George A. Halsey	George A. Halsey
Henry G. Clark	Henry G. Clark
James S. Green, M.D.	James S. Green, M.D.
Joseph M. McKee	Joseph M. McKee
John W. Jackson, M.D.	John W. Jackson, M.D.
N. W. Johnson	N. W. Johnson
Robert R. Chubb, M.D.	Robert R. Chubb, M.D.
George W. Tenney, M.D.	George W. Tenney, M.D.
Frank V. Anderson	Frank V. Anderson
John O. Wells, M.D.	John O. Wells, M.D.

## OFFICERS OF THE BOARD OF MANAGERS

President	Hon. George A. Halsey
Vice President	James S. Green, M.D.
Secretary and Treasurer	George M. McKee
Warren	M. E. Moxon

## MEDICAL STAFF

H. O. Gentry, M.D.	H. O. Gentry, M.D.
William F. Swatling, M.D.	William F. Swatling, M.D.
Elliot Gentry, M.D.	Elliot Gentry, M.D.
Leontine E. Mill, M.D.	Leontine E. Mill, M.D.
Charles M. Hay, M.D.	Charles M. Hay, M.D.
Robert H. Brown, M.D.	Robert H. Brown, M.D.



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## MANAGERS' REPORT.

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(5)



# MANAGERS REPORT



## MANAGERS' REPORT.

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*To His Excellency Leon Abbett, Governor of the State of New Jersey :*

In conformity to law, the "Managers of the State Asylum for the Insane, at Morristown, N. J.," respectfully submit this, their

### FIFTEENTH ANNUAL REPORT,

for the year ending October 31st, 1890.

We invite your attention to the full and comprehensive reports of the Medical Director, Warden and Treasurer for itemized information pertaining to each department.

The report of the Medical Director shows that on the 31st day of October, 1889, there were eight hundred and fifty-seven (857) patients in the Asylum—four hundred and twenty-seven (427) men, and four hundred and thirty (430) women.

There were admitted during the year one hundred and twelve (112) men and one hundred and one (101) women; total, two hundred and thirteen (213).

The whole number under treatment for the year was one thousand and seventy (1,070), the daily average being eight hundred and sixty-eight and ninety-three hundredths ( $868\frac{93}{100}$ ).

There were discharged during the year one hundred and eighty-two (182) persons; of these, sixty (60) were restored, forty-nine (49) improved, five (5) unimproved and one (1) not insane. Sixty-eight (68) have died.

Of the number discharged (not recovered), twenty-four (24) men and twenty-eight (28) women were removed on bond "providing for safe custody, peaceable behavior, and comfortable maintenance without further public charge," two (2) men eloped, and one (1) woman was removed to prison by a Judge's order, after she had been restored.



## 8 MORRISTOWN ASYLUM FOR THE INSANE.

There were remaining in the Asylum October 31st, 1890, four hundred and fifty (450) males and four hundred and thirty-six (436) females; a total of eight hundred and eighty-six (886)—an increase of thirty-one (31) since the Annual Report of 1889.

The Warden's report shows that the annual inventory of personal property of the Asylum, taken by himself and two reliable appraisers, as required by law, amounts to one hundred and thirty thousand three hundred and ninety-three dollars and eighty-four cents (\$130,393.84), an increase over that of last year of three thousand and ninety-eight dollars and ninety cents (\$3,098.90).

The Treasurer reports that the receipts from all sources, including the balance in his hands October 31st, 1889, of two hundred and twenty-nine dollars and seventy-eight cents (\$229.78); amount to two hundred and forty-three thousand five hundred and eighty-three dollars and nine cents (\$243,583.09). Of these receipts, sixteen thousand two hundred and twenty-four dollars and thirty-two cents (\$16,224.32) were from convict patients, and forty-one thousand nine hundred and thirty-eight dollars and seventy-seven cents (\$41,938.77) were from private patients.

The disbursements for the same period amount to two hundred and thirty-one thousand eight hundred and ninety-four dollars and fifteen cents (\$231,894.15), leaving a balance in his hands on October 31st, 1890, of eleven thousand six hundred and eighty-eight dollars and ninety-four cents (\$11,688.94).

In May last, Dr. Gilbert B. Pfoutz, the Pathologist, severed his connection with the Asylum, to engage in private practice. Since that time, the Fourth Assistant Physician, Dr. C. M. Hay, has been acting as Pathologist and also Fourth Assistant Physician.

### SEWERAGE.

The new sewerage system continues to prove entirely satisfactory.

### THE FARM

has been successfully worked, the principal products being hay, milk and vegetables, the returns being considerably in excess of the cost.



## THE WATER-SUPPLY

has been greatly increased by the completion of the large new reservoir, having a capacity of about ten million (10,000,000) gallons of pure spring water, and in connection with the old reservoir, will be abundant, obviating the necessity of pumping from the adjacent stream.

## ASSOCIATE DINING-ROOMS.

This subject was presented and urged for consideration in the Annual Reports of 1888 and 1889, and for the reasons therein stated, the Managers again present it, hoping that the State will feel what has been recognized as a necessity by many of the largest and best Asylums in the United States. We may be permitted to quote from the Superintendent's report of the Asylum for the Insane, at Toledo, Ohio, as follows: "The feature of this institution, which was generally regarded as probably most impracticable, and about which I think even the projectors of the plan felt some misgivings, *has proven to be the crowning one*. I refer to the associate dining-halls, in which fully two-thirds of all the patients in the institution—nine-tenths of all who are physically able—and all the employes, take their meals. With our present population, four hundred (400) men dine at one time in one of these halls, and nearly three hundred and fifty (350) women dine in the other.

"More than a year ago, as an experiment, the patients from two of the wards, from the building for *disturbed male patients*, were taken to the general dining-hall. No trouble was experienced, and both the patients and the attendants enjoyed the change. Notwithstanding that about seven hundred and fifty (750) patients of all classes take their meals in these dining-halls, there has not been a dozen instances where it was necessary to remove persons during the year, except in cases of epileptic seizures, which have been surprisingly few, considering the large number of epileptics who take their meals there; and no one has ever escaped going to or from meals."

The Managers acknowledge and appreciate the skillful and faithful management of the Medical Department by Dr. H. C. Harris, Medical Director, and his intelligent and efficient staff; and also the careful management of the Business Department by Warden M. B.



10 MORRISTOWN ASYLUM FOR THE INSANE.

Monroe and his industrious assistants, and thank them all for their loyalty to duty, and their care for, and kindness to the inmates of the institution.

GEORGE A. HALSEY,  
HIRAM C. CLARK,  
JAMES S. GREEN, M.D.,  
JOSIAH MEEKER,  
JOHN W. JACKSON, M.D.,  
N. W. VOORHEES,  
ROMEO F. CHABERT, M.D.,  
GEORGE W. TERRIBERRY, M.D.,  
EUGENE VANDERPOOL,  
JOHN O. WELLS, M.D.,

*Managers.*

Dated at the State Asylum for the Insane, at Morristown, New Jersey, November 13th, 1890.



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TREASURER'S REPORT.

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TREASURER'S REPORT



## TREASURER'S REPORT.

*To the Board of Managers of the State Asylum for the Insane, at  
Morristown, N. J.:*

GENTLEMEN—The Treasurer of the Asylum respectfully submits the following abstract of his receipts and disbursements from November 1st, 1889, to October 31st, 1890, inclusive:

### RECEIPTS.

Balance on hand November 1st, 1889.....		\$229 78
From State Treasurer, balance of appropriation of March 23d, 1888.....	\$18,000 00	
From State Treasurer, for convict patients.....	16,224 32	
From State Treasurer, for county patients .....	37,001 14	
From sundry counties, for maintenance of county patients,	126,380 20	
From private patients.....	41,938 77	
From hides, tallow, &c.....	3,808 88	
		<hr/> 243,353 31
		\$243,583 09

### DISBURSEMENTS.

On orders of the Warden.....	\$231,894 15	
Balance in Treasurer's hands.....	11,688 94	
		<hr/> \$243,583 09

GEORGE D. MEEKER,  
*Treasurer.*

Dated State Asylum for the Insane, at Morristown, N. J., November 13th, 1890.

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

JOHN W. JACKSON,  
N. W. VOORHEES,  
*Auditing Committee.*







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WARDEN'S REPORT.

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WARDEN'S REPORT.



## WARDEN'S REPORT.

### *To the Board of Managers :*

GENTLEMEN—In accordance with the established regulations of the institution, I have the honor to submit the following report of the departments under my supervision for the fiscal year ending October 31st, 1890, with an estimate of the needs and requirements for the maintenance of the institution for the ensuing year :

The receipts from all sources during the current year, including a balance in the hands of the Treasurer at the date of my last annual report, have amounted to.....	\$243,583 09
And the total disbursements were.....	231,894 15
Leaving a cash balance in the hands of the Treasurer at this date of....	\$11,688 94
The valuation of subsistence and fuel in store, as inventoried and estimated by the appraisers, was stated at.....	\$14,119 11
Accounts due, including the balance in the hands of the Treasurer, give us an available cash resource of.....	39,698 33
Making a total of .....	\$53,817 44

Against which are the total liabilities of bills on file, including amount due for wages on pay-rolls, to the close of the year, of \$19,941.28.

### FARM, GARDEN AND DAIRY.

From the garden during the past season the returns have been most satisfactory, supplying the wants of the institution liberally with vegetables of all the various kinds and of a superior quality.

From the farm the products were limited mainly to hay, grain and fodder ; and, as the season has proved favorable for these crops, I am pleased to report that we have harvested a greater quantity of hay than ever before produced from this farm, and have now stored over three hundred (300) tons, of an excellent quality.

The results upon the farm have enabled me to add to the number



of our dairy cattle, thereby lessening the expense for milk and correspondingly increasing that production.

The new barn has proved a great acquisition in obtaining satisfactory results from the dairy, as demonstrated in the past years.

The total expense of the farm, garden and dairy, including the cost of feed for all stock, amounts to eight thousand seven hundred and twenty-eight dollars and thirty cents (\$8,728.30), and the appraised valuation of the products is estimated at eighteen thousand nine hundred and eighteen dollars and seventy-eight cents (\$18,918.78), leaving a net profit, above expenses, of ten thousand one hundred and ninety-one dollars and forty-eight cents (\$10,191.48).

This surplus or profit would have been considerably enlarged if the year had been favorable for fruit, as was expected, but the entire failure of that product this season with us was general, as throughout the State and country.

The profitable returns of our farm, garden and dairy may be stated as entirely satisfactory, but that result was largely contributed to by the employment of patients' labor, under the supervision of intelligent employes.

#### IMPROVEMENTS AND REPAIRS.

The expense of repairs to the building and fixtures has been considerably lessened for the period since my last report, owing to the general and thorough renewals and improvements made last year.

To this account, however, has been added the cost of completing the concrete flooring in the north wing basement, and the complete renovation of the bakery oven, fixtures and machinery.

To facilitate the work in the bakery, the Committee on Grounds and Buildings directed the purchase of an engine of sufficient capacity to run the bakery oven and machinery, independent of the power used for the laundry, shops, &c. A twenty (20) horse-power upright engine, complete, was obtained at a cost of \$267, and its use during the past season fully meets our expectations.

The bakery machinery has long needed a thorough overhauling, and, during the summer, its use was suspended, in order to give us an opportunity to make the repairs so much needed.

The revolving oven was so nearly worn out as to require almost entire rebuilding. New roller-bearings were necessary, and the furnace underneath was rebuilt at the same time.



The kneaders and gas-pump were also thoroughly repaired.

The wooden gasometer-tank was found to be badly decayed, and was replaced by a brick lining.

It was also found necessary to repair the gas generators, so that we now have everything in that department in complete order, and likely to need but few repairs for years to come.

Considerable repairs have been found necessary to the other machinery and fixtures in the boiler-house, and to the steam, hot and cold-water pipes throughout the building. Three (3) of the furnaces under the boilers have been refitted with new arch plates, and two (2) with dead plates, and the fire-brick linings in all have been renewed.

Boiler No. 6 was supplied with a new set of Tupper grates. The boilers have all been cleaned and inspected, and are in good condition throughout. General repairs to the buildings, both inside and out, have received careful attention.

#### GAS WORKS.

The daily records of the gas-house show that there has been six million seven hundred and eighty-one thousand (6,781,000) cubic feet of gas consumed during the year, a daily average of eighteen thousand six hundred (18,600) cubic feet.

The repairs to the works were the replacing of a bench of three (3) retorts, and a general inspection and overhauling of the steam boiler, and placing all pipes and fixtures in thorough order.

#### DINING-ROOMS.

In my report of 1889, as in the preceding years, your attention was called to the desirability of providing large dining-halls for each wing of the Asylum, where the patients could be congregated and served more satisfactorily and with greater economy in food and supervision. The advantages of large dining-rooms are so universally admitted that it seems unnecessary for me to again refer to the subject.

To establish them, however, an appropriation by the State would be necessary.



## WATER-SUPPLY.

Work upon the new reservoir was resumed in April last, with a force of about thirty-five (35) patients, under the supervision of attendants, and advanced so nearly to its completion that we were enabled to utilize it by collecting and storing sufficient water to supply the wants of the institution for the past two months.

As yet, I have made no accurate calculation of the quantity of water that can be stored in this reservoir, but estimating its depth and area, have no doubt that its capacity will be greatly in excess of the upper pond, and its daily supply from several springs and the brook greater and more reliable at all seasons.

The quality of the water, from its appearance, could not be surpassed, and the enlarged and improved filter through which it must necessarily pass, removes all suspicion as to its quality, and renders the danger of its pollution impossible.

In order to make some repairs to the upper reservoir it was necessary to empty the pond, so that we are now entirely dependent upon the new source for water to supply the institution.

