

FAIRLEIGH DICKINSON UNIVERSITY

THIRTY-FOURTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

New Jersey State Hospital

AT

MORRIS PLAINS

For the Year ending October 31st

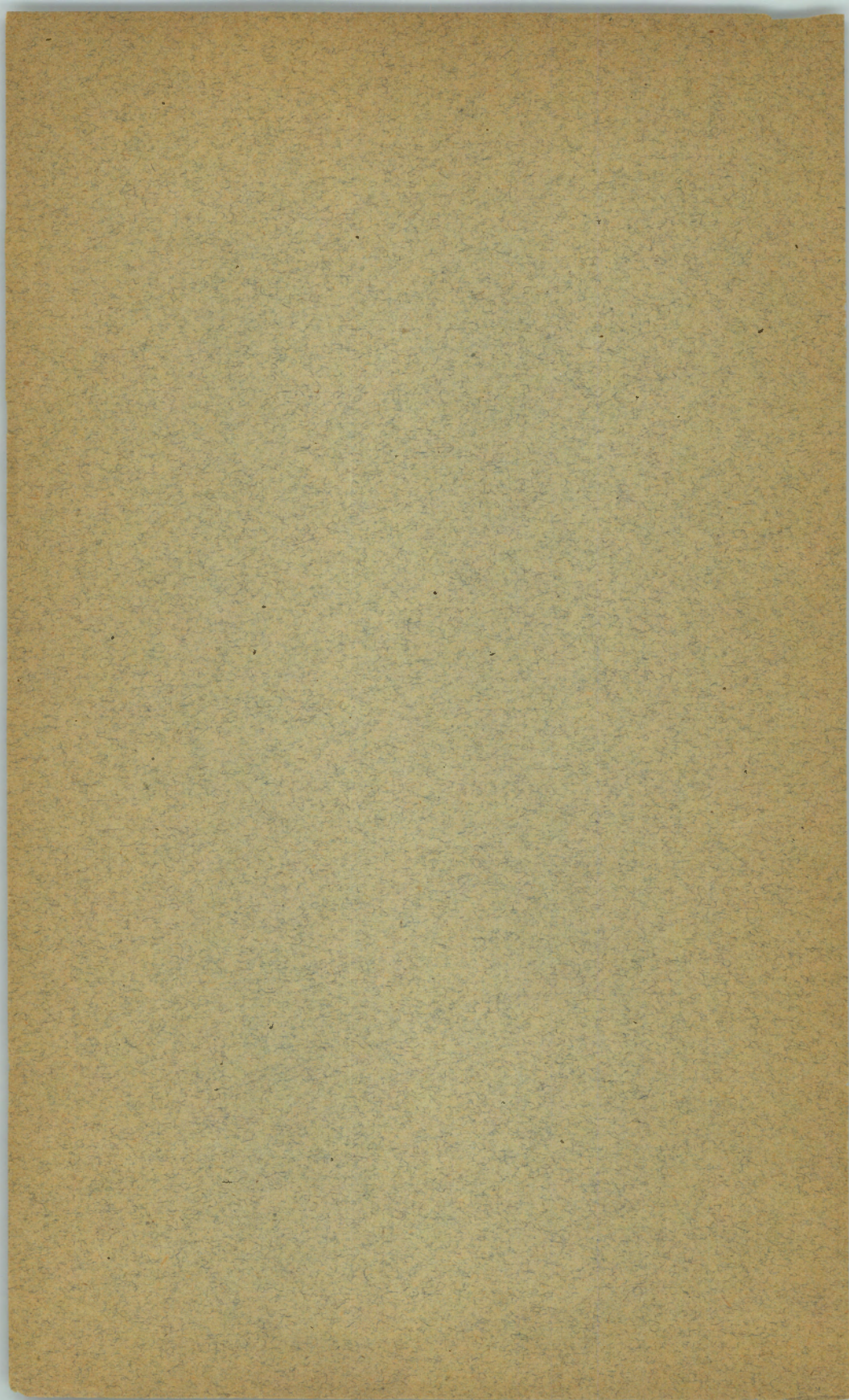
1909

TRENTON, N. J.:

STATE GAZETTE PUBLISHING COMPANY, PRINTERS.

1910.

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THIRTY-NINTH ANNUAL REPORT

MANAGERS AND OFFICERS

New Jersey State Hospital

ATROPHY

For the Year ending October 31st

1909

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Managers.

PRESIDENT,

JOHN C. EISELE.....Newark.

VICE PRESIDENT,

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JOHN A. McBRIDE.....Deckertown.

DAVID ST. JOHN, M.D.....Hackensack.

PATRICK J. RYAN.....Elizabeth.

JOHN T. GILLSON, M.D.....Paterson.

GEORGE W. JAGLE.....Newark.

JOHN NEVIN, M.D.....Jersey City.

Managers

JOHN C. BARKER
JAMES W. BARKER
JOHN A. BARKER
DAVID ST. JOHN
JOHN R. BARKER
JOHN BARKER
JOHN BARKER
JOHN BARKER
JOHN BARKER
JOHN BARKER

Officers.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D.....Medical Director.
PETER S. MALLON, M.D.....First Assistant Physician.
FREDERICK C. HORSFORD, M.D.....Second Assistant Physician
and Pathologist.
ALEXANDER J. CARROLL, M.D.....Third Assistant Physician.
E. MOORE FISHER, M.D.....Fourth Assistant Physician.
LOUIS K. HENSCHER, M.D.....Fifth Assistant Physician.
BLASE COLE, M.D.....Sixth Assistant Physician.
FRODE HEIMANAssistant Pathologist.

L. L. MIAL, M.D.,
Visiting and Consulting Physician on Diseases of the
Eye, Ear, Nose and Throat.

BUSINESS DEPARTMENT.

O. M. BOWEN.....Warden.
HARRISON P. LINDABURY.....Treasurer.
HARRY A. VAN GILDER.....Secretary.

Officers

BRITTON B. KINGS, M.D., President
 JOHN S. HARRIS, M.D., Vice President
 THOMAS C. HOBBS, M.D., Secretary
 ALEXANDER J. FARBER, M.D., Treasurer
 H. MOORE, M.D., Editor
 JOHN S. HARRIS, M.D., Corresponding Secretary
 H. MOORE, M.D., Corresponding Secretary
 THOMAS C. HOBBS, M.D., Corresponding Secretary

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THOMAS C. HOBBS, M.D., Chairman
 JOHN S. HARRIS, M.D., Vice Chairman
 H. MOORE, M.D., Secretary
 ALEXANDER J. FARBER, M.D., Treasurer
 BRITTON B. KINGS, M.D., Editor
 JOHN S. HARRIS, M.D., Corresponding Secretary
 H. MOORE, M.D., Corresponding Secretary
 THOMAS C. HOBBS, M.D., Corresponding Secretary

Report of the Board of Managers.

To His Excellency, John Franklin Fort, Governor of the State of New Jersey:

In harmony with the laws of the State the Board of Managers of the New Jersey State Hospital at Morris Plains herewith respectfully submits its thirty-fourth annual report, which covers the period from November 1st, 1908, to October 31st, 1909.

The year closed with 2,059 patients in the Hospital; 1,050 men and 1,009 women. The greatest number of patients in the Hospital at any one time in the year was 2,060.

The admissions during the year numbered 509; 270 men and 239 women. During the twelve months which have elapsed, 126 patients were discharged as recovered, a percentage of 25 per cent. Last year the Hospital reported 26.22 per cent. cured. The diminution in the ratio of this year results in the fact that in the latter part of the year an unprecedentedly large number of acute cases was admitted, many of whom have since been discharged as recovered.

