



ADMINISTRATION BUILDING

Thirty-Eighth Annual Report
OF THE
MANAGERS AND OFFICERS
OF THE
NEW JERSEY STATE HOSPITAL

AT
MORRIS PLAINS

For the Year Ending October 31st
1913

UNION HILL, N. J.
DISPATCH PRINTING COMPANY

1914

Managers

PRESIDENT

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

VICE-PRESIDENT

PATRICK J. RYAN.....Elizabeth
JOHN C. EISELE.....Newark
JOHN T. GILLSON, M.D.....Paterson
GEORGE W. JAGLE.....Newark
JOHN NEVIN, M.D.....Jersey City
ALBERT RICHARDSDover
W. L. R. LYND.....Dover

Officers

MEDICAL DEPARTMENT

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

BUSINESS DEPARTMENT

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EDWARD I. COURSEN.....Assistant Warden
HARRISON P. LINDABURYTreasurer
HENRY W. BUXTONSecretary

Board of Consultants

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

Report of the Board of Managers

To His Excellency, Leon Taylor:

Sir:—In compliance with the requirements of the laws of New Jersey, the Board of Managers of the New Jersey State Hospital at Morris Plains respectfully presents its annual report. The managers believe a report of this kind should be broad in scope and convey definite, important facts to the Chief Executive and the Legislature, and in addition should be an educational message to the reading public, bearing upon what is being done in the State hospitals for the care and treatment of the insane.

This report covers the hospital year from November 1st, 1912, to October 31st, 1913. Reports from the Medical Director, Warden and Treasurer are presented, to show in detail the work done during the year and the necessity for increased facilities to improve the care and treatment of those under our supervision.

The report of the Medical Director gives the changes in the population of the hospital and much of what has been accomplished in his department. During the year 2,847 patients were under treatment—1,450 men and 1,397 women. The largest number under treatment at one time was 2,427 on October 1st, 1913. The number of admissions for the year is 545—280 men and 265 women. There were remaining on October 31st, 1913, 2,411 patients—1,225 men and 1,186 women. This is an increase in population of 109 over that shown in last year's report.

The Commission appointed by the Governor to inquire into the needs of State institutions for the insane, epileptics, idiots and imbeciles made an official inspection of this institution on May 23rd, 1913. The matter of the seriously overcrowded condition was fully presented to this Commission.

There were discharged as recovered 84 patients. One hundred and ninety-five died—6.85 per cent of the number treated throughout the year. With the present medical staff, including the Medical Director and eight assistant physicians, there is only one physician to each 255 patients, a very low ratio and a matter

NEW JERSEY STATE HOSPITAL.

worthy of serious attention, since one physician to every 150 patients has been by the highest authority determined to best protect and advance the paramount interests involved.

The Treasurer's report shows clearly the hospital's finances.

The Warden's report herein incorporated sets forth the hospital's business affairs as fully as this official document will permit. Detailed tables of farm and garden produce and also of work done in the shops were presented to the Managers, but are too elaborate for a report of this nature.

CALAMITOUS OVERCROWDING.

No infectious diseases have developed among the patients. But the continually increasing population is so serious and the Managers desire to place this problem with all its grave responsibilities where it may be given proper attention.

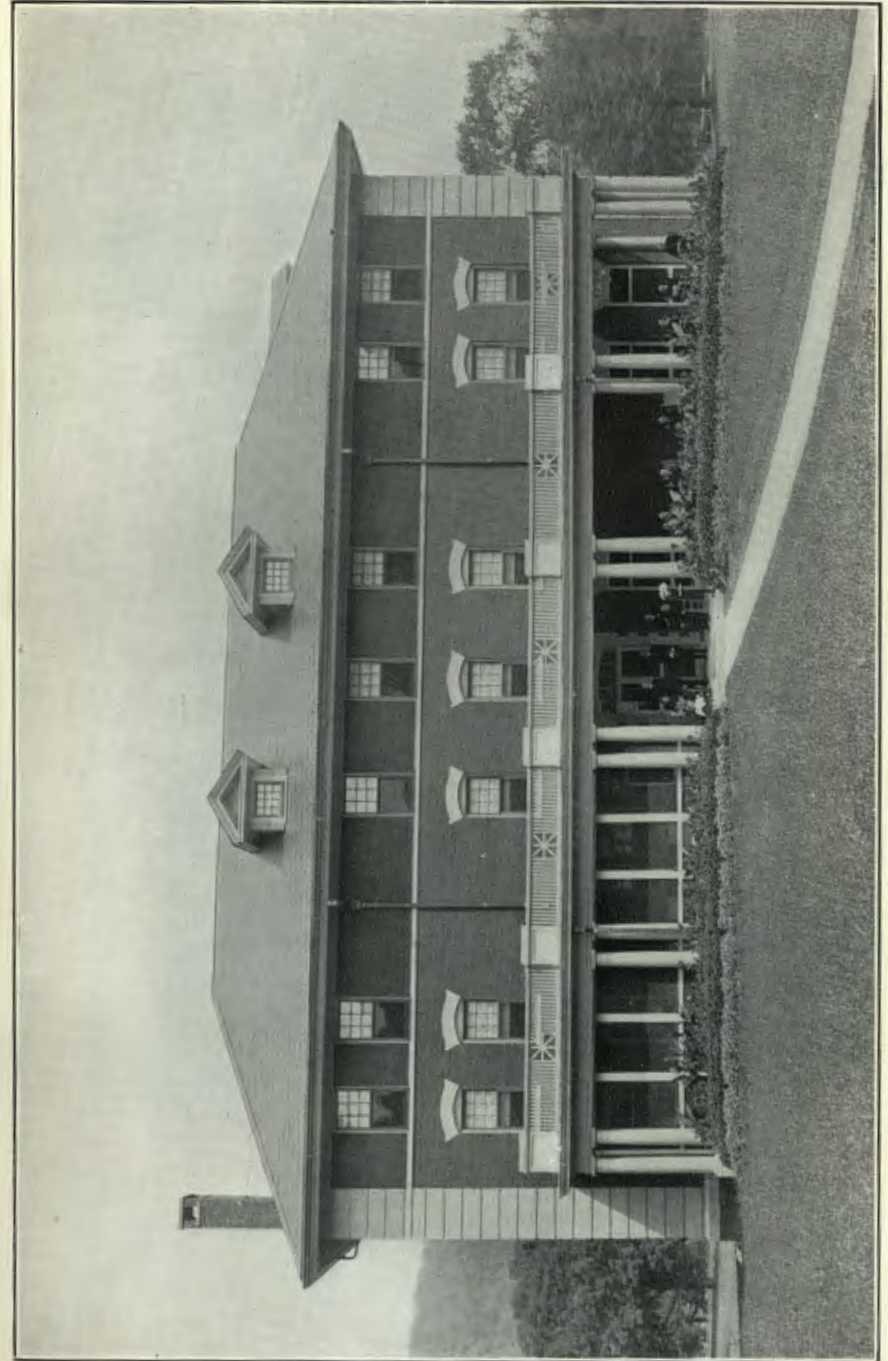
The number of recoveries of this hospital are being reduced because of overcrowded conditions, which are from day to day becoming more grave and alarming. A third State hospital is needed; in our opinion, there is no other way in which the State's honor in the care of its insane will be properly preserved. Prompt and intelligent heed should be given. It is the duty of this Board to report facts, conditions and needs, and leave the responsibility of giving relief where it should justly rest.

IMPROVEMENTS.

Under the appropriations granted we have been able to do the following important work and make the improvements set forth.

The cottage for male nurses is complete and furnished. The grounds around the cottage were graded and a concrete walk laid from the cottage to the driveway at the trolley station. The work of grading and laying of walk was done by the hospital force.

The Administration Building has been wired, fixtures installed and the building is now lighted by electricity, a decided improvement over gas.



MALE NURSES' COTTAGE AFTER COMPLETION

The workshop for patients and the addition to the female nurses' cottage are nearing completion.

Other improvements for which appropriations were made are as follows:

Continuous baths installed and should be ready for service prior to January 1st next.

Telephone system installed and in operation.

Addition to laundry building completed.

Addition to dairy barn in course of finishing.

Boiler plant installed and in operation.

A portion of concrete walks laid; balance to be completed as weather conditions will permit.

Rebricking boiler plant No. 2, and installation of forced draft apparatus.

Fire hose, extinguishers, etc., added to equipment for fire purposes.

Grandstand, greenhouses and cottages improved and repaired from house funds.

NEEDS OF THE HOSPITAL.

Among the chief needs of this hospital calling for executive and legislative consideration, the following items are respectfully presented:

Incinerating Plant.

Drinking Water Purification Plant.

Induction Coil (for taking X-ray photographs, which is absolutely necessary to the scientific work of the hospital).

To reimburse Dr. M. A. Curry for expenses incurred in transferring two patients to Chicago, Ill. Voucher signed and in the hands of the State Comptroller.

Field Workers—Wages and expenses.

Surgical Room.

Morgue.

Salary for Clinical Director.

Continuous Baths—Instalment of 6 tubs, appliances, etc.

Deportation of Patients to Foreign Countries and States of Residence.

Insurance.

Extension to Industrial Building.

Equipment for Extension to Industrial Building.

Amusement Fund.

Increase in Pathologist's Salary.

Piping Material—Pipe, Valves, Fittings, etc. (Ducts of Main Building).

Hog Pens.

Hot Well.

Electrifying Cable Car (for conveying patients, employees and supplies between the old and new buildings, underground).

Ventilating Fourth Floor.

Fences Around Reservoir.

Trees for Re-Planting Watershed.

Materials for Concreting.

Estimates and details bearing upon all these or additional items and their urgent necessity will be presented in writing to Your Excellency and the Appropriation Committee.

ESSEX COUNTY HOSPITAL FOR THE INSANE.

A Committee of this Board visited and inspected the Essex County Hospital for the Insane and report that on October 31st, 1913, there were 1,614 patients—732 men and 882 women. The medical staff consists of eight physicians, a ratio of one physician to 202 patients. There are 8 supervisors, 93 women nurses and 88 men nurses, a ration of one nurse or attendant to nine patients. The ratio of those employed in the day time was 1 to 10.7 and at night 1 to 52.2. The total number of employed persons in the Medical Department was 202.

The average percentage of patients employed daily was: Men, 60.6 per cent; women, 41.2 per cent, and the order of their employment reflects much credit upon the Medical Director of the institution.

This, as a County hospital, deserves our commendation, so far as the care, employment, housing and treatment of the patients are concerned.

HUDSON COUNTY HOSPITAL FOR THE INSANE.

We regret to report that the system in Hudson County is purely custodial; the patients as a rule are unemployed and there is a notable lack of the modern methods of treatment.

Dr. H. V. A. Smith was appointed Medical Superintendent to succeed Dr. George W. King, who resigned in November, 1912, to accept the position of County Physician.

The medical staff consists of Dr. Smith and a physician who does not reside at the hospital. This means that only two physicians and one not a permanent resident are expected to look after 772 patients during the daytime and at night only the Superintendent is left to look after them. The Medical Superintendent is further expected to perform all the important executive work of the institution. His absence at night, whatever might be the emergency, means that all this large number of patients would be left without medical attention; a matter of actual gravity which should have attention.

The State Treasury gives to the Hudson County Hospital for the Insane the same amount per capita for the maintenance of its patients that it gives to the State hospitals, at Morris Plains and Trenton, and the State should see that the patients are properly provided with such scientific care and hygienic surroundings as are in keeping with the support the institution receives from the State treasury.

The Hudson County Hospital for the Insane should have at least four resident physicians upon its staff. It should have at least 60 nurses and the State authorities should be, under statute, in a position to dictate these protective conditions or withdraw financial support.

This institution compares very unfavorably with the Essex County Hospital for the Insane. Vigorous and radical attention is needed.

PASSAIC COUNTY ALMSHOUSE.

On October 31st, 1913, there were 37 insane inmates at the Passaic County Almshouse—8 men and 29 women.

There has been no change in the conditions as given in previous reports. This is not an insane asylum and it is difficult for this Board to understand how it obtains support from the State treasury for insane persons kept there.

VISITS.

Joseph P. Byers, Esq., State Commissioner of Charities and Corrections, has visited the institution; also Mr. C. L. Stonaker, Secretary of the State Charities Aid and Prison Reform Association.

The Appropriation Committee of the Legislature met the Managers at the hospital before the close of the legislative session last Spring.

The Morris County and the Tri-County Medical societies held their regular annual meetings at the hospital.

The members of the Board have collectively visited the hospital one hundred and thirty-three times.

CONCLUSION.

The overcrowded condition of the hospital has caused the Managers much uneasiness of mind, and has added greatly to the duties and ordeals of the officers of both the medical and business departments. We desire to record our approval of the manner in which the Medical Director, the Warden and other resident officers have conducted the institution's affairs.

Respectfully submitted,

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

October 31st, 1913.

Treasurer's Report

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

Gentlemen: The Treasurer of The New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract showing available appropriation for maintenance (not including officers' salaries), from November 1st, 1912, to October 31st, 1913, inclusive:

APPROPRIATION FOR FISCAL YEAR ENDING OCTOBER 31, 1913.

Collections for October, 1912, paid State Treasurer after November 1st, 1912, and part of appropriation for fiscal year ending October 31st, 1913	\$ 27,567.81
Bills rendered against State and allowed:	
For county patients	\$141,919.44
For state indigents	135,659.43
For state convicts	15,250.73
	<u>\$292,829.60</u>
Collections made by the hospital Treasurer, paid to the N. J. State Treasurer:	
From sundry counties	\$158,329.35
From private patients	101,190.86
From sale of hides, fat, etc.	9,958.18
From fire insurance	1,019.91
From sundries	70.29
	<u>\$270,568.59</u>
Less collections October, 1913, part of appropriation for fiscal year beginning November 1st, 1913	21,636.24
	<u>248,932.35</u>
	<u>\$569,329.76</u>
Funds received from State Treasurer chargeable against this appropriation:	
For bills	\$379,425.57
Less refund of Peter Freeman returned to State Treasurer	77.25
	<u>\$379,348.32</u>
For employees' payroll	189,914.29
	<u>\$569,262.61</u>
Lapsed	\$ 67.15

NEW JERSEY STATE HOSPITAL.

RECEIPTS.

From State Treasurer for sundry charges against hospital:		
For bills	\$379,425.57	
For employees' payrolls	189,914.29	
For officers' payrolls	21,412.14	
		\$590,752.00
Collections by hospital Treasurer during October, 1913, payable to N. J. State Treasurer November 1st, 1913, part of appropriation for fiscal year beginning November 1st, 1913:		
From sundry counties	\$ 9,394.94	
From private patients	18,237.23	
From hides, fat, etc.	173.07	
	\$ 27,805.24	
Less amount paid State Treasurer to meet payroll	\$5,880.92	
Less check of Frank E. Smith, protested.....	288.08	
	6,169.00	
		21,636.24
		\$612,388.24

DISBURSEMENTS.

By bills paid	\$379,348.32	
By employees' payrolls paid	189,914.29	
By officers' payrolls paid	21,412.14	
By refund Peter Freeman, returned to State Treasurer..	77.25	
		590,752.00
		\$ 21,636.24

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

Respectfully submitted,

H. P. LINDABURY,
Treasurer.

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

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

Report of the Medical Director

To the Board of Managers:

Gentlemen:—I respectfully submit this, the thirty-eighth annual report covering the period from November 1st, 1912, to October 31st, 1913, such period being the hospital year as regulated by the laws of the State. Under the statutes of the State the report of the Medical Director is regularly prepared for incorporation into your report to the Governor and State legislature.

The workings of any public institution and especially one of this nature should be open to every reasonable inspection, and at all times to those interested in sociology, so that they may have an opportunity to carefully review the annual advances in psychiatry and if the work is found to be humanely and scientifically worthy it may be commended; if not, it should be open to that order of criticism which will tend to change conditions which ought not to obtain in such institutions.

A report of this kind, then, to have full educational force should not be seriously restricted in its circulation among those who have an interest in the matters it sets forth. The interested public should, through such a channel, be given an opportunity to become acquainted, as fully as possible, with what is being done for the insane, and in this manner educated as to the future needs of such institutions, so that the wards of the State may receive that order of attention to which their peculiar malady entitles them.

The public will, in this way, the better understand why appropriations are annually requested, and better comprehend the careful manner in which the managers and resident officers endeavor to apply such funds to the betterment and welfare of afflicted humanity.

This report contains many suggestions which I feel worthy of the consideration of the good citizens of the State and which are of material importance to the State in discharging its duty to these public charges.

RESUME OF TABLES.

Some pertinent facts contained in the statistical tables are referred to briefly in the following synopsis. The various points that appear especially worthy of mention are given a prominence that might otherwise be overlooked.

In the thirty-seven years since the hospital opened, 11,642 patients have been admitted and received treatment.

During the past hospital year 2,847 persons have been treated, of whom 1,450 were men and 1,397 women. On October 31st, 1913, there were remaining under treatment 2,411 patients—1,225 men and 1,186 women.

During the year covered by this report 545 patients were admitted—280 men and 265 women. This is seventeen less than in the previous year. The increase in patients cared for at the end of the year was 109.

No additional accommodations have been provided for the annual increase by the State. We are now caring for more than 800 persons in excess of our accommodations. This continued overcrowding is the most serious problem which constantly confronts us. Rooms formerly used by the patients for recreation have been converted into dormitories. On the halls of the wards beds are put down in the evening to accommodate those who cannot be cared for in rooms. This is a serious condition which threatens to give disastrous results at any time should a fire break out in the hospital during the night, aside from its extremely unhygienic aspect.

Those admitted with mental disease not curable approaches 60 per cent; of those there were 137 suffering from various forms of dementia; 118 were diagnosed as suffering from dementia praecox; 55 have paranoia and 14, different forms of imbecility. Patients so afflicted live in institutions for long periods and constitute the principal cause of the increase of State hospital population. The segregation of such patients in cottages where they could be easily watched and attended would be a more satisfactory and more economical way of caring for them and thus leave this hospital for the admission, observation and treatment of acute cases, and be attended with beneficial results to both classes.

Of the other patients admitted there were 291, or nearly 24 per cent, whose mental disorders were diagnosed as mania, and 91, or nearly 17 per cent with forms of melancholia. In 62 persons the principal alleged cause for mental derangement was intemperance and other excesses. Senility was alleged to be the cause in 28 and heredity in 24 persons. In 266 cases, nearly 50 per cent, the cause could not be ascertained by examining physicians before admission of patients to the hospital. Eighty-eight persons were admitted who had exhibited suicidal tendencies and thirty-five with homicidal tendencies. Such patients have to be carefully watched and have constant, vigilant attention.

As in other years, May was the month when most patients were admitted and December the month of fewest admissions. Over 10 per cent of the patients admitted came in May and less than 5 per cent in December.

The percentage of patients of foreign birth admitted is steadily increasing; this year there were 230 such, comprising over 42 per cent of those admitted. One hundred and fifty of those admitted were born in New Jersey and 162 had other States as their nativity.

Eighty-four persons were discharged who had recovered from their mental disease and 135 in such an improved mental condition as to warrant their release under the provisions of the laws of the State.

Of those who died about 60 per cent suffered from various forms of mental deterioration known as dementia.

The percentage of deaths, computed on the whole number under treatment during the year, was 6.85, which is slightly lower than it has been for several years.

OVERCROWDING.

At the close of the hospital year there were under care 2,411 patients where only well ordered accommodations are provided for 1,600. There have been several cases of scurvy in the hospital. These were not confined to any one ward. While it is contended that this disease is of germ origin, it is rarely found where there is not overcrowding with the consequent unhygienic conditions.

I assume that the Commission appointed by His Excellency, James F. Fielder, has taken under serious consideration the urgent

necessity of making provision for the large number of insane persons for whom the institutions of this State cannot properly care. From year to year I have set forth in as plain English as I could command the needs of the State along this line. I have done it as my official duty and I have stated, as I now desire to state, that New Jersey cannot well afford to overlook her obligations in the care and treatment of the dependents of the State.

This hospital has now in it over 800 patients in excess of its normal capacity and the yearly increase is about 100. To build a State institution requires about four years. This overcrowded condition is far more serious than it seems to be understood by the general public or even by many persons who claim to have given serious thought to the problem. It should be understood that people who are herded together far beyond warrant of the most flexible laws of hygiene are being robbed of a reasonable expectation of recovery, even in spite of the most energetic efforts of the hospital management and its resident medical officers.

It is extremely unfortunate that an institution built at an expense of more than two and a half million dollars should be so deprived of an opportunity to cure a fair percentage of the afflicted class sent to it for treatment. Not only are the patients already here under treatment placed in jeopardy but the same unfortunate conditions are presented to those being daily admitted, and unavoidably to an intensified degree.

Insane persons, because of the nature of their malady, are prevented from making a forceful appeal in their own behalf. Their welfare depends upon the conscientious energies of citizens in and out of our legislative bodies who will look into this problem as philanthropists, moved to work for the great cause of humanity.

