

MAIN BUILDING.

TWENTY-FIFTH ANNUAL REPORT

OF THE

Managers and Officers

OF THE

New Jersey State Hospital

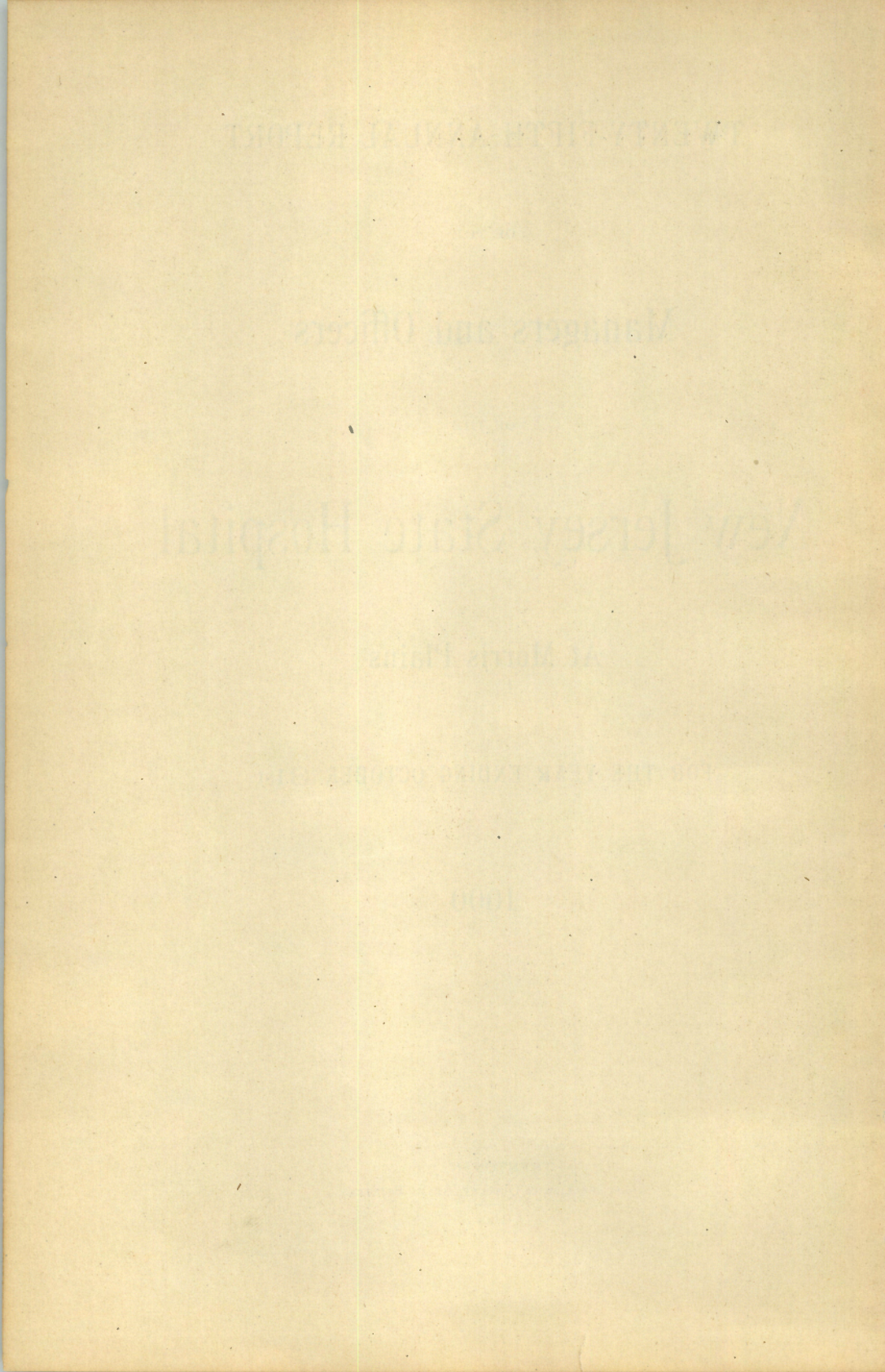
At Morris Plains

FOR THE YEAR ENDING OCTOBER 31st

1900



TRENTON, N. J.:
MACCRELLISH & QUIGLEY, STATE PRINTERS.
1900.



MANAGERS.

—————
PRESIDENT.

PATRICK FARRELLY, MORRISTOWN.

VICE-PRESIDENT.

JOHN C. EISELE, NEWARK.

JAMES M. BUCKLEY, D.D., MORRISTOWN.

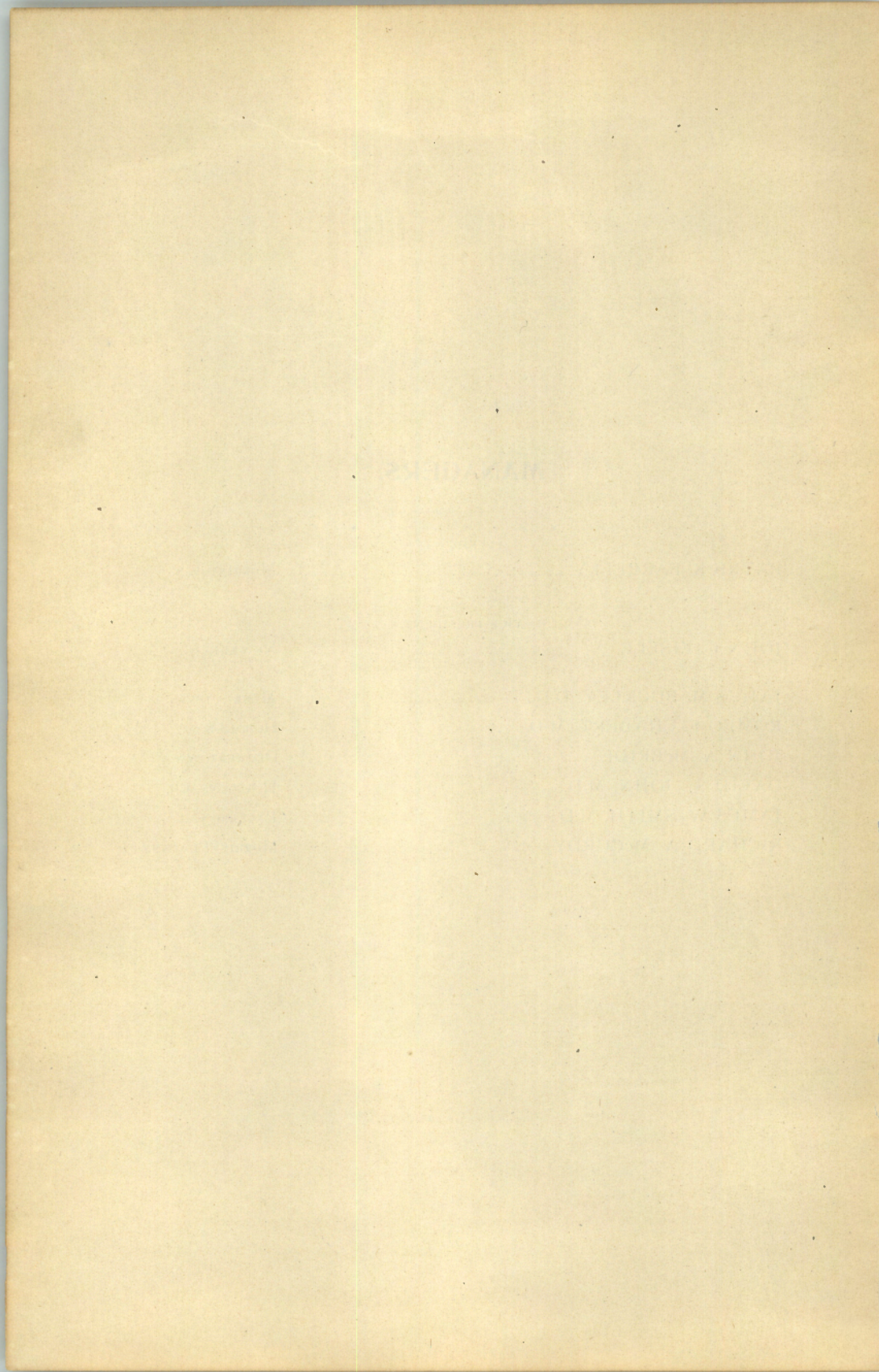
ROMEO F. CHABERT, M.D., HOBOKEN.

JOHN A. McBRIDE, DECKERTOWN.

DAVID St. JOHN, M.D., HACKENSACK.

JAMES W. SMITH, M.D., PATERSON.

RICHARD A. McCURDY, MORRIS PLAINS.



RESIDENT OFFICERS.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D.,MEDICAL DIRECTOR.
ELIOT GORTON, M.D.,.....ASSISTANT PHYSICIAN.
THOMAS P. PROUT, M.D., ...SECOND ASST. PHYSICIAN AND PATHOLOGIST.
PETER S. MALLON, M.D.,THIRD ASSISTANT PHYSICIAN.
ARTHUR S. CORWIN, M.D.,FOURTH ASSISTANT PHYSICIAN.
HARRY A. COSSITT, M.D.,INTERNE.

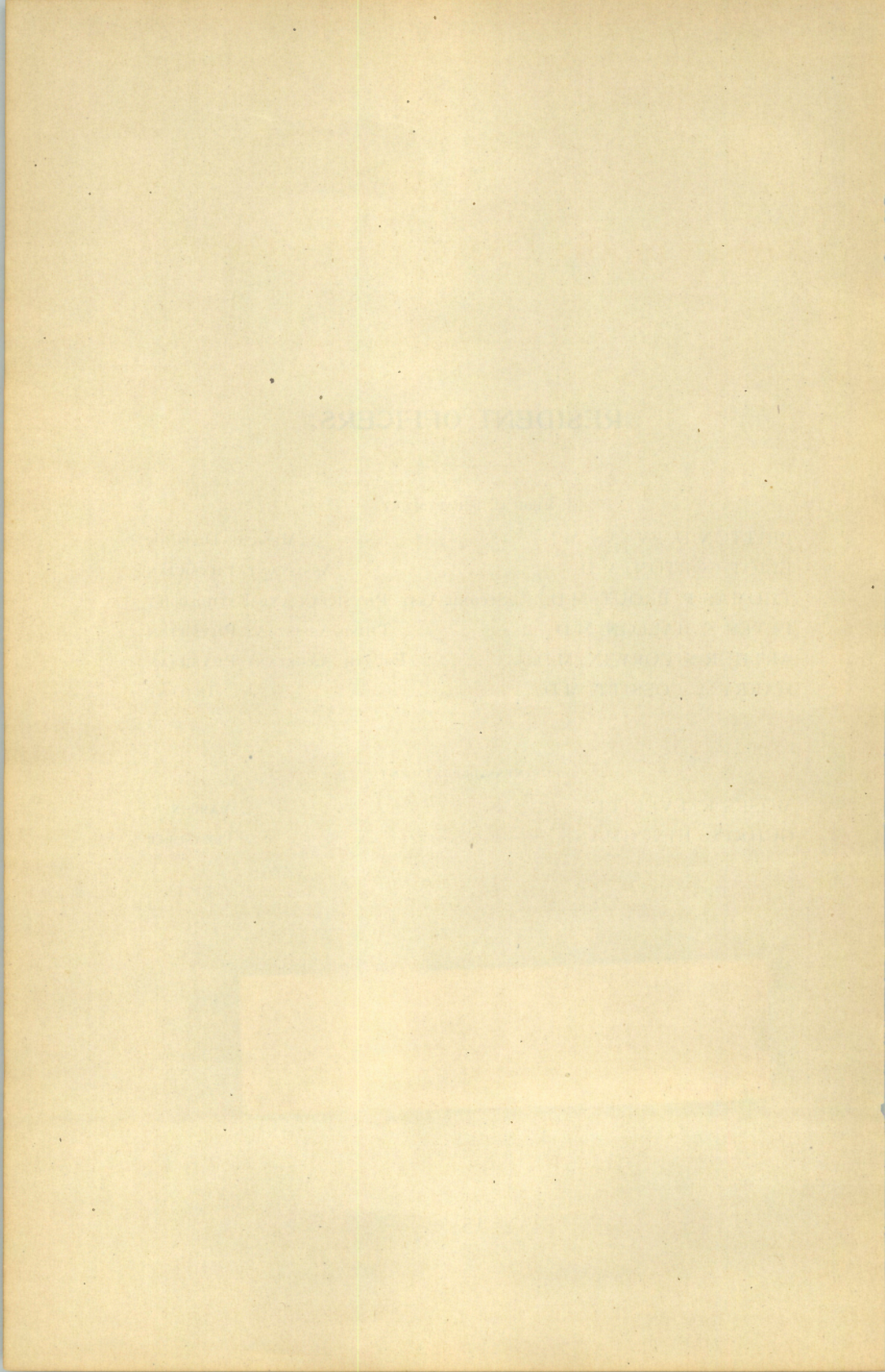
BUSINESS DEPARTMENT.

MOSES K. EVERITT,WARDEN.
GUIDO C. HINCHMAN,TREASURER.

Compliments of

M. K. EVERITT,

Warden.



Report of the Board of Managers.

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

The Board of Managers of the State Hospital at Morris Plains respectfully submits its report for the fiscal year ending October 31st, 1900, being the twenty-fifth annual report of the institution.

The active work of this Hospital began with the admission of 292 patients, who, in August, 1876, were removed from the State Hospital at Trenton, then known as the State Lunatic Asylum. A considerable proportion of these had been long insane before being transferred. Their subsequent history reflects light upon the problems which a hospital for the insane is compelled to solve. If it be asked why the population in hospitals for the insane is more numerous than in ordinary hospitals, it should be remembered that in general hospitals for the ill or injured, patients seldom remain, on an average, more than three weeks, during which time they are either found to be incurable and sent away, or recover; but in a hospital for the insane the majority of incurables remain so long as they live. After the lapse of twenty-five years 37 of the original 292 are still in this Hospital; 18 have recovered; 28 were discharged improved, 66 unimproved, and 149 died in this institution without regaining their reason.

We are informed by the Medical Director that the 37 now remaining show an average duration of hospital care and treatment of thirty years. Eighteen have been confined for 35 years, two for 39 years and one for 43 years. This speaks well for the hygienic treatment afforded by this Hospital as well as for the salubrity of its location, since, although these 37 are much enfeebled mentally, they are fairly well physically.

The total number of patients who have been admitted to this Hospital is 5,766, and of this number 2,229 have been restored or sufficiently improved to become again safe, often useful, and

sometimes highly important members of their respective communities.

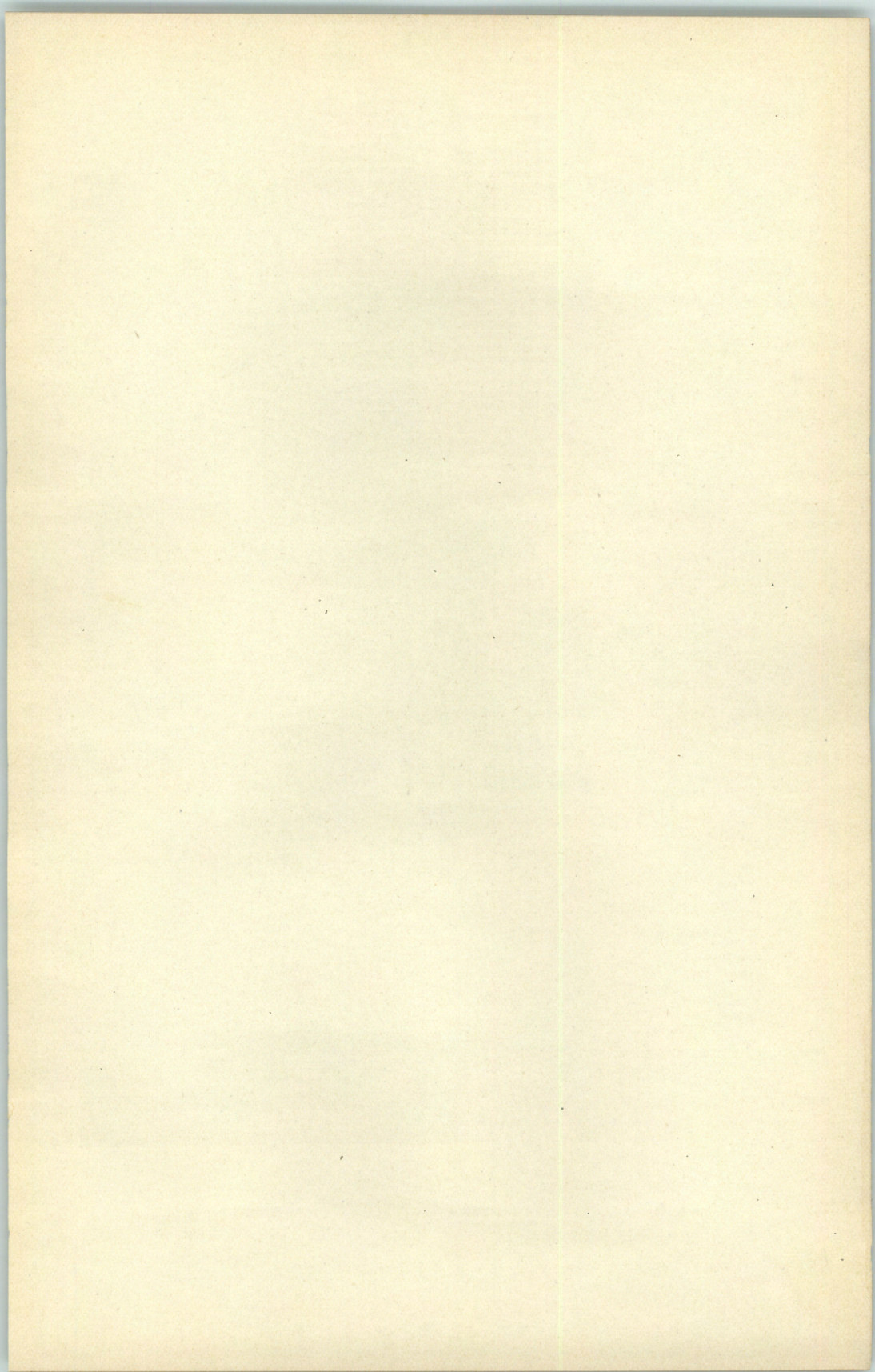
In the report of the Medical Director will be found an interesting account of the gradual change which has taken place in public opinion with respect to institutions of this kind. This resume shows that ignorance and prejudice have been superseded by tolerance and enlightenment, and the improvement of methods for the care and treatment of the insane has advanced until a hospital for the insane is not only a hospital in the strictest interpretation of that term, but a home where those beyond the possibility of mental rehabilitation can be properly cared for, their needs supplied and their environment improved.

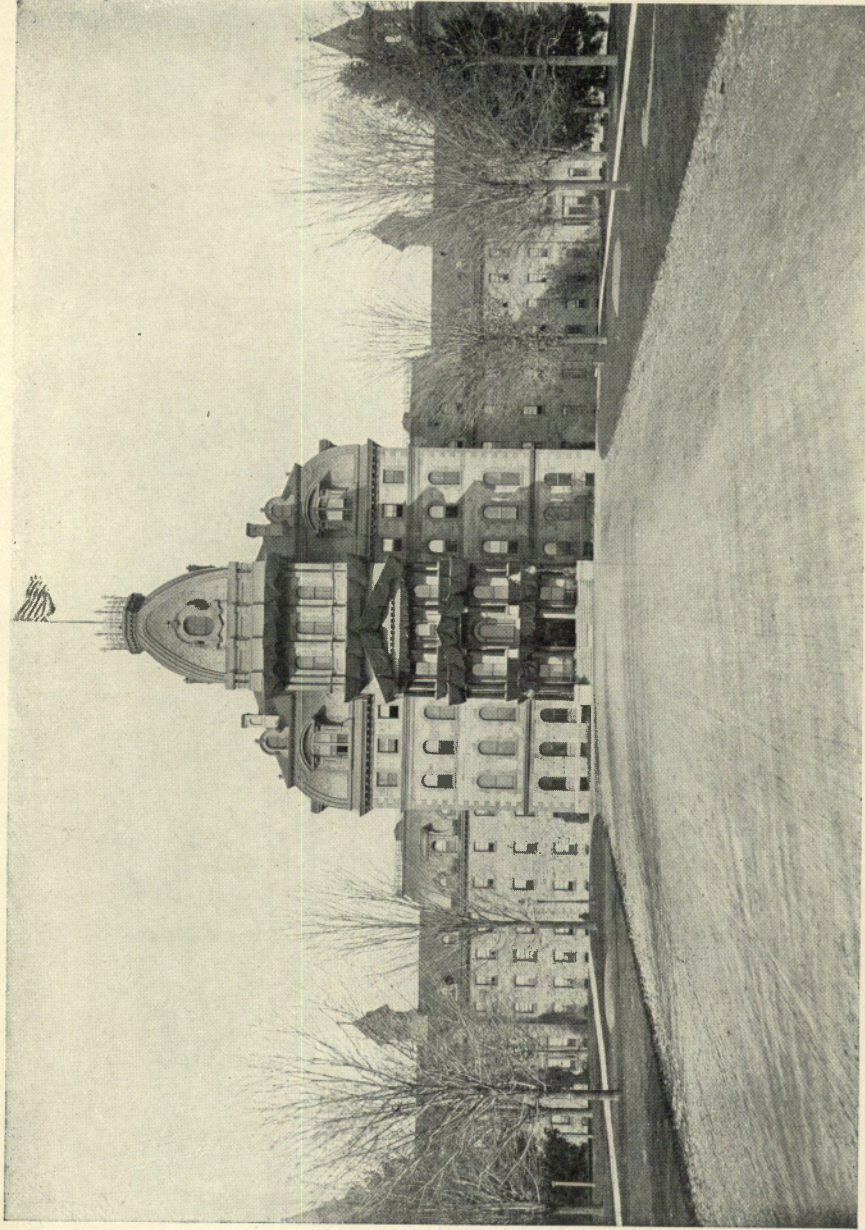
It will be observed that the population of the Hospital steadily increases. In 1896, 85 patients were transferred to the Hudson County Hospital. This caused the hospital population to diminish, but the very next year these removals were more than made up. The increase during the past year—with one exception, when the increase was two more—has been the largest in the history of the Hospital. The increase during the past year has been 30 per cent. greater than during the preceding year.

Of the 323 patients received during the hospital year just closed 272 were first admissions and only 51 were re-admissions. There were during the year 120 deaths. Of the 323 admitted 40 were ill of diseases of a fatal or dangerous character, such as cancer, diabetes, epilepsy, heart disease, Bright's disease, pulmonary consumption, and many of these died soon after reaching the Hospital. The number of deaths is but little larger than the average, and the large average of recoveries has been maintained.

The Training School for Nurses has entered upon its seventh year, and has fulfilled the most sanguine expectations of those who advocated its establishment.

A serious question, and one vital to the interests committed to our care, which we are obliged to urge upon the attention of Your Excellency and upon the Legislature, relates to the *Commitment Law of 1898*. This law is a marked improvement on that which it superseded in the following particulars: It makes it obligatory upon the certifying physician to make a careful examination of the patient; it outlines the character of such examination and pre-





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

scribes the qualifications necessary for such physicians. To complete the commitment it requires the action of the court in all cases, whether private or indigent, and it declares all physicians' certificates null and void if the patient is not admitted to the hospital within ten days after they are made out and sworn to before an officer qualified to execute affidavits. In these respects the law has commanded the respect of all alienists in the country, but the experience of more than two years has revealed several defects.

Under the law as it now is when a patient is received upon the regular papers, which consist of a request for his commitment and the certificates of two physicians, a certified copy is at once sent by the Medical Director of the Hospital to the Judge of the Court of Common Pleas of the county from which the patient is received. The Judge is allowed five days in which to take testimony in the case, examine the evidence as to insanity, and determine the legal settlement. He must then send an order of approval or disapproval to the Medical Director, or give him notice that more time will be required in which to complete the inquiry. When no legal settlement can be established in any county of the State, an order is issued that the said patient be detained at the expense of the State of New Jersey. At this point a difficulty arises, for the reason that the Comptroller refuses to pay for the maintenance except from the date of the order of approval. During the time that elapses between the admission of the patient to the hospital and the date of the Judge's order of approval (often more than fifteen days, when the time has been extended) the patient is supported by the hospital with no return from State or county.

As a rule cases are acted upon promptly within the limit of the time extension, but in some cases the time is still further extended, and the court allows the matter to be protracted over an indefinite period of time. In one case the order of approval was not received for three months after the admission of the patient, who, in the meantime, had recovered and been sent home. When the order was received, it committed the patient as a "State Indigent," and the hospital, therefore, received nothing for three months' maintenance.