The Treasurer's report shows that the finances of the Hospital continue to improve. The chief officers of the institution have furnished detailed reports which have been examined and approved by the Board, and are herewith presented for your consideration. The report of the Warden is epitomized but not to such a degree as to obscure important facts and needs relative to his department.

We beg leave again to suggest to your Excellency the advisability of making it one of the duties of the State Department of Charities and Corrections to supervise, visit and report upon the County Hospitals for the Insane, and in order that this may be done we respectfully suggest that an act of the Legislature be passed relieving this Board of the duty and responsibility of exercising a general supervision over these institutions. To supervise an institution

with more than 2,000 patients and about 500 employes is surely a tax sufficient for the time and strength of the Managers. The present law gives us no authority over the county institutions, and our suggestions to their officers consequently have no legal force or corrective influence and our yearly inspections are therefore of practically no benefit to such institutions or the State.

Notwithstanding the fact that the county hospitals receive from the State Treasury the same amount per capita which is given to the State hospitals, the State has no control over these hospitals as to their buildings, their equipment or the duties of their officers. Although willing to visit the county institutions, as we have no special authority to make a thorough examination, our visitations and reports are necessarily perfunctory.

The report of the Medical Director to the Board contains details of interest to the State, and especially to those interested in the care of the insane, to which we refer your Excellency. The following we emphasize as of pressing necessity.

CROWDED CONDITION OF THE HOSPITAL.

The crowded condition of the Hospital has now become a centre of danger. For twenty years or more the Board of Managers at intervals has applied to the Legislature to relieve the institution of the detention and treatment of the convicts and criminal insane who are a demoralizing element in the Hospital and an imposition on those patients who are unfortunate but not guilty of crime. The number of convicts sent from the State Prison to this Hospital already amounts to sixty-nine and is slowly increasing every year. If the State were to establish a hospital for the convict and criminal insane there would be more room for patients with no such stain upon them, and it would increase the facilities for humane treatment of the patients. The convict insane bring into the institution all their criminal elements, their bloodthirsty instinct, their cunning and their deception. After careful investigation and consequent observations, the Managers of this Hospital are satisfied that it is already too crowded, and that this fact emphasizes the necessity of a third hospital for the insane in the State of New Jersey.

An increase in population—largely foreign—brings with it many advantages and disadvantages, one of the latter being the rapid increase of persons of unsound mind.

TUBERCULOSIS IN THE INSTITUTION.

More attention than ever before is given to this stealthy malady, and it is almost universally agreed that it is contagious, unless utmost pains are taken to prevent it, and that to secure recovery patients must have free access to fresh air by day and night. There are now forty-one cases in the wards and an appropriation to supply isolation tents and shacks could be most usefully expended.

THE NURSES' COTTAGE.

The nurses' cottage has vindicated itself by improved health among the nurses, more satisfaction with their positions and by furnishing more space for patients. The same results would follow the erection of a building for male nurses. The erection of such a building has already been delayed too long and the fact that there is no such building not only crowds the Hospital but diminishes the prospect of securing the best class of nurses.

EMPLOYMENT OF PATIENTS.

The report of the Medical Director directs attention to the need of some method of giving to the patients both useful, hygienic and suitable employment. It is obvious that such employment would promote the original purpose of the institution, be of a truly philanthropic character, and a valuable asset to the institution. The Board of Managers approve of these suggestions, which in many hospitals for the insane have been tried with much success.

ADDITIONAL WATER-SUPPLY.

Water-supply is absolutely necessary, and the only way to secure it is by the digging of artesian wells. The need of a larger water-supply is twofold—the furnishing of means for the extinction of fire and the necessary amount for drinking, cooking and washing.

DAIRY BARN AND MILK HOUSE.

It is necessary to make a large addition to the dairy barn and the milk house. The dairy barn as far as it will accommodate is satisfactory, nor would it be necessary to ask for an addition if there were but 1,500 patients, but with more than 2,050 patients, and with the certainty of an increase of from sixty to eighty patients each year, an addition is absolutely required.

INSUFFICIENT FACILITIES FOR COOKING.

In view of the vast number the ancient kitchen is entirely inadequate. It is too small, is poorly equipped and badly arranged. It being underground it is impossible to ventilate it, and during the greater part of the year, it is so unbearably hot that it is next to impossible to secure help to work there.

ESSEX COUNTY HOSPITAL FOR THE INSANE.

All the patients of the Essex County Hospital for the Insane are now housed in the new buildings at Overbrook. At the time of our visit last year a part of the patients were at Overbrook and the remainder at the old buildings on South Orange avenue in Newark. Since the completion of the new buildings at the former place the South Orange avenue buildings have been vacated.

Essex county now has a set of hospital buildings modern in architecture, and by appointment and equipment ranking with the best State institutions of the country.

Dr. Daniel M. Dill is the Superintendent, and there are associated with him five assistant physicians. There were 1,229 patients at the institution, 575 men and 724 women. There are fifty male nurses and seventy-two female nurses, making in all 122, or about one nurse to every ten patients. In addition to this there are 112 employes who are not directly employed in the care of patients.

The estimated cost of the grounds and buildings at Overbrook is about three and a half millions of dollars.

HUDSON COUNTY HOSPITAL FOR THE INSANE.

Since our visit to this hospital last year there has been added to the original buildings a new four-story addition to the women's department. This addition has been entirely completed and is now occupied. It is lighted with electricity, is well ventilated and well equipped in every way. This addition has a capacity of 150 beds, and since its occupation has greatly relieved the congestion in the women's department. A similar building is greatly needed to relieve the overcrowded condition in the men's department.

At the time of our visit there were 372 female patients and 286 male patients, a total of 658 patients. The general health of the patients throughout the year has been good and there has been no outbreaks of diseases of a contagious or infectious character.

Dr. George W. King, the Superintendent, is doing his utmost to improve the conditions existing at this institution, and he deserves much credit for the improvements he has made during the past year.

PASSAIC COUNTY HOSPITAL FOR THE INSANE.

Passaic county continues to maintain a small number of incurable or demented patients in the county almshouse, under an agreement or arrangement with the city of Paterson. These patients are of a class easily managed and give practically no trouble. On the date of our visit to this institution there were thirty-eight patients confined therein, nine men and twenty-nine women. These

patients were located in comfortable quarters, were well dressed and were neat and tidy in appearance. The food which was being served to them was good and of a nutritious quality. The greater number of the insane from Passaic county are confined in the State Hospital at Morris Plains.

Respectfully submitted,

JOHN C. EISELE, *President,*

JAMES M. BUCKLEY, *Vice President,*

JOHN A. McBRIDE,

DAVID ST. JOHN,

PATRICK J. RYAN,

JOHN T. GILLSON,

GEORGE W. JAGLE,

JOHN NEVIN,

Managers.

October 31st, 1909.

Treasurer's Report.

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

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract showing available appropriation for maintenance, receipts and disbursements from November 1st, 1908, to October 31st, 1909, inclusive:

APPROPRIATION FOR FISCAL YEAR ENDING OCTOBER 31st, 1909.

Deficiency appropriation, covering the amount of deficiency in appropriation for the fiscal year ending October 31st, 1908, for maintenance of county, State indigent and convict patients, chargeable against the State of New Jersey.....	\$5,952 00
Bills rendered against the State and allowed:	
For county patients.....	\$131,612 30
For State indigent patients.....	106,812 12
For convict patients.....	19,306 10
	257,730 52
Collections made by the Hospital Treasurer paid to the New Jersey State Treasurer:	
From sundry counties.....	\$147,788 95
From private patients.....	73,263 89
From sale of hides, tallow, &c.....	7,346 20
From sundries, interest on bank account, &c....	560 03.
	228,959 07
	\$492,641 59
Funds received from State Treasurer chargeable against this appropriation:	
For bills	\$342,171 20
For employes' payroll.....	150,379 37
	492,550 57
Balance of appropriation in hands of State Treasurer unexpended October 31st, 1909.....	\$91 02

RECEIPTS.

