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Thirty-Seventh Annual Report

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

MORRIS PLAINS

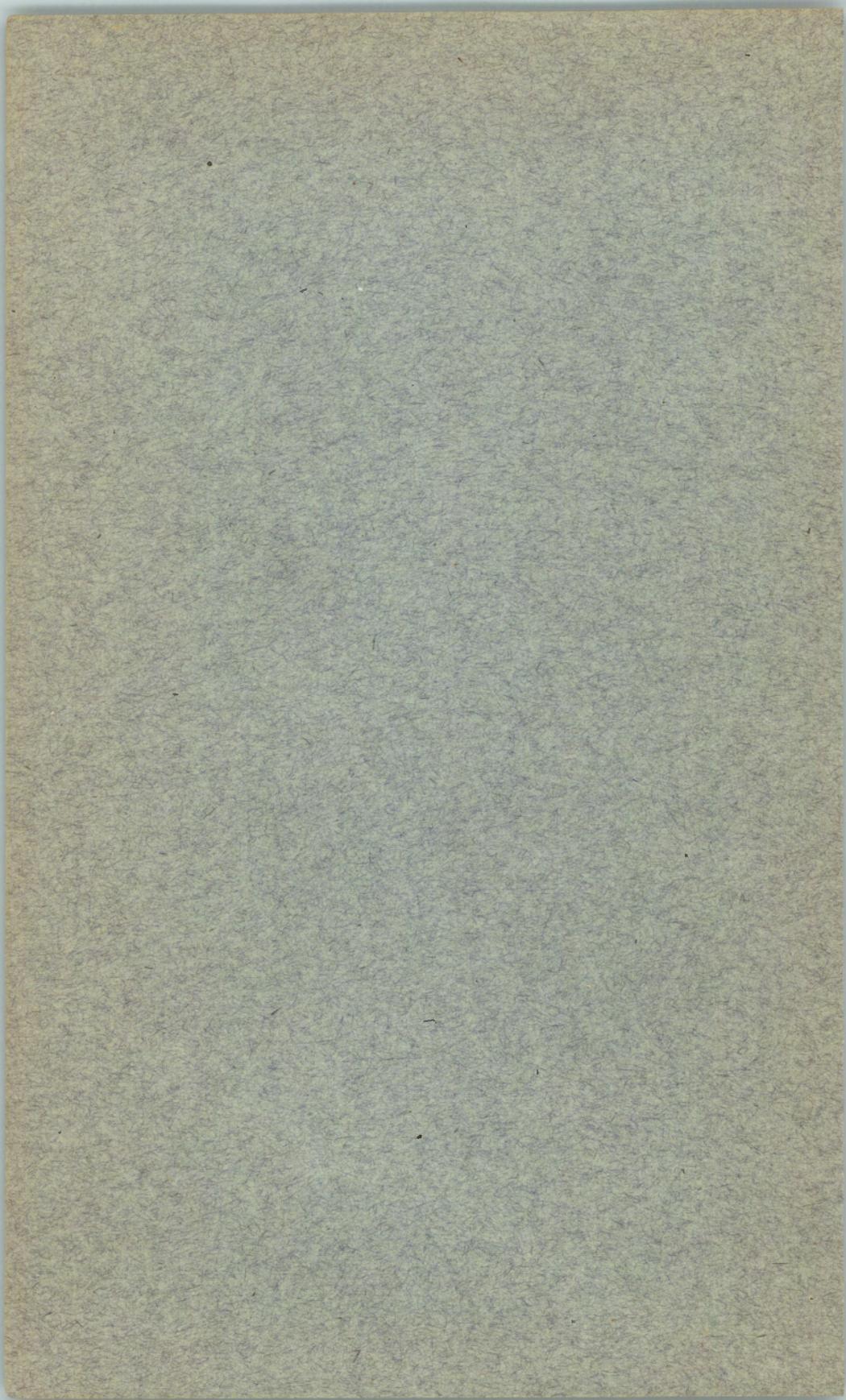
For the Year Ending October 31st

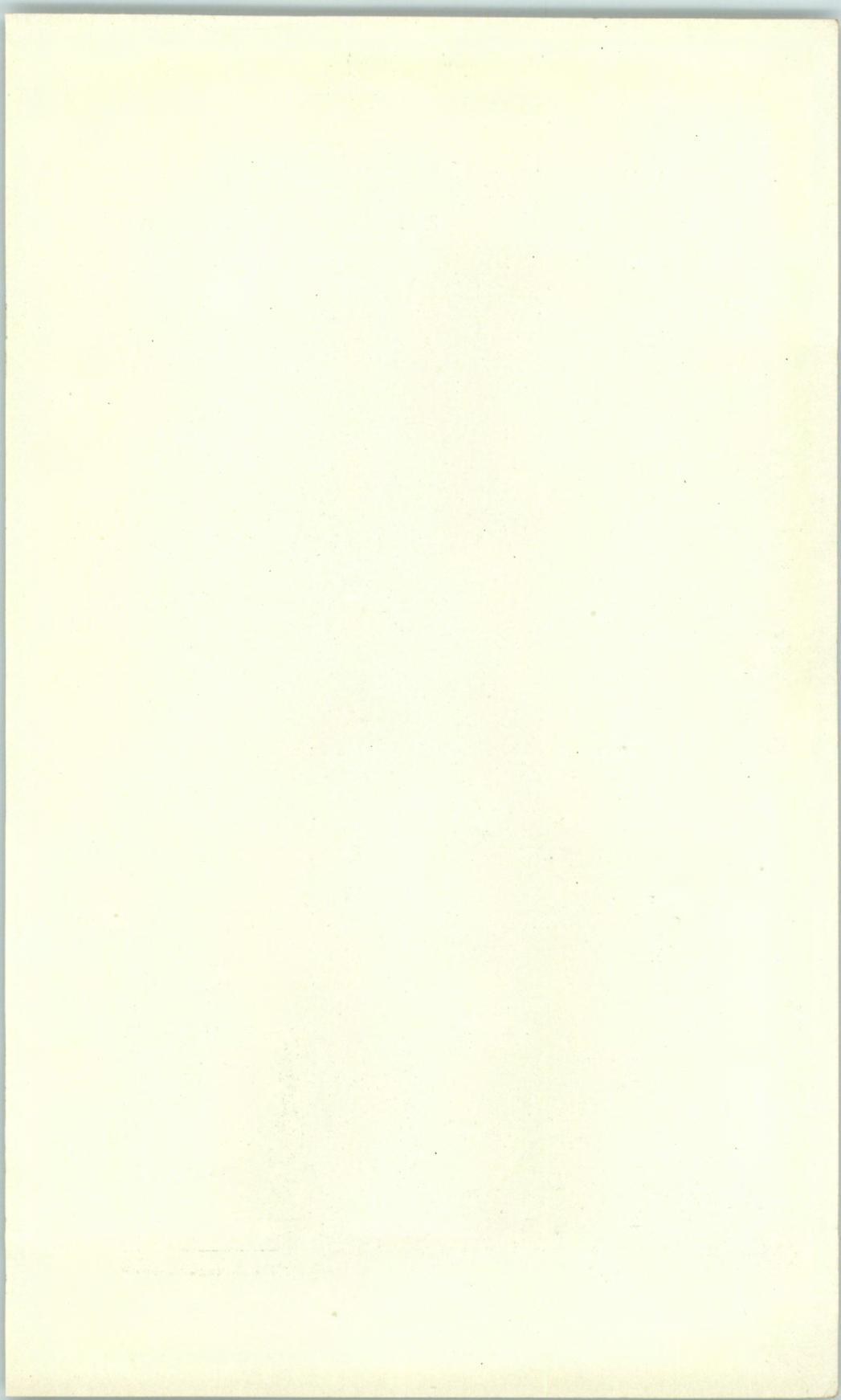
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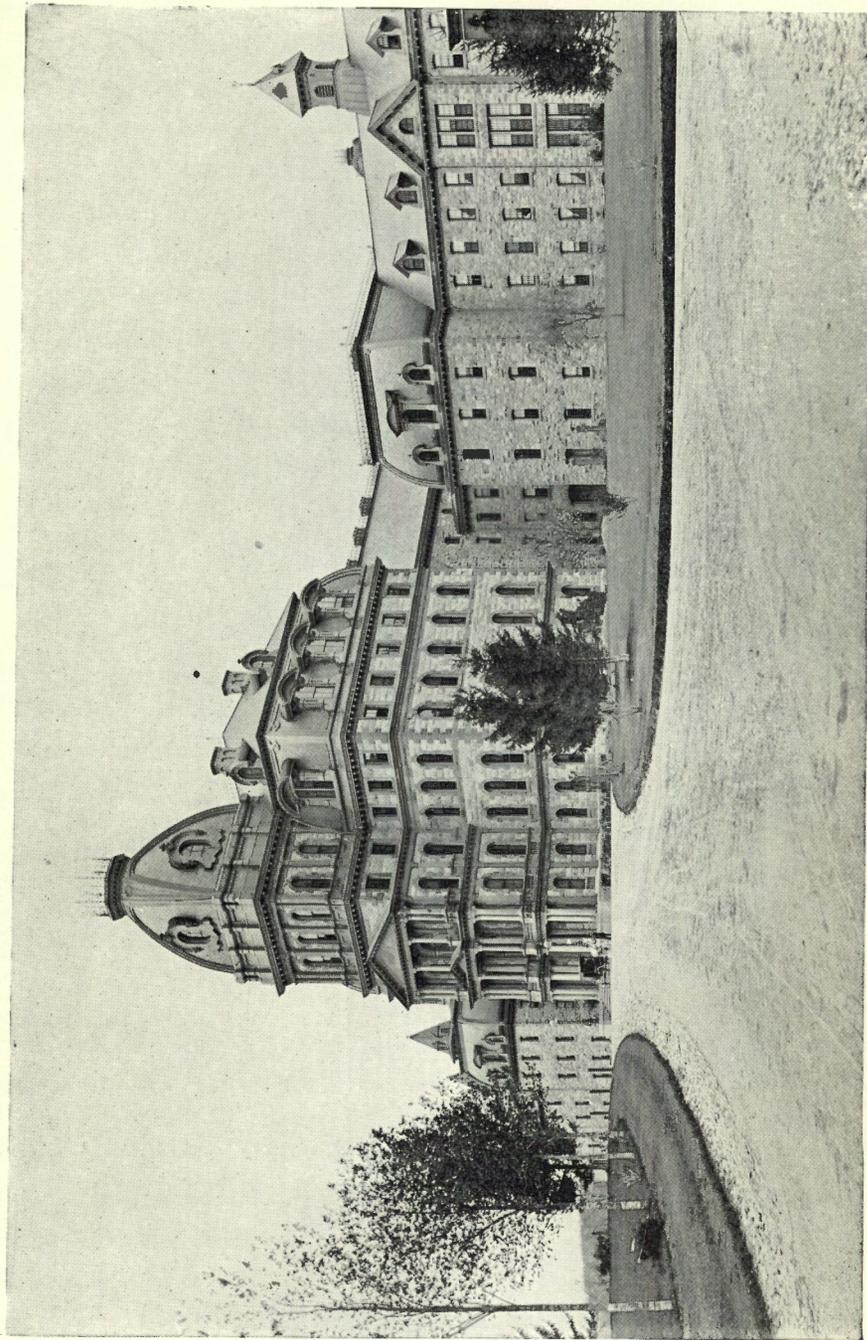
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MANAGERS AND OFFICERS

NEW JERSEY STATE HOSPITAL

FORMERLY THE

STATE OF NEW JERSEY

1912

Record

Managers

PRESIDENT

JAMES M. BUCKLEY, D.D.....Morristown

VICE PRESIDENT

PATRICK J. RYAN.....Elizabeth

JOHN C. EISELE.....Newark

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

GEORGE W. JAGLE.....Newark

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

ALBERT RICHARDSDover

W. L. R. LYND.....Dover

Managers

James M. ...

...

...

...

...

...

...

...

Officers

MEDICAL DEPARTMENT

BRITTON D. EVANS, M.D..... Medical Director
E. MOORE FISHER, M.D..... Senior Assistant Physician
LOUIS K. HENSCHEL, M.D..... Senior Assistant Physician and Pathologist
GEORGE A. ANDERTON, M.D..... Assistant Physician
MARCUS A. CURRY, M.D..... Assistant Physician
GEORGE R. HAMPTON, M.D..... Assistant Physician
GEORGE B. McMURRAY, M.D..... Junior Assistant Physician
FREDERICK H. THORNE, M.D..... Junior Assistant Physician
FRANK M. MIKELS, M.D..... Junior Assistant Physician
FRODE HEIMAN..... Assistant Pathologist

BUSINESS DEPARTMENT

O. M. BOWEN..... Warden
EDWARD I. COURSEN..... Assistant Warden
HARRISON P. LINDABURY..... Treasurer
HENRY W. BUXTON..... Secretary

Board of Consultants

JAMES T. WRIGHTSON, M.D..... Physician
EDWARD J. ILL, M.D..... Gynecologist
JOSEPH BRETTAUER, M.D..... Gynecologist
PHILANDER A. HARRIS, M.D..... Gynecologist
JOSEPH FEWSMITH, M.D..... Neurologist
CHRISTOPHER C. BELING, M.D..... Neurologist
FRANK D. GRAY, M.D..... Surgeon
FRANCIS H. GLAZEBROOK, M.D..... Surgeon
H. AUSTIN COSSITT, M.D..... Gastro-Enterologist
L. L. MIAL, M.D..... Eye, Ear, Nose and Throat
E. BLAIR SUTPHEN, M.D..... Eye, Ear, Nose and Throat
H. J. F. WALLHAUSER, M.D..... Dermatologist
HARRISON S. MARTLAND, M.D..... Pathologist
WILLIAM G. YOULAND, JR., M.D..... Bacteriologist
WILLIAM G. SHARP, D.D.S..... Dentist

Officers

MEMBER LIST

MEMBER LIST (Faint text, likely names and addresses of members)

MEMBER LIST

MEMBER LIST (Faint text, likely names and addresses of members)

Board of Consultants

Board of Consultants (Faint text, likely names and titles of consultants)

Report of the Board of Managers

To His Excellency, Woodrow Wilson, Governor of the State of New Jersey:

SIR—Acting under the statutes of the State, we submit to you this, the thirty-seventh annual report of the New Jersey State Hospital at Morris Plains.

The report covers the hospital year beginning November 1st, 1911, and closing October 31st, 1912, and embodied in it are the reports of the Medical Director, the Warden and the Treasurer of the hospital.

The report of the Medical Director sets forth elaborately the movement of the population of the institution and directs attention to many of the important affairs of his department.

The statistical tables of the Medical Department show that at the close of the year there were in the hospital under treatment 2,302 patients—1,170 men and 1,132 women. During the year there were under treatment 2,772 patients—1,423 men and 1,349 women. The greatest number of patients in the institution was 2,325, on September 30th. The net increase of patients over the preceding year was 92.

For several years the population of the institution has shown an increase of about 100 a year and since there are already more than 700 patients in the hospital in excess of its normal accommodation, we are convinced that this matter should be especially directed to your Excellency's attention and to the Legislature for action. Relief must come or calamitous conditions will be the result, and that soon.

This crowded condition is as hurtful to the attendants and nurses as it is to the patients; the latter are frequently wakeful and noisy and the former cannot but be disturbed and rendered less fit for their long hours of continuous duty. This order of service naturally calls for a much larger corps of nurses, but we lack accommodations for them, as will be seen in the fact that at this time about 400 patients have no sleeping place in rooms and have to sleep upon

cots put down in the corridors at night and removed in the morning so as to render the corridors inhabitable for the patients during the day.

The total number of admissions for the year was 562—292 men and 270 women. The number of voluntary admissions was 11—9 men and 2 women. The percentage of recoveries, based upon the number admitted, was 19.5; this is a low percentage compared with former years and is accounted for, largely, by the overcrowded condition of the institution.

This fact is worthy of note and is in itself a forcible appeal for relief.

There were 90 persons discharged as recovered—49 men and 41 women. The percentage of deaths, computed on the whole number under treatment, was 7.17. During the year 199 patients died.

TYPHOID FEVER.

Two persons contracted typhoid fever, one an officer of the institution and the other a patient who had not been absent from the hospital for four years. There was also one case of paratyphoid fever, the subject being a member of the Medical Director's family. In connection with this it is proper to state that the water supply of the institution has been found to be contaminated by the colon bacillus and it is imperative that steps be taken for its purification. This will require an appropriation for purchasing a new source of supply or the installation of a hypochlorite of lime plant. This subject is treated in the Medical Director's report.

The increasing population of a large hospital such as this of necessity demands yearly additions in the order of buildings and the provision of the various facilities required to properly conduct such an important work. Even with the most careful attention, buildings deteriorate and repairs must be made from year to year. In order to secure or provide for these needs, the Managers must look to the State Legislature and submit to that body such matters as may be deemed worthy of their special attention.

The following list setting forth needs which, in the judgment of the Board, are important for the welfare of the hospital and highly worthy of serious legislative and executive attention, is respectfully submitted:

Hypochlorite plant for purification of water supply.
 Incinerating plant.
 Store house.
 Materials for concrete walks.
 House painting materials.
 Additional electric wiring.
 Equipment of workshops—"Patents' Arts and Crafts."
 Fire insurance.
 Telephone cable and interior telephones.
 Furnishings for addition to Female Nurses' College.
 Increase of assistant physicians' salaries.
 Expense account for research work by physicians.
 Expense account for deporting patients to other States and foreign countries.
 Appropriation to continue eugenic field work.
 Amusement and recreation fund.
 Building for storing inflammable material (painters' supplies, etc).
 Fire protection apparatus (where not already provided).
 Trees for planting.
 Hot water heaters.
 Forced draught.
 Cold storage room.
 Bills for advertising.
 Summer houses for patients.
 Bill of C. A. Reed, account of "Hope" property.
 Transferring county patients.
 Morgue.

The Managers do not deem it proper to set forth in detail in this report to your Excellency the necessities for each of these items. Many of them will be fully explained in the reports of the Medical Director and the Warden, and in addition to this all of them will be presented with care to the appropriation committee of the Legislature.

ESSEX COUNTY HOSPITAL FOR THE INSANE.

The Essex County Hospital is an institution which has many of the modern conditions and facilities for the treatment of the insane. It is expensive in the manner of its construction and maintenance. At the time of our visit the census was 1,571 patients—721 men and 850 women. These are cared for by 7 supervisors, 92 female and 71 male nurses, a ratio of 9.6 patients to each nurse. During the year industrial rooms have been established and in them a large number of patients are being employed. This we heartily approve.

This Board visited the institution and gave much attention to everything of importance.

HUDSON COUNTY HOSPITAL FOR THE INSANE.

The buildings of the Hudson County Hospital, the facilities provided and the environment of the institution, do not merit our official approval. The building, constructed for the accommodation of 300 patients, at the time of our visit had in it 730 patients—408 women and 322 men. This crowded condition is serious. The building is in very close proximity to the following institutions: The penitentiary, with over 200 prisoners. The almshouse, with more than 700 inmates. The hospital for contagious diseases, with a varying population. The tuberculosis hospital, with about 100 patients. And in addition to these, the small-pox hospital.

Such a close grouping of institutions of this sort makes a highly undesirable situation, and is calculated to work harm to all, and especially operates unjustly to the welfare of the insane.

The grounds available for exercise are so limited that it is impossible to prevent the intermingling of inmates of the penitentiary with patients of the hospital for the insane. The institutions for contagious and infectious diseases are constantly a matter of impending danger to the insane patients, such as they should not be subjected to and may result at any time in an epidemic of a most serious character.

This grouping of such institutions in an area so limited is not approved by alienists and is considered unsafe and unwise by this Board.

The excessive population of the antiquated hospital for the insane has made it necessary to use for the sleeping of patients the basement floors which were formerly workshops, store-rooms and supply rooms. The unwisdom of this entire proposition is too patent to call for further criticism or discussion. It is to be much regretted that Hudson County and the State of New Jersey should allow such deplorable conditions.

The Board, however, wishes to make record that the Medical Superintendent and those under his immediate charge are doing all in their power to cope with a situation which, as a whole, cannot be made humane.

PASSAIC COUNTY ALMSHOUSE.

At the time of our visit to the Passaic County Almshouse, in which are confined the insane who have not been sent to the State Hospital at Morris Plains, there were 7 men and 32 women—a

total of 39. Those patients, who are largely quiet demented, appear to be given humane treatment, so far as the facilities will permit.

The Board of Freeholders has expended the sum of \$9,000 in repairs and has fitted up a comfortable room for such patients as are physically sick; otherwise the conditions remain much the same as last year.

The equipment there is not such that insane patients can be cared for according to the dictates of humanity or in harmony with approved modern methods such as the financial support given by the State would reasonably demand.

The conditions existing at the Passaic County Almshouse are such that this Board cannot subscribe to as satisfactory.

VISITS.

Mr. Joseph P. Byers, Commissioner of Charities and Corrections, has visited and inspected the various departments of the hospital on two occasions, and Mr. C. L. Stonaker, Secretary of the State Charities Aid and Prison Reform Association, has also visited the hospital.

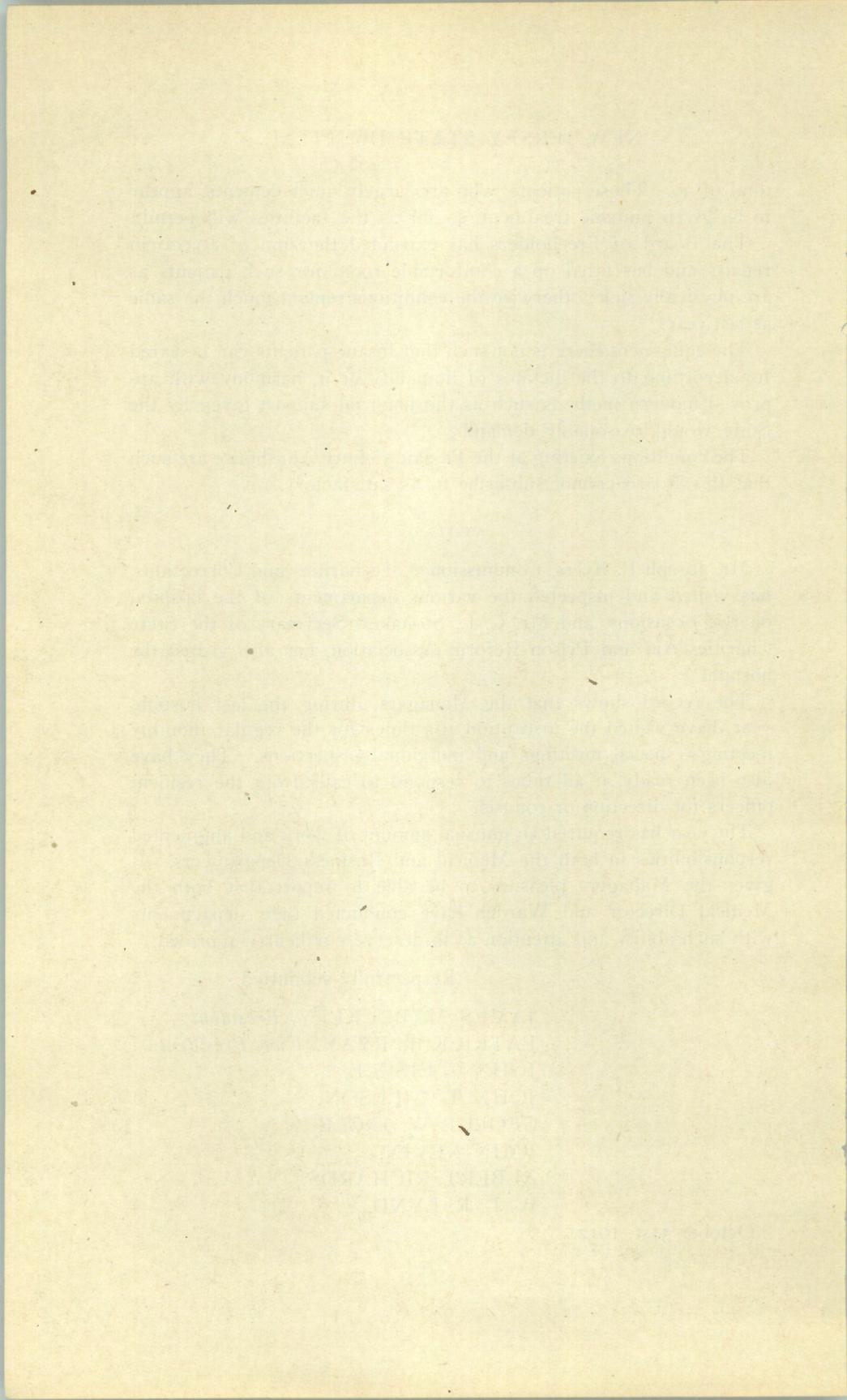
The record shows that the Managers, during the last hospital year, have visited the institution 165 times for the regular monthly meetings, special meetings and individual inspections. They have also been ready at all times to respond to calls from the resident officers for direction or counsel.