Another difficulty is that in cases admitted where the preliminary papers set forth indigency and the Judge's order of approval

states "Insane, but to be maintained at the expense of the said patient's estate," it has been found difficult, if not impossible, to obtain a bond with satisfactory security or to collect anything for maintenance. Thus the construction some of the courts put upon this part of the law makes it incumbent upon the hospital to have titles searched, to bring suit to compel payment of bills and to enter into numerous expensive litigations, plainly the duty of the officials of the county from which such patient was received.

The law should be so revised that the hospital shall be paid for maintenance *from the date of the patient's admission to the hospital*, whether such patient be chargeable to the State or the county. It should provide that a patient committed on indigent papers shall be charged to the county from which he came or to the county in which the Judge determines he has a legal settlement.

If it be found by the court that the patient has an estate of small value (and it is only in cases where a small amount of property is owned that these troubles arise), it should be made the duty of the court to commit such patient at the expense of the county, and refer the financial status of the case to the counsel of the Board of Chosen Freeholders that he may take the necessary action for the reimbursement of such county. It is obvious that the hospital authorities cannot command proper facilities for investigating such matters while the members of the Board of Chosen Freeholders, being distributed throughout the State, can readily do so.

The physicians' quarters and the wing for males in the new building are ready for occupancy, and the wing for females is nearing completion. The relief long delayed, we hope is at hand. This institution at the present time contains 1,389 patients, nearly six hundred more than it was built to accommodate.

CONVICT INSANE.

For a number of years the Boards of both State Hospitals have been respectfully but earnestly protesting against the continued confinement of the convict insane in State Hospitals. Prisoners who, after a criminal course, have become insane are nearly all

degenerates, and many of them are destitute of even the vestige of moral sense. Some are afflicted with forms of mental disease in which no improvement can be expected, while some successfully feign insanity in order to increase their chance of escape by being transferred to a hospital. Insane criminals in conjunction with others who are not mentally deranged form a most dangerous combination. They are disorganizers and always an occasion of much trouble. Several organized attempts for escape have been made in this Hospital among this class of patients, all of which have been frustrated. But the number of convicts is increasing in this institution year by year, and there are now 91 of this undesirable class in this Hospital.

The recent escape of six convicts from the State Hospital at Matteawan, N. Y., a hospital designed and built for the care of this class, is an object lesson which has brought this matter forcibly to our attention. And the escape, ingeniously planned and daringly executed, of a dangerous criminal imprisoned for murder, from a strong room in this Hospital, especially provided for this class, is a warning which we cannot neglect.

To place convicts and criminals in a State Hospital, and thus force patients of good reputation and habits to associate with them, is a grievous affliction and imposition. Convicts, those who become insane after being found guilty of crime, are adepts in the manufacture of keys and contriving means of escape. Having been schooled in crime, they indulge in many petty criminalities on the wards, which have serious influence over other patients. Frequently they become daring and dangerous, and it requires constant vigilance to prevent them from committing homicide. The construction of hospitals for the insane is not, and should not be, such as to give guarantee against the escape of criminals and the consequent danger to society. These criminals are a daily menace to the best interests of the Hospital, and a source of humiliation to the patients whose lives have been free from crime, many of whom are of sufficiently unsound mind to be placed in an institution for treatment, but have not lost their gentlemanly instincts or their pride in selecting associates untainted by prison or criminal life. Numerous are the complaints made to the Medical Director by patients and their relatives. The interming-

ling of criminals with the patients in general is prevented as far as practicable, but to do so wholly is not possible.

Several of the States have made provision for the criminal insane so as to separate them from other patients upon whom the stigma of crime does not rest. Among these are Illinois, Michigan and New York. In one of these States incidents occurred of convalescing patients being taught crime by the convict insane, some of whom were suspected of having feigned insanity, and others were convalescent. After their discharge from the hospital and from the State Prison, they succeeded in luring away certain previously moral patients, who had been forced into their society by the transfer of the convicts to the State Hospital. There being more than 150 of these criminals in both Hospitals, and the number constantly increasing, it would be economical and humane for the State to erect in or near the city of Trenton an institution for the convict insane.

We are at all times ready to furnish your Excellency or the Legislature with detailed facts upon this subject which will fully justify the earnestness with which we commend it to your special attention.

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

RESOURCES.

Balance in hands of the Treasurer,	\$5,494 38
Due from Bergen county as per bill rendered,	4,950 99
Due from Hudson county as per bill rendered,	658 33
Due from Morris county as per bill rendered,	6,304 68
Due from Passaic county as per bill rendered,	11,615 50
Due from Union county as per bill rendered,	10,045 47
Due from Warren county as per bill rendered,	3,759 19
Due from State Treasurer for county patients,	8,678 78
Due from State Treasurer for convict patients,	3,406 97
Due from State Treasurer for State patients,	10,825 06
Due from private patients as per bills rendered,	4,742 60
Due from Sailors' Snug Harbor,	4,831 87
Due from Petty expense account,	186 76
Due from clothing issued,	3,526 42
	<hr/>
	\$79,027 00

LIABILITIES.

Bills payable,	\$15,439 89
Pay-roll for month of October, 1900,	8,220 45

21 6 7
 12 24 0
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County patients paid beyond,	1,019 57	
Private patients paid beyond,	7,030 25	
Amount of bills rendered counties not yet earned, ..	5,718 55	
Amount of bills rendered private patients not yet earned,	2,153 84	
		\$39,582 55
Balance above liabilities,		\$39,444 45

We desire to direct the attention of your Excellency to certain facts in connection with the non-payment of bills justly due to this Hospital. From the balance above liabilities should be deducted \$15,485.28, the amount of bills rendered to the State Treasurer for the support of County, Convict and State Indigent patients for the years 1898, 1899 and 1900, as follows :

	<i>State County.</i>	<i>State Indigent.</i>	<i>Convict.</i>
1898,	\$631 84	\$1,460 62	.....
1899,	845 56	4,680 54	\$0 01
1900,	2,765 43	3,194 14	1,907 14
	\$4,242 83	\$9,335 30	\$1,907 15
Total,			\$15,485 28

These bills are unpaid because of insufficient appropriations.

An act of the Legislature approved March 11th, 1893, Chapter 119, Section 48, reads :

“And be it enacted, That there shall be paid from the State Treasury, in quarterly payments, and upon the warrant of the Comptroller, to the treasurers of the said hospitals, the sum of one dollar per week towards the maintenance and keep of each indigent patient in said hospitals.”

It would appear that by the act of March 11th, 1893, cited above, that this appropriation of one dollar per week for the maintenance and keep of each indigent patient was specific. The acts under which the annual appropriations are made do not repeal the above act. They simply appropriate a fixed sum of money. If the bills do not reach the amount of the appropriation, the remainder lapses. We submit that in this state of facts it would seem that the Legislature should pass a deficiency bill.

If the bills amounting to \$15,485.28 are not provided for by the next Legislature, the balance of resources over liabilities is decreased to \$23,959.17.

We are reluctantly compelled to direct your attention to another condition which requires Legislative relief. On account of the appropriations being insufficient to cover the contracts for the new building, it was stipulated that whatever deficiency there was should be met by the house funds.

The advance of all the building material, in some cases as high as 40%, between the time of estimates of probable cost were made and the time the bids were received, occasioned the difference in amount of appropriations and contracts. This is \$47,007.36, of which there has already been paid from the house funds \$7,381.50. To take the remainder from the house funds would retard improvements and the prompt payment of other bills.

The balance above liabilities nearly equals this difference between the contracts and the amount appropriated for them, provided the coming Legislature appropriates an amount to cover the deficiency of the bills against the State Treasurer. But this leaves no working balance of resources above liabilities, and we therefore ask for an appropriation to cover this deficiency, making in all \$54,625.86.

As collections cannot always be made promptly, many of the bills payable would have to run two or three months, or longer.

COUNTY ASYLUMS.

The three county asylums which the Board of Managers of the State Hospital are required by law to inspect, have been duly visited.

Essex County Asylum and Branch at Overbrook.

The main institution is situated on South Orange avenue, Newark, N. J., and the Branch Hospital at Overbrook, Verona township, Essex county. Both institutions are in charge of Supt. L. S. Hinckley, M.D., with a staff of two physicians and a dispensary clerk at the main hospital and two physicians at the Overbrook

Hospital. The two hospitals contain 850 patients, with 32 on parole. Of this number 240 male and 360 female are at the main hospital, and 117 male and 133 female at the Branch Hospital.

The main institution is kept in excellent condition. Improvements have been made during the past year in the plumbing, and the institution is as rapidly as possible being renewed with the best sanitary plumbing and ventilation. Improvements have also been made in the kitchen and laundry. The hospital at Overbrook is being enlarged by the building of an additional wing on the same plan as the other wings, which will accommodate 80 patients and a number of attendants. This will give the Superintendent further opportunity of relieving the main hospital, thereby better classifying the patients. This hospital has had a Training School for many years, and, therefore, has a most competent corps of attendants, twelve of the number now employed having graduated during the past year.

Hudson County Asylum,

Situated on Snake Hill, Hudson county, continues to be in charge of Dr. George W. King as Medical Superintendent; there is also a Deputy Superintendent, ten male attendants and fourteen female attendants. The number of patients admitted during the year now closed is 117; discharged, 64; died, 50. Remaining at the present date 243 male patients, 308 female patients; total, 551. Of these three male and one female are colored.

Passaic County Asylum.

Most of the insane in this county are at the institution at Morris Plains, but the Board of Freeholders of Passaic county is taking care of 7 male and 26 female patients at their county almshouse. These patients are of a class that, without detriment to them, can be taken care of in this way. A long-needed improvement in the situation has been brought about by the removal, by the Children's Aid Society of the State, of the children who were formerly kept at the same institution. Their removal had been suggested in former reports of the Board, as their presence was occasionally irritating to the patients, while seriously demoralizing to the children.

PRIVATE ASYLUMS.

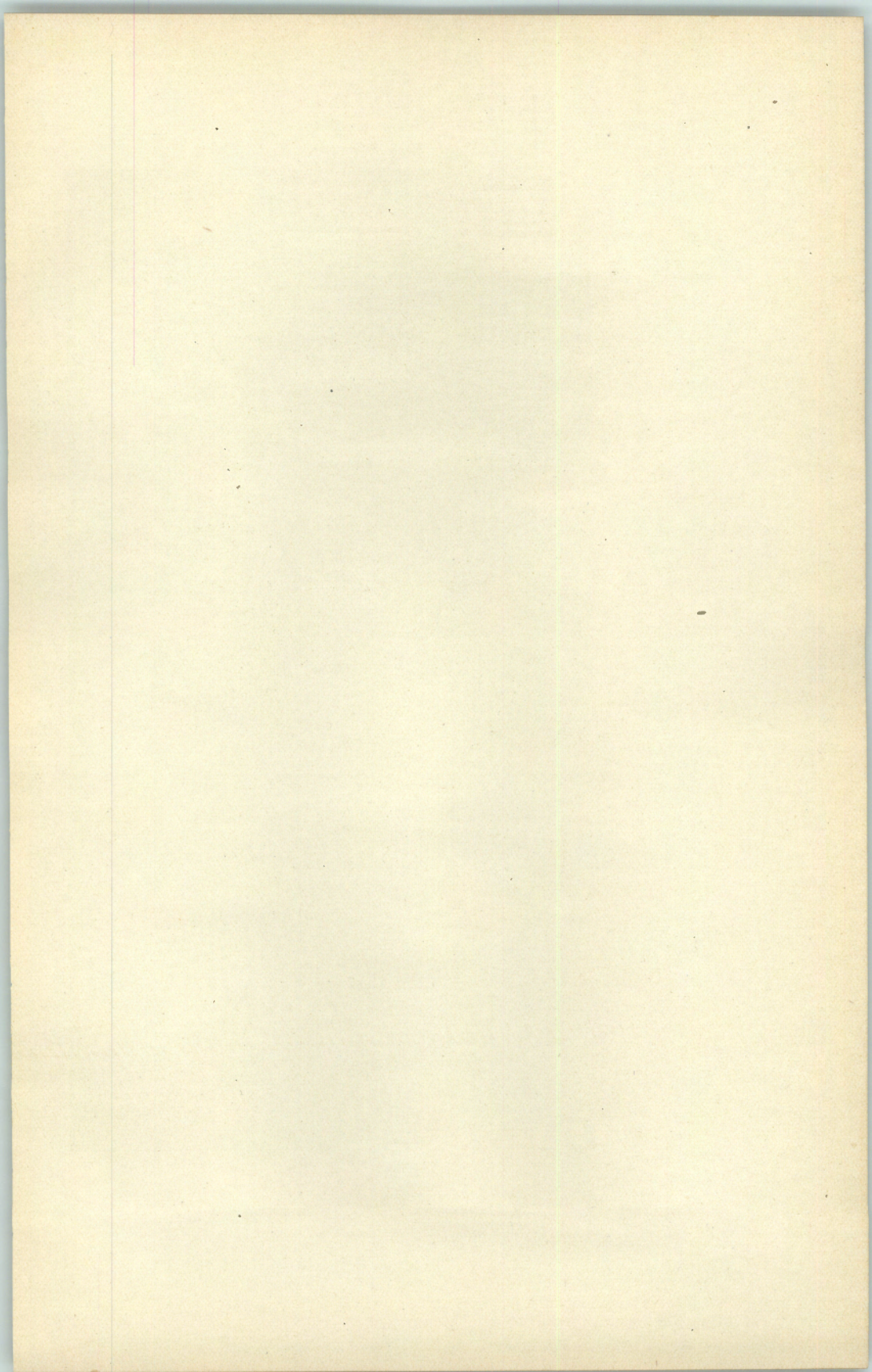
The private asylums which we are required to inspect and license have been visited, and those we found to be suitable have been examined and a license granted in each case.

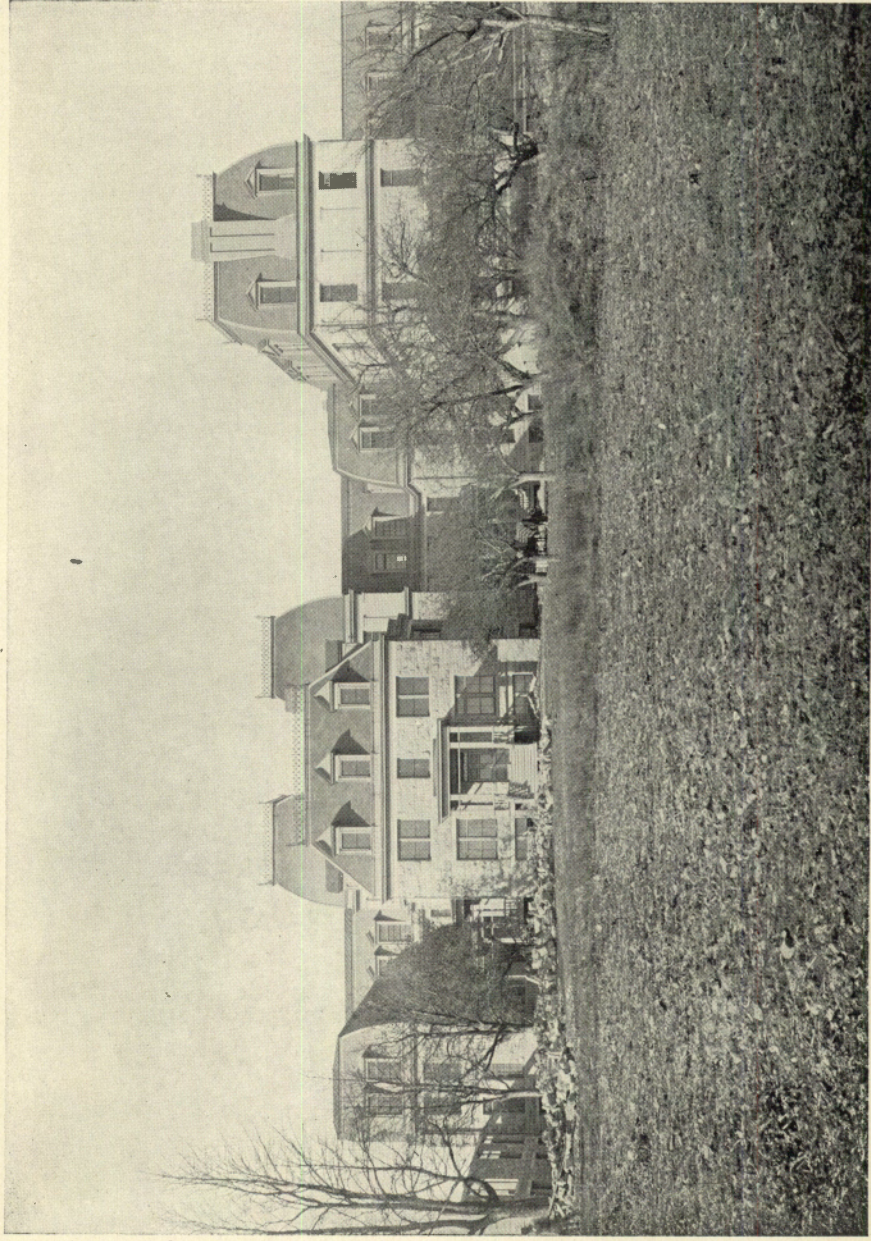
For further information as to the medical department and the details as to the farm, garden, improvements, etc., we beg leave to refer your Excellency to the reports of the Medical Director and Warden.

Signed,

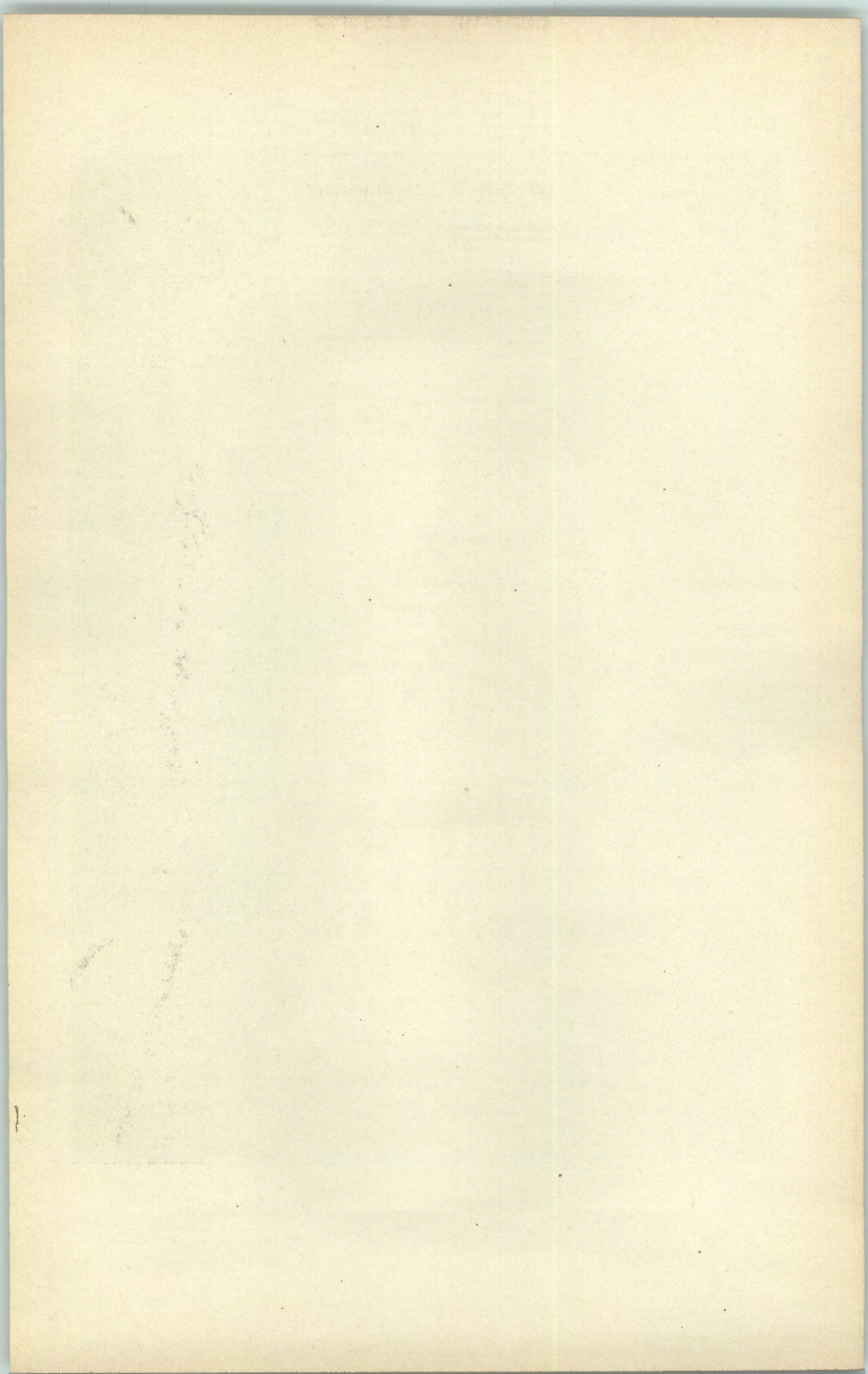
PATRICK FARRELLY,
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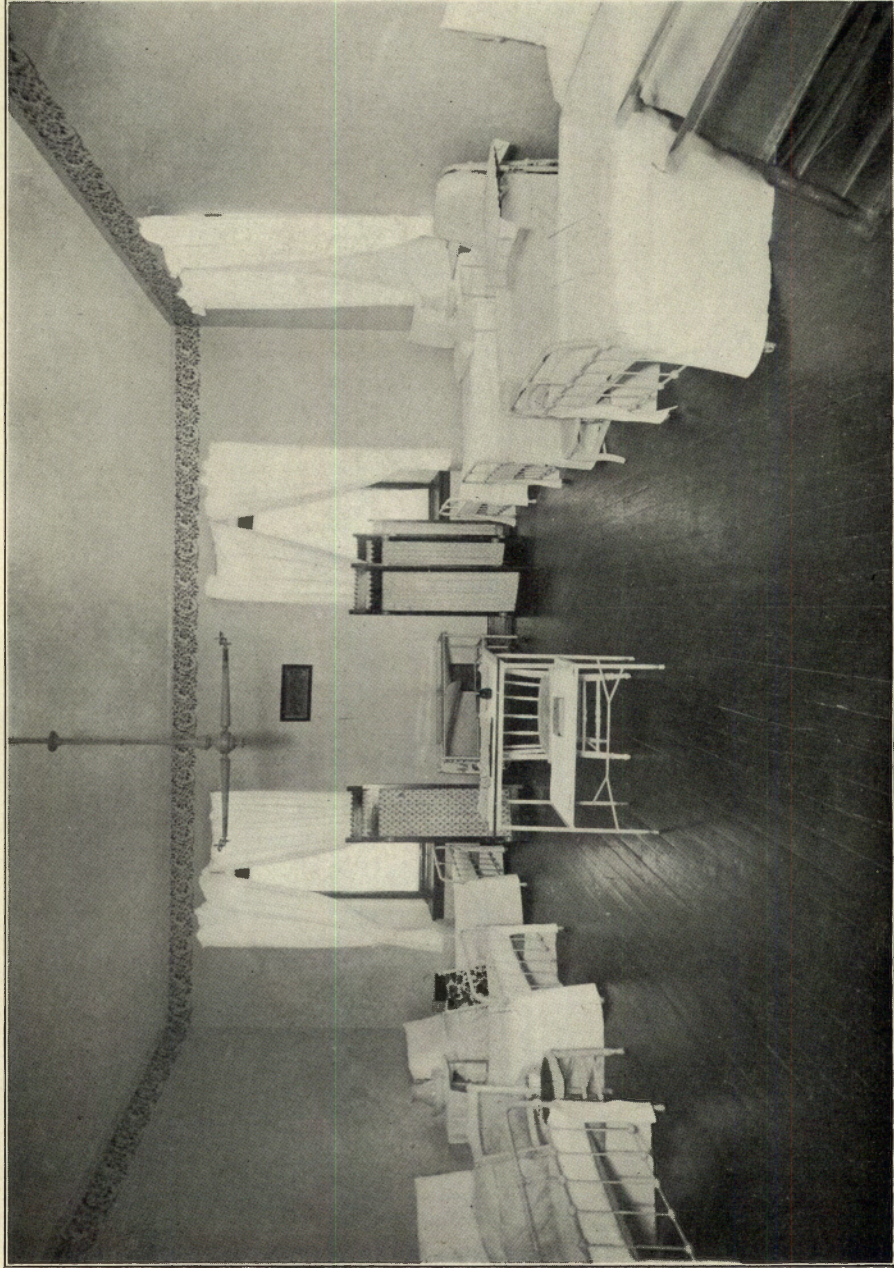
Managers.





NEW BUILDING. SHOWING COMPLETED MALE WING.





INFIRMARY FOR FEMALES.

REPORT OF THE MEDICAL DIRECTOR.

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REPORT OF THE MEDICAL DIRECTOR

Report of the Medical Director.

To the Board of Managers:

GENTLEMEN—Herewith is transmitted to you the twenty-fifth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains.

