Document No. 15.

Twenty-Sixth Annual Report

of the

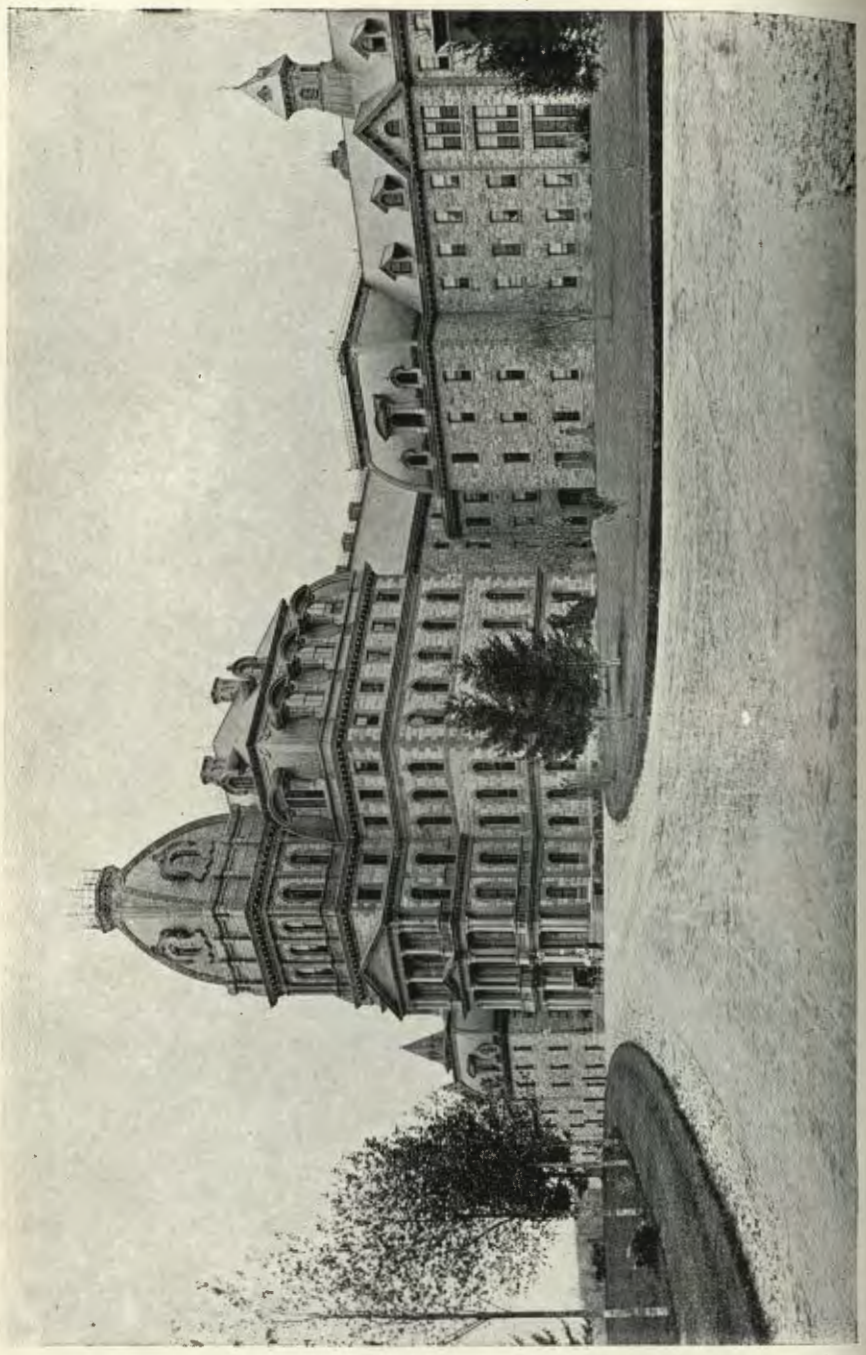
MANAGERS AND OFFICERS

of

The New Jersey State Hospital

AT MORRIS PLAINS,

For the Year ending October 31st, 1901.



MAIN BUILDING.

MANAGERS.

PRESIDENT.

PATRICK FARRELLY.....MORRISTOWN.

VICE PRESIDENT.

JOHN C. EISELE.....NEWARK.

JAMES M. BUCKLEY, D.D.....MORRISTOWN.
ROMEO F. CHABERT.....HOBOKEN.
JOHN A. McBRIDE.....DECKERTOWN.
DAVID ST. JOHN, M.D.....HACKENSACK.
JAMES W. SMITH, M.D.....PATERSON.
RICHARD A. McCURDY.....MORRIS PLAINS.

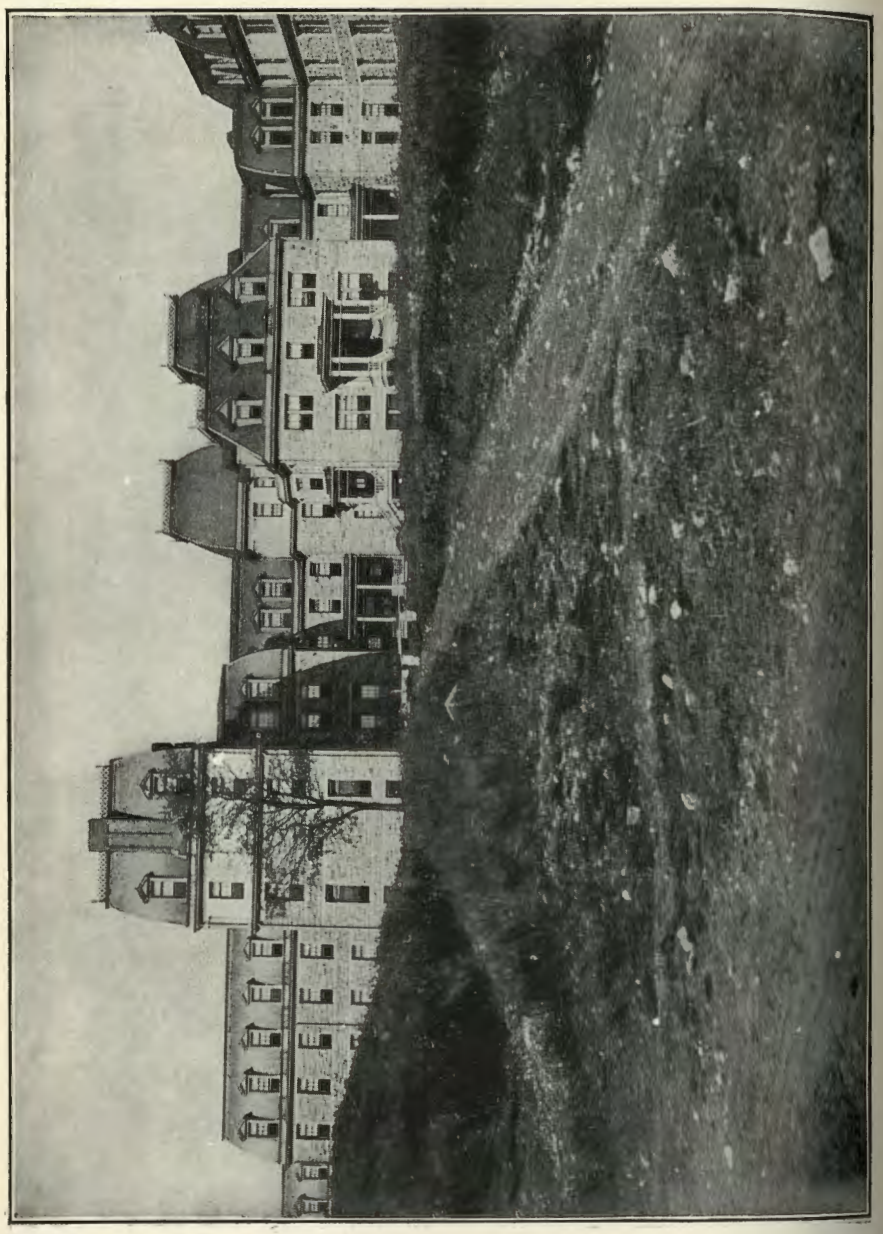
RESIDENT OFFICERS.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D. ..... MEDICAL DIRECTOR.
ELIOT GORTON, M.D. ..... ASSISTANT PHYSICIAN.
PETER S. MALLON, M.D. ..... SECOND ASSISTANT PHYSICIAN.
HARRY A. COSSITT, M.D. ..... THIRD ASSISTANT PHYSICIAN.
WILLIAM H. BARTON, M.D., FOURTH ASST. PHYSICIAN AND PATHOLOGIST.
CHRISTOPHER C. BELING ..... FIFTH ASSISTANT PHYSICIAN.
RAYMOND D. BAKER ..... SIXTH ASSISTANT PHYSICIAN.

BUSINESS DEPARTMENT.

MOSES K. EVERITT ..... WARDEN.
GUIDO C. HINCHMAN ..... TREASURER.
CHARLES H. GREEN ..... SECRETARY.



DORMITORY BUILDING.—UNGRADED SURROUNDINGS.

Report of the Board of Managers.

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

The Board of Managers of the State Hospital at Morris Plains respectfully submits its report for the fiscal year ending October 31st, 1901, being the twenty-sixth annual report of the institution.

The importance to the State of the work of the Hospital at Morris Plains cannot be better indicated than by the simple statement that during the year 1,700 insane patients were under treatment and that the daily average in the Hospital was 1,390. On September 30th the insane population reached the total of 1,409.

These figures reflect light upon the difference between a Hospital for the Insane and a General Hospital. In the latter, patients remain, on an average, only about three weeks; hence, to reach a daily average of 1,390 the whole number under treatment would be 23,630. But a Hospital for the Insane retains its incurables, a class which are discharged from General Hospitals, and such is the danger of relapse that it is seldom prudent to discharge in less than three months a patient from a Hospital for the Insane, even though supposed to have recovered.

Those interested in this great work will be pleased to learn that while the average of recoveries from 1881 to 1891 was 21 per cent. of the yearly admissions, from 1891 to 1901 it was 26 per cent., and for this year no less than 31½ per cent., a ratio seldom attained in the history of institutions for the insane.

The Medical Director accounts for this by the advancement made in hospital construction, by the observance of better hygienic methods, the employment of trained nurses, the aid obtained from skilled post-mortem examinations of the human brain and from a great variety of remedial methods. It should be understood that the percentage of recoveries is computed upon the yearly admissions, and not upon the whole number. The reason for this course is that in the institution a majority of patients have suffered from the ravages of brain

troubles and other maladies, to such an extent as to make recovery highly improbable and often, in fact, impossible.

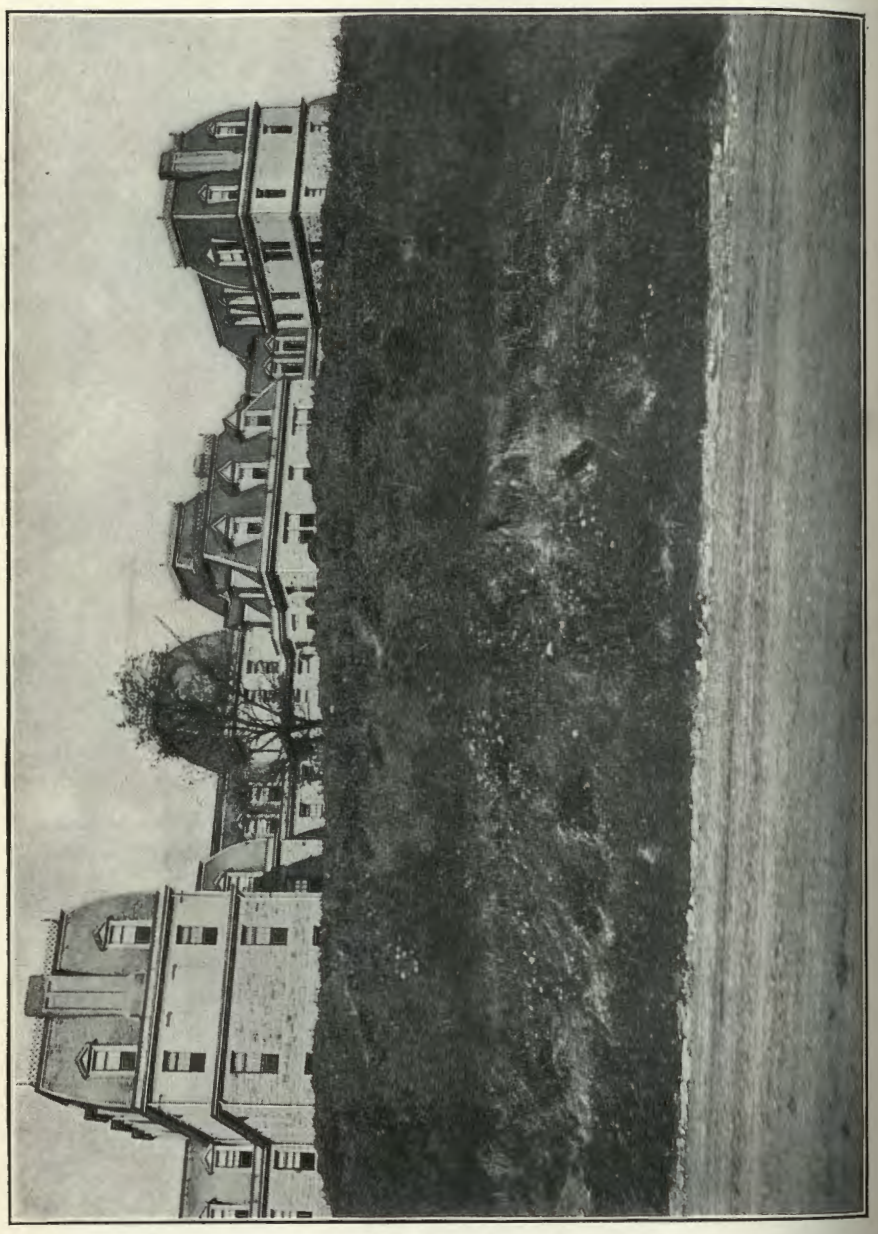
During the year twenty-five patients have been removed by the county authorities in Hudson and Passaic to their local institutions.

We respectfully direct the attention of your Excellency, and through you the serious attention of the Legislature, to the great need of a separate building for convict insane, which, in our judgment, should be erected not far from the State Prison.

There are at the present time in this Hospital 27 criminal insane and 69 convict insane. The criminal insane are those who have committed acts which, if perpetrated by a sane person, would be criminal, but who have been found to be insane and irresponsible before sentence and are committed directly to the State Hospital. The convicts are those who have become insane after their commitment to the State Prison or other places of punishment.

The gross injustice done the non-criminal insane by forcing them to associate, to a greater or less degree, with convicts has been set forth in previous reports. Our observation convinces us that it is an outrage upon humanity. The insane are by no means destitute of natural sensibility. Few are constantly in an excited or in a totally demented condition. No hospital for the insane can be properly transformed into a prison. The convicts bring with them their criminal instincts, habits and experience. Though we have fitted three strong rooms with all modern appliances, in spite of the vigilance of night nurses, specially selected, whose promotion depends upon their fidelity, during the past year three very dangerous convicts have escaped; one of them a homicidal murderer, who combines acuteness in contriving plans for robbery with an entire willingness to commit murder in accomplishing his purpose or effecting his escape. The escape of this man was effected by means which no vigilance could have detected, unless he had been chained to the wall, after the manner of ancient barbaric times, in an underground cell. Notwithstanding efforts to recapture him, this convict patient is still at large. Should he commit robbery or murder, who would be responsible but the State of New Jersey, which removed him from the relatively great security of the State Prison to a hospital constructed entirely with regard to those who can be managed without transforming the institution into a system of dungeons?

To add insanity to the criminal instincts makes a combination often



Dormitory Building.—Ungraded Surroundings of Center Building.

far more dangerous, treacherous and a greater menace to the public than any of the ordinary forms of insanity, when superinduced upon good character, habits of honesty, industry and response to the ordinary motives of humanity which lead to mercy, compassion and helpfulness. At the present time the convicts in the institutions at Trenton and Morris Plains number more than one hundred. Several States have provided institutions especially conducted for the detention of criminals and the convict insane. We earnestly direct the attention of your Excellency to the need of a separate institution for this class of the insane. This would relieve the pressure upon and greatly increase the efficiency of the State Hospitals for the purpose for which they were originally established.

It is our belief that the Legislature would not hestitate a moment to follow the example of other progressive States could each legislator be induced to ask himself how he would like his father, brother or son to be compelled, while under treatment for mental disease, to associate directly with convicts of the worst class.

The statistical details, in which the results of the work of the institution are condensed, are not always read, even by the persons who, for the discharge of their legislative and other duties, need to know their contents. That they may be understood in their proper relations without difficulty, and their value to the proper estimate of the great amount of good accomplished, the Medical Director has prepared an outline of the routine features of the daily life of the Hospital, which furnishes an answer to countless questions which are asked in private correspondence, often appear in newspaper discussions, and are occasionally propounded in the deliberations of the Legislature.

The Warden's report shows that the sum of twenty thousand dollars ($20,000) granted for the furnishing of the Annex or Dormitory building was inadequate; contracts made after bids obtained on specifications, at the lowest terms compatible with fitness and utility, amounting to more than that amount.

The building was opened on the 12th of March, and now contains more than 400 patients. The extra expense was occasioned by the need for additional tables, chairs, bedsteads and bedding, also storerooms for the kitchen and boxes for the cold storage. It was found that additional plumbing was required, and that in connection with the apparatus necessary to convey food to the dining-rooms, steam

tables and several other conveniences, the need for which was only to be ascertained by experiment, were demanded.

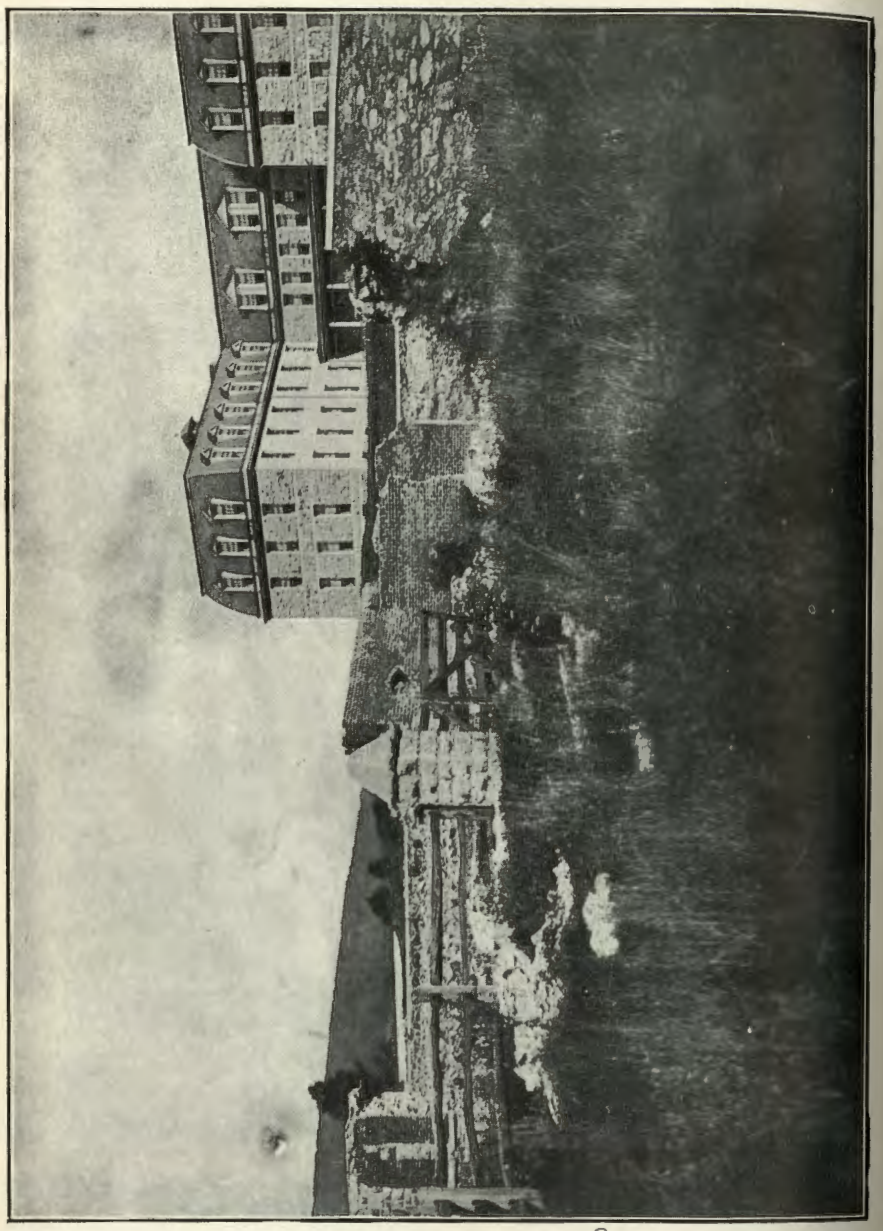
It will be seen also that the appropriation of sixteen hundred dollars ($1,600) for walks lapsed on account of the grading not being sufficiently advanced. The account of the work done upon the reservoirs and the continually increasing need for more water evinced by the protracted drought of last year, are clear and convincing. The results of the examination of the sewer system now in use at the Hospital will be found interesting and of value in the solution of the many problems of disposing of sewage which arise in the institutions owned by the State, as well as in the various cities and towns in which so large a proportion of the population of the State is gathered.

Last year we called the attention of your Excellency to the amount of $15,485.28 which was due us from the State for the years 1898, 1899 and 1900 for the support of the convict, State indigent and county patients. During the past year we have been obliged to incur expenses for maintaining the same class of patients, amounting to $13,819.95 more than the amount received from the State Treasurer. This leaves us without sufficient funds to meet our current obligations. We therefore request that this amount be placed in the deficiency bill.

The sum of $1,290.40 is due Patrick Reynolds for work on contract, for which the whole amount was appropriated at the last session of the Legislature, but this balance was not paid because the bill was not presented by Mr. Reynolds for action by the Board until after November 1st, and the appropriation therefore lapsed. This bill, with what has already been paid, does not exceed the amount appropriated for the work. In addition to the above, this amount should also be placed in the deficiency bill.

We will need $6,000 for a new slaughter-house; $3,000 for walks around the new building, for which $1,600 was appropriated last year, but was not used for the reason that this sum was below the lowest bid received for the work; $5,000 for additional furniture for the new building, which includes the necessary fitting for the Pathological Laboratory, and $6,000 for grading around the new building.

Statement of resources and liabilities, October 31st, 1901:



DORMITORY BUILDING.—FEMALE WING.—UNGRADED SURROUNDINGS.

RESOURCES.

Balance in hands of Treasurer	$13,312 44	
Due from Hudson county as per bill rendered	1,095 74	
Due from Morris county as per bill rendered	6,954 28	
Due from Passaic county as per bill rendered	11,195 17	
Due from Sussex county as per bill rendered	1,576 34	
Due from Union county as per bill rendered	9,751 53	
Due from Warren county as per bill rendered	3,179 95	
Due from State Treasurer for county patients	7,506 80	
Due from State Treasurer for convict patients	4,019 81	
Due from State Treasurer for State patients	10,145 53	
Due from private patients as per bills rendered	4,666 76	
Due from Sailors' Snug Harbor	696 34	
Due from petty expense account	398 65	
Due from clothing issued	4,421 59	
		$78,920 93

LIABILITIES.

Bills payable	$51,979 39	
Pay-roll for month of October	9,853 27	
County patients paid beyond	1,444 29	
Private patients paid beyond	6,724 48	
Amount of bills rendered counties not yet earned	4,981 81	
Amount of bills rendered private patients not yet earned,	1,676 55	
		$70,664 79
Balance above liabilities		$2,256 14

PRIVATE ASYLUMS.

The private asylums within the counties assigned to the superintendency of this Board of Managers have been visited and licensed according to the terms of the law.

We direct the attention of the Legislature to the fact that no penalty or provision is made by the law for persons who attempt to treat the insane and who refuse to take out licenses, and that no method of procedure is specified for such cases.

COUNTY ASYLUMS.

The County Asylums which the Board of Managers are required to inspect—the result of such inspection to be included in their report to your Excellency—are situated in the following counties: Essex, Hudson and Passaic.

Essex County Asylum and Branch at Overbrook.

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

Both institutions are in charge of Dr. D. M. Dill, Superintendent, with a staff of three physicians (one of whom is a pathologist) and a dispensary clerk at the main hospital, and two physicians at the Overbrook Hospital.

The two hospitals contain 995 patients, with 42 on parole. Of this number 273 males and 380 females are at the main hospital, and 131 males and 211 females at the branch hospital. The main institution seems to be in excellent condition, and is being refitted as rapidly as possible with the latest approved sanitary methods of plumbing and ventilation. Since our last report the new wing at Overbrook has been completed, and is taking care of over 80 patients from the main building, thus relieving it somewhat from its overcrowded condition.

The new hospital is a model of its kind and is showing excellent results in the care of the class of patients committed to it. The Essex County Hospital has maintained a training-school for nurses for many years, and thereby secures a competent corps of attendants, both male and female. Both the old and new hospitals compare favorably with many State hospitals. The management and its results demonstrate that the insane are receiving skilful and conscientious treatment and the public interests are being well served.

Hudson County Asylum.

This hospital is situated at Snake Hill, Hudson county, N. J. It is in charge of Dr. George W. King, as Medical Superintendent, assisted by a Deputy Superintendent, who is not a physician.

The number of patients admitted during the year was 121; number discharged, 63; died, 58; leaving 551 patients, of whom 243 are males and 308 are females.

