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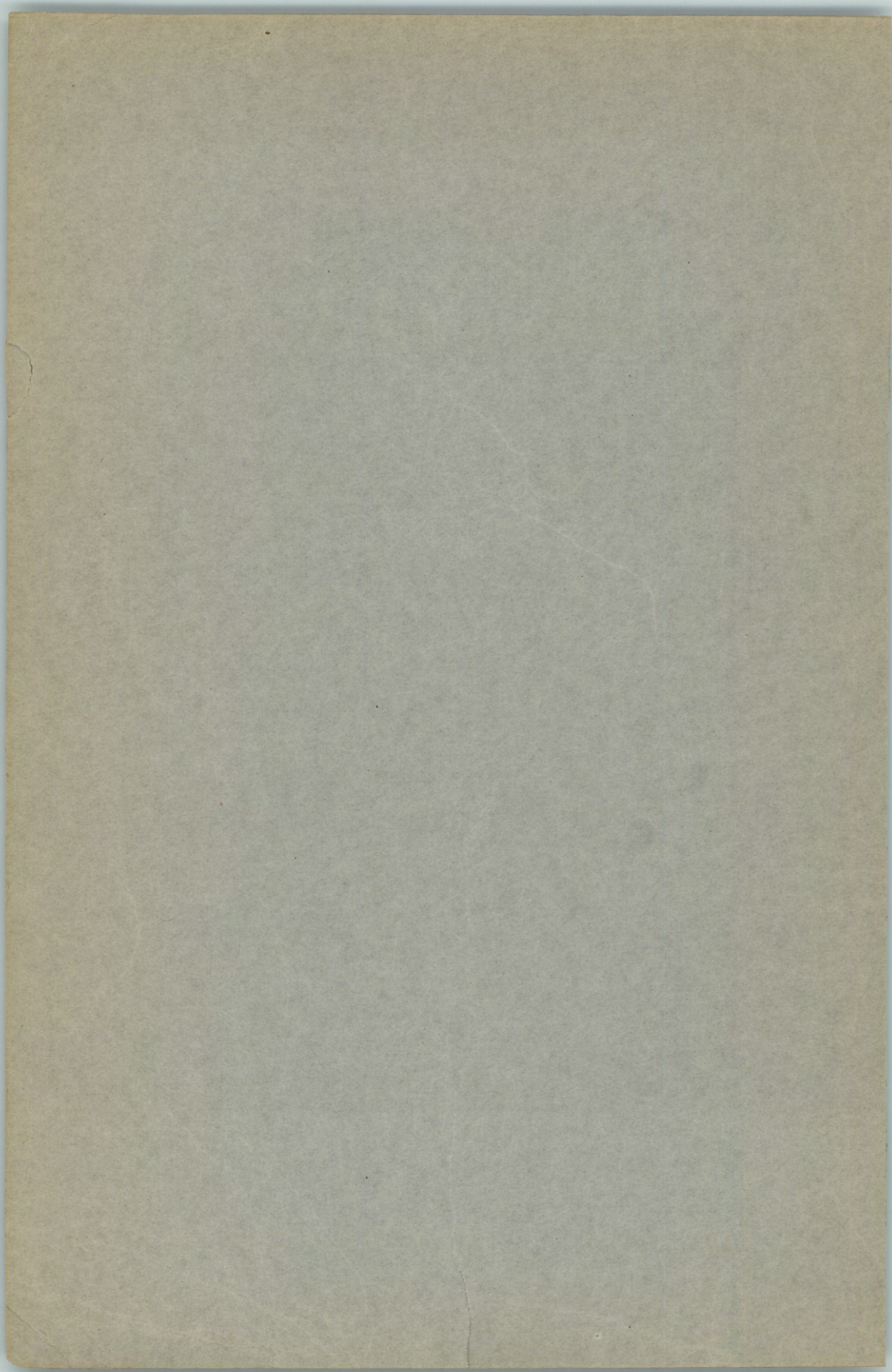
THE  
FIFTY-FOURTH ANNUAL REPORT  
OF THE  
MANAGERS AND OFFICERS  
OF THE  
NEW JERSEY STATE HOSPITAL  
AT  
GREYSTONE PARK  
FOR THE YEAR ENDING JUNE 30th  
1929

HOSPITAL PRINT

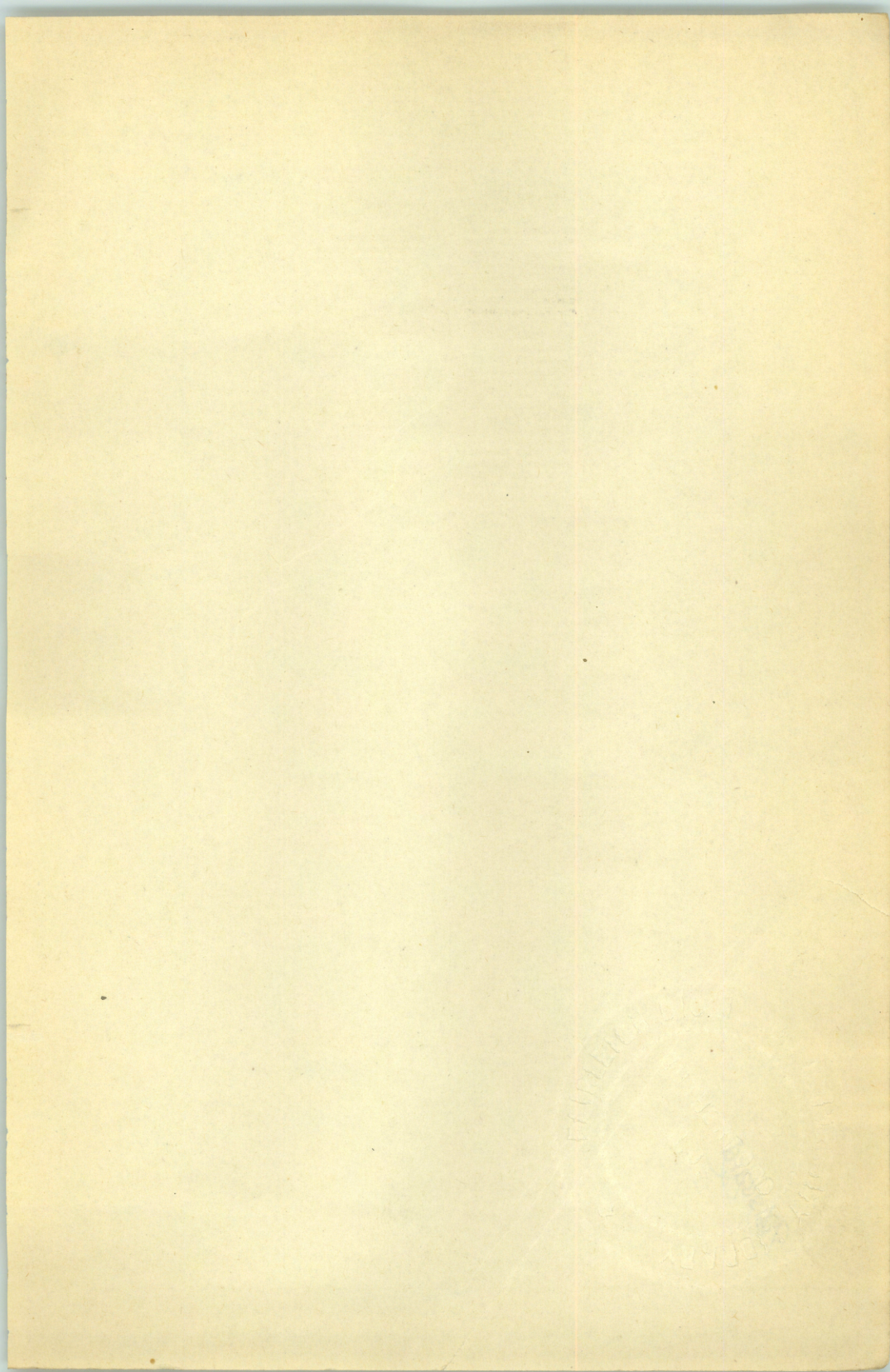
1929

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Dr. Marcus A. Curry  
Superintendent



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AT  
GREYSTONE PARK  
FOR THE YEAR ENDING JUNE 30th  
1920

HOSPITAL PRINT  
1920



**ONE OF THE NEW NURSES' HOMES**



ONE OF THE NEW MESSRS. HOMES

**MANAGERS**

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PRESIDENT

DANIEL S. VOORHEES.....Morristown

VICE-PRESIDENTS

W. L. R. LYND\*.....Dover

AUGUSTUS S. KNIGHT, M. D.....Gladstone

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MRS. JAYNE MILLARD DOYLE.....Newton

MRS. MARIAN K. GARRISON.....Llewellyn Park. Orange

GEORGE W. KING, M. D.....Secaucus

RIDLEY WATTS.....Morristown

JAMES E. LAUENSTEIN, *Secretary*

*\*Deceased, March 16, 1929.*

MANAGERS

PRESIDENT

Daniel S. Voorhes ..... Manhattan

VICE-PRESIDENT

W. L. R. Lind ..... Dover

Augustus S. Knott ..... Gladstone

Mrs. Jayne Milard Boyle ..... Newton

Mrs. Maria K. Garrison ..... New York

George W. King ..... Secaucus

Ruby Walter ..... Manhattan

James E. Lauriston, Secretary

London, Mass. N. Y.

## OFFICERS

MARCUS A. CURRY, M. D.

Medical Superintendent and Chief Executive Officer

ARTHUR G. LANE, M. D.....Clinical Director  
GEORGE R. HAMPTON, M. D.....Senior Resident Physician  
GEORGE B. McMURRAY, M. D.....Senior Resident Physician  
LAURENCE M. COLLINS, M. D.....Senior Resident Physician  
WILLIAM J. LEIN, M. D.....Senior Resident Physician  
PHILIP C. WASHBURN, M. D.....Senior Resident Physician  
JAMES K. POLLOCK, M. D.....Senior Resident Physician  
JOSEPH DONOVAN, M. D.....Senior Resident Physician  
PERRY J. GAMBILL, M. D.....Senior Resident Physician  
ALBERT V. ROCHE, M. D.....Senior Resident Physician  
PERCY L. SMITH, M. D.....Senior Resident Physician  
THOMAS B. CHRISTIAN, M. D.....Pathologist  
ANTONIO HUBERT, M. D.....Resident Physician  
RAYMOND J. HARQUAIL, M. D.....Resident Physician  
MARGARET DOUGLAS, M. D.....Resident Physician  
GEORGE W. COMEAU, M. D.....Resident Physician  
LINDSAY E. ROBINSON, M. D.....Resident Physician  
W. W. SENN, M. D\*.....Resident Physician  
THEODORE GEBIRTIG, M. D.....Resident Physician  
DAVID P. YOUNG, M. D.....Resident Physician  
ELSWORTH BAKER, M. D.....Resident Physician  
JACK BRENNER, M. D.....Resident Physician  
FREDERIC S. LAWSON, M. D.....Resident Physician  
ARTHUR R. STEVENSON, M. D\*.....Resident Physician  
PHILIP J. TRENTZSCH, M. D\*.....Director of Mental Hygiene  
Clinics  
EARL W. FULLER, M. D...Director of Mental Hygiene Clinics  
JOHN H. CASSITY, M. D\*.....Assistant to Director of Mental  
Hygiene Clinics  
THOMAS R. PALMER, D. D. S.....Resident Dentist  
ARTHUR W. VON DEILEN, D. D. S.....Resident Dentist  
ANNE HOW, R. N.....Superintendent of Nurses

OFFICERS

- WILLIAM G. BEUCLER.....Assistant to Chief Executive Officer
- MILDRED H. HURLEY.....Directress of Mental Hygiene Clinic  
Social Service
- PHYLLIS POINTON.....Acting Directress of Hospital Psychiatric  
Social Service
- BEATRICE M. FORD.....Directress of Physical Training
- REBECCA A. ADAMS\*.....Directress of Occupational Subjects
- STELLA A. MCCLURKIN.....Acting Directress of Occupational  
Subjects
- PHILIP B. ROBERTS.....Pharmacist
- GEORGE J. HAMBERGER.....Business Manager
- EDWARD I. COURSEN.....Assistant Business Manager
- ARTHUR J. VANWINKLE.....Treasurer
- HENRY LANDESMAN, C. E.....Engineer-in-Charge

\*Resigned

## BOARD OF CONSULTANTS

---

GEORGE H. LATHROPE, M. D.....	Clinical Medicine
CHRISTOPHER C. BELING, M. D.....	Neurologist
WILLIAM J. ARLITZ, M. D. ....	Neurologist
CLIFFORD MILLS, M. D.....	Surgeon
FRANCIS H. GLAZEBROOK, M. D.....	Surgeon
WILLIAM H. LAWRENCE, JR., M. D.....	Surgeon
GEORGE P. PITKIN, M. D.....	Surgeon
JOSEPH M. RECTOR, M. D.....	Surgeon
LEONIDAS L. MIAL, M. D.....	Eye, Ear, Nose & Throat
E. BLAIR SUTPHEN, M. D.....	Eye, Ear, Nose & Throat
H. J. F. WALLHAUSER, M. D.....	Dermatologist
HARRISON S. MARTLAND, M. D.....	Pathologist
CLARENCE O'CROWLEY, M. D.....	Urologist
DAVID A. KRAKER, M. D., F. A. C. P...	Gastro-Enterologist and Proctologist
H. AUSTIN COSSITT, M. D.....	Gastro-Enterologist
FRANCIS C. BARTLEMAN, D. D. S.....	Dentist

BOARD OF CONSULTANTS

- George H. Athorp, M.D. .... Clinical Medicine
- Christopher C. Bell, M.D. .... Neurology
- William J. Arlitz, M.D. .... Neurology
- Clifford Mills, M.D. .... Surgery
- Francis H. Glasscock, M.D. .... Surgery
- William H. Lawrence, Jr., M.D. .... Surgery
- George P. Pittin, M.D. .... Surgery
- Joseph M. Rector, M.D. .... Surgery
- Leonard J. Mann, M.D. .... Eye, Ear, Nose & Throat
- E. Blair Stephen, M.D. .... Eye, Ear, Nose & Throat
- H. L. Walther, M.D. .... Dermatology
- Harrison S. Martland, M.D. .... Pathology
- Clarence O. Rowley, M.D. .... Pathology
- David A. Kraker, M.D., F.A.C.P. .... Gastro-Enterology and Proctology
- H. Austin Cositt, M.D. .... Gastro-Enterology
- Francis C. Bartleman, D.D.S. .... Dentist

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**REPORT OF THE BOARD OF MANAGERS**

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REPORT OF THE BOARD OF ALYSSANDER

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NEW JERSEY STATE HOSPITAL

**REPORT TO THE COMMISSIONER**

TO THE HONORABLE WILLIAM J. ELLIS,  
COMMISSIONER OF INSTITUTIONS AND AGENCIES

The Board of Managers of The New Jersey State Hospital at Greystone Park, in compliance with the statutes, herewith submits to you its fifty-fourth annual report of that institution, together with the report of the Superintendent and Chief Executive Officer, for the fiscal year ending June 30, 1929.

We feel that this report shows commendable progress, although at this time the internal administration of the hospital is handicapped by an unusual degree of overcrowding. We are caring for at least 1,200 more patients than we should and we cannot impress upon you too strongly the seriousness of this situation.

Improvements placed in service during the year include the Employees' Building to house 250 attendants, a two-family house for senior physicians, and a cottage for the business manager; an addition to the water supply in the form of a deep well producing 650,000 gallons a day; a new concrete and asphalt surface for the approach to the hospital; and improved equipment of various kinds. Work under construction during the year has comprised the remodeling of Clinic Building, reconstruction of the Main and Dormitory Buildings, and repair and reconstruction of the old Industrial Building; near the close of the year, work was begun on the new Senile Building and on reconstruction of the sewage disposal plant.

As usual, the Board has devoted a large share of its time to construction matters and to the study of plans for additional buildings, including one for the tuberculous insane. The committee on furnishings under Mrs. Garrison has given attention to the final stages of furnishing the Nurses' and the Employees' Buildings and has selected and installed complete equipment for the two-family house for physicians. All construction work, equipping and furnishing has been carried out with close cooperation between this Board and the central departments of the State, including the architectural division, the state purchasing depart-

ment, and the state-use division. We are most grateful for the disposition shown by the various heads to work with the local Board and for the pleasant and harmonious relationships which have been maintained throughout the year.

The internal affairs of the hospital have been conducted in a quiet and orderly manner. There have been no important changes among the resident officers, but in the non-resident class Dr. Philip J. Trentzsch, Director of Mental Hygiene Clinics, resigned and Dr. Earl W. Fuller was appointed as his successor. We feel that Dr. Fuller is by training, experience and personality well equipped to carry on this important work and that under his direction the clinics have a promising future. In the engineering division and business department the usual good results have been noted.

During the year, outside recognition has been obtained by hospital products in a manner which reflects credit upon the organization and upon the individual division heads. Mr. Otto Koch, florist and landscape gardener, and Mr. John J. Kelly, gardener, won many prizes on their exhibits at local shows and fairs, and Mr. John Warnke, dairyman, also won several ribbons with thoroughbred cattle from the hospital herd.

The fire of May 6, which is fully described in the superintendent's report, revealed in a striking manner the efficiency of the entire organization. Personnel and equipment were found ready in every detail for this serious test and even the well-drilled patients conducted themselves in a manner which few sane groups of similar size would equal. It is impossible to thank everyone who did fine service on this occasion, but we feel that there is enough glory to go all around and that Dr. Curry is to be commended for the loyalty shown by the staff, nurses and attendants, and other employees. As a Board we were greatly pleased with the satisfactory method in which this entire situation was handled, including the temporary arrangements made by which the institution continues to care for all of its patients while the necessary reconstruction is in progress. We also felt that the settlement made by the insurance companies as given in the superintendent's report was a very favorable one.

During the late fall and early winter months the Board experienced a degree of anxiety as to the health of the superintendent, Dr. Curry, as he failed to make prompt recovery after an operation in October. Accordingly, in February we insisted that he take a holiday in Florida and as a final inducement President Voorhees of the Board accompanied him. Although away only two weeks, Dr. Curry was greatly benefited by the change and has been able to carry on the increased detail resulting from the fire without showing undue strain. We keenly realize the tremendous burden which the efficient administration of so large and exacting an institution places upon a superintendent and believe that it is only reasonable conservation to insist that he take a complete rest from responsibility from time to time.

At the close of the year covered by this report there remained on the records of the hospital 3,997 patients—1,929 males and 2,068 females—an increase of 33 patients over the previous year. Of this total, 351 patients—149 males and 202 females—were outside of the institution but still carried on the hospital books and subject to return without legal or medical procedure. During the year there were admitted, including first admissions, readmissions, and transfers from other institutions for the insane in this state, 889 patients—427 males and 452 females. The discharges totaled 541—328 males and 213 females—202 were recorded as recovered, 275 as improved, 24 as unimproved, 26 as without psychosis, and 14 as transferred to other hospitals for mental disease in New Jersey. The deaths during the year numbered 315—162 males and 153 females.

In turning to the affairs of the Board itself, the Managers have a most sad event to record, the death of our respected and beloved Vice-President. A section of the resolutions adopted by the Board read as follows:

“The death of the Honorable W. L. R. Lynd of Dover on March 16, 1929, leaves not only a vacant chair in the Board of Managers at Greystone Park, but also means a loss, the extent of which we who have been so long associated with him sadly realize.

Receiving his commission from the then Governor of New Jersey, Woodrow Wilson, and assuming his duties as a member

of the Board in June, 1912, Mr. Lynd's great firmness of purpose, his strength of will, his thorough conscientiousness marked him as a man of habitual fairness combined with ready sagacity, sound judgment and unswerving loyalty which earned for him the respect, esteem and affection of his colleagues. His trait of fairness was so recognized that questions of equity about which differences of opinion entered were constantly submitted to him for his decision, during his long years of service on the Board, with the full knowledge that an act of injustice by him was unthinkable.

Becoming chairman of the important Grounds and Buildings Committee shortly after his induction, and later, in 1919, Vice-President, his conduct of these offices won for him the ever-increasing respect and esteem of his colleagues and of all others whose good fortune brought them in contact with his genial personality and sterling character."

During the year the Board of Managers held eleven regular and one special meetings. The total attendance was 67. Visits, conferences, inspections and so on made a grand total of 333 trips to the institution by the individual members of the Board. In addition to these visits, numerous conferences regarding hospital affairs were held at the homes or offices of Board members. On April 9, 1929, Dr. Augustus S. Knight was elected Vice-President.

In conclusion the Board wishes to place on record its appreciation of the work which you and your department have done for this institution during the past year and of the continuously constructive and progressive attitude which has been maintained.

Respectfully submitted,

DANIEL S. VOORHEES, *President.*

AUGUSTUS S. KNIGHT, M. D. *Vice-President.*

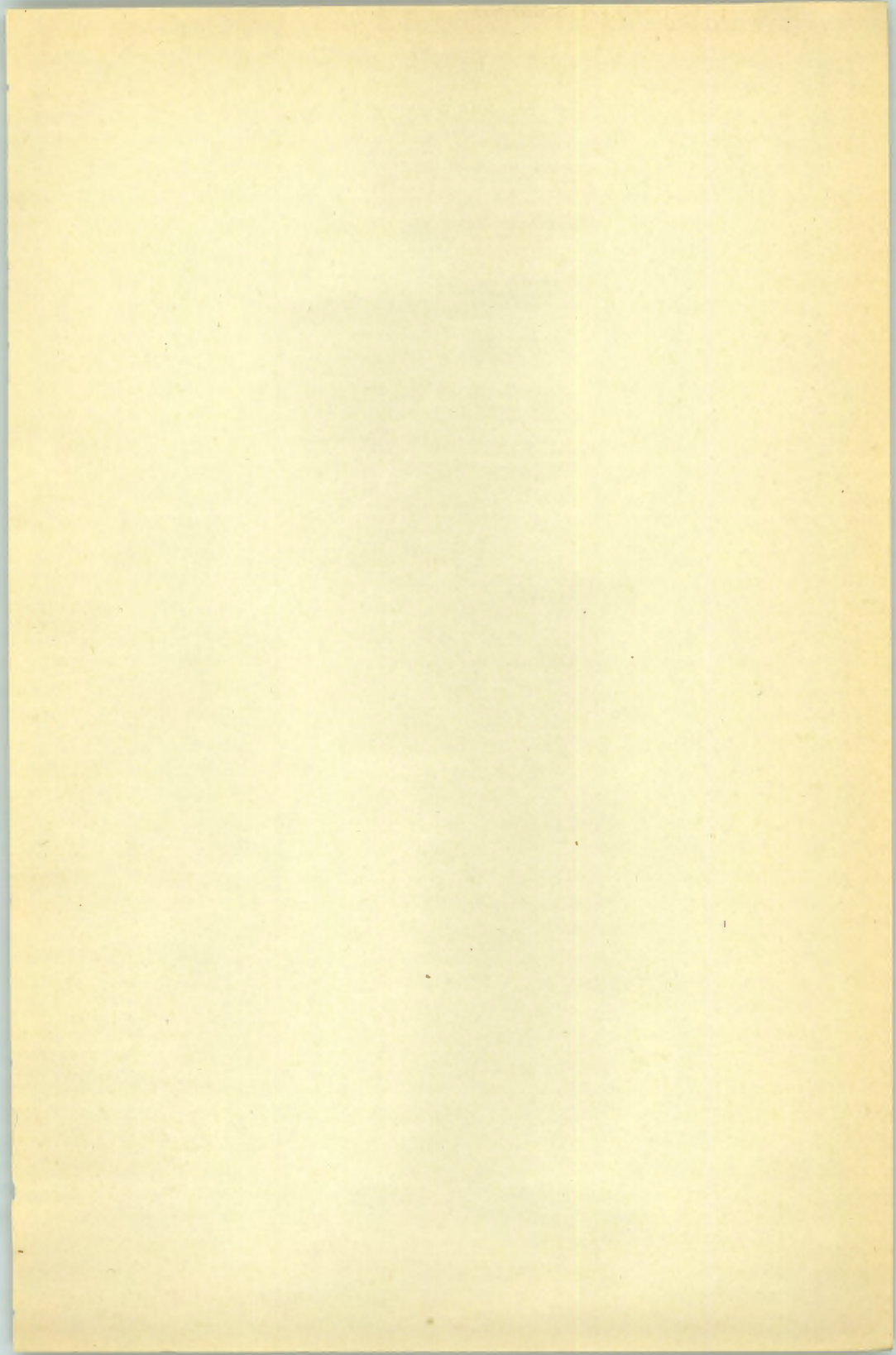
JAYNE MILLARD DOYLE

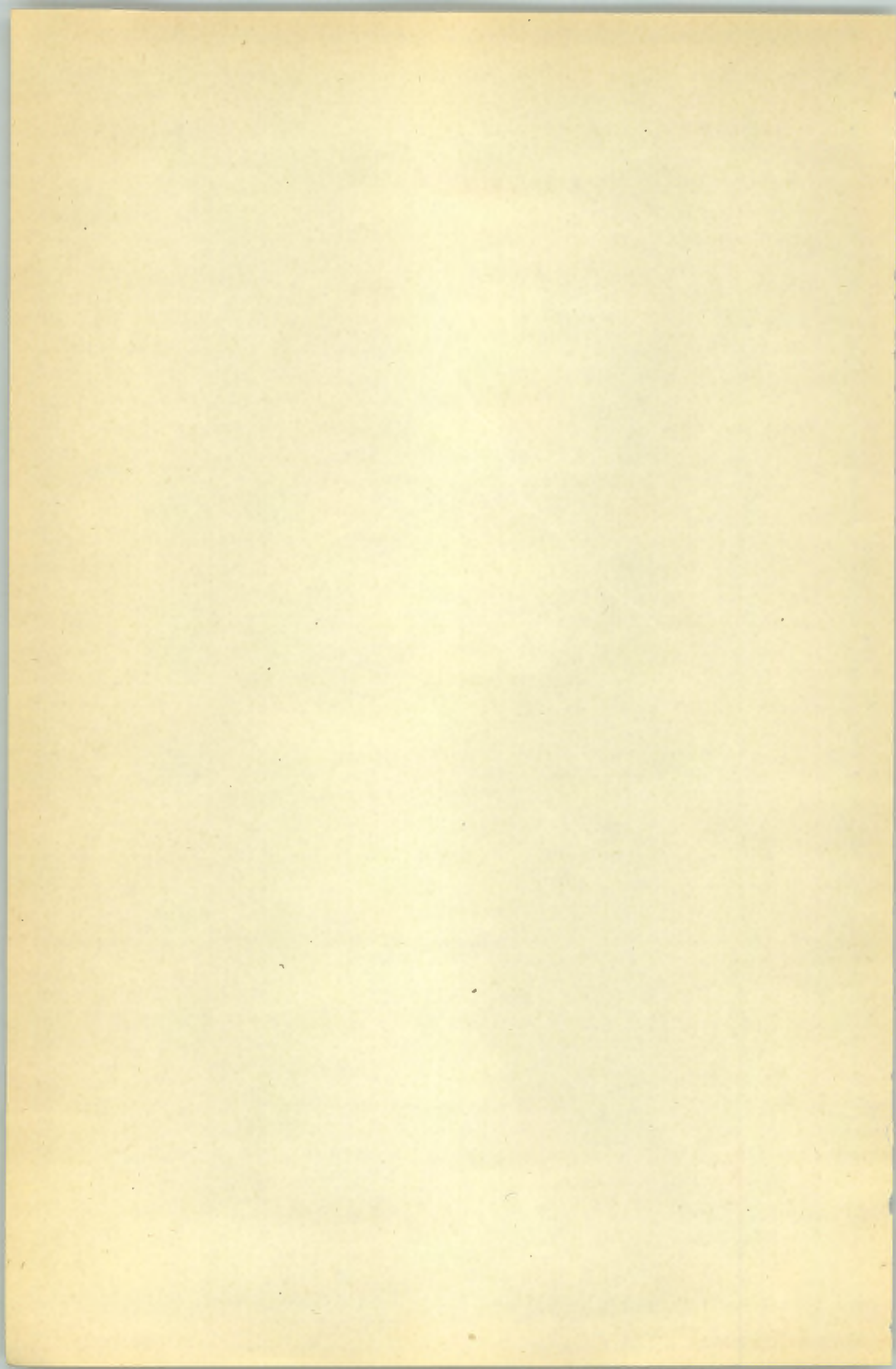
MARIAN K. GARRISON

GEORGE W. KING, M. D.