Conscientious physicians having the immediate care of the insane realize how seriously they are handicapped by such overcrowding. The best that can be done by the hospital authorities is to continue to call attention to this state of affairs and if no heed is given to the continued overcrowding of the hospital, contributory negligence cannot be justly charged to the hospital management.

It is impossible to state more fully than I have in previous annual reports the necessity for something to be done for the relief of this condition. Action should be taken without delay. The Dormitory Building was opened in 1901 and has in it 600 patients. The Main

Building has now in it hundreds of patients in excess of the number there at the time it was thought necessary to relieve its congestion by opening this new building for the reception of patients. The dependent sick must be cared for by the State. The better this duty is performed, the greater the honor due those responsible.

THE NEW LUNACY LAW.

The law enacted by the last Legislature dealing with the admission of the insane has caused some confusion among physicians and the Courts; it could be simplified to the satisfaction of every interest concerned, but frequent changes in such statutes are not advisable because of the grave emergencies upon which they bear and the necessity of prompt application. The New Jersey State Medical Society was asked to take cognizance of this measure and endeavor to have it modified, and the Committee on Legislation of this Society was instructed to endeavor to bring about the enactment of a law that would make it illegal to confine in jails in New Jersey any insane persons.

As complex as the present law seems to be, it does not present the only perplexity of its sort. There are on the statute books numerous laws relating to the commitment and detention of the insane in which are sections or clauses which have not been repealed, and other sections or clauses which are more or less confusing and difficult to harmonize with the recent statute.

The law bearing upon this important matter should be clear and concise, without the possibility of misinterpretation. The only practical way this can be attained is by repealing all laws bearing upon the commitment, maintenance, detention, treatment, care and discharge of the insane and enacting one comprehensive law covering in plain English the principles found in the laws of the various States of this country or Europe relative to this problem.

DEPORTATION.

The subject of deportation of insane aliens is a matter of great import to the State and is entitled to closer and more studious attention than it has received. During the past year I have cor-

responded with the legally established authorities of a number of States in an endeavor to obtain reliable data to enable this State to establish such reciprocal relations as to the transfer of insane persons from the State in which they may be in custody to the one where they have a legal residence.

New Jersey has no detention hospitals or State observation wards where charges of this sort may be left pending determination as to their mental status and a legal finding as to where they should be sent. This is a serious drawback and is obviously unfair and unjust to all parties concerned.

With the co-operation of the United States Department of Immigration I have been able to have a large number of alien insane deported. I have also been able to ascertain the legal residence of several patients for whose support New Jersey was not liable and have them sent either to their friends or given into the custody of the Detention Hospital designated by the Deportation Agent of the State responsible for their care.

I wish to call your attention to those patients who have been in the country over three years, but are not citizens. Many of them have relatives in their home country who would gladly look after them could they be returned. Many such patients are willing to return to their place of nativity but are unable to because of mental incapacity and for financial reasons to do so. In a number of such cases I have been able to interest friends and relatives who were returning home to provide transportation. This only applies to a small percentage of those of the class which could be repatriated if a sufficient appropriation were at my disposal. During the past year the State of New York has repatriated hundreds of such cases, thereby saving the State many thousands of dollars.

Under the present interpretation of the law, it is necessary for someone to advance the amount required and then wait months to be reimbursed. This is clearly unfair, unbusinesslike and not the spirit of the statute; or, if so, a fair law should be enacted to meet such conditions. An appropriation should be made promptly accessible for such emergencies of the hospital and especially when the State's interests are being so greatly benefited and protected.

The expended portion of the amount granted under last year's appropriation for these purposes has been the means of effecting a large saving to the State and a great deal more can be accom-

plished if proper attention is paid to this important matter. Each person deported or transported to another State would cost the State of New Jersey over \$250.00 a year to support. The average duration of life of the insane in institutions is upwards of twenty years. Anyone with limited knowledge of mathematics can see the amount saved by each person now dependent on the State's resources who is returned to his legal place of residence. Our sister States have paid commissioners, with special agents and inspectors, who investigate the history of all persons admitted to their State hospitals to determine their residence and legal source of maintenance. It would be a wise and economic procedure and would clearly conduce to the financial and social welfare of New Jersey.

PRIVATE PATIENTS.

From time to time criticism has been made because of the fact that overcrowded State hospitals receive and care for persons able to pay for their maintenance or whose relatives or guardians are able to provide for their support. Is this not really a compliment to the hospitals, and does it not reflect most favorably upon their management when our prosperous citizens prefer them to private sanatoria?

Shall not upright citizens in the hour of affliction be entitled to all the advantages offered and provided by the State in the form of public charities? The homeless tramp who becomes insane is sent to one of the State hospitals and a high order of medical attention provided; the examination into his condition is made most thorough and the therapy employed is the most modern and up-to-date. An institution always open to inspection by State officials and those of the public not actuated by morbid curiosity must of necessity keep abreast of the times so that, within the means provided, everything so far as possible may be done to promote the welfare of all under custody. It would not seem fair to keep reputable citizens or those dependent upon them from receiving the best the State provides if they desire such treatment.

The admission of private or even of indigent patients is not based on any encouragement or official act of any officer of the institution. The law specifically provides that no physician connected with any institution for the insane in the State be a party

to a patient's commitment to the institution with which he is officially connected. Shall those who seek the care of the State and who are ready and willing to pay for it be driven elsewhere, while the State's bounty is expended on those who have never helped themselves and are often not even legal residents of New Jersey? No reasonable person could be expected to answer this in the affirmative.

CONVICTS AND CRIMINALS.

I deem it my duty to again direct your attention to the matter of confining criminal and convict insane patients together with that class of unfortunates who are innocent of crime. It is a severe hardship to those suffering from mental malady that they must be removed from home associations and comforts, but to throw them into daily contact with persons guilty of grave breaches of law and criminals by heredity is most unjust and out of harmony with the principles which should govern the care and treatment of the non-criminal insane.

Mental disease requires scientific medical attention and it is also highly important that patients so afflicted should be free from associations which are irritating and obnoxious. Persons of refinement, or who are sensitive and realize that they are forced to come into contact with criminals and convicts are naturally agitated and humiliated.

Hospitals for the insane are not provided with the safeguards of penal institutions to prevent the escape of inmates, and it would be unjust to the non-criminal insane to so construct them. Every reasonable provision is made and precaution taken to prevent escapes, but notwithstanding this, vicious and cunning criminals contrive to get out and become a serious menace to the community in which they take up their abode.

The overcrowded condition of the hospital makes it impossible to properly isolate or segregate people of a well defined criminal make-up; it also becomes necessary to care for all our patients with that order of rigid observation calculated in many instances to depress or retard recovery, while under a different environment and supervision it might be brought about. An order of prison atmosphere is unavoidably forced into the hospital precincts, often

magnifying the false ideas of many inmates and thereby making them feel that they are undergoing imprisonment, whereas they are simply victims of ill health. This State can find no justifiable excuse for the continuation of such conditions.

Segregation of the convict and criminal insane is not an untried experiment. It is permanent practice in other States, and where separate institutions for this class have been established, they have not only proven to afford relief from the undesirable conditions above referred to, but have also been the means of a material saving to the State treasury.

The last Legislature appropriated funds for erecting a separate building for the convict and criminal insane on the grounds of the State Hospital at Trenton, but through some legal technicality this appropriation lapsed. The construction of such a building would relieve the two State hospitals of this undesirable class, and I would advise that the Legislature be asked for a renewal of the appropriation for this purpose.

IDIOTS AND IMBECILES.

As yet New Jersey has done nothing to provide an institution where idiots can be cared for. A few are maintained in New York and Pennsylvania at the expense of the State. Most idiots in New Jersey are confined in poorhouses, where the care they receive is not such as they require and not such as the principles of humanity demand, or left in families to the detriment of those not afflicted as positive factors of depletion, socially and financially.

The houses for feeble-minded persons are not able to care for all the imbeciles in the State. The State hospitals are not fitted for the care of them and are wisely forbidden by law to receive them. Therefore, the necessity that adequate, suitable provision be made for them is urgent. They should be looked upon as the most dependent of the State's wards and they should receive most sympathetic attention from legislators, philanthropists, humanitarians and sociologists.

Recent research proves that this class of defectives, by propagation, gives to the State inferior citizens, since it is practically impossible for them to have normal offspring. Their segregation for

this additional reason makes it wise and a promotion of economy and social welfare of a high order.

EUGENIC RESEARCH WORK.

From August, 1912, to November, 1913, two eugenic research workers were kept busily engaged in the investigation of the heredity of patients confined in this hospital. They received special training in this line in the school and biological laboratories of Dr. Charles B. Davenport, at Cold Spring Harbor, Long Island, New York.

Many great difficulties are encountered in the search for authentic information regarding ancestry and even of the parents and collateral relatives.

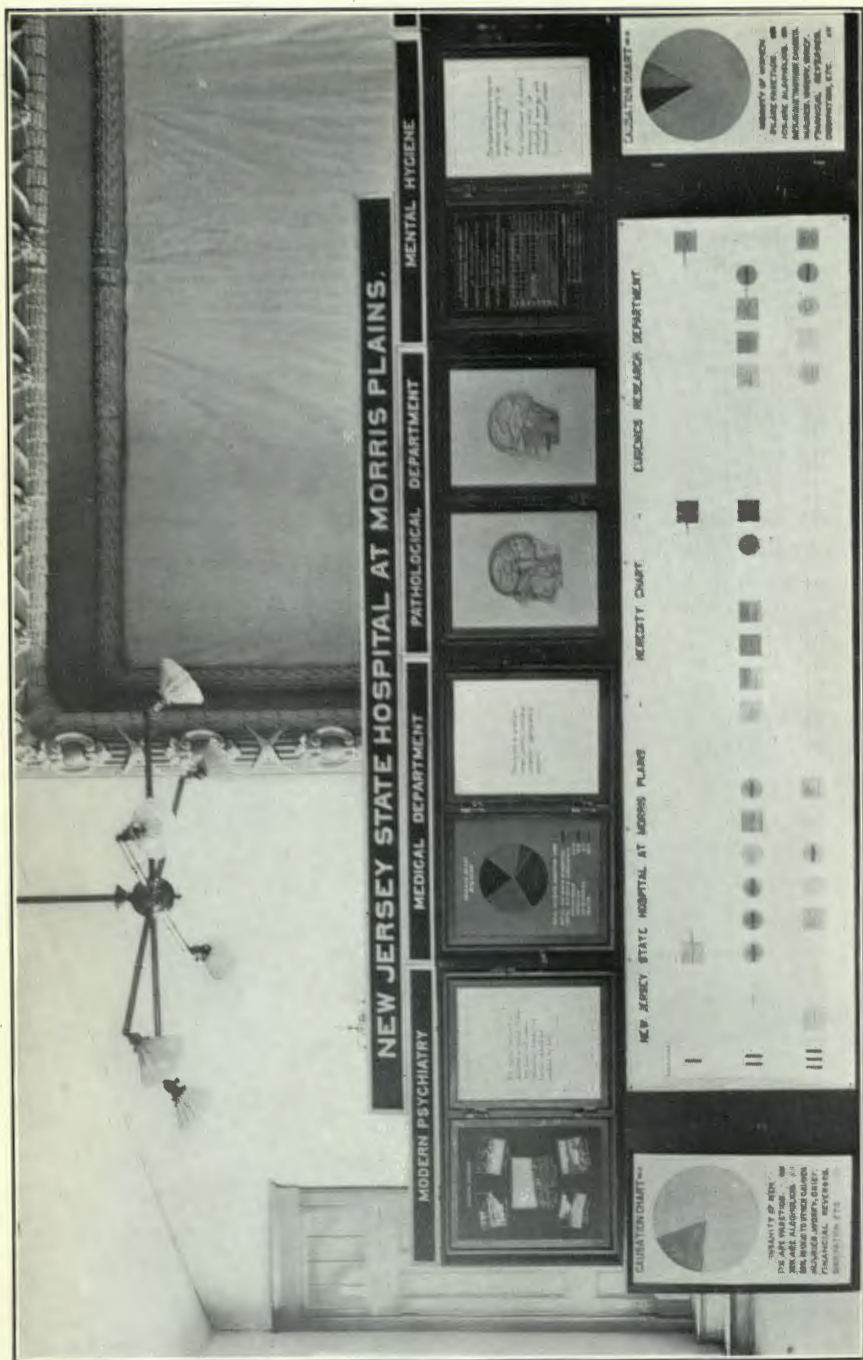
Forty-two family histories have been completed. All personal data that it was possible to obtain concerning four thousand, eight hundred and twenty-two individuals in these families has been tabulated. Two hundred and thirty-six cases of insanity have already occurred in these families, showing 5 per cent afflicted with some form of insanity.

The ratio of insane in institutions in this country to the population is about one-fifth of one per cent. The ratio of insane to the total number of individuals in the forty-two families mentioned is ten times greater than the ratio of cases of insanity to the general population. This finding and analysis means much, but it does not include the large number of border-line cases and the equally large number of cases that might have been properly placed under institutional care in early generations.

In one family one thousand and six individuals were charted. Reliable data concerning this family extended over eleven generations. This is worthy of serious thought.

Investigation of the hereditary history of the foreign element in this hospital is encumbered by much greater difficulties than that relating to the history of the American families. This work, now in its inception, carries with it convincing emphasis of the value and importance of present effort to the solution of problems that will be of inestimable value to future generations.

The work carried on, for this short period, with special investigation into the condition of epilepsy and feeble-mindedness has



MENTAL HYGIENE EXHIBIT—SCIENTIFIC DIVISION

shown that it is possible to put into operation corrective measures for the elimination of this evil taint from humanity. The investigation of the conditions of insanity and the co-relation of their causes with the existing conditions and characteristics of the pro-generative factors is one of the most difficult problems presented in dealing with the problem of hereditary influences. Quantitative and qualitative dissimilarity in the transmission of the various forms of insanity adds to the perplexity. The insanities are recognized as recessive traits which may under certain conditions appear in the present generations or may lie dormant in this generation and atavistically manifest themselves in the next.

At the present time our special attention is being given to the hereditary factors that may cause the transmission of various attributes which make certain individuals prone to that morbid mental condition known as dementia praecox. Since this form of mental disorder furnishes about 45 per cent of all the permanent residents of our institutions for the care of the insane, in determining the dominance of this form of insanity over other types it is necessary to study systematically and carefully the hereditary features of every case sent to the hospital for treatment.

The value of the work already done here in the investigation of hereditary history depends upon the continuance of this line of scientific research until incontrovertible deductions can be made and used as a guide to the formulation and inauguration of corrective measures.

MENTAL HYGIENE EXHIBITS.

A general expression on the part of the citizens of New Jersey deeply interested in the care of the insane and the betterment of public institutions for dependents of the State has resulted in the organization of the New Jersey Conference of Charities and Corrections which meets annually.

The hospital authorities were advised by the committee on exhibits that an exhibit of the work done at this institution would be appreciated and that such exhibits should show in a practical way what was being done to prevent insanity. What was prepared consisted of art and craft work, and a display of charts, pictures and pathological specimens.

The first exhibit was sent to Princeton, where there was no organized or systematic scheme for allotting the necessary space or arranging the various exhibits from the institutions represented. This same difficulty has been contended with at the conferences during the past two years.

The enthusiastic co-operation of the medical staff has resulted in the getting up of a mental hygiene exhibit which is practical in its construction and adaptability. Photographs of a part of this exhibit will be found in this report.

This exhibit, on request, was also placed in the City Hall of Philadelphia, from March 15th to 22nd, during the Mental Hygiene Conference of Pennsylvania.

The fundamental principles of mental hygiene are related to every phase of human existence. The efficiency of the individual depends upon the integrity of his mind. The moral aspect of this work is important. The chief object of those exhibits is educational and operates to show the relation of social evils to the alienation of the human mind; to make an equally impressive appeal to the common sense of the public for active co-operation in the establishment of corrective measures. If this can be accomplished to a degree of practical application, conscientious endeavor is not without substantial reward. Further, an exposition of the morbid environmental influences which rack and ruin the minds of men to such an extent that they must be segregated from society, operates as an educational force of great value to all who seek an intelligent corrective remedy. In this connection no little emphasis should be laid upon the wisdom of instituting methods calculated to prevent the formation of vicious habits and educational processes of warning against prostitution, sexual inconsistencies and the enormity of dangers arising from syphilis.

HOMES FOR NURSES.

The new home for men nurses is completed, has been furnished and is now occupied. About seventy nurses room there instead of upon the wards among the patients they care for during their working hours. The rest and relaxation from noisy surroundings obtained in this way acts to make them better able to perform their work and minister to the wants of those under their care.

The addition to the home for female nurses will soon be completed.

A law pensioning those having a continuous satisfactory term of service of twenty years would enable us to retain the choice of our graduates which would mean raising the morale of the institution and promoting a much desired esprit de corps in the nursing staff and serve to elevate the standard, of great benefit to the insane. This would be both wise and economic.

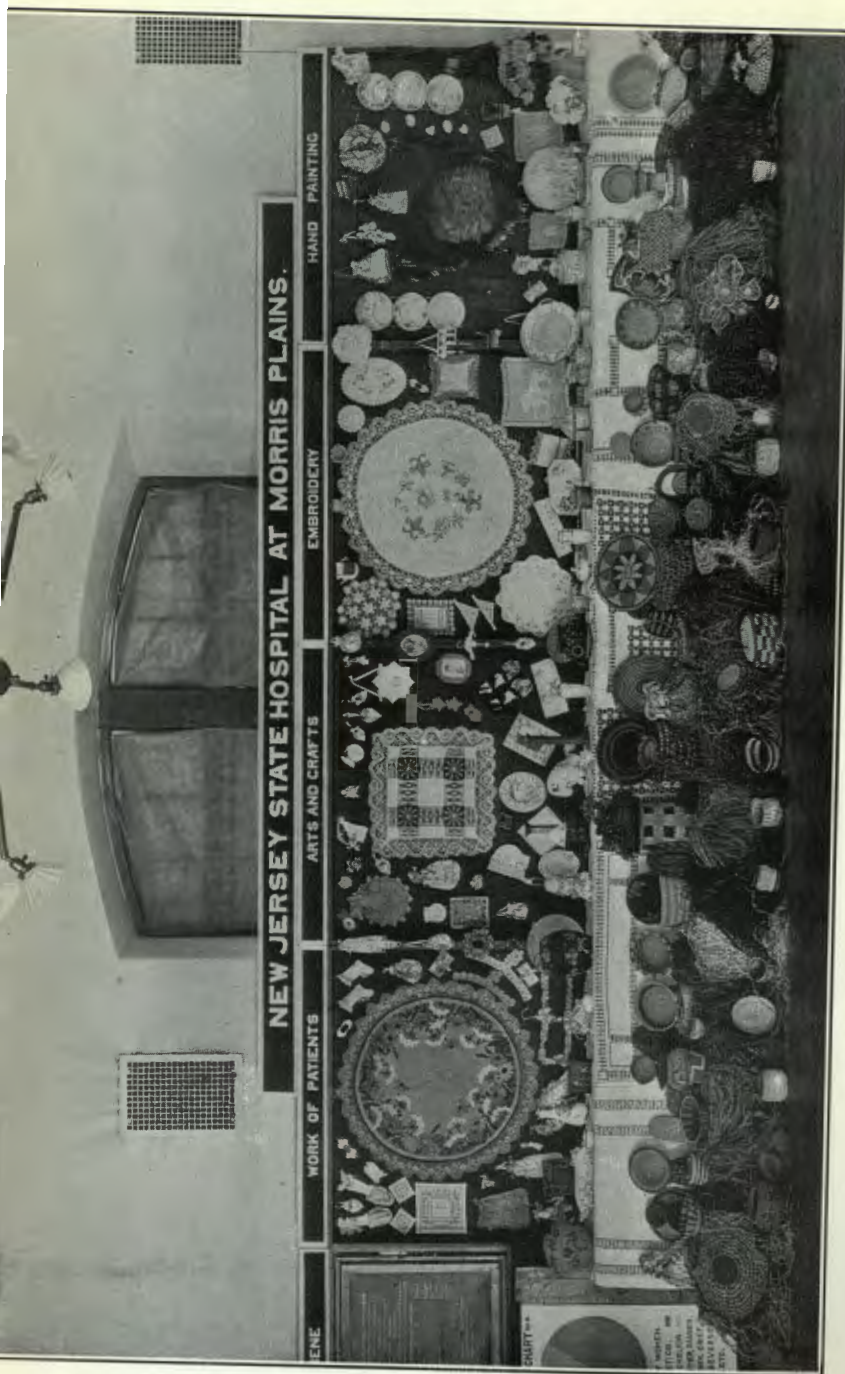
Such legislative provision is made for many employed at larger remuneration and whose duties are far less onerous and freer from danger by the United States Government and other States and countries for persons who render a faithful and protracted care of the insane.

DIFFICULTY IN PROCURING NURSES.

