

Twenty-Ninth Annual Report

OF THE

Managers and Officers

OF

The New Jersey State Hospital

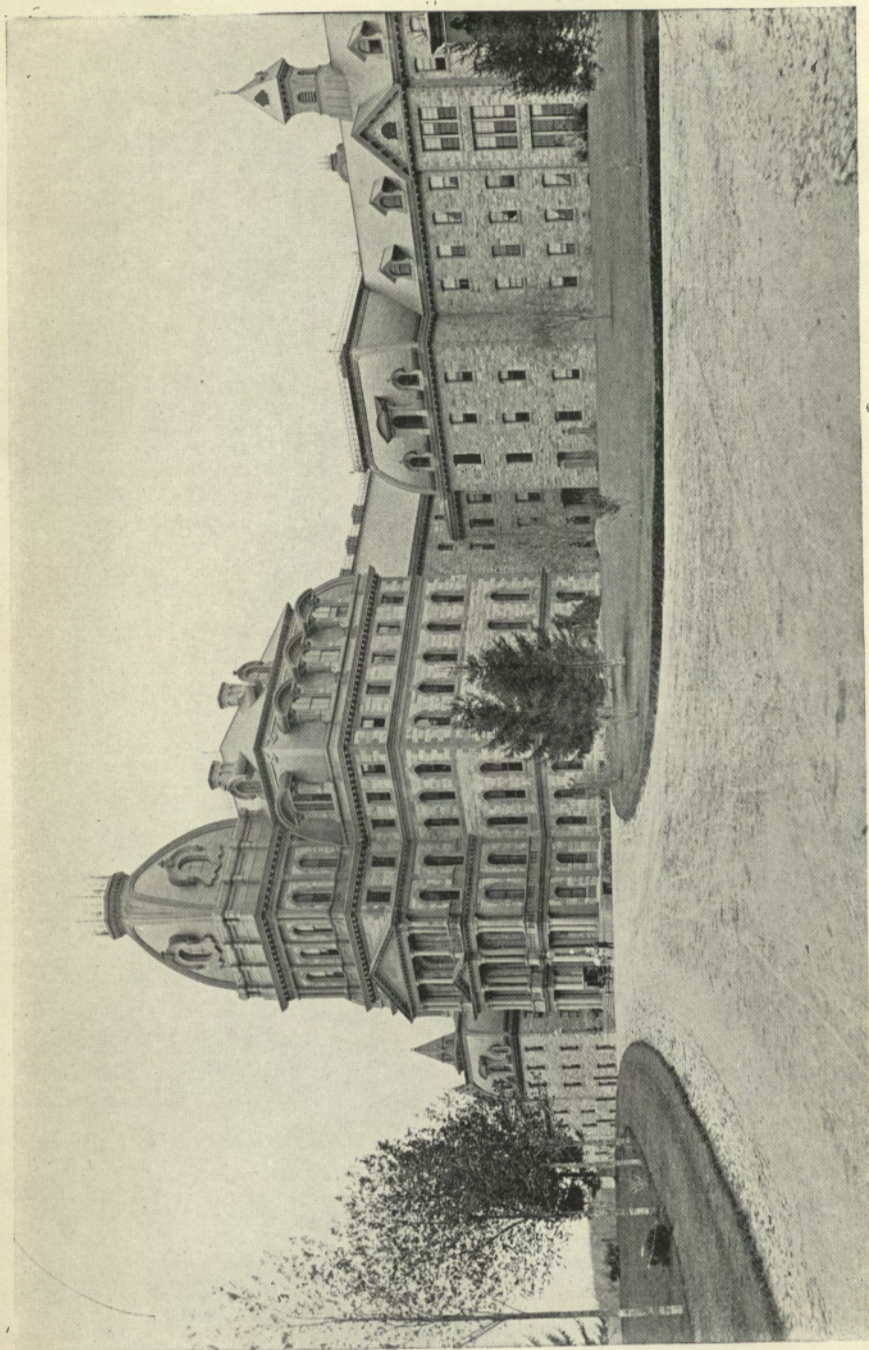
At Morris Plains

For the Year Ending October 31,

1904.

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#79

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1905



FRONT OF HOSPITAL, SHOWING ADMINISTRATION BUILDING.

MANAGERS.

PRESIDENT.

JOHN C. EISELE.....NEWARK.

VICE-PRESIDENT.

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

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

JOHN A. McBRIDE.....DECKERTOWN.

DAVID ST. JOHN, M. D.....HACKENSACK.

RICHARD A. McCURDY.....MORRIS PLAINS.

JAMES G. MORGAN.....WEEHAWKEN.

PATRICK J. RYAN.....ELIZABETH.

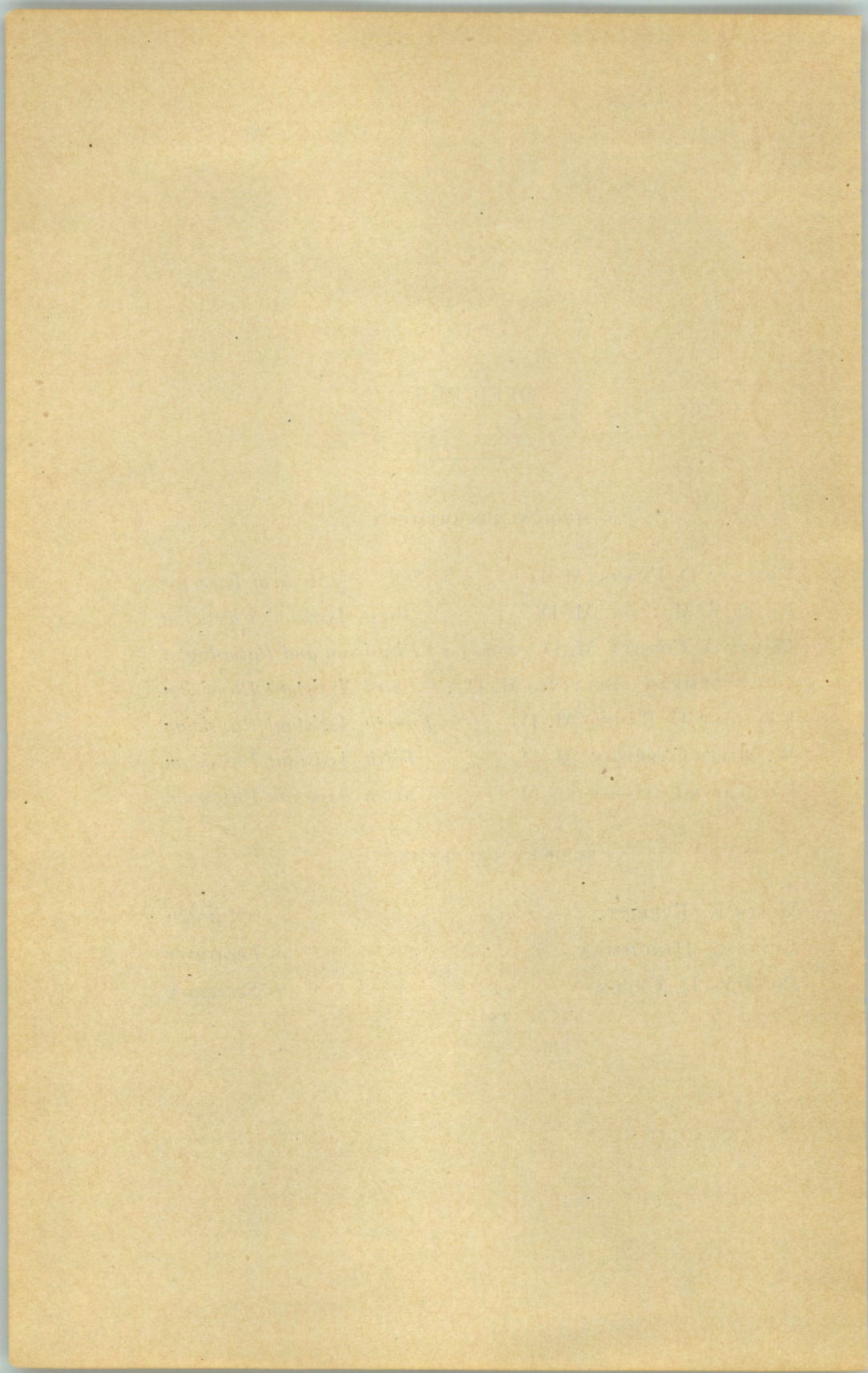
OFFICERS.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M. D.....*Medical Director.*
PETER S. MALLON, M. D.....*First Assistant Physician.*
HARRY A. COSSITT, M. D..*2nd Ass't Physician and Pathologist.*
CHRISTOPHER C. BELTING, M. D....*Third Assistant Physician.*
RAYMOND D. BAKER, M. D.....*Fourth Assistant Physician.*
W. MILES GARRISON, M. D.....*Fifth Assistant Physician.*
FREDERICK C. HORSFORD, M. D.....*Sixth Assistant Physician.*

BUSINESS DEPARTMENT.

MOSES K. EVERITT.....*Warden.*
GUIDO C. HINCHMAN.....*Treasurer.*
CHARLES H. GREEN.....*Secretary.*



REPORT OF THE BOARD OF MANAGERS.

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REPORT OF THE BOARD OF MANAGERS

(v)

Report of the Board of Managers.

To His Excellency, Franklin Murphy, Governor of New Jersey:

The Board of Managers of the State Hospital at Morris Plains respectfully submits its report for the Hospital year ending October 31st, 1904, being the twenty-ninth annual report of the institution.

The number of patients on the 31st day of October was sixteen hundred and one, but the total number of patients under treatment during the year was nineteen hundred and twenty-nine. The greatest number under treatment on any one day was sixteen hundred and twenty-one, which was on July 31st, 1904.

During the past year there were admitted 198 men and 226 women, a total number of 424 patients, which was 57 more than had been received during the preceding year. The number of the sexes fluctuates from year to year to a limited degree. In 1903 there were 15 more men admitted than women, but in 1904 there have been 28 more women admitted than men.

It appears from the statistics collated by the Medical Director that during the twenty-eight years' existence of the Hospital the admissions have averaged 258 per year, but the admissions this year reached 424.

The number of deaths varies from year to year, but not materially. The number of recoveries also varies. In the year just closed the percentage of recoveries, based upon the number admitted, is 26.2; in all, 111 persons; of these 59 were men and 52 women. The number of deaths was divided equally as respects sex; 78 men and 78 women. This is a little more than 8 per cent. of the whole number under treatment. Besides the 111 patients discharged as recovered, 45 were discharged improved and 16 unimproved.

During the past year the twelve regular monthly meetings of the Board of Managers have averaged an attendance of three-quarters of the whole number of members, and three special meetings were held; besides which forty-seven visits by individual members, making in all 129 official managerial visits.

CONVICT AND CRIMINAL, INSANE.

We beg leave to direct the attention of Your Excellency to the elaborate argument presented by the Medical Director with respect to certain classes of inmates, the heaviest emphasis being upon the consignment of insane convicts and criminals to the State Hospitals for the Insane. For more than twenty years the Managers and Medical Directors of the two institutions have called attention in their official annual reports to the great need of a separate institution for these classes. We regard their presence in the Hospital as the most serious impediment to efficiency with which we have to contend.

HABITUAL DRUNKARDS.

Much attention is given by the Medical Director to the consideration of the proper method of treating habitual drunkards. Such persons may be committed to one of the State Hospitals, private asylum or retreat in the State where their friends are possessed of sufficient means to meet the expense of their maintenance and thus prevent their harming themselves or others, whereas the benefits of a State Hospital cannot be extended to a person of similar habits if he be in indigent circumstances.

COMMITMENT OF YOUNG CHILDREN.

Attention is also directed to the commitment of young children to this institution. Boys so young (one is but five years of age) as not to be safely left in the Male Department have had to be placed upon wards with women patients; also a girl, but six years old, deaf, dumb and blind, has been committed to this institution, which has no provision for patients of this class. This situation calls strongly for a law regulating the minimum age at which a patient can be admitted to a State Hospital for the Insane.

Idiots have also been sent to this institution, upon regular commitment papers, when the law explicitly excludes idiots from admission to institutions for the insane.

PRESERVATION OF RECORDS.

The need of a fire-proof room for the records of the Medical Department is very great. In case of fire all the vital statistics of

this department would be lost. Their value is two-fold. They serve as a foundation for intelligent progress in the treatment of the insane and they at any time may be very important in the settlement of estates and in determining the best methods of treating individual cases upon which they may reflect light.

It is desirable that the system of keeping case records be changed to what is known as the pocket or envelope system. This system, while less expensive, would be more convenient and at the same time attended with more satisfactory results. To fit up properly a fire-proof record room and inaugurate the system referred to, an appropriation of \$5,000.00 will be required.

WARDEN'S REPORT.

The Warden's report directs attention to the fact that the laundry building has been completed, but cannot be brought into use before an appropriation for special machinery, additional shafting, steam-fitting, plumbing, drying rooms, etc., be made.

DAIRY BARN.

The necessity of a dairy barn is imperative. The legislature appropriated \$3,000.00 for this work, but the amount being insufficient to complete the barn was not used and the appropriation therefore lapsed. The estimated cost of building this barn is \$6,000.00. It is absolutely impossible at present to produce the amount of milk necessary for the vast hospital population and properly care for it with the existing facilities.

NURSES' HOME.

The nurses' home requires carpets, rugs and such furniture, etc., as will make it a place of home abode for the nurses who are to occupy it. In addition to this it must be connected with the main heating plant of the hospital. This is important for the reason that it does away with the annual expense of having a man look after a local heating plant, the hauling of coal and numerous annoyances and expenses which would attend the installation and running of a separate heating plant. The estimated cost of furnishing the building and making a connection with the central heating plant of the main building is \$3,500.00.

PRIVATE INSTITUTIONS.

The private institutions in this Hospital district have been visited and inspected, according to the terms of the law.

Again, through Your Excellency, we direct the attention of the legislature to the fact that no penalty or provision is made by law to enforce the law upon persons who attempt to treat the insane who refuse to take out a license and no method of procedure is laid down for such cases. It is highly important that such a law be enacted.

COUNTY ASYLUMS.

It is by law made the duty of the Board of Managers of the New Jersey State Hospital at Morris Plains to inspect the asylums maintained by the counties of Essex, Hudson and Passaic, and report the results of such inspection. This duty has been performed, with the following results:

ESSEX COUNTY ASYLUM AND BRANCH AT OVERBROOK.

The main hospital is situated on South Orange avenue, Newark, New Jersey, and the branch hospital is at Overbrook, Verona Township, Essex County, New Jersey. Both institutions are in charge of Dr. D. M. Dill, with three medical assistants at the main hospital and two other medical assistants at the branch, Dr. Robert Bolton having the title of Resident Physician at the branch hospital. The first assistant physician at the main hospital is also the pathologist. The number of inmates at the main hospital is 689, of whom 291 are males and 398 are females. At the branch hospital, at the time of the visit of the Board of Managers, there were 145 males and 211 females. The total number of patients in both institutions is 1,045. At the main hospital there are regularly employed 29 female attendants and 24 male attendants. At the branch there are 18 female and 9 male attendants.

Within the last few years the main institution has been refitted with the latest improved sanitary and hygienic appliances, while the new wing is a model of its kind. The Essex County Asylum has maintained a training school for nurses for many years with the result that it constantly secures a competent corps of attendants.

HUDSON COUNTY ASYLUM.

This institution is situated at Snake Hill (Secaucus), New Jersey, and is in charge of Dr. George W. King, as Medical Superintendent. He is assisted by a Deputy Superintendent, who is not a physician. The total number of inmates is 550; of this number 224 are men and 326 women.

This institution is defective in various particulars, to which we have frequently been obliged to call attention. Various improvements are contemplated, and we hope to be able at a future visitation to find that it is fully in keeping with the population and wealth of Hudson County and with similar institutions and the progress of civilization.

PASSAIC COUNTY ASYLUM.

As a large proportion of the insane of this county are treated at the institution at Morris Plains, only a limited number are cared for by the Board of Freeholders of Passaic County. They have for some years arranged for less than fifty, supposed to be incurable, at the Almshouse without detriment to the unfortunate persons, who are well fed, clothed and housed, and receive all necessary medical treatment.

On April 23rd, 1904, the Hon. Patrick Farrelly, for ten years a member of the Board and for four years its President, died after a short illness. He gave strict attention to the discharge of the greatly increased responsibilities devolving upon him as President. Mr. Farrelly visited the institution frequently, examining into the details of its work, and was ever ready to respond to any request from the Medical Director or Warden for his presence at the institution or for counsel. He was greatly respected by his fellow-Managers and honored himself and them by his fidelity as a Manager to the interests committed to him by the State and to the special responsibilities imposed upon him by their votes, as well as by his devotion to the welfare of the unfortunate human beings for the promotion of whose care, comfort and, if possible, cure this institution was established.

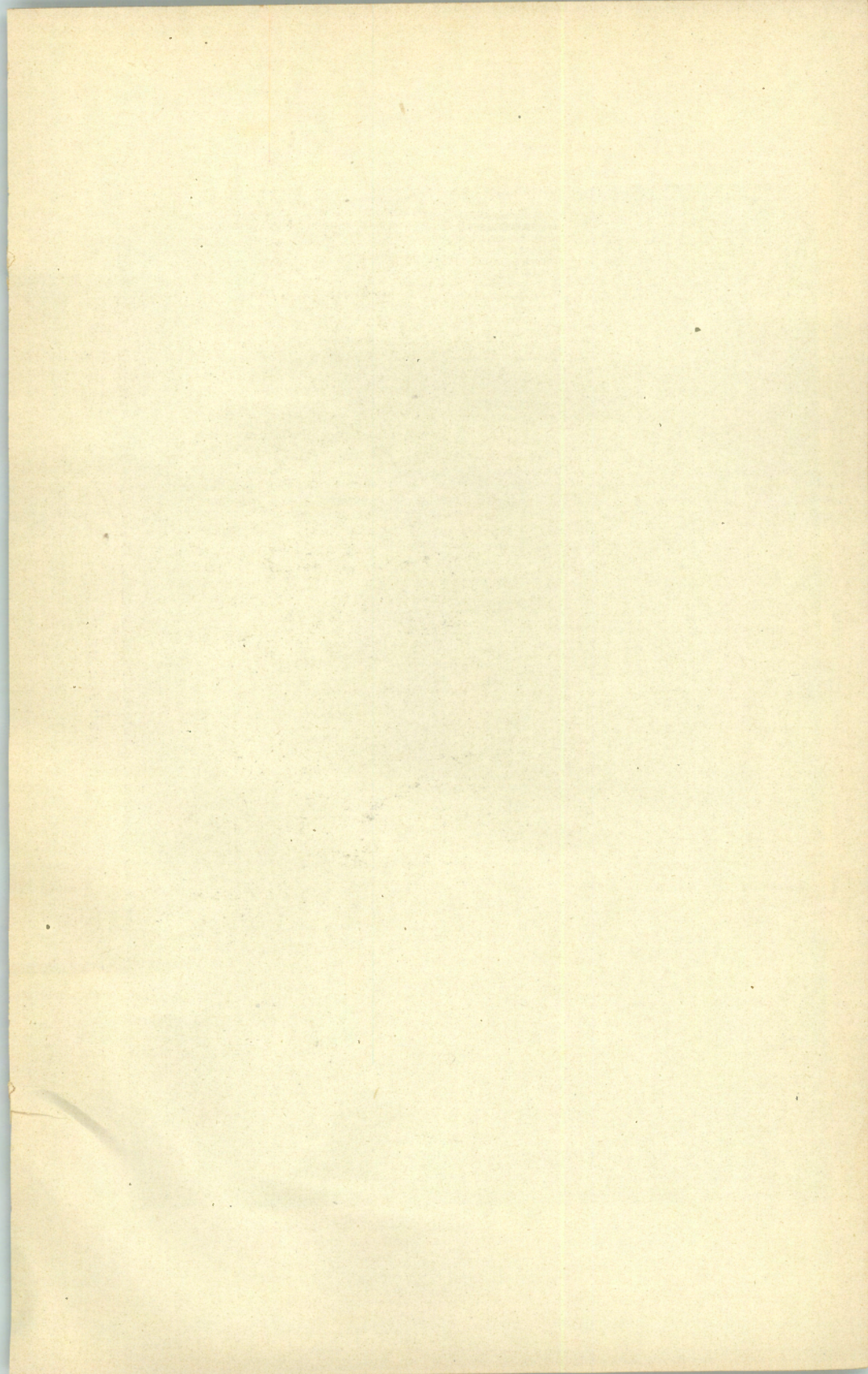
The place made vacant by his death was filled in the manner provided in the by-laws by the election of Mr. John C. Eisele, who had been for some years Vice-President of the Board; the

position thus vacated by Mr. Eisele was filled by the election of James W. Smith, M. D. The Hon. Patrick J. Ryan, of Elizabeth, succeeds by appointment of the Governor the late Patrick Farrelly.

Respectfully submitted,

JOHN C. EISELE,
JAMES W. SMITH,
JAMES M. BUCKLEY,
JOHN A. McBRIDE,
DAVID ST. JOHN,
RICHARD A. McCURDY,
JAMES G. MORGAN,
PATRICK J. RYAN,

Managers.



REPORT OF THE MEDICAL DIRECTOR

Report of the Medical Director.

To the Board of Managers.

GENTLEMEN :—I beg herewith to submit to you the twenty-ninth annual report of the medical department of The New Jersey State Hospital at Morris Plains. The hospital year covered by this report began November 1st, 1903, and closed October 31st, 1904.

At the end of the year the hospital had an insane population of 1,601, consisting of 789 men and 812 women. The total number of patients under treatment during the year was 1,929 and the highest daily census in the year was reached July 31st, 1904, when there were 1,621 patients in the house.

There were admitted 198 men and 226 women, making a total of 424 admissions as against a total of 367 for the preceding year. A comparison of the admissions of the two years referred to develops the fact that while this year there were 28 more women admitted than men, in the year before there were 15 more men admitted than women; showing that the relative number, as to sex, of admissions varies from year to year.

In the last 28 years the admissions have averaged 258 per year; the admissions this year are 424, exceeding the yearly average since the opening of the institution by 166. This makes it clear to the student of statistics that whatever may be the cause, the insane population of the State is rapidly increasing. 111 persons were discharged recovered; the percentage of recoveries based upon the number admitted is 26.2 per cent. Of the number discharged as recovered, 59 were men and 52 women.

The deaths were of equal number as to sex, viz.: 78 men and 78 women and the death rate based upon the whole number under treatment is a trifle over 8 per cent. 24.3 per cent. of the deaths among the men was due to general paresis, an incurable disease which always results in death.

The number of patients discharged (which include those who died) is 267. There were 111 discharged as recovered; 59 men

and 52 women; 45 were discharged improved, 14 men and 31 women; 16 were discharged unimproved, 2 men and 14 women.

Unimproved indigent patients may be removed from the hospital upon their friends or relatives giving what is known as a "Removal Bond." This bond binds its endorsers or sureties to secure the peaceable behavior and safe custody of persons so removed, and provide for them a comfortable maintenance so that they shall not be a charge upon the public. Unimproved private patients are removed upon the written request of their nearest friends or relatives; such friends or relatives are required to assume all responsibilities connected therewith.

The causes of death of all patients who died during the year are set forth in Table XXI of the Statistical Appendix. There were 14 deaths due to tuberculosis. This table further shows that 19 deaths were due to general paresis. Of those who died over 41.6 per cent. were over 60 years of age (Table XIX). This is an increased age percentage over the preceding year.

According to legal commitment the classification of those remaining in the hospital October 31st, 1904, is as follows: Indigent, 1,345; Private, 155; Criminal, 35; Convict, 66, making a total of 1,601, which is an increase of 96 patients over last year's closing census. 1,116 of those classified as indigent are supported jointly by the State and the counties in which they have legal settlement; the remaining 229 are supported wholly by the State and are recorded as "State Indigent." State Indigent patients are those whose legal settlement cannot by judicial investigation be determined to be in any county in the State of New Jersey.

From those counties which have densely populated centers, with large manufacturing interests, the greatest number of "State Indigent" patients come. This may be logically accounted for by the fact that their mills, factories and varied industries invite from other States and even from foreign countries, those seeking employment. When this class of artisans and laborers become insane, as a rule they have not acquired a legal settlement and must be committed to one of the State hospitals as State Indigent patients. This is clearly demonstrated by the fact that our records show that Essex County during the hospital year covered by this report sent to this institution 79 State Indigent patients whose maintenance comes entirely from the State treasury, while Union County sent 80 and Passaic County 89, nearly all of whom are what is known as county indigent patients.

Table XII shows that 24 per cent. of those admitted had suicidal tendencies and that about 35 per cent. were in a state of pronounced mental depression.

Further important data may be found by referring to the Statistical Appendix.

INCREASE OF TUBERCULOSIS.

A most serious problem presents itself in the increase of tubercular disease among the insane of this hospital. It is a well known fact that an inactive and an indoor life invites the development of pulmonary tuberculosis. The location of this institution is excellent; it is well lighted and well ventilated, and I have made it a rule to have all the halls flushed out with pure air as frequently as is practicable. Less than five per cent. of our patients remain in the house after the morning and noon meals are over; some go to the shops and the fields and gardens and other points where they engage in work assigned them; others go out upon the lawns and under the trees and upon the amusement grounds. During this time, when the halls are vacated, the windows are all put up, that the fullest effect of pure air may be had. During the colder weather the same rule is followed as far as it can be with safety to the health of the patients.

In spite of constant attention to the principles of ventilation there has been some increase in tuberculosis for a few years past. Some special provision should be made for separating patients who are afflicted with any form of tubercular disease from those who are not. In order to do this without entailing upon the State any considerable expense I would suggest that two plain, inexpensive cottages be constructed; one for women suffering from tubercular disease and the other for men similarly afflicted. Much care should be paid to the construction, with a view to affording the best means of ventilation, a plenty of sun-light and facilities for thorough disinfection. As little furniture as possible should be placed in these cottages. Each cottage should provide about twenty-five beds.

These cottages, with an accommodation for fifty patients, would leave fifty beds vacant in the hospital proper, and to that extent increase its capacity. This addition of fifty beds is an important item, since statistics show that our census is increasing about one hundred annually.

COMMITMENT OF YOUNG CHILDREN.

The State has made provision for the care and treatment of defective children, but in some way it has become the conviction of the managing authorities of the various institutions for the care and training of feeble-minded children that when a child, whether idiotic or imbecilic, becomes maniacal, positively troublesome or filthy in habits, that such a person should be transferred to one of the State hospitals. The State hospitals for the insane are not intended for the care of children, nor are they equipped so as to properly care for idiotic or imbecile children.

Among the group of children transferred or committed to this hospital during the past five years, is one boy 5 years and 8 months of age. This boy wears dresses or skirts and is so helpless from the standpoint of age that it has been necessary to place him upon a ward with women patients. A girl six years of age, who is a deaf mute and blind, has also been committed to this institution.

While it is right and just that the State hospitals for the insane should in no sense seek to avoid the admission of all the forms of mental derangement for which they should care, it is not just that they should be converted into institutions for the relief and betterment of all other charitable institutions. It is to be expected that troublesome patients or inmates will be found in all forms of State charitable work, and every institution should in justice bear its part, however difficult. It is further an injustice to children to place them on the wards with mature and aged insane persons, and I therefore maintain that a law regulating or setting forth the minimum age at which a person may be committed to the State hospitals would be a wise one.

In looking up this subject, I find that the term "lunatic," relating to persons of unsound mind who are eligible to admission into the State hospitals, does not embrace idiots, and I shall, acting in accordance with this statute, decline in the future to accept this class of defectives. The part of the statute referring to idiots as not coming under the terms "lunatic" and "insane," and consequently not suitable persons for care and treatment in the State hospitals, is to be found in General Public Laws of New Jersey, Session of 1893, Chap. 69, Article 47, and reads as follows:

"And be it enacted that the terms 'lunatic' and 'insane' as used in this act, include every species of insanity, and extend to all deranged persons and to all of unsound mind, other than idiots."

INDIGENT HABITUAL DRUNKARDS.

In my last annual report I called attention to the need of a law which would provide for the commitment to the State hospitals for the insane of dangerous indigent habitual drunkards.