There have been no improvements made in the hospital during the year, and it is utterly lacking in room and other accommodations for the proper care of insane patients. Dr. King, who has been in charge of the hospital for many years, is, we think, a competent physician, and no doubt is doing all that he can under the peculiar circumstances, but he should certainly have more medical assistance.

While the institution is not old, the plumbing of the lavatories is not suited for institutions of this kind, and demands immediate improvement.

The first floor of the institution, which was built to be occupied by patients, has been abandoned on account of dampness. This loss of living-room increases the overcrowding of the rest of the hospital, and interferes with the comfort and welfare of the patients. The hospital has no training school for nurses, yet the attendants are paid nearly double the amount that trained attendants of the best character receive in the State hospitals.

As a Board having supervision, under the laws of the State of New Jersey, of county hospitals, we earnestly recommend an enlargement and improvement of this institution in keeping with the population and wealth of Hudson county.

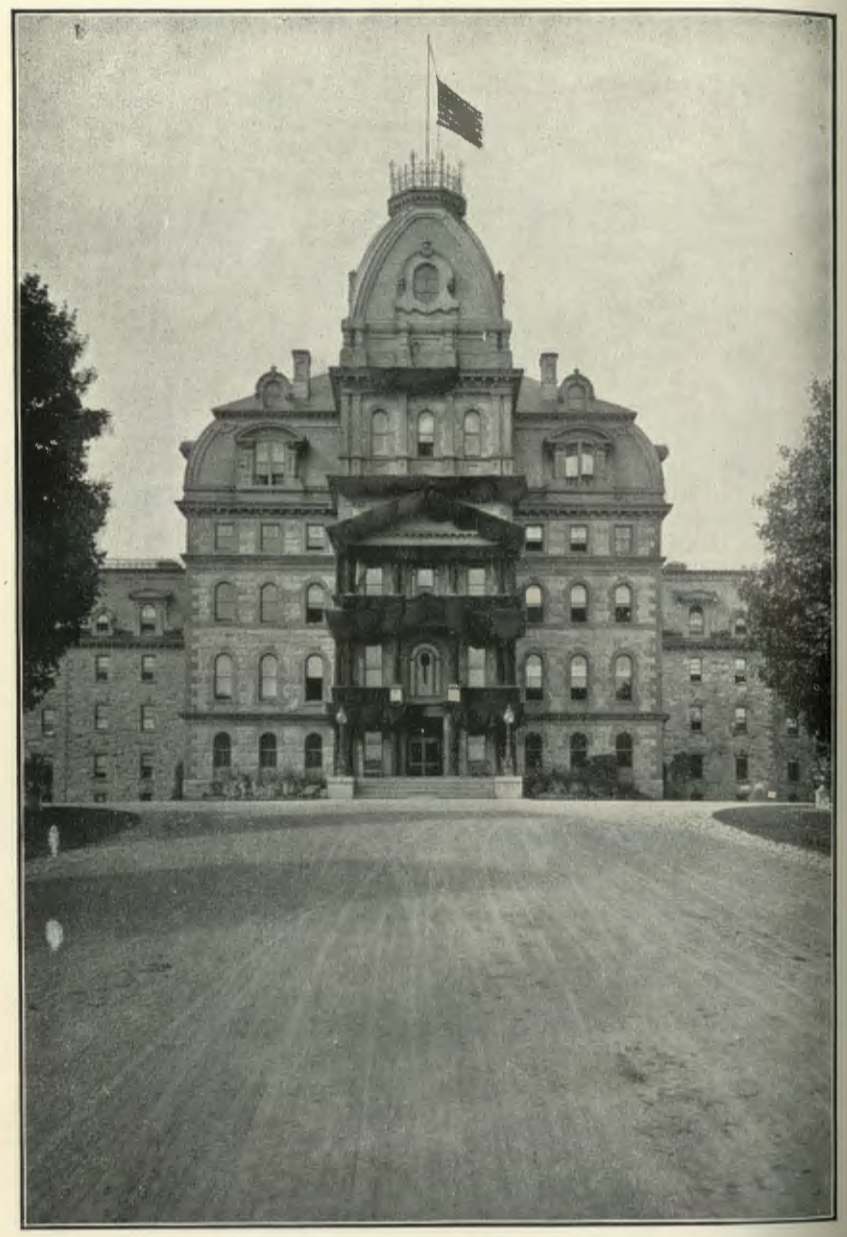
Passaic County Asylum.

Most of the insane of this county are cared for at the institution at Morris Plains, but the Board of Freeholders of Passaic county is caring for 10 male and 36 female patients at their county almshouse. The patients are of a class that, without detriment to them, can be taken care of in this way.

Signed,

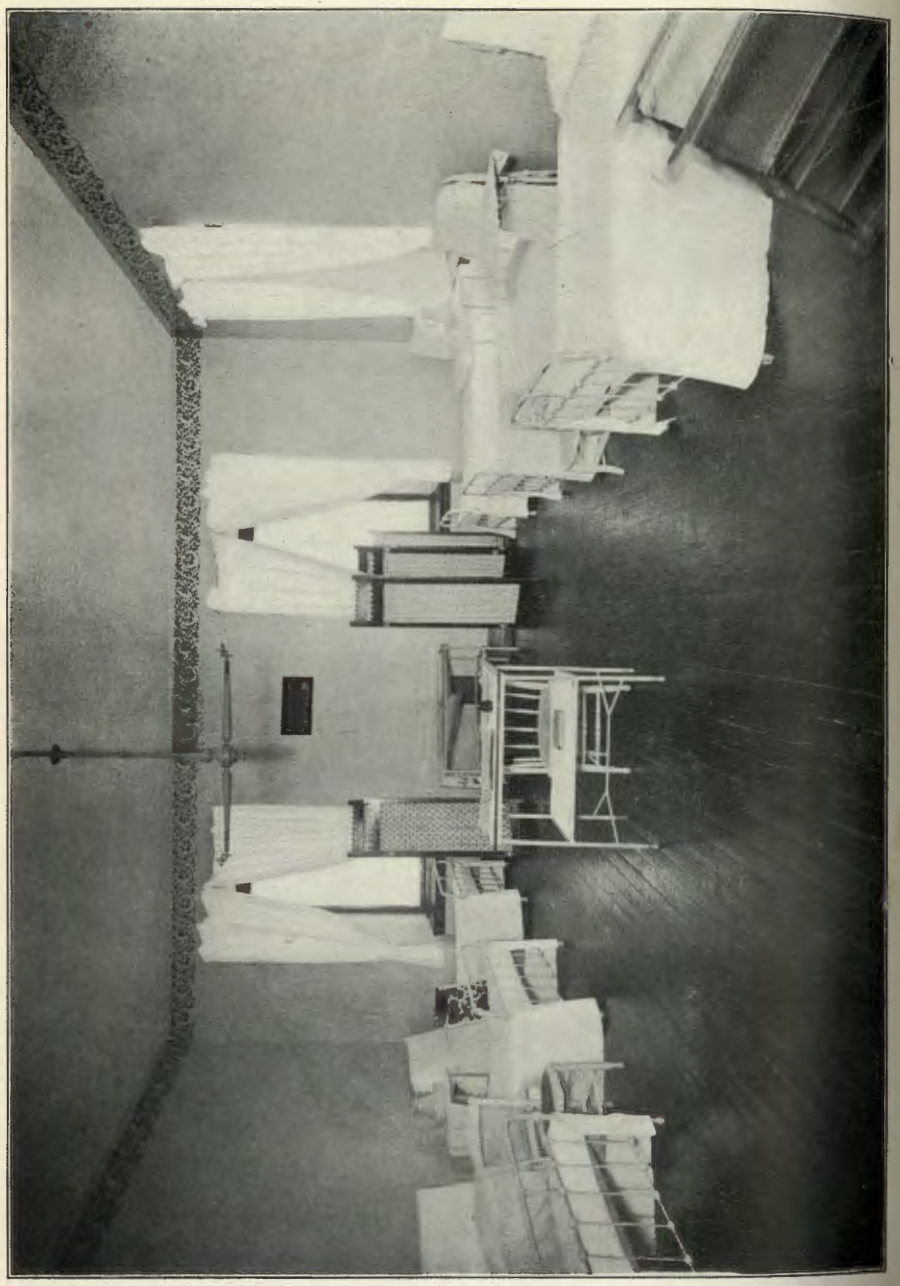
PATRICK FARRELLY,
JOHN C. EISELE,
JAMES M. BUCKLEY, D.D., LL.D.,
ROMEO F. CHABERT, M.D.,
JOHN A. McBRIDE,
DAVID ST. JOHN, M.D.,
JAMES W. SMITH, M.D.,
RICHARD A. McCURDY,

Managers.



ADMINISTRATION BUILDING.—DRAPED FOR PRESIDENT WM. MCKINLEY.

REPORT OF THE MEDICAL DIRECTOR.



Infirmary for Females.

Report of the Medical Director.

To the Board of Managers:

Gentlemen—I herewith transmit to you the twenty-sixth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains for the year ending October 31st, 1901.

The year closed with a total of 1,390 patients, 707 men and 683 women. There were in all 1,700 patients under treatment and the daily average for the year was 1,390. The highest census was on September 30th, when the insane population of the Hospital reached 1,409. The percentage of recoveries, based, as usual, upon the number admitted, is 31½ per cent.

The average of recoveries from the year 1881 to 1891 was 21 per cent. of the yearly admissions; from 1891 to 1901 it was 26 per cent., and for this year 31½ per cent. These figures show a steady increase in the yearly percentage of recoveries. In comparing percentages in this way by decades, the results may be looked upon as reliable, for the reason that conditions which especially tend to make a high or low rate in any given year are balanced. It is clear that the advancement made in hospital construction, the observance of better hygienic methods, the employment of trained nurses, the aid given to psychiatry by pathological research, and the progress made in the application of therapeutic measures, are all operating to make greater the percentage of recoveries and to increase the confidence of the public at large in the value of hospital treatment for the insane.

The death rate, based upon the number under treatment, is 7.8 per cent., and the average age at death was fifty-four.

Table XIX. of the statistical appendix shows the advanced age at which a large proportion died. Sixty per cent. were over sixty years of age, and of this number 6 were nearly ninety, and 22 were between seventy and eighty years of age. Table XX. shows, with other causes, that 23 deaths resulted from paresis, the disease of modern civilization.

According to their legal commitment, the classification of those

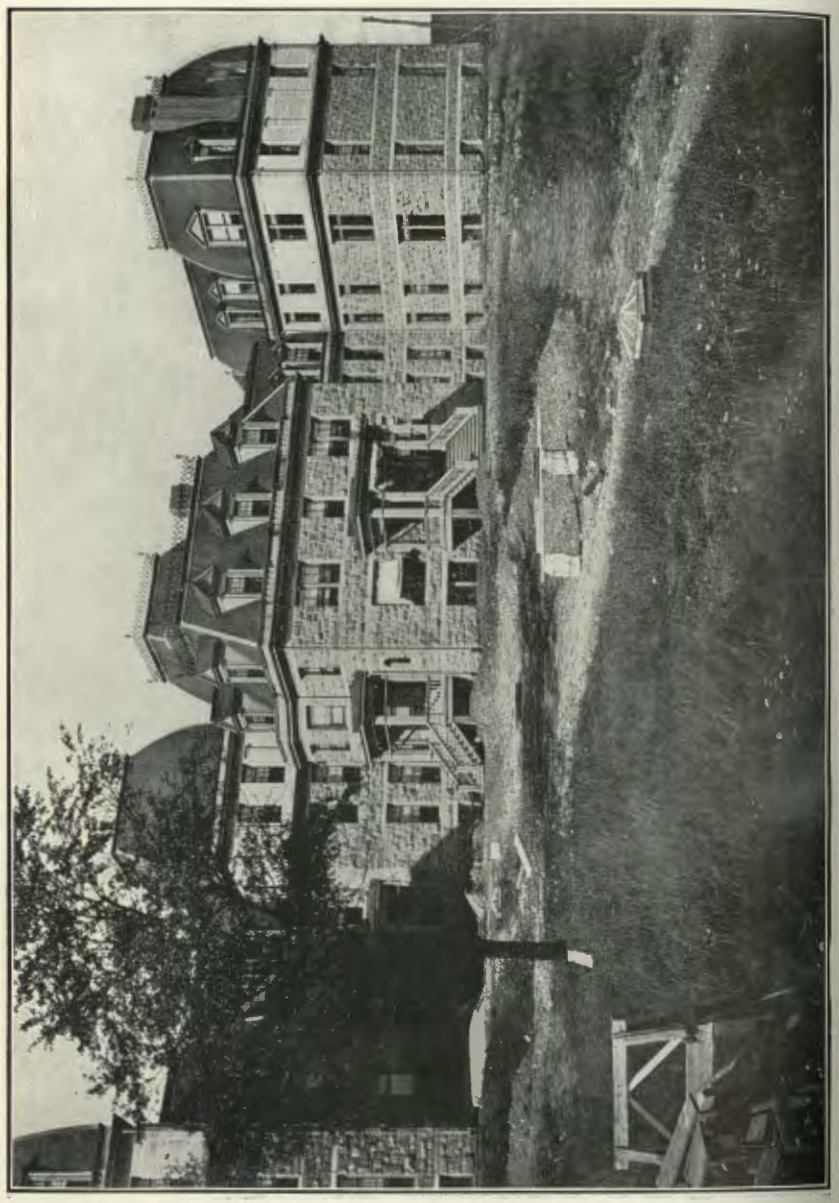
remaining in the Hospital October 31st, 1901, is as follows: Indigent, 1,131; private, 164; criminal, 27; convict, 68; a total of 1,390.

During the hospital year covered by this report, 311 patients have been admitted and 310 have been discharged, showing a gain of one patient over the closing number of the preceding year. The unusally small increase in population is due to the fact that a larger number than usual was discharged as recovered or improved, and in addition to this the county authorities of Hudson and Passaic transferred 25 patients to their local institutions.

TRAINING-SCHOOL.

The training-school for nurses is now entering upon its eighth year. As a permanent feature of this institution it must be looked upon as a most important factor, conducing to the benefit of patients, and its scope and importance clinically can hardly be overestimated. We daily see the results of such training, and it is highly gratifying that our graduates are giving a good account of themselves. Our pupil nurses are coming more and more to see the necessity and to appreciate the advantage to themselves of special training in the line of work they have selected, and we are continually having applications from those who ask to be employed for the reason that it is their *desire* to take a course of instruction. We are improving the course as opportunity offers, and this coming year our schedule of lectures and demonstrations is more complete and comprehensive than ever before. At the commencement exercises of the last training-school class, three men and four women were granted diplomas, making thirty-seven men and fifty-three women, a total of ninety, who have graduated from the school since its inception.

In connection with this subject I desire to direct your attention to the wisdom of providing a building which shall be set apart for the use of nurses. This is in the line of progress, and is advocated and endorsed as a necessity in numerous hospitals, both general and special. Our nurses are on duty for sixteen consecutive hours, and remain daily and sleep nightly in the same wards which occupy their time and attention during the day. Their rest is, therefore, often unavoidably broken by disturbed and noisy patients not then under their care. Persons spending sixteen hours daily in the care of turbulent and distressing cases should have a place set apart for them



DORMITORY BUILDING.

where they can sleep in peace and where they can spend their time when not on duty in reading, studying or recreation, away from the cares and vexations of their work. It would be economy and at the same time in the promotion of good service to erect a cottage for nurses, which should also provide sleeping accommodation for night nurses. The immediate outlay would, in time, be repaid by a more willing and better service, and tend to keep in our employ those whose experience and qualifications make them a credit and valuable adjuncts to the medical work of the Hospital.

NEW BUILDING.

The new dormitory building, recently completed, has been occupied and in use since March 12th, and now contains 408 patients, equally divided as to sex. It has relieved us from the many serious inconveniences of overcrowding and given us more room in the main building for the care and treatment of acute cases. We are thus enabled to classify our patients more intelligently, and this in itself should result to their benefit. The mental irritation caused by the enforced and prolonged crowding together of insane and uncongenial patients always tends to retard recovery, and the anxiety caused those responsible for their welfare under such conditions is no light matter.

In the dormitory building there are two large day-rooms on either side of the center, which are occupied during the day by a quiet class of the chronic insane. Directly over the day-rooms, and of the same size, are the dormitories, where the patients sleep at night. In this way the day-rooms are thoroughly ventilated during the night and the dormitories during the day.

Meals are served in the associate dining-room, the organization of which is constantly being perfected, and the patients march in at a given signal, take their seats, eat and march out again in an orderly, systematic manner entirely free from friction. Food that should be hot is so served in a homelike manner, and the time occupied in serving a meal to 408 patients does not exceed twenty-five minutes.

The associate dining-room method for feeding large numbers of the chronic insane has many commendable features. It is more economical and satisfactory in that the waste is reduced to a minimum and the food is served promptly from the kitchen ranges while in a palatable condition.

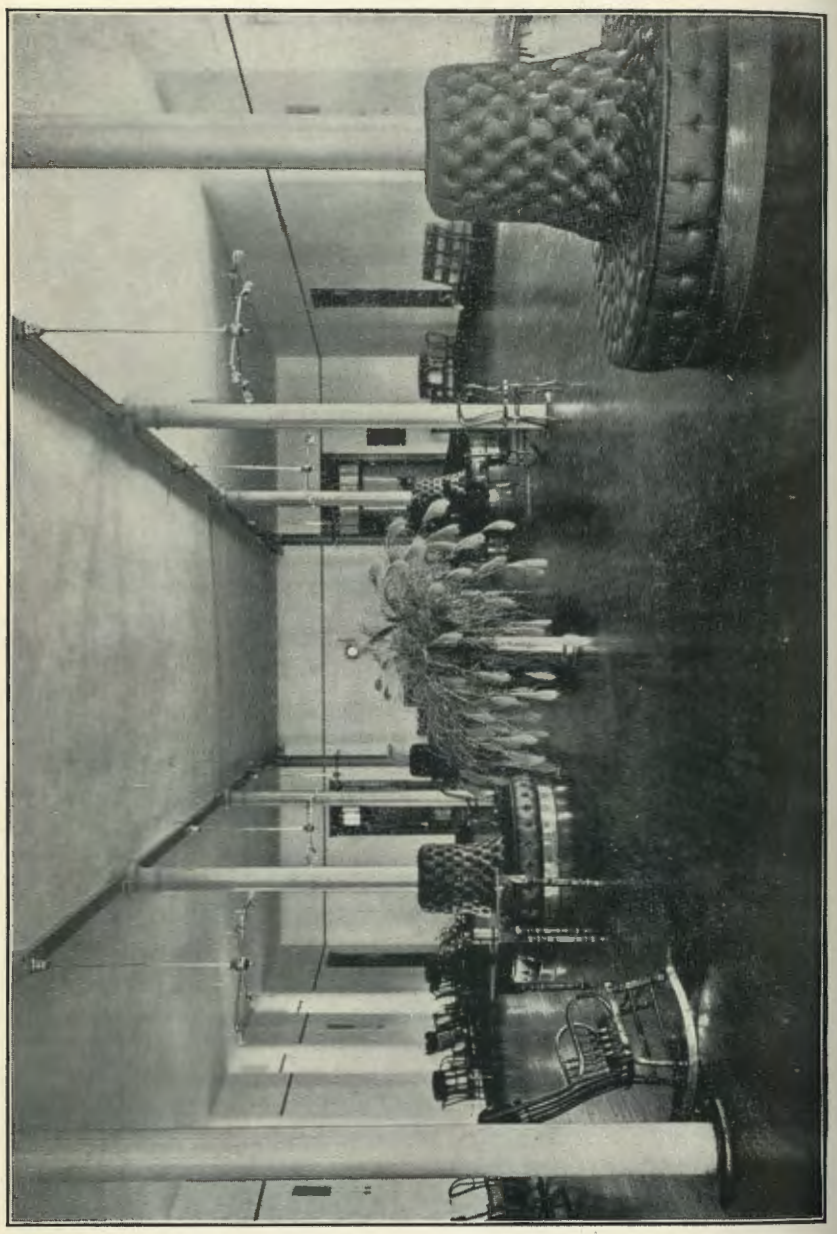
GENERAL HEALTH, ETC.

The general health of our patients during the year has been good. Varicella occurred in one of the women nurses, and was a matter of grave concern for a few days, until the course of the symptoms showed the disease to be unmistakably varicella and not variola. With this exception, we have been free from infectious and contagious diseases, but this isolated case reminds us of the danger we are subjected to from such sources, and directs our attention to the need for a building for infectious and contagious diseases, so that the danger of infecting our present buildings shall be reduced to a minimum. As our population increases it is well to consider that, should there be an outbreak of a serious contagious disease, it would be difficult to command the services of enough nurses to properly care for our patients.

From time to time it becomes our duty, with a population of 1,400 or more, to do considerable surgical work, both of a major and minor character. In this day of aseptic and antiseptic surgery, it is evident that an institution of our magnitude should have at least two well-equipped operating-rooms, one each for the male and female departments. Under present conditions a room must be specially prepared for the work each time an important operation is contemplated; the table brought from one place, instruments from another, antiseptic fluids and dressings made up and sterilization carried on at a distance from the scene of operation, and the delay caused thereby is prejudicial to the work and extremely annoying. I ask your consideration of this matter, which is of much interest to the Medical Staff, who are doing surgical work worthy of commendation even under difficulties.

CONVICT INSANE.

We still have in our care sixty-eight convict insane, although from year to year we have plainly spread the matter upon our reports and laid bare the gross injustice done the non-criminal insane who are forced, to a greater or less degree, to come into contact with them. This Hospital is not equipped to hold them. During the year, in



DORMITORY BUILDING.—DAY ROOM FOR WOMEN.

spite of the vigilance of our night nurses, three dangerous convicts have escaped. That such a class should be kept here is unjust to our patients who are free from criminal taint; that they should escape is an injustice to the public. I have in my previous reports called attention to the fact that other States have provided institutions specially constructed for the detention of the criminal and convict insane, and I should feel that I had omitted my plain duty if I failed in this report to again make record of this most important matter. The convict insane are dangerous, treacherous and a menace to the welfare of any hospital not constructed and equipped for the care of this class alone. It is the duty of every Commonwealth to provide an institution for their safe-keeping, and I am hopeful that this crying need will receive attention in this State without further delay.

DAILY ROUTINE IN THE MEDICAL DEPARTMENT.

In view of the fact that our annual reports are not restricted in their circulation to those officially interested in the work of this Hospital, and inasmuch as laymen and general practitioners of medicine read them, in order to know something of the details of the operations of this important public charity, I have thought it proper to briefly set forth an outline of some of the more important features of the daily routine of the Medical Department, because it will facilitate a clearer understanding of the carefully-prepared statistical tables, in which records the work of this institution is condensed.

The magnitude of the work and the immense amount of detail connected with it calls for thorough organization in every department. Every physician upon the staff is assigned his special service. Supervisors and supervising nurses are allotted a given number of wards in which they are held responsible for the service of the nurses and where they must preserve discipline and see that the ward attendants are properly discharging their various duties. It further devolves upon the supervisors to look carefully into the wants and needs of patients, report upon sanitary conditions, record the ward temperatures and be the constant medium of communication between the wards and the medical offices.

There are in the two buildings forty-four wards, all in telephonic communication with the office of the Medical Director. Each ward

has its charge attendant or head nurse, upon whom the immediate responsibility of caring for the family of patients in that ward rests.

At 6 A. M. the rising whistle blows and 1,400 patients and their nurses arise and the hospital day is begun. The feeble and untidy are washed and dressed by their nurses; the strong and robust are educated and trained to care for themselves; the wards and rooms are flushed out with pure air and systematic housecleaning is put in operation. The morning meal is served in forty different dining-rooms to nearly 1,600 persons at 7 o'clock. At 9 A. M. the supervisors make their reports to the Medical Director. These reports consist of tabulated statements, setting forth the employment of the patients, a list of those sick in bed, a record of all incidents and accidents for the past twenty-four hours, the leaves of absence, admissions and discharges. They also transmit the written reports of the night nurses and patrol men and women, and, having already made tours of inspection through the various wards, verbal reports are made as to any matter needing the attention of the Medical Staff. Requisitions, in writing, for such necessary articles as clothing, furniture, beds, bedding, dishes, table and other supplies, and also a list of needed repairs, are submitted to the Medical Director for his approval and signature. At 11 A. M. the assistant physicians make their reports as to the condition of the patients. The regular hours for the physicians to make their rounds are from 9 to 11 A. M. and 3:30 to 5:30 P. M. The daily rounds by the physicians cover every part of the institution in which there are patients. Reports of the morning rounds are made in writing and filed with the Medical Director. Each physician is subject to call day or night, at any moment the condition of a patient in his service may demand his attention, or any emergency arises. In an article on "The Insane and Hospitals for Their Care," Dr. Eliot Gorton, after several years of service in this line of work, aptly writes: "It is no light task for one to acquaint himself with the peculiarities of a few hundred patients; to be able to call them all by name; to be familiar with the course and progress of their disease; to know in what wards to place them and to exercise judgment in their proper distribution."

The physicians also give careful attention to everything pertaining to the care and treatment of the patients, such as the minutiæ of diet, exercise, baths, medicines, &c., and try to impress patients with the fact that they are their friends as well as medical advisors.

At 9 P. M. the day nurses, after sixteen hours of service, deliver their patients over to the care of the night nurses, under whose watchful care and humane administrations they remain until morning.