## SEWER.

The disposal of the sewage by the system instituted upon the Asylum grounds in 1887, continues to work satisfactorily and without the necessity of many repairs or other expense.

## FIRE DEPARTMENT.

The need of an organization with the necessary apparatus for the extinguishment of fire in the Asylum and other buildings upon the grounds has long been considered and admitted, but the state of our finances would not permit of the diversion, from funds on hand, of a sum sufficient to purchase these appliances until late this summer, when, under direction of the committee on grounds and buildings, a truck, supplied with ladders of sufficient length, hooks, axes, &c., was purchased at a cost of about five hundred dollars (\$500).

In addition to this we have two (2) hose-carriages, each supplied with two hundred and fifty (250) feet of hose.



Suitable rules for the government of a fire brigade, with instructions to be observed in case of fire, were also adopted by the committee, and an organization consisting of employes was established.

#### ANNUAL APPRAISEMENT.

In the appraisal of the personal property belonging to the institution, I was again assisted by the Hon. John L. Kanouse and Mr. H. A. Freeman, to whom I am much indebted for their very careful and intelligent attention to the duty assigned them.

The appraised valuation of the personal property was one hundred and thirty thousand three hundred and ninety-three dollars and eighty-four cents (\$130,393.84), an increase of three thousand and ninety-eight dollars and ninety cents (\$3,098.90) above the appraisal of last year.

#### ACKNOWLEDGMENTS.

For gratuitous copies of the following-named papers and periodicals we are indebted to their publishers :

The Evening Journal, of Jersey City.  
 The Elizabeth Daily Journal, of Elizabeth.  
 The Iron Era and the Index, of Dover.  
 The Newark Daily Advertiser, of Newark.  
 The Warren Republican, of Hackettstown.  
 The True Democratic Banner and The Jerseyman, of Morristown.  
 The Star of the Cape, of Cape May City.  
 The Middlesex County Democrat, of Perth Amboy.  
 The Advance, of Jamesburg.  
 The Democrat-Advertiser, of Flemington.  
 The Hudson County Journal, of Hoboken.  
 The Southwestern Presbyterian, of New Orleans, La.  
 The Hunterdon Independent, of Frenchtown.  
 The Orange Sonntagsblatt, of Orange.  
 The New Jersey Herald, of Newton.

From the Hon. Theo. Little we have received :

The North American Review, 12 numbers.  
 Italy, 24 numbers.



The Presbyterian Quarterly Review, 23 numbers.

Foreign Missionary, 80 numbers.

The Princeton Review, 7 numbers.

Harper's Monthly, 7 numbers.

The Atlantic, 17 numbers.

Scribner's, 27 numbers.

History of the United States, 37 numbers.

Forum, 4 numbers.

Which were distributed throughout the wards, and were a source of much interest to our patients.

#### REQUIREMENTS.

In compliance with the act of April 7th, 1885, I have the honor to submit the following as an estimate of the needs of the institution for the ensuing year :

For salary of resident officers.....	\$10,500 00
For support of convicts.....	16,224 32
Allowance of one dollar per week for the support of each county patient, the average number of which is estimated the same as that at the close of the fiscal year.....	37,001 14

For all of which provision is now made by the statute.

In closing my report, it gives me pleasure to acknowledge the faithful and earnest efforts of all my assistants in guarding and promoting the best interests of the institution, and to the members of your Board my grateful appreciation of the earnest support given me by your kindly advice and suggestions in the performance of my many duties.

Very respectfully,

M. B. MONROE,

*Warden.*

Dated November 13th, 1890.



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ABSTRACT OF ACCOUNTS.

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ABSTRACT OF ACCOUNTS.

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1881



# ABSTRACT OF ACCOUNTS

*For the Year Ending October 31st, 1890.*

GEORGE D. MEEKER, Treasurer.

## DE.

To balance October 31st, 1889.....	\$229 78
To amount received for board, clothing and incidental expenses of private patients.....	41,938 77
To amount received for board, clothing and incidental expenses of county patients.....	126,380 20
To amount received from State Treasurer for county patients.....	37,001 14
To amount received from State Treasurer for convict patients.....	16,224 32
To amount received from State Treasurer, barn appropriation.....	15,000 00
To amount received from State Treasurer, water-closet appropriation.....	3,000 00
To amount received for hides, tallow, &c.....	1,558 79
To amount received for sundries, rags, &c.....	1,164 43
To amount received for hogs and pigs.....	894 08
To amount received for rents.....	160 00
To amount received for postage.....	31 58

\$243,583 09

## CR.

Amusements.....	\$396 06
Bedding, linen, &c.....	3,808 87
Books and stationery.....	691 28
Clothing.....	8,588 34
Counsel fees.....	39 75
Crockery and cutlery.....	504 47
Farm and garden.....	5,908 61
Fixtures.....	425 59
Flour.....	7,394 64
Feed.....	2,819 69
Fruit.....	2,212 49
Freight.....	5,012 44
Furniture.....	1,062 03
Fuel.....	15,887 25
Funeral expenses.....	570 00
Fire apparatus.....	611 50

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New Jersey State Library



## 26 MORRISTOWN ASYLUM FOR THE INSANE.

Grounds and grading.....	\$1,068 31
Gas and steam-pipe and fittings.....	610 45
Harness, blankets, wagons and stable supplies.....	327 15
Hay and straw.....	87 38
Household goods.....	903 25
Incidentals, including telegrams, telephone rental, soap, waste, combs and brushes, razor strops, &c.....	2,692 46
Improvement of buildings.....	1,281 13
Light, including gas used as fuel in laundry and for cooking.....	6,063 68
Laundry.....	5,216 24
Medical supplies.....	3,978 72
Medical library.....	103 99
Newspapers.....	140 00
New barn.....	347 40
Provisions and groceries.....	84,713 21
Postage.....	419 25
Petty current expenses.....	500 00
Pathological department.....	118 18
Refunding.....	1,568 54
Repairs.....	7,337 75
Reservoir, enlarging.....	776 39
Smith and wheelwright.....	710 37
Stock.....	1,719 00
Tools and supplies, boiler-house and machine.....	661 39
Tinware and fixtures.....	400 03
Vegetables.....	3,357 42
Wages.....	50,859 45
	<hr/>
	\$231,894 15
Balance.....	11,688 94
	<hr/>
	\$243,583 09



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APPENDIX TO WARDEN'S REPORT.

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APPENDIX TO WARDEN'S REPORT

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## APPENDIX TO WARDEN'S REPORT.

### FARM AND GARDEN PRODUCTS.

#### *Dairy and Farm, 1890.*

20,531½ gallons milk.....@	\$0 15	\$3,079 73
297 dozen eggs.....	25	74 25
310 tons hay, first grade.....	16 00	4,960 00
17 tons hay, second grade.....	13 00	221 00
24 tons straw.....	16 00	384 00
600 bushels corn in the ear.....	35	210 00
760 bushels potatoes.....	1 00	760 00
184 bushels rye.....	80	147 20
365 bushels oats.....	50	182 50
1,600 bushels beets.....	35	560 00
1,400 bundles corn stalks.....	03	42 00
5,000 bundles corn fodder.....	03	150 00
74 bushels apples, selected.....	1 00	74 00
184 bushels apples, cider.....	30	55 20
5 bushels apples, crab.....	1 00	5 00
5 bushels pears.....	1 00	5 00
142 quarts cherries.....	08	11 36
200 quinces.....	03	6 00
26 weeks' pasture for 75 head stock.....		975 00
		<hr/> \$11,902 24

#### *Stock.*

50 calves, 6,938 lbs.....	06	418 28
75 fowls.....	40	36 80
224 pigs.....	2 50	560 00
		<hr/> 1,013 08
		<hr/> \$12,915 32

#### *Garden, 1890.*

367 bushels carrots.....	\$0 40	\$146 80
300 bushels parsnips.....	40	120 00
233 bushels spinach.....	50	116 50
136 bushels kale.....	30	40 80



# 30 MORRISTOWN ASYLUM FOR THE INSANE.

104 bushels onions.....	\$1 00	\$104 00
15 bushels onion sets.....	5 00	75 00
74 bushels Lima beans.....	1 50	111 00
355 bushels beets.....	35	124 25
160 bushels peas.....	1 00	160 00
8 bushels peas, for seed.....	2 00	16 00
120 bushels string beans.....	75	90 00
601 bushels potatoes.....	1 00	601 00
75 bushels potatoes (small).....	50	37 50
418 bushels tomatoes.....	50	209 00
143 bushels squash.....	55	78 65
50 bushels horseradish.....	50	25 00
450 bushels Ruta Baga turnips.....	35	157 50
175 bushels Yellowstone turnips.....	35	61 20
200 bushels flat turnips.....	25	50 00
40 bushels salsify.....	40	16 00
400 bushels mangel-wurzel.....	35	140 00
19 bushels cucumbers, early.....	90	17 10
40 bushels cucumbers, pickles.....	1 50	60 00
4 bushels okra.....	50	2 00
2,984 bunches rhubarb.....	05	149 20
7,880 bunches onions.....	02	157 60
1,543 bunches parsley.....	02	30 86
2,675 bunches asparagus.....	08	214 00
640 bunches thyme.....	05	32 00
300 bunches sage.....	05	15 00
11,335 bunches radishes.....	03	340 05
436 bunches celery, for soup.....	05	21 80
1,100 bunches carrots, for soup.....	02	22 00
2,500 bunches leek.....	02	50 00
12,185 heads cabbage.....	04	487 40
375 heads cauliflower.....	05	18 75
11,658 heads lettuce.....	02	233 16
22,635 heads celery.....	03	679 05
27 bushels grapes.....	3 00	81 00
86 bushels apples.....	1 00	86 00
26,405 ears sweet corn.....	01	264 05
800 ears sweet corn, for seed.....	03	24 00
1,280 egg plants.....	05	64 00
1,025 muskmelons.....	03	30 75
50 baskets pears, Bartlett.....	1 00	50 00
12 baskets pears, stewing.....	50	6 00
3 baskets pears, Lawrence.....	50	1 50
9 baskets pears, Burrie Diel.....	1 25	11 25
77 baskets pears, Seckel.....	1 00	77 00
1,000 peppers.....		2 00
250 pumpkins.....	05	12 50
850 bundles corn stalks.....	03	25 50
1,875 quarts strawberries.....	08	150 00



# MORRISTOWN ASYLUM FOR THE INSANE. 31

645 quarts raspberries.....	\$10	\$64 50
452 quarts currants.....	08	36 16
66 quarts blackberries.....	08	5 28
30 quarts gooseberries.....	06	1 80
		<hr/> \$6,003 46
Total.....		\$18,918 78

## ACCOUNT OF FRUITS, ETC., CANNED AND PRESERVED.

Pineapples.....	8	gallons.
Pears.....	59	gallons.
Strawberries.....	64	quarts.
Huckleberries.....	150	quarts.
Raspberry and currant jam.....	48	quarts.
Currant jelly.....	103	quarts.
Raspberry jelly.....	6	quarts.
Crab-apple jelly.....	93	quarts.
Wild grape jelly.....	2	quarts.
Crab-apples, preserved.....	6	quarts.
Grape jelly.....	123	quarts.
Cherries.....	10	gallons.
Tomatoes.....	57	gallons.
Pickled onions.....	34½	gallons.
Pickled cabbage.....	54	gallons.
Bordeaux sauce.....	2	gallons.
Pickles.....	600	
Mangoes.....	100	
Quinces.....	103	gallons.

## ARTICLES MADE IN SEWING-ROOM, 1890.

Aprons, barbers'.....	6
Aprons, kitchen.....	55
Blankets hemmed.....	437
Burial robes.....	24
Burial sheets.....	8
Burial chemise.....	33
Burial petticoats.....	20
Chemise.....	638
Caps, for women.....	6
Clothes-bags.....	67
Camisoles.....	20
Drawers, women's.....	265
Drawers, men's.....	161
Night dresses.....	3
Petticoats.....	302
Pillow cases.....	1,264



## 32 MORRISTOWN ASYLUM FOR THE INSANE.

Shirts.....	561
Sheets .....	1,570
Spreads hemmed.....	97
Towels, hand.....	1,577
Towels, roller.. ..	212
Towels, tea .....	435
Table covers.....	7
Undershirts .....	207
Underwaists .....	160
Handkerchiefs hemmed.....	160
Wash rags .....	27
Dresses .....	500
Dress skirts .....	5
Basques.....	7
Dress waists.....	5
Wrappers.....	10

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

Single hair mattresses made, new.....	140
Double hair mattresses made, new.....	5
Single hair mattresses made over.....	905
Double hair mattresses made over.....	17
Hair pillows made, new.....	527
Hair pillows made over.....	2,396
Single mattress ticks made, new .....	432
Double mattress ticks made, new.....	7
Pillow ticks made, new .....	710
Feather pillows made, new .....	5
Pieces of furniture upholstered .....	71
Large hall carpet made, new.....	1
Room carpets made, new.....	66
Carpets taken up.....	288
Carpets laid.....	340
Carpets repaired.....	264
Rooms laid with rush matting.....	2
Rooms laid with oil-cloth .....	1
Chairs caned .....	287
Settees caned.....	11
Protectors made, new .....	480
Protectors repaired .....	610
Window shades made, new.....	247
Pairs long window curtains, new.....	10
Camisoles made, new.....	12
Set mangle aprons, new.....	1
Ottomans made, new.....	8
Lambrequins made, new .....	7
Carpet mats made.....	42



# MORRISTOWN ASYLUM FOR THE INSANE. 33

Pairs holders for bakery and boilers.....	70
Pieces of harness made, new.....	28
Pieces harness repaired.....	366
Horse blankets repaired.....	57
Chair cushions made.....	22
Yards carpet hemmed.....	260
Yards carpet bound.....	200
Rubber curtains for wagon top.....	4
Pairs canvas slippers made.....	4
Carriage cushions.....	4
Carriage covers (muslin) made.....	2
Mangle aprons repaired.....	15
Window shades repaired.....	186
Pairs window curtains hung.....	46
Pairs boots, shoes and slippers repaired.....	906

## ARTICLES MADE IN TIN-SHOP, 1890.

Large pails.....	24
Large pudding pans.....	12
Small pudding pans.....	6
Wire egg beaters.....	2
Medium-size pans.....	2
Diet flats.....	88
Tin lamp shade.....	1
Tea kettle.....	1
Diet cups, with lids.....	78
Russia fender.....	1
Sugar boxes.....	24
Tin boxes.....	2
Water pot.....	1
Diet cups.....	54
• Mouth pieces.....	36
Cake pans.....	2
Cake cutters.....	2
Wife fender.....	1
Large flats.....	18
Large tea kettles.....	12
Large funnel.....	1
Large kettle.....	1
Repairing bakery gas tank.....	
Copper strainers.....	3
Strong tea kettles.....	12
Large cake pans.....	50
Large soup strainer.....	1
Large pails.....	18
Large dish pans.....	12
Drinking cups.....	92



# 34 MORRISTOWN ASYLUM FOR THE INSANE.

Small bath tub.....	1
Tin pans.....	2
Large bread boxes.....	6
Large dippers.....	12
Russia iron bread pans.....	100
Dust pans.....	8
Eight-inch Russia iron elbows and dampers.....	2
Eight inch galvanized iron pipe.....	3
Galvanized coal hods .....	2
Galvanized strainer.....	1
Galvanized iron hood.....	1
Repairs to radiators in cellars.	
Repaired roof to stable.	