An Act of the Public Laws, Session of 1881, Chap. 188, Page 236, Article 1, reads as follows:

"1. That section one of the act entitled 'An act relative to habitual drunkards,' approved March third, one thousand eight hundred and fifty-three, be and the same is hereby amended so as to read as follows:

1. That it shall be lawful for the court of chancery to issue a commission in the nature of a writ *de lunatico inquirendo*, as heretofore practiced and allowed, and returnable thereto, to inquire into the habitual drunkenness of any person in this State, and in case of habitual drunkenness found, by reason of which such habitual drunkard has become incapable of controlling or managing himself or his estate, or is wasting his estate, the chancellor shall cause to be transmitted to the orphans' court of the county where such habitual drunkard may reside, a certified copy of all proceedings which may be had thereon, which shall be recorded and filed in the surrogate's office of said county, and thereupon the said orphans' court, upon application for that purpose, is hereby directed and required to appoint a guardian or guardians for such habitual drunkard, who shall have the same power over the person and estate of such habitual drunkard, and perform the same duties and be subject to the same liabilities, as are conferred on and required of the guardian or guardians of an idiot or lunatic by the act entitled 'An act concerning idiots and lunatics,' approved April sixteenth, one thousand eight hundred and forty-six; that it shall be lawful for the chancellor, on application of the guardian or guardians of any such habitual drunkard, to make such order for the safe keeping of such habitual drunkard as he may deem necessary, with a view to his reformation, and from time to time to alter or modify the same, and to that end may authorize the guardian or guardians to place such habitual drunkard in a state asylum for lunatics, or in such other proper retreat as the chancellor may order; and when such order is made for the keeping of such habitual drunkard in a state asylum, such guardian or guardians shall be required to give security in such amount and form as the chancellor shall direct, for the payment of the expense of keeping such habitual drunkard therein."

It is readily apparent that this Act contemplates the commitment of habitual drunkards who are possessed of sufficient means to meet the expense of their maintenance in the hospital, asylum or retreat to which they may be committed. This law has given satisfactory results in that it has thrown a protective influence around society, prevented the wrecking of many homes and the wasting of estates. It has by its beneficent influences prevented whole families from becoming members of the dependent classes; it has made not only possible but it has assured the education of children who would have, because of the habitual drunkenness of their parents, been left without maintenance and with nothing to depend upon except the charity of the public.

This Act does not go far enough in protecting the welfare of the public at large and the safety and integrity of the home. A large proportion of habitual drunkards are most dangerous factors to society; they belong to that class of persons who, when under the influence of alcoholic drink, not only lose their mental balance but become maniacal and homicidal. This class of alcoholics is constantly a menace to society. Their debauches lead to criminality; their dealings with their families and their neighbors are characterized by brutality and indecency; they are as positively dangerous as the insane.

A great majority of this class have inherited the pernicious appetite which they exhibit. Careful study of the subject of inebriety has led to the conclusion that in a large number of the cases it is a much a disease as are the distinct forms of insanity. Our prisons are filled by victims of excessive indulgence in alcoholic beverages. The criminal court records show that it is frequently the basis of murder and the most heinous crimes and that the inordinate appetite for alcoholic drinks is one of the principal sources of indigence and encumbers the State with more dependent persons than all the other known causes combined.

It is granted that it is the duty of the State to care for criminals and dependents, the outcome of alcoholism; it would therefore be the part of wisdom to enact laws to restrain the drunkard and thus attack a most active factor in the rapid increase of the criminal and dependent classes. It has been said that the State cannot afford to care for "drunks", and yet in failing to give this important problem the attention it is justly entitled to the State is forced to care for and maintain many such persons as criminals and their wives and children as paupers. This form of false

economy cause sorrows to multiply and the State's dependents to increase in number.

It is not infrequent that persons belonging to this class of alcoholics are committed to the State hospitals for the insane as insane persons, but upon the withdrawal of alcoholic drink for a few days their mental balance is re-established. Under the present law they must be discharged, which means that they are set at liberty to go back to their former habits and again become the same serious disturbing factors to the public at large. I believe it would be wise legislation if a law should be enacted which would provide for the commitment to the State hospitals of that class of indigent habitual drunkards who are dangerous to their neighbors and their families; who disturb the peace of their homes and who by virtue of their vicious natures beget children of a like sort. I would advise that the law be less elaborate than the one above quoted, which provides for the commitment of persons who have means to pay for their maintenance, but that it be as direct and binding in its effects. The law above cited entails an expense which, if possible, should be avoided.

INSANE CONVICTS AND CRIMINALS.

For more than than two decades the medical superintendents and medical directors of the two State institutions of the insane of New Jersey have been calling attention in their official annual reports to the great need of a separate institution for the criminal and convict classes whose minds are unbalanced.

In the consideration of a subject of this character it is just and proper that in treating it due consideration should be given to the relations which the disinterested part of the public at large holds, as well as the more immediate relations of those who are bound by ties of blood, warm friendship or direct official responsibility.

That class of citizens who think carefully, deeply and studiously of the welfare of public institutions and who devote a fair share of their time to inspecting them with a view of bettering their conditions, compose but a small part of the body politic. That class of citizens who never go into a public charitable institution and know nothing of them except through such articles as appear in the columns of sensational press, compose a great majority, and it is known as the "ever critical public."

Because of acquired disease or hereditary taint for which they can by no means be held responsible, there are men and women confined in the charitable and penal institutions of every State. And it is admittedly incumbent upon the State, acting in the promotion of good government, the welfare of its citizens and in the support of the cause of humanity and the principles of charity, to care for the dependent and criminal classes, and no common-wealth with credit to itself can evade the responsibility of caring for that part of its citizens who are unable to care for themselves. As civilization advances, as enlightenment and educational influences progress, the principles of philanthropy and the cause of true charity with increased force impress themselves upon the citizens and the State. Not only shall we consider the interests of the sick, the defective and the criminal from a standpoint of helping them to better their condition, but full weight must be given to the protection of the public and the preservation of the integrity of society.

It may be safely said that every State hospital for the insane contains a large number of men and women who, before their minds became unbalanced, were useful, upright and prominent citizens; that in these institutions there are the sons and daughters of some of the most influential and prominent citizens of the State. They are merely sorrows put away from the sight of the public, but the ties that bind father to son, brother to brother and mother to child are still unbroken, and looking into the internal affairs of a great institution for the insane this aspect of the case cannot be ignored.

That citizen who has no relative upon whom affliction has fallen in the manner of mental derangement feels that the affairs of an institution for the insane should be administered upon the most rigid economical basis. On the other hand, he who has had his loved one taken from him because of a disordered mind and placed in the custody of a hospital for the insane, feels that every possible advantage should be provided for such patient's restoration to health and mental balance and that every factor which tends to operate against the curative influences of such an institution should be removed.

It is justly claimed that in a State institution for the insane that those persons whose lives have been free from crime should not be forced in the time of their affliction to be brought into direct contact with convicts and criminals whose lives have known little else than crime and criminally vicious influences.

I would feel it a neglect of duty should I fail to make an official protest against the keeping of insane convicts and vicious criminals in the State hospitals along with the non-criminal insane. This year closed with 66 insane convicts and 35 of the criminal class in this hospital, while in the State hospital at Trenton there are 43 convicts and 37 criminals; making a total of 181 patients belonging to these objectionable classes now maintained in the two State hospitals. The State should provide a separate institution for the detention, care and treatment of convicts and dangerous criminals who become insane. The annual reports of the State hospitals of New Jersey for thirty years have presented logical arguments in support of this principle, and I deem it eminently proper to make a few abstracts from them.

The Managers of the Trenton State Hospital, in their report of 1874, said:

"Among the patients in the asylum, are included twenty-one insane convicts, who have been transferred to the institution from the State Prison by virtue of the twelfth section of the act for the government and regulation of the State Prison, approved March 26th, 1869. While all must admit that the plainest dictates of humanity demand on the part of the State, the provision of means for the merciful care and skillful treatment of insane convicts, yet there would seem to be a natural repugnance to placing these persons in contact with the other insane of the State. The affliction of insanity is sufficiently deplorable without causing to the relatives and friends of the sufferers, the added grief of knowing that those to whom they are bound by the tenderest ties, may be forced to mingle with common convicts. We feel this to be a grievous wrong, that calls for a prompt and adequate remedy. This evil, not easy to endure, when the law was first enacted, and there were but few insane convicts, has grown in magnitude with the increase in the number of cases, and ought not to be longer tolerated. We earnestly urge that provision be made by law, for the treatment of this class of cases in some suitable place separate from the other insane of the State. We believe that this could be best done in the State Prison property. Then those who have only occasional attacks of lunacy, could in the interval, be provided with such useful and healthful employment as may be deemed compatible with their condition. Such an arrangement would also leave no inducement on the part of prisoners to feign insanity, in order to accomplish a removal from the prison. In order to secure the very

best medical care when necessary, the prison physician might be authorized to summon the Superintendent for consultation in extreme cases.

"The prison and asylum are sufficiently near each other to render this entirely feasible."

The Board of Managers of the same institution in 1876 makes further appeal, as follows:

"The purity of the institution and the honor of the State alike demand that our afflicted fellow-citizens who are without reproach should not be thus compelled to associate with condemned criminals."

In 1878 Dr. John W. Ward, Superintendent of the State Hospital at Trenton, wrote:

"Attention has been called heretofore to the very great impropriety, not to say injustice, of treating this class of patients in an ordinary hospital for the insane."

The Managers of the same hospital, in their annual report of 1879, said in part:

"It seems only necessary that the citizens of the State should fully realize the fact that, under the law as it now is, any member of their families requiring treatment at the asylum is liable to be associated with the insane convicts sent from State's Prison, to create such a public sentiment as would speedily wipe from the Statute Book a law so repugnant to every sentiment of justice or humanity."

Dr. Edwin C. Booth, in the annual report of the State Hospital at Morris Plains, for 1887, writes:

"If it is admitted that a man in his sound senses has the inalienable right to select his own company, is it right that when he is no longer able to choose for himself he should be thrown into compulsory association with those who are habitually wicked and stand convicted of crime?"

In the report of the Board of Managers of the State hospitals for the year of 1896 this very pertinent statement is made:

"Convicts as a rule disorganize other patients. They are adepts in contriving means of escape, and to prevent them from succeeding in such efforts is exceedingly difficult and sometimes impossible. When an escape of this kind occurs, the public, not being aware of the desperate nature and previous lives of these persons, unjustly criticise the institution."

The Board of Managers of the hospital at Morris Plains, in their report of 1898, treat this important subject as follows:

"The Board cannot better express its sense of the need of legislative action than to quote from the report of the Medical Director, which is as follows:

"The presence of this class of patients in this and similar institutions causes constant apprehension to the officials and is menace to the welfare of the institution as well as to the comfort and safety of other patients who have to associate with them."

So I might quote indefinitely from the annual reports of this and other States showing a unanimous opinion of the officials of institutions for the insane that it is unjust, inhumane and unwise to force insane patients who are without the taint of criminality to associate with convicts and the vilest of criminals. I have treated this subject at length in the hope that the State hospitals may obtain relief through legislative action in the coming session of the Legislature.

STATE SUPPORT.

Every hospital for the insane which receives State support and cares for insane persons who have not the means to maintain themselves, is classed as a public charity, and while a large part of the public think of persons who are maintained without cost to themselves or their friends, they appear to overlook the fact that the food consumed, the clothing worn, the heat and light furnished, the professional care given, the medical and surgical supplies required, the wages of nurses and attendants employed, the construction of buildings and repairs and improvements, must all be paid for from some source.

Caring for, treating, feeding and clothing the insane is clearly a most commendable charitable work. But in considering the charitable and philanthropic aspects of this great and important problem, it is always well to bear in mind that a large institution

for the insane is a business organization, and to be operated upon a basis fair and just to all the interests concerned, strict business principles must be observed.

Since it is the prerogative of the Medical Director, as well as his duty, to draw upon the hospital funds by requisitions for a considerable portion of the supplies necessary for the patients under his care and management, I have deemed it proper to deal briefly with some of the important phases of this question, that public record should be made in this official report in a concise but plain manner, so that those who feel a serious interest in this subject may have an opportunity to analyze, not only the character of medical treatment the patients receive, but the business side of the medical work.

Occasional criticisms are seen in the columns of the press and heard from the mouths of those who feel it their duty, as public citizens, to deal with and discuss this matter. It is unfortunate that too frequently these criticisms and discussions come from persons who are not willing to take the trouble to carefully investigate the subject in question, and the greater proportion of those who take this matter up for consideration have failed to do themselves the justice or the State hospitals the compliment to spend one day within their walls for the purpose of studiously and conscientiously looking into what is being done for those deprived of their reason or the exact manner in which they are cared for, clothed, fed and given medical treatment.

It is well to bear in mind that supplying a poor and an inferior grade of food, insufficient and uncomfortable clothing, in order to cut down expenses, to meet the demands of a system of economy too rigid to give comfortable clothing or meet the physiological requirements of the laws of nutrition, has caused an outburst of criticism and dissatisfaction from the public in some of our sister States.

Within reasonable bounds a strict observance of the laws of economy will always command respect. On the other hand, any form of economic management which denies to those deprived of reason properly heated and well ventilated clean living apartments, plain substantial and nutritious food, comfortable clothing respectable in appearance, an adequate corps of nurses and suitable remedial agencies, hygienic and medical, are far from characteristic of the management of any first-class charitable institution.

When the State by its laws assumes the right and duty of taking from a certain class of its citizens their liberty and of placing them under restraint, it assumes the correlative responsibility of dealing with them humanely, of giving to them a maintenance and a care in keeping with the conditions presented and the just needs of the situation.

The claim that the financial burden of the State has greatly increased in the last twenty years is too frequently made without an adequate effort to show the reasons therefor. On October 31st, 1884, there were in the New Jersey State Hospital at Morris Plains seven hundred and forty-five patients. On October 31st, 1904, there were sixteen hundred and one patients, an increase of more than one hundred per cent. in the insane population of this hospital. A review of the statistics of the State show that the insane population has increased in the same ratio in other parts of the State. This of itself will account for an increase of expenses double that of twenty years ago.

The State has by statute increased her pro rata obligations in the maintenance of the indigent insane. In 1884 and up to 1902 there was paid from the State treasury towards the maintenance of indigent patients in the State hospitals one dollar per capita per week; in 1902 a law was passed under which the State assumes the obligation of paying from the treasury two dollars per capita per week for all county indigent patients; this of itself doubled the amount to be paid from the State treasury in the maintenance of this class, but proportionately decreased the burden of those counties which had no local institutions for the care of the insane. This assumption on the part of the State of an additional one dollar per capita per week in no wise signifies that the cost of maintenance is to that extent increased, but simply that the State to that extent goes to the relief of the counties.

By an Act, approved March 22nd, 1895, the State assumed the entire maintenance of all indigent insane persons of the State whose legal settlement could not, after due inquiry, be determined to be in any particular county of the State. These patients are given the legal classification of "State Indigent Insane." Previous to the enactment of the law referred to the counties from which such patients were sent were made chargeable for them at the same maintenance rate as was charged for other indigent patients.

So rapid have the admissions of "State Indigent" patients been that at the close of the year covered by this report there were in this hospital two hundred and twenty-nine persons belonging to

that class. This means that even if the number should not continue to increase there would be for the ensuing year a draft upon the treasury by the hospital at Morris Plains of \$47,632 for this purpose alone. This class of indigent patients will continue to grow greater year by year, and the assumption on the part of the State of the obligation to maintain them is in no wise open to just criticism.

Under the law a person to acquire a legal settlement must reside in a county ten consecutive years. To move from one county to another sacrifices to such person his legal settlement in the county he so leaves, and it requires ten consecutive years residence in another county to again acquire a legal settlement. It is evident that under such legal requirements there are many residents in the State who are without legal settlement and under the visitation of insanity, if without means of support, would be committed to one of the State hospitals as "State Indigent Insane." Since a State indigent patient entails no expense of maintenance upon the county from which he is committed the county authorities naturally look closely into the matter of legal settlement.

Another factor which materially increases the amount of money drawn from the State treasury for the maintenance of the insane of the State is found in the fact that all counties which have their own institutions for the care and treatment of insane persons draw from the State treasury two dollars per capita per week toward the maintenance of patients in such county institutions. Essex County hospital for the insane closed the year with an insane population of 1,045; this entitles that institution to about \$94,000 annually from the State treasury and all other county asylums or hospitals for the insane receive the like pro rata assistance. Under these laws, which are eminently just, the maintenance of the insane of the State must annually increase. The insane of the State has, according to most reliable statistics available, increased in a greater ratio than the population of the State. This is not peculiar to New Jersey, but applies to several other States in the Union.

Another most important reason for an increase in the annual running expenses of every public institution is to be found in the marked advance in the cost of supplies and the higher rate of wages necessary to command the services of a corps of employes to properly meet the demands of the work. No factory or corporation or business house or individual family is able at this time

to purchase supplies and employ help at prices which would have been paid for the same supplies and services a few years ago. It is not reasonable that large public institutions should be able to buy supplies except in accordance with the advance and decline of the market, nor can they employ nurses and help for a low rate of wages when the same persons can obtain much greater pay in other forms of occupation and in like services in other States.

The factors which I have called attention to as operating to increase the amount of money drawn from the State treasury annually for the maintenance of the insane of the State, as well as those which have increased the cost of maintenance of the same, has not been brought about by the local management of the hospitals, but by conditions over which it has had no control. The prosperity of the country has increased the value of such supplies as are needed to feed the sane and insane. For the same reason the laborer, whether working on the farm, in the shop or at the bedside of the sick, is able to command better pay. This in no way reflects unfavorably upon the hospitals or the laws which provide for the maintenance of the patients. If those forces which operate to advance wages and the cost of food and clothing mean the betterment of all classes and an increase of the resources from which the maintenance bills of public institutions are paid, it is a matter for congratulation and not for complaint.

Those States which have shown greatest progress in educational matters and which have afforded the best conditions and most marked advantages to the public in police regulations are, as a rule, the States which have best and most liberally provided for the defective and dependent classes. The State of New Jersey has made steady progress in the care of her defective and dependent classes. The liberality of her laws and the support given her public charitable institutions reflect credit and honor upon the State.

REVISION OF RECORDS.

I called attention in my last annual report to the serious need of the fitting up of a room for the records and case books of the Medical Department, as well as the advisability of changing our method of keeping such records. The system now employed is cumbersome and inconvenient. Our books have grown in numbers and by the daily addition of notes increased in size until there is no suitable place in which to keep them and their bulkiness

percentage of those being nursed and cared for seem capable of appreciating the attentions they receive, and they rarely show gratitude, but because of their mental derangement, heap abuse upon their nurses for detaining and persecuting them. The nurse must return kind words for abuse, and when violently attacked must be calm and display a spirit of humanity. When spat upon and called the harshest names it must be borne with evenness of temper. The helpless, the sullen, the stubborn and resistive must be washed, fed and cared for even as a mother cares for her babe.

"Not only is the work difficult, but the hours are long—usually from 6 A. M. to 9 P. M. No large institution for the insane can be successfully managed with an inefficient and unreliable corps of nurses, but in order to command the services of men and women qualified by temperament, industry, education and kindness of heart, a keen interest must be exhibited in their welfare and comfort.

"The faithful discharge of duty of the employes should receive due recognition from the employer.

"Provide them apartments where they may have an opportunity to spend off-duty hours in reading, studying and legitimate recreation. In this way the services of a uniformly high grade of nurses and attendants may be commanded. They will appreciate the recognition they receive, and will strive to retain their positions and make nursing their life-work.

"Faithful and reliable nurses are worthy of such comforts as may be consistently given in a properly-constructed and well-regulated home set apart for their use when not on active duty."

The building which is being constructed is to be of red brick with white brick trimmings, located within 80 yards of the female department of the main building, and will be set apart for occupation by female nurses. The rooms vacated by the nurses who will occupy this new building will be given over to patients, and since it costs less to build for nurses than for patients the expenditure will be a most economic one.

The providing of separate residences for nurses who are on duty fifteen hours a day is not a new or novel idea. It has been tried and approved by the management of many hospitals in this country and Europe, and the results have in all cases been highly gratifying.

TRAINING SCHOOL FOR NURSES.

The Training School for Nurses has become a permanent part of the organization of this hospital and I deem it proper to make record in a brief manner of the progress made in this department during the year, and to incorporate into this report the schedule of lectures to be delivered in the coming session.

Three men and twelve women were graduated at the end of the prescribed course of instruction and study for last year. This number, added to the 114 who have previously been graduated, makes a total of 129 persons who have been awarded diplomas since the opening of the training school in 1894.

The average State hospital nurse is of a migratory disposition and many of those who are graduated sooner or later seek occupation in other hospitals or take up private nursing, but while the graduates of our school frequently leave us and obtain employment in other hospitals, this is counterbalanced by the fact that the graduates of other hospital training schools quite as often seek positions here. In addition to the improved services obtained as the outcome of the instruction given in our school, we have the consciousness of exercising an educational function and of co-operating with all similar first-class State institutions in advancing the standard of nurses for the insane and thereby promoting the best interests of the State.

The highly beneficial results of training schools for nurses in connection with institutions for the insane are so apparent and fully recognized that to again enumerate them would be superfluous.

The announcement and schedule of lectures and quizzes for the coming session is as follows:

ANNOUNCEMENT.

The New Jersey State Hospital Training School for Nurses was established in 1894, for the purpose of giving practical instruction to those employed in the capacity of nurses, and thus enable them to become proficient in their calling, and render a more intelligent and satisfactory service to the Hospital.

The full course covers a period of two years, is obligatory, and consists of lectures, demonstrations, practical instruction in bedside nursing, the management of medical and surgical cases, the

preparation of diet, the administration of food and medicine, the giving of the various baths and the methods of dealing with emergencies.

Members of the Senior Class will be detailed to serve in the infirmary wards in regular rotation for two weeks at a time.

On the completion of the prescribed course a written examination will be held, and those of the Senior Class obtaining a general average of 75 per cent. or better will be granted diplomas.

The Junior Class will also be subjected to a written examination at the end of the first year, and those obtaining a general average of 70 per cent. will be advanced to the Senior Class.

Any pupil nurse not receiving a general average of 50 per cent. will be dropped from the employ of the Hospital.

LECTURE SCHEDULE.

JUNIOR CLASS.

1904.

November 1—Dr. Evans.	Ethics of Nursing.
November 3—Dr. Mallon.	Symptomaology.
November 8—Dr. Cossitt.	Practice of Medicine.
November 10—Dr. Beling.	Physiology.
November 15—Dr. Baker.	Artificial Feeding.
November 18—Dr. Garrison.	Physics.
November 22—Dr. Horsford.	Anatomy.
November 25—Dr. Evans.	Insanity.
November 29—Dr. Mallon.	Symptomaology.
December 1—Dr. Cossitt.	Fevers.
December 6—Dr. Beling.	Physiology.
December 8—Dr. Baker.	Hygiene.
December 13—Dr. Garrison.	Chemistry.
December 16—Dr. Horsford.	Anatomy.
December 20—Dr. Evans.	Insanity.
December 22—Dr. Mallon.	Materia Medica.

1905.

January 3—Dr. Cossitt.	Eruptive Fevers.
January 5—Dr. Beling.	Physiology.
January 10—Dr. Baker.	Hygiene.
January 12—Dr. Garrison.	Chemistry.
January 17—Dr. Horsford.	Anatomy.
January 20—Dr. Evans.	Insanity.
January 24—Dr. Mallon.	Materia Medica.
January 26—Dr. Cossitt.	Diseases of the Respiratory System.

January	31—Dr. Beling.	Physiology.
February	2—Dr. Baker.	Hydrotherapy.
February	7—Dr. Garrison.	Urinalysis.
February	9—Dr. Horsford.	Anatomy.
February	14—Dr. Evans.	Insanity.
February	17—Dr. Mallon.	Therapeutics.
February	21—Dr. Cossitt.	Diseases of the Digestive System.
February	23—Dr. Beling.	Physiology.
February	28—Dr. Baker.	Gynaecology.
March	2—Dr. Garrison.	Urinalysis.
March	7—Dr. Horsford.	Anatomy.
March	9—Dr. Evans.	Quiz.
March	14—Dr. Mallon.	Genito-Urinary.
March	17—Dr. Cossitt.	Quiz.
March	21—Dr. Beling.	Quiz.
March	23—Dr. Baker.	Quiz.
March	28—Dr. Garrison.	Quiz.
March	30—Dr. Horsford.	Quiz.
April	4—Dr. Evans.	Quiz.
April	6—Dr. Mallon.	Quiz.
April	11—Dr. Cossitt.	Quiz.
April	13—Dr. Beling.	Quiz.
April	18—Dr. Baker.	Quiz.
April	21—Dr. Garrison.	Quiz.
April	25—Dr. Horsford.	Quiz.
April	27—Dr. Evans.	Examination.
May	2—Dr. Mallon.	Examination.
May	4—Dr. Cossitt.	Examination.
May	9—Dr. Beling.	Examination.
May	11—Dr. Baker.	Examination.
May	16—Dr. Garrison.	Examination.
May	19—Dr. Horsford.	Examination.

LECTURE SCHEDULE.

SENIOR CLASS.

1904.

November	1—Dr. Evans.	Ethics of Nursing.
November	3—Dr. Mallon.	Symptomatology.
November	8—Dr. Cossitt.	Diseases of Digestive System.
November	10—Dr. Beling.	Dietetics.
November	15—Dr. Baker.	Artificial Feeding.
November	18—Dr. Garrison.	Pathology.
November	22—Dr. Horsford.	Inflammation, Asepsis, Antisepsis.
November	25—Dr. Evans.	Insanity.
November	29—Dr. Mallon.	Symptomatology.

December 1—Dr. Cossitt.	Diseases of the Circulatory System.
December 6—Dr. Beling.	Food in Health.
December 8—Dr. Baker.	Hydrotherapy.
December 13—Dr. Garrison.	Pathology.
December 16—Dr. Horsford.	Surgical Fevers, Wounds.
December 20—Dr. Evans.	Insanity.
December 22—Dr. Mallon.	Materia Medica.

1905.

January 3—Dr. Cossitt.	Diseases of the Respiratory System.
January 5—Dr. Beling.	Food in Disease.
January 10—Dr. Baker.	Diseases of Women.
January 12—Dr. Garrison.	Bacteriology.
January 17—Dr. Horsford.	Fractures, Dislocations.
January 20—Dr. Evans.	Insanity.
January 24—Dr. Mallon.	Materia Medica.
January 26—Dr. Cossitt.	Infectious Diseases.
January 31—Dr. Beling.	Hygiene.
February 2—Dr. Baker.	Obstetrics.
February 7—Dr. Garrison.	Toxicology.
February 9—Dr. Horsford.	Preparation for Operations.
February 14—Dr. Evans.	Insanity.
February 17—Dr. Mallon.	Therapeutics.
February 21—Dr. Cossitt.	Infectious Diseases.
February 23—Dr. Beling.	Hygiene.
February 28—Dr. Baker.	Constitutional and Nervous Diseases.
March 2—Dr. Garrison.	Toxicology.
March 7—Dr. Horsford.	Minor Surgery. Emergencies.
March 9—Dr. Evans.	Quiz.
March 14—Dr. Mallon.	Quiz.
March 17—Dr. Cossitt.	Quiz.
March 21—Dr. Beling.	Quiz.
March 23—Dr. Baker.	Quiz.
March 26—Dr. Garrison.	Quiz.
March 30—Dr. Horsford.	Quiz.
April 4—Dr. Evans.	Quiz.
April 6—Dr. Mallon.	Quiz.
April 11—Dr. Cossitt.	Quiz.
April 13—Dr. Beling.	Quiz.
April 18—Dr. Baker.	Quiz.
April 21—Dr. Garrison.	Quiz.
April 25—Dr. Horsford.	Quiz.
April 27—Dr. Evans.	Examination.
May 2—Dr. Mallon.	Examination.
May 4—Dr. Cossitt.	Examination.
May 9—Dr. Beling.	Examination.

May	11—Dr. Baker.	Examination.
May	16—Dr. Garrison.	Examination.
May	19—Dr. Horsford.	Examination.

JUNE 21, 1905, COMMENCEMENT.

GENERAL OUTLINE OF LECTURES.

JUNIOR CLASS.

DR. BRITTON D. EVANS.

1904-05.

November 1—The Ethics of Nursing.
 November 25—Classification of Mental Diseases.
 December 20—The Management of Acute Insanity.
 January 20—Relation of Age and Occupation to Mental Diseases.
 February 14—Nursing and Ward Work.

DR. PETER S. MALLON.

November 3—Classification of Symptoms of Disease.
 November 29—Pulse, Temperature, Respiration, Sensory and Motor Disturbances.
 December 22—Forms and Methods of Administering Medicine.
 January 24—Systemic Remedies.
 February 17—Therapeutics.
 March 14—Genito-Urinary.

DR. HARRY A. COSSITT.

November 8—The Practice of Medicine.
 December 1—Fevers.
 January 3—Eruptive Fevers.
 January 26—Diseases of the Respiratory System.
 February 21—Diseases of the Digestive System.

DR. CHRISTOPHER C. BELING.

November 10—General Composition of the Human Body.
 December 6—The Mechanism and Functions of the Respiratory Organs.
 January 5—Heart, Blood and Circulatory System.
 January 31—Brain, Spinal Cord and Nerves.
 February 23—Digestion, Assimilation, Secretion and Excretion.

NEW JERSEY STATE HOSPITAL.

DR. RAYMOND D. BAKER.

November 15—Artificial or Forced Feeding.
December 8—Air, Water and Ventilation.
January 10—Personal and Ward Hygiene.
February 2—Hydrotherapy.
February 28—The Reproductive Organs. Pregnancy.

DR. W. MILES GARRISON.