From State Treasurer for sundry charges against Hospital:			
For bills	\$342,171	20	
For employes' payroll.....	150,379	37	
For officers' payroll.....	15,683	33	
			\$508,233 90
Collections by Hospital Treasurer during October, 1909, payable to New Jersey State Treasurer November 1st, 1909, part of appropriation for fiscal year beginning November 1st, 1909:			
From sundry counties	\$10,542	11	
From private patients	12,175	83	
From sale of hides, tallow, &c.....	1,282	48	
From sundries	2	25	
			24,002 67
			\$532,236 57

DISBURSEMENTS.

By bills paid	\$342,171	20	
By employes' payrolls paid.....	150,379	37	
By officers' payrolls paid.....	15,683	33	
			508,233 90
Balance payable to State Treasurer November 1st, 1909.....			\$24,002 67

NOTE.—Officers' payrolls are not chargeable against the general maintenance appropriation; a special appropriation is made therefor.

Respectfully submitted,
H. P. LINDABURY,
Treasurer.

THE NEW JERSEY STATE HOSPITAL AT
MORRIS PLAINS, N. J.

November 11th, 1909.

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

(Signed) GEORGE W. JAGLE,
P. J. RYAN,
J. A. McBRIDE,
Auditing Committee.

Report of the Medical Director.

To the Board of Managers:

GENTLEMEN—I have the honor to present to you the thirty-fourth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains. It is highly gratifying to me to be able to give you this concise official review of this department unmarred by a record of serious accident or incident during the hospital year. This is especially remarkable when the seriously overcrowded condition of the Hospital is taken under the consideration of those responsible for its welfare and familiar with the needs and the daily demands of so important and large a public charity.

The brief review of the Hospital's statistics which follows shows a steady increase in the State's insane population and makes it clear that there is need for immediate consideration of this important problem. It is obligatory upon the part of the State to provide for the care of its dependents. Chief among its dependents are its helpless and dangerous insane. New hospitals or adequate additions to the existing hospitals for the insane cannot be constructed and installed upon short notice, therefore wisdom of action is best based in a prompt consideration of problems which mean so much in the promotion of the welfare of the public at large.

The State is confronted with the fact that the two State hospitals for the insane are already overcrowded to a serious degree and that further overcrowding means danger, the responsibility and results of which must fall upon the shoulders of those now in a position to give relief.

In the records of the hospital year embraced in this report it is shown that in this institution alone there has been an increase of 116 in the insane population, with no additional provision for their care. In the year previous there was an increase of 119, showing

that in two years the patient population of this Hospital has increased 235. They have been crowded into rooms, wards and dormitories already so full as to violate the laws of hygiene and interfere sadly with the rules of classification and the principles of scientific treatment. The normal capacity of this Hospital is about 1,600. In 1904, in my annual report, I called attention to the fact that the Hospital had then in it 1,600 patients and could not be further taxed except by endangering the welfare of its entire population. The year ending October 31st, 1909, closed with 2,059 patients in the Hospital, or 459 in excess of its normal capacity. These are plain facts which may be easily understood.

How far can this overcrowding go without serious consequences such as no State government desires? If two years give an increase of 235 patients, at the same ratio, ten years will give 1,175, and this added to the already existing surplus of 459 over the normal capacity will give 1,634 patients in excess of the number this Hospital is capable of properly caring for. In dealing with this proposition it must be borne in mind that the yearly increase is steadily growing larger. Along with the State's rapidly increasing population we will have the proportionate increase in the number of insane to be cared for in our State institutions.

The State must build for this increasing insane population; there is no way of avoiding it. The protection of society demands that insane persons shall not be permitted to be at large. When the State assumes the right of depriving insane persons of liberty, it assumes the responsibility of properly caring for them in accordance with the principles of reasonable philanthropy and public charity, and with due consideration for the fact that such persons form a class of the helpless sick, suffering from the most serious of all maladies afflicting the human race.

The solution of this problem in my opinion should not be attempted by erecting additional buildings on these grounds. The grouping together of very large numbers removes them too far from the personal knowledge and care of the physician in chief; robs them of the individuality in treatment highly important to them and makes the institution unwieldy from an administrative standpoint.

Our water-supply is so limited now that it calls for rigid economy during the dry seasons and has been a matter of serious concern for years; to further tax it would not be wise or safe. The

laundry, cooking facilities and lighting plant, while being worked to the fullest possible extent, scantily meet the institution's demands. Relief can most wisely be given by the establishment of another State institution for the insane in the southern part of the State and the erection of separate buildings for the convict insane and insane criminals, upon the State Hospital property at Trenton.

STATISTICAL RESUME.

This report covers the hospital year beginning November 1st, 1908, and ending October 31st, 1909. The whole number admitted during the year is 509, 270 men and 239 women, which is the greatest number admitted in any year since the opening of the Hospital in 1876. The highest census was reached October 28th, 1909, when the population under treatment was 2,060. The year closed with 2,059 patients in the house, 1,050 of whom were men and 1,009 women. Of the total number remaining at the close of the year, 1,761 are recorded as indigent; 188 were private or pay patients; 69 were convicts and 41 criminals. The classification of those admitted is as follows: 240 county indigent, 162 State indigent and 107 private or pay patients; this latter classification is based upon their manner of maintenance. Two hundred were of foreign birth, this being about 40 per cent. of the total number admitted during the year.

One hundred and twenty-six or 25 per cent. were discharged as recovered. A history of hereditary taint was obtained in 24.5 per cent., but like in former years satisfactory data upon this important point could not be obtained in the great majority of the admissions.

The whole number under treatment during the year was 2,452; 1,263 men and 1,189 women; of this number 168 or 6.85 per cent. died. The total number admitted to the Hospital since its opening in 1876 is 9,462. By reference to Table XXII. the yearly increase in the insane population will be found.

The special table following Table XXII. appears for the first time in our reports and sets forth in detail the manner of support, residence and legal classification of those remaining in the Hospital at the close of the year. It shows that 501 or 24.38 per cent.

State indigent patients, as well as 69 convicts or 3.35 per cent., making a total of 27.73 per cent., are supported entirely by the State. Fifty-six and one-half per cent. of the State indigents and 39.15 per cent. of the convicts were born outside of the United States. The percentage of foreign born of the total population is only 38.3, there being 799 patients of this class. These figures show that the foreign born are principally supported by the State, they not having a legal settlement in any county in the State. The greatest number of these are from Essex, which county has 226 State indigent patients and 19 convicts. Bergen has 85 State indigents and 5 convicts. From Union there are 50 State indigent patients and 8 convicts; from Passaic, 50 State indigents and 4 convicts; from Hudson, 42 State indigents and 22 convicts; and from Morris, 40 State indigents and 2 convicts.

There are in the two State hospitals 737 State indigent patients and 112 convicts. These patients maintained without any assistance from the counties would of themselves fill an institution as large as the average State hospital.

Since these two classes are supported by the State, without any draft upon the finances or the treasuries of the counties, it might be well to construct a new institution for the State indigents and convicts of both State hospitals, thus segregating them and relieving the serious congestion of the State Hospitals at Morris Plains and Trenton.

One hundred and fifty of the patients admitted were born in New Jersey, 64 in New York, 18 in Pennsylvania, and 8, 7 of whom were negroes, born in Virginia. Sixty-six were natives of other States. Of the foreign born 43 were Germans, 40 Irish, 23 Italians, 16 Austrians, 13 Russians, 10 Scotch, 7 Dutch and 7 Polish.

