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THE

SIXTIETH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

GREYSTONE PARK

FOR THE YEAR ENDING JUNE 30

1935

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Dr. Marcus A. Curry

Superintendent

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OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

GREYSTONE PARK

FOR THE YEAR ENDING JUNE 30

1935

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Morris Plains

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Medical Superintendent and Chief Executive Officer

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Business Manager

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GEORGE B. MCMURRAY, M. D. ..... Senior Resident Physician
GEORGE R. HAMPTON, M. D. ..... Senior Resident Physician
LAURENCE M. COLLINS, M. D. ..... Senior Resident Physician
WILLIAM J. LEIN, M. D. ..... Senior Resident Physician
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W. H. MINFORD, M. D. ..... Resident Physician
LAYMAN R. HARRISON, M. D. ..... Resident Physician
JAMES M. LASLEY, M. D. ..... Resident Physician
ARCHIE CRANDELL, M. D. ..... Resident Physician
MARSHALL D. HOGAN, M. D. ..... Resident Physician
HERBERT HYATT, M. D. ..... Resident Physician
DANIEL GEORGE MELVIN, M. D. ..... Resident Physician
HARRY A. MOSCOE, M. D. ..... Resident Physician
GEORGE B. COON, M. D. ..... Resident Physician
WILBUR M. JUDD, M. D. ..... Resident Physician
MALCOLM C. TAYLOR, M. D. ..... Resident Physician
EDWARD KESSLER, M. D. ..... Resident Physician
THEODORE F. LINDBERG, M. D. ..... Resident Physician
JOHN W. KINLEY, M. D. ..... Resident Physician
JAMES J. O'CONNELL, M. D. ..... Resident Physician
THOMAS J. DREDGE, M. D. ..... Resident Physician

VINCENT RIGERONE, M. D. ..... Resident Physician
*SIDNEY P. WAUD, M. D. ..... Medical Interne
HAROLD S. HATCH, M. D. [part time] .... Tuberculosis Specialist
THOMAS R. PALMER, D. D. S. ..... Senior Resident Dentist
JOHN MCCLUSKEY, D. D. S. ..... Resident Dentist
MARY E. CORCORAN, R. N. ..... Superintendent of Nurses
WILLIAM G. BEUCLER ..... Assistant to Chief Executive Officer
PHYLLIS F. POINTON,
Director of Hospital Psychiatric Social Service
STELLA A. MCCLURKIN ..... Director of Occupational Therapy
DOROTHY E. JOHNSON
Director of Physical Education and Training
PHILIP B. ROBERTS, Ph. G. ..... Pharmacist
EDWARD I. COURSEN ..... Assistant Business Manager
HENRY LANDESMAN, M. E. ..... Engineer-in-Charge

EARL W. FULLER, M. D. ... Director of Mental Hygiene Clinics
THEODORE GEBIRTIG, M. D
Assistant to Director of Mental Hygiene Clinics
MILDRED H. HURLEY,
Director of Mental Hygiene Clinic Social Service

**Internship completed.*

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 and Throat
H. J. F. WALLHAUSER, M. D. ..... Dermatologist
B. M. JAMES, 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
FRANCIS C. BARTLEMAN, D. D. S. ..... Dentist

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REPORT OF THE BOARD OF MANAGERS

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 herewith submit to you, as required by law, their sixtieth annual report, together with the annual report of Dr. Marcus A. Curry, Superintendent and Chief Executive Officer.

You will note that at the close of this fiscal year on June 30, 1935, we have in the hospital enrolment 5,401 patients, an increase of 389 patients over that at the end of the previous year. Of these, 4,886 are actually within the hospital buildings and grounds, while 515 are away from the hospital on paroles, visits or as having escaped, but they also are carried in the list of those committed to the institution and are subject to return without further medical or legal procedure whenever Dr. Curry thinks that their conditions or environments make it advisable.

A total of 6,538 patients were treated at the hospital during the year, and that is one of the most informative and most impressive of our total figures. That was 433 more than were treated in the previous year. In this period, 1,526 patients were admitted (93 more than in the previous year) and 596 were discharged. Of these, 300 patients, or 24.5 per cent. of the first admission rate, had recovered; 192, or 16 per cent., were improved; 30 unimproved; and 74 without psychosis. Thirty-one patients were transferred to other institutions within the State. The deaths during the year numbered 510 patients—a little higher than previously and due principally to the degenerative and circulatory diseases of the older ages.

Throughout the Chief Executive Officer's report, he and his associates have had to emphasize repeatedly and to protest against the depressing and overwhelming conditions at the hospital now, which are due:

(a) to increases of the patient population up to 60 per cent. more than the wards and buildings were built to accommodate, so that more than ever the beds of patients overfill the wards and crowd into the corridors, day rooms and recreational spaces, with the result that clinical classifications and appropriate segregations for therapeutic efforts are greatly diminished;

(b) to such lack in numbers of physicians, nurses, psychiatric social workers and other personnel making up competent medical, nursing and technical staffs, that each individual patient cannot possibly be given the personal time and efforts that would work best for his early and complete recovery. These wants are due not only to lack of sufficient funds in the appropriations to employ the additional persons so sorely needed but to the Civil Service requirements of New Jersey residency, which are all right when local qualified applicants are available but which work to the decided disadvantage of the patients and of the hospital when we would have to go outside of the State to get as good as we need;

(c) to such lack of available funds that suitable enlargements cannot yet be added to the present buildings properly and safely to house the patients who are already within the hospital and properly to house the staff and employee members needed to take care of them;

(d) to lack of funds to keep the present buildings in thoroughly good repair, to replace such contents as have worn out, and to eliminate fire hazards which are a source of ever constant worry to Dr. Curry, to all of his associates and to the Board of Managers. Only recently we have secured and installed new locks in the Dormitory building to replace the antiquated ones that no one could unlock quickly enough for the exit of patients in the event of fires. But new, functioning, up-to-date locks are still needed in all of the old buildings, also sprinklers and many construction changes to fireproof materials;

(e) to a realization that such main parts of the plant as heating, laundry, dairy, etc. are being worked to full capacity with no leeways for expansions or for safe services in case of breakdown.

Our enumeration of these difficulties and deficiencies at the hospital gives no new information to you, Commissioner, nor to those in your Department, for you and those with you have visited Greystone constantly throughout the year, are just as familiar with all of its needs as we are, and have worked incessantly and most

faithfully in trying to relieve them. Bye and bye, better times will return and the State will be able to provide for its poor, sick patients the additional housings, care, and treatment facilities that are so decidedly needed but that there is no money to pay for now. And it is our belief that these provisions will be hastened proportionately as all the thinking people of the State come to learn that while the Management of this Hospital has, by watching and restricting every expenditure, succeeded splendidly in keeping per capita costs down to the same low figures as last year and has earned praise for this economical management, yet the interpretation that may be put upon those figures may be quite misleading, because they result largely from such over-crowding of patients and from getting along without such increase of accommodations and employees as would, if we had them, produce far more cures and free the State from the hospital costs of far more of these patients than is remotely possible under present conditions. Thus in the long run thousands of dollars can be saved for the State and hundreds more of its citizens can be returned to their homes and to their families whom they love to support when they get well. Meanwhile, it is gratifying to appreciate that irrespective of any or all partisan affiliations, this hospital has the sympathetic interest and confidence of everyone in authority—the Governor, Legislators and all other State officers. They have been kind and patient listeners to our descriptions of existing conditions and our pleas for what is needed and they have tried each year to meet as many of those needs as they possibly can out of the available appropriations.

But the whole picture of conditions at the hospital is by no means a gloomy one. It is still recognized as one of the best in the country, where the best of efforts by all of the staffs are being made and where excellent curative results are accomplished in spite of the shorthandedness and cramped quarters. Just think of the maintained recovery rate of 25 per cent. in these times and of only one-third less than formerly of those discharged as sufficiently improved to return to such of their homes as have fit conditions and surroundings for them.

Thus, with Federal aid and in spite of financial shortage, the State has during the year:

(1) increased the size of the Sewage Disposal Plant to a capacity of continuing its vitally important functions most satis-

factorily and with sufficient surplus to avoid the former fears of what might happen if any part of the outfit should break down;

(2) reconstructed the old top floor of Main building north that was a fire trap and never fit to house patients so that its wards are now fireproof and very usable;

(3) is carrying along the same sort of reconstruction of south side of this Main building;

(4) has added a new line of steam pipes so that in case of break in mid-winter all the buildings off Central Avenue, with their hundreds of patients and employees, will not be without heat. Likewise, the plans for further changes and additions have been prepared to make larger percentages of cures possible, to ease the overcrowding and to obliterate fire hazards. And these changes can be made as soon as funds to pay for them can be provided.

Dr. Curry's report describes in detail the needs of additional housing accommodations for patients and for all those who work and live on the hospital grounds; the need of more physicans, nurses, social service workers and other members of the various staffs to care properly for the greatly increased patient population; and the need of sufficient funds to make more fireproof the other older buildings that are still in use for patients, and to keep all of the buildings in proper economical repair. These too are the matters that are giving this Board of Managers most concern. Every member has spent many days of hard work and anxious thought over these problems and they do so hope that as soon as funds may become available these needed reliefs may with your help be secured.

The Managers held eleven regular meetings during the year, with an attendance of 57. Additional Committee meetings, inspections and conferences, brought 57 more visits, so that the Board members made 114 trips to the hospital. Our Senior Associate, dear "Uncle Dan" Voorhees, has not been well enough to attend the meetings but he has been kept informed by frequent visits to his home and there has been no lagging of his interest in the hospital welfare. All other Board members have been on duty throughout the year and have never missed a meeting when they could possibly help it.

Much appreciation and thanks are due to Dr. Curry and his loyal

Associates for their splendid work so faithfully and devotedly performed.

Respectfully submitted,

AUGUSTUS S. KNIGHT, M. D., *President*
DANIEL S. VOORHEES, *Chairman*
GEORGE O'HANLON, M. D., *Vice-President*
JAYNE MILLARD DOYLE
MARIAN K. GARRISON
RIDLEY WATTS
FRANKLIN D'OLIER

TREASURER'S REPORT

Treasurer's Report of Cash Receipts and Disbursements for the Fiscal Year Ending June 30, 1935

RECEIPTS

From	Atlantic County	$ 107.35
"	Bergen County	180,113.40
"	Essex County	108,089.71
"	Gloucester County	196.84
"	Hunterdon County	429.52
"	Hudson County	94,608.27
"	Morris County	54,236.29
"	Mercer County	1,003.29
"	Middlesex County	10,341.24
"	Ocean County	178.96
"	Passaic County	540,942.51
"	Sussex County	14,500.71
"	Somerset County	1,593.32
"	Union County	76,091.08
"	Warren County	4,629.63
"	Private Patients	118,178.26
"	Individuals and Excess amounts collected by Counties for support of Indigent Patients	18,778.14
"	Miscellaneous Receipts	2,910.10
		$1,226,928.72

DISBURSEMENTS

Amount of Collections deposited with State Treasurer	$1,226,928.72

AMOUNTS RECEIVED FROM STATE TREASURER FOR PAY-ROLLS

Officers' Pay-rolls	$ 15,948.68
Employees' Pay-rolls	835,232.94
	$851,181.62

A. J. VAN WINKLE
Treasurer.

REPORT OF THE CHIEF EXECUTIVE OFFICER

Report of the Chief Executive Officer

To the Board of Managers:

With your permission, I now place before you the sixtieth annual report of The New Jersey State Hospital at Greystone Park and my fifteenth as Medical Superintendent and Chief Executive Officer. This report covers the fiscal year from July 1, 1934, to June 30, 1935, takes up in such detail as seems necessary the work of the numerous divisions of the medical and business departments, discusses the various problems encountered during the year, and makes certain recommendations for the future.

Every phase of hospital activity has been adversely affected this year by overcrowding of patients. The personnel has been insufficient and consequently overworked; the equipment has not been equal to the demands made upon it in many instances. To add to the difficulties, in the necessity for economy, supplies have been kept low and when replacements were delayed, as was rather frequently the case, an acute shortage was experienced. Meantime, admissions rising to a number without precedent in the history of the institution have testified to the difficulties encountered by the population of our urban district in adjusting to the present social and economic situation. The ratio of discharges has been reduced, chiefly because of the impossibility of giving the highest type of treatment on our wards under existing conditions, and also because of the stresses at home which too often have made it unwise or impossible to return canvalecent patients to their former environment. The combined effect of increased admissions and reduced discharges, with no transfers to other institutions has jumped our overcrowding to a degree not equaled in the history of the institution.

This condition has not gone unnoticed by those in authority. Many conferences have been held, but the present economic situation seems to make imposible the major construction which

is obviously needed—a fourth state hospital. Whatever measures may be worked out short of this radical step will be purely palliative. My own sentiment, based on nearly thirty years of experience in the care of mental patients, is very strongly in favor of smaller institutions, with 4,000 as a maximum and half that number as more nearly ideal. Close personal supervision and direct knowledge of the individual problems of patients and personnel are lost when an institution reaches large size. There is a constant tendency to put all activities on a rigid impersonal schedule which is most depressing to the hyper-sensitive mental patent. Also, with mass endeavors, it is extremely difficult to maintain a spirit of personal loyalty, cooperation and definite pride in the work being done. The success of a mental hospital depends very largely on the intangible atmosphere generated by an optimistic and happy personnel, who are doing work which they believe to be of permanent social value. Any factor which produces discouragement and dissatisfaction among the people in contact with patients is reflected in the recovery rate.

For these reasons, and also because of disproportionate costs, I should not advocate further increase in the size of this institution, except such as would bring it up to a normal capacity of 4,000 if this is deemed absolutely necessary. Any greater expansion of capacity here would be uneconomical for a number of reasons; the land suitable for cultivation is limited; all existing plants, such as sewage disposal, water supply, power plant, laundry and dairy, are gauged to a fixed capacity and would require extensive and highly expensive alterations; increase in housing for patients demands corresponding increase in housing for employees, nurses, and medical staff, and this institution is located in what is probably one of the most expensive building zones in the country.

The Commissioner has under consideration a program to reduce our overcrowding to a considerable degree. This includes some transfers to other state institutions; some increase in capacity, by the construction of wings to the Tuberculosis building and to the Senile building, and the replacement of the Dormitory building "shacks" with wings of durable construction and increased capacity; the erection of suitable housing and equipment at the Turner Farm in Beamerville so that a group of patients could be maintained there and carry on farm and dairy work as a colony from this institution. In the meantime, serious consideration is being

given to the possible use of the top floors of the congregrate dining halls as temporary dormitories for patients and serving meals in rotation on the first floor, cafeteria style. If this does not prove too expensive to arrange, it may work out to relieve conditions for a short time, but I should be much opposed to the taking over of these buildings for permanent housing. They are not located or designed for such a purpose, and I feel cannot be adapted for it, from a standpoint of mental hygiene.

Considerable work has been done at the institution this year in the way of much needed improvements The reconstruction of the fourth floor and roof of the north side of the Main building was completed, thus restoring to capacity service the full area of the north wing. Reconstruction of the south side, begun late last year, was continued; the two floors of section "A" were completed and returned to service, and the work on the roof and top ward of the tier most distant from the Centre is practically finished. Funds appear to be available under the P. W. A. to carry this to completion. Work on the sewage disposal system was continued during the year and is almost completed. This important plant is now in the most safe and sanitary condition in its history, with a capacity equal to present needs. A new steam line was put in on the south side of Central Avenue, making a loop connection with the existing line, so that in case of a break it will not be necessary to shut off the heat from the Clinic, Reception and personnel residence buildings along Central Avenue.

Throughout the year, maintainance costs have been held to low figures. Wages are still very low, and the requirement of New Jersey residence for all employed has resulted in holding the number lower than desirable, particularly among student nurses. Since New York is now paying higher wages to attendants and making no requirements as to residence, we are losing some of our people, and will continue to do so until the discrepancy is adjusted. The general stress is placed upon short hours and higher wages by the Federal programs also contributes to the dissatisfaction felt with working conditions in the institution. Going on relief seems to some a not undesirable alternative to working as an attendant.

In view of existing conditions, I feel that especially great credit is due this year to the officers of the institution for the manner in which they have maintained their standards of service. As we go

through the reports there is constant evidence of an increased amount accomplished to keep pace with requirements, in most cases with no additional personnel. Along with this and very possibly resulting in some degree from it there has been an increased amount of illness among members of the medical and nursing staffs and among other hospital employees as well. Yet, with all these difficulties to contend with, the hospital has not lost its standing either in the community or in institutional circles. In fact, this year after inspection by an experienced investigator of the American College of Surgeons, who made a complete report of the staff organization, clinical records, diagnostic and therapeutic divisions and also of the physical plant and general operating equipment, it was placed on its list of fully approved hospitals.

Health

The health of the institution population has been generally fairly good during the past year, with no important epidemics. There were 52 deaths from tuberculosis of the lungs, a rather high incidence; 53 patients died from pneumonia, 16 cases were of the lobar variety. Erysipelas was reported in 14 cases with one death; mumps was the only "children's diease" reported, one case occurring, an employee. Routine health measures have been observed, including examination of new employees, vaccinations against small pox and typhoid fever, frequent tests of milk and water supplies, and inspection by a veterinary of animals slaughtered for food.

Statistical Resume

During the past year a change has been made in the nomenclature and system of card indexing and making up statistics to comply with the revised classification of mental disorders approved by The American Psychiatric Association at its annual meeting in 1934 as set forth in the sixth edition of the Statistical Manual published by the National Committee for Mental Hygiene. This work, as well as the other complicated detail of the record office, has been efficiently carried out under the direction of Mr. Harold M. Prettyman, record clerk and statistician, who has maintained and even improved the previous high standard of his service. Lengthy tables will be found printed in the appendix of this report, but a

short resume has been made up by Mr. Prettyman for incorporation at this point.

General Data: During the year ending June 30, 1935, there were admitted—1,526 patients—821 males and 705 females. This is an increase in admissions of 93 over last year. The admissions included 1,224 first admissions to any hospital for the insane—676 males and 548 females; 278 readmissions—134 males and 144 females and 24 transfers from other similar institutions in New Jersey—11 males and 13 females. The number of patients discharged including deaths, was 1,137—602 males and 535 females—leaving an increase on the books of 389 patients at the close of the year.

There were under treatment 6,538—3,303 males and 3,235 females—which was 433 more than the preceding year. The maximum census for the year was 5,401 obtained on June 30, and the highest number actually in the hospital at any one time was 4,886 which occurred on the same date. The average daily number in the hospital was 4,682.66. At the close of the year 467 patients—220 males and 247 females—were carried on parole or visit and 48 patients—42 males and 6 females—were carried as escaped. This is an increase of 23 over the number outside the institution at the close of last year, making the total increase of patients actually in the institution at the close of the year 366.

First Admissions: There were 820 patients of native birth—455 males and 365 females; the foreign born numbered 404 patients—221 males and 183 females—or 33 per cent. of the total first admissions. Both parents of 450 native born patients were also of native birth, while in 91 cases one parent was born in this country and the other was of foreign birth. Of the foreign born patients, 100 were natives of Italy, 51 of Germany, 34 of Poland and 41 of Ireland, these four countries furnishing 56 per cent. of the foreign born first admissions. The naturalized citizens numbered 222 and the aliens 182.

Table 6, psychoses of first admissions, shows 302 patients diagnosed as suffering from psychosis with cerebral arteriosclerosis, 240 with dementia precox, and 137 with manic depressive psychosis. These three groups comprised 55 per cent. of the total. Other psychoses showing high incidence were psychosis with syphilitic meningo-encephalitis, 101; senile, 71; psychosis due to other

metabolic, etc., diseases, 23; involutional psychosis, 34 and alcoholic psychosis, 48.

In the classification according to racial origins, 106 were listed as German, 96 as Irish, 96 as Slavonic, 136 as Italian and 109 as African, these five groups including 44 per cent. of the total The mixed race furnished the largest single group, with 394 patients.

The age tabulation reckoned in five-year groups shows that the median line for admissions fell between the ages of 40 and 44, half of the total admissions being below this age and half above it. The greatest number of admissions were listed in the two five-year periods between 25 and 35 and included 21 per cent. of the total. Under 25 years there were 17 patients and 156 were 70 years and over.

As to the degree of education, 631 patients or 51 per cent. had received a common school education, 182 were graduates from high school and 41 had collegiate education; 286 were listed as having learned to read and write and 84 were illiterate.

There were 1,120 patients of urban environment or 92 per cent. of the first admissions. The rural districts supplied 104 patients.

The economic condition of 855 patients or 70 per cent. of the total was listed as marginal; 257 were dependent and 112 comfortable.

In regard to the use of alcohol, 506 were described as abstinent, 515 as temperate and 203—171 males and 32 females—as intemperate.

The marital condition of the first admissions was classified as follows: single, 431—265 males and 166 females; married, 499—271 males and 228 females; widowed, 195—82 males and 133 females; separated, 70—42 males and 28 females; divorced 29—16 males and 13 females.

Readmissions: The totals in this group were 278 patients—134 males and 144 females. In the classification according to psychosis, 80 were diagnosed as suffering from dementia precox, and 66 from manic depressive insanity, or 53 per cent. of the total readmissions.

Discharges: The total of those regularly discharged from the care of the institution was 596 patients—318 males and 278 females. Of this number 300 patients—157 males and 143 females were considered to have recovered from their psychosis. This is 24.5 per cent. based on the number of first admissions and is a very creditable rate considering the exceedingly high number of admissions and our over-crowding which was 58.6 per cent. at the close of the fiscal year on June 30; 192 patients—106 males and

86 females were discharged as improved or 16 per cent. based on the number of first admissions. The manner of discharge of the remaining patients was as follows: Unimproved, 30—6 males and 24 females—and without psychosis, 74—49 males and 25 females. In addition to those discharged, 31 patients—24 males and 7 females—were transferred to other similar institutions in New Jersey. Of those discharged as recovered, patients suffering from manic depressive psychosis constituted 37 per cent. or 111 patients.

Deaths: During the year 510 patients died—260 males and 250 females. This is a rate of 7.8 per cent. based on the number under treatment and is 1.3 per cent. higher than last year.

The largest single cause of death was endocarditis and myocarditis, which was certified in 218 cases or 43 per cent. of the total number; other diseases of the circulatory system caused 55 deaths. General paralysis was given as the cause of death in 24 cases; tuberculosis of the respiratory system in 62; nephritis 5; lobar pneumonia 16 and broncho-pneumonia 37. The psychoses of those who died included psychosis with cerebral arteriosclerosis, 198; dementia precox, 67; psychosis with syphilitic meningo-encephalitis, 48; senile psychosis, 74 and manic depressive psychosis 37. The average age at death was 60.07 and is 1.87 years higher than last year.

At the time of death 288 patients or 56 per cent. had passed the age of 60 years; 173 patients were over 70 years of age. Of these 49 were in the 80's and 6 in the 90's.

The tabulation of the duration of hospital life showed that 103 patients had been in the hospital less than one month; 30 patients had a hospital residence of 20 years and over at the time of death, and of these 17 were suffering from dementia precox.

Clinical Work

Dr. Arthur G. Lane as clinical director has been in immediate charge of the diagnostic and treatment services for the patients. No one is better placed than he to appreciate the difficulties under which most of the work has been carried on and the importance of such success as has been achieved; accordingly, I have incorporated his report in full. With his high professional standards, it has been extremely hard for Dr. Lane to see the newer buildings, so carefully planned and equipped for proper segregation of patients, fail of their effectiveness because of the constantly mount-

ing excess in population. This condition; together with the lack of sufficient professional personnel to maintain the personal contacts with patients which are so often the essential factor in promoting recoveries, has made his position more depressing than at any time in the past ten years. His report is as follows:

"Again this year, as in the past several years, the summary of the clinical activities must stress the vast volume of routine procedure which have, of necessity, been occasioned by the record breaking admission rate. The reports of the individual clinical departments recorded elsewhere in this volume bear ample evidence of the increase in diagnostic and therapeutic activities. With each new year our hospital population is progressively expanding and this together with the tremendous increase of new patients admitted strains the resources of our equipment and the resourcefulness of our personnel.

The census, on the closing day of the year, of 4,886 in the wards is 366 in excess of that at the start of the year and is a figure nearly 60 per cent. greater than the rated bed capacity of the hospital. As figures go this is quite impressive and we may add still more beds until the floor space of dormitories is completely covered and the day rooms and recreational space are packed to the standing room limit before we arrive at the saturation point and become unable to crowd any more in without bulging the walls. The impressive point of this picture is the defeat of the clinical possibility of classification with its therapeutic advantages and the proper segregation of conspicuous and disturbing elements. The general milling about in cramped quarters of herds of normal individuals does not produce a hygienic situation nor tend to produce an atmosphere of peace and security. It certainly is not productive of the best interests of the physically handicapped or the high tensions of actively psychotic individuals.

In conjunction with the foregoing situation is the totally inadequate number of our personnel. We are attempting to carry on with a professional staff which was considered hardly adequate for the days when our census was many hundred under that of the present and our admission rate was 50 per cent. less. The nursing and attendant staff is not only relatively but actually less than that provided for the days of less activity and less overcrowding.

We are still able to care for the acutely ill and to provide corrective physical therapeutic measures for those whose mental

difficulty has been actuated or complicated by organic features. However, the therapeutic value of personal contact of trained workers with that group of maladjusted individuals whose difficulties must remain unsolved unless they can be brought into prolonged confidential and intimate association with psychiatric knowledge, is year by year becoming thinned out. This is very discouraging to those whose interest lies in the belief that trained and sympathetic understanding is the only source of relief for those handicapped individuals whose personalities are complicated with insufficient or inadequate life patterns. It is not only disheartening to the psychiatrist to be deprived of the time and opportunity to lessen his patients' problems but is productive in each patient of either a feeling of resentment at this apparent neglect or a feeling of implied unworthiness on their part which they estimate has produced the apparent slights and oversight of what, to each of them, is of such tremendous importance in their overwhelming difficulty.

The above tends not only to stress the difficulties and discouragements under which we are carrying on, with what would seem to be commendable courage and effort on the part of the whole personnel, but as well gives considerable satisfaction that we are still obtaining a fair degree of favorable results in the restoration to society of restored useful citizens. What has been offered is in no wise a criticism of the existing situation but merely an extenuation based solely on the circumstances incident to the economic depression which seems to adequately explain the greater demand for service and as well the economic necessity for curtailing the quantity and quality of such service.

Only a few words seem necessary to carry forward the observations made in previous years that our admission rate is rather an accurate barometer of the economic state of our district. During the past year the relief rolls in the community reached the highest point of the depression. Reports of this nature indicate that with the prolonging of the depression more and more of the provident class are exhausting their resources and becoming engulfed in poverty and dependence. These groups are more sensitive to the direct or oftentimes indirect implications of such dependency than were those who had never been frugal or independent. It is again interesting to note that, of the 1,526 admissions, 821 were male and 705 were female because of the fact, that of the total increase

of 93 admissions above that of the year just preceding, only 6 were females showing as in other years of great admission increases that males provide the predominating number. Just why this should be seems only to arouse speculation rather than logical explanation.

The recovery rate for the year, while slightly above the figure for the preceding year, must be considered in the light of the one year parole procedure which indicates that the majority of discharges was made up of patients removed from the hospital during the previous twelve months. There was, however, a slight reduction in the discharge of improved cases in comparison with our last report. If there is an implication in these figures it is, that in the years before the depression, the number of our improved discharges was approximately the same as that of our recoveries while for the current year the figure is one-third less, an indication that the hazards and threats of these unstable times requires greater stability than was formerly necessary. Tending to confirm this observation, the report of the social service division records a greater average number on parole during the year than in any preceding year but the inability of making a sustained adjustment is manifest by the greater number who have had to be returned to the hospital because of failure in their ability to make good in their difficult environments. The demand on the part of the relatives and friends for the privilege of giving a trial to even apparently recovered patients is minimal because of their knowledge of the frustrating factors that are awaiting the patient in his community. The death rate, somewhat higher than our last figures, is explained to a certain extent by our enlarged census and as well by the increase of cardiac and other circulatory diseases incident to the large proportion of senile and arteriosclerotic population. Other than the rather extensive but relatively mild epidemic in the winter months of a respiratory infection, there have been no unusual incidents to complicate the physical health of our population.

Mention must be made of the thermal treatment of cases of cerebrospinal syphilis, inasmuch as our last report indicated a new therapeutic procedure was being inaugurated for those patients who were immune to the tertian malarial organism. Of the total (111 patients inoculated during the year, 95 males and 16 females,) 22 negroes who, as a group were generally considered immune to the tertian strain of malaria were inoculated with the quartan type. Nineteen of these patients responded with chills and elevations of

temperatures above 104.5 which point is considered lethal to the spirochaeta pallida. In addition, four white patients found to be immune to the tertian type were given inoculations with the quartan type. Two of this latter group were found to be immune to both types, one responded satisfactorily to quartan and one who responded but feebly to tertian reacted promptly to the other. This research study was carried on by the greatly overworked staff of the Clinic building, who appreciate the signal value of providing hope for otherwise bereft individuals.

Aside from the diagnostic and therapeutic activities of our outpatient department the demands of the community for enlightenment in mental hygiene is manifested in the record of that department of the education talks and demonstration clinics which were provided.

The general stimulation of hope for the future seems to be a result of the optimism imparted by the whole hospital organization in its efforts to solve the various sociological problems which complicate mental life. The hospital staff each year is called upon to extend further efforts in educational activities to the medical profession as well as to students of other fields in which psychiatric knowledge of personality and social implications is rapidly taking a prominent position.

The morale, the courage, as well as the untiring efforts of the overworked staff, in spite of the almost overwhelming difficulties are far beyond the remuneration received. The loyalty and devotion can only be explained by an appreciation of the fact that each individual has personally shouldered his burden with recompense largely in the knowledge that he is doing his utmost in the field where his interest is paramount.

Appended is a summarized statement of the movement of non-resident and deportable patients during the year, which as usual has been handled through this division:

Cases transferred outside the state	22
Cases transferred to Mental Hospitals within the state	31
Cases transferred to Village for Epilepsy and Mental Defective Schools	8
Cases transferred to Totowa	17
Cases deported	8
Cases repatriated to Spain	1

Arrangements made for one patient to return to his home in West Virginia.