The year has required an unusual amount of work and augmented responsibilities in both the Medical and Business Departments. It gives the Managers pleasure to be able to report that both the Medical Director and Warden have conducted their departments with such ability and attention as to deserve our hearty approval.

Respectfully submitted,

JAMES M. BUCKLEY, *President*,
PATRICK J. RYAN, *Vice President*,
JOHN C. EISELE,
JOHN T. GILLSON,
GEORGE W. JAGLE,
JOHN NEVIN,
ALBERT RICHARDS,
W. L. R. LYND.

October 31st, 1912.



Treasurer's Report

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

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 1, 1911, to October 31, 1912, inclusive.

APPROPRIATION FOR FISCAL YEAR ENDING OCTOBER 31, 1912.

Bills rendered against the State and allowed:		
For county patients	\$138,526.57	
For State indigents	125,062.28	
For State convicts	15,539.28	
		\$279,128.13
Collections made by the Hospital Treasurer, paid to the N. J. State Treasurer:		
From sundry counties	\$141,709.37	
From private patients	96,459.29	
From sale of hides, tallow, etc.	7,893.14	
From fire insurance	886.80	
From sundries	408.21	
		247,356.81
		\$526,484.94
Funds received from State Treasurer, chargeable against this appropriation:		
For bills	\$339,971.90	
For employes' payrolls	186,510.10	
		\$526,482.00
Balance of appropriation in hands of State Treasurer unexpended October 31, 1912, which will lapse		\$2.94

RECEIPTS.

From State Treasurer for sundry charges against Hospital:		
For bills	\$339,971.90	
For employes' payrolls	186,510.10	
For officers' payrolls	18,716.67	
		\$545,198.67

NEW JERSEY STATE HOSPITAL.

Collections by Hospital Treasurer during October, 1912, payable to N. J. State Treasurer, November 1, 1912, part of appropriation for fiscal year beginning November 1, 1912:

From sundry counties	\$10,150.35	
From private patients	16,340.22	
From hides, fat, etc., sale of.....	1,077.24	
		27,567.81
		<u>\$572,766.48</u>

DISBURSEMENTS.

By bills paid	\$339,971.90	
By employes' payrolls paid	186,510.10	
By officers' payrolls paid	18,716.67	
		545,198.67
		<u>\$27,567.81</u>

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

Respectfully submitted,

H. P. LINDABURY,
Treasurer.

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.

JOHN C. EISELE,
GEORGE W. JAGLE,
JOHN NEVIN,
Auditing Committee.

Report of the Medical Director

To the Board of Managers:

GENTLEMEN—As required by the Laws of the State and in conformity with the by-laws of this institution, it is my duty to submit to you the annual report of the Medical Department of the New Jersey State Hospital at Morris Plains. This, the thirty-seventh annual report, covers the hospital year from November 1st, 1911, to October 31st, 1912, and contains, besides the usual statistical tables, references to the needs of the Medical Department with pertinent reasons why such are considered necessary together with an account of the more important new undertakings and many suggestions of what I consider advisable to improve the condition and comfort of those under care in this institution, and enable this hospital to continue in the vanguard of scientific and hygienic treatment of those mentally afflicted.

SYNOPSIS OF THE STATISTICAL TABLES.

In the following synopsis, various deductions are drawn from facts found in the statistical tables, the changes in population are referred to in a brief, concise way and many points brought out that might not be clearly presented in a cursory glancing at columns of statistical figures. There are two important propositions which exhibit themselves prominently in the statistics of this report; one is the overcrowded condition of the institution which continues to increase without substantial evidence of relief being promised; the other is the very low percentage of recoveries which is largely, if not entirely, due to the overcrowding which interferes with classification, treatment and all of the more important factors which enter into and play a basic role in the proper care of the insane and the management of a large public hospital. Both of these subjects will be given further elaboration in the body of this report. At the close of the hospital year, there were in the hospital 2,302 patients, 1,170 men and 1,132 women. This shows an increase of 92 during the year which is the same increase in population as in

the previous year. No added accommodations for this gain in the population of patients has in any way been made. There are nearly 650 more patients under care here now than the capacity of the buildings warrants. During the past year 1,423 men and 1,340 women, 2,772 in all, have been under treatment, while in the thirty-six years since the opening of the hospital 11,097 patients have been admitted and received treatment.

Five hundred and sixty-two patients were admitted during the year covered by this report, 292 men and 270 women. This is the largest number of admissions in any year since the hospital opened, the rise year by year being a gradual but steady one, and is a matter of public interest which demands attention from persons in position to give relief or aid in such a cause of public charity.

The manner of commitment and maintenance of those remaining in the house at the end of the year show that 1,966 are Indigent, 252 Pay or Private, 59 Convict and 20 Criminal. Six hundred and sixty-two are supported entirely by the State; this is 28.5 per cent. of the total patient population and is composed of 603 State Indigent and 59 Convicts. This is shown in detail in the "Table Showing the Manner of Support," while Table X shows that 296 admitted during the year are classified as County Indigent which means they are jointly supported by the State and the County in which they have a legal residence; 155 as Private or Pay patients who are maintained from their own estate or whose relatives, guardians or friends assume all responsibility for their support and who are not in any way a financial burden to the State, and 111 are State Indigent patients whose maintenance is chargeable entirely to the State Treasury. These include all the patients who have no legal residence in any County of the State and convicts who are considered as charges of the State. The number of voluntary admissions made possible under chapter 184, Laws of 1910, have fallen 50% during the past year and there were at the close of the year six persons, four men and two women, who were under treatment voluntarily.

The number admitted suffering from mental diseases which are not considered curable is 330 or nearly 60% of all the admissions, and includes 147 who suffer from various forms of dementia and 113, or 20% of all admitted for the year, have been diagnosed as having Insanity or Adolescence (Dementia Praecox), 48 who have Paranoia, and 21 various forms of Imbecility. A large number of

these persons are below middle age and because of the wholesome food they receive, the regular manner of their living, and careful supervision, remain in the institution for many years unless attacked by fatal intercurrent physical disease or in exceptional instances removed by friends to be cared for at home; the acute mental disorder having subsided.

The protracted residence of the incurable classes, principally the secondary insanities or dementias, largely accounts for the yearly increase in the hospital's population and in the same degree is responsible for the continual overcrowding.

Every student of the statistics of a State hospital for the insane learns that only about one-third of the patients admitted are ever restored to mental soundness; this being an incontrovertible fact it is not difficult to understand why the population of such institutions increases from year to year.

The remaining admissions represent principally those who show either maniacal or melancholic symptoms, or alternately both, and form the "Manic Depressive" group.

A little over 24% exhibited symptoms of exaltation and were maniacal, and 16% were depressed when admitted.

The number whose mental derangement was alleged to be fully or partially due to the excessive use of alcohol or drugs is 67, which is less actually and relatively than in many years. During the hospital year 67 patients who were said to have suicidal tendencies and 30 with homicidal tendencies were admitted. Such persons are always troublesome, require close observation at all times, and are always a source of worry and anxiety.

The number of patients where history of hereditary taint is denied, constitutes over 38% of the admissions; about 48% no reliable data could be obtained; this shows that field workers have still before them a great sphere for scientific inquiry. In only 20% was a history of the family taint of insanity admitted by those interested in the patients and from whom such information should be obtained.

Of those admitted suffering from physical diseases as well as mental trouble, 57 had arterio sclerosis, 24 had endocarditis, and 13 had nephritis.

During the month of May, 67 patients were admitted, which is nearly 12% of all the admissions throughout the year and a greater number than was admitted in any month during the year. In De-

ember only 28 were admitted, less than 5% of the total admissions for the year.

The records of this institution show that the great majority of the persons received in the institution are received during the Spring and Summer months. This would suggest that a study of exciting causes prevailing in these seasons might be fruitfully considered and analyzed.

In 204 men and 165 women—369 in all—the attack for which they were admitted for treatment was said to be the first. Over one-half of those admitted were in the prime of life when attacked with mental disease, 285 being between the ages of 20 and 45, and 98, nearly 17.5% were less than 25 years old, while 73, or 13%, were between 20 and 25 years of age; and 8, according to information given at the time of admission, were over 80 years of age before they became afflicted.

Of those admitted, 166 were born in New Jersey, 164 in other States, and 229 were of foreign birth, showing that about 41% of the patients admitted are of foreign birth; this being about the same proportion shown by statistics for many years.

The occupation of those admitted, would, apparently, seem to have little to do with the form of the mental disease. The men had 94 various forms of employment; the largest group, 53, were classified as laborers; farmers, 16; salesmen, 14; clerks, 12. Among the 270 women, 137 were housewives; 44 did housework; 16 were domestics, a total of 197, or 73% of all the women admitted were engaged in household duties. Of the other women 41 were occupied in 21 forms of employment and 31 were unemployed.

Ninety patients recovered their mental health; this is, proportionately, an unusually small number and is only 19.5% of the number admitted during the year.

There were 164 discharged much improved mentally—48 more so discharged than last year; and the lower percentage of cures may be partially accounted for because of increased conservatism as to what really constitutes perfect mental stability.

There is no doubt that the overcrowded condition of the hospital, with the lack of facility to separate properly those requiring care has lessened the chances of recovery in numerous cases and this alone makes it necessary for the State to provide for the increasing number of its insane.

In this statistical review, the value of early institutional care and

treatment is again shown to be important. 76.5% of the 90 patients discharged as recovered were admitted here less than a year after the onset of their psychoses and over 71% of the recoveries were from mental diseases characterized by exaltation and about 50% of them were traceable to toxic causes.

The percentage of deaths of the number under treatment is 7.17%, which is a slightly higher percentage than last year, but the rise may easily be charged to the increased overcrowding, and if we should be so unfortunate as to have an epidemic of any kind break out, the death rate would under present conditions be very high. More than 54% of those who died suffered from some form of dementia. Among the so called physical ailments recorded as the cause of death, the principal ones were diseases of the cardio-arterio-renal system, which system is found to be most diseased in patients admitted. Pulmonary diseases were also frequently lethal. A few deaths resulted from cerebral hemorrhage, the exhaustion due to excitement and inanition.

OVERCROWDING.

The hospital population shows the usual annual increase. It was at the close of the hospital year 2,302, over 700 in excess of its normal capacity. Although this continued overcrowding has been given prominent mention in numerous annual reports and especially emphasized in the last, the attention paid to it has resulted in no relief nor has any evidence or promise of relief exhibited itself. As has been previously officially stated, the excess of patients over the required space renders impossible proper classification or segregation of patients and is a serious menace to their health. In many rooms so many patients must be placed that it does not allow any of them to have a proper amount of fresh air either day or night. The outbreak of any severe epidemic would be attended by disastrous consequences for the reason that those ill would be so closely in contact with the infected that a general spread of the infection would be unavoidable.

The overcrowding of this hospital is now little short of a calamity. I have faithfully made record in my annual reports relative to it and endeavored to place before the legislature the dangers, per-

plexities and inconveniences which arise out of crowding several hundred into an institution already filled to its reasonable limit. The appeals made have not been responded to. The population of the hospital continues to increase from year to year, while the capacity of the institution remains the same. The responsibility of doing something for, or to remedy these public needs, which are so plainly exhibited to anyone who may feel sufficient interest to inquire into them, must rest somewhere. No State can ignore or put aside its responsibilities in the care of its insane. A record for past liberality will not house, care for and maintain the increasing numbers of insane people now without adequate provision. In many parts of this hospital the patients are herded together, hygienic conditions are sacrificed, classification is made impossible and scientific treatment is either seriously hampered or nullified by this excess population. This is a serious matter and the legislature should take cognizance of it at once. An examination of the records of this hospital shows a gain in the number of patients of about 100 each year. The institution can properly care for about 1,600 patients. It already has in it more than 2,300 patients. This continued overcrowding not only works an injustice to persons already admitted for care and treatment but it is almost inhumane to those who are being admitted from day to day, in that the conditions are such as not to offer them a reasonable opportunity in the matter of treatment and such probabilities of cure as a first class institution for the insane should provide. It would seem that the least the legislature should do in this matter is to appoint a commission to make immediate inquiry and report what is the necessary remedy to relieve this serious situation.

I am of the opinion that the only satisfactory solution of this important proposition, which now so forcefully confronts the State, is to be found in the construction of a new institution in the southern part of the State, and that a location should be selected where the soil is highly productive and not only calculated to provide employment for all such patients as are able to work, but it should be a soil of such character as will give bountiful returns when properly cultivated and thus reduce to the minimum the cost of maintenance, as well as offer a field for helpful employment which will operate as a potent therapeutic agent in restoring the sick to vigorous health.

THE CURABILITY OF THE INSANE.

That a goodly percentage of persons afflicted with mental derangement is restored to mental balance and the restoration or recovery remains permanent is proven by most reliable statistics. In the face of these statistics the medical officers of this institution are asked: Does any one fully recover from insanity? What percentage of recoveries do you have? Do not persons who have been insane usually have subsequent attacks of mental derangement? In other words, are there any actual or permanent recoveries?

There is no doubt that many persons who might, by proper treatment and suitable environment, be restored to mental health, under adverse conditions and unsatisfactory environment become permanently insane.

A hospital for the insane, properly equipped and not overcrowded, offers the greatest probability of permanent cures of mental maladies and it is of intense interest to the State that intelligent recognition be made of the fact that every patient discharged means a reduction of the State's financial burden and every one discharged as recovered reflects credit upon those in charge. It is unfortunate that the general public does not fully realize that a liberal providing for these unfortunates is an act of strict economy and that a failure to so provide that those committed to hospitals for the insane for treatment may be returned to society as breadwinners operates to make a larger permanent population of such dependants in our State institutions and proportionately increases the State's financial burden. Of the 100 patients that have been residents here the longest, 24 were admitted in 1876 and had already been under care and treatment in the State hospital at Trenton, and the average period of residence in this hospital of this 100 patients is a trifle more than 32 years.

The outlay involved during this time to give these unfortunates medical attention, board, comfortable quarters, clothing and beds, and the amount needed for heating, lighting, laundry and other facilities, not to mention the cost of nursing and other attention necessary to care for many of them who are unable to do anything for themselves, is considerable.

To give insane persons the best opportunity for improvement and eventual recovery, they should be placed where they are freed from exciting and annoying conditions. This cannot be done in

an institution as crowded as this is at present. The hospital authorities have not the right to refuse admission to anyone where the papers that accompany the patient are made out according to law, and such patients must be received. It can be seen, without lengthy explanation, that if twenty-three hundred persons are placed in a space intended for sixteen hundred, that proper separation, classification or segregation cannot be effected. The resident officers, upon whom the burden rests, are fully aware that their work is handicapped; that the State's wards are not given the environment they should have to bring about their return to mental poise; that the effort of the State to economize ultimately results in a much greater expenditure, since the curable patients are necessarily detained a longer period of time at State expense, than would be the case were proper facilities provided for their care.

But those in closest relation with the responsibility, realize the conditions but are not able to prevent or remedy them. For many years these reports have recommended an increase in the accommodations for the care of the insane.

Briefly the arguments are: (1) The greater the number of patients who are cured, the less total expense to the State, due to shorter hospital residence. The return to work of a probable bread-earner makes the families, if such exist, less liable to become public charges. (2) There is more likelihood of recovery if the patients can be properly cared for, especially in the early stage of their disease. (3) Everything that tends toward recovery should be attempted even at a large initial expense.

If the percentage of those who recover continues to drop each year, because of overcrowded and unhygienic conditions, a rapid decrease in recoveries will result and our records must show a corresponding increase in chronic patients who become a permanent expense upon the State.

DEPORTATION AND TRANSFER OF INSANE PERSONS.

After a studious consideration of the problem of deportation and realizing the gross injustice to the taxpayers of New Jersey in the care and maintenance of insane aliens, I have become convinced of the wisdom and economy of working in close harmony with the Federal Department of Immigration so as to relieve the State of the cost and care of all deportable insane persons.

Through the courteous assistance of Dr. George B. Campbell, the Chief Examiner of the Bureau of Deportation of the State of New York, one of my Assistants acquired the working details of the New York system and the first fruits of this course indicate that the interests of this State are being advanced.

During the year sixteen patients were deported under the provisions of the federal laws and two have been returned to Europe in custody of their friends.

The estimated average duration of life of a patient in an institution of this kind is twenty years. The estimated cost of maintaining a patient during the average duration of life is from \$5,000 to \$8,000. On this basis it will be seen that the deportations for the year mean an aggregate saving to the State of from \$100,000 to \$150,000.

From the U. S. Census taken on April 15th, 1910, it is seen that in New Jersey, 42.4% of the entire number of foreign-born white people have arrived during the past ten years. The figures published show that there were 658,188 foreign-born whites in the State, of whom 379,144 were here before January 1st, 1901, while 279,044 had landed between that time and April 15th, 1910. The total population of New Jersey was 2,537,167, so that more than a quarter are foreign-born whites and over a tenth of this total have arrived since 1901. Most of these foreigners settle in the larger cities and along the seaports and these are principally in this hospital district. With these figures before you, is it to be wondered that our insane foreigners are increasing in number?

I would suggest that an appropriation be asked for to carry on this work of deportation more extensively, this money to be used to better gather histories which would show that the insanity was due to conditions existing prior to landing and the exact date of landing.

Money so expended by the State would be wisely expended;—our sister States are in advance of us in these matters.

The transfer of insane persons from this State to the State of their legal residence is a matter of more than ordinary importance.

The Federal Government deals with deportation in a more or less definite manner. If there could in some way be brought about interstate regulations or agreements bearing upon the return and reception of insane patients to the place of their legal residence, every State would then bear its own burden of caring for its insane dependents. New Jersey lying close to the great city of New York

suffers materially from having to support a large number of insane persons drifting into the State who have no real residence here. New York invites us to pass a law enabling co-operation and just reciprocation in these matters.

Under the laws of this State an insane person whose residence cannot be determined definitely to be in any one county of the State, is maintained wholly at the expense of the State. This manner of dealing with so important a proposition entails an enormous drain upon the State treasury and in my opinion calls for some order of remedial legislation.

This State has been quiescent in this matter about which other States have shown much concern.

A law providing for the appointment of a proper officer to make careful inquiry into matters of this sort would result in a great saving to the State.

IDIOTS.

Miss Dorothea L. Dix, in her memorial to the legislature of New Jersey in the year 1845, cited from statistics gathered several years before by a commission of physicians appointed by Governor William Pennington, that there were 196 idiots in the State of New Jersey.

It reflects nothing favorable on the name and reputation of the State that from that time to this, more than 73 years, no provision has been made for the proper care of these most pitiable objects of compassion; these persons who are absolutely unable to care for themselves and who suffer from misfortunes for which they are in no way to blame and which they are unable to avoid.

Where are these people cared for? The law specifically and wisely states that they are not eligible to the State Hospitals for the insane; what is left except almshouses which are not properly equipped for this class of unfortunates?

It appears only right that this should be called to your attention as a worthy subject for consideration and one that demands urgent remedy. No other group of persons need so much care as these poor creatures who are often unable to do the most simple acts for themselves, having less mental ability than the feeble-minded and who have often to be dressed, undressed, fed and kept clean. They are clearly dependents whom the State should care for in the proper way.

LUNACY LAWS OF THE STATE.

A judicial criticism has been made of the statutes regulating the commitment of insane persons of this State to its institutions for the care of the mentally unsound.

The provision of the statutes especially attacked is the fifteen-day clause; that part of the law which permits a person alleged to be insane to be placed in custody upon the statutory authority of a written request of a relative, guardian or near friend, supported by the certificates of two physicians properly qualified under the law to make such certificates. These certificates cannot be made by *any* physician, as the criticism cites. No physician not of five years' practice and in good standing and a resident of the State, can make such certificates; he cannot be related to the alleged insane person by blood, marriage or guardianship. He can in no manner have any financial or official interest in the institution to which the patient is to be sent; further, he does not simply sign his certificate—he must sign it and make oath to its correctness, and further must embody and set forth in detail the basis upon which such certificate has been made. It must contain the symptoms or evidences of insanity observed by him at his examination of the patient, which examination must be within six days of the time the patient is taken to the institution, and it must contain the cardinal matters relating to family history, as well as pertinent information received from relatives and friends. Two certificates of this sort sworn to by legally qualified physicians provides the basis from a medical standpoint, upon which a patient is received.

If it is to be assumed that physicians are not able to determine the loss of mental balance or that a sheriff's jury is better and more reliable, there is no further room for discussion of the matter. Again, if the physician in good standing, legally qualified and under oath, is not as reliable an authority as the members of the ordinary sheriff's jury, it may be that the power accorded them is a menace to the constitutional rights which relate to the liberty of the citizen. Admit that the Court knows more about mental alienation than anyone else, the present law leaves the matter of the detention of the patient to be determined by the Court, and pending this it provides only for the temporary care of the mentally deranged.

This entire proposition resolves itself into this: That if persons who in the judgment of physicians, relatives, guardians or friends

may not be restrained in a hospital pending judicial action, then there must be some other place of detention provided for them; the laws of humanity demand this and police regulation would compel, in behalf of public safety, that such provision be made. Expediency in caring for, restraining and treating of insane persons is as important as the promptness of placing dangerously ill or seriously injured persons in institutions properly equipped for their treatment; and further it is as fully important, from a sociological standpoint, as the quick apprehension and detention of the criminal who must after such detention await judicial action.

In a number of the States there are maintained what are known as psychopathic hospital detention wards and observation hospitals; persons alleged to be insane are sent to these hospitals for observation, care, treatment and that order of restraint which will protect them and promote the safety of the public. This State has not established a system of such observation hospitals nor has it appropriated any money for the establishment or maintenance of such institutions. While I indorse fully psychopathic detention hospitals or psychopathic observation wards in connection with the various general hospitals throughout the State, it is clear that while such a provision would work much good, it would necessarily entail a large expense. The detention of persons in such wards or hospitals might be looked upon as no evasion of their constitutional rights, but since the State provides nothing of this sort and since mental disorders present conditions and propositions which must be promptly and effectively acted upon there is nothing left except to place such diseased persons in the police stations or county jails or leave them to suffer awaiting judicial action.