About 20 per cent. of those admitted were afflicted with some form of mental depression, usually spoken of as melancholia; nearly 33 per cent. or one-third of the admissions showed some form of mania or mental exaltation. Twenty-four per cent. exhibited dementia or mental deterioration; of these 10 per cent. suffered from Paretic Dementia and 8 per cent. from Senile Dementia. Twelve per cent. of the patients admitted suffered from Adolescent Insanity (Dementia Præcox) which is generally followed by mental enfeeblement. Paranoia was diagnosed in 8 per cent. of all cases.

Intemperance and other excesses were the chief causes given when any positive statement was made at the time of admission as to the etiology; 12.5 per cent. being attributed to these factors. Heredity was said to be the predisposing cause in 7.25 per cent.

Homicidal and suicidal tendencies were exhibited in 87 and 86 cases, respectively.

There were 43 cases of arteriosclerosis, 38 of nephritis and 20 of some form of pulmonary disease.

Twenty-three per cent. of the patients received into the Hospital came with a history of attacks of less than four weeks' duration. That the policy of the early commitment of insane patients to a hospital for treatment is attended with good results is shown from the fact that of those restored 30 per cent. were admitted before their mental disease had lasted a month, 23 per cent. before three months, and 71 per cent. within one year of the beginning of the attack. Over 76 per cent. of those who recovered were restored to mental health before they had been under treatment one year.

The two cases which appear in the statistical tables diagnosed as paranoia and discharged recovered, were not classified as primary paranoia.

Of those who died 65 per cent. had suffered from some form of incurable dementia, 24 per cent. being parietic dements, 21 per cent. terminal dements and 20 per cent. senile dements.

The chief causes of death were pneumonia and other diseases of the organs of respiration, endocarditis, nephritis, convulsions and exhaustion being marked contributory causes.

CLASSIFICATION.

In this report I have followed the tabular forms and classification which have been in use at this Hospital for fifteen years, in order that comparisons of the statistics of former reports may be more readily made, but for the purpose of clinical work and case records the classifications in so-called modern psychiatry have been generally used. No form of classifying of the various mental disorders has been presented which can be accepted as fully satisfactory. Until we have a fuller knowledge of the pathology of all manner of mental disease no truly satisfactory classification will ever be made. The only scientific classification possible must be made upon a pathological basis.

PRECAUTIONS FOR THE PROTECTION OF PATIENTS.

For the purpose of better guarding against the rough handling of patients and the prevention of the use of harsh language on the part of attendants and nurses and to more fully insure a humane consideration of the sick at all times, I have this year appointed ward inspectors, whose duty it is to visit and inspect all parts of the house at irregular intervals. My orders to the inspectors are, "Have no schedule, no favorites, but be vigilant in the protection of the sick, the maintenance of discipline and the spreading of the seeds of kindness to all committed to our care."

The physicians as a rule make their rounds at regular intervals, as do the supervisors, and the ward nurses are familiar with the schedule or hours for such rounds; unfaithfulness to duty and violations of discipline are rarely indulged in at such hours. For this reason I have appointed inspectors whose duty it is to be constantly going from ward to ward in such a manner that no nurse can at any minute determine when his ward will be visited and inspected in fullest detail. This system has been severely criticised, but it has given good results at this Hospital and I think well of it.

It is unfortunate that hospitals for the insane throughout this country are not so financially supported as to enable them to employ a higher order of nurses. To command the services of capable, well-equipped, kind-hearted, conscientious and painstaking nurses higher wages must be paid. A combination of ability, tact and honesty in any department of the world's work calls for a respectable recognition in the matter of salary and wages.

While New Jersey does not pay nurses as well as some other States, the rates paid here are above the average and yet not sufficient to make the nurse feel that the loss of position would be a matter of serious consideration. During the year covered by this report, 430 nurses have left the services by voluntary resignation or dismissal; this of itself is a convincing argument that the pay is too small, the hours too long and the duties too onerous. The problem is a serious one and deserves attention at the hands of those capable of solving it. Every hospital superintendent knows that no hospital can be satisfactorily operated without a corps of

efficient and conscientious nurses who value their positions and at the same time have reason to believe that they are appreciated and properly paid.

TUBERCULOSIS.

The importance and wisdom of making an energetic and persevering fight for the extermination of tuberculosis is becoming fully recognized by the intelligent public. The press, the pulpit, medical organizations and prominent public-spirited citizens have united to bring about through educational methods substantial results.

In my last annual report I called your attention to the fact that something should be done to protect the population of this Hospital from the spread of this dire disease. The insane because of their mental unbalance cannot be reasoned into the observance of instructions as are calculated to prevent the spread of infection and protect their fellows. Their indulgence in promiscuous expectoration makes them active factors in the transmission of the disease to those about them. In a crowded hospital such as this is the danger is apparent and serious. Tents and shacks should be provided for the isolation of tubercular patients so that they may receive the treatment they are entitled to, and the uninfected given reasonable protection, and I respectfully suggest that an appropriation be asked for this purpose.

TYPHOID FEVER.

A colored man was admitted to the Hospital December 26th, 1908. A few weeks after his admission he was given employment out of doors and for months worked as a laborer in different parts of the farm and grounds. On July 28th, 1909, he exhibited symptoms of typhoid fever, and was promptly isolated. The windows and the door to his room were screened so as to prevent house flies from spreading the infection. The Board of Health was notified and a competent representative of that body was sent to the Hospital to assist in determining the source of infection. No foci could be found in or about the institution, and the conclusion was

reached that the man had been infected by migratory house flies. The symptoms exhibited and the laboratory investigations made the diagnosis of typhoid fever a matter of certainty. Under vigilant attention and a strict observance of anti-infection rules and regulations he recovered and no other patients were attacked with the disease; showing conclusively that the water, milk and other food supplies were not the source of infection.

TRAINING SCHOOL.

The Training School work has as usual been the subject of much attention. The schedule is annually prepared with the idea of giving our nurses as thorough an education as possible in general nursing as well as special training in the care of the insane.

Lectures are given by all the members of the staff and in addition to this, bedside instruction is given by supervisors and charge nurses along with demonstrations in bandaging, hydrotherapy and electrotherapy.

A large percentage of our graduates do not remain with us permanently after the completion of their course, for the reason that they are ambitious to gain further instruction and so command higher salaries than the State now offers them. Those, however, who retain their positions after graduation from our training school are infinitely better equipped for the performance of their duties than they were before taking the course. The fact that their care of the patients, their work on the wards and ability to exercise tact and patience, are all taken into account when fitness to graduate or enter the senior year is in question tends to make them more particular and conscientious in their regular and routine work.

There were fourteen nurses who passed satisfactory examinations and showed in all other ways sufficient proficiency to be allowed to graduate; of this number thirteen were women and one a man. This added to graduates of former years makes 168 graduates since the opening of the school in 1894.

THE NURSES' COTTAGE.

The cottage for women nurses, which was almost totally destroyed by fire in November, 1907, has been rebuilt and refurnished and is now occupied. This cottage gives much comfort to the women nurses whose hours on duty are long and whose work is onerous and trying.

The men nurses are still without such accommodations and are forced to sleep upon the wards where they work for fifteen hours each day amid excitement and noise. I again submit to your favorable consideration the matter of asking for an appropriation sufficient to provide a cottage for the men nurses.

PROTECTION AGAINST FIRE.

The spiral fire-escapes and the fire-alarm signal system alluded to in the last annual report have been put in and are in operation. These with the hose equipment throughout the building give the hospital an up-to-date outfit and are a source of much comfort to all closely interested in the safety of the patients and the institution property.