Thirty-three cases were handled and reported who were discharged, died, etc.

Surgical Operations, Accidents, Births, Etc.

Probably the care of the acutely ill physically has been less handicapped than any other division of the hospital, although even here insufficient personnel and overcrowding have been keenly felt. The amount of surgical work has increased greatly with the larger number of patients under care; employees have also required attention and frequently patients or employees from other state institutions or departments have been sent here for operations. Dr. Laurence M. Collins has continued in charge of the work, assisted by Dr. Edward Kessler, and has maintained his excellent reputation as a skilled and successful surgeon. In addition to meeting the heavy demands upon his services in this field, Dr. Collins has continued to act as assistant to the clinical director, conducting staff meetings and carrying on other duties in the absence of Dr. Lane; he has also frequently been called upon by the various prosecutors throughout this district for court testimony, particularly in cases where questions of surgery and psychiatry were involved.

Dr. Collins has submitted the following account of his work:

"Enclosed you will find a report of the general surgical service of this hospital for the year ending June 30, 1935. Operations have been performed on all patients with definite underlying pathological defects. Several cases from the Totowa School for Girls have been operated on during the year and all employees demanding surgical attention have been cared for at the Clinic building. A new sterilizing outfit, completely equipped, has recently been installed in the operating room and is a decided advance along general surgical lines.

SURGICAL OPERATIONS

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
15	Right inguinal hernia (indirect)	Bassini	Recovered
9	Left inguinal hernia (indirect)	Bassini	"
6	Bilateral inguinal hernia (indirect)	Double Bassini	"
2	Strangulated left femoral hernia	Ferguson's	"
4	Bilateral direct inguinal hernia	Double Bassini	"
2	Relaxed left inguinal ring	Ring repaired	"
2	Ventral hernia	Tissues dissected and walls repaired	"
2	Right direct inguinal hernia	Bassini	"

No. of Cases	*Diagnosis*	*Operations Performed*	*Results*
2	Femoral hernia (right)	Moschowitz	Recovered
2	Umbilical hernia	Mayo	"
2	Post-operative ventral hernia	Tissues dissected and walls repaired	"
2	Tuberculosis of right testicle	Orchidectomy	"
5	Varicocele	Veins ligated and resected.	"
4	Hydrocele of Scrotum	Bottle operation	"
1	Chronic sinus following operation	Sinus dissected and walls repaired	"
25	Acute catarrhal appendicitis	Appendectomy	"
9	Acute suppurative appendicitis	Appendectomy with drainage	1 Died 8 Rec'v'd
20	Chronic catarrhal appendicitis	Appendectomy	Recovered
2	Foreign bodies in stomach	Gastrotomy	"
3	Right ovarian cyst, right salpingitis, chronic catarrhal appendicitis, and prolapse of uterus	Right salpingo-oophorectomy, appendectomy and shortening of round ligaments	"
1	Left ovarian cyst, left salpingitis, chronic catarrhal appendicitis	Left salpingo-oophorectomy and appendectomy	"
1	Gangrenous ovarian cyst due to twisted pedicle and right ovarian cyst	Double oophorectomy with drainage	"
10	Fibroid uterus, chronic cystic ovaries, chronic double salpingitis	Supravaginal hysterectomy with double salpingo-oophorectomy	"
1	Fibroid uterus, chronic right salpingitis, right cystic ovary	Supravaginal hysterectomy with right salpingo-oophorectomy	"
2	Double salpingitis, double cystic ovaries, chronic catarrhal appendicitis	Double salpingo-oophorectomy and appendectomy	"
8	Fibroid uterus, left ovarian cyst, left salpingitis	Supravaginal hysterectomy with left salpingo-oophorectomy	"
2	Fibroid uterus, right hydro-salpinx, right cystic ovary	Supravaginal hysterectomy with right salpingo-oophorectomy	"
5	Fibroid uterus	Supravaginal hysterectomy	"
1	Double ovarian cyst with chronic double salpingitis	Double salpingo-oophorectomy	"
5	Right cystic ovary, right salpingitis, catarrhal appendicitis	Right salpingo-oophorectomy and appendectomy	"
1	Right cystic ovary and chronic catarrhal appendicitis	Right oophorectomy and appendectomy	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Large umbilical hernia, fibroid uterus, left cystic ovary, left salpingitis	Supravaginal hysterectomy with left salpingo-oophorectomy, with repair of hernial walls	Recovered
1	Double cystic ovaries, chronic catarrhal appendicitis	Double oophorectomy and appendectomy	"
1	Retroversion of uterus, chronic catarrhal appendicitis	Shortening of round ligaments, appendectomy	"
3	Left cystic ovary and chronic catarrhal appendicitis	Left oophorectomy, appendectomy	"
1	Right cystic ovary	Right oophorectomy	"
2	Retroversion of uterus, double cystic ovary, chronic retrocecal catarrhal appendicitis	Double oophorectomy, Shortening of the round ligaments and appendectomy	"
1	Dermoid cyst of right ovary, chronic appendicitis	Right oophorectomy and appendectomy	"
1	Double cystic ovaries, retroversion of the uterus, chronic catarrhal appendicitis	Double oophorectomy, shortening of the round ligaments with suspension of the uterus and appendectomy	"
2	Left ovarian cyst and left salpingitis	Left salpingo-oophorectomy	"
1	Right ovarian cyst twisted on pedicle, left hydrosalpinx, left ovarian cyst, chronic catarrhal appendicitis	Double salpingo-oophorectomy and appendectomy	"
1	Right ovarian cyst, right salpingitis, post-operative hernia	Right salpingo-oophorectomy, dissection of tissue walls and repair of hernia	"
4	Left ovarian cyst, left chronic salpingitis, chronic catarrhal appendicitis	Left salpingo-oophorectomy and appendectomy	"
1	Double pyosalpinx	Double salpingectomy with drainage	"
2	Double cystic ovaries, double salpingitis with prolapse of uterus	Double salpingo-oophorectomy with shortening of round ligaments	"
2	Chronic right salpingitis, right cystic ovary, retroversion of uterus, catarrhal appendicitis	Right salpingo-oophorectomy, appendectomy with shortening of round ligaments	"
1	Double cystic ovaries, prolapse of uterus, chronic appendicitis	Double salpingo-oophorectomy appendectomy, shortening of the round ligaments	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Left cystic ovary, prolapse of uterus, chronic catarrhal appendicitis	Left oophorectomy, appendectomy with shortening of round ligaments	Recovered
2	Chronic endometris	Dilatation and curettage	"
3	Retroversion of the uterus and chronic catarrhal appendicitis	Suspension of the uterus and appendectomy	"
1	Double cystic ovaries, chronic catarrhal appendicitis	Double oophorectomy and appendectomy	"
1	Large double hydrosalpinx, double cystic oophoritis with tumor mass in fundus of uterus	Supravaginal hysterectomy with double salpingo-oophorectomy	"
1	Fibrotic ovary, left hydrosalpinx, prolapse of uterus	Adhesions freed with left salpingo-oophorectomy and suspension of uterus	"
1	Intraligamentous cyst of right broad ligament	Cyst extirpated and cavity packed with gauze	"
1	Double pyosalpinx, chronic cystic ovary, oophoritis	Double salpingo-oophorectomy	"
1	Fibroid uterus, chronic right cystic ovary, chronic right salpingitis	Supravaginal hysterectomy with right salpingo-oophorectomy and freeing of adhesions about cecum	"
1	Retroversion of the uterus, double cystic ovaries, chronic catarrhal appendicitis and laceration of neck of cervix	Uterus suspended with double oophorectomy and appendectomy, together with trachelorrhaphy	"
1	Left cystic ovary, left hydrosalpinx, retroversion of the uterus, chronic catarrhal appendicitis	Left salpingo-oophorectomy with uterine suspension and appendectomy	"
1	Retroversion of uterus. catarrhal appendicitis	Uterine suspension with appendectomy	"
1	Chronic right salpingitis, right cystic ovary, left fibrotic ovary, chronic catarrhal appendicitis	Double salpingo-oophorectomy and appendectomy	"
1	Left cystic ovary, chronic catarrhal appendicitis, chronic endometritis	Left oophorectomy with appendectomy and curettage	"
2	Contracted pelves (pregnancy)	Caesarean section	"
6	Tumor mass in right breast (fibroma)	Mass enucleated	"
2	Fibro cystic tumors of both breast	Tumor mass enucleated	"
1	Small fibroma of left anterior chest wall	Tumor mass enucleated	"
3	Tumor mass in left breast	Mass extirpated (benign)	"
1	Carcinoma of right breast	Radical amputation of right breast	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
4	Carbuncle of neck	Incised and drained	Recovered
2	Carbuncle of back	Incised and drained	"
3	Chronic cholecystitis	Cholecystectomy	"
2	Empyema of gall bladder	Cholecystectomy with drainage	1 Died 1 Rec'v'd
1	Lipoma of back	Tumor enucleated	Recovered
4	Cervical adenitis	Glands enucleated	"
5	Cellulitis of arm	Incised and drained	"
6	Cellulitis of leg	Incised and drained	"
1	Cellulitis of right hand and thumb	Incised and drained	"
4	Sebaceous cyst of scalp	Cyst extirpated	"
1	Sebaceous cyst of face	Cyst extirpated	"
2	Cyst of scrotum	Cyst extirpated	"
2	Arteriosclerotic gangrene of right foot	Amputation above knee joint	"
1	Gangrene of left foot and leg	Amputation above knee joint	"
4	Toxic adenoma of thyroid gland	Thyroidectomy	1 Died 3 Rec'v'd
2	Empyema of right pleural cavity	Rib resected and drainage inserted	Recovered
1	Empyema of left pleural cavity	Rib resected and drainage inserted	"
1	Pericardial effusion	Resection of rib at costo-sternal margin, aspiration of pericardium	Died
1	Fracture of right olecranon	Cast applied	Recovered
5	Fracture of neck of right femur	Fracture reduced and leg immobilized	"
10	Fracture of neck of left femur	Fracture reduced and leg immobilized	"
1	Fracture of middle third of right clavicle	Fracture reduced and arm immobilized	"
1	Fracture of distal end of fifth metacarpal bone of left hand	Fracture reduced and splints applied	"
1	Fracture of right clavicle outer third	Fracture reduced, arm immobilized	"
5	Colles (left)	Fracture reduced and splints applied	"
2	Colles (right)	Fracture reduced and splints applied	"
1	Fracture of lower third of left humerus	Fracture reduced and splints applied	"
1	Fracture of middle third of right ulna	Fracture reduced and splints applied	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Results*
1	Com. fracture of middle third of right femur	Fracture reduced and splints applied	Recovered
1	Fracture of 4th and 5th metatarsal bone of right foot	Fracture reduced and cast applied	"
1	Fracture of left humerus	Fracture reduced and splints applied	"
2	Fracture of right tibia and fibula, middle third	Fracture reduced and splints applied	"
1	Fracture of styloid process of fibula	Fracture reduced and cast applied	"
1	Fracture of lower third of left fibula	Fracture reduced and cast applied	"
1	Fracture of right fibula, lower third	Fracture reduced and cast applied	"
	Fracture of metacarpal bone of little finger	Fracture reduced and splints applied	"
	Fibrous ankylosis of middle finger of right hand	Adhesions broken up	"
1	Impacted fracture of the neck of both femurs	Both fractures immobilized	Improved
1	Fracture of surgical neck of left humerus	Fracture reduced and splints applied	Recovered
1	Fracture of surgical neck of right humerus	Fracture reduced and splints applied	"
1	Fracture of middle third of right femur	Fracture reduced and splints applied	"
1	Potts fracture of left fibula	Fracture reduced and splints applied	"
1	Fracture of the great trochanter of left femur	Fracture reduced and cast applied	"
1	Fracture of left fibula, middle third	Fracture reduced and cast applied	"
1	Fracture of outer third of left clavical	Fracture reduced and arm immobilized	"
1	Fracture of upper third of tibia and fibula and lower third of tibia and fibula	Fractures reduced and leg immobilized	"
2	Fracture of 2nd metacarpal bone, middle third (left hand)	Fracture reduced and splints applied	"
1	Fracture of 5th metacarpal bone of left hand	Fracture reduced and splints applied	"
1	Fracture of 4th metacarpal bone of left hand	Fracture reduced and splints applied	"
1	Com. fracture of left ulna	Fracture reduced and splints applied	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
2	Dislocation of right shoulder.....	Dislocation reduced.....	Recovered
1	Dislocation of left shoulder	Dislocation reduced	"
1	Dislocation of right thumb.....	Dislocation reduced, thumb immobilized	Recovered

Owing to the crowded condition of the wards, the disproportionately large number of aged patients, and the lack of sufficient personnel, the number of fractures and other injuries received on the wards has been considerable. There have been no serious injuries sustained by patients in the course of their occupation. One woman died as a result of accidental poisoning from a self-administered drug. One man patient committed suicide by hanging. Among employees there have been a number of minor injuries sustained in the course of duty; one man who has been employed at the greenhouse for about twenty years was accidentally struck by a hospital truck while crossing a roadway between two sections of the gardens and sustained a possible fracture of the skull and other injuries.

The record of births at the institution shows six deliveries during the year; four were normal and two, as shown in the surgical list, were Caesarean sections.

Patient admitted April 25, 1934; female child born October 12, 1934. The child was legitimate and both mother and child were removed October 30, 1934.

Patient admitted August 22, 1934; female child born December 11, 1934. The child was illegitimate and was removed by The State Board of Children's Guardians, Newark, April 9, 1935.

Patient admitted May 23, 1932; male child born December 12, 1934. Patient was permitted to go out on the grounds with her husband. The child was legitimate and was removed by The State Board of Children's Guardians, February 28, 1935.

Patient admitted April 8, 1933; on parole September 6, 1933 to May 25, 1934; male child born December 21, 1934. The child was illegitimate and was removed by the Associated Catholic Charities, Newark, on February 15, 1935, pending placement by the The State Board of Children's Guardians.

Patient admitted October 6, 1933; on parole July 13, 1934 to October 28, 1934; female child born April 5, 1935. The child

was legitimate and was removed to the Convalescent Home for Nursing Mothers, Newark, on April, 25, 1935.

Patient admitted October 18, 1934; female child born April 27, 1935. The child was legitimate and was removed to the Bergen County Welfare Home on June 4, 1935.

Health Service For Employees

This year I am giving a special section to this subject as the work has gradually increased in importance until it forms a noteworthy item in the medical division. Employees and, in some instances, dependent members of their immediate families have been regularly given medical and surgical service as a part of their compensation and in order to safeguard the hospital as a whole. This work has been handled at the Clinic building under the direction of Dr. Joseph Donovan, senior physician; the more important surgical operations will be found included in the general list given by Dr. Collins. Dr. Donovan has submitted a detailed report which I have condensed as follows:

"During the year we have continued to examine new employees with the exception of the attendants, who have changed too rapidly to make such service possible with the availabe staff. The examination consists of complete physical, Wasserman, urinalysis, and, for those connected with the dairy or the handling and pre paring food, elimination tests for diphtheria and typhoid carriers. Each new class of student nurses received complete physical and serological examinations, Schick and Dick tests, typhoid inoculations, and vaccinations. As close a check has been kept on the health of employees as possible; many have been re-examined from time to time; tetanus antitoxin has been administered whenever it seemed advisable; in many cases treatments and special diets have been instituted.

The out-patient section shows 2,824 services rendered during the year. One ward has been maintained for the care of medical and surgical bed cases among the employees. During the year 558 have been admitted to this ward, of which number 104 were surgical cases and 454 medical. Among the surgical cases the greatest numbers were: appendectomies, 32; fractures, 18; infections, 15. The medical service was varied but the greatest numbers were found in the respiratory infections: grippe*, 180; influenza,

*Grippe designated a relatively mild illness with fever and aching, more severe than ordinary colds.

35; bronchitis, 12; tonsillitis, 15. Disturbances of the digestive system also brought in a number of cases, with 19 gastritis, 5 gastric ulcer, and 20 possible appendicitis. There were four deaths among employees during the year and the father of one employee, admitted in critical condition in the out-patient section, died of cardiac insufficiency. The deaths among employees will be discussed more fully later under the heading of "Loss of Employees."

Division of Urology, Proctology, and Colonic Therapy

An excellent surgical and treatment division has been worked up under the direction of Dr. Marshall D. Hogan, who has taken extensive training and is thoroughly competent to give the hospital a high type of service in these often neglected specialties. He has submitted the following report:

"For the past year this division has continued with the same personnel as the previous year. We are now equipped to inject varicose veins. The following work has been done in the urology section:

UROLOGY

Cystoscopies and pyelograms	25
Urethral dilatations	126
Bladder irrigations	105
Urethral irrigations	42
Urethral smears	86
Prostatic massage	91
Retention catheter	10
Total	485

Operations:

Male

Supra pubic cystotomy	3
Prostatectomy	2
Dorsal slit	3
Circumcision	3
Total	11

This is the fifth year that the work in proctology and colonic therapy has been carried on at the hospital. The patients seem to appreciate it more and more, and in many instances request that the irrigations be continued or renewed. Rectal examinations have been made, both as routine and in consultation, at the request of the ward physicians. The two technicians, Mr. Jack Taylor,

R. N. and Miss Evelyn Soper, R. N. are to be commended, not only for their work in colonic therapy but also for their valuable assistance in the whole division.

PROCTOLOGY

	Male	*Female*	*Total*
Number of rectal examinations	808	690	1,498
Consultations with examinations	130	62	192
Proctoscopic examinations	29	10	39
Total	967	762	1,729

Operations:	*Male*	*Female*	*Total*
Hemorrhoidectomy	31	40	71
Injection hemorrhoids	2	—	2
Moschowitz's operation	1	1	2
Pilonidal cyst	2	—	2
Proctotomy	1	—	1
Injection for pruritus ani	6	—	6
Anal polyp	2	—	2
Ischio-rectal abscess	12	—	12
Thrombotis hemorrhoids	8	—	8
Anal skin tags—excision	3	5	8
Total	68	46	114

COLONIC THERAPY

	Male	*Female*	*Total*
Number of irrigations	6,162	6,236	12,398
Number of patients treated	381	480	861
Number of patients completed	322	429	751
Average number of irrigations per patient	16	13	29
Fecal impactions removed	40	54	94

Gynecological Division

The same routine for gynecological service has been followed as outlined in previous reports. The work has been carried on by the woman physician, Dr. Margaret Douglas, who has been in charge of the division for a number of years, and is competent and experienced. Routine examinations have been made on women patients on admission, and other patients have been examined when referred by the ward physicians. Consultations have been held with the surgical division when possible operative conditions have been discovered, and treatments have been given as indicated. Examinations have also been made of women employees, and medical advice, prescriptions, and treatments given in numerous instances, particularly for dysmenorrhea among the student nurses

and other younger women. Dr. Douglas has submitted the following report for the year:

EXAMINATIONS

New patients	705
Referred patients	219
Returned patients	89
Employees	345
Total	1,358

TREATMENTS

Number of patients treated	2,338
Number of endocrine treatments	2,274
Number of Elliott treatments	300
Number of surgical consultations	140
Number of treatments for employees	1,980

SMEARS

Number of smears	747
Number of smears positive	1

Seven patients were found to be pregnant on admission; the deliveries have already been listed under the surgical division, as have the majority of the 110 gynecological operations performed. Twenty-two patients referred by Dr. Douglas have received x-ray therapy.

Dental Division

The dental division is an active and valuable branch of the treatment service for patients. It has been continued this year under the able direction of T. R. Palmer D. D. S., chief resident dentist, with Dr. J. F. McCluskey as junior assistant, Mr. P. R. DeNapoly as mechanical dentist, and two internes. Dr. Palmer has submitted the following report:

"The only change in the personnel of the division this year has been in the internes: Dr. J. J. Gindes resigned on July 16, 1934, and Dr. Edward S. McManus resigned on December 31, 1934; they were succeeded by Dr. Maxwell Serotkin, who reported for duty July 17, and Dr. Angus M. Brown, who reported for duty January 1, 1935. In addition to the regular hospital work, we have continued throughout the past year the dental care of the wards of the Morris County Children's Home and of such wards of the State Board of Children's Guardians as are being boarded in this vicinity. On March 18, 1935, we took over the dental care

of the Morris County Welfare Home where 88 indigent men and women were examined and relieved of the discomfort of septic and aching teeth. In March also, by arrangement with the central office at Trenton, our laboratory took over the prosthetic work required at the New Jersey State Home for Boys, Jamesburg, as it was found that we could do the work here at much less cost than a commercial dental laboratory.

During the year we have collected from patients' relatives the sum of $666.00 for dental services. This is $119.00 less than last year, and the lowest amount received in many years. In no case has the patient been allowed to suffer in any way by delay because of the failure of his relatives to make the payment requested.

The following tabulation shows the work done for hospital patients and also for the other organizations already mentioned; it will be observed that there is a considerable increase in most of the services rendered over the high record established last year:

EXAMINATIONS

New patients	1,526
Ward patients	4,937
Total	6,463

X-RAY

Intra-oral examinations in dental office	3,325

TREATMENTS

Prophylaxis	7,848
Vincent's infection treatments	437
Other dental treatments	2,915
Total	11,200

ORAL SURGERY

Impactions removed	444
Buried roots removed	256
Cysts removed	96
Surgical removal of teeth	2,014
Alveolectomies	234
Fracture, mandible	3
Cellulitis opened and drained	18
Papiloma removed	3
Epidermoid carcinoma	1
Total	3,068

EXODONTIA

Extractions	6,592

FILLINGS

Total fillings	4,789

REPLACEMENTS

Denture, full upper or lower	131
Denture, partial with gold clasps	64
Denture, partial with lingual bar and gold clasps	35
Total new dentures	230
Bridges—fixed and removable	10
Dentures repaired	162

WARDS OF MORRIS COUNTY CHILDREN'S HOME

Extractions	192
Prophylaxis	174
Fillings	312
Dentures, partial with gold clasps	2

WARDS OF STATE BOARD OF CHILDREN'S GUARDIANS

Extractions	93
Prophylaxis	37
Fillings	65

WELFARE HOUSE

Examinations	88
Extractions	26
Denture repaired	1

NEW JERSEY STATE HOME FOR BOYS

Dentures partial with gold clasps	3

Eye, Ear, Nose and Throat Division

Dr. P. J. Gambill, senior physician, has continued to carry on the medical and surgical work of this division during the past year. Dr. Gambill has had excellent training in his specialty and is interested in keeping up with current progress. His health has not been good for the past three years which has compelled him to limit his activities somewhat. He has submitted to me a detailed report, which I have condensed by omitting the names of the diseases treated; mention should be made, however, of the number of foreign bodies successfully removed from the esophagus, including six safety pins; a pin and a needle were removed from the lung, and a collar button from the left bronchus; in order to perform this last operation the patient was taken to the Presbyterian Hospital in Newark, since the foreign body had been in the lung at least four years and this institution was not equipped with some of the apparatus needed. All of the required work was performed

by Dr. Gambill during the year, with the exception of one operation, a mastoidectomy, which became necessary while he was ill and for which Dr. Matthews, a specialist from Morristown, was called in.

The routine work consists of complete eye, ear, nose and throat examinations of each new patient on admission, with the prompt instituting of such treatments as seem advisable. Other patients are referred by the ward physicians for examination and treatment. In his report Dr. Gambill states: "Personally, I think that keeping the patients' eyes properly refracted so that they may be able to carry on their ward activities, including reading and occupational therapy, is one of the most gratifying services that this division renders."

In addition to the routine examinations performed upon newly admitted patients the following tabulation shows the work of this division:

EXAMINATIONS

	Eye	*Ear*	*Nose*	*Throat*	*Total*
Patients, special	490	670	510	920	2,590
Employees, special	201	110	91	293	695
Total	691	780	601	1,213	3,285

TREATMENTS

Patients:	*Eye*	*Ear*	*Nose*	*Throat*	*Total*
No. treated	666	251	290	285	1,492
No. treatments	904	975	1,025	416	3,320
Employees:					
No. treated	143	85	112	143	483
No. treatments	219	212	188	221	840

SURGICAL OPERATIONS

Operation Performed:	*Patients*	*Employees*	*Total*
Adenoidectomies	36		36
Antrotomies	46		46
Brain abscess (drainage)	1		1
Bronschoscopy	4		4
Cauterization corneal ulcer	10	3	13
Cauterization inferior turbinate	4		4
Cauterization nose (anterior part)	3		3
Curettement middle ear	69		69
Diagnostic bronchoscopy		1	1
Diagnostic esophagoscopy		1	1
Diagnostic laryngoscopy		7	7
Dilation eustachian tubes	50	10	60

	Patients	*Employees*	*Total*
Dilation, lacrymal duct	8	2	10
Dilation, naso-frontal duct	38		38
Direct laryngoscopy	16		16
Drainage, abscess of mastoid	3		3
Ethmoidotomies	61	16	77
Incision and drainage abscess ear	8		8
Incision and drainage abscess face and orbit	3		3
Incision and drainage abscess of orbit	8	1	9
Incision and drainage abscess of septum		3	3
Incision and drainage hordeolum eyelid	28	12	40
Incision and drainage peri-tonsillar abscess		10	10
Intra-ocular discission subsequent to cataract extraction	1		1
Iridectomies	5	1	6
Mastoidectomies	2	1	3
Myringotomies		15	15
Paracentesis of ear drums	24		24
Partial submucous resection of septum	19		19
Plastic repair of eyelid	2		2
Post-operative curettement mastoid	5		5
Radical antrum, modified		2	2
Removal aural polyps	7	3	10
Removal nasal polyps	9	2	11
Removal foreign body from eye	26	36	62
Removal foreign body from esophagus	8		8
Removal cataract	4	1	5
Removal chalazion of eyelid	5	1	6
Removal lingual tonsil	41		41
Repair lacerated eyelid		2	2
Resetting fractured nose		7	7
Setting fractured nose	19		19
Sphenoidotomies	25	2	27
Tonsillectomies	81	3	84
Turbinectomies, anterior	12		12
Turbinectomies, partial		6	6
Total	713	148	861

In his report Dr. Gambill commends highly the work of Miss Thomas, the nurse regularly assigned to his division.

Pathological Division

The continued importance of a quick, accurate, and comprehensive laboratory service in a modern hospital can hardly be overestimated. We are fortunate in having an excellent pathologist, Dr. Thomas B. Christian, who has built up a competent organi-

zation capable of handling a vast amount of detail. The total number of tests reported exceeds by more than 1,000 the record established last year. Dr. Christian has submitted the following report:

"The gross total number of examinations for this year is 53,944. The pathological laboratory has continued the same routine tests for patients on admission, as follows: Chemical and microscopical examination of urine; complete blood counts—red, white, hemoglobin, and differential—with reports of any abnormal blood pictures that may be present; chemical examination of blood consisting of urea, non-protein nitrogen, creatinine, sugar and calcium determination, Wassermann tests (Kolmer method), Kahn test, and Hecht-Gradwohl test; routine spinal fluid examination consisting of Wassermann, cell count, globulin, total protein, quantitative sugar and colloidal gold curve test; and cervical and vaginal smear examinations on all female patients. Laboratory tests are repeated at the request of the ward physicians.

Treatment of syphilitic meningo-encephalitis and of the meningo-vascular type of syphilis of the central nervous system, as well as of tabes dorsalis, has been continued as heretofore; the malaria plasmodium treatment is used, both tertian and quartan types according to indications in the indivdual case, the patient being kept under treatment for from three weeks to three months, depending upon reactions and condition, after which he is given quinine sulphate and blaud's pills for from three to six weeks; later, when physical condition warrants, tryparsamide treatment is used for various periods of time. All cases of syphilis of the central nervous system, with or without psychosis, found immune to the malaria plasmodium or giving unsatisfactory results, are put on fever therapy, using mixed typhoid vaccine intravenous inoculation and giving the second dose during the elevation of temperature caused by the first. Patients with general syphilis, not affecting the nervous system are given regular anti-syphilitic treatment. Each patient leaving the hospital after having been under treatment for any form of syphilis is advised either to continue treatment with his family physician or local clinic, or, if he prefers, to return to this institution for periodic examination of blood and spinal fluid and further treatment as needed.

The following table shows the regular treatment of syphilis:

New Jersey State Library

	Male	*Female*	*Total*
No. of cases under treatment	175	62	237
No. of doses of neo-arsphenamine administered	450	276	726
No. of doses mercury and other drugs administered	3,675	904	4,579

The venereal disease clinic for indigent cases in Morris County has been held on Friday afternoon between 2:00 and 4:00 o'clock. Patients referred to this clinic must be accompanied by a written request from a physician and must be charity cases. The Board of Health insists that we obtain the name and source of infection of each patient coming to this clinic. The drugs used have been furnished by the United States Department of Health, Venereal Disease Section. Patients on parole from this institution who need treatment are accepted at this clinic.

Cases Treated:	*Male*	*Female*	*Total*
Syphilis	218	109	327
Gonorrhea	96	48	144
Chanchroid	15	4	19
Total	329	161	490

It is with gratification that the pathological division reports an increase in the number of basal metabolism examinations. The number of autopsies arranged is greater than in previous years. Some very interesting data has been collected from the basal metabolism work and the autopsies have proved valuable to the medical service as a whole and have supplied some fine pathological specimens.