## DIETARY.

The following diet table is submitted, and is the one now in general use.

Changes are occasionally made, when deemed advisable.

	BREAKFAST.	DINNER.	SUPPER.
SUNDAY..... {	Fish, Mush, Coffee, Bread, Butter, Molasses, Potatoes.	Roast Beef, or Ham, Potatoes, Bread, Tomatoes, Fruit, or Dessert.	Tea, Bread, Butter, Gingerbread or Cake, Smoked Beef, or Fruit.
MONDAY..... {	Hash, Bread, Butter, Coffee, Potatoes.	Corned Beef, Bread, Potatoes, Cabbage.	Cake, Bread, Butter, Tea, Pressed Beef.
TUESDAY..... {	Cold Meat, Bread, Butter, Potatoes, Coffee.	Soup, Roast Beef, Vegetables, Bread, Potatoes, Fruit or Dessert.	Bread, Butter, Tea Cake, Cheese or Pressed Beef, Fruit, or Smoked Beef.
WEDNESDAY... {	Cracked Wheat, Bread, Butter, Molasses, Potatoes, Coffee.	Potatoes, Pork and Beans, Vegetables, Bread, Dessert or Fruit.	Stewed Oysters and Crackers, or Cheese Bread, Butter, Tea, Cake.
THURSDAY..... {	Hash, Bread, Butter, Potatoes, Coffee, Oatmeal.	Roast Beef, Bread, Vegetables, Potatoes, Dessert.	Bread, Butter, Tea, Cake, Stewed Prunes.
FRIDAY..... {	Rice, Molasses, Fish, Bread, Butter, Coffee, Potatoes.	Vegetables, Bread, Potatoes, Fish, Dessert.	Cake, Bread, Butter, Tea, Pressed Corned Beef or Smoked Beef.
SATURDAY..... {	Oatmeal or Rice, Molasses, Potatoes, Coffee, Bread, Butter.	Soup, Roast Beef, Bread, Potatoes, Vegetables, Dessert.	Cake or Crackers, Cheese, or Oyster Stew, Bread, Butter, Tea.



In addition to the above dietary, the patients in all working wards and attendants throughout the Asylum, will be supplied : Breakfast—Sunday, cold meat ; Monday, mutton chops, liver, sausage ; Tuesday, beefsteak ; Wednesday, fried ham ; Thursday, beefsteak ; Friday, fried liver ; Saturday, beefsteak.

Fresh fruit to be furnished in its season.

On Friday, the fish shall comprise, from time to time, fresh and salt fish, including a weekly distribution of oysters, when in season, to half the house at a time.

In addition to the fish on Friday, a sufficient quantity of roast beef shall be supplied to the patients who do not eat fish.

Fresh fish to be served with a sauce of milk, flour and butter.

Vegetables to consist of one or more varieties, besides potatoes, such as peas, beans, beets, onions, parsnips, cabbage, turnips, &c.

In convalescent wards condiments and relishes shall be kept at all times on the table, such as pickles, chow-chow, Annear sauce, horse-radish, &c.

Soup shall vary, including in its range, vegetable, pea, bean, beef, macaroni, &c.

Sick and special diet to consist of beef tea and essence, bread and milk, boiled milk, eggs, beefsteak, panada, toast, jelly, oatmeal, gruel, corn starch, farina, tapioca, sago and chickens.

Tea to south-side dinner, daily.

Oysters to south-side, Wednesdays, supper.

Oysters to north-side, Saturdays, supper.







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MEDICAL DIRECTOR'S REPORT.

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(37)



MEDICAL DIRECTOR'S REPORT



## MEDICAL DIRECTOR'S REPORT.

*To the Board of Managers:*

GENTLEMEN—It becomes my duty to submit for your consideration the fifteenth annual report of the Medical Department with the statistical tables, which exhibit the movement of population, the results of treatment and other information in a condensed form.

TABLE I.

SHOWING THE ADMISSIONS, RE-ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31ST, 1890.

	Males.	Females.	Total.	Males.	Females.	Total.
In the Asylum October 31st, 1889.....	427	430	857	.....	.....	.....
Total .....	.....	.....	.....	427	430	857
Patients admitted—						
First admission.....	92	84	176	.....	.....	.....
Not first admission.....	20	16	36	.....	.....	.....
Admission as inebriates.....	1	.....	1	.....	.....	.....
Total admitted during year.....	.....	.....	.....	112	101	213
Total patients under treatment during year.....	.....	.....	.....	539	531	1,070
Patients discharged—						
Recovered.....	26	36	62	.....	.....	.....
Improved.....	22	26	48	.....	.....	.....
Unimproved .....	2	3	5	.....	.....	.....
Not insane.....	1	.....	1	.....	.....	.....
Died.....	39	29	68	.....	.....	.....
Total discharged and died.....	.....	.....	.....	90	94	184
Absent by elopement October 31st, 1890.....	2	.....	.....	.....	.....	.....
Remaining in Asylum.....	450	436	886	.....	.....	.....
Total .....	.....	.....	.....	450	436	886



TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

MONTHS.	ADMISSIONS.			DISCHARGES (including deaths).			DAILY AVERAGES.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
1889.									
November .....	9	8	17	5	10	15	428.86	427.43	856.29
December .....	11	3	14	7	7	14	434.77	425.96	860.73
1890.									
January .....	7	9	16	6	6	12	433.54	425.22	858.76
February .....	6	5	11	6	2	8	434.96	428.39	863.35
March .....	9	8	17	8	9	17	438.74	430.48	869.22
April .....	10	8	18	11	10	21	438.46	426.93	865.39
May .....	9	8	17	7	9	16	437.12	426.45	863.57
June .....	7	14	21	7	5	12	439.86	430.16	870.02
July .....	6	11	17	6	12	18	439.69	434.90	874.59
August .....	13	9	22	6	4	10	441.70	436.87	878.57
September .....	13	7	20	11	9	20	446.50	436.06	882.56
October .....	12	11	23	10	11	21	448.04	436.05	884.09
Total .....	112	101	213	90	94	184	438.52	430.41	868.93

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.			
	Males.	Females.	Total.
First .....	59	64	123
Second .....	12	14	26
Third .....	2	4	6
Fourth .....	1	2	3
Fifth .....	1	.....	1
Seventh .....	.....	1	1
Unknown .....	37	16	53
Total .....	112	101	213



TABLE IV.

## AGE WHEN ADMITTED.

AGE.	Males.	Females.	Total.
Under fifteen years.....			
From fifteen to twenty years.....	2	6	8
From twenty to twenty-five years.....	19	14	33
From twenty-five to thirty years.....	13	11	24
From thirty to thirty-five years.....	11	10	21
From thirty-five to forty years.....	7	9	16
From forty to forty-five years.....	6	10	16
From forty-five to fifty years.....	3	10	13
From fifty to sixty years.....	10	9	19
From sixty to seventy years.....	15	8	23
From seventy to eighty years.....	6	2	8
Eighty years and over.....	3		3
Unknown.....	17	12	29
Total.....	112	101	213

TABLE V.

## NATIVITY OF PERSONS ADMITTED.

PLACE OF NATIVITY.	Males.	Females.	Total.
New Jersey.....	49	45	94
New York.....	9	11	20
Pennsylvania.....	2		2
Georgia.....		1	1
Connecticut.....	1		1
Massachusetts.....		2	2
Ohio.....	1		1
Illinois.....		3	3
Virginia.....		1	1
Texas.....		1	1
Canada.....		1	1
England.....	6	4	10
Scotland.....	1	2	3
Ireland.....	8	16	24
Wales.....	1		1
Germany.....	8	5	13
Sweden.....		1	1
Nova Scotia.....	1		1
United States.....	8	2	10
Unknown.....	17	6	23
Total.....	112	101	213



TABLE VI.

PLACE OF RESIDENCE.	Males.	Females.	Total.
Essex .....	10	7	17
Union .....	20	17	37
Sussex .....	8	6	14
Morris .....	9	8	17
Hudson .....	12	9	21
Warren .....	4	9	13
Passaic .....	29	27	56
Hunterdon .....	12	9	21
Bergen .....	8	6	14
Monmouth .....		1	1
New York .....		2	2
Total .....	112	101	213

TABLE VII.

## CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Males.	Females.	Total.
Single .....	47	42	89
Married .....	47	43	90
Widowed .....	8	12	20
Divorced .....	1	1	2
Unknown .....	9	3	12
Total .....	112	101	213



TABLE VIII.

## OCCUPATIONS OF PERSONS ADMITTED.

*Males.*

Blacksmiths .....	2
Brewer .....	1
Baker .....	1
Bookkeeper .....	1
Boilermaker .....	1
Brakeman .....	1
Brokers (real estate) .....	2
Broker (stock) .....	1
Clerks .....	7
Carpenters .....	2
Contractor .....	1
Collector .....	1
Carter .....	1
Druggist .....	1
Dyer .....	1
Engraver .....	1
Farmers .....	8
Farm Hands .....	2
Gate Keeper .....	1
Grocer .....	1
Gardener .....	1
Hotel Keepers .....	2
Harness Maker .....	1
Laborers .....	14
Letter Carrier .....	1
Machinists .....	3
Merchants .....	2
Miners .....	2
Mechanic .....	1
Ministers .....	2
Painters .....	4
Police officer .....	1
Politician .....	1
Printer .....	1
Publisher .....	1
Restaurant Keeper .....	1
Sailor .....	1
Seedsman .....	2
Soldier .....	1
Saloon Keeper .....	1
Stenographer .....	1
Silk Finishers .....	2
Tailor .....	1
Tax Commissioner .....	1
Typesetter .....	1
Weavers (silk) .....	6
No Occupation .....	6
Unknown .....	14
Total .....	112



TABLE IX.

OCCUPATIONS OF THOSE ADMITTED.

*Females.*

Domestics .....	23
Dressmaker .....	1
Flowermaker.....	1
Housekeepers.....	3
Housewives.....	33
Mill Hands (silk).....	4
Nurse .. ...	1
School Teachers.....	4
Seamstress.....	1
Washerwomen.....	3
Weavers .....	8
No Occupation.....	11
Unknown.....	8
Total.....	101

TABLE XI.

HOW SUPPORTED.

How Supported.	PATIENTS ADMITTED.		
	Males.	Females.	Total.
State.....	4	1	5
County .....	87	72	159
Private .....	21	28	49
Total.....	112	101	213



TABLE XII.

ALLEGED CAUSE OF INSANITY OF THOSE ADMITTED.

CAUSES.	Males.	Females.	Total.
<i>Physical.</i>			
Intemperance and other excess.....	12	3	15
Epilepsy.....	1	1	2
Traumatism.....	2	1	3
Childbirth.....		7	7
Overwork.....	6	3	9
Old age.....	4		4
General ill-health.....	1	6	7
Heat stroke.....	1	1	2
Menopause.....		2	2
La Grippe.....	3		3
Uterine disease.....		2	2
Congenital causes.....	3	7	10
Cerebro spinal meningitis.....		1	1
Injury to head.....	1		1
Puerperal state.....		1	1
Apoplexy.....	1		1
Total.....	35	35	70
<i>Moral.</i>			
Anxiety.....	1	5	6
Religious excitement.....	2	5	7
Disappointment.....		4	4
Financial troubles.....	2	1	3
Domestic and family troubles.....	2	2	4
Grief.....	1	4	5
Mode of life.....		1	1
Total.....	8	22	30
Unknown.....	15	13	28
Total physical.....	35	35	70
Total moral.....	8	22	30
Unassigned.....	54	31	85
Total.....	112	101	213



TABLE XIII.

COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Males.	Females.	Total.
Chorea .....		1	1
Epilepsy .....	2		2
Homicidal disposition.....	2		2
Paralysis .....	1		1
Suicidal disposition.....	12	15	27
Without complications .....	95	85	180
Total .....	112	101	213

TABLE XIV.

DEGREE OF HEREDITY IN FAMILY.

HEREDITY.	Males.	Females.	Total.
Insanity in family.....	14	22	36
Insanity not in family.....	56	49	105
Hereditary history unknown.....	42	30	72
Total .....	112	101	213



TABLE XV.