RIDLEY WATTS

June 30, 1929.





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**TREASURER'S REPORT**

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TREASURER'S REPORT

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**TREASURER'S REPORT OF CASH RECEIPTS AND  
DISBURSEMENTS FOR THE FISCAL  
YEAR ENDING JUNE 30, 1929.**

RECEIPTS

From Bergen County.....	\$ 99,905.58
" Essex County.....	30,579.96
" Cumberland County.....	18.49
" Hudson County.....	41,337.21
" Hunterdon County.....	264.14
" Mercer County.....	225.21
" Middlesex County.....	1,822.42
" Monmouth County.....	722.54
" Morris County.....	51,044.22
" Passaic County.....	149,642.00
" Somerset County.....	890.56
" Sussex County.....	12,055.64
" Union County.....	118,870.48
" Warren County.....	1,924.94
" Private Patients.....	184,582.57
" Individuals and Excess amounts collected by Counties for support of Indigent Patients.....	8,020.46
" Miscellaneous receipts.....	7,900.81
	\$709,807.23

DISBURSEMENTS

Amount of Collections deposited with State Treasurer.....\$709,807.23

AMOUNTS RECEIVED FROM STATE TREASURER FOR PAY-ROLLS

Employees' Pay-rolls.....	\$872,797.10
Officers' Pay-rolls.....	16,068.36
	\$888,865.46

A. J. VAN WINKLE  
*Treasurer.*



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REPORT OF THE CHIEF EXECUTIVE OFFICER

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REPORT OF THE CHIEF EXECUTIVE OFFICER

## REPORT OF THE CHIEF EXECUTIVE OFFICER

### TO THE BOARD OF MANAGERS:

In accordance with the requirements of law and custom, I herewith submit to you the fifty-fourth annual report of The New Jersey State Hospital at Greystone Park, covering the fiscal year from July 1, 1928, to June 30, 1929. In the body of this report I have included or summarized reports from all heads of divisions in the medical department and also reports from the business manager and the engineer in charge, thus covering in more or less detail the entire field of institutional activities. Wherever possible I have tried to give full credit to those in charge of the different divisions, but it has been useless to attempt any individual mention of the sub-heads and general employees, although I am keenly aware that the success or failure of institutional policy hinges upon the devotion to duty of these same hundreds of workers.

The year has been distinguished both by notable progress and notable reverses. On May 6 occurred an event which will long be memorable to all connected with this institution. At 12:15 a. m., an alarm was rung in for a fire in the Main Building which had broken out in the cupola on the roof over ward 4/2 North. The origin of the fire and the time it may have smouldered before being discovered have not been ascertained. Several people who were in the vicinity of the building, front and rear, reported that nothing out of the ordinary was apparent and then, between five and ten minutes later, the whole cupola was a mass of flames. The local fire corps responded promptly and all physicians, officers and employees were on the scene in a remarkably brief space of time.

Patients were aroused from sleep and formed in line as if going for meals. The discipline and habit established by this routine march to the dining hall three times a day proved invaluable, and with a minimum of disturbance the wards were emptied and the patients placed in safety in the amusement hall and congregate dining rooms. The bed patients were carried out, cots were set up for them and for the old and feeble, and coffee and sandwiches served to all. Some groups were entertained

by community singing and one popular request was "Keep the Home Fires Burning."

Meantime, bedding, clothing and the more portable furniture were removed from the wards most endangered by fire and water and physicians and nurses made a thorough search to be sure that no patient had been missed. A few of the patients had been marched out of the building when the fire was first discovered and in the excitement and darkness five or six were lost. All but two of these were returned before morning and the remaining two were brought back to the hospital within forty-eight hours.

From the first glance it had been evident that more fire fighting equipment was needed than we could supply and a call for help was at once sent in to local communities. Morristown, Morris Plains, and Morris Township responded. Mr. John J. Cullinan, fire chief of Morristown, came with his men and equipment and at my request assumed charge. Our own fire department was stationed at the rear of the North wing and did excellent work. The hospital water supply proved fully adequate. The resident engineer, Mr. Richard Rogers, turned on the high pressure and maintained the pumping system in a manner to satisfy all demands, although with the engines of four fire departments drawing out the water it required good judgment to see that the supply was not pulled from the boilers.

The fire was difficult to control because of the unusual construction of the mansard roof. Inside, a solid brick wall extended from the eaves to the ceiling; outside was the steep, slightly curved, slate-covered facing of the roof curb; between, in the narrow enclosed space, was a maze of wooden rafters and framework, seasoned for more than fifty years. The fire spread at once from the cupola to this timber and worked its way rapidly in both directions. By cutting through between the fire zone and the Centre of the building, a sufficient volume of water was forced in to check the spread in that direction. Then the fire was blocked off from the other side and finally put out after eight hours of fighting. The loss was protected by insurance and after the matter had been taken up in detail with representatives

of the different companies concerned, a settlement was reached of \$180,000 for the building and \$7,500 for the furnishings and equipment. This was felt to be an equitable adjustment.

The complete absence of casualties was more than I had dared to expect when a few minutes after the alarm sounded I drove my automobile up the Center Road to the Main Building, facing the flames which were already shooting high into the air as if nothing could check them. Then it seemed as if the entire building was doomed and that it would be impossible to get all of the patients, many of them greatly demented, out of the crowded fourth floor wards before the heat and smoke became overpowering. As you know, the fourth floor was not designed for occupancy when the building was constructed and only the necessity of relief from unbearable congestion had forced its conversion into wards. In retrospect it seems to me that the total absence of mortality in a fire of this type and size was purely Providential. At every turn only a hairsbreadth saved the outcome from being a disaster which would have gone down in institutional history among the blackest tragedies and would have brought untold grief and suffering to all New Jersey.

Too much credit cannot be given to the officers and employees who carried out their various duties so efficiently and quietly that no suspicion of panic developed and even discomfort was reduced to a minimum. Without complaint, those who had obtained at most only an hour or two of sleep after a long day's work not only returned to duty while the fire was in progress, but continued at their posts throughout the following day.

Hundreds of automobiles were attracted to the scene by the flames and reflection, visible for miles, and officers from the State Police, the Morristown police and the Morris Township police were on hand to maintain order. Commissioner Ellis as soon as informed of the situation made a record trip from Trenton in the early morning hours and was on the scene long before the fire was extinguished. That day a meeting of the Board of Managers was held and many prominent men of the State were in consultation with the local authorities, including Mr. E. P. Earle, President of the State Board of Control, Dr.

Dowd of Newark, member of that Board, Senator Frank D. Abell of Morristown, numerous officials of the Central Department and representatives of many institutions in the State, including Mr. Thorn of Vineland, Mr. Atchley of the Trenton State Hospital, Dr. Renner and Mr. Moosbrugger of the State Village at Skillman, and Dr. English of Glen Gardner. Representatives of many institutions outside the State also got in touch with us, all offering any help within their power. The following day Governor Larson, with State Comptroller McCutcheon and State Treasurer Middleton visited the hospital and made a tour of the entire institution.

The immediate result of the fire was, of course, greatly increased crowding of patients. Throughout the year, housing for patients had been a problem for, in addition to the general overcrowding which has persisted for years, remodeling of the Clinic Building begun in the preceding year had made it necessary to close all its wards except those connected with the operating rooms. Some three hundred patients were distributed in the other buildings, increasing the congestion in all parts of the institution. This was the situation prior to May 6.

While the fire was in progress about 1,200 male patients were removed from the North Side of the Main Building and temporarily held in the amusement hall and in the congregate dining hall, a separate fireproof structure connected with the Main Building by bridges. As soon as the fire was pronounced out, work was started on restoring the wards of the North wing to a habitable condition. The wing consists of twenty wards of different sizes, but averaging about sixty beds to a ward. Except on the fourth floor, water was the damaging agent. As the fire had been checked before reaching the tier of wards nearest the Centre, we were able to get the patients back into those four wards that day, and a little later the four section wards at the extreme opposite end of the wing were restored to service. On the other wards, falling plaster was a source of danger and masons were set to work tearing off all that had become loosened. As fast as a ward dried out and became habitable, it was put in use; in some cases only portions of a ward were available and

certain rooms or dormitories had to be shut off. At present the entire first and second floors are in service and two wards on the third floor. On the fourth floor, only the first ward is usable.

In order to care for the patients at first, dormitories were fitted up on three floors of the congregate dining hall, reserving only one floor for dining purposes and having all meals served in relays. The day rooms in the Dormitory Building, on the male side, were made into temporary dormitories, and reconstruction work was stopped on the Clinic Building and the wards there put into service. In the Reception Building overcrowding soon became evident, as it was impossible to transfer male patients to other buildings. At present wards intended for twenty-five are carrying forty patients. All of the work connected with these adjustments has meant heavier duties for the hospital employees, particularly the nursing force, and naturally has been disturbing to the patients. That so little confusion and excitement have been apparent reflects much credit on those actively concerned.

In the matter of housing for employees, this year has brought marked improvement. The new quarters for nurses which were ready for use at the beginning of the year have made it possible to increase the advantages offered to students as well as to provide adequate housing for graduates. The Employees' Building was furnished during the fall and is now occupied; this has enabled us to enlarge the force of attendants, especially in the women's division, and has also released for use by patients the two wards in the Reception Building which were last year occupied by employees. For the first time in many years the ward employees of the Main Building and the Betterment Group are suitably housed and improved conditions are already making themselves felt in an increasing stability of this vitally important force.

An additional residence unit is needed for housing employees of the Dormitory Building and of the Senile Building and Building for Tuberculous which are to be adjacent to it. Another group of employees not yet provided for are those working in the kitchens, laundry, and so on, for whom the firehouse does not have quarters. At present these people are housed in various rooms and dormitories in the rear of the Main Building

where they have not proper or sanitary surroundings.

During the past year there have been about the usual number of changes among the officers and employees. On the staff of resident physicians there were five appointments and two resignations. A resident dentist resigned and another was appointed. Miss Rebecca A. Adams, occupational therapist in charge of curative workrooms, who had developed this line of work from its inception in January, 1923, resigned in March. Miss Adams was exceptionally qualified for this type of teaching and her services to the institution and the patients had been of a very high order. Miss Stella A. McClurkin, who had been trained by Miss Adams, was temporarily appointed to the position left vacant by her resignation. On June 11, Mr. William J. Littell, senior statistical clerk, who had been employed at the institution for almost twenty-seven years, died after a brief illness. Accurate and thoroughly informed in all phases of his duties, Mr. Littell was invaluable in the Record Room and his loss has been keenly felt. Two employees met accidental deaths during the year. A female attendant was killed on March 30, by a fall down an elevator shaft while in performance of duty, and a houseman employed in the main kitchens was drowned on June 24, while swimming with other employees during leisure time in a small pond on the hospital property. On the medical staff of the mental hygiene clinics, an assistant physician was appointed in August. The Director, Dr. Philip J. Trentzsch, resigned on May 31; on June 16, Dr. Earl W. Fuller was appointed to fill the vacancy. Dr. Fuller has had fine experience in institutional work in Pennsylvania and for several years has been well and favorably known to many on the staff of this hospital, including the clinical director and the superintendent.

Mr. William G. Beucler, who was appointed assistant to the chief executive officer in December, 1927, has been of great value to me throughout the year by relieving me of much detail work and by making investigations and reports as directed. He has a desk in my office and as time permits I can outline to him the different matters upon which further data is needed and he then carries out the necessary studies and interviews. As he is a trained

institutional man, I have found him most reliable.

There is one other matter which I feel should be mentioned at this point, although no definite report can be made regarding it. That is the subject of surveys. As you all know, there is a great deal of underground piping connecting the different buildings with the central systems of water, steam, gas, electricity, and sewage disposal. Some of this piping is recent, but much of it is very old. No complete drawings or diagrams have been kept showing the old lines and their modifications and the situation has grown up that the entire system is known only from the practical side to a few of the old employees, particularly the engineers. When necessities arise for establishing new connections or making repairs, the point at which an excavation shall be made is determined largely by memory. The fact that this method has been entirely successful in most cases makes it none the less risky in an institution of this size. Accordingly, after one or two tentative approaches to the subject, the Central Office, working in cooperation with the Board of Managers, delegated Mr. Smith, County Engineer of Monmouth County and also connected with the Central Office, to direct the necessary field studies for drawing a topographical map of the hospital property including all buildings and showing all piping, connections, and outlets. This survey has been in progress for some time and the field work is now about completed. Subsequent to the Fire of May 6, arrangements were made with the firm of Walter Kidde Company, consulting engineers, to survey the buildings and equipment of the institution with a view to suggesting improved means of fire protection. This survey is also now in progress and is dependent upon the report of Mr. Smith for definite information regarding water lines. All of the work has been carried on in close cooperation with the engineering division of the institution.

#### HEALTH

During the past year we have been very fortunate in the matter of the health of the resident population. No epidemics have occurred and general conditions have been good throughout the

year. The number of communicable diseases which appeared was below average, only pneumonia showing a fairly high incidence. But 47 new cases of pulmonary tuberculosis were reported and 18 cases of erysipelas with two deaths. A few cases of Vincent's angina appeared among the patients and employees; all received early treatment and there was no serious spread of the disease.

In the way of prevention, routine examinations of the water and milk supplies have been made throughout the year. Anti-typhoid vaccine has been administered to all patients in the institution and, as standard procedure, the inoculation of new patients against typhoid and small pox has been maintained. All new employees have been given a physical examination.

#### STATISTICAL RESUME'

As in previous years, complete statistical data has been tabulated according to the forms prescribed by the National Committee for Mental Hygiene. These will be found appended to this report, but a summary of the tables is incorporated at this point for convenient reference. The admission rate has continued high, though about  $2\frac{1}{2}$  per cent. lower than the record established last year. Undoubtedly, this slight decrease was due in part to the influence of the fire on May 6, as officials of two of the large counties, Hudson and Essex, stated that they would make an effort to cut down their commitments during our period of reconstruction by sending as many as possible of their cases to their own institutions. If these two counties had sent in during May and June a number of patients equal to their average in the previous ten months, our admissions would have somewhat exceeded those of last year. In all probability, other communities and individuals were also influenced by knowledge of our difficulties in providing bed space to send prospective patients elsewhere for the time being. Another factor contributing to the same result was the opening of Federal hospitals, particularly one at Northport, Long Island, to receive psychiatric ex-service cases from New Jersey. Our admissions for the year in this group numbered 6 in contrast to an average of about 37 for each of the five preceding years.

Also, possibly due to this same cause, for the first time in ten years the number of women admitted as patients exceeded the men. During the two preceding years the preponderance of males had been particularly high, amounting to over 100 patients in that time, so this year's excess of 35 females by no means restores the balance of the sexes. The records show a decrease of 13 patients from the number actually in the hospital a year ago, but this is probably of no lasting importance since the transfer of 85 ex-service patients to a veterans' hospital was accomplished during the year and most of these men were of a type to require continued treatment. The fact that the number on trial visit has been increased has also been a contributing cause in reducing the residents in the hospital as the number on the books shows a slightly larger total than that of a year ago. The number of patients admitted on voluntary commitment papers was 103, compared with 85 in the previous year.

*General Data:* During the year ending June 30, 1929, 889 patients were admitted—427 males and 462 females. The admissions included 730 first admissions to any hospital for the insane—341 males and 389 females; 140 readmissions—72 males and 68 females; and 19 transfers from other similar institutions in New Jersey—14 males and 5 females. The number of patients discharged including deaths was 856—490 males and 366 females, leaving an increase of 33 patients over those on the books at the close of the preceding year.

There were under treatment during the year 4,833 patients—2,419 males and 2,434 females—160 more than in the previous year. The maximum census for the year was 3,997 attained on June 30, 1929, and the highest number actually in the hospital at any one time was 3,657 attained on July 1, 1928.

At the close of the year 332 patients—131 males and 201 females—were carried on parole and 19 patients—18 males and 1 female—were carried as escaped.

*First Admissions:* Patients of native birth numbered 446—202 males and 244 females—and of foreign birth 281—137 males and 144 females—the foreign born thus comprising 40 per cent. of the total first admissions; the birthplaces of 3 patients—2 males and

1 female—were unascertainable. Both parents of 222 native born patients were also of native birth, while in 59 cases one parent was born in this country and the other was of foreign birth. Concerning the foreign born patients, 43 were natives of Italy, 41 of Germany, and 40 of Poland, these three countries furnishing 44 per cent. of the foreign born first admissions. The naturalized foreign born numbered 86, the aliens 124, and the citizenship of 74 was unascertainable.

Of the principal psychoses, 149 patients were diagnosed as suffering from psychosis with cerebral arteriosclerosis, 122 with manic depressive psychosis, and 144 with dementia praecox. Thus about 57 per cent. of all first admissions were included in these three groups. Other psychoses in point of numbers were—general paralysis, 57; senile psychoses, 44; alcoholic psychoses, 20.

Relative to race, 85 were classified as Slavonic, 80 as German, 63 each as Italian and Irish, and 55 as African, these five races comprising about 47 per cent. of all first admissions. Recorded as of mixed races were 237 patients, while data as to the race of 10 remained unascertained.

Over 41 per cent. of the patients were between the ages of 25 and 45 years at the time of admission. Under 25 years of age were 110 patients. More than half of the first admissions (53 per cent.) were in excess of 40 years at the time of admission and 69 had passed the age of 70 years.

As to the degree of education, 429 patients (nearly 59 per cent.) had acquired a common school education; 74 were graduates of high school; and 12 had acquired a collegiate education. Those with ability only to read and write numbered 89, and 26 were illiterate. No information was obtained regarding the education of 100 patients.

Patients of urban environment numbered 668, comprising over 91 per cent. of the first admissions. Only 54 patients were of rural residence and the environment of 8 was unascertained.

The table of economic condition records 572 patients (over 78 per cent.) as marginal, 106 as comfortable, and 48 as dependent. The economic condition of 5 patients was not ascertained.

Relative to the use of alcohol, 406 patients were alleged to be

abstinent, 143 temperate, and 96 intemperate. Information as to the habits of 85 patients was unascertainable.

In Table 13, the marital condition of the patients in the first admission group is given as follows: Single, 248—141 males and 107 females—about 34 per cent.; married, 343—154 males and 191 females—about 46 per cent.; widowed, 103; separated, 15; divorced, 12; and unascertainable, 7.

*Readmissions:* Of the 140 readmissions during the year, patients suffering from manic depressive psychoses and dementia praecox, constituted, as usual, the greater proportion of the total. There were 48 cases of manic depressive psychoses and 43 of dementia praecox, 65 per cent. of the entire group.

*Discharges:* The number of patients regularly discharged during the year was 527—319 males and 208 females. Of these, 202 patients—93 males and 109 females—were discharged as recovered. This is over 27½ per cent. based on the number of first admissions and represents a gain of 2½ per cent. over the previous year. The condition on discharge of the remaining patients was as follows: Improved, 275; unimproved, 24; without psychosis, 26. In addition to those regularly discharged, 14 patients were transferred to other similar institutions within the State and no statement was made as to their change in condition while under care in this institution. Early in the hospital year, 85 ex-service patients were transferred to the care of the Federal Government. As these patients were taken outside the State, they are classified as discharges rather than as transfers, and the entire number was included in the classification "improved."

The greater number of those discharged as recovered were diagnosed as afflicted with manic depressive psychosis and comprised 86 patients, or slightly in excess of 42 per cent. Others discharged as recovered were, in order of number, psychosis with cerebral arteriosclerosis, 29; alcoholic psychosis, 24; and psychosis with psychopathic personality, 13.

*Deaths:* During the year 315 patients died—162 males and 153 females. This is a percentage of slightly under 6½, based on the total number under treatment, showing a slight decrease from the preceding year. The average age at death was 56.88 years. The

principal causes of death were—diseases of the circulatory system, which were reported in 151 cases or nearly 48 per cent. of the total; pulmonary tuberculosis, 34; nephritis, 19; lobar pneumonia, 16; bronchopneumonia, 12; cerebral apoplexy, 13; and general paralysis, 15. Relative to the psychoses of those who died—87 (over 27 per cent.) were diagnosed as suffering from psychosis with cerebral arteriosclerosis. Dementia praecox was the diagnosis in 71 cases, general paralysis in 41, senile psychosis in 38, and manic depressive psychosis in 28.

At the time of death 150 patients (over 47 per cent.) had passed the age of 60 years. Seventy-eight patients were over 70 years of age; of these, 19 were between 75-79; 10 between 85-89; and 4 were 90 or over. The duration of hospital life showed that, according to the tabulation, approximately one-third of the patients who died during the year had a hospital residence of less than three months; of these more than half were suffering from senile psychosis, psychosis with cerebral arteriosclerosis, or general paralysis. Twenty-four patients had a hospital residence of 20 years and over and of these nearly 80 per cent. were included in the classification of dementia praecox.

#### CLINICAL WORK

As for a number of years past, the position of clinical director has been filled by Dr. Arthur G. Lane, who is thoroughly experienced in state hospital procedure and also well versed in modern approaches to psychiatric problems. All of the examination and treatment of patients has come under his immediate supervision and he has had general charge of the mental hygiene clinics held in the hospital district. Dr. Lane is an excellent teacher and not only has given routine instruction to physicians and nurses on the hospital staff, but also has been frequently called upon by different outside groups for talks and even courses of lectures along psychological and psychiatric lines. He has submitted the following report of his work for the year with illuminating statements as to conditions which have confronted the resident officers:

“When last year’s report was published it contained a promise of a further development of out treatment facilities in the belief

that the Clinic Building which was undergoing extensive alterations at that time would be complete for the purpose of rounding out our diagnostic and therapeutic program. Through unavoidable delays in the work and because of the necessity of interrupting the work at the time of the fire to use the building as emergency housing for patients, this much desired aim has had to be necessarily postponed. The admissions for the year, while slightly lower than the preceding year, came to us to be made room for in space which would have been overcrowded even if the Clinic Building had been functioning to capacity and we had not lost housing area by the fire.

The individual reports of the various clinical divisions found elsewhere in this volume indicate that, notwithstanding the deprivation of much of the bed space which was intended for the intensive study and treatment of our patients in the Clinic Building, we have maintained a high degree of activity in our diagnostic and therapeutic endeavors. The inability to concentrate and coordinate these activities under one roof as planned means that there has continued to be a great loss in medical, surgical, and nursing efficiency by scattering and duplication of activities over all the various hospital buildings and services. The fire also has accentuated the problem of proper classification of cases, which was formerly a serious obstacle in the proper handling of our wards and in obtaining the best results for the individual welfare of patients.

Taking all these factors into consideration, I think we can justly point with pride to our recovery rate which this year has mounted to the highest point yet attained. To be entirely just, however, we must not lose sight of the reasoning which was used in our previous reports when the recovery rate was considerably lower. It was then emphasized that the ratio of recovery was figured on the basis of a rapidly increasing admission rate during the current fiscal year with recoveries which had taken place among patients out of the hospital during that fiscal year and who had been recruited from a much smaller hospital census of a preceding year. This situation has been reversed this year and logically may explain to a certain degree the rather better percentage rate,

but if we had held approximately to the previous rate our showing I believe would have been creditable when the various handicaps were taken into consideration.

Perusal of the individual reports of the various divisions gives the best indication of the intensity with which we are devoting ourselves to all of the modern theories and methods of care and treatment of mental problems. Beside the work which is thus indicated as part of our routine procedure we have been greatly benefited during the last half of the year by an exhaustive survey of the problem of tuberculosis as it exists among our patients. This survey is being made by a specialist in this field and is still in progress.

In previous reports, mention has been made of the malarial treatment of general paralysis which was started at this hospital in July, 1925. We have continued to administer this treatment in all cases of neuro-syphilis where permission to do so has been obtained from relatives. At the present time our list of treated cases numbers 284 patients. Taking into consideration that our cases are not selected, but include all patients who are diagnosed as neuro-syphilitic, irrespective of the stage of the disease, our mortality rate of 43 deaths does not seem unduly high. During the past year 59 patients have been inoculated. Of this number 9 have died, 15 are out of the hospital in remission, 35 are still in the hospital under treatment and observation.

During the past year, the limit of time for immunity conferred by typhoid vaccination having about expired, the whole hospital census was revaccinated with a mixed typhoid vaccine. This was prepared in the pathological laboratory and administered as a part of the ward routine.

Our extra-mural work has been carried on with an apparently increasing appreciation by the public. In the detailed report found elsewhere in this volume, the further expansion in number of the mental hygiene clinics is indicated. This was found necessary in order to supply the demands of the community for this service. An increasing number of social and professional groups have been given educational talks in mental hygiene, both at the hospital and in the community.

Demonstration clinics at the hospital have been given for the class in psychology of Drew University, for the Association of Y. M. C. A. Secretaries of New Jersey, and for a group of clergymen from a neighboring city. Lectures in neurology and psychiatry have been given to the senior and junior nurses of the Memorial Hospital of Morristown. This group of students was united for the lectures with one of the groups of nurses who were receiving training at the hospital in the affiliated course of nursing instruction. To these separate affiliated groups, three in number, forty-five hours were devoted for the discussion of the theories and symptomatology of nervous and mental diseases. In association with one of these groups the teachers of physical education were in attendance by special arrangement.

The deportation and transfer activities handled this year are summarized in the following table:

Cases transferred outside of the State.....	25
Cases transferred within the State.....	33
Cases deported.....	19
Cases repatriated.....	3
Total cases.....	80

In addition to these cases, 85 ex-service patients were transferred to Federal hospitals, but as the matter was handled by the Veterans' Bureau instead of our office, it was not included in our reports. Fifteen cases were handled and reported who were removed by relatives, discharged from trial visit, discharged recovered, or died. The total amount of money spent was \$845.88.

Your director is keenly aware of the obligation he is under for the cooperation of the various officers and personnel of the hospital generally for the degree of success which is being attained in the clinical work. We are eagerly looking forward to the time when the erection of the new buildings and the remodeling of the older structures will place at our disposal for full operation the facilities so much needed for the diagnostic treatment program and for housing an adequate personnel in the medical and nursing units."