SUMMARY OF THE WORK OF THE PATHOLOGICAL LABORATORY

	Male	*Female*	*Total*
Urine:			
Chemical and microscopical	2,995	2,739	5,734
Quantitative for albumin	994	1,152	2,146
Quantitative for sugar	317	318	635
Quantitative for chlorides	16	12	28
Cultures for types of bacteria	27	18	45
Microscopical examination of stained smears	102	68	170
Phenolsulphonephthalein functional tests	24	16	40
Positive casts	652	534	1,186
Blood:			
Enumeration of red blood cells	936	1,072	2,008
Enumeration of white blood cells	1,245	1,302	2,547
Estimation of hemoglobin	242	438	680
Differential leukocyte counts	1,245	1,302	2,547
Examination for plasmodium malaria	73	50	123

Blood: (*Continued*)	*Male*	*Female*	*Total*
Widals	60	38	98
Cultures	28	22	50
Examination for pneumococcus	24	12	36
Determination for blood groups	42	16	58
Color index	168	308	476
Bleeding times	57	44	101
Platelets	25	22	47
Estimation of coagulation time	68	46	114
Blood picture	140	205	345
Enumeration of reticulated red blood cells	28	34	62
Sedimentation rates	33	34	67
Fragility tests	12	9	21
Vandenberg tests	12	7	19
Undulent fever	4	3	7
Acetone	6	4	10
Sugar	1,096	992	2,088
Non-protein nitrogen	998	865	1,863
Urea nitrogen	977	851	1,828
Creatinine	986	842	1,828
Uric acid	16	12	28
Cholesterol	27	20	47
Calcium	783	728	1,511
Chlorides	16	4	20
Icterus index	14	11	25
Total nitrogen	10	4	14
Tests for CO_2 in the blood	14	8	22
Wassermann tests	1,470	964	2,434
Hecht-Weinberg-Gradwohl tests	1,470	964	2,434
Kahn test	1,470	964	2,434
Spinal:			
Wassermann tests	1,060	265	1,325
Cell counts	1,087	321	1,408
Globulin	1,060	252	1,312
Protein	1,060	252	1,312
Colloidal gold curve	1,034	318	1,352
Microscopical examination of stained smears	96	19	115
Cultures	14	6	20
Quantitative sugar estimations	1,060	265	1,325
Quantitative chlorides	6	3	9
Non-protein nitrogen	4	2	6
Creatinine	4	2	6
Sputum:			
For tubercle bacilli	86	53	139
For bacterial flora	16	14	30
Cultures	19	6	25
For types of pneumococci	21	12	33

	Male	Female	Total
Feces:			
For parasitic organisms	33	45	78
For tubercle bacilli	18	9	27
For typhoid bacilli	21	16	37
For bacterial flora	32	19	51
For occult blood	64	21	85
Smears:			
For gonococci	42	765	807
For treponema pallidum	6	2	8
From diphtheria cultures	14	9	23
From eyes	6	5	11
From pus from ears	5	19	24
From pus from wounds	10	12	22
Examination of gum for Vincent's angina	42	53	95
Examination of throat for Vincent's angina	25	48	73
Stomach Contents:			
Total acidity	21	21	42
Free HCl	21	21	42
Combined HCl	21	21	42
Salts	4	2	6
For Oppler Boas bacillus	6	4	10
Cultures	3	2	5
Occult blood	16	8	24
Miscellaneous:			
Patients inoculated with malaria	120	31	151
Autogenous vaccines	21	18	39
Cultures from teeth	6	4	10
Examination of granulomas	12	9	21
Basal metabolism estimations	37	66	103
Sugar tolerance tests	6	3	9
Examination of tissues	51	139	190
Autopsies	88	55	143
Typhoid vaccine (doses)	2,513	2,165	4,678
Ascheim-Zondek test		20	20
Agglutination tests for streptococci	6	4	10
Total number	28,819	22,460	51,279
Water:			
For colon bacilli			42
For typhoid bacilli			38
Bacterial counts			42
Quantitative chlorine estimations			16
Milk:			
Specific gravity			328
Fat contents			328
Total solids			328
Proteids			328
Sugar			328
Bacterial counts			328
Smears for pus and blood			365

Miscellaneous chemical tests (Organic and inorganic)	194	
Total number	2,665	
Grand Total		53,944

Roentgenology and Electrotherapeutics

X-ray work has continued to be an important factor in the medical service, and has been constantly used for diagnosis. Electrotherapy in its various forms has likewise been in steady demand. The report for the year shows a decided increase in the amount of work over last year, with 864 more x-ray exposures and a rise of 26% in the number of electrotherapeutic treatments. Dr. George R. Hampton, senior physician, has been in charge of the division and has given close attention to all phases of the work. Dr. Hampton has the longest service to his credit of any assistant physician on the staff, having now completed twenty-five years on duty at this institution. He has submitted she following summary:

ROENTGENOGRAPHY

EXPOSURES:	
Head	996
Maxilla	2,713
Chest	674
Abdomen (Barium meal)	502
Kidney	70
Gall-bladder	48
Hip	104
Pelvis	45
Upper extremity	529
Lower extremity	384
Spine	63
Teeth	250
Total exposures	6,378
DIAGNOSES:	
Fractures:	
Skull	19
Mandible	3
Clavicle	4
Rib	11
Humerus	9
Radius	23
Ulna	14
Metacarpal	16
Phalange	10
Femur	35

Fractures: (*Continued*)

Tibia	8
Fibula	15
Metatarsal	5
Nasal bone	6
Patella	2
Pubic bone	2
Dislocations:	
Humerus	3
Phalange	1
Clavicle	1
Osteomyelitis:	
Femur	6
Tibia	1
Fibula	6
Phalange	8
Metatarsal	1
Radius	2
Humerus	6
Pubis	1
Vertebra	3
Foreign Bodies:	
Skull—bullet	2
Spine—bullet	1
Esophagus—pins	3
Stomach—pins	3
Stomach—spoon	1
Colon—pins	1
Foot—bullet	1
Chest:	
Pulmonary tuberculosis (acute)	166
Pulmonary tuberculosis (chronic)	103
Bronchitis	11
Pleurisy with effusion	13
Aortic aneurism	4
Cardiac hypertrophy	25
Thickened pleura	16
Pneumonia	2
Bronchiectasis	2
Carcinoma of lung	2
Abdomen:	
Appendicitis—chronic	3
Colonic hypomotility	6
Intestinal ptosis	5
Gall stones	8
Cancer of the stomach	8
Ulcer of stomach	10

Abdomen: (*Continued*)	
Ulcer of duodenum	4
Collitis	5
Abdominal tumor	2
Kidney stones	4
Hydronephrosis	2
Congested kidney	3
Teeth:	
Impactions	173
Periapical abscess	175
Pyorrhea	239
Septic roots	176
Cyst	11
Miscellaneous:	
Mastoiditis	12
Sinusitis	10
Curvature of spine	6
Arthritis	11
Ankylosis	5
Bone sarcoma	3
Brain tumor	4
Paget's disease	1

ELECTRO-THERAPEUTIC AND X-RAY TREATMENTS

High frequency current	3,055
Galvanic and sinusoidal currents	110
Vacuum electrode	563
Ultra violet rays	608
Diathermia	679
Infra red rays	152
Static head breeze	923
Static spark	126
Electrolysis	28
Morse wave	56
Fulgration	8
Electrical vibration	80
X-rays	184
Total treatments	6,572

Tuberculosis

The system of special care for the tuberculous which was established three years ago is still being followed. As far as capacity permits, those patients afflicted with the pulmonary form of the disease have been cared for in the Tuberculosis building; during most of the year about thirty more patients have been housed in this building than its planned capacity of 126, with corresponding

detriment to the service. Dr. D. G. Melvin has continued in charge of the work as resident physician, while Dr. H. S. Hatch, Superintendent of the Morris County Sanatorium for the Tuberculous, has acted as part time consultant. Dr. Hatch has submitted the following data regarding his work here:

Diagnosis:	*No. Examined*
Active pulmonary tuberculosis, moderately advanced	63)*
Active pulmonary tuberculosis, far advanced	42)
Inactive pulmonary tuberculosis, minimal	3
Inactive pulmonary tuberculosis, moderately advanced	84
Inactive pulmonary tuberculosis, far advanced	6
Pleurisy with effusion	3
Childhood type inactive tuberculosis	20
Tuberculosis suspects	16
Chronic adhesive pleuritis	14
Lobar pneumonia	3
Bronchial asthma	7
Infectious endocarditis	3
Pneumonitis	2
Tuberculous orchitis	1
Lung abscess	1
Lung malignancy	1
Chronic bronchitis	10
Stokes Adams syndrome	1
Spontaneous pneumothorax	2
Atelectasis	1
Negative for chest disease	107
Total number examined	390
Number artificial pneumothorax treatments given	480
Number thoracenteses	35
Number phrenicoexaireses (by Dr. Collins)	13
Number lipiodol instillations	6
Number Mantoux tests given	160
Number patients under collapse therapy	28
Number patients under actinotherapy	30

During the year 101 patients were admitted to the Tuberculosis building; their classification on admission was as follows:

Diagnosis	*No. of Cases*
Pulmonary tuberculosis, far advanced	51
Pulmonary tuberculosis, moderately advanced	45
Pulmonary tuberculosis, minimal	2
Lung tumor	1
Pericarditis	1
Pleurisy with effusion	1
Total	101

*Of the active cases listed, 65 were new cases and 50 were re-examinations.

During the year 79 patients were discharged from the Tuberculosis division; of these, 21 were considered to have their tuberculosis arrested at the time of discharge.

Occupational Therapy Division

In an institution of this size and type a great variety of occupation is available for patients. Hospital housekeeping offers many opportunities, from simple pushing of the polishing blocks on the floors, setting up and taking down beds, and transporting laundry, furniture, and other articles, up to the more complicated work in clothes rooms, kitchen, laundry, mending and marking rooms, and so on. The farms, gardens, greenhouses, grounds, and dairy also provide varied types of activity, and special positions as messengers or as helpers in the cottages and offices, storehouse and cafeteria, are available for the more intelligent and reliable workers. In every instance, the patient is assigned to work by the ward physician and every effort is made to select a type of employment suited to the individual and calculated to promote his physical and mental health.

Special activities are provided in the occupational therapy division, under the direct supervision of Dr. George B. McMurray, senior physician, who has had much success in promoting recoveries among the patients as well as in producing attractive and useful articles for sale and in supplying the institution with much needed goods. Dr. McMurray has submitted the following report:

"The occupational therapy division of this institution is subdivided into several sections including Men's Arts and Crafts, Women's Arts and Crafts, Printing and Bookbinding, Concrete Block Industry, and Curative Workrooms. Each section is under the supervision of a competent and well trained occupational therapist and all instructors keep constantly in mind the value of the work from a therapeutic standpoint. Every patient is assigned to that particular kind of occupation that will be of the greatest benefit to him. During the year exhibits were arranged at the Flemington Fair, the Trenton State Fair, and at various other places. Following is a list of the work accomplished in each section this year:

MEN'S ARTS AND CRAFTS PRODUCTION

Articles Made:	*Number*
Brooms, regular	2,160

Articles made:	*Number*
Brooms, whisk	6
Brooms, hearth	69
Scrub brushes	12
Childs toy chairs and rockers	165
Toys, various	150
Nut bowls, hardwood	6
Smoking stands	8
Bird houses	25
Adirondack chairs, regular	57
Adirondack chairs, small	6
Toy kitchen cabinets	7
Chairs caned	427
Coca fibre mats	26
Rugs, loom	196
Rugs, hooked	75
Rugs, tied	20
Serving tables	6
Willow chairs, regular	17
Willow chairs, small	3
Willow chairs, extensions	3
Willow hampers	17
Fireside wood baskets	14
Dog and cat baskets	20
Scrap baskets	15
Cut flower baskets	61
Market and utility baskets	211
"Wet Wash" baskets	23
Fancy flower baskets (reed)	432
Hampers	7
Bed serving trays	33
Melon baskets	38
Ferneries	24
Total	4,339
Articles for Hospital Use—Made and Repaired:	
Settees recaned	17
Willow chairs repaired	55
Chairs recaned (with cane)	331
Chairs recaned, seat and back, flat reed	57
Chairs, recaned, seat only, flat reed	79
Tables repaired	14
Pictures framed	19
Galleys—new table top, repairs, etc	46
Hooked and tied rug frames	8
Maple blocks	36
Ping Pong tables	4
Metal stencils	12

Articles for Hospital Use—Made and Repaired:	*Number*
Fern stands, repaired and painted	9
Press repaired	1
Type blocks	2
Step ladder	1
Scrap baskets repaired	10
Total	701
Material dyed for hospital use (pounds)	472
Waste paper salvaged and baled (tons)	37¼
Broom handles salvaged	916
Willows, cultivated and stripped (bundles)	350
Articles Sent to Store House:	
Brooms	2,242
Brooms, whisk	4
Scrub brushes	434
Baskets	6
Rag rugs	162
Tied rugs	1
Hampers	3
Willow chairs	17
Willow extensions	2
Willow tables	1
Willow ferneries	14
Total	2,886

WOMEN'S ARTS AND CRAFTS

Articles made:	*Number*
Braided rugs	202
Hooked rugs	70
Hooked rug seats	56
Stocking dolls	58
Toy cats	32
Toy dogs	18
Toy bunnies	18
Fancy articles consisting of spreads, doilies, embroidered towels, center pieces, luncheon sets, pillow cases, aprons, etc	744
Total	1,198

PLAIN SEWING

Articles made:	*Number*
Sheets, single	4,791
Sheets, double	1,461
Pillow cases	7,243
Towels, huck hand	4,589
Towels, linen crash	861
Towels, roller	8

Towels, special dish	2,008
Towels, from sugar bags	1,416
Table cloths	146
Table napkins	452
Gingham dresses	4,071
Night dresses	4,063
Night shirts	1,355
Drawers	908
Petticoat slips	1,796
Aprons, kitchen and ward	293
Petticoats, flannel	210
Laundry bags, large	358
Burial suits	575
Doctors gowns, various	108
Infants' wear	230
Crash scarfs	205
Screen covers	147
Bed pads	535
Alterations, mending, repairing, hemming, various garments and other articles	1,031
Total articles	38,860

PRINTING AND BOOKBINDING PRODUCTION

	Printing	*Ruling*	*Binding*	*Padding*
Greystone Park	2,217,089	953,039	17,665	15,946
Trenton	4,485	8,970	.....	.....
Total	2,221,574	962,009	17,665	15,946

CONCRETE BLOCK INDUSTRY

Size	*Variety*	*Number*
4″ x 8″ x 16″	Concrete	1,255
" " "	Rock face	1,180
" " "	Cinder	775
8″ x 8″ x 8″	Concrete	100
" " 16″	Concrete	2,945
" " 16″	Corner	350
	Total	6,605

CURATIVE WORKROOMS

While the other sections of the occupational therapy division carry on work in special buildings arranged in more or less factory form, the curative workrooms supply activities for patients on their wards or in accessible rooms near by. For the most part, this section deals with recently admitted patients or those of a more restless type, all of whom require close personal attention. The

work is under the direction of Miss Stella McClurkin, who has proved very successful with it. She has handed me the following data:

"The staff consists of 3 trained occupational therapists, with 8 partly trained assistants; 30 classes have been held daily with an average enrollment of 669. During the year 1,568 patients have been treated by prescription of the physicians in this therapy, including 901 new cases. A total of 1,533 articles was completed for sale; 1,438 articles were made for the use of patients, largely from waste material; 46 dresses, made entirely by hand, were completed for the use of patients; 35 yards of bright colored burlap were woven for hospital use and 47 slipper frames were made for use in the classes of this section.

Exhibits were sent to the State Fair at Trenton, and to the annual meeting of the American Occupational Therapy Association at Philadelphia in September, to the Tri-State Institute of Occupational Therapists held in Trenton in March, and to the Annual Meeting of the New Jersey Occupational Therapy Association in Atlantic City in June. An exhibition and sale was held in the division office in the Clinic building on November 20, 21 and 22. Four meetings of the New Jersey Occupational Therapy Association and the meeting of the American Occupational Therapy Association were attended this year. Eight groups of affiliating nurses and two groups of Greystone Park student nurses completed the course in occupational therapy during the year, having been instructed by the staff of the curative workroom.

Physical Education

Work in the physical education has been continued this year along the same lines as developed heretofore. The objective of this division is to engage as many patients as possible in pleasant activity; the results show a general improvement in physical condition among the sluggish and indifferent and an agreeable transfer of energy among over-active types from general noisy disturbance to organized singing, marching, exercises and games. Particular emphasis has been placed upon classes on the wards of longer resident patients, especially women. Other forms of recreation, such as parties, dances, and picnics have been arranged by the physical education instructors at frequent intervals throughout the year, the disorderly patients being handled in ward groups,

while those of cooperative types attended more elaborate affairs in the amusement halls. Schedules have been developed so that this division works in harmony with the different sections of occupational therapy and with the older general set-up for sports and amusements under Dr. McMurray. Mrs. Dorothy Johnson has continued in charge of physical education this year and has done commendable work under difficult conditions. She has submitted a detailed report which I have summarized as follows:

"There has been a shortage of teachers during most of the year, due to delays in replacing those who have resigned and to absences from duty necessitated by illness; most of the sickness was in the nature of grippe or similar infection, but one instructor had a glandular condition which caused considerable absence and finally resulted in her resignation on June 1. At the end of the year the staff consisted of the director, 3 teachers, and 1 junior teacher, as compared with a total of 7 last year and 10 in 1931. Work among the men has been simplified by the assistance of students sent by the Council for the Clinical Training of Theological Students for the purpose of gaining a practical understanding of personality to further their effectiveness in human relations work. Much of their contact with patients has been made through conducting physical education classes. Two students were here last summer until September, one from January through May, and six arrived on June 18, 1935.

Every effort was made during the year to keep up the regular morning and afternoon classes on the eleven wards of the Main Building. Each class had to have two teachers, so with four assigned to this work it was frequently necessary to discontinue other instruction. Whenever the size of the staff permitted, bowling classes for women were arranged in the morning, taking patients from the Dormitory, Senile, and Main buildings. Afternoon classes were held for women patients in the Dormitory building if teachers were available, and also when possible the special exercise rooms in the Reception building were utilized for general and corrective exercises for selected patients. Bowling classes for men were arranged on Wednesdays and Thursdays during the winter under the supervision of the man student then on duty; a bowling tournament was held at the end of the season, with cigarettes as prizes. The average daily attendance at classes this year was women, 425; men 22; total 447. A choir

of men and women patients was organized during the winter to sing at the Sunday afternoon religious services. They met on Tuesday afternoons in the chapel to rehearse for the following Sunday, about twenty were usually in attendance. Near the end of June choir work was discontinued for the summer and an outdoor picnic arranged for the members.

Each month of the year parties were held on the wards of the Main building south, with a program of games, dancing, and singing, and with modest refreshments served. When the weather permitted, lawn parties were arranged for groups on the grounds, adjacent to the various buildings. In the winter season, entertainments were scheduled in one of the amusement halls about once a month, with seasonal decorations. One of the more elaborate was held on Hallowe'en, in the Dormitory Amusement Hall, from seven to nine in the evening. The hall was lavishly decorated in orange and black, with pumpkins, witches, pirates, black cats, and goblins appearing from all corners. About two hundred and fifty patients in costume participated in the grand march. Seasonal games, singing and dancing were enjoyed and music was furnished by the hospital orchestra. Cider, cookies, apples, candy, and cigarettes were served.

As usual, special preparations were made for the observance of Christmas. A letter requesting gifts or money for individual patients or those without friends was sent out by Dr. Curry, and he purchased several truck loads of articles, including sweaters, dresses, coats, bathrobes, underwear, gloves, toilet articles, neckties, candy, tobacco and stationery. These were carefully divided and assigned to different parts of the institution, while a check was made of all incoming gifts. Thus it was possible to see that every patient had a present in readiness for the holiday. On the evening of December 22, the Christmas Tree Party was held. The hall was beautifully decorated with icicles, branches of pine and spruce, and with the stage flanked by two huge trees, covered with colored lights and ornaments, and surrounded with great baskets of wrapped gifts. After a period of carol singing, a play "The Enchanted Christmas Tree" was presented by the patients, trained and directed by the division of Physical Education. Costumes were made in the women's occupational therapy division, and part of the stage setting was built by the men's occupational therapy. The cast of characters was as follows:

Mr. Joshua Benton	Ella, his wife
Maid, in the Benton home	Expressmen
Carolers	Jack Spratt and his wife
White Rabbit	Alice in Wonderland
Turtle	Tweedledee and Tweedledum
Dr. Foster	Pinocchio
Quartet: Candy Cane, Toy Top, Jester, Snowman	
Poinsettia Dance, Youth	Old Lady, Memory scene

The patients gave an excellent performance which was vigorously applauded by the audience, in which were many distinguished visitors. Then Santa Claus (Dr. Curry) entered in costume, extended greetings, and called upon various guests who responded with congratulations and good wishes. At the close, gifts were distributed and each patient present received a package marked with his name. The next day gifts were distributed on the wards for those unable to attend the party.

During the year Mrs. Johnson has conducted eight courses in physical education for the student and affiliating nurses. The courses covered eight sessions, in all. Instruction was given in corrective and therapeutic gymnastics, practical work in games and dancing, and teaching the patients on the wards.

In closing her report, Mrs. Johnson says: The division takes this opportunity to thank the officials of the institution for the interest shown in this particular field throughout the year. The fine assistance given this work by the hospital orchestra and the men's and women's occupational therapy division is deserving of special mention."

Social Service Division

There has been no change in the organization of the social service work this year. Every effort has been made to relieve overcrowding in the hospital by placing patients out on parole, but in more than the usual percentage of cases conditions have made adjustment so difficult that it has been necessary to return the patient to the institution. However, an average parole list of 514—a number almost equal to the normal capacity of the Reception, Senile and Tuberculosis buildings combined—has represented an enormous saving to the State and has acted to hold off the moment when it will become necessary to refuse admissions because of absolute lack of space. The responsibility of supervising such a long list of parole paients is most serious. Miss

Phyllis Pointon has continued in charge of the work and has handled it in a competent and successful manner. She has submitted to me the following data:

"During the fiscal year there was only one change in the personnel of the social service division; this was the resignation of one field worker and the appointment of another to fill the vacancy; the staff consists of eight field workers, two historians, and the director. During the year there were 8,800 visits made in the community regarding patients on parole and in the hospital. In the cases of patients under consideration for parole, 442 preparole investigations were made of homes, both for the purpose of presenting the environmental and social factors to the medical staff and also for the purpose of assisting the families in planning for the future of the patients.

Two hundred seventy-five special investigations were made for the following reasons: 110 to obtain additional information regarding hospital patients; 13 to investigate or make arrangements about financial matters, property, and possessions of hospital patients; 4 to investigate statements made by patients or relatives; 4 to take hospital patients into the community to transact business or visit relatives; 16 to locate relatives of hospital patients; 4 to determine the legal status of hospital patients; 6 to discuss hospital, parole, or discharged patients with outside agencies; 1 to investigate a petition for the release of a hospital patient; 1 to obtain information regarding the home situation and the children of a hospital patient at the request of the Department of Institutions and Agencies; 3 to ascertain the attitude of relatives toward patients in the hospital; 1 to interview a probation officer regarding the release of a hospital patient; 1 to determine the advisability of a voluntary patient leaving the hospital; 1 to interview the mother of a hospital patient and have her take the patient's daughter to the Mental Hygiene Clinic; 3 to obtain information regarding employment for hospital patients and remove them from the institution; 6 to investigate foster homes and provide transportation for babies born in the hospital; 2 to investigate and arrange transportation for inter-state transfer cases; 2 to complete application blanks for the transfer of mentally defective patients to Vineland; 1 to inform relatives of the condition of a patient and ask them to visit her; 1 to determine the advisability of allowing a hospital patient to go to Philadelphia to live with his mother and to

obtain his wife's written consent; 1 to arrange for a patient on temporary visit to remain at home on parole; 1 to determine the advisability of discharging a parole patient; 1 to report the living condition of a discharged patient to the Board of Health at the request of his daughter; 1 to arrange medication under supervision at Medical Center for Jersey City post-encephalitis cases; 2 to obtain signatures on responsibility blanks; 2 to investigate threatening letters received at the institution; 4 to take parole patients from the hospital to their homes; 24 to arrange for survey patients to leave the hospital, obtain homes or positions for them, and to arrange their transportation; 34 to arrange for the return of patients to the hospital from parole, visit, or escape; 9 to investigate the condition of discharged patients at the request of relatives and outside agencies; 13 to arrange for medical or dental services for parole patients, assist them in finding employment or places to live, return personal property to them, or arrange for financial support or provide transportation; 1 to find a rooming place for a woman at the request of an outside agencey; 1 to arrange for the children of a parole patient to be admitted to a vacation camp; and 1 to obtain information to be referred to Commissioner Ellis regarding an outside case whom interested persons are desirous of placing in a suitable institution.

During the year there were 48 surveyed, or recovered, patients removed from the hospital. Five of these were transferred to institutions for the mentally deficient (3 to Vineland and 2 to New Lisbon); 20 were discharged outright and 23 were released on parole. Of the 20 discharges, 14 were discharged to relatives or friends (6 voluntary admissions, 7 without psychoses, 1 non-resident); 2 were released in their own custody (1 without psychosis, 1 non-resident); 1 voluntary admission was released in the care of the Federal Transient Bureau, and 3 had homes found for them as follows: 1 (voluntary) through a philanthropic colored woman who has done much to help people of her own race; 1 (without psychosis) with the Salvation Army; and 1 (voluntary) at an E. R. A. Shelter. Of the 23 paroles, 13 were released to relatives, 3 to friends, 1 to his own custody, 4 to employers after jobs had been found for them, 1 to an E. R. A. Shelter, and 1 to a Catholic Home—Mt. St. Andrew's Villa.

Seventeen patients on parole or families of patients were referred to outside social agencies for assistance; 5 of these were

taken to hospitals or clinics, 5 were referred to clinics for medical treatment, 4 were referred to agencies for employment for financial assistance, 1 to a probation officer for supervision, 1 to a guidance bureau for recreational activities, and 1 to the New Jersey Commission for the Blind for occupational therapy.

Arrangements were made for the placement of six babies born in the hospital. Two were committed to the State Board of Children's Guardians, one was taken to the home of the mother's parents; one was placed in the Bergen County Welfare Home; one was placed in a Convalescent Home through the Newark Social Service Bureau; and one was taken by the associated Catholic Charities pending commitment to the State Board of Children's Guardians. Medical and social histories were obtained regarding 1,227 newly admitted patients; of these 1,227 anamneses, 1,111 were obtained in the office and 116 in the community; to procure the information, 2,085 persons were interviewed. In each case information was obtained from as many sources as possible and every effort was made to locate relatives or friends of patients admitted to the hospital without correspondents. On patients with previous residence in this hospital 97 interim histories were obtained, and 657 abstracts were received regarding patients with previous residences in other hospitals. A total of 8,521 letters were sent out on matters pertaining to the business of the division.

At the request of the medical staff, 47 psychometric examinations were given to hospital patients. Office interviews to the number of 1,472 were held with and in regard to patients on parole or in the hospital and in regard to divisional affairs; 443 special visits were made to patients on the wards.

The division has continued to maintain close contact with other agencies throughout the State and in this way has both given and received information regarding a large number of patients, either in the hospital, on parole, or previously discharged. A large majority of new admissions were registered with the Confidential Social Service Exchange.

Northern New Jersey Mental Hygiene Clinics

All other divisions of hospital work have to do with the problems of patients after they have been admitted to the institution. Even the social service organization assists in the adjustment of patients in the community following a period of hospitalization.

The only preventive measure that we have developed with the purpose of keeping people from having to become hospital patients is the system of mental hygiene clinics. Their value to the community is so great that it is difficult to over-estimate, yet the demand for their services is so much greater than their capacity that at times those most close to the work become disheartened at their inability to meet the community requirements. Also there is continued dissatisfaction in the district because appointments have to be made months in advance for non-emergency cases. The work has been continued this year under the direction of Dr. Earl W. Fuller, who has submitted to me a comprehensive report from which I have unfortunately felt obliged to omit many valuable details.

"The past year has brought no change either in number or location of the different community clinics. The personnel of the clinics has undergone several changes. Dr. Lindsay E. Robinson, Assistant Director, resigned on October 1, 1934, to accept the position of Director of Mental Hygien Clinics of the Trenton State Hospital, and the vacancy was promptly filled by the appointment of Dr. Theodore Gebirtig, a senior resident physician from the staff at Greystone Park, who reported for duty immediately. There was a vacancy on the social service staff from May 15, 1933, until August 1, 1934. Then, on December 15, 1934, Miss Eleanor Ehlert, who had been a member of the clinic staff for five years, resigned to accept the position of Executive Secretary of the Somerset County Foundation. Up to the end of the fiscal year it had not been possible to fill this vacancy, first because of the limitations of salary and requirements of residence in New Jersey and later, after these restrictions were lessened, because of the dearth of psychiatric social workers of the necessary training and experience.

The clinic's contacts with the Smith College School for Social Work and the New York School of Social Work have continued. On September 15, 1934, four students—Miss De Etta Shoemaker, Miss Sylvia Zillmann, Miss Lois Platt, and Mrs. Florine Ellis—from the Smith College School for Social Work reported for their nine months' training period. On March 25, 1935, two students —Miss Marianna Boyd and Miss Frances E. Tomkinson—from the New York School of Social Work reported for training, the first for six months and the latter for three months. It has been

felt that the work contributed by the students is invaluable and well worth the efforts expended by the staff in their training. The clerical and stenographic problems have continued to be rather severe, but have been greatly eased by the presence of three E. R. A. workers in our office, who have been handling the special projects of the students since September. Transportation for field work has been difficult to arrange, since there were only three cars to supply three staff workers and six students.

The demands for clinic assistance are getting more and more numerous. During the past year the clinic workers have had to spend many extra hours of personal time at the clinics and at this date (the end of June) clinic appointments are being scheduled in October for psychiatric examinations and in December for psychological examinations. The community lecture program has been continued as in previous years; thirty-three talks were given by the psychiatrists, thirty-one by the social service workers, and two by the psychologist. Most of these were held in the evenings and both the preparation of material and the giving of the papers consumed considerable amounts of the personal time left after the long clinic hours.

Both public and private social service agencies of our district have been cooperative and in many cases have greatly assisted the clinic in handling maladjustment problems. The agencies have worked with the social service staff, relieving our organization of much detail and making it possible to see more patients. The Gertrude Butts Foundation and the Franklin School have both continued their valuable cooperation and have been of immense assistance. The assistant director has continued his visits to the North Jersey Training School of Totowa, where he has examined many patients and acted as consultant and advisor in numerous personality problems.