DURATION OF DISEASE BEFORE ADMISSION.

PERIOD.	Males.	Females.	Total.
Under one month.....	16	18	34
One to three months.....	11	15	26
Three to six months.....	9	11	20
Six to twelve months.....	5	5	10
One to two years.....	9	9	18
Two to three years.....	4	10	14
Three to four years.....	2	5	7
Four to five years.....	4	2	6
Five to ten years.....	5	4	9
Ten to twenty years.....	5	1	6
Over twenty.....	3	1	4
Unknown.....	39	20	59
Total.....	112	101	213

TABLE XVI.

AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Males.	Females.	Total.
From fifteen to twenty years.....	.....	3	3
From twenty to twenty-five years.....	4	5	9
From twenty-five to thirty years.....	6	6	12
From thirty to thirty-five years.....	3	2	5
From thirty-five to forty years.....	1	4	5
From forty to fifty years.....	5	3	8
From fifty to sixty years.....	2	7	9
From sixty to seventy years.....	3	3	6
Unknown.....	2	3	5
Total.....	26	36	62



TABLE XVII.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Males.	Females.	Total.
Under one month.....	6	4	10
From one to three months.....	7	8	15
From three to six months.....	3	3	6
From six to twelve months.....	1	8	9
From one to two years.....	1	2	3
From two to three years.....	1	1	2
Over three years.....	3	5	8
Unknown.....	4	5	9
Total.....	26	36	62

TABLE XVIII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION OF TREATMENT.	Males.	Females.	Total.
Under one month .....	2	.....	2
From one to two months .....	4	3	7
From two to three months.....	4	3	7
From three to four months .....	1	4	5
From four to five months.....	1	6	7
From five to six months .....	2	2	4
From six to nine months .....	4	4	8
From nine to twelve months.....	3	3	6
From twelve to eighteen months .....	3	6	9
Two years and over.....	2	5	7
Total.....	26	36	62



TABLE XIX.

FORM OF DISEASE OF THOSE RESTORED.

FORM OF DISEASE.	Males.	Females.	Total.
Mania—Acute .....	13	12	25
Chronic.....	1	3	4
Periodic.....	2	2	4
Melancholia—Acute .....	8	17	25
Chronic.....	2	2	4
Dementia—Primary .....	1	.....	1
Dipsomania .....	1	.....	1
Total .....	26	36	62

TABLE XX.

AGE AT DEATH.

AGE.	Males.	Females.	Total.
From twenty to twenty-five years .....	4	2	6
From twenty-five to thirty years .....	1	2	3
From thirty to thirty-five years .....	2	.....	2
From thirty-five to forty years.....	5	1	6
From forty to forty-five years.....	3	3	6
From forty-five to fifty years.....	1	2	3
From fifty to sixty years .....	6	2	8
From sixty to seventy years.....	7	11	18
From seventy to eighty years.....	10	5	15
Unknown .....	.....	1	1
Total .....	39	29	68



TABLE XXI.

FORM OF DISEASE OF THOSE WHO DIED.

FORM OF DISEASE.	Males.	Females.	Total.
Mania—Acute.....	2	1	3
Chronic.....	2	4	6
Periodic.....	1	.....	1
Melancholia—Acute.....	3	1	4
Chronic.....	4	3	7
Dementia—Terminal.....	5	13	18
Senilis.....	9	3	12
Epileptic.....	2	1	3
Organic.....	1	.....	1
Choreic insanity.....	.....	1	1
General paralysis.....	7	.....	7
Epilepsy.....	3	2	5
Total.....	39	29	68



TABLE XXII.

## CAUSES OF DEATH DURING YEAR.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Males.	Females.	Males.	Females.	Males.	Females.	
<b>Mania—</b>							
Acute, with pneumonia .....	1						1
Acute, with exhaustion .....	1	1					2
Acute, with influenza .....	1						1
Chronic, with pulmonary tuberculosis...	1	1					2
Chronic, with exhaustion .....	1						1
Chronic, with gastric ulcer .....		1					1
Periodic, with pneumonia .....	1						1
Chronic, with organic disease of heart...		1					1
<b>Melancholia—</b>							
Acute, with Bright's disease .....			1				1
Acute, with cerebral hemorrhage .....			1				1
Chronic, with meningitis .....				1			1
Chronic, with organic disease of heart...			1				1
Chronic, with exhaustion .....			1	3			4
Chronic, with pneumonia .....			1				1
Chronic, with Bright's disease .....			1				1
Chronic, with phthisis .....			1				1
<b>Dementia—</b>							
Terminal, with exhaustion .....					5	5	10
Terminal, with phthisis .....					1	5	6
Terminal, with pneumonia .....						2	2
Terminal, with organic disease of heart						1	1
Senile, with exhaustion .....					6	5	11
Senile, with cerebral hemorrhage .....					1		1
Epileptic, with exhaustion .....					2	2	4
Epileptic, with phthisis .....					2	1	3
Epileptic, with pneumonia .....					1		1
Choreic insanity, with exhaustion .....						1	1
General paralysis .....					7		7
<b>Total.....</b>	<b>6</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>25</b>	<b>22</b>	<b>68</b>

TABLE XXIII.

## PRIVATE PATIENTS.

There were at the beginning of the year .....	134
Received during the year .....	48
Whole number under treatment .....	182
Discharged during the year .....	53
Remaining at the end of the year .....	129



There were remaining in the Asylum October 31st, 1889, eight hundred and fifty-seven (857) patients, of whom four hundred and twenty-seven (427) were males, and four hundred and thirty (430) females. Of these, one hundred and thirty-four (134) were private patients; two hundred and thirteen (213) patients have since been admitted, of whom one hundred and twelve (112) were males and one hundred and one (101) females. Of these, forty-six (46) were private, one hundred and sixty (160) indigent, two (2) criminal, four (4) convicts and one (1) pauper. These persons were chargeable to the following counties: Sussex, twelve (12); Morris, thirteen (13); Hudson, six (6); Union, twenty-nine (29); Essex, thirteen (13); Hunterdon, twenty (20); Passaic, fifty-two (52); Bergen, eleven (11), and Warren, eleven (11).

The total number under treatment for the year was one thousand and seventy (1,070), being fifty-two (52) below the corresponding number last year.

Of the total number under treatment, sixty-two (62) have been restored, namely, twenty-six (26) males and thirty-six (36) females, twelve (12) being private patients. Forty-nine (49) have been discharged improved and five (5) unimproved. There remains at the present date four hundred and fifty (450) males and four hundred and thirty-six (436) females; total, eight hundred and eighty-six (886), being thirty-one (31) above the corresponding number at the date of last annual meeting. The proportion of recoveries, calculated on the number admitted, is consequently 29.10.

Of the persons admitted, thirty (30) were suffering from acute mania, eighteen (18) from chronic mania and seven (7) from periodic mania; sixty-eight (68) from acute melancholia and thirty-one (31) from chronic melancholia; four (4) from primary dementia, one (1) from epileptic dementia, eleven (11) from senile dementia, twelve (12) from terminal dementia, one (1) from organic dementia; six (6) from dipsomania; nine (9) from imbecility, nine (9) from paresis, one (1) from choreic insanity, four (4) from epilepsy, one (1) not insane.

The civil condition of those admitted is as follows: Single, eighty-nine (89); married, ninety-two (92); widowed, nineteen (19); divorced, two (2); unknown, eleven (11).

As regards the physical condition of the patients on admission, one hundred and forty-five (145) are recorded as good, forty-five (45) fair, and twenty-three (23) as poor.



Of the patients who left the Asylum as restored, eighteen (18) had been under treatment for periods varying from one to three months, sixteen (16) under six months, seven (7) under nine months, six (6) under one year, seven (7) under two years, two (2) under three years, four (4) under five years, and two (2) under seven years.

The obituary register records in thirty-four (34) instances death resulted from dementia; melancholia, eleven (11) persons; mania, ten (10) persons; chorea, one (1) person; paresis, seven (7) persons, and epilepsy, five (5) persons; total, sixty-eight (68) persons.

The general health of the house has been excellent, with the exception of an epidemic of influenza, which appeared early in January and continued for about two months. This disease tended to increase the mortality and several aged patients were much prostrated by it, but those whom death has claimed have, with few exceptions, succumbed to degenerative changes following chronic mental disease. Brain, lung and heart complications figure prominently in the mortality table. The whole number of deaths was sixty-eight (68), of whom thirty-nine (39) were men and twenty-nine (29) women. The rate of mortality was 6.35 of the whole number under treatment.

In the pathological department some useful and instructive work has been accomplished. The autopsies made by this department numbered thirty-six (36), and the pathological material is being made use of for the purpose of the advance of psychological medicine. I might note that no autopsy is performed without the consent and approval of the relatives of the patient; and in many cases reports in detail are mailed to families of the deceased, where such a request has been made. A pathological supplement is presented.

The more the attention of the insane can be diverted, the more are their prospects of recovery enhanced; therefore, many of our able-bodied male patients are engaged in some form of industrial employment, and we record a daily average of thirty-seven and one-half ( $37\frac{1}{2}$ ) per cent. that have been employed in some useful industry. Those who require little supervision have had almost constant employment. The summer months offer many advantages for outdoor occupation, but during the winter months it has been found difficult to sufficiently recreate the mind of a number anxious for some light and profitable exercise. The women find pleasant occupation in the sewing-rooms, kitchen, laundry and in the dining-rooms, assisting attendants. In these various ways we divert the mind and instruct



our patients in some useful industry, each patient's physical and mental capacity being carefully considered.

A smoking-room has been provided for the use of the male patients, and during inclement weather many take advantage of its comforts.

From the time when medical knowledge was first combined in rules of practice, music has held a prominent place in the treatment of disease, and in no class of disorders are we likely to derive so much benefit from the use of this pleasant remedy as in those affecting the mind. During the year twenty-seven (27) patients have taken part in our patients' brass band, and of this number thirteen (13) have been discharged restored.

For obvious reasons the wards of ordinary asylums for the insane are not the proper place for the custody and treatment of insane convicts. The moral effect upon the better class is detrimental, and it is impossible to provide the necessary protection against their escape, as any great effort to prevent this would exert a hurtful influence upon those whose comforts were considered when this charity was erected. Two of this class have eloped.

Each annual report which I have had the honor to address to your Board has directed attention in favor of congregate dining-halls or refectories, and little or nothing can be said in favor of ward dining-rooms. It is asserted by Superintendents of hospitals for the insane that they find their patients more cheerful and better behaved where the congregate dining-halls are used. This condition is readily accounted for by the breaking up of the monotony of ward-life and the more or less social benefit arising from this system. The great advantage of being able to serve the food hot, the ease with which the tables may be replenished, the economy of waste and absence of the unpleasant odor and confusion incident to small ward dining-rooms, are strong points to impress the importance of such a system for the proper care of the patients sent to this Asylum for treatment.

Of the new remedies known as hypnotics, the physiological effect of paraldehyde and sulfonal have been carefully studied during the year, and I cannot do better than to quote from the excellent paper of my assistant, Dr. Chas. M. Hay, published in the American Journal of the Medical Sciences for July, 1889. The results there obtained have been verified in all cases. The observations which were the subject of this paper extended over a period of six months; during this time paraldehyde was given three thousand five hundred



and fifteen (3,515) trials, made upon one hundred (100) cases, and sulfonal, one thousand three hundred and thirteen (1,313) trials, upon one hundred and sixty-six (166) similar conditions. The patients to whom either drug was administered were watched by competent nurses, the exact time of sleep noted, and all results carefully recorded. From six to nine hours was reckoned a successful trial; from three to five, a partially successful one, and under three hours, a negative effect. The dose used varied with the age, sex and condition of the patient, and with the intensity of the insomnia; in the case of paraldehyde, from one to two and a half fluid drachms, and sulfonal, from gr. 15 to one drachm were given at a dose. The after effects were also recorded as they occurred. It was found that paraldehyde was of most service in the insomnia of the dementias, and that its efficiency is nearly equal in acute and chronic melancholia and epileptic dementia. In acute mania the percentage of failures was 25.5.

In the cases of the 166 patients given sulfonal, the dose was administered in some hot menstruum, such as milk or beef tea, as advised by Kast. It was found that sulfonal is most successful in the insomnia of epileptic dementia, and least so in acute melancholia; that it is about equally efficient in the insomnia of all the remaining dementias and periodic mania (in the latter states its success exceeds that of paraldehyde by 21 per cent.); also, that it is far more useful in the maniacal conditions than in the depressed states. It is the after effect of this drug that makes it undesirable in these cases, as it tends seriously to deepen the mental depression of the patient.

Cervello says, "Paraldehyde affects the cerebrum, spinal cord and the bulbous successively, abolishing the reflexes, causing anæsthesia, by anæmiating the brain and cord. It is eliminated by the lungs and is not a cardiac poison."

