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ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

State Hospitals of New Jersey

FOR THE

YEAR ENDING OCTOBER 31st, 1896.

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## MANAGERS.

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## REPORT OF THE BOARD OF MANAGERS OF THE STATE HOSPITALS.

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*To His Excellency John W. Griggs, Governor of New Jersey :*

The Board of Managers of the State Hospitals, in compliance with the requirements of the law, respectfully submit their annual report for the fiscal year ending October 31st, 1896, being the Forty-ninth Annual Report of the New Jersey State Hospital at Trenton, and the Twenty-first Annual Report of the New Jersey State Hospital at Morris Plains.

The laws of the State of New Jersey impose three distinct functions upon the Managers of the State Hospitals for the Insane, only one of which is indicated by the title. These are the annual examination of such county asylums as receive aid from the State for caring for their inmates, the licensing of private institutions for the detention and treatment of the insane, and the management of the two great Hospitals located at Trenton and Morris Plains.

The reports of the Medical Directors and Wardens of the State Hospitals are herewith submitted. The meetings of the Board of Managers, annual, quarterly and monthly, have been held at the institutions respectively on the dates fixed by law, the provisions regulating the number necessary to the transaction of business in each case having been complied with. The institutions have also been visited by the Managers at irregular but frequent intervals, and on all occasions of emergency indicated to them by the Medical Directors or Wardens.

### THE STATE HOSPITAL AT TRENTON.

Extensive improvements in the grounds and buildings have been made during the year. Thirty-six patients have been removed by the authorities of Atlantic county; yet the large number of admissions leaves the total but one less than it was at the close of the pre-

ceding year. The institution is greatly overcrowded. Plans for increased room are referred to in the report of the Warden.

In the tables furnished by the Medical Director some encouraging facts are found. Two patients, one of each sex, have been discharged as recovered who had been inmates of that institution five years, and two who had been there four years, and four who had been there three years.

It is impossible to determine, except in extreme cases of degeneration, whether a patient is beyond recovery. Among the cases at Trenton, of the total number admitted during the year—two hundred and fifty-one—all were first admissions to the Hospital except twenty-two. The number discharged recovered is seventy-one, those improved thirty. Two were found to be not insane. Of the whole number—8,822—received and treated from the opening of the institution, May 15th, 1848, to November 1st, 1896, 3,015 have been discharged as recovered.

An analysis of the causes of death shows but two out of the one hundred and four to have resulted from acute disease, while eleven, notwithstanding their mental perturbation with its occasional or habitual physical irregularity, survived to die of old age, six were over eighty years of age, nine between seventy and eighty, thirteen over seventy but less than seventy-five, and eight between sixty-five and seventy.

The connection between insanity and pulmonary disease does not receive special emphasis by the table of the last year, as less than one in six died of consumption. The regular life and care seem to contribute almost as much to longevity as insanity subtracts, notwithstanding that in twenty-two cases there existed a decided suicidal tendency, and self-destruction was threatened in twenty-six. Among the deceased four had been in the Hospital more than twenty years, five from fifteen to twenty, thirteen from ten to fifteen, eleven from five to ten, and thirty-nine less than one year. The death-rate is somewhat increased by the fact that patients are often brought to the Hospital in practically a dying condition. Five died in less than one week, five more in less than two weeks, and four more in less than one month. Exhausted as many of these patients were, outbursts of maniacal fury made them dangerous to themselves and others, and in some instances their persistent efforts to make away with themselves had worn out their relatives.

#### THE STATE HOSPITAL AT MORRIS PLAINS.

Two hundred and eighty patients were admitted to Morris Plains Hospital during the last year, a larger number than in any preceding year, exclusive of the first, when two hundred and ninety were transferred directly from the State Hospital at Trenton, the number of regular admissions in that year being but fifty-six. The total number admitted in twenty-one years has been four thousand six hundred and twenty-two. From the beginning the number of admissions has averaged more than two hundred each year. This means a much greater increase of permanent Hospital population than would take place in a private asylum, since to the State Hospitals are sent insane convicts and criminals, indigent county patients, and also such private cases as can be accommodated.

The Medical Director states that the rate of recovery in such hospitals as receive all these classes ranges only from twenty to thirty per cent., an unusually large proportion of admissions consisting of incurables. More than one in five admitted during the past year had been previously attacked.

It will be observed that ninety-six were discharged during the past year as unimproved. This in large part resulted from the removal from the Hospital on May 14th, 1896, of eighty-five patients who were taken to the new Hudson County Lunatic Asylum. In all other cases the patients were taken by friends and relatives, who filed a bond in the Hospital as a guarantee of their responsibility for the care and comfort of such patients.

While, on account of the removal of the patients mentioned, to the Hudson County Asylum, the Hospital year closed with a population less than that of the preceding year, the daily average has been twenty-six more, in view of the large increase of admissions. The difficulties of attempting to provide for three hundred and upwards more than the institution was originally adapted to accommodate, are almost insuperable, and are particularly oppressive to the newly-admitted patients, involving the crowding of extra beds into rooms, and into dormitories already full. A hospital for the insane does not differ from the outside world in this particular: whatever interferes with comfort increases irritability, and this renders the enforcement of discipline and the progress of recovery more difficult. The progress of the new building is therefore observed by all connected

with the management with an interest which is increased by the arrival of each new patient.

Discipline has been much improved by the results of the Training School for Nurses. The grounds and buildings have received constant attention, the water-supply has been greatly improved, and the general condition of the institution is such that an inspection of it at any time, except when its crowded condition necessitates confusion by the presence of all the inmates in the house on account of inclement weather, or in the evening, is an agreeable task.

#### CONVICT AND CRIMINAL INSANE.

Both Medical Directors treat at length the subject of convict and criminal insane, according to the system of classification in force at the Hospitals, which is based upon the action of courts. Convicts are those who, having been found guilty of crime as sane and responsible persons, have begun to serve their sentence, and have subsequently become insane, and have been removed from the prison to the hospital, in harmony with the provisions of the law governing such cases. Criminal patients are those who have either been charged with crime and acquitted on the ground of insanity, or those who are in confinement under indictment or by order of any Justice, and shall appear to be insane; in both cases such persons may be removed to one of the Hospitals by an order of the Judge until restored to their right mind. The law provides that convict patients are to remain in the asylum until they are restored to their right mind, and then, if the term of imprisonment shall not have expired, the Superintendent shall inform the Judge and Attorney-General of their recovery, whereupon they shall be removed to the prison to serve out the unexpired portion of the term of their imprisonment. In the case of recovery after expiration of the term of imprisonment, they can only be discharged from the Hospital by the order of one of the Justices of the Supreme Court, who shall make such order only after due investigation. The law further requires that criminal patients, after recovery, are to be remanded to prison and criminal proceedings be resumed, or otherwise be discharged.

In the Hospital at Trenton there are twenty-four, and in that at Morris Plains fifty-one convicts, the latter having, in addition to these, twelve criminals. Dr. Ward, referring to the argument formerly

urged, that a sufficient number of these classes did not exist to warrant the State in making the expenditure necessary to provide a separate place for them, says that this no longer holds good. He shows that apart from the manifest impropriety of associating these classes with the innocent insane, the Hospitals have and can have no arrangements that are suitable for their safe custody. The Board of Managers are aware not only that such arrangements do not exist, but that it would be difficult to introduce them without bringing in many of the objectionable features most undesirable in a structure set apart for the treatment in the hope of cure of persons afflicted with mental disease, a place in nowise intended for the punishment or incarceration of persons who have been tried and convicted for the commission of high crimes.

Dr. Ward forcibly states that every consideration suggests the necessity of a suitable structure especially designed for the purpose. This would meet every demand in regard to security, and remove all incentive on the part of the convict to feign insanity in order to secure removal to the State Hospital, from which he could the more easily effect his escape. The highest authorities on insanity hold that it is impossible to preserve discipline in the prisons and mingle the insane with the convicts at labor, and clearly it is not right to confine the insane day and night in cells.

It is an affliction to patients of ordinary moral sensibility to be compelled to associate with criminals who continually speak of their criminal escapades, and whose minds are filled with the impressions and recollections of lives of gross immorality and violence. It should not be supposed that all the insane have lost their sensibility. One of the patients at Morris Plains, finding that the person who occupied the room next to his own was a criminal, pathetically wrote to his father, "If I am out of my mind I do not blame you for sending me here; but I never believed that my father would force his son to associate with criminals."

Convicts as a rule disorganize other patients. They are adepts in contriving means of escape, and to prevent them from succeeding in such efforts is extremely difficult and sometimes impossible. When an escape of this kind occurs, the public, not being aware of the desperate nature and previous lives of these persons, unjustly criticise the institution. While they are in the institution they indulge in many petty criminalities upon other patients. Complaints are con-

stantly made to Medical Directors and Managers not only by patients in the Hospital, but by friends and relatives of patients. The only answer that can be made is that the reception of convicts is not optional with the officers of the Hospital, but a matter of law.

A remarkable difference exists between the convict insane and ordinary insane persons. It has often been affirmed that the insane are not capable of concerted action; that they never conspire or combine. This is not true as a universal, but it is true as a general proposition: so that a sane man would be more safe in a room with several patients, all having a homicidal tendency, than he would be in a room with one, since if attacked he could make the same appeal to the others for aid that he could make if surrounded by the sane.

But the convict insane are liable to combine at any time. A recent occurrence at the Morris Plains Hospital illustrates the danger to which both patients and attendants are exposed. Five convicts at that institution recently planned a desperate scheme by which they were to make their escape. The five were sleeping upon a ward which has a night service, and upon which—owing to the crowded condition of the institution—cots are placed upon the floor in the corridor. The five were to operate together, kill one of the night nurses and escape, and but for the miscarriage of one item in the details of this carefully contrived scheme, it would have been executed to the letter, with the loss of one or more lives.

The details of the plan were that they should wait until one of the night nurses, of whom there are two upon the ward, had gone to his midnight meal, which is served in another place. Then one of the most powerful and desperate of the convicts was to call for something to make him sleep, he well knowing that the physician in charge had left a sleeping potion with the night nurse for such an emergency. Upon the latter going to the door and opening it, a convict who was upon one of the cots, and was apparently of a quiet disposition, was to slip off his camisole, which he is an expert in doing, and seize the night nurse from behind, while the patient who had called to him for help should spring from his room and seize the nurse. The two were then to kill him, open the doors and let out the other three, make a battering-ram of the springs upon which the cots were placed, batter out the end windows, and thus to effect an escape.

