Document No. 29.

Twenty-fourth Annual Report

OF THE

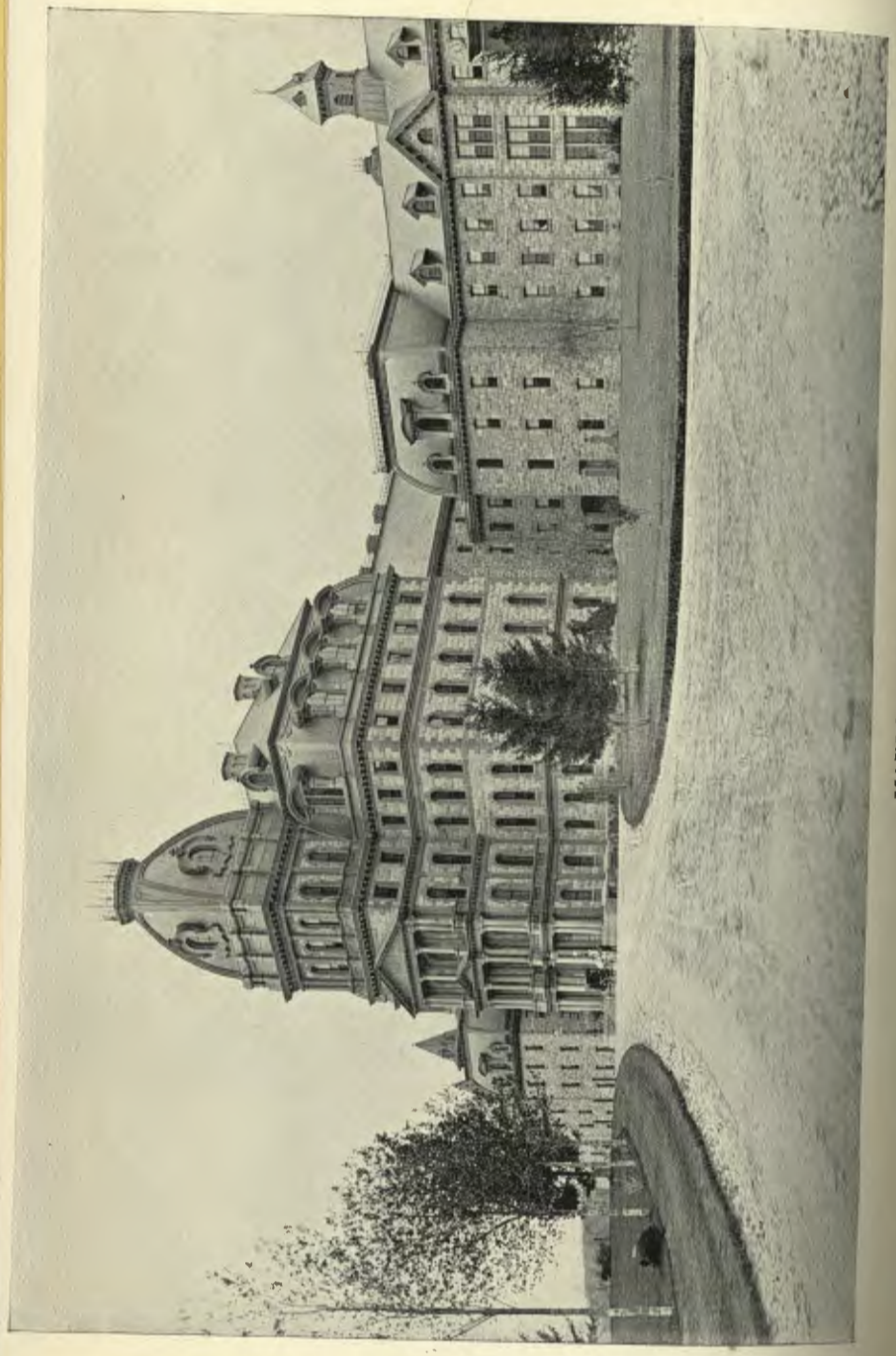
MANAGERS AND OFFICERS

OF

The New Jersey State Hospital at Morris Plains

For the Year Ending October 31st

1899



MAIN BUILDING.

MANAGERS.

PRESIDENT.

GEORGE RICHARDS, ... Dover.

VICE-PRESIDENT.

PATRICK FARRELLY, ... Morristown.

JAMES M. BUCKLEY, D.D., ... Morristown.
ROMEO F. CHABERT, M.D., ... Hoboken.
JOHN C. EISELE, ... Newark.
JOHN A. McBRIDE, ... Deckertown.
DAVID St. JOHN, M.D., ... Hackensack.
JAMES W. SMITH, M.D., ... Paterson.

RESIDENT OFFICERS.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D., ... Medical Director.
ELIOT GORTON, M.D., ... Assistant Physician.
THOMAS P. PROUT, M.D., Second Assistant Physician and Pathologist.
PETER S. MALLON, M.D., ... Third Assistant Physician.
ARTHUR S. CORWIN, M.D., ... Fourth Assistant Physician.

BUSINESS DEPARTMENT.

MOSES K. EVERITT, ... Warden.
GUIDO C. HINCHMAN, ... Treasurer.

Report of the Board of Managers of the New Jersey State Hospital at Morris Plains.

To His Excellency Foster M. Voorhees, Governor of New Jersey:

The Board of Managers of the State Hospital at Morris Plains, in accordance with the law, respectfully submits its report for the fiscal year ending October 31st, 1899, being the twenty-fourth annual report of the institution.

Besides the regular monthly sessions of the Board, numerous meetings of committees have been held at the Hospital and elsewhere, and forty-five additional visits have been made to the institution by individual managers. Arrangements have been maintained whereby some manager has, at all times, been ready to respond to any exigency made known by the Medical Director or by the Warden.

The reports of the Medical Director, the Warden and the Treasurer are herewith submitted, and have been prepared with special care, so as to present to your Excellency answers to every question which the most careful scrutiny would suggest.

From the opening of the institution August 17th, 1876, to October 31st, 1899, 5,443 patients have been admitted, and it is noteworthy as being somewhat unusual that the number of males has exceeded that of females by 201. Of the whole number, 1,175 have been restored to their reason; 1,546 have died in the institution; 440 have been discharged improved and 963 unimproved. The number of unrecovered escapes has not averaged one per annum.

It is important to a proper estimate of the work of the institution to note that forty per cent. of the admissions either die or are discharged within two years, cured or improved.

The rest in time, with the exception of a small minority removed unimproved, become what is known as chronic cases, hence a considerable constant majority in all such hospitals are of this class. They

require, however, special attention since in the aggregate quite a large number recover after five years, and occasionally some who have been deemed hopeless for a much longer period. To ascertain the proportion of recoveries it is desirable to compare the number discharged recovered with those admitted in any given year. This year the total number admitted being 272, and the number discharged restored being 68, shows more than twenty-five per cent., which is one-eighth more than the average during the whole history of the Hospital; a remarkable fact when it is considered that two of those admitted were over 80 years of age, 12 between 70 and 80; 25 between 60 and 70; 38 between 50 and 60, and 61 between 40 and 50; and that 46 suffered from a second, 13 from a third, 3 from a fourth, 1 from a fifth and 5 from a sixth attack.

Of the 272 admitted, only 75 belonged to families in which there had been other cases of insanity. In 125 hereditary taint was positively denied, and in 62 the hereditary history could not be obtained. 109 of these patients were born in New Jersey; 32 in New York; 8 in Pennsylvania; 4 in Massachusetts; 2 in Connecticut; 2 in Virginia, and one each in Alabama, Illinois, Maine, Minnesota, Missouri, Montana, Ohio and Rhode Island. More than half the whole number were of foreign birth. Germany leads the list with 27; Ireland comes next with 25; England has 11; Italy and Scotland each 7; Holland, 6; Switzerland, 5; Sweden, 4; Poland, Hungary and Austria, 3 each; Belgium, Canada, Denmark, Finland, France and Norway, 1 each.

The table of causes of insanity is interesting, but the Medical Director has wisely qualified it by the word "alleged," as many of the assigned causes are shown by experience with patients and observation to be results instead of causes.

Notwithstanding 85 patients were transferred to the Hudson County Asylum during the year ending October 31st, 1896, the close of the next year showed an increase of 89, and of the next 59, and of this year 66.

In addition to insanity, 105 of the 272 cases admitted were suffering from some serious physical ailment which in many instances presaged speedy death. The death-rate, though not large, is between one and two per cent. larger than last year, as a result of an epidemic of dysentery. The Medical Director attributes it to the drouth and inadequate reservoirs, which necessitated

in the dry weather the pumping of water from the stream which feeds the ice-pond. Though there was no certain evidence that this source had been contaminated by drainage or decaying vegetation, the new reservoir will provide an ample supply of water, and eliminate even the suspicion of infection.

The Hospital now contains above *five hundred* more patients than it was built to accommodate, and all the evil effects of over-crowding to which attention has been directed in former reports are intensified.

The only suicide during the past year was a direct result of this over-crowding. A woman who was in the night service, and carefully watched, availed herself of a moment's absence of the nurse, who was compelled to attend to a particularly troublesome patient, and in an unusual manner, described by the Medical Director in his report, ended her unfortunate life.

It was expected that before the close of this year the north wing of the new building for male chronics, could be utilized; but in this the Managers have been disappointed, for while it could be made ready in a comparatively short time, it has been found impracticable to attempt to occupy it until the female department is completed.

There are now 106 epileptics in this institution, an increase of ten over the number of last year. It was hoped that before the expiration of the year, the New Jersey Village for Epileptics would have been able to relieve this institution at this point in some degree, but having failed to receive more than a small part of the appropriation, it is as yet unable to afford this institution and the cause of humanity the relief expected.

That there should be 63 convicts and 23 criminals in the Hospital, whose society has been forced upon those patients who have committed no crime, is a most unsavory fact. These 86 patients with a criminal record, with nearly as many in the institution at Trenton, imperatively call for the erection of a building within easy access of the State Prison, in which they will be securely confined and at the same time adequately treated.

A number of nurses graduated from our efficient training school, which is now in its sixth year, went into the service of the Government. All who applied when such engagement was ended were re-instated.

We respectfully bespeak the special attention of your Excellency to the subject of County Asylums as discussed in the report of the Medical Director.

The diet-list established in this institution has been revised by the medical committee, and approved by the Board. The Managers from time to time have visited the tables, and it is doubted whether a more economical, diversified and nutritious general table can be produced.

For the information of the public and with the approbation of the Board, the Medical Director has embodied in his report a section upon the treatment of the insane, with the view of showing the advantage and necessity, when insanity is clearly developed, of allowing no delay in removing the patients to a properly qualified hospital. The importance of this is emphasized by the fact that 153 of the patients admitted during the past year had been recognized as insane for more than six months before being brought to the Hospital. This is nearly sixty per cent. of the total number admitted. Three patients were admitted who had been insane over two years.

The commitment law enacted by the Legislature of 1897–8, though a great improvement and working satisfactorily in most respects, has been found defective in a few particulars. A bill to remedy these defects will be prepared and presented at the proper time.

Work has progressed steadily during the year upon the new building and the reservoir. The north wing of the new building is nearly completed; work on the south wing is steadily progressing, but much remains to be done. The tunnel connecting the old building with the new, which is expected to diminish greatly the cost of transporting the food-supply of the new building, is far advanced. The heating and lighting plants are not yet introduced.

The reservoir is nearly done and is expected to provide sufficient water at all seasons and enough for any emergency in case of fire. Many improvements have been made under the supervision of the Warden, the cost of which has been lessened by work done by patients designated by the Medical Director, who have themselves enjoyed the change, exercise and scenery, and much improved in health, in some instances regaining their reason, when if left to themselves they would not in all probability have done so.

COUNTY ASYLUMS.

The county institutions for the care and custody of the insane have been inspected, and private institutions for their treatment have been visited and licensed, as the law requires.

HUDSON COUNTY ASYLUM.

At the time of the visit of the Board to the Hudson County Asylum, the number of patients was 575—232 males, 343 females. Of the above, there are three colored—two females and one male. There are 42 employees.

ESSEX COUNTY ASYLUM AND BRANCH AT VERONA.

The number in the Essex County Asylum was 602 patients—241 males, 361 females. Forty-nine employees. There are 13 colored patients—5 males and 8 females. Number of patients in branch at Verona was 248—110 males, 138 females. Eight colored female patients. Total number in both hospitals 852—353 males, 499 females. Total number of colored patients 21—5 males, 16 females.

The visit to the newly-erected institution at Verona gave the Board much pleasure, as it seems to be admirably adapted to its purpose.