#### SURGICAL OPERATIONS, ACCIDENTS, BIRTHS, ETC.

The surgical work of the hospital has been handicapped

throughout the year by the remodeling of the Clinic Building, in which the major operating rooms are located; so only those cases have been operated upon which required immediate attention. Spinal anæsthesia has been used, as in preceding years, with excellent results. I feel that the quality of surgical work at this hospital is decidedly above the average in state institutions and compares very favorably with that in the better general hospitals. We were asked this year by the society of surgeons of the Lackawanna Railroad for permission to hold their annual meeting at Greystone Park, which would indicate that men high in their profession outside the institutional field are interesting themselves in what is being done here.

For the past two years Dr. Laurence M. Collins, resident surgeon, has been relieved from ward work to serve as assistant to the clinical director in all executive matters, and he is regularly consulted in reference to the entire medical and surgical work of the hospital. As in previous years, Dr. Collins has performed most of the major operations, assisted chiefly by Dr. Donovan, with Dr. Roche as anæsthetist. Dr. Clifford Mills, of Morristown, long on our consulting staff, has performed a number of operations here during the year. Dr. George P. Pitkin, of Bergenfield, has also operated here and has constantly been in close touch with members of our surgical division. Dr. Pitkin is gaining a wide recognition both in this country and abroad for his research in spinal anaesthesia. In August Dr. Pitkin and the resident surgeons of this hospital held a clinic here at which a most interested visitor was Dr. Helmut Schmidt, associate professor of the University Clinic at Eppendorf, Hamburg, Germany, and Chairman of the International Anaesthetic Research Society.

Although conditions in the Clinic Building have been a source of difficulty, the number of operations performed during the year and the high recovery rate attained are on a par with the record of other years. I feel that Dr. Collins is to be congratulated on the showing made by his division. He has handed me the following brief statement:

"I herewith submit the report of the surgical work performed

during the year. There have been innumerable operations of a minor character performed in which no tabulation has been kept except in the case records, as they were not of sufficient importance to warrant a classification. I have, therefore, taken into consideration only those operations which were regarded as of a major character:

No. of Cases	Diagnoses	Operations Performed	Result
10	Lacerated wounds of scalp	Wounds sutured	Recovered
15	Lacerated wounds of face	Wounds sutured	Recovered
1	Foreign body in scalp	Body removed	Recovered
1	Cellulitis of scalp	Incised	Recovered
4	Sebaceous cyst of scalp	Cyst extirpated	Recovered
4	Sebaceous cyst of face	Cyst extirpated	Recovered
5	Sebaceous cyst of neck	Cyst extirpated	Recovered
4	Carbuncle of neck	Incised and curetted	Recovered
1	Abscess of parotid gland	Incised and drained	Recovered
2	Cervical abscess	Incised and drained	Recovered
3	Axillary abscess	Incised and drained	Recovered
3	Cervical adenitis	Adenectomy	Recovered
1	Empyema of left pleural cavity	Rib resected, drainage inserted	Recovered
1	Foreign body, left lung	Body removed	Recovered
2	Cystic goitre	Lobectomy	Recovered
1	Sinus following dermoid cyst extending over coccyx	Fistulous tract dissected, curetted, wound closed	Recovered
1	Foreign body in right foot	Body removed	Recovered
4	Foreign body in hand	Body removed	Recovered
1	Lacerated wound of right knee with infection	Wound sutured	Recovered
1	Chronic ulcer of right elbow	Ulcer curetted, wound allowed to heal by granulation	Recovered
1	Capillary tumor, right forearm	Tumor extirpated	Recovered
1	Lipoma of left arm (deltoid)	Tumor extirpated	Recovered
1	Lipoma of left hip	Tumor extirpated	Recovered
10	Cellulitis of arm	Incised and drained	Recovered
7	Cellulitis of leg	Incised and drained	Recovered
6	Acute suppurative appendicitis with general peritonitis	Appendectomy with drainage	Recovered
34	Acute catarrhal appendicitis	Appendectomy	Recovered
32	Chronic catarrhal appendicitis	Appendectomy	Recovered
1	Acute gangrenous appendicitis	Appendectomy with drainage	Recovered

No. of Cases	Diagnoses	Operations Performed	Result
2	Prolapse of rectum.....	Mucous membrane, cauterized.....	Improved
3	Fistula in ano.....	Fistulous tract, dissected....	Recovered
15	External hemorrhoids.....	Hemorrhoidectomy.....	Recovered
4	Cirrhosis of liver.....	Paracentesis abdominous....	Improved
1	Carcinoma of liver.....	Exploratory.....	Died
1	Tubercular peritonitis.....	Laparotomy with exposure of intestines to air.....	Improved
2	Acute cholelithiasis.....	Cholecystectomy.....	Recovered
2	Chronic cholelithiasis.....	Cholecystectomy.....	Recovered
3	Chronic cholelithiasis and chronic catarrhal appendicitis.....	Cholecystectomy and appendectomy.....	Recovered
1	Sub-diaphragmatic abscess.....	Abscess drained.....	Recovered
1	Tumor of right testicle.....	Orchidectomy.....	Recovered
3	Varicocele.....	Veins ligated.....	Recovered
1	Chronic oophoritis and chronic appendicitis.....	Oophorectomy and appendectomy.....	Recovered
3	Cystic ovary, right, with chronic catarrhal appendicitis.....	Oophorectomy and appendectomy.....	Recovered
4	Cystic ovary, left.....	Oophorectomy.....	Recovered
1	Left ovarian cyst, left salpingitis, fibroid uterus, chronic appendicitis..	Left salpingo-ooperectomy and supravaginal hysterectomy and appendectomy.....	Recovered
2	Left cystic ovary and chronic catarrhal appendicitis.....	Oophorectomy, appendectomy.....	Recovered
2	Chronic pyosalpinx.....	Double salpingo-oophorectomy.....	Recovered
2	Retroversion of uterus with chronic catarrhal appendicitis.....	Ventro-suspension and appendectomy.....	Recovered
4	Fibroid uterus.....	Supravaginal hysterectomy..	Recovered
1	Fibroid uterus, cystic ovaries and chronic pyosalpinx.....	Pan-hysterectomy.....	Recovered
2	Fibroid uterus, chronic catarrhal appendicitis.....	Supravaginal hysterectomy and appendectomy.....	Recovered
3	Fibroid uterus, chronic cystic ovaries, chronic salpingitis and chronic catarrhal appendicitis.....	Hysterectomy with double salpingo-oophorectomy and appendectomy.....	Recovered
1	Fibroid uterus, chronic catarrhal appendicitis, chronic cholelithiasis....	Hysterectomy, cholecystectomy, appendectomy.....	Recovered
1	Fibroid uterus and cancer of gall bladder.....	Hysterectomy and cholecystectomy.....	Died

No. of Cases	Diagnoses	Operations Performed	Result
1	Fibroid uterus, chronic catarrhal appendicitis.....	Supravaginal hysterectomy and appendectomy.....	Recovered
1	Intraligamentous cyst of right broad ligament with chronic salpingitis and chronic catarrhal appendicitis..	Cyst extirpated, right salpingo-oophorectomy and appendectomy.....	Died
2	Central hernia due to defect in musculature of abdominal wall.....	Defect closed.....	Recovered
3	Post-operative hernia.....	Tissues dissected and walls repaired .....	Recovered
5	Left inguinal hernia.....	Bassinni.....	Recovered
3	Right inguinal hernia .....	Bassinni.....	Recovered
1	Incarcerated left inguinal hernia....	Bassinni.....	Recovered
1	Strangulated right inguinal hernia....	Bassinni.....	Recovered
3	Double inguinal hernia.....	Bassinni.....	Recovered
6	Colles fracture of left wrist.....	Fracture reduced and splints applied .....	Recovered
8	Colles fracture of right wrist.....	Fracture reduced and splints applied .....	Recovered
2	Fracture of surgical neck of right humerus.....	Fracture reduced and splints applied.....	Recovered
1	Fracture of neck of right humerus....	Fracture reduced and splints applied .....	Recovered
1	Fracture of surgical neck of left humerus.....	Fracture reduced and splints applied .....	Recovered
2	Fracture of right humerus, lower third.	Fracture reduced and splints applied.....	Recovered
1	Laceration of external lateral ligament of left ankle.....	Leg immobilized in cast....	Recovered
1	Pott's fracture of left leg.....	Fracture reduced and splints applied .....	Recovered
1	Pott's fracture of right leg.....	Fracture reduced and splints applied .....	Recovered
1	Fracture of tibia and fibula, upper third, right leg.....	Fracture reduced and splints applied .....	Recovered
1	Fracture of head of right tibia and fibula with involvement of knee joint.....	Fracture reduced and leg immobilized in cast.....	Recovered
2	Fracture of clavicle, right.....	Fracture reduced and arm immobilized .....	Recovered
3	Fracture of clavicle, left.....	Fracture reduced and arm immobilized.....	Recovered
1	Fracture of eighth rib, right side....	Chest immobilized.....	Recovered

No. of Cases	Diagnoses	Operations Performed	Result
2	Fracture of seventh rib.....	Chest immobilized.....	Recovered
1	Fracture of neck of radius.....	Fracture reduced and splints applied.....	Recovered
1	Fracture of fourth metacarpal bone of right hand.....	Fracture reduced and splints applied.....	Recovered
1	Fracture of upper third, left femur....	Fracture reduced and splints applied.....	Recovered
1	Fracture of ilium and ischium.....	Pelvis immobilized in plaster cast.....	Recovered
1	Fracture of both bones of forearm....	Fracture reduced and splints applied.....	Recovered
4	Anterior dislocation of right shoulder.	Dislocation reduced.....	Recovered
2	Anterior dislocation of left shoulder..	Dislocation reduced.....	Recovered

Within the past year there have been no deaths due to accident or homicide. The statistical tables show four instances of suicide, two women and two men. In November a woman patient while out with her husband purchased in a drug store in town a bottle of lysol. She secreted this and at night when an opportunity occurred she drank a quantity. She was found by the nurse, cyanotic and coughing, and a physician was at once called. Every effort was made to restore this patient, including a blood transfusion, but she died five days later, on November 7. Letters written by her before drinking the lysol were found in her room and in them she told of the circumstances of purchasing the drug and her intentions.

On December 31, a woman patient was admitted to this hospital with a history of having taken lye in a suicidal attempt. Treatments proved in vain, and she died on January 9 of acute hemorrhagic gastritis.

On March 20, while the physician and attendants on the ward were busy in a room, tube-feeding another patient, a male patient went quietly to the washroom. Ten minutes later he was found dead from strangulation, having tied a towel to a handle on the window. Attempts to revive him by stimulants and artificial respiration were in vain.

On May 3, while four patients were out walking with an attendant, one man suddenly bolted from the party and jumped into a

pond. The attendant was unable to swim, and another patient who attempted a rescue became chilled and afflicted with cramps, so that it was necessary to remove him from the pond. The suicidal patient sank in deep water, and when a boat was obtained and the body located life was extinct. In each instance of suicide, as in all other cases of sudden death, the coroner was called and signed the death certificate after making a careful investigation.

There were two births at the institution during the year, as follows:

Patient admitted April 12, 1928; male child born September 13. Child removed from hospital by husband of patient on September 29.

Patient admitted September 20, 1928; male child born May 21, 1929. Child removed from hospital by mother's sister.

GYNECOLOGICAL DIVISION.

As for several years, the gynecological work of the hospital has been continued by a woman resident physician, Dr. Margaret Douglas. As a routine procedure, each woman patient is given a gynecological examination on admission and conditions requiring treatment receive attention. If surgical intervention is considered advisable, the patient is referred to the surgical division for consultation. Both patients and employees are referred to the resident gynecologist for examination and treatment from all sections of the institution. Dr. Douglas has submitted a tabulation of the work in her division during the past year, as follows:

EXAMINATIONS

New admissions.....	462
Referred cases, patients.....	111
Employees.....	144
Total.....	<u>717</u>

TREATMENTS

Total number of treatments given.....	4,416
Cases referred for surgical consultation.....	141

SMEARS

Number of smears, cervical and urethral.....	575
Number positive for Neisserian Diplococci.....	18

Of the surgical operations listed elsewhere, 23 in gynecological group were referred from this division. A full time graduate nurse has been assigned to Dr. Douglas recently. Despite the difficulties incident to changes in the Clinic Building, the amount of work accomplished in this division has shown a creditable advance over that of the previous twelve months.

#### EYE, EAR, NOSE AND THROAT DIVISION

In this division as in other lines of medical and surgical work, conditions at the Clinic Building have been a handicap. During the past year the office for this specialty has been temporarily located in the basement of the Reception Building, where the available space is poorly adapted for the purpose, and such operations as were necessary were performed at the Clinic Building under more or less difficulty. The work has continued in charge of Dr. P. J. Gambill, who is thoroughly competent in his line and has not found it desirable to call upon the consultants at any time. Routine examinations have been made upon all patients soon after admission, and abnormal conditions given attention. Other patients resident in the hospital have been referred to this division by their ward physicians, and employees have also availed themselves of the opportunity for examination and treatment.

Dr. Gambill has submitted a comprehensive report enumerating the conditions found and the number of treatments given to each, but in the interests of brevity I have condensed considerably:

#### EXAMINATIONS

PATIENTS	Eye	Ear	Nose	Throat	Total
Routine .....	889	889	889	889	3,556
Special .....	182	158	112	189	641
EMPLOYEES:					
Special .....	44	65	25	88	222
Total .....	1,115	1,112	1,026	1,166	4,419

#### MEDICAL TREATMENTS

EYE:	Patients	Employees	Total
Number treated .....	435	127	562
Number treatments .....	580	198	778

<b>EAR:</b>			
Number treated .....	202	56	258
Number treatments .....	836	171	1,007
<b>NOSE:</b>			
Number treated .....	392	54	446
Number treatments .....	1,565	186	1,751
<b>THROAT:</b>			
Number treated .....	186	88	274
Number treatments .....	618	222	840
<b>TOTAL:</b>			
Number treated .....	1,215	325	1,540
Number treatments .....	3,599	777	4,376

**SURGICAL OPERATIONS**

<b>OPERATIONS PERFORMED:</b>	<i>Patients</i>	<i>Employees</i>	<i>Total</i>
Adenoidectomies, general anesthesia .....	1	1	1
Cataract extractions .....	5	...	5
Gauterization of inferior turbinates .....	3	2	5
Enucleation of eyeball .....	1	...	1
Ethmoidectomies .....	12	...	12
Ethmoidectomies, partial .....	4	...	4
Fracture of turbinates .....	12	...	12
Incision and drainage, peritonsillar abscess ..	12	5	17
Iridectomies .....	6	...	6
Mastoidectomies .....	1	...	1
Myringotomies .....	12	5	17
Radical entrum (modified) .....	4	...	4
Removal aural polyps .....	11	3	14
Removal nasal polyps .....	12	...	12
Modified antrum, local anesthesia .....	...	1	1
Removal of fish bone from trachea .....	1	...	1
Removal chalazion from eyelid .....	1	...	1
Submucous resection of septum, local ane- sthesia .....	8	...	8
Tonsillectomies, general anesthesia .....	79	...	79
Tonsillectomies, local anesthesia .....	...	1	1
Turbinectomies, partial .....	10	...	10
<b>Total operations performed .....</b>	<b>192</b>	<b>18</b>	<b>210</b>

**DENTAL DIVISION**

In the Dental Division a full staff has been maintained throughout the year, an unusual circumstance in this connection, and the amount of work accomplished has been so remarkably large that

I feel the entire staff is to be congratulated. Dr. T. R. Palmer has been resident dentist in charge throughout the year with Dr. W. A. Von Dielen as assistant; Mr. P. R. DeNapoly has continued as mechanical dentist and Dr. F. C. Bartleman of Newark has made frequent visits to the institution as consulting dental surgeon. Two nurses regularly assigned to the division have qualified as trained dental assistants.

Dr. Palmer has submitted a report of the activities of his division as follows:

"On the whole the division has functioned smoothly and satisfactorily. Within the year not only has each new patient admitted been examined and radiographed and all possible foci of infection connected with the teeth and mouth removed, but all carious teeth have been filled and, when necessary and possible, replacements have been made to restore the lost function of mastication. Also during the year a complete inspection of all patients in the hospital has been made and all septic teeth removed; this accounts for the great increase in the number of extractions, nearly twice that of last year. As a result the patients have been more comfortable and their mouths put in a much more sanitary condition. It is anticipated that the number of septic teeth found during the mouth examination of the resident population will be greatly reduced this coming year.

Payments for dental replacements have been made by friends or relatives of the patients to the amount of \$1027, but in no case has a patient been allowed to suffer because his correspondents were unable to make payment for dental work. The good of the patient is in all cases the first consideration and payment distinctly secondary thereto.

#### REPLACEMENTS

Full dentures .....	153
Partial dentures with gold clasps .....	21
Partial dentures with gold lingual bar .....	12
Total dentures .....	186
Bridges, fixed and removable, gold .....	10
Interdental splint .....	1
Repairs of vulcanite dentures .....	66

## FILLINGS

Oxyphosphate zinc cement .....	397
Amalgam .....	789
Silicate (artificial enamel) .....	412
Gold inlays .....	33
Total fillings .....	1,631

## EXAMINATIONS

Examinations of new patients .....	822
Periodical examinations, in wards .....	3,854
Total examinations .....	4,676

## TREATMENTS

Dental treatments given .....	6081
Oral prophylaxis .....	420
Treatments, Vincent's Infection .....	254
Total treatments .....	6,755

## EXODONTIA AND SURGERY

Extractions .....	7,323
Impactions removed .....	66
Alveolectomy .....	1
Reduction of fractured mandible .....	1

As has been customary for several years past, the children from Morris County Home have been given free dental treatment in this division as follows:

Extractions .....	53
Prophylaxis .....	15
Fillings: Cement .....	36
Amalgam .....	59
Silicate .....	2
Total .....	97

## PATHOLOGICAL DIVISION

The work of the pathological laboratory shows a continuous increase. This year the number of examinations made runs 30% higher than last year, and 223% higher than five years ago. New methods of treatment, more comprehensive systems of examination, and a constantly increasing tendency on the part of the ward physicians to check their clinical findings by laboratory tests have resulted in demands upon the pathological division undreamed of a few years back. Dr. Thomas B. Christian and his organiza-

tions, however, have proved entirely competent to meet all requirements and the laboratory has continued to function promptly and accurately at all times. Dr. Christian has submitted a statement of the methods followed and the number of examinations and treatments made during the year, as follows:

"The laboratory has continued the same schedule of routine work as last year, consisting for each patient on admission of complete urinalysis, complete blood count, complete blood chemistry and Wasserman test, with cervical and vaginal smears for women; this year we have added to this routine the determination of quantitative calcium content of the blood and of quantitative protein content of the spinal fluid and also urethral smears from all male patients. Every case in the hospital showing clinical or laboratory evidences of syphilis is put under active syphilitic treatment until he is cured, leaves the hospital, or becomes physically unfit to warrant further treatment. All patients leaving the hospital while still under treatment are advised by the social service division to continue their treatment either by coming back to the clinic at this hospital or by obtaining treatment in their home town. The drugs used by us in the treatment of syphilitic patients are neo-arsphenamine, sulpharsphenamine, intramuscular and intravenous mercury compounds, intramuscular and intravenous bismuth compounds, tryparsamide, and sodium iodide.

We have practically abandoned the use of typhoid inoculations for the treatment of general paralysis except in a few cases among the negro race, who according to our experience are immune from malaria. This discontinuance of the typhoid is due to the fact that we did not obtain the satisfactory results which we have had with malaria inoculations. All patients showing evidence of general paralysis, cerebral syphilis, or other forms of neuro-syphilis are put on the list for malaria treatment. A standard permission blank is sent from the laboratory to the physician in charge of the patient to be signed by the relatives and returned to the superintendent. All cases of general paralysis receiving malaria are kept on treatment at different intervals, depending upon the condition of the patient and his physical and mental reactions. After the termination of the treatment, tests are made at intervals

upon the blood and spinal fluid to determine the effects, and the patient is put on a general anti-syphilitic routine treatment.

The following table shows the regular treatment for syphilis:

	Male	Female	Total
Number of cases under treatments.....	87	42	129
Number of doses neo-arsphenamine administered....	595	450	1,045
Number doses mercury and other drugs administered	1,046	675	1,721

The free clinic for venereal disease for those not patients in this hospital has been maintained. It is open to all indigent persons in the hospital district and is held every Friday between the hours of 2:00 p. m. and 4:30 p. m. In order to receive treatment the individual must be referred by a physician and must be an indigent case. All drugs used in this clinic, such as neo-arsphenamine, and mercury, and also the apparatus are furnished by the United States Public Health Service. The following gives a summary of the work during the past year:

CASES TREATED:	Male	Female	Total
Syphilis .....	164	85	249
Gonorrhea .....	120	42	162
Chanchroid .....	18	7	25
Total .....	302	134	436

The large number of sputum examinations for tubercle bacillus found in the report is due to the fact that a complete survey of the hospital was made and all sputum analyzed. During the past year this laboratory prepared 12,000 doses of anti-typhoid vaccine and all patients were given a preventative inoculation. The grand total of work done was 43,734,—21,597 male, 21,919 female, and 218 miscellaneous. The tabulation is as follows:

URINE:	Male	Female	Total
Chemical and microscopical .....	1,360	2,861	4,221
Quantitative for albumin .....	252	604	856
Quantitative for sugar .....	79	141	220
Quantitative for chlorides .....	24	27	51
Cultures for types of bacteria .....	29	24	53
Microscopical examination of stained smears..	70	37	107
Phenolsulphonaphthalein functional tests ...	26	24	50
Positive casts .....	312	522	834

BLOOD:	Male	Female	Total
Enumeration of red blood cells .....	586	740	1,326
Enumeration of white blood cells .....	1,114	1,421	2,535
Estimation of hemoglobin .....	140	216	356
Differential leukocyte counts .....	1,118	1,419	2,537
Examination for plasmodium malaria .....	110	82	192
Widal test .....	90	57	147
Cultures .....	74	51	125
Examination for pneumococcus .....	27	3	30
Determination of blood groups .....	84	73	157
Sugar .....	589	734	1,323
Non-protein nitrogen .....	652	715	1,367
Urea nitrogen .....	670	736	1,406
Creatinine .....	651	730	1,381
Uric acid .....	19	6	25
Cholesterol .....	11	4	15
Chlorides .....	16	3	19
Total nitrogen .....	9	8	17
Tests for CO <sub>2</sub> in the blood .....	18	9	27
Calciums .....	440	394	834
Wasserman tests .....	1,345	975	2,320
Hecht-Weinberg-Gradwohl tests .....	1,342	968	2,310
Estimations of coagulation time .....	130	179	309
Color index .....	52	77	129
<b>SPINAL FLUID:</b>			
Wasserman tests .....	397	124	521
Cell counts .....	397	124	521
Globulin .....	397	124	521
Protein .....	147	59	206
Colloidal gold curve .....	397	124	521
Microscopical examination of stained smears..	41	26	67
Cultures .....	20	14	34
Quantitative sugar estimations .....	394	121	515
Quantitative chlorides .....	12	2	14
Non-protein nitrogen .....	9	4	13
Urea-nitrogen .....	8	2	10
Creatinine .....	8	2	10
<b>SPUTUM:</b>			
For tubercle bacilli .....	439	61	500
For bacterial flora .....	75	60	135
Cultures .....	56	47	103
For types of pneumonocci .....	52	39	91

FECEs:	Male	Female	Total
For parasitic organisms .....	30	17	47
For tubercle bacilli .....	32	15	47
For typhoid bacilli .....	17	10	27
For bacterial flora .....	32	19	51
For occult blood .....	42	26	68
<b>SMEARS:</b>			
For gonococci .....	534	578	1,112
For treponema pallidum .....	26	15	41
From diphtheriae cultures .....	46	35	81
From eyes .....	12	14	26
From pus from ears .....	9	6	15
From pus from wounds .....	10	6	16
Examinations of gums for Vincent's angina .	75	44	119
Examinations of throat for Vincent's angina	55	46	101
<b>STOMACH CONTENTS:</b>			
Total acidity .....	24	22	46
Free HCL .....	24	22	46
Combined HCL .....	24	22	46
Salts : .....	24	22	46
For Oppler Boas bacillus .....	28	26	54
Cultures ... ..	18	12	30
Occult blood .....	28	26	54
<b>MISCELLLANEOUS:</b>			
Patients inoculated with plasmonium malaria	44	15	59
Autogenous vaccines .....	21	18	39
Cultures from teeth .....	18	12	30
Examination of granulomas .....	9	6	15
Basal metabolism estimations .....	27	39	66
Sugar tolerance tests .....	11	4	15
Examination of tissues .....	74	47	121
Autopsies .....	15	22	37
Typhoid vaccine (doses) .....	6,000	6,000	12,000
Total number .....	21,597	21,919	43,516
<b>WATER:</b>			
For colon bacilli .....			48
For typhoid bacilli .....			10
Bacterial counts .....			48
Quantitative chlorine estimations .....			4

## MILK:

Specific gravity .....	18
Fat contents .....	18
Total solids .....	18
Proteids .....	18
Sugar .....	18
Bacterial Counts .....	18
Total number .....	218
Grand Total .....	43,734

## ROENTGENOLOGY AND ELECTROTHERAPEUTICS

In the X-ray and electro-therapeutic division, work has been continued under the direction of Dr. George R. Hampton, whose experience and training make him invaluable in these lines of institutional activity. The increasing demands made upon this division have rendered the work too heavy for one person to carry, since the development of all plates and films used in the X-ray rooms is included with the other duties. Accordingly near the end of the year a technical assistant was added to relieve Dr. Hampton of some of the more mechanical work and enable him to meet all requirements, and also to devote additional time to studies and research which will further widen the value of the division.

Dr. Hampton has submitted a brief report as follows: "During the past year great care has been exercised in our X-ray examinations to detect any head injuries, lung pathology, or hidden foci of infection which might, either directly or indirectly, have been the cause of the patient's illness. Toward the end of the year new and better methods were established concerning the care and storage of X-ray films. Hereafter only the safest and least combustible type of films obtainable will be used. All new films will be kept in a fireproof compartment until needed, while the used films will be kept on file in fireproof filing cabinets, but will be destroyed at the end of a year unless there is some special indication for preserving them longer.

Electrotherapeutic treatments have been given daily with satisfactory results. Special attention has been directed to the effects

of the ultra-violet rays on patients suffering from anemia, low calcium content, and other blood disorders. In all cases under treatment it was observed that the calcium equilibrium quickly returned, followed by decided improvement in the patient's physical health.