The night nurse heard the complaints in the room, but at that time two were calling, and the one to whom he went was much more con-

fused in mind and weaker in body than the other. While speaking to this patient, and preparing him to take the medicine, the nurse found himself seized by the back of the neck by the convict whose cot was upon the floor in the corridor, he calling upon his "pal" to come to his assistance. Only with the very greatest difficulty was the attendant able to extricate himself, the other man who was to assist in the killing meanwhile screaming to be let out.

The nurse by promptly calling the day attendants, whom he aroused from their sleep, and by the arrival of the patrolman, was able, with their assistance, to cut short what might have been a most serious affair. The narrowness of the escape appears from the fact that the convict who was to attack the night nurse from the front had kicked out a panel from his door and was about to join the man who attacked him from the rear when help arrived.

On the following morning these convicts admitted that they had planned their escape, and said that if the nurse had gone to the door they expected him to go to, he would have lived but a few minutes after doing so. The subsequent vicious acts of these persons have been quite convincing evidence that they would have carried into effect what they had planned to do.

This is but one of several instances of concerted action of this kind on the part of convicts, and shows the great danger associated with caring for desperate characters of this kind along with the ordinary insane. Some of them have been known to threaten to kill patients, stating that as they had already been brought from prison as insane, nothing more could be done to them.

Some of them also have succeeded in making keys whereby they could open the doors throughout the house, one being ingenious enough to do this by the aid of as simple an instrument as a steel pen. Also they have been known to try to instruct convalescent patients in criminal methods and practices.

It might seem to some a reasonable suggestion that convicts in State Hospitals should be kept in a ward by themselves. This would not be feasible, as the buildings are not constructed to furnish dungeons, and as it would be impossible to control them in the absence of a suitable building, without having a number of attendants almost equal to that of the convicts.

In view of these facts, we direct the attention of your Excellency to the necessity for the erection of a separate institution for the con-

vict insane, which should be built with sufficient strength for security, and located at or in the vicinity of the capital, which would facilitate transfers from the State Prison and accommodate all parts of the State.

It should be added that we are credibly informed that there are at the present time persons of unsound mind in the State Prison.

#### EPILEPTICS.

This subject is also treated by both Medical Directors. Fourteen epileptics were admitted to the Hospital at Trenton during the last year, and at the close of the fiscal year there were one hundred and sixty-six epileptics in the two State institutions, and the number is gradually increasing.

Many of these, except during their seizures and a short time before and after the same, are in a rational condition, while their convulsions greatly excite the more nervous and susceptible who are there only on account of mental disease.

Other States are devising and carrying into effect plans for epileptic colonies, the last to do so being the State of New York. The report of the first year shows that a large proportion of them have been able to earn their own living, and that they have greatly improved in health. It would be an act of humanity to all classes, and in the end an economy to the State, if a separate institution could be furnished for epileptics, in which they could be employed a greater part of the time, and in such an institution there would be great hope of the recovery of many of them if they were committed to the same in their earlier years.

#### PRIVATE ASYLUMS.

The number of private asylums is not large, but the operation of the law recently enacted has already in some instances been of decided benefit, and it will, if duly enforced, prevent the springing up of institutions under incompetent or unscrupulous persons, whose only object is revenue, and who in some of the States of the Union have been convicted of cruel treatment, inadequate care, and in some cases of unlawful detention, for compensation, of persons unjustly accused of insanity.

The Managers beg leave respectfully to direct the attention of your Excellency to the fact that the law requiring them to examine institutions preparatory to issuing a license, and repeating such examination annually—while it gives them the prerogative of refusing or revoking such license—makes no direct provision for dealing with any who may refuse to apply for the license, or who may continue to receive the insane after their licenses have been revoked. While it may be assumed that the statute, if disobeyed, constitutes sufficient basis for procedure on the part of the duly-appointed Prosecutors in every county, the absence of a specific method and of a fixed penalty diminishes the moral influence of the law, and might seriously delay if not absolutely prevent its execution.

#### COUNTY ASYLUMS.

The law which now exists, and under which county asylums receive money from the State treasury to maintain or assist in maintaining their indigent insane, was passed as a general law, but was doubtless intended primarily to assist the more populous counties. Its operation ostensibly establishes a State paternalism over a system of county institutions, fostering their growth and affording a pecuniary incentive to their construction, while at the same time the State has no effectual control over them, the functions of the Board of Managers being restricted to visiting them and reporting to your Excellency the condition in which they are found.

While Essex county, with its large population and with very fortunate circumstances as respects its management, has built up an institution which compares favorably with many State institutions, the general tendency of the operation of the present law is to build up a system of inferior institutions by offering a premium upon what must necessarily be in most instances poorly equipped annexes to almshouses in which the insane are to be detained or kept. These institutions are not likely to throw around the sick the comfort, give the service, guarantee to the relatives and friends of the sick, and to the State at large, that they shall have the treatment, care and attention which is expected and demanded from the well-equipped State institutions.

Throughout the country the States are taking steps toward the removal of their patients from county institutions to the State care,



going so far in some instances as to purchase the institutions and place them strictly under State supervision. An example of this is to be found in the State of New York's recent purchase of the county asylums in and around the city of New York. In that State, and in others, a careful investigation into the internal workings of county institutions developed the fact that the manner of their management was far inferior to that of State institutions, patients more poorly clad, less humanely treated, crowded and herded together, without sufficient care for their comfort and health. The local management was found to be dominated by political influence and local favoritism, not tending to promote the welfare of inmates or patients.

Whatever might be said of the treatment of the chronic or hopelessly insane paupers of the lower type, or of those whose lives have been spent in circumstances hardly equal to those of an ordinary almshouse, the placing in such institutions of patients who might be cured, and those who had been self-supporting and self-respecting until afflicted with mental disease, cannot commend itself to philanthropic instincts, or to modern and advanced methods of caring for the insane. To bring an insane person of respectability in close contact with paupers, and advertise throughout the county to all who happen to visit such institutions that he is insane, as well as to keep him while insane in a region with which he is familiar and wherein his mental disease arose, is by no means in harmony with scientific treatment. And to impose upon those whose friends are insane the necessity of visiting the almshouse in order to see them, is a humiliation which, in the absence of necessity, should not be imposed upon them.

The tendency in New Jersey is toward the increase of county institutions, and the law as it now is, which gives to each county which constructs its own buildings for the care and detention of the insane two dollars per head, where to those counties which have not erected buildings for the insane but one dollar per head is given, encourages the erection of these annexes and county buildings. This does an injustice to those counties which give their patients better care by placing them in the State Hospitals, and offers special encouragement to those counties which give to their patients inferior care.

The State of New Jersey has made its Board of Managers non-partisan, for the purpose of removing the internal management of the

same from the strifes and vicissitudes of political parties or factions, and for placing their management under the control of an impartial administration, yet the county institutions, which must be managed by the Board of Freeholders, must naturally be affected if not tainted by local influences, political and otherwise.

Except in two of the county institutions of this State there is no resident physician, no competent corps of nurses, while for political purposes in most of the counties a far higher rate of wages is paid to attendants than is necessary, and an inferior order of service is obtained.

The growth of such institutions will in the end work many evils, besides detracting from the magnanimous efforts of the State in the establishment and maintenance of two great institutions, which compare favorably with all others of their kind in this country or abroad.

In view of all the circumstances it seems but proper that New Jersey should profit by the example of other States, and that some legislative action be taken which will prevent the springing up of county institutions for purely economic reasons, without proper consideration of the comfort and interest of the mentally afflicted.

We subjoin a report of the different county institutions, as required by law.

#### COUNTY ASYLUMS.

##### *Hudson.*

The Hudson County Asylum was visited October 24th. The number of patients at the time was 450.

	Males.	Females.	Total.
White.....	210	240	450
Colored.....	None.		

The new building was occupied April 5th, 1896, and is well adapted for its purpose. It is in charge of Dr. George W. King. There are twenty-eight day attendants, and at night one attendant on each ward. In this, as in all county institutions, a suitable medical staff should be in attendance at all times, and this, in our judgment, does not exist here, as there is but one doctor for the care of 450 persons.

Also the grounds and outbuildings are so near to the county poorhouse, and are so situated that it is almost impossible to give the inmates the necessary labor and exercise without their commingling with the inmates of the poorhouse, in which there are many children of ages varying from four to fourteen.



*Essex.*

This, in our judgment, is the best equipped and most efficiently managed county institution in the State. It had, when visited October 24th, 705 inmates.

	Males.	Females.	Total.
In building.....	261	410	671
On pass.....	17	14	31
Temporary custody.....	1	2	3
	279	426	705

Of the above, 4 males and 12 females are colored.

Dr. L. S. Hinckley is chief of the medical staff, which, including himself, consists of four physicians, in full charge of the place, under the direction of the Board of Freeholders. About 150 patients are employed daily in in and outdoor work, under directions given by the doctor from day to day. Shoemaking, tailoring, dressmaking, &c., are carried on here, and from what we could learn, to the benefit of the patients and with profit to the county.

When the building now being constructed at Verona is completed, the classification of the patients can be improved, and thus the institution brought up to the highest degree of efficiency.

*Passaic.*

The Passaic County Asylum, which is the city poorhouse, was visited November 7th. It is in charge of J. J. Donnelly as Superintendent, and Mrs. Donnelly as Matron. The number of insane inmates on the day of our visit was:

	Males.	Females.	Total.
White.....	13	31	44
Colored.....	None.		

The Freeholders pay the city of Paterson for the maintenance of the insane. There is at present no resident physician, and only one nurse, who is in charge of all the female patients. The City Physician visits the institution as often as in his judgment it is necessary. There has been no change in the general character of the institution since our last report, and no change made by which the insane are kept apart, except at night, from the pauper poor.

The character of this institution is such that it is to our mind imperative that the law should be changed, and we repeat our recommendation of last year, "that the counties receiving State aid for the care of the insane should be compelled to have a building specially erected for their care, apart from the almshouse and under different management, and that one or more resident physicians should be in charge of the health of all persons committed thereto."