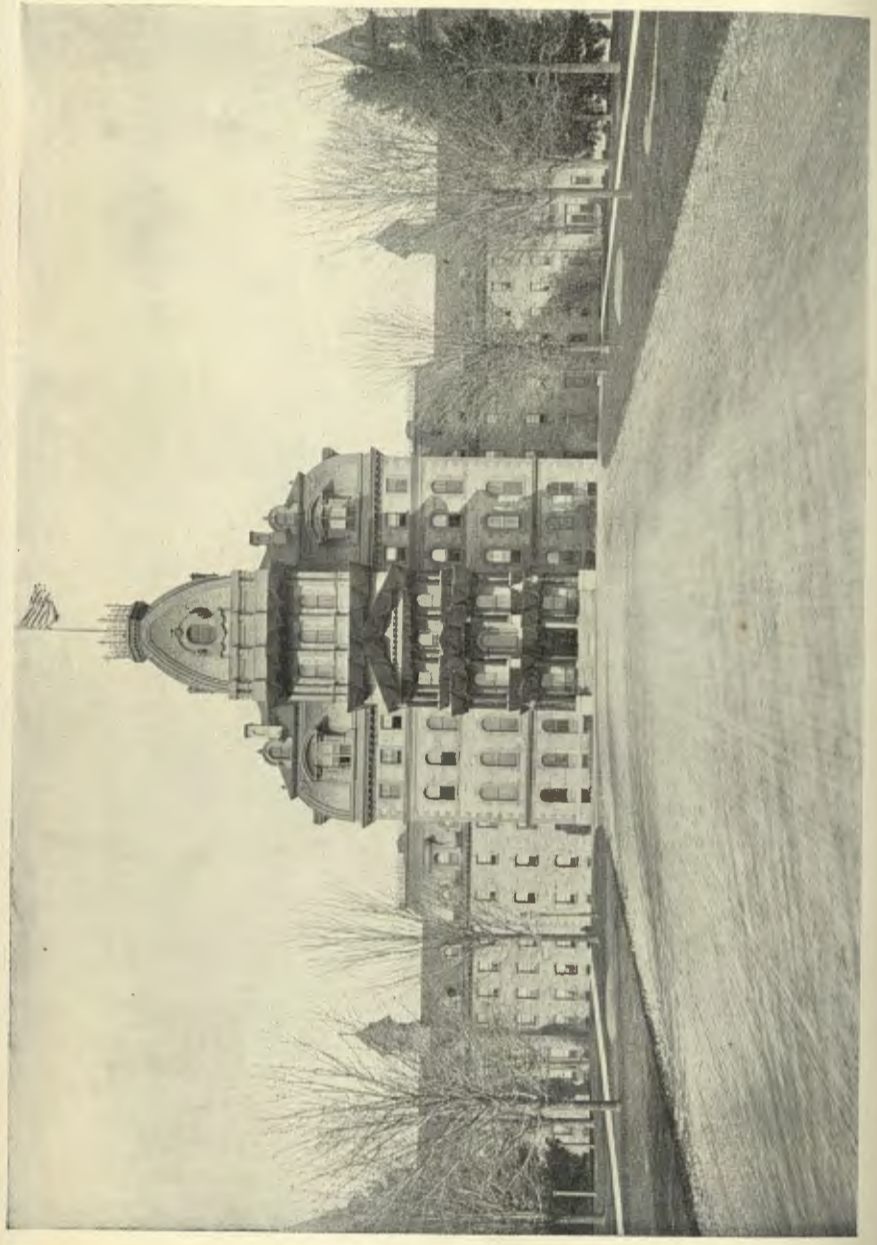
PASSAIC COUNTY ASYLUM.

The number of patients in the Passaic County Asylum was 37—9 males and 28 females. During the year the Children's Guardian Association removed 2 female and 8 male children, and found suitable homes for them. The attending physician is the same.

(Signed)

George Richards,
Patrick Farrelly,
John A. McBride,
John C. Eisele,
James W. Smith, M.D.,
James M. Buckley, D.D.,
David St. John, M.D.,
Romeo F. Chabert, M.D.,
Board of Managers.

REPORT OF THE MEDICAL DIRECTOR.



CENTRE BUILDING.
DRAPED IN MOURNING FOR VICE-PRESIDENT GARRET A. HOBART.

Report of the Medical Director.

To the Board of Managers:

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

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31ST, 1899.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1898	.....	.....	.....	618	618	1236
Patients admitted—						
First admissions	128	112	240	.....	.....	.....
Re-admissions	9	25	32	.....	.....	.....
Total admitted during the year	.....	.....	.....	137	135	272
Total number of patients under treatment during the year	.....	.....	.....	755	753	1,508
Patients discharged—						
Restored	30	38	68	.....	.....	.....
Improved	6	11	17	.....	.....	.....
Unimproved	7	12	19	.....	.....	.....
Died	53	48	101	.....	.....	.....
Eloped	1	.....	1	.....	.....	.....
Total discharged and died	.....	.....	.....	97	109	206
Remaining in the Hospital	.....	.....	.....	658	644	1,302
Of this number there are, Public	577	575	1,152	.....	.....	.....
Private	81	69	150	.....	.....	.....
Total	.....	.....	.....	658	644	1,302
Whole number admitted from August 17th, 1876, to October 31st, 1899	.....	.....	.....	2,822	2,621	5,443
Whole number discharged during the same period of time—						
Restored	595	580	1,175	.....	.....	.....
Improved	471	491	962	.....	.....	.....
Unimproved	206	234	440	.....	.....	.....
Died	874	672	1,546	.....	.....	.....
Eloped	18	.....	18	.....	.....	.....
Total	.....	.....	.....	2,164	1,977	4,141
Remaining October 31st, 1899	.....	.....	.....	658	644	1,302

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1898.									
November	13	7	20	3	4	7	623 03	617.13	1,240 16
December	7	7	14	8	6	14	625.91	621.73	1 247 64
1899.									
January	10	8	18	8	4	12	625.18	624 50	1 249 68
February	9	10	19	4	4	8	631.19	627.19	1,258 38
March	14	21	35	11	7	18	637.00	636.00	1 273 00
April	8	10	18	13	10	23	633.76	641.06	1,274 82
May	15	12	27	6	10	16	635.92	645.64	1 281 56
June	16	17	33	8	9	17	640.12	646.04	1 286 16
July	7	14	21	4	8	12	647.37	656.35	1,303 72
August	14	8	22	9	17	26	651.13	653.57	1,304 70
September	10	9	19	9	8	17	654.86	650.21	1 305 07
October	14	12	26	13	22	35	655.51	645.66	1,301.17
Total	137	135	272	96	109	205	.....	.....	.....
For the year	.....	.....	.....	.....	.....	.....	638.42	638.75	1 277 17

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.	Men.	Women.	Total.
First	105	99	204
Second	26	20	46
Third	4	9	13
Fourth	1	2	3
Fifth	.....	1	1
Sixth or over	1	4	5
Total	137	135	272

TABLE IV.

AGE WHEN ADMITTED.

AGE.	Men.	Women.	Total.
Fifteen to twenty years	6	3	9
Twenty to twenty-five years	14	11	25
Twenty-five to thirty years	12	24	36
Thirty to thirty-five years	13	17	30
Thirty-five to forty years	16	18	34
Forty to forty-five years	25	12	37
Forty-five to fifty years	12	12	24
Fifty to sixty years	19	19	38
Sixty to seventy years	14	11	25
Seventy to eighty years	6	6	12
Eighty years and over	.....	2	2
Total	137	135	272

TABLE V.

NATIVITY OF THOSE ADMITTED.

NATIVITY.	Men.	Women.	Total.
Alabama	.....	1	1
Connecticut	.....	2	2
Illinois	.....	1	1
Maine	.....	1	1
Massachusetts	3	1	4
Minnesota	.....	1	1
Missouri	1	.....	1
Montana	.....	1	1
New Jersey	57	52	109
New York	14	18	32
Ohio	1	.....	1
Pennsylvania	6	2	8
Rhode Island	1	.....	1
Virginia	.....	2	2
Austria	2	1	3
Belgium	.....	1	1
Canada	1	.....	1
Denmark	1	.....	1
England	6	5	11
Finland	1	.....	1
France	.....	1	1
Germany	13	14	27
Holland	2	4	6
Hungary	1	2	3
Ireland	12	13	25
Italy	5	2	7
Norway	1	.....	1
Poland	1	2	3
Scotland	3	4	7
Sweden	2	2	4
Switzerland	3	2	5
Total	137	135	272

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

COUNTIES.	Men.	Women.	Total.
Bergen	19	25	44
Essex	16	14	30
Hudson	13	12	25
Hunterdon	1	.....	1
Morris	14	13	27
Passaic	29	38	67
Somerset	1	.....	1
Sussex	3	6	9
Union	30	18	48
Warren	7	9	16
New York, N. Y.	4	.....	4
	137	135	272

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Men.	Women.	Total.
Single	59	39	98
Married	68	74	142
Widowed	10	22	32
Total	137	135	272

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

OCCUPATION.	Men.	Women.	Total.
Artisans	26	5	31
Broker	1	.....	1
Carpenters	4	.....	4
Clerks	17	1	18
Clergyman	1	.....	1
Farmers	8	.....	8
Housewives	.....	69	69
Housekeepers	.....	11	11
Lawyers	2	.....	2
Laborers	39	.....	39
Merchants	14	.....	14
Mechanics	6	.....	6
Mariners	3	.....	3
Physician	1	.....	1
Seamstresses	.....	2	2
Servants	3	14	17
Students	.....	2	2
Teachers	.....	2	2
No occupation	12	29	41
Total	137	135	272

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

MENTAL DISEASE.	Men.	Women	Total.
Mania, acute	20	18	38
Mania, acute delirious	1	3	4
Mania, chronic	4	7	11
Mania, epileptic	6	.....	6
Mania, puerperal	.....	2	2
Mania, recurrent	1	6	7
Mania, toxic	13	3	16
Melancholia, acute	24	42	66
Melancholia, agitata	1	6	7
Melancholia, chronic	1	5	6
Melancholia, stuporous	.....	4	4
Dementia, epileptic	2	4	6
Dementia, organic	.....	4	4
Dementia, paretic	19	6	25
Dementia, senile	8	9	17
Dementia, terminal	4	2	6
Idiocy	1	.....	1
Imbecility	2	2	4
Imbecility, with epilepsy	.....	1	1
Insane neuroses, hypochondria	8	2	10
Insane neuroses, hysteria	.....	2	2
Adolescent insanity	6	1	7
Choreic insanity	.....	1	1
Pubescent insanity	2	2	4
Paranoia	14	3	17
Total	137	135	272

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

HOW SUPPORTED.	Men.	Women.	Total.
State	22	15	37
County	83	92	175
Private	32	28	60
Total	137	135	272

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

CAUSES.	Men.	Women.	Total.
Physical.			
Congenital	.....	1	1
Cerebral hemorrhage	.....	3	3
Childbirth	.....	9	9
Epilepsy	8	5	13
General ill-health	2	8	10
Heredity	27	37	64
Injury	2	.....	2
Intemperance and other excesses	20	3	23
Masturbation	8	.....	8
Menopause	.....	4	4
Old age	3	6	9
Overwork	3	3	6
Pregnancy	.....	2	2
Sunstroke	2	1	3
Spinal meningitis	.....	1	1
Scarlet fever	1	.....	1
Syphilis	4	.....	4
Tabes dorsalis	1	.....	1
Total physical	81	83	164
Moral.			
Business troubles	5	.....	5
Domestic troubles	2	8	10
Disappointed affections	.....	4	4
Financial reverses	2	.....	2
Fright	.....	2	2
Grief	1	5	6
Religious excitement	4	5	9
Worry	2	4	6
Total moral	16	28	44
Total physical	81	83	164
Total moral	16	28	44
Unassigned	40	24	64
Total	137	135	272

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Men.	Women.	Total.
Anæmia	1	2	3
Arthritis deformans	.....	2	2
Carcinoma of breast	.....	1	1
Chronic cystitis	1	.....	1
Chorea	1	1	2
Enlarged thyroid	.....	1	1
Emphysema	3	5	8
Endarteritis	.....	4	4
Endocarditis	4	33	37
Epilepsy	8	5	13
Hemiplegia	.....	3	3
Hernia	6	3	9
Inanition	1	.....	1
Lipoma	1	.....	
Nephritis	2	8	10
Pulmonary tuberculosis	5	2	7
Pregnancy	.....	1	1
Rheumatism	2	1	3
Scoliosis	1	2	3
Syphilis	8	.....	8
Tabes dorsalis	2	.....	2
Talipes varus	1	.....	1
Uterine or ovarian disease	.....	4	4
Varicose veins	.....	2	2
Varicocele	7	.....	7
Homicidal tendencies	29	19	48
Suicidal tendencies	30	44	74
Without complications	89	74	163

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

TABLE XIII.

HEREDITY OF THOSE ADMITTED.

HEREDITY.	Men.	Women.	Total.
Insanity in family	31	44	75
Hereditary taint denied	66	59	125
Hereditary history unobtainable	40	32	62
Total	137	135	272

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

DURATION.	Men.	Women.	Total.
Under one month	36	41	77
One to three months	29	24	53
Three to six months	7	16	23
Six to twelve months	15	17	32
One to two years	20	7	27
Two to three years	10	8	18
Three to four years	4	3	7
Four to five years	3	4	7
Five to ten years	8	7	15
Ten to twenty years	4	5	9
Over twenty years	1	3	4
Total	137	135	272

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Men.	Women.	Total.
Fifteen to twenty years	3	4	7
Twenty to twenty-five years	2	7	9
Twenty-five to thirty years	2	7	9
Thirty to thirty-five years	5	4	9
Thirty-five to forty years	4	6	10
Forty to forty-five years	3	3	6
Forty-five to fifty years	5	4	9
Fifty to sixty years	3	3	6
Sixty to seventy years	3	.....	3
Total	30	38	68

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month	9	17	26
One to three months	10	10	20
Three to six months	2	6	8
Six to twelve months	4	4	8
One to two years	3	.....	3
Over two years	2	1	3
Total	30	38	68

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month	2	.....	2
One to two months	3	5	8
Two to three months	1	2	3
Three to four months	4	2	6
Four to five months	3	6	9
Five to six months	5	3	8
Six to nine months	4	10	14
Nine to twelve months	2	5	7
Twelve to eighteen months	3	.....	3
Eighteen to twenty-four months	1	.....	1
Over two years	2	5	7
Total	30	38	68

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

MENTAL DISEASE.	Men.	Women	Total.
Mania, acute	6	12	18
Mania, chronic	2	.....	2
Mania, epileptic	1	.....	1
Mania, puerperal	.....	2	2
Mania, recurrent	.....	3	3
Mania, toxic (alcoholic)	6	.....	6
Melancholia, acute	12	15	27
Melancholia, chronic	1	2	3
Melancholia, recurrent	.....	1	1
Melancholia, stuporous	.....	1	1
Adolescent insanity	1	.....	1
Choreic insanity	.....	2	2
Pubescent insanity	1	.....	1
Total	30	38	68

TABLE XIX.

AGE AT DEATH.