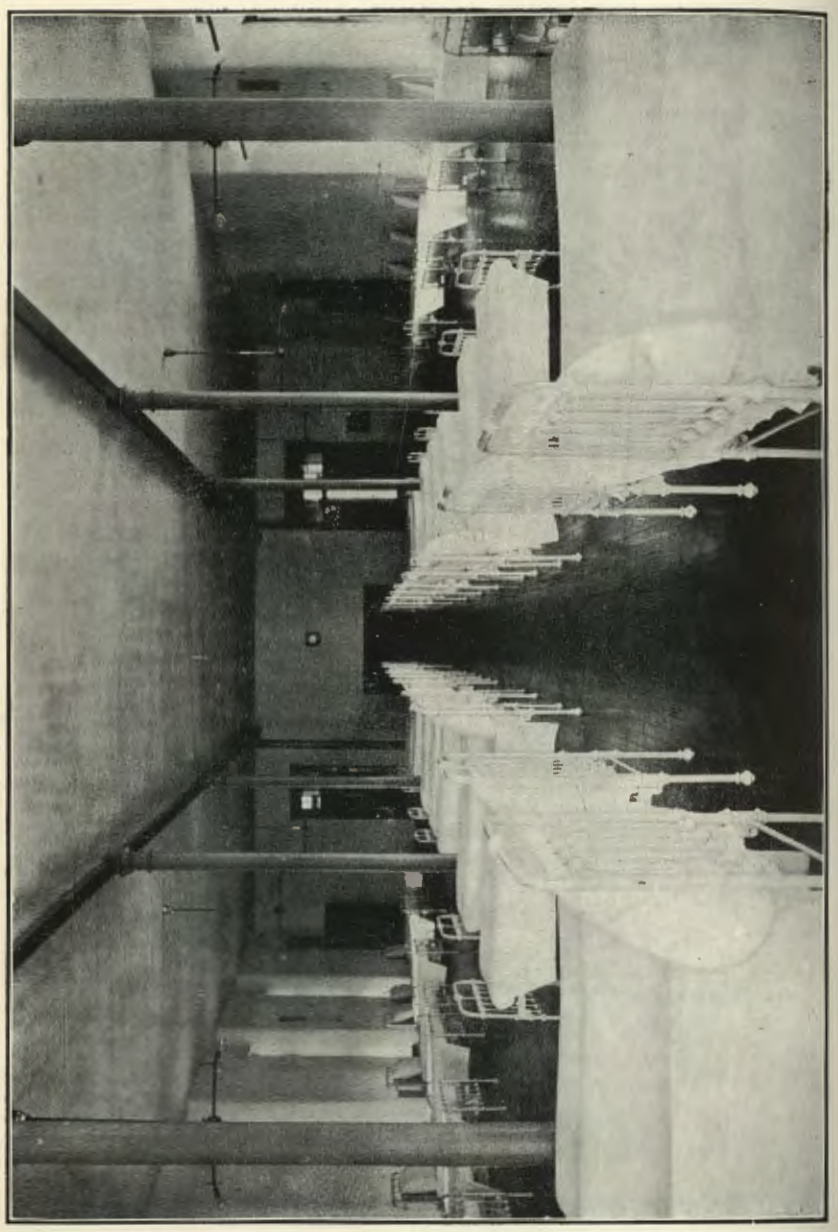
Such, in a general way, is the character of the routine work of the Hospital. Where so large a number of insane patients are congregated, the usual percentage of those who are homicidal, or suicidal, or who suffer from pyromania, make the danger of a homicide, a suicide, fire or other accident a source of never-ending anxiety to those in charge. Nowhere is eternal vigilance more necessary or more to be insisted upon than in a large hospital for the insane.

DIET.

In the treatment of all forms of disease the matter of diet necessarily assumes a most important place. The proper nourishment of the patient can never be consistently overlooked. Exercise and the use of medicine avail but little if close attention is not paid to the selection of a judicious and nutritious diet. All well-regulated hospitals for the insane must, of necessity, change their diet schedule at intervals and provide food calculated to stimulate the appetite and effectually nourish the body. For patients seriously ill the physician must prescribe the class of food indicated by the particular illness in hand, with a view to the observance of well-established principles of dietetics. Our dietary schedule is changed from time to time and rearranged under the specific directions of the Managers. The members of the Medical Staff are impressed with the importance of prescribing diet such as each individual patient may need. Following is a copy of the schedule, which is posted in every dining-room in this Hospital, and the supervisors are required to make a written report daily as to whether the diet served conforms to this schedule and to make record of any deviation from it. In this way a close supervision is kept over this most vital factor in the treatment of disease, physical or mental.

DIETARY.

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



DORMITORY BUILDING.—A DORMITORY FOR WOMEN.

SPECIAL DIET.

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

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

D. B. means Dormitory Building.

REGULATIONS CONCERNING FOREGOING DIETARY.

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

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

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

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

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

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

PATHOLOGICAL.

The report of the pathologist, Dr. Thomas P. Prout (resigned), will be found appended in full, as well as a brief outline of some experimental work done by Dr. William H. Barton, who succeeds Dr.

Prout as pathologist. It contains the findings at autopsies, a summary of other examinations made during the year, and a special report of work done on the blood in a few cases of pubescent and adolescent insanity. His observations tend to show that such cases suffer from almost the same toxic condition of the blood as is found in typhoid fever. Could such a condition of the blood be established as a constant factor in these cases, it would be of great value in the outlining of a rational treatment.

The Pathological Laboratory is in the new building, and has been arranged with especial reference to light and the needs of a modern laboratory. It consists of six rooms, one of which, with an accompanying dark-room, has been designed for photographic work, and will ultimately be so used. There is a field for useful work in microphotography, and as soon as possible we hope to do some work in that line. The main room is spacious and well lighted. The work of the laboratory has been considerably delayed, however, owing to the change from the old to the new quarters and the consequent refitting and furnishing necessary. When fully equipped we will have excellent facilities for pathological and bacteriological work.

AMUSEMENT AND EMPLOYMENT.

Following our custom in the past, we have during the year provided indoor entertainments for our patients to the extent our means would allow. This has included theatrical, musical and other entertainments of an amusing character calculated to divert the mind and temporarily, at least, banish dull care. Several entertainments with the phonograph, accompanied by brief lectures, have been given by the Medical Director, and these, from time to time, will be continued. They have proven a source of much enjoyment, as have our entertainments generally. Outdoor sports, in season, base-ball, golf, tennis, croquet, &c., have also received their share of patronage.

Dances are now being held in the amusement-room of the dormitory building, alternating weekly with the main building. When the amusement-room of the dormitory building is furnished with a stage, piano and suitable seating facilities, we will be able to provide entertainment for all who take an interest in dancing, concerts, lectures and the like, for the amusement hall in the main building is much too small for our present needs.

The underground passageway or tunnel connecting the main building with the new affords a safe and easy means of conducting patients to and from either building, and gives us a method of supervision over them at night which could not be obtained otherwise.

Appended will be found two tables illustrative of the manner in which we have kept all available patients employed, both in and out of doors, much to their benefit.

TABLE I.

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

DATE.	LAUNDRY.			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing-room.	Total.
	Men.	Women.	Total.						
1900.									
November	213	502	715	318	1,192	109	341	447	3,122
December	199	492	691	411	1,072	114	345	459	3,092
1901.									
January	185	549	734	417	862	109	374	487	2,983
February	166	559	725	369	775	95	354	454	2,772
March	172	485	657	324	734	83	360	506	2,664
April	161	498	659	281	1,061	82	257	524	2,864
May	181	556	737	347	1,386	122	253	590	3,435
June	206	342	548	423	1,360	97	257	540	3,225
July	200	463	663	524	1,187	108	279	566	3,327
August	205	502	707	488	1,355	100	276	533	3,459
September	223	503	726	436	1,085	122	220	599	3,188
October	263	532	795	368	1,255	141	325	609	3,493
Total	2,374	5,983	8,357	4,706	13,324	1,282	3,641	6,314	37,624

TABLE II.

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

DATE.	Men.	Women.	Total.
1900.			
November	4,800	3,512	8,312
December	4,979	3,608	8,587
1901.			
January	4,991	3,654	8,645
February	4,508	3,299	7,807
March	5,357	3,565	8,922
April	5,248	3,420	8,668
May	4,851	3,475	8,326
June	4,830	4,440	9,270
July	5,106	4,875	9,981
August	5,350	5,020	10,370
September	5,072	5,494	10,566
October	5,365	5,939	11,304
Total	60,457	50,301	110,758

CHAPEL SERVICE.

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

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

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

1901.		1902.	
November	3d....Roman Catholic.	May	4th....Methodist.
"	10th....Methodist.	"	11th....Baptist.
"	17th....Baptist.	"	18th....Episcopal.
"	24th....Episcopal.	"	25th....Presbyterian.
December	1st....Presbyterian.	June	1st....Roman Catholic.
"	8th....Roman Catholic.	"	8th....Methodist.
"	15th....Methodist.	"	15th....Baptist.
"	22d....Baptist.	"	22d....Episcopal.
"	29th....Episcopal.	"	29th....Presbyterian.
1902.		July	6th....Roman Catholic.
January	5th....Presbyterian.	"	13th....Methodist.
"	12th....Roman Catholic.	"	20th....Baptist.
"	19th....Methodist.	"	27th....Episcopal.
"	26th....Baptist.	August	3d....Presbyterian.
February	2d....Episcopal.	"	10th....Roman Catholic.
"	9th....Presbyterian.	"	17th....Methodist.
"	16th....Roman Catholic.	"	24th....Baptist.
"	23d....Methodist.	"	31st....Episcopal.
March	2d....Baptist.	September	7th....Presbyterian.
"	9th....Episcopal.	"	14th....Roman Catholic.
"	16th....Presbyterian.	"	21st....Methodist.
"	23d....Roman Catholic.	"	28th....Baptist.
"	30th....Methodist.	October	5th....Episcopal.
April	6th....Baptist.	"	12th....Presbyterian.
"	13th....Episcopal.	"	19th....Roman Catholic.
"	20th....Presbyterian.	"	26th....Methodist.
"	27th....Roman Catholic.		

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

RESIGNATIONS AND APPOINTMENTS.

Dr. Arthur S. Corwin, who has been a member of the Medical Staff as fourth assistant physician for the past three years, severed his connection with this Hospital on February 1st, 1901, to enter general hospital work.

Dr. Harry A. Cossitt was promoted from the position of interne to that of fourth assistant physician, to fill the vacancy made by Dr. Corwin's resignation.

Dr. Christopher C. Beling and Dr. Raymond D. Baker, following a competitive examination, were appointed as internes February 1st, 1901.

Dr. Thomas P. Prout, who for the past nine years has held the position of second assistant physician and pathologist, resigned, to take effect October 1st, 1901, to pursue his studies abroad.

To fill the position of second assistant physician, made vacant by the resignation of Dr. Prout, Dr. Peter S. Mallon, third assistant physician, was promoted, his appointment to take effect October 1st, 1901.

Dr. Harry A. Cossitt was promoted from fourth assistant physician to third assistant physician, October 1st, 1901.

Dr. William H. Barton, who has had considerable training and experience in pathological work, as well as the work of caring for the insane, was appointed fourth assistant physician and pathologist from October 1st, 1901. Dr. Barton had previously been connected with the Pathological Department of this Hospital.

Dr. Christopher C. Beling and Dr. Raymond D. Baker were promoted from internes to the positions of fifth and sixth assistant physicians, respectively, October 1st, 1901.

In closing this report it seems fitting that I should publicly acknowledge the value of the services rendered to this Hospital by both Dr. Corwin and Dr. Prout. Both were men devoted to their work and to the best interests of the Hospital. Both were close students, indefatigable workers, broad minded and liberal physicians, loyal men and Christian gentlemen. They carry with them the respect and good wishes of all with whom they were associated.

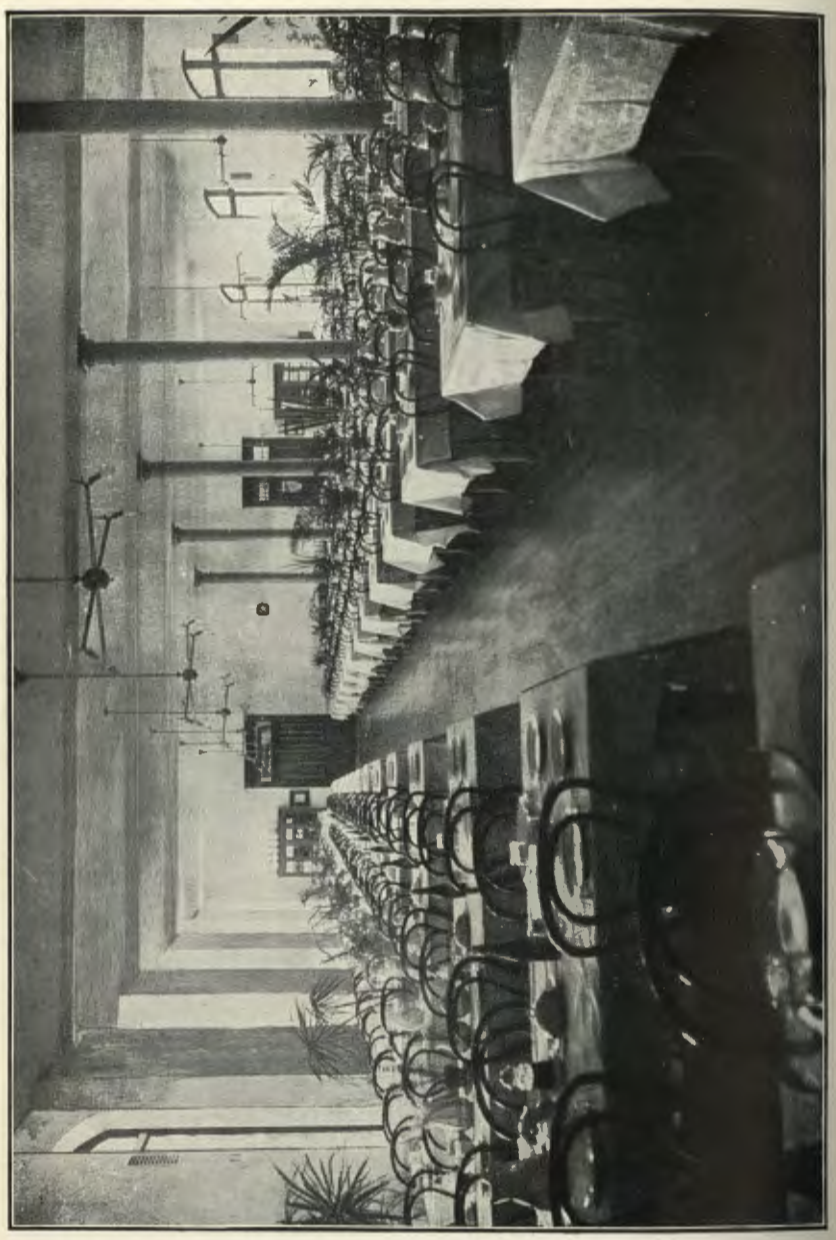
I beg to record my high appreciation of the conscientious and satisfactory manner in which my assistants on the Medical Staff have performed the many duties exacted of them.

Respectfully submitted,

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

October 31st, 1901.

STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.



DORMITORY BUILDING.—ASSOCIATE DINING ROOM.

STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31ST, 1901.

	Men.	*Women*	*Total.*	*Men.*	*Women.*	*Total.*
In the Hospital October 31st, 1900	....		....	696	693	1,389
Patients admitted—						
First admissions	153	131	284	....	....	....
Re-admissions	11	16	27	....	....	....
Total	....	....	....	164	147	311
Total number of patients under treatment during the year	....	....	....	860	840	1,700
Patients discharged—						
Recovered	51	47	98	....	....	....
Improved	19	22	41	....	....	....
Unimproved	12	24	36	....	....	....
Died	68	64	132	....	....	....
Eloped	3	....	3	....	....	....
Total	....	....	....	153	157	310
Remaining in the Hospital	....	....	....	707	683	1,390
Of this number there are, Public	626	600	1,226	....	....	....
Private	81	83	164	....	....	....
Total	....	....	....	707	683	1,390
Whole number admitted from August 17th, 1876, to October 31st, 1901	....	....	....	3,155	2,922	6,077
Whole number discharged during the same period of time—						
Recovered	685	668	1,353	....	....	....
Improved	501	524	1,025	....	....	....
Unimproved	222	266	488	....	....	....
Died	1,017	781	1,798	....	....	....
Eloped	23	....	23	....	....	....
Total	....	....	....	2,448	2,239	4,687
Remaining October 31st, 1901	....	....	....	707	683	1,390

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1900.									
November	14	8	22	11	6	17	693.	693.	1386.
December	14	9	23	11	13	24	697.21	691.53	1388.74
1901.									
January	13	8	21	6	13	19	703.83	686.55	1390.38
February	13	7	20	3	15	18	714.81	678.12	1392.93
March	12	15	27	4	20	24	721.28	674.77	1396.05
April	7	13	20	19	13	32	717.46	668.28	1385.74
May	15	14	29	9	25	34	716.	670.	1386.
June	16	16	32	12	9	21	718.	662.	1380.
July	20	20	40	17	15	32	722.17	670.30	1392.47
August	15	10	25	17	10	27	724.61	670.89	1395.50
September	13	16	29	12	6	18	723.	677.	1400.
October	12	11	23	29	12	41	714.42	676.35	1390.77
Total	164	147	311	150	157	307	.....	.....	.....
For the year		.....		.....	.....	.....	713.81	676.57	1390.38

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

Attack.	*Men.*	*Women.*	*Total.*
First	128	112	240
Second	21	15	36
Third	11	14	25
Fourth	2	2	4
Fifth	1	3	4
Sixth or more	1	1	2
Total	164	147	311

TABLE IV.

AGE WHEN ADMITTED.

Age.	*Men.*	*Women.*	*Total.*
Under fifteen years	1	1	2
Fifteen to twenty years	6	11	17
Twenty to twenty-five years	19	15	34
Twenty-five to thirty years	20	16	36
Thirty to thirty-five years	19	15	34
Thirty-five to forty years	24	16	40
Forty to forty-five years	13	17	30
Forty-five to fifty years	14	11	25
Fifty to sixty years	29	18	47
Sixty to seventy years	13	11	24
Seventy to eighty years	5	13	18
Eighty years and over	1	3	4
Total	164	147	311

TABLE V.

NATIVITY OF THOSE ADMITTED.

Nativity.	*Men.*	*Women.*	*Total.*
Connecticut	1	....	1
Iowa	....	1	1
Maine	1	....	1
Maryland	1	....	1
Massachusetts	3	1	4
New Jersey	46	56	102
New York	30	24	54
Ohio	3	1	4
Pennsylvania	6	3	9
Virginia	....	4	4
Washington, D. C.	1	1	2
West Virginia	1	....	1
United States	3	....	3
Austria	3	2	5
Canada	1	....	1
China	1	....	1
Denmark	....	1	1
England	12	6	18
France	1	1	2
Germany	16	9	25
Holland	1	....	1
Hungary	1	2	3
Ireland	13	22	35
Italy	6	2	8
Norway	1	....	1
Nova Scotia	....	1	1
Poland	1	1	2
Russia	4	5	9
Scotland	4	1	5
Sweden	1	2	3
Switzerland	2	1	3
Total	164	147	311

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

Counties.	*Men.*	*Women.*	*Total.*
Bergen	13	16	29
Essex	32	25	57
Hudson	16	6	22
Morris	23	15	38
Middlesex	1	....	1
Passaic	34	40	74
Somerset	....	2	2
Sussex	6	7	13
Union	26	28	54
Warren	9	7	16
New York, N. Y.	4	1	5
Total	164	147	311

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

Civil Condition.	*Men.*	*Women.*	*Total.*
Single	78	58	136
Married	78	58	136
Widowed	8	31	39
Total	164	147	311

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

Occupation.	*Men.*	*Women.*	*Total.*
Artisans	29	6	35
Carpenters	7	....	7
Clerks	26	....	26
Dentist	1	....	1
Dressmakers	....	6	6
Druggist	1	....	1
Farmers	8	....	8
Housewives	....	58	58
Housekeepers	....	13	13
Laborers	43	....	43
Merchants	14	....	14
Mechanics	12	....	12
Nurses	....	3	3
Sailors	4	....	4
Servants	2	24	26
Students	3	1	4
Teachers	1	1	2
No occupation	13	35	48
Total	164	147	311

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

Mental Disease.	*Men.*	*Women.*	*Total.*
Mania, acute	16	27	43
Mania, acute delirious	5	7	12
Mania, chronic	7	9	16
Mania, epileptic	4	3	7
Mania, puerperal	....	2	2
Mania, recurrent	8	9	17
Mania, toxic	19	6	25
Melancholia, acute	36	31	67
Melancholia, agitata	1	2	3
Melancholia, chronic	4	6	10
Melancholia, recurrent	2	5	7
Melancholia, stuporous	....	2	2
Dementia, epileptic	1	3	4
Dementia, organic	4	6	10
Dementia, paretic	26	....	26
Dementia, senile	7	11	18
Dementia, terminal	2	2	4
Imbecility	3	1	4
Imbecility with epilepsy	1	1	2
Insane Neuroses; Hypochondria	....	1	1
Insane Neuroses; Hysteria	....	1	1
Adolescent insanity	5	9	14
Pubescent insanity	1	1	2
Choreic insanity	1	....	1
Paranoia	11	2	13
Total	164	147	311

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

How Supported.	*Men.*	*Women.*	*Total.*
State	37	25	62
County	87	92	179
Private	40	30	70
Total	164	147	311

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

Causes.	*Men.*	*Women.*	*Total.*
Physical—			
Chorea	1	....	1
Congenital	1	1	2
Cerebral hemorrhage	3	4	7
Child-birth	....	5	5
Epilepsy	6	7	13
General ill health	1	10	11
Heredity	14	25	39
Injury	8	....	8
Intemperance and other excesses	31	4	35
Masturbation	10	1	11
Menopause	....	9	9
Morphine	4	4	8
Multiple sclerosis	....	2	2
Old age	4	9	13
Overwork	6	1	7
Puberty	1	1	2
Pregnancy	....	1	1
Scarlet fever	1	....	1
Sunstroke	5	1	6
Syphilis	11	3	14
Tabes dorsalis	1	....	1
Total physical	108	88	196
Moral—			
Business troubles	4	....	4
Domestic troubles	2	4	6
Disappointed affections	3	2	5
Financial reverses	....	2	2
Fright	1	3	4
Grief	1	2	3
Religious excitement	1	6	7
Worry	4	7	11
Total moral	16	26	42
Total physical	108	88	196
Total moral	16	26	42
Unassigned	40	33	73
Total	164	147	311

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

Complications.	*Men.*	*Women.*	*Total.*
Amenorrhœa	....	2	2
Anæmia	....	2	2
Aphasia, motor	1	....	1
Brachycardia	1	....	1
Carcinoma	....	1	1
Cataract	1	1	2
Chorea	1	....	1
Cystitis	....	1	1
Eczema	1	....	1
Emphysema	....	2	2
Endocarditis	11	26	37
Epilepsy	6	7	13
Gangrene of toes	....	1	1
Gastritis	2	1	3
Hemiplegia	3	2	5
Hemorrhoids	2	1	3
Hernia	4	....	4
Interstitial keratitis	....	1	1
Lead poisoning	1	....	1
Mastitis	....	2	2
Multiple neuritis	....	1	1
Multiple sclerosis	....	3	3
Nephritis	1	16	17
Obstinate constipation	1	....	1
Optic neuritis	1	....	1
Pneumonia	2	....	2
Pregnancy	....	1	1
Pulmonary tuberculosis	1	3	4
Rheumatoid arthritis	....	1	1
Scoliosis	....	2	2
Syphilis	19	2	21
Tabes dorsalis	....	1	1
Uterine or ovarian disease	....	2	2
Varicocele	2	....	2
Varicose veins	1	1	2
Homicidal tendencies	36	25	51
Suicidal tendencies	35	45	80
Without complications	106	83	189

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	25	40	65
Hereditary taint denied	61	74	135
Hereditary history unobtainable	78	33	111
Total	164	147	311

TABLE XIV.

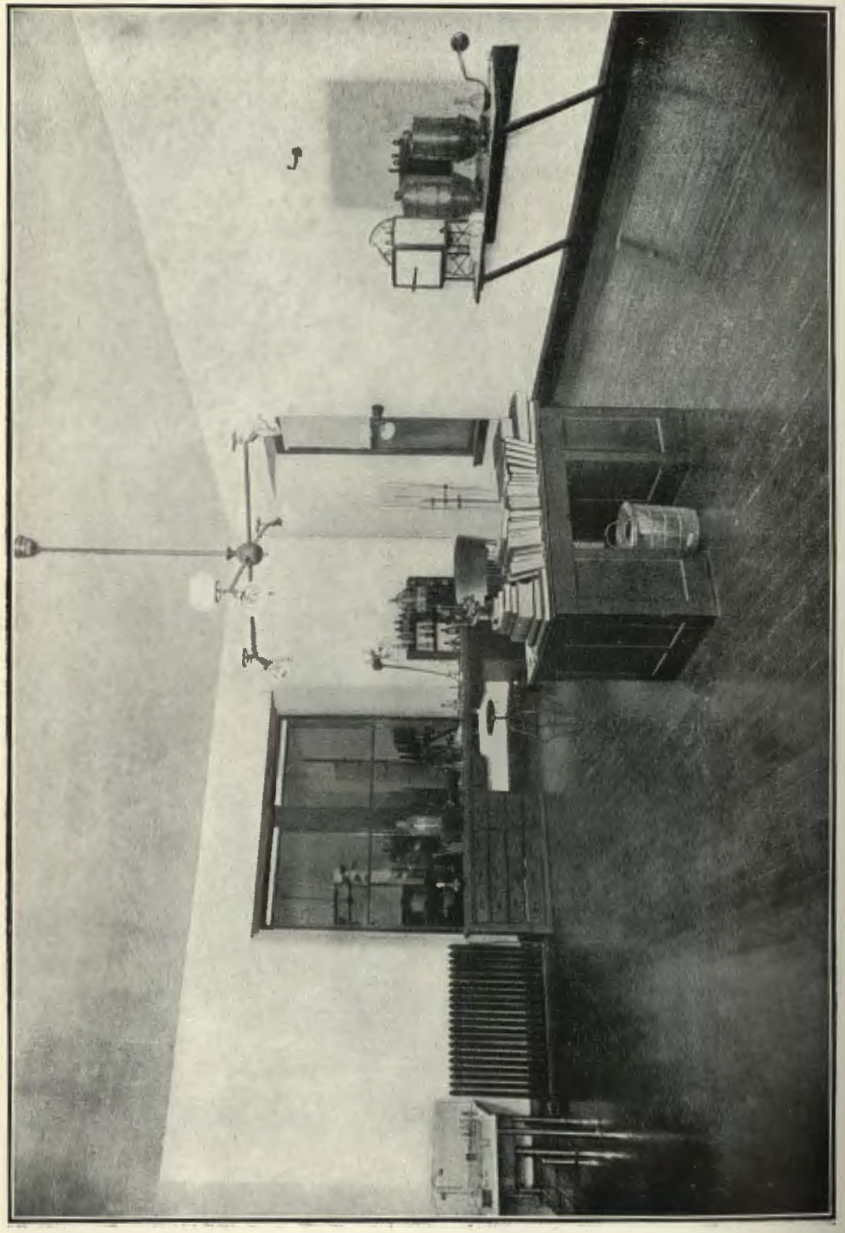
DURATION OF DISEASE BEFORE ADMISSION.