November 18—States of Matter and Laws Governing Them.
December 13—Mechanical Mixtures and Chemical Compounds.
January 12—Oxygen, Hydrogen, Chlorine and Nitrogen.
February 7—Constituents of Normal Urine. Tests.
March 2—Tests for Abnormal Constituents.

DR. FREDERICK C. HORSFORD.

November 22—Bones, Joints, Muscles, Fasciae and Skin.
December 16—Thoracic Viscera.
January 17—Abdominal Viscera.
February 9—Arteries, Veins and Lymphatics.
March 7—Brain, Nervous System, Organs of Special Sense.

GENERAL OUTLINE OF LECTURES.

SENIOR CLASS.

DR. BRITTON D. EVANS.

1904-05.

November 1—Ethics of Nursing.
November 25—Classification of Mental Diseases.
December 20—The Management of Acute Insanity.
January 20—Relation of Age and Occupation to Mental Diseases.
February 14—Nursing and Ward Work.

DR. PETER S. MALLON.

November 3—Classification of Symptoms.
November 29—General Appearance, Inflammation, Pain.
December 22—Systemic and Local Remedies.
January 24—Emetics, Cathartics, Diuretics, Expectorants.
February 17—Demulcents, Emollients, Protectives, Digestants.

DR. HARRY A. COSSITT.

November 8—Diseases of the Digestive System and Kidneys.
December 1—Diseases of the Circulatory System.
January 3—Diseases of the Respiratory System.
January 26—Fever, Typhoid Fever, Malarial Fevers.
February 21—Rubeola, Variola, Varicella, Scarlatina, Diphtheria.

DR. CHRISTOPHER C. BELING.

November 10—Food and Food Preparations.
December 6—Food in Health.
January 5—Food in Disease.
January 31—General Hygienic Considerations.
February 23—The Prevention of Disease.

DR. RAYMOND D. BAKER.

November 15—Methods and Materials for Feeding.
December 8—Hydrotherapy.
January 10—Diseases of Women.
February 2—Parturition, Obstetrical Nursing.
February 28—Constitutional, Nervous and Children's Diseases.

DR. W. MILES GARRISON.

November 18—Inflammation; Causes and Effect.
December 13—Forms of Inflammation; Methods of Repair.
January 12—The More Common Forms of Micro-Organisms.
February 7—Poisons and their Antidotes.
March 2—Poisons and their Antidotes.

DR. FREDERICK C. HORSFORD.

November 22—Inflammation, Asepsis and Antisepsis.
December 16—Surgical Fevers, Contusions, Wounds.
January 17—Fractures, Dislocations, New Growths.
February 9—Sterilization, Anæsthesia, Preparation for Operation.
March 7—Minor and Major Surgery, Emergencies.

During the term Miss Mary R. Keegan, Miss Phoebe J. Northwood and Miss Margaret Barrett will give practical instruction in Bandaging, Massage and the keeping of Temperature and other Charts, Female Department.

Mr. Henry Cook and Mr. William McPhilamy will instruct in the same subjects in the Male Department.

TEXT-BOOKS.

Members of both classes are requested to provide themselves with the necessary books before the session beginning November 1st, 1904, and the text-books used may be selected from the following list:

FIRST YEAR.

Anatomy and Physiology for Nurses.....	Diana C. Kimber
Manual for Nursing.....	Humphry
Essentials of Hygiene.....	Canfield
Accidents and Emergencies.....	Dulles
Outlines of Obstetrics.....	Jewett
Fever Nursing	Wilson
12,000 Medical Words.....	Gould

SECOND YEAR.

Text-Book on Nursing.....	Peter M. Wise
Physiology and Hygiene.....	Brown
General Nursing	Weeks
Sickness and Accidents.....	Curran
Treatment and Care of the Nervous and Insane.....	Mills
Massage	Ostrom
Primer of Psychology.....	Burr
Surgical Nursing and Bandaging.....	Voswinkle
How to Cook for Sick and Convalescent.....	Sachs
Nursing Ethics	Robb
Bandaging	Davis

Lectures will be delivered to the Junior Class at 2 P. M., and the Senior Class at 6:30 P. M., on Tuesdays and Thursdays, throughout the session, except the third Thursday of each month. Lectures falling on that day will be given the following day, Friday.

The class will meet for instruction in Bandaging, Massage and Laboratory Work at such times as the instructors may designate.

CHAPEL SERVICES.

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

Rev. James T. Brown, D. D., Roman Catholic, Morris Plains.
 Rev. Dr. Albert Erdman, Presbyterian, Morristown.
 Rev. Dr. Jesse L. Hurlbut, Methodist, Morristown.
 Rev. Dr. Ralph B. Urmey, Methodist, Morristown.
 Rev. Dr. William H. Hughes, Episcopalian, Morristown.
 Rev. S. Z. Batten, Baptist, Morristown.
 Rev. Oliver C. Horsman, Baptist, Morristown.

The following is the schedule for the coming year :

SCHEDULE FOR CHAPEL SERVICES, 1904 AND 1905.

1904.		1905.	
November	6....Baptist.	May	7....Episcopal.
"	13....Episcopal.	"	14....Presbyterian.
"	20....Presbyterian.	"	21....Roman Catholic.
"	27....Roman Catholic.	"	28....Methodist.
December	4....Methodist.	June	4....Baptist.
"	11....Baptist.	"	11....Episcopal.
"	18....Episcopal.	"	18....Presbyterian.
"	25....Presbyterian.	"	25....Roman Catholic.
1905.			
January	1....Roman Catholic.	July	2....Methodist.
"	8....Methodist.	"	9....Baptist.
"	15....Baptist.	"	16....Episcopal.
"	22....Episcopal.	"	23....Presbyterian.
"	29....Presbyterian.	"	30....Roman Catholic.
February	5....Roman Catholic.	August	6....Methodist.
"	12....Methodist.	"	13....Baptist.
"	19....Baptist.	"	20....Episcopal.
"	26....Episcopal.	"	27....Presbyterian.
March	5....Presbyterian.	September	3....Roman Catholic.
"	12....Roman Catholic.	"	10....Methodist.
"	19....Methodist.	"	17....Baptist.
"	26....Baptist.	"	24....Episcopal.
April	2....Episcopal.	October	1....Presbyterian.
"	9....Presbyterian.	"	8....Roman Catholic.
"	16....Roman Catholic.	"	15....Methodist.
"	23....Methodist.	"	22....Baptist.
"	30....Baptist.	"	29....Episcopal.

"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 account 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, 1896.

PATIENTS' WORK.

As in former years, I have as far as possible with our limited facilities endeavored to interest our patients in some form of legitimate employment, and for those unfitted to work I have provided and encouraged such out-door recreation as was in keeping with their tastes, habits and training before admission to the hospital.

In my previous reports I have heartily subscribed to the principle that employment and amusements judiciously selected are most important factors in the treatment of nearly all forms of mental derangement.

I append two tables showing the amount of work done by patients.

TABLE I.

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

DATE.	LAUNDRY.			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing-room.	Miscellaneous work	Total.
	Men.	Women.	Total.							
1903.										
November	398	366	764	322	1,087	121	253	907	124	3,578
December	416	378	794	344	1,042	126	286	1,016	153	3,761
1904.										
January	405	435	840	304	881	124	321	876	434	3,780
February	359	419	778	280	852	116	310	893	490	3,719
March	393	465	858	298	888	104	332	987	525	3,992
April	384	415	799	290	947	117	313	1,002	443	3,911
May	415	499	914	326	1,210	100	347	991	430	4,318
June	373	535	908	317	1,267	94	321	911	429	4,247
July	382	495	877	324	1,253	93	309	883	413	4,152
August	426	471	897	322	1,373	95	367	970	441	4,465
September	380	468	848	317	1,248	95	310	916	433	4,167
October	357	451	808	322	1,198	102	305	835	404	3,974
Total	4,688	5,397	10,085	3,766	13,246	1,287	3,774	11,187	4,719	48,064

TABLE II.

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

1903.			
November	6,615	6,865	13,480
December	6,878	7,297	14,175
1904.			
January	7,083	7,293	14,376
February	6,726	6,988	13,714
March	7,190	7,636	14,826
April	6,960	7,315	14,275
May	7,143	7,715	14,858
June	6,893	7,212	14,105
July	7,099	7,432	14,531
August	7,555	7,477	15,032
September	7,360	7,037	14,397
October	7,695	7,504	15,199
Total	85,197	87,771	172,968

CONCLUSION.

In concluding my report, I take pleasure in acknowledging the devotion of my assistants to the best interests of the hospital. Their duties have frequently been attended with trying and perplexing conditions and the service they have rendered has been most judicious and commendable. For the loyalty they have manifested toward me as Medical Director I desire to express my appreciation.

Respectfully submitted,

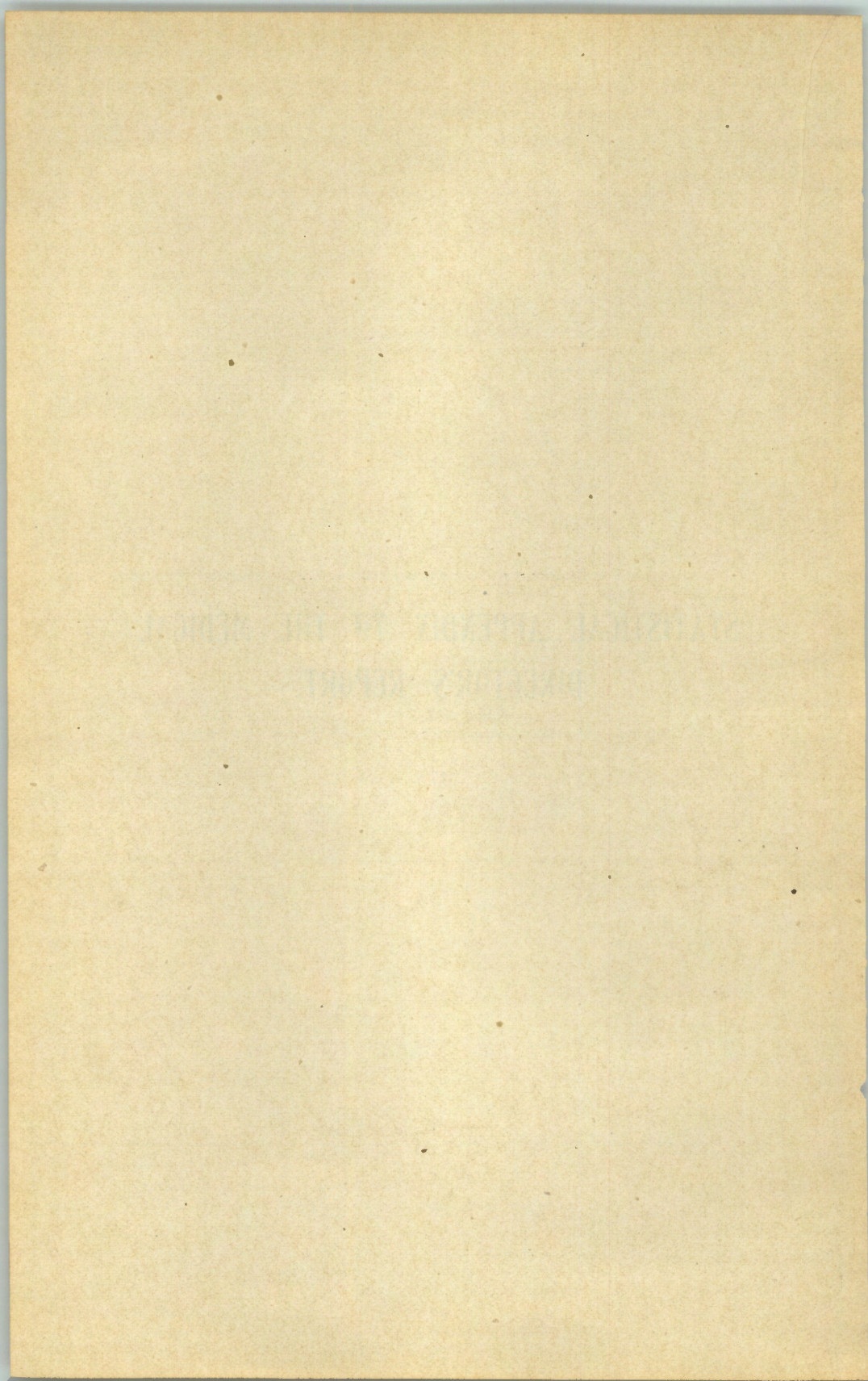
B. D. EVANS,

Medical Director.

MORRIS PLAINS, New Jersey,
October 31st, 1904.

STATISTICAL APPENDIX TO THE MEDICAL
DIRECTOR'S REPORT.

(47)



STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR
ENDING OCTOBER 31ST, 1904.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1903.....	744	761	1,505			
Patients admitted—						
First Admissions	181	195	376			
Re-admissions	17	31	48			
Total	198	226	424			
Total number under treatment during the year.	942	987	1,929			
Patients discharged—						
Recovered	59	52	111			
Improved	14	31	45			
Unimproved	2	14	16			
Died	78	78	156			
Total	153	175	328			
Remaining in the Hospital.....	789	812	1,601			
Of this number are, Public..	722	724	1,446			
Private..	67	88	155			
Total	789	812	1,601			
Whole number admitted from August 17th, 1876, to October 31st, 1904.....	3,727	3,493	7,220			
Whole number discharged during same period of time—						
Recovered	860	832	1,692			
Improved	549	591	1,140			
Unimproved	247	292	539			
Died	1,251	966	2,217			
Eloped	31	..	31			
Total	2,938	2,681	5,619			
Remaining October 31st, 1904.....	789	812	1,601			

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1903.									
November	22	18	40	7	5	12	756.02	765.00	1,521.02
December	12	13	25	10	11	21	759.15	769.92	1,529.07
1904.									
January	12	13	25	7	10	17	760.20	775.22	1,535.42
February	18	18	36	7	13	20	768.03	781.33	1,549.36
March	22	14	36	11	15	26	782.98	783.97	1,566.95
April	10	30	40	17	17	34	783.97	786.37	1,570.34
May	21	28	49	9	20	29	785.75	796.22	1,581.97
June	15	21	36	12	14	26	793.45	805.93	1,599.38
July	19	17	36	12	11	23	798.88	806.92	1,605.80
August	18	14	32	18	18	36	800.15	811.08	1,611.23
September	11	21	32	18	21	39	798.08	807.54	1,604.62
October	18	19	37	25	20	45	791.46	806.35	1,597.81
Total	198	226	424	153	175	328	.....	.....	.....
For the year. ....	.....	.....	.....	.....	.....	.....	781.43	791.32	1,572.75

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

Attack.	Men.	Wpmen.	Total.
First	163	172	335
Second	22	36	58
Third	7	7	14
Fourth	5	6	11
Fifth .....	..	2	2
Sixth and over.....	1	3	4
Total	198	226	424

TABLE IV.

AGE WHEN ATTACKED.

Age.	Men.	Women.	Total.
Under fifteen years.....	3	2	5
Fifteen to twenty years.....	19	14	33
Twenty to twenty-five years.....	10	20	30
Twenty-five to thirty years.....	24	39	63
Thirty to thirty-five years.....	18	28	46
Thirty-five to forty years.....	20	25	45
Forty to forty-five years.....	20	15	35
Forty-five to fifty years.....	28	31	59
Fifty to sixty years.....	29	22	51
Sixty to seventy years.....	14	19	33
Seventy to eighty years.....	9	9	18
Eighty years and over.....	4	2	6
Total	198	226	424

TABLE V.

NATIVITY OF THOSE ADMITTED.

Nativity.	Men.	Women.	Total.
Connecticut	1	1	2
Delaware .....	..	1	1
Illinois	1	2	3
Iowa	1	1	2
Massachusetts	4	..	4
New Jersey	78	65	143
New York	15	18	33
North Carolina .....	..	2	2
Pennsylvania	9	3	12
South Carolina	2	2	4
Virginia	2	6	8
United States	10	32	42
Austria	4	7	11
Belgium	1	..	1
Canada	2	1	3
Denmark .....	..	1	1
England	9	10	19
Germany	15	14	29
Holland .....	..	3	3
Hungary	5	..	5
Ireland	16	26	42
Italy	12	5	17
Poland	4	2	6
Russia	2	6	8
Scotland	3	7	10
Sweden .....	..	1	1
Switzerland .....	..	3	3
France	2	3	5
Spain .....	..	1	1
Syria .....	..	1	1
Mexico .....	..	1	1
Unknown .....	..	1	1
Total	198	226	424

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

Counties.	Men.	Women.	Total.
Bergen	23	32	55
Essex	43	36	79
Hudson	11	27	38
Morris	21	19	40
Passaic	39	50	89
Sussex	11	5	16
Union	37	43	80
Warren	9	9	18
Monmouth	2	1	3
Somerset	1	3	4
Burlington .....	..	1	1
New York State	1	..	1
Total	198	226	424

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

Civil Condition.	Men.	Women.	Total.
Single	93	79	172
Married	89	113	202
Widowed	16	34	50
Total	198	226	424

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

Occupation.	Men.	Women.	Total
Artisans	21	16	37
Barbers	2	..	2
Brokers	2	..	2
Bleachers	1	..	1
Butchers	2	..	2
Carpenters	9	..	9
Clerks	19	7	26
Dressmakers .....	..	3	3
Electricians	2	..	2
Farmers	10	..	10
Hotelkeepers	3	..	3
Housekeepers .....	..	21	21
Housewives .....	..	106	106
Insurance Agents	2	..	2
Laborers	48	..	48
Lawyers	1	..	1
Liverymen	1	..	1
Machinists	10	..	10
Mechanical Engineers	1	..	1
Mechanics	2	..	2
Merchants	8	..	8
Musicians	1	..	1
Nurses .....	..	2	2
Sailors	1	..	1
Salesmen	6	..	6
Servants	5	27	32
Shoemakers	4	..	4
Students .....	..	4	4
Teachers .....	..	1	1
Motormen	1	..	1
Physicians	4	..	4
Editors	1	..	1
Bookkeepers	3	..	3
Stenographers .....	..	1	1
No Occupation	28	38	66
Total	198	226	424

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

Mental Disease.	Men.	Women.	Total.
Mania, acute.....	18	50	68
Mania, chronic .....	..	2	2
Mania, epileptic.....	7	1	8
Mania, puerperal.....	..	7	7
Mania, recurrent.....	1	8	9
Mania, toxic.....	22	8	30
Melancholia, acute.....	43	70	113
Melancholia, agitata.....	4	4	8
Melancholia, chronic.....	5	2	7
Melancholia, recurrent.....	4	2	6
Dementia, epileptic.....	1	..	1
Dementia, organic.....	4	3	7
Dementia, paretic.....	25	5	30
Dementia, terminal.....	5	1	6
Dementia, primary.....	1	..	1
Dementia, senile.....	19	25	44
Imbecility	6	6	12
Insane Neuroses, hypochondria.....	1	..	1
Insane Neuroses, hysteria.....	..	2	2
Insanity, adolescent.....	14	19	33
Insanity, pubescent.....	3	..	3
Idiocy .....	..	2	2
Imbecility with mania.....	2	2	4
Paranoia	11	7	18
Habitual drunkard.....	1	..	1
Not insane.....	1	..	1
Total	198	226	424

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

How Supported.	Men.	Women.	Total.
State	44	37	81
County	118	139	257
Private	36	50	86
Total	198	226	424

TABLE XI.

ALLEGED CAUSE OF INSANITY OF THOSE ADMITTED.

Causes.	Men.	Women.	Total.
Physical—			
Cerebral hemorrhage.....	1	..	1
Congenital	1	..	1
Cerebral paralysis.....	1	2	3
Childbirth .....	..	5	5
Epilepsy	7	1	8
General ill health.....	4	3	7
Grippe	2	3	5
Heredity	17	28	45
Idiocy	1	2	3
Injury	8	3	11
Intemperance and other excesses.....	30	9	39
Masturbation	6	..	6
Menopause .....	..	17	17
Meningitis .....	..	1	1
Old Age	6	23	29
Over work.....	6	..	6
Puberty .....	..	1	1
Sunstroke	2	..	2
Syphilis	14	..	14
Sexual perversion.....	1	..	1
Uterine disease.....	..	3	3
Pregnancy .....	..	3	3
Puerperium .....	..	5	5
Exophthalmic Goitre.....	..	1	1
Apoplexy	1	..	1
Total	108	110	218
Moral—			
Business troubles.....	2	1	3
Domestic troubles.....	..	3	3
Disappointed affections.....	..	4	4
Financial reverses.....	1	..	1
Fright ..	..	2	2
Grief .....	..	3	3
Religious excitement.....	3	6	9
Worry	10	15	25
Jealousy	1	..	1
Total	17	34	51
Total physical.....	108	110	218
Total moral.....	17	34	51
Unassigned	73	82	155
Total	198	226	424

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

Complications.	Men.	Women.	Total.
Anaemia	1	..	1
Arterio-sclerosis	16	15	31
Blindness	1	..	1
Dumbness	1	1	2
Bronchitis, chronic.....	4	2	6
Endocarditis	5	9	14
Epididymitis	4	..	4
Epilepsy	7	1	8
Exophthalmic Goitre.....	..	1	1
Goitre .....	..	1	1
Gastritis	1	..	1
Hydrocele	1	..	1
Hernia	8	..	8
Locomotor Ataxia.....	1	..	1
Malarial Fever.....	1	..	1
Nephritis	7	9	16
Otitis .....	..	1	1
Pneumonia .....	..	1	1
Pulmonary Tuberculosis.....	4	3	7
Rheumatism	3	1	4
Strabismus	1	..	1
Syphilis	18	2	20
Varicose Veins.....	2	..	2
Varicocele	6	..	6
Meningitis	1	..	1
Paralysis	3	..	3
Homicidal tendencies.....	45	27	72
Suicidal tendencies.....	44	58	102
Without complications.....	137	197	334

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

TABLE XIII.

HEREDITY OF THOSE ADMITTED.

Heredity.	Men.	Women.	Total.
Insanity in family.....	39	46	85
Hereditary taint denied.....	73	44	117
Heredity history unobtainable.....	86	136	222
Total	198	226	424

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

Duration.	Men.	Women.	Total.
Under one month.....	50	72	122
One to three months.....	52	58	110
Three to six months.....	19	27	46
Six to twelve months.....	23	15	38
One to two years.....	18	11	29
Two to three years.....	12	17	29
Three to four years.....	5	6	11
Four to five years.....	2	5	7
Five to ten years.....	4	8	12
Ten to twenty years.....	3	2	5
Over twenty years.....	3	1	4
Unknown	7	4	11
Total	198	226	424

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

Age.	Men.	Women.	Total.
Under fifteen years.....	1	1	2
Fifteen to twenty years.....	6	4	10
Twenty to twenty-five years.....	8	8	16
Twenty-five to thirty years.....	5	14	19
Thirty to thirty-five years.....	7	4	11
Thirty-five to forty years.....	10	3	13
Forty to forty-five years.....	4	5	9
Forty-five to fifty years.....	8	8	16
Fifty to sixty years.....	9	5	14
Sixty to seventy years.....	1	..	1
Total	59	52	111

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

Duration.	Men.	Women.	Total.
Under one month.....	14	13	27
One to three months.....	23	20	43
Three to six months.....	10	9	19
Six to twelve months.....	5	3	8
One to two years.....	1	5	6
Over two years.....	6	2	8
Total	59	52	111

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

Duration.	Men.	Women.	Total.
Under one month.....	4	2	6
One to two months.....	5	3	8
Two to three months.....	6	11	17
Three to four months.....	4	5	9
Four to five months.....	9	10	19
Five to six months.....	8	5	13
Six to nine months.....	8	9	17
Nine to twelve months.....	3	3	6
Twelve to eighteen months.....	4	2	6
Eighteen to twenty-four months.....	5	1	6
Over two years.....	3	1	4
Total	59	52	111

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

Mental Disease.	Men.	Women.	Total.
Mania, acute.....	13	10	23
Mania, acute delirious.....	..	1	1
Mania, puerperal.....	..	2	2
Mania, recurrent.....	1	..	1
Mania, toxic.....	14	5	19
Melancholia, acute.....	18	21	39
Melancholia, agitata.....	1	3	4
Melancholia, chronic.....	2	..	2
Melancholia, recurrent.....	1	1	2
Melancholia, stuporous.....	1	..	1
Insanity, adolescent.....	5	8	13
Insanity, pubescent.....	2	..	2
Insane Neuroses, hypochondria.....	1	1	2
Habitual drunkard.....	1	..	1
Total	59	52	111

TABLE XIX.

AGE AT DEATH.

Age.	Men.	Women.	Total.
Ten to twenty years.....	2	..	2
Twenty to twenty-five years.....	3	1	4
Twenty-five to thirty years.....	4	1	5
Thirty to thirty-five years.....	2	9	11
Thirty-five to forty years.....	6	9	15
Forty to forty-five years.....	4	3	7
Forty-five to fifty years.....	13	7	20
Fifty to sixty years.....	13	14	27
Sixty to seventy years.....	15	17	32
Seventy to eighty years.....	10	12	22
Eighty to ninety years.....	6	5	11
Total	78	78	156
Average age at death.....	54.07	54.39	54.23

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

Mental Disease.	Men.	Women.	Total.
Mania, acute.....	1	14	15
Mania, chronic.....	1	..	1
Mania, toxic.....	2	..	2
Melancholia, acute.....	3	7	10
Melancholia, agitata.....	1	..	1
Melancholia, chronic.....	3	5	8
Dementia, epileptic.....	2	3	5
Dementia, organic.....	2	3	5
Dementia, paretic	19	..	19
Dementia, primary.....	..	1	1
Dementia, senile.....	15	17	32
Dementia, terminal.....	25	27	52
Insanity, pubescent.....	2	..	2
Imbecility with epilepsy.....	2	1	3
Total	78	78	156

TABLE XXI.

CAUSES OF DEATH.