AGE.	Men.	Women.	Total.
Twenty to twenty-five years	2	.....	2
Twenty-five to thirty years	2	3	5
Thirty to thirty-five years	4	4	8
Thirty-five to forty years	5	2	7
Forty to forty-five years	5	3	8
Forty-five to fifty years	4	5	9
Fifty to sixty years	7	8	15
Sixty to seventy years	6	10	16
Seventy to eighty years	13	8	21
Eighty to ninety years	5	5	10
Total	53	48	101
Average age at death	55	57	56

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

MENTAL DISEASE.	Men.	Women	Total.
Mania, acute	3	1	4
Mania, acute delirious	1	2	3
Mania, chronic	5	2	7
Mania, toxic (alcoholic)	.....	1	1
Mania, recurrent	1	2	3
Melancholia, acute	1	2	3
Melancholia, chronic	3	1	4
Melancholia, stuporous	1	.....	1
Dementia, organic	1	6	7
Dementia, paretic	13	6	19
Dementia, senile	14	9	23
Dementia, terminal	7	14	21
Imbecility with epilepsy	1	1	2
Pubescent insanity	2	.....	2
Paranoia	.....	1	1
Total	53	48	101

TABLE XXI.

CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Mania—							
Acute, with acute cystitis	1						1
Acute, with chronic endocarditis		1					1
Acute, with rupture of bladder	1						1
Acute, with tabes dorsalis	1						1
Acute delirious, with dysentery		1					1
Acute delirious, with exhaustion	1	1					2
Chronic, with acute enteritis	1						1
Chronic, with acute enterocolitis		1					1
Chronic, with chronic endocarditis	1						1
Chronic, with pulmonary tuberculosis	1	1					2
Chronic, with purulent meningitis	1						1
Chronic, with septicæmia	1						1
Toxic (alcoholic), with pneumonia		1					1
Recurrent, with dysentery		1					1
Recurrent, with exhaustion		1					1
Recurrent, with pneumonia	1						1
Melancholia—							
Acute, with dysentery				1			1
Acute, with chronic endocarditis			1				1
Acute, with exhaustion				1			1
Chronic, with acute enterocolitis			1				1
Chronic, with pneumonia			1				1
Chronic, with pulmonary tuberculosis			1				1
Chronic, with strangulation				1			1
Stuporous, with exhaustion			1				1
Dementia—							
Organic, with cerebral hemorrhage						3	3
Organic, with cerebral tumor						1	1
Organic, with chronic endocarditis						1	1
Organic, with exhaustion					1	1	2
Paretic, with acute gastro-enteritis					1		1
Paretic, with chronic nephritis						1	1
Paretic, with chronic cystitis					1		1

TABLE XXI.—*Continued.*

CAUSES OF DEATH.

CAUSES.	MANIA.		MALANCHOLIA.		DEMENTIA.		Total
	Men.	Women.	Men.	Women.	Men.	Women	
Dementia—							
Paretic, with convulsions					4	1	5
Paretic, with exhaustion					5	4	9
Paretic, with pneumonia hypostatic					1		1
Paretic, with pulmonary abscess					1		1
Senile, with acute colitis					1		1
Senile, with acute enteritis					2		2
Senile, with chronic cystitis					1		1
Senile, with chronic endocarditis					2	3	5
Senile, with chronic nephritis						1	1
Senile, with dysentery						3	3
Senile, with exhaustion					5	2	7
Senile, with pneumonia					2		2
Senile, with senile gangrene					1		1
Terminal, with cerebral embolism					1		1
Terminal, with cerebral hemorrhage						1	1
Terminal, with carcinoma of breast						1	1
Terminal, with chronic cystitis						1	1
Terminal, with chronic endo carditis					2	2	4
Terminal, with chorea						1	1
Terminal, with dysentery						4	4
Terminal, with exhaustion					2	1	3
Terminal, with pulmonary oedema						1	1
Terminal, with pulmonary tuberculosis					1		1
Terminal, with pneumonia					1	2	3
Imbecility with epilepsy, pneumonia					1		1
Imbecility with epilepsy, status epilipticus						1	1
Pubescent insanity, with pneumonia					1		1
Pubescent insanity, with tuberculosis					1		1
Paranoia, with pneumonia						1	1
Total	10	8	5	3	38	37	101

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

YEARS.	Men.	Women.	Total.	Increase
October 31st, 1876	159	183	342	.....
October 31st, 1877	216	229	445	103
October 31st, 1878	227	253	480	35
October 31st, 1879	248	279	527	47
October 31st, 1880	277	309	586	59
October 31st, 1881	310	331	641	55
October 31st, 1882	321	346	667	26
October 31st, 1883	330	377	707	40
October 31st, 1884	371	374	745	38
October 31st, 1885	415	414	829	84
October 31st, 1886	415	441	856	27
October 31st, 1887	434	439	873	17
October 31st, 1888	463	441	904	31
October 31st, 1889	427	430	*857	.....
October 31st, 1890	450	436	886	29
October 31st, 1891	455	443	898	12
October 31st, 1892	471	478	949	51
October 31st, 1893	500	500	1009	60
October 31st, 1894	520	530	1050	41
October 31st, 1895	541	575	1116	66
October 31st, 1896	538	550	†1088	.....
October 31st, 1897	593	584	1177	89
October 31st, 1898	618	618	1236	59
October 31st, 1899	658	644	1302	66

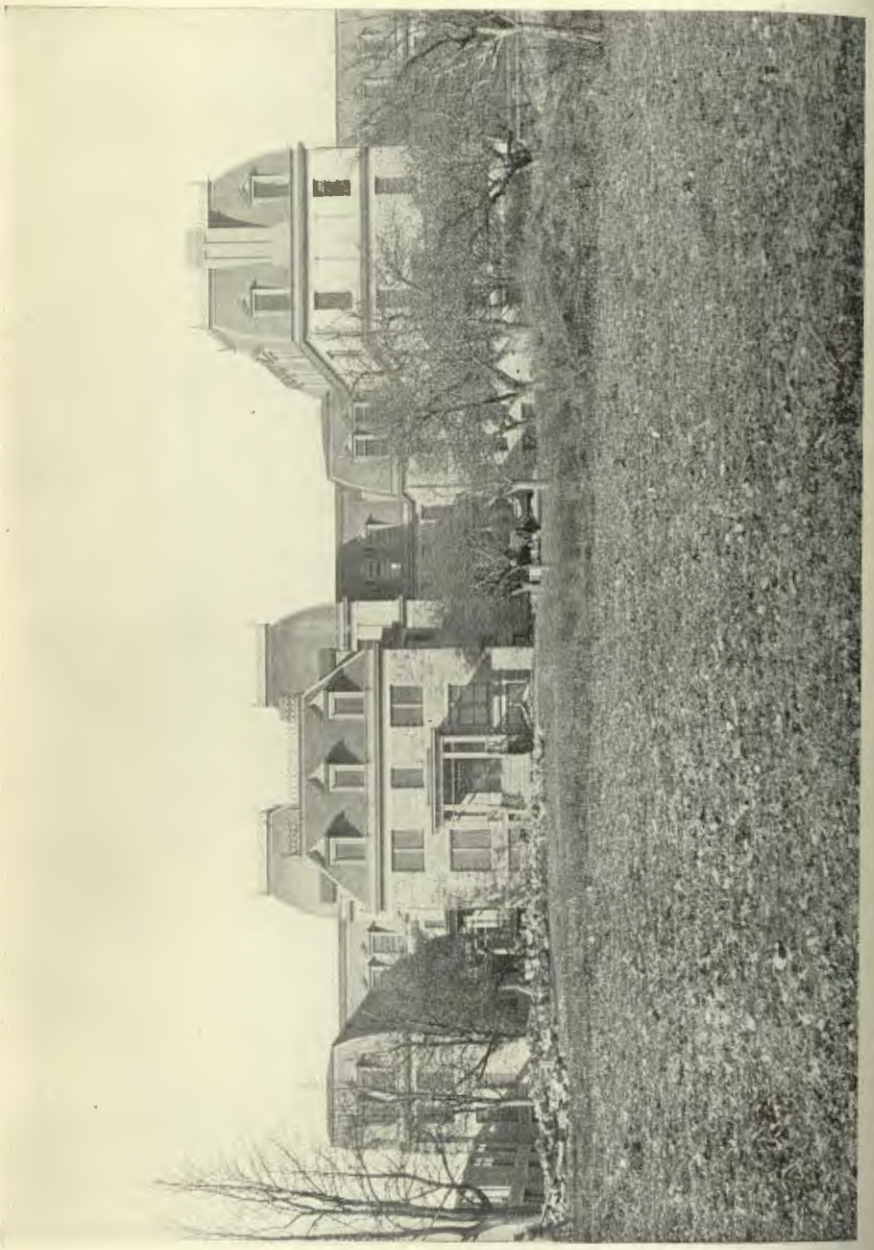
*One hundred patients transferred to Essex County Hospital.
†Eighty-five patients transferred to Hudson County Asylum.

RESUMÉ.

The census at the close of the Hospital year showed an insane population of 1,302—658 men and 644 women, a gain of 66 over the number at the close of the last fiscal year.

There were 272 patients admitted during the year—137 men and 135 women, 240 of which were admitted for the first time and 32 of which were re-admissions. The nativity of those admitted was as follows: New Jersey, 109; other parts of the United States, 56; foreign birth, 107. Two hundred and sixty-eight were residents of New Jersey and four were non-residents. Sixty-eight patients were discharged as recovered—30 men and 38 women.

The percentage of recoveries, based on the number admitted, was 25 per cent. This is a good ratio of recovery, when the fact is con-



NEW BUILDING.
SHOWING COMPLETED MALE WING.

sidered that no permanent improvement or recovery could be expected in a large number, owing to the form of mental disease from which they were suffering. In Table XII are recorded the various bodily disorders of those admitted. It shows that 105 of the 272 cases were suffering from some serious physical ailment. Table IX shows that no benefit could possibly be expected in the mental condition of 81 of the 272 admissions. If, therefore, our percentage of recoveries should be based on the number admitted who were in good physical condition it would be over 40 per cent.; or, deducting the 81 incurable cases, and not considering the physical condition, the recoveries would be 36 per cent.

The number under treatment during the year was 1,508—755 men and 753 women. The number of deaths (101) is 6.6 per cent. of the number under treatment. This is a low death-rate. It is, however, 1.2 per cent. higher than last year, and may be accounted for in a measure by the epidemic of dysentery which ravaged the Hospital during the month of August, and was rapidly fatal to the aged and infirm.

The mental disease of those who died is set forth in Table XX and the mental disease with the immediate cause of death is tabulated in Table XXI.

The annexed statistical tables are full and complete and show the result of the year's work.

The following is the official classification of those remaining in the Hospital October 31st, 1899: Indigent, 1066; Pay, 150; Criminal, 23; Convicts, 63; making a total of 1302.

It is with satisfaction that I record the fact that there has been no case of scarlet fever since the epidemic recorded in the last annual report. It is a well-established fact that scarlet fever will recur at almost stated intervals in places where it once gains a foothold, especially in large hospitals. I am convinced that the thorough disinfection of every part of the Hospital last spring has been a factor in its non-recurrence.

During the month of August we suffered from an epidemic of dysentery which attacked both male and female wings simultaneously. It was unusually severe and fatal in the old and feeble. While no special cause could be ascertained it was attributed to the water-supply, which, owing to the protracted dry weather, had become low in the reservoirs. The supply also had to be supplemented by pumping from the stream

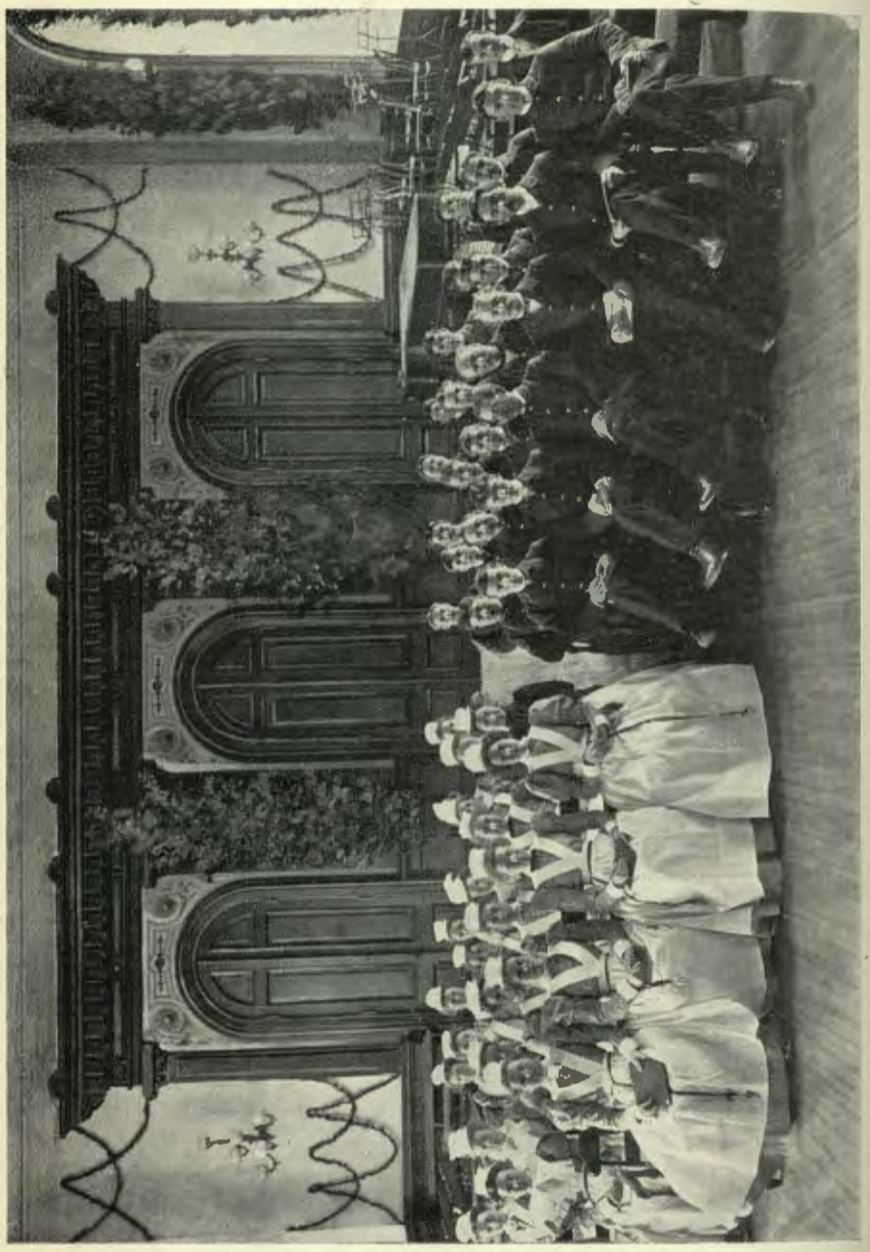
which feeds the ice-pond. We were unable to determine whether this source had become contaminated by decaying vegetation or from the drainage in its vicinity. The new reservoir, recently completed, will eliminate even the suspicion of infection from the latter source. At the inception of this epidemic, however, all the drinking-water used on the wards was taken from the hot-water faucets and cooled with ice. With this exception the health of the Hospital during the year has been remarkably good.