For nearly a quarter of a century this great public charity has had its portals open for the reception of that class of humanity afflicted with mental derangement.

During the month of August, 1876, two hundred and ninety-two patients were transferred in four installments from the State Lunatic Asylum at Trenton to this Hospital, then known as the new "State Asylum at Morristown." Thus the work was begun at this institution.

In all five thousand seven hundred and sixty-six patients have been admitted, and of this number two thousand two hundred and twenty-nine have been restored or sufficiently improved to again become useful members of their community.

Even since the opening of this Hospital we have witnessed the gradual change which is taking place in public opinion, and the so-called "Insane Asylum" no longer causes the feeling of dread and terror so apparent years ago. This is evidenced not only by our records, but the records of all institutions engaged in caring for the insane. A few years ago patients were rarely sent to an institution for treatment until every other means had failed, and then only as a last resort. When they no longer could be cared for at home, even in rooms barred, bare of furnishing and fitted as became the care of vile criminals, and the dread step of placing them in an insane asylum had been taken, it was usually found that months and even years had elapsed and additional sacrifices had been made upon the altar of ignorance and prejudice. While the error is deplorable, the spirit of self-sacrifice and loving devo-

tion to the misfortunes of others which stands out prominent and commanding in these cases compels our admiration and respect.

The education of the masses has been slow in regard to hospital work of all kinds, but it has taken years to place hospitals for the insane in the light in which they stand at the end of the nineteenth century, as benevolent institutions of a high order.

Of late years records show that a large percentage of the cases are brought at once, or as soon as the necessity for treatment is recognized, and there is now usually but little delay in very acute cases. Surely this fact in itself is a monument to the memory of those who have plodded patiently along and given their best years to the care and amelioration of the insane in the face of bigotry, blind prejudice and, too often, persecution. The progressive work of those who are intimately connected with hospitals for the insane and make a study of the wants of those bereft of reason has done much to educate the general public. There is still, however, room and opportunity for much educational effort along this line. A large part of the educated citizens of every State take but a limited interest in the needs and demands of our public institutions for the care and treatment of insane persons. Their failure to visit our hospitals and interest themselves in what is being done in such institutions is adequate reason for their not being conversant with the progress made. We can but hope that another quarter of a century may show still greater advancement, and that the special work being done constantly in various quarters will ultimately throw light upon some of our vexed problems. Among those who deserve special commendation for the production of these results are the faithful men and women who, for small remuneration, devote themselves to the immediate care and supervision of this unfortunate class. Theirs are long hours, weary vigils, unceasing care and but too often inadequate recognition at the hands of the general public of invaluable service.

RESUME.

During the year three hundred and twenty-three patients have been admitted, and two hundred and thirty-six have been discharged, a net increase of eighty-seven patients. We close the

year with a total of thirteen hundred and eighty-nine patients—six hundred and ninety-six men and six hundred and ninety-three women. Our percentage of recoveries, based on the number admitted, is twenty-five per cent., and the death-rate, based on the total number under treatment (1625) is seven and four-tenths per cent. The official classification of those remaining in the Hospital October 31st, 1900, is as follows: Indigent, 1127; Pay, 171; Criminal, 25; Convict, 66; a total of 1389 patients.

The cause of insanity in sixty-eight cases, or approximately one-fifth of those admitted, was directly traceable to heredity, and it should also be noted that hereditary taint was admitted in ninety-two cases, or more than one-fourth of the admissions. In sixteen cases the mental disease was the result of epilepsy, and in twenty-six cases the cause was undoubtedly toxic in origin, from the long continued abuse of alcohol, cocaine or morphine. Heredity, however, plays by far the more important role as a causal factor in insanity. With the predisposition and certain environments, insanity is but the natural sequence.

Table IX gives the form of mental disorder, Table XI the alleged causes of insanity, and Table XII the complications of those admitted. In Table XXI will be found the mental disease with the immediate cause of death of all those who died during the year.

TRAINING-SCHOOL.

The training-school for nurses, established for the betterment of the service, is now beginning its seventh year, and continues to fulfill our expectations. The course of training is obligatory, and earnest, conscientious nurses who are striving to perfect themselves in special work recognize the increased value of trained service. There is probably nothing connected with hospital work which impresses the general public more with its scope and humanity than the contact with kind-hearted, intelligent men and women who are devoting themselves constantly to the care of the sick and afflicted. Nor is it at all unusual to have the work and efficiency of a hospital measured exclusively by the class of nurses it employs.

To the staff of physicians a most perplexing problem is the selection of suitable material for training from the mass of inexperienced applicants. The attempt is made to select only those who are intelligent, who have some realizing sense of the responsibilities they desire to assume, who have capabilities which can be moulded and shaped toward efficiency, for, once employed, it is always an unwelcome task to dispense with services on the ground of unsuitableness for the work. On the other hand, nothing adds more to the mental peace and lessens the feeling of unrest and anxiety of the physician in charge than to know that the safety and comfort of the patients are being properly looked after and the wards manned by trained nurses on whose faithfulness and efficiency they can rely.

At the last session three men and eight women graduated and received diplomas. This makes a total of thirty-four men and forty-nine women who have graduated from the school.

THE COMMITMENT LAW OF 1898.

I have, in my official communication, called your attention to some of the defects and deficiencies in the Commitment Law of 1898, and I have deemed it unnecessary to make a detailed record of them in this report. The law gives a greater protection to the citizen than was given under the old law, but there is a looseness in its obligations to the financial interests of the State institutions. This, however, can be readily remedied by the Legislature.

NEW BUILDING.

The new building is practically finished. The physicians' quarters and the male wing are ready for occupancy, and the female wing is nearing completion. We expect, therefore, to receive relief at once from the crowded condition of the male department of the main building, and look for relief for the female department within a short time.

The evils of overcrowding have been sufficiently dilated upon in previous communications, and it only remains to repeat that

under the existing conditions proper classification is utterly impossible; the rights and interests of convalescing patients are jeopardized, and it is a matter for congratulation that suicides and other accidents do not occur more frequently.

TYPHOID FEVER.

For the first time since the twentieth annual report we have to note the prevalence of typhoid fever. I am unable to account for its inception. The milk is supposed to be beyond contamination, and the water supply has been chemically and biologically analyzed and found to be pure. At the present writing we have had twelve cases. The disease has been confined entirely to the female department and, with three exceptions, to one ward. This ward has been thoroughly disinfected with formalin gas; the typhoid cases have been isolated in one large infirmary room, and every precaution taken to prevent the spread of this disease. No new cases have developed within the past two weeks.

In December, 1899, an outbreak of small-pox occurred in Morristown. The Hospital was at once quarantined, the visiting rules suspended, and all officers, employes and patients were vaccinated. The close vicinity of the disease gave us much apprehension, for no more serious calamity could befall the Hospital than to suffer an epidemic of such a disease in our crowded condition. One patient was admitted at this time whose mental trouble was caused by the death of her daughter from this disease, and the patient herself had had a mild attack of small-pox, from which she recovered shortly before her admission to this Hospital. Receiving patients as we do continually from districts of the State which are densely populated, it speaks well for the efficiency of our health officials that we do not more often have committed to us patients suffering from contagious disease. We cannot expect, however, constant immunity from this danger which is always present before us.

These outbreaks again emphasize the importance and necessity of having a specially fitted and isolated building where cases of contagious or infectious diseases can be cared for without coming in contact with other patients and nurses.

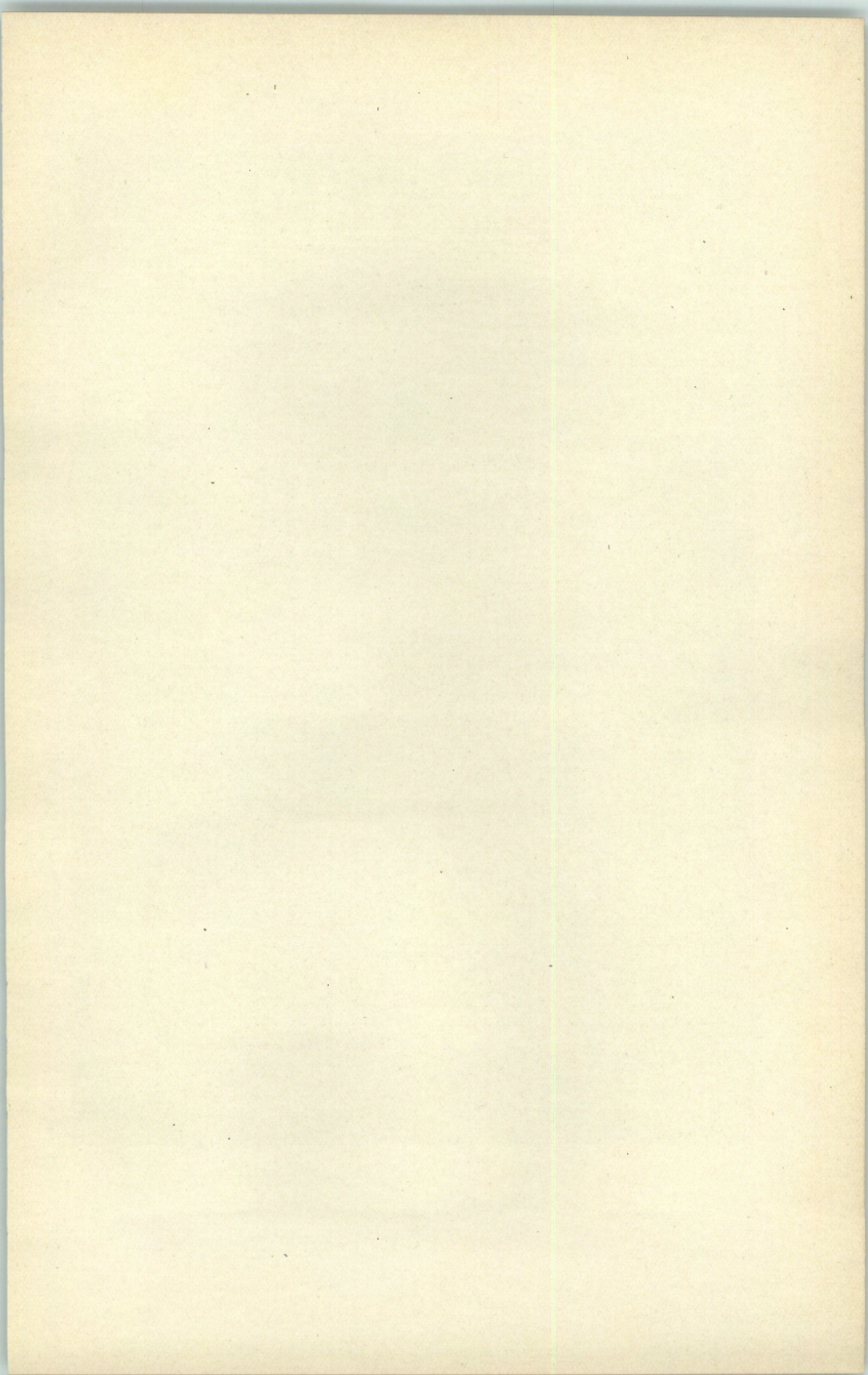
CONVICT INSANE.

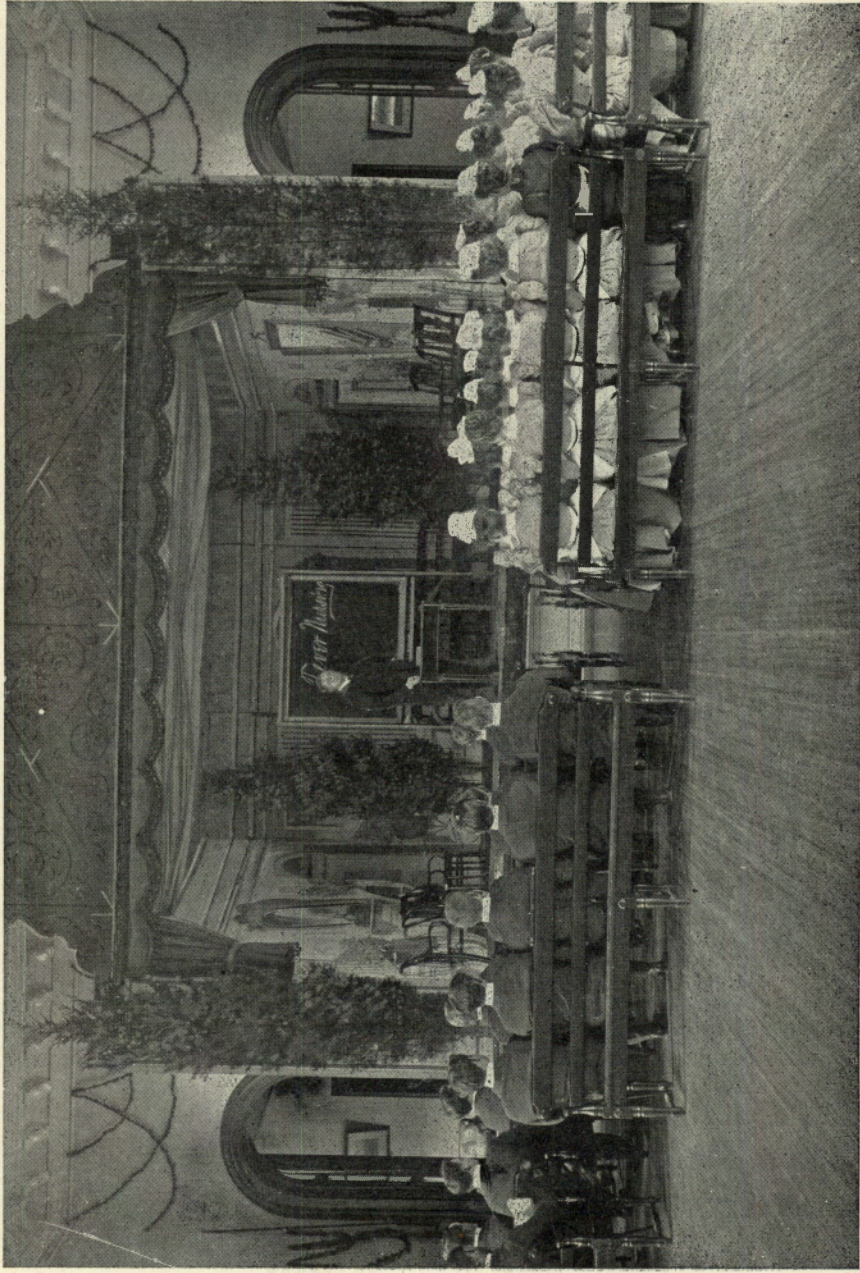
In nearly all previous reports special attention has been directed to the dangers incident to caring for this class in our State Hospitals, and the evident necessity of making other provision for their care and custody in a properly constructed building to be devoted exclusively to them. In the twentieth annual report I gave in detail my observations upon this matter. It is not a new subject; the idea of the segregation of convicts who have, during their imprisonment, become insane, is in no sense new. The most progressive States in the Union have provided special institutions for this class. This plan has long passed the stage of experiment; the testimony from those States in which the separate care of insane convicts has been thoroughly tried is unanimous and conclusive in support of the wisdom of this course. Numerous State institutions have upon their records sad experiences due to the presence of the convict insane upon their wards.

This is a matter of too much importance to be omitted from my report. The continuation of this dangerous and disorganizing class in our State Hospitals carries with it grave responsibilities. Attention has been so frequently called to this matter, now assuming such proportions, that I can only feel that the responsibility for the future rests with that body in whose hands the remedy lies—the State Legislature.

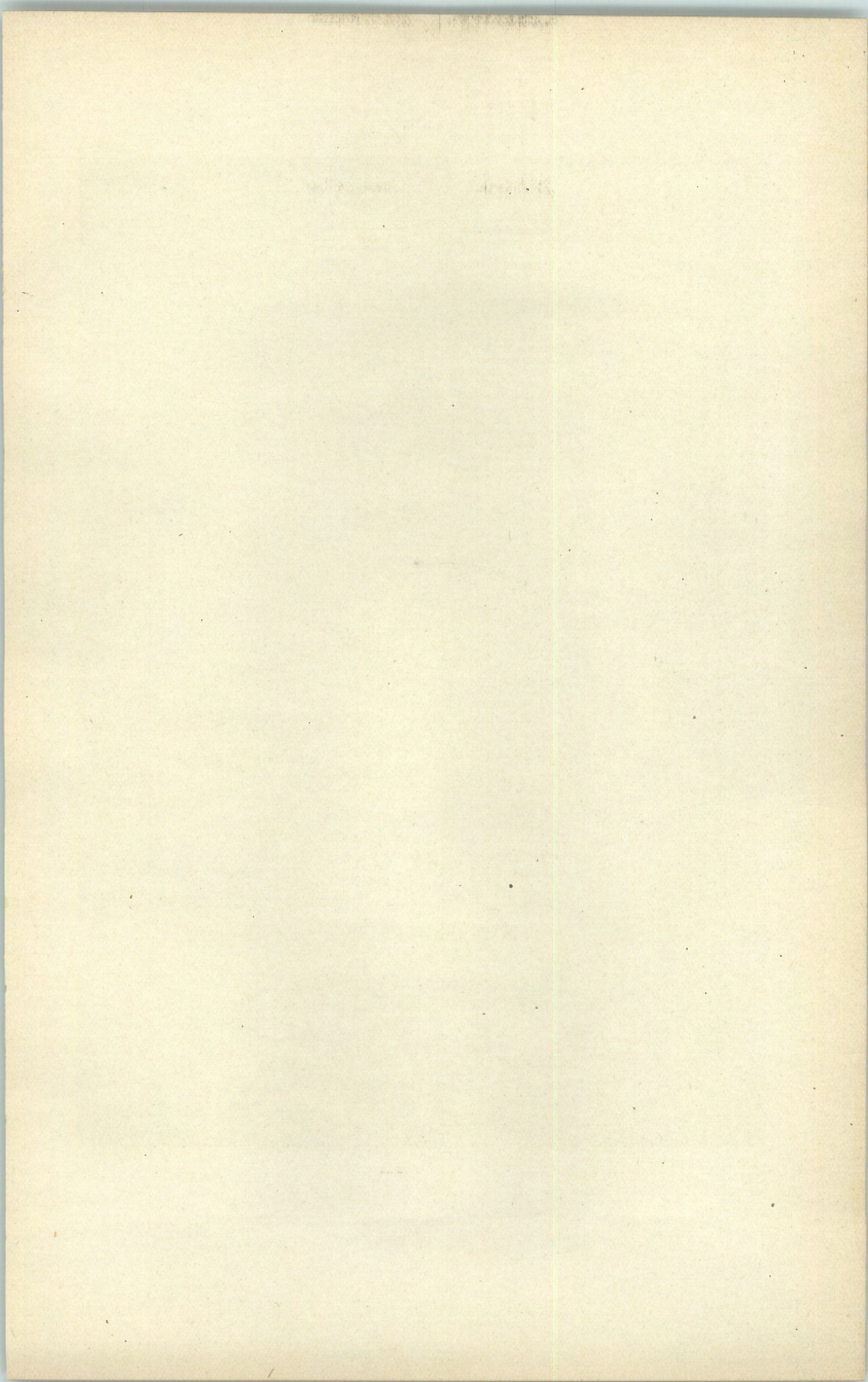
PATHOLOGICAL DEPARTMENT.

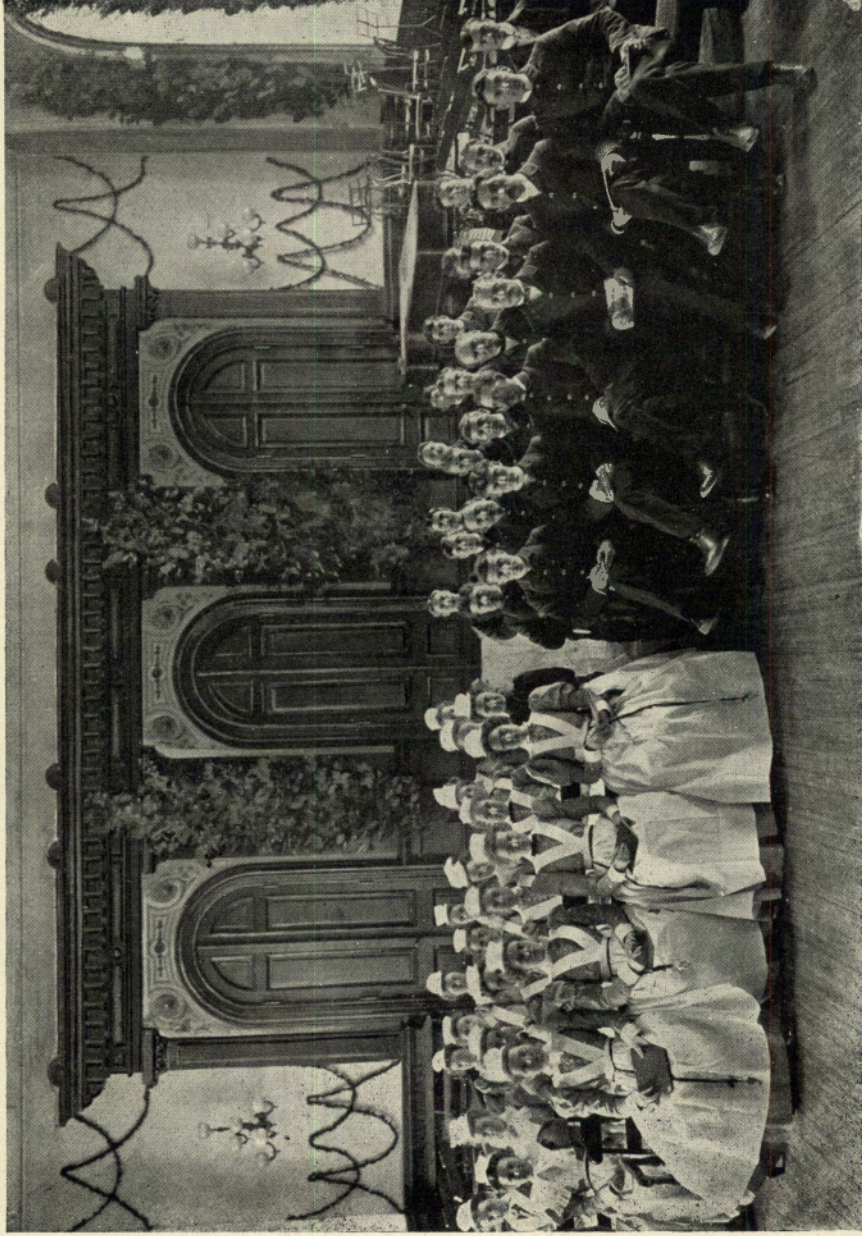
The monograph of the pathologist, Dr. Thomas P. Prout, contains his observations on the findings in cases of paretic dementia autopsied, and, as in former reports, I have appended it in full. It shows careful and scientific work, and speaks for itself. The laboratory has become an integral part of the work of the Medical Department, and its importance clinically cannot be overestimated. Upon the equipment and occupation of the rooms set apart for pathological work in the new building our facilities will be greatly increased. These rooms are so located and arranged





TRAINING SCHOOL AT LECTURE.





TRAINING SCHOOL, ASSEMBLED.

as to afford good light and all the advantages of a modern, up-to-date laboratory.

AMUSEMENT AND EMPLOYMENT.

Amusement and employment continue to occupy a deservedly prominent place in the treatment of our patients. Weekly baseball games during the season, dances on Monday nights, card parties, the fancy dress ball and other entertainments as they can be procured, always have a large and interested audience. Following our custom, patients have also been kept employed both indoors and out whenever consistent and practicable, with much benefit to themselves. The tables herewith show the year's employments in full.

TABLE I.

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

<i>Date.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1899.			
November,	4,173	3,533	7,706
December,	4,310	3,016	7,326
1900.			
January,	4,447	3,250	7,697
February,	4,154	3,475	7,629
March,	4,794	3,287	8,081
April,	4,529	3,418	7,947
May,	4,588	3,577	8,165
June,	4,096	3,551	7,647
July,	4,060	3,548	7,608
August,	4,489	3,569	8,058
September,	4,530	3,165	7,695
October,	4,897	3,405	8,302
Total,	53,067	40,794	93,861

TABLE II.

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

DATE.	LAUNDRY.			KITCHEN.			Farm and grounds.	Bakery.	Shops.	Sewing room.	Total.
	Men.	Women.	Total.	Men.	Women.	Total.					
1889.											
November,	163	584	747	309	59	368	1,127	114	380	229	1,850
December,	182	574	756	303	36	339	1,165	108	377	294	1,944
1900.											
January,	199	568	767	346	58	404	1,188	113	402	293	1,996
February,	176	601	777	314	52	366	1,032	101	352	352	1,837
March,	105	533	728	338	59	397	1,104	111	366	360	1,971
April,	186	538	724	314	60	374	1,272	107	386	416	2,181
May,	196	558	754	304	62	366	1,449	111	378	436	2,374
June,	169	583	752	309	54	363	1,748	109	366	530	2,753
July,	191	601	792	311	57	368	1,347	115	362	435	2,259
August,	227	595	822	383	59	442	1,355	116	371	453	2,295
September,	234	530	764	469	38	507	1,263	112	348	327	2,050
October,	218	566	784	382	55	437	1,361	116	374	349	2,200
	2,336	6,831	9,167	4,082	649	4,731	15,411	1,333	4,492	4,474	25,710

The following clergymen will continue to officiate in conducting religious services in the chapel according to the schedule in operation :

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. T. I. Coultas, Methodist, Morristown.