*Camden.*

The Camden County Asylum is situated near Blackwood. C. F. Currie is the Superintendent. Henry E. Brannin, M.D., has the medical care of the institution, and visits the patients regularly once every day and oftener if necessary. He resides near the asylum and is easily accessible at any time. The Superintendent resides in the building, and has general supervision of the patients, while his wife acts as Matron. The institution is in good condition, walls neatly painted, ventilation adequate, and everything showed constant and intelligent supervision. The patients are comfortably clothed, and the beds and bedding are clean and in sufficient quantity. The water-supply is derived from a small creek near by and is abundant in quantity for all purposes, and of excellent quality. Pressure is obtained from a stand-pipe.

The proportion of attendants to patients is about one to ten. The number admitted during the year was 40, and at present there are under care 165 (70 men and 95 women). Nine have been discharged as recovered, and 27 have died. No acute sickness exists in the institution at present, and there has been but little during the entire year.

*Cumberland.*

This institution is situated near Bridgeton. The building used for the insane is a small brick structure, two stories in height, and situated immediately adjacent to the county almshouse. It has ten rooms or cells only, and any excess of this number is cared for in the almshouse proper. William Ogden is the Steward. The County Physician, J. R. C. Thompson, M.D., visits the patients twice a week. The rooms occupied by the patients are clean and well whitewashed.

The water supply is furnished from a bored well favorably located, and is copious and pure. The patients sleep in bunks or low beds, and apparently were furnished with comfortable and abundant bedding. No regular attendants are furnished to care especially for the insane, but they are looked after by the Steward and his wife, who acts as Matron.

There have been no patients admitted during the year. There are at present 15 in the institution, 7 men and 8 women. One has died during the year. Under care during the year, 16.

#### *Gloucester.*

This asylum is situated near Clarksboro. The patients spend the day in the main building or almshouse proper, but sleep in a small house near by at night. No special provision is made for oversight during the night. No attendants are provided either by day or night for the special care of the insane. The entire building is under the immediate care of George G. Weatherby, Steward, and his wife as Matron. The place is well kept, is clean and well ventilated. The medical care is under the direction of George C. Laws, M.D., who visits the institution regularly once a week or oftener if considered necessary. The water-supply is derived from a spring and seemed abundant in quantity and of excellent quality. Bath-rooms are provided and used when considered necessary. Under care during the year, 17; 9 men and 8 women. No deaths or discharges during the year.

#### *Salem.*

This institution is located near Woodstown, and is under the management of David Dickinson as Steward and his wife as Matron. The physicians are William Carpenter, M.D., of Salem (ten miles distant), and Charles Newton, M.D., of Sharpstown. Dr. Carpenter visits the institution Tuesdays and Dr. Newton on Fridays, and no other visits are made except when called upon.

A separate brick building is provided for the insane, which is fairly well ventilated and well warmed. The floors of the rooms are covered with zinc, which may add to the cleanliness, but does not add materially to the comfort of the occupants. No regular attendants

are provided, and we were informed that meals are served to the patients in their rooms usually by one of the inmates of the almshouse near by. Bath-tubs are provided. Water is supplied from a well, or wells; and is stated to be sufficient in quantity for all purposes and of good quality. There are at present in the asylum 7 patients, 4 men and 3 women. None have died and none have been admitted during the year.

#### *Burlington.*

Burlington county cares for a large portion of its indigent insane in a building annexed to the county almshouse. They are under the care of T. B. Gaskill, who also has charge of the almshouse. He is ably assisted by Mrs. Gaskill, who evinces a deep and matronly interest in her work. The whole interior of the building is exceptionally clean, but, as compared with the State institutions, seems crowded and circumscribed, rooms small, halls narrow. The inmates are well fed, and with a proper variety. The water supply is pumped from Rancocas creek. The health of inmates is good. Dr. John W. Webb is the physician in charge, who calls once a week unless needed oftener. Received during the year, 3; discharged, none; one death. In the asylum at present there are:

	Males.	Females.	Total.
Patients.....	14	42	56

The youngest is eighteen years old, and the oldest eighty-five. They are nearly all old people and incurables. The county probably received from the State as aid a sum in excess of the actual cost of maintenance.

#### *Atlantic.*

This asylum is located near Pleasantville, about six miles from Atlantic City. The building is of brick, and was erected especially for the care of the insane. It was opened for reception of patients in March, 1896. Received during the year 45 patients (36 sent from the Trenton Hospital at the opening in March); 3 women and 2 men have died; remaining, 19 men and 21 women.

This institution is under the care of Tobias McConnell as Super-

intendent, and his wife as Matron. P. S. Steelman, M.D., visits the institution every third day regularly, and oftener if required. The Superintendent resides in the institution.

The water-supply is derived from driven wells, and is said to be abundant in quantity, and of good quality. Hot and cold water is supplied for baths. Patients are bathed regularly once a week.

The house is heated by steam, mostly by direct radiation. The ventilation is excellent. Both the house and kitchen are well arranged. Patients are comfortably clad, bedding is neat and clean. The bedsteads are of iron, of the usual hospital design. The halls are carpeted, and bed-rooms are supplied with carpet strip. The closets are well flushed, and all double trapped.

#### THE COMMITMENT OF PATIENTS.

We deem it a duty to submit to your Excellency facts going to prove that the laws of the State of New Jersey specifying the conditions upon which patients are to be committed to and received by institutions for the insane, State, county or private, are defective—so defective that it would not be difficult to secure the committal of a sane person if there were strong motives to induce the attempt, and none were interested in the victim's behalf.

The law does not require that a physician should have had any experience whatever after graduation before being competent to certify to insanity or sanity. Five minutes after the youth has received his diploma, the first case to which he is called may be one of mental disease, and he is as competent legally to certify that the patient is insane as if he had been a quarter of a century in daily intercourse with such cases.

Nor does the law provide that he shall not be a near relative, by blood or marriage, of the person named in the certificate and to be committed. Nor does it provide that he shall hold no official connection with the institution to which the person is to be committed; or if a private institution, that he shall have no financial interest in it. Nor does it require that he shall not be a trustee or guardian of the person whose committal he desires. Nor does it require that he shall state how often he has seen the patient, what examination he has made of him or her, nor what symptoms he found which led him

to the conclusion that the patient was of unsound mind and suitable to be placed in a hospital for the insane. Nor does it require that the certifying physician should have seen the patient within four weeks of the time of admission.

Yet no greater outrage could be inflicted, short of murder, upon a sane person than to place upon him the stigma of having been charged with insanity. It is true that very few have been found in insane asylums who were not insane. The total number found to have been committed to Trenton who were sane is 29; but the number whose improper or violent removal to an institution for the insane, on account of an error in diagnosis, who may have been thus made insane, eludes authentication and cannot be tabulated in statistical returns.

To show what can be done in the State of New Jersey under the present law, within a brief period a person who was a physician and a Justice of the Peace and interested in the person to be committed, was one of the certifying physicians, administered the oath to the other, and undertook to administer the oath to himself. But the Medical Director, while acknowledging that he could not reject him because related to the person in question, refused his certificate as a Justice and Notary Public, and would not accept his own certificate as to his own qualifications as a physician.

Our inquiry into this subject leads us to the conviction that the proper commitment of the insane to an institution should be made upon a certificate which sets forth the following items or facts:

1. A thorough identification of the person to be committed.
2. The qualification of the maker of the certificate, the name of the reputable school of medicine from which he was graduated, that he shall have been graduated at least four years, that he shall not be a near relative, either by blood or marriage, of the person named in the certificate and to be committed, that he shall hold no official connection with the institution to which the person is to be committed, and if it be a private institution that he shall have no financial interest in it, and that he shall not be a trustee or guardian of the person to be committed.
3. It should certify to a thorough examination of the patient, the number of visits made to him, and their length; that the examination shall consist of a careful investigation into the mental state of the patient, as well as the physical ailments that may have a bearing upon



the mental disorder; that the investigation shall in no case occupy less than one half hour of careful inquiry, in which time the examiner shall have the patient in his presence and under his observation, before he shall be entitled to make out a certificate in the case; and to record such facts as he can ascertain concerning hereditary taint, previous attack, or serious nervous disorder.

4. The establishment beyond doubt in his mind of a condition of unsound mind in the person to be committed.

5. That the symptoms upon which he founds his judgment shall be couched in plain language and incorporated into the certificate.

6. That a certificate shall not be more than seven days old upon the day of its use in committing the person to whom it relates to an institution for the insane.

7. That the medical certificates shall be two in number, and shall be sworn to before an officer qualified to take affidavits.

The reasons why the sixth item should be inserted are obvious. A person insane on the first of the month may have recovered mental health before the end of it; or it may become apparent that what was supposed to be insanity was the delirium of acute fever, or an attack of delirium tremens, or the transient effects of a disease like la grippe. The present law allows thirty days to intervene.

At the present time the certificates show nothing, whereas, if the grounds of the conclusion were fully stated, the Medical Director of the institution, by an examination of the patient, would be able to begin a rational treatment at once; and also by instituting a comparison between the condition of the patient as delivered to his hands and as found by the examiners, to form a just conclusion as to the probability of a correct diagnosis, or of a speedy change.