OVER-CROWDED CONDITION OF THE HOSPITAL.

In my last report I called attention to the over-crowded condition of the Hospital and confidently expected that before the close of another year we would be able to utilize the north wing of the new building for male patients, thereby relieving the congested condition of the male wards of this building. In this we have been disappointed. While the north wing of the new Hospital could be made ready in a comparatively short time to receive patients, it has been found impracticable to occupy it until the female department is also completed. The work on this wing has progressed very slowly, owing in part to the unlooked-for delay in obtaining the necessary iron work, and the outlook is that it will be another year at least before the building will be ready for occupancy. This is to be regretted, as it becomes a problem how to place and care for our ever-increasing numbers. During the past year we have been obliged to place more beds in the rooms and dormitories already crowded and to fill the parlors, or patients' sitting-rooms in all but three of the wards on each wing. These also will have to be sacrificed for the same purpose during the coming year, should our number increase at the same yearly ratio that it has in the past.

The evils and dangers of over-crowding have been detailed in former reports and we have been very fortunate in having had but one casualty to record; that of a woman who, although under the night service and carefully watched, eluded the vigilance of the night nurse by hanging herself to an outer window guard with the napkin she was wearing during her menstrual period, while the night nurse was attending to a particularly troublesome patient.

TRAINING SCHOOL AT LECTURE.



TRAINING SCHOOL ASSEMBLED.

EPILEPTICS.

We have gained 10 epileptics during the past year, making a total of 106. While it would be unwise and impracticable to have all these provided for at once by the New Jersey Village for Epileptics, it is to be hoped that this new institution will be able to relieve us during the coming year of at least a portion of this number.

CRIMINAL AND CONVICT INSANE.

The year closed with 63 convicts and 23 criminals in the hospital, a total of 86 patients with a criminal record.

In previous reports I have called attention to the constantly increasing number of this undesirable class of insane, and I again repeat that their presence in a State hospital is a constant source of apprehension and embarrassment.

I would again recommend that the convict and criminal insane be cared for in a building set apart specially for them. Such building should preferably be located near the State Prison grounds; and as the State now supports them in its State Hospitals no additional expense would therefore be incurred in caring for them separately.

TRAINING-SCHOOL.

The training-school for nurses is now entering upon its sixth year, and the Hospital continues to reap the benefit of an improved and more intelligent service. At our last examination two men and three women were graduated, making a total of 31 men and 41 women who have been granted diplomas.

All nurses who went into the service of the government a year ago, and who re-applied when such service was finished, were reinstated. A schedule of lectures has been made, and the commencement exercises for the next class will be held on May 23d, 1900.

PATHOLOGICAL WORK.

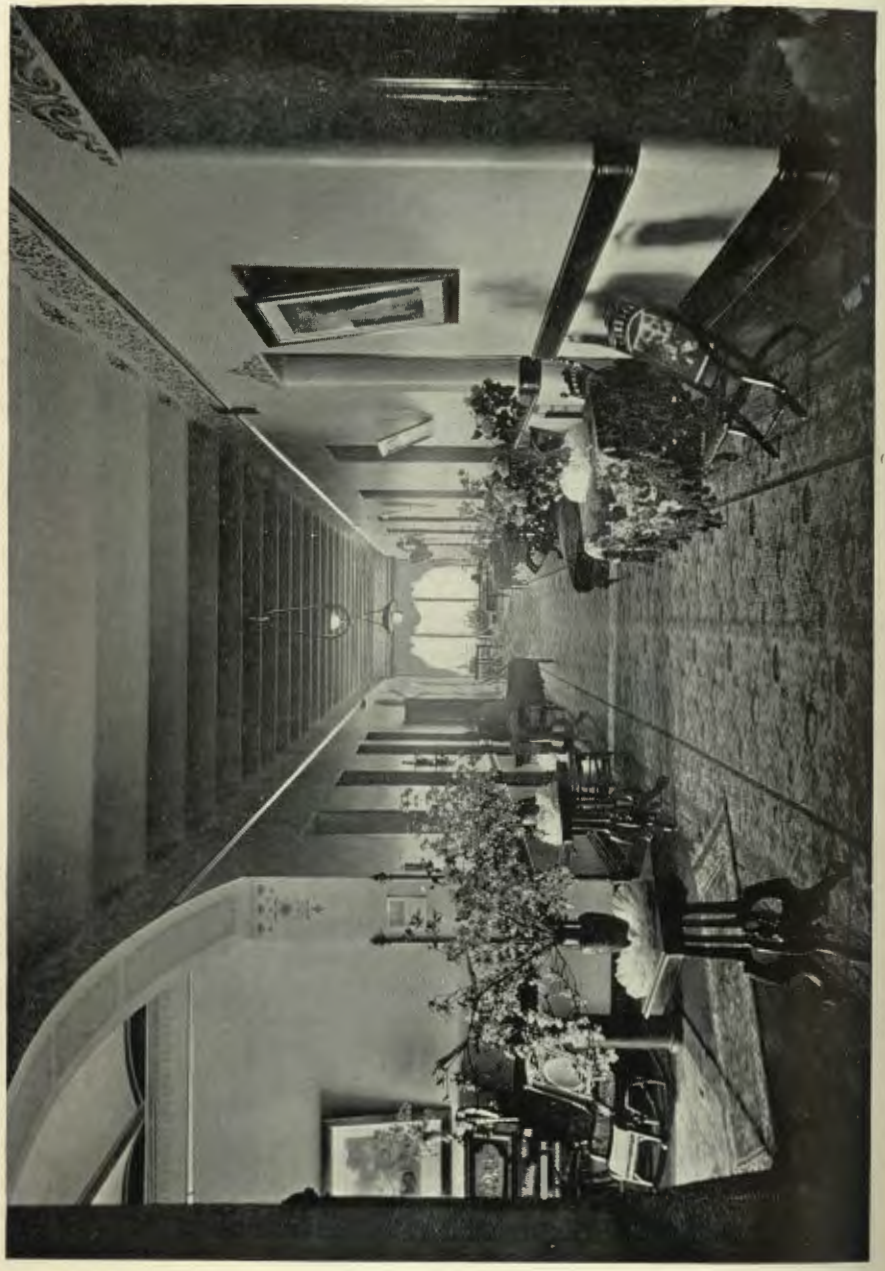
The pathological department continues to maintain its high standard of excellence and has been an important aid to diagnosis and treatment.

The result of the necropsies have been carefully studied and will be found in the pathological supplement. Dr. Prout's observations on the pathological lesions found in cases of paretic dementia verify his work along this line and published in last year's report, and together they form a valuable contribution to the literature of this subject.

COUNTY ASYLUMS.

The question of building county asylums, and the removal of patients from the State Hospitals to such asylums, on the plea of a cheaper maintenance, has been discussed and agitated during the past year in several counties. It is sincerely to be hoped that no such action as contemplated will be taken. It is a step backward and far behind the most enlightened conceptions of the treatment of the insane to-day. The herding of insane persons in almshouses with children and paupers is earnestly to be decried. The influence is bad and the result is bad. It is an experiment which has been tried in England, and in various States of this country, and discarded as unsafe, impolitic and unwise. Under the existing laws of New Jersey it is impracticable. In the few States of the Union in which this principle is still in force, special laws have been enacted to safeguard the interests of the insane. It is gratifying that in most of the States it has been prohibited by law. It should be, not how cheaply, but rather how well, can we care for these unfortunates, with the expectation that as our knowledge of insanity increases, and its treatment improves, a larger percentage than ever may be restored to reason, and again made self-supporting members of the community. The object of an institution should be the study and treatment of insanity, and not the mere detention of lunatics.

In New Jersey the county asylums receive $2 per week from the State for the maintenance of each insane person committed to their care, while the State institutions receive but $1 per week from the State Treasury for each patient from those counties not having asylums. This discriminates against those counties not having asylums and offers them a premium to build. At a time when the State was not equipped to care properly for its insane population, this matter of offering each county a premium for caring for its indigent insane was perhaps admissible, but it is not so now. It is a matter of record that in some States where this policy has been carried out for any length of time



WARD FOR WOMEN.

the confidence of the State has been abused, and such asylums have been run as part and parcel of the county political machine. The principle is wholly wrong, and under our existing laws this State has absolutely no guarantee that its beneficence will at all times be properly expended.

AMUSEMENTS AND EMPLOYMENTS.

The results brought about in the improved mental condition of a number of patients during the past year tends to confirm the wisdom of placing amusements and exercise in the front rank as remedial measures or agents for the disordered mind.

The weekly dances are and have been a source of unremitting pleasure to our patients, and many to whom life was a burden and who apparently took no interest in anything have been awakened from their mental torpor and their interest again stimulated by at first witnessing and finally taking part in this weekly affair.

In this connection I would recommend the building of a covered platform or pavilion for dances and open-air concerts to be held during the warm weather months. This would be a source of real pleasure and recreation, and would be greatly enjoyed by our patients.

Our weekly baseball games have been successfully carried on during the season, and the grand stand has been taxed to its capacity to accommodate the patients, both men and women, who desire to witness the games. The interest and enthusiasm displayed by the patients in this branch of our amusements have been exceptional.

A golf course of six holes has been laid out in the rear of the Hospital which in another year will afford another means of pleasant exercise and diversion.

During the year we have kept as many of our patients employed as possible, both indoors and outdoors, and, as usually happens, many of those to whom employment was at first repugnant now ask to be kept busy when for any reason the work does not require their services; and I but repeat the experience of all those engaged in this work when I say that exercise, amusement and employment are three cardinal principles in treatment.

The labor performed by the patients during the year is fully shown in the following tables: 87,594 days' work was done on the wards and 37,151 on the farm and grounds, and in the shops, sewing-room, kitchen and laundry.

TABLE I.

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

DATE.	Men.	Women.	Total.
1898.			
November	3,793	3,070	6,863
December	3,906	3,057	6,963
1899.			
January	4,113	3,187	7,300
February	3,714	2,930	6,644
March	4,192	3,284	7,476
April	4,089	3,125	7,214
May	4,340	3,223	7,563
June	4,226	3,096	7,322
July	4,371	3,151	7,522
August	4,461	3,156	7,617
September	4,424	3,124	7,548
October	4,872	3,050	7,922
Total	50,501	37,453	87,954

TABLE II.

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

DATE.	LAUNDRY.			KITCHEN.			Bakery.	Farm and grounds.	Shops.	Sewing-room.	Total.
	Men.	Women.	Total.	Men.	Women	Total.					
1898.											
November	206	384	590	294	39	333	83	1,037	325	412	1,857
December	209	432	641	316	46	362	99	1,027	331	431	1,888
1899.											
January	267	402	669	305	29	334	113	988	367	399	1,867
February	219	413	632	315	28	343	100	742	326	417	1,585
March	251	490	741	339	31	370	117	991	362	459	1,929
April	243	531	774	289	43	332	105	1,139	353	440	2,037
May	223	500	723	263	46	309	108	1,311	413	461	2,293
June	511	491	1,002	245	39	284	105	1,313	443	459	2,320
July	199	477	676	300	30	330	106	1,211	438	407	2,162
August	253	514	767	386	30	416	120	1,294	456	390	2,260
September	200	436	636	307	29	336	108	1,276	418	361	2,163
October	182	460	642	288	31	319	109	1,333	408	379	2,229
Total	2,963	5,530	8,493	3,647	421	4,068	1,273	13,662	4,640	5,015	24,590

TREATMENT.

From time to time inquiries are made as to how excitable patients are managed and why unmanageable insane persons so soon become quiet and tractable after admission to a hospital. To correct common errors and give some information of use, I venture to devote a brief section of this report to the subject of the treatment of mental diseases. There seems to be a prevailing impression that a special manner of the application of drugs is the one great and important means of correcting mental derangement, and that in institutions there is known a line of medication bordering on the mysterious which tends promptly to heal and set aright "minds diseased." Were such the case, it would become not only an easy task, but a pleasing duty to record the means to this end; but unfortunately such is not the case, and we are compelled to still abide by the ordinary principles of physiological medicine. The adage that "no two cases are alike" is more than doubly emphasized in its application to the insane. It is next to impossible to outline a general plan of treatment applicable to large groups of cases. As a verification of this fact no classification of insanity has ever been made that is acceptable to alienists, though the subject has been given a vast amount of studious attention. Every case must be individualized. Each pathological condition must be considered in its bearing upon the particular case in which it is found as well as the influence it exerts in producing the mental unbalance presented. Every well-equipped institution commands facilities which the patient in his home and home surroundings cannot command, though cared for by skilled physicians. The removal of a patient from the scene of his troubles, real or imaginary, and his separation from many of the exciting causes of his mental trouble, as well as from the worry and anxiety of over-solicitous relatives, often becomes at once a potent factor in his restoration. On admission to an institution he is looked upon as suffering from serious disease. The insanity is merely a prominent symptom with a physical basis, which may be referred to the nervous tissue, the blood, the lymphatics, locked-up secretions, deranged emunctories or a pathological condition of any of the vital organs which control or modify nutrition, and in this is comprehended the matter of heredity. Hereditary taint is but the inherited peculiarities of nervous structure which predisposes to mental unbalance, modified or intensified by environment. As we cannot remove pre-

disposing causes, it remains for us to modify as much as possible the exciting cause, and this frequently establishes mental equilibrium. The fundamental principle to be observed is to note carefully and treat all pathological conditions. The stress laid upon the fact that the patient is insane is more frequently a source of detriment than otherwise and is calculated to obscure the causal factors of the mental derangement. This is often exemplified in patients coming to an institution after a course of home treatment. The attending physician, in his eagerness to allay mental exaltation and excitement, prescribes morphine freely, or to alleviate the mental distress and agitation of melancholia resorts to a free use of chloral and the bromides. The underlying cause has been relegated to the background and lost sight of. By such a course of treatment the mental condition is aggravated and the probabilities of recovery lessened. The delusions or hallucinations are cultivated in vain attempts to quiet and soothe the patient with the hope that institution treatment may be avoided. Thus impairment or deterioration of the central nervous system becomes more or less permanent, and when finally, as a last resort, committed to institution care the condition is often a hopeless one. The treatment of the insane in institutions means nothing more nor less than the judicious application of the rational principles of medicine and hygiene, and so far as possible the removal of irritating influences. At home a patient is usually a tyrant. He has not only dictated the terms upon which his daily life shall be regulated, but he has dominated, under the influence of his peculiar ideas, the members of his family and all those around him. He has formed habits as to diet, sleep, baths, wearing apparel, etc., which if followed would break down one in vigorous health. In an institution a radical change takes place in these habits. He can no longer dictate terms, but has to conform to the regular routine. Regular hours for rising, for meals, for baths, for exercise and for sleep take the place of his former irregular habits. He becomes a passive instrument in the hands of those who are there to think for him and to arrange for every detail. Under this routine and discipline, the excited soon become quiet, and the restive tractable.