Causes.	Men.	Women.	Total.
Mania—			
Acute, with diabetic coma.....	1	..	1
Acute, with puerperal sepsis.....	..	1	1
Acute, with pulmonary oedema.....	..	2	2
Acute, with exhaustion.....	..	5	5
Acute, with tuberculosis.....	..	2	2
Acute, with pneumonia.....	..	1	1
Acute, with nephritis.....	..	2	2
Toxic, with pulmonary collapse.....	1	..	1
Toxic, with meningitis.....	1	..	1
Chronic, with dysentery and nephritis.....	1	..	1
Melancholia—			
Acute, with exophthalmic goitre.....	..	1	1
Acute, with chronic nephritis.....	..	3	3
Acute, with locomotor ataxia.....	1	..	1
Acute, with inanition.....	..	1	1
Acute, with exhaustion.....	1	2	3
Acute, with tuberculosis.....	1	..	1
Agitata, with exhaustion.....	1	..	1
Chronic, with carcinoma of uterus.....	..	1	1
Chronic, with pneumonia.....	1	1	2
Chronic, with tuberculosis.....	2	1	3
Chronic, with diabetic gangrene.....	..	1	1
Chronic, with cerebral hemorrhage.....	..	1	1
Dementia—			
Epileptic, with nephritis.....	1	..	1
Epileptic, with exhaustion.....	..	2	2
Epileptic, with pneumonia.....	1	..	1
Epileptic, with tubercular pleurisy.....	..	1	1
Organic, with pneumonia.....	..	1	1
Organic, with exhaustion.....	1	1	2
Organic, with nephritis.....	1	1	2
Paretic, with convulsions.....	4	..	4
Paretic, with exhaustion.....	9	..	9
Paretic, with nephritis.....	3	..	3
Paretic, with pneumonia.....	2	..	2

Paretic, with tuberculosis.....	1	..	1
Primary, with nephritis.....	..	1	1
Senile, with cerebral hemorrhage.....	1	..	1
Senile, with endocarditis.....	4	1	5
Senile, with erysipelas.....	1	..	1
Senile, with exhaustion.....	7	7	14
Senile, with nephritis.....	2	3	5
Senile, with pneumonia.....	3	..	3
Senile, with convulsions.....	..	1	1
Senile, with asthenia.....	..	3	3
Senile, with colitis.....	..	2	2
Senile, with chronic enteritis.....	1	..	1
Terminal, with cerebral hemorrhage.....	3	3	6
Terminal, with endocarditis.....	2	3	5
Terminal, with exhaustion.....	9	2	11
Terminal, with nephritis.....	4	3	7
Terminal, with pneumonia.....	1	5	6
Terminal, with tuberculosis.....	..	6	6
Terminal, with inanition.....	..	2	2
Terminal, with accidental asphyxiation	1	..	1
Terminal, with accidental drowning.....	1	..	1
Terminal with pleurisy with effusion.....	..	1	1
Terminal, with colitis.....	..	1	1
Terminal, with epilepsy.....	..	1	1
Terminal, with asthenia.....	..	1	1
Insanity, pubescent with pulmonary oedema	1	..	1
Insanity, pubescent with inanition.....	1	..	1
Imbecility, with catarrhal colitis.....	..	1	1
Imbecility, with status epilepticus.....	1	..	1
Imbecility, with epilepsy and exhaustion.....	1	..	1
Total	78	78	156

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

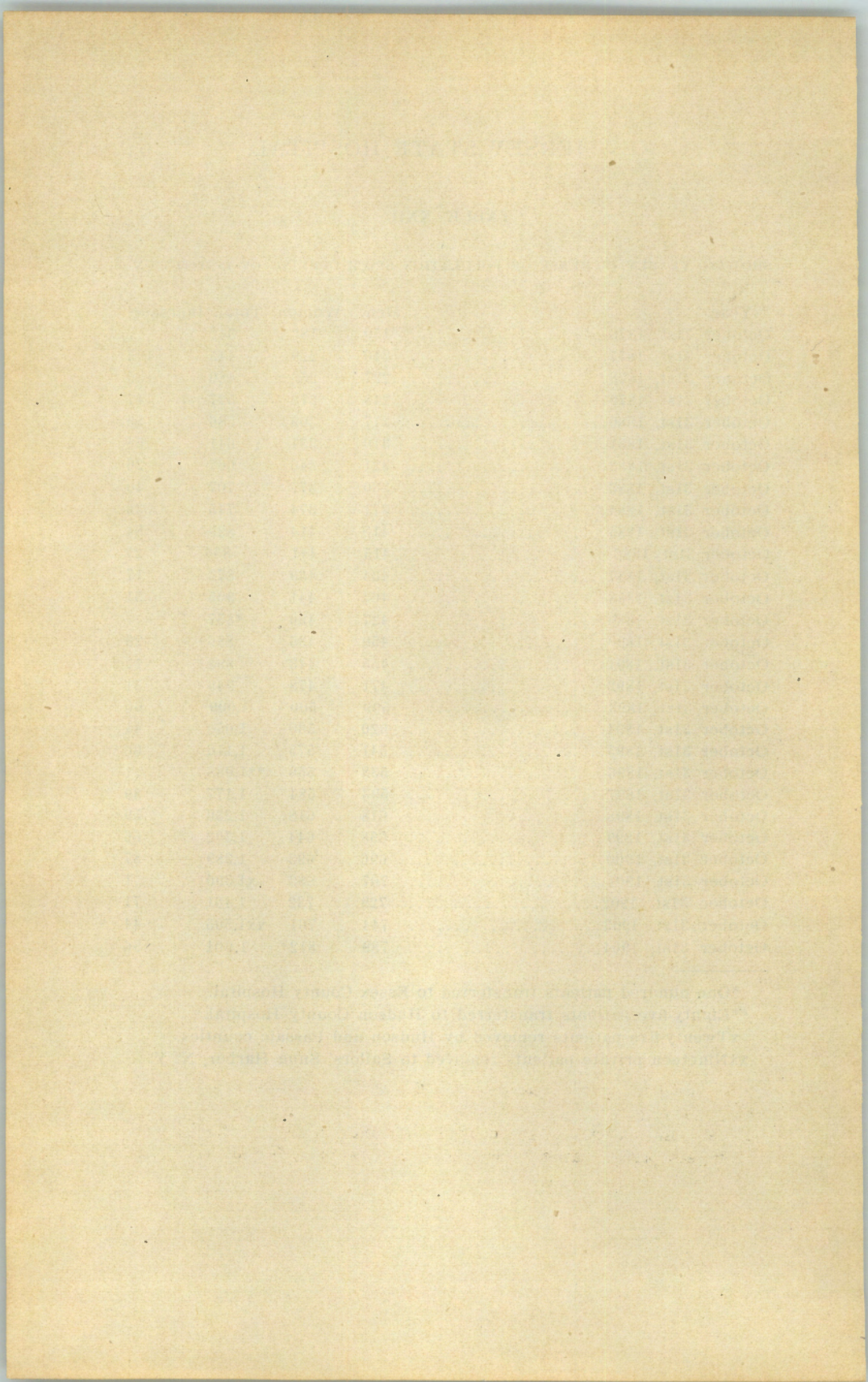
Year.	Men.	Women.	Total.	Increase.
October 31st, 1876.....	159	183	342	..
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	905	31
October 31st, 1889.....	427	430	*857	..
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	**1,088	..
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	x1,390	1
October 31st, 1902.....	729	732	1,461	71
October 31st, 1903.....	744	761	xx1,505	44
October 31st, 1904.....	789	812	1,601	96

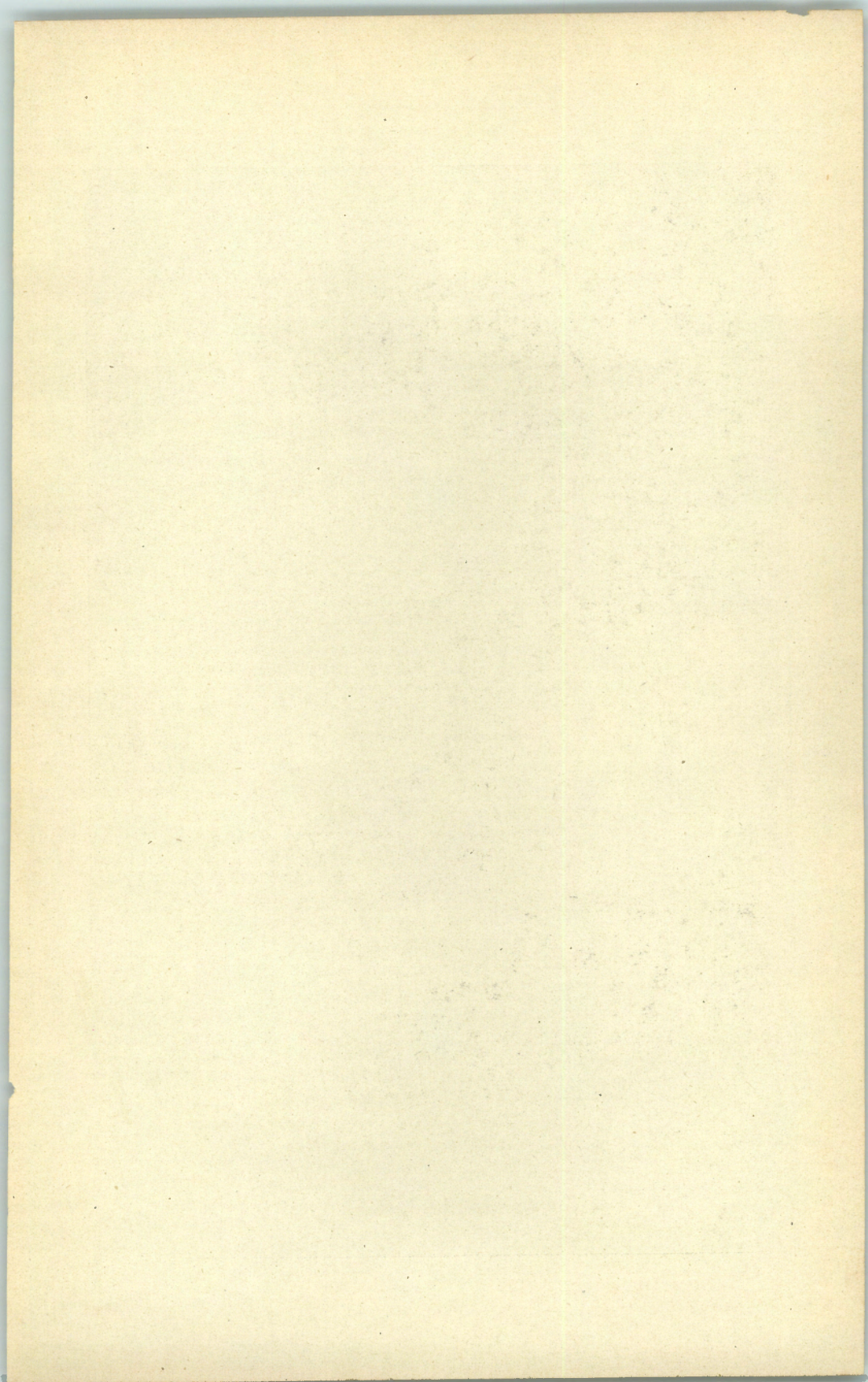
*One hundred patients transferred to Essex County Hospital.

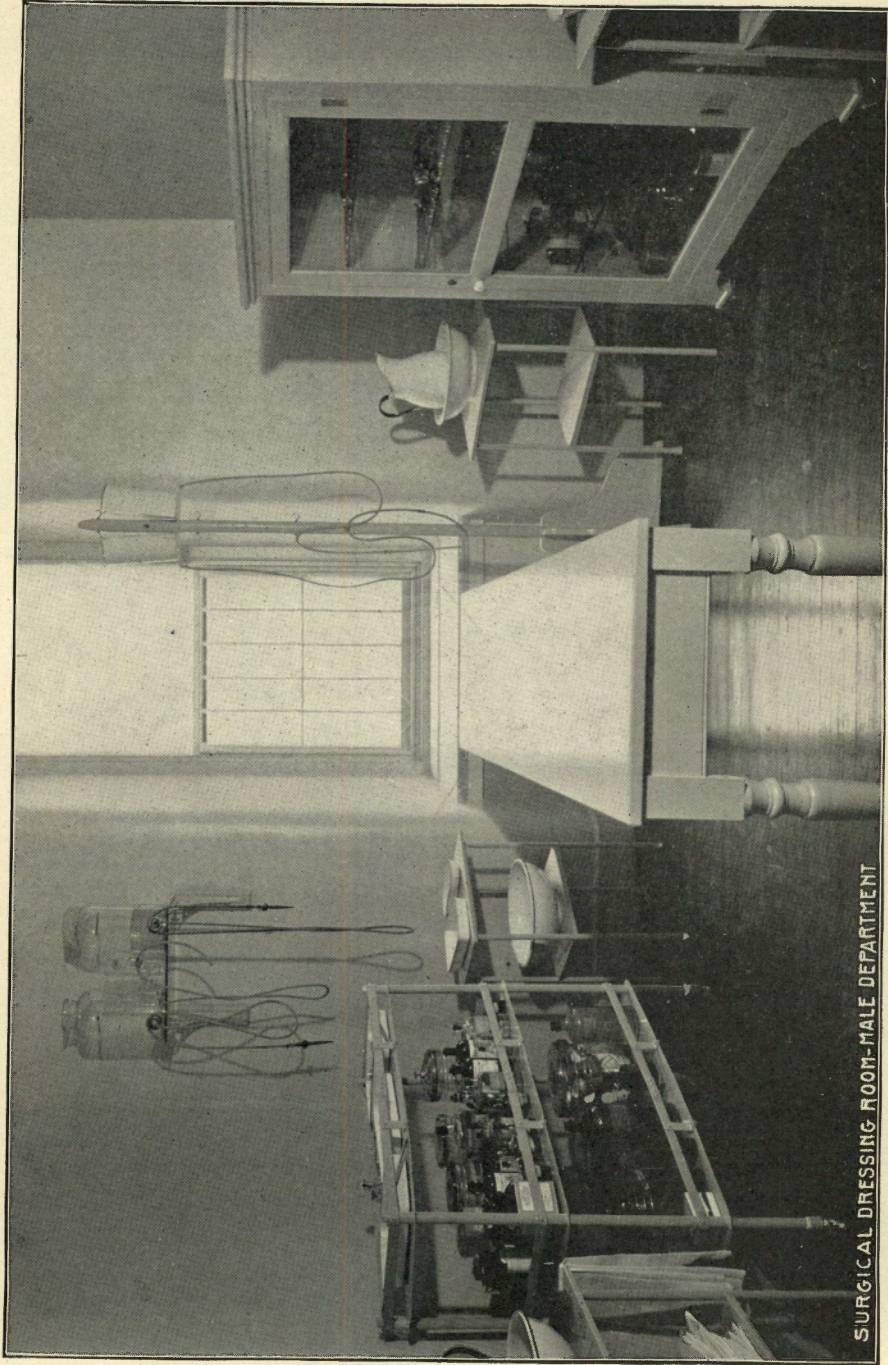
**Eighty-five patients transferred to Hudson County Hospital.

xTwenty-five patients removed by Hudson and Passaic counties.

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



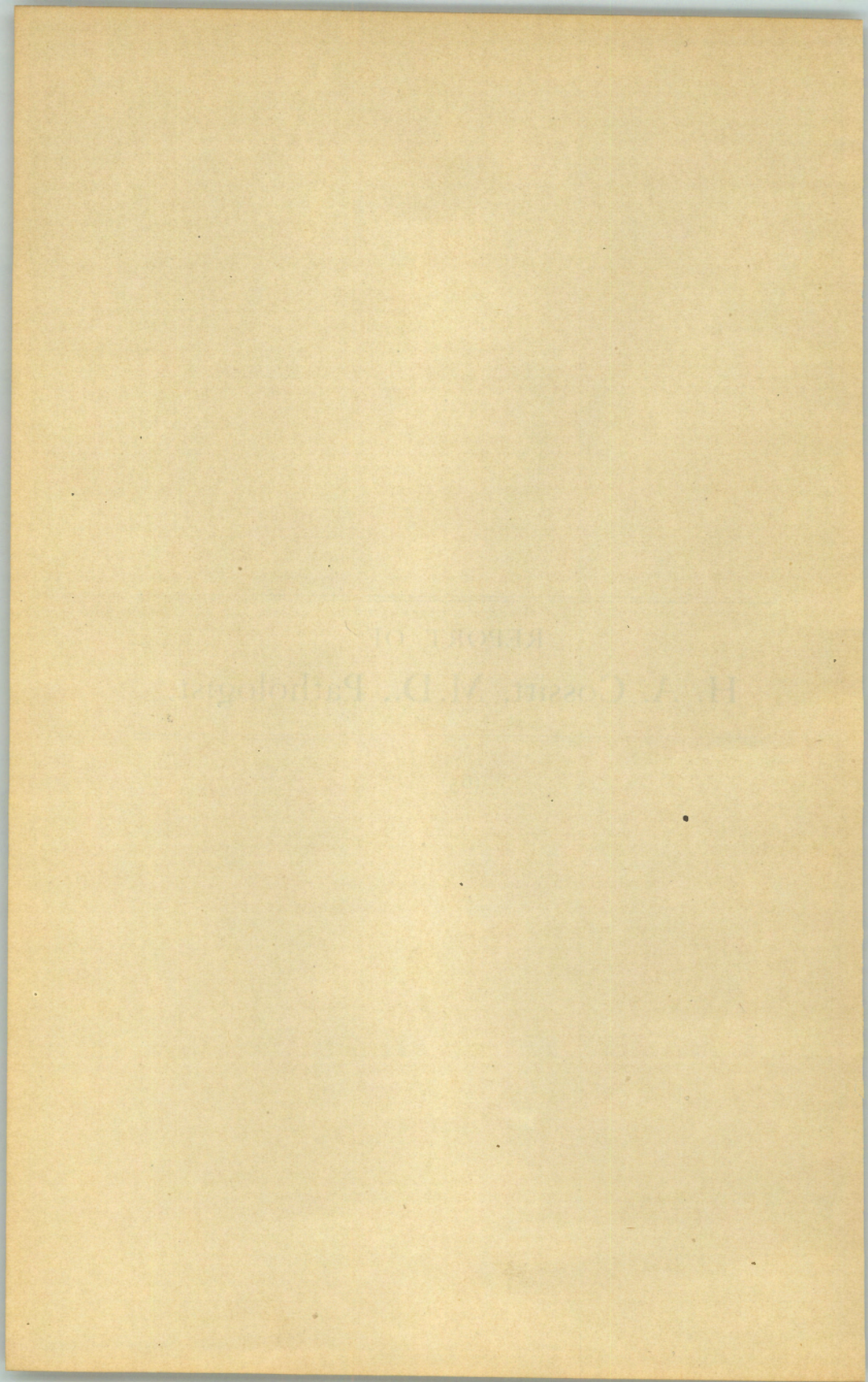




SURGICAL DRESSING ROOM-MALE DEPARTMENT

REPORT OF
H. A. Cossitt, M.D., Pathologist.

(65)



Report in Pathology.

To the Medical Director :

From the fact that annual reports are, for the most part, read by persons who are unfamiliar with the professional aspect of the subject-matter, and by only a few who care for, or are interested in, the highly technical phases, I have thought it proper to make this report a somewhat detailed statement of the general work done in the laboratory, and leave the more highly specialized pathological and histological work a matter of laboratory record, to be reviewed and inspected by you and others interested when desired.

The following tabulations show the number of autopsies performed, the forms of the mental diseases, together with the laboratory, clinical and complete post-mortem findings, and a brief summary of the most important autopsy findings in each case:

TABLE I.

AUTOPSIES.

Complete examinations.....	12
Examination of brain only.....	1
Examination of thoracic, abdominal and pelvic cavities only.....	2
Total number of autopsies for the year.....	15

TABLE II.

MENTAL DISEASE.

Melancholia, acute	1
Melancholia, chronic	1
Dementia, epileptic	1
Dementia, organic	2
Dementia, terminal	10
Total	15

TABLE III.

SUMMARY OF AUTOPSIES SHOWING LABORATORY, CLINICAL AND POST-MORTEM FINDINGS.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings	Hours after death.	Anatomical Diagnosis.
306	F	64	W	Dementia terminal	24 years.	<p>Blood— Erythrocytes, 3,140,000. Leucocytes, 18,600 Hemoglobin, per cent. 55. Color index, 0.87% Small lymphocytes, 3.8% Large lymphocytes, 2.5% Polymorphonuclear, 93.7% Eosinophiles, 0.0% "Mast Cells," 0.0% Iodine reaction, negative. Blood dark; coagulates rapidly.</p> <p>Urine— Cloudy, acid. Sp. gr. 1017. Trace albumin. Many hyaline and granular casts. Pus cells. Epithelial cells.</p> <p>Blood and urinalysis one day after cerebral hemorrhage. Died on eighth day.</p>	<p>Acute cerebral hemorrhage region left internal capsule. Paralysis left side of face, tongue, right arm, right leg. Violent twitching of right arm and leg. Incontinence urine, involuntary movements bowels. Cheyne-Stokes' respiration. Left cheek very dark red; right very pale. Petechia on right leg. Reflexes increased on right side. Loud systolic aortic murmur base heart. Edema legs. Arteries thickened and tortuous. Pulse full; high tension.</p>	9	Chronic meningo-encephalitis. Acute cerebral hemorrhage with cortical congestion and softening. Chronic endocarditis. Hypostatic pneumonia. General arterio-sclerosis. Chronic diffuse nephritis. Splenic atrophy with fatty degeneration.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
307	F	43	W	Melancholia, acute	9 months.	<p>Blood— Erythrocytes, 439,000. Leucocytes, 2,100. Hemoglobin, per cent. 18. Color Index, 2.-. Blood, pale, watery; coagulation very slow. Sp. gr., 1030. Rouleau formation nearly absent. Poikilocytosis. Marked polychromatophilia. Normoblasts. Megaloblasts. Microcytes. Small lymphocytes, 33.4 per cent. Large lymphocytes, 2.3 per cent. Polymorphonuclear, 62.0 per cent. Eosinophiles, 2.7 per cent.</p> <p>Urine— Reddish, acid. Sp. gr., 1010. Pathological urobilin. Indican increased. Trace albumin. Many pus cells. Few hyaline casts.</p> <p>Blood and urinalysis day of death.</p>	<p>Pernicious anemia. Skin lemon yellow color, with areas of mottled pigmentation; more marked in axillae, on neck, knee joints and abdomen. Conjunctivae bloodless and yellow tint. Mucous membranes bloodless. Tongue, dry, brownish. Wavy pulsation of cardiac area. Cardiac hypertrophy; blowing hemic murmur heard at base, to left of sternum; soft thrill felt over cardiac region. Pulse, wavy, low tension, rapid, regular. Breathing sounds high pitched and sharp. Liver and spleen not palpable. Arteries normal thickness. Musculature flabby. Legs edematous.</p>	19	<p>Pachymeningitis hemorrhagica interna, with petechial hemorrhages. Cystic left lateral ventricle. Serous effusion in pericardial sac, pleural and peritoneal cavities. Healed tubercular nodules at apices lungs. Moderate cardiac hypertrophy. Fatty degeneration of heart. Chronic endocarditis. Atheroma aorta. Areas of fatty degeneration of arteries. Pulmonary edema. Fatty degeneration of liver. Chronic interstitial nephritis with atrophy and deposits of iron. Chronic interstitial splenitis with deposits of iron. Cystic degeneration ovaries. Deposits of iron in head of pancreas. Sclerosis posterior columns spinal cord.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Finding.	Hours after death.	Anatomical Diagnosis.
308	F	32	W	Melancholia, chronic	1 yr., 6 mo.	Urine— Cloudy, acid. Sp. gr., 1015. No albumin. Pus cells. Bacteria. Squamous epithelial cells. Few hyaline casts.	Multiple sclerosis. Marked continual tremors or athetoid movements of left arm, hand and fingers. Slight tremors in right arm and both legs, being more marked in left leg. Incoordination left arm; less in right. Speech thick, hesitating. Gait typical of cerebellar disease. Walks with wide base and spastic. Cannot stand with eyes closed or feet together. Incontinence urine. Reflexes exaggerated; more marked left side. Irregular heart action. Fine tremors tongue and labial muscles.	1	Pachymeningitis hemorrhagica internal and many petechial hemorrhages. Sclerosis of vessels base of brain. Cerebral atrophy Hypostatic pulmonary congestion. Atheroma aorta. Cardiac atrophy. Passive hepatic congestion. Chronic diffuse nephritis. Chronic cystitis. Perforating ulcer heel.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
309	F	68	W	Dementia, terminal	17 years.	<p>Sputum— Many pneumococci. No tubercle bacilli.</p> <p>Blood— Erythrocytes, 4,850,000. Leucocytes, 21,800. Hemoglobin, per cent. 70. Color index, 0.80. Polymorphonuclear leucocytes, 95.1 per cent. No eosinophiles. Iodine reaction positive.</p> <p>Urine— Cloudy, acid. Sp. gr., 1018. Chlorides absent. Urea, 4.2 per cent. Pathological urobilin. Albumin 13 per cent. per vol. Very many granular and hyaline casts and debris. Sputum, blood and urine examined second day of acute lobar pneumonia.</p>	<p>Acute lobar pneumonia. Consolidation upper lobe right lung, followed by symptoms of pulmonary edema. Cynosis fingers and lips. Right cheek very dark red color. Heart sounds feeble. Mitral and aortic systolic murmur. Arteries thickened and tortuous. Passes small amount of urine. Symptoms of chronic nephritis. Liver and spleen palpable, smooth.</p>	13	<p>Chronic meningo-encephalitis, with acute pachymeningitis hemorrhagica interna. Cystic degeneration of pia-arachnoid. Moderate cardiac hypertrophy, with fatty degeneration. Chronic endocarditis. Atheroma aorta. Arterio-sclerosis. Effusion in pleural cavity. Red hepatization upper lobe right lung. Congestion entire left lung. Chronic interstitial nephritis. Nutmeg liver. Chronic congestion of spleen with hypertrophy. Chronic peritonitis. Atrophy right ovary. Absence left ovary and fallopian tube.</p>

TABLE III.—Continued.

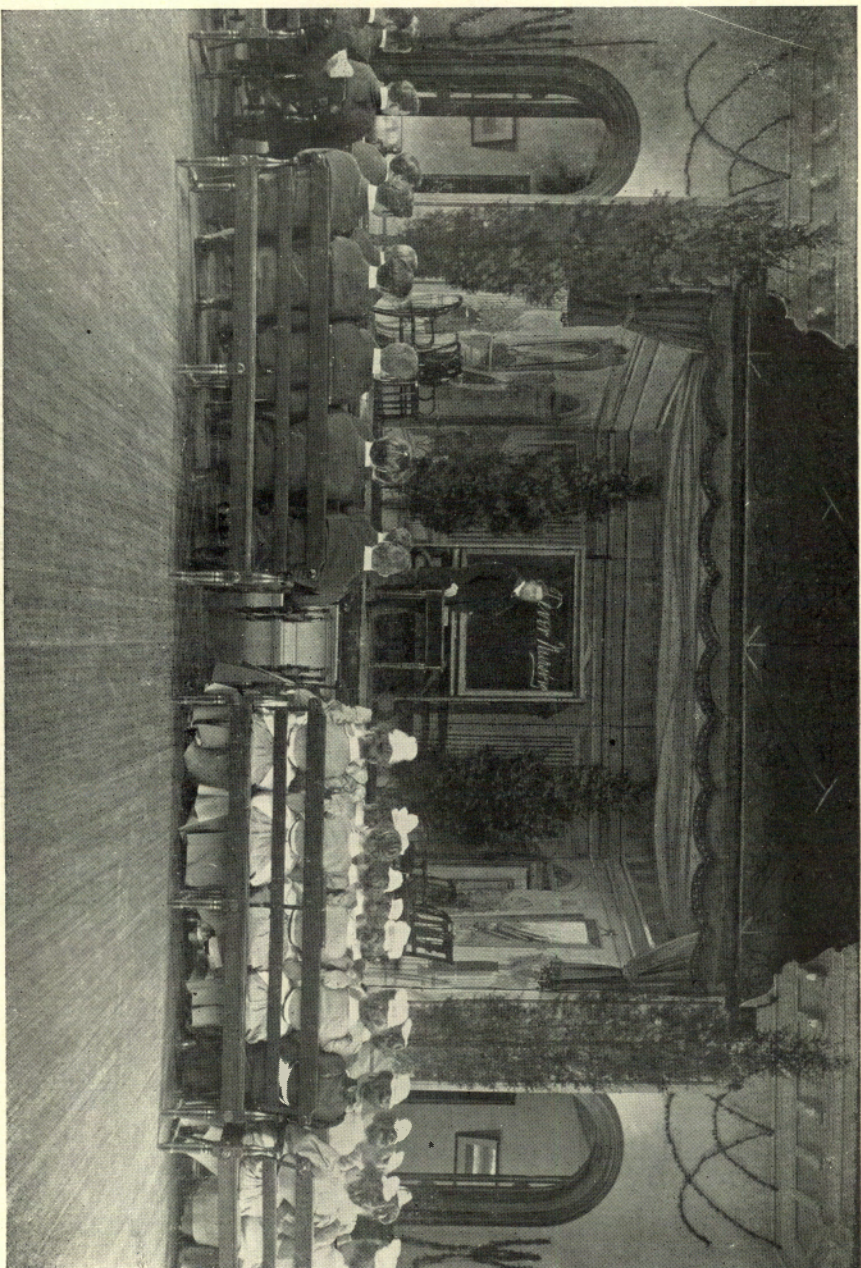
Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
310	M	69	W	Dementia, terminal	19 years.	Urine— Cloudy, acid. Sp. gr. 1016. Chlorides nearly absent. Urea, 2.8. Albumin present. Hyaline and finely granular casts. Blood— Leucocytes, 12,300. Polymorphonuclear, absolute increase.	Gangrenous cellulitis; granulating surface on one-half leg and foot. Cardiac hypertrophy. Apex beat sixth interspace in nipple line. Mitral systolic murmur. Pulse full. Arteries very much thickened and hard. Dullness and high pitched breathing at apex and base of right lung. Marked hypertrophy middle lobe prostate gland; hard and nodular.	12	Gangrenous cellulitis of leg and foot. Chronic pleurisy (dry). Hypostatic pulmonary congestion. Moderate cardiac hypertrophy. Chronic endocarditis. Atheroma aorta. Sclerosis coronary arteries. Arterio-sclerosis. Chronic hepatitis with contraction. Chronic interstitial nephritis. Chronic interstitial splenitis. Hypertrophy middle lobe prostate gland.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease	Duration.	Laboratory Examinations— Sputum Blood Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
311	F	48	W	Dementia, organic	5 months.	Urine— Cloudy, acid. Sp. gr., 1020. Albumin, 6.5 per cent. per vol. Hyaline casts. Cylin- droids. Many pus cells. Squa- mous epithelial cells. Sputum— No tubercle bacilli found.	Syphilis. Very anemic, extremely emaciated, weak. General anasarca about face. Edema of legs at times. Temperature subnormal. Pulse very slow, 40 to 70, weak. Respiration 12 to 14. Increased dullness and vocal fremitus over right upper lobe posteriorly. Myodemia over chest muscles. Heart dilated, accentuated second sound, no murmurs. Pupils equal and react. Gait normal. Reflexes exaggerated. Entire right kidney palpable; is twice its normal size, smooth, regular outline, extends low as umbilicus. Left kidney enlarged and palpable. Last five days before death secreted no urine. Temperature reached 103°. Pulse became rapid and weak. No signs of cerebral pressure or irritation devel- oped.	16	Pachymeningitis chronic. Specific tumor frontal lobe of brain. Necrosis of cribriform plate of ethmoid and supraorbital plates. Fatty degeneration of heart. Atheroma aorta. General arteriosclerosis Epiplocele of mesentery Cystic hepatic degener- ation with complete cy- stic formation of spige- lian lobe. Cystic degener- ation of kidneys (sy- philitic). Chronic ovar- itis. Retroflexion uter- us. Chronic gastritis. Chronic cystitis. Sy- philitic splenitis with fibrous hyperplasia.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
312	F	46	C	Dementia, terminal.	13 years.	<p>Blood— Erythrocytes, 3,028,000. Leucocytes, 5,040. Hemoglobin, per cent. 47. Color index, 0.77.</p> <p>Urine— Brick red. Alkaline. Sp. gr., 1012. Albumin, 2.75 per cent. per vol. Squamous and round epithelial cells. Pus cells.</p> <p>Bacteria. Few hyaline casts.</p>	<p>Syphilis. Conjunctivae and mucus membranes jaundiced. Tricuspid regurgation pulsation in neck; wavy pulsation over precordial area. Diffused apex beat. Diastolic apex thrill. Cardiac hypertrophy, with hypertrophy of left ventricle. Loud blowing systolic murmur heard in first intercostal space, partially transmitted. Second cardiac sound accentuated and roughened. Pulse small in volume; low tension, regular, compressible. Aortic obstruction, with slight incompetency of aortic valve. Liver palpable, hard, nodular, three inches above umbilicus. Syphilitic hepatic cirrhosis. Splenic enlargement one and a half inches below costal margin, hard, sharply defined, splenic notch plainly felt. Kidneys palpable, smooth, floating left kidney. Complete paralysis of third cranial nerve; cleared up under Potassium Iodide.</p>	1	<p>Chronic pachyleptomeningitis. Pachymeningitis hemorrhagica interna. Cerebral softening. Chronic pleurisy. Cardiac hypertrophy. Dilatation right auricle and ventricle. Hypertrophy left ventricle. Chronic endocarditis. Calcareous degeneration of aorta. General arterio-sclerosis. Patulous umbilical vein with varicosities. Hypertrophic syphilitic cirrhosis liver, with adhesions. Chronic diffuse nephritis (syphilitic). Chronic gastritis. Chronic cholecystitis. Cholelithiasis. Syphilitic splenitis, with fibrous hyperplasia and marked adhesions.</p>



TRAINING SCHOOL, AT LECTURE.