Although these two drugs differ widely in their action in the various mental conditions, their greatest difference lies in their after effect. Here they widely diverge, one being capable of producing very few and comparatively innocuous after effects, while those produced by its fellow, are, to say the least, capable of being dangerous to life. A paraldehyde habit has been noted in a few cases since the advent of the drug. I have seen but one case (paraldehyde habit on admission), although many of the patients of this institution have been taking it at intervals for many months. It certainly possesses two great safeguards, its taste and the odor it leaves upon the breath



for from eight to sixteen hours after its ingestion. The principal after effects of paraldehyde have been mainly due to its irritant effect upon the gastro-intestinal mucous membrane, and for this reason it should be given well diluted. We have never seen paraldehyde produce any serious alteration on the pulse, temperature or respiration. Of the serious symptoms produced from sulfonal, we note, in a few cases, on the morning after the patient has taken the drug, a diffuse scarlet eruption, extending symmetrically over the body, with violent itching, which subsides on the third day. Some persons are very susceptible to it, while others can take a drachm daily for twelve days without any alarming symptoms. The after effects of the drug are far more variable, and are significant of its more powerful action upon the great nerve centers than those of paraldehyde. The effect which it in some cases produced, bore no direct proportion to the amount ingested, so that the production of the various symptoms in these cases must, at least in part, depend upon other conditions of the organism itself. It was certainly proven that sulfonal is capable of being a dangerous remedy, even when in use in therapeutic doses. The cases in whom marked after effects were noted, suffered in milder degree sulfonal intoxication, and the most common effects observed were lassitude, dizziness, vertigo, diarrhoea, vomiting and great mental depression, with a dreamy, half-unconscious expression upon the face. In two cases partial loss of muscular co-ordinating power was the only effect produced, and we note that these patients did not sleep from its use. In some of the cases in which sulfonal was employed, weakness of the circulation was very marked; why the drug in one instance produced delirium, in a second, inco-ordination of the muscular system, in a third, difficult movement of the tongue, and in a fourth, stupor, cannot be explained from our present knowledge of its action. The practical deductions of these two drugs for asylum use we found:

*First.* That paraldehyde is the safer hypnotic where a continuous action is desired.

*Second.* That paraldehyde has a wider range of application in mental disease than sulfonal.

*Third.* That in the insomnia of acute or chronic disease, where pain, cough, dyspnoea or fever exists, sulfonal is less effectual than paraldehyde.



*Fourth.* That in all depressed mental states sulfonal acts ineffectively, and *acute melancholia should be a contra-indication to its use*, while in maniacal conditions it is more satisfactory than paraldehyde.

*Fifth.* That the use of sulfonal in general paralysis of the insane should be carefully considered, while in acute melancholia paraldehyde is usually effective.

*Sixth.* That a high degree of physical debility, with insomnia, should contra-indicate sulfonal.

*Seventh.* That in eighteen per cent. of cases, various degrees of sulfonal intoxication appear, and that it would seem that the drug is capable of being dangerous to life, and that therefore the commencing dose should be small, some persons being extremely sensitive to its influence.

*Eighth.* In some cases sulfonal seriously interferes with the normal bodily secretions, while paraldehyde does so to a very much less extent.

The various amusements so often described in former reports have continued as heretofore.

The following rules, regulating the Asylum uniform clothing, have been added to the code of rules governing the department:

#### GENERAL RULES.

I. The following employes, while on duty, are required to wear the uniform prescribed for their respective grades of service:

Supervisors,	Assistant Supervisors,
Patrolmen,	Patrolwomen,
Night Nurses,	Attendants.

Other employes, required to be specially or partially uniformed, will wear such clothing or portions of uniform, and have such designation, as may be assigned them by the Medical Director.

II. All uniforms must be made from cloth of the standards adopted and prescribed for the various grades of employes.



III. All attendants shall be in full uniform after half-past nine o'clock in the morning.

IV. No person shall be permitted to change the character of the uniform in any particular.

V. In order that a neat and presentable appearance may be maintained, it will be expected that two uniforms a year to each person will be generally worn, and the practice of purchasing second-hand garments will not be permitted until permission is obtained from the Assistant Physician having charge of the ward in which the attendant has been placed on duty.

VI. The Supervisors are responsible for the neat appearance of the men and women under their charge, and will, at all times, decide, after consultation with the Medical Director, when uniform clothing shall be renewed.

VII. The male employes shall wear their uniform to all entertainments; the women will wear the cap only.

VIII. When excused for leave of absence beyond the grounds the uniform may be laid aside, but, if worn, the brass buttons and badges are to be removed.

#### DESCRIPTION OF UNIFORMS—MEN.

##### *Supervisors and Assistant Supervisors.*

*Coats.*—Material, regulation blue cloth; double-breasted sack, with square corners; skirt to extend to end of thumb when the arm hangs naturally by the side; four buttons on each breast, to be worn closed on all four buttons; two buttons and vent at the end of sleeve; rolling collar; one inside breast pocket. (The Supervisor will wear a three-stripe chevron, and the Assistant Supervisors a two-stripe chevron on sleeve.)

*Vests.*—Material, regulation blue cloth; single-breasted; rolling collar; six buttons; to close high in winter and medium in summer; four outside pockets.

*Trousers.*—Material, regulation blue cloth; cut straight in the leg; medium width; French or side pocket, as preferred; one or two hip pockets, as desired; black silk stripe down the side.



*Caps.*—Made of blue summer-weight cloth; two and one-half inches high; gilt cord around the front; one small regulation button on each side.

*Attendants' Uniforms.*

*Coats.*—Material, regulation blue cloth; single-breasted sack, with square corners; skirt to extend to the end of thumb when the arm hangs naturally by the side; five buttons on front, to be worn closed on all buttons; no lapel; rolling collar; no vent at end of sleeve; regulation green cord, "V" shaped, on the lower part of the sleeve, three inches from the wrist; no outside and one inside breast pocket; edges of collar bound with regulation green cord.

*Trousers.*—Material, regulation blue cloth; cut straight in the leg; medium width; French or side pockets, as preferred; one or two hip pockets, as desired; regulation green cord down side of trouser leg.

*Caps.*—Material, blue cloth; patent leather band around the front; in other respects the same as the Supervisors'.

*Patrolmen.*

Same as for the Attendants, with the addition of a silver badge.

*Night Nurses.*

Same as for the Attendants, throughout. Buttons to be put in with eyelets, so that they can be removed, and black buttons to be furnished with suit.

FEMALE ATTENDANTS' UNIFORMS.

The Female Attendants' uniform consists of a white muslin apron, made of 6-4 muslin, with bib and shoulder straps, buttoning to the belt at the back; made plain, with a six-inch hem on the bottom, and a round pocket placed on the right side.

The cap will be made of Swiss muslin, and will be cut according to the standard pattern in the Supervisor's office; the Supervisor will then give it to the Attendant to be made up.

Dr. Gilbert B. Pfoutz severed his connection with the Asylum in May last, with the view of entering private practice. The vacancy



was filled by combining the duties of Fourth Assistant Physician and Pathologist.

I take pleasure in reporting that my assistants have labored with their usual zeal and fidelity to promote the efficiency of their respective departments.

In closing my report, I take this opportunity to acknowledge my indebtedness to you, gentlemen, for your personal and official confidence. In all my duties I recognize my responsibility, and I have endeavored to carry out with fidelity your instructions and looking only to the welfare of those placed under our care.

Respectfully submitted,

H. C. HARRIS.



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PATHOLOGICAL SUPPLEMENT.

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(61)



PATHOLOGICAL SUPPLEMENT.



## PATHOLOGICAL SUPPLEMENT.

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### *To the Medical Director :*

The following is the second report of the Pathological Laboratory, which at the close of the year ending October 31st, 1890, it becomes my duty to present :

During the past year an additional room has been added to the laboratory and has proved a decided convenience in the arrangement of specimens and in furnishing more light for microscopical work. Some additions to the apparatus of the laboratory have been made, including an improved freezing apparatus for making fresh sections. I would, however, strongly recommend further additions, including a small microscope stand and additional high-power lenses. Another cabinet for the storing of mounted specimens is also urgently needed.

During the year thirty-six (36) post-mortem examinations have been made. The following four cases of acute delirious mania are deemed worthy of record and are herewith presented :

### CASE I. MALE, AGED 27 YEARS.

*Clinical Note.*—Native of New Jersey ; one sister insane. Attack supposed to be due to alcoholic excess. Was a healthy laborer previously. Mania commenced suddenly, and was soon typhoid in type. Died exhausted, with failure of the circulation and œdema of the lungs in the eighth week of the disease. No motor paralysis present during life.

Autopsy twelve hours after death. Body emaciated and rigor mortis present.

*Brain.*—Scalp normal. Skull symmetrical. Calvarium unusually thin. Dura mater not abnormally adherent and normal in texture. Upon removing it a layer of semi-clotted blood was spread over left hemisphere, thickest in the midparietal region. The pia arachnoid was intensely congested. The veins of the pia were enormously dis-



tended and patches of fine capillary injection were scattered everywhere over vertex. The pia was not adherent to the brain convolutions. The ventricles were full of bloody fluid and a little distended. The sinuses were full. The choroid plexus and veins of the velum were large and tortuous. On section the brain substance was deeply congested, the cortical portions were deeply colored in patches, the puncta vasculosa were prominent, and numerous capillary hemorrhages were scattered throughout the brain, being most numerous in the region of the left optic thalamus.

The cerebellum was similarly congested. A study of the convolutions revealed no abnormality in type. Weight of brain, forty-eight ounces. With the exception of pulmonary cedema and hypostasis, with hepatic and renal congestion, no other gross lesions noted.

*Microscopical Examination of the Cortex.*—The layers were easily differentiated. The nerve cells generally were swollen, and their nuclei appeared relatively large. In the first and fifth layers, especially, branching neuroglia cells were numerous along the perivascular sheaths and around the larger nerve cells. The vascular and lymphatic engorgement, with a commencing proliferation of cells of the neuroglia, were the chief appearances seen.

#### CASE II. MALE, AGED 35 YEARS.

*Clinical Note.*—Laborer. Father insane. Disease followed "La Grippe." Commenced suddenly after a few days' depression. Death occurred on the tenth day of the disease.

Autopsy eight hours after death. Body much emaciated. Rigor mortis moderately marked.

*Brain.*—Scalp normal. Calvarium thick, with increased diploe being relatively light in weight. Dura easily separated. Dural vessels deeply congested, and over both parietal regions slight reddish stains were seen on its under surface. The arachnoid was milky. The pia mater was not adherent to the convolutions. The vessels of the pia were engorged, and everywhere a fine injection of smaller vessels was noted. The ventricles contained an excess of fluid, slightly blood tinged. The ependyma and choroid plexus presented no lesions beyond hyperæmia. On section, rosy mottling of cortex and medullary substance was seen, particularly in both parietal regions. The



puncta-vasculosa were prominent and very numerous. Weight of brain, forty-eight and a half ounces.

*Convolution and Fissures.*—Frontal lobes unusually developed and very rich in secondary sulci and "bridging" convolutions. Both ascending rami of the fissure of Sylvius are short, being mere notches, and both horizontal limbs are also shorter than usual. Both interparietal fissures ran irregularly, being quin-radiate star-shaped, and on the left side they communicated freely with the parieto-occipital fissure. The upper third of both ascending frontal convolutions was symmetrically small, depressed beneath the general surface of the brain, and appeared poorly developed.

*Microscopical Examination of the Cortex.*—The pia mater was rich in round cells, and the walls of the vessels showed proliferation of the adventitia nuclei. The layers of the cortex were easily distinguished, and the nerve cells appear normal, with the exception of the largest cells of the motor zone, which seemed abnormally pigmented, and their nuclei relatively enlarged. Some of these cells under a high power (1,200 diam.) were very darkly granular. The blood vessels were engorged with blood and frequent ruptures were noted in fine arterioles just beneath the cortex; here extravasation of the blood elements had occurred and effected a separation, and, in places, a destruction of the nerve fibres. These changes were principally confined to the frontal and parietal sections, but everywhere congestion was evident. The peri-vascular spaces presented occasional varicose enlargements due to collections of round cells, and fine meshes of fibrin.

*Kidneys.*—Both were small and cirrhotic. Weight of right, two and a half ounces; left, two ounces. On section the cortex was diminished, the capsules thickened and firmly adherent, and a few small cysts throughout the cortical portions. Microscopically chronic interstitial nephritis. Other organs normal.

### CASE III. FEMALE, AGED 26 YEARS.

*Clinical Note.*—No history of hereditary predisposition. Occupation, silk weaver. Supposed cause, religious excitement. Died exhausted on the fifteenth day of the disease, which commenced suddenly and was complicated prior to death by suppurative parotitis, and constant spasm of the flexor muscles of the arms.

Autopsy thirty hours after death. Body well nourished. Con-



junctivæ deeply injected in spots. Moderate rigor mortis. Parotid glands swollen and infiltrated with purulent pus. The flexor muscles of the arms rigidly contracted.

*Brain.*—Scalp normal. Skull symmetrical, being unusually narrow in the bitemporal diameter and increased in the front occipital and biparietal diameters. Calvarium was of variable thickness, and translucent patches of the size of a quarter-dollar were scattered over both parietal bones. Dura easily detached and normal in texture. The pia arachnoid was slightly opaque, the pia mater was abnormally adherent to the convolution in the posterior frontal and the parietal regions along the median fissure. Pacchionian bodies few and small. Pia was mottled with bright-red areas over the parietal and upper tempero-spheroidal regions. It was universally congested. Brain substance of normal consistence, and on section there was free oozing of blood from the vessels. Pink and yellow dots and streaks were noted in both white and gray matter. The ventricles contained a slight excess of turbid fluid. Ependyma and choroid plexus normal.

*Convulsions and Fissures.*—Primary sulci typically present. Frontal convulsions unusually diversified by secondary fissures and annectant gyri. The left ascending frontal convolution is very small, and is divided into two parts in the middle by a deep fissure. The lower half is unusually small, while the upper portion is well developed.

*Microscopical Examination of the Cortex.*—Everywhere there was extreme capillary engorgement and some increase in the neuroglia, but the chief changes were in the motor zone. In this area there was thickening of the walls of the vessels, varicose enlargements here and there, with frequent extravasations of blood elements along the perivascular sheaths. Everywhere the perivascular spaces were more or less occluded, and in some places enormously distended. The nuclei of the neuroglia were increased. The nerve cells were darkly granular, and their nuclei were very indistinctly visible. The larger cells in the deep layers of the motor cortex contained an excess of pigment and their processes were less apparent than usual, a globular form being very common after many different methods of staining.