Daily exercise in the open air to the point of healthy fatigue is important and may be obtained mainly in two ways—a selection of suitable work on the farm, the garden, the flowers and the various industries. This, however, should be always under the supervision of

persons who do not lose sight of the fact that the interest of the patient is paramount, and that the capacity for ex ercise varies with the individual. Secondly, the various forms of outdoor amusements, and they cannot be too varied or extensive. These not only give healthful exercise and induce sleep, but pleasantly occupy the mind to the exclusion of self and morbid ideas. Too high an estimate cannot easily be placed on these as sleep-producers and curative agents. The regulation of sleeping hours and the obtaining of a sufficient amount of sleep is of the greatest importance. Without sleep and the suspension of mental activity incident thereto no case will do well, and a quick restoration can hardly be looked for. Supplementing the sleep-producing effects derived from the sources mentioned, the following drugs have been found valuable: Trional, gr. xx to xxx; paraldehyde, one to two drachms combined with whiskey and syrup; Sulphonal, gr. xxx in hot milk, and in some cases a combination of the bromides and chloral. Too much importance cannot be attached to the use of the hot bath and vigorous rubbing down as a hypnotic. This often succeeds when drugs fail, and sleep induced without drugs is always more beneficial and is attended with more gratifying results.

At least 90 per cent. of all patients coming under institution care demand a tonic line of treatment. The first remedy to be considered is nutritious diet. This should be carefully selected, and even more carefully prepared. It not infrequently occurs that patients, because of their delusions or other untenable reasons, refuse food. Such cases have to be fed artificially, and without delay. Every well-equipped institution should have a diet kitchen upon its wards, presided over by a nurse trained and skilled in the preparation of diet for the sick. Then comes the administration of drugs, tonic in character, among which the elixir of iron, quinine and strychnia has a wide scope of usefulness. Sluggish secretions demand attention as well as all other bodily ailments calculated to affect nutrition seriously, and the manner of medication is practically the same as that called for in persons not suffering from mental derangement. In other words, the various morbid conditions which undermine the general health, affect nutrition and act as exciting causes must be carefully looked after. To enumerate the various drugs used for this purpose would be stating facts familiar to every practitioner.

RELIGIOUS SERVICES.

The following clergymen have officiated in conducting religious services in the chapel according to the schedule in operation:

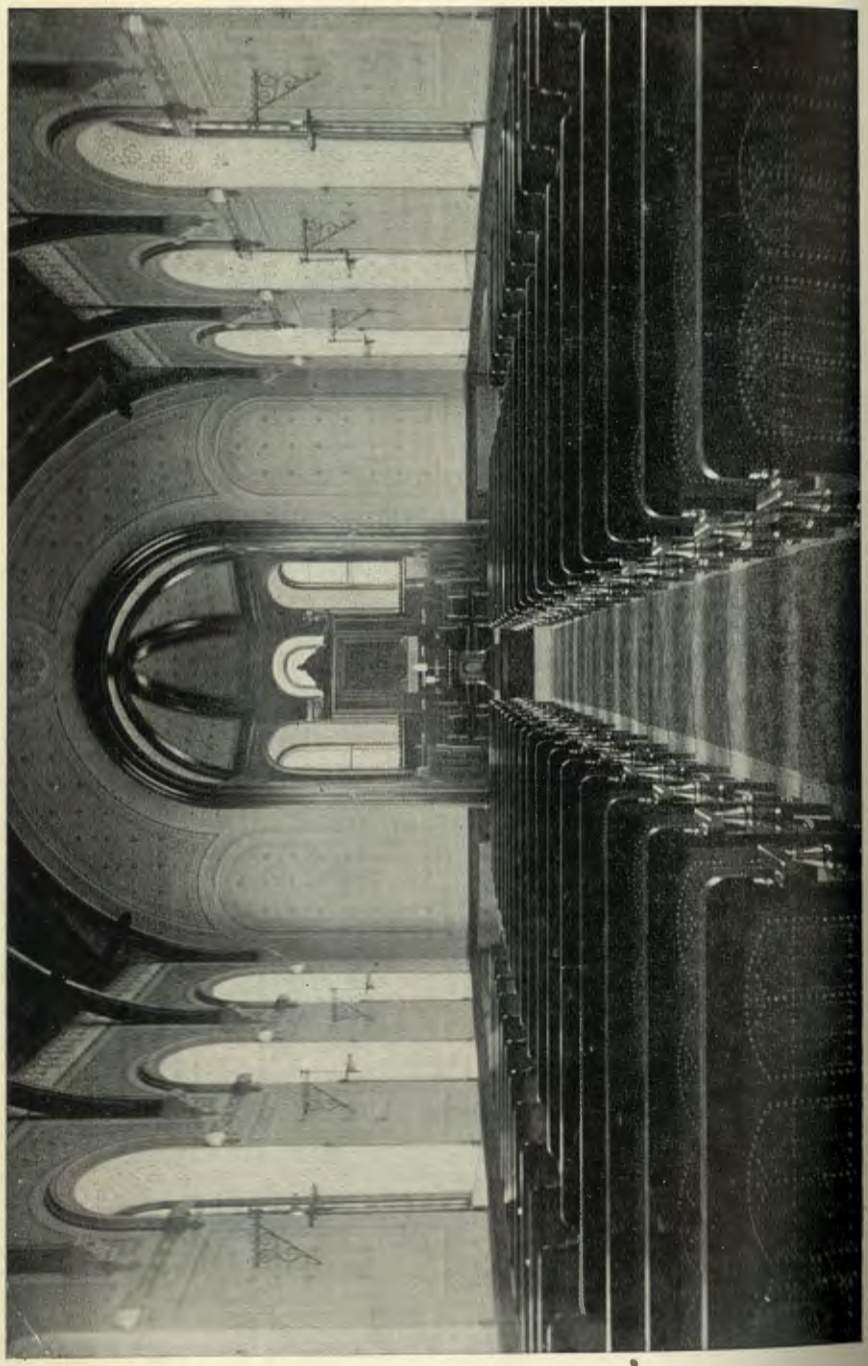
Rev. Dr. Albert Erdman, Presbyterian, Morristown.
Rev. Dr. T. I. Coultas, Methodist, Morristown.
Rev. S. Z. Batten, Baptist, Morristown.
Rev. Father A. M. Egan, Roman Catholic, Morris Plains.
Rev. William M. Hughes, Episcopalian, Morristown.

The following is the schedule of services for the coming year.

1899.		
October	1st	Methodist.
"	8th	Baptist.
"	15th	Episcopal.
"	22d	Presbyterian.
"	29th	Roman Catholic.
November	5th	Methodist.
"	12th	Baptist.
"	19th	Episcopal.
"	26th	Presbyterian.
December	3d	Roman Catholic.
"	10th	Methodist.
"	17th	Baptist.
"	24th	Episcopal.
"	31st	Presbyterian.
1900.		
January	7th	Roman Catholic.
"	14th	Methodist.
"	21st	Baptist.
"	28th	Episcopal.
February	4th	Presbyterian.
"	11th	Roman Catholic.
"	18th	Methodist.
"	25th	Baptist.
March	4th	Episcopal.
"	11th	Presbyterian.
"	18th	Roman Catholic.
"	25th	Methodist.
April	1st	Baptist.
"	8th	Episcopal.
"	15th	Presbyterian.
"	22d	Roman Catholic.
"	29th	Methodist.
May	6th	Baptist.
"	13th	Episcopal.
"	20th	Presbyterian.
"	27th	Roman Catholic.
June	3d	Methodist.
"	10th	Baptist.
"	17th	Episcopal.
"	24th	Presbyterian.
July	1st	Roman Catholic.
"	8th	Methodist.
"	15th	Baptist.
"	22d	Episcopal.
"	29th	Presbyterian.
August	5th	Roman Catholic.
"	12th	Methodist.
"	19th	Baptist.
"	26th	Episcopal.
September	2d	Presbyterian.
"	9th	Roman Catholic.
"	16th	Methodist.
"	23d	Baptist.
"	30th	Episcopal.

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

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



HOSPITAL CHAPEL.

RESIGNATIONS AND APPOINTMENTS.

There has been no change in the medical staff during the year.

Mr. Peter J. Daly, of Morristown, who held the position of house-druggist, resigned on account of ill health on February 1st, 1899, and Mr. Abram S. Truex was appointed to fill the vacancy.

The relations of the medical and business departments have been, without exception, pleasant and harmonious.

In closing this report, I desire again to express my appreciation of the loyalty and faithfulness of my assistants on the medical staff.

Respectfully submitted,

BRITTON D. EVANS,
Medical Director.

Morris Plains, N. J., October 31st, 1899.

DONATIONS.

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

November 9th, 1898, entertainment by Marshall Ball & Co., of Newark.

March 3d, 1899, entertainment by Messrs. Higgins and Corwin and the Misses Kugler, Walsh and Starr.

March 29th, 1899, entertainment by the Young Men's C. A. gymnastic class, under direction of Dr. Thompson.

March 29th, 1899, package of magazines from Mrs. Sullivan, of Morristown, N. J.

October 5th, 1899, package of magazines and novels from Mr. J. T. Polly, Paterson, N. J.

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

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

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

The Warren Republican.....Hackettstown.
The Warren Journal.....Belvidere.
The Warren Tidings.....Washington.
The Washington Star.....Washington.
The Morning Call.....Paterson.
The Paterson Daily Press.....Paterson.
Paterson Daily Guardian.....Paterson.

REPORT OF

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

Report in Pathology.

To the Medical Director:

The total number of autopsies during the past year was 11, comprising the following forms of mental disease:

Dementia paretic	3
Dementia senile	3
Dementia terminal	1
Imbecility—epileptic	1
Insanity of adolescence	1
Mania chronic	1
Paranoia	1
	11

As regards sex, six were males and five were females. The average age at death was 50.5 years, and the average duration of mental disease was 9.7 years, the extremes of duration being 29 years and one year.

TABLE I.

No.	Sex.	Age	Mental Disease.	Duration.	Anatomical Diagnosis.
244	F.	79	Dementia, senile...	20 years....	Lobar pneumonia. Chronic endocarditis. Chronic parenchymatous nephritis, with formation of cysts. Cystic degeneration of ovary (left). Chronic interstitial splenitis.
245	M.	76	Dementia, senile...	7 years....	Chronic pachymeningitis. Chronic pleuritis. Acute broncho-pneumonia. Acute pericarditis. Acute myocarditis. Chronic endocarditis. Chronic diffuse nephritis. Direct inguinal hernia.
246	F.	31	Paranoia.....	8 years ...	Broncho-pneumonia. Pleurisy with effusion. Acute renal congestion.
247	F.	61	Dementia, terminal	17½ years..	Edema of the lungs. Chronic endocarditis. Fatty degeneration of the liver.

TABLE II.—*Continued.*

Number.	GROSS LESIONS OF ORGANS.	Brain Membranes.	Gross Appearance of Brain.
	Dementia Terminal.		
247	Lungs—Both lungs emphysematous, congested and edematous. Heart—Mitral valve covered with vegetations. Tricuspid valve thickened. Liver—Surface smooth and mottled. Substance of diminished consistence. Fatty areas throughout substance. Spleen—Substance of increased consistence. Kidneys—(Left) Capsule presents thickened areas. (Right) Absent. Stomach and Intestines—Very much distended with gas.		Brain not examined.
	Dementia Paretic.		
250	Lungs—Pleural surfaces adherent. Hypostatic posteriorly. Heart—Small. Mitral valve thickened. Liver — Slightly fatty. Substance flabby and congested. Kidneys—Irregular in shape. Capsule adherent. Cortex thin. Striations not well defined.		Brain not examined.
253	Lungs—Pleural surfaces very adherent. Bronchi thickened. Heart—Fatty. Aortic valve and aorta thickened. Kidneys—Capsule adherent. Surface roughened and mottled. Cortex thin. Striations poorly defined. Stomach—Mucous lining thickened. Slight congestion at pyloric orifice. An old ulcer along the greater curvature immediately beneath the esophagus; also several small ulcers at esophageal opening. Esophagus shows many linear scars especially marked at the upper portion.	Dura congested and thickened. Excessively adherent to skull. Pia thickened and very edematous. Adherent to brain.	Cortex thinned and convolutions greatly atrophied. Substance of increased consistence and congested.