There are many substantial reasons for the detention of the insane person before a Court order is given. His temporary detention for fifteen days is upon legally defined medical findings which may by statute be exercised in the same manner as the action of a policeman or constable in carrying out police regulations for the welfare and protection of society. What is the substantial legal difference between putting a man in a County jail or police station to await Court action and that of putting him in a hospital to await judicial consideration and a Court order? Which is better equipped to determine the presence of a mental malady, properly qualified physicians or a judge of the Court? And since one places upon the person the stigma of crime and the other only the charge of sick-

ness or disease and since both receive final sanction from the same source, it would seem that the criticism is somewhat technical.

The reasons for **detention temporarily of the insane person** has been widely and thoroughly threshed out by eminent physicians and jurists of the highest reputation and professional ability, and our law is the outcome of their conclusions as to the best manner of protecting the health, comfort and welfare of the afflicted person and the safety of the public.

It is now in order to set forth some of the important reasons why it was deemed wise to place persons exhibiting evidences of mental disorder under restraint to await judicial action when medical authority recognized by Statute declare under oath they are persons unfit and unsafe to be at large because of mental disease; but to make a proposition of this sort clear, it is necessary to take up many phases which are too easily overlooked and which at the same time are of vital importance.

For the purpose of this discussion and in order to set forth these important reasons which seem to me to be valid and entitled to respect, permit me to assume a number of every day occurrences, incidents, conditions and complications such as arise out of persons becoming mentally deranged and which would seem to call for prompt action such as is provided for under our present law governing the commitment of persons to institutions for the insane in New Jersey:

(1) A man becomes delusional and excited, attacks his neighbors, members of his family, and shows great mental confusion and homicidal tendencies; his family knows it is the result of a toxic condition following typhoid or some other acute bodily disease; his family cannot control him, but he needs skillful medical attention. He is dangerous, but it is because of disease. What shall be done with him—put him in the police station, or the county jail or a hospital for the insane? Think it over and determine which is most in accord with science, humanitarian principles and the welfare of the man so affected.

(2) A woman, following childbirth, becomes delirious, delusional and maniacal. Her condition is clearly one for skillful medical attention—a few hours delay under such conditions may cost her life—her family cannot control, manage or care for her. What shall be done—serve a 10 days' notice on her and give her a jury trial? God knows that might meet some technical demands of a constitutional character, but it would neither be merciful nor scientific. No one could better give testimony in such cases than an undertaker, and the Courts would not know of the constitutional funeral. Think of a police station or a jail for a case of puerperal insanity! Law should be, and from a basic standpoint is, pure common sense. Think of delay under such conditions and ask yourself and the friends and relatives of the victim the verdict.

(3) A person is in the early stages of paresis; he is more or less coherent, but has expansive ideas; talks of extravagant schemes, is irritable and ugly in his manners to his family; will not tolerate advice; begins entering into contracts calculated to squander his estate and leave his family paupers. His family physician recognizes his condition as being one of serious mental disorder and incurable. What is the logical process? Start up a Court procedure and give the paretic opportunity to expend in litigation what his family needs or place him in a hospital subject to Court inquiry? People who know these cases and have seen or had them come home to them can answer this.

(4) A paranoiac with well defined delusions of persecution contends that members of his family are trying to rob him of his social position and his property. He threatens revenge and prepares himself with weapons. His family realize their danger and at the same time know from a family history and the train of symptoms he has exhibited that his conduct is the result of disease and that he needs treatment which he will not submit to and is not possible at home. The family physician and other well qualified physicians recognize the mental condition. What shall be done to protect all concerned? Shall such a dangerous person be served with a notice that proceedings will 10 days later be instituted to declare him insane and so give him opportunity to murder the whole family or those members upon whom his delusions are especially focused? Is the jail the place for him pending a Court decision as to the justice of his being placed in an institution of safety? Shall his family suffer all that is imposed by criminal charges, when they know he is sick and the things he does and threatens to do are but the outcome of disease and not such as should visit upon them all that is entailed by arrest and detention in a jail or penitentiary? Would it seem that our fathers of the constitution contemplated anything of the kind?

(5) A woman suddenly exhibits a desire to commit suicide and attempts it. Her family calls in one or two physicians and after careful investigation into all the symptoms of the patient and a careful inquiry into her mental state, as well as the facilities for protecting her life at home, it is found she must be placed where she may be restrained of her liberty, carefully watched and professionally treated. Should she be sent to a jail, or served with notice that proceedings will be instituted to have her declared insane and a fit subject for some hospital? The fact is that it is extremely difficult to prevent such persons suiciding even in well equipped hospitals. Why should hospital treatment be delayed in such cases? There may be judicial reasons, but it puzzles a medical man of experience to understand them. Delay of placing such persons as above described under institutional treatment furnishes daily newspapers many columns of what to some readers is looked upon as interesting though sensational. That sort of law which easily permits these acts may be constitutional, but it has its sad phases which by analysis hardly appeals to those who have already or may hereafter drink of such a bitter cup of experience, such as no law should provide.

Every substantial feature of the present commitment law was submitted to Judge G. D. W. Vroom, who was at the time of the passage of the act, president of the board of managers of the State hospitals of New Jersey. The bill which was enacted into a law was carefully drawn by the present Chancellor, Edwin Robert Walker. All of this was done after a review of the laws governing the commitment and detention and treatment of the insane in the various States of this country.

TYPHOID FEVER AND WATER SUPPLY.

Two cases of true typhoid and one of paratyphoid developed in the institution during the year. One patient who had been continuously in the hospital for a period of four years contracted the fever and died after an illness of one week. This is fairly conclusive evidence that a focus of infection is on or about the hospital premises.

Vigorous investigation was immediately instituted and is still being prosecuted by the resident hospital officers and the State Board of Health, but has not resulted in determining the definite source of infection.

Thorough examinations were made of all the hospital employees who come in contact with the food stuffs used in the institution, as well as those having to do with the kitchens or cooking departments, but no typhoid carrier was discovered among them.

As a safeguard against a possible epidemic, all patients in the institution under forty years of age were given the serum treatment. The typhoid vaccine treatment was explained to all the nurses and attendants and administered to all who consented to it. Over seven hundred persons were treated with no serious complications resulting.

It has been definitely determined that the hospital water supply is contaminated. This conclusion is the result of repeated examinations of the water supply conducted in the hospital laboratory, by the State Board of Health and by the local Board of Health of the City of Newark. The persistent presence of colon bacilli positively indicates contamination.

Several houses on the property of the hospital have been removed from the watershed, but the contamination of the water supply has not abated. There are several other privately owned properties on the watershed which may be a menace to the water supply. On these properties domestic fowls and cattle are kept and the cess-pools often overflow after heavy rains.

I would recommend that prompt provision be made for the early installation of a hypochlorite of lime plant for the sterilization or purification of all hospital water supply.

At the present time the water used strictly for drinking purposes is obtained from a spring located upon the mountain in the rear of the hospital, samples of which have been carefully examined and have been found to be absolutely pure. This supply is limited and it

entails a large expense to cart it from the mountain and deliver it throughout the institution.

SCREENS.

Every window in the various hospital buildings has been screened. The beneficial effect of this procedure has been even greater than we anticipated. The number of cases of Summer diarrhea has greatly diminished. Bedridden patients were not annoyed by flies buzzing around the beds and the food in the dining room was not contaminated.

On the disturbed wards the screens serve a two-fold purpose; not only do they prevent fly infection but also keep the excited and disturbed patients from throwing scraps of paper, clothing, food, etc., out of the windows and consequently the appearance of the hospital surroundings has been materially improved.

This expenditure has proven to be a most wise one.

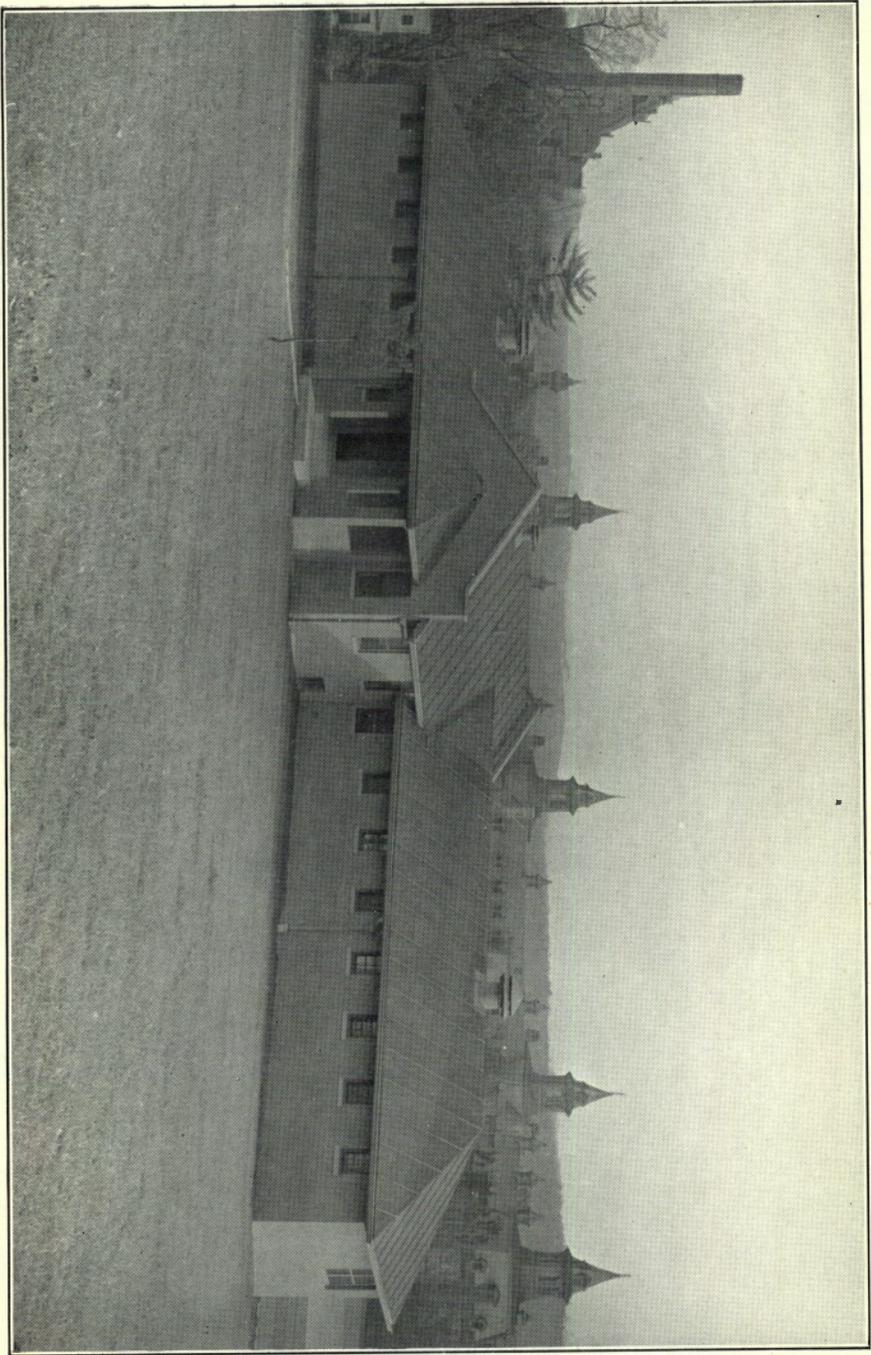
TUBERCULOSIS PAVILION.

The amount appropriated at the last session of the legislature for furnishing the tuberculosis pavilion has been used for this purpose and the building is now fully equipped and occupied.

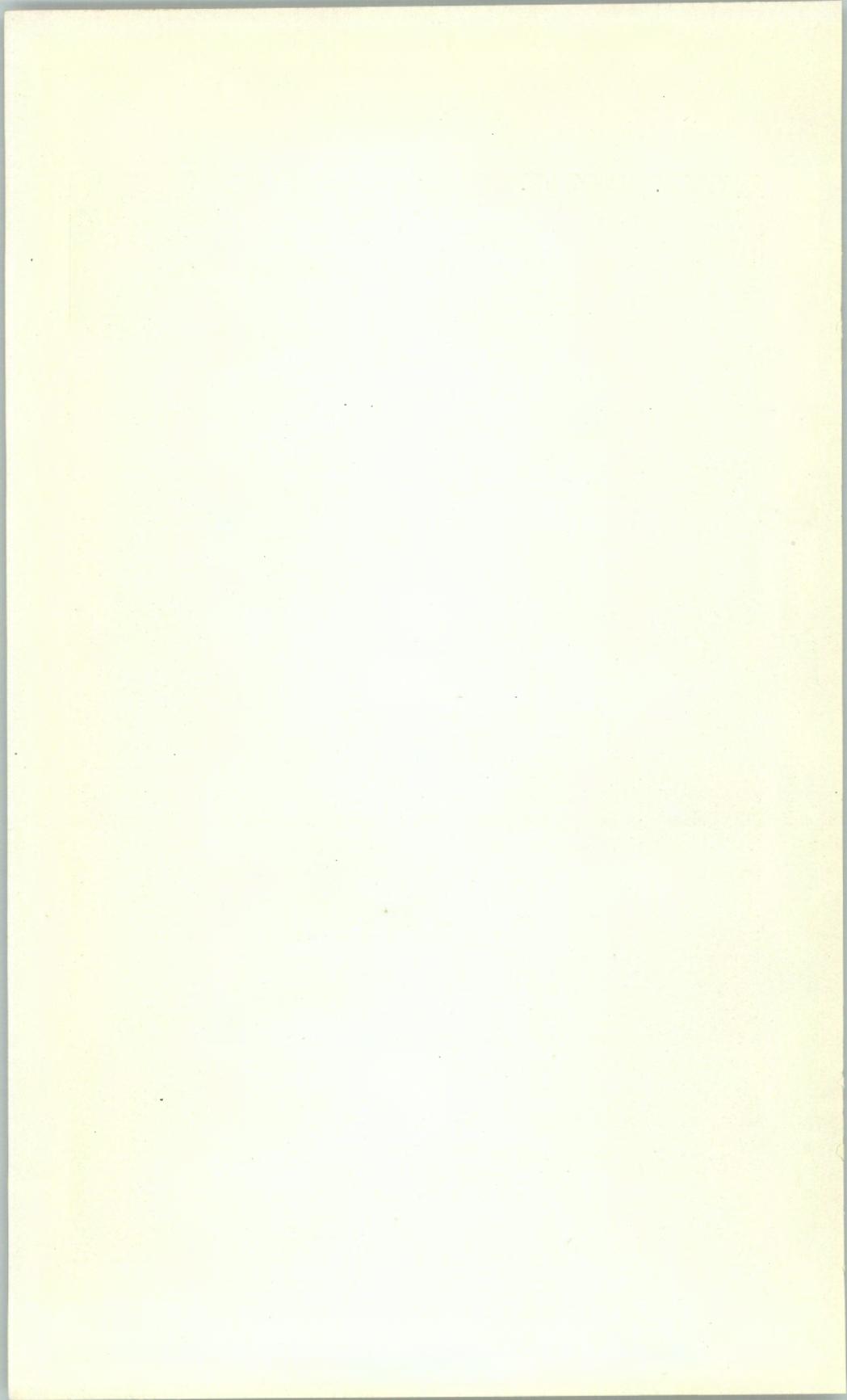
While this building will only hold a small portion of the patients who suffer from tuberculosis, it is undoubtedly a step in the direction of proper care of such persons, the protection of others and along the line of education in hygienic and scientific methods. The modern idea is that tuberculosis can be cured if treated early. Facts bear out this contention and the treatment consists in correct diet, proper surroundings and attention to personal hygiene. This is best done in a hospital where personal attention can be given and, at the same time, those having the disease can be rendered harmless to others by the excretions—sputum especially being properly cared for.

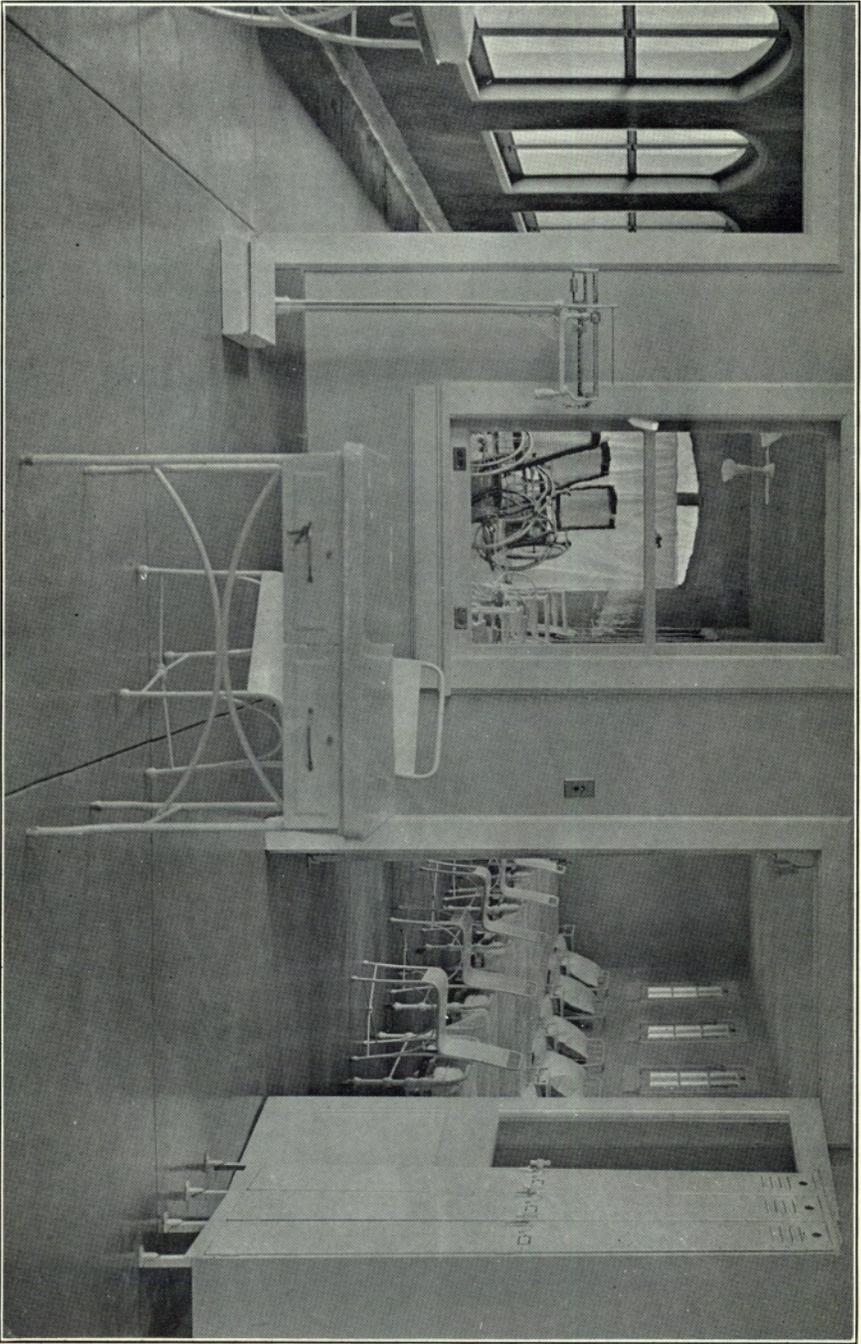
After a careful search of the literature on the subject, I find no instance of the infection of physicians, nurses or other employees in a modern hospital for tuberculosis.

The sputum must be disinfected before it becomes dry, as the bacilli are not destroyed by drying and can be carried through the air with dust, with a possibility of infection by those inhaling

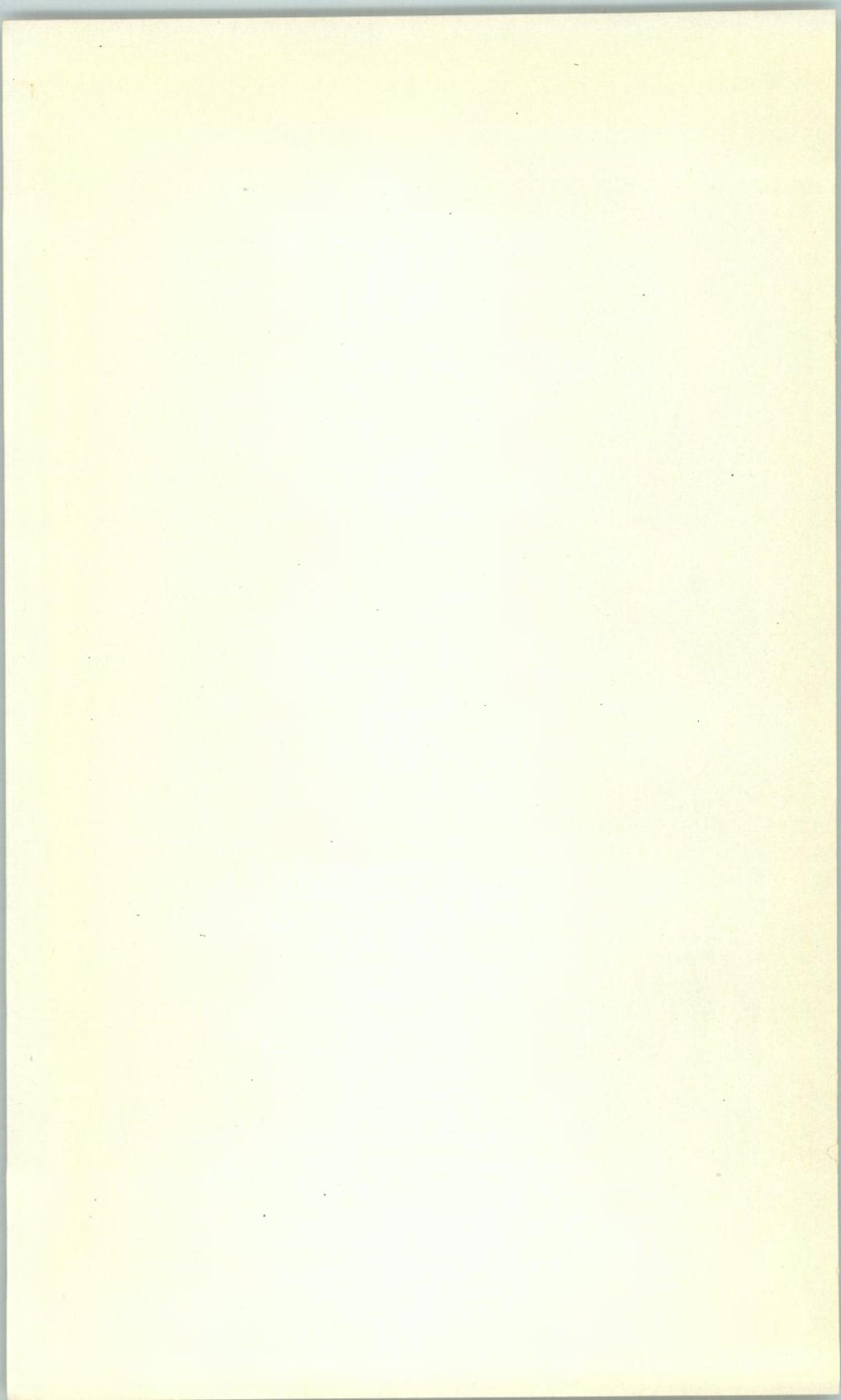


EXTERIOR OF TUBERCULOSIS PAVILION





INTERIOR OF TUBERCULOSIS PAVILION



them, especially if such persons are in poor physical condition as might result from illness, overwork, etc.