We are having difficulty in procuring that number of acceptable nurses necessary to meet the needs and demands of this hospital. One nurse to each nine patients is a conservative ratio. The following table will clearly show that we have been far below such a standard and make it clear that any increase of per capita cost of maintenance cannot be justly charged up to the excessive number of employed.

This table also shows the ratio of physicians to patients and the total number employed in the Medical Department:

Physicians	9
Ratio of physicians to patients	1 to 255
Total number employed in Medical Department	222
Patients in hospital, male	1,205
Patients in hospital, female	1,186
Total	2,391
Patients carried on visit	20
Total population	2,411
Supervisors, male	5
Supervisors, female	5
Nurses, male	108
Nurses, female	75
Ratio of nurses to patients in hospital, male	1 to 11
Ratio of nurses to patients in hospital, female	1 to 16
Ratio by day, male	1 to 15
Ratio by day, female	1 to 19
Ratio by night, male	1 to 63
Ratio by night, female	1 to 85



MENTAL HYGIENE EXHIBIT—ARTS AND CRAFTS DIVISION

TRAINING SCHOOL AND COMMENCEMENT.

The training school has been conducted as in past years, each member of the staff lecturing upon subjects assigned by the Medical Director. The course of study embraces three years of didactic lectures with practical work at the bedside. Instruction is given in bandaging, dietetics, hydrotherapy and electrotherapy. Nurses are required to assist in the preparation of patients for surgical operations and aid in the operating room. At the close of each school session all eligible pupils are given written examinations in each subject and a general average of 75 per cent is necessary for promotion or graduation. All nurses and attendants are required to take this course of training. At the close of the present session fourteen nurses passed satisfactory examinations and were awarded diplomas at the public commencement held in the Hospital Amusement Hall on July 10th, 1913. The number of nurses who have graduated from the State Hospital training school since its inauguration in 1894 is now 217. The exercises opened with an overture by the hospital orchestra, which was followed by an invocation by the Rt. Rev. J. A. McCleary. Dr. F. W. Owen and the Hon. P. J. Ryan delivered interesting addresses to the graduates. The diplomas were presented by the Medical Director. After the benediction was pronounced by the Rev. Father M. J. Glennon, a dance was held for the nurses and their guests, the music being furnished for the occasion by the hospital orchestra.

The following is a list of the graduates, session 1912-1913:

Oren S. Moore	Nellie Agnes McTeigue
Henry Wilmot Ross	Ethel Olson
Gilbert Torrence	Janie B. Rowan
Theodore Wartman	Katherine Josephine Rowan
Griffin Woodward	Frances A. Smith
Mary Estelle Fleming	Mary Irene Smith
Olga Margreta Indgaard	Beatrice J. Wrenn

The lecturers and instructors with a schedule of the subjects taught are as follows:

Dr. Britton D. Evans	Mental Hygiene and Ethics of Nursing.
Dr. E. Moore Fisher	Hygiene, Obstetrics, Gynecology and Genito-Urinary Diseases.
Dr. L. K. Henschel	Dietetics, Hydrotherapy, Electro and Mechano-Therapy.

Dr. George A. Anderton	Materia Medica, Therapeutics and Toxicology.
Dr. Marcus A. Curry	Medicine and Medical Nursing.
Dr. George R. Hampton	Surgery and Surgical Nursing.
Dr. George B. McMurray	Eye, Ear, Nose and Throat.
Dr. Frederick A. Thorne	Chemistry, Physics and Urinalysis.
Dr. Frank M. Mikels	Anatomy and Physiology.
Miss Mary R. Keegan, Supervisor	Instructor in Ward Work and Discipline.
Miss Phoebe Northwood, Supervisor	Instructor in Bandaging.
Miss Jennie Markey, Supervisor	Instructor in Diet Preparation.
Miss Julia B. Maguire, Supervisor	Instructor in Hydrotherapy.
Mr. John Coleman, Supervisor	Instructor in Ward Work and Discipline.
Mr. C. J. Bright, Supervisor	Instructor in Bandaging.
Mr. Leland C. Roberts, Nurse	Instructor in Hydrotherapy.
Mr. William Moran, Nurse	Instructor in Feeding and Diet Preparation.

INDUSTRIAL BUILDING.

The building to be devoted to industrial employment of patients including arts and crafts is nearing completion. It has two floors, the lower of which will be used by women patients, the upper by men. The installation of the necessary machinery—such as a printing press, tools for book binding, looms, brush machines, knitting machines and basket forms—is receiving studious attention.

The industrial employment about to be instituted will be most beneficial in improving the mental vigor of our patients, and at the same time be of economic value to the institution, but will require much thought and patient effort. Any expenses incurred in properly equipping a building of this character will be money wisely spent.

Over 46 per cent of the patients of this Hospital are afflicted with chronic mental diseases, and may be looked upon as permanent residents. The utilization of their impaired mental efficiency is one of the most important economic problems with which we have to deal in the care and treatment of disordered minds. The fundamental principles of humanitarianism demand that every individual be given the fullest possible opportunity of employment.

No State institution is complete without a thorough working course in occupational therapy. This method has been accepted and practically adopted by over 60 per cent of the hospitals for the care and treatment of the insane. The beneficial results obtained have been vouched for by the leading specialists in this department of medicine.

The American Medico-Psychological Association appointed a committee last year to investigate the status of diversional occupation as a mode of treatment. This committee summarized its investigation in the following statements:

1. That diversional occupation of the insane used and recognized by over 60 per cent. of the institutions in this country is a most valuable means of treatment.
2. That occupation and recreation are of value in all forms of mental disorders, but are especially of value in the class of patients usually called the "unwilling workers."
3. That diversional occupation is a therapeutic agent to be prescribed after a careful study of each case, and should be in charge of a competent director—either a doctor or nurse.
4. That without diversional occupation the life of the patients fall into a dull and monotonous routine, and many cases become hospitalized that might otherwise be restored to the community.
5. That diversional occupation, systematically and scientifically applied, mark the standing of a hospital, and that if neglected or omitted the patients are not receiving the most care and treatment to which they are entitled.

The employment of patients should be guided by three fundamental principles:

The primary object should be therapeutic, based on individual and scientific consideration of the peculiar ailment and deficiencies of each patient. It is of great importance that we cultivate in curable patients an adaptability which will enable them to again take up the struggle of self-support.

The second object of this method of treatment is the economic advantage to the Hospital. Patients should be so engaged that the products of their labor will be a contribution to the reduction of cost of their maintenance.

The third principle calls for a scientific observation of the progress made in each individual patient so that residual energies may be properly utilized without possible detriment to their improvement. The data thus obtained may be used to standardize ergotherapy, and thereby make possible the more general and methodical adoption of these measures of care and treatment.

The new building will be inadequate in size and the amount appropriated is insufficient for its complete equipment. It should be enlarged so as to provide room for a much larger number of patients who can be employed and an additional sum should be appropriated for additional equipment.

CONTINUOUS BATHS.

The appropriation given for continuous baths has only been sufficient to install four tubs on the women's side of the Main Building, and these are now in operation. In view of the good results obtained it is advisable that additional continuous baths be installed. The men's side of the Main Building and both wings of the Dormitory Building should be equipped with this modern method of treatment for excited and violent patients. An appropriation should be made for at least six tubs for the male side of the Main Building and four for the male and female sides of the Dormitory Building.

TELEPHONES AND ELECTRIC LIGHTING.

Telephones have been installed throughout the Dormitory Building, the Tuberculosis Pavilion and the Arts and Crafts Work-shops.

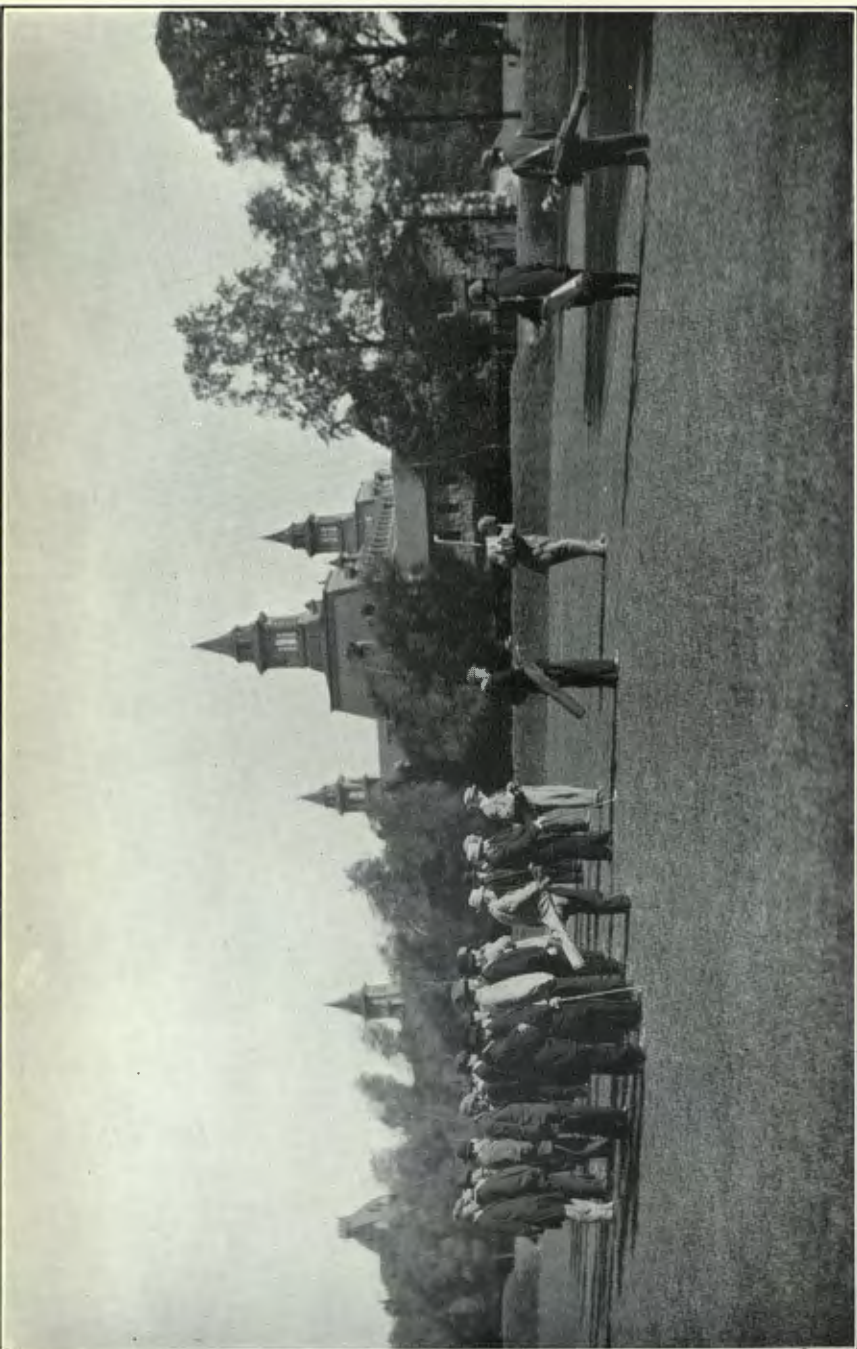
The Medical offices, the wards at the Main Building, since the recent installation of electric fixtures are lighted by electricity, greatly reducing the danger of fire from those with tendencies to arson and also lessening the likelihood of patients burning themselves or others.

IMPROVEMENTS TO THE FOURTH FLOOR OF THE MAIN BUILDING.

The improvements to the fourth floor of the Main Building are progressing favorably. They consist of putting larger windows at each end of the halls. This provides better ventilation for the wards on that floor, and allows more sunlight to enter into these long wards which were dark, gloomy and hygienically unfit for patients.

The amount appropriated was not sufficient to change any of the windows in the alcoves or individual rooms, though this is a hygienic measure that should be given prompt attention. When the building was completed there was no intention that this floor would ever be occupied by patients, and because of this little at-

OUTDOOR RECREATION FOR PATIENTS—GOLF



tention was given to its being furnished with light and ventilation like the other floors. Our continued overcrowding has made its use unavoidable and it should be improved so that those cared for on this floor will have the comforts that others throughout the buildings are given.

AMUSEMENTS AND RECREATIONS.

The legislature last year made a special appropriation to provide amusements and recreations for the patients. Thoughtful attention has been given to athletics and other forms of amusement for the benefit of the patients. The recreations provided have been gratefully and enthusiastically enjoyed and have been the means of improving the mental condition of many.

The usual weekly dances have been held; moving pictures have been provided frequently, and vaudeville performances have been given at intervals. Other forms of recreation from which the patients have derived much enjoyment and received benefit were baseball, tennis, bowling, soccer football, croquet, quoits and golf.

Golf has keenly interested many and served to divert and keep out in the open air a group of patients many of whom have become fairly proficient. It is gratifying to see patients playing on the links, since this form of recreation is attended with positive beneficial results.

Many women patients took up the lighter forms of sport, such as croquet and quoits and have enjoyed tennis greatly.

A large percentage of the patients willingly take part in recreations and outdoor sports and when so interested they put aside their troubles and delusions. Necessarily improvement, both mental and physical, is the result. Because of the benefit that may be derived from these forms of sport and recreation for the patients, I earnestly advocate a suitable sum be appropriated for carrying on these sports during the season of 1914.

GYMNASIUM.

The hospital should be provided with a suitable gymnasium and equipment to give the patients physical exercise. During the

Winter months it is impossible to get the patients out in the open air. The gymnasium at this time of the year would be an excellent place for them to indulge in basketball, handball and other exercises. It would remove the patients from the overcrowded wards for a few hours and enable them to get wholesome exercise under efficient instruction which without doubt would be of great therapeutic value. The gymnasium would also be a benefit to our employees who have but few methods of amusement or exercise, considering the way the hospital is at present equipped and its remoteness from a city of size. To make comfortable the nurses operates to provide better attention to the sick .

PATIENTS' GARDEN.

The success of voluntary competitive gardening for patients of both sexes has been so favorable that this division of occupation therapy has been enlarged considerably with continued beneficial results. The diligent and conscientious work of the patients has yielded bountiful returns which I take pleasure in officially presenting.

The amount of vegetables and flowers raised in this way is as follows:

MEN'S DEPARTMENT.

Strawberries	60	quarts	Lima beans	31	bushels
Lettuce (heads)	220	dozen	Brussels sprouts	26	bushels
Cabbage (heads)	321 1/2	dozen	Tomatoes	86	bushels
Egg plants	59	dozen	Beets	26	bushels
Squash	39	dozen	Carrots	13	bushels
Pumpkins	17	dozen	Spinach	14	bushels
Cucumbers	70	dozen	Celery	2,000	bunches
Peppers	72	dozen	Corn (sweet)	5,780	ears
Peas	49	bushels	Radishes	56,842	bunches
String beans	152	bushels	Flowers	182	bunches
Turnips	80	bushels	Parsley	7,986	bunches
Onions	90	bushels	Fodder	3	loads

WOMEN'S DEPARTMENT.

String beans	26 1/2	bushels	Lettuce	2,280	heads
Lima beans	2 1/2	bushels	Celery	24	bunches
Spinach	3	bushels	Onions	526	bunches
Peas	1	bushel	Radishes	1,071	bunches
Tomatoes	67	bushels	Egg plants	148	
Corn	173	dozen	Watermelons	22	
Beets	84	dozen	Pumpkins	54	
Peppers	234	dozen	Squash	197	
Cucumbers	97	dozen	Sage and thyme	23	bunches
Cabbage	358	heads	Horseradish	92	roots



DIVERSIONAL OCCUPATION FOR PATIENTS—COMPETITIVE TRUCK FARMING

FLOWERS.

Asters	26½ dozen	Sweet peas	20 bunches
Dahlias	103 dozen	Lady slippers	18 bunches
Goldenglow	13 stalks	Candytuft	12 bunches
Snapdragon	195 stalks	Sweet William	816 dozen
Marigolds (stalks)	13 dozen	Sunflowers	91½ dozen

From this source the table supplies have been made more bountiful and the wards more beautifully decorated and the energy expended by those who cultivated the gardens has not only been helpful to them but also to those patients not able to join in this health-giving and invigorating order of employment.

TABLES OF PATIENTS' WORK.

The following tables show the amount of work done by the patients, both male and female, in the industrial departments of the hospital. They do not include the work done in Arts and Crafts nor dressmaking, embroidery and fancy work done for their own pleasure.

PATIENTS' WORK.

TABLE A.

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

	LAUNDRY.			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing.	Miscellaneous Work.	Patients' Gardens.	Arts and Crafts.	Total.
	Men.	Women.	Total.									
1912.												
Nov.	383	881	1,264	167	1,743	90	312	710	666		270	5,422
Dec.	399	825	1,224	172	1,525	33	299	699	818		215	5,045
1913.												
Jan.	423	820	1,243	171	1,588	94	372	665	854		290	5,277
Feb.	438	772	1,210	158	1,361	88	359	598	807		280	4,861
March	481	867	1,348	179	1,463	97	380	644	946		270	5,327
April	459	927	1,386	172	1,577	93	359	634	841	250	290	5,602
May	393	1,258	1,651	174	1,987	100	325	643	868	670	281	6,699
June	380	1,139	1,519	178	1,933	90	332	627	869	691	287	6,526
July	451	1,241	1,692	187	2,097	94	310	653	875	699	295	6,904
Aug.	404	1,268	1,672	201	1,791	93	310	636	892	775	284	6,654
Sept.	399	1,253	1,652	230	1,834	90	302	650	869	523	290	6,440
Oct.	381	1,248	1,629	217	1,975	94	322	647	917	487	240	6,528
Total ..	4,991	12,499	17,490	2,206	20,874	1,116	3,982	7,808	10,422	4,095	3,292	71,285

DIVERSIONAL OCCUPATION FOR PATIENTS—FLORICULTURE

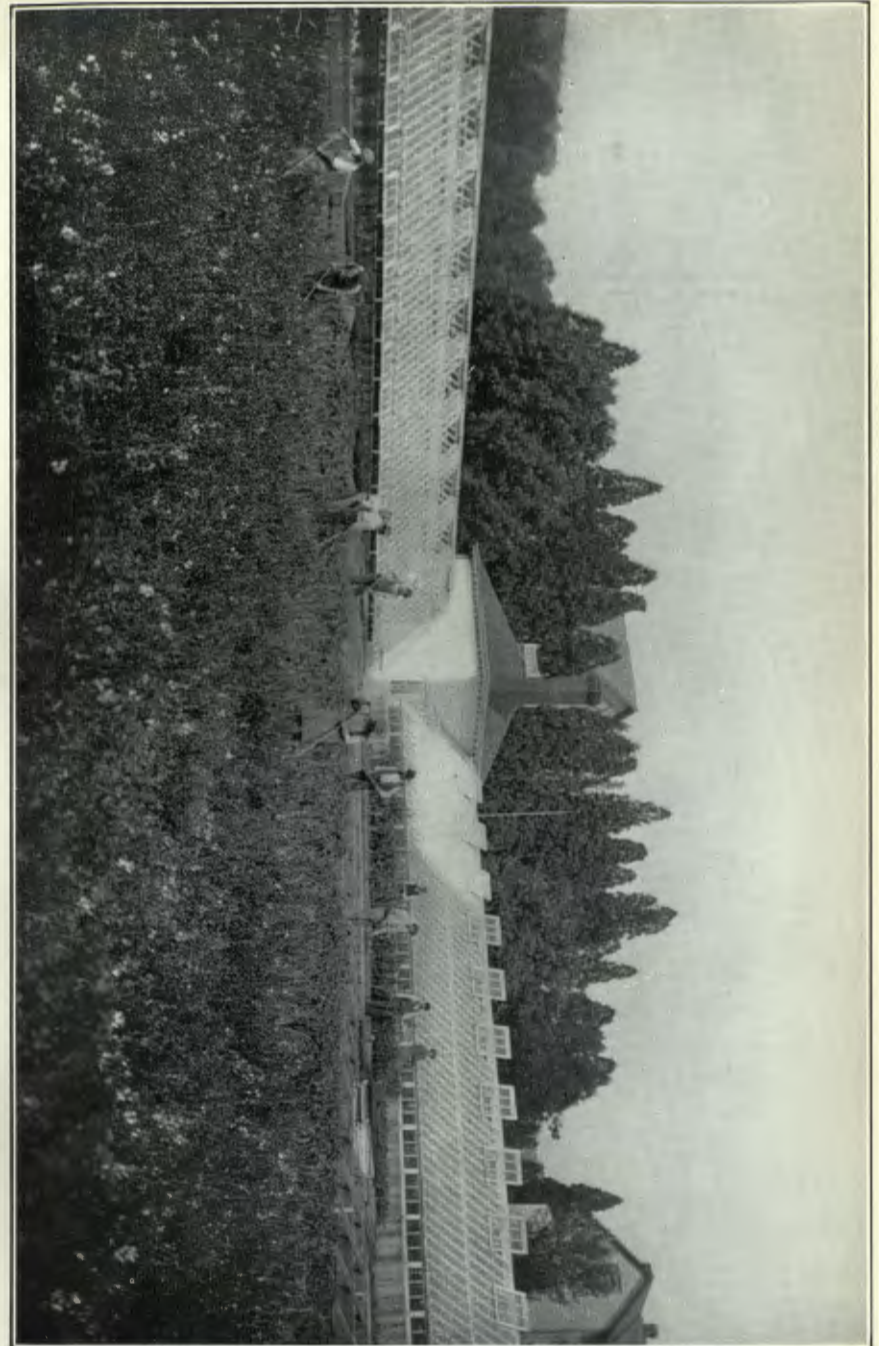


TABLE B.