Rev. S. Z. Batten, Baptist, Morristown.

Rev. Dr. William M. Hughes, Episcopalian, Morristown.

Rev. Father A. M. Egan, Roman Catholic, Morris Plains.

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

1900.		1901.	
November	4th . . . Episcopal.	February	3d . . . Methodist.
"	11th . . . Presbyterian.	"	10th . . . Baptist.
"	18th . . . Roman Catholic.	"	17th . . . Episcopal.
"	25th . . . Methodist.	"	24th . . . Presbyterian.
December	2d . . . Baptist.	March	3d . . . Roman Catholic.
"	9th . . . Episcopal.	"	10th . . . Methodist.
"	16th . . . Presbyterian.	"	17th . . . Baptist.
"	23d . . . Roman Catholic.	"	24th . . . Episcopal.
"	30th . . . Methodist.	"	31st . . . Presbyterian.
1901.		April	7th . . . Roman Catholic.
January	6th . . . Baptist.	"	14th . . . Methodist.
"	13th . . . Episcopal.	"	21st . . . Baptist.
"	20th . . . Presbyterian.	"	28th . . . Episcopal.
"	27th . . . Roman Catholic.		

May	5th . . . Presbyterian.	August	4th . . . Baptist.
"	12th . . . Roman Catholic.	"	11th . . . Episcopal.
"	19th . . . Methodist.	"	18th . . . Presbyterian.
"	26th . . . Baptist.	"	25th . . . Roman Catholic.
June	2d . . . Episcopal.	September	1st . . . Methodist.
"	9th . . . Presbyterian.	"	8th . . . Baptist.
"	16th . . . Roman Catholic.	"	15th . . . Episcopal.
"	23d . . . Methodist.	"	22d . . . Presbyterian.
"	30th . . . Baptist.	"	29th . . . Roman Catholic.
July	7th . . . Episcopal.	October	6th . . . Methodist.
"	14th . . . Presbyterian.	"	13th . . . Baptist.
"	21st . . . Roman Catholic.	"	20th . . . Episcopal.
"	28th . . . Methodist.	"	27th . . . Presbyterian.

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

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

RESIGNATIONS AND APPOINTMENTS.

There has been one addition to the Medical Staff of the Hospital. Dr. Harry A. Cossitt took the honors in a competitive examination, and was appointed Medical interne May 1st, 1900. He has performed the duties assigned to him with unvarying ability and faithfulness.

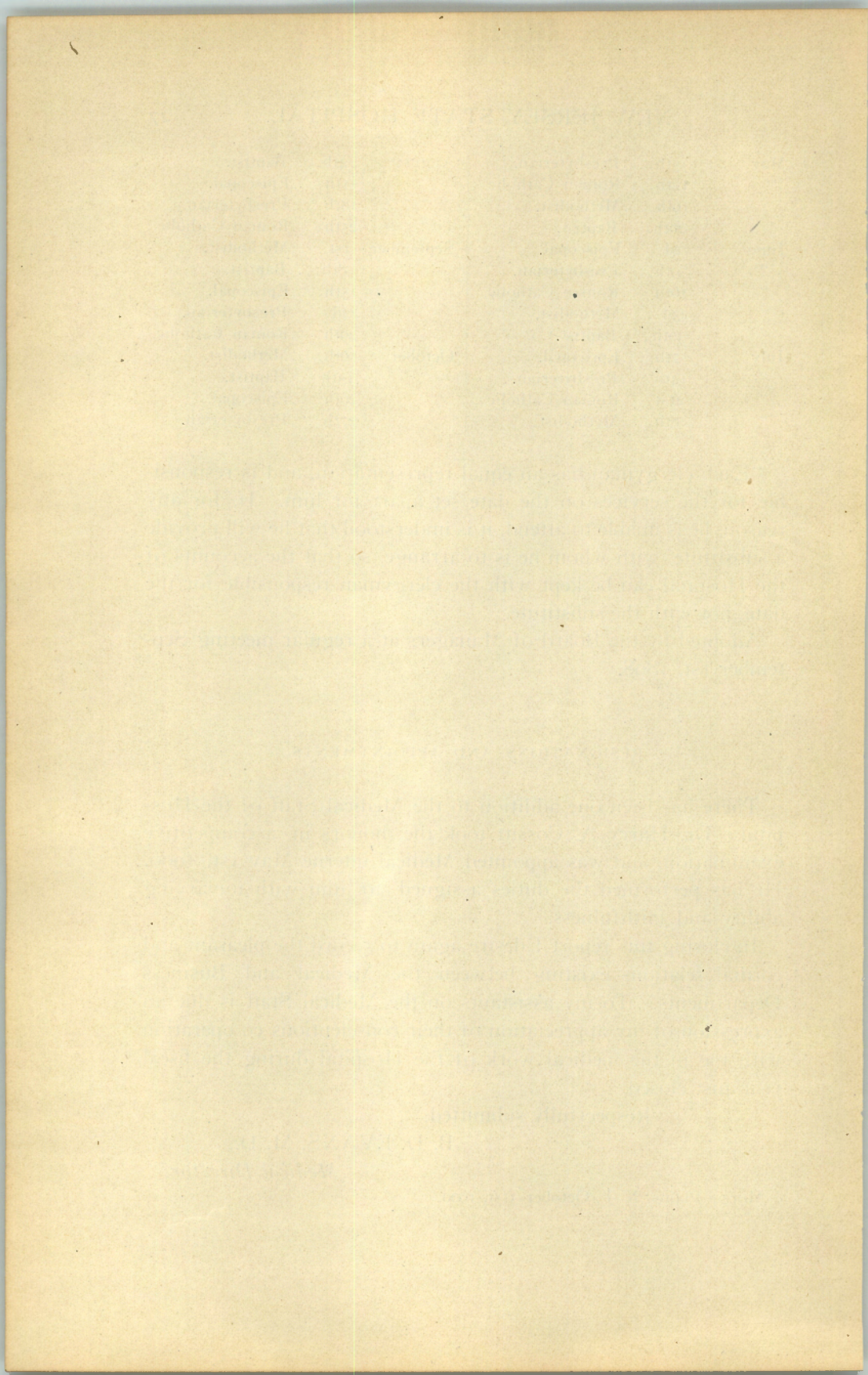
In closing this report I desire again to record the pleasant and cordial relations existing between the Medical and Business Departments. To my assistants on the Medical Staff is due an expression of my appreciation of their conscientious co-operation with me in the medical work of the Hospital during the fiscal year just closed.

Respectfully submitted,

B. D. EVANS, M. D.,

Medical Director.

Morris Plains, N. J., October 31st, 1900.



Statistical Appendix to the Medical Director's Report.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING
OCTOBER 31ST, 1900.

	<i>Men.</i>	<i>Women</i>	<i>Total.</i>	<i>Men.</i>	<i>Women</i>	<i>Total.</i>
In the Hospital October 31st, 1899,.....				658	644	1,302
Patients admitted—						
First admissions,	150	122	272			
Re-admissions,	19	32	51			
Total,				169	154	323
Total number of patients under treatment during the year,				827	798	1,625
Patients discharged—						
Recovered,	39	41	80			
Improved,	11	11	22			
Unimproved,	4	8	12			
Died,	75	45	120			
Eloped,	2		2			
Total discharged and died,				131	105	236
Remaining in the Hospital,				696	693	1,389
Of this number there are, Public,.....	612	606	1,218			
Private,.....	84	87	171			
Total				696	693	1,389
Whole number admitted from Au- gust 17th, 1876, to October 31st, 1900,				2,991	2,775	5,766
Whole number discharged during the same period of time—						
Recovered,	634	621	1,255			
Improved,	482	502	984			
Unimproved,	210	242	452			
Died,	949	717	1,666			
Eloped,	20		20			
Total,				2,295	2,082	4,377
Remaining October 31st, 1900,				696	693	1,389

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1899.									
November,	17	12	29	6	5	11	662.40	645.06	1,307.46
December,	18	13	31	11	5	16	672.23	649.81	1,322.04
1900.									
January,	18	13	31	9	8	17	677.85	657.87	1,335.72
February,	11	12	23	3	8	11	688.42	662.93	1,351.35
March,	9	13	22	5	5	10	694.93	674.57	1,369.50
April,	13	13	26	17	7	24	696.50	674.34	1,370.84
May,	16	20	36	12	14	26	696.38	680.97	1,377.35
June,	9	7	16	7	6	13	696.50	683.88	1,380.38
July,	20	13	33	18	6	24	694.82	689.35	1,384.17
August,	18	16	34	19	11	30	693.08	693.63	1,386.71
September,	5	14	19	8	10	18	689.45	698.36	1,387.81
October,	15	8	23	14	20	34	693.00	698.00	1,391.00
Total,	169	154	323	129	105	234			
For the year,							688.00	676.00	1,364.00

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First,	136	112	248
Second,	26	28	54
Third,	6	8	14
Fourth,	1	2	3
Fifth,		1	1
Sixth or more,		3	3
Total,	169	154	323

TABLE IV.

AGE WHEN ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years,		2	2
Fifteen to twenty years,	5	9	14
Twenty to twenty-five years,	22	12	34
Twenty-five to thirty years,	15	19	34
Thirty to thirty-five years,	27	18	45

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Thirty-five to forty years,	23	19	42
Forty to forty-five years,	20	14	34
Forty-five to fifty years,	8	16	24
Fifty to sixty years,	21	24	45
Sixty to seventy years,	11	9	20
Seventy to eighty years,	8	10	18
Eighty years and over,	9	2	11
Total,	169	154	323

TABLE V,

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Connecticut, .....	.....	3	3
Georgia,	1	.....	1
Indiana, .....	.....	1	1
Kansas, .....	.....	1	1
Maine,	1	1	2
Maryland,	1	.....	1
Massachusetts,	2	1	3
Nevada,	1	.....	1
New Jersey,	70	64	134
New York,	17	21	38
North Carolina, .....	.....	1	1
Pennsylvania,	10	1	11
Rhode Island,	2	1	3
South Carolina,	1	.....	1
Vermont, .....	.....	1	1
Virginia,	2	1	3
United States,	8	2	10
Austria,	1	.....	1
Canada, .....	.....	2	2
Denmark,	1	.....	1
England,	7	9	16
France,	1	1	2
Germany,	13	16	29
Holland,	3	.....	3
Hungary,	1	.....	1
Ireland,	18	18	36
Italy,	1	.....	1
Russia,	3	1	4
Scotland,	1	1	2
Sweden, .....	.....	2	2
Switzerland,	2	5	7
West Indies,	1	.....	1
Total,	169	154	323

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen,	26	16	42
Burlington, .....	....	1	1
Essex,	25	8	33
Hudson,	20	15	35
Morris,	25	21	46
Middlesex,	2	3	5
Passaic,	26	45	71
Somerset,	1	....	1
Sussex,	2	9	11
Union,	27	27	54
Warren,	10	9	19
New York, N. Y.,	5	....	5
Total,	169	154	323

TABLE VII.

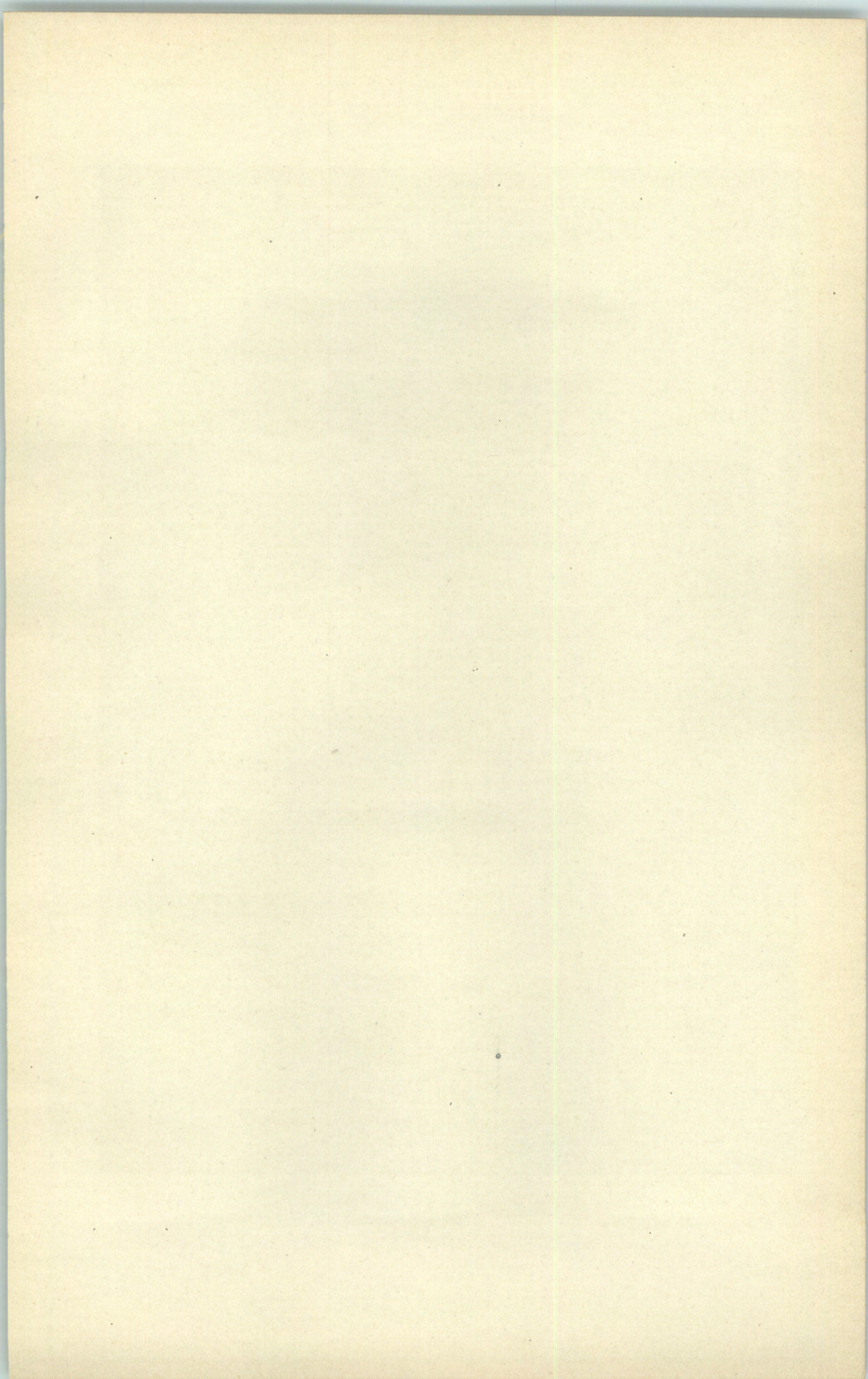
CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single,	72	72	144
Married,	79	54	133
Widowed,	18	28	46
Total,	169	154	323

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Artisans,	33	6	39
Carpenters,	8	....	8
Clerks,	25	3	28
Clergyman,	1	....	1
Dentist,	1	....	1
Dressmakers, .....	....	8	8
Farmers,	12	....	12
Housewives, .....	....	71	71
Housekeepers, .....	....	4	4
Lawyer,	1	....	1
Laborers,	37	....	37
Merchants,	10	....	10
Mechanics,	10	....	10





WARD FOR WOMEN.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Nurses, .....	.....	2	2
Physicians,	3	.....	3
Sailors,	5	.....	5
Servants, .....	.....	16	16
Teachers,	3	3	6
No occupation,	20	41	61
Total,	169	154	323

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute,	17	20	37
Mania, acute delirious,	1	1	2
Mania, chronic,	5	12	17
Mania, epileptic,	6	1	7
Mania, puerperal, .....	.....	5	5
Mania, recurrent,	3	11	14
Mania, toxic,	17	8	25
Melancholia, acute,	29	40	69
Melancholia, agitata,	3	2	5
Melancholia, chronic,	5	7	12
Melancholia, recurrent,	2	5	7
Melancholia, stuporous,	2	.....	2
Dementia, epileptic,	3	3	6
Dementia, organic,	4	3	7
Dementia, primary, .....	.....	1	1
Dementia, paretic,	19	2	21
Dementia, senile,	17	10	27
Dementia, terminal, .....	.....	6	6
Imbecility,	1	2	3
Imbecility with epilepsy,	1	2	3
Insane neurosis; hypochondria, .....	.....	3	3
Adolescent insanity,	11	4	15
Choreic insanity,	1	.....	1
Pubescent insanity,	5	3	8
Paranoia,	17	3	20
Total,	169	154	323

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State,	35	17	52
County,	89	91	180
Private,	45	46	91
Total,	169	154	323

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<i>Physical—</i>			
Cerebral embolism,	1	.....	1
Cerebral hemorrhage,	1	.....	1
Childbirth, .....	.....	6	6
Chorea,	1	.....	1
Epilepsy,	10	6	16
General ill-health,	3	5	8
Heredity,	24	44	68
Injury,	4	3	7
Insomnia, .....	.....	1	1
Intemperance and other excesses,	22	4	26
Masturbation,	7	1	8
Menopause, .....	.....	8	8
Morphine,	3	2	5
Multiple sclerosis, .....	.....	2	2
Old age,	9	5	14
Overwork,	4	4	8
Pregnancy, .....	.....	5	5
Sunstroke,	2	1	3
Spinal meningitis,	1	.....	1
Syphilis,	8	1	9
Tabes dorsalis,	1	.....	1
Total physical,	101	98	199
<i>Moral—</i>			
Business troubles,	5	1	6
Domestic troubles,	1	12	13
Disappointed affections,	1	1	2
Financial reverses,	1	1	2
Grief, .....	.....	5	5
Religious excitement,	2	1	3
Worry,	10	5	15
Total moral,	20	26	46
Total physical,	101	98	199
Total moral,	20	26	46
Unassigned,	48	30	78
Total,	169	154	323

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Anæmia,	1	1	2
Carcinoma, .....	.....	2	2
Chronic gastritis,	1	1	2
Chorea,	1	.....	1
Diabetes, .....	.....	1	1
Emphysema,	1	2	3
Endocarditis,	18	28	46
Epilepsy,	10	6	16
Epithelioma, .....	.....	1	1
Facial paralysis,	1	.....	1
Floating kidney, .....	.....	1	1
Hemiplegia,	3	.....	3
Hernia,	7	.....	7
Multiple sclerosis, .....	.....	2	2
Nephritis,	3	10	13
Osteo-myelitis,	1	.....	1
Paralysis agitans,	1	.....	1
Pneumonia,	1	1	2
Pulmonary tuberculosis,	4	3	7
Pregnancy, .....	.....	3	3
Scoliosis,	1	2	3
Senile gangrene,	1	.....	1
Septicæmia,	1	.....	1
Syphilis,	11	1	12
Tabes dorsalis,	1	1	2
Talipes,	1	1	2
Typhoid fever, .....	.....	1	1
Uterine or ovarian disease, .....	.....	4	4
Varicose veins,	5	2	7
Varicocele,	5	.....	5
Homicidal tendencies,	27	20	47
Suicidal tendencies,	24	48	72
Without complications,	91	92	183

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

TABLE XIII.

HEREDITY OF THOSE ADMITTED.

<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family,	43	49	92
Hereditary taint denied,	85	76	161
Hereditary history unobtainable,	41	29	70
Total,	169	154	323

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month,	42	45	87
One to three months,	32	28	60
Three to six months,	29	9	38
Six to twelve months,	22	22	44
One to two years,	13	12	25
Two to three years,	5	11	16
Three to four years,	7	5	12
Five to ten years,	11	9	20
Ten to twenty years,	2	4	6
Over twenty years,	1	2	3
Total,	169	154	323

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Fifteen to twenty years,	5	6	11
Twenty to twenty-five years,	5	6	11
Twenty-five to thirty years,	6	3	9
Thirty to thirty-five years,	7	5	12
Thirty-five to forty years,	9	5	14
Forty to forty-five years,	2	5	7
Forty-five to fifty years,	2	8	10
Fifty to sixty years,	2	1	3
Sixty to seventy years,	1	2	3
Total,	39	41	80

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month,	21	17	38
One to three months,	5	10	15
Three to six months,	3	4	7
Six to twelve months,	2	5	7
One to two years,	4	1	5
Over two years,	4	4	8
Total,	39	41	80

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month,	1	1	2
One to two months,	6	1	7
Two to three months,	3	9	12
Three to four months,	3	1	4
Four to five months,	2	6	8
Five to six months,	5	7	12
Six to nine months,	6	7	13
Nine to twelve months,	6	6	12
Twelve to eighteen months,	5	.....	5
Eighteen to twenty-four months,	1	2	3
Over two years,	1	1	2
Total,	39	41	80

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute,	5	4	9
Mania, chronic, .....	.....	2	2
Mania, epileptic,	1	.....	1
Mania, puerperal, .....	.....	1	1
Mania, toxic,	14	1	15
Mania, recurrent,	2	9	11
Melancholia, acute,	9	14	23
Melancholia, chronic,	2	3	5
Melancholia, stuporous, .....	.....	2	2
Adolescent insanity,	1	2	3
Pubescent insanity,	5	3	8
Total,	39	41	80

TABLE XIX.

AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Twenty to twenty-five years,	3	2	5
Twenty-five to thirty years,	2	1	3
Thirty to thirty-five years,	2	5	7
Thirty-five to forty years,	4	1	5
Forty to forty-five years,	5	1	6
Forty-five to fifty years,	6	6	12
Fifty to sixty years,	20	8	28
Sixty to seventy years,	14	8	22
Seventy to eighty years,	10	9	19
Eighty to ninety years,	9	4	13
Total,	75	45	120
Average age at death,	57½	56½	57

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

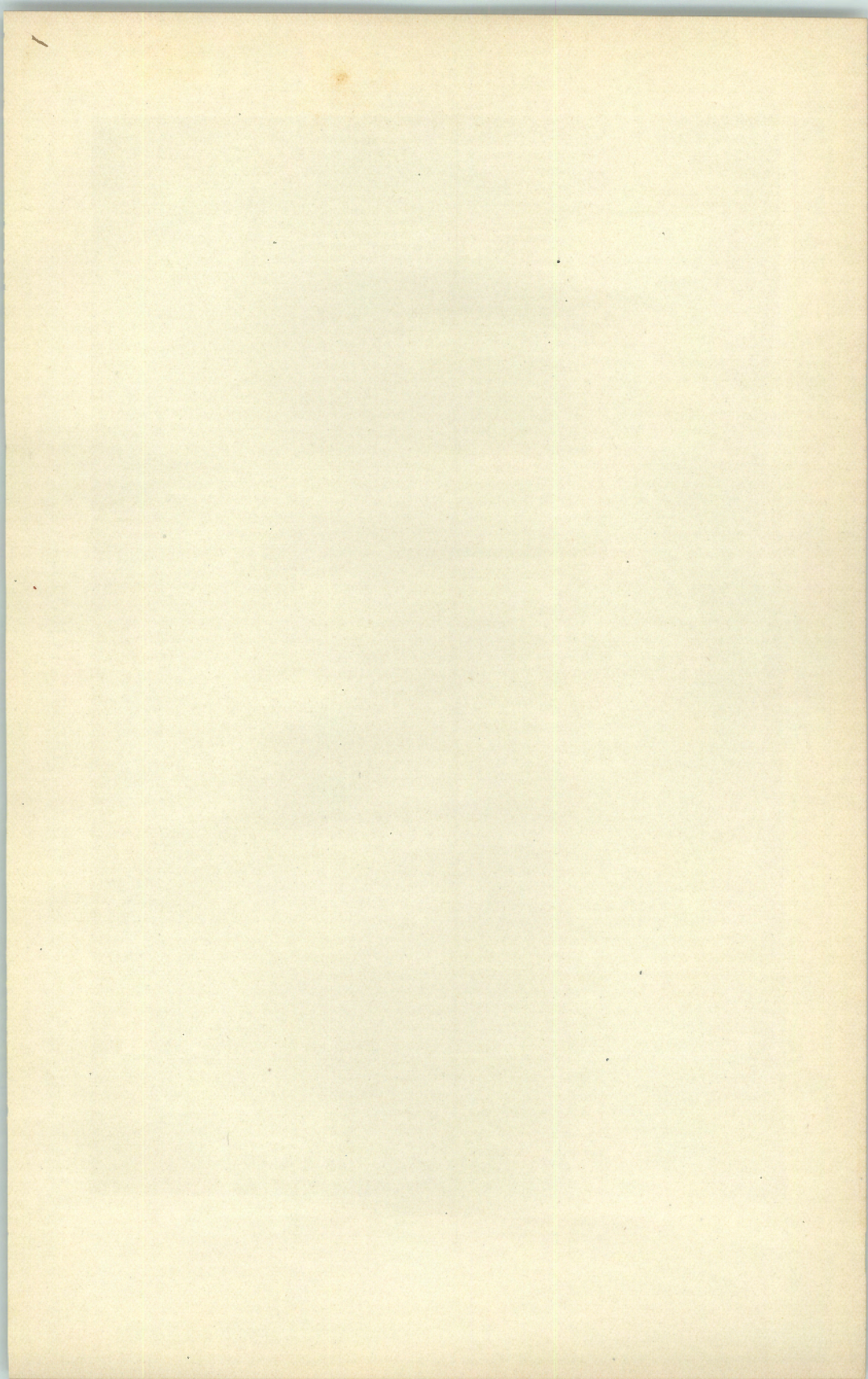
<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute,	2	2	4
Mania acute, delirious,	1	.....	1
Mania, chronic,	4	2	6
Mania, epileptic,	2	.....	2
Mania, recurrent,	1	1	2
Melancholia, acute,	4	4	8
Melancholia, agitata, .....	.....	2	2
Melancholia, chronic,	4	3	7
Dementia, epileptic,	3	4	7
Dementia, organic,	6	2	8
Dementia, parietic,	16	2	18
Dementia, senile,	13	5	18
Dementia, terminal,	13	16	29
Imbecility, .....	.....	1	1
Imbecility with epilepsy,	2	.....	2
Choreic insanity,	1	.....	1
Pubescent insanity, .....	.....	1	1
Paranoia,	3	.....	3
Total,	75	45	120

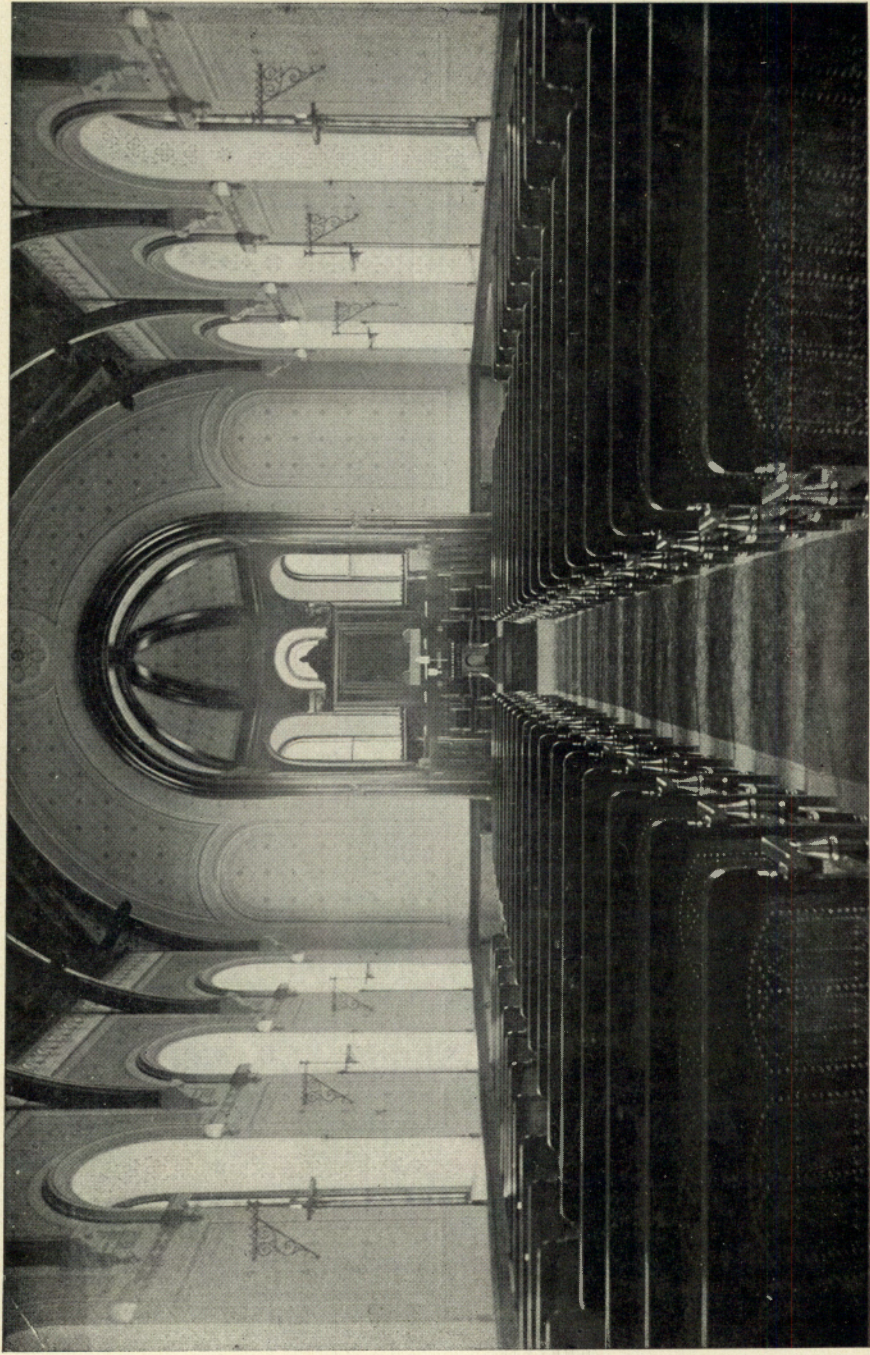
TABLE XXI.

CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Mania—							
Acute, with pneumonia,	2	I					3
Acute, with typhoid fever,		I					I
Acute delirious, with septi- cæmia,	I						I
Chronic, with acute tuberculosis, Chronic, with cerebral embol- ism,		I					I
Chronic, with exhaustion,	I						I
Chronic, with nephritis,	2						2
Chronic, with pulmonary ab- scess,	I						I
Epileptic, with exhaustion,	2						2
Recurrent, with acute enteritis,	I						I
Recurrent, with exhaustion,		I					I
Melancholia—							
Acute, with chronic enteritis,				I			I
Acute, with endocarditis,			I				I
Acute, with exhaustion,			I	I			2
Acute, with osteo-myelitis,			I				I
Acute, with pneumonia,			I	I			2
Acute, with strangulation,				I			I
Agitata, with exhaustion,				I			I
Agitata, with pulmonary tuber- culosis,				I			I
Chronic, with carcinoma of rec- tum,				I			I
Chronic, with dysentery,			I				I
Chronic, with endocarditis,			I				I
Chronic, with exhaustion,				I			I
Chronic, with pneumonia hypos- tatic,			I				I
Chronic, with pulmonary tuber- culosis,			I	I			2
Dementia—							
Epileptic, with cerebral hemor- rhage,					I	I	2
Epileptic, with exhaustion,						2	2
Epileptic, with perforation of ileum,					I		I
Epileptic, with pneumonia,					I		I
Epileptic, with status epilepticus, Organic, with cerebral embol- ism,					I		I
Organic, with cerebral hemor- rhage,						2	2
Organic, with convulsions,					I		I

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
	Organic, with exhaustion,					1			1
Organic, with lateral sclerosis,					1		1
Organic, with pneumonia,					1		1
Organic, with tabes dorsalis,					1		1
Paretic, with convulsions,					5		5
Paretic, with exhaustion,					8	1	9
Paretic, with pneumonia,					2		2
Paretic, with pulmonary cedema,						1	1
Paretic, with scald,					1		1
Senile, with cerebral embolism,					1		1
Senile, with cerebral hemor- rhage,						1	1
Senile, with convulsions,					1		1
Senile, with dysentery,					1		1
Senile, with endocarditis,						1	1
Senile, with epithelioma,						1	1
Senile, with exhaustion,					5	1	6
Senile, with nephritis,					2	1	3
Senile, with pneumonia,					2		2
Senile, with senile gangrene,					1		1
Terminal, with acute colitis,						1	1
Terminal, with carcinoma,						1	1
Terminal, with cerebral hemor- rhage,					3	1	4
Terminal, with dysentery,						1	1
Terminal, with epithelioma,						1	1
Terminal, with enteritis,					1		1
Terminal, with exhaustion,					1	3	4
Terminal, with endocarditis,					3	3	6
Terminal, with nephritis,					1	2	3
Terminal, with pneumonia,					2	1	3
Terminal, with pulmonary ab- scess,						1	1
Terminal, with pulmonary tu- berculosis,					1	1	2
Terminal, with senile gangrene,					1		1
Imbecility, with dysentery,						1	1
Imbecility with epilepsy, with ex- haustion,					1		1
Imbecility with epilepsy, with pneumonia,					1		1
Choreic insanity, with exhaustion,					1		1
Pubescent insanity, with chronic encephalitis,						1	1
Paranoia, with cerebral hemor- rhage,					2		2
Paranoia, with malignant disease prostate,					1		1
Total,	10	5	8	9	57	31	120





HOSPITAL CHAPEL.

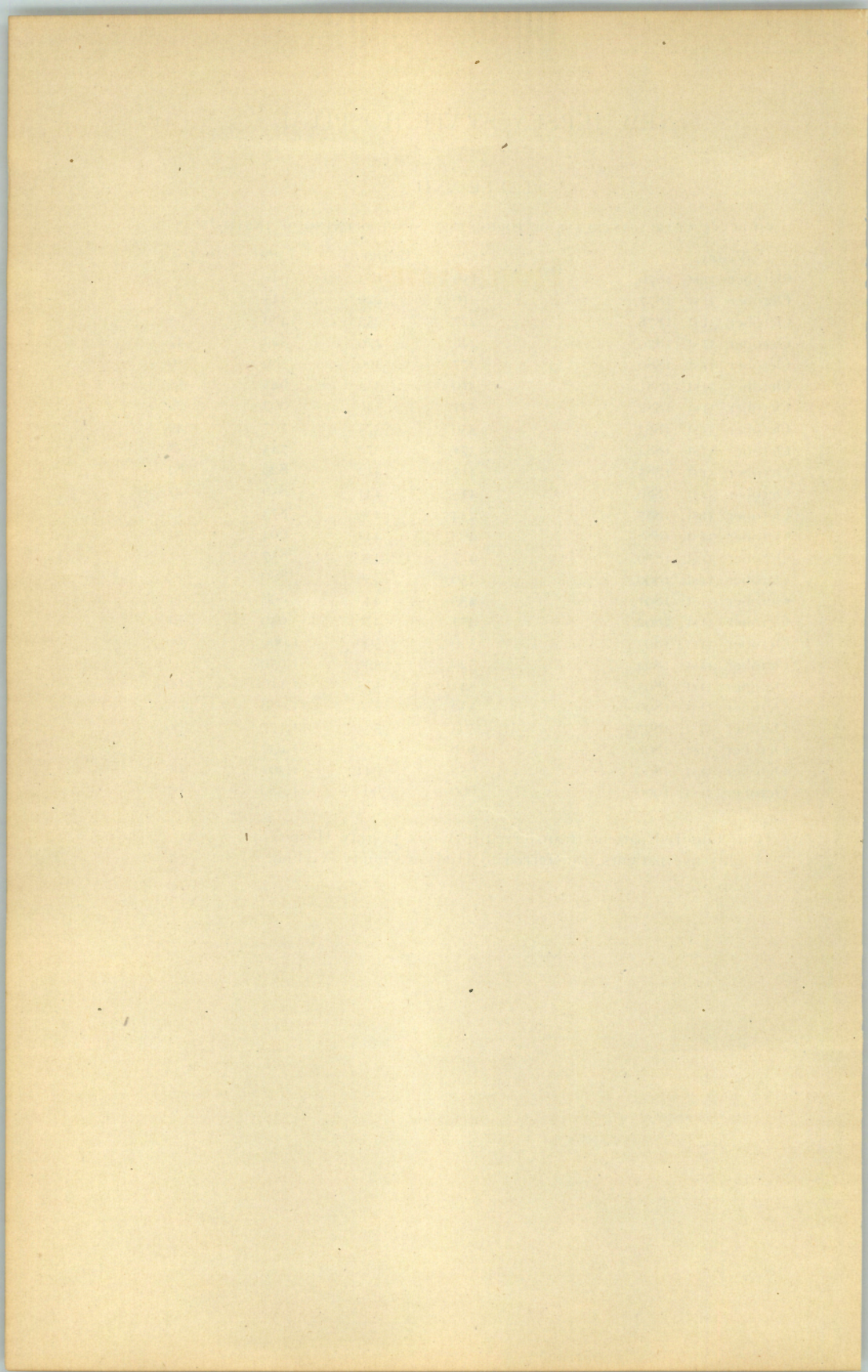
TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Years.</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

*One hundred patients transferred to Essex County Hospital.

†Eighty-five patients transferred to Hudson County Asylum.



Donations.

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

December 7th, 1899, Mason & Hamlin organ, from J. F. Polly, Paterson.

January 6th, 1900, package of magazines, from Mrs. Garra-brandt, Morristown.

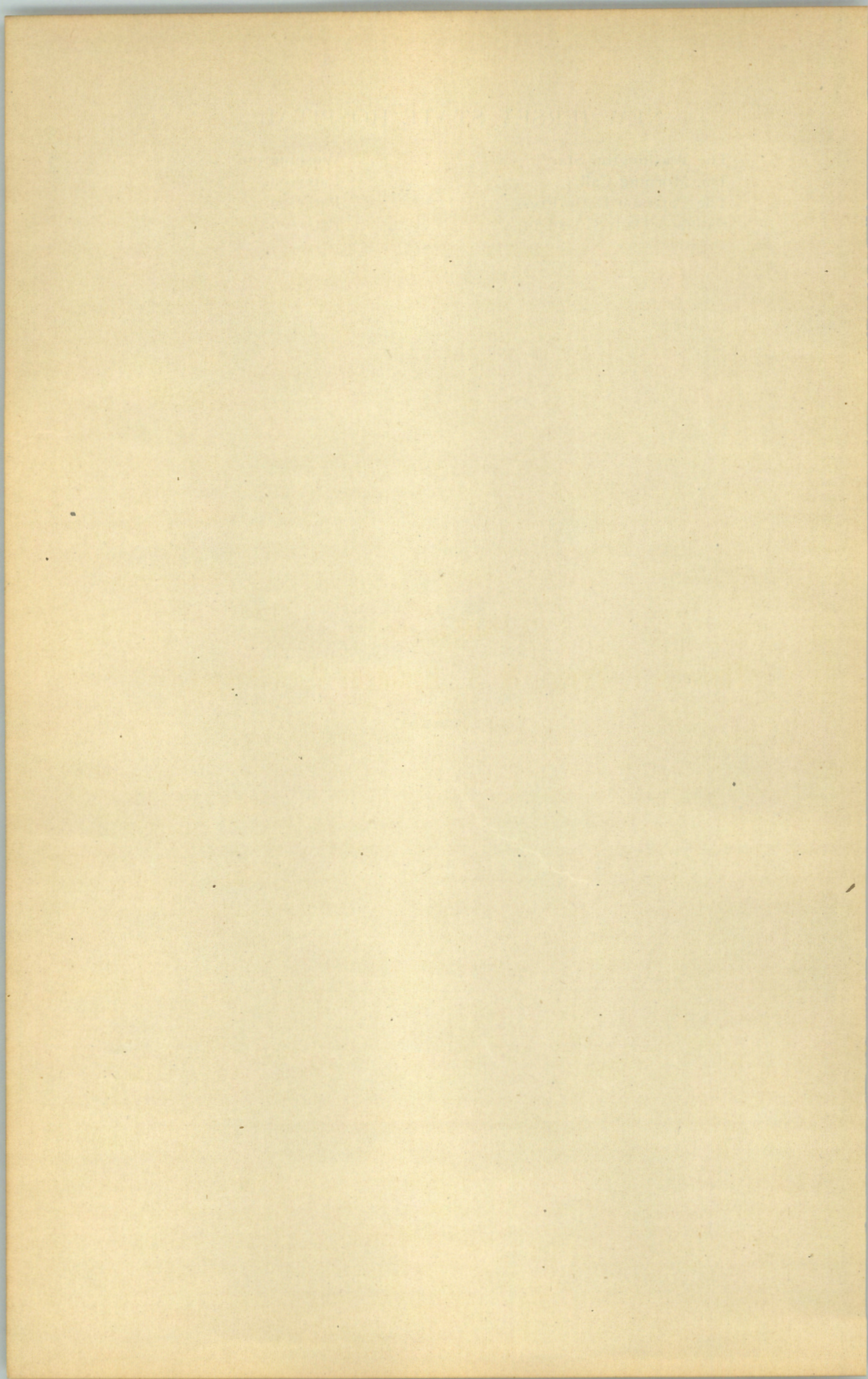
July, 1900, an entertainment, from Mr. Frank Lippman, Morristown.

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

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

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

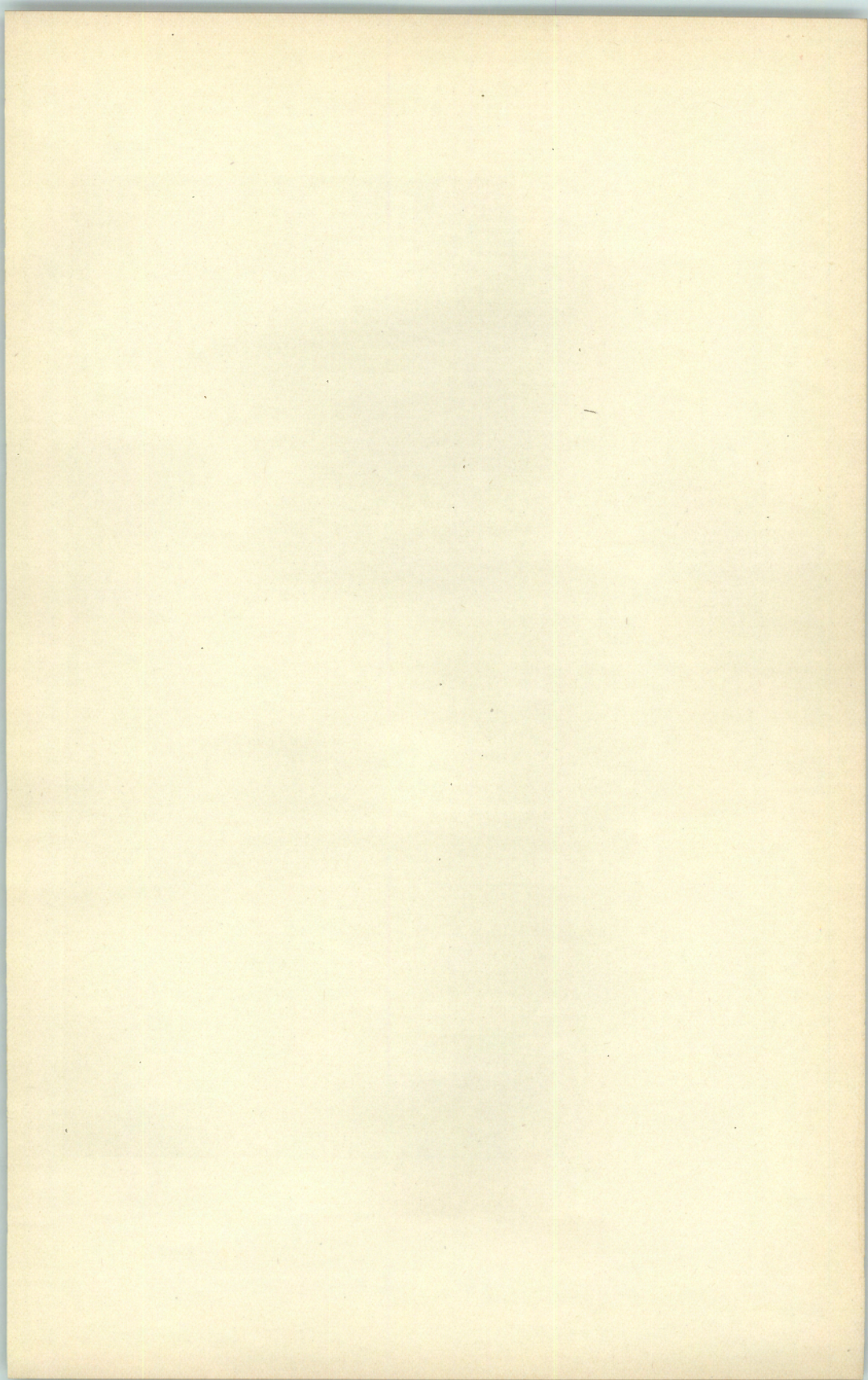
The Washington Star, Washington.
The Morning Call, Paterson.
The Paterson Daily Press, Paterson.
Paterson Daily Guardian, Paterson.

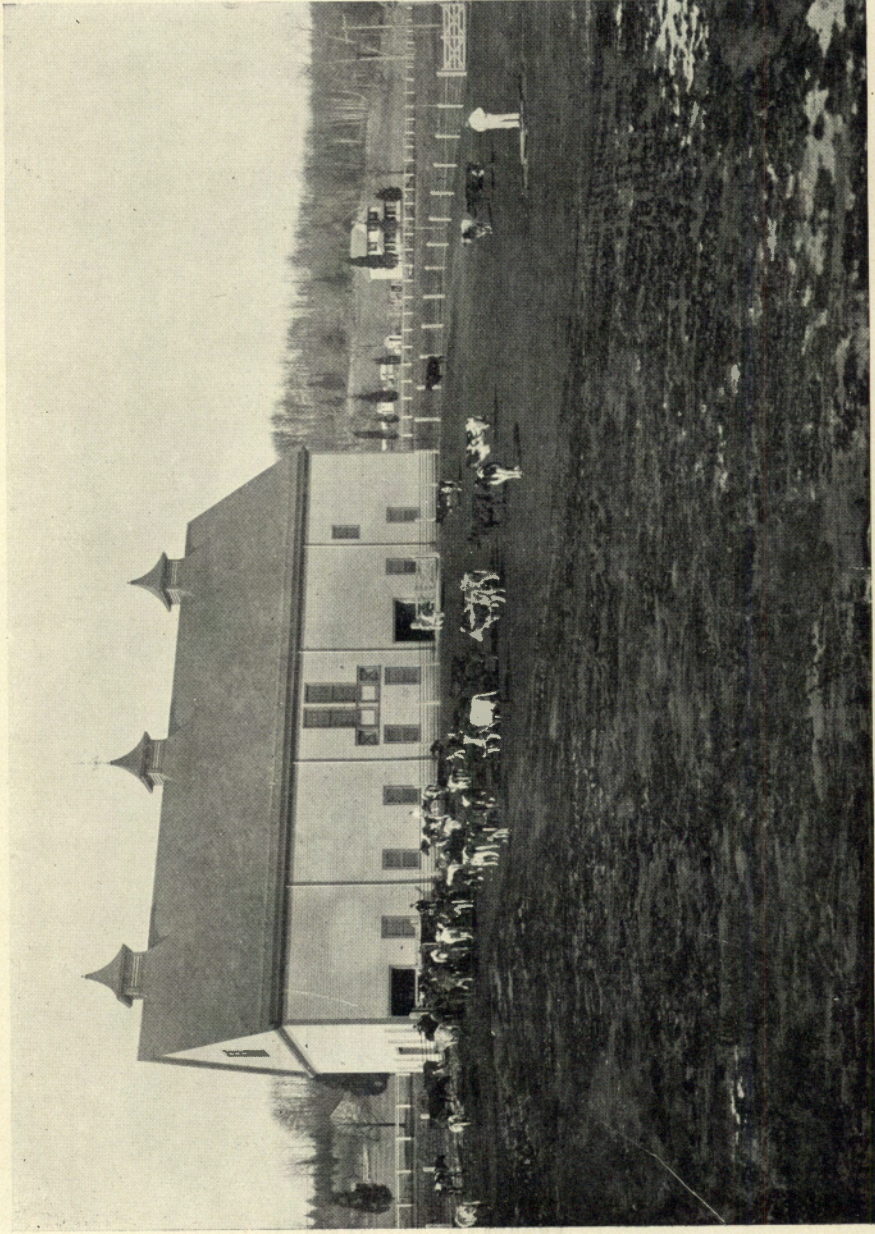


REPORT OF
Thomas P. Prout, M. D., Resident Pathologist.

(47)

RECORD OF
THOMAS W. PRUIT, M. D., MEDICAL PATHOLOGIST





DAIRY BARN.

Report in Pathology.

To the Medical Director:

There have been ten autopsies during the past year, comprising the following forms of mental disease :

Dementia, epileptic,	2
Dementia, parietic,	2
Dementia, terminal,	2
Insanity of pubescence,	1
Mania, epileptic,	1
Melancholia, chronic,	2

The average age at death was about 46 years. The average duration of mental disease was about 11 years, the extremes being seven months and twenty-five years. As regards sex, six were females and four were males. The chief facts are found in the following tables :

TABLE I.