OPERATING ROOM NEEDED FOR MEN'S DEPARTMENT.

This institution, with patients, nurses and employes, is a community with a population of about three thousand.

Such a community, whether composed of a hospital population or not, will of necessity from time to time present emergencies and conditions which call for prompt surgical attention.

In this day the fundamental principles of modern surgery are becoming so well known and appreciated that no large hospital can well afford to be without properly equipped operating rooms.

Among the numerous surgical procedures were several abdominal sections, a number of operations for strangulated hernia, a few fractures and subluxations and minor surgical emergencies in the frequency common to a large institution of this sort.

In the department for women we have an improvised operating room fairly equipped. In the men's department we have no provision for taking care of surgical cases.

To take a man to the women's department for a surgical operation means great inconvenience but in addition to this it unavoidably causes a harmful agitation and excitement among the women patients.

An operating room for the men's department is much needed and I advise that the legislature be asked for an appropriation for such room and equipment.

PATHOLOGICAL REPORT.

The work of the pathological department, submitted by Dr. L. K. Henschel, is herewith presented to you. This does not by any means embody the entire work of this department, but will serve to show that the pathological research of this institution has not been dormant.

ABRIDGED PATHOLOGICAL REPORT.

Examination of—			
<i>Urine:</i>	Chemical and microscopical	648	
	For tubercle bacillus	5	
	For typhoid bacillus	17	
	For paratyphoid bacillus	1	
		<hr/>	671
<i>Blood:</i>	Complete cystology of	78	
	Gruber-Widal serum test	44	
	For malaria	7	
		<hr/>	129
<i>Feces:</i>	For typhoid bacillus	13	
	For paratyphoid bacillus	1	
	For tubercle bacillus	1	
		<hr/>	15
<i>Tissues</i> (special histological)			223
<i>Samples of water</i> (bacteriological)		341	
<i>Samples of milk</i> (bacteriological)		3	
		<hr/>	344
Total			<hr/> 1,382

Twenty-three (23) autopsies were performed at the laboratory during the past hospital year. The following table shows the form of mental diseases in each case:

Adolescent insanity	3
Dementia epileptic	1
Dementia organic	1
Dementia parietic	1
Dementia senile	1
Dementia terminal	6
Melancholia acute	1
Melancholia chronic	3
Mania acute	1
Mania chronic	3
Imbecility with Mania	1
Epilepsy with Mania	1

Of those twelve (12) were male and eleven (11) were female; four were colored and nineteen were white. The average age at death was fifty-one (51) years, extremes of age being eighty-four (84) and twenty-one (21) years. The average duration of mental diseases was eleven and fifty-seven hundredths (11.57) years, the extremes being thirty-six (36) years and twenty-three (23) days.

*Table No. 1 gives the mental diseases and anatomical diagnoses of the twenty-three autopsies.

TABLE I.

No.	Sex	Age	Mental Disease	Duration	Anatomical Diagnosis.
425	F.	43	Epilepsy with mania	6 years	Pulmonary tuberculosis; hydrothorax; hydrocardium; tubercular omentum; atrophic cirrhosis of liver; caronic parenchymatous nephritis; fibroids of uterus; ovarian cysts.
426	F.	35	Acute melancholia.	8 months	Pulmonary tuberculosis; pyothorax; ovarian cyst; chronic interstitial nephritis; amyloid infiltration of kidneys and spleen.
427	F.	42	Acute mania	4 months	Fatty degeneration of liver; congestion of spleen; interstitial nephritis; ascites.
428	M.	68	Dementia terminal	13 years	Chronic splenitis; chronic interstitial nephritis; chronic pancreatitis; fatty infiltration of liver and pancreas; arteriosclerosis; verrucose endocarditis; purulent peritonitis.
429	M.	55	Dementia terminal	25 years	Chronic pachymeningitis; lobar pneumonia; chronic endocarditis; chronic splenitis; cirrhosis of liver; cystic kidney; arterio-sclerosis.
430	F.	42	Paretic Dementia	7 months	Granular ependyma; chronic splenitis; hypostatic pneumonia; chronic interstitial nephritis; chronic endocarditis.
431	M.	75	Mania chronic	35 years	Arterio sclerosis; lobar pneumonia; pyothorax; verrucose endocarditis; cirrhosis of liver; chronic interstitial nephritis.
432	F.	49	Melancholia chronic	11 years	Carcinoma of uterus with metastasis in spleen; pulmonary tuberculosis; hydronephrosis; gangrene of feet.
433	M.	43	Dementia terminal	3 years	Chronic splenitis; pulmonary tuberculosis; cirrhosis of liver.
434	M.	49	Imbecility with mania	29 years	Pulmonary tuberculosis; cirrhosis of liver; chronic splenitis; chronic myocarditis; chronic interstitial nephritis; hydrocardium; hypostatic pneumonia.

TABLE I.—Continued.

No.	Sex	Age	Mental Disease	Duration	Anatomical Diagnosis.
435	M.	32	Adolescent Insanity	8 years	Cerebral hemorrhage; lobular pneumonia; cirrhosis of liver; chronic interstitial nephritis; chronic endocarditis.
436	M.	64	Dementia senile	23 years	Cortical hemorrhage; arterio sclerosis; myocarditis; cirrhosis of liver; chronic interstitial nephritis; hypostatic pneumonia; pulmonary tuberculosis.
437	F.	56	Dementia terminal	8 years	Amyloid infiltration of kidney and liver; hydrothorax; pulmonary tuberculosis; epicarditis; chronic splenitis; cirrhosis of liver.
438	F.	44	Dementia terminal	15 years	Lobar pneumonia; pulmonary tuberculosis; verrucose endocarditis; fibroma of uterus; chronic cholecystitis; chronic interstitial nephritis.
439	M.	68	Dementia terminal	28 years	Pulmonary tuberculosis; arterio sclerosis; cirrhosis of liver; chronic endocarditis; cystic kidney.
440	M.	21	Epileptic dementia	2 months	Basilar meningitis; arterio sclerosis; cardiac hypertrophy; foreign body (cambric needle) in brain.
441	F.	37	Mania chronic	6 years	Pulmonary tuberculosis; chronic endocarditis; chronic interstitial nephritis; chronic cirrhosis of liver.
442	M.	64	Melancholia chronic	8 years	Pulmonary tuberculosis; pleurisy with effusion; chronic endocarditis; arterio sclerosis; cirrhosis of liver; chronic splenitis.
443	M.	48	Mania chronic	10 years	Lobar pneumonia; chronic interstitial nephritis; verrucose endocarditis; circumscribed necrosis of brain.
444	F.	39	Adolescent insanity	6 months	Tuberculosis of pons varolii; pulmonary tuberculosis; acute glomeruli nephritis; hypostatic pneumonia.

TABLE I.—Continued.

No.	Sex	Age	Mental Disease	Duration	Anatomical Diagnosis.
445	M.	62	Melancholia chronic	8 years	Pulmonary tuberculosis; pleurisy with effusion; hypostatic pneumonia; chronic endocarditis; arterio sclerosis; chronic hepatitis; chronic splenitis; parenchymatous degeneration of kidneys; necrosis of sphenoid bone; pachymeningitis.
446	F.	71	Dementia Organic	36 years	Pulmonary tuberculosis; chronic fibrous pleurisy; hypostatic pneumonia; chronic endocarditis; arterio sclerosis; chronic nephritis; chronic splenitis; leptomeningitis; degeneration of white matter of brain.
447	F.	42	Adolescent insanity	17 years	Hypostatic pneumonia; chronic endocarditis; chronic myocarditis; healed tuberculosis of lungs; cerebral hemorrhage; arterio sclerosis of vessels of base of brain.

Table No. II gives the gross lesions of organs and brain, and is arranged to show the various pathological conditions found in the different forms of mental derangement.

TABLE II.

No.	Gross Lesions of organs	Membranes	Gross Appearance of Brain
	EPILEPSY		
425	Heart.—Pericardium contained 30 cc. clear fluid; left ventricle hypertrophied. Lungs.—Bound down by firm adhesions and studded with tubercles. Liver.—Consistence increased; edges sharp; cuts with audacity. Kidneys.—(Left) Markings obliterated; cortex thin. (Right) normal. Ovaries.—(Right) contains large cyst.	Not examined	Not examined.
440	Heart.—Left auricle dilated and filled with blood. Lungs.—Normal. Liver.—Somewhat congested. Spleen.—Congested. Kidneys.—(Right) contained two small cysts. (Left) normal.	Dura.—Normal thickness and non-adherent, except at margin of perforation in parietal bone. Quantity of sero-purulent beneath exudate dura and covering base of brain, pons and medulla. Pia and Arachnoid.—Opaque at base of brain; contained small sinus over parietal lobe.	Left parietal lobe presented sinus 3 cm. deep and 1 cm. across, extending downward and inward to hypocalcal convolution. Standing upright in sinus was a sewing-needle, 4.8 cm. in length. Tissue surrounding sinus necrotic. Sinus contained a quantity of sero-purulent exudate. Choroid plexus normal.

TABLE II.—Continued.

No.	Gross lesions of organs	Membranes	Anatomical Diagnosis.
426	<p style="text-align: center;">ACUTE MELANCHOLIA</p> <p>Heart.—Negative.</p> <p>Lungs.—Studded with tubercle nodules; left contained many small cavities.</p> <p>Liver.—Consistence increased; very friable.</p> <p>Kidneys.—Capsules strip easily; congested.</p> <p>Uterus.—Many small fibromata present.</p>	Pia.— Opaque.	Cortex thin.
432	<p style="text-align: center;">CHRONIC MELANCHOLIA</p> <p>Heart.—Pericardial sac contained 50 cc. fluid; very large vegetations on aortic valve.</p> <p>Lungs.—Anthracotic, bound down by firm adhesions.</p> <p>Liver.—Atrophic; consistence increased; mottled throughout.</p> <p>Kidneys.—Cortex very thin; pelvis markedly dilated and filled with urine; ureters dilated with urine.</p> <p>Spleen.—Enlarged; many large nodular growths throughout organ.</p> <p>Uterus.—Very large; greater part of body consists of hard, nodular tumor; right ovary also involved, and lymph nodes are large and firm and contain a thick, milky white fluid.</p>	Dura.— Thickened.	Cortex thin; consistence normal.
442	<p>Heart.—Left ventricle hypertrophied; pericardial sac filled with bloody fluid; vegetations on aortic and mitral valves.</p> <p>Lungs.—Bound down by firm adhesions; many fibrous areas present.</p> <p>Liver.—Congested.</p> <p>Kidneys.—Many pyramids obliterated.</p>	Pacchionian bodies enlarged; dura and pia adherent over frontal region.	Cortex thin; consistence increased.

TABLE II.—Continued.

No.	Gross lesions of organs	Membranes	Gross Appearance of Brain
445	<p>Heart.—Muscle of left ventricle hypertrophied and contains connective tissue; mitral and aortic valves show areas of atheroma and calcified vegetations.</p> <p>Lungs.—Left lung contains healed tubercular area at apex; hypostatic pneumonia at base of lower lobe. Right lung contains many tubercular nodules and pleura is thickened and adherent.</p> <p>Kidneys.—Pyramids replaced by connective tissue.</p>	<p>Dura thickened and firmly adherent to calvarium; pial vessels engorged and cerebrospinal fluid increased in amount; carotid and basilar vesicles very sclerotic.</p> <p>Necrotic area in body of sphenoid bone involving sphenoidal cells.</p>	<p>Weight 45 oz.; areas of sclerosis; cortex thin.</p>
	<p>DEMENTIA ORGANIC.</p>		
	<p>Heart.—Muscle firm; few vegetations on aortic valve.</p> <p>Lungs.—Few nodules throughout lower lobe of left. Right lung, normal.</p> <p>Liver.—Firm and nodular.</p> <p>Kidneys.—Few pyramids obliterated.</p>	<p>Dura.—Thickened, containing few calcified areas.</p> <p>Pia.—Opaque with small quantity of fluid beneath it.</p>	<p>Cortex very thin; small degenerated area in parietal lobe (right); consistency decreased.</p>
	<p>MANIA ACUTE</p>		
427	<p>Heart.—Pericardium contained 500 cc. straw colored fluid; left ventricle hypertrophied and large vegetations on aortic and mitral valves.</p> <p>Lungs.—Many tubercular nodules throughout.</p> <p>Liver.—Firm; capsule thick; mottled areas scattered throughout organ.</p> <p>Kidneys.—Cortex thin; few pyramids obliterated.</p>	<p>Not examined.</p>	<p>Not examined.</p>
441	<p>Heart.—Muscle pale; mitral valve covered with vegetations.</p> <p>Lungs.—Many tubercular nodules present.</p> <p>Kidneys.—(Left) hour glass shape; many pyramids obliterated.</p> <p>Spleen.—Few nodules present.</p>	<p>Normal.</p>	<p>No gross lesions.</p>

TABLE II.—Continued.

No.	Gross Lesions of organs	Membranes	Gross Appearance of Brain
CHRONIC MANIA			
431	Heart.—Vegetations on aortic valve. Lungs.—Right lower lobe firm, non-crepitant, and very red on section number of tubercles in left. Liver.—Consistence increased; adherent to diaphragm and hepatic flexure; somewhat nodular. Kidneys.—Capsules adherent; pyramids obliterated; pelvis filled with fat.	Pachionian bodies enlarged. Dura adherent to calvarium. Pia thickened.	Consistence increased; convolutions narrow and marked on right side; cortex thin; choroid plexus, cystic.
443	Heart.—Vegetations on aortic valves. Lungs.—(Right) firm, non-crepitant, and very red on section (middle lobe). Kidneys.—Few pyramids obliterated.	Dura thickened.	Area of degeneration 2 cm. in diameter in parietal lobe near superior longitudinal fissure; consistence decreased.
IMBECILITY			
434	Heart.—Pericardium filled with straw-colored fluid. Lungs.—(Right) tubercular cavity in lower lobe; bound to anterior chest wall by firm adhesions. (Left) apex fibrous; hypostatic congestion in lower lobe. Liver.—Consistence increased; cuts with difficulty; edge sharp; capsule thickened. Kidneys.—Left is twice its normal size; capsule adherent; many pyramids replaced by connective tissue.	Pia and arachnoid thickened and opaque; small quantity subpial fluid present; vessels engorged.	Consistence increased; cortex very thin.
ADOLESCENT INSANITY			
435	Heart.—Dilated; muscle hypertrophied; calcareous plaques on mitral valve. Lungs.—Right lower lobe firm, dull red color, and non-crepitant; few pleuritic adhesions present. Liver.—Firm; cuts with resistance. Kidneys.—Markings very indistinct; large bands of fibrous tissue in cortex.	Pia thickened; large quantity of subpial exudate over frontal lobes; vessels engorged.	Consistence normal; right lateral ventricle filled with blood and extending through third ventricle in left.

TABLE II.—Continued.

No.	Gross Lesions of organs	Membranes	Gross Appearance of Brain
444	Lungs.—Few tubercular nodules at apices. Spleen.—Enlarged and congested.	Dura thickened. Pacchionian bodies enlarged; few scattered nodules.	Consistence normal; pons varolii caseous; tubercular nodules extending the entire length of Aqueduct of Sylvius.
447	Heart.—Enlarged; vegetations on mitral valve; coronary arteries sclerotic. Lungs.—Hypostatic congestion of lower lobes; small fibrous areas at apices. Spleen.—Congested. Kidneys.—Few pyramids replaced by connective tissue.	Pacchionian bodies enlarged. Small quantity of sub-pial fluid; arteries injected and sclerotic.	Decreased consistence; cortex atrophic; right ventricle and anterior horn of left filled with blood.
GENERAL PARESIS			
430	Heart.—Few vegetations on mitral valve. Lungs.—(Right) adherent to diaphragm and anterior chest wall; few nodules in left. Liver.—Edge sharp Kidneys.—Few pyramids replaced by connective tissue.	Dura adherent and thickened; pia thickened and opaque. Opaque sub-pial fluid.	Hemispheres adherent; consistence increased; ependyma studded with innumerable granulations.
DEMENTIA TERMINAL.			
428	Heart.—Vegetations on mitral valve. Lungs.—Many healed tubercular nodules; pleuritic adhesions. Kidneys.—Pyramids shrunken, many obliterated; few small cysts in cortex. Pancreas.—Consistence increased. Abdomen.—Large quantity free fluid; purulent exudate around hepatic flexure.	Dura very thick and firmly adherent to calvarium. Pia opaque, thickened and injected.	Cortex of normal thickness; convolutions well marked; consistence normal.
429	Heart.—Vegetations on mitral and aortic valves; left ventricle hypertrophied, 60 cc. fluid in pericardial sac. Lungs.—Left bound down to posterior chest wall. Many tubercles throughout. Liver.—Very friable; edge sharp; capsule thickened.	Dura thickened and adherent to calvarium. Pia opaque; many fibrinous patches.	Consistence increased; very friable; convolutions were marked.

TABLE II.—Continued.

No.	Gross Lesions of organs	Membranes	Gross Appearance of Brain
433	<p>Heart.—Negative.</p> <p>Lungs.—Studded with tubercles.</p> <p>Liver.—Enlarged; lower margin 4 cm. below free border of ribs; very friable.</p> <p>Kidneys.—Capsule strips easily; markings very plain.</p>	<p>Dura somewhat thickened and slightly adherent to calvarium. Pia opaque over frontal and parietal lobes.</p>	<p>Convolutions shrunken; consistence increased; choroid plexus cystic; cerebro-spinal fluid increased.</p>
437	<p>Heart.—Cusps of aortic valve sclerotic with few vegetations.</p> <p>Lungs.—Left bound down by adhesions and studded with tubercles; right contained few tubercles at apex.</p> <p>Kidneys.—Right contained numerous small cysts in cortex; many pyramids obliterated. Markings very plain in left.</p> <p>Liver.—Mottled; very friable.</p>	<p>Not examined.</p>	<p>Not examined.</p>
438	<p>Heart.—Few small vegetations on aortic valve.</p> <p>Lungs.—Right is reddish brown in color, non-crepitant; few grayish white tubercles. Lower lobe covered with purulent exudate; bronchi filled with mucopurulent exudate.</p> <p>Kidneys.—(Left) few pyramids obliterated; capsule stripped easily. (Right) pyramids clearly defined.</p> <p>Gall Bladder.—Very thick and small.</p> <p>Uterus.—Nodule size of walnut on anterior surface.</p>	<p>Not examined.</p>	<p>Not examined.</p>
439	<p>Heart.—Cusps of aortic valve calcareous; few vegetations on mitral valve.</p> <p>Lungs.—Few hard nodules throughout.</p> <p>Kidneys.—Very large in size; pale color; numerable cysts present in cortex; markings very faint.</p>	<p>Dura non-adherent to calvarium; very thick. Pia opaque over frontal lobe.</p>	<p>Convolutions small; sulci shallow; increased consistence; vessels at base sclerotic.</p>

TABLE II.—Continued.

No.	Gross Lesions of organs	Membranes	Gross Appearance of Brain
	DEMENTIA SENILE.		
436	<p>Heart.—Pericardium adherent to left ventricle; few cartilaginous plaques in semilunar valves; left ventricle hypertrophied and coronary arteries sclerotic.</p> <p>Lungs.—Few hard nodules at apices.</p> <p>Liver.—Nodular consistence increased; margin sharp.</p> <p>Kidneys.—Numerable cysts in context of left kidney; cortex thin; many pyramids obliterated. Pyramids practically obliterated in right kidney; cortex thin.</p> <p>Spleen.—Twice its normal size; congested.</p>	<p>Dura thick and adherent to frontal bones; large blood clot between skull and dura over temporal and parietal lobes.</p> <p>Pia is reddish brown in color, very thick along longitudinal fissure.</p> <p>Large quantity of turbid fluid beneath pia.</p>	<p>Consistence increased; convolutions flat; cortex thin; choroid plexus contained numerable small cysts.</p>

Especial attention is called to Autopsy No. 440. The patient suffered from Epileptic Dementia, and before admission to this Hospital his skull had been trephined; and when he came to this institution the wound was suppurating. During his two months' stay here, his convulsions were not of such type as to warrant the assumption that any foreign body was lodged in his brain. At autopsy a cambric needle was found lodged in the left parieto-occipital region of the brain. The needle was eroded, and the surrounding tissue necrotic. The brain with needle in situ has been placed in the Museum.

Autopsy 444. This patient was a colored female who had pulmonary tuberculosis. She suddenly became very deaf; and clinical diagnosis of tuberculosis of the pons varolii was confirmed at autopsy. The brain has also been preserved.

In addition to the above, the following specimens have been mounted dry (Kaiserling's method) and preserved in special museum jars:

- Two brains showing large intraventricular hemorrhages. ff
- One brain showing a cerebral abscess.
- One heart showing marked vegetations on the mitral and aortic valves.
- One lung showing a large tubercular cavity.
- Two kidneys, both of which contain large cysts.
- Over two hundred pathological sections were mounted, and they are a material aid in studying pathological conditions of the various organs of the human body.
- Pulmonary tuberculosis is still very frequent as a pathological finding in the cases coming to autopsy. This year fourteen (14) patients were found to have tubercular lungs.
- Degenerative changes in the heart, liver and kidneys, and arteriosclerosis were found to be as frequent as in past years.

WATER ANALYSIS.

Table III indicates conditions of the water supply of the hospital from a bacteriological standpoint. Examinations are made every few weeks and have been confirmed by the tests made by the State Board of Health at Trenton and by the City of Newark Health Department. It will be noted that, except during the Winter months, the water supply has been contaminated, this condition evidently being due to a human source.

TABLE III.

Colon Bacilli present in	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.
Klondike Reservoir ...	10cc.	neg.	neg.	neg.	neg.	neg.	neg.	1cc.	10cc.	10cc.	10cc.	1cc.
Intake Reservoir	1cc.	neg.	10cc.	neg.	10cc.	neg.	1cc.	10cc.	....	10cc.	1cc.	1cc.
Upper Garden	1cc.	neg.	10cc.	neg.	10cc.	1cc.	1cc.	1cc.	1cc.	10cc.	10cc.	1cc.
Ice Pond	1cc.	neg.	neg.	neg.	neg.	10cc.	1cc.	1cc.	1cc.	1cc.	1cc.	1cc.
Collecting Basins	1cc.	10cc.	....	....	....	....	....	....	....	....	....	....
Mountain Spring Basin	....	....	....	....	....	....	....	....	neg.	neg.	neg.	neg.

I wish to thank Mr. Frode Heiman for his careful and painstaking assistance in the laboratory work during the past year.

Respectfully submitted,

L. K. HENSCHER, M. D.
Senior Assistant and Pathologist.

THE NECESSITY FOR A MORGUE.

Since this institution was established it has never had what could properly be called a morgue. Rooms in the basement of the main building under various wards have been used for morgue purposes, one of which is now being so used and in which autopsies are made. The Pathological Laboratory is at the new building known as the Dormitory building and specimens obtained at the autopsy must be carried there for microscopical examination, often with resulting injury to the pathological material.