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

	<i>Men.</i>	<i>Women</i>	<i>Total.</i>
1912			
November	9,545	6,680	16,225
December	9,856	6,936	16,792
1913.			
January	10,001	6,538	16,539
February	9,355	6,074	15,429
March	10,344	6,710	17,054
April	9,990	6,778	16,768
May	10,363	6,628	16,991
June	10,038	6,330	16,368
July	10,426	6,436	16,862
August	10,406	6,546	16,952
September	10,080	6,475	16,555
October	10,416	6,548	16,964
Total	120,820	78,679	199,499

PAINTING BY PATIENTS.

The amount appropriated by the last Legislature for painting has been expended for paint and the actual work done by persons here. During the year from six to eight of our male patients have been engaged steadily at this work. Every ward and stairway on the North Side (Men's Wards) at the Main Building have been painted; and the wards for women are now being painted. Besides these much special work throughout the house has been done from time to time as occasion required. The patient painters have done thousands of dollars worth of first-class painting, and have taken pleasure in doing so while making the saving to the hospital.

PATHOLOGICAL REPORT.

The following is a brief statement of the work done in the pathological laboratories. This department will in the future prosecute its operations more actively under the direction of Dr. Frederic H. Thorne, who has recently returned from Germany, where he has been working with Professor Alzheimer.

ABRIDGED PATHOLOGICAL REPORT.

Examination of—

Urine:		
Chemical and microscopical	200	
For gonococci	15	
For tubercle bacilli	15	
For typhoid bacillus	2	
		232
Sputum:		
For tubercle bacillus	39	
Blood:		
Complete cystology of	20	
For malaria	6	
		26
Urethral Smears:		
For gonococci	4	
Vaginal Smears:		
For gonococci	1	
Pharyngeal Swabs:		
For Klebbs-Loeffler	1	
Water examinations (bacteriological)	7	
Tissues (histological)	4	
		11
Total		314

Eleven (11) autopsies were performed at the laboratory during the past hospital year. The following table shows the form of mental disease in each case:

Adolescent insanity	1
Dementia senile	5
Dementia parietic	5

Of these nine (9) were male and two (2) female. The average age at death was 53.3, extremes of age being seventy (70) and twenty-seven (27) years.

The average duration of mental diseases was two years and eighty-one hundredths (2.81), the extreme being six years and nine months and eighteen days.

The following autopsies deserve special mention:

No. 458.—This patient was suffering from senile dementia. He died suddenly two days after falling and striking his head upon the floor. There was a large ecchymotic area over the right temporal region, but there was no evidence of a fracture of the skull. On removing the calvarium there was about 25-cc. of blood beneath the

dura on the left side. Examination showed a rupture of the parieto-sphenoidal branch of the middle cerebral artery.

No. 453.—This patient suffered from an osteo-sarcoma of the femur (lower end). At autopsy metastases was found in the left hip joint and in the bones of the pelvis, the body of the fourth cervicle vertebra, ribs, sternum, diaphragm, lungs, pericardium and right kidney.

No. 451.—At autopsy was found a large tumor involving the pyloric end of the stomach, with enlargement of the mesenteric lymph nodes. Microscopical examination proved it to be a carcinoma with metastasis in the mesenteric lymph nodes.

No.	Diagnosis.	Gross Findings.	Microscopical Findings.
450	Paretic Dementia	Dura loosely adherent to calvarium; pia thickened; quantity of milky fluid between pia and cortex—more marked over Pars operculum and Pars orbitalis; ependyma of fourth ventricle granular; liver mottled, edges sharp; vegetations on mitral and aortic valves.	Pia generally thickened; fat granules scattered throughout; marked infiltration of plasma cells and lymphocytes; infiltration more marked in frontal lobes and Ammon's Horn. Glia increased in molecular layer. Few spider cells present; ganglion cells somewhat scanty in third layer with marked disarrangement. Adventitial lymph spaces infiltrated with plasma cells; some endocarditis; small quantity of fat in ganglion cells.
452	Paretic Dementia	Dura thickened and firmly adherent to calvarium; pachyionian bodies very large; pia thick; large quantity of milky fluid between pia and cortex, especially noticeable over frontal lobes; ependyma of 4th ventricle granulated; intima of aorta rough, thick and deep yellow in color; endocardium thickened; tuberculous foci in apices of lungs.	Pia thickened and heavily infiltrated with plasma cells and lymphocytes; glia increased in molecular layer; large number of trabant cells in deep layers; superradiary fibers thin and absent in some places; some disarrangement of ganglion cells; moderate infiltration of plasma cells in adventitial lymph spaces; small quantity of fat in cells; these changes are more marked in mid frontal gyrus and Ammon's Horn.
454	Senile Dementia	Dura firmly adherent to calvarium, and loosely to pia-arachnoid; pia thickened; little or no increase of fluid beneath; vegetations on mitral valves; kidneys small; cortices thin; prostrate gland enlarged.	Pia thickened and very slightly infiltrated with lymphocytes; glia moderately increased in molecular layer; ganglion cells somewhat scanty in frontal lobes; large quantity of fat in ganglion and glia cells; many plaques and fibrillar changes in Ammon's Horn; very few found in frontal lobes.

NECESSITY FOR A MORGUE.

There is great need for a properly constructed morgue. This institution has never had one. A room in the basement totally unfit for such purposes has been, because of necessity, utilized. This room does not offer such conditions as should be presented to relatives and friends of those deceased who desire to view the remains; and it is impossible to convert any part of it into an orderly autopsy room, or make it a consistent unit of the pathological laboratory. It is so located that it makes it unavoidable for the undertaker's wagon to come for the removal of bodies without presenting itself in full view of the patients, causing marked depressing effects upon many of them.

An appropriation for a properly constructed morgue in a location not conspicuous and equipped with autopsy facilities would dispense with many unpleasant features that patients might see would add to the comfort of persons who desire to view the remains of their relatives, and would place the post-mortem work on a practical scientific basis, such as should obtain in an institution of this sort.

WATER SUPPLY.

The various laboratory examinations made of the reservoir drinking water during the past year show that it is still contaminated with colon bacilli. For drinking purposes we have used the water from a spring up on the mountain. It is necessary to have bottles filled daily and kept in coolers on the different wards. Most of the patients, I am pleased to say, have learned to leave the tap water alone, and drink only the bottled water. The only solution for providing this institution with a good supply of drinking water and doing away with the labor and cost of filling at least 150 bottles (five gallons each) per day, is to purify the water coming from the different reservoirs, which can be done at small expense. The installation of a purification plant a short distance in the rear of the Dormitory Building would enable us to supply a bacteria-free water for drinking purposes, which is the duty of the State to do. With the tap water purified for drinking

purposes, we could install sanitary drinking faucets and do away with the common drinking cup, which is so often a source of infection.

MEDICAL STAFF MATTERS.

The resident medical staff remains the same as last year, and no changes have been made in the board of consultants.

Special mention should be made of the fact that the consultant staff has responded to calls made by the Medical Director. Drs. Francis H. Glazebrook and E. Blair Sutphen have frequently performed important surgical operations. Dr. Wm. S. Youland, Jr., has been active in directing work of special scientific interest in the laboratory.

The Medical Director and one of his assistants were delegated to represent the Hospital at the Eugenic Section of the American Breeders Association at the University of South Carolina, Columbia, South Carolina, in January, 1913. Many valuable facts were presented at this meeting which have been helpful in the directing of the hospital field workers.

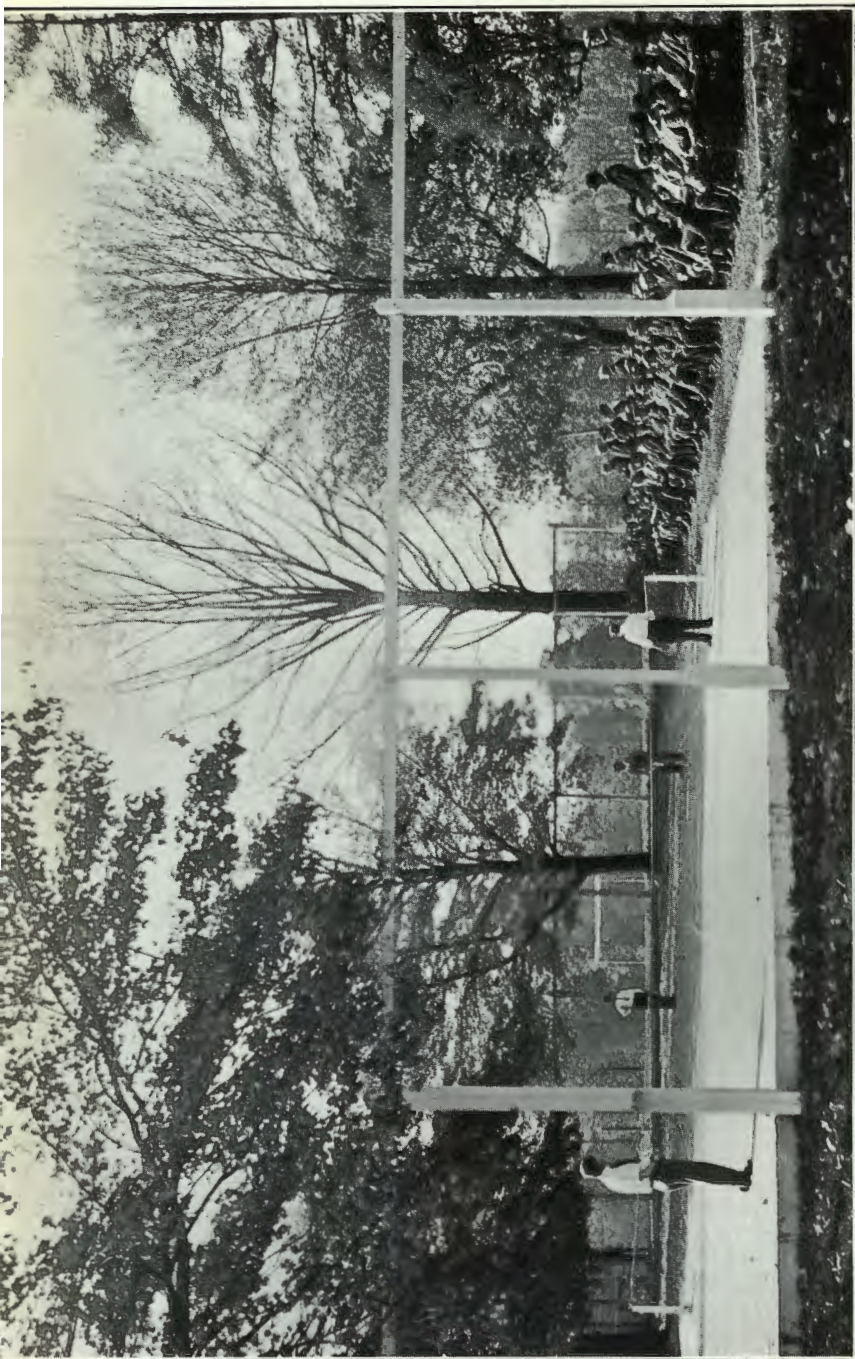
In March, 1913, Dr. E. Moore Fisher, Senior Assistant Physician, was elected as assistant to Dr. Graeme Hammond, Professor of Neurology at the New York Post-Graduate Hospital.

Dr. Frederic H. Thorne, Junior Assistant Physician, has returned from Germany, where he was engaged in research work in neuropathology at the University of Breslau under the personal direction of Professor Alzheimer.

The Morristown Medical Club was entertained here by Dr. B. D. Evans and Dr. L. K. Henschel in December, 1912.

The Morris County Medical Society met here on September 9th, and the Tri-County Medical Society on October 14th, 1913.

These meetings have been attended by officers of the New Jersey State Medical Society, members of the Board of Consultants, and by general practitioners, and have afforded the resident staff an opportunity to demonstrate cases of insanity, the various forms of therapy employed, means of mental prophylaxis, the dangers that may follow the mating of those of unsound mind, etc. The interest created will be followed by public good, in bringing the medical profession into closer touch with State hospital work.



OUTDOOR RECREATION FOR PATIENTS—TENNIS

The regular staff meetings have been conducted throughout the year. All persons admitted are brought before the full medical staff. All available records are presented and carefully reviewed, their mental status and physical condition carefully examined into, and after full discussion diagnosis made and filed in their respective case records. A short summary of the facts brought out at each of these meetings is recorded on a special sheet and filed. Patients well enough to be discharged from custody or allowed to go to their homes for visits are also presented, and the opinion of the various members of the staff placed on record. Reports of special laboratory examinations are made and of all important autopsy findings. New methods of therapy, recent contributions to medical journals, translations of foreign articles, and reviews of new books in psychiatry are read and discussed.

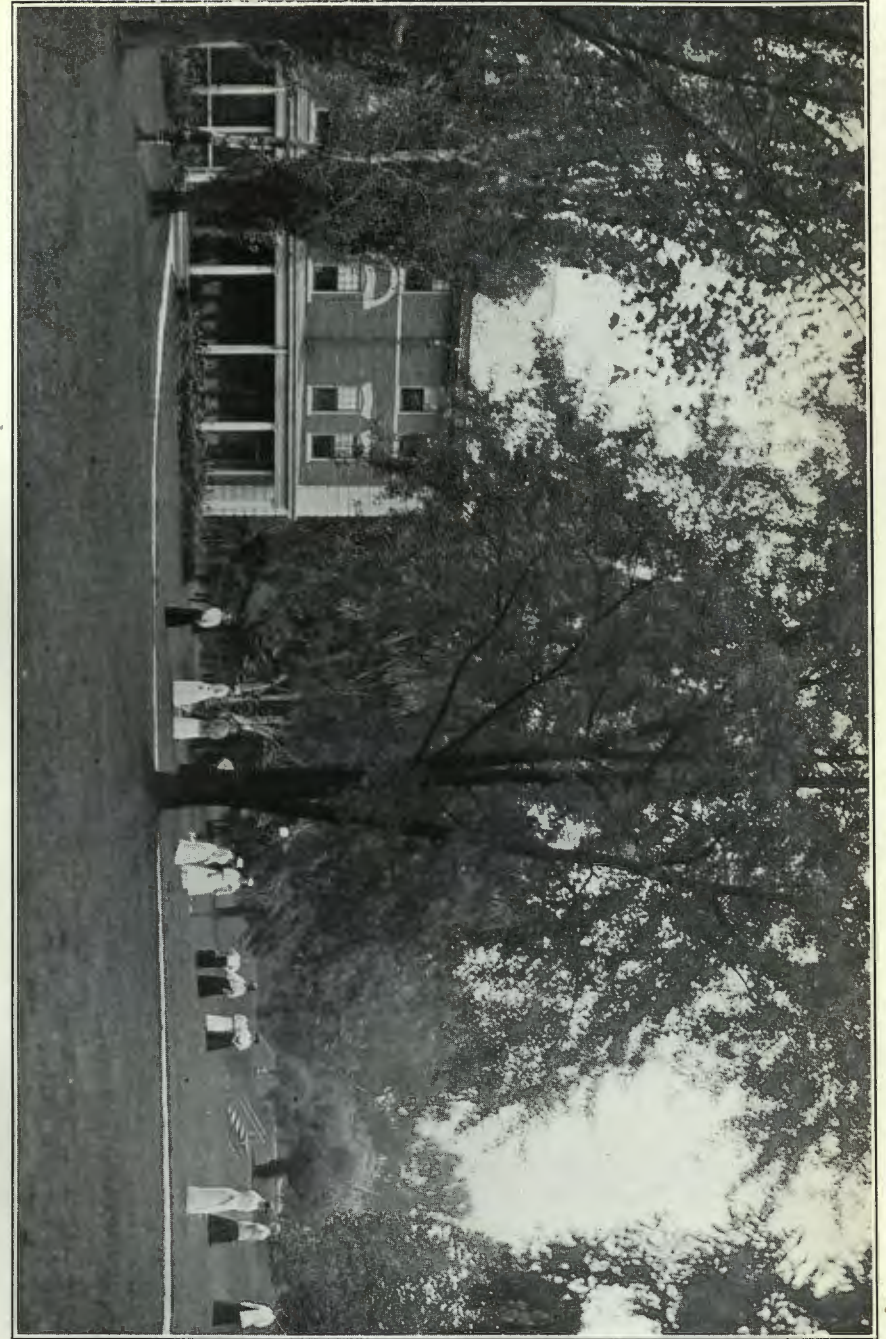
DENTAL DEPARTMENT.

The installation and equipment of a dental department, modern in all its phases, and the appointment of a resident dentist, has been attended with very gratifying results. Dr. Annie F. Colley was appointed resident dentist, and reported for service February 1st, 1913.

Dr. W. G. Sharp, the consulting dental surgeon, has at all times responded to my call and rendered such service both as to the equipment of the dental parlors and the treatment of patients as to command our grateful recognition and respect.

LACK OF APPLICABILITY OF APPROPRIATIONS WHEN NEEDED.

Several of the appropriations made for use by the Medical Department called for the expenditure of small amounts of money at intervals. The amount so spent must then be approved by the Medical Director and Warden, submitted to the Auditing Committee of the Board for sanction, audited by the State Auditor, then to the Comptroller, who then issues a warrant on the State Treasurer for their payment. This often means an outlay of money by a nurse, supervisor, or other employee who has to wait several



OUTDOOR RECREATION FOR PATIENTS—CROQUET

months to be reimbursed. An emergency fund should be provided; we should not expect employees to advance money out of their meagre pay.

During the hospital year the manager of outdoor amusements frequently had to pay the guaranteed expenses out of his own pocket and wait until his account was approved to be repaid, which was often after several weeks.

The same trouble was experienced in regard to deportation of patients or their transfer to other states. These patients require attendance; their transportation and meals must be paid for, and those accompanying them must use their own money or obtain loans at interest from the banks. Legislation providing an urgency or incidental expense fund would be wise and promote legitimate hospital work. The State of New Jersey should be as considerate of its employees as legitimate private corporations.

An increase of the petty cash account of the Business Department, so as to meet legitimate urgent incidental expenses, would be in a measure a solution of this problem.

NEEDS.

With an increasing population, a large institution must of necessity require annual additions to its equipment. A few will now be given the specific consideration that their importance appears to warrant.

INDUCTION COILS FOR X-RAY PICTURES.

Our electrotherapeutic appliances were installed in 1906. The various forms of electricity used for the treatment of the insane when intelligently applied has given good results in properly selected cases.

If we are expected to keep abreast the times and give positive results in the use of this agent as a therapeutic and diagnostic measure, and do full justice to those cared for in this institution, the present equipment must be supplemented.

We have at present to use a static machine to take X-ray pictures. The insane do not remain quiet long enough to allow the rays

generated by this machine to take a satisfactory picture, and the results are too often of comparatively little scientific worth. An up-to-date induction coil would give us reliable results. Because of the strength of its rays, a picture could be taken in a few seconds; whereas, with the static machine it takes from three to five minutes with uncertain results. The attention even of the insane person can be held a period long enough to get a clear picture of diseased organs or fractures if a good induction coil is used. Such coils are being installed in all modern hospitals as a means of diagnosis of internal diseases. Tuberculosis of the lungs can often be diagnosed by X-ray pictures when clinical physical signs are obscure. Tumors, gall stones, renal calculi, displacement of viscera, fractures of the pelvis, can be readily diagnosed from pictures of the abdomen taken by means of an induction coil.

These are only a few of the many pertinent reasons why an induction coil should be installed as early as possible as an addition to our electrical equipment.

BOOKS FOR PATIENTS' USE.

For a number of years past I have suggested an appropriation to establish an adequate library for the use of the patients. The present arrangement consists of small cabinets in several wards, and they are filled with antiquated reading matter. The institution should be provided with rooms, a librarian, and a goodly supply of modern fiction, scientific and literary publications. This would enable patients to go to the library, spend a time much to their profit, and with little expense to the State. In some of the best hospitals properly selected libraries have been found to be of material aid in restoring patients to their former mental health.

ADDITIONAL FILING CABINETS.

Owing to the increase in admission and the records of additional work in case histories which recent advance in psychiatry demand, our filing system is becoming inadequate. The increasing demands for research work with full records calls for case histories more thorough and elaborate than previously. The amount of thought,

time and labor expended upon them makes them so important to future investigators that they should be kept in strictly orderly form and so that destruction or injury of any sort is near impossible.