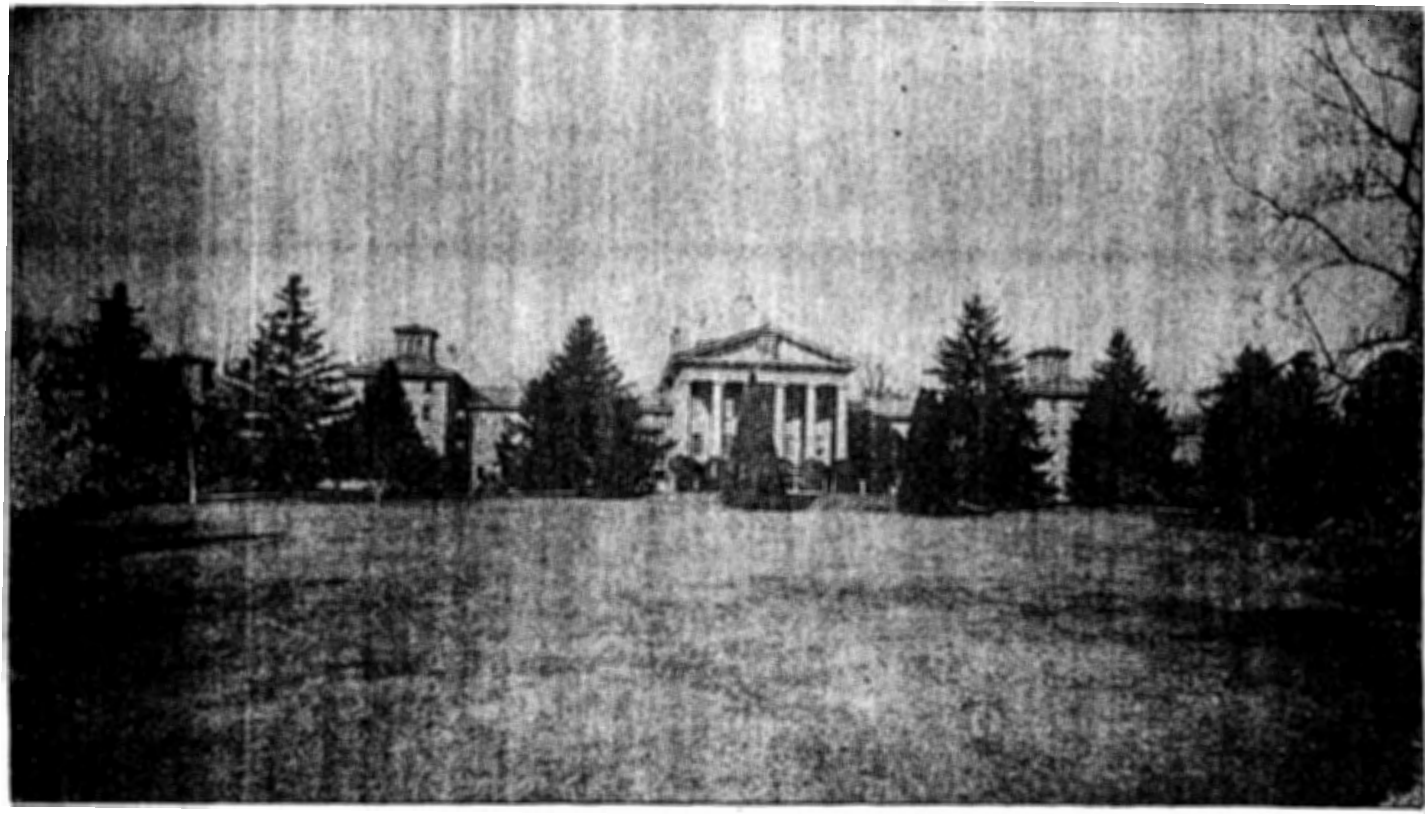
In contested cases, also, such certificates would be of value in defending the institution from the charge of carelessly or improperly receiving patients. And should patients be discharged as recovered, and afterwards be recommitted, the certificates of the first examination would be valuable for purposes of comparison.

The vital reason, however, for changes in the law is the protection of the citizen, since there are various reasons why unprincipled persons might wish to place obstacles to their designs in such institutions.

In conclusion, the Board of Managers would respectfully refer Your Excellency to the annual reports of the Medical Directors, Wardens and other officers, which, having been closely examined by the appropriate committees, are believed to represent the present state of these vast institutions, and set forth the statistics of their operations.

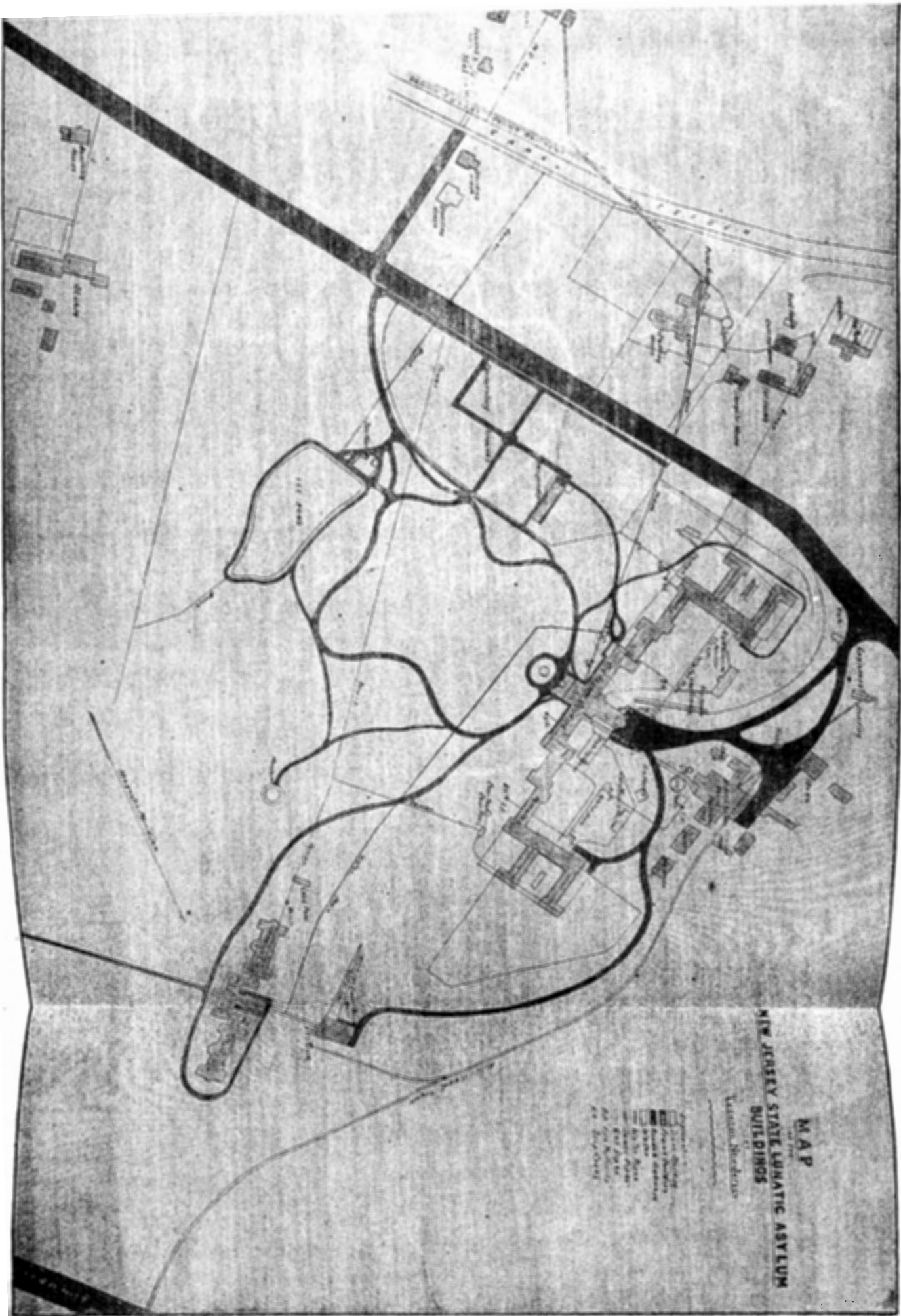
GEORGE RICHARDS,  
J. M. BUCKLEY,  
JOHN C. EISELE,  
PATRICK FARRELLY,  
ROMEO F. CHABERT, M.D.,  
GARRET D. W. VROOM,  
H. S. LITTLE,  
JOHN TAYLOR,

Board of Managers.



MAIN BUILDING.





GENERAL PLAN—GROUNDS AND BUILDINGS.



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FORTY-NINTH ANNUAL REPORT  
OF THE  
Resident Officers  
OF THE  
New Jersey State Hospital  
AT TRENTON,  
*For the Year ending October 31st,*  
1896.

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## RESIDENT OFFICERS.

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### MEDICAL DEPARTMENT.

JOHN W. WARD, M.D., . . .	Medical Director.
JOHN KIRBY, M.D., . . .	Assistant Physician.
JOHN C. FELTY, M.D., . . .	Second Assistant Physician.
WILLIAM F. JONES, M.D., . . .	Third Assistant Physician.
— — — — —, . . .	Fourth Assistant Physician.

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### BUSINESS DEPARTMENT.

WILLIAM H. EARLEY, . . .	Warden.
HARVEY H. JOHNSON, . . .	Treasurer.

## TREASURER'S REPORT.

*To the Managers of the State Hospitals of New Jersey:*

GENTLEMEN—The following abstract of receipts and disbursements for the fiscal year ending October 31st, 1896, is respectfully submitted:

### RECEIPTS.

Balance on hand November 1st, 1895.....	\$59,933 86
From State Treasurer for convict patients.....	\$5,896 48
From State Treasurer for county patients.....	45,944 28
From sundry counties for maintenance of county patients,	154,321 37
From private patients.....	25,650 97
From hides, tallow, &c.....	1,921 53
	<hr/>
	233,734 63
	<hr/>
	\$293,668 49

### DISBURSEMENTS.

On orders of Warden.....	241,380 25
	<hr/>
Balance on hand October 31st, 1896.....	\$52,288 24

H. W. JOHNSON,  
Treasurer.

New Jersey State Hospital at Trenton, November, 1st, 1896.

We hereby certify that we have examined the Treasurer's accounts of the New Jersey State Hospital at Trenton, and find them correctly stated and balanced according to the foregoing statement.

JOHN C. EISELE,  
G. D. W. VROOM,  
Auditing Committee.

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REPORT OF THE WARDEN.

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(31)

## WARDEN'S REPORT.

*To the Managers of the State Hospitals of New Jersey:*

As required by law, I herewith submit my annual report for the fiscal year ending October 31st, 1896:

### APPRAISEMENT.

Buildings, grounds, &c., valued at.....	\$705,000 00
Personal property valued at.....	139,424 90
Valuation of building and ground over last year.....	20,000 00
Valuation of personal property over last year.....	6,459 29

### FINANCIAL.

Balance in hands of Treasurer November 1st, 1895.....	\$59,933 86
Receipts from all sources.....	233,734 63
	<u>\$293,668 49</u>
Disbursements.....	241,380 25
Cash balance.....	<u>\$52,288 24</u>

### RESOURCES AND LIABILITIES.

#### *Resources.*

Total resources including balance on hand, amount due for maintenance of patients and State Hospital at Morris Plains.....	\$80,959 35
--	-------------

#### *Liabilities.*

Bills payable, monthly pay-roll and maintenance paid beyond.....	37,396 40
Resources above liabilities.....	<u>\$43,562 95</u>

### IMPROVEMENTS.

#### *New Buildings.*

An extension to the main building is being erected and is now nearly inclosed, sixty by seventy feet, three stories in height, to be used, first floor as a store-room, the second for offices and the third

floor as a chapel. When completed and occupied as above, a much-needed addition to the main building will have been made, and relief from being overcrowded in many directions obtained.