Patients with suicidal tendencies and those acutely excited are almost daily attempting to set fire to themselves and the building. For this reason I am firmly of the opinion that gas should be done away with in all the wards and be replaced by electricity. The insufficiency of our gas plant has on several occasions resulted in the entire main building being left in darkness with all the dangers incident thereto confronting us.

LABORATORY WORK.

The scientific work conducted in connection with and at the laboratories has continued along the lines of previous years. This work was committed to the care of Dr. Frederick C. Horsford at the beginning of the hospital year, and he, with the assistance of Mr. Frode Heiman, has made 1,003 clinical examinations and performed thirteen autopsies. A full and detailed written report of the work done has been submitted to me and a copy of it filed with the records of that department.

EMPLOYMENT OF PATIENTS.

The subject of the judicious employment of patients in State hospitals for the insane has always been one of intense interest to those upon whom the responsibilities of the management of such institutions have rested. A hospital not so equipped as to provide legitimate employment for at least 65 per cent. of its patients may properly be said to be poorly equipped in this most important particular. Idleness among the insane is proportionately as detrimental to health as it is with the mentally sound. The proper exercise of the body safeguards and promotes bodily health; the judicious occupation and exercise of the mind promotes mental health. A well-selected combination of mental and bodily exercise gives the greatest guarantee of vigorous health to the human organism. It operates to keep healthful the well and make well the sick. "Mens sana in corpore sano" has long been accepted as a sound proposition and is especially apropos in the treatment of this subject.

Many of the most successfully operated State hospitals of this country and abroad have made ample provision for the employment of such patients and have done it in such a manner that their work has resulted in the production of articles and commodities useful to the hospital and a proportionate reduction of running expenses.

Among the forms of employment which have proven to be most satisfactory are printing, bookbinding, repair of furniture, recaning of chairs, the manufacture of rugs, brushes, brooms, combs and buttons. The installation of a printing press and bookbindery would give to a large number interesting occupation and enable us to do all our minor printing and publish a hospital periodical such as numerous State institutions are publishing.

I heartily recommend the establishment of some of these industries and beg to suggest that a moderate appropriation be asked for that purpose.

THE MEDICAL STAFF.

The number of physicians upon the medical staff remains the same as when there were but half as many patients under treatment. The staff is composed of the Medical Director and six as-

sistants. This gives to each assistant physician nearly 350 patients to care for besides doing laboratory work, keeping clinical records and aiding the Medical Director in the various forms of administrative work of the Medical Department. It is not difficult for even a person inexperienced in hospital affairs to see that an increase in the medical staff is urgently needed and I respectfully suggest that the Governor's approval be sought for the adding of two more members to the staff and an appropriation be asked for their salaries in the event of his Excellency's approval of such addition.

CONCLUSION.

I have endeavored to carry out your policies faithfully and have at all times had your fullest support in doing that which I deemed best in the protection and maintenance of the Hospital's best interests and the promotion of the patients' comfort and welfare. For the confidence you have reposed in me and the wise counsel you have given I beg leave to record my gratitude and appreciation.

Respectfully submitted,
BRITTON D. EVANS,
Medical Director.

October 31st, 1909.

Statistical Appendix to Medical Director's Report.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING
OCTOBER 31ST, 1909.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1908.....	993	950	1,943
Patients admitted—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
First admissions.....	251	206	457
Re-admissions	19	33	52
Total	270	239	509
Total number under treatment during the year..	1,263	1,189	2,452
Patients discharged—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
Recovered	61	65	126
Improved	38	46	84
Unimproved	13	2	15
Died	101	67	168
Total	213	180	393
Remaining in Hospital—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
Public	963	908	1,871
Private	87	101	188
Total	1,050	1,009	2,059
Whole number admitted from August 17th, 1876, to October 31st, 1909.....	4,898	4,564	9,462
Whole number discharged during the same period of time—			
<i>Men.</i> <i>Women.</i> <i>Total.</i>			
Recovered	1,149	1,150	2,299
Improved	700	786	1,486
Unimproved	285	312	597
Died	1,682	1,306	2,988
Eloped	31	.....	31
Not insane.....	1	1	2
Total	3,848	3,555	7,403
Remaining October 31st, 1909.....	* 1,050	1,009	2,059

* One male patient carried on elopement.

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1908.									
November	17	16	33	19	9	28	994.40	948.54	1,942.94
December	23	17	40	11	8	19	992.89	956.69	1,949.58
1909.									
January	28	20	48	22	20	42	1,003.55	960.54	1,964.09
February	20	18	38	17	5	22	1,009.97	970.65	1,980.62
March	22	18	40	14	13	27	1,013.67	976.06	1,989.73
April	16	20	36	17	19	36	1,015.04	979.04	1,994.08
May	24	27	51	25	19	44	1,019.19	985.85	2,005.04
June	27	21	48	24	14	38	1,019.21	995.89	2,015.10
July	20	17	37	12	21	33	1,026.88	999.16	2,026.04
August	19	19	38	11	6	17	1,037.23	1,003.46	2,040.69
September	31	15	46	18	23	41	1,043.09	1,004.38	2,047.47
October	23	31	54	23	23	46	1,048.95	1,000.46	2,049.41
Total	270	239	509	213	180	393			
For the year							1,018.67	981.72	2,000.39

TABLE III.

NUMBER OF ATTACKS OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First	185	152	337
Second	26	43	69
Third	5	7	12
Fourth	5	2	7
Fifth and over.....	10	6	16
Unascertained	39	29	68
Total	270	239	509

TABLE IV.

AGE WHEN ATTACKED OF THOSE ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	7	5	12
Fifteen to twenty years.....	17	18	35
Twenty to twenty-five years.....	28	27	55
Twenty-five to thirty years.....	29	26	55
Thirty to thirty-five years.....	30	30	60
Thirty-five to forty years.....	31	26	57
Forty to forty-five years.....	24	12	36
Forty-five to fifty years.....	15	16	31
Fifty to sixty years.....	27	20	47
Sixty to seventy years.....	12	16	28
Seventy to eighty years.....	6	11	17
Eighty years and over.....	4	1	5
Unascertained	40	31	71
Total	270	239	509

TABLE V.

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Alabama	1	1	1
California	1	1	1
Connecticut	2	3	5
Delaware	2	2	2
District of Columbia.....	1	.....	1
Georgia	1	1	1
Illinois	1	1	1
Iowa	1	1	1
Kentucky	1	.....	1
Maine .....	.....	1	1
Massachusetts	3	.....	3
Michigan	1	1	2
Missouri	2	.....	2
Nebraska .....	.....	1	1
New Jersey	89	61	150
New York	32	32	64
North Carolina	1	1	2
Ohio	1	4	5
Pennsylvania	8	10	18
South Carolina	1	.....	1
Virginia	2	6	8
Wisconsin	1	.....	1
United States	32	2	34
Austria	8	8	16
Canada	2	1	3
Denmark	2	1	3
England	9	14	23
Finland	1	.....	1
France	1	.....	1
Germany	24	19	43
Holland	6	1	7
Hungary	3	1	4
Ireland	8	32	40
Italy	10	13	23
Mexico	1	.....	1
Norway .....	.....	1	1
Poland	2	5	7
Russia	7	6	13
Scotland	4	6	10
Sweden	1	.....	1
Switzerland	2	.....	2
Turkey .....	.....	1	1
Unascertained	2	1	3
Total	270	239	509