Our present record room installed in 1906 is filled to its full capacity, and further provision for properly caring for our records must be made.

The installation of additional metal filing cabinets in the basement offices would relieve the overcrowded condition of the record room, and enable us to keep safely valuable clinical histories and other vital statistics.

INCINERATING PLANT.

The disposal of garbage and other refuse from an institution with a population of about 3,000 is a problem that requires consideration. Since the institution was opened the way of disposing of this matter has not been such that would meet with commendation from any authority on hygiene.

The breeding of flies and other carriers of disease becomes an inevitable result of our present manner of garbage disposal. It further offers an inducement for rats to make their habitat nearby and create danger of contamination to a water-supply obtained from springs on the same watershed.

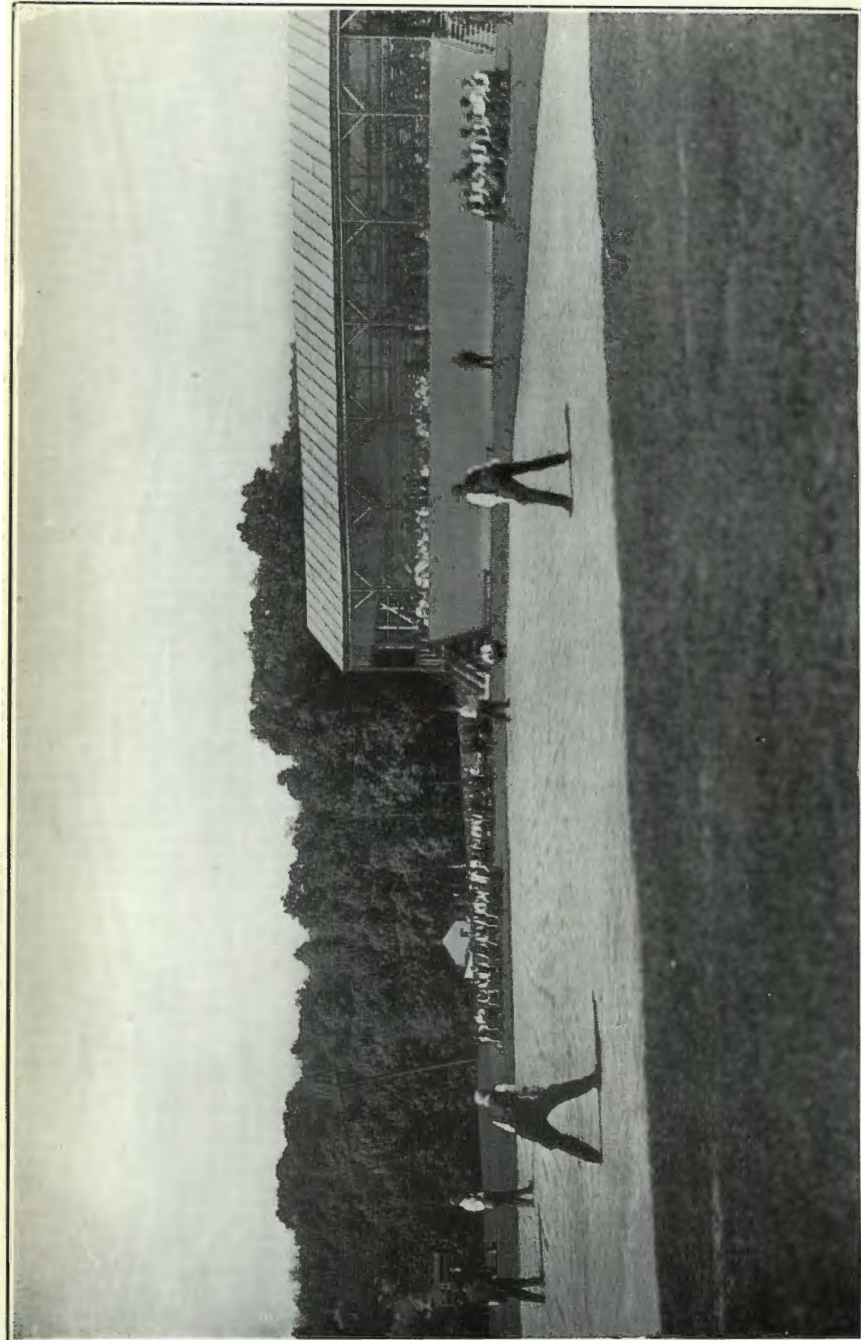
Such common sense facts make it imperative that a modern means for the disposal of garbage should be provided. The only apparent solution is an incinerating plant, where everything that is useless, objectionable or likely to become a menace to the health of the community can be quickly destroyed by fire.

TUBERCULOSIS PAVILION FOR WOMEN.

The pavilion for those suffering from tuberculosis is used for men. There is at present no provision for separating the women who have this disease from those who have not. This leaves the healthy exposed to infection, which is absolutely unhygienic.

Some provision should be made that will enable us to give our women patients the protection that they are entitled to so that they will not be so seriously in danger of tubercular infection.

OUTDOOR RECREATION FOR PATIENTS—BASEBALL



BATHING FACILITIES FOR PATIENTS.

At present we are still bathing our patients by the tub method. Certain days are set apart for each wing of the building, when all the patients must be bathed. The overcrowded condition of the institution makes it necessary to have some radical change made in our method of bathing patients. The rule at present is for the tubs to be cleaned after each patient takes a bath, and on some wards it is necessary to bathe 70 patients each bathing day. This means that parietic patients, patients suffering from tuberculosis and other communicable diseases are bathed in the same tub with patients who are in fair mental condition and in good physical health. The latter naturally resent being compelled to bathe in a tub after it has been used by patients suffering from some communicable disease, no matter how careful the attendants are to clean the tub.

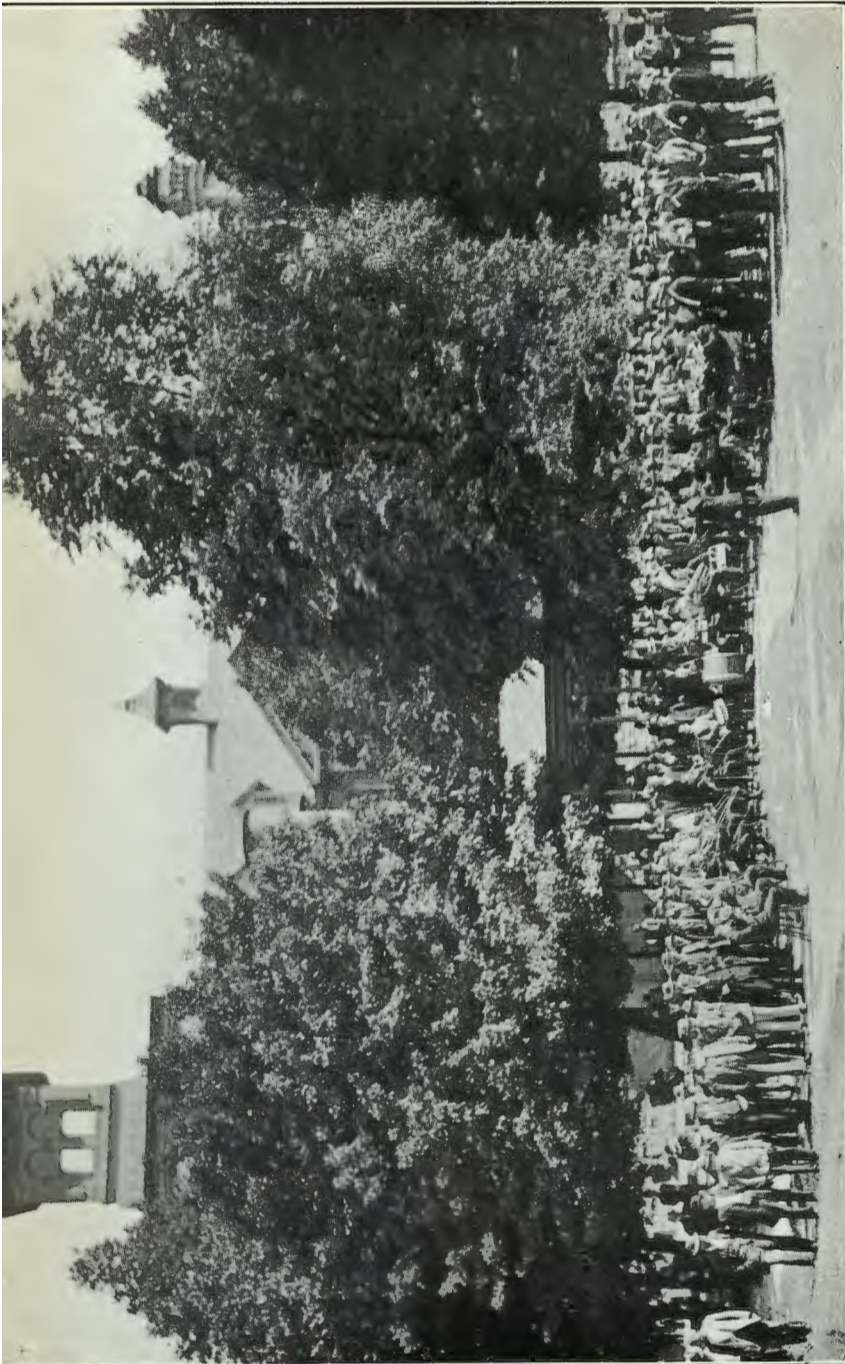
I would recommend an appropriation to install shower baths on every ward in the institution. This would enable us to bathe three or four patients at one time. By the aid of a control table the nurse could regulate the temperature of the water for all the showers, and the patients need not come in contact with the sides of the shower and thus be saved the danger of contracting an infectious disease, as is not possible in the tub baths in case of neglect on the part of a nurse.

RELIGIOUS SERVICES.

Since May 4th, 1913, Mass has been celebrated on Sunday mornings. The Sunday afternoon services have been allotted to the other religious bodies.

The following table gives the dates and religious body officiating:

November	2nd	Episcopal.	May	3rd	Methodist.
"	9th	Presbyterian.	"	10th	Baptist.
"	16th	Methodist.	"	17th	Episcopal.
"	23rd	Baptist.	"	24th	Presbyterian.
"	30th	Episcopal.	"	31st	Methodist.
December	7th	Presbyterian.	June	7th	Baptist.
"	14th	Methodist.	"	14th	Episcopal.
"	21st	Baptist.	"	21st	Presbyterian.
"	28th	Episcopal.	"	28th	Methodist.
January	4th	Presbyterian.	July	5th	Baptist.



OUTDOOR RECREATION FOR PATIENTS—BAND CONCERT

January	11th	Methodist	July	12th	Episcopal.
"	18th	Baptist.	"	19th	Presbyterian.
"	25th	Episcopal.	"	26th	Methodist.
February	1st	Presbyterian.	August	2nd	Baptist.
"	8th	Methodist.	"	9th	Episcopal.
"	15th	Baptist.	"	16th	Presbyterian.
"	22nd	Episcopal.	"	23rd	Methodist.
March	1st	Presbyterian.	"	30th	Baptist.
"	8th	Methodist.	September	6th	Episcopal.
"	15th	Baptist.	"	13th	Presbyterian.
"	22nd	Episcopal.	"	20th	Methodist.
"	29th	Presbyterian.	"	27th	Baptist.
April	5th	Methodist.	October	4th	Episcopal.
"	12th	Baptist.	"	11th	Presbyterian.
"	19th	Episcopal.	"	18th	Methodist.
"	26th	Presbyterian	"	25th	Baptist.

The following ministers have conducted the services, and a schedule has been sent them for the ensuing year :

Rev. M. J. Glennon, Roman Catholic, Morris Plains.
 Rev. Dr. Ralph B. Urmy, Methodist, Morristown.
 Rev. Barrett P. Tyler, Episcopal, Morristown.
 Rev. William W. Barker, Baptist, Morristown.
 Rev. W. W. Hammond, Presbyterian, Morris Plains.

ACKNOWLEDGMENTS, ETC.

To those who from time to time forward reading matter for the patients and who in other ways provide for the entertainment of the patients, we wish to express our thanks.

On March 29th, 1913, the Rutgers College Glee and Mandolin Clubs gave a concert at the hospital, which was greatly appreciated.

The following is a list of those who have sent books, magazines, etc. :

Hahne & Company, Newark, N. J.
 Mrs. S. M. Pond, Belvidere, N. J.
 Mrs. Josephine Young, Columbia, N. J.
 Mr. H. Ross Lake, Somerville, N. J.
 B. Hirsch, Cambridge, Mass.
 First Church of Christ, Jersey City, N. J.
 Langrock Bros. Co., Brooklyn, N. Y.
 Mr. Sharp Mellick, Belvidere, N. J.
 "M. B. C."
 First Church of Christ Scientist, East Orange, N. J.

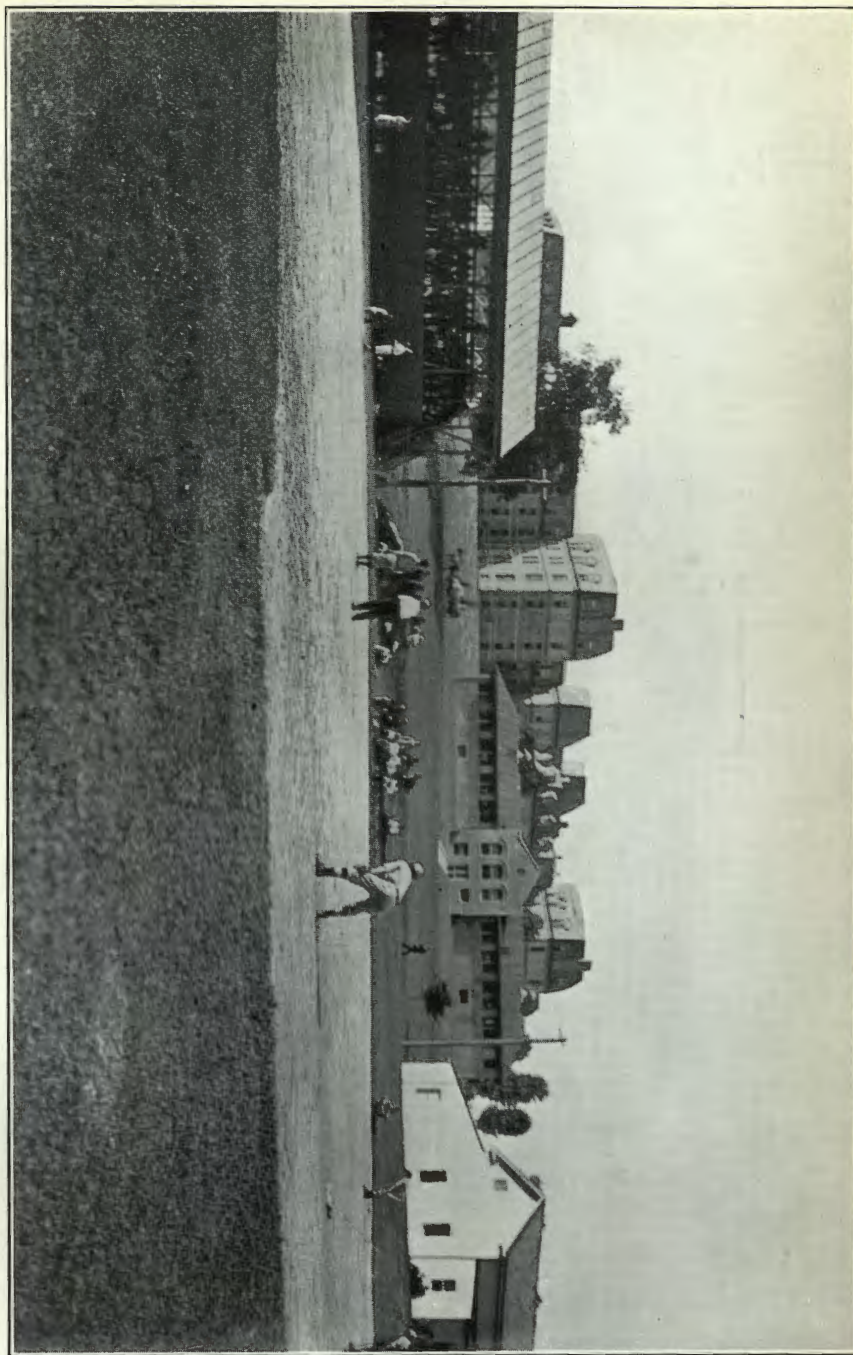
The newspapers set forth in the following list are sent regularly to the hospital and enable many to know of happenings in their home towns, which is always a source of extreme gratification. To the

editors and proprietors I desire to officially make grateful recognition and assurances of appreciation:

Elizabeth Daily Journal, Elizabeth, N. J.
 Daily State Gazette, Trenton, N. J.
 Trenton Evening Times, Trenton, N. J.
 Paterson Evening News, Paterson, N. J.
 Westfield Leader, Westfield, N. J.
 Hunterdon County Democrat, Flemington, N. J.
 The Iron Era, Dover, N. J.
 Passaic Daily News, Passaic, N. J.
 The Paterson Guardian, Paterson, N. J.
 The Washington Star, Washington, N. J.
 The Warren Tidings, Washington, N. J.
 The Christian Advocate, New York, N. Y.
 The Morning Call, Paterson, N. J.
 The Evening Times, Bayonne, N. J.
 The New Jersey Herald, Newton, N. J.
 The Hunterdon Republican, Flemington, N. J.
 The Summit Herald, Summit, N. J.
 The Union County Standard, Westfield, N. J.
 Somerset Democrat, Somerville, N. J.
 Summit Record, Summit, N. J.
 The Democratic Banner, Morristown, N. J.
 The Madison Eagle, Madison, N. J.
 The Boonton Times, Boonton, N. J.
 Rockaway Record, Rockaway, N. J.
 Sussex Independent, Sussex, N. J.
 The Butler Argus, Butler, N. J.
 The Sunday Chronicle, Paterson, N. J.
 The Morris County Chronicle, Morristown, N. J.
 The Clinton Democrat, Clinton, N. J.
 Carlstadt Freie Presse, Carlstadt, N. J.
 Bergen Record, Tenafly, N. J.
 Town Talk, Newark, N. J.
 Camden Post-Telegram, Camden, N. J.
 The Bloomfield Citizen, Bloomfield, N. J.
 Paterson Press, Paterson, N. J.
 De Telegraf, Paterson, N. J.
 The Wantage Recorder, Deckertown, N. J.
 The Boonton Weekly Bulletin, Boonton, N. J.
 The Hackensack Republican, Hackensack, N. J.
 The Ramsey Journal, Ramsey, N. J.
 Warren Journal, Belvidere, N. J.
 The Jerseyman, Morristown, N. J.
 Standard and Times, Philadelphia, Pa.

During the past year three children were born at this institution. Two of the patients who gave birth to children are suffering from dementia praecox and the other is afflicted with general paralysis of the insane, a Wassermann test being very positive. The children were taken home by their relatives.

There have been no epidemics, homicides, disastrous fires or other serious complications during the year, though because of our large population many perplexing problems have arisen which have required much thought to solve and their solution has led to tasks which have required unrelaxing energy to accomplish satisfactorily.