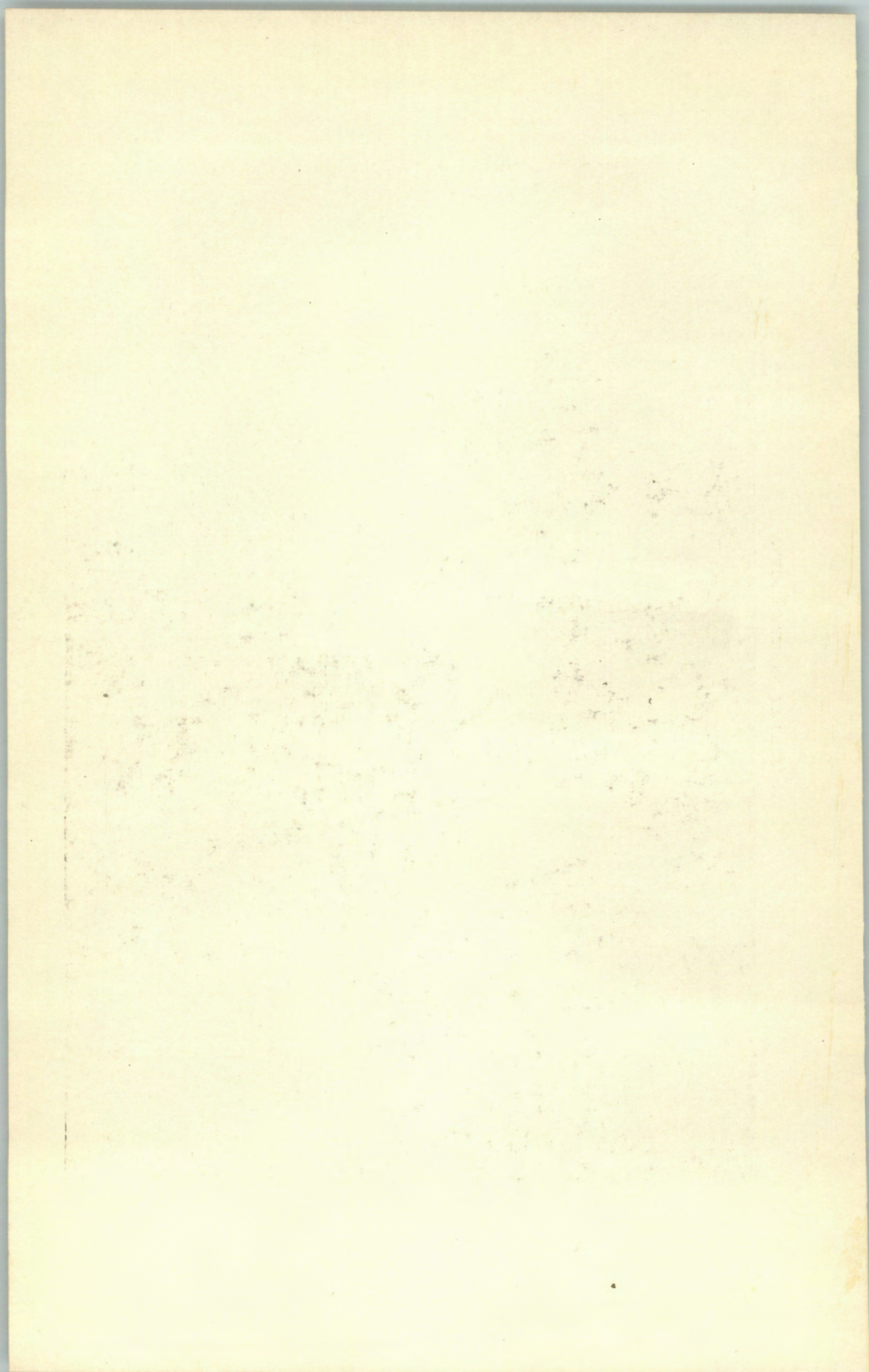


TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
313	M	64	W	Dementia, terminal	19 years.	<p>Blood— Leucocytes, 9,700. Hemaglobin, per cent. 100. Small lymphocytes, 1.4 per cent. Large lymphocytes, 9.5 per cent. Polymorphonuclear, 89.1.</p> <p>Urine— Amber, acid. Sp. gr., 1026. Urea, 1.9 per cent. Chlorides, 0.25 per cent. Indican diminished. Albumin present. Hyaline casts. Pus cells. Bacteria.</p> <p>Amount urine diminished to 24 ounces urine in 24 hours.</p>	<p>Pleuritic friction sounds. Apex heart beat in nipple line. Pulse full, regular; no increased tension. Arteries thickened. Liver area of dullness diminished. Had convulsion just before death. Chronic diffuse nephritis.</p>	18	<p>Chronic pachyleptomeningitis. Cerebral atrophy. Chronic pleurisy (dry). Hypostatic pulmonary congestion. Moderate cardiac hypertrophy. Hypertrophy left ventricle. Passive hepatic congestion. Dilatation pelvis right kidney. Chronic diffuse nephritis. Chronic cystitis. Chronic interstitial splenitis. Chronic adhesions intestines and omentum.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
314	F	62	W	Dementia, terminal	32 years.	<p>Blood— Erythrocytes, 3,912,000 Leucocytes, 23,800. Hemoglobin, 80. Color index, 1.02. Small lymphocytes, 2.4 per cent. Large lymphocytes, 2.4 per cent. Polymorphonuclear, 95.2 per cent. Eosinophiles, 0. per cent. "Mast Cells," 0. per cent. Polychromatophilia. No plasmodium malaria. Widal reaction negative.</p> <p>Urine— Cloudy, acid. Sp. gr., 1023. Chlorides, 0.25 per cent. per vol. Albumin, .5 per cent. per vol. Urea, 4.6 per cent. Urobilin increased. Many granular and hyaline casts. Pus cells. Bacteria.</p> <p>Sputum— Many pneumonococci. No tubercle bacilli. Blood, urine and sputum examinations made fourth day of acute lobar pneumonia.</p>	<p>Bronchial and high-pitched breathing apices lungs, followed by acute lobar pneumonia. Complete consolidation of right lung and subcrepitant rales of entire left lung. Heart sound muffled. Cardiac hypertrophy. Arteries thickened and tortuous. Symptoms of chronic diffuse nephritis.</p>	4	<p>Chronic pleurisy with effusion. Old tubercular processes apices lungs. Gray hepatization of right lung. Congestion entire left lung. Sero-fibrinous pericarditis. Cardiac hypertrophy, with dilatation of right heart and hypertrophy left heart. Fatty degeneration of heart. Chronic endocarditis. Arterio-sclerosis. Calcareous degeneration of aorta. Fatty degeneration of liver. Chronic diffuse nephritis. Chronic interstitial splenitis. Chronic cystitis.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
315	F	33	W	Dementia, epileptic	33 years.	<p>Blood— Erythrocytes, 4,392,000. Leucocytes, 5,280. Hemaglobin, per cent. 70. Color index, 0.79. Small lymphocytes, 15.8 per cent. Large lymphocytes, 5.8 per cent. Polymorphonuclear, 77.4 per cent. Eosinophile, 1.0 per cent.</p> <p>Pleural Fluid— Clear, serous fluid. Alkaline. Sp. gr., 1019.</p>	<p>Has about one epileptic seizure a month; usually just before she menstruates. Has aura. Does not fall or bite tongue. Seizure is violent in character.</p> <p>Two weeks previous to death 24 ounces serous fluid was withdrawn from left pleural cavity; two days later 36 ounces serous fluid withdrawn. Friction sounds over both lungs. Consolidation right apex. Symptoms pulmonary edema at death.</p>	2	Chronic pachyleptomeningitis. Cranial exostosis. Tubercular meningitis. Tubercular pleurisy with effusion. Tubercular peritonitis. Tubercular spleen. Tubercular ulcers of small intestine. General miliary tuberculosis. Cardiac atrophy. Pulmonary edema and miliary tuberculosis. Atrophy ovaries.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
316	M	71	W	Dementia, terminal	6 years.	Urine— Cloudy, acid. Sp. gr., 1017. Serum and nucleo albumin. Many hyaline and granular casts. Many pus cells. Bladder epithelium. Bacteria. Ascitic Fluid— 5,000 c. c. withdrawn. Yellow, cloudy serum. Alkaline. Sp. gr., 1009. Albumin, 1.8 per cent. Microscopically, few leucocytes and endothelial cells.	Heart sounds muffled. Second sound inaudible. Consolidation lower left lobe lung. Pleuritic friction sounds. Evening rise of temperature. Retention urine; unable to micturate. Prostate very much enlarged. Abdominal ascites; three weeks previous to death 5,000 c. c. fluid with- drawn from abdominal cavity. Paralysis of pharyngeal and palatal muscles; cannot articu- late.	14	Chronic meningo-en- cephalitis. Cerebral edema. Pleurisy with effusion. Old cicatrices apices lungs. Hyper- trophy thyroid gland. Chronic endocarditis. Fatty degeneration of heart. Chronic peri- tonitis. Atrophic hepa- tic cirrhosis. Chronic interstitial splenitis. Chronic pancreatitis. Miliary tubercles on psoas muscles and blad- der. Atrophy supraren- al glands. Chronic cyst- itis. Abdominal asc- ites. Prostatic hyper- trophy. Chronic gastrit- is. Left oblique in- guinal hernia

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
317	M	52	W	Dementia, terminal	14 years.	<p>Blood— No plasmodium malaria. Widal reaction negative. Erythrocytes, 2,984,000. Leucocytes, 24,200. Hemaglobin, per cent. 52. Color index, 0.87. Small lymphocytes, 11.8 per cent. Large lymphocytes, 0.9 per cent. Polymorphonuclear, 87.0 per cent. Eosinophiles, 0.0 per cent. "Mast Cells," 0.3 per cent. 60 Normoblasts, 28 Microblasts and 12 Myelocytes found in counting 1000 leucocytes Poikilocytosis. Blood, pale, watery, coagulation very slow, rouleau formation poor. Polychromatophilia and punctate basophilia.</p> <p>Urine— Dark red, acid. Sp. gr., 1016. Chlorides, 1.5 per cent. per vol. Phosphates increased. Urea, 2. per cent. No albumin. No glucose. No acetone. No diacetic acid. Bile and blood present. Pathological urobilin. Indican increased. Few hyaline casts. Many yellow granular casts. Traube rings. Amorphous urates. Squamous epithelial cells.</p>	<p>Patient did not complain of anything had no vomiting. Two weeks before death had a chill, followed by jaundice. Skin conjunctivæ and mucus membranes being very much jaundiced. Liver very much enlarged, plainly palpated, extends to umbilicus, notch deep and plainly felt, smooth, capsule feels thickened. Spleen palpable. Arteries thickened. Pleuritic friction sounds. Abdominal ascites. Marked and progressive anemia. Diagnosis: Carcinoma of liver, chronic nephritis and endocarditis.</p>	4	<p>Chronic pachyleptomeningitis. Sub-arachnoidal hemorrhage. Cerebral atrophy. Enlarged pituitary gland. Atrophy of thyroid gland. Acute pleurisy with effusion. Petechial hemorrhages left lung. Chronic endocarditis. Fatty degeneration of heart. Calcareous degeneration aorta. General arteriosclerosis. Abdominal ascites. Carcinoma of pyloric end of stomach. Secondary carcinoma liver. Chronic splenic congestion. Interstitial pancreatitis. Chronic diffuse nephritis. Chronic cystitis. Moderate hypertrophy of prostate gland.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
318 F		85 W		Dementia, terminal	28 years.	<p>Urine— Pale, acid, Sp. gr., 1017. Indican increased. Urea, 1.5 per cent. Trace albumin. Few hyaline casts and finely granular casts. Few epithelial cells.</p> <p>Pus— From apex of lung at autopsy, contained many tubercle bacilli.</p>	For past year confined to bed. Very weak and anemic. Did not run any temperature; had no cough or pains. Gradually grew weaker and died.	1	<p>Chronic meningo-encephalitis. Cerebral atrophy. Pulmonary tuberculosis. Chronic pleurisy. Chronic endocarditis, with calcareous degeneration. Calcareous degeneration aorta. General arterio-sclerosis. Tubercular peritonitis. Tuberculosis jejunum. Chronic interstitial splenitis, with contraction. Chronic interstitial nephritis. Chronic gastritis. Chronic cystitis. Atrophy of ovaries. Interstitial changes in suprarenal glands. Atrophy pancreas, with contraction.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
319	M	71	W	Dementia, terminal	3 yrs., 6 m.	Urine— Dark amber, acid. Sp. gr., 1027. Trace serum albumin. Few hyaline casts. Many cylindroids. Squamous epi- thelial cells. Lung tissue at autopsy showed tubercle bacilli.	Left inguinal hernia. Bronchial breathing right apex. Consolidation lower lobe. Accentuated second sound heart. Apex beat in sixth intercostal space. Arteries thickened and hard. For some time before death patient com- plained of smothered and fainting spells. Hy- pertrophy of middle lobe prostate gland. Pupils equal and respond. Speech slurring. Gait shuf- fling, unsteady. Reflexes exaggerated. Coordin- ation poor. Marked twitchings of facial muscles.	7	Chronic meningo-en- cephalitis. Localized areas of cerebral soften- ing. Cranial exostosis. Chronic pleurisy (tu- bercular). Consolida- tion lower right lobe. Pulmonary tuberculosis Acute dilatation right heart with rupture of right ventricle. Marked cardiac hypertrophy left ventricle. Fatty degeneration heart muscle. General arte- rio-sclerosis. Calcare- ous degeneration aorta. Chronic adhesions small intestines. Chron- ic appendicitis. Chron- ic gastritis. Chronic cyst- itis. Splenic atrophy. Atrophy suprarenal glands. Hepatic con- gestion. Chronic par- enchymatous nephritis. Hypertrophy of pros- tate gland.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
320	F	54	W	Dementia, organic	9 years	Urine— Pale, acid. Sp. gr., 1024. Trace albumin. Few granular casts. Many pus cells. Cylindroids. Sputum— No tubercle bacilli.	Paralysis of right arm and leg. Reflexes ex- aggerated right side; left side, diminished. Pu- pils, normal, equal, respond. Coordination poor. General tremors. Three days previous to death had continuous convulsions of entire left side except face, right side of face involved. Symp- toms of cerebral irritation right internal capsule.	4	Chronic meningo-en- cephalitis. Cerebral atrophy. Remains of old cerebral hemor- rhage region of left in- ternal capsule. small acute, cerebral hemor- rhage in right internal capsule. General arterio- sclerosis with cal- careous degeneration.

Fifteen post-mortem examinations were made; of these, 5 were men, 10 women.

The average age at death was 57.4 years.

The average duration of mental disease was 13.34 years; the extremes of duration being five months and thirty-three years.

SUMMARY.

BRAIN.

The average weight of female brains was 1,137.7 Grms. (normal, 1,247 Grms.); of male brains, 1,211.2 Grms. (normal, 1,403 Grms.).

The heaviest brain (weight, 1,430 Grms.) was from a case of terminal dementia (duration, 3 years and 6 months) in a male patient; autopsy No. 319. The smallest brain (weight, 860 Grms.) was removed from a woman; dementia terminal; duration of mental disease, 19 years; autopsy No. 313.

The calvarium was thickened in 76.9 per cent. of cases. Dura adherent in 92.3 per cent.; congested in 61.5 per cent.

Pia-Arachnoid adherent in 23 per cent.; congested in 61.5 per cent.

Petechial hemorrhages of dura were present in 15.3 per cent.; extra-dural hemorrhage in 7.6 per cent.; sub-dural hemorrhage 15.3 per cent.; sub-arachnoidal hemorrhage present in 7.6 per cent., and cerebral hemorrhages in 15.3 per cent.

General atrophy of the brain was exhibited in 46.1 per cent. of post-mortems; hemi-atrophy in 30.8 per cent.; localized cerebral softening in 30.8 per cent.; edema of brain in 15.3 per cent.; diminished consistence in 96.2 per cent.

Cortex thinned in 84.6 per cent.; choroid plexuses cystic in 69.2 per cent.; granulations of ependyma in 61.5 per cent.

Excess of cerebro-spinal fluid present in 76.9 per cent.; sinuses full in 61.5 per cent.

Blood vessels at base sclerotic or diseased in 86.7 per cent.

Tumor of brain present in autopsy No. 311.

CIRCULATORY SYSTEM.

The arteries were found to be diseased in 93.4 per cent. of examinations made; 86.7 per cent. showed general arteriosclerosis, and 6.7 per cent. exhibited fatty degeneration.

The largest heart weighed 475 Grms. (normal, 285 Grms.); autopsy No. 312. The smallest heart weighed 180 Grms.; autopsy No. 315.

The very unusual lesion of rupture of the heart was exhibited in case No. 319.

Degeneration of the ascending arch of the aorta was present in 78.5 per cent. of post-mortem examinations; cardiac hypertrophy in 50 per cent.; cardiac atrophy in 14.2 per cent.; dilatation of right ventricle in 21.4 per cent. and hypertrophy of left ventricle in 28.5 per cent.

Fatty degeneration of the heart muscle occurred in 50 per cent. of cases; chronic endocarditis in 71.4 per cent., and diseased condition of coronary vessels in 78.5 per cent.

LUNGS.

The heaviest lung weighed 960 Grms.; autopsy No. 313: man, with dementia terminal, pulmonary edema.

Tuberculosis was present in 46.7 per cent. of autopsies. It was limited to the lungs in 33.4 per cent. of the cases, 13.3 per cent. being general military tuberculosis.

Pleurisy was present in 64.3 per cent., 28.5 per cent. being tubercular pleurisy with effusion. Petechial hemorrhages of the pleura were present in 14.2 per cent.

Pulmonary edema was found in 33 per cent.; pneumonia in 21.4 per cent.; anthracosis and emphysema, each 7.1 per cent.

LIVER.

The largest liver, a case of secondary carcinoma, weighed 4,760 Grms. Autopsy No. 317; male; dementia terminal. Dimensions: length, 30 c. m.; width, 28 c. m.; thickness, 11 c. m. Section showed that left lobe was mostly involved, being studded with numerous yellowish and dark brown nodes, many of which project from the surface. The superficial nodes are depressed in the center.

The diagnosis of carcinoma of the liver during life was made entirely from the blood examination and urinalysis.

The smallest liver weighed 625 Grms.; autopsy No. 316; man, dementia terminal. Liver was very much contracted, hard, studded with "hob nails" and pale in color.

Chronic hepatic congestion was present in 21.4 per cent. of autopsies; fatty degeneration in 14.2 per cent.; cystic degeneration in 7.1 per cent.; tubercular hepatitis in 7.1 per cent.

GALL BLADDER.

Gall stones were found in 7.1 per cent. of cases examined.

SPLEEN.

The heaviest spleen weighed 470 Grms. (normal, 198 Grms.); autopsy No. 312; female; age 46; syphilis; dementia terminal; duration of mental disease, 13 years. Spleen was firmly attached to diaphragm and viscera; capsule in places was 1 c. m. thick. Histologically, there was a marked fibrous hyperplasia.

The smallest spleen weighed 45 Grms.; autopsy No. 318; female; age 85; dementia terminal. Histologically, marked increase of fibrous tissue with contractions.

Interstitial changes were exhibited in 71.3 per cent. of cases autopsied; miliary tuberculosis in 7.1 per cent.; fatty degeneration in 21.4 per cent.; spleen was lobulated in 71.4 per cent.; congested in 50 per cent., and hypertrophied in 21.4 per cent.

STOMACH.

Chronic inflammations were exhibited in 50 per cent. and carcinoma in 7.1 per cent.

KIDNEYS.

Of the fourteen examinations of kidneys, 13, or 92.8 per cent. presented chronic kidney lesions; 64.2 per cent. being of the chronic interstitial variety; 14.3 per cent. of parenchymatous nephritis and 14.3 per cent. of syphilitic nephritis with cystic degeneration.

Twelve of the subjects autopsied, showing kidney lesions, were 40 or more years of age.

Of the ten women 8 (80 per cent.) exhibited nephritis, while all the five men presented kidney lesions.

Autopsies No. 311 and 312 were of syphilitic nephritis.

The kidneys from No. 311 were from a woman; terminal dementia; and the largest removed at autopsies. The right weighed 490 Grms. (normal, 150 Grms.); was 19 c. m. long; 10 c. m. wide; very large and studded with cysts, some of the cysts being 4 c. m. in diameter. The left kidney was 10 c. m. long; 7 c. m. wide; smaller than left and external surface studded with cysts.

The kidneys were lobulated in 35.7 per cent. of cases; congested in 35.7 per cent.; markings indistinct in 85.7 per cent.; cortex thinned in 42.8 per cent.; dilated pelvis in 21.4 per cent.; dilated ureter in 7.1 per cent., and floating kidney in 7.1 per cent.

SUPRARENAL GLANDS.

Interstitial changes were found to be present in 35.7 per cent. of cases; atrophy, 28.5 per cent.; hypertrophy in 7.1 per cent.; diminished consistence, 21.4 per cent., and marked congestion in 7.1 per cent.

BLADDER.

Inflammations of bladder were present in 64.2 per cent.; tuberculosis in 7.1 per cent.

PANCREAS.

Increased consistence and interstitial changes were found in 42.8 per cent. of cases.

PROSTATE.

Hypertrophy of middle lobe of prostate was found in the five men autopsied.

UTERUS AND APPENDAGES.

Uterus atrophied in 14.2 per cent.; displaced in 21.4 per cent. Ovaries atrophied in 28.5 per cent.; cystic degeneration in 14.2 per cent., and chronic ovaritis in 7.1 per cent.

A few cases which have come to autopsy deserve special mention.

Autopsy No. 306 presented an acute cerebral hemorrhage.

Autopsy No. 307, a case of pernicious anemia; blood examination showed Erythrocytes, 439,000; Leucocytes, 2,100; Hemoglobin, 18; color index, 2+. The stained blood smears show Normoblasts, Megaloblasts and a relative Lymphocytosis of 35.7 per cent.

Autopsy No. 308; a case of multiple sclerosis.

Autopsy No. 311; syphilis; female; dementia organic; presented a brain tumor—a large soft granular tumor, 5.5 c. m. in diameter, located anteriorly at base of skull, between the inferior surface of the frontal lobes, making a deep indentation in them, so that the frontal lobes were only a few c. m.'s thick. Superior surfaces of the frontal lobes, making a deep indentation in them, has grown out, pushing the pia-arachnoid in front of it, thus being entirely surrounded by a very thickened, congested pia-arachnoid. The blood supply of the tumor is rich, being very congested. It is closely adherent to the anterior fossa of the skull. At the sight of the cribriform plate of the ethmoid bone, a large part of the bone had been absorbed by pressure. The supra-orbital plates are also absorbed from pressure. This case also exhibits cystic degeneration of kidneys, cystic degeneration of liver and syphilitic splenitis, with fibrous hyperplasia.

Autopsy No. 317 presented a carcinoma of stomach, with secondary carcinoma of liver.

Autopsy No. 319 exhibited acute dilatation of right heart, with rupture of right ventricle, 4 c. m. from the apex. The heart muscle showed fatty degeneration and marked hypertrophy of left ventricle.

CLINICAL LABORATORY WORK.

There has been a marked increase in the clinical work of the laboratory, the amount during the year being about double that of the year previous. The work has been conducted along the same lines as outlined in my report of last year, but with a constant effort to perfect methods and extend the usefulness of the pathological department in the diagnosis of disease and the treatment of patients in the Hospital.

The tabulations immediately following show the number of examinations made, with a record and report of same.

CLINICAL LABORATORY EXAMINATIONS.

URINALYSIS.

Number of specimens examined.....	1,086
Tubercle bacilli in urine, examined for.....	37
Gonococcus in urine, examined for.....	15
Diazo reaction	39
Total number examined.....	1,177

CHEMICAL ANALYSIS.

Findings.	Cases.	Per-centage.
Acid reaction	1,024	94.2
Neutral or alkaline reaction.....	62	5.8
Albumin	453	41.7
Indican increased	325	30.0
Sugar	24	2.2
Pathological urobilin	14	1.2
Urinary solids, estimated.....	409	37.5
Acetone	2	0.2
Diacetic acid	2	0.2
Bile	39	3.5
Blood	65	5.0
Phosphates increased	104	9.5

MICROSCOPICAL EXAMINATIONS.

Findings.	Cases.	Per-centage.
Casts, with albumin.....	178	16.3
Granular casts alone.....	250	23.0
Hyaline casts alone.....	122	11.2
Granular and hyaline casts together.....	101	9.3
Cylindroids	372	34.2
Cylindroids, with casts.....	135	12.4
Blood casts	3	0.2
Epithelial casts	6	0.5
Pus casts	5	0.4
Epithelial cells	591	54.4
Pus cells	454	41.7
Red blood cells.....	65	5.0
Bacteria	417	38.4

Findings.	Cases.	Per-centage.
Spermatozoa	30	2.7
Amorphous urates	116	10.5
Calcium oxalate crystals.....	104	9.5
Triple phosphate crystals.....	64	5.8
Uric acid crystals.....	38	3.5
Urea nitrate crystals.....	36	3.3
Phenylglucosazone crystals.....	24	2.2
Yeast fungi	28	2.5
Diatomes	23	2.1
Phosphate of lime crystals.....	11	1.0
Ammonium magnesium phosphate crystals.....	5	0.4

BLOOD EXAMINATIONS.

Complete blood examinations.....	151
Leucocytes count	27
Leucocytes, Erythrocytes and estimation of hemoglobin.....	25
Differential count	12
Plasmodium malaria, examined for.....	151
Widal reaction	52
Pneumococci in the blood.....	13
Bacillus of Eberth in the blood.....	2
Glycogenic reaction of the blood (Diabetes).....	2
Iodine reaction of the blood.....	45
Total number of blood examinations.....	485

Iodophilia positive in the following—

Pernicious anemia	3
Diabetes mellitus	2
Lobar pneumonia	5
Septic tuberculosis	1
Purpura hemorrhagica	1
Abscess of leg	1
Total	13

SPUTUM EXAMINATIONS

For tubercle bacilli	118
For pneumococci	68
Total sputum examinations.....	186

THROAT EXAMINATIONS.

For Klebs-Loeffler bacillus.....	101
For tubercle bacilli.....	3
Total throat examinations.....	104

EXAMINATION OF PUS.

From male urethra, for gonococci.....	14
Vaginal discharge, for gonococci.....	7
Vaginal discharge, for tubercle bacilli.....	9
From abscess, for tubercle bacilli..	18
To determine etiological factor.....	6
Total number of examinations of pus.....	54

EXAMINATION OF FLUIDS.

From pleural cavity, for tubercle bacilli.....	15
From abdominal cavity, for tubercle bacilli.....	6
From pleural cavity.....	15
From abdominal cavity.....	6
Total examinations of fluid.....	42

PATHOLOGICAL TISSUE.

Removed at operation	9
Removed at autopsies.....	10
From animals	5
Tumors, cysts and appendices.....	14
Total number of examinations of pathological tissue.....	38

CYTODIAGNOSIS.

Fluid from pleural cavity.....	15
Fluid from abdominal cavity.....	6
Cerebro-spinal fluid	1
Total	22

EXAMINATIONS FOR TUBERCLE BACILLI.