## ROENTGENOGRAPHY

## EXPOSURES:

Head .....	303
Maxilla .....	849
Chest .....	305
Abdomen (barium meal) .....	139
Hip .....	19
Spine .....	17
Pelvis .....	6
Upper extremity .....	195
Lower extremity .....	155
Teeth (films) .....	108
Total exposures .....	2,096

## DIAGNOSES:

Fractures—	
Skull .....	7
Mandible .....	3
Clavicle .....	1
Humerus .....	7
Radius .....	14
Ulna .....	2
Phalange .....	1
Pelvis .....	1
Femur .....	8
Tibia .....	9
Fibula .....	8
Metatarsal .....	6
Dislocations—	
Humerus .....	1
Metacarpal bone .....	1
Foreign Bodies—	
Hand, pin .....	3
Foot, needle .....	1
Intestine, safety pin .....	2
Pleural cavity, catheter .....	1

## Chest—

Pulmonary tuberculosis (acute) .....	88
Pulmonary tuberculosis (chronic) .....	97
Bronchitis .....	3
Pleurisy with effusion .....	11
Pneumothorax .....	1
Aortic aneurism .....	2
Cardiac hypertrophy .....	7

## Abdomen—

Appendicitis .....	2
Duodenal adhesions .....	5
Colonic hypomotility .....	3
Elongated colon .....	4
Intestinal ptosis .....	8
Pelvic tumor .....	1
Pregnancy .....	1
Gall stones .....	2
Kidney stones .....	6
Carcinoma of stomach .....	1
Carcinoma of colon .....	1

## Teeth—

Impactions .....	76
Periapical abscesses .....	63
Septic roots .....	88
Pyorrhea .....	104

## Miscellaneous—

Mastoiditis .....	5
Sinusitis (antrum) .....	5
Brain tumor .....	2
Curvature of spine .....	6
Arthritis .....	5
Deltoid bursa .....	2

## ELECTROTHERAPEUTIC AND X-RAY TREATMENTS

High frequency current .....	1,410
Galvanic and sinusoidal currents .....	118
Vacuum electrode .....	358
Ultra-violet rays .....	910
Diathermia .....	138
Infra-red rays .....	10
X-rays .....	28
Total treatments .....	2,972

## OCCUPATIONAL THERAPY DIVISION

No field of hospital activity is given more careful attention or achieves more promising results than the division of occupational therapy. The entire organization is under the direct supervision of Dr. George B. McMurray, senior assistant physician, and the emphasis is constantly kept on the benefit to be obtained by the individual patient, rather than on the financial value of the product. The work is subdivided into Men's Arts and Crafts, Women's Arts and Crafts, Printing and Bookbinding, Concrete Block Making, and Curative Workrooms. Of these, only the men's arts and crafts are housed in the new occupational therapy building; the women's arts and crafts and the printing and bookbinding groups are located on the second and first floors, respectively, of the old industrial building; the concrete block making is carried on in a remodeled shed located in a grove at some distance from the other industries; and the curative workrooms are either on or adjacent to the wards in the various residence buildings.

Dr. McMurray has submitted the following report: "As heretofore careful attention has been directed toward the accomplishing of work of a therapeutic value. The patients sent to the different sub-divisions have been studied in order that the work assigned them might be that most suited to aid in the readjustment of the individual. Every effort is made to improve the condition of the patients to such an extent that they can be discharged from hospital care or perhaps placed on pay in some part of the hospital where they can be self-supporting and of assistance in carrying on the essential work of the institution.

The new Occupational Building continues to attract the interested attention of state hospital executives throughout the country. We have been visited during the past year by several superintendents who have been so favorably impressed with the arrangement and the organization that they have secured copies of the plans of the building. Many favorable letters in reference to the work have also been received.

During the past year this division has had a number of exhibits throughout the state, including the Trenton State Fair, the Morris County Fair, and the Flemington Fair, in connection with organ-

izations such as the Women's Republican Clubs, which met at Montclair, service clubs in various parts of the state and also at different private homes. All of these exhibits are given for the purpose of showing in the proper light to the public what occupational therapy really is and what those interested in it are endeavoring to accomplish in the way of curative effects upon the patients. Perhaps the best exhibit that was ever held by this division was that shown on Field Day, July 21; the patients entered with enthusiasm into the spirit of the affair, and the result proved highly interesting and instructive to the throngs of visitors.

The following is a list of the work done in the different groups during the past year:

#### MEN'S ARTS AND CRAFTS

##### Willow—

Chairs .....	6
Settees .....	5
Ferneries .....	36
Hampers .....	59
Wash baskets .....	71
Fireside baskets .....	22
Scrap and waste baskets .....	667
Cut flower baskets .....	230
Dog and cat baskets .....	7
Total articles of willow .....	1,103

##### Reed—

Flower baskets .....	998
Other fancy baskets .....	150
Sewing and work baskets .....	42
Melon baskets .....	272
Wood baskets .....	7
Bassinets .....	2
Lamp shades, large .....	4
Ferneries .....	99
Vases .....	251
Total articles of reed .....	1,825

##### Toys—

Boats and automobiles .....	142
Animals and miscellaneous toys .....	273
Wheelbarrows .....	3
Toy chairs, cribs, etc. ....	118
Total toys .....	536

## Carpentry—

Tables, tip-top, radio, end, fern, etc. ....	49
Hat stands, costumers.....	24
Book racks .....	17
Trunk racks .....	30
Fireside seats and footstools.....	45
Candle holders .....	2
Ash trays and stands.....	7
Cigarette holders .....	72
Lamps, table .....	24
Lamps, boudoir.....	21
Scrub brushes.....	350
Total carpentry articles .....	521

## Brooms—

Regular .....	2,397
Whisk .....	275
Hearth .....	218
Total brooms .....	2,890

## Textiles—

Loom rugs.....	885
Loom runners.....	35
Tied rugs .....	9
Knotted rugs .....	19
Burlap rugs .....	5
Hooked rugs .....	23
Table covers.....	3
Cocoa fibre mats .....	111
Total textile articles .....	1,090

## Repairs—

Victrolas repaired .....	3
Chairs recaned .....	243
Total articles repaired .....	246
Total articles made and repaired .....	8,311

In addition to the work listed, about fifty tons of waste paper were collected and baled, and one ton of willow was cultivated, cut, stripped and stored.

## WOMEN'S ARTS AND CRAFTS

## Fancy work—

Braided rugs .....	115
Hooked rugs.....	180

Crocheted rugs .....	6
Articles of raffia .....	10
Miscellaneous .....	3,628
Total articles made .....	3,936

The "miscellaneous" articles include pillow cases, spreads, quilts, luncheon sets, doiles, embroidered towels, and other forms of fancy work.

#### Plain Sewing—

Sheets, single .....	5,467
Sheets, double .....	1,420
Pillow cases .....	4,622
Towels, hand .....	7,848
Towels, barber and office .....	78
Aprons, kitchen .....	1,158
Table cloths .....	110
Bureau scarfs .....	12
Bags, laundry and ward .....	72
Bags, coffee .....	418
Night dresses .....	4,507
Night shirts .....	1,432
Petticoats .....	180
Drawers .....	1,425
Strong dresses .....	36
Burial suits .....	189
Covers, dug-out .....	2
Covers, laundry baskets .....	196
Covers, operating rooms .....	188
Pool tables .....	6
Painters' drop sheets .....	2
Repair jobs, mending, marking, etc. ....	484
Total articles made and repaired .....	29,852

#### PRINTING AND BOOKBINDING

Ruling impressions .....	632,313
Printing impressions .....	1,064,118
Total impressions .....	1,696,431
Binding and stitching .....	30,396
Pads made up .....	5,356

#### CONCRETE BLOCK INDUSTRY

"Concrete and cinder blocks were made up from time to time in types and sizes to meet the requirements of the institution."

## CURATIVE WORKROOMS

Some years after the other occupational work of the institution was organized, we came to feel that certain groups of patients particularly in need of diverting outside interests were not being reached, since their condition was such that they could not be sent away from their wards to the outside buildings. Accordingly, in 1923, the first curative workroom was opened under the direction of Miss Rebecca A. Adams, who had received training and experience in occupational therapy in government hospitals. The work with patients on their wards proved so beneficial that other classes soon followed and additional workers were trained. Miss Adams continued in charge of this section and it is to her enthusiasm, skill and personality that the highly successful development of the program has been due. Accordingly, it was with regret that her resignation was accepted this year, becoming effective in March when she went abroad. Miss Stella A. McClurkin, who had received a thorough training under Miss Adams, was made acting director of curative workrooms and has carried on the work for the past four months. Miss McClurkin has submitted a brief report, as follows:

"In this section there are now two trained occupational therapists and 15 partly trained assistants. The largest number of classes held per day during the past year was 34; the average enrollment of patients in all classes has been 791. During the year 1,342 patients have been treated on prescriptions, and of this number 690 were new patients sent in by physicians for the first time. Six new classes have been opened this year. Since the fire in the Main Building, classes for men have been somewhat irregular. Two groups of student nurses have completed the 20 hour course in occupational therapy this year. Within the past twelve months 1,300 articles have been completed for sale and 786 articles for the use of patients—these latter largely of waste materials. Some of the women classes enjoyed sorting and sewing for the New Jersey State Commission for the Blind a large supply of strips destined to be woven into mats. We have made for hospital use during the year curtains for three wards, covers for seven cush-

ions, and 60 pair of metal tipped shoe laces. We have also built the following equipment for the occupational therapy division: 3 weaver's benches, 2 seamen's chests, 2 boxes, 1 tool chest, 7 upright looms, and 20 slipper frames.

Three large sales were held this year: one which Mrs. Garrison of the Board of Managers arranged at her home in Llewellyn Park; one in the summer at Cragmore, New York; and one at the Woman's Exchange in Morristown. On Field Day an exhibit was on view of samples of work made from waste materials and samples made from fine materials. An exhibit was sent to the annual meeting of the American Occupational Therapy Association at Atlantic City, June 17-19.

Christmas parties were held for all patients engaged in class work and 875 persons were entertained. Male patients in the Main Building were brought to the amusement hall for their party where they enjoyed games and refreshments.

During the year three quarterly meetings of the New Jersey Occupational Therapy Association and the annual convention of the American Occupational Therapy Association were attended by our instructors. In the winter, Miss Frances Burrows, director of art education in the public schools of Milburn, and an interior decorator of wide experience, gave a two hour lecture on design, color and proportion to the personnel of the occupational division."

#### PHYSICAL EDUCATION DIVISION

In the division of physical education, Miss Beatrice M. Ford, who had been in charge of the work with the title of acting director since July 12, 1927, was promoted to the position of director on March 17. The activities of this division have been continued throughout the year in much the same manner as heretofore and have been a valuable factor in promoting physical health and arousing mental interest in the more deteriorated patients. On June 17, a male instructor was engaged to lead work with the men patients. He has been engaged in starting classes and games on the back wards of the Main Building, and in the Dormitory Building, and will later coach the drill and track squads for

Field Day and organize baseball for the patients. This year community singing has been made a feature of moving picture entertainments and has been enjoyed by the patients. Since November the teachers of this division have attended the weekly Monday dances where it has been their duty to find partners for and dance with the patients; they have also taught some old fashioned dances and reels.

Miss Ford has submitted the following report of the year's work: "The staff of the physical education division now consists of 12 instructors, including the director; of this number four have the rank of senior teachers, one being the recently engaged male instructor; six are junior teachers and one is a vacation assistant, there was one resignation and one appointment among the young women of the staff during the year, which indicates a high degree of stability for this group. All are high school graduates with excellent training in their specialty, the majority being graduates of the physical education department of normal schools or teachers' colleges.

The greater number of classes have been held in the rear wards of the Main Building, each class meeting for a half-hour in the morning and three-quarters of an hour in the afternoon. Two teachers were present on each occasion and endeavored to collect and interest all patients on the ward; the instruction included progressive lessons in marching, calisthenics, folk and social dancing, games, and community singing. Classes met out of doors in the enclosed yards whenever weather permitted. This spring a new class was organized for patients on ward 2/3. of the depressed and introspective classification. This class has met out of doors three times a week; the work has been slow as these patients are particularly difficult to interest, but a fair amount of progress has been attained in the two months' work. The average daily attendance for all classes during the year was 602.

In the Dormitory Building the wards and infirmaries were visited each morning by an instructor who organized games for the patients who were up and about and led community singing, provided victrola music, and read or related stories for the bed patients. In the afternoon, classes were held in the amusement hall or out

of doors for the more active patients at this building. Little has been done at the Reception Building, as the patients there are well occupied for the most part; however, near the end of the year, a dancing class was arranged to meet three times a week. During the winter bowling was organized and classes went to the alleys according to schedule; in the spring a tournament was held between teams representing the different classes, with prizes for the winners.

Throughout the year ward parties were held each month for the different classes, with cookies, candy, and tea served as refreshments. About once a month there was a large party planned to fit in with a holiday or special season and held either out of doors or in an amusement hall. These were attended by the more orderly patients from all buildings and, with special decorations, entertainments, and refreshments, have been very popular. The total attendance at all parties held during the year was 8,759.

This year three courses of ten sessions each have been conducted for the student and affiliated nurses. The time has been divided between instruction in corrective and therapeutic gymnastics and practical work in games and dancing. One evening a week throughout the winter was set aside for organized sports for the nurses. The physical education teachers were extended the privilege of attending the course in neurology and psychiatry given for affiliated nurses and those who availed themselves of the opportunity felt that they acquired better understanding of the patients from this instruction. The director and one of the senior instructors attended the American Physical Education Association Convention at New Haven in April. Teachers from Trenton State Hospital and from the Essex County Hospital at Overbrook have visited this institution during the year and observed the work with classes on the wards. In November Miss Ford spent a day at Trenton with the physical education instructors and observed their work."

#### SOCIAL SERVICE DIVISION

It is difficult to conceive of the work of a modern hospital being carried on without an adequate social service organization,

since both the treatment of the patient while under hospital care and his readiness for parole are dependent in considerable measure upon the reports of the social workers. Again, whether a patient shall continue on parole or be returned to the institution must frequently be decided by the social worker, and when the parole period has come to an end, her investigation must in most cases determine the manner in which he shall be discharged from the hospital books. Outside of the physicians, no other group of hospital employees is required to have such high qualifications of education, experience, and personality as the social service division. This institution has for the past two years maintained a double force of social service workers, one to carry on the work of the hospital proper and the other to function in connection with the mental hygiene clinics.

Miss Mildred H. Hurley, first organized the social service division of the hospital in January, 1923, and has been continuously in charge of the division, subject to the clinical director, since that time. In February, 1926, the first mental hygiene clinic was opened, and here, too, Miss Hurley organized the social service connected with it. The clinics have increased rapidly in number and size and it now seems impossible for one person to continue in charge of both forces of social service with fairness to all phases of such vitally important work and accordingly, with the end of this hospital year, Miss Hurley is withdrawing from the direction of the hospital division and continuing with the mental hygiene clinics only.

Miss Hurley has submitted the following report of the social service work of the institution: "Within the past twelve months there have been more than the usual number of changes in the personnel of this division, with four resignations and six appointments. At the end of the fiscal year the staff consisted of the director, five psychiatric workers, one historian, and four mental hygiene clinic assistants.

During this period 4,605 visits were made in the community in regard to the welfare of trial visit patients as well as those resident in the hospital, in obtaining medical and material aid and employment for the families of our patients, and in making 75 spe-

cial investigations for the following reasons:—first, for further data in assisting the physicians to make differential diagnoses; second, to plan for the removal of recovered patients from the hospital; third, to secure information as to the justice of certain commitments; fourth, to obtain the information necessary in locating escaped patients and in reference to the justice of returning certain patients from trial visit; fifth, regarding the personal property of patients committed to the hospital; sixth, regarding the legal residence of hospital patients; and seventh, to locate friends and relatives at the request of committed patients. Of the total number of community visits, 220 were made in regard to clinic and executive matters.

Calls at the homes of patients under consideration for trial visit were made in 302 cases for the purpose of presenting the environmental factors to the physicians as well as to assist the family in planning the patient's future. This division was instrumental in obtaining the trial visit of 38 recovered patients referred by the medical staff, who were friendless or whose relatives were reluctant to take them out of the hospital. Jobs and homes were found for seven of this number; three were taken out through the cooperation of social agencies; nine were placed in Homes, and for the remainder special arrangements were made with friends or relatives.

In regard to cases newly admitted to the hospital, 571 medical and social histories were obtained from 813 individuals and efforts were made to locate friends and relatives of patients sent to the hospital with only police or other officials recorded as correspondents. Interviews to the number of 966 were held in the office with friends and relatives of hospital patients in regard to clinic and hospital matters; 65 special interviews were held with hospital and parole patients. Special visits to the number of 295 were made to individual patients on the wards. At the request of the medical staff, 16 psychometric examinations were made on ward patients.

This division was responsible for the arrangements made at frequent intervals for the examination of patients by the Ellis Island immigration officials. At the request of the nursing division, 18

hours of social service instruction were provided for three groups of affiliated nurses, and arrangements were also made for their attendance at clinics. Members of both divisions of social service attended various conferences and meetings during the year, among which may be mentioned the New Jersey State Conference of Social Work, the New Jersey Hospital Association meeting, the Ortho-Psychiatric Conference, the New Jersey Section of Hospital Social Workers, and the Sussex County Conferences. In addition, the director attended the International Conference of Social Work in Paris, and the American Hospital Association meeting. She was on two committees of the National Association of Psychiatric Social Workers during the year, one on state hospital social service, and one on clinic study, both requiring frequent attendance. In the course of the year she was called upon to assist in the establishment of two hospital social service divisions, one in a general hospital and the other in a mental hospital.

The social service division has cooperated in every respect with other social workers in the state. Various officials and individual social workers have visited this division during the year. In two cases, directors of organizations came to observe the work done by our parole division. At the close of this year of work, the social service workers wish to place on record their appreciation of the ready assistance and encouragement extended by public officials and individuals in the community throughout the hospital district."

#### MENTAL HYGIENE CLINICS

During the past year the extra-mural department of this institution, as represented by the mental hygiene clinics, has shown rapid expansion. With the financial support of a special appropriation provided for the second time by the Legislature, it was possible to engage adequate personnel and necessary equipment without depleting the staff and resources of the hospital proper. Dr. Philip J. Trentzsch, engaged the previous December, continued as director in charge throughout the greater part of the year. On August 16, Dr. John H. Cassity came on duty as assistant,

and remained with the clinic staff for the balance of that period covered by this report. A psychologist and the social service workers completed the organization, with the addition of the necessary clerical force and a chauffeur.

Near the end of the fiscal year there were several changes in the staff. In May, Dr. Trentzsch resigned, and Dr. Lane and Dr. Cassity carried on the work until the middle of June, when Dr. Earl W. Fuller was engaged as director. Dr. Fuller has had extensive experience with mental conditions, especially with the defective group, and this together with his genial personality and enthusiasm for the work should make him a very successful director. With the close of the year other changes will become effective, including the resignation of Dr. Cassity, and the making of Miss Hurley full time clinic worker in charge of social service.

A comprehensive and interesting report of the clinic work has been submitted to me, but as it covers nine closely typewritten pages, chiefly tabulated material, I have been obliged to generalize rather freely in order to save space.

During the year three new clinics were opened as follows: Jersey City, in August, (this was included in last year's report, as the preliminary work had been completed and all arrangements made at that time); Passaic, in September; and Plainfield, in December. These increased the number of mental hygiene clinics to eleven. Then, as it appeared that there was a demand for further psychological work in the communities, at the request of the Department of Institutions and Agencies, the clinic staff cooperated with the North Jersey Training School at Totowa in establishing twelve psychological clinics to be held at regular intervals and to use the same locations which had been secured for the mental hygiene clinics. A psychologist from Totowa has conducted these clinics, but to avoid duplication of work, all appointments have been made by our clinic staff and whatever follow-up was necessary has been done by our clinic social workers.

The total number of clinics held during the year was 227. Of these, 215 were regular, as follows: Totowa, 41; Elizabeth, 25; Jersey City, 25; Paterson, 24; Hackensack, 23; Passaic, 17; Plainfield, 14; Morristown, 12; Franklin, 12; Newton, 12; Greystone

Park, 10. Twelve clinics were special: Plainfield, 5 psychological; Grantwood, 3 psychological; Hackensack, 2 demonstration; Jersey City, 1 psychological; and Westwood, 1 held in conjunction with the pediatric clinic.

The following table shows the attendance.

	Adults		Children & Adolescents		Total
	Male	Female	Male	Female	
Number of new patients.....	91	118	320	327	856
Number of return patients.....	95	106	440	292	933
Number of patients turned away .8		10	54	18	90
Total patients.....	194	234	814	637	1879

A total of 2,076 visitors also attended the clinics, of whom 1,216 were friends and relatives of patients, 259 were social workers, 204 were nurses, 192 were physicians, 122 were probation officers, and 60 were teachers and school officials. The clinic physicians interviewed 2,673 persons at the clinics and held 428 special conferences at the clinics and in the community, chiefly with other physicians. Lectures to the number of 34 were given in the community by clinic physicians. The social workers interviewed 2,442 persons at the clinics and obtained 655 anamneses; in the community 1,682 visits were made and 82 special anamneses obtained. The psychologist interviewed 561 persons at the clinics and 46 in the community, regarding patients. During the year 1,585 psychiatric examinations were made and 453 psychological examinations.

The sources sending in patients were diversified: social agencies contributed a large number; physicians sent in 195; schools, 118; the juvenile court, 64; 11 were brought by other clinic patients and 6 came as a result of hearing lectures on the subject.

In disposing of the cases, 145 were referred to institutions, including 96 to the Training School for Feeble-Minded and 26 to mental hospitals. Ninety-nine were referred to other clinics, the largest numbers being 24 to the X-ray clinic and 21 to the venereal clinic.

The diagnoses were varied indeed: mental deficiency was the decision in 127 cases, "backward child" in 52, borderline deficiency in 15, imbecility in 10, and dull normal in 9, making

the different forms of mental defect the largest diagnostic group. "Behavior problem" was the diagnosis in 161 cases, delinquency in 11, and definite social difficulties of various types included 16 more. There were 22 with schizophrenia, 18 with mild depressions, 18 with post-encephalitic conditions, and 10 with epilepsy; 12 were diagnosed as suffering from neurasthenia, 6 with psychoneurosis, 2 with neurosis, and 3 with psychopathic personality. The other diagnoses were scattered and embraced a wide range of conditions, including a few definite psychoses of various types.

The clinics are absolutely free, no fees being accepted for any reason. The only assistance given is in the form of examination and advice. Physical disorders are referred to the family physician or to proper clinics and hospitals. The purpose is to benefit the citizens of the state by affording expert advice along lines not covered by the usual health and social agencies, and also as far as possible by enabling incipient mental cases to make adjustments without hospitalization to attain some relief for the state by reducing the institution population at its source.

#### WARD EMPLOYEES AND SCHOOL OF NURSING

The work of the Nursing Division has shown very satisfactory progress during the year. Mrs. Anne How has continued as superintendent of nurses and has fulfilled the high expectations voiced in last year's report when she had been only three months in the position. She has constantly shown a desire to cooperate with the other divisions of the hospital and by her personality and her genuine interest in people has promoted harmony and good feeling throughout the organization. In her division the advantages of additional housing have been most pleasantly felt and, despite the hard work entailed by the fire and its aftermath of renovation of wards and shifting of patients, the number of ward employees shows an increase over last year. Mrs. How has submitted the following report:

"The year has been a very busy one. The new section of the Nurses' Residence has been opened and all teaching equipment moved from the Reception Building and installed here in class

rooms specially designed for the purpose. Certain changes have been made in the School of Nursing. The entrance requirements have been raised to a full high school course, instead of two years of high school as formerly. The affiliation previously arranged with Bellevue and Allied Hospitals has been discontinued and an affiliation has been arranged with Orange Memorial Hospital, Orange, New Jersey, to give our students one year of training in medical, surgical, pediatric, and obstetrical nursing, which will include duty on the private floors and in the diet kitchen and out-patient department. We are very happy to have this affiliation in our own state. During the year we have admitted 18 students, 11 in September and 7 in February. Of this number, 11 have dropped out for one reason or another, the chief being poor health, dislike of the work, or not being able to measure up to the requirements.

This year we have been able to offer an affiliated course for students in general hospital training schools. In September, we received from Mercer Hospital in Trenton four students for a three months' course in mental nursing. These students are replaced at the end of their course so that to date twelve students have completed the work with us. The senior class from Memorial Hospital, Morristown, came to us two afternoons a week for a period of eight weeks to take a course of lectures in neurology and psychiatry given by Dr. Lane.

The State Board of Nurses' Examiners arranged with Miss Vander Veer of the State Board of Health for a course of lectures in child hygiene which were given at different hospitals in the neighborhood, two being held here, two at All Souls Hospital in Morristown, and one at Overlook Hospital in Summit. Students were graded and given a rating for this course. On November 9, the State Board of Nurses' Examiners held examinations in practical procedures in our class rooms, where students from neighboring schools as well as our own were examined.

Additional facilities have been offered students this year. Miss A. S. Kerley, R. N., class of 1928, has been appointed instructor in mental nursing and has successfully carried the course given to the affiliated students. She is planning to take a six weeks'

course at Teachers' College, Columbia University, this summer. Miss Grace Hollinsworth, R. N., class of 1928, has been placed in charge of hydrotherapy for women in the Reception Building and has given this course to the affiliates as well as our own students. The directress of social service has given three hours of work to each group of affiliates and to our own undergraduates and each student has had the opportunity to spend one full day at a mental hygiene clinic, followed by conferences with the psychiatrist and the social worker. The divisions of occupational therapy and physical education have also given many hours of class work to the students, as has the resident pharmacist, who has conducted courses in the practical and didactic work of pharmacy and materia medica. On the medical staff, the clinical director has been most liberal of his time for lecture course, and Drs. Gebertig, Smith and Lein of the reception services have offered clinic hours for each group. One of our graduates of this year has been placed permanently in the eye, ear, nose and throat division which opens up a wealth of material to the student nurse. Another of this year's graduates has been assigned to the gynecological division and we are already utilizing material in both these divisions for the students.

Graduation exercises for the class of 1929 were held in the chapel on May 24, and a class of four was graduated.

Anna H. Krohn  
Sydna M. Thomas

Rose C. Dillmore  
Blanche K. Long

Dr. Curry conducted the exercises and made a brief talk to the graduates. Dr. B. S. Pollak, Medical Director of the Hudson County Hospital for the Tuberculous gave the principal address; diplomas were presented by the Honorable Daniel S. Voorhees, President of the Board of Managers; and Dr. Augustus S. Knight, Vice-President of the Board, gave the class pins. The diplomas were of a new type, contained in a folding case which carried out the school colors. Mrs. Ray Dennis sang two groups of songs which she rendered with her usual charm and graciousness and which were much appreciated.

During this year an attempt has been made to provide more

recreation for the nursing force. A party with music and dancing has been held each month, and there have been several small card parties. Bowling has provided interesting exercise one evening each week, and informal social hours for the nurses off duty have been arranged in the Nurses' Residence at frequent intervals.

Additions to the nursing force during the year include two assistants, an instructor in mental nursing, and a supervisor of the Nurses' Residence. Miss Margaret M. Malone, who had efficiently filled the position of assistant to the Superintendent of Nurses for some years, resigned on October 1, but returned on May 1 to resume her position.

In the attendant force there has been great improvement in the matter of living quarters. The Employees' Building was opened in November and the group of women living in the cottage rented in Morris Plains was the first to move in. Those who had been occupying rooms in the Reception Building soon followed, and now we have no attendants living on the wards. The new quarters are very comfortable, and we feel that the entire nursing group is more stable, owing to improved living conditions. The records of June 30 show 191 male attendants, 169 female attendants, a total of 360, which is an increase of 4 men and 26 women over a year ago."