#### *Dwelling.*

A building of ample size and dimensions is now nearly completed, to be used as a dwelling by the Medical Director. It is built on the grounds immediately surrounding the Annex and is convenient to both buildings.

#### WATER-SUPPLY.

##### *Artesian Wells.*

The water-supply has been greatly augmented by the driving of two additional artesian wells, making three in all, having an average depth of two hundred and seventy-five feet and equipped with three direct-acting Downie pumps, giving an abundant supply of excellent water.

##### *Stand-Pipe.*

A stand-pipe of half a million gallons capacity is now nearly finished. Having a storage supply of this quantity, together with the improved facilities for pumping, gives security against accident or breakdown, as also in cases of emergency, such as drought, fire or otherwise.

#### LAWN.

The lawn surrounding the new building has been laid out, improved and planted with a variety of trees and shrubs, and a fountain of new and handsome design erected directly in front of the main entrance.

##### *Drives and Walks.*

The drives and walks through main building lawn have been improved by the laying of pipe drains for the purpose of carrying off all surface-water. After being properly graded, a Macadam dressing of broken and crushed stone was put on, then thoroughly rolled until

a smooth, hard surface was obtained. When the main avenue is macadamized (contract for which is now awarded) a large part of the system of drives and walks leading through the grounds will be substantially improved. A new roller and also a sprinkler purchased exclusively for road repairs and improvements, are found to be very valuable for that purpose.

##### *Woods.*

The woods immediately to the west of both buildings have been thinned of undesirable trees, cleaned of underbrush and stumps, it being the intention to convert this hitherto almost useless property into a pleasant shaded park, from the use of which the patients may derive both pleasure and benefit.

##### *Lake.*

The lake bordering the front lawn was improved by being thoroughly cleaned of vegetable deposit and other matter, the accumulation of years.

##### *Fencing.*

A large part of the fencing through the grounds and along the Trenton and Ewing turnpike has been rebuilt, a neat picket fence taking the place of the old rail and board fence for a distance of nearly a mile along the above highway. About another mile of rough picket fence has been built along the road on the leased property, the land company supplying the material and the institution the labor.

##### *General Repairs and Improvements.*

The entire outside woodwork and window sash of the main building have been painted, as also a number of the halls in both buildings. Carpenters are now at work on the associate dining-rooms of the new building. The outside woodwork of this building is almost all that remains inside or out of both buildings that has not yet been painted within the last four years. Heating, ventilating, water and gas systems have been improved by the replacing of old with new valves, piping, &c., wherever necessary. The work of connecting the new extension and Medical Director's dwelling with the above system has been done by the regularly-employed mechanics.



*Fire Apparatus.*

Twelve additional fire extinguishers have been added to those previously on hand and distributed through the building and outside dwellings, giving additional protection against fire.

*Remarks.*

A reference to the abstract of accounts and appendix attached to this report will show in detail the amounts expended for supplies, improvements, &c., as also products of farm, garden, dairy, and work performed in connection with the operation of this department. There is also fuel, clothing, provisions and supplies in stock as per inventory, having a cash valuation of over \$50,000.

## RECOMMENDATIONS.

*Paint Shop and Hose-Carriage House.*

I would recommend that a building, at present used as a lumber-house, be overhauled and fitted up—the first floor for a fire apparatus, the second floor as a paint shop. This change would be in the line of economy, as sheds for the storage of lumber could be built at a comparatively small cost, answering that purpose.

*Fire Extension Ladder.*

There is at present a very fair fire apparatus on the premises, but ladders for reaching the different roofs is very much needed. To remedy this want I would recommend the purchase of two extension ladders at a cost of about \$400.

*Laundry.*

It is very desirable, in fact necessary, that the laundry plant be improved by the building of an entire new plant, on plans for which the architects are now engaged, or by enlarging and improving the old, so that the facilities for this work may be commensurate with the demands made upon it.

*Requirements.*

The estimated needs of the institution for the ensuing year are as follows:

For salaries of resident officers .....	\$10,500 00
For support of insane convicts.....	7,000 00
For support of State patients.....	500 00
For allowance, \$1 each county patient.....	48,000 00

Thanks are due to Mr. Charles G. Roebing for a number of rare tropical plants and palms given the institution. To Hon. William S. Yard and Mr. William P. Hayes, for painstaking service rendered in taking annual inventory, we are much indebted.

I desire to express my thanks to the Medical Director for the benefit of his experience and advice given willingly at all times also for courtesy shown by the physicians of his staff.

*Conclusion.*

I cannot bring this report to a close without expressing my appreciation of the generous treatment received from you as evidenced by the fact that every recommendation made in my last annual report, as well as those in the interim since then, have been acted upon favorably, thus encouraging me in my desire to improve the property of the State given in my charge by you.

Respectfully submitted,

WILLIAM H. EARLEY,

Warden

## ABSTRACT OF RECEIPTS AND EXPENDITURES.

*To the Board of Managers of the State Hospitals of New Jersey:*  
**GENTLEMEN**—The following abstract of receipts and disbursements  
for the year ending October 31st, 1896, is respectfully submitted:

### RECEIPTS AND DISBURSEMENTS YEAR ENDING OCTOBER 31st, 1896.

Balance in hands of Treasurer, November 1st, 1895.....		\$59,933 86
Received from Atlantic County.....	\$2,302 42	
Received from Burlington County.....	11,934 81	
Received from Cape May County .....	2,386 90	
Received from Cumberland County .....	14,250 42	
Received from Gloucester County.....	8,050 64	
Received from Mercer County.....	43,664 39	
Received from Middlesex County.....	28,190 19	
Received from Monmouth County.....	21,839 67	
Received from Ocean County.....	5,763 14	
Received from Salem County.....	4,186 54	
Received from Somerset County.....	11,752 25	
	<hr/>	154,321 37
Received from private patients.. .....		25,650 97
Received from State Treasurer for county patients.....		45,944 28
Received from State Treasurer for convict patients.....		5,896 48
Received from sundries.....		1,921 53
		<hr/>
		\$293,668 49
Amusements.. .....	\$238 46	
Books and stationery .....	540 89	
Bedding and linen.....	3,209 58	
Clothing .....	7,684 58	
Crockery and cutlery.....	844 21	
Farm and garden .....	6,763 64	
Fixtures .....	635 80	
Flour .....	414 03	
Feed.....	651 78	
Fencing.....	1,250 18	
Fruit.....	5,114 81	
Freight.....	367 44	
Furniture.....	2,163 73	
Fuel .....	14,014 53	
Funeral expenses.. .....	490 00	

Fire apparatus .....	\$147 50	
Gas and steam-pipe .....	952 94	
Grounds and grading .....	9,398 00	
Hay and straw .....	520 37	
Harness, wagons, &c .....	1,213 15	
Household goods .....	3,074 98	
Ice and cold storage .....	693 15	
Improvement of buildings .....	1,630 85	
Insurance .....	699 60	
Incidentals. ....	922 30	
Laundry .....	5,006 97	
Light .....	3,116 85	
Medical supplies .....	4,514 60	
New water-supply .....	15,844 52	
Newspapers .....	245 48	
New buildings .....	18 251 46	
Provisions and groceries .....	67,147 55	
Postage .....	321 90	
Petty current expenses .....	100 00	
Refunding .....	866 55	
Repairs .....	10,078 03	
Rents .....	25 00	
Smith and wheelwright .....	540 28	
Stock .....	1,556 77	
Traveling expenses .....	142 35	
Telegraph and telephone .....	894 20	
Tinware .....	318 00	
Tools and supplies .....	1,594 04	
Vegetables .....	367 45	
Wages .....	43,752 12	
Wheat .....	3,059 63	
		\$241,380 25

## Statement of Resources and Liabilities, November 1st, 1896.

## RESOURCES.

Balance in hands of Treasurer .....		\$52,288 24
Due from Mercer county, as per bill rendered .....	\$8,897 72	
Due from Salem county, as per bill rendered .....	1,218 98	
Due from State Hospital, Morris Plains .....	10,000 00	
Due from State Treasurer for county patients .....	3,793 52	
Due from State Treasurer for convict patients .....	474 53	
Due from State Treasurer for State patients. ....	38 65	
Due from private patients, as per bills rendered .....	1,293 06	
Due from petty expense account .....	61 22	
Due from bills receivable .....	1,376 55	
Due from clothing issued .....	1,516 88	
		28,671 11
		\$80,959 35

## LIABILITIES.

Due on contract (I. S. Sutton) .....	\$10,345 00	
Due on contract, dwelling .....	1,864 76	
Due on contract, stand-pipe .....	4,662 00	
Due on contract, drive .....	4,000 00	
Bills payable .....	5,201 34	
Pay-roll for month of October .....	4,200 00	
County patients paid beyond .....	3,729 76	
Private patients paid beyond .....	1,944 50	
Amount of bills rendered county patients not yet earned...	1,449 04	
		\$37,396 40
Balance above liabilities .....		\$43,562 95

## APPENDIX TO WARDEN'S REPORT.

### FARM AND GARDEN PRODUCTS.

#### DAIRY AND FARM, 1896.

2,800	Bushels potatoes.....@	\$0 35	\$980 00	
1,300	Bushels corn.....	35	455 00	
815	Bushels oats.....	35	285 25	
850	Bushels wheat.....	75	637 50	
7,000	Bundles cornstalks.....	03	210 00	
4	Acres fodder corn.....	40 00	160 00	
80	Tons hay.....	12 00	960 00	
25	Tons wheat straw.....	9 00	225 00	
15	Tons oats straw.....	8 00	120 00	
129,135	Quarts milk.....	3½	4,519 73	\$8,552 48

#### STOCK.

Cows slaughtered, 7,398 lbs.....@	\$0 07	\$517 86	
Calves sold.....		25 00	
Hogs sold.....		2,444 67	2,987 53

#### GARDEN.

1,320	Bunches asparagus.....@	\$0 07	\$92 40
437	Bushels beets.....	50	218 50
131	Bushels beans.....	60	78 60
171	Bushels lima beans.....	75	128 25
12,571	Heads cabbage.....	03	377 13
99	Bushels carrots.....	45	44 55
12,000	Heads celery.....	2½	300 00
12	Bushels currants.....	2 00	24 00
769	Heads cauliflower.....	10	76 90
2	Bushels black currants.....	2 00	4 00
75	Citrons.....	03	2 25
20,440	Ears corn, per 100.....	60	122 64
11	Bushels cucumbers.....	60	6 60
712	Egg-plants.....	04	28 48
450	Pounds horseradish.....	05	22 50
33	Bushels grapes.....	70	23 10
450	Bunches leeks.....	02	9 00