Duration.	*Men.*	*Women.*	*Total.*
Under one month	60	47	107
One to three months	30	30	60
Three to six months	22	17	39
Six to twelve months	16	12	28
One to two years	12	9	21
Two to three years	9	5	14
Three to four years	1	3	4
Four to five years	4	4	8
Five to ten years	5	11	16
Ten to twenty years	2	6	8
Over twenty years	3	3	6
Total	164	147	311

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

Age.	*Men.*	*Women.*	*Total.*
Fifteen to twenty years	2	4	6
Twenty to twenty-five years	8	2	10
Twenty-five to thirty years	9	11	20
Thirty to thirty-five years	7	5	12
Thirty-five to forty years	6	11	17
Forty to forty-five years	7	3	10
Forty-five to fifty years	5	4	9
Fifty to sixty years	5	5	10
Sixty to seventy years	2	2	4
Total	51	47	98



DORMITORY BUILDING.—LABORATORY.

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

Duration.	*Men.*	*Women.*	*Total.*
Under one month	25	23	48
One to three months	9	8	17
Three to six months	11	2	13
Six to twelve months	1	6	7
One to two years	....	3	3
Over two years	5	5	10
Total	51	47	98

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

Duration.	*Men.*	*Women.*	*Total.*
Under one month	2	2	4
One to two months	2	3	5
Two to three months	8	8	16
Three to four months	2	8	10
Four to five months	3	6	9
Five to six months	7	4	11
Six to nine months	10	9	19
Nine to twelve months	6	2	8
Twelve to eighteen months	5	2	7
Eighteen to twenty-four months	2	2	4
Over two years	4	3	7
Total	51	47	98

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

Mental Disease.	*Men.*	*Women.*	*Total.*
Mania, acute	5	11	16
Mania, acute delirious	2	2	4
Mania, chronic	2	1	3
Mania, puerperal	....	3	3
Mania, recurrent	1	3	4
Mania, toxic	18	6	24
Melancholia, acute	18	12	30
Melancholia, agitata	2	1	3
Melancholia, chronic	....	1	1
Melancholia, recurrent	....	3	3
Adolescent insanity	2	2	4
Pubescent insanity	1	1	2
Insane neuroses; Hysteria	....	1	1
Total	51	47	98

TABLE XIX.

AGE AT DEATH.

Age.	*Men.*	*Women.*	*Total.*
Twenty to twenty-five years	2	3	5
Twenty-five to thirty years	1	4	5
Thirty to thirty-five years	5	6	11
Thirty-five to forty years	7	2	9
Forty to forty-five years	8	5	13
Forty-five to fifty years	7	3	10
Fifty to sixty years	16	8	24
Sixty to seventy years	12	15	27
Seventy to eighty years	8	14	22
Eighty to ninety years	2	4	6
Total	68	64	132
Average age at death	53	55	54

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

Mental Disease.	*Men.*	*Women.*	*Total.*
Mania, acute	1	1	2
Mania, acute delirious	2	3	5
Mania, chronic	1	5	6
Mania, epileptic	1	....	1
Mania, recurrent	1	2	3
Melancholia, acute	3	4	7
Melancholia, agitata	....	1	1
Melancholia, chronic	3	5	8
Melancholia, stuporous	1	1	2
Dementia, epileptic	1	3	4
Dementia, organic	2	4	6
Dementia, paretic	23	....	23
Dementia, primary	....	1	1
Dementia, senile	10	14	24
Dementia, terminal	17	17	34
Imbecility with epilepsy	1	3	4
Adolescent insanity	1	....	1
Total	68	64	132

TABLE XXI.

CAUSES OF DEATH.

Causes.	*Men.*	*Women.*	*Total.*
Mania—			
Acute, with endocarditis	....	1	1
Acute, with exhaustion	1	....	1
Acute delirious, with exhaustion	1	2	3
Acute delirious, with nephritis	....	1	1
Acute delirious, with pneumonia	1	....	1
Chronic, with carcinoma of rectum	....	1	1
Chronic, with nephritis	1	....	1
Chronic, with pneumonia	....	1	1
Chronic, with tuberculosis	....	3	3
Epileptic, with asthenia senilis	1	....	1
Recurrent, with endocarditis	....	1	1
Recurrent, with typhoid fever	....	1	1
Recurrent, with nephritis	1	....	1
Melancholia—			
Acute, with dysentery	....	1	1
Acute, with exhaustion	1	....	1
Acute, with pneumonia	2	1	3
Acute, with tuberculosis	....	1	1
Acute, with typhoid fever	....	1	1
Agitata, with shock from burn	....	1	1
Chronic, with carcinoma of uterus	....	1	1
Chronic, with colitis	1	....	1
Chronic, with endocarditis	....	2	2
Chronic, with gastritis	....	1	1
Chronic, with nephritis	....	1	1
Chronic, with pneumonia	1	....	1
Chronic, with uræmia	1	....	1
Stuporous, with convulsions	1	....	1
Stuporous, with nephritis	....	1	1
Dementia—			
Epileptic, with cerebral hemorrhage	....	1	1
Epileptic, with pneumonia	....	1	1
Epileptic, with status epilepticus	1	1	2
Organic, with carcinoma of breast	....	1	1
Organic, with cerebral embolism	1	....	1
Organic, with cerebral hemorrhage	....	1	1
Organic, with exhaustion	1	....	1
Organic, with multiple sclerosis	....	1	1
Organic, with nephritis	....	1	1
Paretic, with colitis	1	....	1
Paretic, with convulsions	9	....	9
Paretic, with endocarditis	1	....	1
Paretic, with exhaustion	8	....	8
Paretic, with nephritis	1	....	1
Paretic, with pneumonia	3	....	3
Primary, with exhaustion	....	1	1
Senile, with cerebral hemorrhage	2	2	4

Senile, with diabetes	....	1	1
Senile, with endocarditis	1	4	5
Senile, with entero-colitis	....	1	1
Senile, with exhaustion	3	2	5
Senile, with nephritis	2	3	5
Senile, with pneumonia	2	....	2
Senile, with senile gangrene	....	1	1
Terminal, with carcinoma of breast	....	1	1
Terminal, with cerebral hemorrhage	4	2	6
Terminal, with colitis	1	....	1
Terminal, with cystitis	1	....	1
Terminal, with emphysema	1	....	1
Terminal, with endocarditis	1	3	4
Terminal, with entero-colitis	....	1	1
Terminal, with exhaustion	4	4	8
Terminal, with intestinal obstruction	1	....	1
Terminal, with nephritis	1	1	2
Terminal, with pneumonia	1	1	2
Terminal, with suppurative cholecystitis	1	....	1
Terminal, with tuberculosis	1	4	5
Imbecility, with epilepsy, tuberculosis	....	1	1
Imbecility, with epilepsy, gastro-enteritis	....	1	1
Imbecility, with epilepsy, status epilepticus	1	1	2
Adolescent insanity, with endocarditis	1	....	1
Total	68	64	132

TABLE XXII.

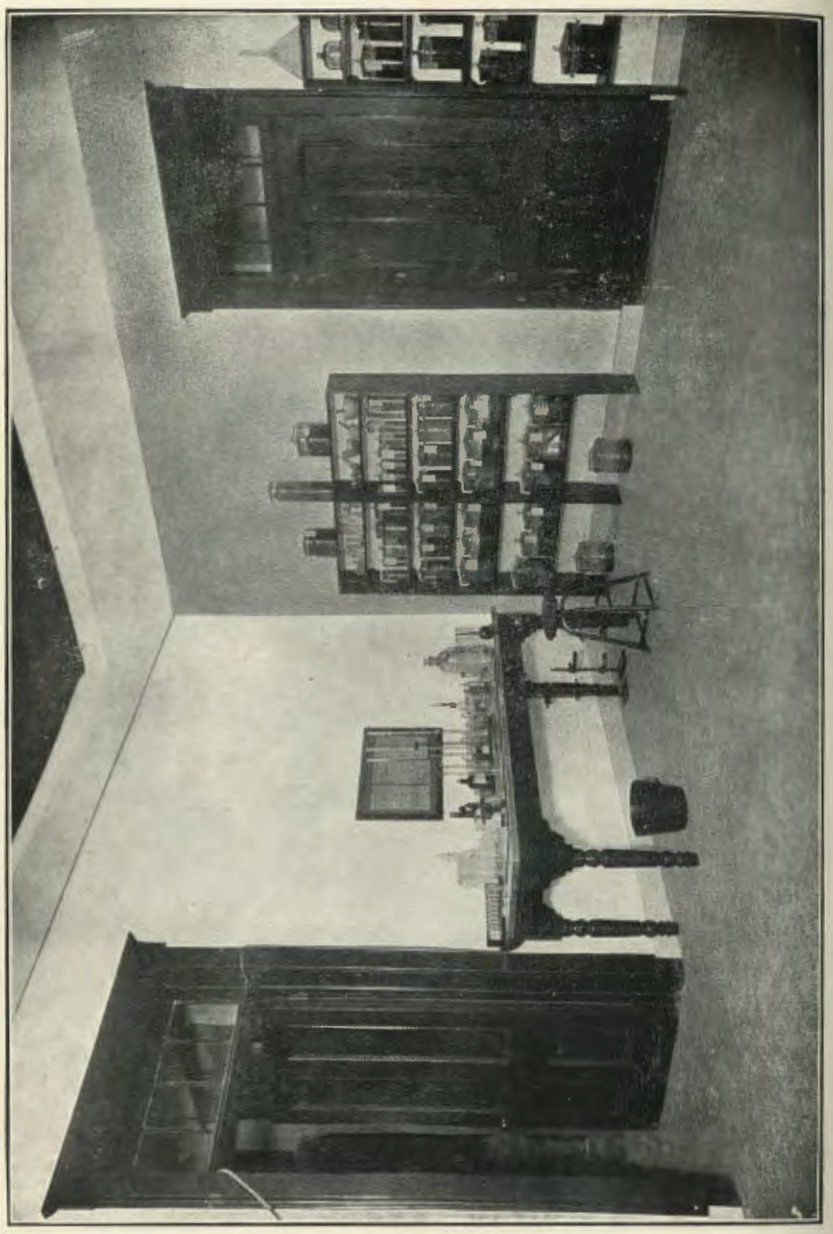
SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

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

* One hundred patients transferred to Essex county hospital.
§ Eighty-five patients transferred to Hudson county asylum.
¶ Twenty-five patients removed by Hudson and Passaic counties.

REPORTS OF

Thos. P. Prout, M.D., and Wm. H. Barton, M.D., Pathologists.



DORMITORY BUILDING.—ANNEX TO LABORATORY.

REPORT IN PATHOLOGY.

To the Medical Director:

The following tables comprise the main facts regarding the six autopsies during the past year. The regular work of the laboratory has been seriously interfered with owing to the removal to the new quarters provided in the dormitory building. The autopsies comprised the following forms of mental disease:

Dementia, organic	1
Dementia, senile	2
Dementia, terminal	2
Melancholia, chronic	1

TABLE I.

No.	*Sex.*	*Age.*	*Mental Disease.*	*Duration.*	*Anatomical Diagnosis.*
265	M.	33	Melancholia, chronic	4 years	Embolic pneumonia. Fatty degeneration of liver. Chronic diffuse nephritis.
266	M.	58	Dementia, terminal	22 years	Chronic external pachymeningitis. Acute pulmonary œdema, with pulmonary tuberculosis. Chronic gastritis. Chronic diffuse nephritis.
267	F.	75	Dementia, senile	2 years	Chronic general pachymeningitis. Acute cerebral hemorrhage. Chronic endarteritis. Chronic interstitial nephritis.
268	M.	48	Dementia, organic	19 years	Chronic diffuse nephritis Chronic cystitis. Chronic pachymeningitis.
269	M.	70	Dementia, senile	6 years	Acute pulmonary œdema. Chronic endocarditis. Cronic diffuse nephritis.
270	M.	65	Dementia, terminal	35 years	Chronic pleuritis. Acute gastritis. Acute suppurative chole-cystitis, with hepatic abscess Chronic diffuse nephritis. Hepatic adenoma.

TABLE II.

No.	GROSS LESIONS OF ORGANS.	Brain Membranes.	Brain.
	Dementia, organic.		
268	Heart—Fatty. Ante-mortem clot in right and left ventricles. Liver—Edges blunt. Areas of sclerosis in left lobe. Substance congested. Kidneys—Capsule thickened. Surface roughened. Cortex almost obliterated. No striations. Malpighian tufts poorly defined. Bladder—Full. Mucous lining congested and considerably thickened.	Dura thickened and congested. Pia thickened, œdematous and slightly congested.	Vessels at base atheromatous.
	Dementia, senile.		
267	Lungs—Pleural surfaces adherent at right apex. Areas of consolidation at the base. Marked congestion at apex. Heart—Small. Muscle soft. Tricuspid valve thickened. Liver—Adhesions on under surface. Lobules well defined. Areas of fatty degeneration. Kidneys—Small. Capsule adherent. Cortex obliterated. Malpighian tufts poorly defined.	Dura thickened. Pia—Areas of thickening along median fissure.	Vessels at base show great atheroma. An aneurismal sac on anterior communicating artery. Cortex thin. Substance congested. Vessels of ependyma injected.
269	Lungs—Pleural surfaces adherent. Bronchi inflamed. Heart—Muscle firm. Mitral valve thickened. Aortic valve calcareous. Spleen—Capsule thickened and adherent. Substance of increased consistence. Kidneys—Capsule adherent. Surface roughened. Striations and Malpighian tufts poorly defined. Liver—Large. Capsule thickened. Substance congested.		Not examined.

TABLE II.—Con.

No.	GROSS LESIONS OF ORGANS.	Brain Membranes	Brain.
	Dementia Terminal.		
266	Lungs—Markedly œdematous. Pleural surfaces adherent over diaphragm. Areas of hypostatic pneumonia. Pulmonary vein partially filled with a thrombus. Heart—Mitral and aortic valves thickened. Coronary arteries atheromatous Liver—Surface roughened. Adherent to diaphragm. Substance of increased consistence. Kidneys—Fatty. Small. Capsule thickened and adherent. Surface roughened. Substance of increased consistence. Cortex almost obliterated Cyst in cortex.	Dura thickened. Pia thickened, congested and adherent.	Substance congested. Frontal convolutions of both sides atrophied. Cortex thin.
270	Lungs—Pleural surfaces adherent and thickened. Hypostatic. Consolidated and œdematous. Heart—Mitral valve thickened. Aortic valve shows calcareous deposits. Liver—Large. Abscesses in the left lobe. Substance of diminished consistence. Growth on lower border of great lobe. Spleen—Capsule thickened. Diminished consistence. Malpighian corpuscles pale. Kidneys—Surface roughened. Several cysts in cortex. Striations poorly defined. Substance of increased consistence.		Not examined.
	Melancholia, chronic.		
265	Lungs—Pleura adherent. Posterior lobe almost completely consolidated. A large embolic abscess at juncture of upper and middle third posteriorly. Liver—Substance of diminished consistence.	Dura thickened and adherent. Pia thickened and adherent.	Substance of greatly diminished consistence. Convolutions atrophied in frontal and parietal regions of both sides.

It will be seen from the above table that all of the cases presented a gross kidney lesion, probably due in some measure to the advanced age of the patients, as their average age at death was a little over fifty-eight years. By reproducing last year's table and making the necessary additions to it for the past year, the percentage of insane cases showing gross kidney lesion by ages for the past seven years appears as follows:

Age.	*No.*	*Showing Gross Kidney Lesion.*	*Without Gross Kidney Lesion.*	*Per cent. Showing Gross Kidney Lesion.*
Below 30	18	7	11	38.8
30 to 40	21	13	8	61.9
40 to 50	31	24	7	77.4
50 to 60	23	15	8	65.2
60 and over	41	34	7	82.9
Total	134	93	41	69.4

The percentages in the above table are little changed from those appearing in last year's table. The percentage on the total number is a little higher.

The number of urinalyses during the past year has been 225. This has in most instances included a microscopical examination of the sediment.

There have been 31 blood examinations, most of which included a differential count of 500 leucocytes.

The sputa examinations number 31, and there has been an examination and report on 9 pathological specimens comprising various forms of tumors.

BLOOD EXAMINATIONS IN CERTAIN CASES OF INSANITY AT THE PUBESCENT AND ADOLESCENT PERIODS.

During the past four years we have done some work on the blood of certain classes of the insane. In the first table following are gathered 14 cases of insanity during the adolescent period, some of which were followed with a greater or lesser regularity for a considerable period, observation of blood conditions being made after the patient had been subjected to various forms of treatment. The subjoined table is made up, however, from the preliminary examinations only.

In making these blood examinations great care has been exercised in order to avoid the great sources of error from faulty technique.

In a field where minute changes in technique make such vast differences in the result, the personal equation of the operator becomes a matter of prime importance. During the past five years we have done more than 250 blood examinations, including a differential count of 500 leucocytes in nearly every instance. The Thoma-Zeiss apparatus has been used, and in estimating the number of red and white blood cells several fields have been counted from at least two different pipettes in each instance. In estimating the number of white blood cells, at least four fields have been counted from two different pipettes. In the matter of the differential count, the blood smears were always made in the same manner and with the same instruments and very uneven blood films have always been rejected.

We feel reasonably confident, therefore, that the figures given in the succeeding tables are as near correct as our present instruments and methods will allow.

The first table gives the preliminary blood examination in a number of cases of insanity at the pubescent and adolescent periods. It will be noted that one case, that of T. C., was well past either of these periods, but the symptoms presented were so similar that I have included his case in the table. The general symptoms of this group of cases were similar, the most marked being the mental confusion which was without exception very pronounced. The power of volition was greatly inhibited. In many of these cases the patient responded to a given stimulus if it was sufficiently pronounced, but most of the time remained dull and apathetic. Eight of the fourteen cases presented a period of maniacal excitement subsequently passing into a somnolent condition from which they were aroused with difficulty. Six of the cases presented cataleptic symptoms at various intervals. A symptom that was pronounced in every case was a general sluggishness of the circulation. This was most pronounced in the extremities, which often apeared blue and occasionally slightly swollen. If the ward was the least bit chilled, the patient presented a pinched appearance and the extremities were cold and clammy. The table follows:

TABLE.

Name.	Age.	Blood Examination.		Differential Count.			
		Red blood cells.	White blood cells.	Lymphocytes.	Large lymphocytes.	Multinuclear neutrophiles.	Eosinophiles.
				Per ct.	Per ct.	Per ct.	Per ct.
A. A. C.	18	5,856,000	5,560	32.5	13.	54.	.5
H. C. H.	22	4,624,000	6,316	15.4	13.	67.4	4.2
E. R. D.	21	5,908,000	3,920	19.6	21.2	56.6	.6
S. V. A.	21	5,720,000	6,400	32.0	9.2	55.8	3.0
O. C.	18	6,000,000	7,000	.....	.....	.....	.....
H. D.	16	5,660,000	2,900	34.0	8.7	56.5	.7
J. D. B.	24	6,520,000	5,040	19.2	12.6	66.8	1.4
H. F.	15	5,468,000	6,200	32.8	13.8	51.4	2.0
T. C.	35	4,916,000	4,850	24.0	17.2	57.0	1.8
J. S.	25	5,784,000	6,600	38.5	16.5	42.0	5.0
R. S.	18	5,180,000	5,250	36.0	8.4	54.4	1.2
T. C.	22	5,128,000	4,933	17.0	9.4	72.6	1.0
A. A. T.	24	5,616,000	4,600	40.0	10.0	48.$\frac{1}{3}$	1.$\frac{2}{3}$
A. G.	21	5,786,000	5,680	29.7	15.0	55.2	.0
Average	21.4	5,583,280	5,375	28.5	12.9	56.9	1.7

The points of particular interest are the very high average of the count of the red blood cells and the very low count of the white blood cells. To put the matter in another way, instead of there being (as normally) about 1 white cell to 500 or 700 red cells, we have in this class of cases about 1 white blood cell to 1,038 red blood cells. It thus appears that leucocytes, the cells which are known to antagonize certain poisonous organisms and their products, are not only not increased in this group of conditions, but are positively diminished. There is one condition with which we are fairly well acquainted in which the leucocytes behave in a similar manner. In typhoid fever the leucocytes are often positively diminished (leucopœnia) as in the symptom complex with which we are dealing. In that condition the toxic substance producing this effect on the leucocytes is fairly well known. Have we not, then, in this group of cases evidence of the action of some toxic substance, the effect of which on the leucocytes is very similar to the typhoid toxines?

The extremes in the proportion of the white cells to red cells in the above group of cases are of interest. In the case of E. R. D. the proportion was 1 to 1,507. In the case of H. D. the proportion rose

to 1 to 1,951, but this case was also complicated with diabetes mellitus, a disturbing element of no small proportion. The proportion of white blood cells to red blood cells was lowest in the case of H. C. H., in which they were only 1 to 732; a condition not improbably due to a marked improvement in the patient's general physical condition when the blood examination above noted was made. Then follows in regular order the case of O. C., in which the proportion of white cells to red cells was 1 to 857; J. S., with 1 to 876; H. F., with 1 to 880; S. V. A., with 1 to 893, and R. S. M., with 1 to 984. In all of the other cases (eight in number), the proportion of red blood cells to white blood cells was above 1 to 1,000. We have, then, in these cases a group of mental and physical symptoms occurring at the formative period of the individual, which are characterized so far as the blood examination is concerned by a diminished number of leucocytes both actually and relatively.

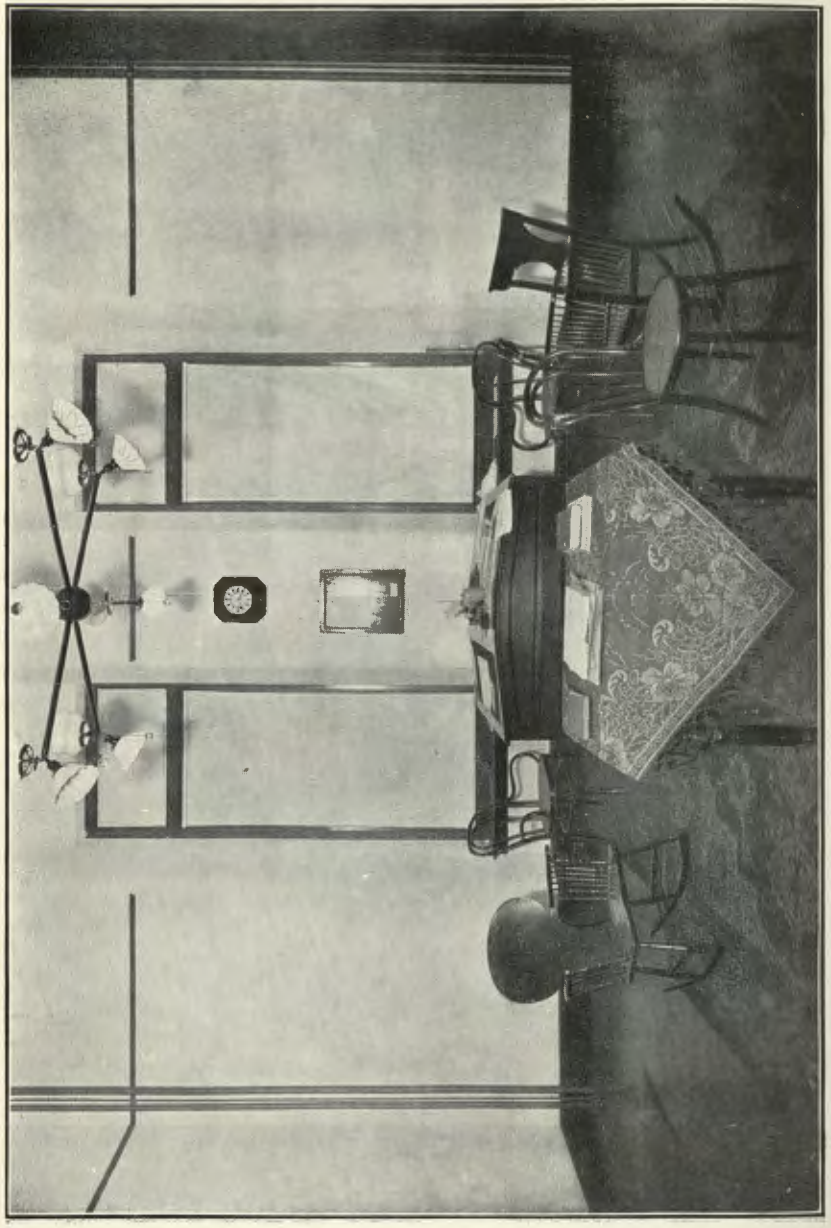
The actual diminution in the number of leucocytes is presented in a more graphic manner by a glance at the table which follows. In next to the last column of the table are given the number of leucocytes actually present and as given in the preceding table. In the last column are given the number of leucocytes that should have been found on a basis of 1 leucocyte to every 700 red blood cells. This proportion (1--700) is about the lowest attained by the individual in a state of perfect health, and rises to 1 to 500 or more soon after a hearty meal.