HOSPITAL BASEBALL TEAM

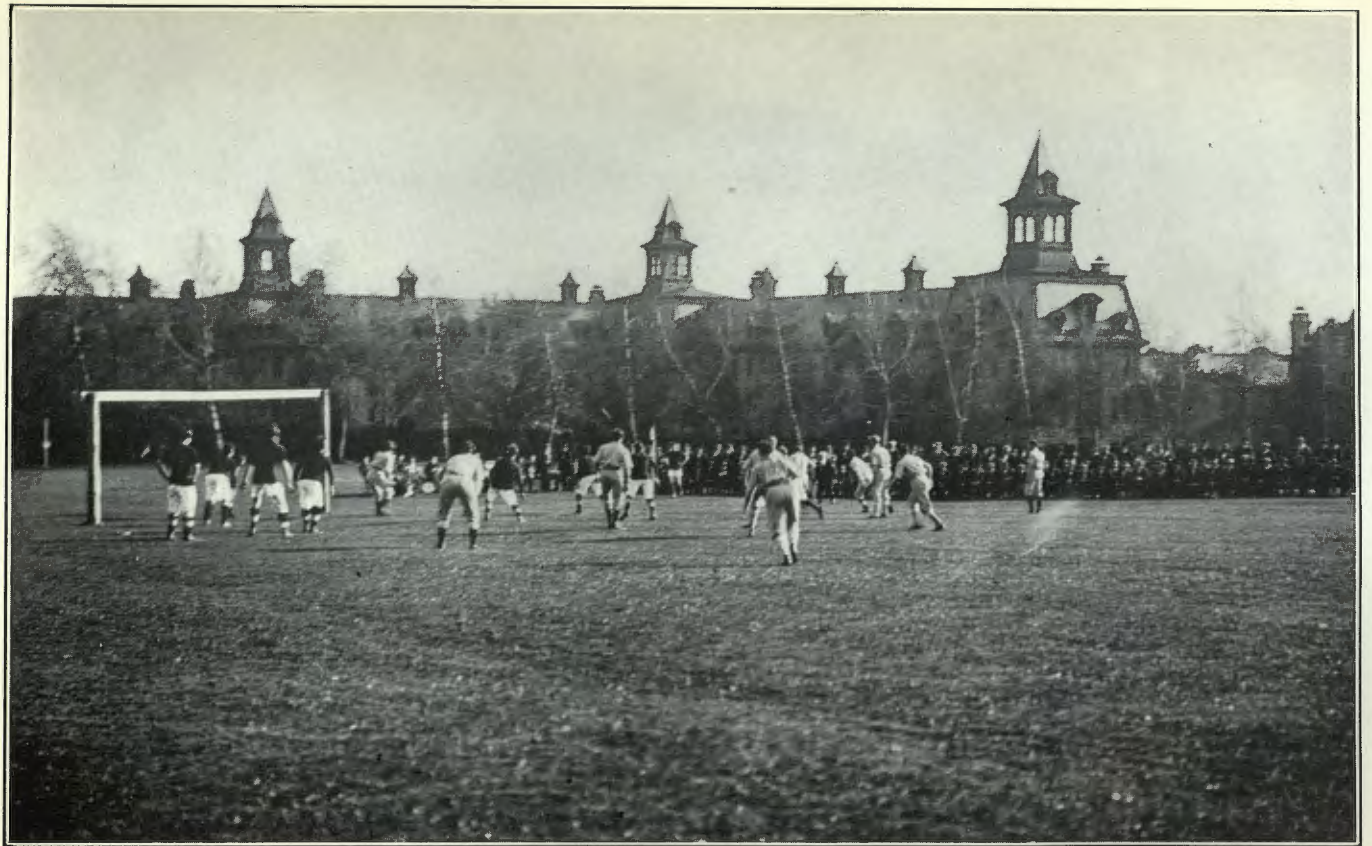
The consciousness that at all times I have been able to rely on you for counsel has been of more comfort of mind to me than you have probably realized. I have invariably received that order of support worthy of high appreciation. It has made me better able to render a service to the State calculated to command your approval, protect the interests of the sick and promote the high aims of this public charity.

Most respectfully submitted,

BRITTON D. EVANS,

Medical Director.

October 31st, 1913.



HOSPITAL SOCCER FOOTBALL TEAM

Statistical Appendix to the Medical Director's Report

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING
OCTOBER 31, 1913.

In the hospital October 31st, 1912	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
	1,170	1,132	2,302
Patients admitted—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First admissions	248	215	463
Re-admissions	32	50	82
Total	280	265	545
Total under treatment during the year	1,450	1,397	2,847
Patients discharged—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Recovered	41	43	84
Improved	64	71	135
Unimproved	12	10	22
Died	108	87	195
Total	225	211	436
Remaining in hospital—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Public	1,123	1,037	2,160
Private	102	149	251
Total	1,225	1,186	2,411
Whole number admitted from August 17th, 1876, to October 31st, 1913	6,026	5,616	11,642
Whole number discharged during the same period of time—			
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Recovered	1,373	1,365	2,738
Improved	942	1,082	2,024
Unimproved	344	348	692
Died	2,109	1,634	3,743
Eloped	31	...	31
Not insane	2	1	3
Total	4,801	4,430	9,231
Remaining October 31st, 1913.....	*1,225	1,186	2,411

*Twenty male patients carried on elopement.

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1912.									
November	24	20	44	20	16	36	1,171.64	1,130.66	2,302.30
December	18	11	29	19	8	27	1,170.19	1,129.06	2,299.25
1913.									
January	26	26	52	19	20	39	1,171.80	1,132.77	2,304.57
February	23	18	41	18	31	49	1,177.56	1,131.15	2,308.71
March	25	30	55	17	16	33	1,182.74	1,133.30	2,316.04
April	22	22	44	16	19	35	1,187.90	1,139.50	2,327.40
May	32	24	56	27	21	48	1,188.56	1,143.39	2,331.95
June	23	26	49	13	14	27	1,197.71	1,152.47	2,350.18
July	17	29	46	17	15	32	1,198.91	1,162.69	2,361.60
August	22	25	47	20	15	35	1,196.31	1,166.33	2,362.64
September	26	28	54	10	14	24	1,205.00	1,180.22	2,385.22
October	20	15	35	29	22	51	1,208.99	1,185.71	2,394.70
Total	280	265	545	225	211	436			
Total for the year							1,188.11	1,148.93	2,337.04

TABLE III.

NUMBER OF ATTACKS OF THOSE ADMITTED.

Attack.	Men.	Women.	Total.
First	180	169	349
Second	26	43	69
Third	8	11	19
Fourth	4	6	10
Fifth and over	1	9	10
Unascertained	61	27	88
Total	280	265	545

TABLE IV.

AGE WHEN ATTACKED OF THOSE ADMITTED.

Age.	Men.	Women.	Total.
Under fifteen years	2	4	6
Fifteen to twenty years	16	14	30
Twenty to twenty-five years	28	26	54
Twenty-five to thirty years	21	32	53
Thirty to thirty-five years	31	34	65
Thirty-five to forty years	26	32	58
Forty to forty-five years	19	27	46
Forty-five to fifty years	23	14	37
Fifty to sixty years	23	27	50
Sixty to seventy years	18	10	28
Seventy to eighty years	11	7	18
Eighty years and over	1	3	4
Unascertained	61	35	96
Total	280	265	545

TABLE V.

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Connecticut	1	6	7
Delaware	1	..	1
Illinois	2	..	2
Kentucky	1	..	1
Louisiana .....	..	1	1
Maryland	2	..	2
Massachusetts	3	3	6
Michigan	1	..	1
Missouri .....	..	2	2
New Jersey	78	75	153
New York	43	35	78
North Carolina .....	..	3	3
Ohio	2	1	3
Pennsylvania	11	7	18
Rhode Island	2	2	4
South Carolina .....	..	1	1
Vermont .....	..	2	2
Virginia	1	4	5
United States	12	13	25
Austria	11	10	21
Bohemia	2	1	3
Denmark	1	..	1
Canada	3	2	5
England	5	11	16
Finland	1	..	1
France	2	2	4
Germany	25	19	44
Holland	5	2	7
Hungary	8	2	10
Ireland	16	20	36
Italy	15	13	28
Lithuania .....	..	1	1
Norway	1	2	3
Poland	2	1	3
Prussia	1	..	1
Roumania	1	..	1
Russia	7	12	19
Scotland	3	4	7
Sweden	2	3	5
Switzerland	3	1	4
Unascertained	6	4	10
Total	280	265	545

TABLE VI.

RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen	39	39	78
Essex	33	47	80
Hudson	49	39	88
Mercer	1	..	1
Middlesex	2	..	2
Monmouth	2	1	3
Morris	22	27	49
Passaic	62	41	103
Somerset	3	3	6
Sussex	7	10	17
Union	45	51	96
Warren	13	7	20
New York	2	..	2
Total	280	265	545

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single	114	84	198
Married	133	136	269
Widowed	21	42	63
Divorced	5	1	6
Unascertained	7	2	9
Total	280	265	545

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

Occupation.	Men.	Women.	Total.
Agents	4	..	4
Bankers	1	..	1
Blacksmiths	3	..	3
Boilermakers	1	..	1
Bookkeepers	1	..	1
Brassworkers	1	..	1
Brewers	1	..	1
Butchers	3	..	3
Butlers	1	..	1
Buttonmakers	1	..	1
Carpenters	7	..	7
Chemists	1	..	1
Clergymen	2	..	2
Clerks	14	4	18
Compositors	2	..	2
Contractors	1	..	1
Cooks	1	..	1
Dairymen	1	..	1
Domestics	..	13	13
Dressmakers	..	1	1
Drivers	4	..	4
Druggists	2	..	2
Dyers	3	..	3
Electricians	3	..	3
Electrotypers	1	..	1
Engineers	6	..	6
Factory hands	..	2	2
Farmers	7	..	7
Firemen	1	..	1
Florists	1	..	1
Gardeners	4	..	4
Gasfitters	1	..	1
Harnessmakers	1	..	1
Horse trainers	1	..	1
Housekeepers	..	4	4
Housewives	..	136	136
Housework	..	42	42
Insurance adjusters	1	..	1
Ironworkers	1	..	1
Jewelers	1	..	1
Journalists	1	..	1
Laborers	75	..	75
Laundresses	..	1	1
Lawyers	1	..	1
Leatherworkers	1	..	1
Machinists	11	..	11
Managers	2	1	3
Manufacturers	1	..	1
Masons	2	..	2
Masseurs	2	..	2
Mechanics	1	..	1
Merchants	7	1	8
Messengers	1	..	1
Millhands	6	4	10
Milliners	..	1	1
Moulders	3	..	3
Nurses	..	1	1

Occupation.	Men.	Women.	Total.
Oilers	1	..	1
Painters	3	..	3
Paperrulers	1	..	1
Photographers	1	..	1
Pianotuners	1	..	1
Plasterers	1	..	1
Plumbers	1	..	1
Pocketbook makers	1	..	1
Porters	1	..	1
Printers	4	..	4
Proofreaders	1	..	1
Railroad men	1	..	1
Restaurant keepers	..	1	1
Rubberworkers	1	..	1
Salesmen	7	..	7
Saloonkeepers	3	..	3
Seamstresses	..	2	2
Shoemakers	3	..	3
Shopgirls	..	1	1
Silkworkers	5	1	6
Spinners	1	..	1
Stenographers	1	4	5
Stonecutters	1	..	1
Students	4	..	4
Tailors	4	..	4
Teachers	1	11	12
Telegraphers	2	..	2
Tinsmiths	3	..	3
Type inspectors	1	..	1
Undertakers	1	..	1
Waiters	1	..	1
Weavers	4	..	4
Woodcarvers	1	..	1
Woolsorters	1	..	1
No occupation	15	33	48
Unascertained	5	1	6
Total	280	265	545

TABLE IX.

MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania acute	12	38	50
Mania, epileptic	2	4	6
Mania, puerperal	..	4	4
Mania, recurrent	2	10	12
Mania, toxic	41	16	57
Melancholia, acute	29	26	55
Melancholia, agitata	..	2	2
Melancholia, involuntal	5	28	33
Melancholia, recurrent	1	..	1
Dementia, epileptic	4	1	5
Dementia, organic	14	6	20
Dementia, parietic	40	10	50
Dementia, senile	35	25	60
Dementia, terminal	..	2	2
Imbecility	1	..	1
Imbecility, with epilepsy	..	1	1
Imbecility, with mania	7	3	10
Imbecility, with melancholia	1	1	2
Insane neuroses, hysteria	..	1	1
Insanity, adolescent	59	59	118
Paranoia	27	28	55
Total	280	265	545

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State	52	44	96
County	166	157	323
Private	62	64	126
Total	280	265	545

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<i>Physical—</i>			
Arteriosclerosis	3	1	4
Cerebral changes	2	3	5
Climacteric	..	13	13
Congenital	6	1	7
Epilepsy	4	7	11
General ill health	..	2	2
Heat exhaustion	1	..	1
Heredity	9	15	24
Hysteria	..	3	3
Infection	..	1	1
Intemperance and other excesses	47	15	62
La Grippe	..	1	1
Masturbation	9	1	10
Nephritis	1	1	2
Overwork	5	5	10
Parturition	..	1	1
Poisoning	1	..	1
Predisposition	..	3	3
Pregnancy	..	3	3
Puerperium	..	10	10
Senility	14	14	28
Sexual excitement	..	2	2
Sunstroke	..	1	1
Syphilis	14	1	15
Traumatism	5	2	7
Tuberculosis	1	1	2
Total	122	107	229
<i>Moral—</i>			
Disappointed affections	1	4	5
Domestic troubles	1	5	6
Financial reverses	7	1	8
Grief	1	6	7
Religious excitement	1	2	3
Shock	1	3	4
Worry	9	8	17
Total	21	29	50
Total physical	122	107	229
Total moral	21	29	50
Unassigned	137	129	266
Total	280	265	545

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

Complications.	Men.	Women.	Total.
Abscess	1	1	2
Acne	1	1	1
Albuminuria	1	1	1
Anemia	13	13	13
Anorexia	2	2	2
Arcus senilis	2	2	4
Arteriosclerosis	20	13	33
Atrophy of muscles	1	1	1
Blindness	1	1	2
Blind in left eye	1	1	1
Bronchitis	1	1	1
Bullet wound	1	1	1
Cataract	2	2	2
Cerebral hemorrhage	1	1	1
Cholelithiasis	1	1	1
Chorea	3	3	3
Consolidation lower lobe right lung	1	1	1
Cystitis	1	1	1
Deafness	2	2	2
Diplegia	1	1	1
Diabetes	1	2	3
Dislocation of hip	1	1	1
Dislocation of humerus	1	1	1
Dyscousia	1	1	2
Dysmenorrhea	1	1	1
Edema of legs	1	1	1
Endocarditis	4	6	10
Endometritis	2	2	2
Epilepsy	6	6	12
Facial palsy	1	1	1
Fibroid tumor	1	1	1
Fistula	1	1	1
Fracture	3	2	5
Gastric ulcer	1	1	1
Glycosuria	1	1	1
Goitre	6	6	6
Gonorrhoea	1	1	1
Hemiplegia	3	3	3
Hemorrhoids	1	1	1
Hernia	1	1	1
Indolent ulcer of leg	1	1	1
Lacerated wrist	1	1	1
Locomotor ataxia	1	1	1
Monoplegia	1	1	2
Myocarditis	1	1	1
Nephritis	1	5	6
Neuritis	2	2	2
Optic atrophy	1	1	1
Paraplegia	1	1	1
Pharyngitis	1	1	1
Pregnancy	3	3	3
Presbyopia	1	1	1
Paralysis lower extremities	1	1	1
Pulmonary tuberculosis	1	1	2
Rheumatism	2	1	3
Right arm amputated	1	1	1
Right leg amputated	1	1	1

Complications.	Men.	Women.	Total.
Syphilis	5	2	7
Tonsilitis	1	1	1
Vaginitis	1	1	1
Varicose veins	2	2	2
Wound of neck	1	1	1
Homicidal tendencies	18	17	35
Suicidal tendencies	31	57	88
Without complications	191	136	334

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

TABLE XIII.

HEREDITY OF THOSE ADMITTED.

Heredity.	Men.	Women.	Total.
Insanity in family	40	44	84
Hereditary taint denied	102	38	140
Hereditary history unobtainable	138	183	321
Total	280	265	545

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	66	63	129
One to three months	54	52	106
Three to six months	24	33	57
Six to twelve months	21	21	42
One to two years	33	25	58
Two to three years	11	18	29
Three to four years	9	7	16
Four to five years	8	7	15
Five to ten years	11	11	22
Ten to twenty years	5	5	10
Over twenty years .....	..	5	5
Unascertained	38	18	56
Total	280	265	545

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years	1	..	1
Fifteen to twenty years	1	5	6
Twenty to twenty-five years	5	8	13
Twenty-five to thirty years	2	3	5
Thirty to thirty-five years	5	6	11
Thirty-five to forty years	10	2	12
Forty to forty-five years	6	2	8
Forty-five to fifty years	3	4	7
Fifty to sixty years	4	2	6
Unascertained	4	11	15
Total	41	43	84

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under one month	13	18	31
One to three months	6	11	17
Three to six months	9	5	14
Six to twelve months	5	1	6
One to two years	1	3	4
Over two years	6	1	7
Unascertained	1	4	5
Total	41	43	84

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month	4	2	6
One to two months	3	5	8
Two to three months	6	4	10
Three to four months	6	6	12
Four to five months	5	3	8
Five to six months	4	4	8
Six to nine months	5	5	10
Nine to twelve months	3	1	4
Twelve to eighteen months	3	7	10
Eighteen to twenty-four months .....	..	3	3
Over two years	2	3	5
Total	41	43	84

TABLE XVIII.

MENTAL DISEASES OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute	5	12	17
Mania, recurrent	3	2	5
Mania, toxic	21	10	31
Melancholia, acute	3	8	11
Melancholia, involuntional	1	2	3
Melancholia, recurrent	1	1	2
Insane neuroses, hysteria .....	..	2	2
Insanity, adolescent	7	6	13
Total	41	43	84

TABLE XIX.

AGE AT DEATH.

Age.	Men.	Women.	Total.
Ten to twenty years	2	2	4
Twenty to twenty-five years	5	1	6
Twenty-five to thirty years	1	4	5
Thirty to thirty-five years	6	4	10
Thirty-five to forty years	10	6	16
Forty to forty-five years	11	7	18
Forty-five to fifty years	10	8	18
Fifty to sixty years	21	20	41
Sixty to seventy years	21	19	40
Seventy to eighty years	17	12	29
Eighty to ninety years	3	4	7
Over ninety years	1	..	1
Total	108	87	195

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

Mental Disease.	Men.	Women.	Total.
Mania, acute	6	8	14
Mania, chronic	1	2	3
Mania, epileptic	1	..	1
Mania, puerperal .....	..	1	1
Mania, recurrent .....	..	1	1
Mania, toxic	7	1	8
Melancholia, acute	1	9	10
Melancholia, agitata .....	..	3	3
Melancholia, chronic .....	..	3	3
Melancholia, involuntional	2	8	10
Dementia, epileptic	1	3	4
Dementia, organic	9	5	14
Dementia, parietic	31	5	36
Dementia, senile	30	21	51
Dementia, terminal	8	8	16
Imbecility, with epilepsy	2	..	2
Imbecility, with mania	1	2	3
Insanity, adolescent	7	6	13
Insanity, pubescent .....	..	1	1
Paranoia	1	..	1
Total	108	87	195

TABLE XXI.