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen	51	40	91
Cape May .....	..	1	1
Essex	46	48	94
Hudson	42	25	67
Hunterdon	1	2	3
Monmouth	3	1	4
Middlesex	1	..	1
Morris	30	31	61
Passaic	42	41	83
Somerset .....	..	2	2
Sussex	6	9	15
Union	33	29	62
Warren	15	9	24
New York .....	..	1	1
Total	270	239	509

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single	131	83	214
Married	119	112	231
Widowed	14	42	56
Divorced	2	..	2
Unascertained	4	2	6
Total	270	239	509

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Agents	4	1	5
Artisans	8	..	8
Artists	1	..	1
Bakers	2	..	2
Barbers	2	..	2
Baseball Players	1	..	1
Blacksmiths	3	..	3
Boilermakers	1	..	1
Bookkeepers	2	..	2
Butchers	2	..	2
Butlers	3	..	3
Cabinetmakers	1	..	1
Carpenters	10	..	10
Carriagemakers	1	..	1
Cashiers	1	..	1
Chemists	2	..	2
Clerks	21	1	22
Contractors	3	..	3
Cooks	2	2	4
Domestics .....	..	39	39
Druggists	1	..	1
Dyers	1	..	1
Electricians	1	..	1
Engineers	3	..	3
Farmers	13	..	13
Financiers	1	..	1
Florists	1	..	1
Gardeners	3	..	3
Hospital Attendants	3	..	3
Hostlers	2	..	2
Housekeepers .....	..	15	15
Housewives .....	..	109	109
Ironworkers	2	..	2
Jewelers	1	..	1
Laborers	54	..	54
Leatherworkers	1	..	1
Machinists	6	..	6
Mailcarriers	1	..	1
Managers	1	..	1
Masons	4	..	4
Manufacturers	1	..	1
Merchants	10	..	10
Millers	1	..	1
Millhands	3	6	9
Milliners	1	1
Moulders	1	..	1

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Nurses	3	3
Painters	6	..	6
Peddlers	2	..	2
Physicians	1	..	1
Plumbers	4	..	4
Porters	1	..	1
Printers	1	..	1
Promoters	1	..	1
Salesmen	7	..	7
Saleswomen .....	..	3	3
Saloonkeepers	2	..	2
Seamstresses .....	..	6	6
Shoemakers	2	..	2
Silkworkers	3	2	5
Steelworkers	1	..	1
Stenographers .....	..	2	2
Stonecutters	3	..	3
Students	1	2	3
Tailors	3	..	3
Tanners	1	..	1
Teachers	2	5	7
Teamsters	3	..	3
Telegraphers	1	..	1
Telephone Operators	1	..	1
Tinsmiths	4	..	4
Toolmakers	1	..	1
Veterinary Surgeons	1	..	1
Watchmen	1	..	1
Weavers	3	1	4
No occupation	24	40	64
Unascertained	5	1	6
Total	270	239	509

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	40	47	87
Mania, chronic .....	..	1	1
Mania, epileptic	13	4	17
Mania, puerperal .....	..	5	5
Mania, recurrent	2	5	7
Mania, toxic	31	17	48
Melancholia, acute	42	40	82
Melancholia, agitata	1	8	9
Melancholia, chronic	2	1	3
Melancholia, hypochondriacal	1	3	4
Melancholia, recurrent .....	..	3	3
Dementia, epileptic	2	1	3
Dementia, organic	8	5	13
Dementia, paretic	40	9	49
Dementia, senile	19	23	42
Dementia, terminal	6	10	16
Imbecility	4	1	5
Imbecility, with epilepsy .....	..	1	1
Imbecility, with mania .....	..	7	7
Imbecility, with melancholia .....	..	1	1
Insane neuroses, hysteria .....	..	2	2
Insanity, adolescent	34	26	60
Insanity, pubescent	2	1	3
Paranoia	22	18	40
Cerebral syphilis	1	..	1
Total	270	239	509

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State	85	77	162
County	133	107	240
Private	52	55	107
Total	270	239	509

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Physical:			
Apoplexy	1	1	2
Arrest of cerebral development.....	..	1	1
Cerebral changes	1	2	3
Cerebral embolism .....	..	1	1
Cerebral hemorrhage	3	1	4
Climacteric .....	..	12	12
Congenital	1	2	3
Epilepsy	10	4	14
Exposure	1	..	1
Fever	2	..	2
General ill health.....	2	5	7
Goitre .....	..	3	3
Heatstroke	1	..	1
Heredity	18	19	37
Intemperance and other excesses.....	50	14	64
Irregular menstrual development.....	..	1	1
Masturbation	9	1	10
Overwork	15	4	19
Predisposition	6	11	17
Puerperium .....	..	11	11
Senility	6	15	21
Sexual perversion.....	1	..	1
Sunstroke	2	..	2
Syphilis	13	1	14
Traumatism	12	3	15
Total	154	112	266
Moral:			
Disappointed affections.....	2	2	4
Domestic troubles.....	1	8	9
Financial reverses.....	7	..	7
Grief	2	..	2
Religious excitement.....	3	5	8
Shock	2	3	5
Worry	8	16	24
Total	25	34	59
Total physical	154	112	266
Total moral	25	34	59
Unassigned	91	93	184
Total	270	239	509

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TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Abscess	1	3	4
Acne	4	7	11
Adenitis	1	..	1
Amenorrhoea .....	..	2	2
Anaemia	1	3	4
Aphasia .....	..	2	2
Arcus senilis	1	1	2
Arteriosclerosis	7	35	42
Asthma .....	..	2	2
Blindness .....	..	4	4
Bronchitis .....	..	9	9
Cataracts	1	1	2
Conjunctivitis .....	..	1	1
Cystitis .....	..	4	4
Deafness .....	..	2	2
Decubiti	1	1	2
Diabetic coma .....	..	1	1
Diabetes .....	..	1	1
Dysmenorrhoea .....	..	5	5
Eczema	1	..	1
Emphysema .....	..	2	2
Endarteritis	1	..	1
Endocarditis	4	14	18
Enlarged thyroid .....	..	1	1
Epilepsy	15	6	21
Erythema .....	..	1	1
Fracture	1	2	3
Frost-bitten foot	1	..	1
Furunculosis .....	..	1	1
Ganglion of wrist .....	..	1	1
Gangrene of leg .....	..	1	1
Gastritis .....	..	1	1
Goitre .....	..	5	5
Gunshot wound	1	..	1
Hemiplegia	3	2	5
Hemorrhoids .....	..	2	2
Hepatitis .....	..	1	1
Hernia	6	6	12
Hydrocele	1	..	1
Hypostatic pneumonia .....	..	1	1
Hysteria .....	..	2	2
Incised wound of throat	1	..	1
Kyphosis .....	..	1	1
Lacerated wound of wrist .....	..	1	1
Lentigo .....	..	1	1
Leucorrhoea .....	..	4	4
Lipoma .....	..	1	1

Lupus erythematosus.....	..	1	1
Metrorrhagia .....	..	1	1
Myocarditis .....	..	1	1
Myopia .....	..	3	3
Nephritis	24	14	38
Organic heart disease.....	3	..	3
Osteomyelitis .....	..	1	1
Peripheral neuritis.....	..	1	1
Peripheral sclerosis.....	..	1	1
Pes planus.....	1	..	1
Pharyngitis .....	..	2	2
Pregnancy .....	..	1	1
Presbyopia .....	..	11	11
Prolapsus uteri.....	..	4	4
Pterygium	1	..	1
Pulmonary tuberculosis.....	2	2	4
Rectocele .....	..	2	2
Rheumatism .....	..	2	2
Salpingitis .....	..	1	1
Sebaceous cyst.....	..	1	1
Strabismus	1	1	2
Syphilis	4	..	4
Tapeworm	1	..	1
Tubercular enteritis.....	..	1	1
Tuberculosis of hip joint.....	1	..	1
Ulcers of legs.....	..	1	1
Uterine myomata.....	..	2	2
Varicocele	2	..	2
Varicose ulcers.....	..	1	1
Varicose veins.....	1	7	8
Vesico-vaginal fistula.....	..	1	1
Homicidal tendencies.....	56	31	87
Suicidal tendencies.....	43	43	86
Without complications.....	194	106	300

In this table patients who had a number of complications have been noted more than once; the total is therefore omitted, because it would have no statistical value.