TABLE.

Name.	Number of Red Blood Cells per Cubic Millimeter.	Number of White Blood Cells per Cubic Millimeter.	Number of White Blood Cells that should have been present, estimating a proportion of 1 White to 700 Red Cells.
A. A. C.	5,856,000	5,560	8,365
H. C. H.	4,624,000	6,316	6,605
E. R. D.	5,908,000	3,920	8,440
S. V. A.	5,720,000	6,400	8,171
O. C.	6,000,000	7,000	8,571
H. D.	5,660,000	2,900	8,085
J. D. B.	6,520,000	5,040	9,314
H. F.	5,468,000	6,200	7,811
T. C.	4,916,000	4,850	7,023
J. S.	5,784,000	6,600	8,263
R. S. M.	5,180,000	5,250	7,400
T. C.	5,128,000	4,933	7,326
A. A. T.	5,616,000	4,600	8,023
A. G.	5,786,000	5,680	8,265

The average number of white blood cells found in these 14 cases is seen to be 5,375 per cubic millimeter. The average that should have been found, estimating on a basis of one white cell to 700 red cells as being about the lowest possible normal proportion, is seen to be about 7,900. We have, therefore, in these cases a reduction in the number of leucocytes actually amounting to 32 per cent.

THOMAS P. PROUT.



DORMITORY BUILDING.—MALE SUPERVISOR'S OFFICE.

PATHOLOGICAL SUPPLEMENT.

The outline of the work laid out by the laboratory of the New Jersey State Hospital for the ensuing year is as follows:

(*a*) Monthly bacteriological and chemical examination of water from reservoirs Nos. 2, 3 and 4.

(*b*) Monthly bacteriological and chemical examination of water from the four filter-bed outlets.

(*c*) Examination of blood, urine and stomach contents.

(*d*) Autopsies and microscopic examination of tissues from same.

(*e*) As a special topic, the examination of the excreta of acute melancholiacs, their toxicity, variability and constituents, so far as the regular routine will permit.

The bacteriological and chemical examinations of reservoirs 2, 3 and 4 and the outlet from filter-beds gave the following results:

(*a*) Reservoir No. 2.

Reaction	Neutral.
Total solids	20 gms. per 1,000 c. c.
Volatile solids	2.5 gms. per 1,000 c. c.
Nitrates	.000675 gms. per 1,000 c. c.
Nitrites	Absent.
Ammonia	.00196 gms. per 1,000 c. c.
Chlorine	42 gms. per 1,000 c. c.
Bacteria	350 to 1 c. c.
Bacteria	5,760 to 1 c. c. of the same water drawn from faucet on fourth floor center.

Reservoir No. 3.

Bacteria	256 in 1 c. c.

Reservoir No 4.

Reaction	Neutral.
Total solids	17 gms. per 1,000 c. c.
Volatile solids	1.5 gms. per 1,000 c. c.
Nitrates	.026.
Nitrites	Absent.
Ammonia	.000157.
Bacteria	100 to 1 c. c.

Sewer outlet No. 3.

Bacteria..... 116 to 1 c. c.

Sewer outlet No 4.

Bacteria..... 175 to 1 c. c.

No growth in either specimen in Parrietti's Sol.

In other words, the bacteriological and chemical analyses of reservoir No. 2 was good in the reservoir itself, but the marked increase of non-pathogenic bacteria in the same water taken from the faucets in the center building makes it suspicious for drinking purposes. The increase seems to be entirely in one type of bacteria, and evidently takes place in the pipes.

The bacteriological examinations of reservoir No. 3 showed it to be fairly good; there were no pathogenic germs therein, and the total number of bacteria was within the limit of healthful drinking water.

The bacteriological and chemical examinations of reservoir No. 4 were good, making the waters of the several reservoirs, with the exception of No. 2, good for drinking purposes, and that of No. 2 usable.

The results obtained from the bacteriological examination of the filter-bed outlets were especially satisfactory as regards quality.

During the month there have been examined 63 specimens of urine, 20 specimens of blood, 3 bacteriological examinations of pus, and 2 autopsies performed.

Respectfully submitted,

WILLIAM H. BARTON, M.D.,

Pathologist.

DONATIONS.

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

The Observer.....Hoboken.
The Jersey City News.....Jersey City.
The Evening Journal.....Jersey City.
The New Jersey Staats Zeitung.....Jersey City.
The Evening News.....Hoboken.
The Bayonne Budget.....Bayonne.
The Kearny Observer.....Kearny and Arlington.
Hudson County Review.....Town of Union.
Hunterdon County Democrat.....Flemington.
Hunterdon Independent.....Frenchtown.
The Clinton Democrat.....Clinton.
The Lambertville Record.....Lambertville.
The Newark Sunday Call.....Newark.
Town Talk.....Newark.
New Jersey Trade Review.....Newark.
New Jersey Deutsche Zeitung.....Newark.
Newark Evening News.....Newark.
South Orange Bulletin.....South Orange.
The Republican.....Westfield.
The Railroad Employe.....Hoboken.
Daily True American.....Trenton.
Union Democrat.....Rahway.
Der Haus-Freund.....Elizabeth.
Evening Record.....Hackensack.
Newark Tribune.....Newark.
Newark Pioneer.....Newark.
The Bloomfield Record.....Bloomfield.
The Bloomfield Citizen.....Bloomfield.
The Newark Item.....Newark.
The Orange Journal.....Orange.
Orange Sontagsblatt.....Orange.
The Short Hills Item.....Short Hills.
The Advance.....Jamesburg.
Southwestern Presbyterian.....New Orleans, La.
Paterson Volksfreund.....Paterson.
De Telegraff.....Paterson.
Paterson Evening News.....Paterson.
Passaic Daily News.....Passaic.

Passaic City Record.....Passaic.
The Union County Standard.....Westfield.
The Westfield Leader.....Westfield.
The Constitutionalist.....Plainfield.
The Daily Press.....Plainfield.
The Summit Herald.....Summit.
The Summit Record.....Summit.
Elizabeth Daily Journal.....Elizabeth.
Union County Record.....Elizabeth.
Freie Press.....Elizabeth.
The New Jersey Advocate.....Rahway.
The Hackensack Republican.....Hackensack.
The Bergen County Index.....Hackensack.
The Englewood Times.....Englewood.
Bergen County Herald.....Rutherford.
Carlstadt Freie Press.....Carlstadt.
Hunterdon Republican.....Flemington.
Democrat-Advertiser .....Flemington.
The Milford Leader.....Milford.
The Frenchtown Star.....Frenchtown.
The Morris County Chronicle.....Morristown.
The True Democratic Banner.....Morristown.
The Evening Express.....Morristown.
The Jerseyman.....Morristown.
The Iron Era.....Dover.
The Dover Index.....Dover.
The Morris Journal.....Dover.
The Madison Eagle.....Madison.
The Rockaway Record.....Rockaway.
The Boonton Weekly Journal.....Boonton.
The New Jersey Herald.....Newton.
The Post.....Phillipsburg.
The Warren Democrat.....Phillipsburg.
The Warren Republican.....Hackettstown.
The Warren Journal.....Belvidere.
The Warren Tidings.....Washington.
The Washington Star.....Washington.
The Morning Call.....Paterson.
The Paterson Daily Press.....Paterson.
Paterson Daily Guardian.....Paterson.

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, New Jersey, respectfully submits the following abstract of receipts and disbursements from November 1st, 1900, to October 31st, 1901, inclusive:

Receipts.

Balance on hand November 1st, 1900		$5,494 38
From State Treasurer for convict patients	$15,000 00	
State Treasurer for county patients	54,242 83	
State Treasurer for State indigent patients	15,000 00	
State Treasurer for amount of lapsed appropriation for contracts on new building	28,186 27	
State Treasurer for appropriation for laying gas mains to new building	1,400 00	
Sundry counties for maintenance of county patients	179,965 86	
Private patients	62,327 46	
Hides, tallow, &c	18,277 75	
First National Bank, Morristown, N. J. for interest	117 25	
		$374,517 42
		$380,011 80

Disbursements.

On orders of Warden	$366,699 36	
Balance in Treasurer's hands	13,312 44	
		$380,011 80

G. C. HINCHMAN,
Treasurer.

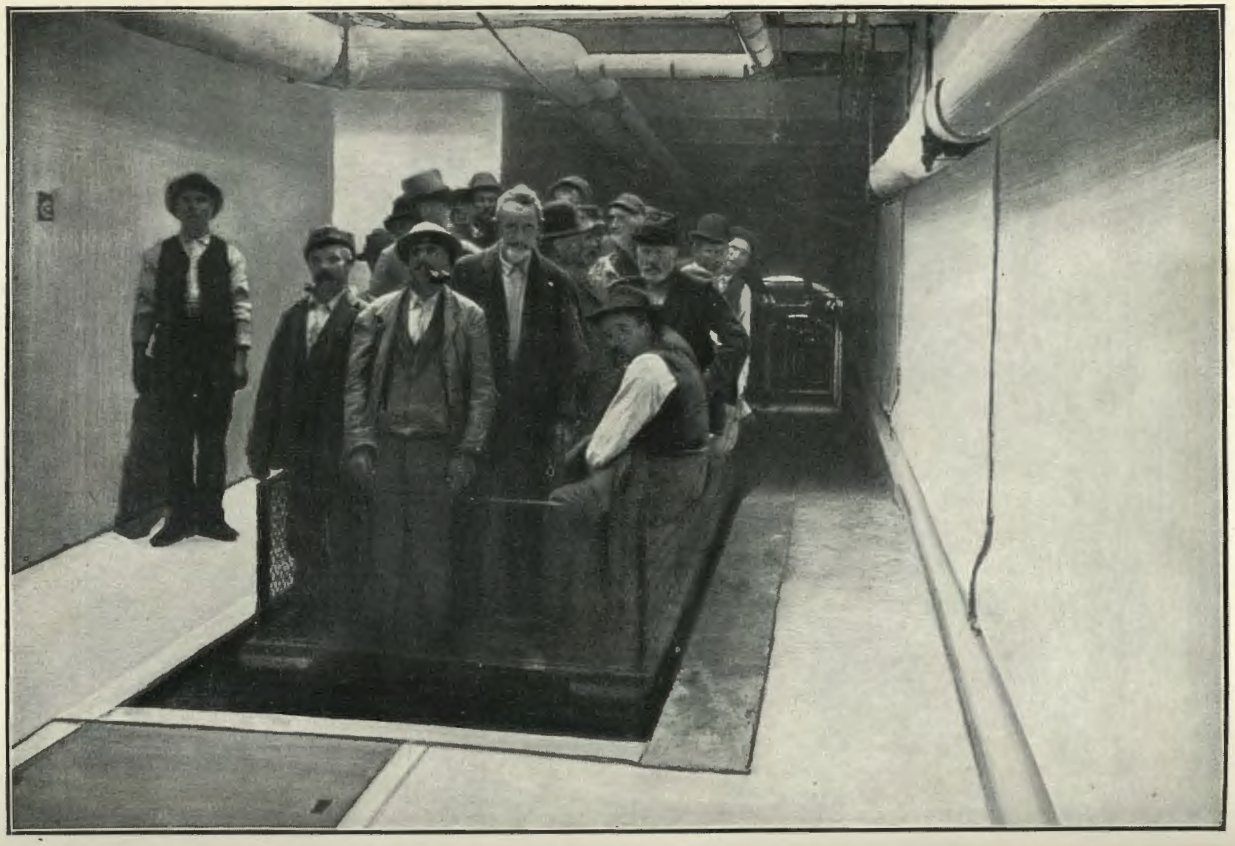
THE NEW JERSEY STATE HOSPITAL AT
MORRIS PLAINS, N., J., November 14th, 1901.

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.

J. A. McBRIDE,
JOHN C. EISELE,
Auditing Committee.

Recapitulation.

State Treasurer, convict patients—		
First quarter	$4,294 29	
Second quarter	4,253 57	
Third quarter	4,443 57	
Fourth quarter	2,008 57	
		$15,000 00
State Treasurer, county patients—		
First quarter	$13,361 71	
Second quarter	17,719 26	
Third quarter	13,187 14	
Fourth quarter	9,974 72	
		54,242 83
State Treasurer, indigent patients—		
First quarter	$4,973 86	
Third quarter	5,304 30	
Fourth quarter	4,721 84	
		15,000 00
State Treasurer—		
Second quarter, amount of lapsed appropriation for contracts on new buildings		28,186 27
State Treasurer—		
Fourth quarter, appropriation for laying gas mains to new building		1,400 00
County Collectors—		
First quarter	$55,040 21	
Second quarter	55,134 90	
Third quarter	22,313 23	
Fourth quarter	47,477 52	
		179,965 86
Private patients—		
First quarter	$16,403 75	
Second quarter	11,240 52	
Third quarter	17,195 78	
Fourth quarter	17,487 41	
		62,327 46
Hides, tallow, &c.,		
First quarter	$6,835 35	
Second quarter	3,289 76	
Third quarter	3,646 79	
Fourth quarter	4,505 85	
		18,277 75
Interest—		
First quarter	$72 66	
Third quarter	44 59	
		117 25
		$374,517 42
Orders paid—		
First quarter	$73,811 46	
Second quarter	126,226 94	
Third quarter	89,072 45	
Fourth quarter	77,588 51	
		$366,699 36



TUNNEL CONNECTING MAIN WITH DORMITORY BUILDING. CAR FULL OF PATIENTS RETURNING FROM WORK.

WARDEN'S REPORT.

WARDEN'S REPORT.

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

GENTLEMEN—I have the honor to present the annual report of my department for the year 1901, together with an abstract of accounts.

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

Balance on hand November 1st, 1900	$5,494 38	
Receipts from November 1st, 1900, to October 31st, 1901	374,517 42	
		$380,011 80
Total disbursements from November 1st, 1900, to October 31st, 1901		366,699 36
Cash balance on hand October 31st, 1901		$13,312 44

The receipts include $28,186.27, appropriated by the Legislature, partially replacing the amounts which had lapsed from previous appropriations for construction of new dormitory building; also $1,400 for laying gas main, and $4,242.83 balance due for support of county patients for 1900. When the amount of these items—$33,829.10—is deducted from the total receipts, the sum of $340,-688.32 remains as the amount received from the usual sources of income.

The disbursements are made up as follows:

For contracts to complete new building and laying gas main—		
Appropriated by Legislature	$29,586 27	
Taken from house funds	7,918 82	
		$37,505 09
For extraordinary expenditures from house funds for fitting up new building		16,460 01
For maintenance		312,734 26

Of the amount expended for maintenance, $239,197.17 comes from the State and counties, the balance, $73,537.09, from private patients and other sources.

COMPARISON AND COST PER CAPITA.

The comparison of the per capita cost of maintaining indigent patients at different hospitals is apt to lead to a misapprehension as to whether the best results are obtained with a given expenditure of money, unless careful attention is given to what items are included in making up the totals of maintenance.

The Secretary of the State Commission of Lunacy for the State of New York reports, in answer to an inquiry, that their number of patients is 22,420, and the cost of maintenance is $3,803,573.96, which gives a per capita cost of $169.62. But he gives items for extraordinary repairs, &c., amounting to $720,000, which, if included in the maintenance account would make the per capita cost $201.76. In New York, they have an appropriation for maintenance and a separate appropriation for extraordinary repairs, &c., and the per capita cost is computed on the first of these only.

At this hospital, these patients are maintained at a total cost to state and county of $239,197.47, of which the amount appropriated by the State for the year ending October 31st, together with the classification of the same is—$15,000 for an average number of 67.58 convict patients; $15,000 for an average number of 135.33 State indigent patients; $50,000 for an average number of 1,027.83 county patients, making a total of $80,000 paid by the State; and for an average number of 1,027.83 county patients, the amount received from the counties is $159,197.47. This gives the total received for maintenance of convict, State indigent and county indigents of $239,197.47.

This gives a cost per capita of $194.35, and in this is included the extraordinary repairs, &c., which in New York State is provided for in a distinct and additional item in the appropriation.

THE ANNEX OR DORMITORY BUILDING.

The annex or dormitory building, which was completed during the last year, has been occupied since the 12th of March.

The appropriation of $20,000 granted for furnishing this building was expended toward that end by contracts made after bids had been obtained on specifications of what furniture was needed. It was

necessary to provide for many things in order to suitably care for the 400 or more patients now occupying this building, such as fitting up clothes-rooms with shelving, &c., putting in additional tables, chairs, bedsteads and bedding, providing storerooms for the kitchen, and boxes for the cold storage, additional plumbing for the building, new cars for the dining-room, steam tables and other necessary conveniences, furnishing the drug-room and providing additional equipment for the new pathological room. For these and other like things the appropriation was insufficient.

The additional cost in excess of the appropriation amounts to a total of $16,460.01.

GROUNDS AND GRADING.

Grading at the new building has been somewhat retarded on account of the work required at the reservoir and at the sewer beds, but a space of two or more acres at the north and east side of the dormitory building has been nearly completed and already the soil is being laid. To do this entire work it will require at least an expenditure of $10,000, and if it is to be done by the Hospital from its ordinary income it will take years for its accomplishment. It would be desirable, therefore, to have the Legislature appropriate enough money to complete the work during the coming year, and then the planting of trees could be done and the walks laid out.

The Hospital had an appropriation this year of $1,600 to be used for walks, but it was impracticable to expend this as the grading was not far enough advanced, consequently the appropriation has lapsed.

RESERVOIRS.

The total capacity of the reservoirs, which are four in number, is about twenty-five million gallons. The first, situated in the upper part of the garden, is used to supply the outside buildings, and contains about two and a half million gallons, while the second reservoir is located in the upper part of the garden and holds about six million three hundred thousand. From the latter the supply for the main building is drawn, but in extremely dry seasons its resources prove insufficient, and it is necessary to supplement this deficiency

by pumping the needed amount from a third reservoir, known as the ice pond. The capacity of this pond has been increased by Hospital labor from two million to ten million gallons during the past two years. The fourth, known as the new reservoir, contains about six million two hundred thousand gallons and supplies the annex or dormitory building and also the hydrants, but like the second, its capacity is not sufficient to meet the demands made upon it during long periods of drouth. This reservoir lies at an elevation of 135 feet above the foundations of the annex, and 245 feet above that of the main building, and gives a pressure of about sixty-five pounds to the square inch on hydrants at the former building, and about one hunderd and twenty pounds to the square inch on hydrants at the latter building.

During the year the pumping station has been removed to the gas house and the boiler that was used in connection with the laundry has been placed there. By moving the pump to this point a great saving is made; first, in utilizing the same men who run the gas plant, and secondly, in saving the cartage of coke, &c. By substituting the boiler of seventy-five horse power, now in use, for the old boiler of thirty horse power, the capacity for pumping is increased so that twice the amount of water can be delivered to the garden reservoirs, and water can also be pumped into the new reservoir, which was before impossible.

The continued drouth of last year made it clear that an increase of storage capacity of from ten to fifteen million gallons is necessary to insure the supply for the Hospital in times of such extreme demand.

You are aware that the consumption of water increases rather than decreases, and that two buildings have to be supplied at the present time instead of one, and in order to meet this growing need, it is believed, the most feasible plan would be to enlarge the ice pond to twice its present capacity. I am of the opinion that this would entail the least expense.

SEWER BEDS.

During the last year one new sewer bed has been graded, while the others have been extended and improved. It will still be necessary to have another bed which should be finished this coming year. It will not be an expensive piece of work, and will require only a little time

to grade it. The Hospital can do this without asking for an appropriation.

The beds prove to be in a satisfactory condition. A. R. Leeds, Ph.D., professor of chemistry at Stevens Institute of Technology, at our solicitation, tested the effluent from the beds, and the result of his examination can be seen below.

Dr. J. J. Leal, or his representative, in the interests of the East Jersey Water Company, has made visits to the beds at intervals of two or three weeks, during the past year, and he says that the beds are doing excellent work.

August 3d, 1901.

M. K. Everitt, Esq.:

Dear Sir—In reply to yours of the 1st inst. The variation in the numbers might readily be due to the prolification of certain bacteria in a sample from which other forms had been removed under the conditions you mention—an apparently slight cause often makes a great difference in the countings.

On making the counts I was favorably impressed with the results which show that you are working in the right direction and that your work, though not up to the best performance I have known, is encouraging.

Sincerely yours,

ALBERT R. LEEDS.

Stevens Institute of Technology,

Hoboken, N. J., July 1st, 1901.

N. J. State Hospital, M. K. Everitt, Warden:

Dear Sir—I transmit herewith the results of the biological examination of the samples of effluent from the sewer beds, viz.—

Number of sample bottle.	Bacteria per cub. centimeter.
No. 142	2,900
No. 299	540
No. 425	280

Respectfully,

ALBERT R. LEEDS, Ph.D.

Professor of Chemistry, Stevens Inst. of Technology.

Paterson, N. J., August 19th, 1901.

Hon. M. K. Everitt:

Dear Sir—The examination of the samples from the effluent of the sewage disposal work of the State Hospital at Morris Plains, taken in your presence on August 10th last, resulted as follows:

Outlet No. 1.

Average number of colonies per c. c. developed, 340.

One c. c. of water did not cause fermentation in 5 c. c. glucose bouillon.

Outlet No. 2.

Average number of colonies per c. c. developed, 310.
One c. c. of water did not cause fermentation in 5 c. c. glucose bouillon.

Outlet No. 3.

Average number of colonies per c. c. developed, 70.
One c. c. of water did not cause fermentation in 5 c. c. glucose bouillon.

The result of these examinations shows very clearly the good work being accomplished by your sewage disposal plant.

Truly yours,
J. J. LEAL.

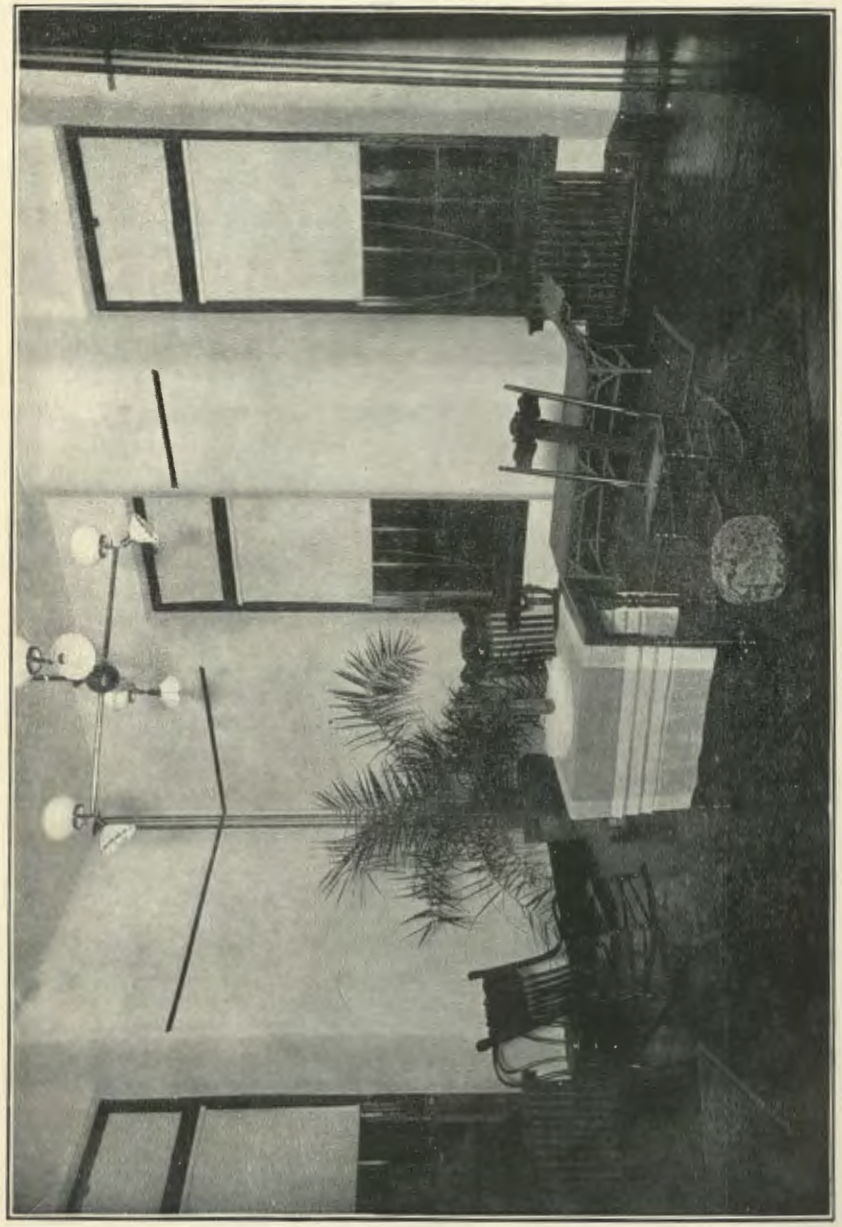
FARM AND GARDEN.