## NEW JERSEY STATE HOSPITALS.

6,164	Heads lettuce.....@	\$0 03	\$184 92
4½	Bushels gooseberries.....	2 00	9 00
7½	Bushels muskmelons.....	85	6 38
200	Bushels onions.....	50	100 00
1,997	Bunches onions.....	01	19 97
3½	Bushels okra.....	2 00	6 50
1,387	Bunches parsley.....	03	41 61
350	Bushels parsnips.....	60	210 00
129	Bushels peas.....	75	96 75
18	Bushels peppers.....	50	9 00
48	Pumpkins.....	05	2 40
3,766	Bunches radishes.....	02	75 32
599	Bunches rhubarb.....	04	23 96
64	Bushels spinach.....	50	32 00
43	Bushels squashes.....	45	19 35
250	Bushels turnips.....	40	100 00
800	Bushels tomatoes.....	50	400 00
3	Bushels yellow egg tomatoes.....	65	1 95
45	Bushels oyster plant.....	1 30	58 50
8	Bushels cucumber pickles.....	1 00	8 00
148	Heads endive.....	03	4 44
5	Quarts nasturtiums.....	12	60
2	Quarts Cayenne.....	15	30
15	Bushels green tomatoes.....	50	7 50
75	Bushels rutabaga turnips.....	40	30 00
600	Bundles cornstalks.....	03	18 00
35	Bushels kale.....	45	15 75
			<u>\$3,041 10</u>
			\$14,581 11

## WORK DONE IN MILL.

Amount of flour and feed for the year November 1st, 1895, to November 1st, 1896:

Flour.....	222,500 pounds.
White stuff for hogs (feed).....	27,430 pounds.
Corn for hogs (meal).....	1,200 pounds.
Rye chop for hogs.....	840 pounds.
Corn meal for cows.....	97,100 pounds.
Cracked corn for horses.....	37,000 pounds.
Bran.....	54,127 pounds.

## FRUITS CANNED AND PRESERVED.

Apple jelly.....	120 quarts.
Currant jelly.....	110 quarts.
Grape jelly.....	21 quarts.
Blackberry jam.....	812 quarts.
Currant jam.....	165 quarts.
Gooseberry jam.....	102 quarts.
Peach jam.....	940 quarts.

## NEW JERSEY STATE HOSPITALS.

Peach butter.....	170 gallons.
Peach marmalade.....	105 gallons.
Blackberries.....	126 quarts.
Peaches.....	6,184 quarts.
Pears.....	456 quarts.
Quinces.....	40 quarts.
Pineapple.....	35 quarts.
Strawberries.....	195 quarts.
Tomatoes.....	150 gallons.
Green gages.....	98 quarts.

## WORK DONE IN MATTRESS-ROOM.

Single mattresses made, new.....	64
Single mattresses made over.....	345
Three-quarter mattresses, new.....	42
Three-quarter mattresses made over.....	8
Double mattresses made, new.....	5
Double mattresses made over.....	7
Single mattress ticks made, new.....	378
Single mattress ticks made over.....	54
Three-quarter mattress ticks made, new.....	56
Three-quarter mattress ticks made over.....	8
Double mattress ticks made, new.....	8
Double mattress ticks made over.....	4
Hair pillows made, new.....	160
Hair pillows made over.....	395
Feather pillows made, new.....	77
Feather pillows made over.....	165
Feather ticks made, new.....	61
Feather ticks made over.....	172
Bolster ticks made, new.....	48
Bolster ticks made over.....	6
Feather bolsters made, new.....	42
Feather bolsters made over.....	12
Sofa pillows made, new.....	10
Sofa pillows made over.....	13
Chair cushions made, new.....	25
Chair cushions re-covered.....	18
Pieces of furniture upholstered.....	46
Single hall carpets made, new.....	11
Large hall carpets repaired.....	3
Large hall carpets made over.....	8
Alcove carpets made, new.....	3
Alcove carpets made over.....	2
Room carpets made, new.....	89
Room carpets made over.....	56
Room carpets repaired.....	118
Carpets taken up.....	317

Carpets laid, new and old.....	338
Rooms laid with new matting.....	11
Rooms laid with old matting.....	25
Art squares made.....	3
Rugs made.....	61
Yards of carpet hemmed.....	391
Awnings made.....	2
Awnings repaired.....	6
Awnings hung.....	18
Window shades made.....	80
Window shades repaired.....	63
Lace, denim and muslin cutains hung.....	228
Yards of oilcloth and linoleum laid, new.....	167
Yards of oilcloth and linoleum laid, old.....	135
Stools covered.....	46
Chairs repaired.....	103
Chapel seats recaned.....	2

5,069

## REPORT FROM SEWING-ROOM.

Petticoats.....	499
Pillow cases.....	1,395
Comfortables.....	93
Ladies' aprons.....	657
Chemise.....	396
Bed pads.....	170
Sheets.....	1,324
Gents' undervests.....	302
Ladies' undervests.....	437
Stockings.....	25
Shirts.....	928
Ladies' drawers.....	64
Window curtains.....	252
Gents' burial drawers.....	84
Camisoles.....	27
Towels.....	1,997
Wristlets and anklets.....	73
Holders.....	228
Ladies' dresses.....	647
Bakers' gloves.....	24
Clothes bags.....	46
Counterpanes hemmed.....	86
Burial robes.....	48
Burial chemise.....	78
Burial drawers.....	72
Curtain bands.....	98
Napkins hemmed.....	120
Table cloths hemmed.....	12
Gents' drawers.....	452

Burial skirts.....	64
Men's aprons.....	378
Sets of bed ties.....	29
Bolster cases.....	103
Ladies' dress waists.....	18
Oilcloth collars.....	27
Bed ticks.....	18
Hats trimmed.....	111
Linen muffs.....	25
Attendants' caps.....	155
Jelly bags.....	6
Bibs.....	29
Meat cloths.....	48
Linen sheets hemmed.....	92
Blankets hemmed.....	140
Barbers' aprons.....	18
Bluing bags.....	18
Ladies' nightgowns.....	45
Ladies' dress skirts.....	12
Bunk ticks.....	11
Basques.....	3
Dark cambric curtains.....	38
Sacques.....	4
Burial neckties.....	64

12,090



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REPORT OF MEDICAL DIRECTOR.

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## MEDICAL DIRECTOR'S REPORT.

*To the Managers of the State Hospitals of New Jersey :*

GENTLEMEN—In compliance with the requirement of an act of the Legislature, the following report of the operations of the Medical Department of the New Jersey State Hospital at Trenton for the year ending October 31st, 1896, is respectfully submitted :

	Men.	Women.	Total.
Patients in the Hospital, October 31st, 1895.....	522	479	1,001
Received since, to November 1st, 1896.....	129	122	251
Under treatment during the year .....	651	601	1,252
Discharged recovered during the year.....	39	32	71
Discharged improved during the year .....	20	10	30
Discharged unimproved during the year.....	4	4	8
Escaped .....	1	.....	1
Not insane.....	1	1	2
Died .....	63	41	104
Removed to other institutions.....	17	19	36
Total discharged, died, &c., during the year.....	145	107	252
Remaining October 31st, 1896 .....	506	494	1,000
Whole number of cases received and treated from the opening of the institution, May 15th, 1848, to November 1st, 1896.....	4,426	4,396	8,822
Discharged recovered.....	1,466	1,549	3,015
Discharged improved.....	860	999	1,859
Discharged unimproved .....	159	165	324
Discharged on writs, &c .....	2	1	3
Escaped .....	21	5	26
Not insane .....	19	10	29
Died .....	1,158	947	2,105
Removed to other institutions.....	235	226	461
Total discharged, died, &c.....	3,920	3,902	7,822
Remaining October 31st, 1896.....	506	494	1,000

## RESIDENCE OF PATIENTS ADMITTED DURING THE YEAR, AND HOW COMMITTED.

COUNTIES.	Men.	Women.	Total.	INDIGENT.			PRIVATE.			State—Men.	Criminal—Men.	Convict—Men.
				Men.	Women.	Total.	Men.	Women.	Total.			
Atlantic.....	6	3	9	2	2	4	2	1	3	2		
Bergen.....	1		1									
Burlington.....	17	17	34	14	17	31	2		2		1	
Cape May.....	5	7	12	5	6	11		1	1			
Cumberland.....	10	7	17	8	7	15	1		1			1
Essex.....	2	1	3				2	1	3			
Gloucester.....	4	6	10	3	6	9	1		1			
Hudson.....	2		2				2		2			
Mercer.....	34	29	63	24	22	46	9	7	16			1
Middlesex.....	14	22	36	11	18	29	1	4	5		1	1
Monmouth.....	15	13	28	10	10	20	4	3	7			1
Morris.....		2	2					2	2			
Ocean.....	3	4	7	3	2	5		2	2			
Salem.....	5	4	9	4	3	7	1	1	2			
Somerset.....	10	6	16	9	5	14	1	1	2			
Union.....	1	1	2				1	1	2			
Total.....	129	122	251	93	98	191	28	24	52	2	2	4

ADMITTED DURING THE MONTH OF	Men.	Women.	Total.
November, 1895.....	7	11	18
December.....	14	9	23
January, 1896.....	4	8	12
February.....	11	7	18
March.....	9	12	21
April.....	8	11	19
May.....	14	13	27
June.....	13	9	22
July.....	8	8	16
August.....	12	11	23
September.....	12	11	23
October.....	17	12	29
Total.....	129	122	251

## PATIENTS REMAINING IN THE HOSPITAL,

From each county in the State, October 31st, 1896, and the quota to which each county in this Hospital District is entitled.