TABLE XIII.

HEREDITY OF THOSE ADMITTED.

<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family.....	61	64	125
Hereditary taint denied.....	129	71	200
Hereditary history unobtainable.....	80	104	184
Total	270	239	509

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	68	49	117
One to three months.....	52	45	97
Three to six months.....	34	18	52
Six to twelve months.....	22	22	44
One to two years.....	19	27	46
Two to three years.....	13	16	29
Three to four years.....	5	8	13
Four to five years.....	11	4	15
Five to ten years.....	7	17	24
Ten to twenty years.....	10	7	17
Over twenty years.....	7	4	11
Unascertained	22	22	44
Total	270	239	509

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	2	2	4
Fifteen to twenty years.....	6	5	11
Twenty to twenty-five years.....	9	8	17
Twenty-five to thirty years.....	5	10	15
Thirty to thirty-five years.....	7	10	17
Thirty-five to forty years.....	6	7	13
Forty to forty-five years.....	5	3	8
Forty-five to fifty years.....	1	8	9
Fifty to sixty years.....	7	3	10
Sixty to seventy years.....	3	1	4
Unascertained	10	8	18
Total	61	65	126

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	16	22	38
One to three months.....	12	17	29
Three to six months.....	12	6	18
Six to twelve months.....	2	3	5
One to two years.....	3	6	9
Over two years.....	10	9	19
Unascertained	6	2	8
Total	61	65	126

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	4	4	8
One to two months.....	4	4	8
Two to three months.....	10	9	19
Three to four months.....	4	10	14
Four to five months.....	4	14	18
Five to six months.....	..	1	1
Six to nine months.....	13	7	20
Nine to twelve months.....	5	3	8
Twelve to eighteen months.....	7	8	15
Eighteen to twenty-four months.....	2	1	3
Over two years.....	8	4	12
Total	61	65	126

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	21	18	39
Mania, puerperal .....	..	6	6
Mania, recurrent .....	..	5	5
Mania, toxic	15	8	23
Melancholia, acute	13	18	31
Melancholia, agitata	2	3	5
Insane neuroses, hypochondriasis.....	..	1	1
Insane neuroses, hysteria.....	..	1	1
Insanity, adolescent	7	4	11
Insanity, pubescent	1	1	2
Paranoia	2	..	2
Total	61	65	126

TABLE XIX.

<i>Age.</i>	AGE AT DEATH.		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years.....	1	3	4
Twenty to twenty-five years.....	..	4	4
Twenty-five to thirty years.....	1	1	2
Thirty to thirty-five years.....	6	3	9
Thirty-five to forty years.....	11	6	17
Forty to forty-five years.....	15	6	21
Forty-five to fifty years.....	14	8	22
Fifty to sixty years.....	18	11	29
Sixty to seventy years.....	15	9	24
Seventy to eighty years.....	14	11	25
Eighty to ninety years.....	6	5	11
Total	101	67	168

TABLE XX.

MENTAL DISEASES OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	6	4	10
Mania, chronic	1	3	4
Mania, recurrent	1	1	2
Mania, toxic	1	1	2
Melancholia, acute	1	5	6
Melancholia, agitata .....	..	4	4
Melancholia, chronic	1	3	4
Dementia, epileptic	3	..	3
Dementia, organic	4	3	7
Dementia, paretic	35	5	40
Dementia, senile	21	13	34
Dementia, terminal	21	15	36
Imbecility .....	..	1	1
Insanity, adolescent	4	7	11
Paranoia	2	2	4
Total	101	67	168

TABLE XXI.

<i>Causes.</i>	CAUSES OF DEATH.		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania :			
Acute, with chronic endocarditis.....	..	1	1
Acute, with chronic nephritis.....	1	..	1
Acute, with exhaustion	3	..	3
Acute, with hemorrhage from duodenal ulcer....	..	1	1
Acute, with hypostatic pneumonia.....	..	2	2
Acute, with lobar pneumonia.....	1	..	1
Acute, with parenchymatous nephritis.....	1	..	1
Chronic, with acute angina pectoris.....	..	1	1
Chronic, with exhaustion .....	..	2	2
Chronic, with intestinal obstruction.....	1	..	1
Recurrent, with mitral regurgitation.....	..	1	1
Recurrent, with uremia	1	..	1
Toxic, with cerebral hemorrhage.....	1	..	1
Toxic, with hypostatic pneumonia.....	..	1	1
Melancholia :			
Acute, with chronic nephritis.....	..	1	1
Acute, with enteritis .....	..	1	1
Acute, with exhaustion .....	..	1	1
Acute, with inanition .....	..	1	1
Acute, with lobar pneumonia	1	..	1
Acute, with pulmonary tuberculosis .....	..	1	1
Agitata, with exhaustion .....	..	3	3
Agitata, with hypostatic pneumonia .....	..	1	1
Chronic, with edema of lungs .....	..	1	1
Chronic, with exhaustion .....	..	1	1
Chronic, with hypostatic pneumonia .....	..	1	1
Chronic, with pulmonary tuberculosis	1	..	1
Dementia :			
Epileptic, with exhaustion	1	..	1
Epileptic, with hypostatic pneumonia	1	..	1
Epileptic, with pneumonia	1	..	1
Organic, with chronic endocarditis .....	..	1	1
Organic, with chronic parenchymatous nephritis..	1	..	1
Organic, with exhaustion	2	..	2
Organic, with hypostatic pneumonia	1	2	3
Paretic	1	..	1
Paretic, with acute entero-colitis	1	..	1
Paretic, with appendicitis	1	..	1
Paretic, with chronic nephritis	1	..	1
Paretic, with convulsions	10	4	14
Dementia :			
Paretic, with croupous pneumonia	1	..	1
Paretic, with exhaustion	12	1	13
Paretic, with facial erysipelas	1	..	1
Paretic, with hypostatic pneumonia	5	..	5
Paretic, with pneumonia	2	..	2
Senile, with chronic endocarditis .....	..	3	3

Senile, with chronic nephritis	2	..	2
Senile, with croupous pneumonia	1	..	1
Senile, with diabetic coma .....	..	1	1
Senile, with exhaustion	9	3	12
Senile, with hypostatic pneumonia	6	5	11
Senile, with illio-colitis .....	..	1	1
Senile, with organic heart disease.....	1	..	1
Senile, with pulmonary edema	2	..	2
Terminal, with acute gastro-enteritis	1	..	1
Terminal, with acute enteritis .....	..	1	1
Terminal, with carcinoma of pancreas.....	..	1	1
Terminal, with carcinoma of rectum.....	..	1	1
Terminal, with catarrhal dysentery.....	1	..	1
Terminal, with cerebral apoplexy	1	..	1
Terminal, with cerebral hemorrhage	3	..	3
Terminal, with chronic endocarditis .....	..	2	2
Terminal, with chronic nephritis	4	2	6
Terminal, with convulsions	1	..	1
Terminal, with exhaustion	3	2	5
Terminal, with gangrenous peritonitis	1	..	1
Terminal, with hypostatic pneumonia	1	2	3
Terminal, with pneumonia	1	1	2
Terminal, with pulmonary edema	1	..	1
Terminal, with pulmonary tuberculosis	3	1	4
Terminal, with renal asthma .....	..	1	1
Terminal, with tuberculosis .....	..	1	1
Paranoia :			
With chronic bronchitis	1	..	1
With lobar pneumonia .....	..	1	1
With pulmonary tuberculosis	1	1	2
Imbecility :			
With cerebral hemorrhage .....	..	1	1
Insanity of adolescence :			
With acute nephritis .....	..	1	1
With croupous pneumonia	1	..	1
With exhaustion	2	2	4
With hypostatic pneumonia .....	..	1	1
With inanition .....	..	1	1
With pulmonary tuberculosis	1	2	3
Total	101	67	163