Number.	GROSS LESIONS OF ORGANS.	Brain Membranes.	Gross Appearance of Brain.
254	Heart—Mitral and aortic valves thickened. Aorta atheromatous. Lungs—Hypostatic posteriorly. Right lower lobe consolidated. Kidneys—Capsule strips readily. Surface smooth. Cortex normal in thickness. Striations and malpighian tufts well defined. (A small portion of the left kidney presents thinned cortex and poorly defined striations.) Mensenteric Glands—Enlarged and calcareous.	Dura thickened. Pia edematous, opaque thickened and adherent to brain surface.	Brain of increased consistence. Cortex very thin. Substance congested. Convolutions atrophied
	Imbecility, Epileptic.		
252	Lungs—Hypostatic consolidation in posterior portion.	Dura slightly congested. Pia thickened and congested.	Substance congested.
	Insanity of Adolescence.		
251	Lungs—Pleural surfaces adherent and thickened. Bronchi contain large quantity of purulent mucus. Cut surface studded with areas of tubercular tissue and shows numerous small cavities containing pus. Bronchi greatly inflamed and contain frothy bloody serum. Heart—Large and flabby. Pericardium adherent.		Brain not examined.
	Mania Chronic.		
249	Lungs—Marked hypostatic congestion posteriorly. Heart—Large and flabby. Mitral and aortic valves thickened. Right heart very fatty. Spleen—Small and flabby. Kidneys—Large. Capsule thin and adherent. Diminished consistence. Malpighian tufts not well defined.	Dura congested and thickened. Pia congested and thickened.	Convolutions atrophied. Cortex thin.
	Paranoia.		
246	Lungs—Pleural surfaces very adherent. Small cavities containing pus in the upper portion. Completely consolidated. Very edematous. Heart—Small. Liver—Diminished consistence. Fatty. Spleen—Large and friable.		Brain not examined.

We find that in seven of the autopsies the kidneys presented a gross lesion, one of which was of an acute character and accompanied the intercurrent disease which caused death. The percentage of cases showing gross kidney lesion, therefore, is 63.6, a little below that of last year (71.4). Reproducing last year's table, which gave the percentage of cases showing gross kidney lesions by ages for the past five years, and making the additions to it for the past year, the relative frequency of gross kidney lesions in the insane, as shown by the 118 autopsies during the past six years, appears as follows:

AGE.	No.	Showing gross kidney lesion.	Without gross kidney lesion.	Per cent. showing gross kidney lesion.
Below 30	17	7	10	41.1
30 to 40	19	11	8	57.8
40 to 50	26	19	7	73.0
50 to 60	20	13	7	65 0
60 and over	36	29	7	80.5
Total	118	79	39	66.9

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

The uniformity of these figures from year to year is very suggestive. It is highly probable that the percentage of the insane showing gross kidney lesions at autopsy is somewhere between 60 and 70 per cent., and that there is little likelihood of any considerable variation from these figures. It may be objected that a considerable proportion of our cases are over 60 years of age, and therefore, in the nature of things, should show the kidney lesion common to old age; but if we leave out of account these cases, we still find an abnormally high percentage of cases showing gross kidney lesions. For instance, between the 50th and 60th years we have a percentage of 56, and between the 40th and 50th years we have an even higher percentage—70. It may be that the latter percentage is abnormally high; however, the 26 cases given in the table includes seven of paresis, and it is well known that the percentage of gross kidney lesions in this class of cases is very high. This applies also to cases between the ages of 30 and 40 years. The 18 cases in the table include seven of paresis. It

matters little how we look at these facts if we keep in mind the point of chief interest, the fact that the relative frequency of gross kidney lesions in the insane who come to autopsy is greater by from 10 to 30 per cent. than in the cases of similar age who come to autopsy in general hospitals.

In my report of 1895 I took occasion to go into this subject rather carefully, and at that time quoted statistics from St. Bartholomew's Hospital, London, giving the percentage of cases above 30 years of age that had shown gross kidney lesion at autopsy as 48.4 (quoted by Bond, British Journal Mental Science, Jan. 1895). If we leave out of account our own cases under 30 years of age, we have a total of 101 cases, 72 of which showed gross kidney lesion at the autopsy (71.2 per cent.). The percentage of gross kidney lesions in the insane appears to be nearly 24 per cent. higher than in the same class of cases in general hospitals.

The frequency of gross kidney lesions in paresis appears to be abnormally high. We find in going over the records of fifteen cases that there are in the whole number only two in which a gross kidney lesion can be excluded. This makes the percentage of cases showing gross kidney lesion in paresis very high (86.6 per cent.); higher, in fact, than the percentage found by Bristowe, in some figures published four years ago, and quoted in my report for 1895. This author found a gross kidney lesion in about 72 per cent. of his cases of paresis. Some careful thought has been given to the character of the kidney lesion in paresis, the vascular lesion in the kidney having been compared to the same lesion in the smaller vessels of the brain. If we accept the view suggested by Gull and Sutton—that arterio-capillary fibrosis is a general disease—it will not be difficult for us to ascribe the vascular lesions common to paresis to the same causes, whether occurring in the kidney or the vessels of the brain. It seems reasonable, at any rate, to look to the vessels as the primary point from which the lesion spreads in both brain and kidney. We have, however, to look further for the ultimate cause which probably exists as a toxic agent, or agents, circulating in the blood, which is the irritating factor which gives rise to disease.

Notes on the Microscopical Appearance of the Cells of the Motor Cortex in Paresis.

The autopsy was done four hours after death and the material rapidly fixed and stained after Nissl and Robertson.

The cells without exception show some evidence of a degenerative process in active progress. The large ganglion cells of the motor cortex present a condition of marked fatty degeneration, which, however, varies somewhat in degree in different cells. A few are only slightly affected, but in most instances more than half the cell-body is involved. Not a few of the larger cells appear completely degenerated, presenting but a mere shade of their former selves. The chromatic substance is in a condition of complete disorganization. In a few of the lesser degenerated cells a few well-formed granules remain, but for the most part they have disappeared, and their places have been taken by a diffusely staining chromatic substance which causes the cell-body to present a homogeneous appearance, or else the chromatic substance has disappeared and left a fibrillary net-work, exposed to which a few small granular masses still adhere. This latter picture is only occasionally seen. The chromatolysis, therefore, is not a simple exhaustion of the chromatic substance, a denuding of the cell frame-work, but a process which involves and ultimately destroys both these anatomical elements, at the same time the nuclear outline is obliterated and the nucleus more or less deeply stained.

In the best preserved cells the fatty changes are but slight, the most marked condition being the chromatolysis, together with a marked displacement and reduction in the size of the nucleus. Irregularities in the outline of the nucleus are very common. The fatty condition, which is most decidedly exemplified in the large ganglion cells of the motor area, does not attack any constant portion of the cell. The area involved is sometimes large, sometimes small; sometimes the entire apical process is involved and sometimes the opposite.

We have, then, all degrees of variation in the degenerative changes occurring in the larger cell elements of the cortex, from the cell showing but little change to the cell showing such decided evidence of degeneration that recovery of function cannot be conceived. The varied appearances are but different stages in a destructive process, leading up to an obliteration of the cell as a unit in the cerebral cortex.

EXPLANATION OF PLATE.

FIG. 1.—A portion of the second cortical layer, motor region, showing reduction in size of the individual cell, deeply stained nuclei, frequent absence of the nucleolus, and the destruction of the body of the cell. The relative diminution in number of these cells is seen by comparing with Fig. 2.

FIG. 2.—A portion of the second cortical layer, occipital region, showing the cells in a fair state of preservation.

The above drawings are made with Zeiss Oc. No. 3. Obj. DD. Outlines made by aid of Abbe camera lucida.

FIG. 3.—Some individual cells from the second cortical layer, motor region.

FIG. 4.—Some individual cells from the second cortical layer, occipital region.

In Figures 3 and 4 an effort was made to select some of the best preserved cells for the drawings. The drawings were made with Zeiss Oc. No. 3. Obj. oil im. $\frac{1}{12}$. Outlines made by aid of Abbe camera lucida.

FIG. 1

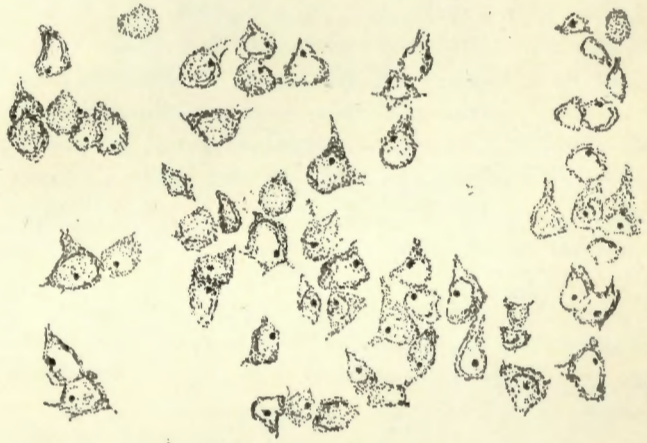


FIG. 2

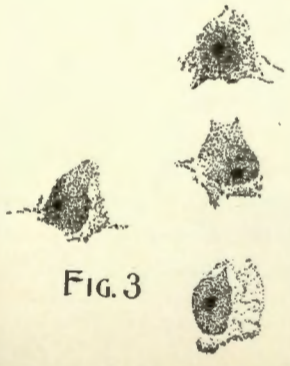


FIG. 3

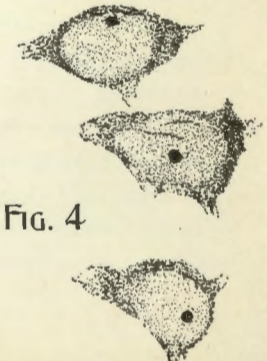


FIG. 4

The obliteration of the cells of the cortex becomes more apparent when we compare the motor cortex, which is especially involved in paresis, with certain other regions that are relatively normal. Examined in this manner the destruction of cells in the motor cortex, as a result of paresis, becomes positive. Throughout the second cortical layer in the motor region we find the cells reduced to about one-half the number found in a comparatively normal section from the occipital region Fig. 1). This condition is most marked in those portions of the motor cortex in which the gross lesion was most decided. The picture, however, does not end here. The individual cell elements remaining in the motor cortex are reduced in size and homogeneously stained, the nuclear outline being often obliterated, and the nucleolus often absent (Fig. 3). No cells in any condition approaching the normal are found. A very small rim of protoplasm is often seen clinging to a nucleus, which is deeply stained and very small. In some instances the protoplasm is extensively vacuolated; in no instance do we find any chromatin substance in granular form.

In the occipital region, on the contrary, while the cells are by no means normal a very different picture is presented (Fig. 2). The difference in the size of the cells is at once apparent, the cell-body being easily definable in almost every instance. The nucleus appears of normal size and appearance (Fig. 4) and the total number of cells is nearly double those found in the motor cortex. In Figs. 1 and 2 are presented the relative number of cells found in the second cortical layer of the motor and occipital regions. In Figs. 3 and 4 are presented some of the best preserved cells from each of these regions. The contrast is very striking.

THE NEUROGLIA.

The cells of the neuroglia show some very decided changes. The first layer of the cortex is unusually broad and we find occurring in groups small, darkly stained neuroglia nuclei, and nuclei much distorted and irregular. There is a great increase also in the fibres of the neuroglia, and these fibres often dip far down into the cortex. In the deeper layer of the cortex and the subcortical areas much the same condition exists. However, we find the evidences of proliferation not so decided, there being no small, deeply stained cells and no decided tendency for the cells to occur in groups. Many of these nuclei, however, are very irregular in outline and vary much in size, some being exceedingly

large and equivalent to two or three times the normal. Some are very irregular in outline. While abnormalities exist in both the first cortical layer and the subcortical areas the changes are most manifest in the neuroglia nuclei of the first layer. This is to be expected inasmuch as the chief lesion of the cortex is found in the second layer cells and the neuroglia proliferates because of the disappearance of the nerve cells of the second cortical layer.

THE VESSELS.

The usual vascular lesions, consisting of nuclear proliferation in the perivascular lymph spaces, were present. In many of the smaller vessels of the cortex this condition was very decided, the vessel presenting a mulberry-like appearance at a single point. In some instances, however, there seemed to be decided nuclear proliferation into the perivascular lymph spaces throughout considerable length of the smaller vessels.

This case presents—(1) Degenerative changes in all the nervous elements of the cortex. (2) Destruction and disappearance of large numbers of cells, especially those of the second cortical layer. (3) Proliferation of the neuroglia, especially of the first cortical layer. (4) Nuclear proliferation into the perivascular lymph spaces.

The lesion appears to be most pronounced in the motor region, the second cortical layer being especially involved.

TREASURER'S REPORT.

Treasurer's Report.

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

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1898, to October 31st, 1899, inclusive:

RECEIPTS.

Balance on hand November 1st, 1898		$18,434 23
From State Treasurer for convict patients	$15,000 00	
From State Treasurer for county patients	50,000 00	
From State Treasurer for State indigent patients	13,000 00	
From sundry counties for maintenance of county patients	144,903 69	
From private patients	55,166 77	
From hides, tallow, &c.	11,993 67	
From First National Bank, Morristown, for interest	65 86	
From Reeves & Burr, being money advanced them from house funds for excavating for boiler-house	3,570 00	
From sale of old railroad iron from switch	2,212 09	
		295,912 08
		$314,346 31

DISBURSEMENTS.

On orders of Warden	$301,177 17	
Balance in Treasurer's hands	13,169 14	
		$314,346 31

(Signed) G. C. HINCHMAN.
Treasurer.

The New Jersey State Hospital at Morris Plains, N. J., November 9th, 1899. We hereby certify that we have examined the Treasurer's accounts, and compared the same with his books and vouchers, and find them in accordance with the above statement and correctly stated and balanced.

(Signed)
GEORGE RICHARDS,
JOHN A. MCBRIDE,
D. ST. JOHN,
JOHN C. EISELE,
Auditing Committee.

RECAPITULATION.

State Treasurer—Convict Patients.

First quarter	$3,762 86	
Second quarter	3,752 86	
Third quarter	3,714 29	
Fourth quarter	3,769 99	
		$15,000 00

State Treasurer—County Patients.

First quarter	$12,467 84	
Second quarter	12,594 43	
Third quarter	12,823 00	
Fourth quarter	12,114 73	
		50,000 00

State Treasurer—State Indigent Patients.

Third quarter	$7,584 79	
Fourth quarter	5,415 21	
		13,000 00

County Collectors.

First quarter	$44,669 18	
Second quarter	23,900 02	
Third quarter	34,281 81	
Fourth quarter	42,052 68	
		144,903 69

Private Patients.