<i>No.</i>	<i>Sex</i>	<i>Age.</i>	<i>Mental Disease.</i>	<i>Duration.</i>	<i>Anatomical Diagnosis.</i>
255	F.	33	Dementia, parietic, ...	1 year, ...	Chronic meningo-encephalitis. Chronic pleuritis. Chronic diffuse nephritis.
256	F.	40	Dementia, epileptic, ..	11 years, ..	Aneurism of right communicating artery. Chronic endarteritis. Cerebral hemorrhage.
257	M.	57	Dementia, epileptic, ..	21 years, ..	Chronic meningo-encephalitis. Fatty degeneration of liver. Perforation of ileum. Acute peritonitis.
258	F.	21	Insanity of pubescence,	7 years, ..	Chronic meningo-encephalitis. Fatty infiltration of heart. Fatty degeneration of liver.

4 M P

(49)

<i>No.</i>	<i>Sex.</i>	<i>Age.</i>	<i>Mental Disease.</i>	<i>Duration.</i>	<i>Anatomical Diagnosis.</i>
259	M.	43	Dementia, terminal, ..	11 years, ..	Chronic endocarditis. Passive hepatic congestion. Tubercular disease of kidneys. Chronic tubercular cystitis. Chronic pulmonary tuberculosis.
260	M.	65	Melancholia, chronic, ..	4 years, ..	Chronic interstitial hepatitis. Chronic endocarditis.
261	M.	60	Mania, epileptic,	25 years, ..	Chronic pleuritis. Chronic endocarditis. Fatty infiltration of heart. Pulmonary tuberculosis.
262	F.	45	Dementia, paretic,	1 year, ...	Acute pulmonary œdema. Fatty degeneration of liver. Fatty infiltration of heart. Chronic interstitial nephritis.
263	F.	47	Melancholia, chronic, ..	7 years, ..	Pulmonary tuberculosis. Tubercular pleuritis. Chronic gastritis. Chronic parenchymatous nephritis. Chronic cystitis.
264	F.	54	Dementia, terminal, ..	25 years, ..	External pachymeningitis (hemorrhagic). Acute leptomeningitis. Chronic endocarditis. Chronic interstitial nephritis.

TABLE II.

No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
<i>Dementia, parietic.</i>			
255	Lungs—Congested and œdematous. Pleural surfaces adherent. Right, completely collapsed and carnified. Pus cavities in some portions. Heart—Small and flabby. Antemortem clot in aortic orifice. Right heart fatty. Liver—Small and slightly fatty. Mucus in gall bladder. Stones in gall duct and gall bladder. Kidneys—Capsule adherent. Cortex thin. Striations and malpighian tufts poorly defined. Spleen—Small and of increased consistence.	Dura congested and adherent. Pia œdematous and opaque.	Cerebro-spinal fluid in excess. Sinuses contain some post-mortem clots. Substance congested.
262	Lungs—Hypostatic posteriorly and very œdematous. Heart—Right side fatty. Antemortem clot in right ventricle. Liver—Edges blunt. Substance very fatty. Spleen—Substance very flabby. Kidneys—Capsule very adherent. Cortex thin. Striations and malpighian tufts poorly defined. Substance of increased consistence.	Pia congested and œdematous.	Congested. Cortex thin. Convulsions atrophied.
<i>Dementia, epileptic.</i>			
256	Heart—Small and flabby. Antemortem clot in left ventricle. Mitral valve thickened. Liver—Presents some fatty areas. Kidneys—Capsule adherent. Cortex thin. Striations poorly defined.	Dura thickened and congested. Pia thickened in some portions.	Convulsions flattened. Blood clot in right ventricle. Aneurism of right posterior communicating artery. Substance of diminished consistence and congested.
257	Lungs—Both slightly congested posteriorly. An old cicatrix at apex of right lung. Heart—Aortic valve somewhat calcareous. Spleen—Very flabby. Substance of diminished consistence. Kidneys—Cortex thin. Malpighian tufts indistinct. Intestine—Ileum ulcerated and perforated. Peritoneum dull and covered with exudate. Fluid in peritoneal cavity.	Dura thickened and congested. Pia thickened opaque and œdematous.	Cortex thin. Convulsions atrophied. Substance of diminished consistence.

No.	GROSS LESIONS OF ORGANS.	Brain Membranes.	Brain.
	<i>Dementia, terminal.</i>		
259	<p>Lungs—Pleural surfaces adherent. Tubercular nodules in both apices. Glands at root of lung greatly enlarged.</p> <p>Heart—Large. Right heart fatty and flabby. Antemortem clot in left vertricle and right auricle. Mitral valve thickened.</p> <p>Liver—Edges sharp. Capsule thickened. Substance congested.</p> <p>Spleen—Small. Substance of increased consistence. Capsule thickened.</p> <p>Kidneys—Capsule thickened and adherent. Surface roughened. Abscess in substance. Ureter congested and dilated. Wall thickened. Mucous lining congested and ulcerated.</p>		Not examined.
264	<p>Lungs—Old tubercular scars in apex. Slight pleural adhesions.</p> <p>Heart—Aortic and mitral valves thickened.</p> <p>Spleen—Small. Capsule thickened. Substance of greatly increased consistence.</p> <p>Kidneys—Small. Capsule thickened. Surface roughened. Cortex thin. Striations obliterated. Malpighian tufts few and poorly defined.</p>	<p>Dura thickened. Hemorrhagic membrane externally. Pia thickened, congested and slightly adherent.</p>	<p>Convolutions atrophied. Cortex thin. Substance congested.</p>
	<i>Insanity of Pubescence.</i>		
258	<p>Lungs—Pleural surfaces adherent. Hypostatic consolidation posteriorly.</p> <p>Heart—Right, extremely fatty. Mitral valve thickened.</p> <p>Liver—Large. Presents some fatty areas.</p> <p>Spleen—Substance of increased consistence. Capsule thickened.</p> <p>Spinal cord—Lamina of second dorsal vertebra very large. Dura of cord congested but non-adherent.</p>	<p>Dura thickened. Pia very oedematous and opaque.</p>	<p>Substance of increased consistence. Cortex thin. Convolutions atrophied. Cyst in anterior portion of caudate nucelus.</p>

No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
	<i>Melancholia, chronic.</i>		
260	Lungs—Emphysematous. Old tubercles in apex. Pleural surfaces very adherent. Heart—Aortic and pulmonic valves thickened and calcareous. Walls fatty. Kidneys—Small. Surface roughened. Capsule adherent. Cortex thin. Liver—Small. Surface roughened. Capsule thickened. Substance of increased consistence. Spleen—Lobulated. Capsule thickened. Substance of increased consistence.	Dura thickened. Pia slightly adherent and œdematous.	Substance congested. Vessels at the base atheromatous.
263	Lungs—Pleural surfaces adherent and present miliary nodules. Tubercular nodules in substance of lungs. Heart—Small. Muscle very flabby. Mitral and tricuspid valves thickened. Right heart fatty. Liver—Small. Edges sharp. Lobules poorly defined. Kidneys—Large. Capsule very adherent. Cortex thickened. Striations poorly defined. Malpighian tufts few and poorly defined. Pelvis congestion. Bladder—Greatly dilated. Wall thin. Mucous lining thickened in some portions and greatly congested.		Not examined.
	<i>Mania, epileptic.</i>		
261	Lungs—Old tubercular scars at apices. Hypostatic congestion posteriorly. Heart—Muscle soft, flabby and fatty. Mitral valve thickened. Spleen—Lobulated. Capsule thickened. Kidneys—Capsule adherent. Cortex thickened and mottled. Striations poorly defined.	Pia opaque, thickened and congested.	Cortex slightly thinned. Convulsions very coarse.

In eight of the autopsies the kidneys presented a gross anatomical lesion, making the percentage showing gross kidney lesions therefore 80, quite the highest yet recorded. By reproducing last

year's table regarding this point, and making the necessary additions to it for the past year, the percentage of cases showing gross kidney lesions by ages for the past six years appears as follows :

<i>Age.</i>	<i>No.</i>			<i>Per cent.</i>
		<i>Showing Gross Kidney Lesion.</i>	<i>Without Gross. Kidney Lesion.</i>	<i>Showing Gross Kidney Lesion.</i>
Below 30,.....	18	7	11	38.8
30 to 40,.....	20	12	8	60.0
40 to 50,.....	30	23	7	76.6
50 to 60,.....	22	14	8	63.6
60 and over, ..	38	31	7	81.6
Total, ...	128	87	41	67.9

The percentages are, for the most part, a little higher than in last year's table. It will be noted that there have been four additions to the table of cases between the ages of 40 and 50, and all of these showed gross kidney lesions, bringing the percentage up to 76.6. Two of these were cases of paresis. We now have a total of 17 cases of paresis, in fifteen of which a gross kidney lesion was found at autopsy (88.2 per cent.).

The routine work of the laboratory comprises (besides the gross and microscopical examination of the central nervous system and other internal organs) urinalyses, sputum examinations, blood examinations and other laboratory procedures. About 360 urinalyses have been made during the past year. In almost every instance this comprised also a microscopical examination of the sediment. About 44 blood examinations have been made. In most instances this comprised also a differential count of 500 leucocytes. The Widal test has been done about 27 times. A positive reaction was obtained in seven cases of typhoid fever.

The gross lesions found in the skull and membranes in three cases of epileptic dementia and mania suggested that an examination of the records might bring together a number of facts of some interest. The facts regarding the gross lesions occurring in the brain and membranes in 14 cases of epileptic insanity are comprised in the following table :

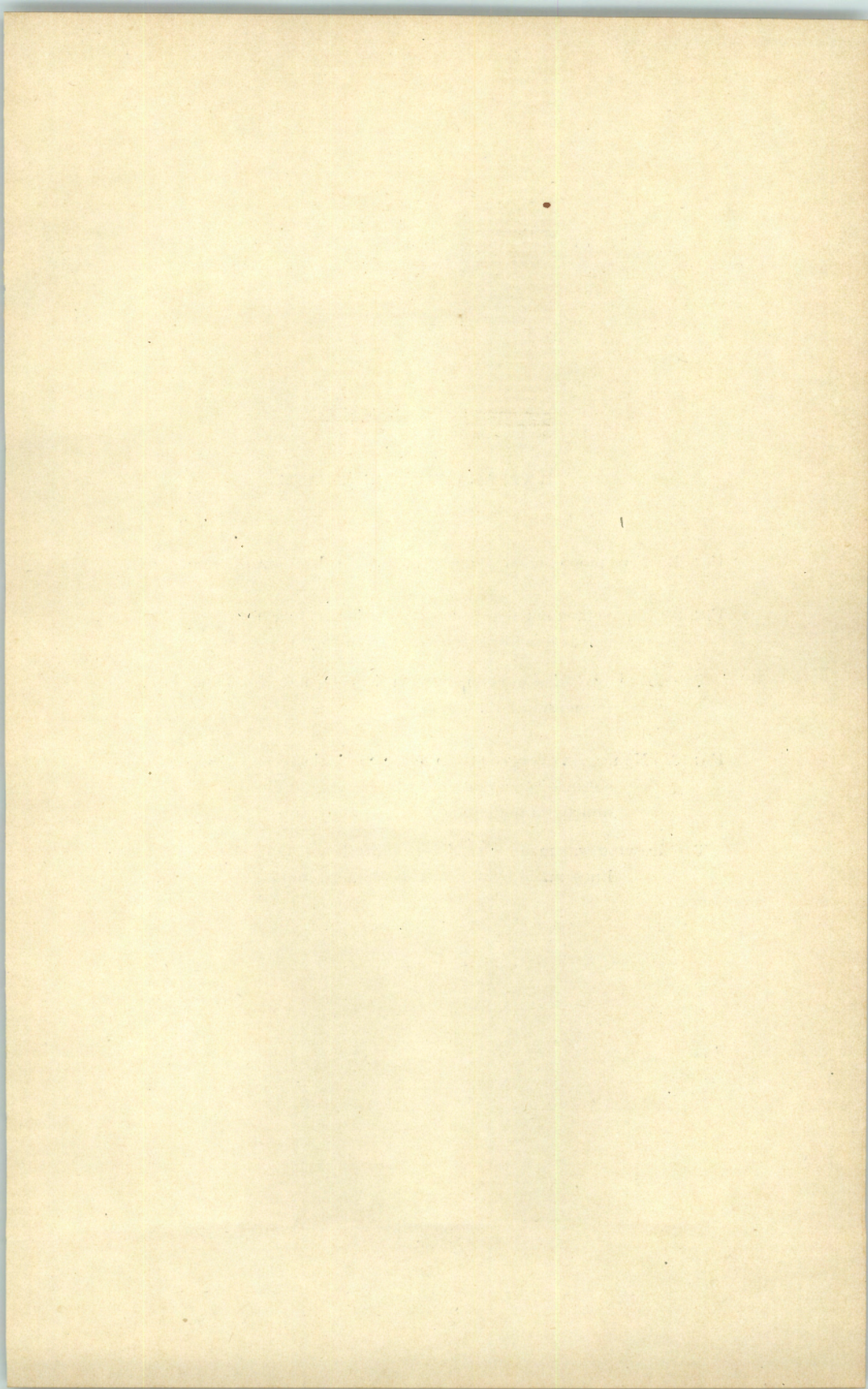
<i>No.</i>	<i>Age.</i>	<i>Duration.</i>	<i>Condition of Skull.</i>	<i>Condition of Membranes.</i>
99	26 years.	22 years.	Thickened, dense and heavy.	Dura thickened. Pia opaque and œdematous.
105	45 years.	15 years.	Thickened.	Pia œdematous and opaque.
116	30 years.	9 years.	Thickened, but light and porous.	Dura thickened. Pia œdematous and opaque.
126	50 years.	5 years.	Thickened.	Dura adherent to skull and thickened. Pia opaque and adherent.
146	52 years.	21 years.	Thickened and dense.	Dura adherent to skull and thickened. Pia congested and adherent to brain.
159	22 years.	7 years.	Thick and dense.	Dura thickened. Pia congested and adherent.
163	40 years.	37 years.	Thick, dense and heavy.	Dura thickened and congested. Pia congested and œdematous.
182	41 years.	11 years.	Thick, dense and heavy.	Dura adherent and contains calcareous deposits. Pia congested and œdematous.
185	62 years.	15 years.	Very dense and heavy.	Dura adherent to skull. Pia thickened and œdematous.
188	56 years.	6 years.	Exostoses on inner table. Thick, dense and heavy.	Dura adherent to skull and thickened. Pia thickened œdematous and adherent.
206	58 years.	17 years.	Normal.	Dura adherent to skull and thickened. Pia greatly congested.
252	25 years.	25 years.	Exostoses on inner table. Thick, dense and heavy.	Dura congested and thickened. Pia thickened, œdematous and congested.
256	40 years.	11 years.	Thick, dense and heavy.	Dura congested. Pia thickened.
257	57 years.	21 years.	Thick, dense and heavy.	Dura thickened and congested. Pia thickened, congested and œdematous.

The most striking fact here presented is the uniformity of the lesion found in the skull. As will be seen, the same uniformity cannot be said to exist regarding the membranes although a thickened and adherent dura and a congested and œdematous pia may be said to be very constant.

In four of the cases coming to autopsy during the past year the permission for the autopsy was so long deferred as to preclude the possibility of a minute examination of the brain with any degree of accuracy. In the present state of our knowledge it may be stated as axiomatic that any brain material procured when six hours has elapsed after death is unreliable for scientific purposes, and its unreliability increases very rapidly with the lapse of time.

Atmospheric conditions also influence brain material very decidedly, and it is pretty safe to disregard any statements regarding the minute changes in nervous tissue when the autopsy has been deferred for any considerable period after death. Post mortem changes cannot be accurately differentiated from lesions produced by disease. If we would be accurate, therefore, it is necessary that our material be perfectly fresh and procured within less than six hours after death.

I have appended to this report some further observations regarding the minute pathological findings in a case of paresis. It may here be noted in a general way that these observations are corroborative of the notes published a year ago. We then especially called attention to the degenerative changes in the nerve cells of the cortex, resulting in the ultimate disappearance of large numbers of them. The notes published herewith call especial attention to the invasion of the cortex with leucocytes and the role that they probably play in the disease process, together with the neuroglia overgrowth and its relative significance.



EXPLANATION OF PLATE.

FIG. 1. Five mononuclear leucocytes about a degenerated nerve cell.

FIG. 2. Three mononuclear leucocytes adjacent to a nerve cell. The cell is less degenerated than in Fig. 1.

The above drawings were made with Zeiss Ocular No. 3 and Obj. oil immersion 1-12.

FIG. 3. Neuroglia overgrowth in outer cortical layer. Two small vessels are represented in the drawing. The increase in the neuroglia nuclei and fibers is apparent.

The drawing was made with Zeiss Ocular No. 1, Obj. DD. All outlines made by aid of Abbe camera lucida.



Fig. 1

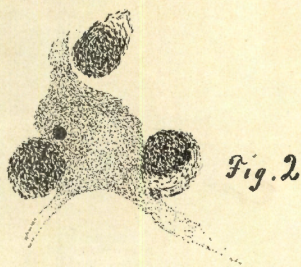


Fig. 2

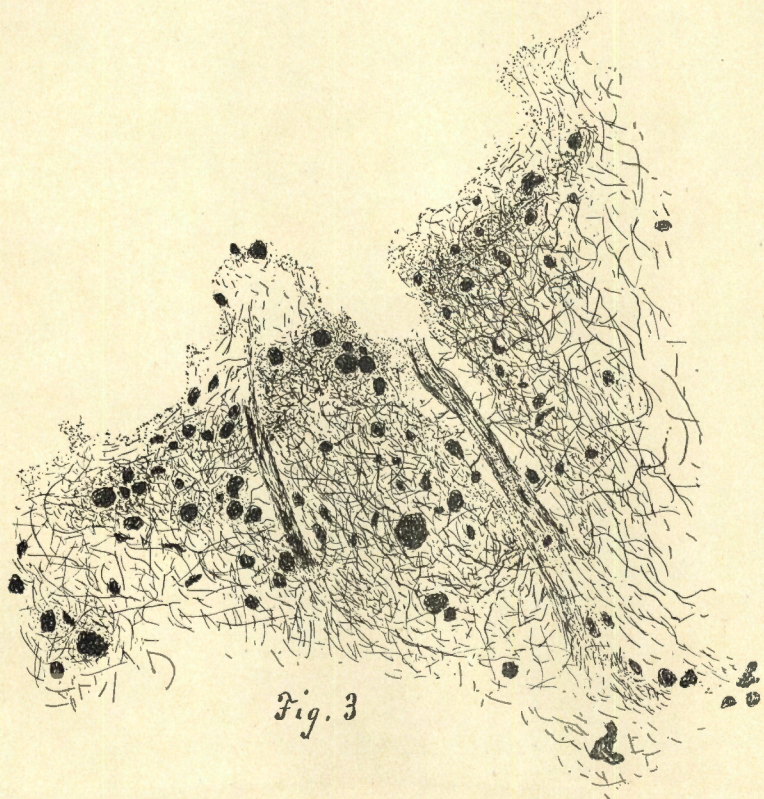
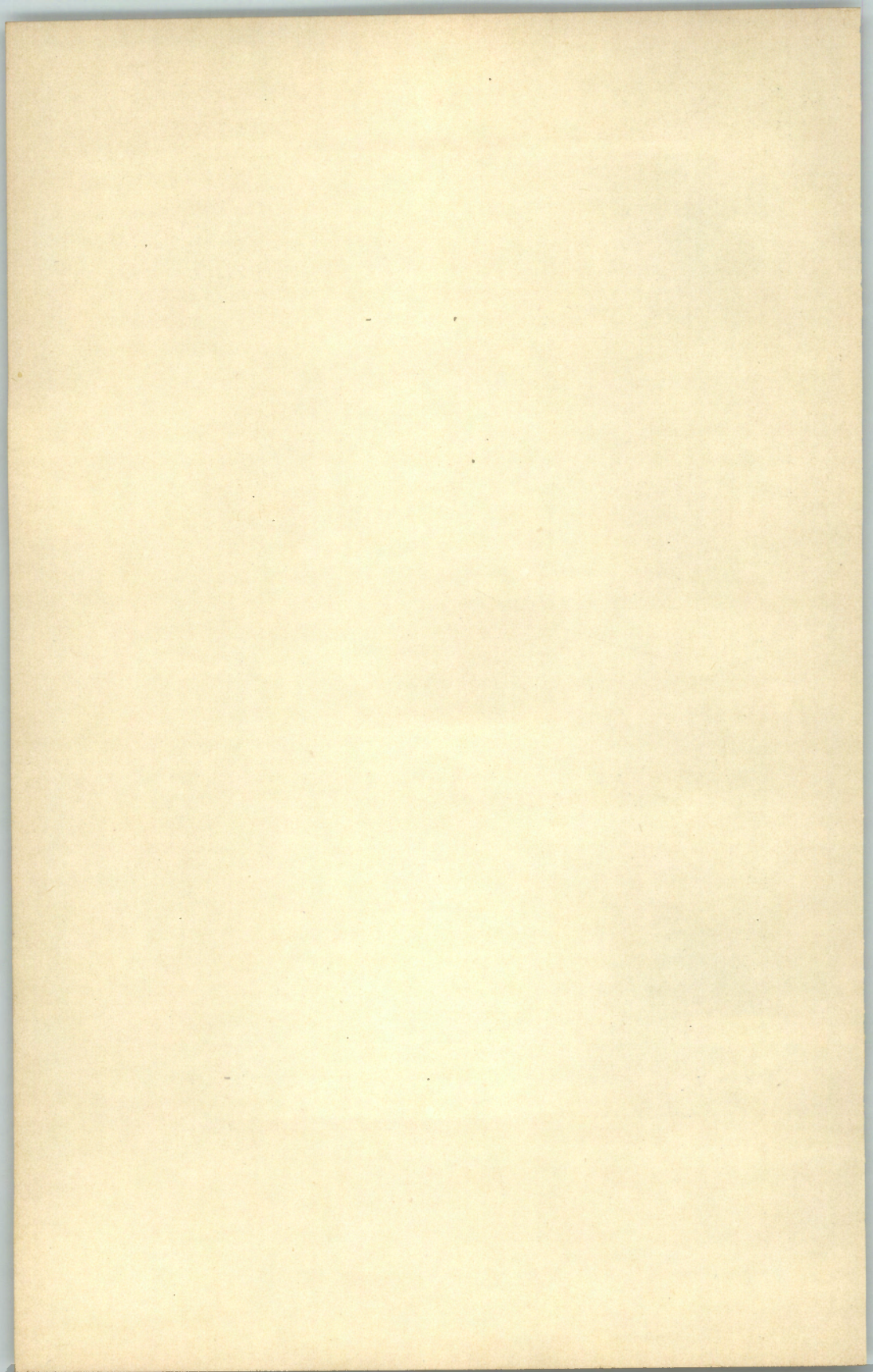


Fig. 3



Notes on the Invasion of the Cortex with Leucocytes in Paresis.

In our notes on paresis a year ago we demonstrated the destructive process in operation in the cell units of the cortex, and as corroborative evidence of cell destruction called attention to the diminution in the number of the cells in certain portions of the cortex. The degenerative changes were of such character as to presuppose the disappearance of the cell units from the cortex, and when compared with normal material the disappearance of certain of the cell units was clearly demonstrated. The lesions in the parietic brain show especial predilection for the motor areas of the cortex, and in the present case it is this portion of the cortex that has been especially examined.

The brain material was procured one hour after death. The sections were stained after Nissl and Robertson. The material was fixed and hardened in absolute alcohol and formaline respectively. If in paresis we have to deal with a destructive process in the nerve cell units of the cortex, the sequential invasion of the cortex with leucocytes is almost a foregone conclusion. We shall further expect to find the leucocytes most numerous in those portions of the cortex where the disease is most active.

The facts presented by an examination of the sections in this case are these: We find the cortex invaded with leucocytes. These leucocytes are not evenly distributed through the individual sections of the motor cortex, but in those sections where the disease process is most pronounced do we find the leucocytes most numerous. Furthermore, the leucocytes are not evenly distributed through a given section, but are found in clumps in certain areas and in the neighborhood of certain degenerated cells.

In this case the invasion of the cortex with leucocytes was most pronounced in the right paracentral lobule, a portion of the motor cortex that showed most marked gross changes. Figures 1 and 2 are illustrative of the cortical invasion with leucocytes. The cells are seen to be covered with the leucocytes, in one instance the cell itself being greatly degenerated, and in the other instance the

leucocytes are still at the periphery of a cell in which the degenerative process is not so far advanced. All stages of this condition are found in the cortex. It seems, however, to occur in its most pronounced type only in certain limited and fairly well circumscribed areas. In some instances where the degeneration of the cell is most pronounced the leucocytes have distorted the cell remnants, and they appear as greatly misshapen masses of debris.