#### STAFF MATTERS

There has been an increase in our medical staff since the last report, but the increase is more apparent than real at the present time. Twenty-five are listed, of whom two are on full time duty at the mental hygiene clinics and do not live at the institution, although in close touch with the clinical director. Of the twenty-three resident physicians, two, Dr. Lindsay E. Robinson and Dr. Elsworth Baker, are on leave of absence until October 1 for study abroad, making twenty-one on duty as against twenty a year ago. The changes on the staff during the twelve month period consisted in three resignations and seven appointments: Dr. Philip J. Trentzsch resigned as director of mental hygiene clinics at the end of May and was succeeded by Dr. Earl W. Fuller; one assistant appointed the previous April resigned in July; and another

appointed in August resigned in February; an assistant to the director of mental hygiene clinics was appointed in August; the other four appointments were in the assistant grade.

In the twenty-one physicians on duty at the hospital are included the superintendent, the clinical director, the pathologist, the electrotherapist, the chief surgeon, the gynecologist, and the eye, ear, nose and throat specialist, none of whom carry routine ward duty. One senior physician who is in charge of the occupational therapy division and also acts as executive officer during the temporary absences of the superintendent has but little time for ward work, merely supervising the assistants on the male service in the Main Building. At present, therefore, we have but thirteen physicians on full time ward duty to care for 3,650 patients. The chief obstacle to a larger staff has been lack of living quarters, but at the end of this year conditions were improved somewhat by the placing in service of the double house for senior physicians. This takes one physician from the Main Building and one from the staff house, thus releasing two suites. We are still in need of additional housing, however, and I feel that the most satisfactory results will be obtained by building small cottages from time to time as money can be appropriated for the purpose until all of the senior men are provided with quarters where they can have independent dining rooms and kitchens and enjoy some part of the privacy of home life which they would have if occupying positions of similar grade outside the institutional field.

The general program for the staff has been the same as for several years past. Five staff meetings have been held each week, four for the presentation of newly admitted patients and one for the examination of those for whom a trial visit was being considered. Each case was carefully presented with complete reports from the examining physicians, the laboratory, and the social service division; the patient was then brought in for thorough questioning designed to bring out the distinctive features of his mental status, after which he was again taken from the room and there was free discussion of the case, treatment suggested, and diagnosis made or deferred.

Every week a conference has been held in the office of the

superintendent attended by the physicians and the heads of all divisions working with patients, such as the superintendent of nurses, and the directors of social service, curative workrooms, and physical education. By means of these conferences closer cooperation among the different divisions has been achieved and the superintendent has been enabled to keep in touch with all phases of the work as viewed from the various angles.

There have been no changes in the physicians in charge of the different buildings this year. Dr. Lane, assisted by Dr. Collins, has had direct supervision of the Reception Building; Dr. Donovan has had charge of the Clinic Building, including the examination of new employees and of those reporting as sick; at the Main Building Dr. McMurray and Dr. Pollock have had direction of the male and female services respectively; at the Dormitory Building the work has included supervision of the two wards for tuberculous patients and the former tuberculous building which has been renovated as a Dormitory for forty men patients with limited parole. Dr. Washburn has been in charge of the women patients and Dr. Roche of the men. Supplementing this general division of responsibility, Dr. McMurray was named by the Board of Managers to act as executive officer for the entire institution in the absence of the superintendent, and Dr. Collins in addition to being called in consultation on all major medical or surgical cases, whether patients or employees, has conducted staff meetings in the absence of Dr. Lane and attended to other duties as assistant to the clinical director.

As heretofore, the hospital staff has been represented at all important meetings held in the State by organizations having to do with medical or hospital matters, as well as conferences of the nursing, social service, and occupational therapy groups. The clinical director, pathologist, and superintendent attended the annual meeting of the American Psychiatric Association held at Atlanta in May, and other conferences held outside the State, particularly several in New York City, were attended by various members of the staff. Relations with the physicians of local communities continued on an excellent plane. The annual meeting of the Morris County Medical Society was held at this hospital

in the fall, members of the hospital staff have been actively concerned with the work and policies of the Society, and Dr. Collins has been elected the next president of the organization. Numerous visits have been made to other hospitals during the year and our list of distinguished visitors shows many prominent physicians.

The surgeons of the Delaware, Lackawanna and Western Railroad, having indicated a desire to hold their annual meeting at this institution, an invitation was extended to them for June 28. At their request local physicians and surgeons as well as the hospital staff were also present, and among the guests were Commissioner Ellis, Mr. Voorhees and Dr. Knight of the Board of Managers, and Dr. Andrew F. McBride of Paterson, President of the State Medical Society. The organization included surgeons of New York, New Jersey and Pennsylvania, with Dr. A. F. Merrell of Hallstead, Pa., as President. They invited as their guests the surgeons of the Jersey Central Railroad. With members and guests, about one hundred were present. The scientific program consisted of papers and discussions. Dr. H. H. M. Lyle of New York who is a visiting surgeon at St. Luke's Hospital, read a paper on "Injuries to the Shoulder Joint," with lantern slides; the discussion was led by Dr. J. M. Wainwright of Scranton, Pa. chief surgeon of the Lackawanna. Dr. George P. Pitkin of our consulting staff read a paper on "The Controllable Features of Spinocain," with lantern slides; the discussion was led by Dr. Collins of the resident staff. Dr. Collins read a paper on "Post-Traumatic Psychosis" and presented patients showing this type of mental disorder; Dr. Lane, clinical director, led the discussion. Luncheon was served in the Employees' Cafeteria and visitors were shown through the institution and given an opportunity to inspect various phases of the work.

#### SURVEY OF PATIENTS FOR TUBERCULOSIS

Money having been obtained from the Legislature through apportionment of the half-mill tax for the construction of buildings for tuberculosis insane in the State, a conference was called at the Commissioner's office in Trenton to discuss different phases of the problem, especially the proportionate number of

tuberculous among the insane in institutions. It was decided that the best method of approach was to have a survey made by the Department of Institutions and Agencies, and Dr. Samuel B. English, Superintendent of the State Sanatorium at Glen Gardner, undertook to manage this. He selected Dr. Charles J. Kaufman, a specialist in tuberculosis, to examine the patients, and work at this institution was begun on March 5 and is now drawing to a close. Dr. Kaufman has submitted the following statement:

"As is to-day generally recognized, the most effective method of reducing the incidence of pulmonary tuberculosis consists in making adequate provisions for promptly isolating and treating every case as soon as it is discovered. In State Hospitals the application of this principle is particularly necessary. There the inability of the patients to co-operate in keeping the infection confined makes the spread of infectious disease far more likely, especially in those parts of an institution where the bed capacity is being taxed.

In order to have the patients remain under the care of trained psychiatrists, the facilities provided for this purpose must be made part of the State Hospital. The management of pulmonary tuberculosis in the patient with mental disease will be frequently controlled by the fact that his co-operation in the treatment cannot be expected. It is quite likely that the surgical treatment of this condition, such as artificial pneumothorax, phrenicectomy, extra-pleural thoracoplasty, etc., may be more frequently indicated than is the case among patients with normal mentalities."

#### PHARMACEUTICAL DIVISION

Although in this day drugs are by no means the sole therapeutic measure, they necessarily hold an important place in a hospital of this size. The pharmaceutical division has continued its highly efficient work this year under the competent direction of Mr. Philip B. Roberts, Ph. G. Mr. Louis D. Bangert, Ph. G. has continued his service as assistant pharmacist. For some years past Mr. Frode Heiman, long in the service of the institu-

tion in different positions, had been regularly assigned to this division, and his death on October 15 deprived the drug room of a valued assistant. Regarding this, Mr. Roberts writes as follows: "Mr. Heiman's death was also a distinct personal loss to me because so many times I have gone to him for advice or suggestion upon routine matters which only a man who had served in such a variety of capacities as he had done could give." On November 24 Mr. John Hughes reported for duty as junior drug clerk and has shown himself adaptable to the work.

The list of new prescriptions filled numbers 4,359, while the refills amount to three times that number. A record has been kept of all pharmaceuticals and galenicals manufactured, but I am including only a few of the more important: U. S. P. Tr. of green soap, 2,400 pints; liquor antisepticus, 440 pints; elixir iron, quinine and strychnine, 160 pints; liquor antisepticus aromaticus, N. F., 144 pints; Palmer's dental wash, 120 pints; soap liniment, 112 pints.

Even the drug division was affected somewhat by the North Side fire, since the transferring and retransferring of patients made it necessary to salvage drugs and equipment and then restock the new quarters to meet the requirements. The ordering and receiving of all medical and surgical supplies continues to be checked through the resident pharmacist, since he is better equipped technically to handle this particular detail than the regular storehouse channels. During the year two classes of student nurses have been given instruction and practical drill in pharmacy and materia medica.

The new quarters in the Clinic Building have been practically completed, and now it remains only to secure the necessary equipment and fixtures. The drug division feel that this will be one of the finest dispensaries and pharmaceutical laboratories to be found in any hospital in the country and are correspondingly elated at the prospect of moving in soon. Although the manufacture of staple drugs and solutions has already been carried on to an extent which has resulted in a marked saving of the purchase price, it is expected that the equipment and space offered by the new quarters will permit further expansion along this line with consequent increased economies.

## PHOTOGRAPHY

In a State Hospital photographic records are a necessity in order to eliminate the possibility of error in identification of patients and to permit of a clear and convenient method of indicating progress. For a number of years the work of our studio has been in the charge of Mr. Frederick C. Wainwright, with very satisfactory results. This year the usual routine has been followed. Two portraits were made of each patient soon after admission, full face and profile, and suitable mounted prints were placed on file in the case record. Other photographs were made according to the requirements of the Federal Government for those being deported, and in many instances pictures of patients leaving the hospital on trial visit were made as a matter of record as to improvement while under hospital care. Photographs of work under construction have been made at stated intervals for submission to the Central Office and a number of pictures were taken on Field Day showing the arrangement of exhibits and the manner of conducting the different athletic events.

The hospital photographer has also been in charge of selecting and transporting the films for the semi-monthly moving picture entertainments and of running the projecting machine for showing them. He has submitted the following statement of the work in his division:

Number of newly admitted patients photographed.....	885
Number of trial visit and deportable patients photographed.....	196
Number of field day and progress pictures taken.....	326
Total.....	1,407
Number of moving picture shows given during season.....	28

## GREENHOUSE, GROUNDS AND GRADING

At the hospital greenhouse the usual high standard of production was maintained. Plants and cut flowers were raised for the wards, for the outside flower beds, and for the dining rooms. The total number of cut flowers produced was 78,206 and of pot-plants, 28,424. One employee and 18 patients looked after the work and kept the buildings in repair, including the application

of two coats of paint to the greenhouses. A survey of the heating system was made and it was found advisable to lower the boiler; the work was accordingly done by the engineering division. An addition to the greenhouse is now under way, the work being done by patient labor with assistance from the hospital mechanics where necessary.

Mr. Otto Koch, florist and landscape gardner, has not only had complete charge of the greenhouse and looked after the up-keep of the grounds, including the athletic field and golf course, but has also carried on extensive grading operations and road repairs. He is profoundly interested in his work and in the welfare of the institution as a whole and is a loyal and conscientious servant of the State of a type rarely found under present conditions. His success in growing flowers has been evidenced during the past year by many prizes won on displays in flower shows and competitions and he has also been widely in demand as a judge.

In grading around the new buildings thousands of dollars have been saved to the State by having the work done with hospital equipment, employees, and working patients, rather than by letting it out under contract. Late in the preceding year a gasoline shovel was purchased for this work and if the amount of material moved is figured on the same basis as we have paid for shovel work in other years this piece of equipment has already paid for itself and cleared \$1,500 in addition. A Ford truck supplied to the division this year has also proved highly satisfactory, accomplishing the work of three teams of horses. A road roller was likewise acquired during the year and has been of great assistance in keeping the various gravel roads and driveways in good condition and in putting in approaches to the new buildings.

At the rear of the Reception Building it was necessary to take off considerable soil in order to reach the grade laid out by the landscape architect, Mr. Brinley, and 6,204 cubic yards have been removed this year. Of this, 837 cubic yards were used in front of the Reception Building for rough filling, 1,660 were utilized for completing the terrace below the clinical director's cottage, and 3,703 at the rear of the Employees' Building where there was a depression to be brought up to grade. Around the Employees

Building 1,811 cubic yards of top soil taken off and heaped at one side before the building was erected were this year used in finishing the surface. At the southern end of the new two-family house for physicians considerable grading was required, and to date 129 cubic yards of soil have been put in. Surface finishing was necessary around the new addition to the Nurses' Residence, and here and at the Reception Building 19 bushels of grass seed and 1 bushel of rye were sown. Patients handled 1,794 cubic yards of soil for grading during the year, in places where the gasoline shovel could not be used to advantage.

Leaks having appeared which admitted water to the root cellar, it was necessary to uncover this. After it had received additional water-proofing it was re-covered, first with a layer of soil, then with a layer of clay, and finally with top soil. It is expected that with the thorough waterproofing and the additional protection of the clay, no further trouble will be experienced.

From the rear of the Reception Building 1,745 cubic yards of rock were removed by shovel and utilized for road work. In addition 998 cubic yards of rock for roads were handled by patients. Gravel for use on the roads was removed from the gravel pit to the amount of 52 team loads, and 11 loads of cobble stones were hauled. Work has been begun on scarifying the roads around the grounds after which they will be resurfaced and oiled. During the year repairs were made on a county road through the hospital property which is frequently used by hospital vehicles.

At the Employees' Building 2,236 square feet of sidewalk were laid by a force consisting of 3 masons, 4 employees, and 35 patients; at the Nurses' Residence, 540 square feet of walk were laid with 2 masons, 1 employee and 15 patients. Near the storehouse 60 feet of old 12" tile pipe was replaced and at the Nurses' Residence 370 feet of 12" tile pipe were laid to a depth of six feet. During the year 6 catch basins were put in. The willow pond was cleaned and 352 cart loads of debris removed.

A total of 344 loads of stone were hauled to the hospital crusher and 956 cubic yards of crushed stone were utilized on the roads. At present there are about 350 cubic yards of crushed stone on hand and 60 truck loads of uncrushed stone at the crusher.

Throughout the year the up-keep of the grounds has received attention. The grass has been cut, flower beds planted and cared for, and trees and shrubbery pruned and sprayed; all rubbish has been collected every day by a gang of patients with a cart. After all heavy storms the gutters and catch basins were cleaned and any gullies in the roads given immediate attention. During the winter season the patients were used in shoveling roads and walks, in cutting wood, and in general outside work. This spring a patient's garden was started and many of the men from the Reception Building have enjoyed the planting and care of the vegetables. Several of those so employed have already been able to leave the hospital on trial visit.

#### CLERICAL DIVISION

The clerical stenographic force of the medical department has continued as for the past few years under the competent direction of Mr. James E. Lauenstein as principal clerk. The personnel numbers the same as last year, with the following distribution: Reception Building, clerk-stenographers 7; clinical director's office, clerk-stenographer 1; mental hygiene clinics division, clerk-stenographers 3; Clinic Building, clerk-stenographer 1. Laboratory, clerk-typists, 2; Main-Building, clerk-stenographers, 4; record room clerks 2; clerk-typist 1; office of superintendent of nurses, clerk-typist 1; medical and miscellaneous general work, clerk-stenographer 1, clerk-typist 1. Dormitory Building, clerk-stenographer 1.

This force has taken care of the reports of all mental and physical examinations of patients, clinical progress notes, and legal procedures, in connection with patients' admission, guardianship, and so on; it has established new case records for active files; closed and transferred discharged cases, maintained up-to-date cross-indexes and rotary indexes of patients and their locations, and handled the voluminous correspondence in reference to over 4,800 patients as well as the numerous reports and letters to the Central office, and the various incidental items of office routine.

The work and responsibilities of the principal clerk have continued to expand and as Mr. Lauenstein expressed it "were very

acutely increased by the death in June of William J. Littell, a signally efficient senior statistical clerk who had been in the service since July 5, 1902." This made it necessary for the principal clerk to devote additional time to the fundamentally important work of the central record room, with the compilation of statistics and reports, since the clerks left to handle the mass of detail there, were relatively inexperienced. That the entire force has functioned smoothly and efficiently throughout the year is a credit to the individual members and to the clerk in charge.

#### RECREATION: AMUSEMENTS, SPORTS, MUSIC AND ENTERTAINMENTS.

In an institution for the mentally ill, play is highly important as a therapeutic measure, since any pleasant change from the ordinary routine has a stimulating effect and by diverting the thoughts from introspective and delusional channels brings the patients to a more normal plane. During the past year under the direction of Dr. George B. McMurray opportunity has been offered for a wide variety of recreation, both directed and spontaneous, active and spectator.

In the line of sports, baseball was a prominent feature throughout the summer. Teams were made up from patients of different wards and competed at frequent intervals, affording entertainment for themselves and for the audiences. A team of employees representing the hospital played on each Saturday afternoon against an opposing nine from some nearby town while large numbers of patients, men and women, accompanied by nurses and attendants, looked on and cheered. Track activities also received a great deal of attention and almost every day during warm weather male patients were out practicing under competent supervision. The one tennis court was in constant demand and was used both by patients and employees. The need of additional facilities for this popular sport has been keenly felt. Golf has been increasingly popular with patients and employees, so that it became necessary to form a committee to draw up rules and regulate the number of guests admitted to the course. In the winter a successful basketball team was organized, comprising patients and employees. Games

were played in the amusement hall of the Main Building and groups of patients attended as spectators. Croquet has certain devotees among the women patients and the well-kept lawns afford numerous suitable areas for this game. Walking has been popular both summer and winter; many groups of patients were daily to be seen on longer or shorter excursions among the groves and along the paths through the hospital property. A favorite morning exercise for women patients has been to stroll across the golf course to the greenhouse and return laden with flowers to decorate their ward.

On July 21, annual Field Day was held; the weather was fair, thousands of visitors were present and hundreds of patients participated in athletic events and drills, while other hundreds with their friends and guests enjoyed the spectacle. A unique feature of the entertainment was provided by Salaam Temple of Newark Shriners; the patrol, band, mounted guard, and American Legion corps were present in full regalia and gave a beautiful exhibiton of drilling which was greatly appreciated by the patients and guests. The exhibition of occupational therapy held in conjunction with Field Day was elaborately arranged with numerous decorative booths, a pool, and a room furnished in willow and reed. This attracted much favorable attention from the visitors, thus bringing a great deal of satisfaction to the many patients who had taken part in the arrangement or whose work was on display.

Throughout the year except in the hottest weeks of summer a patients' dance was held each Monday. Music was furnished by the hospital orchestra and nurses, attendants, and physical training teachers were present to see that all desiring to dance were provided with partners. Moving picture entertainments were held fortnightly on Friday evenings, a feature picture, a comedy, and a news reel making up the program. In order that more seating space might be available, dancing between pictures has not been permitted this year, but a period of community singing before the program, conducted by the physical education division, has been enjoyed by the patients.

The bowling alleys were put in excellent condition and supplied with four sets of pins and additional balls. Many patients

benefitted by the stimulating exercise afforded here during the winter. Pool tables on the men's wards and cards, dominoes, and other games throughout the institution have provided a great deal of pleasure to the patients.

Music has a distinct psychological effect on most patients, calming and soothing some, and affording others a means of emotional outlet. Pianos have been supplied to many of the wards and many more have victrolas and radios. The hospital orchestra, composed of employees and patients under a competent leader, has furnished music for all the major entertainments and also has made its daily practice periods of benefit by visiting the different wards in turn and playing for those who, because of physical disability or mental status, were unable to attend the amusements held off the wards.

Many parties have been held under the the direction of teachers in the occupational therapy and physical education divisions, as described elsewhere. Other special entertainments have been given during the year, including a vocal concert by Mrs. Ray Dennis of Convent, accompanied by Mr. Pitney; a band concert by the Standard Oil Band of Elizabeth; and a concert and dance by the Victorine Orchestra of New York. Mrs. Garrison of the Board of Managers has taken particular interest in providing diversion for the patients and it has been through her efforts that many of the best entertainments have been arranged.

As usual a special effort was put forth to make Christmas as cheerful as possible for those under care at this hospital, and I have included a program of the week's offerings:

Sunday, December 23.

8:30, a. m. Mass for Catholic patients, read by Father Padian of St. Virgil's Church, Morris Plains.

3:00, p. m. Christmas service for Protestant patients, conducted by Reverend Wilbert Westcott, of the Methodist Episcopal Church of Morristown.

Monday, December 24.

7:30 p. m. Entertainment for all patients in amusement hall of Dormitory Building.

## Carol Singing.

"The Nativity," a Christmas Pageant—presented by the patients under direction of the Physical Education Division.

## Characters:

Zacharias .....	The High Priest
Gabriel .....	The Angel of God
Mary .....	The Mother of Jesus
Joseph .....	The Husband of Mary
Wise Men .....	From the East
Shepherds — Angles	

## Scene 1 The Temple

Music—Adeste Fideles: Holy, Holy, Holy

## Scene 2 The Annunciation

Music—It Came upon a Midnight Clear.

## Scene 3 The Shepherds

Music—While Shepherds Watched their Flock  
Joy to the World.

## Scene 4 The Nativity

Music—Oh, Little Town of Bethlehem  
We Three Kings of Orient Are  
Holy Night

Arrival of Santa Claus and Greetings, Dr. Curry in costume.

Address by Commissioner William J. Ellis.

Distribution of gifts from the Tree.

Tuesday, December 25.

8:30 a. m. Mass for Catholics, read by Father Padian

12:00 M. Christmas Dinner

12:30 to 4:30 visiting hours.

Wednesday, December 26.

2:00 p. m. Patients' Dance, Main Building.

Thursday, December 27.

6:45. p. m. Community singing, Amusement Hall, Dormitory Building.

7:00 p. m. Moving picture entertainment.

Friday, December 28.

2:00, p. m. Christmas party for all patients, under direction of Physical Education Division.

In order to provide gifts for all patients, letters of appeal were sent out early in December. Responses were generous, and with donations received for the general fund I was able to purchase suitable gifts for all who had not been supplied with presents from their friends. Each patient who attended the exercises on Christmas Eve received a wrapped package inscribed with his name. Those unable to attend the exercises were visited on Christmas morning and given their individual gifts. In addition, extras in the form of candy, cigarettes, and fruit were generously supplied. The pageant deserves special mention. The exercises were held in the amusement hall of the Dormitory Building, which is provided with a stage; two large trees, beautifully decorated and lighted, were placed one on each side of the stage. In this setting the pageant was given, and though simple in form, was highly effective and most appropriate.

#### LIBRARY DIVISION

In the libraries there has been considerable change of personnel during the year, but the work has been continued without serious interruption. At present Mrs. Ann M. Hopkins is in charge, and she has submitted a brief report. The following tabulation shows the circulation of books and periodicals:

<i>Type</i>	<i>Main Building Library</i>	<i>Coffin Library</i>	<i>Total</i>
Fiction.....	3,087	2,432	5,519
Non-fiction, including magazines.....	8,473	6,606	15,079
Foreign language books.....	231	175	406
Total.....	11,791	9,213	21,004

Approximately 2,340 visits to the wards were made during the year, which does not include extra trips with books and magazines. The ward for sick employees has been visited daily with reading matter. Donations for the year have shown a most commendable increase, both staff and employees being generous with their gifts of books and magazines.

There has been a decided demand for both fiction and non-fiction out of the range of the hospital libraries, which has necessitated borrowing a large number of books from outside sources, more especially the Morris County Free Library, of which Miss Edith Smith is librarian.

The medical library has been open since fall. Many new books have been added to the collection, of which 624 volumes have been classified and catalogued. This has been well patronized by the medical and nursing staffs.

#### RELIGIOUS SERVICES

The same system of providing religious services for the patients has been followed as in previous years. The hospital is regarded as a part of the parish of Morris Plains, and the Catholic priest there is on call at all times. Mass has been held at the hospital chapel each Sunday morning and has been attended by the Catholic patients and also by the employees who desired to do so. Protestant services have been held in the chapel each Sunday afternoon, clergymen from Morristown and Morris Plains officiating and the Methodist, Baptist, Episcopal and Presbyterian ministers appearing in rotation. Jewish services have been held each Saturday by a rabbi from Morristown. Arrangements have been made for the observation of the more important holy days in the different faiths and visits to patients by religious workers have been encouraged. Every effort has been made by the resident officers to co-operate with religious leaders of whatever creed, in order that so far as possible all patients might have the good influence of the faith with which they were affiliated.

#### WAR RISK PATIENTS

The record of ex-service patients in the institution during the year is as follows:

On records July 1, 1928.....	159
Admitted during year.....	6
	165
Discharged during year:	
Recovered.....	9

Improved.....	92
Transferred.....	0
Without psychosis.....	0
Died.....	1
Total discharged during year.....	102
Remaining on records June 30, 1929.....	63
Status of patients on records:	
Claims allowed.....	1
Claims pending.....	26
Claims disallowed.....	36
Total.....	63
On June 30 there was the following distribution of these patients:	
Resident in institution.....	54
Outside on visit.....	9
Total.....	63

These statistics require explanation. Since the term "transferred" as used on our records is applied only to those patients who are sent from one institution to another of similar character in the same State, all patients who are sent outside the State must be listed as discharged. This year eighty-five ex-service patients were removed from this hospital to Veterans' Hospitals in New York; all of these cases appear on our records as "Discharged, improved" which accounts for the high number under this heading in the above table. As these patients were removed during the early part of the hospital year, July and August, the death rate was lowered for the year, and since ex-service men requiring care in a hospital for mental diseases would naturally now be committed directly to one of the Veterans' Hospitals, the admission rate in this group is also lowered. A study of the claims status will show that we have now only one patient on our records who has been accepted by the Veterans' Bureau. The remaining 62 included in our list have claims either under consideration at Washington or disallowed. We have continued to carry as ex-service patients many whose claims have been disallowed, because in several instances such cases have been reviewed and a different decision rendered at a later date.

As I have stated in previous reports, I feel very strongly that all ex-service patients should be cared for in special government hospitals, first, because in such institutions the higher ratio of physicians and nurses to patients and the higher per capita allowed should afford better opportunities for these patients than can be given in a State hospital under contract; secondly, because a comparatively small group requiring special reports and felt by many to be entitled to special privileges involves numerous executive problems and is a constant potential source of trouble in a State hospital. Accordingly, I am very glad to be able to report that so large a proportion of the war risk patients have been withdrawn from our care.

#### FIRE PROTECTION AND FIRES

During the past year, in addition to the large fire which occurred on May 6, and which has already been described in the introduction to this report, there have been a number of fires of only minor importance. It is probable that in several instances only early discovery and prompt action by the fire division averted more serious consequences. On August 29, 1928, at 6:30 P. M., a slight fire was discovered in the Occupational Therapy Building and was immediately extinguished. An investigation showed that a moderate degree of damage was sustained through the destruction of warp, rugs and woodwork. The fire was due to a short circuit in the switch box, and repairs were made by the hospital mechanics. On March 19, 1929, at 1:00 A. M. a fire was discovered in the ducts under Ward 1-4 A, Main Building North. The fire was in a position difficult to reach, and there was a great deal of smoke, but no serious damage, since it was only smoldering when reported. An investigation was made, and it was impossible to see how this fire could have started unless it was set, as it was between the ceiling of the duct and the floor of 1-4 A, and there were no electric wires or conduits in that location. On April 23, a fire of an unknown origin broke out in the dust chute of the Dormitory Building on the male side. The fire was confined to the chute and only the doors and floors were charred by the blaze from burning paper. In repairing the

damage the hospital mechanics made the doors and jambs fire-proof. On June 25, at 7:30 P. M., lightning struck the roof of the main dairy barn. The damage inflicted was due merely to the discharge itself, as no actual fire occurred. No one was injured, although the herdsman reported that several cows were knocked down. The amount of damage to the barn has not yet been decided by the insurance companies.