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Year.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876.....	159	183	342	...
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	904	31
October 31st, 1889.....	427	430	*857	...
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	†1,088	...
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	†1,390	1
October 31st, 1902.....	729	732	1,461	71
October 31st, 1903.....	744	761	§1,505	44
October 31st, 1904.....	789	812	1,601	96
October 31st, 1905.....	834	840	1,674	73
October 31st, 1906.....	872	907	1,779	105
October 31st, 1907.....	917	907	1,824	45
October 31st, 1908.....	993	950	1,943	119
October 31st, 1909.....	1,050	1,009	2,059	116

* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Hospital.

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

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

TABLE SHOWING IN DETAIL THE MANNER OF SUPPORT, RESIDENCE AND LEGAL CLASSIFICATION.

COUNTY.	INDIGENT.			STATE INDIGENT.			PRIVATE.			CONVICT.			CRIMINAL.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Bergen	81	83	164	38	47	85	13	6	19	3	2	5	..	5	5
Essex	15	30	45	118	108	226	17	23	40	17	2	19	9	1	10
Hudson	20	13	33	28	14	42	19	26	45	20	2	22	4	..	4
Hunterdon	26	19	45	..	..	..	..	2	2	1	..	1	..	..	..
Mercer .....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Middlesex .....	..	..	..	..	..	..	2	3	5	2	..	2	..	..	..
Monmouth .....	..	..	..	..	..	..	3	2	5	..	..	..	..	..	..
Morris	72	85	157	26	14	40	6	7	13	2	..	2	15	2	17
Passaic	184	198	382	24	26	50	5	7	12	3	1	4	..	..	..
Somerset .....	..	..	..	..	..	..	1	2	3	..	..	..	..	..	..
Sussex	21	24	45	..	2	2	2	2	4	2	..	2	1	1	2
Union	139	156	295	24	26	50	16	14	30	8	..	8	2	..	2
Warren	49	44	93	4	2	6	..	3	3	4	..	4	1	..	1
New York.....	..	..	..	..	..	..	3	4	7	..	..	..	..	..	..
Total	607	653	1,260	262	239	501	87	101	188	62	7	69	32	9	41

NOTE.—The pay patients are supported from private sources, the State indigent and convicts are maintained wholly at the expense of the State, and the others jointly by the State and counties of residence.

SUMMARY.

<i>Class.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Indigent	607	653	1,260
State indigent	262	239	501
Private	87	101	188
Convict	62	7	69
Criminal	32	9	41
Total	1,050	1,009	2,059

Warden's Report.

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

GENTLEMEN—I have the honor to present to you the annual report of the Business Department for the hospital year ending October 31st, 1909, embracing Statement of Resources and Liabilities, Abstract of Accounts, Report of the Farm, Garden and the Mechanical Departments.

In the reports of previous years necessary improvements were recommended, some of which were provided for in appropriations by the Legislature. The most urgent of the needs, which have not been provided for, are: A new kitchen building, addition to dairy barn and milk house and water-supply.

ABSTRACT OF RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDING OCTOBER 31st, 1909.

RECEIPTS.

Deficiency appropriation for maintenance of county, State indigent, and convict patients	\$5,952 00
Collections for October, 1908, paid State Treasurer November 2d, 1908	22,901 90
Allowance by State for support of—	
County patients	\$131,612 30
State indigent	106,812 12
State convict	19,306 10
	257,730 52
Amount received from Bergen county	19,881 74
" " " Camden county	40 91
" " " Essex county	6,309 07
" " " Hudson county	3,722 09
" " " Hunterdon county	5,804 82
" " " Morris county	22,105 70
" " " Mercer county	133 25
" " " Monmouth county	37 18
" " " Passaic county	38,633 47
" " " Sussex county	5,103 61

NEW JERSEY STATE HOSPITAL.

Amount received from Union county.....	\$34,372 51
“ “ “ Warren county	11,521 46
“ “ “ Private patients	73,798 42
“ “ for hides, &c.....	8,033 33
“ “ for interest	26 01
Amount received from sundry check on which payment was stopped	34 02
Amount received from protested check of C. Colyer, with fee.....	131 56
Amount received from Petty Cash Fund.....	500 00
Amount received from Standard Oil Company, over-payment.....	2 25
	<hr/>
	\$516,775 82

DISBURSEMENTS.

Administrative expenses	\$167,493 90
Table supplies	146,061 14
House supplies	48,232 38
Clothing and clothing material.....	22,251 48
Heat, light and power.....	40,175 03
Repairs	15,240 87
Farm, stable and grounds.....	33,303 49
Miscellaneous expenses	19,923 84
Balance reverted to State October 31st, 1909.....	91 02
	<hr/>
	\$492,773 15

Balance in hands of H. P. Lindabury, Treasurer,
October 31st, 1909..... 24,002 67

\$516,775 82

RESOURCES.

Due from Bergen county.....	\$1,700 68
“ “ Essex county	642 44
“ “ Hudson county	343 31
“ “ Hunterdon county	903 42
“ “ Mercer county	8 86
“ “ Passaic county	11,320 18
“ “ Union county	3,011 29
“ “ Monmouth county	20 18
“ “ State Treasurer for support of county patients.....	11,341 43
“ “ State Treasurer for support of State indigent patients,	11,666 46
“ “ State Treasurer for support of convict patients.....	1,802 02
Balance with State Treasurer.....	91 02
“ “ H. P. Lindabury, Treasurer.....	24,002 67
Due from private patients as per bills rendered.....	8,544 03
Clothing furnished during October.....	2,678 94
Due for hides, grease, &c.....	552 52
Balance Petty Expense Account.....	118 64
	<hr/>
	\$78,748 09

LIABILITIES.

Bills payable	\$24,120 40
Pay-roll for October, 1909.....	12,928 29
Bills rendered in case of private patients, unearned.....	4,026 17
Private patients' accounts paid beyond October 31st, 1909.....	8,117 22
Unclaimed wages, patients' money and vouchers on which payment was stopped	472 87
Excess resources above liabilities.....	29,083 14
	\$78,748 09

ANNUAL APPRAISEMENT.

Mr. John Naughton and Mr. Charles W. Ennis, of Morristown, assisted in the appraisal of the personal property, as listed in the inventory; also placed a valuation on the entire real estate.

The services rendered by these gentlemen were efficient and highly satisfactory.

The value of the real estate as appraised amounts to \$3,140,600; the personal property, \$290,764.14.

REQUIREMENTS.

For the annual appraisal.....	\$100 00
For the salaries of resident officers.....	16,050 00
For the maintenance of county patients based on an average of 1,400 patients for the year.....	145,600 00
For the maintenance of State indigent patients based on an average of 650 patients for the year.....	135,200 00
For clothing of State indigent patients.....	11,700 00
For the maintenance of insane convict patients based on an average of 85 patients for the year.....	22,100 00
For clothing for convict patients.....	1,530 00

Respectfully submitted,

O. M. BOWEN,

Warden.

The New Jersey State Hospital at Morris Plains, October 31st,
1909.

96183