The remains of deceased patients must under these conditions be removed at the front of the main building and the patients on the wards facing in this direction looking out of the windows see the undertaker's wagon drive up. This sight, it has been noted, has a very disturbing effect and often results in marked mental excitement or agitation and frequently accentuates their delusions. To the many patients who see the box or casket that contains the body removed through the window of this basement room, the result cannot be other than a detriment to recovery and a cause of depression to those whose misfortune makes them wards of the State.

For these reasons it is deemed highly advisable that a suitable building be provided as a morgue, which will be out of the patients' range of vision and which at the same time will be conveniently close to the pathological department, and equipped so that friends of the deceased may without revulsion view the remains, and scientific investigation be made with propriety and precision.

PHOTOGRAPHIC DEPARTMENT.

The work in this department has progressed rapidly and satisfactorily. Two hundred and twenty-three male and six hundred and ninety-one female patients were photographed, necessitating 1,828 exposures.

I am pleased to report that, except for a few bedridden and disturbed patients, we have succeeded in obtaining pictures of all our inmates. These photographs form a valuable aid in the identification of patients by their relatives, especially as so many foreign born patients are admitted under names that do not correspond with those given by relatives when inquiring for missing members of the family.

In addition to photographing patients, a number of views of the hospital grounds and wards have been enlarged and are now on exhibition in the reception rooms and corridors, where they form an object of interest to visitors.

HEREDITY AND ENVIRONMENT.

The study of heredity means an inquiry into the forces and influences which either make stronger or weaker succeeding generations in their mental and physical potentialities and is therefore a study and inquiry of intense interest and importance to such men as care for the welfare or advancement of the future vigor of the human race; we who live only for the present might easily be spared at once.

A great daily newspaper of this State in an editorial wisely directs attention to this great proposition in connection with environmental influences. This, from a medical standpoint, means a comparative study of predisposing and exciting causes and if treated fairly would make a thesis which could not be given a place in this report.

The study of heredity can be of no actual value to the human family except action be taken of a sort to prevent that which is hereditarily at fault and that which operates to contaminate the human race with mental weakness, mental diseases, criminality, idiocy, etc. The simple study of the proposition is of little value if it in no way results in the institution of activities of a preventative character. The finding of that which is vicious or corrupt without correcting it signifies wasted energy.

Eugenics must therefore be looked upon as of substantial interest and value to the human family only in so far as it prompts or causes action of the order that will prevent the hereditary faults which weaken and vitiate. That order of scientific investigation which displays energy and research without actual results does not appeal to me.

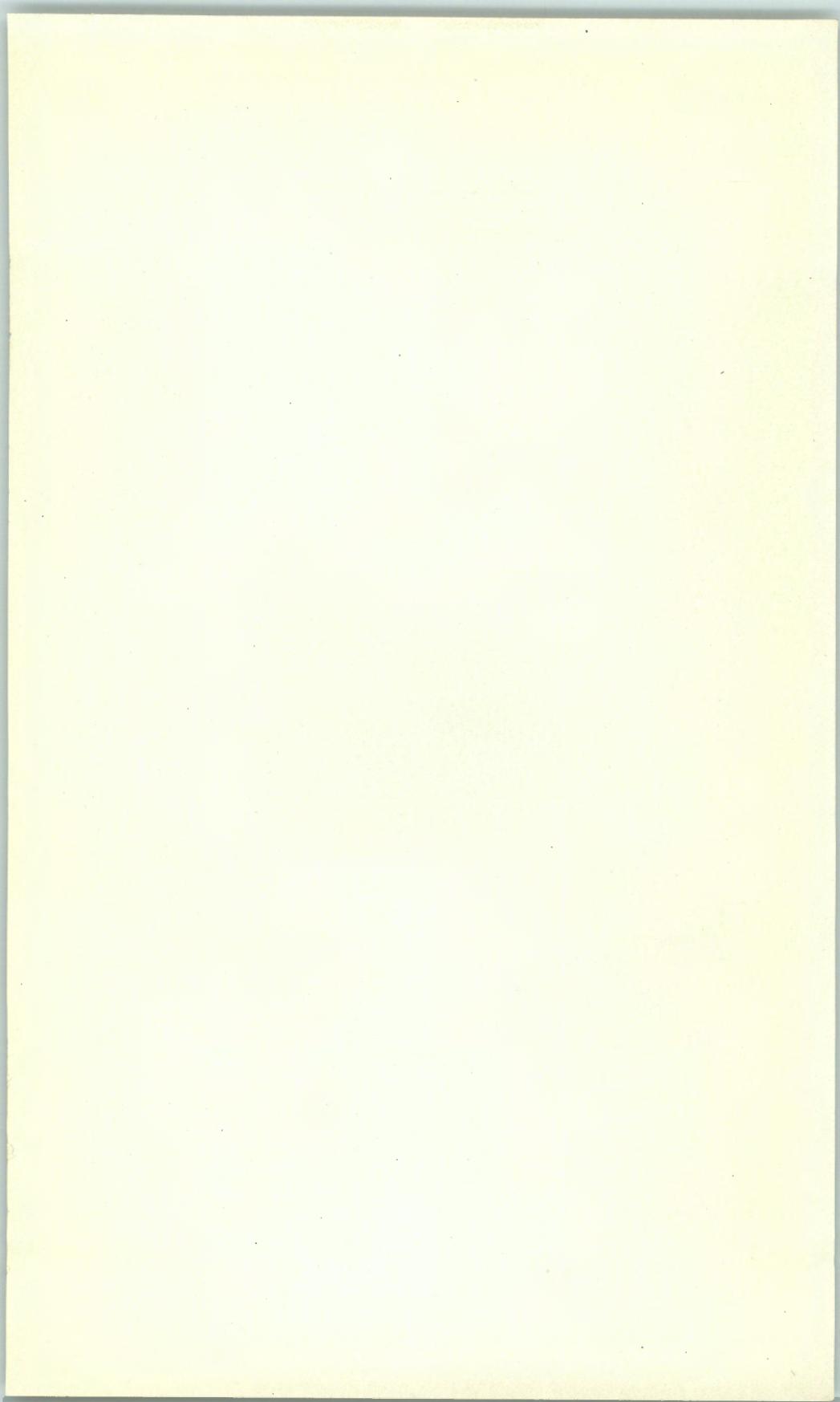
Environmental influences must be given the highest order of attention for the reason that from them we have the application of principles approved for treatment of unfortunate conditions presented. The actual is now before us and must have attention. That which is susceptible to unfavorable surroundings must be protected; the plant not sturdy in its organization and which may be

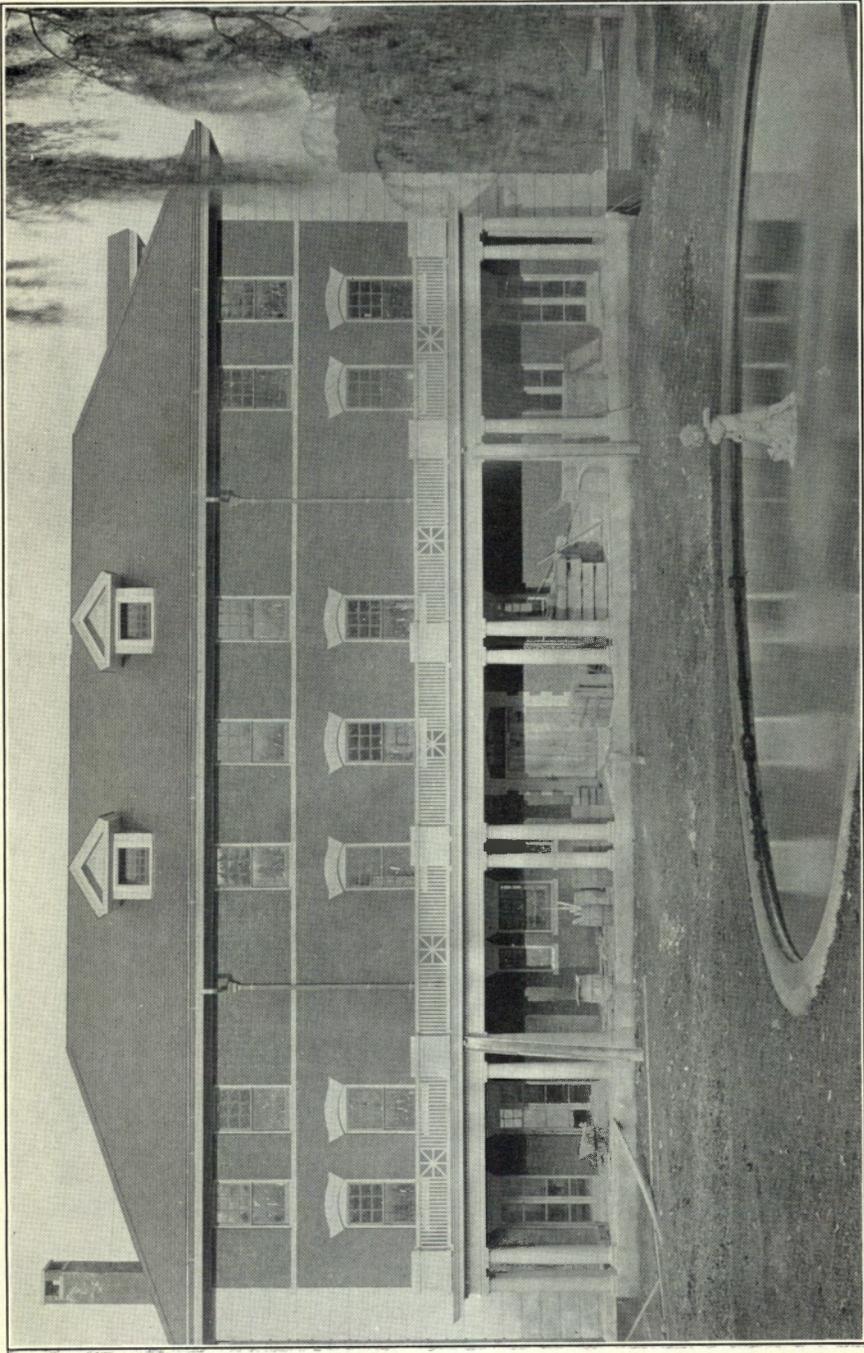
killed or made an inferior by a bleak wind should be judiciously protected and given a reasonable opportunity for average existence.

This order of reasoning goes further in the treatment of derangements, disorders and predispositions in that all methods, treatment, formative influences, diversions and amusements which tend to defeat what seems to be an hereditary decree and make stronger, happier and healthier the subject of unfortunate heredity is a scientific victory, though achieved by philosopher or the conscientious nurse keeping vigil at the bedside of her agitated or delusive patient.

I hold the highest respect for eugenics pointing the way to preventive methods, but I cannot set aside my regard for the value environmental forces play now, and have through the centuries, in the care of the mentally diseased, nor do I entertain the opinion that formative influence will lose respect in the making of character or the scientific study and treatment of mental maladies.

In this connection I should record that in August of the past year a contract was made with Dr. Charles B. Davenport of the Eugenic Section of the American Breeders' Association for the services of two Field Workers. Dr. Davenport is in charge of the Eugenics Records and Station for Experimental Evolution, located at Cold Spring Harbor, Long Island, New York. These Research Workers hold close, friendly interviews with the patients, ascertain as completely as possible personal histories and all available information concerning patients' relatives and hereditary taint. The information thus acquired, combined with the particulars given at the time of admission of any patient in question is supplemented by an interview of all the relatives who can likely impart reliable information for scientific case record purposes. By following the various branches of the patient's family tree, substantial data is compiled showing the traits, tendencies, strength or weakness of members of the various lines of the family under consideration. This tends to bring intelligently before us the mental and nervous make up such as may be traceable to the mating of persons who are by heredity likely to develop mental or nervous disturbances. This information is made a part of the hospital records and should prove of value from a statistical standpoint even if it gives comparatively little of a therapeutic value. Intelligent inquiry or investigation into this subject should have an educational effect, if plainly placed before the thinking people and I am strongly inclined to the opinion that legislative action throughout the country, such as is upon the





NEW COTTAGE FOR MALE NURSES

statute books of at least two States, providing for the most effective methods of preventing the increase of the criminal classes, idiots, imbeciles, epileptics and insanity, through sterilization, will be the result. There has been some decided sentiment exhibited against this more or less radical process which seems to be necessary for the strengthening and purification of the human race, from a physical, nervous and mental standpoint. Every enlightened government assumes the right to protect the many against the few and to adopt such means as will be protective to society in general, even to the point of taking the life of the criminal or placing him in solitary confinement for life. The matter of sterilization is worthy the attention of the medical profession, the jurist, the student of sociology and all persons who have a sincere regard for strengthening and making for the welfare of future generations.

NURSES.

The nurses and attendants in this hospital, like in many other hospitals for the insane, are required to work more hours per day than persons in other callings or occupations. It requires little study of the situation to fully appreciate the fact that their duties are arduous and in most instances their efforts are unappreciated by those to whom they are ministering. In addition to this, they are meagerly paid.

The hospital's resources for the purpose of paying its employes in every department are not regulated or established by the resident officers, or even by the Managers. What the State Legislature appropriates and the Executive approves becomes by statute specifically available.

To lessen the hours of service of nurses, of necessity means an increase of per capita cost of the maintenance of patients, but can be done through two methods: One by special appropriation for all repairs and matters not strictly recognized as a part of maintenance proper and so husband the hospital's finances as to enable the management to increase the corps of nurses, shorten their hours of duty and give them greater recognition in the way of wages. The other would be to obtain a special appropriation for the purpose of making these important changes. This will of necessity call for a very considerable appropriation. This matter I placed before you at length in my last annual report.

It is unfortunate that even if we could obtain the services of able and satisfactory nurses that our excessive number of patients leaves no accommodations where they could be properly housed. The only logical solution of this problem is in the erection of another State Hospital, preferably in some other part of the State.

The training school curriculum has been changed. It now requires a three-year course for graduation; because of this there were no graduates this year.

RECREATION AND AMUSEMENTS.

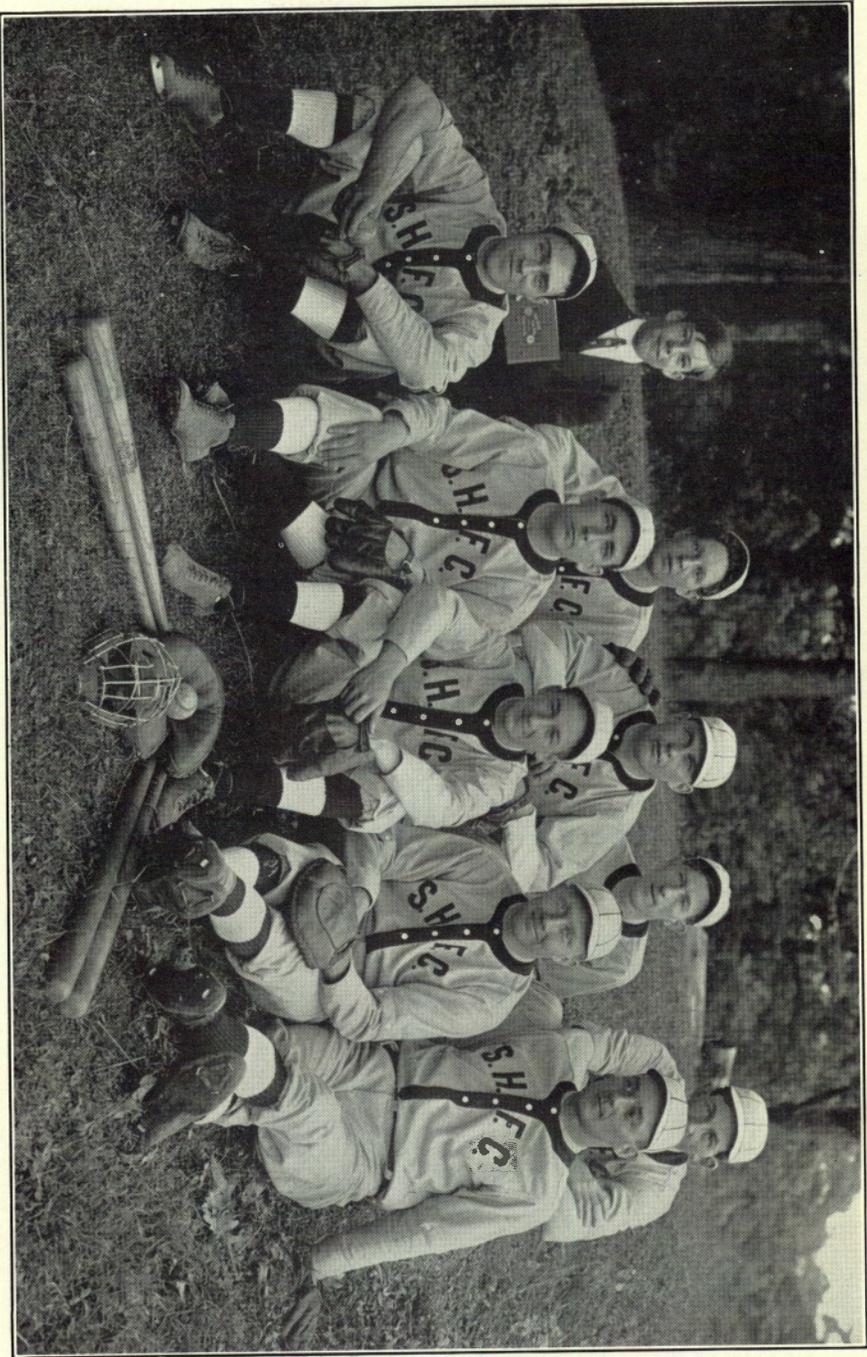
The usual endeavors to enable and help the patients to forget their worries, troubles, and peculiar ideas have been made. The weekly dances have been held as usual; moving picture shows have been given frequently and the patients have enjoyed engaging in bowling and tennis. The small sum allotted to buy the necessary equipment for playing baseball in which many patients take a marked interest, some joining in the games and others being eager, earnest fans, was a source of much real pleasure. Throughout the summer games were played on nearly every Saturday and on all holidays.

A gymnasium with a swimming pool would add greatly to the patients' chances for recovery, as it would be an added means of taking their minds from their own condition during the Winter when the weather is often so inclement as to prevent outdoor exercise; and many patients are not occupied or employed in any way that requires marked physical effort.

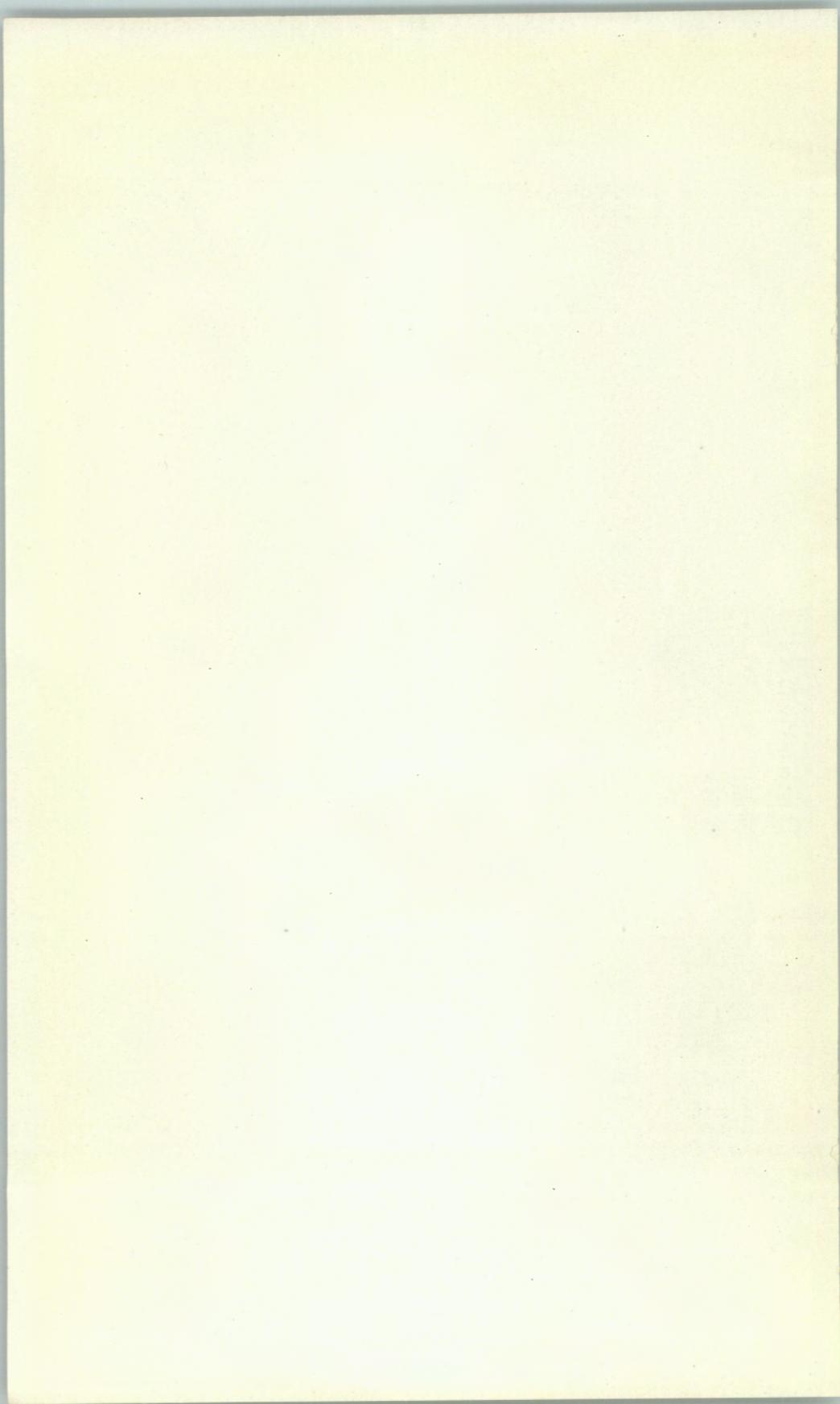
Recently my attention has been called to a means of providing diversion for bedridden patients.

As is well known, we have a number of patients who are bedridden for years; also a large number of demented patients whom it is an utter impossibility to send to the dances and other entertainments. These patients live a vegetating life and at present we have no means of affording them any diversion; it would seem a most humane attention to provide them some form of entertainment.

I would suggest that the wards on the Fourth Floor, the Sections and possibly the day rooms at the Dormitory Building be equipped with music receivers and a transmitter be placed in the centre of the Main Building. By this means we could possibly provide music and other selections for this "shut-in" portion of our population.



BASEBALL TEAM



Music has a sedative effect on a majority of the excited patients and is greatly enjoyed by all.

The initial outlay for this plant could be small and we could add new stations gradually until the entire institution was equipped with receivers and a record placed on the control table at the Centre would afford pleasure and solace to over 2,300 persons.

WORKSHOPS FOR PATIENTS.

An appropriation was made by the last legislature to enable the employment of patients in various ways other than in outdoor labor, such as farming, grading, building roads, etc. It is probable that if the recommendations of Mr. Joseph P. Byers, Commissioner of Charities and Corrections, be carried out, which are that special buildings outside of the hospital proper be erected for this purpose, the amount allowed may not be fully sufficient for the purpose contemplated, but I fully concur with his judgment in this matter and practically in all propositions relating to hospital matters which now confront me.