*Lungs.*—Edema and hypostasis posteriorly, with lobular emphysema of anterior edges.

*Heart.*—Normal.

*Liver.*—Congested and bile-stained, but no lesion found.



*Stomach.*—Numerous ecchymoses in anterior wall and around the pylorus. Extreme congestion of the otherwise normal mucous membrane.

*Spleen.*—Slightly enlarged. No lesion.

*Kidneys.*—Cyanotic hue. Structure normal under microscope.

#### CASE IV. FEMALE, AGED 20 YEARS.

*Clinical Note.*—Occupation, silk weaver. Cause of attack, worry over a libelous story which her fellow-workers taunted her for some weeks prior to illness. Onset very sudden, preceded by a few hours' depression. Under treatment was slowly improving, when suddenly, in the seventh week, acute croupous pneumonia terminated the case fatally.

Autopsy two hours after death.

*Brain.*—Calvarium of very irregular thickness, but otherwise normal. Along the vertex were very numerous foramina for the transmission of veins. The dura mater was congested, not abnormally adherent to calvarium, and its structure was normal. The pia arachnoid was somewhat opaque. The pia mater was intensely congested, and was not adherent to the brain anywhere. The cerebro-spinal fluid was estimated at four fluid ounces. Veins of pia much distended and very tortuous, but no œdema of the membrane. In the right inferior parietal, left supra-marginal and the inferior portions of the frontal lobes, the pia was light red in patches, and a low-power glass revealed a very finely-injected net-work of vessels. The brain substance was deeply congested, the cortex being mottled with dark-reddish areas over the vertex. The choroid plexus was uniformly congested and œdematous. Ependyma injected, but otherwise normal. The skull was microcephalic but symmetrical. Weight of brain, 41 ounces. The cerebellum was equally congested, but presented no gross lesion.

*Convulsions and Fissures.*—Left ascending frontal convolution is divided transversely near its middle by a deep fissure, which, continuing backward, also bisects the ascending parietal convolution. The right convolutions bounding the fissure of Rolando are very irregular and broken in their course. The left interparietal fissure arises directly from the Sylvian fissure and is prolonged upon the occipital lobe, almost communicating with the parieto-occipital fissure. The



right interparietal fissure also arises directly from the fissure of Sylvius, but posteriorly runs directly into the parieto-occipital fissure. The right fissure of Rolando runs directly into the median fissure. The brain generally was rich in accessory sulci and creases, but no other anomalies were noted.

*Microscopical Examination of the Cortex.*—The large multipolar cells of the motor area presented a swollen granular appearance with great enlargement and segmentation of their nuclei. In some cells the nucleus could not be differentiated from the cell contents, the whole cell being a homogeneous granular mass. An occasional nucleus possessed many nucleoli, staining brilliantly with aniline dyes. On examining their cells fresh, by means of frozen sections, an excess of yellowish pigment was noted in the cell contents deposited in granular masses. Everywhere the neuroglia elements were in excess and the perivascular spaces widened irregularly. The vessel beds did not appear altered. Many of the large cells of the anterior horns of the spinal cord presented similar alterations, in lessened degree, to those observed in the large cells of the motor area of the cortex.

*Heart.*—Normal with exception of right-sided dilatation.

*Lungs.*—Right upper lobe and half the lower lobe posteriorly show acute croupous pneumonia, in the stage of red hepatization.

*Stomach.*—Small and contracted. Numerous punctiform hemorrhages with ecchymotic patches and streaks over the mucous membrane of middle and cardiac zones.

*Liver.*—Intensely congested. No lesions.

*Kidneys.*—Cyanotic. Capsules a little adherent. Connective tissue a little increased. Weight of left six ounces, right five and a half ounces.

These four cases illustrate the marked vascular derangement found in such cases, a distinct tendency for the brains both of a lower morphological structure, and also as will be seen from the above account, they presented distinct changes in the neuroglia and nerve cells. The degree of the latter changes seems largely dependent upon the duration of the disease, as we should naturally expect, when the condition of the vascular and lymphatic systems are considered.

The rarity of some of the alterations in the arrangements of the cerebral cortex renders them worthy of note. From the observations.



alone, conclusions would be vain, and they are only offered as a contribution to the pathology of acute delirious mania.

The following case is also presented as being of interest from the multiplicity of the lesions found, and because in the literature of this subject such cases seem very rare :

CASE XLV. MALE, AGED 20 YEARS.

*Clinical Note.*—Native of New Jersey ; single, and admitted March 17th, 1888. Attacks of petit mal commenced when he was sixteen months old. At age of two years began to have convulsive movements of the left arm in these attacks. As soon as he could talk he described brilliant colors which passed before his eyes for five or ten minutes prior to a fit. When he was four years old, the convulsions, which had steadily become more frequent, extended to the left leg. He continued to have left hemi-epilepsy for some months, and then the convulsions became general epileptic seizures. There is no history of traumatism. There was difficult dentition, but no other cause could be found to explain the lesions presented post mortem.

In his sixteenth year, convulsions became more frequent, and the mind, which had before shown signs of weakness, became decidedly affected. At this time, after an attack of prolonged epileptic status, left facial paralysis and paresis of left side persisted for some days. On March 13th, 1888, had a severe fit, and shortly afterward attempted to cut himself with a knife, then violent post-epileptic mania supervened, and he was admitted here.

The curious prodromes that were observed here were recorded (*Journal of Nervous and Mental Diseases*, June, 1889) as follows : "Almost constantly before an attack he fancies himself in some familiar place, other than where he really is. Sometimes it is at the home of his boyhood, while at other times, it merely refers to an adjoining apartment, in which he has previously been seated. Before other attacks he has a brilliant play of colors before his eyes, which commence as broad bands of bright colors, running in various directions, and then begin to whirl about until unconsciousness ensues."

Suddenly this patient, a very well-nourished boy, began to have a great number of seizures, which developed into an almost constant epileptic status, from which exhaustion, emaciation and death occurred



February 14th, 1890. There were no unusual ocular symptoms present. Violent headache frequently was complained of after convulsions.

Post-mortem examination thirteen hours after death.

*Brain.*—Scalp normal. Calvarium dense, thick and heavy; inner table especially thickened. Dura very strongly adherent to skull everywhere over convexity. On the right side the adhesion was more marked, and here the dura was much thickened, congested, and was firmly attached to the subjacent membranes. Upon separating with difficulty the dura mater from the pia arachnoid, the latter was found milky, opaque and much thickened, congested and adherent to the brain convolutions for a considerable distance around the lesions about to be described. Elsewhere the dura was smooth and presented no fibrinous or hemorrhagic exudate. The brain substance was not diminished in consistency, and the convolutions were normal in type as far as they remained intact. Arteries were stiff. Intense congestion of right hemisphere around the lesions, which were as follows:

*Right Hemisphere.*—The convolutions of the postero-parietal region, the anterior half of the occipital lobe, and the posterior half of the first and second temporo-spheroidal convolutions were completely gone, their sites being occupied by multiple bony or calcareous tumors which were imbedded firmly in the brain substance to various depths. In the mid-parietal region and over the angular gyrus the membranes were destroyed, and the tumors were free in the brain substance, surrounded by a zone of yellow softening an inch wide. In the superior parietal, the occipital and temporo-spheroidal regions, the growths were imbedded in the brain, attached to the pia mater, and were surrounded by no softening. These calcareous tumors, sixteen in number, varied from the size of a large walnut to a pea, were irregularly round, with spicules over the surface. They were directly connected to the pia, and were not attached to each other.

Upon removing some of the larger ones from the mid-parietal region, an erosion into the lateral ventricle of the size of a fifty-cent piece was discovered, and the choroid plexus and part of the optic thalamus were exposed to view.

These tumors did not invade the ascending parietal convolution except at its middle portion, where one of the tumors had compressed it and displaced it somewhat anteriorly; its substance, however, was intact. The following parts of the right hemisphere were obliterated from pressure and softening. This destruction of brain tissue included



all of the cortex and the white matter to a depth varying from a centimetre to the situation of the lateral ventricle, which, as has been said, was laid open. The destroyed portions were: The posterior half of the temporo-spheroidal lobe excluding its third convolution, the supra-marginal and angular gyri entirely, the anterior half of the occipital lobe, and the remaining portion of the parietal lobe back of the ascending parietal convolution (which was only compressed and displaced), with the exception of a half-inch strip of the parietal lobe bounding the median fissure. The right optic thalamus was superficially softened, as was also the ependyma of the right lateral ventricle, which contained a little reddish fluid.

*Left Hemisphere.*—In the occipital lobe one inch and a quarter from its posterior extremity, was a single bony tumor of the following dimensions: One inch in length, three-fourths of an inch in breadth, and imbedded in the brain to a depth of one and a quarter inches. This one was irregularly oblong, covered by numerous projections, surrounded by a sclerotic area, and attached to the pia mater. There was no softening around it.

No other gross lesions of the brain were noted.

*Microscopical Examination of the Brain.*—(A) Sections taken from decalcified portions of the tumors show them to be composed of poorly-organized connective tissue, originally rich in blood vessels. In places there are aggregations of round cells in the walls of the vessels. In other areas granular debris with masses of hæmatoidin indicate the degenerative changes which ended in complete calcification. The blood-vessel walls throughout presented marked thickening of the adventitia. Patches of intensely-pigmented tissue, of very low grade, some of them containing the products of fatty metamorphosis, are frequent near small arterioles, and suggest strongly a primary hemorrhagic origin for the tumors. Dilated vessels are frequent, and occlusions are also noted, especially at the points where excessive pigmentation exists.

(B) Sections taken immediately around the growths show, in situations where softening had occurred, broken-down nervous tissue, leucocytes, blood pigment, compound granule cells and granular fat; around those tumors which were firmly imbedded in the brain, a zone of sclerotic brain tissue, in which very few nerve elements remained. This firm sclerotic zone was about three lines wide usually, and then shaded off gradually into the surrounding parts.



(C) Sections from the pia mater over and around the lesions show an increase of vessels and round-cell infiltration of their walls. In some places the membrane is thickened by layers of dense connective tissue.

(D) Sections taken from other parts of the brain show the following condition: The frontal lobes present least changes, a moderate sclerosis being revealed. The cells appear unusually small, and their cell processes are partially hidden. The walls of the vessels are a little increased, and the lymph spaces are also larger than usual, and here and there choked.

The parieto-occipital portion of the brain shows a higher grade of sclerosis; the cells of the motor zone are very small; few of the larger ones are seen, and there is marked degeneration of the nerve cells. The principal cellular changes had taken place in the deep layers of the cortex, and here granular degeneration, deposit of pigment in the cells, nuclear enlargement and distortion, shrinkage and obliteration of cells were very well marked, especially in the lower portions of the motor zone, bilaterally, and in the anterior half of the right temporo-sphenoidal lobe. The upper parts of the motor area showed far less cellular degeneration. Everywhere the walls of the vessels were thickened, contained an excess of their nuclei, and the perivascular spaces wide. The first layer of the cortex was also sclerotic everywhere, and richly-branching cells were very numerous.

The white matter revealed an increase in the interfibrillar neuroglia and in places minute round or oval patches of granular detritis and minute oil drops were observed. These patches did not stain. They were numerous in the white matter of the hemispheres and in the pons and medulla. The cerebellar cortex showed sclerosis most marked in the second layer. The cells of Purkinje were largely destroyed.

*Heart.*—Pericardium normal. Chicken-fat clot in left ventricle. Left ventricle hypertrophied. Thickening, retraction, and deposit of lime salts upon the ventricular bases of the mitral segments. Other valves and cavities normal. Coronary arteries healthy and pervious. Weight of heart, ten ounces.

*Kidneys.*—Right kidney fibroid. Weight, six and one-half ounces. Capsule very adherent. Cut with increased resistance. The vessels were prominent to the eye, especially at the junction of medulla and cortex. The cortex measured half an inch in depth. A few small, clear cysts were scattered over its surface. Left kidney almost entirely



obliterated, only a small contracted mass, with a few clear cysts attached, remaining. This measured two inches in length by one inch and a quarter in breadth and one inch in thickness. On section it revealed only mere traces of kidney structure to the eye.

Microscopical examination of the right revealed chronic intestinal nephritis, while section of the left showed only dense bands of connective tissue, a few remnants of tubules and some enormously-dilated glomerular spaces with the Malpighian corpuscle remaining as a small fibroid nodule attached to the capsule. The adventitia of the vessels was remarkably thickened.

The liver, spleen, stomach and intestines and bladder were normal in appearance.

This case, aside from the nature of the lesions, is of interest, as bearing upon the localization of color-perception as laid down by Ferrier and other recent investigators, while the extent to which these regions may be affected without any motor paralysis is also exemplified. The fact that at one point the tumors impinged upon the motor convolutions is a probable explanation of the final long-continued epileptic status which caused death. In connection with the cerebral lesions the condition of the left kidney is worthy of consideration, as a factor in the extensive calcification present. The clear history of this case, and the gradual development of the physical and psychical symptoms evidence the progressive growth of the multiple lesions, and the implication of both sides of the brain. The uneven sclerosis and the changes in the nerve cells were undoubtedly secondary.

In conclusion, I desire to express my appreciation to Dr. Oswald Warner for the valuable assistance he has rendered me in the work of the laboratory.

Respectfully,

CHARLES M. HAY.



detached only a small conical mass with a low clear edge attached remaining. The detached two inches in length by one inch and a quarter in breadth and one inch in thickness. On section it revealed only mass tissue of fibrous structure to the eye.

Microscopic examination of the right testis showed normal structure. While section of the left showed only dense bands of non-nervous tissue a few remnants of tubules and some interstitial tissue. The tubules were filled with the Malpighian corpuscles remaining as a small fibroid mass attached to the capsule. The attachment of the vessels was remarkably distinct.