During the year the fire alarm system has been tested daily and all fire hose and other equipment have been tested at suitable intervals. It was necessary to condemn and remove from service 16 fire extinguishers, but 72 new extinguishers have been added. Fire Chief William H. Matthews has continued in charge of the division and has attended to all testing and drills, and has constantly examined the plant for fire hazards of a type readily correctable by local employees. The excellent condition of the equipment was demonstrated on May 6, when the engine was in service eight hours without shut-down.

In regard to fire protection, I cannot make any definite statement at the present time. The Commissioner with the Board of Managers is having a complete survey made of the buildings and all fire hazards, the entire water situation and the fire alarm system. When this report is completed it will be taken up in detail, and such alterations and new construction recommended as will give all buildings of the institution adequate fire protection.

#### WATER SUPPLY

Throughout the year routine attention was given to the regular water supply of the institution, including pumps, filters and chlorinating plant. It having proved impossible to obtain satisfactory bids on cleaning reservoirs, arrangements were made to have the ice pond cleaned by working patients under the supervision of Mr. Coursen, assistant to the business manager. The mechanical division provided necessary tools and equipment, and reserve standpipe hose was obtained from the fire fighting division. The draining and cleaning, with thorough washing of the filtering material, were done in the late spring and completed in

a satisfactory manner.

During the greater part of the year work was in progress on the additional water supply from the deep well in Morris Plains driven two years ago. Pipe lines were completed and a brick pump house constructed under contract. An electric pump capable of handling 750,000 gallons a day was installed and the engineering division then tested the lines. Automatic control mechanism was installed and the water turned into the hospital supply in the spring. During the past two seasons heavy rainfall throughout the summer has maintained our water supply at a safe level, but with the system dependent on springs and reservoirs only, even a normal dry season would reduce the reserve to a dangerous point and any drought would be exceedingly dreaded. Now that the deep well is furnishing 650,000 gallons a day regularly, we are in a much better position than ever before.

The report from the engineering division shows that our highest daily average consumption of water was in August, with 874,000 gallons, as compared with a high of 988,000 in January of a year ago. Undoubtedly the comparatively mild winter was the cause of this reduction, since the demands of the heating plant usually bring the highest consumption with the coldest weather. The daily average per capita use of water was 203 for the year. It is interesting to note that the great quantities of water demanded by the fire of May 6 made no perceptible depletion of the supply.

#### NEW BUILDINGS AND IMPROVEMENTS.

The only extensive addition to buildings during the past year was the residence for employees, of which the first wing was placed in service in November and the remainder as soon as furnishing was completed. This not only provided adequate and comfortable living quarters for all attendants of the Betterment Group, but released for use by patients the two wards in the Reception Building which had temporarily been utilized for housing employees. The teachers of physical education were also transferred from rooms on the fifth floor of the Main Build-

ing to new quarters on the first floor of the Employees' Building.

This building has rooms for 250 and is divided into three wings, one for single women, one for single men, and the central wing for married couples. Suitable living rooms are provided and there are pleasant porches at the rear. The rooms are attractively furnished with pieces supplied by the State-Use Division of the Department of Institutions and Agencies in cooperation with Mrs. Garrison of the Board of Managers who personally went into every detail of design and material.

During the year work under contract has been in progress on the remodeling of the Clinic Building and on reconstruction of the Main and Dormitory Buildings. This has proceeded in a satisfactory manner, although completion of the Clinic Building was unfortunately postponed by the necessity of using it for patients' dormitories after the fire of May 6. Reconstruction under contract is also in progress on the Industrial Building, and includes extensive repairs and alterations in the shell and plumbing. Work has been started on a building for senile patients, located at the rear of the Dormitory Building, and plans for a building for the tuberculous are under consideration. Reconstruction of the sewage plant is in progress and will be taken up further in the report of the engineering division.

Two cottages have been completed during the year: one is for the business manager, located adjacent to that of the clinical director and like it is of dark brick with slate roof and attached garage. The other is a two family house for senior physicians, following the same plan and style of construction as the one opened in 1923. It is of gray stucco and is located at the south of the entrance to the staff house, in a position balancing that of the other double house on the north.

A much needed improvement to the hospital property was made early in the fiscal year, being placed in service in December 1928. This was the resurfacing of the Center Road which had been built in the days of horse drawn vehicles. While the foundation was of rock, the surface was gravel and under modern conditions of constant motor traffic was entirely inadequate, being always in a rough and rutted state, dusty and a source of

discomfort to everyone approaching the institution. Under contract the old surface was removed and six inches of concrete laid, followed by two inches of amesite; the width was made 20 feet, leaving a strip of the old road 15 feet in width on each side for use in parking or in traffic emergencies. An appropriation was made by the last Legislature and will become available on July 1 for curb and gutters as well as stone and material to construct a penetration surface on the two side strips, thus completing the road.

### OVERCROWDING

Overcrowding is at present our most serious executive and medical problem. Exclusive of the closing of the Clinic Building for remodeling and of conditions caused by the fire and consequent reconstruction, our present excess population amounts to something over 1,000 patients, an overcrowding of more than 25%. This obviously prevents proper classification according to type of mental disease and augments the stress induced by too close contact with others, which is painfully irritating to the majority of patients, especially those newly admitted, retarding recovery or preventing it altogether.

This basic degree of overcrowding has been greatly increased by the effects of the fire. Not only have the regular dormitories been filled with beds until the doors and passage ways are all but blocked, but beds have been set up in corridors, the day rooms in the Dormitory Building have been converted into dormitories, space in the congregate dining hall -- although not provided with proper hygienic facilities -- has been taken over for beds, and finally, in the Reception Building where we had hoped that conditions might be kept as nearly ideal as possible to facilitate prompt recoveries of newly admitted patients, it has become necessary to have forty patients on wards planned for twenty-five and arrangements are being made to set up beds in the sun-rooms, thus depriving the wards of valuable recreation area.

Even if reconstruction of the Main Building is pushed forward as rapidly as possible, this extraordinary overcrowding must persist for a number of months, probably a year or more, before

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the entire building is repaired and made fireproof. A certain measure of relief is in sight by additional buildings, although again, it will not be operative for a period of many months; first, is the building for senile patients, now under construction and designed to house 150 men and women; second, is the building for tuberculous insane, for which plans are now being studied. This, however, will not provide very much in the way of additional space, since it will house only 124 patients and is designed as a substitute for the present annexes to the Dormitory Building. These annexes were constructed as a temporary war relief measure and have been kept in service only by constant efforts on the part of the mechanical division. Since their maintenance is highly expensive, it is planned to keep them in service only until the tuberculous building is ready for occupancy, when the patients will be transferred and the annexes razed.

More extensive relief is anticipated from transfers. We have been promised that when the first unit of the new state hospital now being built in Monmouth County is ready for occupancy, approximately 300 patients will be moved there from this institution, but unfortunately this cannot occur before next July, at the earliest. It seems that our condition of extreme overcrowding is due to continue and even gradually to increase throughout the coming year, and despite the hardship for patients and the discouraging difficulties for officers and employees, we must simply carry on as best we can. Meantime, work on all new construction and repairs to this hospital plant will be pushed forward as rapidly as possible and we shall hope that the additional units planned for the new state hospital will be speedily placed under construction and continued until all of our excess population can be transferred there. I am convinced that this method of relieving our overcrowding will prove much more desirable than to expand Greystone Park to an unwieldy size.

#### ENGINEERING DIVISION

The engineering division has continued its comprehensive work under the competent direction of Mr. Henry Landesman, C. E. So many and varied have been the things accomplished

in this division that only an extremely lengthy report could cover them adequately. Mr. Landesman has submitted to me a summary of the year's work which I have had to condense still further by omitting all details and limiting myself to a few random figures.

The record at the water station shows a total of 295,978,000 gallons consumed during the year, which is 27,531,000 below that of last year. The number of gallons pumped, 111,789,000 is considerably higher than during the previous twelve months. The average daily consumption of coal was low in August with 34 tons and high in January with 106 tons; 26,232 tons were used at the power house during the year. A total of 19,484 cakes of ice were made, with a high production of 2,406 cakes in July and a low of 919 in February.

At the power house the coal drag was removed from the basement and housed in the yard adjoining the power plant, since which time it has been used practically every day to good advantage. One man loads coal into the bunkers by using this mechanism where formerly it required the services of several laborers. In the boilers new flat grates have been installed and new blow-down valves. Production of steam was slightly increased over the preceding year and the addition of new buildings demanded an increased electrical load of from 1,564,655 to 1,709,506 kilowatts; the coal consumption, however, was reduced by 738 tons.

At the sewage disposal plant overload conditions were further manifested by the aggravated matting of the contact beds. Several tests were made on sludge, scum and effluent and as a result of this study the Central Office decided to reconstruct this plant. Prof. Rudols, chief of the Division of Sewage Disposal at the New Jersey State College was consulted and a set of plans developed for reconstructing the plant and modifying its operation. Work was begun during the month of June, 1929. In spite of the infiltration load conditions and lack of proper sand filtration bed area, several tests made on the final effluent indicated a rather stable condition with practically no bacillus coli present. This favorable condition precluded any contamination of Jaqui pond. There have been some objectionable odors from time to time due to bad

contact bed conditions, but with the new plant a chlorinator will be installed and it is expected that all foul odors will be eliminated. Several temporary measures, such as covering all manholes, keeping the final sludge beds clean, weeding out all old beds, directing overflow from sand beds to old beds, and housing the weir on the septic chambers tended to cut down any free sulphur gaseous odors.

The records of the mechanics show 11,453 repairs during the year and 174 pieces of new work. Furniture repairs were numerous and included all types, chairs leading with a total of 2,850. Practically every building of the hospital plant is to be found in the report, general repairs comprising the bulk of the work, but with several important alterations and additions included.

In the Dormitory Building basement, the old kitchen equipment, including iceboxes, ice-making machine and gas ranges, was disconnected and removed; a tea and coffee urn room was fitted up with necessary drains; a dish-washing room was equipped; new toilet room installed; and new concrete floors put in throughout. At the dairy, box stalls were erected for segregating purposes; a new refrigerating room was built—the insulation being done under contract—and the ice machine removed from the Dormitory Building was placed in service, a new automatic control having been purchased; a new shower bath and toilet were also constructed. In the Main Building basement, the Center Kitchen equipment was moved to a more spacious room across the main duct, and all necessary gas lines, plumbing, electric wiring, painting, vent piping, and so on, were carried out by the Engineering Division. In connection with the laundry a layout has been developed by the Central Office and the American Laundry Machine Company in consultation with the resident officers, which provides for necessary additional machinery and for the elimination of all overhead shafting, belts and steam engine drives, each machine to have its own electric motor so that it can be used independently at any time. During the year a number of new machines were installed, a new wooden floor laid in the front part of the building, and new steam and return lines laid. Another rather extensive piece of work was the construction of an addi-

tion to North Cottage — an old frame house adjacent to the fire house and occupied by the family of the assistant business manager and the chef. Four new rooms, an entrance lobby and bath were added, new stairs put in and roof and other construction tied in with the old building; plastering and the installation of new radiators were included. At the piggery a complete new hot water system was installed, including furnace, tanks, regulators, valves, piping, and so on; this makes a constantly available supply of hot water to clean any part of the piggery.

In connection with new work under consideration, whether building or remodeling, the engineer has studied the plans and specifications and endeavored to assist in standardizing on all fixtures and appliances for convenience in later maintenance. New buildings and equipment have been completely inspected before acceptance. The maintenance force has been used to install such additional conveniences as proved necessary for satisfactory service, although not included in the contract.

The general maintenance routine has included repairs to the roof of the Reception Building after a severe storm; painting of entire interior of firehouse; painting of dynamo room; renewal of stucco on Dormitory Building Annexes; new gutters and cornices on south attendants' cottage; rebuilding of ovens in bakery, with construction of new racks and painting of the rooms; necessary repairs after all fires in the institution; pointing up of Congregate Dining Halls and Reception Building. A new electric line was run to the south attendants' cottage and Nurses' Residence group; several sections of defective cable were replaced along Center Road; a new cable was run from Center Road to the Clinic Building; a new line was run to the laundry; several shorter lines were put in at various parts of the Main and Dormitory Buildings as temporary relief measures pending reconstruction of the electrical work in conjunction with the remodeling now in progress. After the fire in the Occupational Therapy building the control panel was mounted on fire proof construction and the entrance fittings changed.

The engineer feels that the condition of the buildings is being improved and that the effects will presently be felt in reduced

cost of maintenance. The labor turnover in this division was kept to a minimum, and sick leaves for the past year totaled less than for the year preceding.

#### BUSINESS DEPARTMENT

The Business Department has been continued in the same manner as for the previous two years, with Mr. George J. Hamberger as business manager, and Mr. E. I. Coursen as assistant business manager. Mr. A. J. VanWinkle in the capacity of treasurer has supervised all financial matters of the institution, and as chief clerk has been in charge of the entire clerical force of the business department, which like the force in the medical department has increased in number with the additional demands made by the expansion of the hospital plant. Following are brief summaries of conditions obtaining in the different divisions of the business department.

#### LAUNDRY

Considerable improvement has been made in the laundry equipment during the past year. Worn and antiquated machinery has been replaced with the following pieces of the latest improved type:

- 1 Standard roll Hamilton spring pad flat work ironer.
- 3 Automatic 38 inch press ironers.
- 3 Automatic 51 inch press ironers.
- 1 Electric driven collar ironer, 5 roll.
- 1 Neck band ironer.
- 1 Automatic 36 x 54 washer.

As stated in the report of the engineering division, further additions to the equipment and the installation of electric drive throughout are in progress. Throughout the year, despite the changes made, work has been kept up in a satisfactory manner under the direction of Mr. Daniel W. Leyhan, and a total of 4,701, 216 pieces were laundered.

#### GARAGE

With the increase in the hospital plant has come the need for a larger number of motor vehicles. Light trucks have been found

more useful than teams of horses for most of the grading and the transportation of supplies. The social service division saves a great amount of time by the use of small automobiles in the field investigations which cover the entire hospital district. The mental hygiene clinic division requires an automobile to transport the personnel to and from the various places where clinics are held. Larger passenger cars are needed to take physicians and patients to court and to transact other hospital business. An ambulance is required for moving acutely sick patients from their wards to the Clinic Building for operation or special treatment. A bus is used for conveying larger groups of patients as necessary. On the farm, tractors and trucks are utilized to advantage. All of this variety of motor vehicles are kept in repair by the hospital mechanics, under the supervision of Mr. John Murphy, who has continued in charge of all employees and equipment in this division.

During the year two automobiles were so seriously damaged by accident as to be rendered useless. One passenger car while bringing occupational therapists and articles made in that division back to the institution after an exhibit held at Flemington Fair skidded during a heavy shower and the body was wrecked against a tree. All witnesses said that the driver was proceeding slowly and with due care. Fortunately, aside from cuts and bruises, no one was seriously injured. In June, while passing through Newark, a passenger car carrying Dr. McMurray en route to court with one of the regular hospital chauffeurs driving was struck in the side by a taxicab and overturned. Both Dr. McMurray and the driver were at once taken to a hospital; the driver suffered from a lacerated hand and Dr. McMurray sustained head and internal injuries which made it necessary for him to remain in bed for some time. It is as yet too early to say whether or not there will be any permanent disability. The car was completely wrecked. Witnesses state that the driver of the state car was proceeding with all due caution.

The following new motor equipment was received during the year: one Chevrolet sedan; one Buick five passenger sedan; one International dump truck, chain drive; one Ford dump truck;

one Farmall tractor. As will be discussed more fully under the topic of Recommendations, a new central garage for the storage of hospital motor vehicles is greatly needed, since much of the equipment is at present housed in an old wooden coach stable which is unsafe and in every way unsuited to the purpose.

#### FARM

The season was generally bad on the farm. Excessive rain in June-July, 1928, spoiled a large quantity of hay and lessened the production of ensilage corn. In 1929, the late and cold spring delayed planting of crops and subsequent cold and rains retarded growth. The total valuation of the produce was \$12,663.76, a decrease of about \$5,000 under that of the previous year. A detailed list of the quantity and values of the different items will be found in the statistical tables. Mr. William Ayres has continued in charge of this division.

#### GARDEN

Unfavorable weather conditions greatly handicapped the work of the garden. The valuation of the product was \$23,575.66, which was \$2,590 below that of last year and the lowest we have had to report in the past ten years. Mr. John J. Kelly continued in charge of the work and, despite the difficulties under which he labored, won a number of prizes wherever exhibits were held, including 13 first prizes at Trenton Fair and a special prize at Morris County Florists' and Gardeners' Exhibition.

#### STABLE

In the farm stable are 22 horses. Eight or ten of these range in age from 18 to 25 years and are obviously beyond the period of valuable service. An appropriation for purchasing additional animals will become available on July 1. During the year one horse died from lock-jaw, but the source of infection was not ascertained as no injury could be found.

#### DAIRY

Throughout the year the dairy herd has been managed with

great difficulty since the tests for bacillus abortus begun in June, 1928, by Dr. McNeil, chief of the Bureau of Animal Industry, Department of Agriculture, have been continued. The herd has been divided into positives, negatives, and suspects, and the labor of caring for and milking the cows has been greatly increased in consequence. At the present time 46 milking cows and 1 bull are segregated as positive and 11 more are rated as suspicious. The total herd consists of 105 milch cows, 39 dry cows, 35 heifers, 16 calves and 4 bulls. Between 40 and 50 head of young and dry stock are being kept at pasture in Morris Plains for the summer at a fixed rental per head, since the hospital acreage contains no feed-producing pastures. The total valuation of the dairy produce was \$78,506.56, which is only about \$2,000 under that of last year. The value of the milk supplied to the institution was \$3,800 less than the previous year, however, and it has been necessary at times to purchase milk to supplement the amount supplied by the herd. Mr. John Warnke has been in charge of the dairy and has won several prizes on stock exhibited at local fairs.

#### PIGGERY

The report from the piggery this year is excellent. The stock on hand consists of 47 brood sows, 5 boars, 233 fattening hogs, 22 shoats, and 47 suckling pigs. During the year a total of 78,695 lbs. of pork was produced, an increase of more than 23,000 lbs. over the preceding year, and the value of the products of the piggery was \$12,725.14, an increase of \$3,274.21. In fact, this is the highest production from this division of which I have been able to find record.

#### HENNERY

At the hennery there has also been increased production under the improved conditions resulting from the new poultry house placed in service last year. Eggs were collected to the number of 6,335 dozen, an increase of 1,884 dozen over the year before which was, I believe, the previous high record. The total valuation placed upon poultry products was \$3,101.87.

## MATTRESS SHOP

The work of the mattress shop, under the direction of Mr. Albert Olin, included not only the making and repairing of mattresses, but also upholstering, making curtains and window shades, laying carpet and linoleum, hanging and taking down awnings, harness making and repairing, and shoe repairing. During the year 451 mattresses were made new and 2,099 mattresses made over, while 1,228 mattress ticks were repaired. Also, 593 pillows were made and 874 pillows made over. Curtains were made up to the number of 264 pairs, and 547 shades were made. In the leather working section, 247 pieces of harness and 1,655 pairs of shoes were repaired. Other work accomplished was proportionate in amount.

## INVENTORY

The annual inventory of the institutional property was made in the business office, using the same basis as in previous years. The valuation was as follows:

Real estate.....	\$10,053,602.61
Personal property.....	<u>1,162,575.14</u>
Total.....	11,216,177.75

This is an increase of \$855,529.75 over the previous year.

## RECOMMENDATIONS

## EMPLOYEES' RESIDENCE

Before placing in service the two new buildings for senile and tuberculous patients respectively, now under construction adjacent to the Dormitory Building, it becomes imperative that suitable living quarters be supplied for ward employees of this group. Accordingly, I am asking that a sufficient sum be appropriated to construct and furnish an employees' residence to house 125, men and women. The most suitable location appears to be that now occupied by the horse barns and tool sheds at the front of the Dormitory Building on the north side of the driveway. Obviously, these farm buildings should be near the dairy barns and not close to the residence buildings and kitchens, so either the

appropriations for the employees' residence should be sufficient to include moving and reconstructing these barns and sheds, or else a separate appropriation should be provided for this purpose.

#### HOUSING FOR PHYSICIANS

The construction of separate cottages for physicians should be continued until all of the senior doctors are provided with such quarters. It is only by offering living conditions measurably comparable to those which men of like training and ability provide for themselves and their families outside the institutional field that a State hospital can hope to keep the experienced, settled physicians who are essential to a staff if the patients are to be cared for properly.

#### CENTRAL GARAGE

As the number of trucks and passenger cars belonging to the hospital is greatly in excess of the storage space available in the garage, an old coach stable is being used to house as many as can be packed inside, since to leave these valuable vehicles unsheltered at night or in cold or stormy weather is to run the risk not only of damage by weathering, but also of loss by theft. As the building was designed for horses and carriages, it is so constructed that it is impossible to take out any one car without a great deal of manipulation, and usually several others have to be moved in the process. Finally, the building is of wood and the fire hazard is very great, so that even the constant presence of a watchman does not insure safety. I accordingly recommend that a sufficient sum be appropriated to erect a suitable storage garage on the site of the present coach stable.

#### COLD STORAGE ROOM IN STOREHOUSE

Since under the system of quarterly purchases large supplies of cereals and similar foodstuffs have to be housed at the storehouse, a suitable cold room should be provided for them. In the warm damp weather to be expected during the summer months, deterioration is rapid in such bulk goods, and mould and insects frequently entail considerable loss. I accordingly

recommend that an appropriation be made for a cold storage room at the storehouse.

#### LODGE HOUSE AND GATES

During the past year since the new Center Road was opened we have been greatly annoyed by speeding automobiles. The road makes a sharp curve at the top of a hill near the cottages occupied by physicians, and there is constant danger of a collision. Drivers frequently report being crowded off the road by reckless speeders at this turn. Also there are groups of patients constantly employed along the Center Road, summer and winter; many of them not capable of exercising normal caution, and for that reason all drivers of automobiles should be compelled to proceed slowly and with more than usual care. While legitimate visitors and those sincerely interested in seeing the institution are always welcome, there are certain types which should be barred from the State property. These include curiosity seekers of the kind that peer through the fences of the exercising yard for disturbed patients and endeavor to pass in articles, often of a dangerous character; also people who feel that State property is common property and therefore take fruit and vegetables, and even small trees and plants from the flower beds; and finally, men who accost all women walking alone or in pairs and endeavor to persuade them to enter automobiles. Satisfactory control of the road situation can be obtained only by the establishment of a suitable lodge house and gate at the entrance to the hospital property on Center Road and by the placing of proper gates at all other entrances.

#### UNCLIMBABLE FENCE

For the reasons given in the above paragraph, the enclosing of the hospital property with unclimbable fence should be continued until complete protection is assured.

#### TREES AND SHRUBS FOR LANDSCAPING

In order that the newer buildings of the hospital may have as attractive surroundings as the older ones, suitable trees and shrubbery should be planted about them. Also, the maple trees

along Center Road, which add greatly to the appearance of the entrance driveway and to the comfort of all patients, employees and visitors walking there during the heat of summer, are beginning to age, and provision should be made for replacement as rapidly as it becomes necessary. Accordingly, I recommend that a sufficient fund be set aside for the purchase of trees and shrubs for landscaping.

#### FARM AND GARDEN

If possible, a productive farm should be purchased within three or four miles of the institution with sufficient pasture for the young and dry stock from the dairy and with hay lands and garden area. The expansion of the hospital plant has constantly encroached upon the already small amount of tillage until it is impossible to maintain adequate production. For several years we have been unable to cut hay to any considerable amount and the gardens have already been reduced in size by the land required for buildings and will next year lose further area by the erection of the tuberculosis building. Our pasture is sufficient only for an exercising ground and provides practically no feed. For the past two years pasturage has been rented in Morris Plains, as even the considerable charge made is less than the cost of feeding hay to young and dry stock all summer. At present I feel that if the farm and dairy are to be continued without operating at a loss, additional suitable land must be acquired. The present piggery is not of the most modern type, and we are in constant fear of an epidemic, particularly of cholera. If a farm is purchased, an up-to-date piggery should be erected there where ample space for outdoor runs will be available. Otherwise, the present piggery should be entirely remodeled.

#### APPOINTMENTS AND RESIGNATIONS

##### *Resident Physicians Appointed:*

Arthur R. Stevenson, M. D., August 1, 1928.

Elsworth Baker, M. D., August 1, 1928.

Jack Brenner, M. D., August 27, 1928.

Frederick S. Lawson, M. D., October 1, 1928.

Theodore B. Dunn, M. D., May 30, 1929.

*Non-Resident Physicians Appointed:*

John H. Cassity, M. D., Assistant, Mental Hygiene Clinics, August 16, 1928.

Earl W. Fuller, M. D., Director, Mental Hygiene Clinics, June 16, 1929.

*Resident Physicians' Resignations:*

W. W. Senn, M. D., July 25, 1928.

Arthur R. Stevenson, M. D., February 22, 1929.

*Non-Resident Physicians' Resignations:*

Philip J. Trentzsch, M. D., Director, Mental Hygiene Clinics, May 31, 1929.

*Other Resident Officers Appointed:*

\*Beatrice M. Ford, Directress of Physical Education, March 16, 1929.

Stella A. McClurkin, Acting Directress of Occupational Therapy on Wards, March 16, 1929.

*Other Resident Officers' Resignations:*

Rebecca A. Adams, Directress of Occupational Therapy on Wards, March 9, 1929.

—\*Had been "acting" and appointment made permanent.

## LOSS OF EMPLOYEES

During the past year there have been no retirements of employees under the State pension system. Two old employees have died in the service. On October 15, 1928, Mr. Frode Heiman died after having been in the employ of the institution over twenty-nine years, first from September 2, 1898, to May 31, 1915, and again from June 14, 1916, until the time of his death. The break in his period of employment was due to illness. He was a man of education and ability and had served in a variety of capacities, as attendant, supervisor, laboratory technician, for several years as acting pharmacist when the regular incumbent was on vacation, and more recently after the force was increased in size as second assistant pharmacist on regular duty. Mr. Heiman has been greatly missed at the institution, particularly in the drug room.

On June 11, 1929, Mr. William J. Littell, senior statistical clerk, died after a brief illness. He had been an employee since July 5, 1902, and had become invaluable in the Record Room where his extreme accuracy and care in all statistical matters were proverbial. In addition, he was possessed of legal training and had thoroughly familiarized himself with all New Jersey laws having to do with the commitment of insane patients and with this institution in particular, so that he could readily locate page and line reference for all unusual circumstances requiring decisions. His experience and background were such that he could also handle the routine reports, correspondence dealing with legal and contractual matters, and affidavits regarding patients, with only the most cursory dictation. Naturally, his loss has been keenly felt, since it will be impossible to find a successor combining all these highly useful institutional qualifications. Mr. Littell numbered many friends among the officers and employees of the hospital who appreciated his many excellent qualities and enjoyed his culture and his accounts of unusual experiences, which included arctic explorations.