Properly designed and well regulated shops for the employment of patients are of great benefit and have proven to be of much therapeutic value wherever they have been tried.

An afternoon was devoted to the discussion of this subject at the last meeting of the Medico-Psychological Association at Atlantic City in June, 1912. The consensus of opinion of those who have had experience in the study of occupation as a means toward the betterment of the mental condition of the insane was heartily in favor of such forms of employment. By this means re-education of a patient's mental faculties is frequently brought about; the patient becomes interested in creating something, even where he was formerly inclined to be destructive. The idea of doing something imparts to patients an added reason for striving to improve and a brighter outlook on life is created, and because of this the star of hope shines brighter and brighter for continued mental improvement and eventual recovery.

PATIENTS' GARDENS.

The gratifying results and benefits that accrued from the voluntary efforts of the patients in horticultural pursuits during the

previous year warranted the allotment to them of a larger area of ground and the good results have increased proportionately. The various vegetables have proved to be a welcome addition to the regular dietary throughout the hospital and the flowers helped to adorn the wards and beautify the grounds.

Following are lists of products from the patients' gardens:

MEN'S DEPARTMENT.

Beets	25 $\frac{1}{4}$ bushels	Onions	65 $\frac{1}{2}$ bushels
Cucumbers	158 $\frac{3}{8}$ dozens	Peas	13 $\frac{3}{4}$ bushels
Cauliflower	56 heads	Peppers	26 $\frac{1}{2}$ dozens
Cabbage	2,360 heads	Parsley	4,826 bunches
Carrots	13 $\frac{1}{2}$ bushels	Pumpkins	177
Corn	513 dozens	Radishes	41,440
Fodder	500 bunches	Rutabaga Turnips	86 bushels
Celery, to date	333 bunches	String beans	25 $\frac{1}{2}$ bushels
Egg plant	449	Squash	117 $\frac{1}{2}$ dozens
Koli Rabi	93 $\frac{1}{2}$ dozens	Spinach	16 $\frac{1}{2}$ bushels
Lettuce	2,638 heads	Turnips	80 bushels
Lima Beans	54 bushels	Tomatoes	154 bushels
Muskmelon	150	Strawberry plants set out	5,000

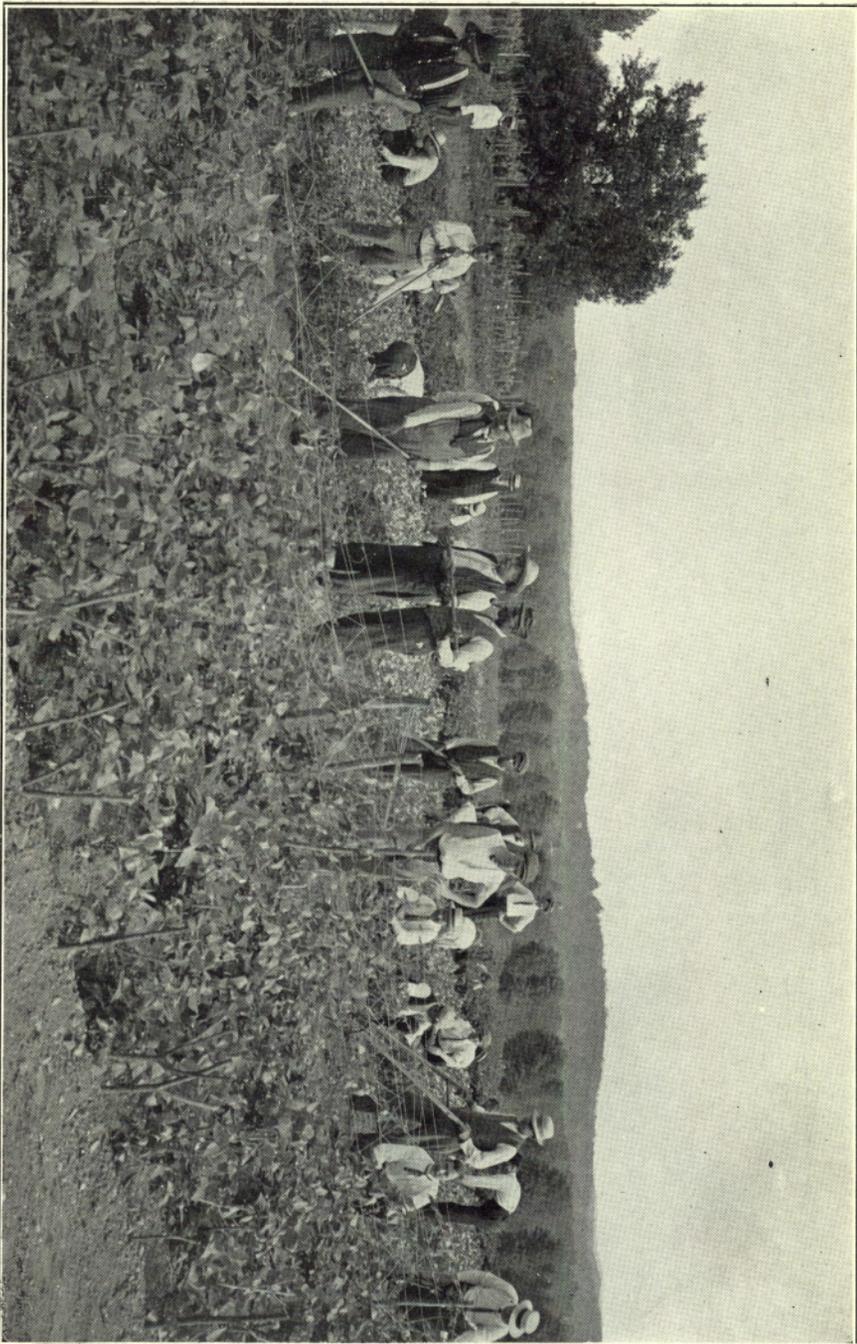
Average number of patients at work in the garden, 24.

WOMEN'S DEPARTMENT.

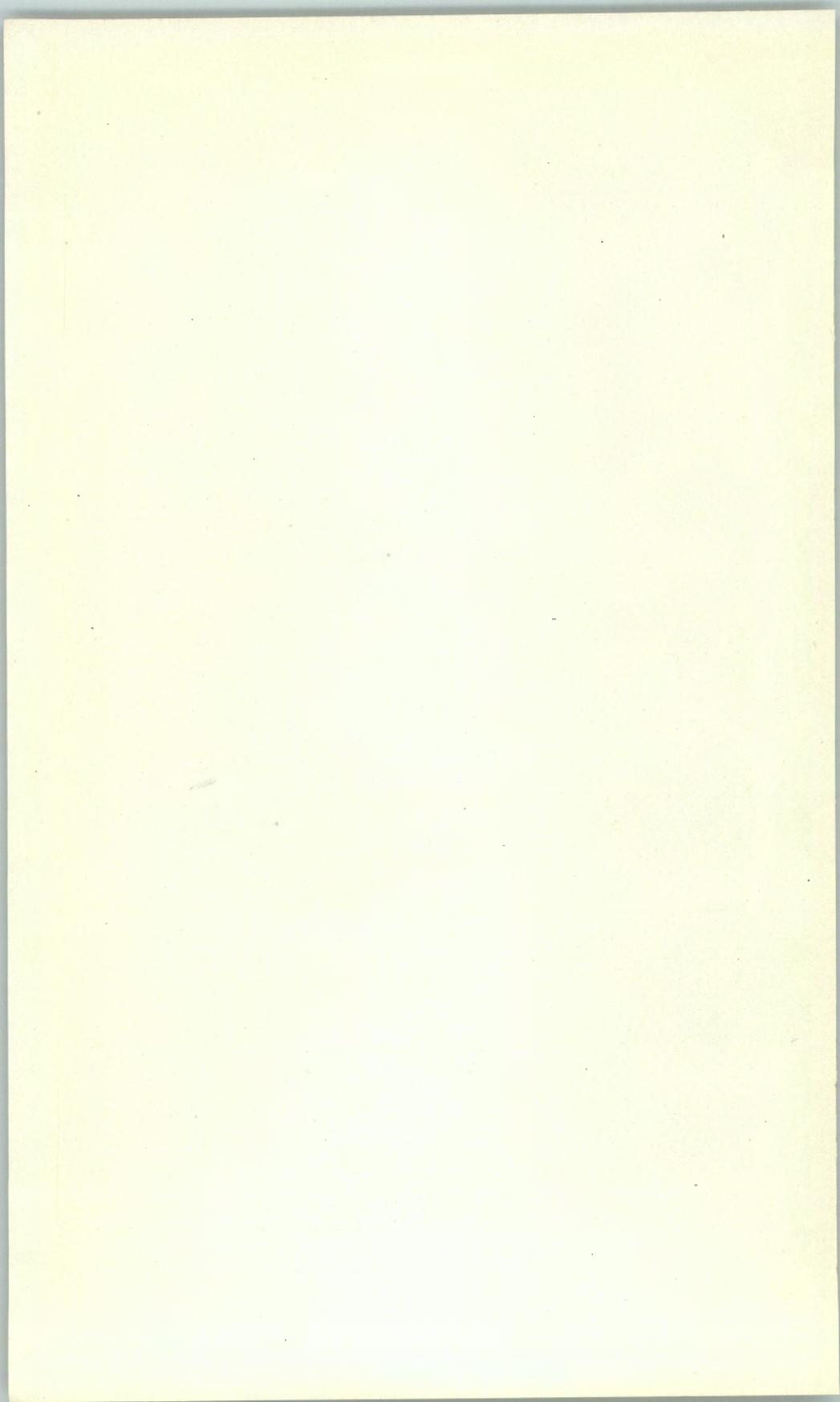
Golden Glow	45 stalks	Parsley	320 bunches
Sweet William	3,800 stalks	Beans (green and butter)	50 $\frac{1}{2}$ bushels
Pansies	9 bouquets	Lima Beans	29 quarts
Flowers, miscellaneous	225 bouquets	Swiss Chard	42 quarts
Dahlias	3,608	Green Tomatoes	708 quarts
Sunflowers	926	Tomatoes	670 quarts
Lady Slippers	172	Cucumbers	1,368
Peas	2 $\frac{1}{2}$ bushels	Celery (White Plume)	744 stalks
Peppers	837	Celery (Short Ready Bleached)	1,100 stalks
Cabbage	422 heads	Cauliflower	84
Carrots	770 bunches	Koli Rabi	577
Beets	216 bunches	Egg Plant	193
Radishes	1,309 bunches	Potatoes	2 bushels
Lettuce	1,239 heads	Endive	300 heads
Squash	247	Corn	65 dozens
Onions	133 quarts		
Onions (green)	110 bunches		
Watermelons	6		

PATIENTS' WORK.

The patients continue to help on the grounds and wards and in the various industrial departments of the institution, and following is a table of the days' work performed by them:



VOLUNTARY COMPETITIVE GARDENING BY MALE PATIENTS





VOLUNTARY COMPETITIVE GARDENING BY FEMALE PATIENTS

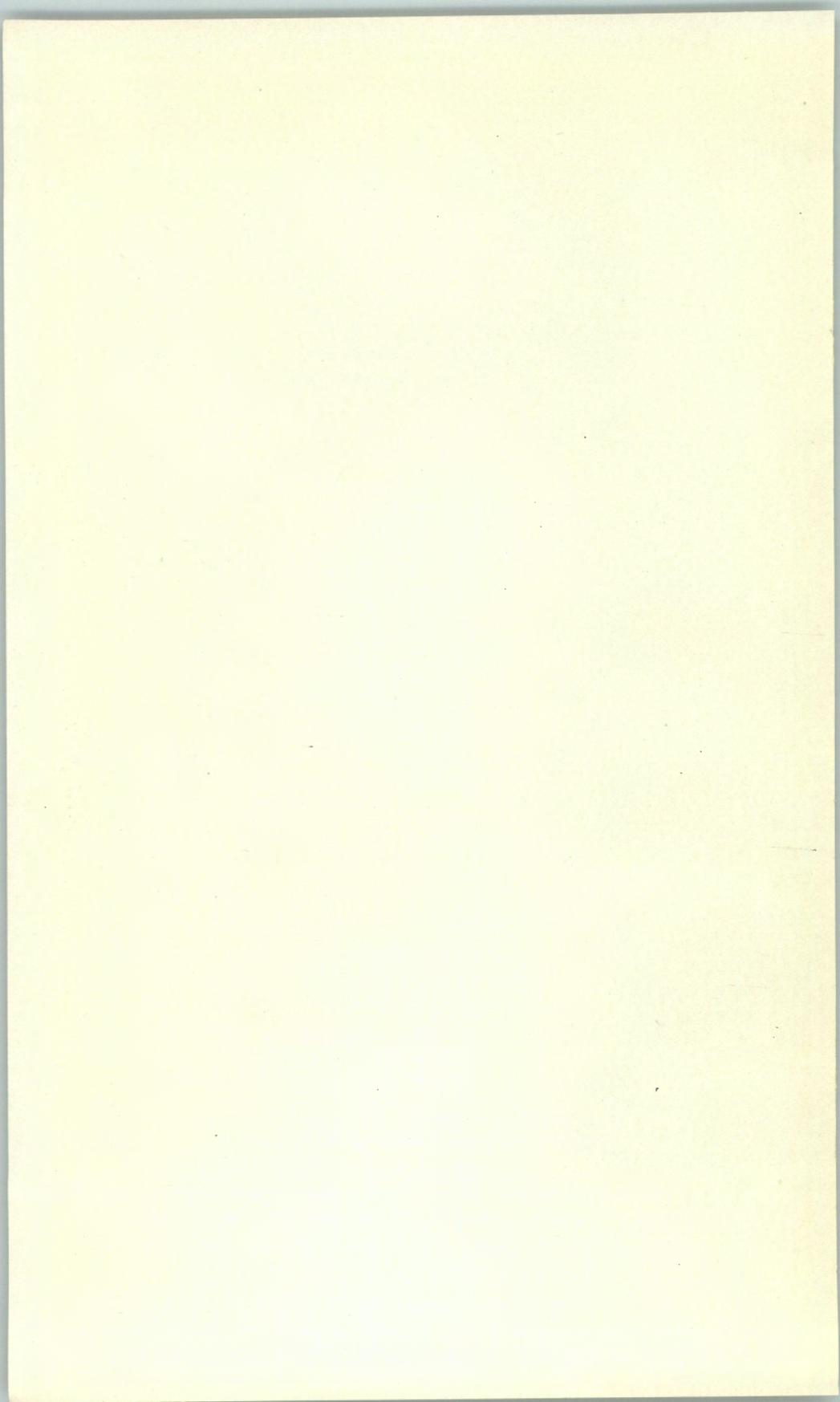


TABLE A.

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

	LAUNDRY			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing.	Miscellaneous Work.	Patients' Gardens.	Arts and Crafts.	Total.
	Men.	Women.	Total.									
1911												
Nov.	301	941	1,242	220	1,535	92	343	696	406			4,534
Dec.	339	913	1,252	235	1,502	93	335	692	435			4,544
1912												
Jan.	340	1,058	1,398	234	1,490	93	334	760	428			4,738
Feb.	301	1,012	1,313	254	1,365	87	330	698	505			4,552
March ...	371	1,068	1,439	229	1,421	93	339	765	574			4,920
April	410	1,022	1,432	227	1,448	92	339	733	629			4,950
May	419	1,033	1,452	230	1,554	93	354	758	625	385		5,451
June	384	1,001	1,385	222	1,529	91	376	684	579	831		5,997
July	453	975	1,428	231	1,927	90	365	746	566	692		6,045
Aug.	457	984	1,441	225	1,802	83	361	744	643	672		6,061
Sept.	442	865	1,307	351	1,740	90	330	701	657	546	10	5,732
Oct.	439	895	1,334	245	1,696	93	359	722	659	359	260	5,727
Total	4,656	11,767	16,423	2,904	19,399	1,090	4,275	8,699	6,706	3,485	270	63,251

TABLE B.

NUMBER OF DAYS WORK DONE BY PATIENTS ON THE WARDS.

	Men.	Women.	Total.
1911.			
November	10,238	6,468	16,756
December	10,397	6,436	16,833
1912.			
January	10,630	6,442	17,072
February	9,721	6,198	15,919
March	10,146	6,499	16,645
April	9,653	6,308	15,961
May	10,020	6,390	16,410
June	9,651	6,353	16,004
July	9,929	6,420	16,349
August	9,986	6,469	16,455
September	9,496	6,431	15,927
October	9,870	6,502	16,372
Total	119,787	76,916	196,703

These tables do not include a large amount of work done by the patients of their own volition, such as dressmaking, embroidery and other fancy work.

CHAPEL SERVICES.

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

REV. F. M. O'NEILL, Roman Catholic, Morris Plains.
 REV. DR. RALPH B. URMY, Methodist, Morristown.
 REV. BARRETT P. TYLER, Episcopalian, Morristown.
 REV. WILLIAM. W. BARKER, Baptist, Morristown.
 REV. W. W. HAMMOND, Presbyterian, Morris Plains.

SCHEDULE OF CHAPEL SERVICES FROM NOVEMBER 1ST, 1912.

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

In addition to the above schedule Roman Catholic mass is celebrated every Tuesday morning.

STAFF MATTERS.

During the past year there has been no change in the personnel of the staff. Dr. James T. Wrightson, Dr. Joseph Brettauer, Dr. Francis H. Glazebrook and Dr. E. Blair Sutphen, consultants, have frequently responded when a patient's condition made consultation necessary.

Dr. Frederick H. Thorne sailed on September 28th, 1912, to pursue studies in Germany for several months. He will give his attention to recent research work in neuropathology and psychopathology.

Because of the vast amount of dental work needed by the patients, many of whom are unable to pay for what is necessary, a salaried resident dentist, working under instructions and answerable to the Medical Director, has become necessary.

It gives me much pleasure to state that the entire medical staff has shown constantly a desire to promote the best interests of the institution and have given evidence of their loyalty to the hospital and to me as Medical Director. Only through this order of loyalty can such a hospital as this give satisfactory results.

CONCLUSION.

In conclusion, I desire to say that this report, because of the necessity of condensing such a public document, contains but a fractional part of the important work of the institution over which you have held a guiding hand and to which my best energies have been devoted. Permit me to express my sincere appreciation of your counsel and support in my efforts to serve faithfully the State and promote the welfare of the sick committed to our care. I am sure the public but faintly appreciates the great responsibilities daily confronting the official staff of this hospital. You know, and the confidence you have continuously reposed in me has made me stronger in carrying out your policies and better qualified me to perform the trying duties of my office.

With sincerest respect this report is submitted to you.

BRITTON D. EVANS,
Medical Director.

October 31st, 1912.

During the past year there has been no change in the personnel of the staff. Dr. James T. Worthington, the former chairman, has resigned. His resignation and the resignation of the other members of the board were accepted by a general conference of the hospital.

The President, Dr. James T. Worthington, has resigned. He has been succeeded by Dr. James T. Worthington, Jr. The board of trustees has elected Dr. James T. Worthington, Jr. as president and Dr. James T. Worthington, Jr. as president.

The amount of the total work of the hospital has increased. The amount of the total work of the hospital has increased. The amount of the total work of the hospital has increased.

The amount of the total work of the hospital has increased. The amount of the total work of the hospital has increased. The amount of the total work of the hospital has increased.

CONCLUSION

The amount of the total work of the hospital has increased. The amount of the total work of the hospital has increased. The amount of the total work of the hospital has increased.

BRITTON J. EVANS

Medical Director

October 1914

Statistical Appendix to the Medical Director's Report

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING
OCTOBER 31ST, 1912.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1911.....	1,131	1,079	2,210
Patients admitted—			
<i>Men. Women. Total.</i>			
First admissions	265	224	489
Re-admissions	27	46	73
Total	292	270	562
Total under treatment during the year..	1,423	1,349	2,772
Patients discharged—			
<i>Men. Women. Total.</i>			
Recovered	49	41	90
Improved	71	93	164
Unimproved	12	5	17
Died	121	78	199
Total	253	217	470
Remaining in Hospital—			
<i>Men. Women. Total.</i>			
Public	1,057	993	2,050
Private	113	139	252
Total	1,170	1,132	2,302
Whole number admitted from August 17th, 1876, to October 31st, 1912	5,746	5,351	11,097
Whole number discharged during the same period of time—			
<i>Men. Women. Total.</i>			
Recovered	1,332	1,322	2,654
Improved	878	1,011	1,889
Unimproved	332	338	670
Died	2,001	1,547	3,548
Eloped	31	.....	31
Not insane	2	1	3
Total	4,576	4,219	8,795
Remaining October 31st, 1912.....	1,170	1,132	2,302

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES. AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1911.									
November	20	15	35	14	18	32	1,129.31	1,071.19	2,200.50
December	14	14	28	16	18	34	1,126.95	1,065.33	2,192.28
1912.									
January	23	20	43	20	14	34	1,126.14	1,067.57	2,193.71
February	24	29	53	16	12	28	1,137.07	1,082.89	2,219.96
March	18	19	37	14	15	29	1,140.77	1,095.11	2,235.88
April	31	29	60	29	26	55	1,142.42	1,097.04	2,239.46
May	29	38	67	11	14	25	1,152.84	1,110.02	2,262.86
June	28	26	54	27	20	47	1,154.02	1,120.26	2,274.28
July	33	20	53	23	26	49	1,156.85	1,119.15	2,276.00
August	27	22	49	27	25	52	1,163.10	1,115.35	2,278.45
September	15	17	32	7	4	11	1,165.98	1,118.48	2,284.46
October	30	21	51	49	25	74	1,167.70	1,124.45	2,292.15
Total	292	270	562	253	217	470			
Total for the year							1,146.93	1,098.90	2,245.83

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First	204	165	369
Second	28	32	60
Third	9	17	26
Fourth	3	7	10
Fifth and over	3	10	13
Unascertained	45	39	84
Total	292	270	562

TABLE IV.

AGE WHEN ATTACKED OF THOSE ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years	8	3	11
Fifteen to twenty years	13	12	25
Twenty to twenty-five years	38	35	73
Twenty-five to thirty years	19	25	44
Thirty to thirty-five years	32	26	58
Thirty-five to forty years	28	24	52
Forty to forty-five years	34	24	58
Forty-five to fifty years	16	21	37
Fifty to sixty years	24	21	45
Sixty to seventy years	10	17	27
Seventy to eighty years	13	10	23
Eighty years and over	5	3	8
Unascertained	52	49	101
Total	292	270	562

TABLE V.