The clinic staff was represented at the most important meetings of the various state and national associations this year. At the annual meeting of the American Association on Mental Deficiency, held in Chicago, the psychologist presented a paper on "Mongolian Twins." At the present time Miss Mildred H. Hurley, director of social service, is Chairman of the Mental Hospital Study Committee of the American Association of Psychiatric Social Workers. The Director of the Clinics was a member of the Arrangement Committee for the 1935 Annual Meeting of the

American Orthopsychiatric Association, and is now a member of the Committee on Inter-Clinic Relationship of that same society. He has also been appointed a member of the Committee on Clinics and Social Work of the Ameican Psychiatric Association.

The number of visitors to the weekly staff meetings of the clinic has grown remarkably. Included in the list are 137 nurses of the hospital Training School, 10 theological students taking a course at the hospital, 75 state child hygiene nurses, 7 workers from scattered branches of the Church Mission of Help, 9 men and women of the Federal Transient Bureau, 5 social workers from the Emergency Relief Administration and many others holding important positions in education, social service, nursing, and allied fields; among those who might be named are: Miss Li Chio Chou of Peiping Union Medical College, Peiping, China; Dr. George Stevenson, Director of the Division on Clinics, National Committee for Mental Hygiene; Professor Kimball, Director of Smith College School for Social Work; Professor Earp of Drew University; and Miss Gladys Meyerand of the editorial staff of "Social Science."

In our last year's report a comment was made on the change in the proportion of children and adults coming to the clinics; the same condition has been noted this year, gradually the number of adults is increasing, while the number of children remains more nearly stationary; this year, for the first time since 1928, more adults were reported than children, 947 adults and 937 children. However, it should be noted that these figures are for clinic visits, many of them repeated several times by the same individual, particularly among the adults; the number of individuals seen still shows an excess of children, the figures standing at 439 adults, 640 children, 1,079 total. Each year the clinic has seen a number of mentally deficient persons, many of whom were examined because a diagnosis was needed in order to facilitate institutional placement. Since the clinic staff feels that in most instances time given to such work could be spent more constructively in other fields, it has been hoped that much of this might eventually be taken over by others. This year 150 mentally deficient persons have been examined, a decrease of 27 over the previous year.

The number of clinics held during the year was 184, as follows: Englewood, 25; Franklin, 10; Hackensack, 23; Jersey City, 22;

Morristown, 32; Newark, 19; Newton, 8; Passaic, 21; Paterson, 24. The attendance and examinations may be summarized as follows:

	Adults		Children and Adolescents		
	Male	*Female*	*Male*	*Female*	*Total*
Total number of patients attending clinics	325	622	628	309	1,884
Number of patients examined at clinics	281	552	587	287	1,707
Number of new patients examined	115	185	277	134	711
Number of return patients examined	166	367	310	153	996
Number of patients not examined at clinics	44	70	41	22	177
Turned away	35	37	36	20	128
Others	9	33	5	2	49
Number of individuals examined at clinics	159	280	414	226	1,079
Total number of examinations made at clinics	290	564	632	311	1,797
Number of psychiatric examinations	251	517	300	167	1,235
Number of psychological examinations	39	47	332	144	562
Number of anamneses obtained at clinics	82	122	186	83	473
Reports regarding patients	78	133	221	107	539
Miscellaneous interviews					277

Of the new cases 176 were referred by social agencies; 188 by the school group; 90 by physicians; 58 by the general hospital group; 51 by relatives and friends; 35 by the public health nurse group, and the remainder by various other sources, including 15 referred by the Department of Institutions and Agencies and 15 who came on their own initiative. A total of 2,735 visits were made to the clinics by non-patients. After being seen at the clinic, 302 cases were referred to other clinics, practically all for treatment of physical conditions. In the diagnosis of new cases, child guidance problems comprised 267; mental deficiency, 150; psychoneuroses and neuroses, 47; psyshoses, 18; social adjustment problems, 43; and organic disease, 18; diagnosis was deferred in 139 cases.

The clinic psychiatrists interviewed 829 persons at the clinics, held 19 special consultations with other physicians at the clinics, examined 40 special out-patient cases at Greystone Park, 6 in the community, and 29 at the North Jersey Training School, Totowa. They held 37 conferences with the Superintendent at Greystone Park, visited two other institutions, and attended 17 meetings and conferences.

The clinic social workers interviewed 2,939 persons at the clinics, and contacted 1,425; obtained 473 anamneses at the clinics and 41 special sociological histories in the community, made 902 visits to clinic patients in the community and 3,092 visits regarding such patients, held 818 office interviews regarding patients and

clinic affairs. They made special investigations of foster homes, camps, and schools, attended 80 conferences, conventions and meetings, and visited 22 institutions. They made 1,376 contacts with social agency representatives; 1,235 with school representatives, 222 with court representatives, 417 with physicians, 142 with church representatives, and 975 with relatives and friends of clinic patients. They instructed and used 27 volunteer workers for 24 clinic patients. Psychiatric advice was given regarding 190 persons not clinic patients.

The clinic psychologist made 562 psychological examinations at the clinics, and 38 special examinations; held 444 interviews regarding patients, and attended 161 clinics and 10 meetings and conventions, and visited 4 institutions.

During the year 6,497 letters and reports were sent out by the clinic staff regarding patients and clinic matters.

In conclusion it is again my privilege and desire to express my most sincere thanks to all members of the clinic organization for their cooperation in carrying out the plans and ideals of the clinic and for their unselfish contribution of much personal time to the actual work in the clinics and the educational program of evening lectures. The Director fully realizes the amount of personal sacrifice and inconvenience that the uncertain hours of the clinic work require and he wishes at this time to attempt in some way to let his co-workers in this division feel that he has a real appreciation of their interest in the work which the clinics are doing and the sacrifices which they are making to further the program of the organization.

The Director also wants to express not only his thanks and appreciation but the thanks and appreciation of all members of the clinic staff to the Superintendent, the Board of Managers, and other officials of the Greystone Park State Hospital, and to Commissioner Ellis, for their stimulating interest and assistance in furthering the work of the clinic.

School of Nursing and General Nursing Service

The nursing division has felt the full weight of all the burdens due to overcrowding and economic savings and in addition has had various special problems arizing from the reconstruction of the wards in the Main building south and the high turnover in personnel among the attendants. Also this year there has been

more than the usual amount of illness in this branch of the service which has imposed extra duties on those able to work, both in carrying additional ward service and in nursing their sick co-workers. Despite these almost insurmountable handicaps, I feel that the nursing division has maintained a creditable standard of efficiency in its primary function—the care of the patients—and has cooperated to an unusual degree in the smooth functioning of the institution as a whole. Especial credit is due to the Superintendent of Nurses, Miss Mary E. Corcoran, for keeping up standards and morale within her organization and at the same time maintaining a broad vision of relative values. Miss Corcoran has not been in the best of health for the past six months which has made even more commendable her success in this her very difficult first year as superintendent of nurses.

Miss Corcoran has submitted to me a clear and comprehensive report of her division, but unfortunately I have been obliged to condense it considerably, as follows:

"In the nursing division on June 30, the following personnel was listed: 64 graduate nurses, 61 women, 3 men; 25 Greystone student nurses—18 at this hospital, 7 at other institutions for their affiliation period; 42 affiliating students from 10 schools; 463 attendants—264 men, 199 women.

Changes in the graduate group showed 11 who left the service and 8 who began service. Among those who resigned, 6 left to be married, 1 for post-graduate study, and 1 was transferred to another hospital; services of the remainder were discontinued for various reasons of lack of adaptability to the work required.

Student Nurse Activities: Requirements for admission to the Training School at present include U. S. citizenship, residence in New Jersey, graduation from an accredited high school, a physician's certificate of physical fitness, and statements from two reliable citizens vouching for suitability. With such limitations, the number entering the training course was naturally low, and of these almost half were discontinued before the end of the preliminary period. Four members of the September entrants and 4 of the February group are still in the school. At the beginning of the school year 6 intermediate students went to Orange Memorial Hospital for 9 months affiliation in general nursing. One student left that hospital shortly afterward without informing her superiors of her intentions and inquiry developed

the information that she had married. In the senior class, 11 students are enrolled; 4 at present are affiliating at the Essex County Hospital for Contagious Diseases, 5 are on duty at Greystone Park, and two are absent because of illness.

During the year 144 students were received from 12 schools connected with general hospitals of this state. On December 31, the last student from Morristown Memorial Hospital finished affiliation, as that institution has discontinued its training school. Two new schools established affiliation during the year, Monmouth Memorial at Long Branch and Middlesex General at New Brunswick. Students from both schools are satisfactory and seem to enjoy their work. Beth Israel School of Nursing, Newark, resumed affiliation November 15, after an interruption of five months.

Attendants: At the present time, 264 men attendants are in the service; of these, 47 per cent. have been employed less than one year, 38 per cent. less than five years; 12½ per cent. between five and ten years. Among the 199 women attendants in the service, 31 per cent. have been employed less than one year; 47 per cent. less than five years; and 20 per cent. between five and ten years. During the year 365 attendants left the service and 440 began service. The changes month by month present an interesting picture of economic activity in the community. The months with fewer changes represent advantages in an institutional job offering food and shelter with minimum salary. Months showing more changes are those in which business and industry offer more to the workers. It has occasionally happened that an attendant found unfit for duty because of neglect, abusive treatment of patients, absence without leave, or drunken disorderly conduct refused to resign, making it necessary to prefer charges for dismissal. Interrogation revealed the cause of this attitude to be that if a person had work and resigned, relief funds were not available and these individuals desired to apply for relief. Many of the attendants who left the service were experienced workers who knew their duties and were interested in performing them to advantage; incoming replacements were as a rule inexperienced, not particularly interested, not adjusted to the requirements, and frequently absent because of illness. As the proportion of new attendants grew, the work and responsibility of the remaining experienced employees was increased, which rendered them

discouraged and inclined to resign. Some of the attendants were not well fitted for the work, but were given positions or permitted to retain them because of their need for a job, as vouched for by interested members of the community. At the end of the year there is an increase of 57 men and 18 women attendants; this is overshadowed by the fact that we have an increase of 567 patients, that a large number of the attendants now on duty have had no previous hospital experience, and that the number of graduate, student, and affiliating nurses on duty, has decreased somewhat. Since April there has been no waiting list for women attendants and applications have been decreased. Attendants are on duty 10 hours for 5 days a week, 7 hours on Sunday, and have one day off duty. Entertainment and dance duty give them extra hours of work.

Instruction for Attendants: Classes have been given at intervals, but have been fewer than desirable because of the pressure of ward work. It is planned to hold a class or lecture at least once in two weeks, but since those in the evening are in addition to the hours on duty, they cannot in fairness be scheduled more often.

Illnesses and Absences: Twenty-seven graduate nurses lost 485 days from sickness. Three of the illnesses represented major operations from which each recovered and returned to duty; the others were medical ailments of minor character.

Among the affiliating students, one lost 28 days, 4 lost 19 days, and 139 students lost no time from illness while affiliating here.

The amount of sickness among the Greystone Park students was high. During the year 19 student nurses lost 270 days due to illness, and 6 students lost 522 days due to convalescence from acute illness or operations. Among the illnesses were 6 appendectomies; one senior student developed pulmonary tuberculosis and is now at Glen Gardner; one student had pneumonia and the doctor advised prolonged leave of absence for convalescence; a student in the intermediate group had recurrence of cardiac disability. This amount of sickness among 25 resident students is disturbing. All entered with a certificate of physical fitness signed by a licensed and reputable medical practitioner and all were given complete physical examinations during their preliminary period, as well as a course in personal hygiene. Living conditions are wholesome, and duty hours, classes, and rest periods are approved by the Board of Nurse Examiners.

Among the attendants, 153 women were sick 1,329 days and 173 men were sick 1,385 days. A comparatively small proportion of the time lost was due to occupational causes. A few were injured in performance of duty and were put to bed for observation or treatment. Operations for appendicitis, hernia, hemorrhoids, and other conditions accounted for some of the illnesses. Respiratory infections and gastro-intestinal disturbances made up a large group of temporary disabilities. Several of the attendants who had been longer in the service felt it necessary to ask for leave to obtain necessary rest; this seemed reasonable to grant in some instances, because two weeks vacation is little enough time for rest in such work.

Educational Activities: In the School of Nursing, ward teaching is being developed. This is not a new teaching device, but it has not been employed as frequently as is desirable. The charge nurse of a ward assigns periods of 20 to 30 minutes, not exceeding an hour a week, and discusses with student nurses on the ward points in technique, medication, symptoms, or other nursing topics. The physician lecturing to the group has held ward classes occasionally instead of an all lecture program. Clinical teaching is found to be impressive and interesting, and is favored by nursing educators.

Among the graduate nurses, Miss Artie Sue Kerley was granted leave to attend Teachers College, Columbia University, from which she was graduated in June with a Diploma in Teaching and Degree of Bachelor of Science. Three of the graduate nurses attended summer school last season for a period of 34 days, utilizing their vacations to make up the necessary time. At present, two of the instructors have a diploma in nursing, with a B.S. degree, two members of the graduate group have 80 or more credits toward a degree of B.S. Two other members have done some work toward a degree. One has taken advanced work in hydrotherapy and massage.

Visitors to the School: In July Dr. Joseph Raycroft called and discussed problems of nursing education. Miss Daisy Harder, Instructor of Nursing at the State Hospital, Kalamazoo, Michigan, spent a week observing classes and procedures. At the time of the annual convention held in New York City, an invitation to visit this school was extended, and two nurses from Illinois, two from New York State, and one from Colorado accepted. Miss Harriet

Bailey spent a week here, April 29 to May 5th. She is engaged in an interesting survey of a group of seven hospitals in six states, six being State Hospitals and one a private mental hospital. The survey is financed by the American Nurses Association, approved by the National League of Nursing Education, and is made with the approval and assistance of the American Psychiatric Association. Invitations were sent to 67 New Jersey High Schools for girls in the graduating class who might be interested in nursing to visit the School on May 11th. Fifteen students from three high schools responded and eight of these signified their intention to apply for admission to the School of Nursing. Miss Frances Thielbar visited the hospital on June 28, 1935. She is Director of Nursing Education at Butler Hospital and has been at Teachers College doing special work in the revision of the curriculum for psychiatric nursing.

Social and Organization Activities: During the year several entertainments were held for hospital residents, all groups being invited to attend. Among these was a concert in November by 18 musicians supplied by the Emergency Relief Committee of Morristown; a moving picture and lecture in January by Mr. J. Elliot Humphreys of the "Seeing Eye" on the training of dogs for leading the blind; a lecture by Lewis Potts, Ph. D., Professor of International Law and Government at Fordham University, in March. The Alumnae Association of the School of Nursing held a steak supper in July, a banquet for the graduate class of 1934 in October, a card party in March, and a dance in May. A graduate nurses club was formed during the year to promote social activity and professional progress in the group; the result has been gratifying. An increasing number of graduates have taken part in community activities, as well as professional meetings, institutes and conventions held during the year. Graduate nurse assemblies were held about once a month for the purpose of discussing problems and developing suggestions; they were productive of much benefit to all and promoted a better understanding in planning duties and conserving effort.

Special Activities: (1) Nursing service has been provided for the out-patient section of medical service to employees and also for the ward for sick employees. In addition to regular ward nursing, Greystone Park nurses gave 145 days and 109 nights of special nursing care to operative and medical cases on Ward M-3

during the year; outside graduate nurses were on duty for special care 50½ days and 90½ nights, making a total of 254 periods of special care by Greystone Park nurses and 141 by outside nurses.

(2) The horticultural class is a rehabilitation project developed for women patients. Women with artistic and scientific preparation or those accustomed to gardening have found wholesome and interesting employment, under the direction of a trained horticulturist, Miss Ruth Appleby. The group has provided flowers for tables, Christmas wreaths, and other seasonal decorations for use in various divisions, special consideration being given to the sick wards; at times they have assisted in the garden division by picking strawberries, peas, and other products; they have grown lettuce, radishes, and other salad vegetables from plants started in the greenhouse. About 30 or 35 patients have attended this class daily; the work has shown 170 periods in garden work; 91 periods in classes—reading, discussion, and handicraft—and 233 periods of field trips to the greenhouse, walks about the grounds, and making and studying collections of specimens.

(3) *Hairdressing:* The women's service is handicapped by lack of facilities for hairdressing and allied work. One attendant assigned to this duty reports 10,085 treatments during the year—a very respectable output for one person, but far from meeting the patients' needs.

(4) Ward mending is essentially a salvaging project but is therapeutic in its application. The work in this group is in charge of a woman attendant who is an experienced seamstress. The patients are mostly from the rear wards, not suitable to go to the occupational therapy building or other outside places of employment; many are disturbed, some quite deteriorated, but under careful guidance they are kept usefully occupied. During the year 42,012 garments were mended.

(5) The sewing room personnel consisted this year of 3 employees and 11 women patients. One of the employees is an attendant who was badly injured on duty last year, sustaining multiple fractures; after care on M-3 for about a year, she is able to work in the sewing room and while still lame is making progress, as well as filling the position of seamstress in an excellent manner. Many of the articles made in this section represent salvage; after table cloths have become worn around the edges, they are made into tray cloths; worn spreads are cut down to make bed pan

covers, compresses, ice cap covers, wash cloths, bibs, and other items not otherwise provided. The list of articles is as follows:

WORK COMPLETED IN SEWING ROOM

Men's Clothing:		
Outer shirts	1,811	
Undershirts	1,630	
Underdrawers	1,608	
Nightshirts	2,108	
Pajama coats	200	
Pajama pants	170	
Union suits	49	
Bath robes	88	
Total men's clothing		7,664
Women's Clothing:		
Dresses	1,406	
Slips	550	
Nightgowns	847	
Drawers	250	
Chemises	420	
Total women's clothing		3,473
Household Articles:		
Spreads	1,254	
Sheets	2,738	
Blankets	1,095	
Pillow cases	1,599	
Towels	2,605	
Tray cloths	516	
Head compresses	215	
Bibs	2,911	
Bed pan covers	416	
Ice cap covers	78	
Wash cloths	1,868	
Table napkins	122	
Table cloths	119	
Aprons	156	
Laundry bags	15	
Pads	17	
Sweaters	6	
Drapes and valances	132	
Coffee bags	201	
Coat cover	1	
Shower curtains	3	
Total household articles		16,067
Total articles completed in sewing room		27,204

(6) Hydrotherapy forms an important feature of the service in a mental hospital. The treatments are given on the prescription of the ward physicians and in rooms fitted up for the purpose. The list includes continuous baths, cold packs, sitz, foot, saline, and cabinet baths, rain showers, salt glows, tonic and sedative hydrotherapeutic treatments, cold mitten friction, ice friction, cold sponge, Swedish shampoo, olive oil and alcohol rubs, and local and general massage. The total number given during the year was approximately 50,000.

(7) The usefulness of the diet therapy division increases daily. The output could not be maintained without the service rendered by student dietitians and nurses, under the skillful guidance of Miss Helene Bossle, Dietitian. Assistance is also given by patients, and not the least important feature of the activity is the rehabilitation work accomplished; Miss Bossle has had frequent occasion to complain that a patient who was one of her best helpers had gone home—which of course is excellent from a therapeutic standpoint. There has been a 30% increase in the output of this division this year; although a small part of this may be attributed to the inclusion of the therapeutic tuberculosis dietaries and nourishments, the greatest proportional increase has been in the special dining room, where the therapeutic diets have almost doubled those of 1934; the ward therapeutic diets have also shown considerable increase. The list is as follows:

PART I

THERAPEUTIC DIETS—METABOLIC KITCHEN—CLINIC BUILDING

Classification of Disturbances and Diets Prescribed	No. Each	Total
1. Cardiac Conditions:		
(a) Karell-Diets	166	
(b) Bland, Non-stimulating Diets	703	
(c) Salt Poor, Low Protein, Restricted Fluid Diets	255	
Total		1,124
2. Renal-Vascular Conditions:		
(a) Basic or Alkaline-Ash Diets	210	
(b) Soft, Salt Poor Diets	39	
(c) Low Salt Diets	54	
(d) Low Protein, Salt Poor, Light Soft Diets	473	
(e) Low Calorie, Alkaline-Ash Diets	97	
Total		873

Classification of Disturbances and Diets Prescribed (*Continued*)	No. Each	Total
3. Diseases of the Blood:		
(a) High Nucleo-Protein Diets	2,432	
(b) Minot-Murphy Diets	2,423	
(c) Low Calorie, High Nucleo-Protein Diets	468	
Total		5,323
4. Diseases of the Biliary Tract:		
(a) Low Fat Diets	318	
(b) Soft Low Fat Diets	21	
Total		339
5. Diabetes:		
(a) Diets Weighed and Calculated by Student Nurses	14,588	
(b) Soft Low Carbohydrate Diets	21	
Total		14,609
6. Deficiency Diseases:		
(a) High Calorie and High Vitamin Diets	2,550	
(b) High Vitamin G. Diets	283	
(c) High Vitamin B. Diets	987	
(d) High Vitamin Diets	320	
Total		4,140
7. Tube Feedings:		
(a) High Calorie Fluid Diets	3,104	
Total		3,104
8. Bromide Intoxication:		
(a) High Salt Diets	72	
Total		72
9. Pediatric Diets:		
(a) Diet for a 12 Year Old Child	42	
(b) Infant Formulæ (each)	2,263	
Total		2,305
10. Diseases of the Intestinal Tract:		
(a) Non-Fecal Diets	42	
(b) High Cellulose Diets	39	
(c) Low Residue Diets	167	
(d) Bland Diets	120	
Total		368
11. Gastric Disturbances:		
(a) Sippy Diets	1,296	
(b) Modified Sippy Diets	690	
(c) Bland Diets	651	
Total		2,637

Classification of Disturbances and Diets Prescribed (*Continued*)	No. Each	Total
12. Arthritis:		
(a) Alkaline, Purine Free Diets	1,068	
(b) Low Carbohydrate Diets	484	
Total		1,552
13. Epilepsy:		
(a) Ketogenic Diets	320	
(b) Anti-Retentional	168	
Total		488
14. Obesity:		
(a) Low Calorie (Adequate) Diets	564	
Total		564
15. Emaciation:		
(a) High Calorie Diets	9,746	
(b) Soft High Calorie Diets	4,558	
(c) Liquid High Calorie Diets	995	
Total		15,299
16. Allergic Conditions:		
(a) Low Starch Diets	244	
Total		244
17. Unclassified:		
(a) Diabetic Nephritic Diets	517	
(b) Diabetic Anemia Diets	21	
(c) Anemia-Nephritic Diets	336	
Total		874
Total Therapeutic Diets (Ward Service)		53,915

PART II

THERAPEUTIC DIETS—TUBERCULOSIS BUILDING

Classification of Disturbances and Diets Prescribed	No. Each	Total
1. Emaciation:		
(a) High Calorie-High Protein Diets	864	
Total		864
2. Febrile Disturbances:		
(a) High Calorie, Soft Diets	198	
(b) High Calorie, High Protein, Liquid Diets	36	
Total		234
3. Diabetes:		
(a) Weighed and Calculated Diets	306	
Total		306
Total Therapeutic Diets (Tuberculosis building)		1,404

PART III

THERAPEUTIC DIETS—PERSONNEL SERVICE—SPECIAL DINING ROOM

Classification of Disturbances and Diets Prescribed	No. Each	Total
1. Emaciation:		
(a) High Calorie Diets	3,770	
Total		3,770
2. Anemia:		
(a) High Nucleo-Protein Diets	1,198	
(b) High Protein Diets	1,004	
Total		2,202
2. Renal Conditions:		
(a) Alkaline Diets	1,251	
(b) Salt Poor, Low Protein Diets	22	
Total		1,273
4. Arthritis:		
(a) Low Carbohydrate Diets	693	
Total		693
5. Gastric Disturbances:		
(a) High Protein, High Fat, Non-Stimulating Diets	414	
(b) Bland Diets	2,882	
(c) Modified Sippy Diets	46	
(d) Light Diets For Chronic Indigestion	1,024	
Total		4,366
6. Allergic Conditions:		
(a) Low Protein Diets	144	
Total		144
7. Diabetes:		
(a) Weighed and Calculated Diets	578	
Total		578
Total Therapeutic Diets (Personnel Service)		13,026

PART IV

1. Routine Diets:		
(a) Regular Diets	21,002	
(b) Soft Diets	5,105	
(c) Semi-Solid Diets	340	
(d) Liquid Diets	5,025	
Total Routine Diets		31,472

PART V

1. Miscellaneous:	No. Each	Total
(a) Nourishments—Metabolic Kitchen	36,368	
(b) Nourishments, Prepared and Served By Dietitian In Tuberculosis Building	2,400	
Total Nourishments		38,768

PART VI

SUMMARY OF TOTAL YEARLY OUTPUT

(a) Therapeutic Diets	68,345
(b) Routine Diets	31,472
(c) Nourishments	38,768
Grand Total	138,585

It has been an active year: 1,526 patients admitted and 510 deaths are figures that may be interpreted as just statistics, but to us they stand for nursing activity. Inter-ward transfers have been very active because of the necessity of making room for newcomers. Overcrowding has prevented in many cases suitable classification. Reconstruction in the Main building south makes suitable segregation very difficult. The tremendous increase in attendant turnover is a factor that has affected the satisfactory performance of the work. One hundred seventy-two women attendants began service during the year, and of the total on duty, 113 had never had hospital experience; 268 men began service and of the total on duty, 172 had no previous hospital experience. This means that the burden of responsibility falls with increasing pressure on those few experienced attendants carrying the vast weight of hospital service, including such activities as dining room, kitchen work, farm and other outdoor details, the housekeeping and other indoor details as well as the care of the patients on the wards. The entertainments provided for patients, such as dances and moving pictures, add further hours to the already long day of many attendants and nurses assigned to this duty. The list of illnesses and days lost due to absence for convalescence and need of rest have been greatly increased. During the year 557 employees were admitted to M-3; a large percentage of these were from the nursing personnel.

Throughout the year, the nursing service has been benefited by the cooperative interest of the members of the associated staffs. The medical staff has given surgical and medical treatment when-

ever needed. A group of physicians has continued to teach in the nursing school and whenever assistance of special nature was asked, it was forthcoming with gratifying promptness. Without this close and friendly cooperation, needless to say, nursing efforts would be unavailing. Members of other staffs have maintained a friendly attitude and have been helpful whenever requested. To all of these, the appreciation and thanks of the Superintendent of Nurses are extended and with them the hope of continuance. In like manner, she will feel privileged to reciprocate when opportunity offers.

Staff Matters

Changes in the medical staff have been at a minimum this year. Dr. Thomas J. Dredge was appointed resident physician on August 1, 1934, and Dr. Vincent Rigerone was appointed resident physician on October 15, 1934. On October 1, 1934, Dr. Lindsay Robinson, Assistant to the Director of the Mental Hygiene Clinics was transferred to become Director of the Mental Hygiene Clinics operating from the State Hospital at Trenton. Dr. Theodore Gebirtig, senior resident physician on the male reception service, was transferred to the position of Assistant to the Director of Mental Hygiene Clinics, and Dr. Thomas G. Peacock was transferred to the reception service. Dr. Sidney Waud served a temporary internship from January 1 to March 31.

The number on the resident staff was one more than last year, thirty physicians. Included in this total are the superintendent, clinical director, pathologist, surgeon, electrotherapist, gynecologist, proctologist, and eye, ear, nose and throat man, none of whom carry a regular ward service; Dr. McMurray, senior resident physician, has been in charge of recreations, amusements, and occupational therapy, as well as being regularly appointed substitute executive officer to act in the absence of the superintendent, so he has had only part time ward service, chiefly executive. Twenty-one physicians have had to conduct the routine duties of the hospital, including examination and treatment of new admissions, and supervising, re-examining, and prescribing for a total of 6,538 patients, 433 more than last year; also, they have had to carry the care of sick employees—out-patient and ward—which was considerably heavier than previously.

The incidence of sickness among members of the staff was higher than usual, owing to the strains of their work and the

overcrowded conditions of the wards, and during the time when respiratory infections were most numerous among the patients, a number of the doctors were also ill. Dr. Lane, Dr. Christian, Dr. Gambill and Dr. Donovan were all compelled to remain off duty for a considerable time, while others were sick either on M-3 or in their residence quarters for periods of varying length.

Living conditions for the staff have not been improved. The need for additional cottages for the men with families has been more apparent than ever this year with the increasing problems which have arisen because of the necessity for maintaining small children in staff quarters designed for single men or married couples. At the present time there are eight children in this group, six of whom are under three years of age; two of these are children of a senior physician who has been on the staff of the institution more than ten years. Obviously the present arrangements are unfair to the childless members of the staff, to the parents, and most of all to the children. I feel that the construction of a sufficient number of small detached cottages of simple design to house these families separately would be fully justified, not only on the important grounds of child welfare, but also because of the contribution to peace and harmony of living so much needed by the overworked medical staff.

Staff meetings have been continued this year in the customary manner, five being held each week, four for the discussion and diagnosis of new cases and one for the consideration of patients for parole or discharge. Other meetings have been scheduled for the purpose of taking up medical topics, psychiatry, autopsy findings, and allied subjects. Once each week the superintendent has held a conference with heads of divisions and all the physicians in the medical service, in which general administrative problems and procedures were taken up. The Morris County Medical Society has held practically all of its meetings at the institution and members of the resident staff have taken active parts in the procedures. At a meeting held on January 17, with about 70 members present, the program was arranged by members of the local staff "Clinical Club." Dr. Lane, Dr. Christian, Dr. Collins, Dr. Peacock, Dr. Taylor, Dr. Kinley, and Dr. Harrison all took part and presented patients to illustrate their papers, after which there was a very interesting general discussion.

A number of meetings and conventions were attended during

the year, although the number was reduced somewhat by financial conditions. The annual meeting of the American Psychiatric Association, held in Washington in June was attended by Dr. Curry, Dr. Lane, Dr. Fuller, Dr. Gebirtig, and Dr. Kinley, as well as by representatives of the nursing and social service divisions. Several members of the staff also attended the annual meeting of the Society for Research in Nervous and Mental Diseases, held in New York in December. Dr. Curry was present in Atlantic City for part of the session of the annual meeting of the American Medical Association, as was also Dr. Gambill, and Dr. Curry remained for the annual meeting of the New Jersey Hospital Association held immediately following. Dr. Gambill attended the meeting of the American College of Physicians in Philadelphia. A number of the staff members attended the Salmon Memorial Lectures given in New York this year by Dr. William A. White; and Dr. Fuller was present at the annual meeting of the Orthopsychiatric Association and at meetings of the New York Society for Clinical Psychiatry.