The liver, spleen, stomach and intestines and bladder were normal in appearance.

This case aside from the nature of the lesion is of interest as showing upon the location of the lesion as laid down by earlier and other cases. In the present case the extent to which these lesions may be altered without any motor paralysis is also established. The fact that at one point the tumor impinged upon the motor cortex is a probable explanation of the final loss of the spinal reflexes which caused death. In connection with the cerebral lesions the condition of the left kidney is worthy of record. It was a tumor in the extensive collection of the renal pelvis and the renal tubules and the gradual development of the disease and the gradual symptoms evidenced the progressive growth of the multiple lesions and the implication of both sides of the brain. The nervous system and the changes in the nerve cells were undoubtedly secondary.

In conclusion I desire to express my appreciation to Dr. Oswald Winter for the valuable assistance he has rendered me in the work of the laboratory.

Respectfully,

CHARLES M. BAY



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RULES AND REGULATIONS  
OF THE  
MEDICAL DEPARTMENT,  
State Asylum for the Insane, Morristown, N. J.

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BY ORDER OF THE MEDICAL DIRECTOR.

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*Approved and Adopted by the Board of Managers, 1890.*

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RULES AND REGULATIONS

MEDICAL DEPARTMENT

State Asylum for the Insane, Morristown, N. J.

BY ORDER OF THE MEDICAL DIRECTOR

Approved and Adopted by the Board of Managers, 1890

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## GENERAL RULES AND REGULATIONS.

### GENERAL RULES.

No intoxicating drinks of any kind shall be used by any one in the Medical Department, unless upon the prescription of the resident physicians ; and no one shall be employed who is known to use them, either at home or abroad.

Nor shall there be any smoking of tobacco in or about the buildings by those in the employ of the Medical Department, except in places designated by the Medical Director. No non-resident shall remain in the Medical Department at night without the knowledge of the Medical Director. No one belonging to the male department, nor any male employes about the premises, shall enter the female department or go upon the ground appropriated to the females, except by express permission. No one employed about the Medical Department shall report abroad the conduct or conversation of any of the patients. All persons employed to attend upon the patients shall give the Medical Director at least one week's notice of their intention to leave. Those leaving without the required notice will forfeit their unpaid wages, but not exceeding those of two weeks.

### VISITORS.

Strangers and others may be permitted to visit the wards of the institution, by permission of the Medical Director, on any day except Sunday (on which day visitors shall not be admitted) between the hours of 10 A. M. and 12 M., and between 2 and 4 P. M. Visitors are expressly forbidden to deliver to or receive from a patient any letter, parcel or package, without the knowledge or approbation of the physicians. Attendants are particularly enjoined to abstain from mentioning to visitors the names of patients, their peculiarities, or any other circumstances respecting them, a knowledge of which might be painful to any person connected with them.



## DUTIES OF THE SUPERVISOR AND ASSISTANTS.

There shall be two Supervisors, male and female, and two Assistant Supervisors in each wing of the Asylum.

SEC. 1. The Supervisor shall have the general charge of the wards, the Ward Supervisors who are his or her assistants, and the immediate supervision of the wards to which they are respectively assigned. They form a corps of sub-officers between the medical staff and the attendants, and they are responsible in a great measure for the order and discipline of the department. It shall be their duty to see that the rules of the Asylum are observed, and that the patients are kindly treated.

SEC. 2. The Supervisor shall make a general tour of the wards before breakfast and such other times during the day and night as will ensure the faithful enforcement of the rules. The Supervisors shall visit their respective wards at the hour designated by the Medical Director. At this hour they shall ascertain the condition of the patients, noting any negligence or improper conduct on the part of the attendants; that the patients are neatly dressed, washed and prepared for breakfast. Any sickness, or any condition of patient or ward requiring the attention of the physicians, they shall report *at once* through the Supervisor.

SEC. 3. The Supervisor and assistants shall be responsible for the general order and cleanliness of the wards, including the passages and stairs leading to them. They shall see that the beds are aired and made; that the bedsteads and bedding are scrupulously clean; that the water-closets are in order; that no food shall be allowed to accumulate in the dining-rooms; that *there are no dirty corners* anywhere, and that everything about the wards and rooms is kept in perfect order and neatness.

SEC. 4. In regard to the attendants, they shall see that they are fully instructed in their duties; that they are kind, painstaking and discreet in their management of the patients; that their time is passed with their patients in caring for, occupying and directing them; that they are in their places on the ward and not in their rooms until after all the patients have retired for the night; that in wards where patients sleep at night in the halls or large dormitories, to see that the attendants in charge of the evening remain at their posts of duty until relieved by the night nurses at nine o'clock. They must report



at once all irregularities in the conduct of attendants or neglect in the performance of duty.

SEC. 5. They shall observe carefully the patients under their charge; that all their wants are attended to; that the clothing provided is equal to the needs of each individual patient, and that it is worn only by the patient to whom it belongs.

SEC. 6. They shall have a record kept of all articles of clothing sent from each ward to the laundry; also, a record of their return. Any deficiency is to be reported to the Assistant Supervisor by the attendants, who shall take charge of any stray articles sent to their wards by mistake and hand them over to the Supervisor. The Assistant Supervisor shall take charge of "accommodation" clothing, and issue the same where it may be needed.

SEC. 7. The Supervisor shall see that sufficient bedding, towels, clothing and other supplies are issued for each ward, and shall keep in a book, prepared for the purpose, a record of all articles supplied. They shall see that all clothing is marked before issued; shall keep a record of clothing received with and issued to each individual patient, under the name of the patient, and upon his or her discharge, shall check off the articles sent with them. Whenever any articles of clothing are left for a patient by his or her friends, they shall also be marked and the list entered in the clothing-book.

SEC. 8. The Supervisor shall receive each patient on admission, introduce him or her on the ward, explaining, as far as the mental condition of the patient will permit, the regulation under which they come. They shall, in conjunction with the Assistant Supervisor of the ward to which the patient is assigned, direct the bathing of the patient on admission, taking care to observe the personal condition and report to the physicians any wound, bruise or cutaneous disease; also, presence of vermin or any extreme untidiness. All money or valuables found with the patient shall be noted in the clothing record, the articles made into a package, marked with the name of the patient, amount of money, or kind of valuables, and brought at once to the office for safe keeping. No articles of jewelry shall be left with the patient, except by special direction of the physicians.

SEC. 9. Where a patient is transferred from one ward to another, the Assistant Supervisor of the ward from which the patient is transferred shall furnish to the Assistant Supervisor receiving the patient, a complete list of all clothing belonging to the patient, taking a receipt



for the same. No patient shall be transferred until bathed, unless otherwise ordered. The soiled clothes shall be tied in a separate bundle and given to the Receiving Supervisor, who shall send them to the laundry.

SEC. 10. The attendant in charge of a ward shall immediately report to the Assistant Supervisor any destruction of clothing or other property, and turn over the same to him or her, giving the name of the patient by whom the damage was done. A damage-book shall be kept by each Supervisor, and all such instances carefully noted. The Supervisors shall keep a record of all damages for the use of the Warden, in making up his accounts.

SEC. 11. The Supervisors shall see that blankets and all articles of clothing not needed in the spring, are neatly put away with camphor, taking an inventory of them, and in the fall shall attend to the unpacking and distributing of the same.

SEC. 12. The Supervisor and Assistant Supervisor shall visit the patients at their meals, and shall see that their food is sufficient in quality, well prepared and distributed, and that the patients are in a tidy condition at the table. They shall especially see that patients, who are from various causes unable to be at table, are waited upon by the attendant, and that their food is not only suitable, but that it is slowly and judiciously fed to them. In the case of those patients having special or sick diet, they shall see that it is received by those for whom it is ordered. If the food sent to the wards be found deficient in quantity, quality or in any other way defective, they shall immediately report it to the Medical Director.

SEC. 13. They shall carry out the directions of the physicians respecting the recreation and occupation of the patients, and to co-operate in every way possible to make employment beneficial to them. They shall guard against patients being exposed to rain and unsuitable weather, and when out of doors they shall see that they are properly clad for the occasion.

SEC. 14. It shall be the duty of the Assistant Supervisors to personally administer all medicines at the time designated by the physicians. They shall see that the patients who may be ordered medicine receive the same, but shall not force any patient to take medicine unless in the presence of the physicians. They shall be at the drug-room for the medicine-tray half an hour before each meal.

SEC. 15. They shall accompany the physicians when on their visits to the wards.



SEC. 16. They shall have charge of the issuing of tobacco to the male patients.

SEC. 17. The Supervisor and Assistant Supervisors shall have charge of the reception-rooms during visiting hours, and may call on one or more attendants to assist, as the case may require. They shall show the friends of patients proper consideration and deference, and shall endeavor to make their visits agreeable, but shall leave medical opinions to the physicians, and confine themselves to such matters as come directly within their province. The friends of patients are not to be taken into the wards without special permission from the physicians.

SEC. 18. They shall thoroughly review the weekly requisition-books and erase any article not needed before bringing the same to the office.

SEC. 19. They must not permit attendants to leave their wards without permission of the Medical Director or Assistant Physicians.

SEC. 20. They shall see that not more than one attendant on each ward is granted leave of absence on any one day (Sunday excepted), and then only by special permission. When leave of absence is granted to an attendant, he or she shall, before leaving, deliver his or her keys to the Assistant Supervisor, or in the absence of the same, to the Supervisor. An attendant returning from leave of absence is not to be given his or her keys, or returned to duty, if there is any evidence that he or she has violated the rules of the institution. Any irregularities in this respect are to be reported at once through the Supervisor to the Medical Director.

SEC. 21. The Supervisors are to keep records of all bruises found on patients, and how they were received, and report weekly the same in writing to the Medical Director.

SEC. 22. With as little delay as possible, after the ringing of the retiring bell, they shall see that all the attendants are in their rooms. All the outer doors of the buildings shall be locked at 8 P. M., excepting those of the main entrances, which will be locked at 10 P. M., and all the lights throughout the wards must then be extinguished except those burning by special permission.

SEC. 23. Night locks are to be opened by them as directed by the Medical Director. They shall make a special round of the wards in the evening, observing as to bedding, special wants, &c. They shall see that after supper the work in the dining-rooms and wards is not



too hurriedly performed, and in assisting patients to retire, that the attendants are, in all cases, kind, gentle and considerate.

SEC. 24. The Supervisor and Assistant Supervisors shall maintain a dignified bearing, devote their whole time to the faithful discharge of their duties, and by every means in their power inculcate gentleness of manner and kindness of heart. They shall, in every possible way, endeavor to promote the general interest of the Asylum, and be at all times in readiness to perform any service required of them by the physicians.

#### DUTIES OF THE WATCHMEN AND NIGHT NURSES.

The watchmen will commence their evening duties at 9 o'clock, at which time they will visit the office to receive their instructions for the night.

The night nurses will be at their posts of duty at this hour, and comply with the directions of the physicians respecting medicine and the care of the patients. While on duty they will be constantly awake, faithful and vigilant.

The patrolmen will visit every part of their department at least every hour during the night, making as little noise as possible, never conversing in a loud tone with anyone, and opening and shutting all doors as quietly as they can.

The watchers must be kind, gentle and soothing in their manner to the patients, and take every means to nurse the sick, tranquilize the excited, allay the fears of the timid, guard from injury the suicidal and epileptic and keep clean the infirm and untidy.

They will supply the patients with water when asked for, and will attend to all of their little reasonable wants.

They will notice any particular or unusual noise in the patients' rooms, will endeavor to ascertain the cause, and if necessary, give them attention.

They will enter on the records provided for the purpose, every particular occurring during the night, the condition of the sick, the suicidal, the epileptic, the restless, the feeble, the untidy, the untrustworthy and *all new patients*, and will also report any irregularities, neglect of duty or violation of rules which may come under their notice.

The watchmen will be careful that all lights in the wards are put



out at 10 o'clock, except those directed to be kept burning during the night in the wards.

They shall be particularly watchful against fire, and, in case of its occurrence, will report it immediately to the Supervisor and Assistant Supervisor without giving a general alarm.

The watchers will be relieved from duty at 6 A. M.

#### RULES FOR BATHING.

The Assistant Supervisors will supervise the bathing of patients. Every patient is to be bathed immediately after admission, and once a week afterward, unless excused by medical order.

Should there be the least doubt as to the advisability of bathing any patient, owing to sickness, feebleness or excitement, the matter should be immediately reported to the medical office.

The name of every patient not having the customary bath is to be reported to the physician.

No patient shall be transferred to one ward from another without being bathed, unless excused by the physician.

To provide against catching cold, the Supervisors will see that the bath and dressing-rooms are sufficiently warmed at bathing-times; otherwise to postpone bathing until the rooms are heated.

Any marks, bruises, wounds, sores, pain or evidence of disease complained of by the patients, or noticed during any of the bathing operations, must be immediately reported to the physicians.

During the use of bath, the room is never to be left by the attendant, except by special permission of the Medical Director. When the room is not in use the door must be kept locked.

Before putting the patient into the bath, observe that the water is of proper temperature. It should not be less than eighty-eight degrees nor above ninety-eight degrees Fahrenheit.

*Never turn on hot water when a patient is in the tub.*

In the bath, the body of the patient is to be well cleansed with soap, and in washing the hair be careful that no soap gets into the patient's eyes. After leaving the water, especial care must be taken to thoroughly dry the patients and clothe them as rapidly as possible. A separate towel must be provided for every one.

Patients' nails will be cleaned and trimmed at this time.



Under no pretense whatever shall a patient's head be put under water.

Not more than one patient to be bathed in the same water.

The bath brush is only used on the feet.

An attendant must not attempt, under any circumstances, to bathe a struggling patient alone.

Cold baths must never be given.