The variety of leucocytes present is, with very few exceptions, the mononuclear cell, a cell with marked phagocytic properties. Only an occasional polynuclear cell is found.

In connection with the degeneration and disappearance of the cells of the cortex it will be well to note the neuroglia overgrowth. Figure 3 represents this. The drawing represents a portion of the outer cortical layer; the nuclei represented are, therefore, all of them neuroglia nuclei. Attention is called to the great increase in the number of these, the great variability in size and shape and the tendency to occur in clumps. In this case the neuroglia overgrowth often extends deeply into the second cortical layer. The neuroglia proliferation is especially marked in the neighborhood of a vessel. Two small vessels are seen in the drawing.

We have in paresis then, a destructive process involving the individual cell elements of the cortex, more particularly the cells of the second layer. Large numbers of the nerve cell units ultimately disappear from the cortex.

The invasion of the cortex with leucocytes is one of the first sequences of nerve cell degeneration. Their mission is probably that of phagocytes, the removal of the nerve cell debris and toxic products, and they occur in greatest numbers where the disease appears most active.

The active proliferation of the neuroglia is a more remote sequence of the destructive process. Inasmuch as a nerve cell when destroyed is never replaced, the place of the nerve cell must be taken by cells capable of proliferation, hence the neuroglia overgrowth.

TREASURER'S REPORT.

(59)

THEY SURVIVED - REPORT

Treasurer's Report.

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

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1899, to October 31st, 1900, inclusive.

RECEIPTS.

Balance on hand November 1st, 1899,.....	\$13,169 14
From State Treasurer for convict patients,.....	\$15,000 00
From State Treasurer for county patients,.....	50,000 00
From State Treasurer for State indigent patients,...	15,000 00
From sundry counties for maintenance of county patients,	172,008 56
From private patients,.....	64,393 51
From hides, tallow, &c.,.....	14,311 61
From First National Bank, Morristown, N. J., for interest,	119 51
From voucher No. 779, returned and canceled,.....	31 55
	330,864 74
	\$344,033 88

DISBURSEMENTS.

On orders of Warden,.....	\$338,539 50
Balance in Treasurer's hands,.....	5,494 38
	\$344,033 88

G. C. HINCHMAN,
Treasurer.

The New Jersey State Hospital at Morris Plains, N. J., November 8th, 1900. 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,
JAMES W. SMITH,
PATRICK FARRELLY,
Auditing Committee.

RECAPITULATION.

State Treasurer—Convict Patients.

First quarter,.....	\$4,035 71	
Second quarter,.....	4,186 43	
Third quarter,.....	4,295 00	
Fourth quarter,.....	2,482 86	
	<hr/>	\$15,000 00

State Treasurer—County Patients.

First quarter,.....	\$12,974 14	
Second quarter,.....	13,191 86	
Third quarter,.....	13,291 57	
Fourth quarter,.....	10,542 43	
	<hr/>	50,000 00

State Treasurer—State Indigent Patients.

First quarter,.....	\$3,994 51	
Second quarter,.....	3,739 51	
Third quarter,.....	5,581 59	
Fourth quarter,.....	1,684 39	

County Collectors.

First quarter,.....	\$52,633 16	
Second quarter,.....	27,944 88	
Third quarter,.....	56,876 53	
Fourth quarter,.....	34,553 99	
	<hr/>	172,008 56

Private Patients.

First quarter,.....	\$17,323 75	
Second quarter,.....	13,362 18	
Third quarter,.....	18,806 28	
Fourth quarter,.....	14,901 30	
	<hr/>	64,393 51

Hides, Tallow, &c.

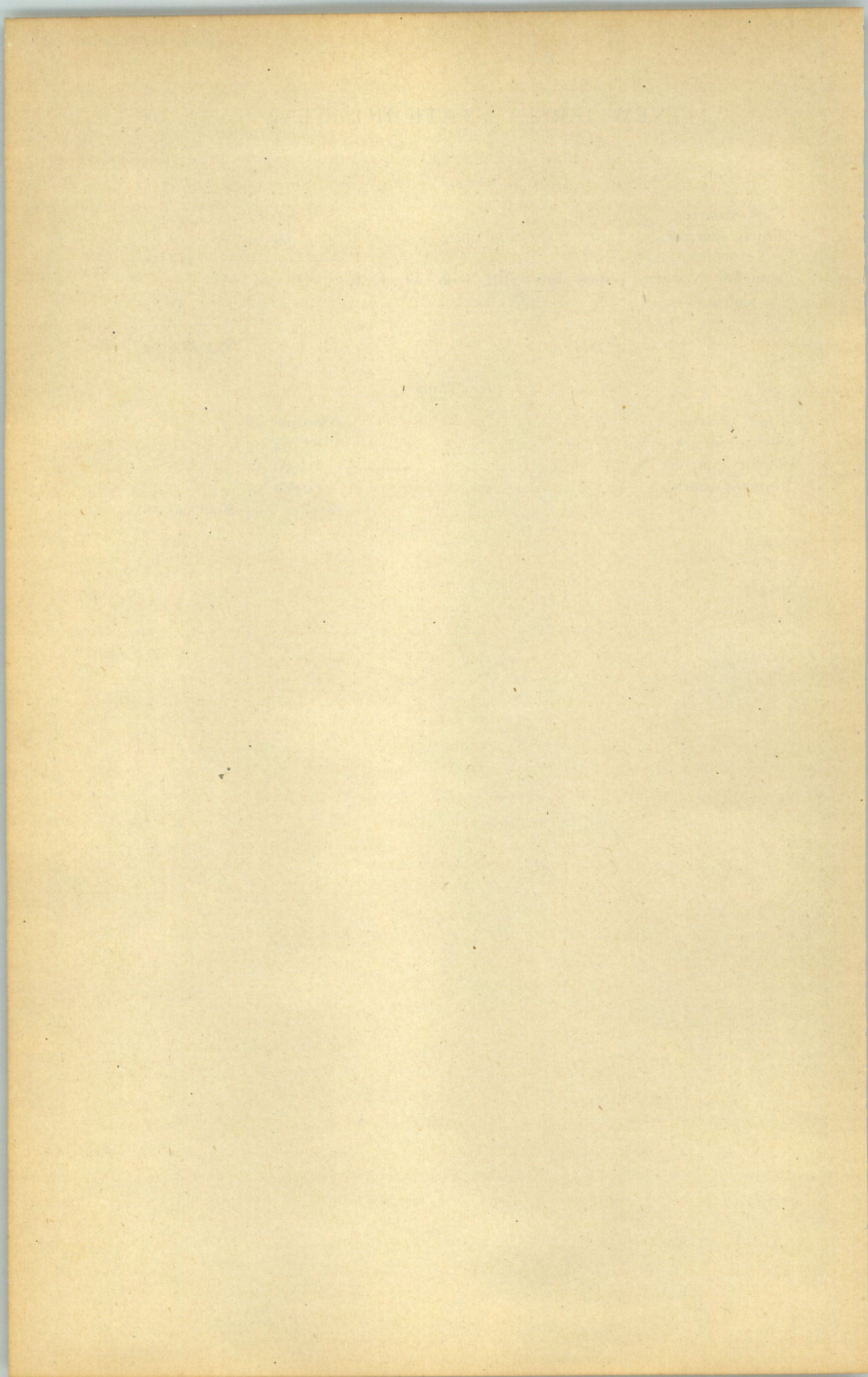
First quarter,.....	\$4,264 88	
Second quarter,.....	2,817 56	
Third quarter,.....	3,153 79	
Fourth quarter,.....	4,075 38	
	<hr/>	14,311 61

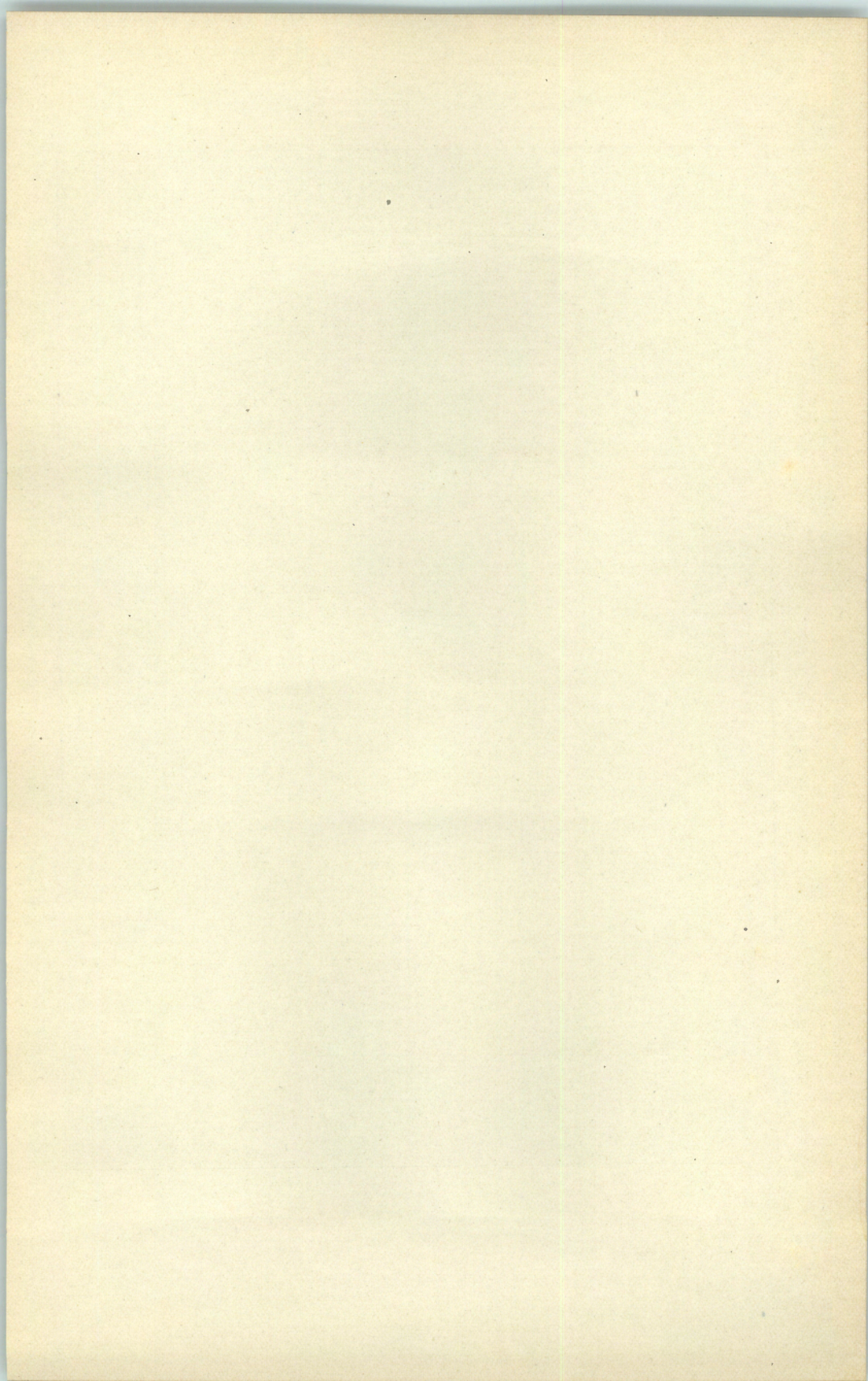
Interest.

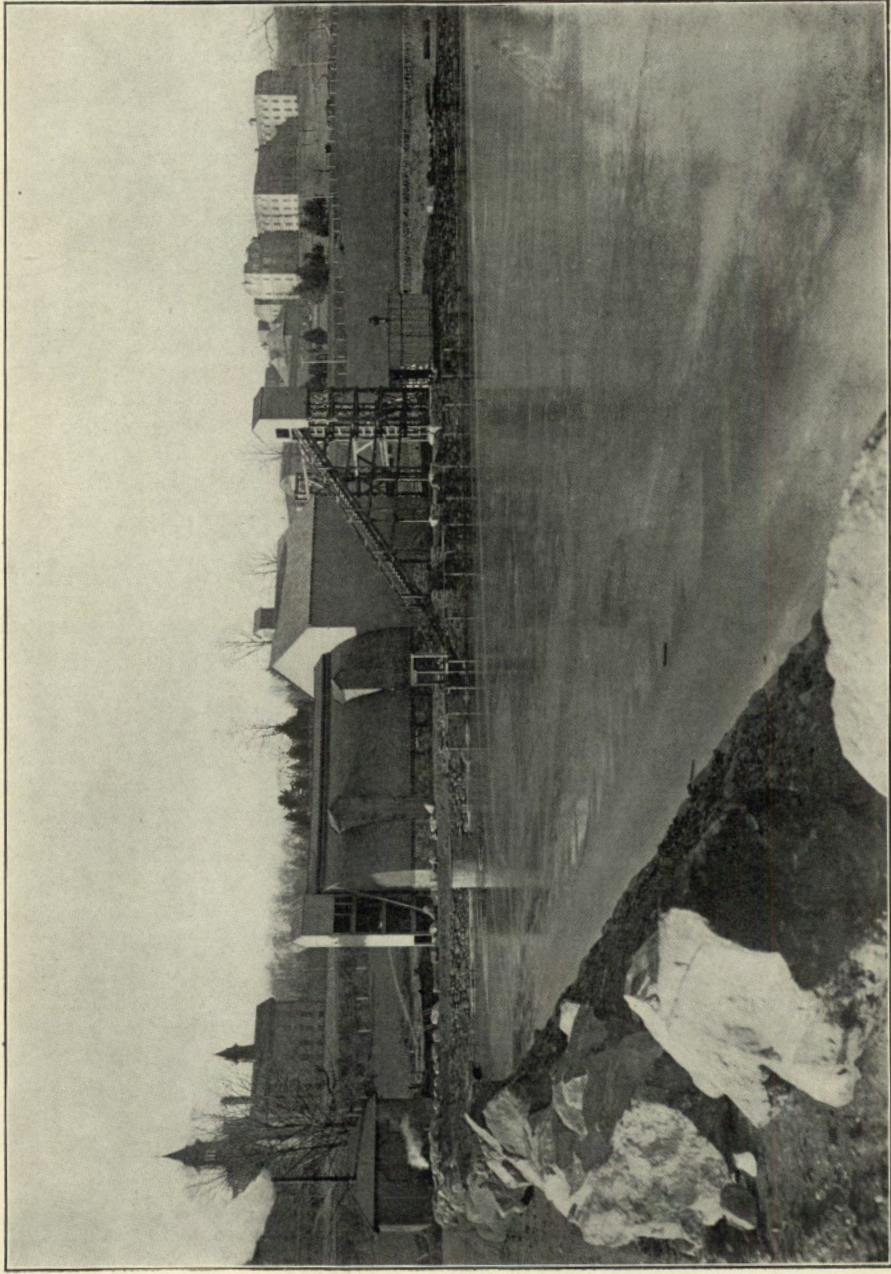
First quarter,.....	\$26 87	
Third quarter,.....	92 64	
		<hr/>
		119 51
Voucher No. 779, issued July 24th, 1900, which has been canceled,		31 55
		<hr/>
		\$330,864 74

Orders Paid.

First quarter,.....	\$80,498 02	
Second quarter,.....	87,164 61	
Third quarter,.....	89,989 32	
Fourth quarter,.....	80,887 55	
		<hr/>
		\$338,539 50







ICE POND. SHOWING NEW BUILDING ON THE RIGHT.

WARDEN'S REPORT.

(65)

5 M P

WARDEN'S REPORT

Warden's Report.

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

GENTLEMEN—The annual report of my department for the year 1900, with the abstract of accounts, is herewith submitted.

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

Balance on hand November 1st, 1899,.....	\$13,169 14	
Receipts from November 1st, 1899, to November 1st, 1900,	330,864 74	
	\$344,033 88	
Total disbursements from November 1st, 1899, to November 1st, 1900,	338,539 50	
	\$5,494 38	

FARM AND GARDEN.

The products of the farm and garden have been very satisfactory. A good sum has been realized from hogs this past year, four thousand and ninety-one dollars and ninety-eight cents' worth of stock being sold from the pens.

The milk average for the year has not been quite as high as the previous year. This was due to the extreme hot and dry season we have just passed through. The quantity of milk has been increased to keep pace with the population of the house, and this year amounted to 273,717 quarts (average number of cows milked, 68; average per cow, 11 quarts per day). This, at four cents per quart, gives a value of ten thousand nine hundred and forty-eight dollars and sixty-eight cents (\$10,948.68). The value of other farm products was nine thousand two hundred and twenty-four dollars and fourteen cents (\$9,224.14).

The stock from the farm consumed or sold during the year was:

3,880 pounds of veal (27 calves), at 10 cents,.....	\$388 00	
700 chickens, at 50 cents,.....	350 00	
56 cows slaughtered, dressed 33,275 pounds, at 8½ cents,	2,828 38	
Amount received for hogs sold,.....	4,091 98	
		\$7,658 36

The supply of vegetables from the garden has been quite bountiful, with the exception of potatoes, which suffered severely from the drought.

The total of garden products was thirteen thousand three hundred and thirty-two dollars (\$13,332.00). Much of the labor in the garden is done by the patients. They also assist in the farm and greenhouse work. A very large part of the grading improvements is due to their assistance.

GREENHOUSE.

All the decorative plants used on the property are grown in the greenhouse. A nursery for hardy plants, shrubbery and trees has been started. It is intended to use these in beautifying the grounds about the new building as well as to continue the planting on the lawns of the old building.

RESERVOIRS.

The new reservoir has been completed. The unparalleled dry summer and fall has shown that even with the increased storage of the new reservoir, which is about six million gallons, a duplicate of the season and the necessary amount of water needed to supply the new building would tax the water supply to its utmost capacity, and, perhaps, would find it deficient.

It will be remembered that at the time the new reservoir was contemplated a storage of about twenty-five million gallons was considered. Owing to the porous character of the bottom of the

ravine this had to be abandoned. At a point about 1500 feet further up the ravine the conditions are entirely different. Here is a clay bottom, where there would be no difficulty to make a good storage. The grade of the ravine is but slight at this point, and a large body of water could be held back with a comparatively small cost.

At the time the last report was written the enlarging and improving of the ice-house reservoir was to include sand filters. On looking the ground over more carefully a drainage plan was adopted.

Nearly all the water of the stream had its origin from springs on the hospital property. Part of these were previously connected by drains. This system is about completed, and now includes about two miles of under-drains. The water from these are carried directly to the ice-pond reservoir by pipe, and supply it with the best of water. This method has not only given a fine water supply, but has also drained the ground, a large part of which has been put under cultivation. Part of the under-drains are in the wooded tract. This part has been dried and cleared up. A road has been built through the woods. This gives increased recreation grounds.

The ice-pond originally held about two and one-half million gallons. The capacity has been increased to about ten million. It has been necessary to economize in the use of water during the past year. Even with this the amount stored has fallen from about 26,500,000 gallons to about 3,500,000 gallons.

The following is an analysis taken of the water taken from a faucet in the house, and shows it to be pure :

HOBOKEN, N. J., Oct. 17th, 1900.

My dear Dr. Stillman—

Repeated tests for the presence of the Colon Bacillus and the Bacillus enteritidis sporogenes shows a *negative* result.

The sample is safe and pure from a bacteriological standpoint.

Yours truly,

ALBERT R. LEEDS.

Sample of water marked—"N. J. State Hospital, Morris Plains."

HOBOKEN, N. J., Oct. 10th, 1900.

M. K. Everitt, Esq., Morris Plains, N. J.:

DEAR SIR—The sample of drinking water received from you October 2d, and marked "New Jersey State Hospital," has been analyzed by me, with the following result:

Total Residue,	68.0	parts per million.
Inorganic matter in residue,	58.8	" " "
Organic " " "	9.2	" " "
Amount of chlorine, calculated as NaCl,.....	12.0	" " "
Free Ammonia,	0.072	part " "
Albuminoid Ammonia,	0.091	" " "
Nitrates as No. 3,	4.40	" " "
Nitrites No. 2,	None.	" " "
Required Oxygen,	1.10	" " "

This is a good water for drinking purposes.

Respectfully yours,

THOS. B. STILLMAN.

RAILROAD.

During the past year the Hospital has assumed the care of its railroad. This was formerly kept in repair by the D. L. & W. R. R. Company, at the expense of the Hospital. Three thousand new ties have been laid within the past two years. These were cut from chestnut on the property. An employee has charge of the track. He, with the assistance of four patients, keeps it in good repair.

ASH ELEVATOR.

In the rear of the shops, midway between the two boiler plants, has been erected a building containing an ash-bin and elevator. Previously all the ashes had to be handled three times by hand before they were loaded ready to be carted away. Now they are taken from the fires to the hopper of the elevator, where the handling by hand ceases. The bin holds several days' output of ashes. This avoids the continual carting which was formerly necessary.

SEWAGE DISPOSAL SYSTEM.

The sub-soil system of sewage disposal, which has been in use since 1888, was in need of repairs. Many of the pipes had become

clogged. In order to properly care for the sewage, the old sewage beds, which are a part of the same system, have been enlarged and put in proper condition by removing the soil and ploughing them deeply. A new bed was made. The total area of the five beds is about four acres. This ground is a loose gravel to the depth of about twenty feet. Pipes were laid to the center of each bed in order that the water would flow evenly over all parts. By using these beds alternately excellent results have been obtained. Accompanying this report is a letter of Dr. J. L. Leal, of the East Jersey Water Company, in whose interests he visited the sewage system of the Hospital.

PATERSON, N. J., June 25th, 1900.

Hon. M. K. Everitt:

DEAR SIR—On June 22d, last, I took two samples of water from brook where it crosses road above upper pond (and therefore above the point at which it receives the effluent of your sewage beds) two samples of effluent from sewage beds, and two samples from brook below mill (and therefore below the point at which it receives effluent from sewage beds). These samples were placed in ice, plated upon gelatine within five hours, kept for three days in ice-box, and examined with following results:

<i>Brook Above.</i>	
Average number of colonies per c. c.,	2,395
<i>Effluent.</i>	
Average number of colonies per c. c.,	880
<i>Brook Below.</i>	
Average number of colonies per c. c.,	995

These results show that at the time of my visit at least your sewage disposal system was doing excellent work, and if you, by the necessary supervision and care, can keep it at the same point, certainly no more can be asked.

The fact that the water is better below than above is due to the process of sedimentation taking place in the two ponds.

I am indebted to you for the courtesy shown me Friday and on other occasions.

Truly yours,

J. L. LEAL.

NEW BOILER PLANT.

The new boiler plant has, I think, sufficient capacity to heat both houses, except, perhaps, in very cold weather, when a part of

the old plant can also be used. This will make it possible to remove half or more of the old boiler plant. This space of about 40 x 40 feet would make a good room for an electrical plant. The small boiler, which was formerly used to furnish steam for the laundry, has been moved to the gas-house, where it is intended to move the pumping station, which is now at the ice pond. This arrangement will dispense with the running of one boiler and save the carting of coke from the gas-house to the pump-house. It will also economize in labor of running the pump.

GAS-HOUSE.