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
California .....	..	1	1
Connecticut	3	3	6
Delaware	2	1	3
Illinois	1	1	2
Indiana	1	..	1
Kentucky	1	..	1
Louisiana	1	..	1
Maine	1	1	2
Maryland	1	..	1
Massachusetts	5	3	8
Michigan .....	..	1	1
Missouri	1	..	1
New Hampshire .....	..	1	1
New Jersey	99	67	166
New York	43	44	87
North Carolina	1	1	2
Ohio .....	..	1	1
Pennsylvania	10	10	20
Vermont .....	..	1	1
Virginia	2	6	8
Wisconsin .....	..	1	1
United States	7	8	15
Armenia	1	..	1
Austria	5	10	15
Bohemia .....	..	3	3
Canada	2	4	6
England	6	7	13
France	1	2	3
Galecia	1	..	1
Germany	23	24	47
Holland	4	2	6
Hungary	6	4	10
Ireland	20	26	46
Italy	14	7	21
Jamaica	1	..	1
Poland	6	3	9
Roumania	1	1	2
Russia	13	9	22
Saxony	1	..	1
Scotland	3	6	9
South America .....	..	2	2
Sweden	2	6	8
Switzerland	1	1	2
West Indies .....	..	1	1
Unascertained	2	1	3
Total	292	270	562

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen	45	41	86
Essex	41	56	97
Hudson	55	41	96
Hunterdon	1	..	1
Middlesex .....	..	1	1
Monmouth	1	1	2
Morris	30	20	50
Passaic	57	55	112
Somerset	5	3	8
Sussex	7	3	10
Union	42	42	84
Warren	8	6	14
New York .....	..	1	1
Total	292	270	562

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single	136	80	216
Married	121	147	268
Widowed	30	42	72
Divorced	3	..	3
Unascertained	2	1	3
Total	292	270	562

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Accountants	1	..	1
Actors	3	..	3
Agents	4	1	5
Artificial flower makers .....	..	1	1
Artists	2	3	5
Bakers	2	..	2
Barbers	1	..	1
Bartenders	1	..	1
Blacksmiths	3	..	3
Bookbinders	2	..	2
Boilermakers	1	..	1
Bookkeepers	5	1	6
Brokers	1	..	1
Brushmakers	1	..	1
Butchers	3	..	3
Buttonmakers	1	..	1
Carpenters	4	..	4
Chauffeurs	1	..	1
Chemists	1	..	1
Civil Engineers	1	..	1
Clerks	12	5	17
Coachmen	2	..	2
Conductors	1	..	1
Contractors	3	..	3
Cooks	2	..	2
Decorators	1	..	1
Domestics .....	..	16	16
Draughtsmen	1	..	1
Dressmakers .....	..	1	1
Drivers	2	..	2
Druggists	1	..	1
Dyers	1	..	1
Electricians	3	..	3
Electroplaters	1	..	1
Engineers	4	..	4
Engravers	1	..	1
Factory hands	1	1	2
Farmers	16	..	16
Firemen	2	..	2
Florists	1	..	1
Foremen	2	..	2
Gardeners	3	..	3
Governesses .....	..	1	1
Hotelkeepers	1	..	1
Housekeepers .....	..	1	1
Housewives .....	..	137	137
Housework .....	..	44	44
Ironworkers	2	..	2
Jewelers	1	..	1
Laborers	49	..	49
Laundresses	3	3
Leatherworkers	1	..	1
Laundrymen	1	..	1
Machinists	4	..	4

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Managers	1	..	1
Manicurists	1	1
Manufacturers	1	..	1
Masons	4	..	4
Mechanics	2	..	2
Merchants	8	..	8
Metal Polishers	1	..	1
Millhands	7	5	12
Milliners .....	..	2	2
Miners	1	..	1
Nurses .....	..	2	2
Organists	1	..	1
Painters	5	..	5
Patternmakers	1	..	1
Peddlers	2	..	2
Photoengravers	1	..	1
Physicians	1	..	1
Piano tuners	1	..	1
Plasterers	1	..	1
Plumbers	4	..	4
Policemen	2	..	2
Porters	2	..	2
Printers	3	..	3
Publishers	1	..	1
Railroad men	1	..	1
Restaurant keepers	1	..	1
Salesmen	14	..	14
Saleswomen .....	..	3	3
Sea captains	1	..	1
Seamstresses .....	..	2	2
Shoemakers	1	..	1
Shopboys	1	..	1
Silkworkers	8	2	10
Soldiers	2	..	1
Steamfitters	1	..	1
Stenographers	1	1	2
Stonecutters	1	..	1
Students	2	1	3
Tailors	3	..	3
Teachers	2	2	4
Teamsters	2	..	2
Telegraphers	3	..	3
Telephone operators	1	..	1
Tinsmiths	1	..	1
Typesetters	1	..	1
Upholsterers	1	..	1
Varnishers	1	..	1
Waiters	1	..	1
Waitresses .....	..	1	1
Watchmen	1	..	1
Weavers	5	1	6
Wireworkers	1	..	1
No occupation	24	31	55
Unascertained	4	1	5
Total	292	270	562

TABLE IX.

MENTAL DISEASES OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	15	35	50
Mania, chronic .....	..	1	1
Mania, epileptic	1	6	7
Mania, puerperal .....	..	4	4
Mania, recurrent	5	3	8
Mania, toxic	46	21	67
Melancholia, acute	12	42	54
Melancholia, agitata	4	8	12
Melancholia, hypochondriacal .....	..	1	1
Melancholia, involuntional	7	16	23
Melancholia, recurrent	3	..	3
Dementia, epileptic	6	..	6
Dementia, organic	7	2	9
Dementia, parietic	49	19	68
Dementia, senile	34	29	63
Dementia, terminal	1	..	1
Imbecility	12	5	17
Imbecility, with mania	2	1	3
Imbecility, with melancholia .....	..	1	1
Insane neuroses, hysteria .....	..	2	2
Insanity, adolescent	67	46	113
Insanity, pubescent .....	..	1	1
Paranoia	21	27	48
Total	292	270	562

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State	61	50	111
County	147	149	296
Private	84	71	155
Total	292	270	562

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Physical—			
Amenorrhœa	1		1
Arteriosclerosis	1	2	3
Brain fever .....	..	1	1
Broncho-pneumonia .....	..	1	1
Cerebral changes	5	2	7
Cerebral thrombosis	1	..	1
Chorea .....	..	1	1
Climacteric .....	..	8	8
Congenital	3	1	4
Diabetes .....	..	1	1
Dysmenorrhœa .....	..	1	1
Endocarditis	1	..	1
Epilepsy	7	4	11
General ill health	3	3	6
Heat exhaustion	2	..	2
Heredity	16	23	39
Hysteria .....	..	1	1
Intemperance and other excesses	46	22	68
Masturbation	8	..	8
Menstrual irregularities .....	..	1	1
Nephritis	1	..	1
Nostalgia .....	..	1	1
Overwork	7	4	11
Parturition .....	..	1	1
Predisposition .....	..	2	2
Pregnancy .....	..	2	2
Prolapse of uterus .....	..	1	1
Puerperium .....	..	9	9
Scarlet fever	1	..	1
Senility	18	17	35
Sexual perversion .....	..	2	2
Sunstroke	2	..	2
Syphilis	13	4	17
Traumatism	13	2	15
Typhoid fever .....	..	1	1
Total	148	119	267
Moral—			
Disappointed affections	3	3	6
Domestic troubles	2	2	4
Financial reverses	8	2	10
Grief .....	..	3	3
Religious excitement	3	1	4
Shock .....	..	2	2
Worry	10	15	25
Total	26	28	54
Total physical	148	119	267
Total moral	26	28	54
Unassigned	118	123	241
Total	292	270	562

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Abdominal aneurism .....	..	1	1
Acne	2	3	5
Albuminuria	1	..	1
Alopecia .....	..	1	1
Anemia	1	2	3
Ankylosis of knee .....	..	1	1
Aortic regurgitation .....	..	1	1
Arcus senilis .....	..	2	2
Arteriosclerosis	23	34	57
Blindness .....	..	2	2
Bronchitis .....	..	1	1
Burns	1	..	1
Cataract .....	..	1	1
Cholelithiasis .....	..	1	1
Cirrhosis of liver	1	..	1
Colitis .....	..	1	1
Deafness .....	..	4	4
Chorea .....	..	1	1
Decubitus .....	..	1	1
Diabetes .....	..	2	2
Dislocation of shoulder .....	..	1	1
Dysmenorrhea .....	..	1	1
Endocarditis	13	11	24
Endometritis .....	..	1	1
Enuresis .....	..	1	1
Epilepsy	7	6	13
Exhaustion	3	..	3
Exophthalmos .....	..	1	1
Fibroma of breast .....	..	1	1
Fracture	1	1	2
Goitre .....	..	2	2
Hemiplegia	3	2	5
Hemorrhoids	1	2	3
Hernia	5	5	10
Hydrocele	1	..	1
Hyperopia .....	..	1	1
Hypostatic pneumonia .....	..	1	1
Inanition	1	..	1
Infected finger .....	..	1	1
Injury to hip .....	..	1	1
Kypho-scoliosis .....	..	1	1
Leucorrhœa .....	..	1	1
Lipoma	1	..	1
Lobar pneumonia	3	..	3
Locomotor ataxia .....	..	1	1
Myopia .....	..	2	2
Nephritis	1	12	13
Neuritis .....	..	1	1
Ovarian cyst .....	..	1	1
Paraplegia	2	..	2
Pregnancy .....	..	2	2
Presbyopia .....	..	5	5
Prolapse of uterus .....	..	4	4
Pulmonary tuberculosis .....	..	2	2

Rheumatism .....	..	5	5
Right arm amputated .....	..	1	1
Right foot amputated .....	..	1	1
Right leg amputated	1	..	1
Syphilis	1	..	1
Tabes	1	..	1
Ticdouloureux	1	..	1
Tonsillitis .....	..	1	1
Umbilical hernia .....	..	1	1
Varicocele	1	..	1
Varicose veins	2	3	5
Homicidal tendencies	15	15	30
Suicidal tendencies	27	40	67
Without complications	198	120	318

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	52	62	114
Hereditary taint denied	146	70	216
Hereditary history unobtainable	94	138	232
Total	292	270	562

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	69	68	137
One to three months	49	43	92
Three to six months	39	31	70
Six to twelve months	25	19	44
One to two years	24	27	51
Two to three years	19	17	36
Three to four years	10	12	22
Four to five years	6	7	13
Five to ten years	8	17	25
Ten to twenty years	6	5	11
Over twenty years	6	4	10
Unascertained	31	20	51
Total	292	270	562

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Fifteen to twenty years	11	4	15
Twenty to twenty-five years	4	7	11
Twenty-five to thirty years	4	6	10
Thirty to thirty-five years	6	3	9
Thirty-five to forty years	5	7	12
Forty to forty-five years	5	6	11
Forty-five to fifty years	4	..	4
Fifty to sixty years	4	1	5
Unascertained	6	7	13
Total	49	41	90

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	20	19	39
One to three months	9	4	13
Three to six months	6	4	10
Six to twelve months	3	4	7
One to two years	2	3	5
Over two years	4	2	6
Unascertained	5	5	10
Total	49	41	90

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	2	1	3
One to two months	7	4	11
Two to three months	14	4	18
Three to four months	4	4	8
Four to five months	4	3	7
Five to six months	1	7	8
Six to nine months	2	8	10
Nine to twelve months	6	3	9
Twelve to eighteen months	4	1	5
Eighteen to twenty-four months	1	..	1
Over two years	4	6	10
Total	49	41	90

TABLE XVIII.

MENTAL DISEASES OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	9	20	29
Mania, puerperal .....	..	1	1
Mania, recurrent	1	1	2
Mania, toxic	24	8	32
Melancholia, acute	2	8	10
Melancholia, involutional .....	..	1	1
Insanity, adolescent	13	2	15
Total	49	41	90

TABLE XIX.

AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years	1	1	2
Twenty to twenty-five years	6	1	7
Twenty-five to thirty years	5	4	9
Thirty to thirty-five years	12	5	17
Thirty-five to forty years	10	6	16
Forty to forty-five years	13	14	27
Forty-five to fifty years	17	4	21
Fifty to sixty years	15	11	26
Sixty to seventy years	22	15	37
Seventy to eighty years	13	11	24
Eighty to ninety years	6	6	12
Over ninety years	1	..	1
Total	121	78	199

TABLE XX.

MENTAL DISEASES OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	7	6	13
Mania, chronic	4	3	7
Mania, epileptic .....	..	3	3
Mania, puerperal .....	..	1	1
Mania, recurrent .....	..	1	1
Mania, toxic	6	..	6
Melancholia, acute	1	9	10
Melancholia, agitata	1	1	2
Melancholia, chronic	2	4	6
Melancholia, hypochondriacal .....	..	1	1
Melancholia, involuntional	3	3	6
Melancholia, recurrent	1	..	1
Dementia, epileptic	5	..	5
Dementia, organic	9	1	10
Dementia, parietic	32	8	40
Dementia, senile	20	18	38
Dementia, terminal	8	7	15
Imbecility	1	1	2
Imbecility, with mania	1	..	1
Insanity, adolescent	16	9	25
Paranoia	4	2	6
Total	121	78	199

TABLE XXI.

CAUSES OF DEATH.			
<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania—			
Acute, with cardiac exhaustion	1	..	1
Acute, with inanition .....	..	1	1
Acute, with endocarditis .....	..	1	1
Acute, with exhaustion	2	1	3
Acute, with lobar pneumonia	1	3	4
Acute, with lobar pneumonia, chronic interstitial nephritis	1	..	1
Acute, with pulmonary tuberculosis	2	..	2
Chronic, with acute articular rheumatism, endocarditis	1	..	1
Chronic, with carcinoma of breast .....	..	1	1
Chronic, with chronic endocarditis, chronic nephritis	1	..	1
Chronic, with chronic interstitial nephritis .....	..	1	1
Chronic, with endocarditis, mitral regurgitation .....	..	1	1
Chronic, with lobar pneumonia	2	..	2
Epileptic, with hypostatic pneumonia .....	..	1	1
Epileptic, with pulmonary tuberculosis .....	..	1	1
Epileptic, with status epilepticus .....	..	1	1
Puerperal, with hypostatic pneumonia .....	..	1	1
Recurrent, with chronic endocarditis .....	..	1	1
Toxic, with acute cardiac dilatation	1	..	1
Toxic, with chronic endocarditis, chronic interstitial nephritis	1	..	1
Toxic, with exhaustion	2	..	2
Toxic, with hypostatic pneumonia	1	..	1
Toxic, with pulmonary tuberculosis, exhaustion	1	..	1
Melancholia—			
Acute, with chronic endocarditis .....	..	1	1
Acute, with chronic endocarditis, hypostatic pneumonia	1	..	1
Acute, with chronic interstitial nephritis .....	..	1	1
Acute, with diabetes .....	..	1	1
Acute, with empyema of left lung .....	..	1	1
Acute, with gangrene of right arm and leg, exhaustion .....	..	1	1
Acute, with lobar pneumonia .....	..	1	1
Acute, with nephritis .....	..	1	1
Acute, with pulmonary tuberculosis .....	..	2	2
Agitata, with hypostatic pneumonia	1	1	2
Chronic, with carcinoma of uterus .....	..	1	1
Chronic, with chronic endocarditis, hypostatic pneumonia	1	..	1
Chronic, with chronic interstitial nephritis, chronic endocarditis .....	..	1	1
Chronic, with pleurisy, chronic endocarditis	1	..	1
Chronic, with senility .....	..	2	2
Hypochondriacal, with inanition, exhaustion .....	..	1	1
Involuntal, with arteriosclerosis, cerebral apoplexy	1	..	1
Involuntal, with cardiac exhaustion	1	..	1

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Involuntional, with chronic endocarditis, chronic nephritis	1	..	1
Involuntional, with lobar pneumonia .....	..	1	1
Involuntional, with chronic nephritis .....	..	2	2
Recurrent, with edema of lungs, chronic endocarditis, chronic parenchymatous nephritis.....	1	..	1
Dementia—			
Epileptic, with epileptiform convulsions	1	..	1
Epileptic, with exhaustion	1	..	1
Epileptic, with status epilepticus	3	..	3
Organic, with cardiac exhaustion	1	..	1
Organic, with cerebral hemorrhage	2	..	2
Organic, with cerebral hemorrhage, hypostatic pneumonia	1	..	1
Organic, with chronic endocarditis	1	..	1
Organic, with chronic endocarditis, arteriosclerosis	1	..	1
Organic, with chronic interstitial nephritis .....	..	1	1
Organic, with exhaustion	1	..	1
Organic, with hypostatic pneumonia	1	..	1
Organic, with lobar pneumonia	1	..	1
Paretic	1	..	1
Paretic, with aortic regurgitation	1	..	1
Paretic, with cardiac exhaustion	2	..	2
Paretic, with cerebral apoplexy .....	..	1	1
Paretic, with convulsions	6	2	8
Paretic, with decubitus, exhaustion .....	..	2	2
Paretic, with exhaustion	15	1	16
Paretic, with hypostatic pneumonia	4	2	6
Paretic, with lobar pneumonia	2	..	2
Paretic, with pulmonary edema	1	..	1
Senile, with carcinoma of breast, exhaustion.....	..	1	1
Senile, with cardiac exhaustion	2	..	2
Senile, with chronic endocarditis	1	..	1
Senile, with chronic endocarditis, chronic nephritis	1	..	1
Senile, with chronic interstitial nephritis, hypostatic pneumonia	1	..	1
Senile, with chronic nephritis	1	3	4
Senile, with chronic myocarditis, chronic nephritis	1	..	1
Senile, with exhaustion	1	3	4
Senile, with hypostatic pneumonia	4	6	10
Senile, with lobar pneumonia	7	..	7
Senile, with mitral insufficiency	1	..	1
Senile, with mitral regurgitation, pulmonary edema .....	..	1	1
Senile, with pulmonary edema .....	..	2	2
Senile, with pulmonary edema, chronic endocarditis .....	..	1	1
Senile, with strangulated inguinal hernia .....	..	1	1
Terminal, with diabetes mellitus, carbunculus....	1	..	1
Terminal, with chronic endocarditis .....	..	1	1
Terminal, with chronic interstitial nephritis .....	..	1	1
Terminal, with chronic nephritis, operation for urinary retention	1	..	1
Terminal, with exhaustion .....	..	1	1
Terminal, with hypostatic pneumonia	1	2	3
Terminal, with lobar pneumonia	2	1	3
Terminal, with lobar pneumonia, chronic endocarditis	1	..	1
Terminal, with organic heart disease .....	..	1	1
Terminal, with pulmonary edema	1	..	1
Terminal, with pulmonary tuberculosis	1	..	1

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Imbecility—			
With pumonary tuberculosis	1	1	2
Imbecility with mania—			
With lobar pneumonia	1	..	1
Insanity, adolescent			
With acute nephritis	1	..	1
With angina pectoris	1	..	1
With cardiac exhaustion	2	..	2
With chronic endocarditis, chronic parenchymatous nephritis	1	..	1
With chronic parenchymatous nephritis	1	..	1
With exhaustion	2	2	4
With hypostatic pneumonia	1	1	2
With lobar pneumonia	2	..	2
With pulmonary tuberculosis	4	4	8
With typhoid fever	1	..	1
With ventricular cerebral hemorrhage .....	..	1	1
With acute cardiac dilatation	1	..	1
Paranoia—			
With cerebral hemorrhage .....	..	1	1
With chronic endocarditis	1	..	1
With chronic myocarditis, chronic nephritis.....	1	..	1
With pulmonary edema	1	..	1
With pulmonary tubereulosis	1	1	2

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
October 31st, 1910.....	1,093	1,025	¶2,118	59
October 31st, 1911.....	1,131	1,079	2,210	92
October 31st, 1912.....	1,170	1,132	2,302	92

* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Hospital.

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

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

¶ Fifty patients transferred to Essex County Hospital.

TABLE SHOWING IN DETAIL THE MANNER OF SUPPORT, OCTOBER 31ST, 1912.

COUNTY.	INDIGENT.			STATE INDIGENT.			PRIVATE.			CONVICT.			CRIMINAL.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Bergen	80	95	175	60	53	113	10	8	18	3	1	4	5	5	5
Essex	5	15	20	124	124	248	19	35	54	16	2	18	1	1	1
Hudson	43	26	69	37	27	64	33	37	70	17	2	19	4	4	4
Hunterdon	25	14	39	1	1	1	1	2	3	1	1	1			
Mercer		1	1												
Middlesex		1	1				2	4	6	2		2			
Monmouth		1	1				4	5	9						
Morris	83	91	174	32	11	43	10	7	17	2		2	9	2	11
Passaic	212	221	433	26	30	56	9	13	22	3	1	4			
Somerset							2	2	4						
Sussex	24	29	53	1	2	3	3	4	7	2		2	1		1
Union	146	157	303	36	34	70	17	16	33	3		3	2		2
Warren	50	44	94	3	2	5		2	2	4		4	1		1
New York							3	4	7						
Total	668	695	1,363	319	284	603	113	139	252	52	6	59	17	8	25

NEW JERSEY STATE HOSPITAL.

SUMMARY.

<i>Class.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Indigent	668	695	1,363
State Indigent	319	284	603
Private	113	139	252
Convict	53	6	59
Criminal	17	8	25
Total	1,170	1,132	2,302

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 fiscal year ending October 31st, 1912, embodying Statement of Resources and Liabilities, Abstracts of Accounts, Report of Farm, Garden and Mechanical Departments.

In reviewing the results obtained in the varied lines of regular and special work accomplished during the year, attention is directed to these matters in detail, and, also to the additional improvements necessary and which should be made during the ensuing year.

DAIRY—Application was made to the State Tuberculosis Commission June 26, 1912, for an inspection of the Dairy, numbering 109 cows, in order that the herd be freed from any cattle affected with tuberculosis, however slight. The inspection was made under direction of Dr. Whitfield Gray, State Veterinarian, and twenty-eight cows were condemned. The institution received for these cows Eight Hundred and Seventy-Nine Dollars, paid by the Tuberculosis Commission from funds set aside and provided by the Legislature for such purposes.

After an inspection of the slaughtered cattle by the government inspector, eight only were condemned; the remaining twenty were passed by him.

During the months of August, September and October, thirty-seven cows, which had reached the point at which they ceased to be of value as milk producers, were slaughtered at the hospital by the hospital butcher and all carcasses were inspected by a veterinarian appointed to make such inspection. Of the number killed, thirty-three were passed and four condemned.

Additional cows have been purchased sufficient to place the total number at 108 at the close of the year.

To obtain good milk producers free from tuberculosis the herd must be built up of stock bred at the hospital from registered cattle and an appropriation should be asked for with which to purchase such stock.

The milk yield is slightly below that of last year, both in quantity for the year and in average per cow per day. The removal of cows from the herd for the purpose of eliminating tuberculosis, and the difficulty in procuring others of proper quality to replace them lowered the yearly yield.

The overcrowded condition of the dairy is not favorable to the production of good results. With the acquiring of additional room and facilities for the care of the herd, for which purpose an addition to the dairy barn will be constructed during the ensuing year, it is expected that improved conditions will result.

FARM—The restriction placed upon the cultivation of certain lands for the reason that pollution of the watershed might result, limits the crops that can be grown. The tonnage of hay exceeds that of 1911 by 35 tons. The quantity of corn raised for silage is greater than the previous year. Rye and wheat were grown, also turnips for the dairy.

The apparent expense attributed to the farm must be first analyzed before placing a cost upon the hay, grain, etc., produced. Extensive work has been carried on in improvements to the watershed, grading around new buildings, ditching, repairing roads, drains, fences, etc., which is in no way connected with the farm, but is, however, accomplished by the men and teams which perform the work pertaining to the farm. It is possible to enlarge upon the quantity of hay, grain, etc., produced and to grow additional products, provided the area of land to be used is not limited as at present.

The following stock was raised and slaughtered at the hospital:

700 Chickens, dressed	2,800 lbs.
255 Hogs, "	59,533 "
27 Sheep, "	1,313 "
71 Lambs, "	2,178 "
24 Calves "	1,845 "

GARDEN—The extremely backward spring was not favorable to an early production in the garden. Later, the dry weather was very trying and threatened to destroy the vegetables which has been brought to a growth which promised well, despite the setback early in the season.