COUNTIES.	NUMBER IN HOSPITAL.			Quota.
	Men.	Women.	Total.	
Atlantic.....	2	3	5	32
Bergen.....	2		2	
Burlington.....	49	46	95	83
Camden.....	6	4	10	108
Cape May.....	11	8	19	16
Cumberland.....	44	42	86	60
Essex.....	2	4	6	
Gloucester.....	22	26	48	39
Hudson.....	3	1	4	
Hunterdon.....		2	2	
Mercer.....	120	114	234	96
Middlesex.....	92	90	182	80
Monmouth.....	51	83	134	88
Ocean.....	18	16	34	22
Salem.....	18	18	36	37
Somerset.....	43	30	73	39
Union.....	2	2	4	
New York.....		1	1	
Pennsylvania.....		1	1	
State patients.....	21	3	24	
Total.....	506	494	1,000	700

## GENERAL RESULTS.

The number of patients at the close of the last fiscal year was 1,001—522 men and 479 women. The number received since, viz., from November 1st, 1895, to October 31st, 1896, inclusive, was 251—129 men and 122 women. The whole number of cases under care during the year was 1,252—651 men and 601 women. This is an increase of 71 over the number under care in the Hospital during the fiscal year ending October 31st, 1895. Of this number, 252 (145 men and 107 women) have been discharged, as follows: Considered as recovered, 71; as improved, 30; as unimproved or stationary, 8; 1 escaped, 1 was discharged as not insane, 104 have died and 36 (17 men and 19 women) have been transferred to other institutions. At the close of the year there remained under care 1,000 patients—506 men and 494 women. This is a decrease of one patient in the whole number

under care at the close of the fiscal year immediately preceding. This decrease is accounted for by the removal of 36 patients in the month of March last by the authorities of Atlantic county to their new institution at Pleasantville, in said county.

Of the number under care at the close of the year, 880 are classed as indigent and are supported by the counties from whence sent; 94 are private and are supported by their relatives or friends; 2 are State patients committed under the act of 1895, and 24 (21 men and 3 women) are committed to the institution under the act of 1869 and are supported wholly by the State. Of this latter class, 3 were committed from Burlington, 4 from Camden, 2 from Gloucester, 6 from Mercer, 5 from Middlesex, 3 from Monmouth and 1 from Salem county.

The largest number under care at any one time was 1,012, and the smallest number 967. Daily average was about 990.

Death occurred in 104 cases—63 men and 41 women. The death-rate in proportion to the whole number under care was a little more than eight per cent. This is a somewhat larger percentage than has occurred in any previous year during the past decade. A very large number of deaths occurred during the severe heat of the months of July and August and especially among the old and feeble, as will be seen by reference to the table giving the ages of those who have died during the year. Apart from this period referred to, the general health of the household has been good, and we close the year with a very small amount of acute sickness and none whatever of a serious nature.

## CAUSES OF DEATH.

	Men.	Women.	Total.
Pulmonary consumption .....	9	8	17
General paralysis.....	12	1	13
Paralysis.....	7	2	9
Apoplexy.....	5	2	7
Epilepsy.....	6	3	9
Typhomania .....	2	6	8
General (chronic) exhaustion.....	5	4	9
Old age.....	3	8	11
Bright's disease.....	2	2	4
Chronic diarrhoea.....	1	2	3
Cirrhosis of liver.....	2	.....	2
Progressive locomotor ataxia.....	2	.....	2
Valvular disease of heart.....	2	.....	2
Cancer of the breast.....	.....	1	1
Cancer of the stomach.....	1	.....	1
Ulcer of the stomach.....	1	.....	1
Dysentery.....	.....	1	1
Peritonitis .....	1	.....	1
Psoas abscess.....	1	.....	1
Gunshot wound of head .....	1	.....	1
Heat prostration .....	.....	1	1
Total .....	63	41	104

## AGES OF THOSE WHO HAVE DIED DURING THE YEAR AND THE LENGTH OF TIME UNDER CARE IN THE HOSPITAL.

AGE.	Men.	Women.	Total.	LENGTH OF TIME IN THE HOSPITAL.	Men.	Women.	Total.
Under twenty.....	.....	.....	.....	Less than one week.....	1	4	5
Twenty to twenty-five.....	.....	2	2	One to two weeks.....	2	3	5
Twenty-five to thirty.....	5	1	6	Two weeks to one month.....	3	1	4
Thirty to thirty-five.....	2	2	4	One to three months .....	3	3	6
Thirty-five to forty.....	3	2	5	Three to six months.....	6	5	11
Forty to forty-five.....	3	4	7	Six to nine months.....	3	1	4
Forty-five to fifty.....	8	3	11	Nine months to one year.....	2	2	4
Fifty to fifty-five.....	7	6	13	One to two years.....	7	2	9
Fifty-five to sixty.....	5	3	8	Two to three years.....	6	3	9
Sixty to sixty-five.....	8	4	12	Three to four years.....	5	2	7
Sixty-five to seventy.....	5	3	8	Four to five years.....	6	1	7
Seventy to seventy-five.....	11	2	13	Five to ten years.....	7	4	11
Seventy-five to eighty.....	4	5	9	Ten to fifteen years.....	6	7	13
Over eighty.....	2	4	6	Fifteen to twenty years.....	3	2	5
				Over twenty years.....	3	1	4
Total .....	63	41	104	Total.....	63	41	104

## NEW JERSEY STATE HOSPITALS.

AGES OF THOSE DISCHARGED AS RECOVERED AND LENGTH OF TIME UNDER CARE  
IN THE HOSPITAL.

AGE.	LENGTH OF TIME IN THE HOSPITAL.			Men.	Women.	Total.
	Men.	Women.	Total.			
From ten to twenty.....	1	2	3	7	6	13
twenty to thirty.....	9	5	14	14	10	24
thirty to forty.....	9	11	20	6	6	12
forty to fifty.....	14	7	21	3	4	7
fifty to sixty.....	3	5	8	5	2	7
sixty to seventy.....	3	2	5	2	2	4
				1	1	2
				1	1	2
Total .....	39	32	71	39	32	71

AGES OF THOSE ADMITTED AND DURATION OF INSANITY PRIOR TO ADMISSION  
TO THE HOSPITAL.

AGES ADMITTED.	DURATION OF INSANITY.			Men.	Women.	Total.
	Men.	Women.	Total.			
Ten to twenty.....	6	5	11	3	4	7
Twenty to twenty-five.....	8	8	16	10	15	25
Twenty-five to thirty.....	14	10	24	15	12	27
Thirty to thirty-five.....	11	9	20	12	14	26
Thirty-five to forty.....	12	17	29	9	7	16
Forty to forty-five.....	9	12	21	2	1	3
Forty-five to fifty.....	15	14	29	16	18	34
Fifty to fifty-five.....	12	10	22	9	7	16
Fifty-five to sixty.....	8	12	20	4	10	14
Sixty to sixty-five.....	6	4	10	3	4	7
Sixty-five to seventy.....	4	8	12	17	8	25
Seventy to seventy-five.....	6	6	12	6	5	11
Seventy-five to eighty.....	4	4	8	5	4	9
Over eighty.....	2	3	5	9	6	15
Unknown .....	12	.....	12	9	7	16
Total .....	129	122	251	129	122	251

FORM OF DERANGEMENT.

	Men.	Women.	Total.
Mania, acute.....	12	20	32
Mania, chronic.....	16	12	28
Mania, recurrent.....	7	3	10
Mania, puerperal.....	.....	4	4
Dementia, acute.....	8	6	14
Dementia, chronic.....	13	16	29
Dementia, senile.....	9	12	21
Melancholia, acute.....	6	19	25
Melancholia, chronic.....	14	17	31
Paranoia.....	7	5	12
General paralysis.....	6	1	7
Epilepsy.....	15	3	18
Imbecility.....	4	1	5
Alcoholism.....	10	1	11
Opium habit.....	1	1	2
Not insane.....	1	1	2
Total .....	129	122	251

## ALLEGED CAUSES OF INSANITY.

	Men.	Women.	Total.
General ill-health.....	8	20	28
Domestic afflictions.....	2	8	10
Domestic troubles.....	5	7	12
Loss of property, business troubles, &c.....	7	2	9
Overwork and anxiety, loss of sleep.....	4	5	9
Puerperal state.....	.....	5	5
Old age.....	4	8	12
Epilepsy.....	11	3	14
"La Grippe".....	2	3	5
Intemperance in the use of alcohol.....	13	2	15
Sunstroke and heat exhaustion.....	1	1	2
Vicious habits and indulgences.....	12	3	15
Specific disease.....	7	.....	7
Injury to head.....	5	2	7
Congenital.....	7	2	9
Disappointed affections.....	1	3	4
Menopause.....	.....	6	6
Jealousy.....	.....	1	1
Opium habit.....	1	1	2
Excessive use of tobacco, cigarette-smoking.....	3	.....	3
Want of employment, privation, &c.....	5	7	12
Cocaine habit.....	1	.....	1
"Keeley cure".....	1	.....	1
Loss of eyesight.....	1	.....	1
Insanity following anaesthesia.....	1	1	2
Slander.....	.....	1	1
Suppression of catamenia.....	.....	2	2
Not insane.....	1	1	2
Unknown or unascertained.....	26	28	54
Total.....	129	122	251

## NATIVITY OF THOSE ADMITTED.

	Men.	Women.	Total.
New Jersey.....	73	69	142
Pennsylvania.....	9	7	16
New York.....	10	10	20
Ohio.....	1	1	2
Mississippi.....	1	.....	1
Massachusetts.....	1	.....	1
Maryland.....	2	.....	2
Vermont.....	1	.....	1
Tennessee.....	1	.....	1
Louisiana.....	.....	1	1
Virginia.....	.....	1	1
Connecticut.....	.....	1	1
Germany.....	6	5	11
Ireland.....	9	14	23
England.....	5	3	8
Italy.....	1	3	4
France.....	1	.....	1
Switzerland.....	2	1	3
Scotland.....	.....	2	2
Norway.....	.....	1	1
Poland.....	1	.....	1
Denmark.....	1	1	2
Unknown.....	4	2	6
Total.....	129	122	251

## HEREDITY.

In seventy-six cases (48 men and 28 women) of those admitted during the year, there was acknowledged hereditary predisposition to insanity. In thirty-five cases (25 men and 10 women) the hereditary taint was in the paternal, in thirty-four (20 men and 14 women) in the maternal, and in seven (3 men and 4 women) in both the paternal and maternal lines. In one hundred and twenty-one cases (53 men and 68 women) hereditary predisposition was denied as existing, and in fifty-four cases (28 men and 26 women) the history of the family of the patient was unknown or could not be ascertained.



## SUICIDAL TENDENCY.

In twenty-two cases (13 men and 9 women) there existed a decided suicidal tendency, and in twenty-six cases (11 men and 15 women) suicide was threatened but no actual attempt was made at self-injury.