The farm and garden have yielded a greater production than that of any year since I have been connected with this institution.

The milk average has been the highest, average per cow, 11.77 quarts per day. It is well to add that the season has been exceptionally favorable for the dairy department.

The products of the farm amount to.....	$31,631 09
The products of the garden amount to.....	18,573 00
	$50,204 09

The following appendix will show the products of the dairy, farm and garden.



Dormitory Building.—Patient's Reception Room.

APPENDIX TO WARDEN'S REPORT.

FARM AND GARDEN PRODUCTS.

Dairy and Farm.

300,770	Quarts milk (average number of cows milked, 70; average per cow, 11.77 quarts per day), at 4½ cents	$13,534 65
3,151	Dozen eggs, at 22 cents	693 22
240	Tons of hay, at $15	3,600 00
20	Tons of cornstalks, at $10	200 00
10	Tons of rye straw, at $15	150 00
15	Tons of wheat straw, at $10	150 00
2,500	Bushels corn, at 65 cents	1,625 00
400	Bushels wheat, at 75 cents	300 00
350	Bushels rye, at 56 cents	196 00
4,000	Bushels cow-horn turnips, at 30 cents	1,200 00
2,000	Bushels mangel-wurzel, at 35 cents	700 00
	Total	$22,348 87

Stock.

5,605	Pounds of veal (37 calves), at 10 cents	560 50
527	Chickens, at 55 cents	289 85
71	Cows slaughtered, dressed, 41,161 pounds, at 8 cents	3,292 88
	Amount received for hogs sold	5,138 99
		$31,631 09

Garden.

1,000	Bushels tomatoes, at 80 cents	$800 00
4,000	Bushels potatoes, at 80 cents	3,200 00
600	Bushels carrots, at 50 cents	300 00
1,000	Bushels parsnips, at 50 cents	500 00
875	Bushels beets, at 60 cents	525 00
200	Bushels Yellowstone turnips, at 40 cents	80 00
1,000	Bushels white turnips, at 40 cents	400 00
50	Bushels rutabaga turnips, at 40 cents	20 00
3,680	Bushels mangel-wurzel, at 35 cents	1,288 00
125	Bushels onions, at 75 cents	93 75
5	Bushels onions (pickling), at $1	5 00
10	Bushels onion sets, at $3	30 00
85	Bushels early apples, at 80 cents	68 00

500	Bushels spinach, at 40 cents	$200 00
1,000	Bushels kale, at 35 cents	350 00
700	Bushels bush beans, at 75 cents	525 00
125	Bushels lima beans, at $1	125 00
500	Bushels peas, at $1	500 00
100	Bushels cucumbers, at 75 cents	75 00
5	Bushels cucumber pickles, at $1.25	6 25
50	Bushels horse-radish, at $1.25	62 50
100	Bushels grapes, at $1	100 00
300	Bushels squash, at 50 cents	150 00
15	Bushels okra, at $1.50	22 50
50	Bushels oyster plants, at $1	50 00
50,000	Heads celery, at 3 cents	1,500 00
20,000	Heads cabbage, at 5 cents	1,000 00
20,150	Heads lettuce, at 2 cents	403 00
100	Heads cauliflower, at 10 cents	10 00
50,000	Bunches green onions, at 2 cents	1,000 00
55,000	Bunches radishes, at 2 cents	1,100 00
2,000	Bunches carrots (for soup), at 3 cents	60 00
1,200	Bunches celery (for soup), at 5 cents	60 00
15,000	Bunches asparagus, at 10 cents	1,500 00
20,000	Bunches rhubarb, at 5 cents	1,000 00
1,800	Bunches parsley, at 4 cents	72 00
1,800	Bunches leeks, at 4 cents	72 00
200	Bunches sage, at 5 cents	10 00
100	Bunches thyme, at 5 cents	5 00
100	Bunches sweet marjoram, at 5 cents	5 00
100	Bunches savory, at 5 cents	5 00
50	Bunches tarragon, at 10 cents	5 00
50	Bunches chive, at 10 cents	5 00
25	Baskets pears, sickel, at 50 cents	12 50
15	Baskets pears, kieffer, at 50 cents	7 50
1,000	Musk-melons, at 4 cents	40 00
25,000	Ears sweet corn, at 1½ cents	375 00
1,000	Bundles cornstalks, at 3 cents	30 00
75	Cheese pumpkins, at 10 cents	7 50
2,500	Peppers, at ½ cent	12 50
2,400	Egg-plants, at 5 cents	120 00
4,000	Quarts strawberries, at 10 cents	400 00
100	Quarts blackberries, at 10 cents	10 00
850	Quarts raspberries, at 10 cents	85 00
100	Quarts gooseberries, at 5 cents	5 00
800	Quarts currants, at 10 cents	80 00
1,000	Quarts cherries, at 10 cents	100 00
		$18,573 00

Summary.

Farm and garden products		$50,204 09
Cost of the farm, dairy, garden, stables, &c., is first—		
Wages	$12,984 70	
Repairs	677 47	
Stock bought	5,518 08	
Fertilizers	1,265 85	
Feed	3,367 95	
Seeds	486 45	
Harness, tools, &c.	270 40	
	$24,570 90	
Produced on farm in 1900 and consumed during 1901—		
135 Tons of hay, at $15	$2,025 00	
60 Tons shredded cornstalks, at $10	600 00	
18 Tons of rye straw, at $15	270 00	
20 Tons of wheat straw, at $10	200 00	
2,250 Bushels corn, at 40 cents	900 00	
2,000 Bushels cow-horn turnips, at 30 cents	600 00	
	$4,595 00	
		29,165 90
Net income		$21,038 19

ANNUAL APPRAISEMENT.

The annual inventory and appraisement was taken as usual. Mr. D. M. Merchant, of Morris Plains, and Mr. John Naughton of Morristown, were appointed to assist in this work, and we are indebted to them for their valuable services.

The total appraisement of the personal property amounted to $218,416.02.

APPROPRIATIONS.

I wish to call your attention to the appropriations made by the Legislature for the year ending October 31st, 1901.

For county patients, at $1 per week	$50,000 00	
Bills amount to	53,136 42	
Leaving a deficit of		$3,136 42
State indigent patients	15,000 00	
Bills amount to	23,169 24	
Leaving a deficit of		8,169 24
Convict patients	15,000 00	
Bills amount to	17,514 29	
Leaving a deficit of		2,514 29
Total amount of deficit		$13,819 95

ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1901.

G. C. HINCHMAN, *Treasurer.*

Dr.

To balance, October 31st, 1900	$5,494 38	
To amount received for board, clothing and incidental expenses of county patients	179,965 86	
To amount received for board, clothing and incidental expenses of private patients	62,327 46	
To amount received from State Treasurer for county patients	54,242 83	
To amount received from State Treasurer for convict patients	15,000 00	
To amount received from State Treasurer for State indigent patients	15,000 00	
To amount received from State Treasurer for amount of lapsed appropriations for contracts on new building	28,186 27	
To amount received from State Treasurer for appropriation for laying gas mains to new building	1,400 00	
To amount received for hides, tallow, &c	7,331 54	
To amount received for sundries, rags, &c	5,699 22	
To amount received for hogs and pigs	5,138 99	
To amount received for rents	108 00	
To amount received for interest	117 25	
		$380,011 80

Disbursements.

Amusements	$1,238 55
Books and stationery	1,854 87
Bedding, linen, &c	6,388 03
Clerical services	418 00
Clothing	11,325 77
Counsel fees	341 25
Crockery and cutlery	1,228 13
Dairy (including stock, feed, labor)	9,391 25
Enlarging and improving ice pond	448 93
Farm	9,816 22
Flour	5,151 82

Freight and train service	$6,385 99	
Fruit	807 93	
Fuel	19,423 79	
Funeral expenses	940 00	
Furniture, carpets, &c	4,472 53	
Garden	4,479 26	
Ice	283 35	
Engineer's services, new reservoir and tunnel	100 00	
Grading	1,032 95	
Gas main to annex	1,823 51	
Fitting out new building for occupancy	7,765 16	
Petty current expenses	500 00	
Greenhouses	1,059 27	
Grounds	592 16	
Hay and straw	14 40	
Harness, wagons, &c	721 20	
Household goods	6,805 22	
Improvement of buildings	8,906 75	
Improvement to farm lands	1,578 60	
Incidentals	2,996 42	
Insurance	1,701 00	
Laundry	6,727 74	
Light	8,260 64	
Medical library	178 80	
Medical supplies	4,811 64	
New building to cover deficiency of appropriation	36,105 09	
Newspapers	88 85	
Pathological	98 12	
Postage	440 84	
Provisions and groceries	97,294 92	
Railroad repairs	453 85	
Refunding	2,269 94	
Repairs	14,465 10	
Smith and wheelright	1,241 66	
Telegrams, telephone rental, &c	952 45	
Tinware and fixtures	1,073 12	
Vegetables	2,066 14	
Wages	68,048 93	
Sewers	86 03	
Water main changes at pumping station	1,471 11	
Improving sewer beds	572 08	
		$366,699 36
Balance in hands of Treasurer		$13,312 44

STATEMENT OF RESOURCES AND LIABILITIES, OCTOBER 31, 1901.

Resources.

Balance in hands of Treasurer	$13,312 44	
Due from Hudson county as per bill rendered	1,095 74	
Due from Morris county as per bill rendered	6,954 28	
Due from Passaic county as per bill rendered	11,195 17	
Due from Sussex county as per bill rendered	1,576 34	
Due from Union county as per bill rendered	9,751 53	
Due from Warren county as per bill rendered	3,179 95	
Due from State Treasurer for county patients	7,506 80	
Due from State Treasurer for convict patients	4,019 81	
Due from State Treasurer for State patients	10,145 53	
Due from private patients as per bills rendered	4,666 76	
Due from sailors' snug harbor	696 34	
Due from petty expense account	398 65	
Due from clothing issued	4,421 59	
		$78,920 93

Liabilities.

Bills payable	$51,979 39	
Pay-roll for month of October	9,858 27	
County patients paid beyond	1,444 29	
Private patients paid beyond	6,724 48	
Amount of bills rendered counties, not yet earned	4,981 81	
Amount of bills rendered private patients, not yet earned	1,676 55	
		76,664 79
Balance above liabilities		$2,256 14

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, 1903:

For the annual appraisement		$75 00
For the salaries of resident officers		14,550 00
For the maintenance of county patients, based on an average of 1,060 county patients for the year		55,120 00
For the support and clothing of insane convict patients, based on an average of 72 convict patients for the year—		
Board	$18,720 00	
Clothing	1,152 00	
		19,872 00
For the support and clothing of State indigent patients, based on an average of 175 state indigent patients for the year—		
Board	$27,300 00	
Clothing	2,800 00	
		30,100 00

Respectfully submitted,

M. K. EVERITT,

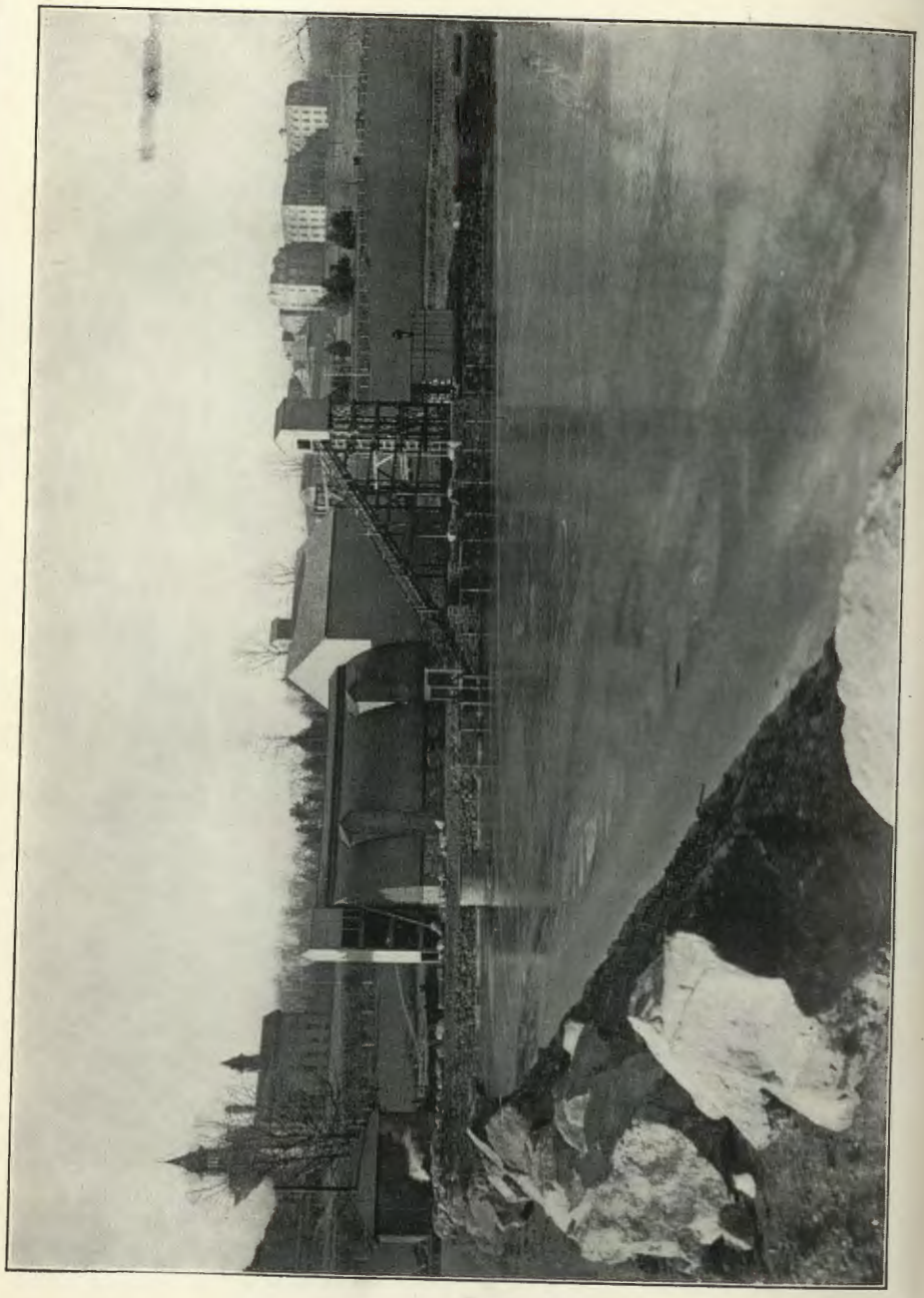
Warden.

The New Jersey State Hospital at Morris Plains, October 31st, 1901.

RETURN OF WORK DONE IN MATTRESS ROOM AND SHOE SHOP.

Single hair mattresses made new	126
Double hair mattresses made new	13
Single hair mattresses made over	1,121
Double hair mattresses made over	6
Hair pillows made new	263
Hair pillows made over	1,902
Feather pillows made	60
Single mattress ticks made	118
Double mattress ticks made	8
Pillow ticks made	335
Sofa pillows made	57
Pieces of furniture upholstered	139
Large hall carpets made new	2
Large hall carpets made over	1
Alcove carpets made new	4
Alcove carpets made over	2
Corridor carpets made new	6
Corridor carpets made over	3
Parlor carpets made over	4
Room carpets made new	29
Room carpets made over	12
Carpets taken up	178
Carpets laid	176
Carpets repaired	136
Bed protectors made	562
Bed protectors repaired	199
Suspenders made, pairs	150
Holland shades made	266
Window shades repaired	137
Long curtains hung, pairs	23
Chairs caned	104
Settees caned	4
Hassocks made	52
Carpet door-mats made	5
Carpets bound, yards	179
Carpets hemmed, yards	50
Rooms laid with linoleum	5
Mattress ticks repaired	516
Holders for bakery and gas-house, pairs	172
Pieces of harness made new	62
Pieces of harness repaired	219
Horse blankets repaired	64
Sets of mangle aprons made	11
Chair cushions made	26
Awnings put up	27
Awnings taken down	33
Flags made new	1
Boots, shoes and slippers repaired, pairs	462

Also amusement room decorated and center building draped in mourning for President McKinley.



Ice Pond.—Showing New Building on the Right.

CUT FLOWERS AND PLANTS FURNISHED.

Cut Flowers.

Roses	24,000
Carnations	19,000
Chrysanthemums	2,100
Violets, bunches	500
Sweet peas	6,000
Gladiolus	1,000
Roman hyacinths	800
Daffodils	600
Tulips	1,500
Calla lilies	300
Mignonette	1,400
Dahlias	2,000
Coreopsis, bunches	100
Asters	1,000
Phlox (hardy)	600
German Iris	2,000
Pæonya	500
Scabiosa	600
Zinnia	2,000
Dalphinium	200
Cosmos, bunches	250
Rudbeckia, bunches	500
Smilax, strings	100
Asparagus strings	150
Fresia	500

Plants and Bulbs Grown for Flower Beds and Cut Flowers, also Plants Grown for Decorative Work.

Cineraria	100
Easter lilies	75
Azalea	50
Calla lilies	100
Caladiums	150
Crotons	200
Chrysanthemums	900
Begonias	350
Hyacinths	250
Daffodils	500
Gloxinia	120
Geraniums	2,800
Coleus	3,000
Single petunia	500
Vinca variegata	100
Ageratum	500
Canna indica	1,000
Violet plants	900

Rose plants	300
Carnation plants	900
Salvia	600
Altheranthera	500
Dusty miller	400
Pansy plants	2,000
Daisy plants	1,200
Forget-me-not	300
Nierenbergia	250
Abutilon	200

REPORT OF WORK DONE IN SEWING ROOM.

Year ending October 31st, 1901.

Single sheets	2,992
Double sheets	98
Pillow cases	2,395
Bolster cases	18
Hand towels	3,237
Roller towels	966
Dish towels	1,608
Drug room towels	101
Table cloths hemmed	853
Napkins hemmed	1,516
Blankets hemmed	656
Kitchin aprons	539
Dining-room aprons	72
Laboratory aprons	48
Broom covers	4
Curtains	318
Curtain bands	318
Burial robes	69
Burial sheets	69
Burial chemise	69
Burial petticoats	69
Chemises	1,153
Petticoats	850
Drawers	824
Corset covers	2
Night dresses	163
Dresses made	1,443
Dresses altered	5
Dress skirts made	18
Dress waists made	36
Wrappers made	16
Strong dresses made	26
Nurses' dresses	44
Nurses' aprons	44
Nurses' straps	88

RETURN OF WORK DONE IN TIN SHOP.

Large food steamers	19
Bread pans	800
Tin pails	137
Rice pans	164
Butter boxes	30
Butter box covers	104
Tin scoops	28
Tin flashings	210
Large dippers	16
Diet cups	212
Diet cup covers	106
Dust pans	56
Drinking cups	318
Tea and coffee kettles	67
Scrap pans	75
Drip pans	73
Meat and biscuit pans	60
Dish pans	30
Small flats	200
Large flats	50
Molasses pitchers	50
Thermometer guards	50
Bread boxes	18
Jelly glass covers	45
Pans for greenhouse	14
Barrel stops	160
New tops on fruit cans	900
Other pieces as needed	372
Tin roofing, square feet	1,170
Pieces of tinware repaired	1,152
Locks repaired	565
Knives sharpened	342
Scissors sharpened	117

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

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

PRIVATE PATIENTS.

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

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

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

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

INDIGENT PATIENTS.

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

HABITUAL DRUNKARDS.

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

GENERAL RULES.

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

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 A. M. to 4 P. M.

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

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

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

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

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

FORMS.

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

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

The undersigned, of....., in the county of....., and
City or Town.
State of....., being desirous of having....., an
Full name of patient.
insane person of the county of....., and State of....., 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 purpose aforesaid. Said
Full name of patient.
.....was born at....., on....., resided
Full name of patient. City or Town. Date of birth.
at....., and is a.....
State patient's residence with particularity. Profession, trade or
..... The undersigned is a.....
calling of patient. State degree of relation or other
.....of the said.....
circumstances of connection between patient and person making request. Full name of patient.

Dated.....19....

Name of person making request..... .....

P. O. Address, ...

Street and number, ...

City, ...

County, ...

State, ...

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

I, ...of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of..... and 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.)*

.....

GREENHOUSE.

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 the presence of the physician, and also describe his or her appearance and manner)*:
.....

(3) Other facts perceived by me indicating insanity:

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

....., Physician.

AFFIDAVIT.

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

.....M.D.

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

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

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

The undersigned, of ....., in the county of ..... and
City or town.
State of ..... being desirous of having ....., an
Full name of patient.
insane person of the county of ....., and State of ....., committed to and confined as an indigent patient in The New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said ....., for the purpose aforesaid. Said .....
Full name of patient. Full name of patient.
was 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 the presence of the physician, and also describe his or her appearance and manner)*:

.....

(3) Other facts perceived by me indicating insanity:

.....

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

.....

....., Physician.

AFFIDAVIT.

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

.....M.D.

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

....

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

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

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

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

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

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

.....

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

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

.....

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

.....

(3) Other facts perceived by me indicating insanity:

.....

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

.....

....., Physician.

AFFIDAVIT.

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

.....M.D.

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

....

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 .....

Formal Opening

OF THE

DORMITORY BUILDING

OF

The New Jersey State Hospital

AT

MORRIS PLAINS,

November 21st, 1901.

INTRODUCTION.

The new building having been completed and a new organ having been installed in the Chapel, arrangements were made to recognize properly the addition to the State Hospital of such useful adjuncts to its work. Invitations were sent out to physicians, members of the Legislature and to many others interested in the welfare of the insane.

The Governor and the Governor-elect were invited. The former was present and the latter, in his necessary absence, communicated the assurance of his interest in the work and the occasion. The exercises began in the Chapel of the old building, where an organ recital pleasantly occupied half an hour. It was explained by the Managers that the former organ had previously and for many years been in use at the Hospital in Trenton, and after twenty years' additional wear in this institution it had become an embarrassment rather than an aid to the religious services conducted there. Hence, as such an instrument, for obvious reasons, was even more necessary there than in other places of worship, a new instrument, long contemplated, had been constructed. Subsequently, the visitors were conducted through the public parts of the old building and several of the wards. They inspected the dining and recreation rooms, and the routine methods of the institution were explained.

The guests proceeded to the new building. Some preferred to make the journey above ground, but the larger number, through the tunnel which connects the two buildings.

After an examination of the new building, the company repaired to the amusement room for the formal opening of the new building.

The President of the Board of Managers, Patrick Farrelly, on taking the chair, made the following address:

ADDRESS OF WELCOME BY PATRICK FARRELLY, ESQ., PRESIDENT OF THE BOARD.

Your Excellency and Friends—If you are as weary as I am after this long parade, you will be thankful that my remarks will be short. We conducted you through only a few of the many parts of the sub-

terranean portions of the old building, and through the tunnel connecting that building with this—the one which is being formally opened to-day—and through two of the four floors of both buildings. The wards which you did not see are substantially the same as those which you saw. I will not go into the history of the Hospital, as the papers to be read by Dr. Buckley and Dr. Evans will impart much information, and you will learn from them as to the character of the work that is being done here. There is no class of the community that more needs the sympathy and care of the State—that is, your sympathy—than those who are sick and unable to care for themselves, and especially is this the case when the disease is that of mind and brain, which requires special knowledge, special care and special treatment. I am happy to say that thus far you have done your duty towards this class of your fellow-citizens whom you have committed to our care. These buildings and all this property belong to the people, and we have invited them, through you, their representatives, to inspect their property and to judge, as best you can, how far we, as your stewards, have been faithful.

We are not entirely unselfish in the invitation extended to you, as we desired you to know what has been done, and to commend us for what you see to be good, and to be charitable in your judgment as to anything you may see that does not recommend itself to you.

We ask you, before passing judgment, to put yourself in our place and learn the reasons and motives that prompt the action as to any particular thing. We, your Managers, are here by the grace of his Excellency, the Governor, and I am pleased to say that the State Hospitals have no better friend than Foster M. Voorhees, whom we hope to hear from later.

It is but just for me to say that what good we may have been able to acomplish could not have been done without the co-operation of a loyal, faithful and an accomplished medical staff and an efficient Warden.

We are grateful to the many distinguished State Officers, Judges, Senators and Representatives, as well as the many specialists from this and other States, who are interested in work of a similar character, for their presence here to-day.

On behalf of the Board of Managers, I bid you all a hearty welcome.

As his Excellency, the Governor, informs me that his engagements require him to take an early train, we will modify the program accordingly. Ladies and gentlemen, it affords me great pleasure to

introduce to you his Excellency, Foster M. Voorhees, Governor of the State of New Jersey.

The observations of Governor Voorhees, though, to the regret of the audience, necessarily brief, gave his views upon the relation of the State to the care of the unfortunate class in whose behalf this institution was established and enlarged. He showed that, as society is organized, the State is no more bound to protect the inhabitants from the desperate classes by the enforcement of law than it is to care for the helpless. He expressed his pride in the advanced position early taken by the State of New Jersey, and maintained to the present day, in the care and treatment of the insane. He spoke of the loyalty to the State of the best citizens, as exhibited in their willingness, often at much personal sacrifice and always without compensation, to superintend the various institutions which experience has shown to be necessary to provide for those who are unable to care for themselves, and gave it as his mature judgment that none of the money of the State was better spent than that which is thus appropriated.