Pharmaceutical Division

The personnel of the hospital drug room has remained unchanged this year. Mr. Philip B. Roberts, Ph.G. has continued as pharmacist in charge, with Mr. Louis Bangert, Ph.G. as assistant pharmacist. During the year Mr. Roberts served on a sub-committee to study ways and means for more economical expenditure of the State medical and surgical dollar; the sub-committee expects to conclude its work with two more meetings, at Trenton.

Mr. Roberts reports that the year has been the hardest in his division of any in his experience at the hospital. The high admission rate and the increased resident population have meant more work in the filling of prescriptions and the making up of stock supplies, while there have been additional difficulties in carrying on the work as a result of efforts at economy. The inventory of supplies has been reduced to a low margin, which together with the decreased appropriations for medical and surgical purposes has resulted in occasional shortages. With advancing markets and a larger number of patients it is extremely necessary that the medical and surgical appropriation be increased considerably or real hardship may be inflicted on the patients, and possibly danger to health or life may ensue.

The detailed list of drug room activities shows 12,584 prescriptions filled, 8,292 bottles of stock supplies filled and labeled, and 5,700 capsules made up. The stock supplies manufactured include over 80 varieties, among which a few of the largest quantities may be enumerated: Tr. green soap, 360 gallons; liquor antiseptic us, 175 gallons; elixir iron, quinine and strychnine, 130 gallons; boric acid solution, 122 gallons; epsom salts solution, 118 gallons; elixir terpin hydrate and codeine, 84 gallons; Stokes expectorant, 34 gallons; liquor magnesium citrate, 28 gallons; ichthyol ointment, 10%, 70 lbs.; salicylic acid ointment, 3%, 25 lbs.; and syrup hypophosphites compound 64,000 cc.

All medical and surgical supplies have been ordered and checked through the drug room as it has proved more satisfactory and more economical to have this detail handled by a professional division.

In conclusion, Mr. Roberts expresses his appreciation of the cooperation of the medical and nursing staff and of the business office through the past year.

Barber Shop

The daily average number of men patients under care in the hospital this year was 2,336. Of this number, very few customarily wear a beard, and although a certain percentage might be trusted to shave themselves, the danger of razors getting into unsafe hands is too great to permit such a practice. Accordingly, a schedule has to be maintained so that each patient is shaved twice a week and has a haircut once in four weeks. A central barber shop has been fitted up in the Main building north and to this the patients are brought in groups under the care of an attendant. The schedule here provides for about 600 shaves daily, and 80 haircuts. In the Dormitory and Reception buildings, smaller shops have been established to take care of the resident patients there. At the Clinic and Tuberculosis buildings, where many of the patients must be shaved in bed, a barber visits the wards. In order to conserve the time of patients working outside, a barber visits several of the centers, such as the laundry and the men's occupational thereapy building, so there is a minimum of interruption to the work schedule. Since there are approximately 4,675 shaves and 580 haircuts listed each week a considerable force of operators is required. The head barber, Mr. Adolf Eberle, is

not only unusually skillful himself, but he is entirely accustomed to dealing with patients and has the work so efficiently planned and organized that there is a minimum of conflict with the activities of other divisions. This year there were nine assistant barbers employed under Mr. Eberle's direction.

Photography

During the year Mr. Frederick C. Wainwright, who had been in charge of the hospital studio for many years, became ill. For several months he endeavored to carry on his regular duties without reporting for medical attention, although he was becoming increasinlgy feeble. When he finally applied for examination and was sent to M-3, his condition had progressed so far that it was incurable, and he died on June 27, twenty-two years to a day from the date he entered the employ of the institution. On June 24, Mr. Anthony Tartaglia, a photographer by occupation, but in the service of the hospital as an attendant, was assigned to work in the studio as a temporary appointment. Although he appears competent, it is too early to make any definite statements regarding his fitness for the position. Owing to Mr. Wainwright's long continued illness, no accurate records were available of the work done this year.

Executive Assistant to the Superintendent

For a number of years Mr. William G. Beucler has continued to occupy the position of detail man to whom almost anything may be referred. His regular activities include matters of furnishing, salvaging, and housing and he is required to cooperate closely in the work of many divisions, particularly the nursing, where he assists in the inter-ward transfer of patients, the requisition of beds and other supplies, and the testing of equipment. He has also been closely concerned with the problems of employees' housing, which have grown steadily more serious this year; at the present time many rooms in employees' quarters which were intended for a single occupant must be used by two people and any plans for increasing the bed space for patients are now complicated by the impossibility of arranging even temporary wards without more employees and the impossibility of engaging more employees with no room to house them. Mr. Beucler has also carried on various investigations of accidents and complaints at the request

of the superintendent and has continued in charge of the details of running the Service building.

Greenhouse, Grounds and Grading

Mr. Otto Koch has continued to carry on in his usual efficient manner the work of the hospital greenhouse, and also the care and upkeep of the grounds and the grading and road construction and repair, although he has been obliged during many months of the year to devote his major time and energy to the supervision of the main vegetable gardens of the institution. In all sections of the work, the decreased appropriations for employees and supplies have made themselves keenly felt, and Mr. Koch is deserving of much commendation because he has been able to make so creditable a showing with the means available.

At the greenhouse, plants have been grown for cut flowers and for stock for the different gardens and flower beds. The record of cut flowers for the year, including those grown under glass and outside, amounted to a total of 149,445; while the plants and bulbs grown for flower beds and cut flowers amounted to 77,958. Plants were assigned and the heavy work of preparing the ground was done for the garden maintained by the horticultural class of women patients, already reported under the Nursing Division; from this the women cut and delivered to the buildings a total of 8,107 flowers. The institution at Jamesburg was given 720 chrysanthemum plants, and that at Clinton was given 62 delphinium plants from the stock propagated here.

Other necessary work carried on at the greenhouse includes 520 flats made for seed and seedling plants from old lumber; 103 hot bed sash frames repaired and painted; 23 hot bed shutters made and painted; greenhouses given two coats of paint, inside and out; trucks, gasoline roller and shovel, tractor, and other machines attached to the greenhouse division repaired and painted.

On the grounds 31 bushels of grass seed and 39 quarts of special greens mixture were sown, and 457 pounds of bone meal and 250 pounds of hydrated lime used, as well as 2 gallons of scale spray. The tractor was used 3 days rolling lawns and 20 days mowing lawns; trucks were used 75 days cleaning up around the grounds and 33 days hauling leaves for leaf mold heaps and covering for plants and roots in the flower beds; 131 truck loads and two team loads of manure were hauled from the barn to the patient's garden

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and 9 truck loads were hauled to the greenhouse. Employees and patients were kept busy throughout the growing season in mowing the lawns and cleaning up the grounds in the vicinity of the various buildings.

The usual work was carried on in the willow holt, a total of 127 days work being done there. The plants were sprayed, using 43 pounds arsenate of lead and 10 gallons of liquid spray concentrate; the pond was cleaned by the removal of 68 cubic yards of material. The willow shed was given two coats of paint.

Unfortunately most of the heavier snowfalls occurred this year outside the regular working hours, which complicated the work of removal. The heavy truck with snow plow attached, worked on New Year's Day, all one night, and on Sunday, February 24th, in addition to 1½ working days. Employees, patients, and trucks were used 24 days removing snow from roads and sidewalks, fire hydrants and exercise yards, shoveling and hauling away.

On slippery sidewalks, 6,400 pounds of sand were used, and on slippery roads, 118 cubic yards of ashes.

One employee with patients from this division was employed 17 days for the construction department, leveling off stone in the sewer beds.

The gasoline shovel was used in excavating 157 cubic yards of soil from the site of the garages at the Hill residence for employees, and was also used at the rear of the Tuberculosis building loading trucks with trap rock for roads. A new road and parking space was constructed at the rear of the Tuberculosis building using road tar and hard blue trap rock of different sizes. The gasoline roller was used 6 days on this job and 2 days rolling patches to repair different roads around the grounds.

Employees and patients from the greenhouse and grounds division put in a cobble stone gutter and catch basins in the Main garden to save the ground from washouts. There were 480 feet of gutter, 76 feet of 6 inch iron pipe, 208 feet of 8 inch tile pipe put in, and 12 tons of sand, 1½ tons of gravel, and 89 bags of cement used. Employees and patients from this division also spent 25 working days in the Main garden clearing a piece of land and cutting up for firewood 84 dead trees. Employees, patients, and trucks were used 19 days hauling water and watering cabbage and tomato plants during the dry period this spring. The greenhouse and grounds force put in 260 working days at the Main

garden, the trucks were used 313 days, and teams 212 days.

The garden for male patients located south of the Reception building was continued this year as usual under the direction of the greenhouse and grounds division. Lime was used on the soil to the amount of 13,550 pounds; the seeds and plants used were as follows: onion sets, 320 pounds; lima beans, 213 pounds; string beans, 120 pounds; beet seed, 4 pounds; leek seed, 4¾ pounds; kohlrabi seed, 9 pounds; onion seeds, 13 pounds; wheat, 4 bushels; rye, 4 bushels; tomato plants, 24,000; celery plants, 7,500. Vegetables delivered to the kitchens and cottages from this garden were as follows: Cabbage, 1,500 pounds; beets, 100 baskets; celery, 104 bunches; egg plant, 158 baskets; leek, 7,279 bunches; onion, 259 baskets; green onions, 6,600 bunches; peppers, 435 baskets; tomatoes, 1,322 baskets. Wheat for green fodder was sent to the dairy barn, amounting to 19,470 pounds.

The usual decorations of the chapel were arranged for Christmas and Easter; at the latter date they were particularly good, as the crop of Easter lilies this year was remarkably fine. At the request of the authorities, flower beds and rock gardens were arranged at the State Fair in Trenton the week of September 24th. A number of blue ribbons were given by the judges for these displays. Mr. Koch was appointed on the committee to make arrangements for the decorations at the State House for the inauguration of Governor Hoffman, and made use of greenhouse stock and employees. A letter was received from the Governor expressing appreciation for the type of work done. This spring the flower beds around the Governor's Cottage at Sea Girt were prepared and planted. In August, 1934, a group of foliage plants was arranged for display at the Watnong Garden Club show held in Morris Plains, and four blue ribbons were received. At the annual show of the Morris County Gardeners and Florists Society held in Morristown on November 2-3, a group display on the stage received a gold medal, and also a silver medal for horticulture donated by the firm of H. Mitchell & Co., of Philadelphia; seven blue ribbons were won at this show in the open class for cut chrysanthemums. Mr. Koch was a judge at the International Flower Show held at Grand Central Palace, New York, and also at garden club shows held at Dover and Teaneck. He was named as judge for the National Flower Show held at Nebraska, but was obliged to decline.

Clerical Division

The direction and general supervision of the clerical activities of the medical department have continued under the very competent direction of James E. Lauenstein, Principal Clerk, with the same flexibility for adjustment of personnel to meet emergencies, as has obtained for several years past.

The personnel continues at 35 as for several years past and the classification remains unchanged: 1 principal clerk, 1 senior clerk-stenographer, 1 senior statistical clerk, 25 clerk-stenographers and 7 clerk-typists. Of these 3 clerk-stenographers and 1 clerk-typist serve the hospital Social Service and 4 clerk-stenographers serve the Mental Hygiene Clinic. There was one resignation of a clerk-stenographer and a replacement appointment of an eligible certified by the Civil Service. Because of prolonged illness of one clerk-stenographer it was necessary to appoint another to cover the sick absence which also was done through the Civil Service.

Bearing in mind that the patient is the unit of work in an institution of this kind it readily can be seen that with the increase of admissions and patient population the clerical-stenographic work increases correspondingly. This situation has been met with all possible promptness in the performance of the multiplicity of clerical duties, including records of the greater number of mental and physical examinations, the increase of recorded results of the specialized medical units, of the fundamental records of commitment, progress notes; the routine and special tables of statistics of various kinds, and the vaster volume of correspondence with friends and relatives of patients, with state departments, with the various county officials in reference to commitments, final orders and source of maintenance and cooperation in legal procedures for guardianship appointments, insurance and lodge benefits for patients.

The members of the clerical-stenographic personnel have applied themselves diligently and have met the increased demands upon them in a loyal and worthy manner.

Recreations, Amusements, Sports, Music and Entertainments

Dr. George B. Mc Murray has continued to supervise the amusement program for the patients. He states in his report that the "recreations at this hospital were presented to the patients during the fiscal year with the therapeutic value always in mind," and

were "always given very careful thought and consideration." Selected programs of moving pictures were given from Labor Day to Memorial Day on alternate Fridays, with occasional special programs for holidays; there were 26 entertainments, each consisting of a feature sound picture, a cartoon, a news reel, and an organlog. Dances with music by the hospital orchestra were held on Mondays for orderly patients, men and women, throughout the year except during the summer weeks. Baseball provided entertainment through June, July, and August; games on the hospital diamond were scheduled for Saturday afternoons and holidays and were attended by men and women patients; the home team was made up of hospital employees and the opponents were nines from towns in the hospital district.

The small golf course on the hospital grounds was in use throughout the season by patients and employees and supplied a valuable form of outdoor recreation. Walking parties on the grounds were arranged frequently and some nature study groups found much to observe in the groves and woodlands and around the brooks and ponds of the hospital property. Selected individuals were given permission to fish in the two reserv irs which are kept stocked, one with trout and the other with bass. Outdoor fireplaces have been built in a number of suitable locations on the grounds and picnics have been arranged for different groups, most of them through the division of physical education, which has cooperated closely in all activities having to do with sports and recreation. Badminton and deck tennis were introduced by Mrs. Garrison and have been much enjoyed by patients on the lawns near the Clinic and Reception buildings.

On the wards, four new pingpong tables made at the men's occupational therapy building were equipped and placed in service and have been in daily use. The billiard and pool tables have continued popular, and the bowling alleys were extensively used during the winter by men and women patients. Card and other games are always enjoyed by many on the wards at all seasons. The Main building north side, the Dormitory building, the Tuberculosis building and the Senile building are all on a central radio system controlled from a room in the Main building center. Other wards are supplied with individual radio sets. Pianos are located on a number of wards and afford a valuable source of recreation for the musically inclined.

On September 18 and October 2 concerts were given on the front lawn by the Morris County E. R. A. Band, under the direction of Mr. Nicholas Parella. The excellent music was much appreciated by the patients. Special parties were arranged throughout the year by the division of physical education. The program for the Christmas season was particularly noteworthy. Parties and carol singing were arranged for different groups and wards throughout the period. On Friday, December 21, a party was given in the Nurses' Residence by the nursing division; on Saturday, December 22, the big Christmas Tree party already described by the division of physical education was held; Mrs. Johnson was commended very highly by the many visitors on the excellent work shown by the patients in the play "The Enchanted Tree." On Sunday, December 23, Mass was said at 8:30 a. m. by Father Henebrey, assisted by Father Brady from St. Virgil's Church in Morris Plains. At 3:00 p. m. Protestant services were conducted in the chapel by Rev. Oliver C. Horsman of the Baptist Church, Morristown; visiting hours were from 12:30 to 4:30 p. m., and gifts were distributed on the wards. Monday, the distribution of gifts was continued, and a special Christmas Dance was held in the Amusement Hall. On Tuesday, December 25, Mass was said at 8:30 a. m., gift distribution was continued, and a special Christmas dinner was served at noon; all dining rooms were visited by Dr. Curry and members of the medical staff. On Wednesday, Christian Science service was held in the chapel at 2:30 p. m., and a Christmas picture show was scheduled for afternoon and evening audiences. On Thursday, at 9:00 a. m. Holy Communion Service in the chapel was conducted by the Rev. Benjamin L. Ramsay of the Morris Plains Episcopal Church. On Friday, Christmas parties were arranged by the divisions of physical education and occupational therapy.

Library Division

The two libraries for patients have had an active year. Mrs. Ann M. Hopkins has continued in charge of the work, as for several years past, and has submitted the following report:

"The circulation of books and magazines has shown an increase, with these totals for the year:

	Main Building Library	*Coffin Library*	*Total*
Fiction	7,383	6,478	13,861
Non-fiction, including magazines	70,363	54,692	125,055
Foreign language publications	111	109	220
Total	77,857	61,279	139,136

Routine work has followed the same system as heretofore; weekly visits have been made to wards in the different buildings with a book cart to bring reading matter to those not able to visit the libraries, a total of 2,395 trips. In addition daily visits were made to the ward for sick employees in the Clinic building, and a number of special trips to wards to deliver books and magazines. Visiting days have been arranged for the patients to come to the libraries to select their own books and magazines, a privilege which affords much pleasure. During the year we have supplemented our collection by borrowing 268 books from the Morris County Free Library and have greatly appreciated the courtesy shown us. This year the hospital has purchased 52 new books and subscribed to 9 new magazines. Donations of books and magazines from members of the Board of Managers, the staff, employees, and numerous friends outside the institution have served to increase the amount of fresh reading matter, but the supply has not been equal to the requests from the patients.

The medical library in the Reception building has increased its circulation and has had several new books added. Unfortunately, here again the supply is far from equaling the demand.

Religious Services

The officials of the institution have continued their efforts to provide religious services and counsel for all patients, so far as could be arranged. The two priests from St. Virgil's Roman Catholic Church at Morris Plains have conducted Mass at the hospital chapel on Sundays and holy days, and have been constantly on call to visit patients in critical condition. Protestant services have been held each Sunday afternoon in the chapel, which clergymen from Morris Plains and Morristown, representing the Methodist, Baptist, Presbyterian and Episcopal churches, have conducted in rotation. Jewish services have been held on religious holidays and as requested. Once a week Christian Science meetings have been arranged. Special communion and

other observances have also been held from time to time. An effort has been made to see that the patients were urged to attend the various services and provided with suitable clothing and supervision.

Fire Protection and Fires

Mr. L. A. Vandegrift was fire chief at the institution from the beginning of the year until February 4, when he terminated his services. Mr. Charles H. Acker was appointed to the position and began service on March 1. During the interim, Victor W. Brown was acting chief. The personnel consists of a paid fire chief and a paid driver and operator who are on continuous active fire duty six days and nights each week. Thirty-four men of the outside divisions are certified for fire duty and subject to call; of the call men, nineteen are at present quartered in the fire house. The fire apparatus includes 1 Ahrens Fox triple combination pumping engine and 1 Pirsch combination ladder and 40 gallon chemical tank. Fire hose in various sizes is distributed throughout the institution. There are 424 fire extinguishers ready for immediate use; 390 of these are of the soda and acid type, 2½ gallon capacity; 16 of the same capacity are foam type; and 18, 1 quart capacity, are of the carbon tetrachloride type. During the year all extinguishers have been inspected and recharged. Fire hydrants have received attention and any defects have been reported to the engineering division for repairs. Fire department inspections have been made throughout the institution to guard against the accumulation of debris and other fire hazard conditions. Fire department drills have been held for a period of two hours once each week for instruction in methods and use of apparatus. For the past month a team of ten men has been instructed one evening each week in first aid by Dr. Archie Crandell of the resident staff.

No serious fires occurred at the institution during the year. There were, however, 39 fire incidents reported; 13 were false alarms from the sprinkler system; 8 small fires were put out by employees and apparatus was not called or needed; 7 still alarms to which the fire apparatus responded were due to smoke or other fumes, chiefly from construction work, and no fire was found; in 3 still alarms, there had been a slight fire but it was out on the arrival of the apparatus; 4 still alarms were due to fires in auto-

mobiles and 3 to grass fires, in none of which was there serious damage; the apparatus responded to one still alarm on a Main building ward and put out with 2 extinguishers a small fire caused by paper in a heater pipe. There were no true bell alarms during the year.

During the year a detail of firemen were present at patients' gatherings, such as dances, larger parties, and moving picture shows. Men detailed for this work made an inspection of exits, hall and stairway, and auxiliary equipment, remained on duty until the patients had gone, and made a final inspection of the building before leaving.

On March 26 the Ahrens Fox engine suffered a breakdown while answering a call for a grass fire. After repairs and a general overhauling by a mechanic from the factory, it was placed in service on March 29. The institution was promised pumping service from Morristown and Morris Township during the breakdown, and hose and other minor equipment was kept in readiness at the firehouse on the suburban while the engine was out of service.

During the year at the suggestion of Colonel D'Olier of the Board of Managers, Mr. Montgomery and Mr. Rollinson of a firm of fire prevention and safety-to-life engineers made a series of visits to the institution on a safety-to-life survey. Their report was rather favorable, but recommended a number of items for improving the protection. These recommendations of changes and additions were promptly installed with the exception of the installation of numerous additional sprinklers which there have as yet been no funds to purchase.

Water Supply

Throughout the year the water supply was abundant, reservoirs were full most of the time and pumping was necessary only to maintain pressure. The deep wells continued to deliver an excellent grade of cool water to the institution, so that even on the hottest days the average temperature at the tap was only 56 degrees Fahrenheit. The chlorinators were overhauled and a new pump was installed to feed chlorine gas against the higher pressure of water, since which time chlorinating has been practically continuous. Reports upon the potability of the water have been rendered regularly to the State Board of Health and Water Policy

Commission. The engineering division has devoted considerable time to planning a layout for a central water treatment plant, but as yet funds have not been available for carrying out the project.

Federal and State Relief Work, C. W. A., E. R. A. and P. W. A.

From July to November for four days a week an average of 100 men who were on County relief rolls were employed at the institution; skilled, semi-skilled and unskilled workers were included. From February 1, until the end of the fiscal year we had from 6 to 70 men working off food orders and cash receipts; our trucks collected the men each morning in Morristown and returned them at night. They were engaged principally in cleaning grounds, chopping wood and helping at unskilled tasks on the farm in the garden and at the dairy and in digging and grading at the sewer field construction. A few were mechanics, but since the labor unions objected to their operating in skilled labor enterprises at 50 cents per hour credit rates, little use could be made of them. Under State E. R. A. management we have had a few key men to assist in planning proposed work. We have also had the services of an architect and from one to three young draftsmen. The inspection, records, and time reports of these workers were all handled through the engineering division.

Under the supervision of the Construction Office, work has been done on three projects: As C. W. A. project No. 603, work was begun on December 19, 1933, on reconstruction and addition to the sewage disposal plant; this progressed until April, 1934, when the E. R. A. assumed supervision. Since July 1, 1934, this has been continued as a part of the general relief program being carried out by the Department of Institutions and Agencies. Work on the Central Avenue Steam Line was begun on August 20, 1934, as P. W. A. Project No. 6368, and was the only important new job started during the fiscal year. Reconstruction of the South side, Main building, has been carried on throughout the year as P. W. A. project No. 2987, having been started on June 8, 1934. Regarding this, Mr. Sailer of the Construction Office reports as follows:

"The construction funds are supplied in part by grant from the Federal Government and the remainder by the State. The Public Works Administration has a resident engineer-inspector

stationed at the job site and inspections have been made at intervals by higher officers of that Department, while periodical audits of all job records have been made by P. W. A. auditors. It should be noted that this reconstruction is being done by the Department of Institutions and Agencies under a Force Account Agreement with the Federal Government and is one of the very few P. W. A. jobs being carried out in this manner. All materials are purchased on public bids as required by law. Labor for the several kinds of work is hired at the construction office. A rotational system has been set up whereby work is distributed among a comparatively large number of men of each trade instead of being limited to a few. During these times when there is almost a total absence of other building erection, the workmen greatly appreciate an opportunity to share in the work at Greystone Park. The system has been highly successful in its operation and its work and the fairness of its administration have produced much favorable comment"

New Buildings and Improvements

As heretofore, a construction office has been maintained at this institution by the Department of Institutions and Agencies. While the system of financing and of engaging workmen has been more complicated than usual, as indicated in the preceding section, the value to the hospital of the work done is on the same basis as at any other period. The results are not spectacular, like the opening of a new building, but the improvements have all been of a permanent character and afford a decided contribution to the safety and efficiency of the institution. The office has continued under Stanley J. Sailer, M. E., as superintendent of construction, and C. C. Oakley, as cost clerk. Mr. Sailer has submitted a detailed report which runs in part as follows,

"Ever since a construction office has been permanently located at Greystone Park it has been the pleasant duty of those in charge of construction to cooperate to the fullest extent with the administrative officers of the hospital. The nature of the projects under way and completed during the past year has called for much closer relations and much closer cooperation than had ever been necessary before. Many problems have arisen in connection with reconstruction of the north and south sides of the Main building which involved apparent conflict between administrative and

construction functions. In many of these cases it was not feasible to follow the general policy of subordinating construction to administration and it became necessary to deviate from the regular routine of the hospital. In all of these cases, we found the medical and nursing authorities willing and even anxious to cooperate to the fullest extent. The severe overcrowding which now exists has limited the space which might be made available for reconstruction. Work performed in areas adjacent to the wards occupied by patients, particularly on the women's side of the Main building, has demanded unceasing care and vigilance to assure at all times absolute safety for the patients.

The construction office and the engineering division of the hospital have maintained close contact throughout the year, consulting on many occasions to their mutual benefit. Much of the new work has involved changes in and connections to existing structures and service lines. Every effort has been made to preserve continuity of all essential services. The engineering division has been of great assistance in arranging necessary shut-downs and cooperating in making the later adjustments which always accompany such changes. Discussions on the subjects of new installations and materials have been held with Mr. Landesman in order to provide for ease of cooperation and maintenance after completion. He has offered constructive criticism which has been appreciatively received."

Repairs to Administration Building

Early in the year leaks at the roof of the Administration building made it necessary to remove the plastered ceiling in three rooms. After various studies and tests to determine the source of the leaks, the stone coping of the parapet wall had to be removed, new brick flashing installed to cover the entire inner surface, and the coping reset and repointed.

Fourth Floor and Roof, North Side, Main Building

At the time of our last report, reconstruction of the North side had proceeded to a point where the 4th floor of Tier 4 was completed and occupied by patients, and the 4th floor of Tiers 3, 2, and 1 were in various stages of completion. By November 30, Tiers 2 and 3 were completely occupied. Patients were moved into the 4th floor of Tier 1 early in February. At the present time the reconstruction of the North side is entirely completed;

the only other work contemplated here is the installation of an electric elevator in Tier 3. The work may be summarized thus: Following the fire in May of 1929, reconstruction work was started on this building in July, 1929, and continued throughout the first three floors until May, 1933, progress varying with the space which could be made available and also with the funds appropriated. On May 1, 1933, reconstruction of the 4th floor and roof was begun and was completed within a two year period. The North side is now a highly fire resistive structure, finished inside in a simple and sanitary manner.

Fourth Floor and Roof, South Side, Main Building

A year ago work had been started on the two story section, 4-A; the program called for removal of all flooring and floor beams, and their replacement with reinforced concrete floors supported on structural steel beams. The second floor ceiling was entirely replaced with a metal lath and plaster ceiling of fire resistive nature. All water piping was replaced, new steam piping installed and new radiation recessed in the exterior walls. The old electrical wiring system in flexible conduit was entirely replaced with an up to date system installed in rigid steel conduit. The interior was finished with an enamel having a semi-gloss finish. The work has been completed during the year and the wards reoccupied.

Reconstruction of the 4th floor and roof is being carried on in the same manner as on the North side, but owing to overcrowded conditions, less space can be made available for construction purposes on the South side. All of the old roofs with their extensive ornamentation of large and small cupolas, dormer windows, and sheet metal work are entirely removed down to the 4th floor level. The old roof structure was for the most part made up of wood members thoroughly dried after about 65 years in the building and therefore a grave hazard in the event of fire. In order to protect the lower floors during the period of construction a temporary roof is erected, consisting of canvas tarpaulins supported on wood framing. New exterior walls are laid up of stone faced ashlar block backed up with 8 inches of common brick. New wooden window frames are placed as the exterior walls are erected. The roof framing is made up of structural steel beams which in turn support a 2 inch plank roof deck. The

roof has two sloping sides and a flat section across the top. The two sloping sides are covered with slate, part of which is salvaged material, the flat top with a standing seam tin roof.

Many interior partitions are removed in order to convert the floor into a series of large dormitories which have more bed space than the small irregular rooms which they replace. The exterior walls are furred on the inside and then covered with expanded steel lath. The ceilings are of expanded metal lath suspended from the steel beams above. Plastering is done with the best grade of hard wall plaster finished in a smooth white coat and then given three coats of paint, the final coat being a semi-gloss enamel which is washable and reflects a large amount of light. Sanitary cement floors and base are laid throughout the reconstructed areas; wherever necessary wood floor joists are replaced with steel beams and reinforced concrete floor arches. The floors are covered with 6 millimeter battleship linoleum. The old heating system is being entirely replaced by the installation of cast iron radiators in metal enclosures recessed below the windows in exterior walls, the piping being carried up from the basement mains through existing ducts. In each corridor unit ventilators are installed which can provide heated fresh air throughout the winter months and fresh cool air in summer. The existing toilet and shower rooms are extended to meet the new wall conditions and facilities are increased wherever possible; all steel piping is being replaced with brass. A new dressing room having tile floor and base is provided adjacent to the bathrooms. The old electric wiring is being replaced with the best type of insulated wire in rigid steel conduit of ample size; outlet boxes are of steel. Conduit and outlets are being provided for the central radio system to which each ward will eventually be connected. The telephones will be contained in recessed metal boxes under lock and key; conduit and outlets are also provided for the fire alarm and watchman clock stations. The installation of this electrical work is attended with many difficulties, involving as it does a great deal of temporary wiring to avoid the disturbance of service to wards which are occupied. In the clothing and linen rooms a large amount of shelving is being provided. All doors will be hung on new hinges and the old locks replaced with those of modern type subject to the master keying system of the newer hospital buildings.