First quarter	$15,219 94	
Second quarter	11,214 81	
Third quarter	16,845 55	
Fourth quarter	11,886 47	
		55,166 77

Hides, Tallow, &c.

First quarter	$3,285 09	
Second quarter	1,914 99	
Third quarter	2,633 88	
Fourth quarter	4,159 71	
		11,993 67

Interest.

First quarter	$20 62	
Second quarter	20 10	
Third quarter	10 45	
Fourth quarter	14 69	
		65 86

From Reeves & Burr, being money advanced them from house funds for excavating for boiler-house	$3,570 00
From sale of old railroad iron from switch	2,212 09
	$295,912 08

Orders Paid.

First quarter	$76,842 06	
Second quarter	71,899 25	
Third quarter	73,926 03	
Fourth quarter	78,509 83	
		$301,177 17

WARDEN'S REPORT.

Warden's Report.

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

GENTLEMEN—The annual report of my department for the year 1899, with the abstract of accounts and an itemized report of the products of the various departments, is herewith submitted.

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

Balance on hand November 1st, 1898	$18,434 23	
Receipts from November 1st, 1898 to November 1st, 1899	295,912 08	
		$314,346 31
Total disbursements from November 1st, 1898, to November 1st, 1899		301,177 17
Cash balance on hand November 1st, 1899		$13,169 14

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

RESOURCES.

Balance in hands of Treasurer	$13,169 14	
Due from Bergen county, as per bill rendered	$5,011 69	
" Hudson " " "	662 07	
" Morris " " "	5,714 99	
" Passaic " " "	10,410 19	
" Union " " "	9,954 62	
" Warren " " "	3,633 88	
" State Treasurer for county patients	5,797 50	
" " " convict "	1,331 98	
" " " State "	8,771 52	
" private patients, as per bills rendered	6,186 11	
" Sailors' Snug Harbor	4,961 45	
" Petty Expense account	520 58	
" clothing issued	3,474 02	
		$79,599 74

LIABILITIES.

Bills payable	$13,576 04	
Pay-roll for month of October, 1899	8,127 23	
County patients paid beyond	1,090 57	
Private " " "	5,583 85	
Amount of bills rendered counties not yet earned	5,438 40	
Amount of bills rendered private patients not yet earned	1,774 81	
		$35,590 90
Balance above liabilities		$44,008 84

APPRAISEMENT.

The annual appraisement of the personal property made this year amounted to $174,582.46. Hon. Charles F. Hopkins, of Boonton, and Mr. Eugene S. Burke, of Morristown, acted as appraisers.

RAILROADS.

The rails on part of the railroad belonging to the property had been used ever since the track was laid. These were iron rails and very much worn. The great advance in iron made these quite valuable. Taking advantage of this, bids were asked for them. The best price offered was $18.35 per gross ton. This was thirty-five cents more per ton than we had to pay for good second-hand steel rails to take their place. Two thousand chestnut ties have been cut on the property and used in repairing the track. A new switch has been laid in the rear over the new coal-vaults. The track is now in such good repair that the cost to maintain it will be quite light.

ROADS.

With the aid of the Township Committee of Morris township the road bounding the property on the southwest for a distance of about a mile has been graded and given a heavy coat of gravel. The gravel was taken from a cut that was made to grade the road. At this point a bed of sand was discovered. This was sold to the contractors who did the mason work on the new boiler-house and nearly paid for the labor spent by the State in improving the road.

GRADING.

The grounds fronting the North Wing of the building have lain in a rough state, as they were left at the time the building was built, until this last year. The amount of filling to properly grade this part of the ground was so great, and the work so extensive, that before the excavation for the new boiler-house and tunnel were begun it was practicable to undertake the work with the hope of finishing it. The excavation for the new boiler-house and tunnel furnished sufficient material to grade this part of the ground. Ten thousand five hundred cubic yards of earth was taken from the new boiler-house and about two thirds as much from the tunnel. Part of the ground has been seeded. Drainage and gas-pipes have been laid and three street-lamps placed along the road leading around the north side. Trees have been planted and the road widened and improved.

RESERVOIRS.

During the past year much attention has been paid to cleaning and improving the reservoirs. The use of the new reservoir gave the opportunity of draining the upper reservoir in the garden; this had never been cleaned. While it was mainly supplied by spring water, nevertheless an accumulation of five or six inches of silt gathered in the bottom. By attaching a hose to the supply-pipe coming from the new reservoir, the bottom was thoroughly flushed out and the reservoir put in fine condition. The filter in the filter-house was also cleaned at this time.

The lower reservoir in the garden is supplied by a small stream, in addition to the springs that feed it. The water of the stream had carried a great deal of mud down. The reservoir was drained in the early summer and the mud carted away. A part of the reservoir was very shallow, and during the hot weather the water often became unfit for use. This part was deepened. In order to obviate the necessity and expense of again cleaning the reservoir in a few years, a retaining wall was built along one side, and a channel made to by-pass the stream, thus keeping the mud from entering the reservoir. Sand filters were made along the by-pass, through which all the water entering the reservoir is filtered. Its capacity was increased so that it now holds 4,500,000 gallons. Connections have been made so that water from this reservoir can be used for the boiler-house and hot-

water system, while the cold water for the Hospital is drawn from the upper reservoir in the garden.

We believe it no less important to have the ice-pond supplied with pure water than it is to have the water used for drinking purposes uncontaminated. With this in view, the ice-pond was drained in the early part of the season and, after the mud had dried so that it was in condition to handle, the pond was cleaned out. This pond had received but little attention at the time it was built, even the old stumps were not removed. Five thousand cart-loads of muck were taken from the bottom. This was treated with lime and will be found valuable as a fertilizer when the work of grading about the buildings is carried on.

Almost ever since the opening of the house it has been necessary to pump from the stream on the north which supplies the ice-pond. At times the flow of water is not sufficient to supply the pump, but in order that none should be wasted it is necessary to keep the pump going at all times. That there should be a good supply of water against any emergency and enough to run the pump to its full capacity at such times when it is necessary to be used, it has been thought best to enlarge the ice-pond and use it as a reservoir. This work is now under way. A battered wall is being built around the entire pond and the banks raised and strengthened so that an average depth of eleven feet of water is obtained. The bottom is a tight clay. At the head of the pond sand-filters will be built through which all the water entering will be filtered. These, while not expensive, are, nevertheless, perhaps the most satisfactory means of purifying the water when the supply is taken from a running stream. In many tests made by these filters, a removal of 97 to 98 per cent. of bacteria is effected. When this reservoir is finished it will have a capacity of 8,000,000 gallons. It will also be a guard against a water famine in any possible contingency which may arise and will permit the draining of any one of the reservoirs, as the water can be pumped from this point into either of the buildings.

This work is being done out of the house funds and at a very small cost compared with the results obtained.

PAINTING.

The usual painting repairs necessary about the house have been done. In addition to these the entire exterior of the house is being given one coat, and a part of it two coats, of paint.

FARM AND GARDEN.

The products of the farm and garden have been very satisfactory for the past year. The appendix to the Warden's Report shows the products of these two departments have amounted to $37,705.09 in value. The amount chargeable against them is practically covered in the disbursements by the items of

Dairy	$7,196 94	
Garden	4,702 31	
Farm	10,455 74	
		$22,354 99

In the item of farm is included the expense of keeping the horses. A great deal of their labor is used in grading and in other improvements about the property. Deducting the products of farm and garden, the items of hay, $2,025.00; shredded corn stalks, $600.00; corn, $900.00; cow horn turnips, $600.00; pasture, $884.00; total, $5,009.00 (these supplies are used to maintain the Farm and Dairy), there remains $32,696.09, which shows a balance over the expenditures of $10,341.10.

COMMITMENT LAW OF 1898.

Certain defects in the Commitment Law passed by the Legislature of 1897–1898 should be remedied. No provision is made for the payment of the board of State indigent patients, from the date of their admission to the institution until the date of the order of commitment by the judge. This, in some cases, is from three to four weeks later.

In some instances where the patient has been committed as State a indigent patient, the judge has inserted that they are to be supported at the expense of their estate, or some similar clause. The Hospital should not have to see to the appointing of a guardian in order to collect the bills. Such matters should be otherwise looked after, and the liability should be fixed before the patient is admitted.

REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State for the subjects herein mentioned for the fiscal year ending October 31st, 1900:

For the annual appraisement	$75 00
For the salaries of resident officers	12,600 00
For the maintenance of county patients	53,000 00
For the support and clothing of insane convicts	16,000 00
For the support and clothing of State indigent patients	20,000 00

Respectfully submitted,

M. K. EVERITT,
Warden.

New Jersey State Hospital at Morris Plains, October 31st, 1899.

Abstract of Accounts.

For the Fiscal Year Ending October 31st, 1899.

G. C. HINCHMAN, *Treasurer.*

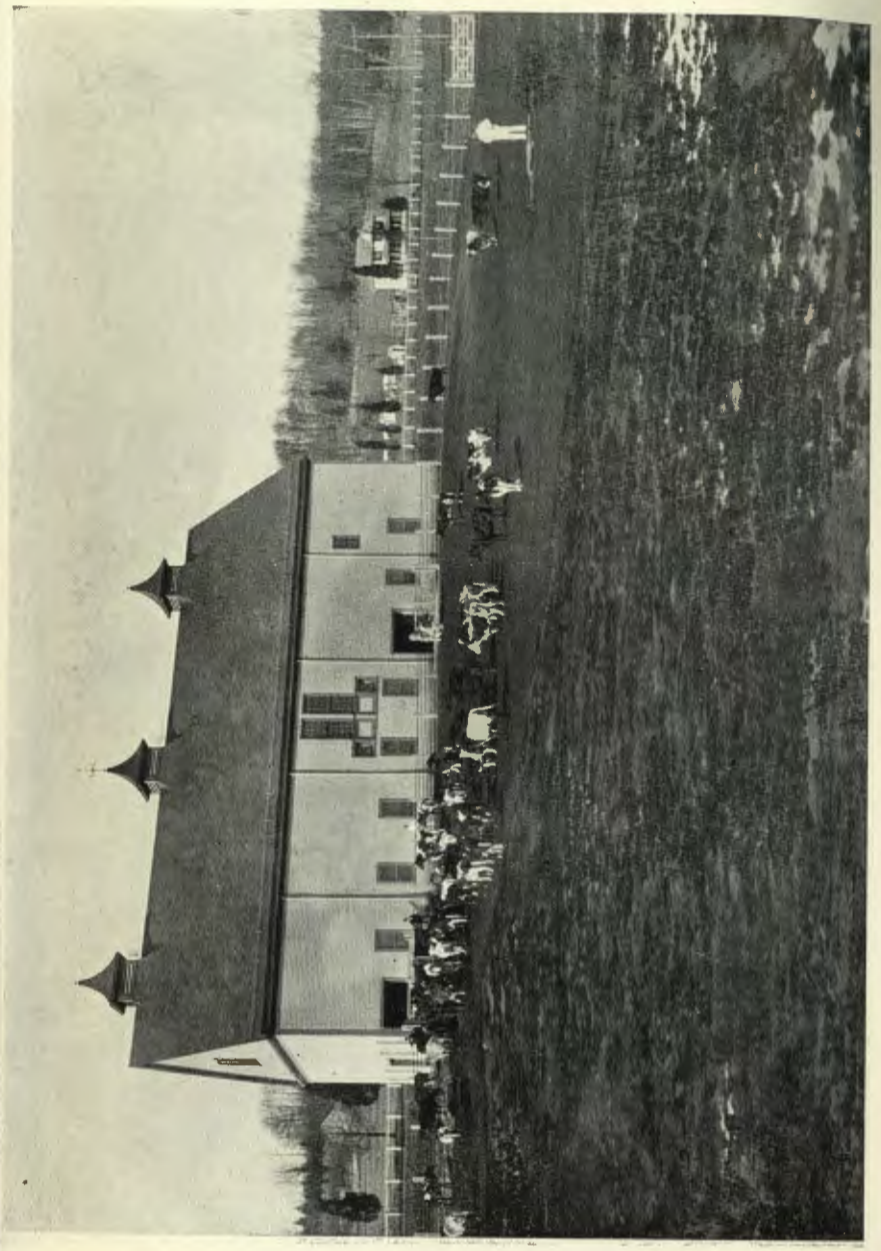
DR.

To balance October 31st, 1898,	$18,434 23
To amount received for board, clothing and incidental expenses of private patients,	55,166 77
To amount received for board, clothing and incidental expenses of county patients,	144,903 69
To amount received from State Treasurer for county patients,	50,000 00
To amount received from State Treasurer for convict patients,	15,000 00
To amount received from State Treasurer for State indigent patients,	13,000 00
To amount received for hides, tallow, &c.,	7,446 81
To amount received for sundries, rags, &c.,	1,456 06
To amount received for hogs and pigs,	3,081 80
To amount received for rents,	9 00
To amount received for interest,	65 86
To amount received from Reeves & Burr, being money advanced them from house funds for excavating for boiler-house,	3,570 00
To amount received from sale of old railroad iron from switch,	2,212 09
	$314,346 31

CR.