CAUSE OF DEATH

Cause.	Men.	Women.	Total.
Mania—			
Acute, with carcinoma of stomach	1	..	1
Acute, with cardiac dilatation, exhaustion .....	..	1	1
Acute, with cardiac exhaustion	2	..	2
Acute, with chronic colitis, exhaustion .....	..	1	1
Acute, with endocarditis .....	..	1	1
Acute, with exhaustion	2	1	3
Acute, with hypostatic pneumonia	1	..	1
Acute, with hypostatic pneumonia, exhaustion .....	..	1	1
Acute, with lobar pneumonia .....	..	2	2
Acute, with pulmonary tuberculosis .....	..	1	1
Chronic, with carcinoma of breast .....	..	1	1
Chronic, with chronic interstitial nephritis .....	..	1	1
Chronic, with chronic interstitial nephritis, pneumonia	1	..	1
Epileptic, with exhaustion	1	..	1
Puerperal, with cardiac exhaustion .....	..	1	1
Recurrent, with decubitus, exhaustion .....	..	1	1
Toxic, with cardiac exhaustion	2	..	2
Toxic, with acute cardiac dilatation	1	..	1
Toxic, with exhaustion, septic infection	1	..	1
Toxic, with influenza pneumonia	1	..	1
Toxic, with pulmonary tuberculosis	1	1	2
Toxic, with shock following operation for strangulated hernia	1	..	1
Melancholia—			
Acute, with broncho pneumonia .....	..	1	1
Acute, with carcinoma cervix uteri, chronic endocarditis .....	..	1	1
Acute, with exhaustion .....	..	1	1
Acute, with hypostatic pneumonia .....	..	3	3
Acute, with lobar pneumonia .....	..	1	1
Acute, with pulmonary tuberculosis	1	2	3
Agitata, with exhaustion .....	..	1	1
Agitata, with influenza pneumonia .....	..	1	1
Agitata, with pulmonary tuberculosis .....	..	1	1
Chronic, with chronic interstitial nephritis .....	..	1	1
Chronic, with exhaustion .....	..	1	1
Chronic, with hypostatic pneumonia .....	..	1	1
Melancholia—			
Involuntional, with cerebral apoplexy .....	..	1	1
Involuntional, with chronic nephritis, convulsions .....	..	1	1
Involuntional, with exhaustion	1	1	2
Involuntional, with hypostatic pneumonia	1	1	2
Involuntional, with lobar pneumonia .....	..	3	3
Involuntional, with suicidal hanging .....	..	1	1
Dementia—			
Epileptic, with lobar pneumonia .....	..	1	1
Epileptic, with status epilepticus	1	2	3

Cause.	Men.	Women.	Total.
Organic, with cardiac exhaustion	2	..	2
Organic, with cerebral apoplexy .....	..	2	2
Organic, with erysipelas	1	..	1
Organic, with exhaustion	2	..	2
Organic, with heart block, chronic nephritis	1	..	1
Organic, with hypostatic pneumonia	1	2	3
Organic, with locomotor ataxia	1	..	1
Organic, with myocarditis .....	..	1	1
Organic, with pulmonary edema	1	..	1
Paretic, with acute nephritis, acute myocarditis	1	..	1
Paretic, with cardiac exhaustion	3	..	3
Paretic, with chronic endocarditis, exhaustion	1	..	1
Paretic, with chronic parenchymatous nephritis	1	..	1
Paretic, with convulsions	6	3	9
Paretic, with convulsions, edema of lungs	1	..	1
Paretic, with exhaustion	15	2	17
Paretic, with hypostatic pneumonia	2	..	2
Paretic, with pulmonary edema, convulsions	1	..	1
Senile, with acute myocarditis .....	..	1	1
Senile, with cardiac exhaustion	3	..	3
Senile, with cerebral apoplexy .....	..	1	1
Senile, with chronic endocarditis, arteriosclerosis	4	..	4
Senile, with chronic endocarditis, mitral regurgitation .....	..	1	1
Senile, with chronic endocarditis pleurisy with effusion	1	..	1
Senile, with chronic interstitial nephritis .....	..	1	1
Senile, with chronic interstitial nephritis, hypostatic pneumonia	1	..	1
Senile, with chronic nephritis .....	..	2	2
Senile, with chronic nephritis, chronic endocarditis	3	..	3
Senile, with exhaustion	1	10	11
Senile, with hypostatic pneumonia	6	2	8
Senile, with hypostatic pneumonia, arteriosclerosis	1	..	1
Senile, with lobar pneumonia	10	1	11
Senile, with mitral regurgitation .....	..	1	1
Senile, with pulmonary edema .....	..	1	1
Dementia—			
Terminal, with broncho pneumonia .....	..	1	1
Terminal, with carcinoma of stomach	1	1	2
Terminal, with cerebral hemorrhage .....	..	1	1
Terminal, with chronic endocarditis, chronic nephritis	2	..	2
Terminal, with chronic interstitial nephritis .....	..	1	1
Terminal, with exhaustion	2	1	3
Terminal, with hypostatic pneumonia .....	..	2	2
Terminal, with influenza pneumonia	1	..	1
Terminal, with lobar pneumonia	1	1	2
Terminal, with uremic convulsions	1	..	1
Imbecility, with Epilepsy—			
With status epilepticus	2	..	2
Imbecility, with Mania—			
With acute endocarditis .....	..	1	1
With apoplectiform convulsions	1	..	1
With chronic interstitial nephritis .....	..	1	1
Insanity, Adolescent—			
With exhaustion	3	..	3
With hypostatic pneumonia	1	1	2
With lobar pneumonia	1	1	2

Cause.	Men.	Women.	Total.
With pulmonary tuberculosis	2	3	5
With sarcoma of left femur with general metastases .....	..	1	1
Insanity, Pubescent—			
With broncho pneumonia .....	..	1	1
Paranoia—			
With carcinoma of stomach	1	..	1
Total	108	87	195

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	904	31
October 31st, 1889.....	427	430	*857	...
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	**1,088	...
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	†1,390	1
October 31st, 1902.....	729	732	1,461	71
October 31st, 1903.....	744	761	†1,505	44
October 31st, 1904.....	789	812	1,601	96
October 31st, 1905.....	834	840	1,674	73
October 31st, 1906.....	872	906	1,779	105
October 31st, 1907.....	917	907	1,824	45
October 31st, 1908.....	993	950	1,943	119
October 31st, 1909.....	1,050	1,009	2,059	116
October 31st, 1910.....	1,093	1,025	2,118	59
October 31st, 1911.....	1,131	1,079	2,210	92
October 31st, 1912.....	1,170	1,132	2,302	92
October 31st, 1913.....	1,225	1,182	2,411	109

*One hundred patients transferred to Essex County Hospital.
 **Eighty-five patients transferred to Hudson County Hospital.
 †Twenty-five patients removed by Hudson and Passaic Counties.
 ‡Nineteen private patients removed to Sailors' Snug Harbor, N. Y.
 §Fifty patients transferred to Essex County Hospital.

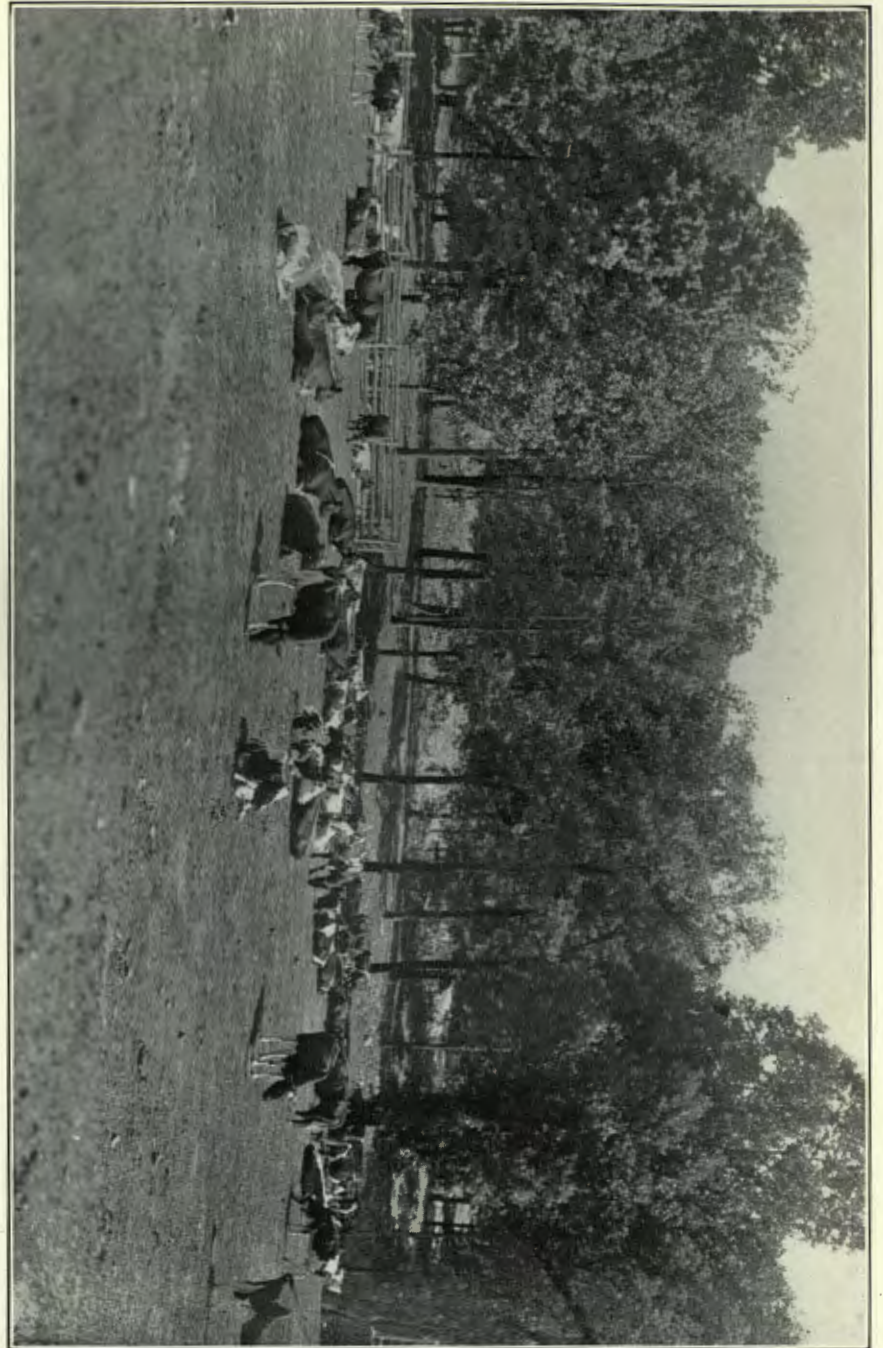
TABLE SHOWING IN DETAIL THE MANNER OF SUPPORT.
 October 31st, 1913.

COUNTY.	INDIGENT.		STATE INDIGENT.		PRIVATE.		CONVICT.		CRIMINAL.	
	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.
Bergen.....	97	95	192	56	107	17	8	1	4	4
Essex.....	14	24	38	125	254	33	33	2	19	4
Hudson.....	46	34	80	46	74	51	17	2	4	4
Hunterdon.....	25	14	39	...	...	73	17	2	...	...
Mercer.....	1	1	1	...	...	3	2	...	...	...
Middlesex.....	1	1	1	...	...	4	4	...	...	...
Monmouth.....	1	1	1	...	...	7	6	...	...	...
Morris.....	82	92	174	35	49	11	11	...	...	...
Passaic.....	225	220	445	30	61	7	5	...	...	...
Somerset.....	24	34	58	42	3	13	19	...	...	...
Sussex.....	148	168	316	37	80	8	8	...	...	...
Union.....	50	43	93	4	6	34	16	...	...	...
Warren.....	...	...	...	...	...	3	3	...	...	...
New York.....	...	...	...	...	...	4	4	...	...	...
Total.....	711	726	1,437	339	638	102	149	60	19	25

SUMMARY.

<i>Class.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Indigent	711	726	1,437
Private	102	149	251
State Indigent	339	299	638
Convict	54	6	60
Criminal	19	6	25
Total	1,225	1,186	2,411

DAIRY HERD



Warden's Report

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

GENTLEMEN:—The annual report of the Business Department for the fiscal year ending October 31, 1913, is herewith presented. In addition to the improvements made under contract, for which appropriations were made by the Legislature, additional new work, as well as betterments, has been accomplished by the hospital force.

Additional improvements are necessary, mention of which is made in detail.

IMPROVEMENTS.

Among the improvements appropriated for by the Legislature should be listed that of the new kitchen building, finishing of which was delayed far beyond the date fixed for its completion.

It is a decided betterment, combining as it does on the ground floor ample space in which to cook food for the inmates and employees in the Administration Building, and three dining rooms for employees; in the basement is located the electric light plant; also room for preparing the food for cooking.

TELEPHONE SYSTEM.

The telephone system for which an appropriation was granted has been installed and is working satisfactorily; and is a decided improvement over the old equipment. The switchboards are of improved construction and with cables which are of sufficient size to properly handle the work, and additional stations as needed can be added, the hospital is now provided with an interior service satisfactory in every way.

LAUNDRY.

The extra floor space provided by the extension to the Laundry Building relieves the overcrowded conditions previously existing, which interfered with the work, making it possible to work to better advantage than heretofore. With the use of electric irons to be placed in service and the discarding of irons heated by gas, the danger of injury to patients who assist in the work will be removed.

The additional dry room to be installed will supply facilities for properly drying the heavy and constantly increasing quantities of material handled daily. It was hoped that the appropriation to be expended during the year would be sufficient to allow of the purchase of additional washers, etc., which were, and are, much needed. The heavy cost of building the addition exhausted a greater amount of the moneys provided for building and equipment, than was anticipated, thus making it impossible to obtain all the extra machinery needed. Additional equipment is, therefore, needed.

DAIRY.

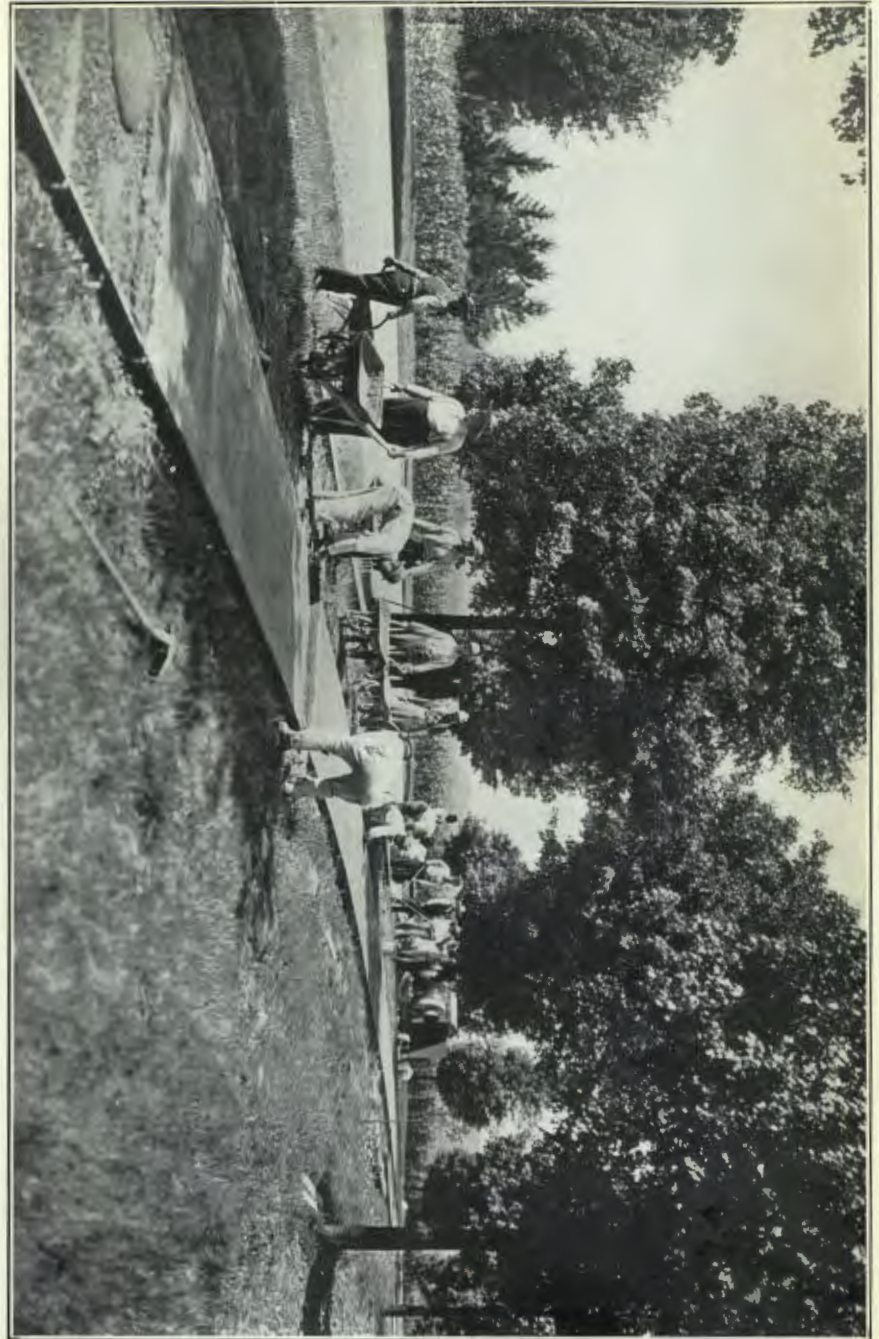
The addition to the barn spoken of in the report on dairy conditions at the close of 1912 has not reached completion, and the herd is still affected by the crowded conditions. The building is, however, nearly ready for occupancy and should be in use prior to January 1st, next. It is well lighted and ventilated, of fireproof construction, and will be thoroughly sanitary. With this addition to the plant, the general health of the herd should be assured. The average number of quarts of milk produced per cow per day, during the year, was 9.31.

The monthly inspection and examination of all cows by Dr. H. W. Dustan, veterinarian, should insure the elimination from the herd of any cow or cows not in good health and the building up of a healthy herd.

Sixty cows were slaughtered for beef, of which eight were rejected as not being satisfactory for food.

With the necessary increase in number of cows required to supply the quantity of milk needed, which is growing with the added population, an additional silo must be built.

DIVERSIONAL OCCUPATION FOR PATIENTS—ASSISTING IN CONSTRUCTION OF CONCRETE WALKS



POWER PLANT.

The four boilers lately installed are equipped with forced draft apparatus. These replaced a battery of boilers installed and in operation when the institution was opened in 1876.

Plant No. 2, installed in 1900, has been re-bricked. The work of overhauling steam piping and all connections has been under way for some time. This work, which is being done under contract, has been delayed, and as a result, the institution is dependent upon one plant for power and heating. Both plants are required, as one is inadequate.

New water heaters and pumps are being installed. With these in service the efficiency of the boiler plant will be improved, and the hot water service to the various buildings materially bettered.

In addition to the improvements installed and those in course of completion, a hot well is required to replace the open tanks now in use, in which hot water from the return steam and water pipes is collected.

CONCRETE WALKS.

Two thousand one hundred and thirty-five feet of concrete walk, five feet in width, was laid on the north side of the main driveway to the Administration Building. In conjunction with the walk already laid and in use, the new walk, which is a continuation of the old, adds very materially to the comfort and pleasure of the male patients, giving them an uninterrupted walk of 3,120 feet, from the front of the Administration Building to the entrance of the hospital grounds. The material for this walk was provided for by an appropriation, the work of building it was done by the patients and hospital mechanics.

The work of excavating for foundation of a walk of equal length on the south side of the main driveway for the female patients will be taken up as other work will allow, and if the weather during the coming fall and winter is favorable for concrete work, the walk will be finished.

GRANDSTAND.

The grandstand has been thoroughly rebuilt and painted, and presents an improved appearance. Underneath the stand, dressing rooms for the accommodation of the hospital ball team and visiting clubs has been built, with shower bath, toilet, etc., installed.

This improvement was made from the maintenance fund, and the work done by the hospital mechanics.

GREENHOUSES.

The capacity and efficiency of the heating system has been improved by adding three sections to the boiler and constructing a brick stack thirty-four feet in height with an eighteen inch flue.

COTTAGES.

The two cottages removed from off the water shed have been improved by painting both exterior and interior.

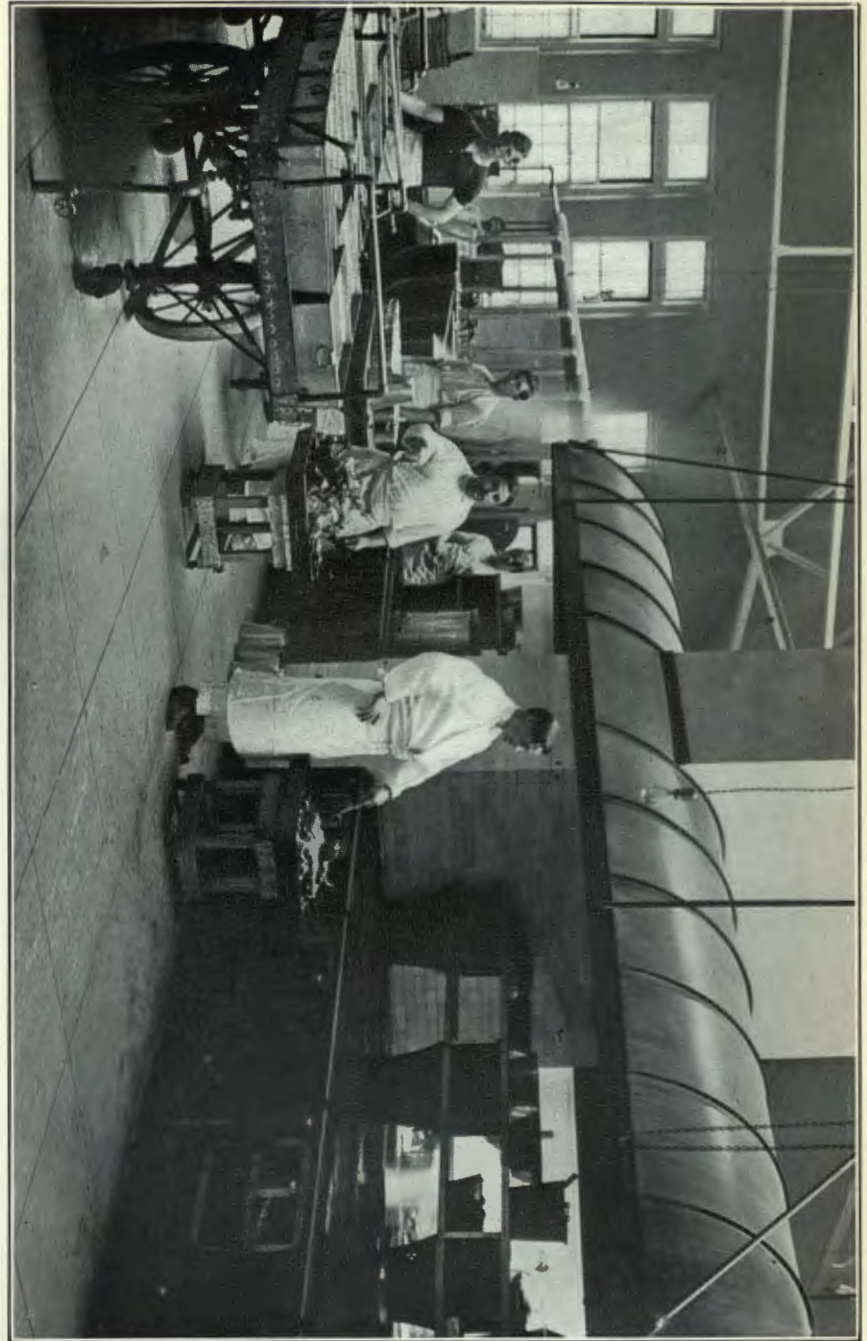
SLATE ROOFS.