President—We thank his Excellency for all that he has said, and we sincerely pray that he will live to a ripe old age, and that each year will add to his happiness. When a Board of Managers was to be selected for the New Jersey State Reformatory, I took the liberty of suggesting the name of one that, in all probability, would have been thought of and appointed without my suggestion, but when I mentioned the name of the gentleman, the Governor replied: "Yes, I will appoint him. His advice, like that of Dr. Buckley, of your Board at Morris Plains, will be of great good." I, as a citizen, thank God that we have such a man on our Board as Dr. Buckley, who, although a very busy man in other ways, does not spare himself in works of charity, and my prayer will be that the day be far distant when the people of this State will be deprived of his labors in this and other institutions. I now take great pleasure in calling on Dr. Buckley to give a historical account of the State institutions in the State of New Jersey.

ADDRESS

BY JAMES M. BUCKLEY, D.D., LL.D.,

ON

NEW JERSEY AND THE STATE CARE OF THE INSANE.

It is impossible to show that the State Medical Society, founded in 1766, gave care and attention to the treatment of the insane prior to 1830; the people of the State, about that time, considered the necessity of devising some means of ameliorating their condition. Nothing, however, of importance was done until 1837, when Dr. Lyndon A. Smith, of Essex, made earnest personal efforts to arouse interest, and as a result of his discussion in 1837, and further efforts in 1838, and the support thus elicited, a committee was appointed to memorialize the Legislature.

EARLIEST LEGISLATIVE ACTION.

A joint resolution of the Legislature was passed at the next session, on the 6th day of March, 1839, as follows:

"*Resolved,* by the Council and General Assembly of this State, that the Governor of this State be and he is hereby authorized to appoint one or more competent person or persons to ascertain, as accurately as practicable, the number, age, sex and condition of the lunatics of this State; also to ascertain the best and most effectual means for their relief; and if, in their opinion, the erection of a State Asylum be the best remedy, then to ascertain the necessary cost of the establishment of such an institution; the best location for the same; together with all such facts as may be necessary to lay the foundation for definite action, and report at the next session of the Legislature; and that a sum not exceeding $500 be appropriated to defray the necessary expenses of such investigation."

Under this resolution, Dr. Lyndon A. Smith, Dr. Louis Condict, of Morris; Augustus F. Taylor, of Middlesex; Dr. Charles McChesney, of Mercer, and L. Q. C. Elmer, Esq., of Cumberland, were appointed. This Commission organized in Newark, at the office of Dr. Smith, on the 12th day of April, 1839, elected Dr. Louis Condict as Chairman and Dr. Lyndon A. Smith as Secretary. To each one of these gentlemen was assigned, for the collection of proper data bearing upon the subject, a congressional district. They corresponded with sheriffs, stewards of almshouses and prominent citizens in their several districts.

They were "particular to distinguish between the insane and idiots, as far as practicable; also between those who were occasionally insane from intoxication, and those whose insanity was of a more permanent character; also, particular distinction was to be made between raving maniacs who may be confined in chains, or other severe restraint to prevent injury to themselves, from those of a more peaceful disposition." They were to "make a personal investigation, as far as practicable, and were to especially have correspondence with medical practitioners and overseers of poor-houses, and with the personal friends of all lunatics who might be found." It was enjoined as one of their duties that, as far as they possibly could, the Commissioners, especially Dr. Smith and Dr. Condict, should visit any hospital for the insane that might be at that time established in sister states, the cost of this visitation, correspondence, &c., to be kept within the appropriation of $500.

HORRIBLE CONDITIONS.

As a result of their investigation, it was found that there were 338 lunatics in the State. In their report they give an account of the treatment of the insane, which is simply incredible. For example: two lunatics were found chained in a jail at Newark, and in New Brunswick, one in chains in Gloucester poor-house, one in Cumberland and one in Salem. The individual in chains in Gloucester poor-house was confined by hand and leg-irons, with a chain extending from each to the floor. The custodian remarked that "they were neither vicious nor violent, and would harm no one unless by some mischievous prank."

In reporting the fourth district, Dr. McChesney said: "I found scenes of misery and wretchedness that the citizens of New Jersey could never have dreamed of—enough to melt the hearts of the most obdurate." He found 24 insane persons in this district chained; some of them were confined in cells, and had been chained for upwards of twenty years.

This humane physician wrote: "The peace and safety of society, indeed, demand their confinement, but there should be established some institution for their proper care and treatment, and they should not be shut up with felons and criminals in the county jails, where everything around them confirms their insanity and renders recovery hopeless." There is but one opinion in the Board of Commissioners —that a State asylum or hospital, properly constructed or regulated, should be at once established. They add: "This opinion is not the result of speculative theory or visionary conjecture, but rests upon the sure foundation of actual experiment."

They also gave a horrid recital of what was found in some of the sister States: "In one place in Massachusetts—a house of correction, so called—were found ten lunatics, two of them about seventy years of age, one man and one woman in the same apartment of an upper story. The woman was lying upon a heap of straw under a broken window. The snow, in a severe snow storm, was beating in at the window, covering the straw, as well as the woman's body. The man was in a corner of the room, in a similar situation. The woman had been in this apartment for six years, and the man twenty-one years." When the woman of the house was spoken to about it, she said, in extenuation of keeping these people in this condition: "They have never frozen."

I mention these out of a number of cases which the Commissioners instanced as an argument in favor of a more humane treatment of those afflicted with insanity. The Commissioners add that "they thought that New Jersey could prepare an institution where the inmates might fare as well as those described as having been found in Massachusetts. If, during the rigor, any survivors 'have not frozen,' the keepers may say, at least, 'We had something to do in keeping them from freezing.'" Philanthrophy bleeds and humanity shudders at the bare recital of such a case.

PROTRACTED BUT SUCCESSFUL CONFLICT.

Notwithstanding the pathetic appeal made by the Commission to the Legislature, nothing definite was done. About that time there arrived in this State the most distinguished woman that America has yet produced—Miss Dorothea L. Dix—who in Europe and America displayed a breadth of view, an acuteness of perception, marvelous eloquence in speech, together with a persistency of purpose which has rarely been found in the history of the human race. As she had done in other States and in Great Britain, she overcame opposition and transformed apathy into interest.

The work of Miss Dix in reforming the public mind in the United States, in the proper treatment of the insane, was really begun in New Jersey, where ground was first broken. The institution at Trenton she always described as "my first-born child." Her work in creating a new and perfect public sentiment and getting it embodied in positive legislative action was alike in tactics, in persistence and manifestation of the power of moral ascendancy. In Baltimore asylum, the Butler hospital, the institution at Dixmont Centre, Hartford; Pennsylvania asylum, New York City asylum, Pittsburg asylum, the institution at Raleigh, N. C.; Long View hospital, the Hospital for the Insane in Washington, D. C.; Japan, Naples, Paris, and throughout the world, her influence has created supply out of deficiency and founded institutions in spite of all obstacles.

She visited every almshouse and jail in New Jersey from Hudson county to Cape May. These visits resulted in a memorable memorial to the Legislature. The joint committee, in 1841, to whom the Governor's message had been referred, reported—"First, that the confinement of insane persons in jails with criminals is subversive of all distinction between calamity and guilt, and punishes the misfortunes which it is the duty of society to relieve; second, that as experience has shown that recent insanity, in most cases, is readily cured, it is highly expedient that the State should provide a suitable institution for the comfort and relief of the insane poor and to remove them from prisons and poor-houses; third, that an asylum be erected at the expense of the State, at some proper point to be selected by the Commissioners, with the approbation of the Governor."

THE ASYLUM AT TRENTON.

In 1842 the Commissioners reported several sites at or near Trenton, at or near Princeton and at or near New Brunswick, but nothing seems to have come of this.

January 23d, 1845, her memorial to the Legislature was presented to the Senate by her staunch supporter, the Hon. Joseph S. Dodd. In that memorial was the following account:

"On a level with the cellar, in a basement room, which was tolerably decent, but bare enough of comforts, lay, upon a small bed, a feeble, aged man, whose few grey locks fell tangled about his pillow. As we entered he addressed one present, saying, 'I am all broken up.' 'Do you feel much weaker, then, Judge?' 'The mind, the mind is going, almost gone,' he responded, in tones of touching sadness. 'Yes,' he continued, murmuring to himself, 'the mind is going.' This feeble, depressed old man, a pauper, helpless, lonely, and yet conscious of surrounding circumstances, and not wholly oblivious of the past—this feeble old man, who was he? I answer as I was answered: In his youth and vigorous years he filled various places of honor among you. His ability as a lawyer raised him to the bench. As a jurist he was distinguished for uprightness, clearness and impartiality. He also was judge of the Orphans' Court. He was for many years a member of the Legislature. His habits were correct, and I could learn, from those who had known him for many years, nothing to his discredit, but much that commends men to honor and respect. The meridian of an active and useful life was passed, the property, honestly acquired, on which he relied for comfortable support during his declining years, was lost through some of those fluctuations which so often produce reverses for thousands. He became insane and his insanity assumed the form of frenzy; he was chained 'for safety.' "

Every effort was made to defeat her plans. She gave receptions in Trenton, and frequently had twenty gentlemen at one time for three hours in steady conversation. The last evening, a rough, country member, who had announced in the House that "the wants of the insane in New Jersey were all humbug," and who came to overwhelm her with arguments, after listening an hour and a half with wonderful patience to the details and principles of treatment, suddenly moved into the middle of the parlor and thus delivered himself:

"Ma'am, I bid you good-night! I do not want, for my part, to hear anything more; the others can stay if they want to; I am *convinced;* you've conquered me out and out; I shall vote for the hospital. If you'll come to the House and talk there as you've done here, no man that isn't a brute can stand you; and so, when a man's convinced, that's enough. The Lord bless you!" And thereupon he departed.

But a Senator from the northern part of the State exclaimed, when the subject was under discussion: "Sir, I shall not trust the estimate of these Commissioners, who devised the plan of this Egyptian Coliseum. New Jersey has hereto acted well. She has kept clear of a national debt, which some folks call blessing. Let us husband our resources. I had rather spend the money in educating the children of the State, * * * qualifying them to act their part well in life, and preparing them for eternity. * * * There'll be a day of account, and it's not far ahead. I have seldom prophesied on this floor but it turned out correct. True, I missed it last year. I do believe that if Miss Dix had been paid five or six hundred dollars and escorted over the Delaware or to Philadelphia, or even one thousand dollars and taken to Washington City, and, if you choose, enshrined in the White House, it would have been money well spent. Now, I should like the whys and wherefores for a building of 487 feet long and 80 feet wide, for, maybe, twenty lunatics. I believe that the best thing we could do would be to appropriate two or three hundred dollars to fill up the cellars and sow them over with grass-seed, so that the spot may not be seen hereafter. You couldn't do a more popular act!"

It was not such speeches as this that she feared, but such as were delivered by a very eloquent man: "None, sir, is a firmer friend than myself to this charity. * * * But, sir, my experience, limited as it is, has taught me that the same law governs in the moral as in the physical world, and that premature development is attended by premature decay.

"It becomes us, therefore, to be borne away by no childlike sensibility, no generous enthusiasm, no over-zeal nor haste to accomplish an acknowledged good.

"Under these views and feelings, therefore, I am constrained, Mr. President, at this time, to oppose this project under every aspect it may now assume before us.

"In conclusion, I should do injustice to my feelings if I omitted this occasion to express my unlimited admiration of the distinguished zeal and ability with which the measure has been prosecuted by the remarkable lady, who, it is but due to her to say, has been its chief promoter and friend.

"Woman, Mr. President, is ever lovely, and when she assumes the rare and sacred office of disinterested philanthropy, she becomes indeed an angel."

But in 1845 a joint committee recommended to the Legislature the placing upon its journal that interesting and eloquent document and memorial of Miss Dix, which presented the whole subject in such a manner as to preclude discussion, and appealed to the Legislature to at once establish an institution. In 1845 the Legislature passed an act appropriating $25,000, with which to purchase a site and commence the erection of a center building and two wings, to be called the New Jersey Lunatic Asylum. The first stone in the building was laid on the 5th of November, 1845. The man who laid this stone is still living, and gives these particulars to Dr. John W. Ward, Superintendent of the institution at Trenton, and is now employed in that asylum.

By March 14th, 1845, the act of authorization was taken up and read for the last time. March 25th the bill passed—18 ayes; nays, none. March 30th certain amendments were proposed by the House of Assembly, to which the Senate agreed.

On the 23d day of February, 1847, the act for organizing the New Jersey State Lunatic Asylum was approved by the Governor of the State. The institution, however, was not declared formally opened until the 15th of May, 1848. As soon as possible after the Board of Managers was organized, they appointed Dr. H. A. Buttolph as Superintendent and Physician, and his wife as matron. From the organization of the institution until the present time there have been but two medical heads. At the time that the institution was opened it was supposed to have accommodation for two hundred patients. The number received up to the close of the fiscal year, December, 1848, was eighty-three. Since that date over ten thousand persons have received the benefit of care and treatment in the institution. At the time the institution was opened the darkness of mind throughout the State was like that which the Sacred Book records of Egypt—"A darkness that could be felt."

When the Legislature was asked for the second appropriation of $50,000 for additional wings, a Senator from one of the northern

counties of this State made this very speech—he exclaimed at the top of his voice: "This whole thing is the result of that woman Miss Dix, from Massachusetts, and I for one do not propose to be Dixized into voting for this bill."

Concerning the original location, the votes of the Commissioners stood two to two for the selection of a favorable site. The fifth Commissioner manifested very little interest, but when he was informed that his vote was needed, he asked Miss Dix what was most necessary for a favorable site. She replied: "A healthy location of easy and convenient access and an abundance of pure, good water." He found that a spring of water was on the place where the institution at Trenton now stands, and this determined his vote for the selection of the site.

At the time that the Trenton institution was fully completed, it was the finest and most complete building in the United States, and inferior in site to none. This is to be attributed largely to the intelligent suggestion of Miss Dix, but chiefly to the extraordinary ability of Dr. Buttolph, Superintendent of the institution. This remarkable man, in the winter of 1842 and '43, made an effort to secure a position on the medical staff of the asylum at Utica, New York. He visited a number of asylums in the New England States, and after his return was successful in securing the position and was appointed assistant to Dr. Brigham. He filled this position for about five years, and in 1847 he was appointed Superintendent of the Lunatic Asylum at Trenton, N. J. He accepted this responsible position, but declined to enter upon it until he had visited many of the prominent asylums in Great Britain, France and Germany, numbering in all some thirty institutions, and was thoroughly qualified to superintend its construction and improvement. He was supported in this by a Board of Managers, consisting of ten of the most distinguished men in the State.

At the end of the second year, 179 persons had experienced the benefits of the institution, of whom 44 were restored to reason and 14 greatly improved. From that time that institution grew in fame until on both sides of the Atlantic it was considered one of the best. The account of its enlargement from that time is but a record of the increase in the insane population of the State. At last, it was crowded to such an extent as seriously to interfere with the purpose for which the institution was established—the cure of the curable and humane treatment of the incurable.

THE ASYLUM AT MORRIS PLAINS.

Year after year the Managers directed the attention of the Legislature to this condition of affairs, and in 1868 and '69 a Commission was appointed by the Legislature to select a site and prepare plans for a new institution, of which Dr. Buttolph, Superintendent of the State Asylum at Trenton, was a member. Much discussion attended the inception and prosecution of the project, but the Legislature, on March 31st, 1871, passed an act, which was approved by the Governor March 31st, 1871. The preamble was as follows:

"Whereas, It appears to the Legislature that our State Lunatic Asylum is now crowded with patients beyond its capacity for their comfortable care and cure, and its sanitary operation and provisions are thereby greatly impeded;

"And whereas, the number of insane persons in this State has greatly increased, and this class of our fellow citizens are entitled to State care and protection while thus afflicted."

The next Legislature passed an act supplementary therto, and finally a report was rendered by the Commission to his Excellency, Governor Theodore F. Randolph, in which they reported that they had received proposals for forty-two different sites, located in the counties of Sussex, Warren, Hunterdon, Morris, Passaic, Bergen, Essex, Somerset and Middlesex. The Commissioners visited and examined many of these sites. The Hon. George Vail, one of the original Commissioners resigned the position, and ex-Governor Parker was appointed to fill the vacancy. The Commissioners selected a part of the "Way-Side Farm," belonging to the Hon. George Vail. The Commissioners, in defending their choice, referred to the location, eligibility and general advantages of the several sites offered, taking into view the geographical position, readiness of access, healthiness of locality, fertility of soil, supply of water and building materials, and the facilities of securing coal and other supplies, and the labor required for the institution, its proximity to the large and flourishing borough of Morristown, from which supplies of building material, labor, &c., could be obtained; its healthy situation in the mountainous region of Morris county, its unlimited supply of spring water, the source of which is sufficiently elevated to carry it to the top of lofty buildings; the facilities to obtain from a quarry a

quantity of superior building stone, and a sandpit situated on the premises.

In June, 1875, Dr. Buttolph, while on the Commission to select a site and prepare plans for the new institution, in conjunction with Samuel Sloan, architect, of Philadelphia, arranged a plan, which, with a slight modification of detail, was adopted by the Commission and approved by Governor Randolph. In June, 1875, Dr. Buttolph was elected Superintendent of the new institution, and for that purpose resigned his position at Trenton. During the interim between his acceptance of this new charge and his actual assumption of its duties, he assisted the Commissioners charged with the erection of the same, with his great experience, practical skill and rare good judgment.

A report to the Legislature says that he received no salary or other pay for his services at the new asylum except his necessary traveling expenses, until his removal to that place.

The institution was opened on the 17th of August, 1876. From 1871 to 1875 there was expended upon the institution about $2,327,000, the result being the most complete and highly improved specimen of the single hospital method for the care of the insane the world has ever seen. A structure to visit which, physicians and architects from almost every civilized country in the world have crossed the Atlantic, and which now is not only unparalleled, but will remain so in view of the improved ideas concerning the best method of housing the insane.

Between the date of opening and the following 31st of October, 346 patients were admitted, of whom 292 were received directly from the State Lunatic Asylum near Trenton, within the period of eight days. This was in accordance with a law which provided that all the patients in the asylum at Trenton from the counties of Atlantic, Cape May, Burlington, Camden, Cumberland, Gloucester, Monmouth, Middlesex, Hunterdon, Mercer, Somerset, Salem and Ocean should remain at Trenton, but all from the remaining counties—Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union and Warren—should be transferred from that institution to the new.

The institution, as completed, was designed for 800 patients. In ten years the number in the asylum had reached 856. From that time until this, the institution has been increasing in population until every principle of humane and scientific classification was necessarily trampled under foot, though every means of obviating this was studi-

ously thought of and sedulously applied. When ten years more had gone by the number had risen to 1,173. By October 31st, 1900, notwithstanding that many had been transferred to the county institutions, the insane population crowded into this building amounted to 1,389. Hundreds of cots were obliged to be placed on the halls. Two patients were necessarily placed in one room, which, while in some cases it might be a benefit to both, in a majority was exceedingly dangerous. Had the building been set on fire by lightning, accident or intention, hundreds would have been consumed and the narrow escapes would have been many; the possibilities of such a calamity has often made those in charge shudder. Only the best discipline and management have prevented this catastrophe. For a number of years the Managers sought relief from the Legislature, and at last appropriations were made sufficient to erect a building in which we now are. What is visible to the eye needs no description.

After the removal of Dr. Buttolph, a period of difficulty ensued. A new method, making the business and medical departments practically separate institutions, was tried, and for a time was a cause of ceaseless friction. Able men followed Dr. Buttolph, and none more so than the first assistant, Dr. Wm. P. Spratling, who, during the interim between the resignation of Dr. Harris and the appointment of Dr. Britton D. Evans, displayed the ability, which, in his position as the first Superintendent of the Craig Colony for Epileptics at Sonyea, New York, has made his name widely known and honored. On June 1st, 1892, Dr. Britton D. Evans became Medical Director. Moses K. Everitt was appointed Warden April 1st, 1891. From that time until the present, general harmony and co-operative and successful administration have prevailed.

CONCLUSION.

Weary of frequent changes of policy and partisan conflict, the State wisely determined that the Board should be non-partisan, and enacted a law that not more than four of the eight Managers should be of the same political party. The first resolution passed by that Board was that no officer should be removed except for cause. It has been demonstrated that men of opposite party, dissimilar creeds, diverse methods, various experience, professions and trades, could unite in loyalty to the State, and care of those who, in many in-

stances, through no fault of their own, are especial claimants for consideration and sympathy upon all human beings of "sound and disposing mind and memory" and upon all governments worthy of the name.

President—In introducing Dr. Henry M. Hurd, it is only necessary to say that he is the distinguished Superintendent of the Johns Hopkins Hospital, of Baltimore, Maryland.

PSYCHIATRY IN THE TWENTIETH CENTURY.

THE ADDRESS BY DR. HENRY M. HURD,

OF THE JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND.

I consider myself fortunate in having this opportunity to do honor to the State whose liberality and public spirit first gave encouragement to Miss Dorothea L. Dix, by establishing an institution for the care of the dependent insane at Trenton—an institution which she has always considered the first fruit of her abundant labors in behalf of the insane in America and Europe. Uplifted by the success of her efforts in New Jersey, she went forth to arouse other commonwealths to the needs of the insane, and equal success crowned her labors. To this first State institution she returned in after years, when humanity's battle was won, to find a life-long shelter and home within its walls. The record of what she accomplished for the insane must always be inseparably linked with the remembrance of how nobly New Jersey showed her gratitude to Miss Dix by giving her this home and the loving care of attached friends in her feebleness and old age. The personal work of Miss Dix, which changed the attitude of the century towards the insane, had its origin here; and here her life had its closing scene. All honor to the commonwealth which thus crowned her life work with a gratitude most grateful, enduring and substantial.

The spirit of phrophecy is not upon me, and it is not my object, in the remarks which I shall make, to forecast the future. I simply desire to speak of some of the problems which are sure to develop in connection with the care of the insane during the century upon which we have entered, and to point out the obvious trend of philanthropic thought and public policy in connection with the dependent insane.

In America, the opening of the nineteenth century found the original thirteen States increased to seventeen by the addition of Vermont in 1791, Kentucky in 1792, Tennessee in 1796, and Ohio in 1802—all pioneer States—and the population of the whole country had

become about five and one-third millions of souls. We were a struggling nation, burdened with the traditions of separate colonies, inexperienced in national or State government, poor in resources, and with our finance still deranged by a long and exhausting war, without a market for our products either at home or abroad, with our citizens void of unity of purpose or community of interest, uncertain of our standing among the nations of the earth, and equally untried at home. The eighteenth century, never noted for its charitable and humanitarian impulses, had left a scanty legacy of charitable institutions to the nineteenth century. No comprehensive system of what we call public charity existed anywhere. The Eastern Penitentiary, founded in 1786, in Philadelphia, was the only attempt to create an organized prison. In fact, there seems to have been little need of any permanent place of detention for prisoners, for, according to McMaster, in one State 115 crimes were punishable with death, and in the remainder, at least 80 crimes were similarly dealt with. With such laws there must have been little accumulation of prisoners in prisons and little thought given to reforming them. In Connecticut, during the first quarter of a century, convicts were thrust into filthy and loathsome caves, where a deserted copper mine served for a penitentiary. The poor, the helpless, the aged and the feeble dependent were annually sold in New England to the lowest bidder for their support. Elsewhere they were left to private charity or even wholly neglected. But a single institution for the treatment of the insane exclusively existed—that at Williamsburg, Va., opened in 1773. The New York Hospital and the Pennsylvania Hospital had wards for the insane in connection with hospital wards. They were fitted up as cells, and were places of confinement largely. The insane elsewhere were confined in jails, huts and log pens, and frequently, if raving madmen, they were tied up by the thumbs and flogged into insensibility and silence; in the newer States they wandered at will, a terror to the unprotected and a menace to themselves and to the community. Imprisonment for debt was universal. Jails and almshouses, where the vicious of both sexes were herded together, became hotbeds of disease and nurseries of vice. No public hospitals existed outside of New York and Philadelphia. These facts are given, not to shock you, but to present a reason why the work of the century which has just closed has been one of construction. The whole scheme of public charity for the relief of the criminal, the defective, the sick and the insane, required to be called into being.

During the century which has passed since, the largest problem which has confronted every State, whether new or old, has been to provide for the constantly increasing number of the insane. In many instances, especially in pioneer States, the question at first was wholly one of providing physical care and shelter. Among pioneers, where all were poor and everyone must struggle for existence, it has frequently seemed an overwhelming burden to gather the insane together and to feed and house them, with little regard for anything beyond keeping them from exposure and hunger. To remove the insane poor from log pens, poor-houses, jails and prisons, and to give them an abiding place, kind care and physical comforts, has been a work of the truest humanity. This has pre-eminently been the work of the nineteenth century in America. Thanks to the labors of large-hearted public men and assiduous philanthropists, it has been prosecuted faithfully and energetically, until to-day not a State is to be found without provision of some sort for her dependent insane. While it is true that in some States the provision has not been as perfect or as ample as one could desire, it is a source of the keenest satisfaction to feel that the duty of providing for the insane is acknowledged as a public necessity, and the standard of care is constantly improving. In the majority of the States I am glad to say that the State institutions for the insane are models of good construction, efficiently heated and well ventilated, with hospital and infirmary wards and industrial buildings, which render them admirably suited for the proper and humane care of every class. It may not be out of place for me to refer, as an illustration of this, more particularly to a hospital for the insane which I visited in one of the States in the Middle West, a few weeks ago. It consisted of an admirably arranged central building, with twelve wards and a hospital for each sex, with a farm cottage for men and an industrial cottage for women, an infirmary cottage for each sex and two cottages for the chronic insane. In addition there was a farm colony, with barns, silos, slaughter-house, machine shops and the various industrial and household buildings which grow up about an institution for the care of a thousand or more patients. Probably two-score of equally perfect and well-appointed institutions are to be found in the United States. In a large experience of hospitals of every class, both at home and abroad, I can say without reservation that in my opinion no hospitals for the insane anywhere display the excellence of construction and the liberality of appointment which characterize the American hospital.