Throughout the reconstruction work, every effort has been made to salvage and use again as much material as possible. A wood-working shop has been set up on the grounds to aid in this. Thus no lumber has been purchased for furring the exterior walls, for wood framing, or for the support of temporary roof. Where old walls and chimneys have been demolished the brick has been cleaned at a very slight expense and used again. Slate which was removed in good condition is used on the new roof. At the date of this report, the top ward and roof of Tier 4 have been entirely rebuilt and will be complete with the installation of window guards and the laying of linoleum. The same type of guard which was developed for the 4th floor of the North side is being used; it is made up of a strong ornamental mesh contained in a steel angle frame, is placed on the inside of the window sash and locked by means of a cylinder lock which is master keyed with the general system. Progress on this job has been maintained according to the construction schedule; demolition is now completed on the roof and top floor of Tier 3, and all of the exterior walls have been erected.

Alterations and Additions to the Sewage Disposal Plant

On this job there have been periods of active work and periods of forced inactivity; at present all of the major items have been completed with the exception of placing stone in the second large filter bed. To supply the 3,900 tons of 2″ trap rock which was required for the trickling filter media a crushing and grading plant was set up at the North Jersey Training School in Totowa. The trap rock is quarried from a ledge and is then crushed, graded, and delivered by truck to Greystone Park. The trickling filters are concrete beds about 76′×110′×6′ deep. A cast iron pipe distribution system serves 71 nozzles in each bed which spray the sewage liquid from the dosing tanks over the filtering stone. The entire bottom of each bed is covered with 10″ half tile to provide under drainage and the bed then filled with trap rock. At this time one bed has been entirely filled and is operating in conjunction with two other filters of the same type. A new sludge pumping line was laid from the final settling tank to the central pump house. By means of suitable piping and valve re-arrangements it is now possible to do all necessary pumping to the various parts of the plant by means of the one central pumping station.

In addition to the installation of new equipment, roads around the plant have been improved, drainage ditches have been dug, and drain piping put in where necessary. A large area around the various tanks has been graded and covered with cinders.

Steam Line on Central Avenue

Since a single steam line served the Clinic and Reception buildings, Cafeteria, and Employees' building, as well as several of the physicians' cottages, it was thought wise to install a second line which would form a complete loop and so safeguard the supply by permitting the steam to be fed from either direction. Installation of the new line was started on August 20. The principal pipes are a 6" high pressure steam main and a 4" return main through which condensed water will flow back to the power house. These lines connect to existing mains in the corridor near the dynamo room and are then carried through the old south side wind tunnel and leave the building at the front of Tier 1, south side, passing underground to the Employees' building, with branches taken off to supply the buildings of the nursing group. The underground portion is encased in a clay tile and concrete conduit, with fluffy asbestos insulation surrounding the pipes. Seven concrete manholes are provided in which expansion bends are installed to allow for movement of the pipe as temperature changes occur. At the Employees' building cross connections are made between these new lines and the older supply lines which come from the Clinic building. In this way the loop is completed and steam may be supplied from either direction. At the time of this report, all of the work has been completed with the exception of a vacuum heating pump installed in the nursing group. This pump will return the condensed water to the power house to be again used in the boilers.

Overcrowding

The number of resident patients increased this year by 366. Added to the increase of the previous two years, this makes a total of 814 more patients than were under care when the last new building was opened, a number only 93 less than the normal capacity of the Clinic, Reception, Senile, and Tuberculosis buildings combined. During the last two years, the 4th floor of the north side of the Main building has been reconstructed and

restored to service, giving three more wards there than were in use in 1932. This has been largely offset by the fact that two 4th floor south side wards are now out of service, due to reconstruction. In my report for 1932, I stated that "very serious overcrowding exists" with "only the Senile building of the entire number used for housing patients having the same number of beds as its rated capacity." Now we have 814 more patients with only one additional ward in service. A condition has been reached where we literally do not know how to crowd in the patients as they come daily to us. The effects upon the facilities, the personnel, the medical staff are all extremely bad. The wear and tear on the buildings is terrific and is especially noticeable upon the wards just reconstructed at an expense of hundreds of thousands of dollars. But most tragic of all is the effect upon the patients themselves. Statistics show that whenever there is serious overcrowding, the number of patients discharged as recovered and improved decreases in proportion. At the present time the overcrowding is the greatest in the history of the institution and the results are exactly what might be expected, except that they are mitigated in some slight degree by the untiring efforts of the doctors and nurses contending against appalling odds.

Business Department

Mr. George J. Holbig has continued as business manager of the institution this year and has been highly successful in maintaining the complicated affairs of his department on an economical and efficient basis, while making every effort to cooperate with the medical department for the good of the hospital as a whole. Economic stringency has made it necessary to keep close watch on all expenditures and to guard against waste, at the same time avoiding the false economy of inferior goods and deterioration of the plant and equipment. Rising prices in foods and other commodities complicated the situation, especially since maintenance costs had been estimated on the basis of 4,200 patients and the daily average number under care was 4,682. Mr. Holbig deserves a great deal of credit for the skillful manner in which he has kept expenses within the appropriations this year.

The general set up of the business department has remained the same as last year. Mr. E. I. Coursen, assistant business manager, has been in charge of the farm and animal industries; Mr. Henry

Landesman, chief engineer, has supervised the power, water, light, heat, sewage and refrigeration plants, and been in charge of the mechanics of the maintenance force; Mr. A. J. Van Winkle, chief clerk and treasurer, has directed the office work and the extensive accounting systems necessary in an institution of this size. All have carried on their divisions in a thoroughly competent manner and have cooperated with the other resident officers in the work of the hospital.

Engineering Division

In submitting his tenth annual report of the activities of his division, Mr. Landesman stated that the results had been satisfactory in general this year, and that the condition of the buildings, plants, and equipment was being gradually improved, although the need for strict economy with mechanics on part time, and shortage of material, rendered operation more difficult. In addition to the regular hospital force, Mr. Landesman has taken active part in the checking and supervising of men working here under relief organizations, with the exception of those engaged on construction and supervised by the construction office. He has also done a great deal of work in connection with drawing up suggestions, plans, and specifications for future work to be done here, such as an addition to the power plant, a central water treatment and control system, new garages, reconstruction of the laundry, and so on. He has submitted a somewhat detailed report of which I have been able to incorporate only the main features here:

The water report shows a total of 344,284,000 gallons consumed, which is considerably higher than usual; the number of gallons pumped was 208,891,000; the daily average per capita used was 200.4 gallons. The daily average K. W. for the pumps was 1,466. At the power house, a total of 30,768 tons of coal was consumed, with a daily average of 84 tons; July was low with an average of 52 tons daily, while the average in January was 116 tons. In the dynamo room the total kilowatt load for the year was 3,035,484, with the greatest extremes falling in August, a maximum of 469 and a minimum of 87. Ice production amounted to a total of 23,404 cakes with a monthly average of 1,950. At the sewage disposal plant the daily average flow was 969,500 gallons; May had the highest daily average with 1,014,779 gallons and July the lowest with 863,600; the average daily per capita flow was 206.4 gallons.

At the power station the plant has been operated economically and with a minimum of repairs required. During the summer months all boilers were thoroughly cleaned and the equipment overhauled. Water treatment has been continued with daily checks on condition and has resulted in low maintenance costs. Coal received during the year was usually of high quality. Fortunately it did not become necessary to shut down any boiler during the cold weather this year, as even with the milder weather compared to that of 1934 any failure in the four boilers would have meant serious suffering. Plans have been completed for a new power station with an additional boiler, and it is earnestly hoped that the Central Office will find some means for carrying out this much needed work in the near future.

In the dynamo room less strain was experienced because the water supply was ample throughout the year. This made it possible to make needed repairs and improve the efficiency of the engines. The alternating current generating unit after four years of continuous service began to show need of attention, so a shutdown of about ten hours was made in November to go over the entire unit with an expert from the General Electric Company. As it is obviously not good policy to depend upon twenty-four hour service from one unit, the new power station plan incorporates an additional alternating current unit. While a breakdown alternating current service is available from the Jersey Central Power & Light Company, no use has been made of it as yet since a minimum monthly charge becomes operative after service is once given.

The larger refrigeration units are located in the Main building, Cafeteria, Dairy and Storehouse. These have been kept in serviceable condition with repairs to doors, insulation, and machinery as required. Some difficulty was encountered in repairing the machine at the dairy as it is old, having seen a number of years of service at the Dormitory building before it was removed to its present location. A number of smaller refrigerators are in service in different parts of the institution. Those in the serving rooms of the Reception building have been unsatisfactory, being costly and unreliable; plans have been made for the replacement of these units.

Much attention has been devoted to the care and maintenance

of the sewage disposal plant. Daily tests, daily logs and continuous inspection have made for efficient operation; during the summer months chlorination has been continued twenty-four hours daily to eliminate odors, and the sprinkler has been flooded once a week to prevent fly propagation. The final effluent is stable and tests show a plant efficiency of 95%; tests of the water at Jaqui Pond and of the Whippany River showed that the pond was serving well as a natural sterilizing agent and there was no contamination of the Whippany River. Close cooperation was maintained with the construction office in building the new addition to the plant, so that all new connections were made without a single by-pass of the plant. This new addition is an excellent job and the units already placed in service are performing well. The sewage flow was frequently in excess of the water used at the institution during the year because the ground was saturated by heavy rains and water found its way into the sewer lines and augmented the flow by as much as 100,000 gallons daily.

All maintenance work has been carefully planned, men given written orders for work, and time and material checked at the office. It is felt unfortunate that the stagger system still is maintained, since it would improve morale and the quality and quantity of work if the men could be put back on full time and three men who are now acting foreman could be given foreman wages. The list of work done this year is so long that only the more important items can be mentioned here. At the Clinic building some pointing up was done on the exterior, frames and sash repaired and painted, and copper gutters and coping covers repaired, and screens put in good condition. Bathrooms were pointed up and painted and fixtures repaired. In the operating room a new sterilizer was installed; the installation is concealed behind a tile panel; the heat, piping, drains, etc. being all in a separate room where mechanics can make adjustments readily. While this installation was in progress, the operating room was pointed up and decorated. A new alternating current 220 volt line was run from the power station to the x-ray room to permit the installation of new equipment. Light-tight shutters were built and installed on the interior of windows to facilitate fluroscopic work. A new booth was built and erected on M-3 to make it possible for the supervising floor nurse to observe the activities of the ward, while engaged on duty at the desk or telephone.

Various new locks were put on in this building, including the doors to the elevators. The diet kitchen was redecorated and new equipment built. At the Main building several areas in the ducts were pointed up and painted, old wires and lines removed, fire screens placed in the heating registers, and indirect heating chutes opened into the ducts to facilitate the collecting of foreign materials. The Main kitchen was redecorated, food trucks overhauled and several new ones built, the fronts of all gas ranges renewed and repairs made to the canopy. In the congregate dining halls the padlocks on window guards were replaced with those of heavier type. At the Dormitory building, 41 locks of a type tying in with those used on newer buildings were installed on exit doors as a safety and fire hazard precaution. Many repairs were made in the building and considerable painting was done. The Tuberculosis building has required constant maintenance attention and is now being painted on the outside. The Employees' building has also required a number of repairs particularly to plaster. In the Nurses' dining hall a new wash room and toilet were installed on the first floor for the use of the women who work in the building. In the Nurses' residence group maintenance costs have been slight. The South cottage has had new laundry installed in basement, three bathrooms rebuilt and plumbing and electric work renewed; the building is settling badly and required considerable masonry work. The North cottage had a new tin roof put on in the rear. At the Service building, a new approach was built, with brick steps and ornamental iron railing, replacing steps which were slippery and dangerous. Maintenance work in staff cottages was at a minimum; new hot water tanks were installed in the duplex cottages; some decorating was done in the interior of several cottages, and the staff house kitchen was given better ventilation by the putting in of additional windows. Various current repairs were made at the dairy. Bedroom and bathroom at the farmer's cottage were repaired and repainted. At the greenhouse the rose house doors and roof were repaired, a new water line installed, a new steam line run through a series of outside hotbeds, new window cut in tool house, and 150 crates made for garden use. Minor maintenance work was done at the hennery and piggery; the incinerator has required practically no repairs since reconstruction four years ago. At the women's occupational therapy building

and the main garage corroded steel hot water lines were torn out and replaced with brass.

The need of painters and painting supplies is keenly felt at present. Part of the time during the year some assistance was obtained from C. W. A. and E. R. A., but for the most part the work has been carried on by the regular maintenance force of nine men; of these, one is kept busy laying out the work, mixing paint, keeping records of time and stock and acting as foreman; one is constantly employed as glazier; one or two are working on furniture; and two are being kept busy on spraying machines at the Reception building. Some of the buildings, such as the Employees' residence and the Tuberculosis building, have never been painted inside and a number of others have not had attention for several years, but with the present force it seems impossible to catch up on the work in this section.

During the year regular inspections of buildings and plants have been made. The sprinkler system has been inspected once in every 48 hours; a mechanic was assigned to the cannery during the season, and the laundry is regularly furnished with a mechanic and electrician. Repairs for the year numbered 23,096, while 34 pieces of new work were completed. Furniture repairs amounted to over 4,000, with chairs the chief item, 2,342. At the large sterilizer 840 mattresses, 412 pillows, 206 sheets, 102 blankets, 8 spreads, 50 bundles of clothing, and 22 rugs were processed.

Laundry

Mr. Daniel W. Leyhan has continued in charge of the hospital laundry and has met increased demands without complaint. The work is arranged on an efficient basis, many patients are afforded employment, and the number of paid employees maintained at a minimum, all of which means close supervision on the part of the man in charge. His report is as follows:

"The equipment of the laundry remains the same as last year, no additional machinery having been installed and no replacements made. However, three days before the end of the fiscal year, 2 American press ironers were placed on the floor. The installation of electrical conduits begun last year was completed on October 31, by mechanics of the engineering division. The paid personnel remains the same, but a loss was sustained in the death of a very competent man patient who had worked for some time supervising the extractors.

New Jersey State Library

On January 31, a special luncheon was served at the laundry for all patients employed there, and was greatly appreciated. On June 10, a special anniversary dinner was served for a patient, a very good worker who was permitted to invite twenty other patients to join him in celebrating the occasion—the fiftieth anniversary of his commitment to the institution.

A total of 5,917,945 pieces were laundered during the year, including 5,349 net and muslin curtains which were washed, starched, and either put on stretchers or hand ironed. This is an increase of 101,401 pieces over last year and is a monthly average of 493,162 pieces. At present, with the summer months bringing increased demands on the laundry and also the period of vacations for the laundry workers, while the hospital census is greater than ever before, some difficulty is being experienced in getting the work out on time.

Bakery

Production at the hospital bakery was necessarily increased this year to meet the greater needs incident to a higher census. Every effort was made to keep the quality at a high standard. On certain holidays when roast chicken was served, it was necessary to start baking at a very early hour in order to accomplish the required work in the bread ovens. The following list gives the amounts for the year in bread and pastry:

Bread, 2 lb. loaf	706,776
Cake, 7 lb.	2,849
Cake, 6 lb.	13,808
Cake, 5 lb.	391
Apple cake, 6 lb.	161
Apple cake, 7 lb.	30
Apple cake, 8 lb.	30
Peach cake, 8 lb.	75
Coffee cake, 1½ lb.	4,135
Coffee cake, 1 lb.	1,713
Coffee cake, 1¼ lb.	499
Jelly roll, 6 lb.	281
Pies, 8 lb.	1,674
Pies, 3 lb.	23
Total	732,445
Cookies, dozen	2,620
Muffins, dozen	2,245
Buns, dozen	2,919

Rolls, dozen	233
Scotch scones, dozen	2
Patty shells, dozen	2
Total dozen	8,021

Food Service

The system of food service has been practically the same as in the previous year. The work has been under the direction of Mr. William Walton who is thoroughly experienced in handling the vast amount of detail incident to providing the entire resident population, patients and employees, with three meals a day. Food prepared in the central kitchen is sent by insulated hand trucks to the dining halls. The Main kitchen served the congregate dining halls and the Dormitory building group, while the Cafeteria kitchen supplies food to the Reception and Clinic buildings. Employees are for the most part fed in the Cafeteria, arrangements being made to transport by bus those working in more distant parts of the institution. A kitchen and dining room service for physicians is maintained at the Dormitory building and another at the staff house, while those resident in the Main building and vicinity have a dining room adjacent to the Nurses' dining room and are served from that kitchen. The cottages are all supplied with their own kitchens. The nurses form a separate group, in which are included graduates, Greystone Park students, and affiliate students. All are served in the Nurses' Dining Room, which is a separate building with its own kitchen. Food materials for the different kitchens are delivered on requisitions which are checked through the business manager's office and also by the head of the storehouse, garden, Main kitchen, or other source of the supplies. The Diet kitchen under the direction of Miss Bossle, whose report is given under the Nursing division, supplies all special diets for patients and employees.

In all sections of food service this year a constant effort has been maintained to avoid waste and to reduce expenses wherever possible without detriment to the comfort and health of those being fed. Careful inspection of all meats and other food supplies delivered at the hospital has been maintained, with rejection of those not coming up to accepted standards. Foods produced locally, such as milk, bread, eggs, and certain meats, as well as garden produce, have also been maintained at proper standards.

Cannery

At the hospital cannery 46,921 #10 cans of tomatoes were put up this year, a quantity sufficient to meet the requirements of the institution. Our garden supplied 2,226 bushels of tomatoes, more than one-third the amount used.

Service Building

The Service building has been continued this year under the general supervision of Mr. Holbig, with Mr. Beucler in immediate charge. It is designed as a center for visitors and includes a registration and information desk, a rest room with an exhibit and sale counters for occupational therapy products, and a lunch room where light meals and refreshments are served. The building is open both day and evening. To cover the long hours, three full time employees and one half-time employee are required; seven patients assist at the building, some because they like the opportunity for a pleasant change in diet, while others receive a small cash allowance. This last month the work has been handicapped because of the illness of a valued woman employee. Any profit remaining after the cost of supplies, salaries, and other expenses have been deducted is placed in a fund for patients' entertainment.

Garage

Conditions in the hospital motor unit were somewhat improved this year, although a number of old cars and trucks are still being kept in service at constant expense for repairs. Light passenger cars are required for the use of social service workers, both those of the hospital parole group and those of the mental hygiene clinics. Other passenger cars are required for the transportation of patients to court, the return of patients from escape, and the transportation of officers engaged in hospital business. Trucks are used for farm and garden work, road maintenance, hauling supplies, and transporting gangs of men to and from work; a bus is maintained on regular time schedule to take employees to and from meals, when they are employed at a distance from the dining halls. The following additions to the list of motor vehicles were received during the year: August 31, 1934, 2 Chevrolet coaches; September 4, 1 Chevrolet coach; September 6, 1 Chevrolet coach; September 11, Buick sedan; January 4, 1935, White truck; February 24, Ford suburban. For these, the following were turned in as exchanges: 3 Ford tudor sedans, 1930; 1 Chevrolet coupe, 1928; 1 Buick sedan,

1929; 1 Reo truck, 1926. The garage service consisting of a force of mechanics and drivers and supplies of gas, oil, and other necessities, has been continued under the direction of Mr. John Murphy who is an excellent type of thoroughly reliable employee.

Upholstery Division

The work of the upholstery division has been continued as usual with Mr. Albert Olin, an experienced employee of long standing, in charge and John Macauley, also an experienced man, as his assistant. The greatest volume of work has consisted of making and renovating mattresses and repairing shoes, though a variety of other activities are listed, including hanging and taking down awnings, making, hanging, and taking down curtains, laying linoleum and carpets, and upholstering furniture or making slip covers. The detailed list is as follows:

NEW WORK

Double mattresses	6
Single mattresses	684
Hair pillows	698
Feather pillows	76
Double mattress ticks	4
Single mattress ticks	600
Pillow ticks	731
Pieces furniture upholstered	74
Chair cushions	56
Awnings made	3
Linoleum laid	21
Curtains made, pairs	51
Curtains hung, pairs	85
Shades made	239
Pieces of harness made	55
Slip covers made	8
Sofa pillows	25
Ticking mits made, pairs	74
Flags made	12
Miscellaneous work	185
Total pieces new work	3,677

REPAIRS

Double mattresses made over	4
Single mattresses made over	1,158
Hair pillows made over	554
Carpets repaired	119
Carpets taken up	6
Shades repaired	199

Mattress ticks repaired	281	
Awnings taken down	445	
Awnings hung	361	
Horse blankets repaired	6	
Pieces of harness repaired	95	
Shoes repaired, pairs	2,667	
Miscellaneous	135	
Total repairs		6,028
Total pieces of work done		9,705

Garden

The work of the Main garden of the institution has been continued this year, like last, under the direction of Mr. Otto Koch. He has devoted close and interested attention to the work throughout the year and has succeeded remarkably well in his efforts to increase production of all the most needed vegetables. The valuation of the vegetables raised and consumed in the institution amounted to $18,870, while green fodder sent to the dairy and plants and vegetables sent to other institutions increased the total value of garden division produce to the high figure of $21,695. In addition to growing, harvesting and distributing these quantities of vegetables, the garden division has also been in charge of the checking, storing, and distributing of purchased vegetables, of which potatoes constitutes the largest item. Careful records have been kept of all orders and deliveries throughout the year.

The greenhouse and garden facilities were all used for starting seed early. In the greenhouse benches 25,936 lettuce plants were transplanted, and ¾ lb. of radish seed sown. In the garden equipment seed was sown to fill 540 flats and 72 hot bed frames. A total of 352,268 plants were transplanted in the hot bed frames and 159,012 plants were transplanted in the garden fields. Manure was hauled from the dairy and horse barns and from the hennery to use on the garden, and to this were added 19,872 lbs. of lime, 8,854 lbs. fertilizer, 1,440 lbs. nitrate of soda and 334 lbs. of bone meal. Various powders and sprays were used to control insects and fungus. Repairs were made to 240 tomato crates and 261 hot bed sash; 40 hot bed shutters were made and painted. E. R. A. workers were employed in the garden a total of 69 days; much of the work done consisted in clearing a small piece of land and cutting up the trees for wood.

In the early part of the season this spring, hot dry weather made it necessary to haul water to such plants as had been set out in the garden fields, and even so, considerable loss was sustained. The serious need for an adequate irrigation system was again illustrated at this time. Later a very heavy rain storm washed badly about twelve acres of the garden; carrots and beets suffered most. A large drainage gutter put in last fall prevented even more serious loss by flooding.

The display made up for the State Fair at Trenton in September received much favorable comment and was awarded second prize in the institutional group. In the various classes, 41 entries were made and 23 first prizes, 11 seconds, and 1 third were received. Mr. Koch has earned much credit for his success in this important division of hospital work.

Farm

The hospital farm has been continued under the supervision of Mr. Coursen and with Mr. P. F. Havens as head farmer. The chief value of farm produce is in affording a supply of green fodder, ensilage, and other food for the dairy herd. Under the present system of filing a report at the end of June, the statement for the farm, as well as that for the garden, is not well balanced, since the harvest reported is for one season, while the seed and crop planting is for the following season. This year the corn crop was good, with a total of over 1,200 tons harvested; weather conditions were favorable for growth, but in September heavy rains and wind laid a considerable quantity of the crop flat, making it impossible to harvest with the usual machinery and requiring hand cutting, which increased the expense. The beet crop was light, due to disease infection. Some difficulty was experienced with seed corn this spring, as there was widespread infection with "fusarium" a fungus disease. Seed was treated before planting and so far, growth appears to be good. This season 88½ acres have been planted in ensilage corn, 5 acres with beets, 2 with carrots, 6 with turnips, and 18 sown with oats and alfalfa for green fodder. Apple trees have been sprayed three times, once with lime sulphur alone, twice with the addition of arsenate of lead and nicotine sulphate. The infestation of tent caterpillars was severe and considerable time was spent in an effort to destroy nests. Sheep used for the laboratory are cared

for under the farm division. It has been customary to purchase one or more animals each year, but during the past year the ewes were bred and four lambs produced, which will make purchasing unnecessary.

As usual, men and horses listed under the farm, have been frequently used in other hospital work, unloading coal, flour, and other supplies at the storehouse, cutting and hauling ties for the railroad line, removing snow from the roads and walks, hauling bedding for the dairy and piggery, and in general institutional labor.

The value of farm products this year was $15,174.37, an increase of $5,258.58 over the preceding year.

Stable

One of the horses in the stable died on August 1 from hemorrhage, having shown no previous signs of sickness or injury. This animal has not been replaced. Seventeen horses are now at the stable, eight assigned to the garden division and nine to the farm. One of the latter appears to have some chronic disease, is unfit to work, and has been recommended by the veterinary to be destroyed. Two or three of the others are more or less lame occasionally, but able to do a fair amount of work. In May all of the horses were thoroughly examined by the veterinary and their teeth treated where necessary. Horses suffering injuries during the year were given anti-tetanus serum by the veterinary whenever he deemed it advisable.

Dairy

The work of the hospital dairy has continued under the supervision of Mr. Coursen, with Mr. L. E. Palmer as herdsman. Milk production for the year amounted to a total of 733,507 quarts, a decrease of 45,170 quarts from last year. The decrease is ascribed to a larger proportionate number of heifers with first or second calves, lack of good quality hay at times, and difficulty in maintaining a sufficient number of good milkers. The total valuation of dairy products this year was $69,267.39.

The herd was free from tuberculosis and infectious mastitis. One cow suspected of tuberculosis was slaughtered, but no lesions were apparent when examined. During the year 24 cows and 1 heifer were slaughtered and passed for food by the veterinary. Bull calves to the number of 55 were butchered during the year,

providing 4,113 lbs. of veal and 208 lbs. of calf liver, heart and tongue. Calves to the number of 138 were produced during the year; of these 73 were males and 65 females. One cow died as a result of puncture from swallowing some sharp object with the food. Careful supervision has been maintained with reference to reactors to tests for abortion bacillus. Highly suspicious and positive animals have been stabled in a separate barn with precautions observed to prevent spread of infection. At the beginning of the year there were 41 animals in this group; during the year 9 were slaughtered, 1 died, and 3 were added from the number previously negative or slightly suspicious, making the total at the end of the year 34. Examinations for mastitis have also been closely followed up; the strip cup has been used daily and if any suspicious conditions were observed, the thybromol test and laboratory examination of the milk followed. When positive reports were obtained, specimens were sent to the Lederle laboratories for examination and reports on fitness for human food. In cases where mastitis, though not contagious, proved difficult or impossible of cure, the animal was slaughtered. Pasteurization of all milk has been strictly adhered to and all utensils sterilized regularly.

A group of 18 heifers ranging from 4 to 10 months of age was transferred to the State Village at Skillman on August 16 and 17. A credit of $810, an average of $45 per head was allowed in the account of hay received from that institution and valued at $1,300. On August 16, 12 heifers were sent to the institution at Clinton for pasture; one was reported to be suffering from a lump on the jaw and was brought back on August 30; the others were returned October 23 and 24. Young calves were affected by hemorrhagic septicemia in December, January, February, and March; prompt measures were taken to prevent spread of the disease by treating with vaccine from the Lederle laboratories and deaths were comparatively few.

Patients have been used to assist in milking throughout the year. Some difficulty has been experienced in finding a sufficient number of men of suitable mental and physical condition and cleanly habits, but in general the dairy has been run at a reduced cost through their help and the patients themselves as a rule have liked the work and a number have improved sufficiently to leave the institution on parole.

The dairy census at the end of the year is as follows:

DAIRY CENSUS, JUNE 30, 1935

Milking cows	127	
Dry cows	18	
		145
Heifers	28	
Heifer calves	53	
		81
Bull calves	7	
Bulls	5	
		12
Total		238

Because of the increased number of heifer calves, the valuation of the herd, $31,245 is about $1,300 higher than a year ago.

Piggery

A successful year was reported at the piggery. All pigs were treated with anti-hog cholera serum as a preventive and when either hemorrhagic septicemia or pneumonia appeared those affected were injected with hemorrhagic septicemia vaccine. As usual there were various losses from disease and injury, but no serious epidemics. Two animals became paralyzed during the year; one 250 pound hog responded to treatment by Dr. Dustan and fully recovered; the other, a herd sire, was apparently paralyzed as a result of injury, did not respond to treatment and on recommendation of the veterinary was destroyed.

During the year 344 hogs were slaughtered, dressing 74,306 lbs., an average of 216. All were passed for food. The value of the production from the piggery this year was $9,550, an increase of $3,671. Part of the increase was due to high prevailing prices, but the amount of pork was also increased by 11,500 pounds.

PIGGERY CENSUS, JUNE 30, 1935

Sucklings	28	
Shoats	322	
Boars	3	
Sows	43	
Fattening hogs	131	
Total		527

This shows an increased number of small and large pigs over a year ago and an increase in valuation of about $700.

Hennery

At the hospital poultry plant conditions were somewhat improved over the previous year. Early in July losses were experienced among young birds which ceased after two large owls were trapped. In August, Mr. William King, poultryman, injected the young birds himself with vaccine obtained from the Lederle laboratories, instead of having it done by a representative ot the Bureau of Animal Industry at Trenton, as in former years. Some trouble was experienced with a respiratory infection in October, and in May there was a short epidemic of "black head" in which 20 birds were lost. On November 15, 300 day-old white rock chicks were received and proved to be a valuable addition to the flock, materially increasing production of eggs in the Spring. On March 5, 1,500 day-old chicks were purchased, and on May 14, 1,000 more were received. All were from good stock, the death rate was low, and it is expected that the increased number of pullets will provide a greater egg supply this coming season. Cockerels are utilized as broilers and roasting fowl, and this year it was possible to reduce the number of old hens in the flock by killing 556 for food; egg production is increased by adding pullets and cutting down the older stock.

The valuation of products from the poultry plant this year was $6,986.76, an increase of $1,406.37 over last year. Again, much of the increase is due to higher prices allowed, although there was an increase of nearly 550 dozen in the number of eggs. A small profit was shown by the hennery this year.

POULTRY CENSUS, JUNE 30, 1935

Hens	1,217	
Pullets	798	
Cockerels	974	
Young stock	127	
Total		3,116

The assessed value of the stock was $1,730.