In addition to these two employees of long service, there were three other who died at the institution from natural causes during the year: Myra Bross, a charge female attendant, died on January 27, 1929, having been in the service since July 8, 1924; Helen Cornatzer, laundry worker, died February 4, 1929, having been employed since October 10, 1927; Ella Maguire, laundry worker, died May 14, 1929, having been employed since May 15, 1923.

Two employees met accidental deaths during the year. Nora Baker, a female attendant who had entered the service of the institution on December 28, 1928, was killed on March 30, 1929, by a fall down an elevator shaft. She was on duty at the Dormitory Building and early in the evening was called to the supervisor's office to get some clothing. She came, accompanied by an Italian woman patient, and assisted by the patient took the clothing to the elevator and up to the third floor. There she took the clothing off the elevator and let the patient into the ward. What happened thereafter is not clear, but she evidently returned

to the elevator, possibly for her glasses as they were found on the floor and she was nearsighted; the elevator door had been left open and apparently the elevator had not been stopped properly and had continued to the fourth floor. The supervisor heard a noise in the shaft and found the young woman in a dying condition at the bottom of the elevator pit. Even with the aid of an interpreter no enlightening information could be obtained from the Italian woman as she had not witnessed the accident. The matter was thoroughly investigated by resident officers, the Board of Managers, the Commissioner and his office, the coroner, and members of the Prosecutor's staff. The verdict reached was that death was due to most unfortunate negligence on the part of the employee. Although no blame attached to the institution, in view of the fact that the accident occurred while in the performance of duty, the State Workman's Compensation Bureau arranged that Miss Baker's family should be given about \$1,400 which was obtained from the appropriation for salaries and wages.

Reuben Lee, houseman, entered the service of the hospital on March 30, 1929, and was drowned on June 24, 1929. He was employed in the large kitchen and, like many other employees, was accustomed to go to an old reservoir on the hospital property to swim from time to time when off duty. This reservoir is not regularly connected with the hospital water supply, but is retained and allowed to keep full of water as an extra reserve in case of fire or other emergency. Mr. Lee was considered a competent swimmer, but went down from some unknown cause and was drowned before he could be reached. A physician with pulmotor was summoned immediately, and the State Police were also called. All attempts at resuscitation failed, and the coroner's verdict was death by accidental drowning.

#### DISTINGUISHED VISITORS

The institution has been more than usually fortunate in the number of distinguished persons who have visited it during the past year. State officials include Governor Larson, Comptroller McCutcheon, Treasurer Middleton, Mr. Johnston, Secretary of the Senate, former Comptroller Bugbee, State Purchasing Agent

Quigley and his assistant, Mr. A. P. Lambert. Early in February the joint Appropriations Committee visited the institution, held an evening meeting, spent the night at the hospital, and made an inspection the following forenoon; they were accompanied by Mr. John A. Reddan and Mr. John C. Feil, budget officers, Mr. E. Bertram Mott, chairman of the Republican State Committee, Senator Frank D. Abell and Mrs. Abell, Mr. Earle, president of the State Board of Control, Commissioner Ellis, and members of the local Board of Managers.

Mr. Earle has paid frequent visits to the hospital throughout the year, as has also Dr. Ambrose F. Dowd, member of the State Board of Control. Other members of the Board who have visited the institution include Mr. Frank A. Fetridge, and Mrs. Adeline S. Y. Lawrence. Commissioner Ellis has been most generous of his time, has responded to all requests for his presence at consultations and committee meetings, has accompanied numerous delegations to the hospital, and has kept in close touch with the affairs of this institution throughout the year. Members of the central office have likewise made frequent trips of inspection to the hospital, including Mr. Charles Leatham, of the Division of Architecture and Construction, Captain George Geiger, George Holbig, Steward, and Mr. Houston, Mr. Gerry, Dr. Jones, Mr. Smith and Mr. Mills.

Many of our visitors have been those connected with other institutions in the state, as Dr. Henry A. Cotton, Medical Director of the State Hospital at Trenton, Warden Samuel T. Atchley of the same institution; Dr. David F. Weeks, Superintendent of the State Village for Epileptics at Skillman, until his death in March; Dr. Dan S. Renner, his successor; Mr. Herman F. Moosebrugger, President of the Board of Managers; Mr. George B. Thorn, Superintendent of the State Institution for Feeble-minded at Vineland; Prof. E. I. Johnstone, Superintendent of the Training School at Vineland, and Mrs. Johnstone; Dr. Samuel B. English, of the State Sanatorium at Glen Gardner; Mr. A. H. Meese, Superintendent of the North Jersey Training School at Totowa, and Dr. Guy Payne, Superintendent of Essex County Hospital at Overbrook. Dr. Edward Guion, Superintendent of the Atlantic

County Hospital for the Insane, spent some time at this institution in December studying the methods and regime.

Among those connected with institutions for nervous and mental diseases outside this state who have visited us during the year was Dr. L. C. Graves of Rubery Hill Mental Hospital, Birmingham, England. Dr. Graves expressed himself as much pleased with this hospital, especially with the Reception Building, which he said was superior to anything of the kind that he had seen either in this country or abroad. Others were Dr. George M. Kline, Commissioner of the Massachusetts Department of Mental Diseases; Dr. Robert C. Woodman, Superintendent of Middletown State Hospital, Middletown, N. Y.; Dr. Ralph T. Hinton, Superintendent of Elgin State Hospital, Illinois; Dr. Louis Francisco Ross, Superintendent of Richmond State Hospital, Richmond, Indiana; Dr. James Milligan, Superintendent of Madison State Hospital, Madison, Indiana; Mr. John A. Brown, Secretary of the Board of State Charities, Indianapolis, Indiana; Dr. George A. Wright, Mr. Walter E. Johnstone, Miss Catherine Cambell and Miss Jennie Johnstone of Southwestern State Hospital, Marion, Virginia; and Dr. Barnes, Dr. Shockley, Col. Head and Mr. McEvoy of the United States Veterans' Bureau.

Other distinguished visitors included Mr. Thomas B. Kidner of the National Committee for Mental Hygiene; Mr. H. V. Kaltenborn, associate editor of the Brooklyn Daily Eagle; Mr. George Fry of the American Laundry Company; Miss Blanche Elden, Superintendent of Nurses of Mercer Hospital, Trenton, and Mr. Fred W. Haffinger, Superintendent of the hospital; Mrs. Marion Brockway, House Mother of the Metropolitan Life Insurance Company; the League of Women Voters of Plainfield and the Grand Jury of Bergen County.

Senator Frank D. Abell of Morris County and Assemblyman David Young, Jr. of this district have kept in close touch with the affairs of the hospital throughout the year. We have been visited frequently by members of the Board of Freeholders of the different counties in our district, and by numerous others interested in the welfare of certain patients under our care or in the institution as a whole.

## ACKNOWLEDGMENT

During the past year many thousands of gifts to our patients have testified to the generosity of the people of New Jersey. The Posts of the American Legion and the Women's Auxiliaries and Mothers' Guilds have been very liberal with donations and entertainments. Service clubs all over this section of the State have given tobacco, candy and reading matter, and other groups and individuals, far too numerous to be enumerated here, have constantly sent articles in great variety to be distributed among occupational classes, wards, and needy patients. A consistent effort has been made to have each donation acknowledged either by letter or card of thanks from the Superintendent or through the columns of The PSYCHOGRAM. In every case when a gift was sent in with no specified destination, the recipient has been selected with care, so that the article has made some patient happier in the way in which the donor intended. I wish to take this opportunity of placing on record my deep appreciation of the thoughtfulness and kindness of heart which prompted so many separate acts of benevolence. Also, I wish to express my appreciation to the members of the Board of Managers and the many resident officers and employees who have contributed generously to wards, groups and individuals, often at the cost of personal inconvenience or deprivation, but always simply because they saw a way to bring more joy or contentment into narrowed lives and acted without thought of credit or commendation.

## CONCLUSION

Our ideal for the hospital plant includes suitable quarters for every patient, officer and employee; adequate service systems throughout; and up-to-date treatment facilities for all types of physical and mental disorders. The past year has seen measurable progress along these lines, although the ideal is still far from attainment. We have also progressed somewhat in the equally great problem of securing a sufficient personnel, suited by temperament and training for the exacting and delicate work of

rehabilitation, although here, too, there is still much to be desired in the way of further improvement.

Along with this gratifying degree of advancement, we have this year encountered the greatest disaster in the history of the institution, but a disaster which by a miracle of good fortune was limited to building and equipment where it might have been marked by great suffering and loss of life. Such is our gratitude for this escape that we almost count the fire among the year's blessings, particularly as it now seems that State officials and an aroused public will remain keenly fire conscious until not only this hospital but every institution in New Jersey housing State wards is made actually fireproof, so that there can be no repetition of May 6 in a more dreadful form.

No words are adequate to express my appreciation of the conduct of the resident officers and employees throughout the period of the fire. Physicians, fire-fighters, nurses, attendants, teachers of physical training, engineers, mechanics,—all were at the posts where they belonged and all did vitally important service to the institution and to the State. The friendliness and sympathy manifested by residents of near-by communities was a heart-warming indication of the attitude of the best type of people toward the hospital, and the newspapers throughout the State took a most enlightened position. Representatives of other institutions were almost immediately on the scene with offers of any assistance that lay in their power, and all public officials, from the Governor to the County Freeholders, were most co-operative. The Commissioner, Mr. Earle, and members of the Central Office staff gave lavishly of their time and thought to solving the resultant problems which brought additional weight to their already overburdened shoulders.

So, as I bring to a close my ninth annual report and the fifty-fourth of the institution, I am exceedingly grateful to the resident officers and employees, the consulting staff, those connected with the various State departments, all who have contributed in fine measure, according to their several positions, to make the year one marked by advancement in the right direction, toward the goal of the best possible service to the patients who

are entrusted to this hospital. Especially am I grateful to the Commissioner for his infectious courage, his sense of proportion, his saving humor and his personal friendship; and to you of the Board of Managers for your unfailing endeavors and your constant willingness to give up time and energy from your busy lives to work and plan with each other and with the resident officers for the betterment of the institution. As for your personal attitude toward your Superintendent, I wish to thank you as a Board and as individuals for your forbearance and patience, your consistent support and your much prized friendship.

Respectfully submitted,

MARCUS A. CURRY,  
Superintendent.

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**STATISTICAL APPENDIX TO CHIEF EXECUTIVE OFFICER'S  
REPORT**

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TABLE 1.

GENERAL INFORMATION

Data correct at end of hospital year, June 30, 1929

1. Date of opening as a hospital for mental diseases.....	August 17, 1876
2. Type of hospital.....	State
3. Hospital plant—	
Value of hospital property:	
Real estate, including buildings.....	\$10,053,602.61
Personal property.....	1,162,575.14
Total.....	<u>\$11,216,177.75</u>
Total acreage of hospital property owned.....	929.49
Additional acreage rented.....	None
Total acreage under cultivation during previous year.....	237.03

4. OFFICERS AND EMPLOYEES

Actually in Service at End of Year

	Males	Females	Total
Superintendents.....	1	..	1
Clinical directors.....	2	..	2
Assistant physicians.....	22	1	23
Pathologists.....	1	..	1
Consulting surgeons.....	1	..	1
Total physicians.....	<u>27</u>	<u>1</u>	<u>28</u>
Business managers.....	1	..	1
Assistant to Chief Executive Officer.....	1	..	1
Resident dentists.....	2	..	2
Consulting dentists.....	1	..	1
Pharmacists.....	2	..	2
Engineer.....	1	..	1
Graduate nurses.....	5	42	47
Superintendent of Nurses.....	..	1	1
Other nurses and attendants.....	191	169	360
Occupational therapists.....	8	18	26
Social workers.....	..	10	10
Teachers of Physical Training.....	1	11	12
All other officers and employees.....	298	95	393
Total officers and employees.....	<u>538</u>	<u>347</u>	<u>885</u>

TABLE I. (Continued.)  
5. CENSUS OF PATIENT POPULATION AT END OF YEAR

	Actually in Hospital			Absent from Hospital but Still on Books		
	Males	Females	Total	Males	Females	Total
White—						
Insane .....	1,690	1,769	3,459	138	183	321
Epileptics .....	.....	.....	.....	..	..	..
Mental defectives .....	3	2	5	..	..	..
Alcoholics .....	.....	.....	.....	..	..	..
Drug addicts .....	.....	.....	.....	..	..	..
Neurosyphilitics (without psychosis) .....	.....	.....	.....	..	..	..
All other cases .....	.....	.....	.....	..	..	..
<b>Total .....</b>	<b>1,693</b>	<b>1,771</b>	<b>3,464</b>	<b>138</b>	<b>183</b>	<b>321</b>
Other Races—						
Insane .....	87	95	182	11	19	30
Epileptics .....	.....	.....	.....	..	..	..
Mental defectives .....	.....	.....	.....	..	..	..
Alcoholics .....	.....	.....	.....	..	..	..
Drug addicts .....	.....	.....	.....	..	..	..
Neurosyphilitics (without psychosis) .....	.....	.....	.....	..	..	..
All other cases .....	.....	.....	.....	..	..	..
<b>Total .....</b>	<b>87</b>	<b>95</b>	<b>182</b>	<b>11</b>	<b>19</b>	<b>30</b>
<b>Grand total .....</b>	<b>1,780</b>	<b>1,866</b>	<b>3,646</b>	<b>149</b>	<b>202</b>	<b>351</b>
6. Patients under treatment in occupational therapy classes, including physical training, on date of report .....				275	1,170	1,445
7. Other patients employed in general work of hos- pital on date of report .....				796	625	1,421
8. Average daily number of all patients actually in hospital during year .....			1,787.46	1,838.11	3,625.57	
9. Voluntary patients admitted during year .....			52	51	103	
10. Persons given advice or treatment in out-patient clinics during year .....			1,008	871	1,879	

TABLE II.

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 1929

RECEIPTS

Balance on hand from previous fiscal year.....	\$.....
Received from appropriations.....	2,323,947.50
Received from paying patients.....	184,582.57
Received from all other sources.....	525,224.66
<b>Total receipts.....</b>	<b>\$3,033,754.73</b>

DISBURSEMENTS

1. Expenditures for maintenance of patients:		
Salaries and wages.....	\$927,893.70	
Provisions (food).....	360,000.00	
Fuel, light and water.....	115,073.05	
All other expenditures for maintenance.....	366,210.02	
Total expenditures for maintenance.....		\$1,769,176.77
2. Expenditures for all purposes other than maintenance, including new buildings, other additions and permanent betterments.....		541,367.05
3. Expenditures for repayment of loans and interest on loans.....		.....
Total expenditures.....		\$2,310,543.82
Amount returned to State Treasurer.....		723,210.91
Balance on hand at close of year.....		.....
<b>Total disbursements.....</b>		<b>\$3,033,754.73</b>

TABLE III.

## MOVEMENT OF INSANE PATIENT POPULATION

For year beginning July 1, 1928, and ended June 30, 1929

	Males	Females	Total
1. Patients on records of hospital at beginning of hospital year:			
a—In hospital.....	1,847	1,812	3,659
b—On parole or otherwise absent.....	145	160	305
Total.....	1,992	1,972	3,964
2. Admissions during year:			
a—First admissions.....	341	389	730
(Includes all patients admitted for the first time to any hospital for mental diseases, public or private, wherever situated, in or outside of State, excepting institutions for temporary care.)			
b—Readmissions.....	72	68	140
(Includes all patients admitted who have been previously under treatment in a hospital for mental diseases excepting transfers and patients who have received treatment only in institutions for temporary care.)			
c—Transfers from other hospitals for mental diseases.....	14	5	19
(Includes all patients coming directly from any other hospital for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
3 Total received during year.....	427	462	889
(Includes total of items 2 a, b and c.)			
4. Total on books during year.....	2,419	2,434	4,853
(Includes total of items 1 and 3.)			

TABLE III. (Continued.)

5. Discharged from books during year:			
(Does not include patients away from hospital on parole, on visit, or on other temporary leave from hospital.)			
a—As recovered.....	93	109	202
b—As improved.....	195	80	275
(Does not include transfers.)			
c—As unimproved.....	9	15	24
(Includes all patients discharged not benefited by treatment, exclusive of transfers.)			
d—As without psychosis.....	22	4	26
(Includes all discharged patients who are found to have had no psychosis.)			
e—Transferred to other hospitals for mental diseases.....	9	5	14
(Includes all patients sent directly to any other hospital for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
f—Died during year.....	162	153	315
6. Total discharged, transferred and died during year.....	490	366	855
(Includes total of items 5 a, b, c, d, e and f.)			
7. Patients remaining on books of hospital at end of hospital year:			
a—In hospital.....	1,780	1,866	3,646
b—On parole or otherwise absent.....	149	202	351
Total.....	1,929	2,068	3,997

TABLE IV.

NATIVITY OF FIRST ADMISSIONS AND OF PARENTS OF FIRST ADMISSIONS

Nativity	Patients			Parents of Male Patients			Parents of Female Patients		
	Males	Females	Total	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States....	202	244	446	110	114	103	134	145	119
Africa.....	1	1	2	..	..	..	1	1	1
*Asia.....	..	..	..	..	..	..	..	..	..
Australia.....	..	..	..	..	..	..	..	..	..
Austria.....	10	11	21	15	15	15	15	12	12
Belgium.....	..	..	..	..	..	..	..	..	..
†Canada.....	1	3	4	3	2	2	4	3	2
Central America..	..	..	..	..	..	..	..	..	..
China.....	1	..	1	2	2	2	..	..	..
Czecho-Slovakia..	2	3	5	2	2	2	6	6	6
Cuba.....	..	..	..	..	..	..	..	2	2
Denmark.....	..	1	1	..	..	..	3	2	2
England.....	6	6	12	12	11	9	9	12	6
*Europe.....	..	..	..	..	..	..	..	..	..
Finland.....	..	..	..	1	1	1	..	..	..
France.....	4	3	7	6	4	3	5	4	3
Germany.....	16	25	41	31	31	27	47	41	35
Greece.....	2	1	3	2	2	2	1	1	1
Holland.....	2	2	4	5	5	5	3	3	3
Hungary.....	8	6	14	9	8	8	7	7	7
India.....	..	..	..	..	..	..	..	..	..
Ireland.....	7	16	23	32	29	25	43	46	34
Italy.....	27	16	43	36	38	34	24	24	24
Japan.....	..	..	..	..	..	..	..	..	..
Jugo-Slavia.....	..	..	..	1	1	1	..	..	..
Mexico.....	..	..	..	..	..	..	..	..	..
Norway.....	1	2	3	1	1	1	2	2	2
Philippine Islands	..	..	..	..	..	..	..	..	..
Poland.....	23	17	40	29	28	28	22	21	21
Porto Rico.....	..	..	..	..	..	..	..	..	..
Portugal.....	2	..	2	2	2	2	..	..	..
Roumania.....	..	2	2	..	..	..	2	2	2
Russia.....	10	14	24	13	13	13	20	18	18
Scotland.....	3	7	10	6	7	6	10	7	7
South America....	1	..	1	3	2	2	..	..	..
Spain.....	4	..	4	4	4	4	..	..	..
Sweden.....	2	1	3	3	3	2	6	5	5
Switzerland.....	..	3	3	..	..	..	4	5	4
Turkey-in-Asia..	..	..	..	..	..	..	..	..	..
Turkey-in-Europe	1	..	1	1	1	1	..	..	..
Wales.....	..	..	..	..	1	..	2	1	..
†West Indies....	3	4	7	2	2	2	4	4	4
Other countries...	..	..	..	..	..	..	..	..	..
Unascertained....	2	1	3	10	12	9	15	17	11
Total.....	341	389	730	341	341	309	389	389	329

\*Not otherwise specified. †Includes Newfoundland. ‡Except Cuba and Porto Rico.

4-a

TABLE IV.—a.

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO NATIVITY AND LENGTH OF RESIDENCE IN THE UNITED STATES OF THE FOREIGN BORN

AGE GROUPS	NATIVE BORN													FOREIGN BORN													Nativity unascertained												
	Aggregate			Total			PARENTAGE						Total			TIME IN UNITED STATES BEFORE ADMISSION																							
							Native			Foreign						Mixed			Unascertained			Under 5 years			5-9 years			10-14 years			15 years and over			Unascertained					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Under 15 years ..	1	1	2	1	1	2	1	..	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
15-19 years ....	19	15	34	19	14	33	8	2	10	9	7	16	2	4	6	..	1	1	12	9	21	3	4	7	2	3	5	..	..	..	5	2	7	2	..	2	1	..	1
20-24 years ....	35	39	74	22	30	52	6	15	21	10	13	23	5	1	6	1	1	2	10	19	29	3	5	8	4	6	10	1	..	1	1	8	9	1	..	1	..	..	..
25-29 years ....	35	47	82	25	28	53	15	16	31	9	6	15	1	6	7	..	..	..	8	18	26	3	2	5	2	3	5	..	2	2	2	11	13	1	..	1	..	..	..
30-34 years ....	19	44	63	11	26	37	7	9	16	3	6	9	..	11	11	1	..	1	26	16	42	3	..	3	3	1	4	1	1	2	15	13	28	4	1	5	..	..	..
35-39 years ....	44	41	85	18	25	43	11	15	26	3	10	13	3	..	3	1	..	1	8	12	20	..	..	..	1	1	2	2	..	2	5	10	15	1	1	2	..	..	..
40-44 years ....	41	33	74	20	16	36	10	7	17	8	4	12	2	4	6	..	1	1	21	16	37	..	..	..	..	..	..	2	..	2	16	15	31	2	..	2	..	1	1
45-49 years ....	22	34	56	14	22	36	10	9	19	3	5	8	1	6	7	..	2	2	8	12	20	..	1	1	..	..	..	2	..	2	5	10	15	1	1	2	..	..	..
50-54 years ....	39	32	71	18	18	36	8	9	17	7	5	12	3	4	7	..	..	..	21	14	35	..	..	..	..	1	1	2	..	2	18	13	31	1	..	1	..	..	..
55-59 years ....	30	18	48	15	12	27	7	6	13	5	3	8	3	2	5	..	1	1	15	6	21	1	..	1	1	..	1	3	..	3	10	6	16	..	..	..	..	..	..
60-64 years ....	13	24	37	10	14	24	2	6	8	4	3	7	2	5	7	2	..	2	3	10	13	..	..	..	..	..	..	..	1	1	3	9	12	..	..	..	..	..	..
65-69 years ....	16	16	32	11	8	19	5	6	11	4	1	5	..	1	1	2	..	2	5	8	13	..	..	..	1	..	1	..	..	..	2	7	9	2	1	3	..	..	..
70 years and over	25	44	69	17	29	46	11	19	30	4	4	8	..	4	4	2	2	4	8	15	23	1	..	1	..	..	..	..	1	1	7	10	17	..	4	4	..	..	..
Unascertained....	2	1	3	1	1	2	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Total.....	341	389	730	202	244	446	102	119	221	69	67	136	22	49	71	9	9	18	137	144	281	14	13	27	14	15	29	11	5	16	84	104	188	14	7	21	2	1	3

TABLE V.

## CITIZENSHIP OF FIRST ADMISSIONS

	Males	Females	Total
Citizens by birth.....	202	244	446
Citizens by naturalization.....	27	59	86
Aliens.....	69	55	124
Citizenship unascertained.....	43	31	74
Total.....	341	389	730

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS

<i>Psychoses</i>	M.	F.	T.	M.	F.	T.
1. TRAUMATIC PSYCHOSES.....				6	1	7
2. SENILE PSYCHOSES.....				16	28	44
3. PSYCHOSES WITH CEREBRAL ARTERIOSCLEROSIS.....				69	80	149
4. GENERAL PARALYSIS.....				49	8	57
5. PSYCHOSES WITH CEREBRAL SYPHILIS.....				3	6	9
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....						
7. PSYCHOSES WITH BRAIN TUMOR.....				1		1
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES, total.....				6	7	13
a. Cerebral embolism.....						
b. Paralysis agitans.....						
c. Meningitis, tubercular or other forms.....						
d. Multiple sclerosis.....						
e. Tabes dorsalis.....						
f. Acute chorea.....						
g. Other diseases.....	6	7	13			
9. ALCOHOLIC PSYCHOSES, total.....				18	2	20
a. Delirium tremens.....	5		5			
b. Korsakow's psychosis.....	1		1			
c. Acute hallucinosis.....	9	2	11			
d. Other types, acute or chronic.....	3		3			

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
10. PSYCHOSES DUE TO DRUGS AND OTHER EXOGENOUS TOXINS, total.....	..	..	1	2	2	4
a. Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined.....	1	2	3	..	..	..
b. Metals, as lead, arsenic, etc.....	..	..	..	..	..	..
c. Gases.....	..	..	..	..	..	..
d. Other exogenous toxins.....	1	..	1	..	..	..
11. PSYCHOSES WITH PELLAGRA.....	..	..	..	..	..	..
12. PSYCHOSES WITH OTHER SOMATIC DISEASES, total.....	..	..	..	11	23	34
a. Delirium with infectious diseases...	..	..	..	..	..	..
b. Post-infectious psychosis.....	2	..	2	..	..	..
c. Exhaustion delirium.....	1	3	4	..	..	..
d. Delirium of unknown origin.....	..	2	2	..	..	..
e. Cardio-renal diseases.....	4	8	12	..	..	..
f. Diseases of the ductless glands.....	..	..	..	..	..	..
g. Other diseases or conditions.....	4	10	14	..	..	..
13. MANIC-DEPRESSIVE PSYCHOSES, total. . .	..	..	..	45	77	122
a. Manic type.....	24	24	48	..	..	..
b. Depressive type.....	11	28	39	..	..	..
c. Other types.....	10	25	35	..	..	..
14. INVOLUTION MELANCHOLIA.....	..	..	..	6	11	17
15. DEMENTIA PRÆCOX (schizophrenia).. . .	..	..	..	67	104	171
16. PARANOIA AND PARANOID CONDITIONS.....	..	..	..	1	7	8
17. EPILEPTIC PSYCHOSES.....	..	..	..	6	6	12
18. PSYCHONEUROSES AND NEUROSES, total.....	..	..	..	3	6	9
a. Hysterical type.....	1	2	3	..	..	..
b. Psychasthenic type (anxiety and obsessive forms).....	2	4	6	..	..	..
c. Neurasthenic type.....	..	..	..	..	..	..
d. Other types.....	..	..	..	..	..	..

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
19. PSYCHOSES WITH PSYCHOPATHIC PERSONALITY .. .. .	..	..	..	11	4	15
20. PSYCHOSES WITH MENTAL DEFICIENCY .. .. .	..	..	..	2	8	10
21. UNDIAGNOSED PSYCHOSES .. .. .	..	..	..	6	6	12
22. WITHOUT PSYCHOSIS, total .. .. .	..	..	..	14	2	16
a. Epilepsy without psychosis .. .. .	..	..	..	..	..	..
b. Alcoholism without psychosis .. .. .	3	..	3	..	..	..
c. Drug addiction without psychosis .. .. .	1	..	1	..	..	..
d. Psychopathic personality without psychosis .. .. .	2	1	3	..	..	..
e. Mental deficiency without psychosis .. .. .	..	..	..	..	..	..
f. Others .. .. .	8	1	9	..	..	..
Total .. .. .	..	..	..	341	389	730







TABLE IX.