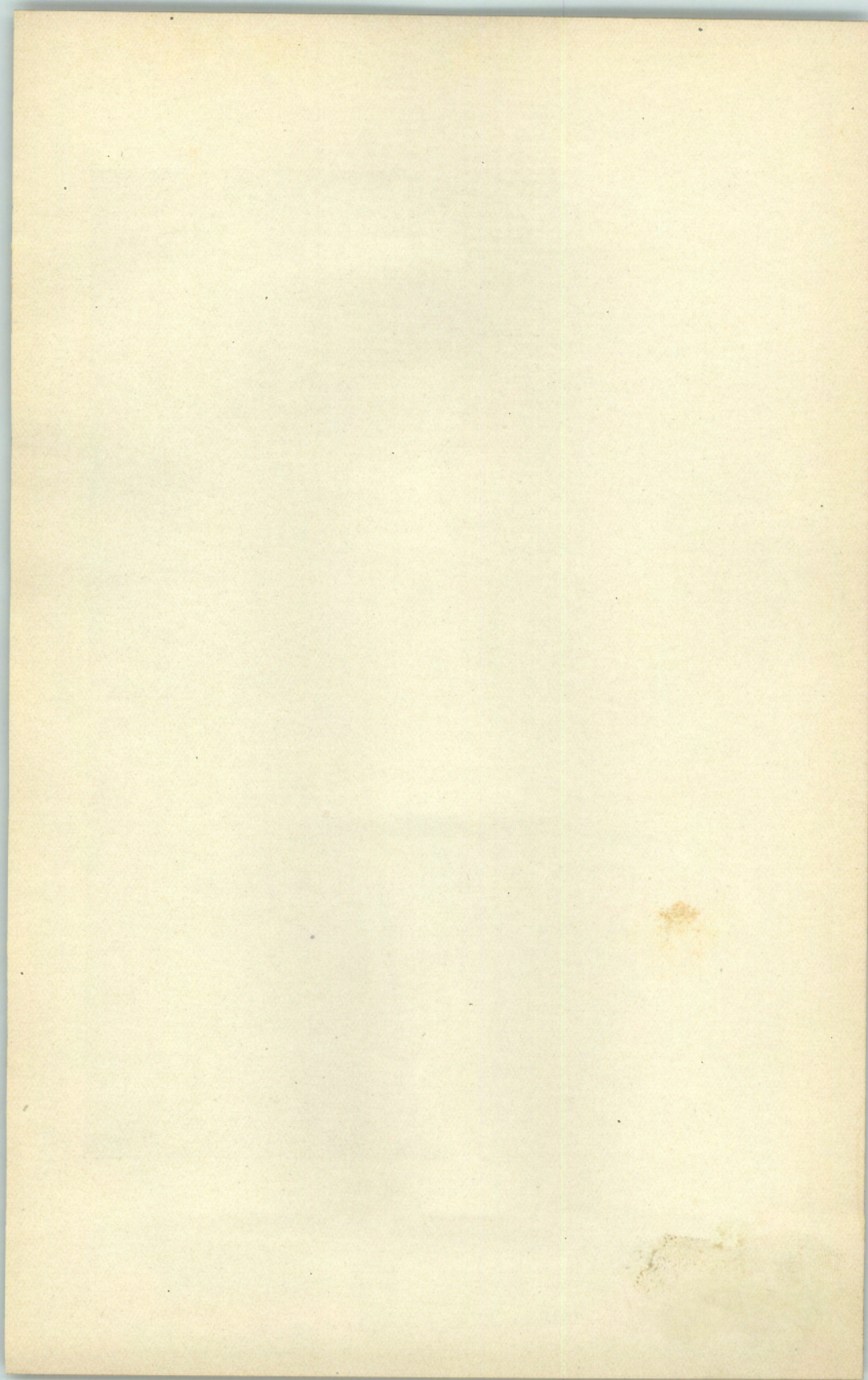
Extensive improvements have been made at the gas-house. The old tar-well, from which all the tar had to be pumped, has been replaced by one ten times as large, and so built that the tar is drawn out by gravity. Runways have been made so that the tar after it is barreled can be stored and loaded much easier than formerly.

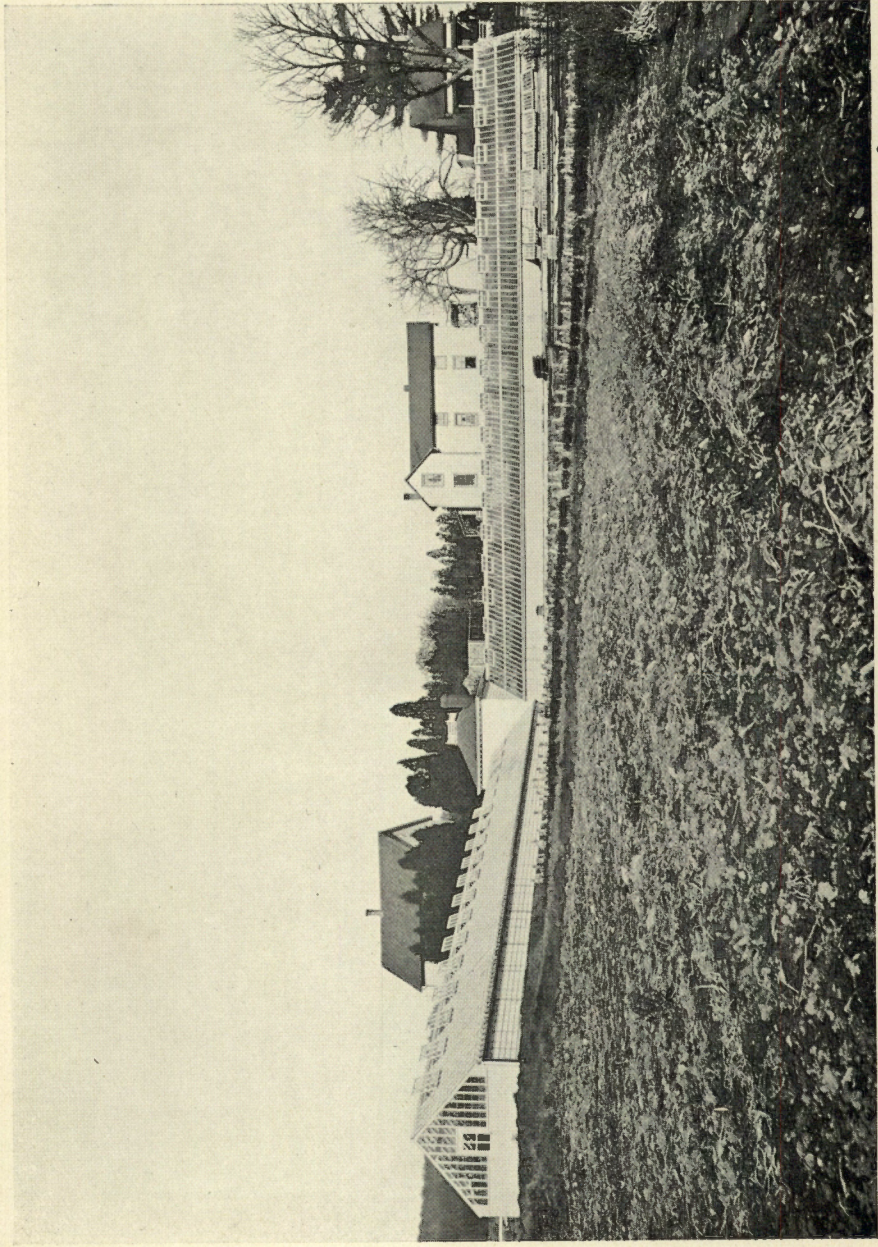
PLUMBING.

The appropriation of \$18,000.00 made by the last Legislature for the new plumbing of the Fourth Wings and Sections has made it possible to complete the replumbing of the wards of the old building. The old plumbing was badly worn. The new plumbing is of the best, and the workmanship is first-class. The marked advance in plumbing within the last few years has brought improvements in sanitary conditions that are greatly appreciated in institutions of this character.

NEW BUILDING.

The new building is nearly completed. Many aggravating delays have occurred, mainly on account of the delivery of structural iron. The work has been well done, and the building will reflect credit to both the builders and the State.





GREENHOUSE.

The furniture for the new building, for which \$20,000.00 was appropriated two years ago, and which was available this year, has been purchased. The equipment includes two Excelsior dish-washing machines. These have a capacity of 2,000 pieces per hour. It is anticipated that their use will be a great saving in labor and breakage, and that they will pay for themselves many times over.

The storm water from the new building is carried to the stream on either side of the property. The sewage is carried by 2-6" pipes through the tunnel to the beginning of the main sewers of the old building. The pipes are so arranged that the system is duplicated, and in case of trouble can be changed from either pipe to the south or north main sewers. Two new suction fans have been placed in the smokestack. These draw the air from the traps of both buildings.

TUNNEL.

The new tunnel is about completed. It is fitted with a cable-road, the track of which is laid and the machinery in position. In order to make a proper terminal of the road one of the old engines had to be moved. This change makes a continuous passageway from the front center of this building to the new building, a distance of about 1400 feet.

ANNUAL APPRAISEMENT.

The annual inventory and appraisal was taken as usual. Mr. Eugene S. Burke, of Morristown, and Mr. D. M. Merchant, of Morris Plains, were appointed to assist in this work, and we are indebted to them for their valuable services. The appraisal amounted to one hundred and ninety-six thousand four hundred and sixty-four dollars and sixty-six cents (\$196,464.66).

REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State for the subjects herein mentioned for the fiscal year ending October 31st, 1902:

NEW JERSEY STATE HOSPITAL.

For the annual appraisal,.....		\$75 00
For the salaries of resident officers,.....		14,600 00
For the maintenance of county patients based on an average of 1130 county patients for the year,.....		58,760 00
For the support and clothing of insane convict patients, based on an average of 70 convict patients for the year—		
Board,	\$18,200 00	
Clothing,	1,120 00	
		19,320 00
For the support and clothing of State indigent patients, based on an average of 150 State indigent patients for the year—		
Board,	\$23,400 00	
Clothing,	2,400 00	
		25,800 00

Respectfully submitted

M. K. EVERITT, *Warden.*

New Jersey State Hospital at Morris Plains, October 31st, 1900.

Abstract of Accounts.

For the Fiscal Year Ending October 31st, 1900.

G. C. HINCHMAN, *Treasurer.*

DR.

To balance, October 31st, 1899,.....	\$13,169 14	
To amount received for board, clothing and incidental expenses of county patients,.....	172,008 56	
To amount received for board, clothing and incidental expenses of private patients,.....	64,393 51	
To amount received from State Treasurer for county patients,	50,000 00	
To amount received from State Treasurer for convict patients,.....	15,000 00	
To amount received from State Treasurer for State indigent patients,.....	15,000 00	
To amount received for hides, tallow, etc.,.....	7,990 21	
To amount received for sundries, rags, etc.,.....	2,152 97	
To amount received for hogs and pigs,.....	4,091 98	
To amount received for rents,.....	108 00	
To amount received for interest,.....	119 51	
	\$344,033 88	

CR.

Amusements,	\$1,119 83
Books and stationery,	1,411 45
Bedding, linen, &c.,.....	9,161 86
Clerical services,.....	372 00
Clothing,	12,969 27
Crockery and cutlery,.....	1,409 28
Counsel fees,	172 95
Farm,	13,687 46
Flour,	6,134 75
Dairy, includes stock, feed, labor,.....	8,557 15
Greenhouse,	982 89
Fruit,	2,355 68
Freight and train service,.....	6,583 09
Furniture, carpets, &c.,.....	3,719 17
Fuel,	17,285 86
Funeral expenses,.....	1,463 00

New building to cover deficiency,.....	7,383	50
Garden,	4,550	90
Enlarging and improving ice-pond,.....	5,693	97
Railroad repairs,.....	370	28
Hay and straw,.....	60	85
Fire apparatus,.....	300	00
Improvement to farm land,	3,071	88
Grounds,	584	87
Engineer's services, tunnel and new reservoir,.....	727	30
Harness, wagons, &c.,.....	1,199	02
Household goods,	2,432	24
Improvement of buildings,.....	7,580	76
Insurance,	1,353	15
Incidentals,	4,371	74
Laundry,	6,749	88
Light,	7,064	23
Medical supplies,.....	6,078	22
Medical library,.....	272	83
Newspapers,	22	50
Enlarging and improving sewage filter beds,	958	39
Provisions and groceries,.....	107,981	05
Postage,	697	08
Cleaning and improvement to reservoir,.....	865	18
Pathological,	104	52
Refunding,	1,803	99
Repairs,	18,919	88
Smith and wheelwright,.....	1,350	44
Tinware and fixtures,.....	1,208	30
Tools and supplies, boiler-house and machine-shop, ..	276	69
Telegrams, telephone rental, etc.,.....	1,196	63
Vegetables,	721	00
Wages,	55,202	54
		<hr/>
		\$338,539 50
Balance in hands of Treasurer,.....		\$5,494 38

Account of Fruit and Vegetables Canned.

Tomatoes, gallons,	3,484
Peaches, gallons,	512
Other fruits, gallons,	82

Return of Work Done in the Sewing Room for the Year Ending October 31st, 1900.

Single sheets,	3,261
Double sheets,	94
Pillow cases,	2,648
Bolster cases,	45
Hand towels,	3,589

NEW JERSEY STATE HOSPITAL.

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Roller towels,	804
Dish towels,	1,410
Table cloths hemmed,	199
Napkins hemmed,	684
Blankets hemmed,	634
Laboratory aprons,	12
Chef aprons,	12
Steward aprons,	6
Kitchen aprons,	243
Curtains,	246
Curtain bands,	246
Burial robes,	41
Burial petticoats,	41
Burial chemises,	41
Burial sheets,	41
Chemises,	965
Drawers,	669
Night dresses,	134
Night shirts,	2
Petticoats,	589
Dresses,	1,230
Skirts made,	4
Waists made,	18
Waists altered,	3
Skirts altered,	5
Strong dresses,	25
Wrappers,	17
Nurses' dresses,	33
Nurses' aprons,	33
Nurses' straps,	13

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

Single hair mattresses made, new,	225
Double hair mattresses made, new,	8
Single hair mattresses made over,	1,308
Double hair mattresses made over,	9
Single mattress ticks made, new,	238
Double mattress ticks made, new,	8
Hair pillows made, new	372
Hair pillows made over,	1,696
Feather pillows made,	54
Sofa pillows made,	18
Pillow ticks made,	426
Mattress ticks repaired,	424
Pieces of furniture upholstered,	85
Large hall carpets made over,	2
Large hall carpets made, new,	4

Alcove carpets made, new,	6
Connecting hall carpets made, new,	1
Connecting hall carpets made over,	2
Parlor carpets made, new,	2
Room carpets made, new,	46
Room carpets made over	32
Carpets taken up,	202
Carpets laid,	204
Carpets repaired,	76
Carpets bound, yards,	110
Carpets hemmed, yards,	560
Rooms laid with linoleum,	11
Rooms laid with rush matting,	1
Chairs caned,	116
Settees caned,	5
Window shades made,	177
Window shades repaired,	132
Long window curtains hung, pairs,	45
Hassocks made,	24
Carpet door-mats made,	6
Holders for bakery and gas-house, pairs,	60
Pieces of harness made, new,	48
Pieces of harness repaired,	162
Bed protectors made,	502
Bed protectors repaired,	260
Horse blankets repaired,	32
Sets of Mangle aprons made,	7
Sets of Mangle aprons repaired,	2
Chair cushions made,	18
Awings put up,	27
Awings taken down,	27
Flags made, new (size 10 x 20 ft.),	2
Golf flags made,	24
Boots, shoes and slippers repaired, pairs,	392

Return of Work Done in Tin-Shop.

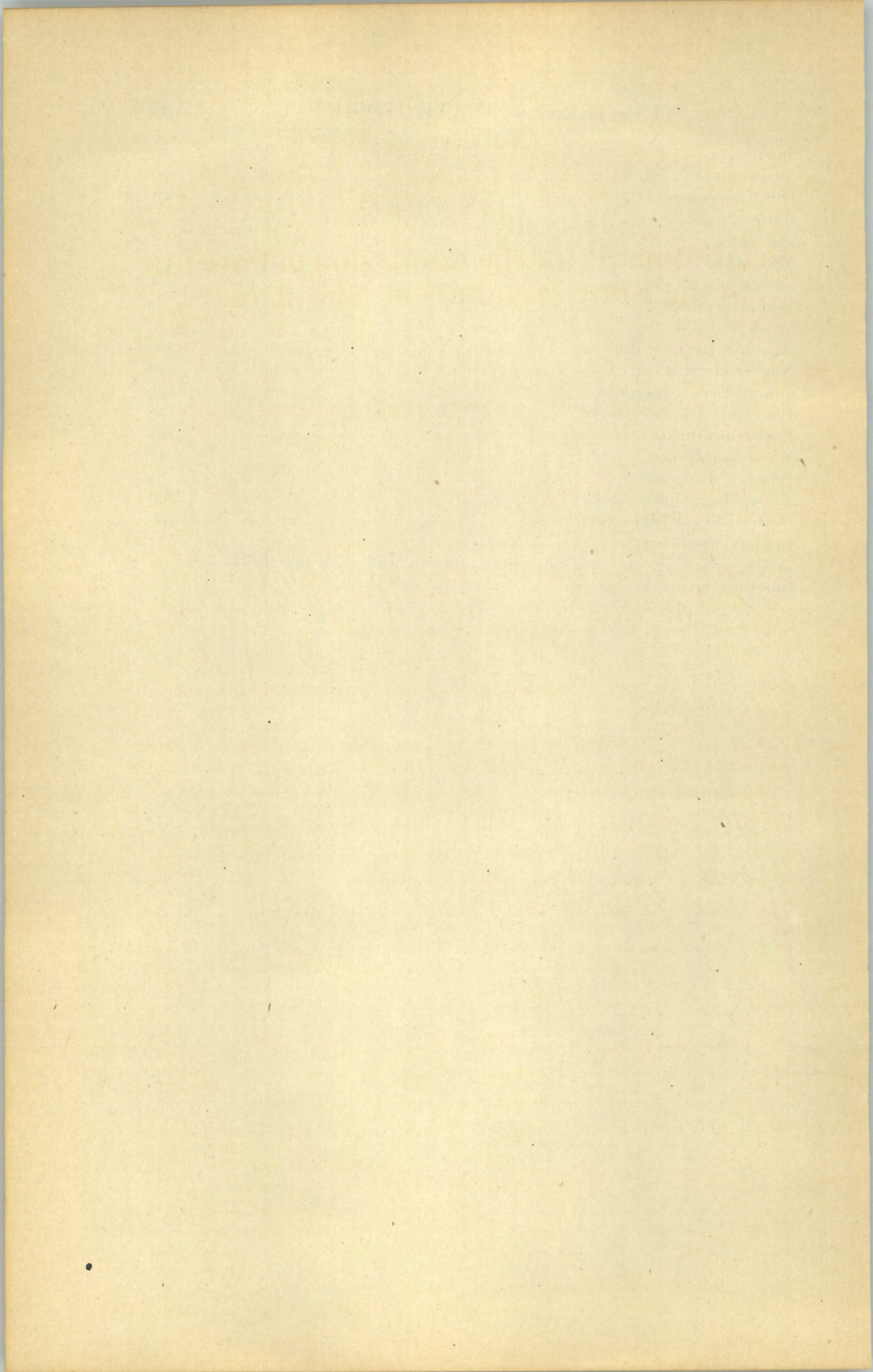
Rice pans,	108
Small dippers,	28
Small dish-pans,	26
Large steamers,	6
Large dish-pans,	13
Diet cups,	229
Biscuit pans,	75
Dust pans,	55
Drinking cups,	338
Bread pans,	304
Oil drips,	10
Milk pitchers,	50

NEW JERSEY STATE HOSPITAL.

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Small flats,.....	100
Large flats,.....	100
Diet cup-covers,.....	108
Butter boxes,.....	12
Tin pails,.....	53
Milk pails,.....	8
Sprinkling pots,.....	6
Potato steamers,.....	12
Wash basins,.....	50
New tops on fruit cans,.....	1,380
New fruit cans,.....	650
Other pieces as needed,.....	265
Pieces of tinware repaired,.....	1,198
Locks repaired,.....	473
Knives sharpened,.....	234
Scissors sharpened,.....	81
Tin roofing, square feet,.....	760
Gutters, lineal feet,.....	166
Leaders, lineal feet,.....	72

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



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

PRIVATE PATIENTS.

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

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

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

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

INDIGENT PATIENTS.

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

HABITUAL DRUNKARDS.

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

GENERAL RULES.

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

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

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

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

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

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

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

FORMS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Other facts perceived by me indicating insanity:

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

....., *Physician.*

AFFIDAVIT.

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

.....M.D.

Sworn to and subscribed before me this day of, 19

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

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

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

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

2. Birthplace of father,; of mother,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

., Physician.

AFFIDAVIT.

State of New Jersey, county of, ss.:
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents

thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

....., M. D.

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

.....

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

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

The undersigned, of....., in the county of..... and State of, being desirous of having....., an

City or town.

Full name of patient.

insane person of the county of....., and State of....., committed to, and confined as an indigent patient in, the New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said....., for the purpose aforesaid.

Full name of patient.

Said..... was born at....., on....., resides at....., and is a.....

Full name of patient.

City or town.

Date of birth.

State patient's residence with particularity.

Profession,

..... The undersigned is a..... trade or calling of patient.

State degree of relation or

..... of the said.....

other circumstance of connection between patient and person making request.

Full name of patient.

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

Name of person making request,

P. O. address,

Street and number,

City,

County,

State,

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

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

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

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

2. Birthplace of father,; of mother,

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

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

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

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

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

7. Is the patient violent, dangerous, destructive, excited or de-

pressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

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

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

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

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

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

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

3.) Other facts perceived by me indicating insanity:

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

., Physician.

AFFIDAVIT.

State of New Jersey, county of, ss.—, being duly sworn according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents

thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

....., M. D.

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

.....

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

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

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

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

2. Birthplace of father,; of mother,

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

.....

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

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

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

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

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

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

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

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

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

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

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

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

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

....., Physician.

AFFIDAVIT.

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

. M. D.

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

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Maintenance Bond.

MALE.

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

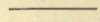
Now, Therefore, we, the undersigned, in consideration thereof, jointly and severally, bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, the sum of dollars, cents per week, for the care and board of said insane person, as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient

when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

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

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

Signed and sealed in presence of



Removal Bond.

Know all men by these presents, that, held and firmly bound unto the State of New Jersey in the penal sum of dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals, and dated this day of, in the year of our Lord one thousand nine hundred and

Whereas,, of the county of, hath heretofore been, and still is, confined in the New Jersey State Hospital at, and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said is mani-

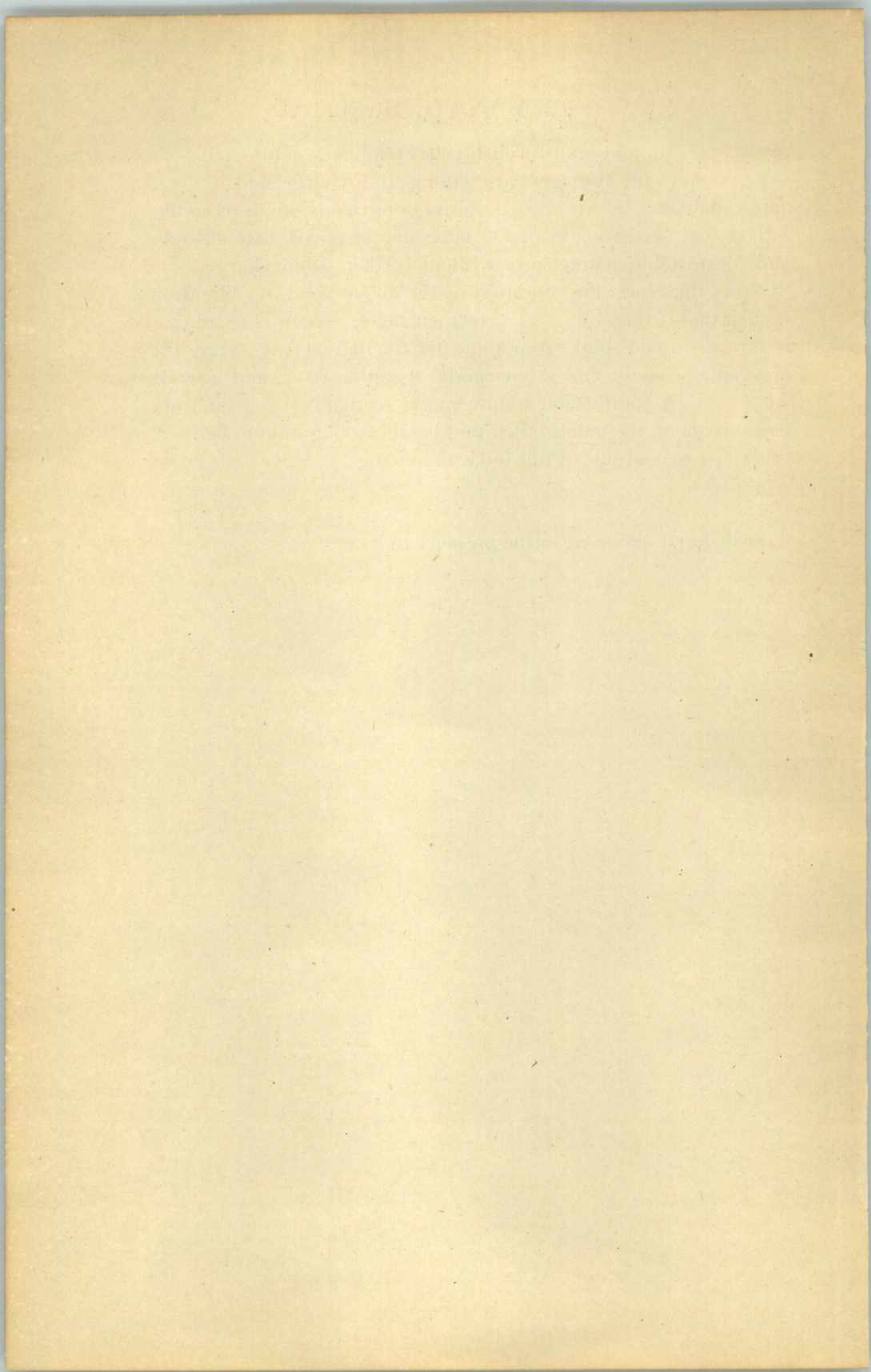
festly, and can probably be rendered comfortable at, and said Managers are willing to discharge said, and to deliver to relatives or friends, upon receiving satisfactory security for peaceable behavior, safe custody and comfortable maintenance without further public charge.

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

. [L. S.]

. [L. S.]

Sealed and delivered in the presence of



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