Two hundred and forty thousand nine hundred and eighty square feet of slate roofs, covering the Administration, Dormitory and other buildings, received a thorough repairing during the past year. The roofs were gone over carefully, all defective slate were removed and replaced with sound material. All the roofs are now in good condition.

MOUNTAIN SPRING.

During the summer of 1912 preliminary work was begun to secure for the institution a permanent supply of pure water for drinking purposes. By utilizing a spring situated on the mountain at a point 5,462 feet distant from the Dormitory Building, "which had not failed during twenty years or more to give an uninterrupted flow of water." this has been accomplished.

VIEW IN MAIN KITCHEN



The natural capacity of the spring, which was small, was enlarged by excavating to a depth of five and one-half feet, and building a circular concrete wall seven feet in diameter, inside measurement. The wall was built two feet above the surface to prevent surface water entering the spring, making a total depth of seven and one-half feet. The spring was covered with a reinforced concrete top, thus protecting it from danger of pollution. After the completion of the work, water was drawn into five gallon bottles and carted daily to the Administration Building, a distance of one and one-quarter miles. The water was delivered by wagon until a pipe line was laid from the spring to a temporary bottling house.

In December, excavating a trench and laying of a two inch galvanized iron pipe was begun, and after overcoming many difficulties, one of which was the excavating of rock for a distance of 250 feet, at one point to a depth of nineteen feet, water was delivered at the temporary bottling house at the foot of the mountain, 1,800 feet in the rear of the dormitory building.

During 1913 the pipe line was extended to the dormitory building, and a room fitted up in which water is now bottled daily, and distributed for the use of the patients and employees in all buildings and departments.

WATER SUPPLY.

During the past year, the quantity of water in the several reservoirs used for general purposes was at times small, and although economy in the use of water for all purposes was urged and practiced in the various departments, it was feared that the supply would become exhausted. Fortunately, a water famine was averted, due in a great measure to the quantity of water secured from the concrete reservoir below the ice pond, from which 80,000 gallons in the early part of the season, to 60,000 gallons during the driest period, were pumped daily into the ice pond, from which point it was distributed to the high service and garden reservoirs in sufficient quantities to be drawn upon for several buildings.

The rainfall during the summer months was light, and although a few heavy showers brought a slight increase in the supply, it was only temporary, as the extremely dry ground readily absorbed the

rain, and very little reached the springs and reservoirs. A full and permanent supply was not assured until the heavy rainfall the latter part of October.

There will naturally be an increase in the amount of water required, as new buildings are being constructed, and the increase in population will necessitate additional quantities for laundry, bathing and other purposes. Additional storage capacity will, therefore, be necessary in the near future.

The shortage of water emphasizes the necessity of planting evergreen trees to replace the chestnut timber, which comprises a great part of the woodland attached to the hospital.

In the report of last year, under the heading of Forestry, much stress was placed upon the importance of giving the matter serious consideration; but upon which action was not taken. The recommendation was made as the result of an examination of, and report upon the woodland conditions made by Mr. Alfred Gaskill of the Forest Park Reservation Commission of New Jersey. He advises that a clean sweep be made, cutting off all chestnut timber. Dead trees do not serve as a cover and are, therefore, absolutely of no use as a cover to conserve the water supply. As soon as cleared, preparation should be made to plant the ground with evergreen trees.

It is important and necessary to conserve the water supply of the institution, making it essential to maintain a cover about the springs and stream heads. The total area aggregates 400 acres and approximately half a million trees will be required, such as Austrian pine, Scotch pine, Norway spruce, Douglas fir and hemlock. It is not practicable to use large trees for planting and he advises that small trees be used, and that a nursery be established on the grounds to grow them in.

In the interest of both water supply and replacing the dead trees, the recommendation and advice of Mr. Gaskill is worthy of attention, careful thought and consideration.

FIRE DEPARTMENT.

The companies have held regular meetings, and drills throughout the year.

The department is made up of employees of the Business Department, and as many of the men remain at the hospital but a short time, it is difficult to maintain a full membership of men who have received such instruction and have had such practice as to fit them for efficient service.

The facilities for fire protection have been increased and improved by the addition of 550 feet of 2" linen hose; 600 feet of 2½" rubber lined hose; 24 3-gal. Accurate fire extinguishers; 15 Red Devil extinguishers; 3 nozzles for 2" hose; 2 nozzles for 2½" hose and 1 double hydrant gate.

PETTY EXPENSE FUND.

This fund was provided for and is used in paying persons leaving the employ of the hospital. In accordance with the provisions of the law, this money must be returned to the State Treasurer on or before October 20th of the current year. Such sums as are paid are later drawn on the regular monthly pay roll and the fund reimbursed; in this manner the fund is kept intact.

As the time between payday and the 20th of the month is insufficient in which to re-deposit the amount drawn, so that the full amount of the fund can be sent to the State Treasurer on the date as required, it is necessary to discontinue to disburse this money October first.

The money for the Petty Expense fund is not again obtainable until November 15th, and in the meantime no money is available, as no provision has been made for funds with which to pay employees who discontinue service between October 1st and November 15th. Inconvenience results both to the hospital and persons to be paid, in consequence.

The Petty Expense Fund should be continually on deposit and available at all times.

ENCLOSING RESERVOIRS, ETC.

To protect the patients from danger of accident, and, as recommended by the State Board of Health, the water from possible pollution, the several reservoirs should be enclosed with a high fence

of heavy wire mesh, such as surrounds the high service reservoir. The fencing should be provided for by an appropriation; the posts can be cut and set, and the fencing placed in position by the hospital force.

HEATING SYSTEM.

The present system of piping by and through which steam is distributed throughout the basement of the Administration Building for heating the entire building, and to the various ward dining rooms for heating steam tables, was installed and put in service in 1876.

The pipes and fittings of different sizes have deteriorated and repairs have been made. After thirty-seven years of continual service the entire system is in such condition that a great part of it should be renewed.

Breaks and leaks are occurring constantly, and although repairs are made, lasting results cannot be obtained until the worn out and defective pipe and fittings are replaced with new material.

FARM.

The farm products exceed those of last year, both in quantity and value. The acreage in grass was reduced the past season and more land given over to the cultivation of potatoes, cabbage, corn, beets, etc. As a forage crop, oats and vetch were grown with fair success.

Forty-two acres of corn for silage was grown, producing 380 tons, slightly less than the capacity of the two silos. Potatoes raised on the farm and in the garden totaled 2,599 bushels; they were of exceptionally good quality. This yield under the unfavorable weather conditions is very satisfactory. 1,713 gallons of cider for vinegar were obtained from windfall apples, and 300 bushels of apples were served as fresh fruit.

The yield of wheat and rye totaled 583 bushels an average per acre of 28 bushels. An average of over three tons per acre of hay was produced and 2,761 bushels of mangle wurzel beets gathered.

Stock raised and slaughtered at the hospital is as follows:

14 calves	1,196 lbs.
73 lambs	2,260 lbs.
161 prs. broilers.....	
44 hogs	9,801 lbs.
62 sheep	4,040 lbs.
250 chickens	842 lbs.
6 ducks	21 lbs.

all consumed at the hospital. 152 hogs weighing, dressed, 33,179 lbs. were sold, also 30 hogs, live weight, 11,260 lbs. 48 cows from the dairy, dressed 25,850 lbs., were also used at the institution.

ACREAGE OF LAND UNDER CULTIVATION, WOODED, ETC.

Farm	194.30	
Garden	59.71	
Green House and Grounds	3.018	
Patients' Gardens	6.03	263.058
Buildings, Lawns, Driveways, Walks, etc.....	117.455	
Reservoirs	9.46	
Sewage Disposal Plant	11.782	138.697
Woodland		495.245
Total		897. acres

GARDEN.

The extreme dry weather made it difficult to grow vegetables and the results at the garden are, therefore, very satisfactory. The production exceeds that of the past year, both in quantity and value.

During the driest spell it was with difficulty that the crops were carried through, as little water was available from the reservoirs for irrigation purposes, owing to the scarcity of water for supplying the buildings. The area for garden purposes will be increased by utilizing ground formerly used for hay and other crops and greater production in both vegetables and fruit will be made.

The quantity of sweet corn grown made it possible to deliver continuously throughout the summer the quantities required. 86,472 ears were furnished.

Among the other vegetables of which large quantities were furnished were asparagus, 1,784 bunches; string beans, 632 bushels; lima beans, 234 bushels; cabbage, 21,537 heads; cauliflower, 1,081 heads; cucumbers, 10,477; egg plant, 2,138; lettuce, 17,057 heads;

onions, 24,264 bunches; peas, 173 bushels; pumpkins, 1,680; radishes, 12,747 bunches; rhubarb, 3,845 bunches; tomatoes, 2,344 bushels.

The above does not comprise the total amounts of each vegetable grown, nor a complete list of the various kinds, of which there are many. Additional of each are still on hand and will be furnished during the winter months. Reference to the detailed list will show both quantity grown and delivered, also grown and on hand at close of year.

5,000 asparagus roots, also 5,000 strawberry plants were planted in the spring. Later, 6,440 young strawberry plants were set out. Next spring 5,000 additional asparagus roots will be planted. The number of berry bushes which is not large, will be increased. The present grape arbor will be enlarged, too, by setting out additional vines.

HOGS.

In the early part of February, two hogs died within a period of one week. Dr. H. W. Dustan was called, and after a post mortem examination, pronounced hog cholera the cause of their death. Dr. Gray, State Veterinarian, together with Dr. Voorhees, visited the pens, and after an examination, decided that cholera was prevalent in the herd.

To save the healthy hogs from the disease, it was decided to slaughter them under state inspection. This was done under the careful and thorough supervision of Dr. Shaw. One hundred and sixty-two were slaughtered, one hundred and fifty-two of which were sold, ten being rejected.

Fifty-one hogs were left after finishing slaughtering February 22nd; twenty-eight of which were given the serum treatment; the remainder showed marked evidence of being affected with the disease and were not inoculated. They were killed as soon as this was evident, and the carcasses disposed of. In twenty-three of the twenty-eight cases, the serum proved effective.

The veterinarians and the state inspector as well, stated that there was no cause of the outbreak apparent, as the pens and surroundings were exceptionally well kept and clean. Cholera was at the time present in localities near the hospital, and it was thought probable

that a pack of dogs which infest the hills in this vicinity had transmitted the disease from an infected pen to the hospital pens, while traveling about in search of food.

The pens in which the hogs were raised and housed have been in constant use for many years, and the supporting timbers are rotten, the floors thoroughly saturated and in like condition, although repaired constantly. It is, therefore, necessary to rebuild the defective parts. In order to prevent a recurrence of the repairing problem and also to secure sanitary conditions, the floors should be constructed of concrete.

It will then be possible to flush the pens and keep them in a more healthful condition than is possible when the flooring is of wood construction. The partitions should also be built of concrete for like reasons. The necessary materials for this work should be provided for by an appropriation. The hospital employees aided by patients can do the work, thus reducing the cost of construction.

PERSONAL PROPERTY AND REAL ESTATE APPRAISEMENT.

The appraisalment of the personal property and real estate shows an increase in valuation over that of last year. New buildings erected and furnished creates increased valuation. The personal property is valued at \$364,033.00; real estate at \$3,333,785.00.

Mr. John Naughton and Mr. Charles W. Ennis of Morristown rendered valuable assistance in making the appraisalment.

In administering the affairs of the Business Department, I have endeavored to closely and carefully carry out the policies of your honorable Board, and desire to express my appreciation of the support given me in all matters involving the hospital's interest.

REQUIREMENTS FOR THE FISCAL YEAR ENDING OCTOBER 31, 1915.

For salaries of resident officers	\$26,900.00
For maintenance of county patients, based on an average of 1,575 patients for the year, at the rate of \$2.25 per week.....	184,275.00
For maintenance of State indigent patients, based on an average of 800 patients for the year, at the rate of \$4.50 per week	187,200.00
For maintenance of insane convict patients, based on an average of 65 patients for the year, at the rate of \$5.00 per week	16,900.00
For the annual appraisalment	200.00

For clothing of State indigent patients	12,800.00
For clothing of insane convict patients	1,040.00
For insurance premiums	6,000.00

Respectfully submitted,

O. M. BOWEN,
Warden.

The New Jersey State Hospital at Morris Plains, October 31, 1913.

Abstract of Receipts and Disbursement for the Fiscal Year Ending October 31, 1913

RECEIPTS.

Collections for October, 1912, paid State Treasurer, November, 1912..	\$ 27,567.81
Allowance by state for support of	
County patients	\$141,919.44
State indigent patients	135,659.43
State convict patients	15,250.73
	<u>292,829.60</u>
Amount received from Bergen County	21,596.64
Amount received from Essex County	354.01
Amount received from Hudson County	9,660.22
Amount received from Hunterdon County	5,122.75
Amount received from Morris County	22,058.30
Amount received from Mercer County	118.97
Amount received from Monmouth County	131.16
Amount received from Middlesex County	69.76
Amount received from Passaic County	45,709.53
Amount received from Sussex County	6,828.30
Amount received from Somerset County	24.10
Amount received from Union County	36,337.06
Amount received from Warren County	10,318.55
Amount received from private patients	101,595.62
Amount received from hides and fat	9,958.18
Amount received for support of State indigent patients, Dora Sture	20.00
Amount received for support of State indigent patient, Wm. C. Davis	20.00
Amount received from State of New Jersey for support of Bridget Coyle	30.29
Amount received from special account, fire insurance money.....	1,019.91
	<u>\$591,370.76</u>

DISBURSEMENTS.

Administrative expenses	\$200,860.55
Table supplies	193,122.49
House supplies	34,713.65
Clothing and clothing material	22,575.27
Repairs	20,896.11
Farm, stable and grounds	28,132.42
Heat, light and power	47,962.74
Betterments	2,231.18
Miscellaneous expenses	13,211.21
Refunds	5,556.99
Protested checks, including fees	404.76
Balance reverted to State	67.15
	<u>\$569,734.52</u>

Balance in hands of H. P. Lindabury, Treasurer, October 31, 1913.. \$ 21,636.24

NEW JERSEY STATE HOSPITAL.

RESOURCES.

Amount due from Bergen County	\$ 1,955.89
Amount due from Essex County	9.96
Amount due from Hudson County	1,052.68
Amount due from Morris County	1,806.12
Amount due from Monmouth County	30.14
Amount due from Passaic County	23,384.41
Amount due from Union County	3,498.18
Amount due from Warren County	1,029.18
Amount due from State Treasurer for support of county patients..	12,445.43
Amount due from State Treasurer for support of indigent patients..	11,314.29
Amount due from State Treasurer for support of convict patients ..	1,263.57
Balance with H. P. Lindabury, Treasurer	21,636.24
Due from private patients as per bills rendered	18,575.62
Clothing furnished during October	714.71
Due for hides, grease, etc.....	1,580.14
Due for maintenance of patients for whom no orders have been received	6,085.71
	<u>\$106,382.27</u>

LIABILITIES.

Bills payable	\$ 48,646.32
Refunds for October	202.79
Pay roll, October 16 to 31, 1913	7,536.13
Amount of private patients' accounts paid beyond October 31, 1913..	12,158.15
Amount of bills rendered private patients unearned	4,798.67
Unclaimed wages, patients' money, etc.....	505.87
Excess resources above liabilities	32,534.34
	<u>\$106,382.27</u>

Appendix to Warden's Report

DAIRY AND FARM.

363,595	quarts milk (average number of cows milked 106.9, average per cow per day 9.31 quarts) .. @	.06	\$ 21,815.70
76	calves sold		346.50
335	tons hay	22.00	7,370.00
19	tons rye straw	18.00	342.00
21	tons wheat straw	14.00	294.00
380	tons ensilage	5.00	1,900.00
174	tons green fodder (timothy, corn, oats and vetch, oats and peas, wheat)	5.00	870.00
334	bushels wheat	1.00	334.00
249	bushels rye .....	.90	224.10
292	bushels windfall apples .....	.60	175.20
1,713	gallons cider for vinegar .....	.12	205.56
48	baskets plums .....	.75	36.00
2,761	bushels mangel wurzel beets .....	.30	828.30
961	bushels potatoes .....	.80	768.80
2,628½	dozen eggs .....	.30	788.55
			<u>\$36,298.71</u>

STOCK SLAUGHTERED AND USED AT THE HOSPITAL.

48	cows dressed, 25,800 lbs.....	.12	\$3,102.00
14	calves dressed, 1,196 lbs.....	.15	179.40
62	sheep dressed, 4,040 lbs.....	.07¾	313.10
73	lambs dressed, 2,260 lbs.....	.13	293.80
250	chickens dressed, 842 lbs.....	.24	202.08
161	prs. broilers	1.50	241.50
6	ducks dressed, 21 lbs.....	.24	5.04
44	hogs dressed, 9,801 lbs.....	.10	980.10
30	hogs slaughtered and sold, 11,260 lbs.....		880.62
152	hogs slaughtered and sold, 33,178 lbs.....		2,756.61
			<u>\$8,954.25</u>

Garden

VEGETABLES FURNISHED DURING FISCAL YEAR ENDING OCTOBER 31, 1913.

Asparagus, bunches	1,784	@ .20	\$ 356.80
Beans, string, bushels	632 5-16	.50	316.16
Beans, lima, bushels	234 7-16	1.50	351.66
Beets, bushels	240 7-16	.45	108.19
Beets, bunches	3,030	.05	151.50
Brussels sprouts, bushels	1 3-32	1.50	1.64
Cabbage, heads	21,537	.05	1,076.85
Cauliflower, heads	1,981	.10	198.10
Corn, sweet, ears	86,472	.01 1/2	1,297.08
Cucumbers	10,477	.01	104.77
Carrots, bushels	393 7-8	.45	177.24
Carrots, bunches	58	.05	2.90
Chervil, bunches	25	.02 1/2	.63
Celery, stalks	1,591	.03	47.73
Egg plant	2,138	.05	106.90
Greens, soup, bunches	548	.03	16.44
Kale, bushels	165 3/4	.20	33.15
Lettuce, heads	17,057	.05	852.85
Leeks, single	720	.02	14.40
Onions, bushels	308 11-16	.50	154.34
Onions, bunches	24,264	.02	485.28
Peas, bushels	173 9-16	1.00	173.56
Parsley, bunches	2,123	.02	42.46
Parsley, baskets	157	.50	78.50
Peppers, bushels	24 1/2	.50	12.25
Pumpkins	1,680	.05	84.00
Parsnips, bushels	390 1/2	.50	195.25
Potatoes, bushels	947 2-3	.80	758.13
Radishes, bushels	13 1-16	.50	6.53
Radishes, bunches	12,747	.01	127.47
Rhubarb, bunches	3,845	.06	230.70
Squash, bushels	194	.50	97.00
Squash, single	109	.01 1/2	1.64
Spinach, bushels	363	.50	181.50
Tomatoes, bushels	2,344	.50	1,172.00
Turnips, bushels	436	.40	174.40
Turnips, ruta бага, bushels	5 1/2	.40	2.20

\$ 9,192.20

FRUIT.

Strawberries, quarts	224	.10	22.40
Cherries, quarts	95	.10	9.50
Currants, quarts	249	.10	24.90
Raspberries, quarts	158	.15	23.70
Blackberries, quarts	15	.10	1.50
Grapes, baskets	173	1.00	173.00
Pears, baskets	14	.80	11.20
Apples, bushels	19	.75	14.25

\$ 280.45

Forward \$9,472.65

VEGETABLES RAISED DURING YEAR ENDING OCTOBER 31, 1913, AND ON HAND AT CLOSE OF YEAR.

Forward			\$9,472.65
Beets, bushels	873	@ .45	\$392.85
Brussels sprouts, bushels	74	1.50	111.00
Celery, stalks	17,707	.03	531.21
Carrots, bushels	1,170	.45	526.50
Cauliflower, heads	307	.10	30.70
Cabbage, heads	6,431	.05	321.55
Corn, ears	540	.01 1/2	8.10
Kale, bushels	1,200	.20	240.00
Leek	730	.02	14.60
Lettuce, heads	5,629	.05	281.45
Onions, bushels	383	.80	306.40
Parsnips, bushels	1,261	.50	630.50
Peppers, bushels	6	.50	3.00
Potatoes, bushels	691	.80	552.80
Parsley, bunches	3,251	.02	65.02
Pumpkins	608	.05	30.40
Radishes, bunches	32,944	.01	329.44
Soup greens, bunches	1,080	.03	32.40
Salsify, bushels	40	1.50	60.00
Spinach, bushels	574	.50	287.00
Sage, bunches	200	.01 1/2	3.00
Turnips, ruta бага, bushels	829	.40	331.60
Turnips, bushels	2,012	.40	804.80
Thyme, bunches	150	.01 1/2	2.25

\$ 5,896.57

\$ 15,369.22