Urine	37
Sputum	118
Pus	18
Pleural fluid	15
Abdominal fluid	6
Tissue at operation.....	9
Tissue from autopsies.....	10
Tissue from animals.....	5
Vaginal discharge	9
Uterine scrapings	4
Laryngitis	3
<hr/>	
Total	234

MISCELLANEOUS EXAMINATIONS.

Stomach contents	8
Cows' milk	3
Tapeworm for head.....	3
Feces	3
<hr/>	
Total	17

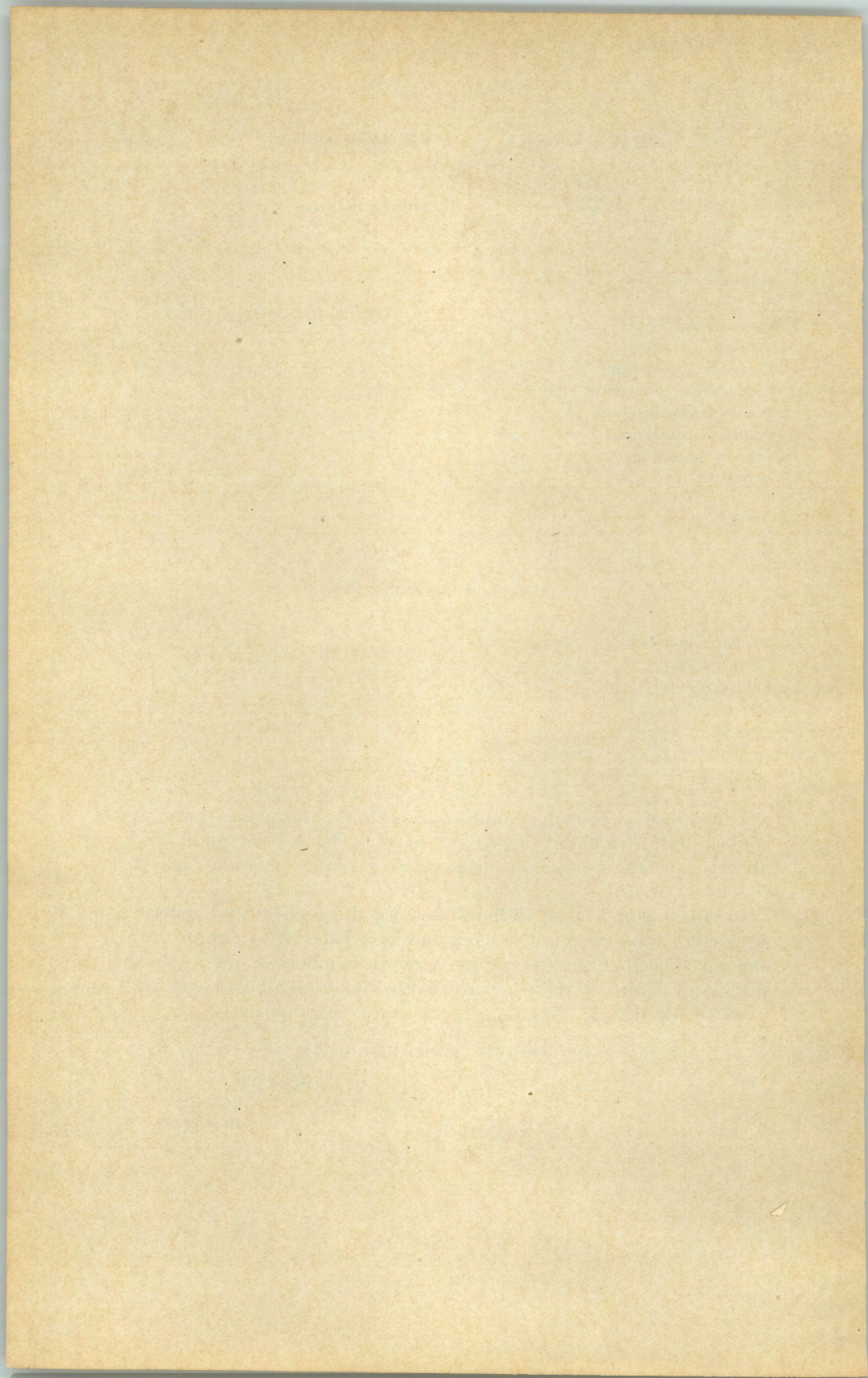
During the year 144 photo-micrographic negatives and 75 lantern slides of blood, urine and bacteria have been made and used to aid the course of instruction given to training school classes.

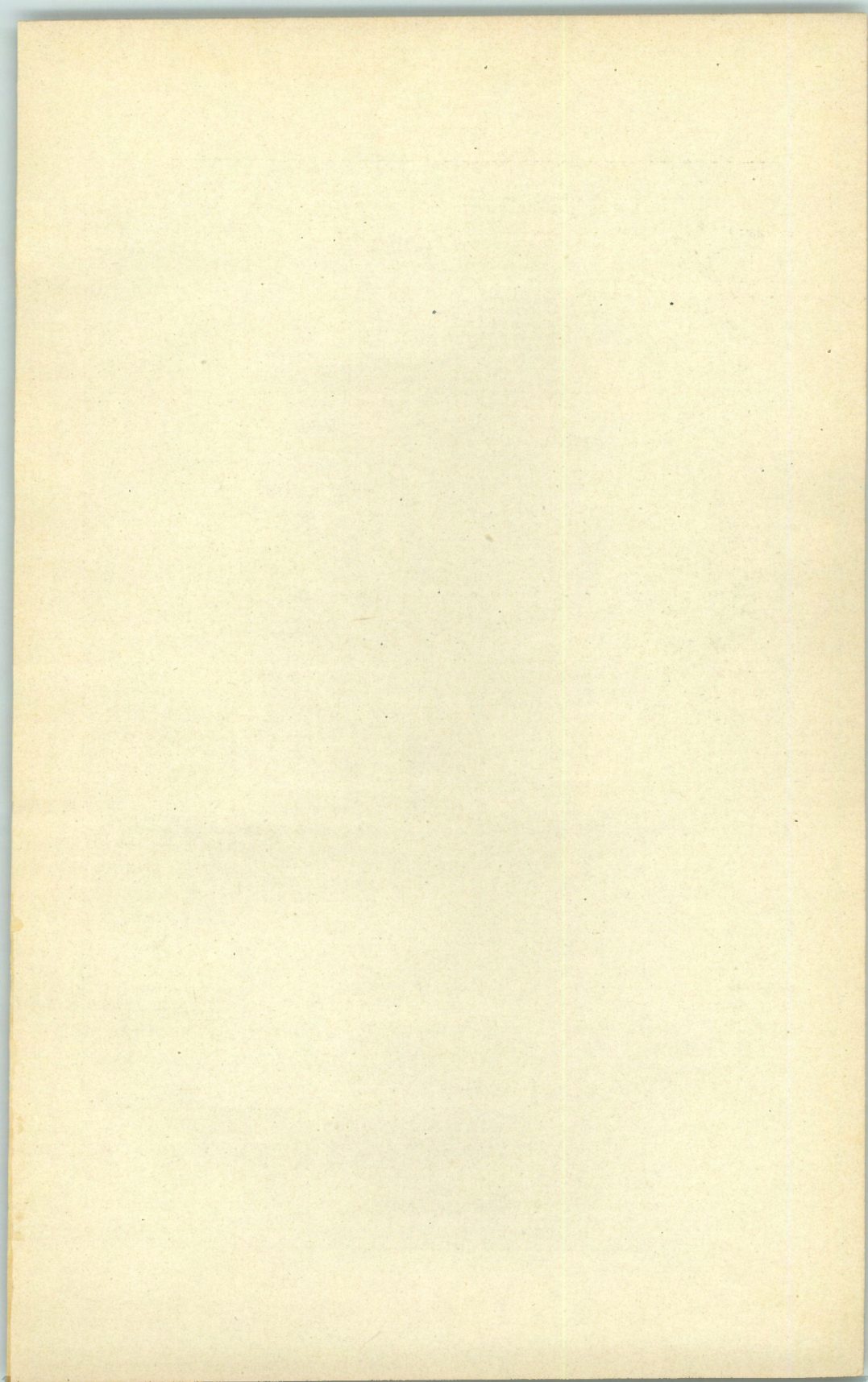
In conclusion, I wish to thank you for the support and encouragement I have received at your hands. I desire to express my appreciation of the co-operation of other members of the medical staff, and I also wish to acknowledge the faithful and efficient work of Mr. Frode Heiman, the laboratory technician.

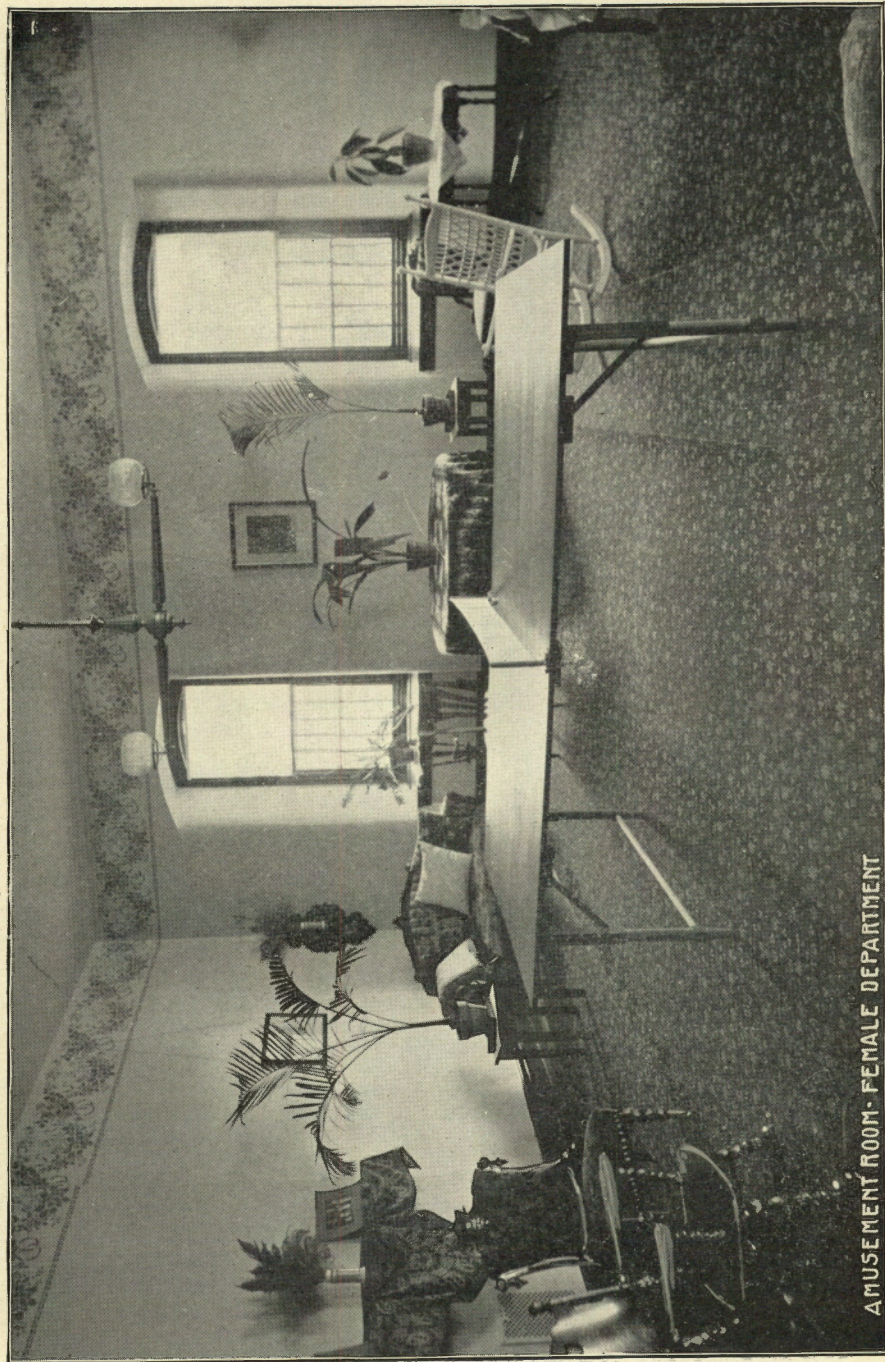
Respectfully submitted,

H. A. COSSITT,

Pathologist.







AMUSEMENT ROOM - FEMALE DEPARTMENT

Donations.

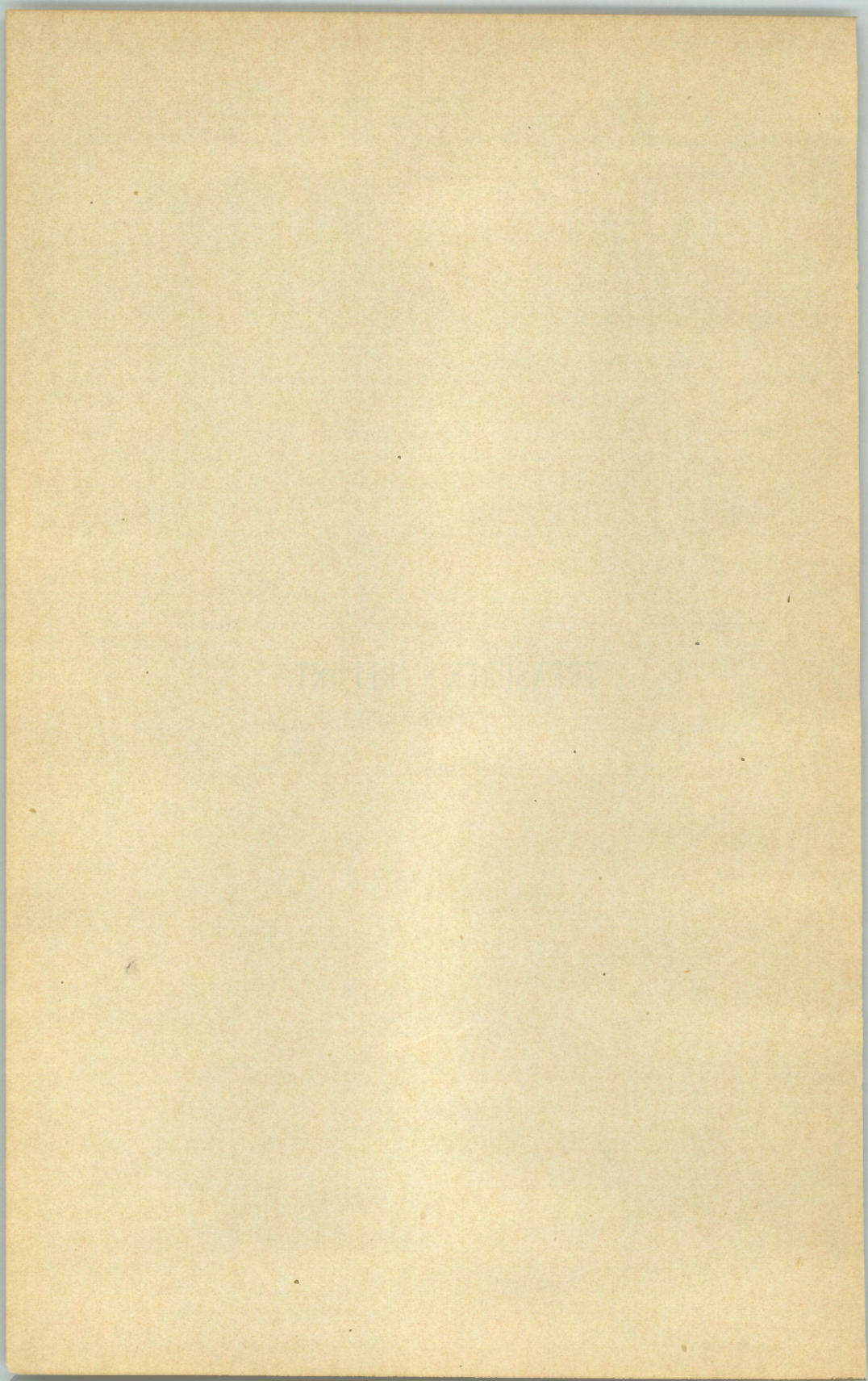
The following is a list of the newspapers which have been sent to the hospital gratuitously, and are always welcome and appreciated :

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

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

TREASURER'S REPORT.

(95)



Treasurer's Report.

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

GENTLEMEN:—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1903, to October 31st, 1904, inclusive.

RECEIPTS.

Balance on hand November 1st, 1903.....	\$ 1,206 91
From State Treasurer for Convict Patients.....	\$ 17,545 72
“ State Treasurer for County Patients.....	115,666 57
“ State Treasurer for State Indigent Patients	46,556 15
“ Sundry Counties for maintenance of County Patients	136,869 95
“ Private patients.....	60,554 28
“ Hides, tallow, etc.....	11,291 96
“ First National Bank of Morristown, N. J., for interest on deposit.....	133 76
“ M. K. Everitt, two loans.....	10,500 00
“ Four acceptances of Treasurer outstanding payment upon which was stopped at bank by resolution of the Board, May 5th, 1904, and the amounts credited to the respective parties on the books of the Hospital.....	38 97
	<hr/> 399,157 36
	<hr/> \$400,364 27

DISBURSEMENTS.

By orders of Warden for current accounts.....	\$388,881 13
“ Orders of Warden for loans from M. K. Everitt	10,500 00
“ Protest fees on check of C. D. Brooks, the face which was subsequently paid.....	1 56
“ Balance in Treasurer's hands.....	981 58
	<hr/> \$400,364 27

G. C. HINCHMAN,
Treasurer.

THE NEW JERSEY STATE HOSPITAL, AT
MORRIS PLAINS, N. J., November 17th, 1904.

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

J. A. McBRIDE,
P. J. RYAN,
DAVID ST. JOHN,
Auditing Committee.

RECAPITULATION.

State Treasurer, convict patients—

First quarter.....	\$4,347 86	
Second quarter.....	4,420 00	
Third quarter.....	4,420 00	
Fourth quarter.....	4,357 86	
	<hr/>	\$ 17,545 72

*State Treasurer, county patients—

First quarter.....	\$28,054 00	
Second quarter.....	28,678 00	
Third quarter.....	29,364 00	
Fourth quarter.....	29,570 57	
	<hr/>	115,666 57

State Treasurer, indigent patients—

Second quarter.....	\$9,892 21	
	6,648 15	
	10,261 00	\$26,801 36
Third quarter.....	10,103 48	
Fourth quarter.....	9,651 31	
	<hr/>	46,556 15

County collectors—

First quarter.....	\$40,426 57	
Second quarter.....	23,434 67	
Third quarter.....	41,372 54	
Fourth quarter.....	31,636 17	
	<hr/>	136,869 95

NEW JERSEY STATE HOSPITAL.

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Private patients—

First quarter.....	\$16,308 78	
Second quarter.....	13,910 81	
Third quarter.....	16,310 76	
Fourth quarter.....	14,023 93	
	<hr/>	60,554 28

Hides, tallow, etc.—

First quarter.....	\$2,968 57	
Second quarter.....	2,743 58	
Third quarter.....	2,796 28	
Fourth quarter.....	2,783 53	
	<hr/>	11,291 96

Interest—

First quarter.....	\$67 02	
Third quarter.....	66 74	
	<hr/>	133 76

Loans from M. K. Everitt—

First quarter.....	\$6,000 00	
Second quarter.....	4,500 00	
	<hr/>	10,500 00

Four acceptances of Treasurer, payment upon
which was stopped at bank by resolution of
the Board May 5th, 1904.....

38 97

\$399,157 36

Orders paid, Current Accounts—

First quarter.....	\$ 82,945 54	
Second quarter	102,248 75	
Third quarter.....	104,132 61	
Fourth quarter.....	99,554 23	
	<hr/>	\$388,881 13

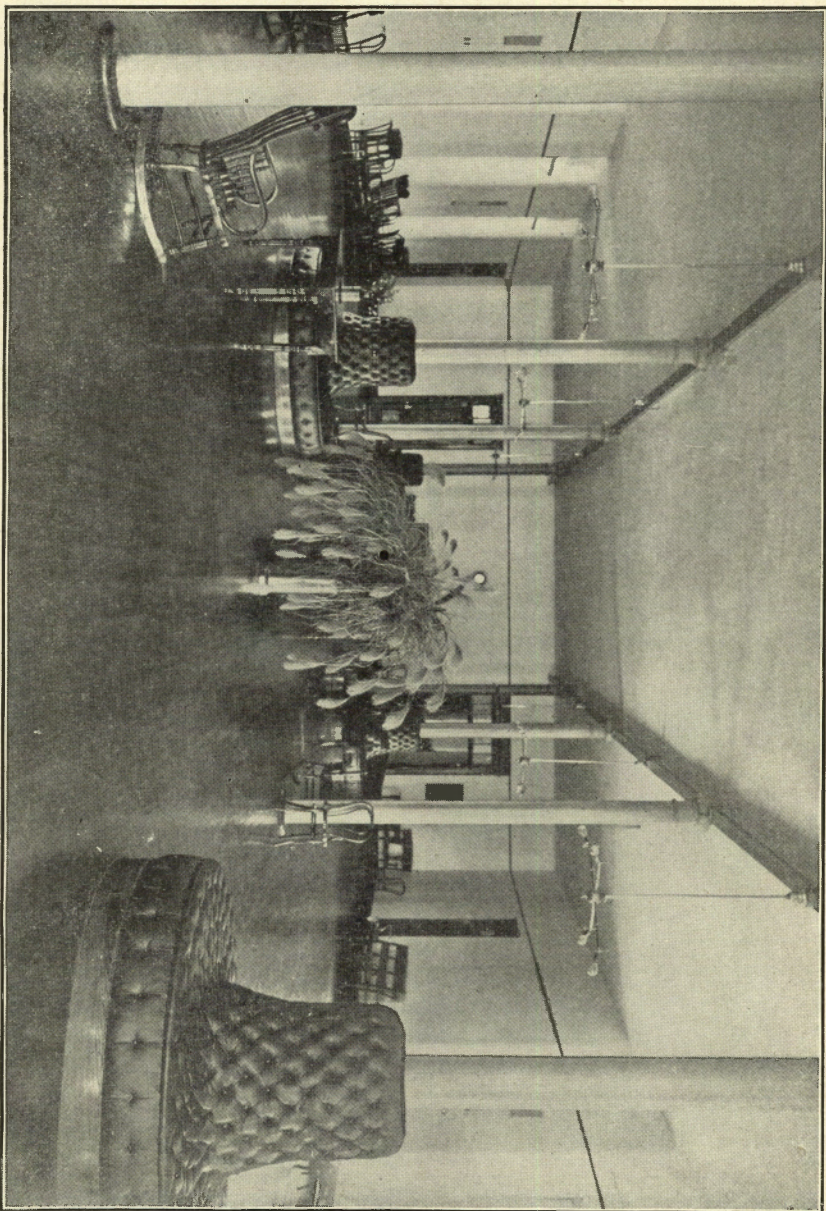
Orders paid, loans from M. K. Everitt—

First quarter.....	\$6,000 00	
Fourth quarter.....	4,500 00	
	<hr/>	10,500 00

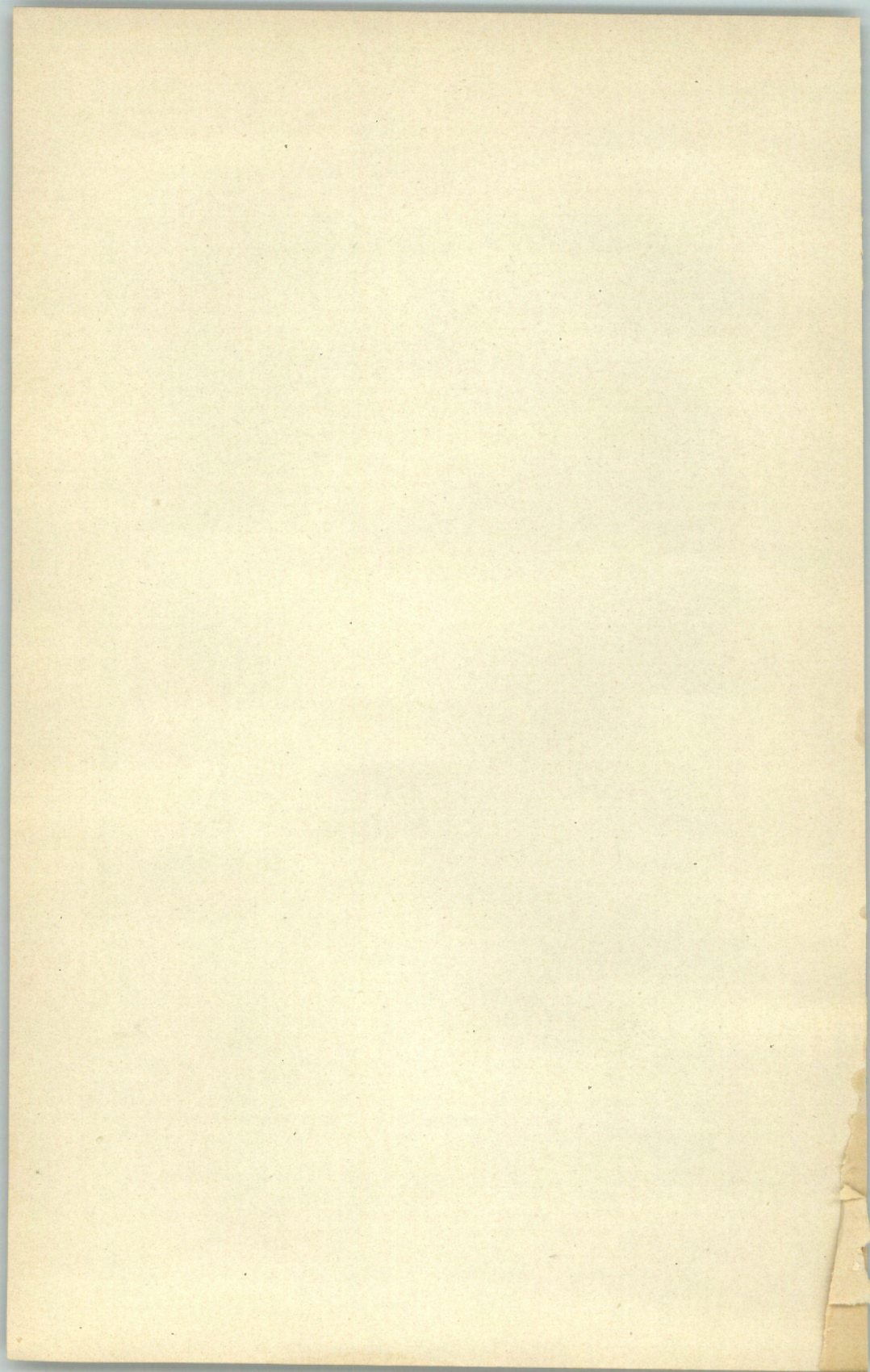
Protest fees on check of C. D. Brooks.....

1 56

\$399,382 69

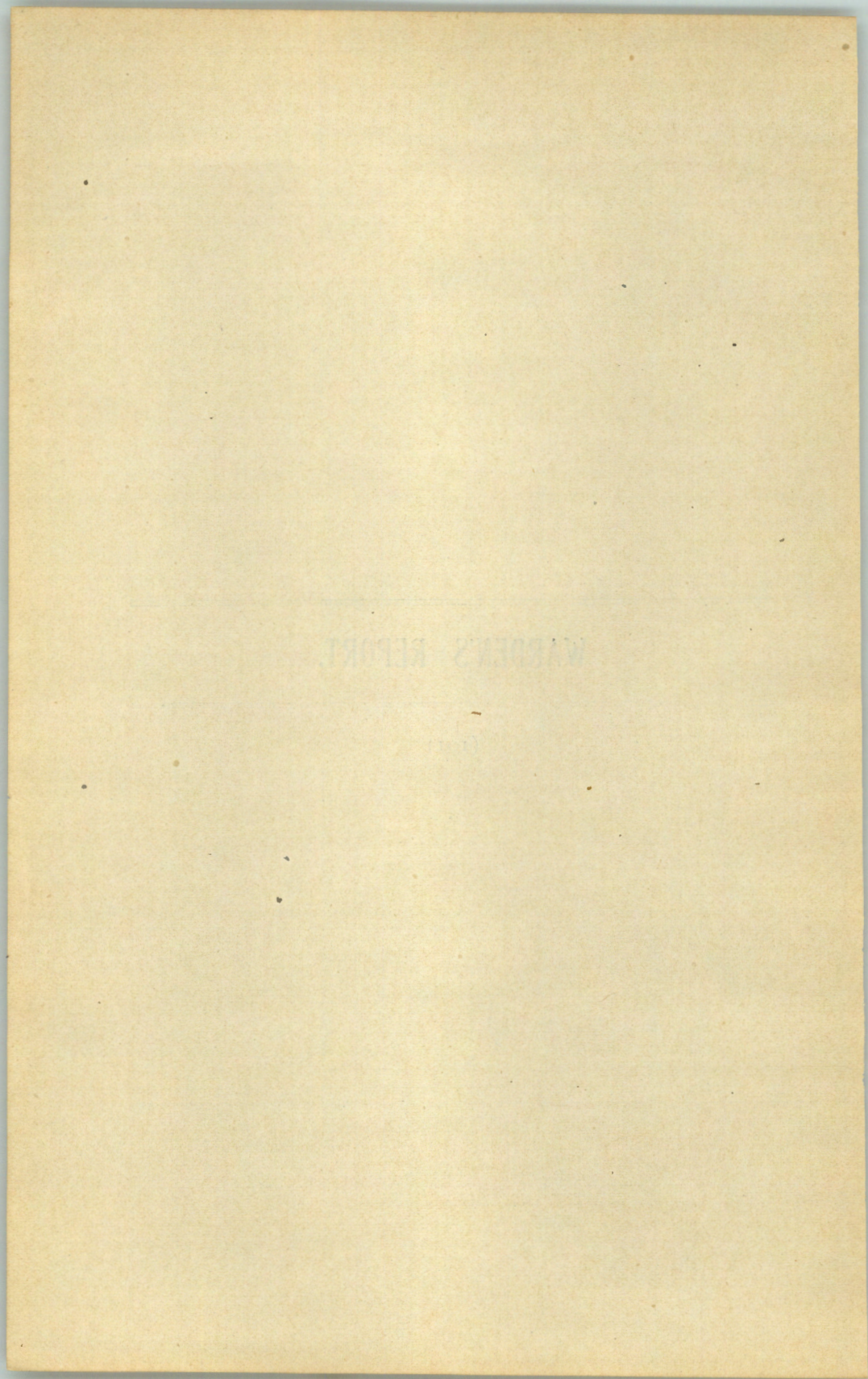


DORMITORY BUILDING.—DAY ROOM FOR WOMEN.