Miscellaneous

As usual, a large amount of miscellaneous work about the institution was carried on this year under the supervision of Mr. Coursen. Coal was unloaded to the amount of 621 carloads. Ashes were hauled to the dump; some were used on roads and construction work around the institution; considerable amounts

were given without charge to the State Highway Department and to local authorities; various quantities were sold to private buyers, for which $310.79 was received. Drinking water piped to the Dormitory building from a spring has there been bottled for distribution; during the year 63,786 bottles were filled and delivery was made to 63 delivery points. The delivery agent was required to keep a check on the number of full bottles delivered and the number of empties returned, and also to report known breakage. The branch line over which freight is shipped to the hospital is maintained by the institution. Funds for the purchase of ties to replace old ones were not available this year, and after using 336 which were in stock, timber was cut in the woods on hospital property by employees, patients, and E. R. A. workers and 104 ties made; some of these have been installed. One broken rail was replaced, spikes, bolts, and fish plates renewed and joints leveled and tightened.

A man has been continued on duty as vermin exterminator; through his efforts the number of rats has shown a noticeable decrease; barium carbonate, red squills and phosphorous paste were the most productive agents, trapping proving very uncertain. Roaches were kept under control by the use of sodium fluoride, but even when a building was free for a considerable time, re-infestation by means of insects brought in supplies from other buildings was frequent. Beetles in the ducts and basements did not prove difficult to control. Occasional trouble was experienced with ants in the cottages, but treatment with an insect powder was usually effective.

Inventory

The annual inventory was made at the business office as usual, with the assistance of inventory lists made up by the heads of divisions throughout the institution. The appraised valuation was as follows:

Real estate, including buildings	$11,387,948.05
Personal property	1,226,590.67
Total	$12,614,538.72

This is an increase over the valuation of last year of $3,000 in real estate and about $103,680. in personal property, or a total of $106,680.

Recommendations

Mental Hygiene Clinics

The accomplishments of the Mental Hygiene Clinics have "sold" them to the general public and to the State authorities. The question now is not whether they should continue, but rather how much they should be expanded. To me it seems that, in view of the costs involved in maintaining hospital patients, and especially in the expensive construction program which continued expansion of institutions involves, the increase of these clinics is the most economical measure before us.

Reconstruction and Fireproofing Main and Dormitory Buildings

Reconstruction of the Main building, north side and center, has been completed, the south side is now in process of reconstruction with the present program calling for completion of the two section wings and of the fourth floor and roof. The other three floors of this building should be completed and similar reconstruction should be carried out in the entire Dormitory building, which offers an even more serious fire hazard.

Grading, Walks, Landscaping, Etc.

Grading and landscaping can be carried on at intervals in the work of gardens and grounds if a sufficient sum is available for the necessary equipment. Sidewalks and curbing in several places require replacement; if money is provided for the purchase of materials and equipment this work can also be carried out with hospital forces, unless deterioration is allowed to progress to too great an extent.

Irrigation System for the Garden

Whenever there is a period of dry weather in the growing season the necessity of an irrigation system for the garden is demonstrated. This spring enough young plants were burned up to cause a considerable lowering of production, although this has not been an average dry season. Since the garden plays an important part in reducing food costs, it is recommended that an irrigation system be provided by special appropriation.

Farm and Garden Equipment and Machinery

A number of machines and pieces of equipment are needed in the farm and garden to replace those worn out and to increase the efficiency of these important divisions. These machines and

equipment are itemized in the annual budget requests, but here I will take only the space to state that in my opinion they are important and necessary.

Fire Alarm System and Fire Protection

A special study of fire hazards at the institution was made this year. Among the recommendations made was a considerable extension of the sprinkler system. One of the points where a fire would be most difficult to control is the dairy barn, and a sprinkler system is accordingly urged for that area. New fire hose and equipment are also much needed to replace worn out supplies and to increase protection. Even if sums are not available to carry out all the recommendations, it is important that a beginning be made on the work of extending and re-equipping the fire alarm system and of providing proper safeguards to property and human lives.

Railroad Equipment

The hospital track was re-laid in 1922 with 80 pound rail, replacing the original 65 pound rails which had become badly worn and were too light to carry the heavy switching engines placed in use. The 80 pound rail was purchased from the Lackawanna Railroad when a still heavier rail was substituted in their main lines. Since our small surplus supply has now been exhausted by maintenance repairs, an appropriation is needed for further rails and for other replacements, such as spikes, fish plates, etc.

Changes in Piping and Other Large Repairs

In the North Cottage, occupied by attendants, bathrooms were constructed without a lead pan and without tiling of the walls; a number of the waste lines are buried in concrete and most of these give constant trouble from leakage; fixtures are old and many of them beyond repair. Bathrooms and pipe lines should be put in serviceable condition. In the Clinic building all the galvanized hot water and return lines are badly corroded, develop frequent leaks, and should be replaced. In the Employees' building six bathrooms have been reconstructed; the reconstruction of the remaining six is imperative from the viewpoint of safety and sanitation. All of these pieces of work are too large to be undertaken with the regular appropriation for current repairs and should be provided for by special funds.

Re-locking Main and Dormitory Buildings

The necessity of replacing the old locks on the ward doors in these buildings has been recognized and in addition to the work being done as part of the reconstruction program, last year $5,000 was appropriated to begin the change of the locks. It is recommended that the appropriations be continued this year in order that the work may be carried on further.

New Automatic Safety Control for Continuous Baths

Recent improvements have been made by the manufacturers of equipment for continuous baths which are of material value for safety, continuity of operation, and better temperature regulation. It is recommended that an appropriation be made to change over the baths in the Reception building to this better equipment.

Hospital Type Doors for Clinic Elevator

In order to protect the patients and promote the comfort of the sick, it is recommended that an appropriation be made to enable us to install a hospital type of door and lock on the elevator—safe and silent in operation.

Floors in Reception Building and Congregate Dining Halls

The Reception building and Congregate Dining Halls were built with mastic floors. In the Reception building the mastic floor was painted on concrete and in many areas is less than one thirty-second of an inch in thickness. Much of this flooring has heaved, worn out, or come off in sheets. Many areas in the Dining Halls present a similar situation. This is not a maintenance problem because it requires the experience of floor experts to specify proper materials and proper expert supervision in carrying out the work. An appropriation for new floors suitable for these buildings is requested.

Cottages for Physicians

Housing conditions on an approximate level with those which professional men would provide for their families if they were living in the community should be an accepted standard for state hospital physicians, if a permanent and properly qualified medical staff is to be maintained. We now have six married physicians with children living in the regular staff apartments and eating in the common dining rooms. The cramped living conditions and the difficulty of providing suitable diets for children in a regular dining

hall, together with the annoyance and disturbance which are inevitable when small children occupy rooms adjacent to those of childless couples or bachelors, result in serious administrative problems and much discontent. I earnestly recommend that small single cottages be constructed to provide suitable housing for the medical staff.

Housing for Employees

With the great increase in the number of patients which must be cared for at this hospital, an increase in the number of those caring for them is also imperative. At the present time we are operating with an insufficient number of women attendants, chiefly because we have not an unoccupied bed in the women's quarters. Most of the single rooms are already being used for two people, which does not contribute to the comfort and satisfaction of the employees. Additional housing for employees must be provided somehow, if the hospital is to continue to take in patients so much faster than they can be discharged.

Loss of Employees

During the fiscal year six employees of the hospital died and three were retired on pension.

Hans Hansen was engaged as farm hand on May 15, 1933, and died on September 22, 1934, while under care at the Clinic building, at the age of 61, of acute dilatation of the heart, chronic myocarditis and general arteriosclerosis.

Mary Merrill was engaged as an attendant on April 7, 1927, and died on November 19, 1934, at the age of 67. She was under care at the Clinic building and the cause of death was given as bronchial pneumonia and chronic myocarditis.

Charles F. Cummings was engaged as attendant on June 21, 1932. He died on December 30, 1934, at a hospital in Newark.

Anna K. Beard entered the service of the hospital on December 12, 1918, as secretary to Dr. Evans and continued in that position until his death. She continued later in the regular clerical service of the institution for many years until she was partly incapacitated by an automobile accident. After that time, when her condition permitted, she was employed as assistant librarian. She died at the Clinic building on April 23, 1935, at the age of 70; the cause of death was diabetes mellitus and chronic interstitial nephritis. During her long period of service Miss Beard made a host of friends at the institution.

Annie O'Rourke was admitted to the institution as a patient, but upon improving in mental condition she was assigned to duty at the cottage of Dr. Christian, and was eventually paroled and placed on the pay-roll on March 24, 1925. She continued a faithful and loyal worker until her last illness. She died on May 23, 1935.

Frederick C. Wainwright entered the service of the institution on June 27, 1913. He was soon transferred to the hospital studio, where he photographed all newly admitted patients and also made numerous other pictures as requested by the hospital authorities. Of recent years, he also had charge of selecting and transporting films for the moving picture entertainments and of running the machines. When his health began to fail, he refused to report for medical attention until his symptoms were grave. He was then placed under care at the Clinic building, but his disease had progressed too far for successful treatment; he died at the age of 60 on June 27, 1935, of diabetes mellitus, chronic myocarditis and pyelonephritis. In twenty-two years of devoted service, Mr. Wainwright made a place in the life of the institution and of the nearby community where he had established his home, so that his going leaves a decided break in many friendly relationships, as well as in the daily hospital routine.

The three employees who retired on pension this year belong to the comparatively small but usually faithful and reliable group of workers who were brought up as neighbors to the institution and have spent many of their active years in one or another division of hospital service. Eugene Coffee was first employed on May 11, 1885, and worked "off and on" in the mechanical division until March 10, 1907. On June 21, 1923, he re-entered the service as telephone operator and continued until he was retired on October 1, 1934. During recent years he had been on night duty at the switchboard.

Mary Coffee was employed as laundry worker on several occasions from June 20, 1888, to March 3, 1902. Her last period of employment began on August 25, 1919; she was retired on January 1, 1935.

Katherine Scoble was first employed at the institution on April 8, 1890, and resigned on February 20, 1893. She was reemployed on November 13, 1916, and services were continuous until her retirement on disability, February 1, 1935.

Distinguished Visitors

I am very glad to be able to report continued interest in the hospital as a whole and in the various individual divisions which has led to numerous visits by men and women prominent in different fields of service. A number of these have already been listed in the divisional reports, particularly in that of the Mental Hygiene Clinics, but I will here mention a few more names by way of expressing our appreciation of the time and effort which these busy people expended in order to become better acquainted with the work being done here.

Among visitors from outside the State may be mentioned: Dr. C. L. Williams, Superintendent of Logansport State Hospital, with R. Clyde White, Ph.D., Indiana University, Dr. Richard Schillinger, Superintendent of Richmond State Hospital, and Mr. John Nixon, Indiana, who were our guests on September 12; Dr. E. W. Williamson of the American College of Surgeons, who visited the institution on a tour of inspection September 19; Dr. Thomas K. Gruber, Superintendent of Eloise Hospital, Michigan, with Mr. John Carlisle from the Detroit Free Press, Judge George M. Read, and Mr. Edward H. Williams, all of Detroit, who were here on November 26; Dr. George F. Inch, Superintendent of Ypsilanti State Hospital, Michigan, who visited us on December 29; Dr. Menas S. Gregory, of New York City who was here on March 14; and Dr. H. Flanders Dunbar of New York, Director of the Council for Clinical Education, of Theological Students, who came here on May 29 for a conference with representatives of the Central Office and the local Board and staff. Mrs. Marion Brockway and her daughter, Mrs. Underwood, of New York visited the nursing division, and Miss Dora Cornelison, Field Representative of the American Journal of Nursing, was also a guest of that division.

Visits by various individuals and groups within the State have been even more numerous. Governor Hoffman with Mrs. Hoffman and friends paid an informal call at the institution on May 5; Mrs. A. Harry Moore visited the greenhouse division on October 24. Senator Barbour was here on September 26. Hon. William L. Dill called at the hospital on March 23. Groups of Freeholders from the different County boards have made periodical inspections here, with particular reference to their patients under our care; several from Gloucester County, Mr. Jones, Mr. Scholl,

Mr. Miller and Mr. Schumacker made a more extensive tour of the institution on October 25. The Association of Women Legislators, with Dr. Julia Mutchler, former member of our staff and ex-assemblywoman from this district, as hostess, held a luncheon here on July 25 and discussed some of their programs with Commissioner Ellis. About 200 members and guests of the New Jersey League of Women Voters attended an institute on mental hygiene held at this hospital on January 25; the sessions were held morning and afternoon, with a luncheon served in the Cafeteria intervening. Among the speakers were Commissioner Ellis, Dr. Lane, Dr. Fuller, Dr. Curry, Miss Hurley and also Dr. James S. Plant, Director of the Essex County Juvenile Clinic, Newark; Dr. L. N. Yepsen, Director of the Division of Classification and Education, Department of Institutions and Agencies; and Dr. Meta L. Anderson, Director of the Binet Classes, Newark. Other visitors during the year were: Mr. Simon Doniger, Executive Director of the Jewish Child Guidance Bureau, with Dr. Levy, its President, who were here on September 14; Mr. Egan, Secretary-Treasurer of the Essex County Association of Grand Jurors, with a committee of three, who visited us on March 13; Mr. David I. Kelley, Essex County Park Commissioner, who came with a party of friends on November 10 to visit the greenhouse; Mr. John W. Dickey of the New Jersey State Normal School, Newark, who brought a psychology class of 33 Morristown school teachers to visit the institution; and Miss Margaret Sickles of the Central Bureau of Social Service, Morristown, who was here in conference on February 8. A tour through the various wards and divisions was made in November by Mrs. Elmer King, Mrs. Albert R. Riggs, Mrs. Harry Pickel, and Mrs. Van Wagner.

Members of the State Board of Control of Institutions and Agencies have made a number of visits to the institution during the year and President Earle has devoted much time to inspections and conferences here. Commissioner Ellis has been here on very many occasions, not only to study the various situations and discuss policies, but also to hold conferences with individuals and groups of the hospital district. Frequent calls have also been made by those connected with the central office, including Mr. Leathem, Mr. Gerry, Mr. Klein, Mr. O'Connor, Mr. Fitch, Mr. Houston, Dr. Potter, and Mr. Lane. At a meeting of November

22, there were present, beside the Commissioner, Superintendent, and Business Manager, Col. C. C. Vermeule, Jr., State Engineer, P. W. A.; F. V. Kasselbaum, Jr. Assistant State Engineer Inspector, P. W. A.; T. Hayden Hamilton, Engineer Examiner, P. W. A.; D. J. O'Mahoney, Relief Engineer Inspector, P. W. A.; D. J. Mc Guire, Resident Engineer Inspector, P. W. A.; with, from the Department of Institutions and Agencies, F. P. Gerry, Director of the Division of Administration and Accounts; Charles Kulp, Representative to P. W. A.; Walter Hankins, Consulting Architect; R. B. Van Sickle, Construction Manager; and Mr. Sailer and Mr. Oakley from the Construction Office. Dr. Carhart of the Civil Service Commission has been a frequent visitor at the institution and Mr. Messick has also been here for conferences. Mr. Stockton from the Attorney General's Office has called several times.

Among the visitors from other institutions in New Jersey have been Dr. Spradley from Trenton State Hospital; Dr. Renner, Superintendent of the State Village at Skillman; and Dr. Gordon, Medical Director of the State Hospital at Marlboro. Mrs. Murray H. Coggeshall, President of the Board of Managers of the Women's Reformatory at Clinton, and Dr. Elvira Dean Abell, of the Board of Managers of the North Jersey Training School at Totowa have made several visits each. Senator Elmer S. King of Morris County has called here a number of times and ex-senator Frank D. Abell has been a frequent visitor. Among those who attended the Christmas Exercises for patients were Dr. and Mrs. Knight and Mr. and Mrs. Watts, representing the local Board, Commissioner Ellis, Senator King, Mr. and Mrs. Abell, Mr. Coggeshall, Dr. Carhart, and Mr. Griffith, Director of the Morris County Board of Freeholders. The Appropriations Committee paid its annual visit on January 23.

Appointments and Resignations

Resident Physicians Appointed:

Thomas J. Dredge, M. D. ..... August 1, 1934
Vincent Rigerone, M. D. ..... October 15, 1934

Resident Physician's Resignation:

*Theodore Gebirtig, M. D. ..... October 1, 1934

Other Staff Appointments:

Sidney Waud, M. D. temporary Interne—January 1, 1935 to March 31, 1935
Maxwell Serotkin, D. D. S., Dental Interne ..... July 17, 1934

Angus M. Brown, D. D. S., Dental Interne.....January 1, 1935

Other Staff Resignations:

J. J. Gindes, D. D. S., Dental Interne.....July 16, 1934

Edward McManus, D. D. S., Dental Interne.....December 31, 1934

Mental Hygiene Clinic Transfers:

Lindsay Robinson, M. D., Assistant to Director of Mental Hygiene Clinics, transferred to Director of Mental Hygiene Clinics, Trenton, October 1, 1934

*Theodore Gebirtig, resigned from staff to accept transfer to assistant director of Mental Hygiene Clinics, October 1, 1934.

Acknowledgments

As is customary, each issue of *The Psychogram* has listed with some expression of appreciation the various gifts and donations received that month. Among these, books and magazines, cigarettes and tobacco, and articles of clothing have been especially numerous. In many cases, gifts have been acknowledged also by letter or by personal thanks. It is impossible, however, to acknowledge the many kindnesses which the general public is constantly showing to individuals and groups on our wards. At Christmas time in particular, great quantities of gifts of all types were received, many for friends or relatives of the donors, many more for distribution among those who have no known friends. These were sent by people of all classes, religions, and economic conditions; many times gifts have come from those who obviously had pitifully little themselves, yet wished to show their sympathy for those in still deeper trouble. There are no words to tell our appreciation of such kindness, but I am sure that all these givers find their satisfaction in knowing that they have contributed to the comfort and happiness of our patients.

Members of the Board of Managers, officers and employees of the hospital also have made many gifts to the patients during the past year; pocket money, reading matter, articles of clothing, food delicacies, little parties to celebrate birthdays or some other occasion—all of these have been given to an extent which no one not closely connected with the institution would believe possible. In addition there have been constant kindnesses not covered by the strict line of duty which have meant a great deal to those in mental stress. All of these manifestations of the general spirit of good will are hereby gratefully acknowledged.

Conclusion

As I conclude my fifteenth annual report, I am keenly conscious

of the difficulties under which the divisions of hospital service have continued their functions this year. A higher admission rate than ever before, a greater percentage of overcrowding than ever before, and a general economic condition which made it necessary to save money in every possible way, including salaries and wages, all of these have resulted in constant problems, major and minor, and in reduced efficiency of the hospital as a curative agent. That there has been no wide-spread slackening of effort, no marked tendency to "let things slide" speaks most highly for the courage of the divisional heads and the manner in which they have kept up the morale of their assistants. The members of the staff and other resident officers, and the faithful employees in all grades have my most grateful thanks for the manner in which they have carried on.

To each of you as Members of the Board of Managers, I also express my sincere appreciation. None of you has failed to respond to a request for your advice or help, and Dr. Knight as President has continued to be an unwavering support at all times. Even "Uncle Dan," despite his increasing physical handicaps, has continued his deep interest in the institution and his faithful attention to all duties within his power.

The State Board of Control, with Mr. Earle, its President, has shown a continued spirit of cooperation which has been most helpful. Commissioner Ellis has been so generous of his time and his efforts in our behalf that we may seem almost to have forgotten that all the other state institutions as well as many public and private agencies are also entitled to a share in his interest. Through him close cooperation has been maintained with other state officials and with the various Federal authorities so that a considerable measure of construction and improvement has been arranged, largely along the line of relief work, but providing greatly needed results for the institution. And because he has already accomplished so much for us, I feel that even in our present stress, he will find some way to afford necessary relief.

Respectfully submitted,

MARCUS A. CURRY,
Medical Superintendent
and Chief Executive Officer.

STATISTICAL APPENDIX TO CHIEF EXECTIVE OFFICER'S REPORT

TABLE 1.

GENERAL INFORMATION

Data correct at end of hospital year, June 30, 1935

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	$11,387,948.05
Personal property	1,226.590.67
Total	$12,614,538.72

Total acreage of hospital property owned	929.49
Additional acreage rented	25.00
Total acreage under cultivation during previous year	240.00

4. OFFICERS AND EMPLOYEES

Actually in Service at End of Year

	Males	Females	Total
Superintendents	1	..	1
Clinical directors	1	..	1
Assistant physicians	26	1	27
Pathologists	1	..	1
Tuderculosis specialist (part time)	1	..	1
Total physicians	30	1	31
Business managers	1	..	1
Assistant to Business Manager	1	..	1
Administrative Assistant to Chief Executive Officer	1	..	1
Resident dentists	2	..	2
Pharmacists	2	..	2
Engineers	1	..	1
Superintendent of Nurses	..	1	1
Assistant Superintendent of Nurses	..	2	2
Graduate nurses	3	58	61
Other nurses and attendants	279	239	518
Psychiatric Social workers	..	11	11
Occupational therapists	6	6	12
Teachers of Physical Training	..	5	5
All other officers and employees	242	86	328
Total Officers and Employees	538	408	946

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	2,245	2,229	4,474	235	234	469
Epileptics	....	....	....	..	..	..
Mental defectives	83	88	171	2	2	4
Drug addicts	....	....	....	..	..	..
Alcoholics	....	....	....	..	..	..
Neurosyphilitics (without psychosis)	....	....	....	..	..	..
All other cases	....	....	....	..	..	..
Total	2,328	2,317	4,645	237	236	473
Other Races—						
Insane	108	128	236	25	17	42
Epileptics	....	....	....	..	..	..
Mental defectives	3	2	5	..	..	..
Drug addicts	....	....	....	..	..	..
Alcoholics	....	....	....	..	..	..
Neurosyphilitics (without psychosis)	....	....	....	..	..	..
All other cases	....	....	....	..	..	..
Total	111	130	241	25	17	42
Grand Total	2,439	2,447	4,886	262	253	515

6. Patients under treatment in occupational therapy classes, including physical training, on date of report	412	1,679	2,091
7. Other patients employed in general work of hospital on date of report	1,021	745	1,766
8. Average daily number of all patients actually in hospital during year	2,336.09	2,346.56	4,682.65
9. Voluntary patients admitted during year	128	81	209
10. Persons given advice or treatment in out-patient clinics during year	868	839	1,707

TABLE II.

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 1935

RECEIPTS

Balance on hand from previous fiscal year	$
Received from appropriations	1,558,147.00
Received from paying patients	118,178.26
Received from all other sources	1,108,750.46
Total receipts	$2,785,075.72

DISBURSEMENTS

1.	Expenditures for maintenance of patients		
	Salaries and wages	$ 886,363.93	
	Provisions (food)	279,500.00	
	Fuel, light and water	117,142.69	
	All other expenditures for maintenance	220,393.32	
	Total expenditures for maintenance	$1,503,399.94	
2.	Expenditures for all purposes other than maintenance, including new buildings, other additions and permanent betterments		$48,939.88
3.	Expenditures for repayment of loans and interest on loans		
	Total expenditures		$1,552,339.82
	Amount returned to state treasurer or other officials		1,232,735.90
	Balance on hand at close of year (Include balance for maintenance and for all other purposes.)		
	Total disbursements, including balance on hand (This item should equal total receipts.)		$2,785,075.72

TABLE III.

MOVEMENT OF INSANE PATIENT POPULATION

For year beginning July 1, 1934, and ended June 30, 1935

	Males	Females	Total
1. Insane patients on books of hospital at beginning of hospital year:			
a—In hospital	2,231	2,289	4,520
b—On parole or otherwise absent	251	241	492
Total	2,482	2,530	5,012
2. Admissions during year:			
a—First admissions	676	548	1,224
(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	134	144	278
(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	11	13	24
(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 (Includes total of items 2 a, b and c.)	821	705	1,526
4. Total on books during year (Includes total of items 1 and 3.)	3,303	3,235	6,538

TABLE III. (Continued.)

	Males	Females	Total
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	157	143	300
b—As improved	106	86	192
(Does not include transfers.)			
c—As unimproved	6	24	30
(Includes all patients discharged not benefited by treatment, exclusive of transfers.)			
d—As without psychosis	49	25	74
(Includes all discharged patients who are found to have had no psychosis.)			
e—Transferred to other hospitals for mental diseases	24	7	31
(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	260	250	510
6. Total discharged, transferred and died during year	602	535	1,137
(Includes total of items 5 a, b, c, d, e and f.)			
7. Insane patients remaining on books of hospital at end of hospital year:			
a—In hospital	2,439	2,447	4,886
b—On parole or otherwise absent	262	253	515
Total	2,701	2,700	5,401

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
Africa	1	..	1	1	1	1	1	1	..
*Asia	2	..	2	2	3	2	1	..	..
Australia	..	..	..	..	..	..	..	..	..
Austria	8	5	13	16	17	14	10	10	9
Belgium	..	1	1	1	..	..	1	1	1
†Canada	6	7	13	10	9	6	11	9	6
Central America	..	..	..	..	..	..	..	..	..
China	2	..	2	3	3	3	..	..	..
Czecho-Slovakia	7	7	14	9	8	8	10	11	9
Cuba	..	..	..	..	..	..	..	..	..
Denmark	..	..	..	..	..	..	..	..	..
England	11	9	20	27	23	17	17	14	9
*Europe	4	2	6	7	7	7	2	2	2
Finland	..	..	..	..	..	..	..	..	..
France	4	3	7	6	7	4	5	2	2
Germany	27	24	51	62	59	53	61	58	51
Greece	1	1	2	1	1	1	1	1	1
Holland	5	4	9	10	10	9	8	6	6
Hungary	4	6	10	9	9	9	10	11	10
India	..	..	..	..	..	..	..	..	..
Ireland	18	23	41	63	66	50	57	58	47
Italy	55	45	100	73	74	73	67	63	63
Japan	..	..	..	..	..	..	..	..	..
Jugo-Slavia	2	..	2	2	2	2	1	..	..
Mexico	..	..	..	..	..	..	..	..	..
Norway	1	..	1	2	2	2	..	..	..
Philippine Islands	..	..	..	..	..	..	..	..	..
Poland	15	19	34	27	25	24	35	36	35
Porto Rico	..	..	..	..	..	..	..	..	..
Portugal	2	1	3	2	2	2	1	1	1
Roumania	3	1	4	3	3	3	1	1	1
Russia	23	11	34	36	33	33	22	26	22
Scotland	9	5	14	9	13	7	7	5	3
South America	2	..	2	1	2	1	..	..	..
Spain	..	..	..	..	..	..	..	..	..
Sweden	5	6	11	8	7	7	6	6	6
Switzerland	2	1	3	3	4	2	2	2	1
Turkey-in-Asia	..	..	..	..	..	..	..	..	..
Turkey-in-Europe	1	..	1	2	2	2	..	..	..
United States	455	365	820	280	283	252	208	220	198
Wales	..	..	..	..	..	..	..	..	..
‡West Indies	1	2	3	1	1	1	3	4	3
Other countries	..	.	..	..	..	..	..	..	..
Unascertained	..	..	..	..	..	..	..	..	..
Total	676	548	1,224	676	676	595	548	548	486

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

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	Aggregate			Native Born														Foreign Born																		Nativity unascertained		
				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.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 15 years..	4	4	8	4	4	8	2	..	2	1	3	4	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15—19 years....	23	26	49	23	25	48	14	11	25	4	8	12	5	6	11	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
20—24 years....	55	58	113	51	56	107	25	33	58	19	16	35	7	7	14	..	..	..	4	2	6	..	1	1	1	1	2	..	..	..	3	..	3	..	..	..	..	..	..	..	..	..
25—29 years....	67	54	121	60	49	109	31	25	56	17	15	32	12	9	21	..	..	..	7	5	12	..	..	..	2	2	4	2	..	2	3	3	6	..	..	..	..	..	..	..	..	..
30—34 years....	80	54	134	64	40	104	29	23	52	20	12	32	15	5	20	..	..	..	16	14	30	3	4	7	..	2	2	5	3	8	8	5	13	..	..	..	..	..	..	..	..	..
35—39 years....	74	44	118	48	26	74	29	13	42	9	10	19	10	3	13	..	..	..	26	18	44	4	..	4	2	2	4	5	4	9	15	12	27	..	..	..	..	..	..	..	..	..
40—44 years....	58	47	105	36	30	66	20	11	31	12	13	25	4	6	10	..	..	..	22	17	39	1	1	2	..	..	..	1	2	3	20	14	34	..	..	..	..	..	..	..	..	..
45—49 years....	45	51	96	22	30	52	15	16	31	6	8	14	1	6	7	..	..	..	23	21	44	..	..	..	2	..	2	1	2	3	20	19	39	..	..	..	..	..	..	..	..	..
50—54 years....	67	38	105	39	17	56	22	6	28	12	5	17	5	6	11	..	..	..	28	21	49	..	..	..	..	..	..	5	1	6	23	20	43	..	..	..	..	..	..	..	..	..
55—59 years....	48	37	85	29	16	45	15	8	23	9	6	15	5	2	7	..	..	..	19	21	40	..	..	..	..	1	1	..	1	1	19	19	38	..	..	..	..	..	..	..	..	..
60—64 years....	50	33	83	28	19	47	16	13	29	8	4	12	4	2	6	..	..	..	22	14	36	..	..	..	1	..	1	1	..	1	20	14	34	..	..	..	..	..	..	..	..	..
65—69 years....	26	25	51	11	10	21	9	4	13	2	3	5	..	3	3	..	..	..	15	15	30	..	..	..	..	..	..	..	2	2	15	13	28	..	..	..	..	..	..	..	..	..
70 years and over	79	77	156	40	43	83	24	28	52	9	9	18	7	6	13	..	..	..	39	34	73	1	..	1	..	..	..	..	1	1	38	33	71	..	..	..	..	..	..	..	..	..
Unascertained....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total.....	676	548	1224	455	365	820	251	191	442	128	112	240	76	62	138	..	..	..	221	183	404	9	6	15	8	8	16	20	17	37	184	152	336	..	..	..	..	..	..	..	..	..

TABLE V.