## HOMICIDAL TENDENCY.

In seventeen cases (11 men and 6 women) there existed a decided homicidal tendency, and in twenty-three cases (14 men and 9 women) homicide was threatened.

## INTEMPERANCE.

In thirty-four cases (31 men and 3 women) there was acknowledged intemperance in the use of alcohol. In four cases (3 men and 1 woman) the opium habit existed, and one (man) was addicted to the use of cocaine.

## INTEMPERANCE IN PARENTS.

In seventeen cases (9 men and 8 women) the father of the patient was intemperate in the use of alcohol. In two cases (men) the mother was intemperate, and in four cases (1 man and 3 women) both father and mother were addicted to the excessive use of alcohol.

## CIVIL CONDITION.

Ninety-six cases (45 men and 51 women) were married, and eighty-nine cases (51 men and 38 women) were single. Nine were widowers, twenty were widows, four (3 men and 1 woman) were divorced, and in thirty-three cases (21 men and 12 women) the civil condition was unknown or unascertained.

## NUMBER OF ADMISSIONS.

Of the total number admitted during the year, two hundred and fifty-one (129 men and 122 women), all were first admissions to the Hospital except twenty-two (10 men and 12 women).

## ADDITIONAL ACCOMMODATIONS.

As will be seen by reference to the statistical table at the commencement of this report, we again close the year with a crowded Hospital. Notwithstanding the fact that we had some slight relief by the removal in March last of nearly forty patients to the new county institution located at Pleasantville, in Atlantic county, we closed the year with the same number under care as we had at the end of the fiscal year in October, 1895. That an urgent necessity exists for increased accommodations there can be no doubt. How best and most economically to provide for the emergency is a problem that must be solved in the immediate future. I can suggest but little more than the plan advised in the last annual report to your Board. As has frequently been stated heretofore, a proper classification of our patients is an absolute requisite for their proper care and successful treatment. It is impossible to obtain best results in an overcrowded institution, where, as under existing circumstances, proper classification can scarcely be considered. Individuals who are now brought to our care are not assigned to certain corridors because of any special form of mental derangement with which they may be afflicted, but in accordance as far as is possible with their general habits of cleanliness and the degree of excitement or violence manifested. The certain result of this course is to retard improvement and convalescence and in not a few cases prevent final restoration to mental health.

## INFIRMARY.

A pressing necessity still exists for making some additional provision for the special care of the aged, infirm and paralytic. An unusually large number of these helpless people have been brought to us during the year, and it is becoming a more and more serious daily problem how properly to care for them. The erection of an infirmary adapted in construction to meet the special needs of this class would not only result in securing for them much better care and supervision than it is possible to give them under existing circumstances, but would also, temporarily at least, give us some relief in our overcrowded main building. As heretofore, I would respectfully suggest the erection of a building sufficiently large to accommodate one hun-

dred and fifty patients—seventy-five of each sex. Provision could also be made in such a structure, at a very small additional expense, for the isolation of those suffering from contagious diseases. No arrangement for this most desirable purpose at present exists, and all such cases are of necessity cared for on the overcrowded corridors of the main building and isolation secured in the best manner we can.

#### EPILEPTICS.

In regard to making special provision for the epileptic class, another year only confirms the correctness of the statements made in reference to this subject in my last annual report. At the close of the fiscal year there were one hundred and sixty-six epileptics in the two State institutions, and the number is annually gradually increasing. It is quite impossible in our overcrowded State Hospitals for the Insane to give to those suffering from this most serious affliction the care and supervision that the peculiar nature of their malady demands. They should, to prevent injury and serious accident, have almost constant supervision by night as well as by day. In addition to this, the effect of an epileptic seizure on other patients, and especially on those who are convalescent, is often painful and most depressing. I would, therefore, respectfully suggest that some plan be devised in order to make a different arrangement for their care than now obtains in our State institutions.

#### CONVICT INSANE.

Reference has repeatedly been made and the matter fully discussed in various former annual reports of your Board in regard to the proper treatment and custodial care of that class of our patients who have been committed to the State institutions under the act of the Legislature approved March 12th, 1869. The argument formerly urged, that a sufficient number of this class did not exist to warrant the State in making the necessary expenditure in order to make separate provision for them, no longer holds good. There are at present under care in the two State Hospitals seventy-five convict insane, and the number is gradually and steadily increasing.

In regard to this whole matter I cannot do better than quote at length from one of my former reports to your Board. Apart from

the manifest impropriety of associating this class with the "innocent insane," we have no arrangements that are suitable for their safe custody. The State Hospitals were not originally constructed in order to afford the necessary security against their escape, nor was any provision made in the law of 1869, authorizing their transfer from the prison to these Hospitals, for the construction of apartments properly adapted for their detention. Indeed, the latter arrangement would be difficult, if not quite impossible, without introducing many of the objectionable features of a prison—features most undesirable in a structure set apart for the treatment of that class of our fellows afflicted with mental disease, and in no wise intended as a place for the custodial care of that class of persons who have been tried and convicted for the commission of high crimes. In every hospital of the land set apart for the treatment of insanity, efforts are constantly being made, and properly so, to remove more and more, as far as is possible, every feature that keeps before the mind of those afflicted, the idea of a building constructed for the detention of convicts. Assuredly, humanity demands that these people should be cared for—and properly cared for—and that they should have the benefit of every appliance that modern science has demonstrated necessary for their successful treatment and restoration to health. Yet it would seem quite as consistent to send a convict suffering from some bodily disease to the wards of a general hospital for treatment, as to send the insane convict to the hospital for the insane. It is also manifest for obvious reasons, that a person suffering from insanity should not be confined and treated in the cell of a prison. The only arrangement that would seem to meet all of the requirements necessary for the proper care, treatment and safe custody of the convict insane, is the erection of a suitable structure especially adapted for the purpose. This would meet every demand in regard to security, &c., would remove all incentive on the part of the convict to feign insanity, in order to secure his removal to the State Hospital, from whence he could the more easily effect his escape; and, if erected in the vicinity of the Hospitals or the prison, could be under the immediate care and supervision of the physicians of one of these institutions.

In support of this recommendation I quote the opinion of an eminent writer on insanity, and one who has given especial attention to the subject of the treatment of insane convicts. He says: "The establishment of an institution for the treatment and safe custody of

the convict classes has been acknowledged to be a necessity by all alienists. It is impossible to preserve discipline in the prisons, and commingle the insane with the convicts at labor, and clearly it is not right to confine the insane day and night in cells. To send them to an ordinary hospital is a great wrong to the afflicted as well as a great injustice to society. The idea of treating the convict with the ordinary insane cannot be justified, either as a matter of expediency or of sympathy with the criminal." He further adds: "The policy of every State should be the erection of a special institution for deranged convicts, and the exclusion of all this class from the ordinary institutions for the insane. Until such is the case, no State is keeping pace with the highest civilization of the age, nor possessing a just classification in her institutions, charitable and conversionary."

The convict by his voluntary act has been adjudged to have forfeited the privileges of society. He has been isolated from his fellow-beings as an unworthy associate, and by the decrees of justice been condemned to confinement for a term of years. If it is right to separate this class from society, when sane, it is manifestly right that they should be separated from the general class of the insane when laboring under mental disorder, provided always that they receive the care and treatment proper in the progress of civilization and the light of medical science. During the past year four of this class have been added to our population.

The following table may be of interest as showing the number of this class (and the counties in which sentenced) that have been sent to the institution under the authority of the act of 1869 referred to. The table also shows the number of escapes and deaths, and the discharges made by order of the Chief Justice on the ground of recovery, feigning insanity, &c.:

## NEW JERSEY STATE HOSPITALS.

COUNTIES.	Admitted.	Escaped.	Discharged.	Died.	Removed to Morris Plains.	Remaining.
Atlantic .....	1		1			
Bergen .....	2				2	
Burlington .....	5		2			3
Camden .....	8	1	2	1		4
Cape May .....	1			1		
Gloucester .....	2					2
Essex .....	15	4	2	3	6	
Hudson .....	12		1		11	
Hunterdon .....	2		1	1		
Mercer .....	8			2		6
Middlesex .....	6		1			5
Monmouth .....	5		1	1		3
Passaic .....	2		1	1		
Salem .....	1					1
Somerset .....	1			1		
Union .....	13	2	1	2	8	
Warren .....	2			1	1	
Total .....	86	7	13	14	29	24

The medical staff of the institution remains without change, and to each member of it I most cordially tender thanks for the hearty co-operation given me in conducting the affairs of this department.

To the Warden I would express thanks for courtesies extended to the medical department.

Respectfully submitted,

JOHN W. WARD.

New Jersey State Hospital, Trenton, November 1st, 1896.

## DONATIONS ACKNOWLEDGED.

We are under renewed obligations to the editors of the following dailies and weeklies for copies of their journals sent gratuitously throughout the year for the use of the members of our household. The home paper is always one of the most welcome of all visitors to our corridors:

Daily State Gazette.....Trenton.  
 Daily True American.....Trenton.  
 Trenton Times.....Trenton.  
 Salem Sunbeam.....Salem.

National Standard.....	Salem.
New Jersey Mirror.....	Mount Holly.
Mount Holly Herald.....	Mount Holly.
Mount Holly Despatch.....	Mount Holly.
Monmouth Democrat.....	Freehold.
Monmouth Inquirer.....	Freehold.
West Jersey Patriot.....	Bridgeton.
Bridgeton Chronicle.....	Bridgeton.
Elmer Times.....	Elmer.
Bound Brook Chronicle.....	Bound Brook.
Burlington Gazette.....	Burlington.
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Hunterdon County Democrat.....	Flemington.
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Somerset Democrat.....	Somerville.
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Ocean County Democrat.....	Toms River.
Asbury Park Journal.....	Asbury Park.
Temperance Gazette.....	Camden.
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Morris County Chronicle.....	Morristown.
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Atlantic Democrat-Times.....	Atlantic City.
Mays Landing Record.....	Mays Landing.
Hopewell Herald.....	Hopewell.
Metuchen Inquirer.....	Metuchen.
Beobachter (German).....	Egg Harbor.
Central New Jersey Times.....	Plainfield.
Plainfield News.....	Plainfield.
The Advance.....	Jamesburg.
Glassboro Enterprise.....	Glassboro.
Times and Journal.....	Lakewood.