WARDEN'S REPORT.

(101)



Warden's Report.

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

GENTLEMEN:—I have the honor to present the annual report of my department for the year 1904, together with an abstract of accounts. The receipts and disbursements for the year have been as follows:

Balance on hand November 1st, 1903.....	\$ 1,206 91	
Receipts from November 1st, 1903, to October 31st, 1904	399,157 36	
		\$400,364 27
Total disbursements from November 1st, 1903, to October 31st, 1904.....		399,382 69
Cash balance on hand October 31st, 1904.....		\$981 58

I wish to call your attention to the fact, that at the close of the fiscal year of 1903, the liabilities exceeded the resources by \$8,864.92; at the close of the fiscal year of 1904, the excess of liabilities was reduced to \$7,843.42, showing that the hospital has been run within its income. Strict economy has been exercised in many instances, needed repairs were put off and the buying of necessary furnishings delayed. Only those repairs have been made and those furnishings purchased, without which positive detriment to the plant would have resulted.

Economy carried out on the lines of the year past will aid in creating a cash balance which will enable the hospital to pay bills more promptly.

The income will be increased during next year, first, by reason of an additional one dollar per week per patient, for board of state indigent patients. The legislature, at its last session, appropriated for the support of this class of patients, four dollars per week; the appropriation in previous years having been but three dollars.

SECOND: The year closed with an increase of 96 over last year, in the number of patients. This insures an increase of income next year and a decrease in the per capita cost; as the cost of running the machinery and heating plant, lighting plants, farm, garden, &c., will not materially increase.

The County bills have always been made up quarterly in advance, but as a rule they are not paid until nearly and sometimes even after the end of the quarter. The State's bill has been made up at the end of the quarter and at times it is two weeks before it is paid.

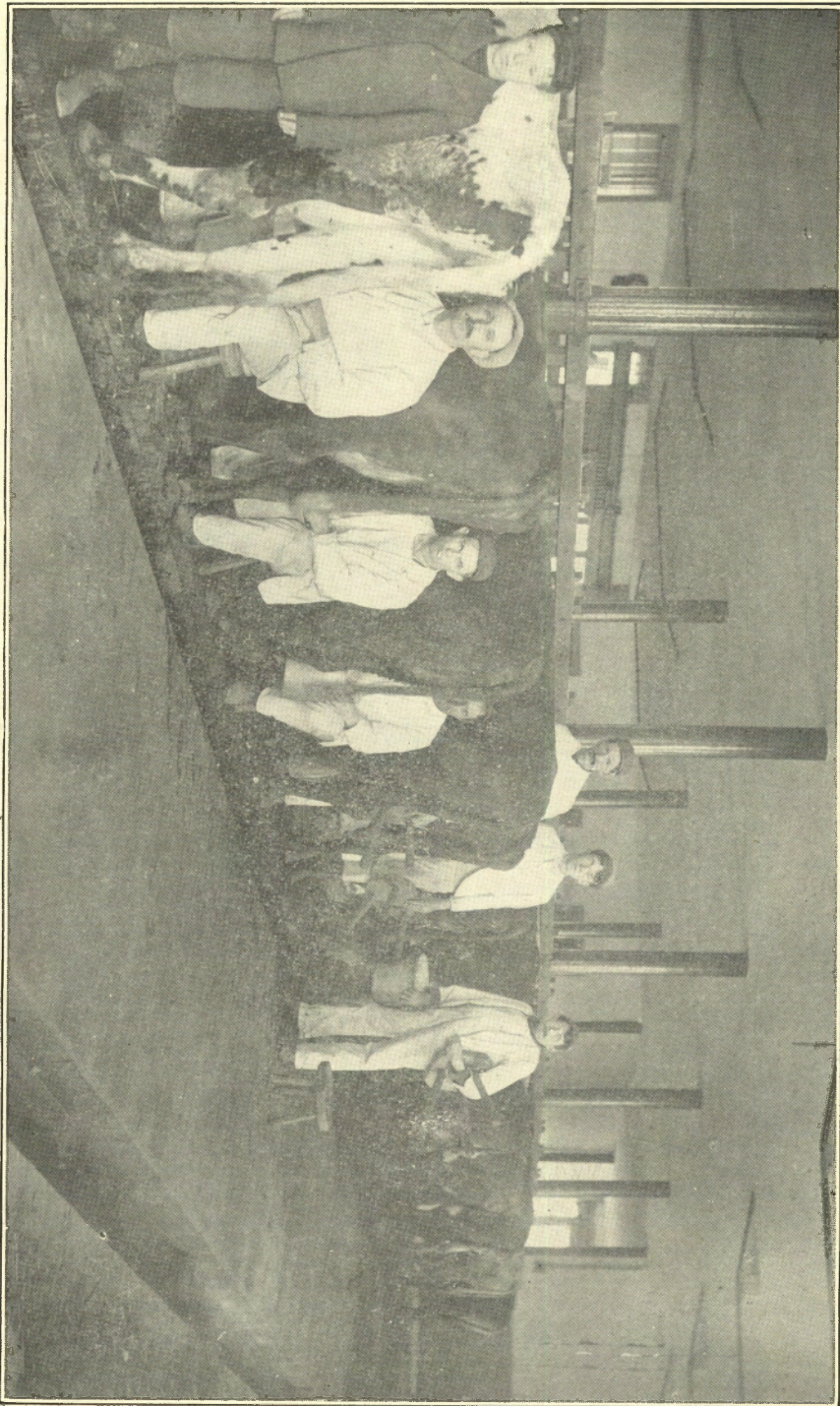
A bill, requiring payment, in advance, in all cases, passed at the last session of the Legislature, was vetoed on the ground that it was against the policy of the State to make payments in advance.

The provision in that bill, which fixed the liability for and secured the payment of the maintenance of patients of a certain class, should again be urged, as at present we are required to admit this class of patients without bond and without any liability on the part of county or state.

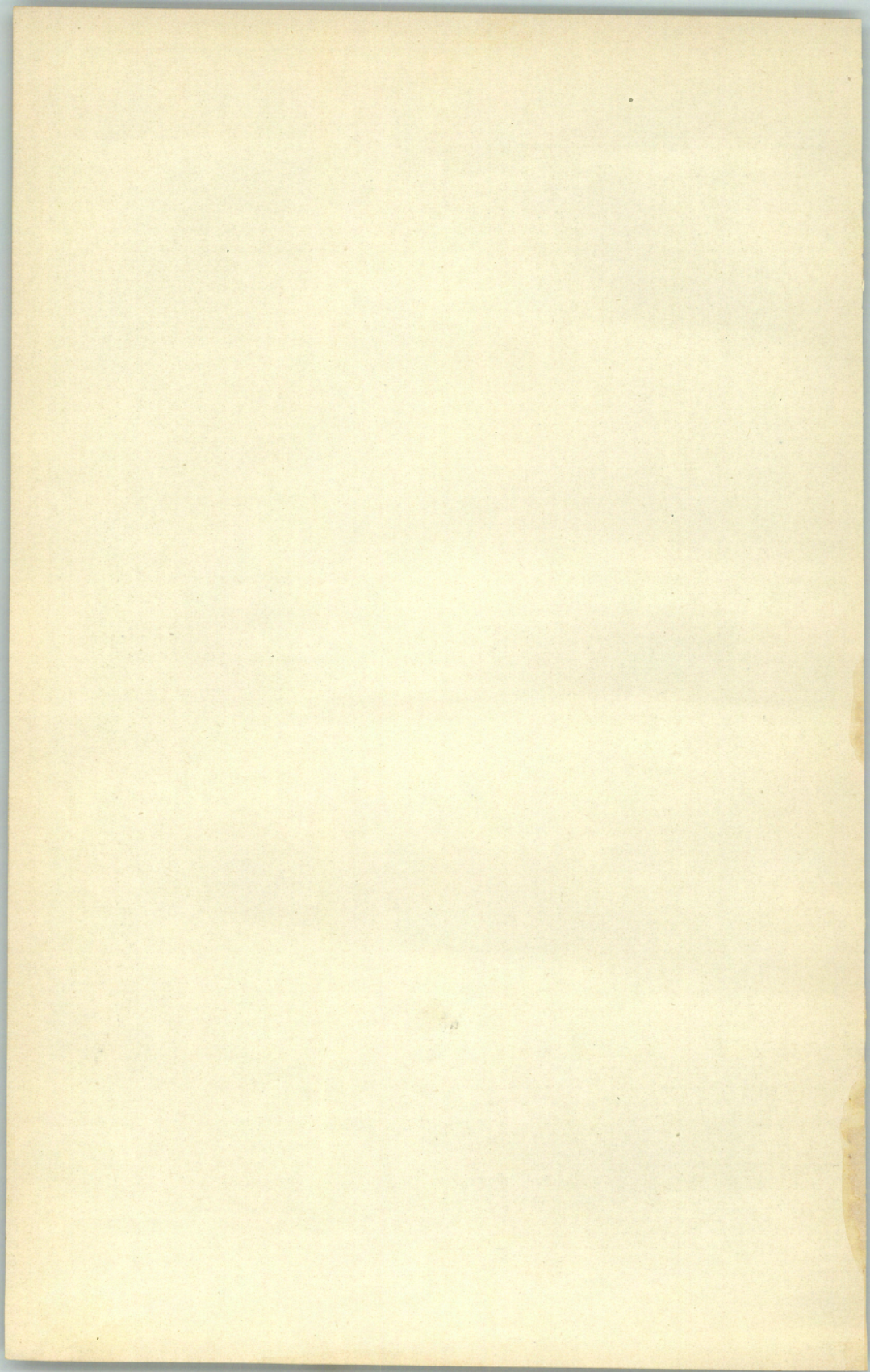
I would suggest that a bill be prepared directing that all bills of the State and Counties be due and payable at the end of each month and requiring their payment within fifteen days from the time they are due.

RESOURCES.

Balance in hands of Treasurer.....	\$ 981 58	
Due from Bergen county.....	4,188 13	
Due from Hudson county.....	487 69	
Due from Hunterdon county.....	1,663 11	
Due from Passaic county.....	9,909 25	
Due from Sussex county.....	1,423 71	
Due from State for county patients.....	9,686 56	
Due from State indigent patients.....	3,828 15	
Due from State for convict patients.....	1,430 00	
Due from private patients.....	6,658 75	
Due from petty expense account.....	115 33	
Due for clothing.....	12,015 77	
Due for tar, etc.....	227 67	
Due for hides.....	370 64	
Hogs unsold	1,638 00	
		<hr/> \$54,624 34



MILKING.



LIABILITIES.

Bills payable.....	\$39,321 55	
Pay roll for October.....	9,025 72	
Private patients paid beyond Oct. 31st.....	6,839 46	
County patients paid beyond Oct. 31st.....	2,706 99	
Amount bills rendered counties not yet earned..	2,256 34	
Amount bills rendered private patients not yet earned	2,038 78	
Unclaimed wages, vouchers on which payment was stopped	278 92	
Excess liabilities over resources.....		7,843 42
	<hr/>	
	\$62,467 76	\$62,467 76

LAUNDRY.

The Legislature, at its last session, appropriated \$18,000.00 for laundry building and machinery; the amount asked for was \$25,000.00; the amount appropriated will be sufficient to erect and complete the building only, as the building contracts absorb the entire appropriation, consequently no provision was made for removing the machinery now in use, to the new plant, for purchasing of additional shafting, steam fittings, plumbing and machinery. The following is an approximate estimate of new machinery, &c., required in addition to what can be utilized from old plant.

Plumbing, shafting and steam fitting.....	\$ 1,000 00
Dry rooms.....	2,200 00
Mangle	2,800 00
Washers	1,200 00
Extractors	525 00
Belting and pulleys.....	300 00
Engine	2,000 00
	<hr/>
	\$10,025 00

DAIRY BARN.

With the continued increase in number of patients more milk is needed and to produce it more room at the dairy is required. In my report of 1902 and again in 1903 I stated that one of the sheds had been fitted up to accommodate cattle which could not

be kept in the barn, owing to lack of space. The shed was not intended for stabling purposes and is not satisfactory or practical for such. It is still necessary to enlarge the barn, the addition asked for is 48x64 feet, and the estimated cost, \$6,000.00.

The Legislature in 1903 appropriated for this work \$3,000.00, which being insufficient was not used and consequently lapsed.

GAS PLANT.

The present holder is entirely too small. It has a capacity of only 23,000 cubic feet and has been in use nearly thirty years. During the season of short days and long nights, the amount of gas consumed will reach 60,000 cubic feet in twenty-four hours. The average daily consumption for the year was 47,000 cubic feet.

It is readily seen that the capacity of the holder is inadequate to meet the demands. There should be a new holder built with a capacity of at least 80,000 cubic feet and located some distance from the plant. A holder of this capacity would insure the storage of a sufficient reserve supply of gas so that in case of accident to the plant, the house would not be left in darkness. With this, the plant would be more economically operated.

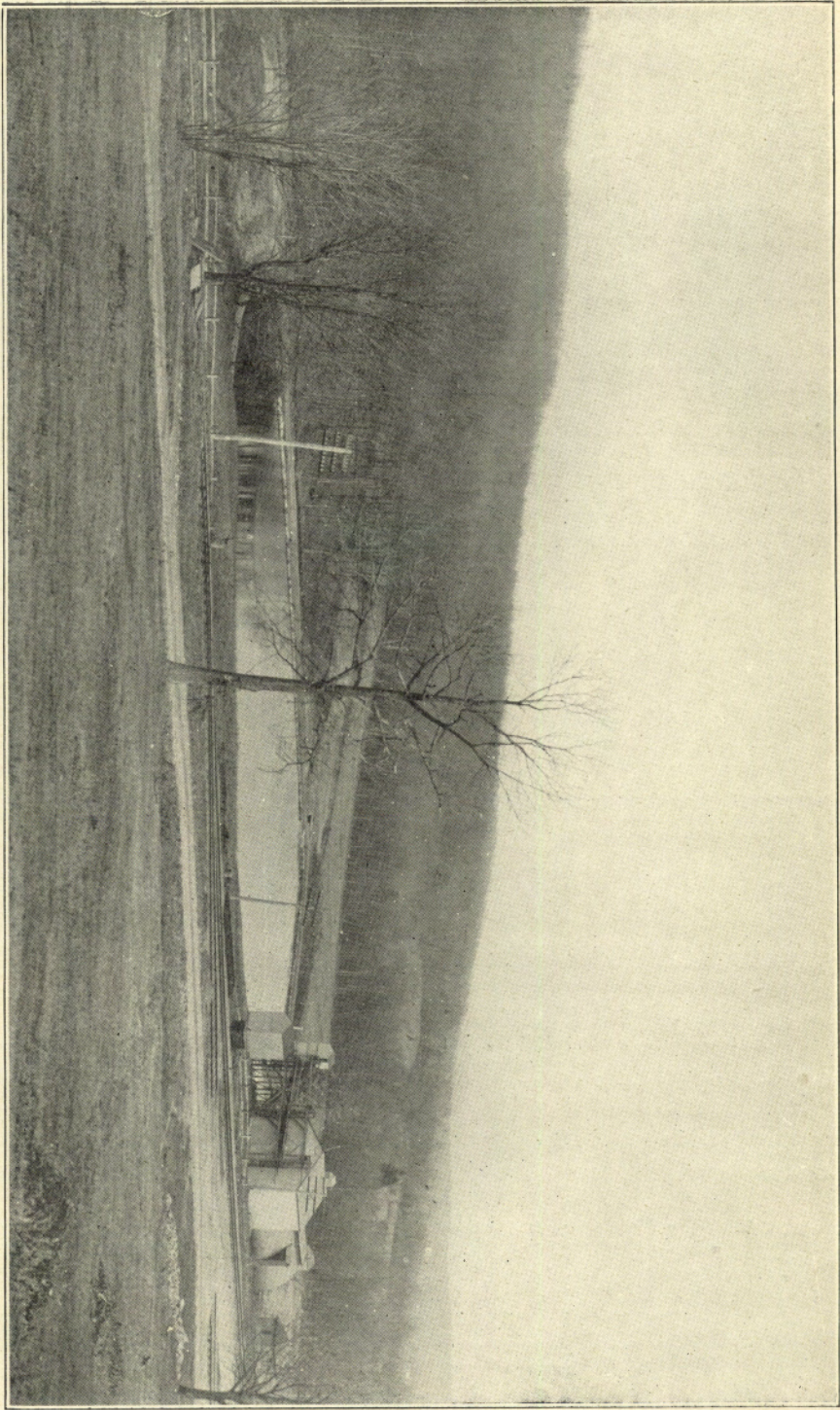
In the appendix to my report are statements in detail showing the amount of work done in each of the mechanical departments, also the products of farm, dairy and garden.

ANNUAL APPRAISEMENT.

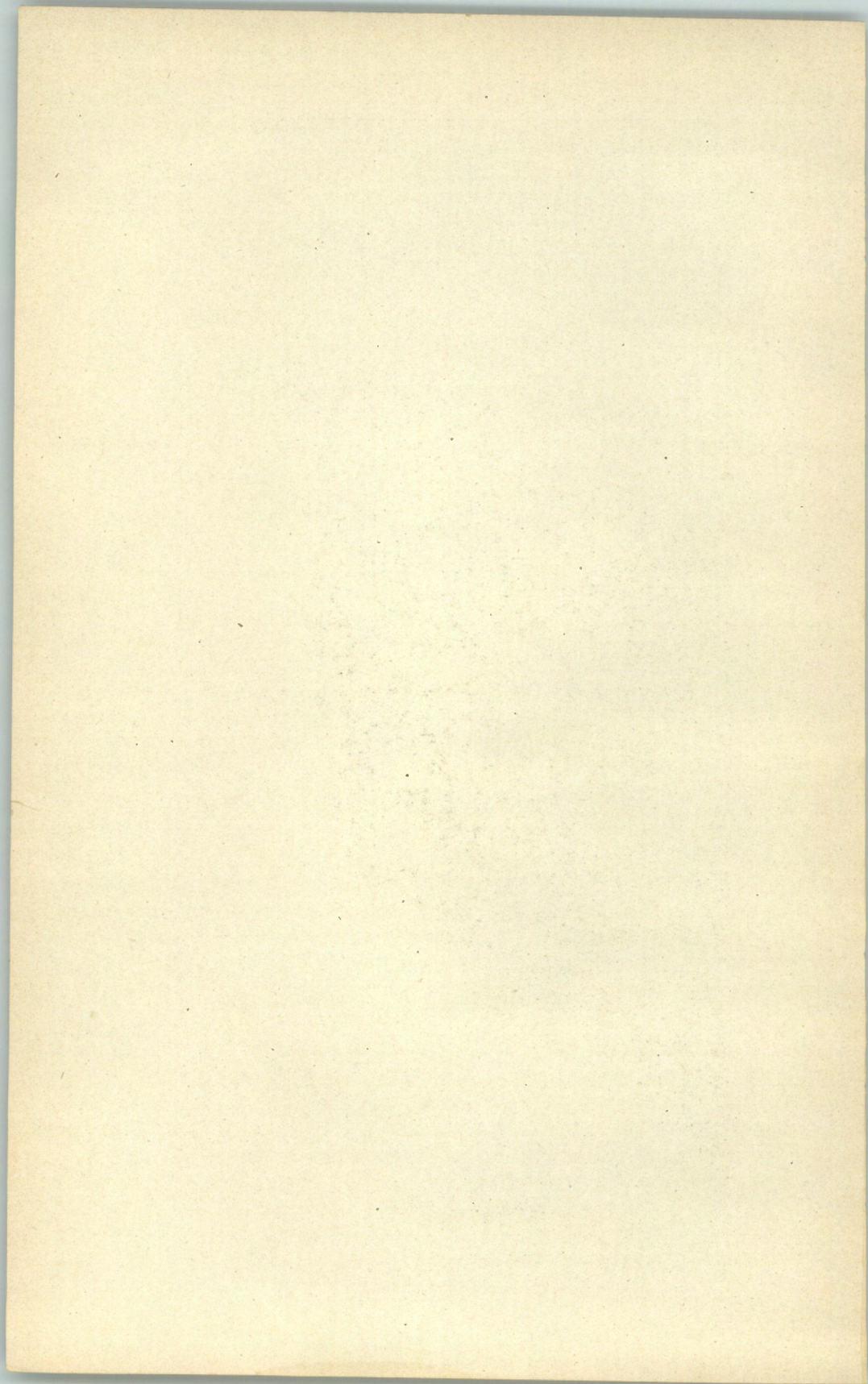
The Annual Inventory and Appraisement was taken as usual. Mr. John Naughton and Mr. Charles W. Ennis, of Morristown, were appointed to assist in this work and we are indebted to them for their valuable services. The total appraisement of the personal property amounted to \$230,784.86.

NURSES' HOME.

The contract was given out for an independent heating plant, which, I understand, the contractors estimated to cost \$300.00. If the heating plant is put in with direct radiation and the steam taken from the house plant, it would cost, as estimated by the contractors, \$1,000.00. They are willing to substitute direct radiation complete for \$700.00 additional.



ICE POND AND HOUSE.



NEW JERSEY STATE HOSPITAL.

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REQUIREMENTS.

For the annual appraisement.....	\$	75 00
For the salaries of resident officers.....		14,550 00
For the maintenance of county patients, based on an average of 1,250 County patients for the year		130,000 00
For support and clothing of insane convict pa- tients, based on an average of 75 convicts for the year:		
Board	\$19,500 00	
Clothing	1,152 00	
		20,652 00
For the support and clothing of State indigent pa- tients, based on an average of 330 State in- dignents for the year, at \$4.00:		
Board	\$68,640 00	
Clothing	6,000 00	
		74,640 00
		<u>\$239,917 00</u>

In addition to the requirements, it will be necessary for the Legislature to provide for the following item so that it may be available during the year 1905, viz.:

Deficiency State indigent patients for 1904.....	<u>\$807 30</u>
--	-----------------

The estimates for amount required for support of County and Convict patients for 1904 exceed the amount earned, viz.: Convicts, \$1,174.28; County, \$2,997.43.

The amount estimated for State Indignents was not sufficient and there is a deficiency of \$807.30.

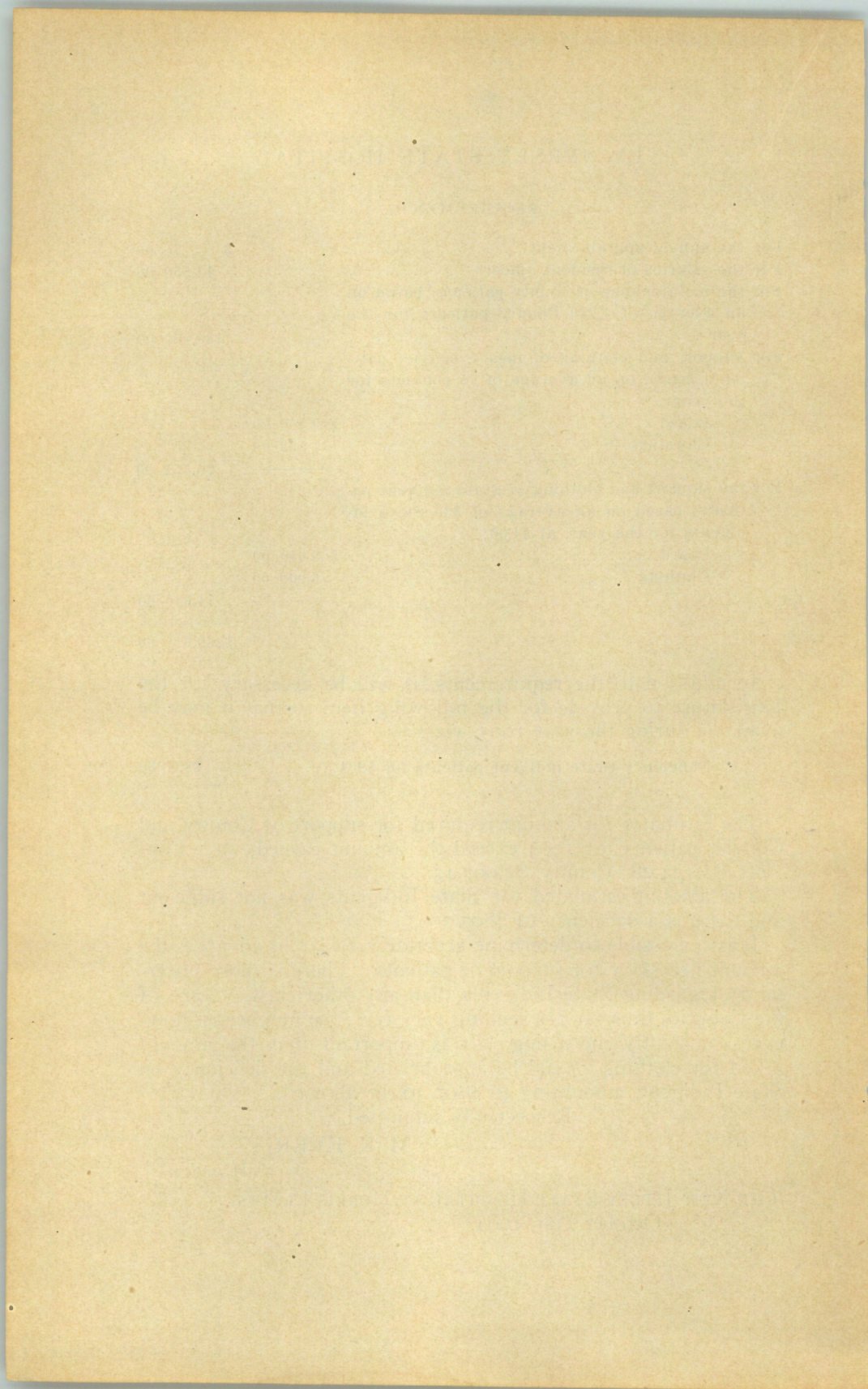
It is impossible to determine accurately so far in advance, the amount necessary for support of patients. There is more uncertainty regarding State Indignents than any other class. Some of the Counties thus far are sending very few; the number is, however, constantly increasing. It is important that the amount asked for clothing should be appropriated and the deficiency on State Indigent, amounting to \$807.30, be allowed.