Neither before nor after the bath will patients be allowed to stand about unclothed.

Any lack of warm water, soap, towels, &c., to be reported to the Supervisor.

#### DUTIES OF THE ATTENDANTS.

Attendants are expected to devote their whole time to the Asylum in the performance of the duties enjoined by the By-Laws, or such as may be required of them by the officers.

No attendant shall be permitted to leave the Asylum without the consent of the Medical Director or other proper officer, and when leave of absence has been granted they shall be expected to return at the appointed hour.

All applications for leave of absence must be made through the Supervisor, who will keep a record of all absences.

They must expect a constant observation of the manner in which their respective duties are performed; they shall strive unceasingly to promote the welfare of the Asylum, and use their utmost exertion to render all those entrusted to their care contented and comfortable.

They shall be careful at all times to set a good example and shall take every proper opportunity to inspire the patients with respect for and confidence in the officers, and to convince them of the true character of the institution and its leading object, the promotion of the restoration and comfort of its patients.

In all their intercourse with the patients the attendants shall treat them with respect and civility; shall address them in a mild and gentle tone of voice, and shall avoid violence and rudeness of every kind. All civil questions are to be properly answered. All reasonable requests are to be promptly attended to. They are to keep cool under every provocation, and never to scold, threaten or dictate authoritatively, but whenever they desire anything done by a patient shall make a request in a respectful manner. The law of kindness.



must at all times prevail. No attendant will be excused, under any circumstances, for striking, choking, kicking or otherwise maltreating a patient, and *no one* will be excused for failing to report promptly any such case that comes to his or her knowledge. *All* cases of abuse and maltreatment are required to be reported to the Board of Managers, and attendants thus reported are liable to be prosecuted according to law. They shall carefully avoid talking to patients on the subject of their delusions, or in hearing of other patients, and they shall exert their influence to prevent others from talking to them, or of them, on this subject. They shall never allow patients to be laughed at, ridiculed or harshly spoken to, on account of their delusions or the peculiarities of their conduct.

Deception must always be avoided, and no promises must be made which cannot be performed; no attendant shall be permitted to buy from or sell anything to a patient or accept anything from a patient for money or for any other consideration. No excuse will be taken for wearing a patient's clothes.

Attendants shall never give up their keys or allow any person to enter the ward without the permission of the physician, and no male attendant shall at any time enter the female apartment without similar permission. Neatness and cleanliness shall be most scrupulously attended to by attendants, not only in regard to their own appearance, but in the patients and wards under their charge, and failure in these will be considered a neglect of duty.

Visiting from one ward to another, except on business connected with the patients, is not permitted.

They shall see that the doors of the wards and of the rooms are locked at bed-time, and such lights only are to be kept burning as are directed by the physician.

Each attendant is responsible for every patient under his or her care, and is expected to be able, at any moment, to say where such patient may be found.

One attendant must always be in each ward with the patients and must never leave, under any circumstances, until relieved.

Attendants will never retire to their room while the patients are in the wards.

The attendants shall rise in the morning at the hour designated and shall see that the patients under their charge are washed, their hair combed, and that they are perfectly dressed for the day, before breakfast.



They shall also see that the patients are neat and tidy during the day, adjusting their clothes whenever they seem disordered, and changing them whenever, for purpose of cleanliness, it becomes necessary.

The beds and bedding are to be well aired in the morning, and the beds well made; if soiled, they are to be removed and clean ones substituted.

The rooms, halls and stairs to be carefully swept and the floors, walls and windows to be washed whenever required.

The wards are expected to be ready for inspection in every part at the hour specified.

Whenever it may be necessary to lock a patient in his or her room, the fact must be immediately reported to the Ward Supervisor.

At meals, one or more attendants shall always be present, to carve, to distribute food, and to see that all the patients have a sufficient supply, and that they eat in a proper manner. Care must also be taken that no patient carries away from the table a knife, fork, or any other article.

The knives and forks must be counted after each meal, to ascertain if any are missing,

Attendants must never place in the hands of patients, or leave where they can obtain, any razor, knife, rope, cord, medicine, or any dangerous weapon or article.

Neither shall they deliver any letter or writing from or to a patient, without permission of the Medical Director.

No patient shall be taken out of the wards for any purpose by any person, unless on order or permission of the physicians, and, when taken out, he must be returned by the person who took him from the ward.

When a patient complains of being sick, or is supposed to be so, the fact must be reported without delay to the Ward Supervisor.

The shaving will be done by the barber, and no patient shall be allowed to shave himself, except by special permission from the Medical Director.

Attendants shall not be allowed to be in the kitchen, nor in the halls in the basement, nor in the center without permission.

When a person manifests a disposition to suicide, the utmost watchfulness must be exercised.

The times most apt to be chosen for such attempts is on rising in



the morning, at dusk, at meal time, or whenever the attention of the attendant is thought to be diverted. No plausible excuse in such cases should be allowed to throw the attendant off his or her guard. A moment's neglect may lead to as serious consequences as a whole hour.

Whenever a patient escapes, immediate notice is to be given to the Supervisor, and by the Supervisor to the Medical Director, in order that prompt measures may be taken to overtake the individual.

When it is ascertained that a patient has escaped through the negligence or carelessness of the attendant, the expenses incurred in bringing back such patient will be charged to the attendant, but not exceeding one month's wages. When a patient manifests a strong disposition to escape, the vigilance of the attendant must never be relaxed for a moment. Before closing the door of a patient's room for the night, the attendant must be certain that the patient is actually in the room; this ascertained, he should wish the patient good-night, then lock the door, and be sure that the bolt of the lock has properly slipped.

In walking out with patients, the attendant shall avoid going to town without special permission.

Attendants shall, in no case, visit friends of patients, nor receive from them money or presents.

The conduct and conversation of patients must never be spoken of to visitors, nor reported by attendants when absent from the Asylum.

In addition to keeping their wards scrupulously neat and clean, the attendant shall be careful that every unpleasant effluvium is removed promptly whenever discovered, and the air of the ward is kept pure and free.

It is expected that every part of the ward will be at all times prepared for the closest scrutiny.

The clothing of new patients and those coming in from work is to be examined at the earliest opportunity after admission, to ascertain whether there are knives, weapons of any kind, money, tobacco or other forbidden articles upon the person.

When about to leave, attendants shall call at the Supervisor's office and put their keys in the place provided for the purpose, and report themselves to the Supervisor, and in like manner report themselves on their return.

In sending articles of clothing, bedding, &c., to the wash, the



attendant shall make a record in the book provided for that purpose, which shall be sent with the articles to the laundry.

The articles to be washed to be placed in a place designated, so that they may be removed by the laundry car.

The first retiring bell at half-past nine o'clock, and the second at ten o'clock, at which time all lights in the ward will be extinguished, except those directed to be kept burning during the night, and attendants and others are expected to be in their rooms.



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BY-LAWS, FORMS, ETC.

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BY-LAWS, FORMS, ETC.



## EXTRACT FROM THE BY-LAWS.

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### ADMISSION OF PATIENTS.

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#### ORDER OR WARRANT FILED.

1. Whenever a patient is sent to the Asylum by the order of any court, justice or judge, the order or warrant, or a copy thereof, by which such person is sent, shall be lodged with the Medical Director.

#### CLEANLINESS.

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

#### CLOTHING FOR MEN.

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

#### CLOTHING FOR WOMEN.

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

It is very desirable that extra and better apparel should be sent



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with those accustomed to it, that when they become better, and when they attend religious worship, walk or drive out, their self-respect may be preserved.

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

### JEWELRY, ETC.

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

### HISTORY OF CASE.

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

### TERMS OF ADMISSION.

7. The price of board, including washing and attendance, for all who are supported at public charge, is three dollars (\$3) per week. For private patients, or those supported by themselves or friends, the price varies from five (5) to ten dollars (\$10), according to the trouble and expense incurred, and according to their ability to pay. Higher prices are paid by a special agreement with the Warden for extra attention and accommodations. Payments required to be made quarterly, in advance, from date of admission.

### BOND, ETC.

8. A bond, with satisfactory sureties, will be required for the payment of the board and expenses, and for the removal of the patient when discharged, of all persons, except those sent at the expense of the counties.

Those who bring friends should be prepared to give such a bond, and, if strangers, bring evidence of their responsibility.



## FORMS AND DIRECTIONS.

### FOR THE ADMISSION, &c., OF INDIGENT AND PAUPER INSANE PATIENTS.

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#### FORM OF ORDER, ETC., FOR JUDGE.

I, A. B., one of the Judges of the Court of Common Pleas of the county of —, and State of New Jersey, do hereby report that application has been made to me on behalf of C. D., a resident of the (township, ward or borough) of —, in said county, alleged to be insane (and in indigent circumstances or a pauper, as the case may be), and that pursuant to the act of the Legislature in such cases made and provided, I have called before me Dr. —, a respectable physician, and other credible witnesses, to wit (state their names), and having examined them and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me showing the said C. D. to be an insane person, and that — has not sufficient estate to support — under said visitation of insanity.

Given under my hand at —, in the county and State aforesaid, this — day of —, in the year of our Lord one thousand eight hundred and —.

A. B.

#### CERTIFICATE OF PHYSICIAN.

— County, ss.—I, A. B., being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of C. D., of the (township, ward or borough) of —, of said county of —, and that I am of the opinion that — is insane.

A. B., *Physician.*



# FORMS AND DIRECTIONS FOR THE ADMISSION & ON INDIGENT AND PAUPER INSANE PATIENTS

## FORM OF ORDER, ETC., FOR UPRON

I, J. B., one of the Judges of the Court of Common Pleas of the county of \_\_\_\_\_ and State of New Jersey, do hereby report that application has been made to me on behalf of C. D., a resident of the township ward or borough of \_\_\_\_\_ in said county, alleged to be insane and in indigent circumstances or a pauper, as the case may be, and that pursuant to the act of the Legislature in such cases made and provided, I have called before me \_\_\_\_\_ a respectable physician, and other credible witnesses, to wit (state their names), and having examined them and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me showing the said C. D. to be an insane person, and that \_\_\_\_\_ has not sufficient estate to support \_\_\_\_\_ under said violation of sanity.

Given under my hand at \_\_\_\_\_ in the county and State aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_ in the year of our Lord one thousand eight hundred and \_\_\_\_\_.

A. B.

## CERTIFICATE OF PHYSICIAN

County, as \_\_\_\_\_, A. B., being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of C. D., of the township ward or borough of \_\_\_\_\_ of said county of \_\_\_\_\_ and that I am of the opinion that \_\_\_\_\_ is insane.

A. B., Physician



## FORMS AND DIRECTIONS.

### FOR THE ADMISSION, &c., OF PRIVATE INSANE PATIENTS.

#### FORM OF REQUEST.

The undersigned, of the — of —, in the county of —, is desirous of placing in the "State Asylum for the Insane, at Morristown, N. J.," and hereby requests the admission therein of —, a resident of the — of —, who is aged — years, and has been —, is a native of —, in the State of —, and is — of the undersigned.

Dated —, 18—.

#### FORM OF CERTIFICATE OF INSANITY BY A PHYSICIAN.

—, 18—.

I, —, physician, of the township of —, in the county of —, do certify under oath that I have examined into the state of health and mental condition of —, of the township of —, in the county of —, and that — is, in my opinion, insane, and a fit subject to be sent to the State Asylum for the Insane.

Sworn to and subscribed before me this — day of —, A. D. 18—.

#### FORM OF BOND.

Whereas, —, of —, in the county of —, an insane person, has been admitted as a patient into the "State Asylum for the Insane, at Morristown, N. J.;" now, therefore,



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

In witness whereof, we have hereunto set our names this — day of —, in the year 18—.

Name, Residence, P. O. Address.

Name, Residence, P. O. Address.

Signed and sealed in the presence of —.

Sworn and subscribed before me this — day of —, A. D. 18—.

A. B., Judge, &c.

The Chosen Freeholder or Freeholders of the township, ward or borough must then indorse the above order and certificate as follows: "Approved," and sign his or their names as the Chosen Freeholder or Freeholders of the (township, ward or borough) of —, and county of —.



CERTIFICATE OF THE COUNTY CLERK.

State of New Jersey, }  
 \_\_\_\_\_ County, } ss.

I, A. B., Clerk of the county of \_\_\_\_\_, do hereby certify that the foregoing is a true copy of the report and certificate of \_\_\_\_\_, one of the Judges of the Court of Common Pleas of said county, in the case of \_\_\_\_\_, and also the certificate of Dr. \_\_\_\_\_, thereunto appended, as filed in my office; that the foregoing is a true copy of the indorsement thereon, and that (A. B. and C. D.), whose name \_\_\_\_\_ signed to the said indorsal of approval, \_\_\_\_\_ member of the Board of Chosen Freeholders of said (township, ward or borough) in said county, and that said signature \_\_\_\_\_ is in \_\_\_\_\_ proper handwriting.

In witness whereof, I have hereunto set my hand and seal of office, at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 18—.

A. B., Clerk.



CERTIFICATE OF THE COUNTY CLERK

State of New Jersey,  
County of \_\_\_\_\_

I, J. H. Clark, Clerk of the County of \_\_\_\_\_, do hereby certify that the foregoing is a true copy of the report and certificate of \_\_\_\_\_, one of the Justices of the Court of Common Pleas of said County, in the case of \_\_\_\_\_, and also the certificate of Dr. \_\_\_\_\_, Physician appointed as such in my office; that the foregoing is a true copy of the report signed by \_\_\_\_\_, member of the Board of Chosen Freeholders of said township, ward or borough, in said County, and that said signature \_\_\_\_\_ is in \_\_\_\_\_ proper handwriting.

In witness whereof, I have hereunto set my hand and seal of office at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ A. D. 18\_\_.

A. H. Clark



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