Amusements,	$1,097 87
Additional salary of Pathologist,	33 33
Boiler-house excavation,	3,570 00
Books and stationery,	1,311 89
Bedding, linen, &c.,	10,183 22
Clerical services,	339 00
Clothing,	10,020 90
Crockery and cutlery,	846 46
Dairy, includes stock, feed and labor,	7,196 94
Ditching and improvements to farm lands,	302 57
Engineer's services, new tunnel and reservoir,	295 00
Farm, labor, stock, fertilizers,	10,455 74
Flour,	6,823 25
Fire apparatus,	140 00
Fencing,	128 05
Fruit,	2,180 88

Freight and train service,	$5,322 38
Furniture,	4,098 30
Fuel,	12,766 17
Funeral expenses,	920 00
Greenhouse, labor, seeds and plants,	1,055 71
Grading, cleaning and enlarging reservoirs,	5,338 04
Garden, labor, seeds and fertilizers,	4,702 31
Grounds,	671 78
Hay and straw,	38 09
Harness, wagons, etc.,	798 85
Household goods,	2,986 93
Improvement of buildings,	2,580 11
Insurance,	300 00
Incidentals,	4,532 84
Ice,	75 00
Laundry machinery,	342 35
Laundry, wages and supplies,	6,265 92
Light,	8,295 11
Medical supplies,	4,064 78
Medical library,	114 25
Newspapers,	108 35
Provisions and groceries,	99,979 26
Postage,	578 30
Petty current expenses,	500 00
Pathological,	45 92
Printing pamphlets and expenses connected with new Commitment law,	35 40
Refunding,	2,032 57
Repairs,	16,687 76
Smith and wheelwright,	1,254 58
Steel rails for switch,	1,949 30
Tinware and fixtures,	1,086 24
Tools and supplies, boiler-house and machine shop,	653 36
Telegrams, telephone rental, &c.,	943 39
Vegetables,	1,696 18
Wages,	52,958 18
Water-main changes at new boiler-house,	474 36
	$301,177 17
Balance in hands of Treasurer October 31st, 1899,	$13,169 14



DAIRY BARN.

Appendix to Warden's Report.

Farm and Garden Products.

DAIRY AND FARM.

260,740	Quarts milk (average number of cows milked, 63; average per cow, 11.33 quarts per day), . . .	@ $0 04	$10,429 60
153	Dozen eggs, ...	20	30 60
135	Tons of hay, ...	15 00	2,025 00
60	Tons of shredded cornstalks, ...	10 00	600 00
18	Tons of rye straw, ...	15 00	270 00
20	Tons of wheat straw, ...	10 00	200 00
300	Bushels wheat, ...	80	240 00
150	Bushels rye, ...	60	90 00
2,250	Bushels corn, ...	40	900 00
2,000	Bushels cow horn turnips, ...	30	600 00
510	Bushels winter apples, ...	50	255 00
120	Bushels windfall apples, ...	30	36 00
530	Bushels cider apples, ...	10	53 00
12	Bushels crab apples, ...	75	9 00
26	Weeks' pasture for 68 head of cattle, ...	50	884 00
			$16,622 20

STOCK.

4,608	Pounds of veal (31 calves), ...	@ $0 10	$460 80
160	Chickens, ...	50	80 00
51	Cows slaughtered, dressed 33,078 pounds, . . .	08	2,646 24
	Amount received for hogs sold, ...		3,081 80
			$22,891 04

GARDEN.

3575	Bushels tomatoes, ...	@ $0 75	$1,787 50
750	Bushels carrots, ...	40	300 00
600	Bushels parsnips, ...	40	240 00
900	Bushels beets, ...	35	315 00
2500	Bushels mangel wurzel, ...	30	750 00
300	Bushels rutabaga turnips, ...	30	90 00
300	Bushels purple-top turnips, ...	30	90 00
200	Bushels yellowstone turnips, ...	30	60 00
4555	Bushels potatoes, ...	60	2,733 00
200	Bushels onions, ...	60	120 00
200	Bushels apples, ...	50	100 00

400	Bushels spinach,	@ $0 40	$160 00
800	Bushels kale,	30	240 00
550	Bushels bush beans,	50	275 00
190	Bushels lima beans,	75	142 50
200	Bushels peas,	80	160 00
75	Bushels cucumbers,	50	37 50
5	Bushels cucumber pickles,	1 25	6 25
50	Bushels horseradish,	1 00	50 00
5	Bushels oyster plants,	50	2 50
200	Bushels grapes,	1 00	200 00
300	Bushels bush squash,	40	120 00
55,000	Heads celery,	2¼	1,237 50
25,000	Heads cabbage,	3½	875 00
25,000	Heads lettuce,	1	250 00
250	Heads cauliflower,	5	12 50
35,000	Bunches onions,	1¼	437 50
40,000	Bunches radishes,	1¼	500 00
1,500	Bunches carrots (for soup),	2	30 00
15,000	Bunches asparagus,	8	1,200 00
15,000	Bunches rhubarb,	3½	525 00
2,000	Bunches parsley,	3	60 00
2,000	Bunches leeks,	3	60 00
1,200	Bunches celery (for soup),	2	24 00
200	Bunches sage,	5	10 00
150	Bunches thyme,	5	7 50
200	Bunches savory,	5	10 00
50	Bunches tarragon,	10	5 00
50	Bunches chive,	10	5 00
15	Baskets pears (Seckel),	75	11 25
20	Baskets pears (Keifer),	75	15 00
1,500	Muskmelons,	3½	52 50
40,000	Ears sweet corn,	1	400 00
2,160	Bundles cornstalks,	3	64 80
2,500	Peppers,	¼	6 25
100	Pumpkins, cheese,	05	5 00
4,000	Quarts strawberries,	10	400 00
1,000	Quarts blackberries,	10	100 00
2,000	Quarts raspberries,	10	200 00
1,500	Quarts cherries,	10	150 00
250	Quarts currants,	10	25 00
3,500	Egg plants,	04	140 00
800	Quinces,	02	16 00
	Total,		$14,814 05

Account of Fruit and Vegetables Canned.

Tomatoes, gallons,	3,484
Apples, gallons,	250
Other fruits, gallons,	100

GREEN HOUSE.

Cut Flowers and Plants Furnished.

CUT FLOWERS.

Roses,	29,500
Carnations,	15,500
Chrysanthemums,	2,150
Violets,	10,000
Sweet Peas,	3,250
Mignonette,	2,000
Asters,	2,250
Scabiosa,	1,500
Rudbeckia,	500
Peonies,	250
Iris,	600
Freesia,	500
Tulips,	500
Roman hyacinths,	500
Sprays of Bougainville,	75
Delphinium,	200
Tuberoses,	200
Gladiolus,	500
Bunches of phlox,	200
Daffodils,	300
Easter lilies,	75
Calla lilies,	200
Bunches of cosmos,	200
Strings of asparagus,	236
Strings of smilax,	100
Dahlias,	150

Decorative and Blooming Plants in Pots.

Cineraria,	150
Easter lilies,	75
Calla lilies,	100
Genista,	50
Dutch hyacinths,	250
Fancy caladiums,	50
Crotons,	350
Chrysanthemums,	650
Daffodils,	250
Fancy begonias,	200
Hydrangea,	50
Gloxinia,	100

Plants and Bulbs Grown for Flower Beds.

Geraniums,	3,000
Coleus,	2,500
Salvia splendens,	500

Canna indica,	1,200
Caladiums,	200
Single Petunia,	600
Ageratum,	600
Celosia,	75
Violet plants,	900
Rose plants for forcing,	1,200
Carnation plants,	1,100
Pansy plants,	2,000
Daisy plants,	1,500
Forget-me-nots,	500
Begonia vernon,	300
Cineraria maritima,	500
Nierenbergia,	200
Echeveria ,	400
Althernanthera,	200

Report of Work Done in Sewing-Room.

Sheets,	3,013
Sheets, double,	52
Pillow cases,	2,174
Bolster cases,	12
Hand towels,	3,200
Roller towels,	656
Dish towels,	1,305
Table cloths, hemmed,	157
Napkins, hemmed,	468
Blankets, hemmed,	472
Kitchen aprons,	522
Steward's aprons,	30
Chef's aprons,	12
Laboratory Aprons,	18
Curtains,	282
Curtain bands,	282
Burial robes,	43
Burial sheets,	43
Burial chemise,	43
Burial petticoats,	43
Chemise,	845
Drawers,	473
Underwaists,	14
Night dresses,	34
Drop sheet,	1
Petticoats,	731
Dresses,	990
Dresses, baby,	14
Dresses, nurses,	49
Dress skirts,	1

Dress waists,	10
Dresses altered,	11
Coat altered,	1
Wrappers,	22
Aprons, nurses,	50
Straps, nurses,	50
Total,	16,123

Return of Work Done in Mattress-Room and Shoe-Shop.

Single hair mattresses made, new,	917
Double hair mattresses made, new,	15
Single hair mattresses made over,	1,257
Double hair mattresses made over,	28
Single hair mattress ticks made, new,	986
Double hair mattress ticks made, new,	14
Hair pillows made, new,	915
Hair pillows made over,	2,008
Feather pillows made, new,	197
Sofa pillows made, new,	15
Pillow ticks made, new,	1,105
Mattress ticks repaired,	340
Pieces of furniture upholstered,	89
Large hall carpets made, new,	4
Larve hall carpets made over,	3
Alcove carpets made, new,	7
Alcove carpets made over,	6
Connecting hall carpets made, new,	3
Connecting hall carpets made over,	4
Parlor carpets made, new,	7
Parlor carpets made over,	2
Room carpets made, new,	327
Room carpets made over,	230
Carpets taken up,	917
Carpets laid,	927
Carpets repaired,	206
Carpets hemmed, yards,	727
Carpets bound, yards,	219
Rooms laid with rush matting,	2
Rooms laid with linoleum,	7
Chairs caned,	172
Settees caned,	6
Window-shades repaired,	327
Holland shades made, new,	386
Long window-curtains made, new,	6
Long window-curtains hung, pairs,	28
Ottomans made, new,	46
Carpet door-mats made, new,	27

Pairs of holders made for bakery and gas-house,	178
Pieces of harness repaired,	112
Pieces of harness made, new,	45
Bed-protectors made, new,	728
Bed protectors repaired,	432
Horse-blankets repaired,	41
Sets of mangle-aprons made, new,	15
Sets of mangle aprons repaired,	6
Chair cushions made, new,	15
Awnings put up,	27
Awnings taken down,	27
American flags made, new (size, 8 x 14),	2
Pairs of boots, shoes and slippers repaired,	873
Total,	14,983

Return of Work Done in Tin Shop.

Butter boxes,	112
Scoops,	14
Tin pails,	82
Biscuit pans,	12
Numbered tags for carts,	1,125
Coffee kettles,	60
Wire rings,	14
Drinking cups,	204
Diet cups,	212
Bread pans,	306
Coffee and tea pots,	7
Sauce pans,	6
Small flats,	100
Laundry stove guards,	12
Rice pans,	102
Scrap pans,	25
Diet-cup covers,	100
Wash basins,	56
Fruit cans,	500
Fruit can tops,	950
Other pieces as needed,	185
Pieces of tinware repaired,	1,008
Locks repaired,	419
Knives sharpened,	152
Scissors sharpened,	103
Tin roofing laid, sq. ft.,	680
Gutter, lineal feet,	28
Leader, lineal feet,	35
Also repairs to ice boxes, refrigerators, milk boxes, tin roofs, slate roofs, gutters, leaders, waiter bells, speaking tubes, clocks, etc., etc.,	
Total number of pieces,	6,609

Extracts from the By-Laws.

ADMISSION OF PATIENTS.

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

CLEANLINESS.

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

CLOTHING FOR MEN.

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

CLOTHING FOR WOMEN.

4. Each female patient, in addition to the same quantity of 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 with those accustomed to it, that when they become better, and when they attend religious worship, walk or drive out, their self-respect may be preserved.

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

JEWELRY, ETC.

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

HISTORY OF CASE.

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

REMOVAL BOND, ETC.

7. In order to remove from the Hospital an indigent patient not restored to soundness of mind, a bond for two hundred and fifty dollars ($250) with satisfactory sureties must be given. This is done in order to properly place the responsibility of such removal, and provide for the safe custody and maintenance of the patient. Such bond must be approved by a member of the Board of Managers before the removal of the patient.

Blank bonds will be furnished by the Medical Director upon application. (See form appended.)

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

PRIVATE PATIENTS.

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

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

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

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

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

INDIGENT PATIENTS.

For the admission of indigent patients a request, and the certificates of two physicians are required as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in them, showing that the person whose admission is requested is be-

lieved to be without means of support and unable to pay for his maintenance in the Hospital.

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

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

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 a. m. to 4 p. m.

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

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

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

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

FORMS.

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

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

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

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

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

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

I,....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of....., and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have

made a personal examination of....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains, has been requested by..... of ....., in said State, and I am of the opinion that the said..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

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

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

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

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

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

.....

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

.....

(3) Other facts perceived by me indicating insanity:

.....

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

.....

....., *Physician.*

AFFIDAVIT.

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

.....M.D.

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

.....

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

I, ..., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and permanent resident of the State of New Jersey, and have been

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

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

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

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

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

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

.....

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

.....

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

.....

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

.....

....., Physician.

AFFIDAVIT.

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

.....M.D.

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

.....

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

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

The undersigned, of....., in the county of..... and State
City or town.
of....., being desirous of having....., an insane person
Full name of patient.
of the county of....., and State of....., committed to, and confined as an indigent patient in, the New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said ....., for the purpose aforesaid. Said .....was
Full name of patient. Full name of patient.
born at....., on....., resides at.....,
City or town. Date of birth. State patient's residence with particularity.
and is a..... The undersigned is a
Profession, trade or calling of patient.
.....of the said.....
State degree of relation or other circumstance of connection between patient and person making request. Full name of patient.
Dated....., 19.....

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

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

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

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

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

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

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

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

.....

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

.....

(3) Other facts perceived by me indicating insanity:

.....

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

.....

....., *Physician.*

AFFIDAVIT.

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

.....M.D.

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

.....

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

I,....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of....., and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains has been requested by....., of....., in said State, and I am of the opinion that the said.....is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or

financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

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

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

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

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

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

.....

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

.....

(3) Other facts perceived by me indicating insanity:

.....

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

.....

....., *Physician.*

AFFIDAVIT.

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

..... M. D.

Sworn to and subscribed before me this ..... day of ....., 199...

.....

Maintenance Bond.

MALE.

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

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

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

(Name,) ..... [L.S.]
(Residence,) .....
(P. O. Address,) .....
(Name,) ..... [L.S.]
(Residence,) .....
(P. O. Address,) .....

Signed and Sealed in presence of }

Removal Bond.

Know all men by these presents, that ....., held and firmly bound unto the State of New Jersey in the penal sum of ..... dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one

and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals and dated this ..... day of ..... in the year of our Lord, one thousand nine hundred and .....

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

Now, therefore, the condition of the above bond or obligation is such that if the said ..... or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said ....., and provide for ..... a comfortable maintenance, so that ..... shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

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

Sealed and delivered in the presence of—