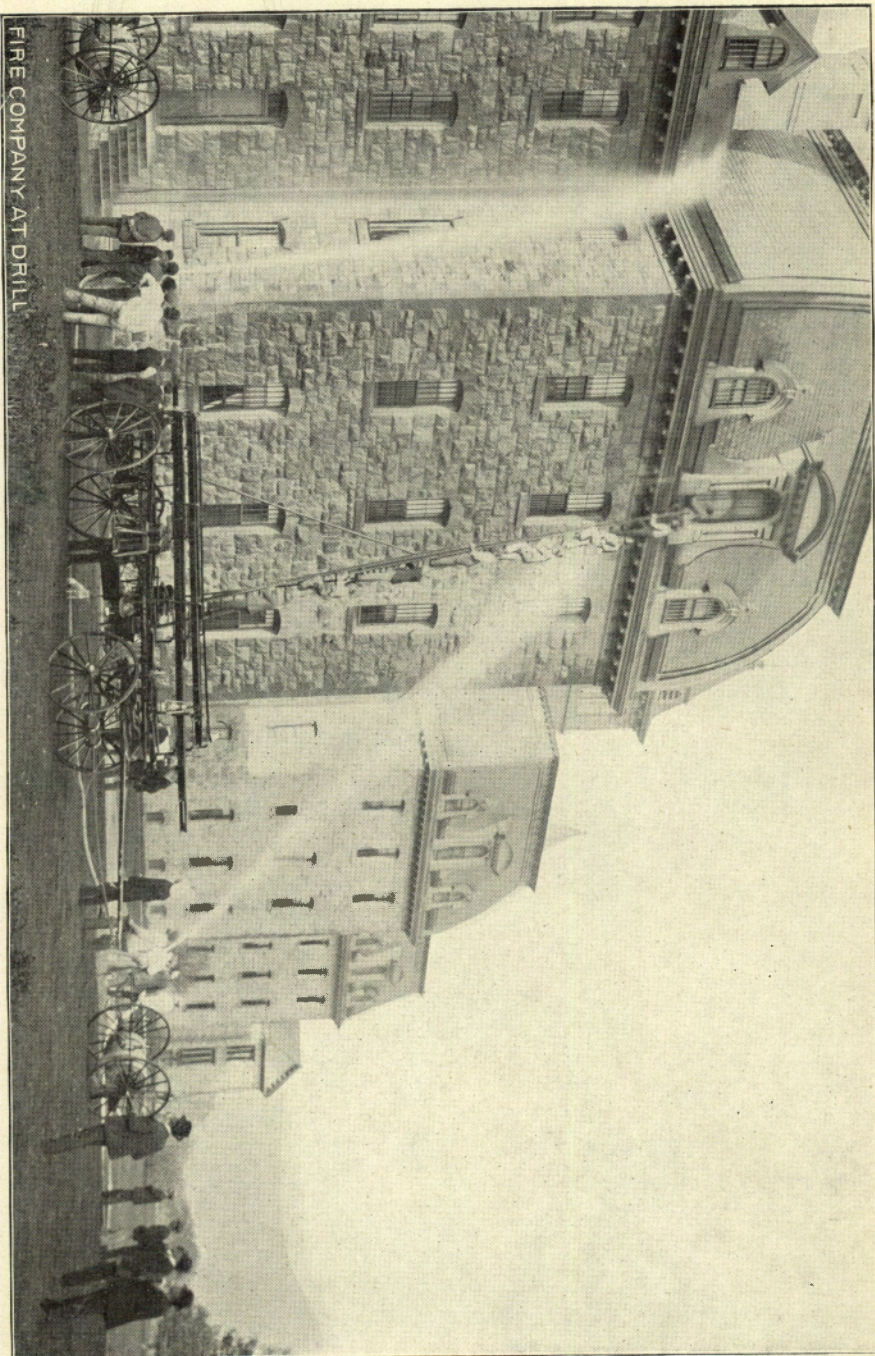
Respectfully submitted,

M. K. EVERITT,

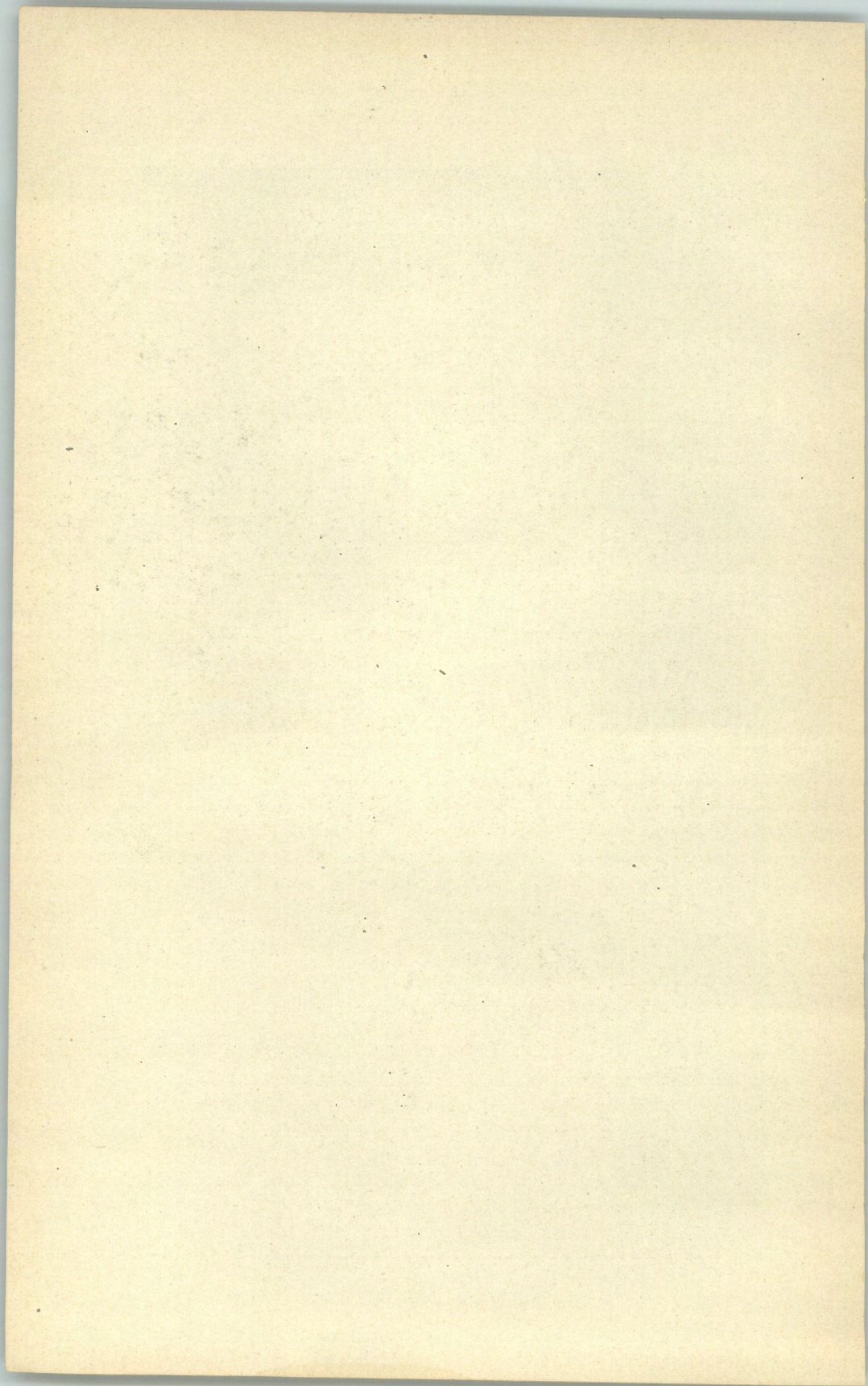
Warden.

THE NEW JERSEY STATE HOSPITAL AT MORRIS PLAINS,
October 31st, 1904.





FIRE COMPANY AT DRILL



Abstract of Accounts.

For the fiscal year ending October 31st, 1904.

G. C. HINCHMAN, *Treasurer.*

DR.

To balance October 31st, 1903.....	\$ 1,206 91
To amount received for board, clothing and incidental expenses of county patients.....	136,869 95
To amount received for board, clothing and incidental expenses of private patients.....	60,554 28
To amount received from State Treasurer for county patients.....	115,666 57
To amount received from State Treasurer for board and clothing of convict patients.....	17,545 72
To amount received from State Treasurer for board and clothing of State indigent patients	46,556 15
To amount received from loans.....	10,500 00
To amount received for hides, fat, grease & bones	4,515 53
To amount received from gas tar.....	690 97
To amount received for incidentals.....	2,125 25
To amount received for hogs.....	3,960 21
To amount received for interest.....	133 76
To amount received for vouchers on which payment was stopped, the several amounts being entered on the books of the hospital to credit of parties in whose favor vouchers were drawn	38 97
	<hr/> \$400,364 27

DISBURSEMENTS.

Amusements	\$ 262 01
Beef	23,292 37
Books, stationery, printing and office supplies....	676 85
Bedding, linen, etc.....	12,264 67
Clerical services.....	395 50
Clothing (suits, dresses, underwear, shoes).....	19,907 66
Coach stable (wages and supplies).....	3,304 70
Crockery and cutlery.....	1,770 68
Counsel fees.....	127 11
Dairy (includes stock, feed, labor).....	16,370 16
Electrical wages and supplies.....	989 02

Farm (wages, tools, fertilizer, seeds, etc.).....	8,451 96
Fire apparatus (new hose).....	494 38
Flour	14,172 18
Freight and train service.....	9,890 81
Fruit and vegetables.....	5,316 91
Fuel	23,838 51
Furniture, carpets, etc.....	2,551 93
Gas fixtures, plumbing and plumbers' supplies..	3,330 84
Garden (labor, fertilizer, seeds, etc.).....	6,076 83
Green house.....	1,273 41
Grounds	1,092 15
Grading	90 44
Household goods	6,790 93
Ice (includes labor and tools).....	662 67
Improvement of buildings.....	267 43
Improvement of farm lands.....	1,436 87
Incidentals	3,051 42
Insurance	2,627 20
Laundry (wages and supplies).....	8,122 41
Gas plant.....	7,431 92
Medical library.....	272 12
Medical supplies.....	4,990 14
Newspapers	59 42
Pathological laboratory (wages and supplies)..	836 92
Postage	663 97
Petty current expenses.....	500 00
Provisions and groceries.....	102,145 81
Railroad repairs.....	528 23
Refunds for unexpired time of private patients discharged	2,908 67
Repairs to buildings.....	10,059 60
Smith and wheelwright.....	942 84
Pigs (includes cost and wages).....	2,039 50
Sewers	1,003 45
Sewage disposal (material and wages).....	927 30
Telegrams	146 64
Telephone rental and tolls.....	1,214 76
Tinware (material and labor).....	1,200 50
Tools, supplies and repairs (Engineer's Depart- ment)	8,658 29
Undertaker's charges	1,675 00
Ward supplies.....	1,299 61
Wages	60,477 99
Loan, paid.....	10,500 00
	<hr/>
	\$399,382 69
	<hr/>
	\$981 58

Appendix to Warden's Report.

Dairy, Farm and Garden Products.

327,955 Quarts milk (average number of cows milked, 92; average per cow, 9.65 quarts per day, at 5 cents..	\$16,397 75
1,095 Dozen eggs, at 26 cents.....	284 70
30 Tons of hay, at \$20.00.....	600 00
190 Tons of hay, at \$16.00.....	3,040 00
30 Tons of rye straw, at \$16.00.....	480 00
225 Bushels of rye, at 60 cents.....	146 25
267 Bushels of hand-picked apples, at 50 cents.....	133 50
275 Bushels of wind fall apples, at 30 cents.....	82 50
10,875 Bundles of corn stalks, at 2 cents.....	217 50
2,600 Bushels of mangle wurzel, at 30 cents.....	780 00
685 Tons of manure, at \$2.00.....	1,370 00
	\$23,532 20

Stock.

4,253 Pounds of veal (30 calves), at 11 cents.....	467 83
328 Pounds of poultry, at 17 cents.....	55 76
107 Cows slaughtered; dressed, 64,775 pounds, at 8 cents..	5,182 00
Amount received for hogs sold.....	3,960 21
	\$9,665 80

Garden.

4,500 Bushels tomatoes, at 50 cents.....	\$2,250 00
5,565 Bushels potatoes, at 55 cents.....	3,060 75
750 Bushels carrots, at 50 cents.....	375 00
300 Bushels parsnips, at 45 cents.....	135 00
750 Bushels beets, at 50 cents.....	375 00
3,000 Bushels mangel wurzel, at 30 cents.....	900 00
500 Bushels white turnips, at 35 cents.....	175 00
50 Bushels rutabaga turnips, at 50 cents.....	25 00
250 Bushels onions, at 75 cents.....	187 50
25 Bushels onion sets, at \$2.50.....	62 50
200 Bushels apples, at 50 cents.....	100 00
450 Bushels spinach, at 40 cents.....	180 00

NEW JERSEY STATE HOSPITAL.

750 Bushels kale, at 30 cents.....	225 00
650 Bushels bush beans, at 75 cents.....	487 50
150 Bushels Lima beans, at \$1.00.....	150 00
450 Bushels peas, at \$1.00.....	450 00
150 Bushels cucumbers, at 60 cents.....	90 00
10 Bushels cucumber pickles, at \$1.50.....	15 00
50 Bushels horse radish, at \$1.25.....	62 50
150 Bushels squash, at 40 cents.....	60 00
30,000 Heads celery, at 2½ cents.....	750 00
21,000 Heads cabbage, at 5 cents.....	1,050 00
22,000 Heads lettuce, at 1½ cents.....	330 00
65,000 Bunches green onions, at 2 cents.....	1,300 00
60,000 Bunches radishes, at 2 cents.....	1,200 00
100 Bunches celery for soup, at 5 cents.....	5 00
18,500 Bunches asparagus, at 10 cents.....	1,850 00
22,000 Bunches rhubarb, at 5 cents.....	1,100 00
2,000 Bunches parsley, at 4 cents.....	80 00
1,000 Bunches leeks, at 4 cents.....	40 00
600 Bunches herbs, at 5 cents.....	30 00
275 Baskets grapes, at 50 cents.....	137 50
15 Baskets Kieffer Pears, at 50 cents.....	7 50
18,000 Ears sweet corn, at 1½ cents.....	270 00
12 Baskets Sickle pears, at 50 cents.....	6 00
1,000 Bundles corn stalks, at 3 cents.....	30 00
600 Cheese pumpkins, at 6 cents.....	36 00
150 Egg plants, at 5 cents.....	7 50
1,500 Peppers, at 1 cent.....	15 00
596 Quarts strawberries, at 10 cents.....	59 60
800 Quarts raspberries, at 10 cents.....	80 00
900 Quarts currants, at 10 cents.....	90 00
100 Quarts blackberries, at 10 cents.....	10 00

\$17,849 85

RETURN OF WORK DONE IN MATTRESS ROOM.

Single hair mattresses made, new.....	135
Double hair mattresses made, new.....	5
Single mattresses made over.....	1,304
Double mattresses made over.....	7
Hair pillows made, new.....	216
Hair pillows made over.....	2,337
Feather pillows made.....	71
Single mattress ticks made.....	109
Double mattress ticks made.....	7
Pillow ticks made.....	243
Sofa pillows made.....	31
Pieces of furniture upholstered.....	201
Large hall carpet made.....	1
Alcove carpet made.....	3
Corridor carpet made.....	3
Room carpets made, new.....	13
Room carpets made over.....	3
Carpets taken up.....	143
Carpets laid.....	148
Carpets repaired.....	186
Bed protectors made.....	675
Bed protectors repaired.....	141
Suspenders made, pairs.....	408
Holland shades made.....	273
Holland shades repaired.....	521
Long curtains hung, pairs.....	38
Chairs caned.....	129
Settees caned.....	9
Hassocks made.....	36
Carpet bound and hemmed, yards.....	188
Mattress ticks repaired.....	218
Ticking mitts made for bakery and gas house, pairs.....	107
Pieces of harness made, new.....	48
Pieces of harness repaired.....	195
Horse blankets repaired.....	31
Chair cushions made.....	10
Awnings put up.....	32
Awnings taken down.....	32
Canvas mitts made, pairs.....	129
Golf flags made.....	30
Shoes made for deformed feet, pair.....	1
Boots, shoes and slippers repaired, pairs.....	1,284

REPORT OF WORK DONE IN SEWING ROOM FOR THE YEAR END-
ING NOVEMBER 1st, 1904.

Sheets, single	3,388
Sheets, double	76
Pillow cases	2,424
Towels, hand	5,350
Towels, dish	2,135
Towels, roller	996
Towels, drug room	166
Petticoats	1,645
Drawers	1,747
Chemise	1,267
Corset waists	3
Night dresses	374
Table cloths, hemmed	277
Napkins, hemmed	727
Blankets, hemmed	350
Portieres, hemmed (pair)	1
Curtains made	222
Curtain bands	246
Burial robes	72
Infants' petticoats	6
Aprons, waiter	36
Burial sheets	72
Burial chemise	72
Burial petticoats	72
Nurses' dresses	41
Nurses' aprons	41
Nurses' straps, pairs	30
Dresses, strong	12
Dresses, regulation	1,363
Dress skirts altered	10
Dress waists altered	2
Waists made, good furnished	19
Skirts made, goods furnished	3
Suits made, goods furnished	19
Wrappers made	21
Shirt waist suits made	298
Sailor suits made (child)	6
Bathrobe altered	1
Coats altered	3
Total	23,593

RETURN OF WORK DONE IN TIN SHOP.

Diet cups	277
Diet cup covers	108
Small flats	112
Biscuit pans	65
Rice pans	86
Wire wreaths	20
Small steamers	12
Large scoops	12
Bung covers	200
Signs for painters	65
Sugar boxes	24
Tin pails.....	20
Pipe bands	48
Cake moulds	32
Coat hangers	12
Other pieces as needed.....	441
Fruit cans	260
Tinware repaired, pieces	2,232
Locks repaired	979
Keys fitted	175
Knives and scissors repaired.....	199
Also repairs to roofs, leaders, gutters, speaking tubes, waiter bells, etc.	

CUT FLOWERS.

Roses	25,000
Carnations	5,000
Chrysanthemums	1,800
Bunches of violets	120
Bunches of sweet peas	75
Gladiolus	800
Roman hyacinths	1,000
Daffodils.....	600
Calla lillies	200
Dahlias	2,000
Asters	2,500
German Iris	1,600
Peonies	500
Scabiosa	800
Strings of smilax	1,000
Strings of asparagus	75

POTTED PLANTS.

Cinererias	250
Easter lillies	200
Calla lillies	75
Caladiums	150
Crotons	175
Chrysanthemums	800
Begonias	300
Hyacinths	250
Daffodils	175
Geraniums	2,500
Colius	3,000
Single petunias	400
Violet plants	650
Roses	500
Carnations	800
Salvias	350
Pansy plants	900
Forget-me-nots	250
Abutilon	500

PAINTER'S REPORT.

Work done from Nov. 1st, 1903, to Oct. 31st, 1904.

Panes of glass put in.....	1,925
Hot bed sash painted and glazed.....	18
Sash for green house painted and glazed.....	12
Covers for hot beds painted.....	24
Trap covers shellaced.....	60
Roofs, annex building and boiler house painted, 40,000 sq. feet.....	2
Man hole covers painted.....	6
Fence painted, feet.....	1,300
Rooms papered and painted, cottages.....	9
Porches, new building, painted.....	7
Rooms and hall, 1/4-A North, painted and kalsomined.....	15
Rooms, walls and woodwork painted and kalsomined.....	75
Floors shellaced.....	28
Pieces furniture repolished.....	19
Wagon painted.....	1
Hay riggings painted.....	2
Pieces furniture varnished.....	800
Sash reglazed, new building, pairs.....	150
Clothes bags marked.....	150
Walls and wood work painted in ducts, yards.....	1,424
Lawn Settees painted and varnished.....	100
Bedsteads enameled.....	45
Lanterns for ward use cleaned and filled.....	5,634
Green house roof reglazed.	
Old mangle room painted.	
Inside slaughter house painted.	
New doors, first floor center, varnished.	
Centre duct, machine shop and two corridors kalsomined.	
Statue in fountain gilded and painted.	

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CARPENTER'S REPORT.

Work done from Nov. 1st, 1903, to Nov. 1st, 1904.

Pieces furniture repaired.....	1,040
Man hole covers.....	6
Vault covers.....	4
Trap seats, new.....	60
Trap seats repaired.....	45
Hot bed sash.....	18
Green house ventilators.....	12
Hot bed covers.....	24
Feet fence, new.....	1,100
Feet fence repaired.....	3,080
Feet telephone moulding.....	720
Feet shelving.....	128
Flower stands.....	8
Sash cords.....	662
Doors repaired.....	314
Sash repaired.....	120
Waiters repaired.....	84
Waiter ropes.....	42
Locks put on.....	88
Chests.....	8
Roofs repaired.....	12
Feet, ice runs, new.....	120
Feet, ice runs, repaired.....	84
Feet walk, new.....	28
Feet walk, repaired.....	56
Feet flooring repaired.....	3,084
Window screens, new.....	12
Window screens repaired.....	8
Window nets, new.....	34
Window nets, repaired.....	72
Net doors, new.....	5
Net doors, repaired.....	8
Nets put in.....	230
Net doors put in.....	19
Nets taken out.....	192
Net doors taken out.....	19
Winter sash put in.....	298
Winter sash taken out.....	298
Looking glass frames.....	6
Picture frames.....	3
Mirrors repaired.....	14
Food cars repaired.....	8

Ironing boards.....	42
Sleeve boards, new.....	6
Sleeve boards, repaired.....	8
Laundry horses repaired.....	18
Laundry boxes repaired.....	20
Bed screens, new.....	4
Bed screens repaired.....	5
Water cooler stands.....	3
Saws filed.....	56
Handles put in.....	162
Handles made.....	148
Curtain frames.....	2
Feet, door glass, moulding put in.....	288
Settees repaired.....	28
Benches.....	10
Barrel covers.....	12
Ladders repaired.....	10
Ladders made.....	6
Boxes and crates, expressing.....	12
Feet, weather strip put on.....	558
Feet troughs repaired.....	280
Snow scrapers.....	12
Dish washer baskets repaired.....	84
Bridges rebuilt.....	3
Spring covers, new.....	1
Spring covers repaired.....	4
Square feet green house beds repaired.....	2,160
Feet green house rafters renewed.....	240
Stall floor racks.....	19
Transoms repaired.....	152
Sweater cabinet.....	1
Chopping boards.....	18
Addition to hennery, 8x12.....	1
Filter cover, 14x26.....	1
Extra repairs on halls.....	1,811
Extra repairs on buildings.....	1,256
Water trough.....	1
Tanks repaired.....	12
Turn stiles repaired.....	3
Barrel bungs.....	425
Gaskets.....	6
Stakes.....	200
Flower sticks.....	500
Feet mould boards, mason.....	264
Mason's hawks.....	3
Freight trucks repaired.....	6
Laundry cars.....	5

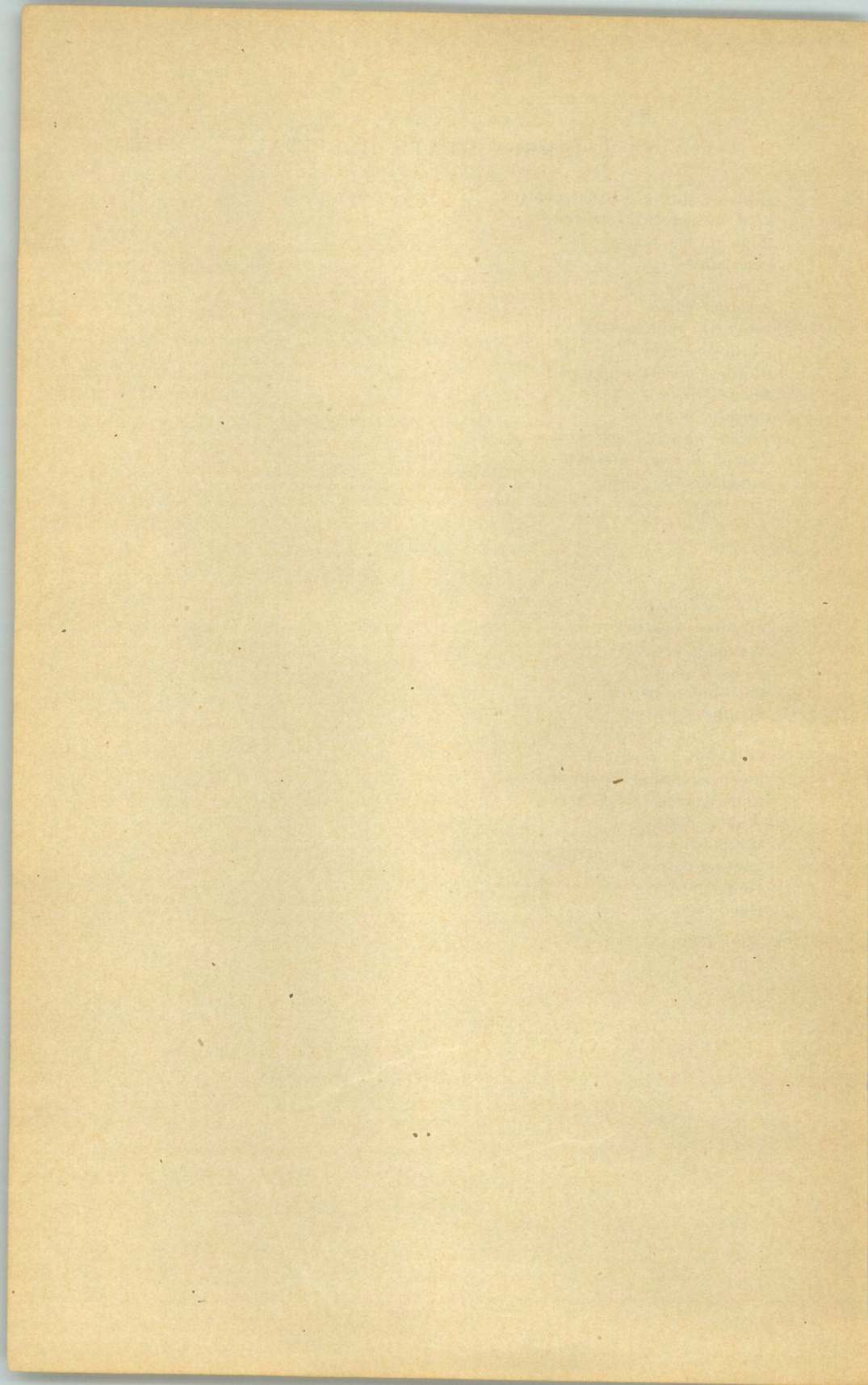
NEW JERSEY STATE HOSPITAL.

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Feet ice spring boards repaired.....	40
Feet ice runway repaired.....	90
Rods in ice house.....	3
Coal bin.....	1
Tables, new.....	3
Straight edges	6
Fracture appliances.....	2
Harness closet.....	1
Clothes closets repaired.....	4
Shade sticks	50
Curtain poles.....	50
Frame to make mattresses on.....	1
Telephone wall pieces	14
Telephone in closet	1

WHEELWRIGHT.

Bobsled, new	1
Bobsled, repaired	3
Wagons repaired	14
Carts repaired	15
Carriages repaired	6
Sleighs repaired	4
Road rollers repaired	2
Stone drags repaired	6
Farm machines repaired	4
Ends boards	48
Wagon poles	3
Whiffletrees	9
Casting patterns	16
Brake blocks	65
Hand-carts repaired	4



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

PRIVATE PATIENTS.

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

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

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

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

INDIGENT PATIENTS.

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

HABITUAL DRUNKARDS.

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

GENERAL RULES.

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

Beginning March 2, 1905, the visiting days will be Tuesdays, Thursdays and Saturdays. The visiting hours will be from 10 A. M. to 4 P. M.

Visitors will not be permitted to visit both in the forenoon and afternoon of the same day.

Visiting will be permitted on legal holidays, except Sundays.

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
..... of the said.....
other circumstances of connection between patient Full name of patient.
and 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 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 patient has ever been an inmate of an institution for the insane, state when and where.*)

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

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

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

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

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

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

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

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

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

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

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

(3) Other facts perceived by me indicating insanity:

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

.....Physician.

AFFIDAVIT.

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

.....M. D.

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

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

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

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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?

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.....Physician.

AFFIDAVIT.

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

....., M. D.

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

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

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

The undersigned, of....., in the county of....., and
City or Town.

State of....., being desirous of having....., an
Full name of patient.

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

Full name of patient.

.....was born at....., on....., resides at
Full name of patient. City or Town. Date of birth.

....., and is a.....
State patient's residence with particularity, Profession, trade or calling of patient

The undersigned is a.....
State degree of relation or other circumstances of connection
between patient and person making request,

of the said.....

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 per-
manent 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 Hos-

pital; 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.*)

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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, the presence of the physician*):

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

(3) Other facts perceived by me indicating insanity:

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

.....Physician.

AFFIDAVIT.

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

.....M. D.

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

.....

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

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

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

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

2. Birthplace of father,; of mother

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

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

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

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

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

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

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

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

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

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

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

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

(3) Other facts perceived by me indicating insanity:

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

.....Physician.

AFFIDAVIT.

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

.....M. D.

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

Maintenance Bond.

MALE.

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

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, the sum of.....dollars,.....cents per week, for the care and board of said insane person as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

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

(Name).....[L. S.]

(Residence)

(P. O. Address).....

(Name).....[L. S.]

(Residence)

(P. O. Address).....

Signed and sealed in the presence of.....

Removal Bond.

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

Whereas, of the county of hath heretofore been, and still is, confined in the New Jersey State Hospital at; and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said is manifestly, and can probably be rendered comfortable at, and said Managers are willing to discharge said and to deliver to relatives or friends, upon receiving satisfactory security for peaceable behavior, safe custody and comfortable maintenance without further public charge;

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

. [L. S.]
 [L. S.]

Sealed and delivered in the presence of