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO  
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Illiterate			Reads and writes*			Common school			High school			College			Unascertained			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic.....	6	1	7				1		1	5	1	6										
2. Senile.....	16	28	44	1	1	2				9	12	21					1	1	6	14	20	
3. With cerebral arteriosclerosis....	69	80	149	3		3	6	10	16	46	38	84		7	7		1	1	14	24	38	
4. General paralysis....	49	8	57	1		1	5	1	6	27	5	32	5		5				11	2	13	
5. With cerebral syphilis.....	3	6	9		1	1	1	1	2	2	3	5		1	1							
6. With Huntington's chorea.....																						
7. With brain tumor...		1	1								1	1										
8. With other brain or nervous diseases..	6	7	13		1	1		1	1	3	4	7	1	1	2	1		1	1	1	1	
9. Alcoholic.....	18	2	20	1		1	4		4	11	1	12							2	1	3	
10. Due to drugs & other exogenous toxins.	2	2	4	1		1					1	1	1	1	2							
11. With pellagra.....																						
12. With other somatic diseases.....	11	23	34		1	1	3	1	4	6	12	18	1	1	2		2	2	1	6	7	
13. Manic-depressive...	45	77	122	1		1	7	11	18	28	47	75	3	15	18	1		1	5	4	9	
14. Involution melancholia.....	6	11	17		1	1		1	1	3	9	12	2		2	1		1	3	3	6	
15. Dementia præcox...	67	104	171	2	4	6	6	18	24	49	57	106	7	18	25		4	4				
16. Paranoia or paranoid conditions...	1	7	8								1	4	5	3	3							
17. Epileptic psychoses.	6	6	12		1	1		3	3	6	2	8										
18. Psychoneuroses and neuroses.....	3	6	9							2	4	6		2	2					1	1	
19. With psychopathic personality.....	11	4	15				2		2	7	1	8		3	3	1		1	1		1	
20. With mental deficiency.....	2	8	10	1	3	4		4	4	1	1	2										
21. Undiagnosed psychoses.....	6	6	12		1	1	2	1	3	3	4	7								1	1	
22. Without psychosis..	14	2	16	1		1				12	1	13	1	1	2							
Total.....	341	389	730	12	14	26	37	52	89	221	208	429	21	53	74	4	8	12	46	54	100	

\*Includes those who did not complete fourth grade in school

TABLE X.

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO  
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Urban			Rural			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	6	1	7	4	1	5	2		2			
2. Senile .....	16	28	44	11	26	37	4	2	6			1
3. With cerebral arteriosclerosis ...	69	80	149	65	69	134	3	10	13	1		2
4. General paralysis ...	49	8	57	48	7	55	1	1	2			
5. With cerebral syphilis .....	3	6	9	3	5	8		1	1			
6. With Huntington's chorea .....												
7. With brain tumor...		1	1		1	1						
8. With other brain or nervous diseases..	6	7	13	6	7	13						
9. Alcoholic .....	18	2	20	17	2	19	1		1			
10. Due to drugs & other exogenous toxins.	2	2	4	2	2	4						
11. With pellagra.....												
12. With other somatic diseases .....	11	23	34	11	18	29		5	5			
13. Manic-depressive ...	45	77	122	40	73	113	3	4	7	2		2
14. Involution melan- cholia .....	6	11	17	6	9	15		1	1		1	1
15. Dementia præcox...	67	104	171	63	98	161	3	6	9	1	1	1
16. Paranoia or para- noid conditions...	1	7	8	1	6	7		1	1			
17. Epileptic psychoses.	6	6	12	5	6	11	1		1			
18. Psychoneuroses and neuroses .....	3	6	9	2	6	8				1		1
19. With psychopathic personality .....	11	4	15	11	4	15						
20. With mental deficiency .....	2	8	10	1	6	7	1	2	3			
21. Undiagnosed psychoses .....	6	6	12	6	5	11		1	1			
22. Without psychosis...	14	2	16	13	2	15	1		1			
Total .....	341	389	730	315	353	668	20	34	54	6	2	8

TABLE XI.

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO  
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Dependent			Marginal			Comfortable			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	6	1	7				5		5	1	1	2			
2. Senile.....	16	28	44	6	9	15	7	18	25	3	1	4			
3. With cerebral arteriosclerosis...	69	80	149	7	13	20	57	51	108	5	15	20		1	1
4. General paralysis...	49	8	57		1	1	43	6	49	5	1	6	1		1
5. With cerebral syphilis.....	3	6	9				3	5	8		1	1			
6. With Huntington's chorea.....															
7. With brain tumor...		1	1					1	1						
8. With other brain or nervous diseases..	6	7	13		1	1	5	6	11	1		1			
9. Alcoholic.....	18	2	20				16	2	18	2		2			
10. Due to drugs & other exogenous toxins..	2	2	4				1	2	3	1		1			
11. With pellagra.....															
12. With other somatic diseases.....	11	23	34				8	22	30	3	1	4			
13. Manic-depressive ...	45	77	122	1	1	2	40	58	98	3	18	21	1		1
14. Involution melan- cholia.....	6	11	17	1		1	5	6	11	1	4	5			
15. Dementia præcox...	67	104	171	1	2	3	54	92	146	12	10	22			
16. Paranoia or para- noid conditions...	1	7	8					4	4	1	3	4			
17. Epileptic psychoses.	6	6	12				6	6	12						
18. Psychoneuroses and neuroses.....	3	6	9				2	5	7		1	1	1		1
19. With psychopathic personality.....	11	4	15				7	3	10	3	1	4	1		1
20. With mental deficiency.....	2	8	10	1	2	3	1	5	6		1	1			
21. Undiagnosed psychoses.....	6	6	12	2		2	2	6	8	2		2			
22. Without psychosis...	14	2	16				11	1	12	3	1	4			
Total.....	341	389	730	19	29	48	273	299	572	46	59	105	4	1	5

TABLE XII.

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO  
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	6	1	7	2	1	3	2		2	1		1	1		1
2. Senile.....	16	28	44	6	22	28	6	2	8	1		1	3	4	7
3. With cerebral arteriosclerosis....	69	80	149	14	57	71	29	9	38	14	1	15	12	13	25
4. General paralysis... 5. With cerebral syphilis.....	49	8	57	11	6	17	20	1	21	8		8	10	1	11
6. With Huntington's chorea.....	3	6	9	1	2	3				2	2	4		2	2
7. With brain tumor... 8. With other brain or nervous diseases..		1	1		1	1									
9. Alcoholic.....	6	7	13	4	6	10	1	1	2	1		1			
10. Due to drugs & other exogenous toxins..	18	2	20							17	2	19	1		1
11. With pellagra..... 12. With other somatic diseases.....	2	2	4		1	1	2		2		1	1			
13. Manic-depressive... 14. Involution melan- cholia.....	11	23	34	3	14	17	3	2	5	4	1	5	1	6	7
15. Dementia præcox... 16. Paranoia or paranoid conditions.....	45	77	122	21	57	78	14	13	27	2	6	8	8	1	9
17. Epileptic psychoses.. 18. Psychoneuroses and neuroses.....	6	11	17	5	9	14	1		1					2	2
19. With psychopathic personality..... 20. With mental deficiency.....	67	104	171	34	85	119	18	9	27	8	3	11	7	7	14
21. Undiagnosed psychoses..... 22. Without psychosis..	1	7	8	1	6	7		1	1	2	1	3	1		1
	6	6	12	3	5	8				2	1	3	1		1
	3	6	9	2	5	7					1	1	1		1
	11	4	15	2	3	5	2	1	3	6		6	1		1
	2		10	2	7	9								1	1
	6	6	12		2	2		2	2	6	1	7		1	1
	14	2	16	5	1	6	4		4	5		5		1	1
Total.....	341	389	730	116	290	406	102	41	143	77	19	96	46	39	85

TABLE XIII.

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	.	F.	T.	
1. Traumatic.....	6	1	7	5	1	6	1		1													
2. Senile.....	16	28	44	4	5	9	4	4	8	8	19	27										
3. With cerebral arteriosclerosis....	69	80	149	13	15	28	45	25	70	9	37	46		3	3				2		2	
4. General paralysis....	49	8	57	13	1	14	29	6	35	5	1	6	1		1			1				
5. With cerebral syphilis.....	3	6	9	1		1	2	4	6		1	1		1	1							
6. With Huntington's chorea.....																						
7. With brain tumor...		1	1						1	1												
8. With other brain or nervous diseases..	6	7	13	3	4	7	2	2	4		1	1							1		1	
9. Alcoholic.....	18	2	20	3		3	9	2	11	3		3	2		2	1		1				
10. Due to drugs & other exogenous toxins..	2	2	4				2	1	3		1	1										
11. With pellagra.....																						
12. With other somatic diseases.....	11	23	34	3		3	7	19	26	1	2	3	1	1	1			1		1		
13. Manic-depressive...	45	77	122	23	25	48	15	43	58	2	3	5	4	4	2	2	4	3			3	3
14. Involution melan- cholia.....	6	11	17	1	2	3	4	8	12	1		1					1	1				
15. Dementia præcox...	67	104	171	51	44	95	13	56	69	1	2	3	1	1	2	1	3					
16. Paranoia or paranoid conditions.....	1	7	8	1		1	1	2	3	1	3	4										
17. Epileptic psychoses.	6	6	12	4	2	6	1	3	4				1	1	1			1				
18. Psychoneuroses and neuroses.....	3	6	9				2	5	7		1	1							1		1	
19. With psychopathic personality.....	11	4	15	8	1	9	3	2	5				1	1								
20. With mental deficiency.....	2	8	10	2	6	8		1	1		1	1										
21. Undiagnosed psychoses.....	6	6	12	1	1	2	5	5	10													
22. Without psychosis..	14	2	16	5		5	9	2	11													
Total.....	341	389	730	141	107	248	154	191	345	31	72	103	3	12	15	8	4	12	7		7	

TABLE XIV.

PSYCHOSES OF READMISSIONS

PSYCHOSES	Males	Females	Total
1. Traumatic psychoses.....	3		3
2. Senile psychoses.....			
3. Psychoses with cerebral arteriosclerosis.....	12	4	16
4. General paralysis.....	2	1	3
5. Psychoses with cerebral syphilis.....	1	1	2
6. Psychoses with Huntington's chorea.....			
7. Psychoses with brain tumor.....			
8. Psychoses with other brain or nervous diseases..		1	1
9. Alcoholic psychoses.....	1		1
10. Psychoses due to drugs and other exogenous toxins	1	1	2
11. Psychoses with pellagra.....			
12. Psychoses with other somatic diseases.....	2	3	5
13. Manic-depressive psychoses.....	19	29	48
14. Involution melancholia.....		1	1
15. Dementia præcox.....	21	22	43
16. Paranoia and paranoid conditions.....	1		1
17. Epileptic psychoses.....		1	1
18. Psychoneuroses and neuroses.....	3	1	4
19. Psychoses with psychopathic personality.....	3	2	5
20. Psychoses with mental deficiency.....		1	1
21. Undiagnosed psychoses.....			
22. Without psychosis.....	3		3
Total.....	72	68	140

TABLE XV.

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES  
AND CONDITION ON DISCHARGE

PSYCHOSES	Total			Recovered			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic .....	4	1	5	2	1	3	2		2			
2. Senile .....	2	3	5					2	2	2	1	3
3. With cerebral arteriosclerosis ....	24	22	46	14	15	29	8	6	14	2	1	3
4. General paralysis....	18	3	21				17	3	20	1		1
5. With cerebral syphilis.....	5	7	12	3	5	8	2	2	4			
6. With Huntington's chorea.....												
7. With brain tumor....												
8. With other brain or nervous diseases...	3	2	5	1	2	3	2		2			
9. Alcoholic.....	20	4	24	20	4	24						
10. Due to drugs & other exogenous toxins..	1		1	1		1						
11. With pellagra.....												
12. With other somatic diseases .....	4	12	16	3	12	15	1		1			
13. Manic-depressive....	40	79	119	29	57	86	11	20	31		2	2
14. Involution melan- cholia.....	2	3	5	1	2	3	1	1	2			
15. Dementia præcox....	141	44	185				138	39	177	3	5	8
16. Paranoia or paranoid conditions.....		2	2		1	1		1	1			
17. Epileptic psychoses..	7	7	14	1	2	3	6	1	7		4	4
18. Psychoneuroses and neuroses.....	6	6	12	5	4	9	1	1	2		1	1
19. With psychopathic personality.....	15	7	22	10	3	13	5	4	9			
20. With mental deficiency .....	3	2	5	2	1	3	1		1		1	1
21. Undiagnosed psychoses.....	2		2	1		1				1		1
22. Without psychosis...	22	4	26									
Total.....	319	208	527	93	109	202	195	80	275	9	15	24

TABLE XVI.

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Causes of death	Total			Senile			With cerebral arterio-sclerosis			General paralysis			Alcoholic			Manic-depressive			Involution melancholia			Dementia præcox			Paranoia and paranoid conditions			Epileptic psychoses			Psycho-neuroses and neuroses			With psychopathic personality			With mental deficiency			*All other psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
<b>I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES:</b>																																										
Typhoid and paratyphoid fever.....																																										
Measles.....																																										
Scarlet fever.....																																										
Diphtheria.....																																										
Influenza.....																																										
Dysentery.....																																										
Erysipelas.....	2		2				1		1	1		1																														
Lethargic encephalitis.....																																										
Tuberculosis of the respiratory system.....	16	18	34	1		1	2	3	5									1	1	10	10	20												1	1	2						
Tuberculosis of other organs.....	1	4	5																2	2	1	2	3																			
Syphilis (non-nervous forms).....																																					1	1				
Purulent infection, septicæmia.....																																										
Other infectious diseases.....																																										
<b>II. GENERAL DISEASES NOT INCLUDED IN CLASS I.:</b>																																										
Cancer and other malignant tumors.....	3	6	9																																							
Tumor (non-cancerous).....		1	1																																							
Rheumatism.....																																										
Pellagra.....																																										
Diabetes.....		1	1																																							
Alcoholism (acute or chronic).....		1	1									1	1																								1	1				
Other general diseases.....																																										
<b>III. DISEASES OF THE NERVOUS SYSTEM:</b>																																										
Meningitis (non-epidemic).....																																										
Tabes dorsalis (locomotor ataxia).....	1		1																																							
Other diseases of spinal cord.....																																										
Cerebral hemorrhage (apoplexy).....	6	7	13				5	3	8																																	
General paralysis of insane.....	12	3	15							12	3	15																														
Other forms of mental disease.....	1		1																																							
Epilepsy.....																																										
Chorea.....																																										
Other diseases of nervous system.....																																										
<b>IV. DISEASES OF THE CIRCULATORY SYSTEM:</b>																																										
Pericarditis.....																																										
Endocarditis and myocarditis.....	83	68	151	11	21	32	31	23	54	19	1	20						4	6	10	1		1	9	11	20									1	1						
Angina pectoris.....	1		1				1		1																																	
Other diseases of the heart.....	3	7	10			1			1										3	3		1	1	1	1	2									1	2						
Arteriosclerosis.....	1	1	2						1		1																															
Other diseases of the arteries.....	2	1	3			1			1																																	
Other diseases of the circulatory system.....	1		1			1			1																																	
<b>V. DISEASES OF THE RESPIRATORY SYSTEM:</b>																																										
Bronchitis.....																																										
Bronchopneumonia.....	7	5	12				1	1	2																																	
Lobar pneumonia.....	10	6	16			1	1	3	2	5	2		1	2	2				1	1		1	1	4	2	6									1	1						
Pleurisy.....	1		1																																							
Asthma.....		2	2						1	1																																
Other diseases of the respiratory system (tuberculosis excepted).....	1	1	2			1	1	1		1																																
<b>VI. DISEASES OF THE DIGESTIVE SYSTEM:</b>																																										
Diseases of pharynx and tonsils.....																																										
Ulcer of stomach and duodenum.....																																										
Other diseases of stomach (cancer excepted).....																																										
Diarrhea and enteritis.....																																										
Appendicitis and typhlitis.....																																										
Hernia and intestinal obstruction.....	2	2	4																																							
Other diseases of intestines.....																																										
Cirrhosis of liver.....																																										
Biliary calculi.....																																										
Other diseases of liver.....																																										
Other diseases of digestive system (cancer and tuberculosis excepted).....																																										
<b>VII. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA:</b>																																										
Nephritis.....	6	13	19				3	2	5	2		2																														
Other diseases of kidneys and annexa.....																																										
Diseases of bladder.....																																										
Diseases of prostate.....																																										
Benign tumors of uterus.....																																										
Other diseases of genital organs.....																																										
Other diseases of genito-urinary system.....																																										
<b>VIII. DISEASES OF THE SKIN AND CELLULAR TISSUE:</b>																																										
Gangrene.....																																										
Other diseases of skin and annexa.....																																										
<b>IX. DISEASES OF THE BONES AND ORGANS OF LOCOMOTION (tuberculosis and rheumatism excepted):</b>																																										





TABLE XVIII.

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL CLASSIFIED ACCORDING TO PRINCIPAL PSYCHOSES.

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
1. Traumatic.....	15	23	38	4	5	9	2	5	7	1	4	5	1	1	2	4	4	2	1	3	3		3				1	1	2	1	1	2											
2. Senile.....																																											
3. With cerebral arteriosclerosis....	50	37	87	4	7	11	14	8	22	7	5	12	6	1	7	13	9	22	2	4	6	2	3	5	1		1						1		1								
4. General paralysis...	36	5	41	10		10	6		6	2	1	3	2		2	5	2	7	6	2	8	3		3	1		1		1														
5. With cerebral syphilis.....	4	3	7	1	2	3	1		1						1	1	2	1		1																							
6. With Huntington's chorea.....		1	1																			1	1																				
7. With brain tumor...		1	1						1	1																																	
8. With other brain or nervous diseases..	1		1	1		1																												1	1								
9. Alcoholic.....	2	1	3																		1	1					1		1														
10. Due to drugs and other exogenous toxins..																																											
11. With pellagra.....																																											
12. With other somatic diseases.....	5	13	18	2	11	13	1		1		1	1	1		1	1	1	2								3	3	1	2	3		2	2		1	1	1	1	2	3			
13. Manic-depressive...	8	20	28	1	5	6	2	2	4	1		1			1	1	1	2		1	1					3	3	1	2	3		2	2		1	1	1	1	1	2	3		
14. Involution melancholia.....	1	3	4		1	1									1	1	1	1																									
15. Dementia præcox...	34	37	71		1	1			3	3	1	1	2		1	1	3	6	9	3	3	6	4	4	8	2	1	3	2	2	4	1	6	7	1		1	6	1	7	11	8	19
16. Paranoia or paranoid conditions.....	1	3	4												1		1																						1	1			
17. Epileptic psychoses..																																											
18. Psychoneuroses and neuroses.....		1	1						1	1																																	
19. With psychopathic personality.....	1	1	2		1	1																1	1																				
20. With mental deficiency.....	3	4	7						1	1					1		1						1	1														2	2	1	1		
21. Undiagnosed psychoses.....																																											
22. Without psychosis..	1		1																								1	1															
Total.....	162	153	315	23	33	56	26	21	47	12	13	25	11	4	15	27	24	51	14	11	25	14	11	25	5	4	9	6	5	11	2	10	12	2	2	4	7	4	11	13	11	24	

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**APPENDIX TO BUSINESS DEPARTMENT REPORT**

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APPENDIX TO BUSINESS DEPARTMENT REPORT

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## AGRICULTURAL PRODUCTS

### FARM

18.45 tons alfalfa .....	\$ 531.30
26.87 tons timothy hay .....	648.25
13.968 tons mixed hay .....	327.95
911.525 tons ensilage .....	8,203.73
188 tons manure to garden .....	376.00
76.38 tons mangel beets .....	763.80
364 baskets apples .....	273.00
110 baskets carrots .....	66.00
166.17 tons grass to dairy .....	1,132.77
42.62 tons oats, green, to dairy .....	340.96

\$12,663.76

### DAIRY

1,514,728.75 lbs. milk to Institution .....	\$70,434.87
48,181.50 lbs. milk to calves .....	2,240.46
43.00 lbs. milk to piggery .....	2.00
1 P. B. bull sold .....	100.00
2,723.8 tons manure .....	5,447.60
26 ea. calves sold .....	208.00
bags sold .....	73.63

\$78,506.56

### HENNERY

6,335 3-12 doz. eggs .....	\$ 2,427.93
635 lbs. fowl .....	160.61
1,119½ lbs. broilers .....	433.33
40 tons manure .....	80.00

\$ 3,101.87

### PIGGERY

78,695 lbs. pork .....	\$12,285.14
220 tons manure .....	440.00

\$12,725.14

### GARDEN

2,100 bunches asparagus .....	\$ 528.41
53 6-16 baskets beans, lima .....	80.70
1,117 12-16 baskets beans, string .....	1,010.41
2,396 1-2 baskets beets .....	1,486.03
3,160 bunches beets .....	71.59
42 baskets beet greens .....	10.50
27,408 heads cabbage .....	2,686.92
1,409 12-16 baskets carrots .....	997.46

47 bunches carrots.....	
3,913 heads cauliflower.....	704.01
1,978 10-12 bunches celery.....	1,886.31
99,829 ears corn, sweet.....	2,100.48
226 8-16 baskets cucumbers.....	133.58
170 qts. currants.....	25.36
33 9-16 baskets egg plant.....	27.96
426 heads endive.....	21.30
12 tons ensilage.....	108.00
36,277 hds. lettuce.....	2,242.20
16,572 bunches leeks.....	713.92
471 11-16 baskets kale.....	108.02
40 baskets kohl rabi.....	30.00
127 8-16 baskets grapes.....	124.28
1,280 11-16 baskets onions.....	1,171.36
23,186 bunches onions.....	566.17
5,236 bunches parsley.....	116.59
347 9-16 baskets parsnips.....	236.79
252 5-16 baskets peas.....	354.23
138 9-16 baskets peppers.....	65.19
575 lbs. pumpkins ..	14.36
20,929 bunches radishes.....	454.83
14,223 bunches rhubarb.....	501.00
988 7-8 baskets spinach.....	414.02
379 6-16 baskets squash.....	186.15
5,429 qts. strawberries.....	1,033.33
1,015 bunches swiss chard.....	23.63
3,361 10-16 baskets tomatoes.....	2,590.92
2 1-2 baskets tomatoes, green.....	1.43
1,337 8-16 baskets turnips.....	663.17
5.58 tons beets, cow.....	44.64
76 qts. raspberries.....	38.03
	<hr/>
	23,575.66

## FLORIST'S REPORT

### RECORD OF CUT FLOWERS

Roses.....	8,218
Carnations.....	1,842
Chrysanthemums (large).....	2,104
Chrysanthemums (small).....	5,255
Dahlias.....	15,232
Snapdragon.....	26,038
Gladiolus.....	3,190
Lilies (calla).....	613
Narcissus (paper white).....	1,316
Narcissus (double).....	1,448
Sprengeri (strings).....	2,067
Sprengeri (strings, plts.).....	41
Peonies.....	15
Pansies (plts.).....	30
Pansies (bunch).....	30
Golden glow.....	2,500
Xmas pepper.....	311
Fuchsia.....	841
Zinnia.....	3,256
Ferns (leaves).....	508
Marigold.....	637
Delphinium.....	3,237
Rambler roses.....	700
Begonias.....	1,070

### PLANTS AND BULBS GROWN FOR FLOWER BEDS AND CUT FLOWERS.

Pansies.....	1,067
Geraniums.....	3,215
Coleus.....	4,029
Petunia.....	3,392
Salvia.....	1,960
Vinca.....	900
Vinca (vine).....	878
Chrysanthemums.....	4,500
Dahlia.....	1,691
Cannas.....	1,908
Snapdragon.....	7,679
Asters.....	2,890
Gladiolus.....	10,250
Roses.....	1,381
Carnations.....	1,210
Begonias.....	110

Begonias, 8 in. pots.....	155
Zinnias.....	1,110
Verbena.....	1,099
Ageratum.....	423
Jerusalem cherries.....	212
Ferns.....	365
Ferns (7 inch).....	100
Hyacinths.....	1,355
Easter lilies (plts.).....	472
Easter lilies (flws.).....	2,783
Spirea.....	379
Delphinium.....	1,160
Scabiosa.....	476
Krotons.....	2
Heliotrope.....	450
Fuchsia.....	890
Lilies (calla).....	110
Palms (7 inch).....	65
Palms (6 inch).....	6
Palms (date, 2½ inch).....	21
Palms (date, 4 inch).....	24
Palms (date, 6 inch).....	1
Sprengeri strings.....	120
Sweet alyssum.....	817
Violas.....	130
Christmas pepper.....	350
English ivy.....	75
Caladium.....	100
Catalyas (sunshine).....	20
Cleveland cherries.....	560
Cobea scandens.....	28
Abutilon.....	200
Peonies.....	105

TABLE SHOWING IN DETAIL MANNER OF SUPPORT

JUNE 30, 1929.

COUNTY	INDIGENT			ST. INDIGENT			PRIVATE			CONVICT			CRIMINAL			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Bergen.....	200	229	429	84	68	152	32	48	80	..	..	..	1	..	1	317	345	662
Essex.....	82	104	186	218	198	416	18	56	74	..	..	..	2	..	2	320	358	678
Hudson.....	102	110	212	157	140	297	38	84	122	1	..	1	..	1	1	298	335	633
Hunterdon.....	1	1	2	6	1	7	1	3	4	..	..	..	..	..	..	8	5	13
Mercer.....	1	1	2	1	..	1	..	..	..	..	..	..	..	..	..	2	1	3
Middlesex.....	4	6	10	2	1	3	1	2	3	1	..	1	..	..	..	8	9	17
Monmouth.....	..	2	2	..	..	..	1	5	6	..	..	..	..	..	..	1	7	8
Morris.....	98	102	200	47	23	70	8	25	33	1	..	1	..	1	1	154	151	305
Ocean.....	..	..	..	..	..	..	1	3	4	..	..	..	..	..	..	1	3	4
Passaic.....	323	329	652	69	46	115	25	36	61	..	..	..	..	..	..	417	411	828
Somerset.....	1	3	4	2	1	3	2	9	11	..	..	..	..	..	..	5	13	18
Sussex.....	28	31	59	9	5	14	3	6	9	1	..	1	..	..	..	41	42	83
Union.....	255	281	536	65	61	126	23	37	60	1	..	1	..	..	..	344	379	723
Warren.....	7	2	9	3	1	4	..	3	3	1	..	1	..	..	..	11	6	17
New York.....	..	..	..	..	..	..	2	3	5	..	..	..	..	..	..	2	3	5
Total.....	1102	1201	2303	663	545	1208	155	320	475	6	..	6	3	2	5	1929	2068	3997

NOTE:---In all cases where inquiry has not been held, or final court order has not been received, the patients are credited to the County from which they were sent.



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[This report was printed by the patients of The New Jersey  
State Hospital at the Occupation Therapy Department of the  
Hospital.]

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