The century has perfected and constructed unrivaled buildings for the requirements of various classes of the insane. There has been an evolution and development of hospital architecture until a differentiation of structure is seen which promises to leave little opportunity for similar experiments in construction for the opening century. In the erection of future buildings it will only be necessary to utilize our present experience and to select the best.

This has been due in a great measure to the quick-witted and ready ability of the average American to perceive and to make his own the best of other men's work. The governing motive, in many instances, has doubtless been a recognition of the fact that the insane were not primarily objects of charity, but owed their dependence to their condition of insanity, and were consequently wards of the State. It has been evident to all enlightened thinkers that if it is for the interest, welfare and protection of the State to deprive an insane man of his legal rights and to separate him from his fellows, the State owes it to the man who has thus lost these privileges, through no fault of his own, to take good care of him. For this and similar reasons it has followed that when institutions have been erected, the feeling has been strong that they should be good enough for anybody, and that any citizen, when afflicted with insanity, should not hesitate to seek relief within their walls. The legacy of the nineteenth century to the twentieth century, in behalf of the insane, may be briefly described as well-built and well-organized institutions, with all which these words imply. Mechanical restraint, airing courts and other similar reminiscences of the old prison epoch in hospital management have been done away with, hospital wards have been created in many of the best institutions for the accommodation of cases of acute insanity, and training schools for nurses have been organized to instruct the nurses and attendants in their better care. The feeble and paralyzed of a more chronic class have been gathered into infirmary wards for that constant care which their helpless condition demands. Employment has been given to the chronic insane and the whole tendency has been to provide for all patients more of the surroundings of home and a greater freedom of life.

The surroundings, housing and material comfort of the insane in institutions, consequently, having reached this degree of perfection, the problems which now present themselves must be largely those of treatment. The conditions which accompany insanity and upon which it is dependent, need to be carefully studied, that we may recognize what

patients are treatable and do, with wise discrimination, what needs to be done for them. In this direction, the recent steps which have been taken in many States for the establishment of pathological institutes are worthy of praise. In some instances I have feared that they have been projected upon too narrow and technical a basis. The questions to be studied in such institutes should not be exclusively the rigid ones which are solved by pathology and bacteriology, although none of these should be neglected, but the broader relations of insanity to general disease—neurasthenia, degeneration, alcoholism, intermarriage and heredity—should be considered. Mental disease differs from other diseases, in that it affects not alone the individual, but society and the State. The misfortune of the individual brings inevitably into prominence, sometimes an undue prominence, his relation to the State, and hence it becomes important to study his disease in all its relations, with the hope that the proper remedy may be discovered and applied. It is gratifying to know that the work of the pathological department in this institution has been liberally supported, that it has been conceived upon broad lines and that excellent scientific results have rewarded the efforts of those who have had charge of it.

The medical treatment of the insane also needs to be more fully investigated and better settled. Epileptic insanity, for example, offers many medical and surgical problems which can be more readily studied and solved in institutions for the insane than elsewhere. Hospitals, in their treatment of the acutely insane, need to be more thoroughly organized on the lines of clinical study which obtain in general hospitals. In an address which I delivered in New York three years ago, I made a special plea for a more careful and systematic study and record of the clinical features of insanity, to the end that we might discover the laws of mental disease and have a surer basis for further pathological study and possibly, in many cases, might be able to connect the lesion of the brain with the preceding mental manifestations. It has been a source of gratification to know that such special study of the clinical features of mental disease is increasing everywhere, and that in case-taking and history recording, most institutions for the insane are now rivaling in thoroughness and accuracy the records of disease which are made in general hospitals of the first rank. Such foundation work is properly regarded as a prerequisite to the study of mental disease and its more successful treatment. In the same line, also, may be mentioned the need of the establishment of psychopathic hospitals in large cities, or at least con-

venient to aggregations of population. It is now evident to all who have given the matter careful thought, that special provision should be made for the prompt, effectual and scientific treatment of cases of acute insanity. In the larger States, where a few hospitals for the insane exist, often located with regard to the geographical center rather than to the center of population of the State, much valuable time is lost in conveying a patient suffering from an acute excitement from his home to the nearest hospital for the insane. In some instances, too, institutions have been located with reference to what may be considered the political center of the State. In Kansas, for example, both State institutions for the insane are in Eastern Kansas, about seventy miles from each other. To transport an insane man or woman from the western to the eastern portion of the State, to reach either institution often involves a journey of six or seven hundred miles, with inevitable delays and the danger of exhaustion from the fatigue and the added excitement of the journey. In all States similarly situated, provision should be made for detention hospitals, or better, for psychopathic hospitals, where the patient suffering from acute insanity could be placed as easily as he could be taken to a general hospital if he suffered from appendicitis and needed a prompt surgical operation. This, of course, would imply that such psychopathic hospital would have the right to retain the patient for a few days without embarrassing legal regulations or needless red-tape. The detention must, of course, be temporary, and if the patient requires prolonged treatment, provision could be made to protect his legal rights by a formal inquisition into his mental state before he is transferred to a recognized institution for the insane. In too many instances, patients suffering from acute insanity have found, after a long journey to an institution, that possibly it was overcrowded and ill-adapted to the best treatment of their disease. A psychopathic hospital would enable the State or municipality to give prompt treatment to the case which could not with safety take the journey to the more formal hospital for the insane. Many persons have planned for such psychopathic hospitals as adjuncts to general hospitals, but I fear such an association would prove profitable to neither. The care of the insane cannot well be undertaken by those who have not had a special training for it. The physicians and the personal attendants need to be familiar with duties which require a degree of patience and personal sacrifice almost incredible. The knowledge of the requirements of the insane, their modes of thought,

their springs of action and their best and most judicious management, can only be attained by a sympathetic association with them in an institution especially arranged for their care. They should be organized like general hospitals and placed under the charge of experts. In my judgment, the next step in the successful treatment of the insane must be the establishment of such hospitals. In a state like New Jersey, with aggregations of population in so many prosperous manufacturing towns, one or more psychopathic hospitals would seem to be essential.

Another step which I regard of grave importance, especially to the insane of the chronic class, is the assumption of the care of all classes of the dependent insane by the State. State care permits of a definite and comprehensive policy, free from the influence of local politics or the possibility of pinching economy on the part of those authorities whose standard of care for the insane has been derived from that of the poor in a county almshouse. Where the insane have been gathered into State institutions exclusively, we find that they are better housed, better fed, better treated by attending physicians, and vastly more comfortable from every point of view. The chronic insane should have more, rather than less, done for them, and in return they should do more for themselves.

It is interesting to recall that when Pliny Earle, of Northampton, made an address in 1867 upon the occasion of laying the corner stone of the hospital at Middletown, Conn., he emphasized as a new discovery the importance of employment in the treatment of the insane. It is suggestive of progress to note what he considered almost unattainable as a therapeutic agency in the treatment of the insane has become so common as to excite no remark. In fact, the institution which does not furnish ample employment for its patients in trades, industries, farm colonies and other associated industries, rather provokes remark. No better comment could be made on the vast improvement in the relations of the insane to an institution than merely to call attention to this fact. With almost all of the chronic insane, industrial employment becomes a means of re-education, whereby the mind, crippled by disease, is rendered capable of a fresh activity in safe channels under certain limitations, and the process of mental deterioration and degeneration is checked. To such impaired minds, the life of the institution is rendered cheerful and homelike through occupation, and the victim of chronic disease grows in self-respect and usefulness. Such re-education of

the chronic insane may safely be undertaken in other directions by means of schools and technical instruction. The institution for the chronic insane should not be an aggregation of hopeless, depressing disease, but rather a hive of cheerful industry. The farm industries so graphically described a few months since at Central Islip, the institution for the chronic insane upon Long Island, furnish a most instructive object lesson as showing what may be accomplished by effort and proper enthusiasm. The record could easily be duplicated anywhere.

Greater attention, however, must inevitably be given to the differentiation of classes of patients. At present, in many institutions, we have acute and chronic cases, senile patients, epileptics, alchoholics, and other habit cases, the criminal insane, who have been guilty of criminal acts, and insane criminals, all under treatment in different departments of the same large institutions, and often, in fact, crowded together in the same wards, to the detriment of all classes. The patient who suffers from an acute form of insanity is not infrequently disturbed or depressed or confused by the proximity of patients who may excite apprehension or repulsion. On the other hand, the quiet patient or the feeble apprehensive senile patient may be equally distressed by the active manifestations of an acute case or by the presence of one suffering from epileptic insanity in a violent form. Equally, the precautions which are rendered necessary to the presence of patients of a criminal class, may necessitate such a curtailment of the liberty of all as to interfere with the comfort and welfare of the whole institution. It consequently seems to me that one of the earliest problems before all institutions for the insane is such a differentiation and segregation of patients as will enable those who are charged with their care to sort them out and to put each class under the circumstances and surroundings which will be most favorable for comfortable living or ultimate cure. The chronic insane should, as far as possible, be given rural scenes and occupations. There is nothing so helpful for both sexes as occupation of such a nature as to build up about each one a little bulwark of routine which will exert the determining and governing force of the will power which has been lost by disuse or disease. Cases of senile decay should live in infirmaries where their lying down and their rising up may be carefully observed, that they may receive at the hands of skilled nurses the watchful care required by a second childhood. The movement looking to the establishment of special institutions for

epileptics promises to do much for the comfort of a most unfortunate class of patients who are not favorably placed in ordinary institutions and who need special buildings, special employment and a free, open-air life. The necessity of separate accommodation outside of ordinary institutions for the insane criminal and the criminal insane is too obvious to be more than alluded to.

The time has come when one of the most crying evils of hospital management should be done away with. I refer to the political control of institutions for the insane, and their so-called reorganization when political changes occur. The evil, I am sorry to say, seems to be extending at the West and South, and some States, formerly free, have within ten years come under the baneful influence of the idea that "to the victors belong the spoils" of the care of the insane, if there are any (there never should be any). In some States the idea has become firmly fixed in the popular mind that appointments, even to the humblest office, are perquisites of the Governor of the State. I know of one State where the newly-elected Governor, in order that he might retain the services of his family physician, appointed him superintendent of the hospital for the insane, which unfortunately happened to be situated at the capitol city. In another State I have known twelve superintendents to be appointed to a single institution in eleven years. In still another, an excellent superintendent was removed because he could not control votes enough for the party in power in an election of a United States Senator. By the wanton removal of faithful officers of institutions, to make room for men whose qualifications have been political rather than professional, great damage has often resulted to the unfortunate insane, public funds have been wasted, the public conscience has been demoralized and the growth and development of the institution as a hospital for the care of the sick have been prevented. The present century must see the truth firmly established that political affiliations ought not be considered in seeking for the best man attainable for the conduct of scientific and humanitarian work.

The suggestions which I have made seem almost like matters of detail in the rearrangement and reorganization of our present admirable institutions, or steps to the perfection of present methods of caring for the insane. They are of minor importance compared with the problems looking to the prevention of insanity which press upon us on every side and ask in vain for solution. What can the State do and what should she attempt to do to check the increase of

insanity, which seems to be an accompaniment of our modern civilization? When we consider to what degree insanity and nervous derangements, leading to insanity, vice, poverty and crime, are traceable to the intemperate and injudicious use of alcoholics, we are justified in the assertion that it is the duty of the State to regulate by law the widespread, indiscriminate and unrestricted use of an agent capable of doing so much mischief. Prohibition, high license, local option, the dispensary system, the Gothenberg system, and similar efforts to regulate the sale of alcoholics, may be failures, and doubtless are failures in the majority of cases. I do not advocate any one of them, because I confess the problem seems too difficult for present solution, but they mark a step in the right direction; they recognize the duty of the State to do something for the protection of her own interests by checking an evil which, directly and indirectly, is responsible for the increase of insanity. An effort to regulate the sale of alcoholics by the State should be continued until some efficient method is devised for controlling the evil. Meantime, the medical profession should endeavor to educate the public to recognize the scientific fact that the daily use of alcoholics by anyone who is in health is injurious and unnecessary. The young should be educated to do without alcoholics. The fact that large corporations, like railways and express companies, are able to enforce an abstinence from alcoholics among certain classes of responsible employes, gives a gleam of hope that a concentrated action among labor unions and employers of labor might do much in the same direction. Until some means of regulation are found, those who are interested in the well-being of the race should spare no effort to educate the public.

Similarly, there should be a more careful control of the sale and use of narcotics and exhilarants, like cocaine and opium. The relation of opium and cocaine habits to the diseases of the nervous system should be re-investigated and the exact teaching of science should be ascertained, to the end that proper views may reach every person upon these most vital topics.

In the light of our knowledge of the important part which heredity plays in the development of insanity, it seems essential, also, to give further study to the social aspect of insanity. These suggest questions of marriage, of education, of occupation and of social usages, which are of great importance and which clamor for further investigation and study. I can only allude to them in passing. The success which has attended the efforts which have been made to limit

the spread of tuberculosis by the diffusion of correct knowledge as to its cause and mode of propagation, and the measures to be taken for the prevention and cure of tubercular diseases, leads one to expect much from similar efforts to disseminate an adequate knowledge of the causes and prevention of insanity.

The future of psychiatry in America is bright with hope. The era of foundation and construction is nearly over; institutions have been evolved, developed and perfected; pathological institutes have been established and liberally equipped and supported; trained men, with broad learning and technical knowledge, have been raised up for special study, and an earnest spirit of investigation has been developed. We are on the threshold of new discoveries and important improvements in the treatment of the insane. In the better work of the new century we are confident that the medical officers of The New Jersey State Hospital at Morris Plains will be among the leaders.

President—I deeply regret that the Governor-elect, the Hon. Franklin Murphy, is not with us to-day. We have, however, one whom the people of this State honored by sending him as a representative to the United States Senate for six years, the greatest honor, next to that of President of the United States, that the people of any State can bestow upon any one of its citizens. I ask in your name that he encourage us by an address, and I take great pleasure in calling upon and introducing to you the Hon. James Smith, of Newark.

Ex-Senator Smith expressed in words, few but fitting, his interest in the State of New Jersey and its work for the insane. He observed that as no class required more consideration, so no State had done more for them than this. He referred with pleasure to the facts detailed in the preceding paper, which showed that New Jersey had been among the first of the commonwealths of this Republic to cast away the rough and unfeeling methods of the past, and expressed his confidence that whatever differences of political views there might be in the community, good citizens of all parties would be satisfied with all that the new Governor, the Hon. Franklin M. Murphy, would do with regard to its benevolent institutions. He concluded by paying, on the basis of long acquaintance, a tribute to him as an honest, high-minded, benevolent citizen, who would look well after the needs of all classes.

President—It is not necessary, in introducing Dr. Evans, to say more than that he is Chief of our Medical Staff.

ADDRESS

BY DR. B. D. EVANS, MEDICAL DIRECTOR,

ON

THE ADVANCE MADE IN INSTITUTION TREATMENT OF THE INSANE.

Man, in his loftiest humanity, approaches divinity. It has been truly said that self-preservation is the first law of nature. In other words, that selfishness is an inherent quality of nature. This particular quality is most prominently exemplified in the lower orders of the animal creation. As man ascends the scale of intellectuality, morality and Christianity, there is manifested a greater tendency to devote his energies and his time and apply his capabilities for the betterment of those with whom he comes in contact. The Eleventh Commandment and the Golden Rule appeal to him as noble principles upon which to build. If the saying of the Scotch poet, that "Man's inhumanity to man makes countless thousands mourn," is true, the converse is equally true that "Man's humanity to man makes countless thousands rejoice."

With the evolution of society, the advancement of civilization and the promotion and spread of the Christian religion, the noblest principles of philanthropy have kept apace, and that the great forces which operate for the good of the human race year by year and day by day, as the centuries have rolled on, have shone forth in brighter effulgence, dissipating sadness with comfort and joy, feeding the hungry, aiding the poor and physicianing the sick.

Through all the periods of history, sacred and profane, we find reliable records of the existence of mental perversion; of men and women whose mental operations were morbid in character, and whose deportment was out of accord with the laws of social harmony and mental health. But it is a well-known fact that men operating under

misconceptions of the laws of humanity have committed most cruel acts and made the most egregious blunders, just as great minds, acting under the cloak of religious zeal and fired by religious fanaticism, have conceived and forced into execution the bloodiest deeds in the history of the world.

The so-called activity of intelligent thought, linked with a misconception of right and truth, bearing upon great propositions, modifying and controlling the social fabric, is to-day, and has always been, approximately, as serious a menace to the evolution and development of scientific progress as lethargy and ignorance, and nowhere is the fact better exemplified than in a review of the history of the evolution of institution treatment of the insane.

One of the first institutions or asylums in Europe for the organized care of the insane was established by a Brother of Mercy, Juan Gilaberto Joffre, in Valencia, in the year 1410. But from the best literature available upon the subject, comes the information that he was but imitating the work the Mussulmans had been carrying on for more than a hundred years.

It is, however, admitted that the organized work of this Brother of Mercy attracted the attention of civilized Europe, and through it, prompted probably more by the feeling that society should be protected than madmen should be humanely cared for, institutions known as asylums sprang up. The manner of their management was crude. The sick received little or no medicine; they were put into cages of iron, fastened by chains, lashed and beaten by the keeper's whip; they were put upon light diet, kept in dark seclusion, and when the physician or surgeon called they were bled, vomited, purged and subjected to forms of treatment which would not only be looked upon as brutal, but shocking. The prevailing idea throughout the Middle Ages was, even with the most intelligent writers, that insanity consisted largely of demoniacal possession; that the persons who gave utterance to queer ideas, who indulged in unusual and grotesque deportment, and committed acts out of keeping with the usages of the times, did so because pursued by evil spirits. Superstition and ignorance were rampant, and if to-day men should give expression to such superstitious beliefs and unreasonable ideas, the brutal principles upon which the treatment of the insane was then based, and the management of institutions for insane patients were conducted, the directions given by physicians and surgeons, the policies mapped out by

superintendents and governing authorities, and executed by so-called keepers, there would be no trouble whatever in securing affidavits for the commitment of such custodians as patients to our modern hospitals for the insane.

Plato, Aristotle, Hippocrates and numerous other ancient writers in philosophy, medicine and surgery, gave evidence in their works of a more or less obscure knowledge of mental derangement. But the fact that in the treatment and management of those suffering from minds diseased, those whose reason had been dethroned and those who were dominated by delusions of the most pronounced and extravagant character, makes it clear to the reasoning mind of to-day that philosophers, physicians and surgeons in those days did more to increase mental derangement, to make sicker the sick and render hopeless the condition of their unfortunate brothers, than if they had been left unaided except by nature and nature's God in the hour of their affliction.

Parcelsus, in the sixteenth century, said that "the insane man is he in whom the moral and the immoral, the unreasonble and the reasonable soul do not appear in normal proportions of strength."

Such crude ideas as to the casual factors operating in the production of mental aberration were readily espoused, and a treatment consequent upon them was accordingly applied. For centuries the firm belief that the Devil manifested an unusual interest in a certain number of people, filling them with diabolical tendencies, clothing them with unnatural powers and using them to serve the requirements of his Satanic Majesty's will, was responsible for the most grotesque and inhuman treatment of insane persons.

In the early history of the treatment of the insane in this country, we find that physicians, superintendents of asylums, stewards and keepers, yielded to such superstitions as the once overwhelming idea of witches and witchcraft. Slowly but surely these superstitions faded in the dawn of a more enlightened and rational thought. The spirit of investigation, held in check so long through fear, shed light upon the great problems and dissipated the errors and superstitions of ages.

A new epoch was reached in the matter of caring for the insane when the efforts and teachings of Tuke, of England, in 1792, and Pinel, of France, in 1795, laid before the world the broad principle that insanity was to be treated as a disease and to be looked upon as

a morbid condition due to pathological processes, after the manner of to-day of looking upon pneumonia, tuberculosis, typhoid fever: that the astounding claims of the religious maniac, which he declared to be revelations from God, were but the outcome or direct result of a disordered mind. and the crimes of the monomaniac or the paranoiac were attributed to pathological conditions of the central nervous system.

The punishment in the form of dark dungeons, heavy chains, iron cribs, revolving machines, prolonged cold baths, flogging with a lash, depleting drugs and bleeding, were shown not only to be not helpful, but detrimental to persons with brain disease. The ministrations from kind hands, soothing words, sympathy and good diet were found to yield better results, and the principles of love and kindness, were stronger bonds than iron chains in influencing and aiding diseased and morbidly deluded humanity.

These great pioneers in the humane management and treatment of the insane caused in the civilized world a revolution in the work.

I quote from an article on "The Care of the Insane," by the much-lamented Dr. Richard Gundry, who died at his post in the Maryland Hospital for the Insane: "So long as the protection of society is the prominent feature, we hear of patients being chained securely to walls or floors, or in iron cages. When the idea prevails that the insane have rights which the community is bound to respect, then we have Chiaruggi, Pinel and Tuke, each in his special way, in his own country, about the same time, demonstrating that protection to society could be attained without severities then thought necessary."

The much revered and erudite Dr. Henry P. Stearns lays down a closely allied principle in these words: "Every person has a right, as a citizen of the State or a member of society, to expect and claim its protection through some of its agencies if he should ever pass into a condition of mental alienation."

The more intelligent portion of the thinking world now realizes that no one can with assurance claim to be exempt from mental derangement, and that it is the duty of the strong to protect the weak, of the rich to aid the poor, of the healthy to give succor to the sick, and of those in the full possession of healthy minds, and upon whom rests the cares of State, to provide humane protection and treatment for their commonwealth's dependents.

We find good and great men in the twentieth century looking with

magnanimity of soul, tenderness of heart, breadth of comprehension, intelligence and sympathy, after the wants and needs of our sick and afflicted brothers. We find the various commonwealths of this great government legislating with care, with Christian charity and wise discretion in behalf of the public charities. It has been clearly exemplified that the legislators and statesmen of this commonwealth have builded wisely, have maintained their public institutions with dignity, with credit to themselves and with honor to this State. Her charitable institutions stand as monuments to the wisdom and broad-mindedness of those upon whom have rested the responsibility of caring for the sick, the infirm, the lame, the blind and the insane.

Not only have the legislators and statesmen of New Jersey looked zealously after the care, treatment and maintenance of her insane; not only have they had constructed two institutions that stand out as models before the world, but they have from year to year, jealously, and with honor and credit, maintained as a matter of principle that these great public charities should be kept free from the contamination of petty partisan politics, and proclaimed to the world at large, in words clear and dignified and in no sense uncertain, that partisan politics should not be carried to the bedside of the sick.

There has been a disposition in this State, as there has been in other States in this union, to exercise a spirit of rigid economy in the management of insane people, and in a very small proportion of its citizens there seems to prevail a sentiment that the cheaper an insane person can be taken care of the better.

It is well known and has been frequently said, "if you care for your insane as swine, you can keep them as cheaply as such animals are kept." If it is felt that they are not human beings and not entitled to that respect and consideration sick men and women should have, then the proposition to feed them poorly, to clothe them poorly, to house them in a manner that would not reflect credit upon this great commonwealth, would hold good; and any kind of a place, under such conditions, would be such as they might feel was a great blessing to them. If the feeling of philanthropy, if the principle of Christian charity, if the Eleventh Commandment and the Golden Rule shall not enter into our dealings with and our care over the insane, then we may say they ought to be glad that they have a place to go, wherever it may be and whatever may be its style of management.

Be it said to the credit of this grand old State that she has at the helm

men who have respect for her sick; men who hold dear the interests of her public charities; men who guard jealously the welfare of the State's public institutions; men who are proud of her well-deserved fame. Who are the men who look after the interests of our insane in our Boards of Managers and in our halls of legislation? What prompts them to stand up and support the cause of humanity? What prompts them to respect the interests of the State's dependents? What do they get in return? They get such a peace of mind as comes from a consciousness of duty well performed; they get the approbation of the best-thinking people, not only of their State, but of the world at large. Who are the people who are here to-day? What prompts them to come to this formal opening of the new building for the State's afflicted? They are the representative people of the State, and I venture to say that it is to show their interest in "a cause dear to God and helpful to man."

This institution, nestling here among the hills of New Jersey, away from any populous center, stands open day after day to the closest investigation of the most critical citizen who feels an interest in it, whether he be clothed with official authority or an ordinary member of society. And when you go through the halls and corridors and wards, whether it be in the still hours of the night or at noontide, you will find no cracking of the keeper's whip, no clanking of manacles or chains, but that the law of human kindness prevails; that sympathy, humanity, kindness and the honorable discharge of the duty of the strong and healthy to the sick and helpless, is the key to promotion and recognition.

Then, in the business department we find a strict observance of business principles in the protection of the institution's finances and in guarding against business imposition. The Warden stands at his post, discharging his duties so that whenever it shall become his desire or his lot to lay aside the cares of this institution, he may look back upon a record that will reflect honor upon himself and credit to the State.

This building, occupied by more than four hundred patients, is now formally handed over to the care and custody of the Chief Executive of this commonwealth, whose record in the past has been a source of comfort to every public institution in this State—a man who has stood upon the broad principles of philanthropy in its truest sense, and to whom every public institution in this State can with sincerity extend a hand of gratitude.

President—Before dismissing, I desire to say that the reason we have not seen much of the Warden, is owing to the fact that he has been devoting himself to the task of getting ready for you a lunch, to which we now invite you. It will be served in the refectory, which is the hall directly under this one.

I again thank you on behalf of the Managers, officers and attendants, and ask your continued help and good will.

President—Before departing, I desire to ask the Rev. Father A. M. Egan to invoke a benediction.