A very severe hail storm destroyed great quantities of vegetables and the heavy rain storm which preceded it washed soil from the hillsides, completely burying portions of the different vegetables. The usual varieties of vegetables were grown.

Strawberries have not been grown in quantity during recent years; five thousand plants were planted this season and will yield fruit during the coming year.

FIRE DEPARTMENT HOUSE—The fire department house, which was completed and furnished during the year, is in service. Twenty-two of the employees room in the building, which number constitutes but a part of the membership, the other members rooming in other buildings on the property or at their homes. The men sleeping in the fire house are depended upon at night to respond promptly with the apparatus, consisting of a hook and ladder truck, combination chemical and hose wagon and hose carts. The chemical and hose wagon was installed during the year; the apparatus is drawn by horses stabled in the house during the night. One thousand feet of hose has been purchased to replace that which it was found necessary to condemn. Automatic devices to release the horses when an alarm is sounded are needed to add to the efficiency of the department and should be purchased.

A number of extinguishers of the Climax pattern have exploded when in use, the persons operating them narrowly escaped serious injury. The remaining extinguishers of this make, together with several of other patterns should be destroyed and others purchased to replace them. Additional extinguishers are needed also to properly protect the several new buildings lately completed.

SEWAGE DISPOSAL SYSTEM—The disposal plant has worked satisfactorily during the entire year. Analysis from samples of effluent taken by the Department of Water and Sewage of the State Board of Health indicate that the filtration beds are doing excellent work. Improvements are contemplated for the betterment of the plant, in order that the increase in sewage may be properly disposed of and the entire system kept up to its present high state of efficiency.

TUBERCULOSIS PAVILION AND NURSES' COTTAGE—The tuberculosis pavilion building is complete and furnished. A concrete walk was laid from the front entrance to the driveway, storm drains constructed and the ground around the building graded by the hospital workmen.

The Nurses' Home building is practically completed. The work of laying drains, grading and constructing concrete walks is being done by the hospital labor as at the Tuberculosis Building.

Conduits were constructed and piping for supplying heat and water laid and cable for electric lighting installed by the hospital mechanics at these buildings.

KITCHEN BUILDING—This building, which should have been completed and ready for occupancy July 17, 1911, is still unfinished. The work of replacing the defective glass brick is being done under direction of the State Architect.

IMPROVEMENTS—Three cottages were removed from the watershed to new locations and while in the course of repairing and remodeling, one was destroyed by fire; cause of fire unknown. One of the remaining buildings has been enlarged and improved, the remaining one is being repaired. The cottage occupied by the florist was improved by the addition of two rooms with improvements. A thirty foot extension of concrete construction was made to one of the green houses, placing the houses in good condition and providing additional room.

In the rear of the Dormitory Building concrete platforms and stairways, one each on the north and south wings, have been constructed. These are to be used by the patients as a means of exit in case of fire.

At the piggery additional space has been provided by enclosures of wire fencing.

WATER SHED AND WATER SUPPLY.

An inspection of the watershed by the State Board of Health resulted in recommendations by them for improvements which would remove conditions from which pollution of the water supply might result, and the work done in making these improvements was extensive and satisfactory.

Two cottages were removed to a point off the shed, privy vaults constructed of concrete were built at a number of cottages located on property adjoining the hospital, which land is directly on the watershed, and contiguous to the hospital grounds. Concrete pits with tight covers were built at the several stables.

THE HOPE PROPERTY—A tract of land comprising 45 acres with dwelling and other buildings was purchased in order to protect the water supplying the high service reservoir. The several buildings have been removed, all rubbish cleaned away, and danger from pollution at this point removed.

THE INCINERATING PLANT—The need of an incinerating plant with which to dispose of the garbage and all refuse is so apparent that it merits serious consideration. The garbage during past years has been buried in pits in the garden. The danger from infection from this source is great, the pits being a breeding place for flies. The pollution of the water supply from decayed animal and vegetable matter at this point no doubt takes place, and in addition, the odor from the offal is extremely objectionable. The burning of all refuse will remove these dangers. It will be less expensive to maintain and operate such a plant than to continually excavate pits for burying the refuse.

Water for drinking purposes is being brought by wagon from a mountain spring situated a mile from the hospital. Although water for drinking purposes is being furnished from this source, it is impossible to prevent the inmates from drinking from faucets while in the buildings or from brooks or reservoirs when exercising or working upon the hospital grounds. Every effort has been made to prevent pollution of the streams and reservoirs, but thus far without success, as analyses do not show greatly improved conditions.

With a supply of water obtained from surface sources and with property adjoining the hospital grounds upon which five dwell-

ings are located and from which it is evident that pollution comes, one means only is available while such conditions exist; to remove such pollution by the installation and use of hypochlorite plants.

HOT WATER HEATERS—An appropriation was made by the legislature for a boiler plant for which contract was given and work started. It was found that in order to make the plant complete it will be necessary to install hot water heaters.

The importance of providing sufficient water for the use of the patients for bathing purposes is evident, and the present system, which is old, inadequate to meet the constant growing demand in the increase of hot water required and has reached the point where it is liable to collapse, should be replaced with one capable of meeting all present and future requirements.

FORCED DRAFT APPARATUS—The amounts appropriated for installation of a boiler plant and for re-bricking, etc., of present plant were insufficient to provide for the furnishing and installation of a forced draft apparatus. To insure efficiency from coal, this equipment is necessary and should be provided for by an appropriation.

COLD STORAGE—Additional cold storage capacity is required and can be provided for by constructing a room 9' x 18' directly under the new kitchen and connecting it with the refrigerating plant. A room so placed will centralize the table supplies to be used at the kitchen, eliminate the ice bunkers, which are expensive to maintain and the removal of kitchen supplies now stored at the cold storage plant will provide needed room for additional meats, etc. At present the greater amount of food supplies, etc., to be used in the main kitchen are kept in the storage rooms at the refrigerating plant, the remainder in an ice box, refrigeration for which is furnished by natural ice in bunkers.

PAINTING—The interior and exterior of a number of the buildings require painting. In order to preserve these buildings, they should be given attention and the necessary paint applied. The cost may be reduced by appropriating sufficient to purchase the material required, the work to be done by the hospital force, assisted by patient help.

STOREHOUSE—The supplies for the institution cannot be stored advantageously, owing to lack of proper facilities. When the main hospital building was constructed, no provision was made for storing food supplies, clothing, material for the numerous mechanical departments, etc. Rooms are being used for storeroom purposes intended for other important uses, are of such size and are so located as to be unfit for the storing and distributing of supplies.

The largest of these rooms is situated at the Dormitory Building, so far removed from the point where goods are received that all supplies sent to this room must be carted a long distance and are consequently far removed from a central point of distribution. This room must be utilized for the accommodation of patients, and provision should, therefore, be made to care for the goods elsewhere.

A storehouse should be erected in the rear of the power house, independent of the main building, so situated that all supplies for the several buildings and departments can be unloaded readily direct from the cars into the storehouse, saving the cost of handling and carting, bringing all under close supervision of the storekeeper and placing them at a central point for distribution.

ADDITIONAL WIRING—To provide the dairy barn and sheds, coach stable, farm barn, sheds, blacksmith shop, cottages, grounds on north side of Administration building, also driveway at front entrance to property, with electric lights, additional wiring will be required.

Kerosene oil is used for lighting the barns, sheds, smith shop and grounds. In order to secure safety and provide good light, all of these buildings, etc., should be wired.

CONCRETE WALKS—A number of years ago two walks, one on either side of the main driveway, 1,000 feet each in length, were laid in front of the Administration Building. These walks have been and are a source of great benefit and pleasure to the patients, providing as they do a means of exercising during all conditions of weather.

Twenty-five hundred feet each of walk will be required to extend them to the line marking the entrance to the hospital property, a total of 5,000 feet. Ground has been excavated and ashes laid for foundation by the hospital employees and patient help.

An appropriation should be asked for with which to purchase material to lay the walks, the work to be done by the hospital force.

TELEPHONES—The Dormitory Building is connected with the Administration Building by a phone connected with the interior phone system. The nurses on the wards are without a means of communicating by phone with the physicians or with the supervisors in charge.

The building is large, and to secure prompt and efficient service should be equipped with phones connected with the switchboard in the Administration Building. The installation of a cable connecting the buildings will provide the necessary number of wires for this purpose and in addition, wires to connect with the laundry, tuberculosis building, shops, fire house, coach stable, etc.

FORESTRY—Much of the chestnut timber, which comprises 90 per cent. of the woodland attached to the hospital, is dead, and there is no hope that the remainder will survive.

An examination of the woodland was made by Mr. Alfred Gaskill of the Forest Park Reservation Commission of New Jersey, and he advises that a clean sweep be made, cutting off all chestnut timber. As fast as one piece of woodland is cleared, preparations should be made to plant it with evergreen trees. These are recommended because they have a landscape value winter as well as summer, and because they will ultimately be worth more as timber than hardwoods.

It is important to conserve the water supply of the institution, making it necessary to maintain a cover about the springs and stream heads. On account of the area that will be cut over being so great, it is not practicable to use large trees for planting and he advises that small trees be used and that a nursery be established on the grounds to grow them in.

The total area to be planted aggregates 400 acres and approximately half a million trees will be required. Austrian pine, Scotch pine, Norway spruce, Douglas fir and hemlock are recommended.

Mr. Gaskill strongly recommends that the above work be done. The work of clearing off the ground will be started this winter and an appropriation should be asked for with which to purchase the necessary trees as recommended by Mr. Gaskill.

SUMMER HOUSES—The summer houses have been in use for a period of years and have, after being repaired year after year, become expensive to maintain and unsatisfactory. These houses were provided for the patients as a place of rest and afforded protection from the weather. The present structures should be removed and replaced by others and additional houses be built.

HOPE PROPERTY—An appropriation of Three Thousand Dollars was made for the purchase of the Hope property. The property was purchased for the amount appropriated, leaving no provision for the payment of charges for investigating records in County Clerk's office, etc.

The charges for this work amount to \$143.69, for payment of which an appropriation must be obtained, as such charges cannot be paid out of the house funds.

BILLS FOR ADVERTISING—Advertisements as required by law were placed in several papers, inviting bids for the erection of the Tuberculosis Pavilion and Nurses' Cottage. Contracts were awarded, and the bills for advertising charges, amounting to \$68.38, were forwarded as before to the Comptroller's office with current bills.

The bills were returned with the information that they were chargeable to the appropriations as specified, and must be paid from a specific appropriation, and not from the house funds. At the time the bills were returned, it was too late to again present them for payment before the close of the fiscal year.

The charges are just and have been approved by the State printer and should be paid. The Legislature should be asked to appropriate money for the payment of these bills.

TRANSFER OF PATIENTS FROM ESSEX COUNTY HOSPITAL TO MORRIS PLAINS—The Essex County Hospital for the insane at Cedar Grove, N. J., has presented a bill to the State Hospital for expenses incurred in the transfer of patients from that institution to this hospital. The question of payment of the bill was referred to the Attorney General and he advised that an appropriation be asked for to provide for such charges.

STATE INDIGENT AND CONVICT PATIENTS—A law enacted in 1895 provides that a patient in indigent circumstances, having no legal

residence in this state, shall be supported at the expense of the state.

At the close of the fiscal year of 1895, five state indigent patients were inmates of the institution. The increase in number has been rapid, reaching a total of 603 at the close of the present year.

An appropriation was made each year sufficient to clothe these patients, until 1904, since which time no money has been available for such purpose, and as a result the hospital has clothed them from the house funds without remuneration from the state as provided by law.

An appropriation of \$156,000.00 for maintenance, \$12,000.00 for clothing, for State Indigent patients; \$26,000.00 for maintenance, \$1,600.00 for clothing, for convict patients for the fiscal year ending October 31, 1912, was asked for, which amounts were appropriated. This money, however, was not available, owing to the wording of the law, which reads:

"For support and clothing of indigent patients at the rate of four dollars per week. Support and clothing of convict patients at the rate of five dollars per week."

In order to make available such moneys as were appropriated, the law should have read:

For maintenance of State Indigent Patients, based on an average of 750 patients for the year.....	\$156,000.00
For clothing of State Indigent Patients.....	12,000.00
For maintenance of insane convict patients, based on an average of 100 patients for the year.....	26,000.00
For clothing of insane convict patients.....	1,600.00

APPRAISEMENT OF PERSONAL PROPERTY AND REAL ESTATE—The valuation of the personal property and real estate is greater than that of last year. The increase results from furnishing new buildings erected and equipping the new Tuberculosis and Fire Department buildings, enlarging and improving cottages and green house; also the purchase of additional land. The valuation of personal property is placed at \$339,221.65; real estate at \$3,250,535.00.

Mr. John Naughton of Morristown and Mr. D. M. Merchant of Morris Plains assisted in the appraisalment and their services were highly satisfactory.

REQUIREMENTS FOR THE FISCAL YEAR ENDING OCTOBER 31, 1914.

For salaries of resident officers.....	\$ 23,000.00
For the maintenance of County patients, based on an average of 1,575 patients for the year.....	163,800.00
For the maintenance of State indigent patients based on an aver- age of 800 patients for the year.....	166,400.00
For the maintenance of insane convict patients, based on an aver- age of 80 patients for the year.....	20,800.00
For the annual appraisalment.....	200.00
For clothing of State indigent patients.....	12,800.00
For clothing of insane convict patients.....	1,280.00

Respectfully submitted,

O. M. BOWEN,
Warden.

The New Jersey State Hospital at Morris Plains, October 31st,
1912,

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO
THE DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

JOHN D. COOPER

THE UNIVERSITY OF CHICAGO

Abstract of Receipts and Disbursements for the Year Ending October 31, 1912

RECEIPTS.

Collections for October, 1911, paid State Treasurer, November, 1911	\$ 24,281.29
Allowance by State for support of—	
County patients	\$138,526.57
State indigent patients	125,062.28
State convict patients	15,539.28
	\$279,128.13
Amount received from Bergen County	20,498.44
Amount received from Essex County	83.79
Amount received from Hudson County	6,343.89
Amount received from Hunterdon County	4,911.33
Amount received from Mercer County	109.29
Amount received from Monmouth County	409.91
Amount received from Middlesex County	106.06
Amount received from Morris County	18,571.59
Amount received from Passaic County	40,268.37
Amount received from Sussex County	6,251.27
Amount received from Somerset County	152.54
Amount received from Union County	35,742.75
Amount received from Warren County	11,888.29
Amount received from private patients	95,948.88
Amount received from hides, fat, etc.	8,163.52
Amount received from interest	89.08
Amount received for support of State indigent patient, Dora Sture	\$220.00
Amount received for support of State indigent patient, Frederick Meade	48.00
	269.00
Check of F. C. Mahon returned	66.00
Amount received from insurance moneys	886.80
	\$554,189.22

DISBURSEMENTS.

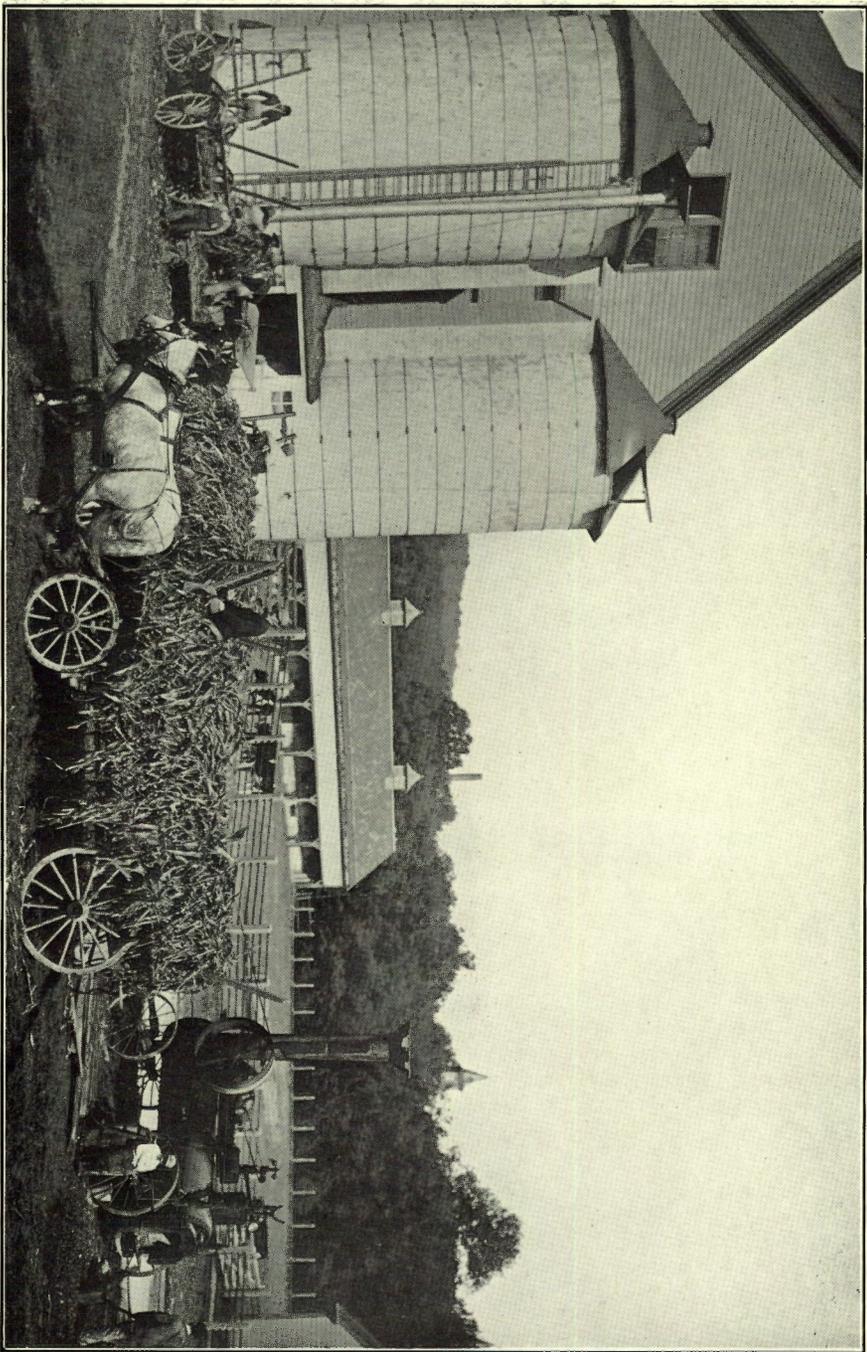
Administrative expenses	\$197,273.33
Table supplies	170,958.28
House supplies	29,204.70
Clothing and clothing material	21,976.10
Heat, light and power	45,098.41
Repairs	20,945.86
Farm, stable and grounds	21,638.19
Miscellaneous expenses	12,588.47
Betterments	1,516.24
Refunding	5,282.42
Protested check of John L. Van Zant, including fee	101.60
Interest reverted to State	34.87
Balance reverted to State	2.94
	<hr/>
	\$526,621.41
Balance in hands of H. P. Lindabury, Treasurer, October 31st, 1912	27,567.81

RESOURCES.

Amount due from Bergen County	\$ 1,754.38
Amount due from Hudson County	1,377.65
Amount due from Hunterdon County	375.27
Amount due from Mercer County	8.86
Amount due from Monmouth County	29.04
Amount due from Middlesex County	8.86
Amount due from Morris County	1,697.77
Amount due from Passaic County	16,560.83
Amount due from Union County	2,991.59
Amount due from State Treasurer for support of County patients	11,996.00
Amount due from State Treasurer for support of Indigent patients	11,423.43
Amount due from State Treasurer for support of convict patients	1,985.00
Balance with H. P. Lindabury, Treasurer	27,567.81
Due from private patients as per bills rendered	16,451.67
Clothing furnished during October	1,538.09
Due for hides, grease, etc.	1,494.26
	<hr/>
	\$96,560.51

LIABILITIES.

Bills payable	\$48,969.83
Refunds for October	301.98
Pay roll for October	15,822.68
Amount of private patients' accounts paid beyond October 31st, 1912	10,893.48
Amount of bills rendered private patients unearned	4,610.47
Unclaimed wages, patients' money, etc.	410.98
Excess resources above liabilities	15,551.09
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	\$96,560.51



FILLING SILOS

92219

Appendix to Warden's Report

DAIRY AND FARM.

312,404	qts. milk (average number of cows milked 90.7, average per cow per day 9.41 qts.).....@	.06	\$18,744.24
3,006 $\frac{2}{3}$	doz. eggs .....	.30	902.00
265	tons timothy hay	22.00	5,830.00
10	“ alfalfa hay	22.00	220.00
18	“ wheat straw	11.00	198.00
10	“ rye straw	15.00	150.00
175	bushels wheat	1.00	175.00
50	“ rye .....	.90	45.00
50	“ windfall apples .....	.60	30.00
89 $\frac{1}{2}$	baskets plums	1.00	89.50
1,500	bushels turnips .....	.40	600.00
399 $\frac{1}{2}$	tons green fodder	5.00	1,997.50
49	calves sold		235.67
			\$29,216.91

STOCK SLAUGHTERED.

54	cows dressed, 31,180 lbs. ....	.12	\$3,741.60
24	calves dressed, 1,845 lbs. ....	.15	276.75
255	hogs dressed, 59,533 lbs. ....	.12	7,143.96
27	sheep dressed, 1,313 lbs. ....	.07 $\frac{1}{2}$	98.47
71	lambs dressed, 2,178 lbs. ....	.12 $\frac{1}{2}$	272.25
700	chickens dressed, 2,800 lbs. ....	.24	672.00
			\$12,205.03

GARDEN.

50,110	ears sweet corn	@ .01	\$ 501.10
6,430	cucumbers .....	.01	64.30
70	bushels lima beans	1.50	105.00
475	“ string beans .....	.30	142.50
3,246	“ tomatoes .....	.50	1,623.00
750	“ onions .....	.50	375.00
52	“ peas	1.00	52.00
1,500	“ turnips .....	.35	525.00
575	“ beets .....	.40	230.00
650	“ kale .....	.15	97.50
426	“ spinach .....	.50	213.00
1,120	“ parsnips .....	.50	560.00
1,400	“ carrots .....	.40	560.00
45	“ Brussels sprouts	1.50	67.50
10	“ peppers .....	.50	5.00
360	“ potatoes	1.00	360.00
20,000	bunches radishes .....	.01	200.00
1,200	“ parsley .....	.03	34.00
11,870	“ onions .....	.02	237.40
3,600	“ rhubarb .....	.06	216.00

NEW JERSEY STATE HOSPITAL.

1,500	"	asparagus .....	.20	310.00
200	"	sage .....	.02	4.00
100	"	thyme .....	.02 $\frac{1}{2}$	2.50
29,000	heads	cabbage .....	.05	1,450.00
16,270	"	lettuce .....	.05	813.00
13,500	"	celery .....	.03	405.00
500	"	cauliflower .....	.12	60.00
260		pumpkins .....	.05	13.00
361		egg plants .....	.05	18.05
30	bushels	summer squash .....	.50	15.00
64	quarts	raspberries .....	.13	8.32
75	bushels	grapes	1.00	75.00
5	"	pears .....	.80	4.00
96	quarts	cherries .....	.10	9.60
				<hr/>
				\$9,358.27