CITIZENSHIP OF FIRST ADMISSIONS

	Males	Females	Total
Citizens by birth	455	365	820
Citizens by naturalization	125	97	222
Aliens	96	86	182
Citizenship unascertained	..	..	..
Total	676	548	1,224

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS

Psychoses	M.	F.	T.	M.	F.	T.
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	..	..	..	80	21	101
2. Psychoses with other forms of syphilis of the central nervous system	..	..	..	19	9	28
a. Meningo-vascular type (cerebral syphilis)	19	9	28	..	..	..
b. With intracranial gumma	..	..	..	..	..	..
c. Other types (to be specified)	..	..	..	..	..	..
3. Psychoses with epidemic encephalitis	..	..	..	8	2	10
4. Psychoses with other infectious diseases	.	.	..	4	..	4
a. With tuberculosis meningitis	3	..	3	..	..	..
b. With meningitis (unspecified)	..	..	..	..	..	..
c. With acute chorea (Sydenham's)	..	..	..	..	..	..
d. With other infectious disease (to be specified)	1	..	1	.	..	..
e. Post-infectious psychoses (infection to be specified)	..	..	..	..	..	..
5. Alcholic psychoses	..	..	..	40	8	48
a. Pathological intoxication	3	..	3	..	..	..
b. Delirium tremens	23	4	27	..	..	..
c. Korsakow's psychosis	1	..	1	..	..	..
d. Acute hallucinosis	12	3	15	..	..	..
e. Other types (to be specified)	1	1	2	..	..	..
6. Psychoses due to drugs or other exogenous poisons	..	..	..	3	..	3
a. Due to metals (to be specified)	2	..	2	..	..	..
b. Due to gases (to be specified)	..	..	.	..	..	..
c. Due to opium and derivatives	1	..	1	..	..	..
d. Due to other drugs (to be specified)	..	..	..	..	..	.
7. Traumatic psychoses	.	..	..	11	2	13
a. Traumatic delirium	..	..	..	..	..	..
b. Post-traumatic personality disorders	5	..	5	..	..	..
c. Post-traumatic mental deterioration	4	1	5	..	..	..
d. Other types (to be specified)	2	1	3	..	..	..
8. Psychoses with cerebral arteriosclerosis	..	..	..	170	132	302
9. Psychoses with other disturbances of circulation	..	..	..	7	7	14
a. With cerebral embolism	..	..	..	..	..	..
b. With cardio-renal disease	7	7	14	..	..	..
c. Other types (to be specified)	..	..	..	..	..	..

TABLE VI. (Continued.)

Psychoses	M.	F.	T.	M.	F.	T.
10. Psychoses with convulsive disorders (epilepsy)	..	..	..	8	8	16
a. Epileptic deterioration	1	2	3	..	..	..
b. Epileptic clouded states	7	6	13	..	..	..
c. Other epileptic types	..	..	..	..	..	..
11. Senile psychoses	..	..	..	27	44	71
a. Simple deterioration	27	35	62	..	..	..
b. Presbyophrenic type	..	..	..	..	..	..
c. Delirious and confused types	..	1	1	..	..	..
d. Depressed and agitated types	..	7	7	..	..	..
e. Paranoid types	..	1	1	..	..	..
12. Involutional psychoses	..	..	..	7	27	34
a. Melancholia	5	15	20	..	..	..
b. Paranoid types	2	11	13	..	..	..
c. Other types (to be specified)	..	1	1	..	..	..
13. Psychoses due to other metabolic, etc., diseases	..	..	..	6	17	23
a. With diseases of the endocrine glands (to be specified)	..	6	6	..	..	..
b. Exhaustion delirium	1	2	3	..	..	..
c. Alzheimer's disease	..	1	1	..	..	..
d. With pellagra	..	1	1	..	..	..
e. Other somatic diseases (to be specified)	5	7	12	..	..	..
14. Psychoses due to new growth	..	..	..	1	1	2
a. With intracranial neoplasms	1	1	2	..	..	..
b. With other neoplasms (to be specified)	..	..	..	..	..	..
15. Psychoses associated with organic changes of the nervous system	..	..	..	6	1	7
a. With multiple sclerosis	..	..	..	..	..	..
b. With paralysis agitans	1	..	1	..	..	..
c. With Huntington's chorea	..	..	..	..	..	.
d. With other brain or nervous diseases (to be specified)	5	1	6	..	..	..
16. Psychoneuroses	..	..	..	6	15	21
a. Hysteria (anxiety hysteria, conversion hysteria and subgroups)	..	..	..	..	..	..
b. Psychasthenia or compulsive states (and subgroups)	1	1	2	..	..	..
c. Neurasthenia	2	4	6	..	..	..
d. Hypochondriasis	..	..	..	..	..	..
e. Reactive depression (simple situational reaction, others)	1	2	3	..	..	..

TABLE VI. (Continued.)

Psychoses	M.	F.	T.	M.	F.	T.
f. Anxiety state	2	6	8	..	..	..
g. Mixed psychoneurosis	..	2	2	..	..	..
17. Manic-depressive psychoses	..	..	..	47	90	137
a. Manic type	12	29	41	.	..	..
b. Depressive type	22	10	32	..	..	..
c. Circular type	..	1	1	..	..	..
d. Mixed type	12	35	47	..	..	..
e. Perplexed type	..	..	..	..	..	..
f. Stuporous type	1	15	16	..	..	..
g. Other types	..	..	..	..	..	..
18. Dementia Præcox (schizophrenia)	.	..	..	153	87	240
a. Simple type	11	1	12		..	..
b. Hebephrenic type	99	42	141	..	..	..
c. Catatonic type	11	6	17	..	..	..
d. Paranoid type	32	38	70	..	..	..
e. Other types	..	..	..	..	..	..
19. Paranoia and Paranoid conditions	..	..	..	5	13	18
a. Paranoia	.	..	..	..	..	..
b. Paranoid conditions	5	13	18	..	..	..
20. Psychoses with psychopatic personality	..	..	..	14	7	21
21. Psychoses with mental deficiency	..	..	..	7	15	22
22. Undiagnosed psychoses	..	..	..	11	16	27
23. Without psychoses	..	..	..	36	26	62
a. Epilepsy	..	..	..	..	..	..
b. Alcoholism	26	2	28	..	..	..
c. Drug addiction	3	1	4	..	..	..
d. Mental deficiency	1	21	22	..	..	..
e. Disorders of personality due to epidemic encephalitis	2	1	3	..	..	..
f. Psychopathic personality	4	1	5	..	..	..
f1. With pathological sexuality	1	..	1	..	..	..
f2. With pathological emotionality	..	..	..	..	..	..
f3. With asocial or amoral trends	..	..	..	..	..	..
f4. Mixed types	3	1	4	..	..	..
24. Primary behavior disorders	..	..	..	..	..	..
a. Simple adult maladjustment	..	..	..	..	..	..
b. Primary behavior disorders in children	..	..	..	..	..	..
b1. Habit disturbance	..	..	..	..	..	..
b2. Conduct disturbance	..	..	..	..	..	..
b3. Neurotic traits	..	..	..	..	..	..
TOTAL	..	..	..	676	548	1224

TABLE VII.

RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Race	With syphilitic meningo-encepalitis (general paresis)			With other forms of syphilis of the central nervous system			Witn epidemic encephalitis			With other infectious diseases			Alcoholic			Due to drugs or other exogenous poisons			Traumatic			With cerebral arterio-sclerosis			With other disturbances of circulation			With convulsive disorders (epilepsy)			Senile			Involutional			Due to other metabolic, etc., diseases			Due to new growth			Associated with organic changes of the nervous system			Psychoneuroses			Manic-depressive			Dementia præcox			Paranoia and paranoid conditions			With psychopa personal	
	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.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
African (black)	14	5	19	4	5	9				1		1	10	4	14							12	3	15		2	2		1	1		1	1		1	1		3	3				1		1				4	15	19	9	9	18					
American Indian																																																								
Armenian	1		1																																																				
Bulgarian																						1		1																																
Chinese																																																						
Cuban																																																						
Dutch and Flemish																			1		1	2	2	4							1	1		1	1													4	1	5		1	1			
East Indian																																																						
English	2		2										1		1							9	3	12		1	1				1	2	3				1		1								1	1	2						
Finnish																						2	2	4								1	1																						
French																																																						
German	7	2	9	2	1	3	1		1	1		1	3	1	4							20	14	34					1	1	7	10	17		3	3	1	3	4								2	3	5	6	8	14	1	2	3		
Greek																							1	1																																	
Hebrew					1	1	1	1	2				2		2							11	7	18	1		1	1	1	2	1	2	3		2	2							1		1		3	3	6	9	15	15	11	26		1	1		
Irish	2	2	4	2		2							5		5							22	20	42	1	1	2	1		1	5	4	9	2	3	5										2	2	1	3	4	5	6	11	1	1	2		
Italian†	13	2	15	2		2	1	1	2										1		1	21	19	40	2		2		2	2	3	2	5	2	5	7		1	1	1		1	1		1	2		2	3	15	18	19	9	28	1	1	2		
Japanese																						1		1																																
Lithuanian																																																					
Magyar	1		1										1		1							1	3	4										1	1													2	2	3	2	5		1	1		
Mexican																							1	1	1		1																												
Portuguese																																																					
Pacific Islander																																																					
Roumanian																																																					
Scandinavian‡	1		1							1		1							1	1	2	1	1	2													1		1								1	3	4	3	1	4					
Scotch	3		3																			2	2	4				1		1		1	1																						
Slavonic *	9	2	11	1	1	2	2		2							1		1	3		3	10	6	16	1		1		1	1					3	3		3	3								4	6	10	17	11	28		2	2	2	
Spanish																																																						
Spanish-American																																																					
Syrian	1		1																																																		
Turkish																																																					
Welsh																																																					
West Indian																																																					
Other specific races																																																					
Mixed	26	8	34	8	1	9	3		3	1		1	18	3	21	2		2	5	1	6	55	48	103	1	3	4	5	2	7	10	20	30	3	8	11	3	7	10		1	1	3	1	4	4	10	14	20	33	53	67	27	94	2	4	6	12	7
Race unascertained																																																					
Total	80	21	101	19	9	28	8	2	10	4		4	40	8	48	3		3	11	2	13	170	132	302	7	7	14	8	8	16	27	44	71	7	27	34	6	17	23	1	1	2	6	1	7	6	15	21	47	90	137	153	87	240	5	13	18	14	7

†Includes "North and "South" ‡Norwegians, Danes and Swedes. *Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE VII.

RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

| ic | | Due to drugs or other exogenous poisons | | | Traumatic | | | With cerebral arterio-sclerosis | | | With other disturbances of circulation | | | With convulsive disorders (epilepsy) | | | Senile | | | Involutional | | | Due to other metabolic, etc., diseases | | | Due to new growth | | | Associated with organic changes of the nervous system | | | Psychoneuroses | | | Manic-depressive | | | Dementia præcox | | | Paranoia and paranoid conditions | | | With psychopathic personality | | | With mental deficiency | | | Undiagnosed | | | Without psychoses | | | Primary behavior disorders | | | Total | | |
|---|---|---

TABLE VIII.

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Under 15 years			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 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.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. With syphilitic meningo-encephalitis (general paresis)	80	21	101					1	1	3	1	4	2	3	5	7	4	11	11		11	13		13	13	6	19	18	3	21	5	2	7	5		5	1		1	2	1	3			
2. With other forms of syphilis of the central nervous system	19	9	28		1	1							1	2	3	3	1	4	5	2	7	2	1	3	3	1	4	4		4				1	1	2							
3. With epidemic encephalitis	8	2	10				2		2		1	1	1		1		1	1				1		1	2		2				1		1	1		1							
4. With other infectious diseases	4		4	1		1										1		1	1		1						1		1														
5. Alcoholic	40	8	48							1		1	5		5	9	2	11	8	1	9	5		5	5	4	9	3		3	4		4		1	1							
6. Due to drugs or other exogenous poisons	3		3							1		1										1		1	1		1																
7. Traumatic	11	2	13	1		1				1		1				1		1	1		1				2		2	3		3		2	2	1		1	1		1				
8. With cerebral arteriosclerosis	170	132	302																			1	2	3	3	8	11	23	17	40	30	24	54	36	24	60	23	22	45	54	35	89			
9. With other disturbances of circulation	7	7	14											1	1							1	1	2	1	3	2		2	1	2	3	1	1	2				1	1	2			
10. With convulsive disorders (epilepsy)	8	8	16	1		1	1	2	3				2	1	3	4	2	6				1	1										1	1					1	1			
11. Senile	27	44	71																												1		1	3	2	5	1	3	4	22	39	61			
12. Involutional	7	27	34																	3	3	3	9	12	2	6	8	2	7	9		2	2										
13. Due to other metabolic, etc., diseases	6	17	23				2	1	3		3	3		4	4	1	2	3		2	2	1	2	3		2	2	1	1	2				1		1							
14. Due to new growth	1	1	2							1		1														1	1																
15. Associated with organic changes of the nervous system	6	1	7							1		1				1		1	1		1	1		1							1		1	1	1	2							
16. Psychoneuroses	6	15	21								2	2	1	3	4	2	5	7	3	1	4		1	1					2	2		1	1										
17. Manic-depressive	47	90	137				6	10	16	12	19	31	4	14	18	9	16	25	5	7	12	7	13	20		7	7	2	3	5	2	1	3										
18. Dementia præcox	153	87	240	1		1	9	4	13	32	14	46	39	13	52	33	16	49	23	17	40	8	7	15	5	9	14	3	3	6		3	3		1	1						
19. Paranoia and paranoid conditions	5	13	18													1		1		3	3	1	4	5	1	5	6	2	1	3												
20. With psychopathic personality	14	7	21					3	3		1	1	3	1	4	3		3	3	2	5	3		3	1		1	1		1												
21. With mental deficiency	7	15	22		2	2	2	1	3		1	1	1	5	6		2	2	1	3	4		1	1	1		1	1		1	1		1									
22. Undiagnosed	11	16	27					1	1	2		2	1	6	7	1	1	2	3	2	5	2	3	5	1	1	2	1	1	2					1	1						
23. Without psychoses	36	26	62		1	1	1	3	4	1	16	17	7	1	8	4	2	6	9	1	10	9	2	11	3		3				2		2									
24. Primary behavior disorders																																												
Total	676	548	1224	4	4	8	23	26	49	55	58	113	67	54	121	80	54	134	74	44	118	58	47	105	45	51	96	67	38	105	48	37	85	50	33	83	26	25	51	79	77	156			

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. Psychoses with syphilitic meningo-encephalitis (general paresis)	80	21	101	4	3	7	24	3	27	40	15	55	8		8	4		4			
2. Psychoses with other forms of syphilis of the central nervous system	19	9	28	1	3	4	8	2	10	8	4	12	2		2						
3. Psychoses with epidemic encephalitis	8	2	10				4		4	3	2	5	1		1						
4. Psychoses with other infectious diseases	4		4				2		2	2		2									
5. Alcoholic psychoses	40	8	48	1	1	2	8	1	9	23	5	28	6	1	7	2		2			
6. Psychoses due to drugs or other exogenous poisons	3		3				1		1	1		1				1		1			
7. Traumatic psychoses	11	2	13	2		2				6	2	8	3		3						
8. Psychoses with cerebral arteriosclerosis	170	132	302	13	17	30	59	42	101	78	56	134	12	14	26	8	3	11			
9. Psychoses with other disturbances of circulation	7	7	14	2		2	2	3	5	3	3	6					1	1			
10. Psychoses with convulsive disorders (epilepsy)	8	8	16	1	1	2	2	2	4	5	5	10									
11. Senile psychoses.	27	44	71	1	5	6	11	15	26	14	19	33	1	5	6						
12. Involutional psychoses	7	27	34	1	3	4	1	6	7	4	14	18	1	4	5						
13. Psychoses due to other metabolic, etc., diseases	6	17	23		2	2	2	3	5	4	7	11		4	4		1	1			
14. Psychoses due to new growth	1	1	2								1	1	1		1						
15. Psychoses associated with organic changes of the nervous system	6	1	7							4	1	5	2		2						
16. Psychoneuroses	6	15	21				1	2	3	2	7	9	3	4	7		2	2			
17. Manic-depressive psychoses.	47	90	137	1	3	4	7	9	16	25	52	77	12	22	34	2	4	6			
18. Dementia Præcox (schizophrenia)	153	87	240	4	4	8	16	13	29	98	45	143	31	20	51	4	5	9			
19. Paranoia and paranoid conditions	5	13	18				2	4	6	3	7	10		2	2						
20. Psychoses with psychopathic personality	14	7	21				3		3	7	5	12	3	2	5	1		1			
21. Psychoses with mental deficiency	7	15	22	4	4	8	3	6	9		5	5									
22. Undiagnosed psychoses	11	16	27		2	2	2	2	4	8	11	19		1	1	1		1			
23. Without psychoses	36	26	62		1	1	2	13	15	17	10	27	16	1	17	1	1	2			
24. Primary behavoir disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Total	676	548	1224	35	49	84	160	126	286	355	276	631	102	80	182	24	17	41			

*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. Psychoses with syphilitic meningo-encephalitis (general paresis)	80	21	101	75	19	94	5	2	7			
2. Psychoses with other forms of syphilis of the central nervous system	19	9	28	17	9	26	2		2			
3. Psychoses with epidemic encephalitis	8	2	10	8	2	10						
4. Psychoses with other infectious diseases	4		4	4		4						
5. Alcoholic psychoses	40	8	48	40	8	48						
6. Psychoses due to drugs and other exogenous poisons	3		3	3		3						
7. Traumatic psychoses	11	2	13	11	2	13						
8. Psychoses with cerebral arteriosclerosis	170	132	302	153	120	273	17	12	29			
9. Psychoses with other disturbances of circulation	7	7	14	7	7	14						
10. Psychoses with convulsive disorders (epilepsy)	8	8	16	8	6	14		2	2			
11. Senile psychoses	27	44	71	22	35	57	5	9	14			
12. Involutional psychoses	7	27	34	6	26	32	1	1	2			
13. Psychoses due to other metabolic, etc., diseases	6	17	23	6	16	22		1	1			
14. Psychoses due to new growth	1	1	2	1		1		1	1			
15. Psychoses associated with organic changes of the nervous system	6	1	7	4	1	5	2		2			
16. Psychoneuroses	6	15	21	6	14	20		1	1			
17. Manic-depressive psychoses	47	90	137	45	86	131	2	4	6			
18. Dementia præcox (schizophrenia)	153	87	240	139	80	219	14	7	21			
19. Paranoia and paranoid conditions	5	13	18	5	11	16		2	2			
20. Psychoses with psychopathic personality	14	7	21	13	7	20	1		1			
21. Psychoses with mental deficiency	7	15	22	6	15	21	1		1			
22. Undiagnosed psychoses	11	16	27	9	15	24	2	1	3			
23. Without psychoses	36	26	62	33	20	53	3	6	9			
24. Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	676	548	1224	621	499	1120	55	49	104			

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. Psychoses with syphilitic meningo-encephalitis (general paresis)	80	21	101	75	19	94	5	2	7			
2. Psychoses with other forms of syphilis of the central nervous system	19	9	28	17	9	26	2		2			
3. Psychoses with epidemic encephalitis	8	2	10	8	2	10						
4. Psychoses with other infectious diseases	4		4	4		4						
5. Alcoholic psychoses	40	8	48	40	8	48						
6. Psychoses due to drugs and other exogenous poisons	3		3	3		3						
7. Traumatic psychoses	11	2	13	11	2	13						
8. Psychoses with cerebral arteriosclerosis	170	132	302	153	120	273	17	12	29			
9. Psychoses with other disturbances of circulation	7	7	14	7	7	14						
10. Psychoses with convulsive disorders (epilepsy)	8	8	16	8	6	14		2	2			
11. Senile psychoses	27	44	71	22	35	57	5	9	14			
12. Involutional psychoses	7	27	34	6	26	32	1	1	2			
13. Psychoses due to other metabolic, etc., diseases	6	17	23	6	16	22		1	1			
14. Psychoses due to new growth	1	1	2	1		1		1	1			
15. Psychoses associated with organic changes of the nervous system	6	1	7	4	1	5	2		2			
16. Psychoneuroses	6	15	21	6	14	20		1	1			
17. Manic-depressive psychoses	47	90	137	45	86	131	2	4	6			
18. Dementia præcox (schizophrenia)	153	87	240	139	80	219	14	7	21			
19. Paranoia and paranoid conditions	5	13	18	5	11	16		2	2			
20. Psychoses with psychopathic personality	14	7	21	13	7	20	1		1			
21. Psychoses with mental deficiency	7	15	22	6	15	21	1		1			
22. Undiagnosed psychoses	11	16	27	9	15	24	2	1	3			
23. Without psychoses	36	26	62	33	20	53	3	6	9			
24. Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	676	548	1224	621	499	1120	55	49	104			

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. Psychoses with syphilitic meningo-encephalitis (general paresis)	80	21	101	20	7	27	54	14	68	6	..	6	..	..	..
2. Psychoses with other forms of syphilis of the central nervous system	19	9	28	4	1	5	15	6	21	..	2	2	..	..	..
3. Psychoses with epidemic encephalitis	8	2	10	4	1	5	3	1	4	1	..	1	..	..	..
4. Psychoses with other infectious diseases	4	..	4	1	..	1	3	..	3	..	..	..	..	..	..
5. Alcoholic psychoses	40	8	48	14	4	18	22	4	26	4	..	4	..	..	..
6. Psychoses due to drugs or other exogenous poisons	3	..	3	..	..	..	3	..	3	..	..	..	..	..	..
7. Traumatic psychoses	11	2	13	4	..	4	7	2	9	..	..	..	..	..	..
8. Psychoses with cerebral arteriosclerosis	170	132	302	45	28	73	114	81	195	11	23	34	..	..	..
9. Psychoses with other disturbances of circulation	7	7	14	2	1	3	5	6	11	..	..	..	..	..	..
10. Psychoses with convulsive disorders (epilepsy)	8	8	16	1	..	1	7	7	14	..	1	1	..	..	..
11. Senile psychoses	27	44	71	6	7	13	19	30	49	2	7	9	..	..	..
12. Involutional psychoses	7	27	34	1	3	4	6	22	28	..	2	2	..	..	..
13. Psychoses due to other metabolic, etc., diseases	6	17	23	..	5	5	6	9	15	..	3	3	..	..	..
14. Psychoses due to new growth	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..
15. Psychoses associated with organic changes of the nervous system	6	1	7	..	..	..	6	1	7	..	..	..	..	..	..
16. Psychoneuroses	6	15	21	2	..	2	3	9	12	1	6	7	..	..	..
17. Manic-depressive psychoses	47	90	137	5	15	20	40	65	105	2	10	12	..	..	..
18. Dementia Praecox (schizophrenia)	153	87	240	31	8	39	109	72	181	13	7	20	..	..	..
19. Paranoia and paranoid conditions	5	13	18	1	1	2	4	10	14	..	2	2	..	..	..
20. Psychoses with psychopathic personality	14	7	21												
21. Psychoses with mental deficiency	7	15	22	1	..	1	11	4	15	2	3	5	..	..	..
22. Undiagnosed psychoses	11	16	27	3	4	7	4	10	14	..	1	1	..	..	..
23. Without psychoses	36	26	62	3	..	3	8	15	23	..	1	1	..	..	..
24. Primary behavior disorders				5	19	24	29	7	36	2	..	2	..	..	..
Total	676	548	1224	153	104	257	479	376	855	44	68	112	..	..	..

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. Psychoses with syphilitic meningo-encephalitis (general paresis)	80	21	101	13	13	26	55	7	62	12	1	13			
2. Psychoses with other forms of syphilis of the central nervous system	19	9	28	4	3	7	7	5	12	8	1	9			
3. Psychoses with epidemic encephalitis	8	2	10	4	2	6	1		1	3		3			
4. Psychoses with other infectious diseases	4		4	2		2	1		1	1		1			
5. Alcoholic psychoses	40	8	48							40	8	48			
6. Psychoses due to drugs and other exogenous poisons	3		3				2		2	1		1			
7. Traumatic psychoses	11	2	13	2	1	3	5	1	6	4		4			
8. Psychoses with cerebral arteriosclerosis	170	132	302	48	87	135	89	35	124	33	10	43			
9. Psychoses with other disturbances of circulation	7	7	14	2	4	6	5	3	8						
10. Psychoses with convulsive disorders (epilepsy)	8	8	16	7	4	11	1	4	5						
11. Senile psychoses	27	44	71	7	32	39	16	12	28	4		4			
12. Involutional psychoses	7	27	34	2	12	14	5	15	20						
13. Psychoses due to other metabolic, etc., diseases	6	17	23	4	11	15	2	5	7		1	1			
14. Psychoses due to new growth	1	1	2	1	1	2									
15. Psychoses associated with organic changes of the nervous system	6	1	7	4		4	2	1	3						
16. Psychoneuroses	6	15	21		9	9	3	6	9	3		3			
17. Manic-depressive psychoses	47	90	137	13	51	64	32	36	68	2	3	5			
18. Dementia Præcox (schizophrenia)	153	87	240	50	51	101	82	32	114	21	4	25			
19. Paranoia and paranoid conditions	5	13	18	2	7	9	2	5	7	1	1	2			
20. Psychoses with psychopathic personality	14	7	21	1	4	5	7	2	9	6	1	7			
21. Psychoses with mental deficiency	7	15	22	2	12	14	4	3	7	1		1			
22. Undiagnosed psychoses	11	16	27	3	7	10	6	9	15	2		2			
23. Without psychoses	36	26	62	3	21	24	4	3	7	29	2	31			
24. Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	676	548	1224	174	332	506	331	184	515	171	32	203			

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.	M.	F.	T.
1. With syphilitic meningo-encephalitis (general paresis)	80	21	101	20	1	21	43	9	52	8	6	14	7	4	11	2	1	3			
2. With other forms of syphilis of the central nervous system	19	9	28	6	2	8	11	2	13				1	5	6	1		1			
3. With epidemic encephalitis	8	2	10	3	1	4	3	1	4	2		2									
4. With other infectious diseases	4		4	3		3	1		1												
5. Alcoholic psychoses	40	8	48	7	1	8	25	3	28	1	3	4	4		4	3	1	4			
6. Due to drugs or other exogenous poisons	3		3	1		1	2		2												
7. Traumatic psychoses	11	2	13	4	1	5	3	1	4	1		1	3		3						
8. With cerebral arteriosclerosis	170	132	302	35	21	56	75	48	123	50	57	107	7	4	11	3	2	5			
9. With other disturbances of circulation	7	7	14	2		2	5	6	11		1	1									
10. With convulsive disorders (epilepsy)	8	8	16	7	4	11		3	3		1	1	1		1						
11. Senile psychoses	27	44	71	3	6	9	8	5	13	15	33	48	1		1						
12. Involutional psychoses	7	27	34	3	3	6	4	22	26		1	1		1	1						
13. Due to other metabolic, etc., diseases	6	17	23	4	4	8	1	10	11	1	2	3		1	1						
14. Due to new growth	1	1	2	1		1		1	1												
15. Associated with organic changes of the nervous system	6	1	7	4	1	5				1		1	1		1						
16. Psychoneuroses	6	15	21	3	2	5	3	12	15					1	1						
17. Manic-depressive psychoses	47	90	137	26	37	63	18	45	63		3	3	1	3	4	2	2	4			
18. Dementia Præcox (schizophrenia)	153	87	240	110	33	143	33	37	70	1	4	5	7	8	15	2	5	7			
19. Paranoia and paranoid conditions	5	13	18		2	2	4	9	13		1	1	1		1		1	1			
20. With psychopathic personality	14	7	21	4	4	8	8	2	10				1	1	2	1		1			
21. With mental deficiency	7	15	22	7	13	20		2	2												
22. Undiagnosed psychoses	11	16	27	4	7	11	5	7	12	1	1	2	1		1		1	1			
23. Without psychoses	36	26	62	8	23	31	19	3	22	1		1	6		6	2		2			
24. Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	676	548	1224	265	166	431	271	228	499	82	113	195	42	28	70	16	13	29			

TABLE XIV.

PSYCHOSES OF READMISSIONS

Psychoses	Males	Females	Total
1. With syphilitic meningo-encephalitis (general paresis)	2	1	3
2. With other forms of syphilis of the central nervous system	3	3	6
3. With epidemic encephalitis	3	1	4
4. With other infectious diseases			
5. Alcoholic psychoses	10	1	11
6. Due to drugs or other exogenous poisons		1	1
7. Traumatic psychoses	3		3
8. With cerebral arteriosclerosis	17	19	36
9. With other disturbances of circulation		1	1
10. With convulsive disorders (epilepsy)		3	3
11. Senile psychoses		2	2
12. Involutional psychoses	1	3	4
13. Due to other metabolic, etc., diseases		2	2
14. Due to new growth			
15. Associated with organic changes of the nervous system	1	2	3
16. Psychoneuroses	4	4	8
17. Manic-depressive psychoses	24	42	66
18. Dementia præcox (schizophernia)	37	43	80
19. Paranoia and paranoid conditions	2	3	5
20. With psychopathic personality	9	6	15
21. With mental deficiency	2	4	6
22. Undiagnosed psychoses	2		2
23. Without psychoses	14	3	17
24. Primary behavior disorders	—	—	—
Total	134	144	278

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. With syphilitic meningo-encephalitis (general paresis)	28	3	31	18	2	20	10	1	11			
2. With other forms of syphilis of the central nervous system	6	4	10	5	2	7	1	2	3			
3. With epidemic encephalitis	1		1	1		1						
4. With other infectious diseases												
5. Alcoholic psychoses	33	8	41	31	5	36	2	3	5			
6. Due to drugs or other exogenous poisons	1		1				1		1			
7. Traumatic psychoses	13		13	2		2	10		10	1		1
8. With cerebral arteriosclerosis	37	47	84	29	26	55	8	16	24		5	5
9. With other disturbances of circulation	1	1	2	1		1					1	1
10. With convulsive disorders (epilepsy)	2	4	6		3	3	2		2		1	1
11. Senile psychoses		1	1								1	1
12. Involutional psychoses	5	10	15	4	4	8	1	4	5		2	2
13. Due to other metabolic, etc., diseases	5	10	15	5	6	11		2	2		2	2
14. Due to new growth		1	1		1	1						
15. Associated with organic changes of the nervous system	6	3	9	2	1	3	4	1	5		1	1
16. Psychoneuroses	8	15	23	3	7	10	5	5	10		3	3
17. Manic-depressive psychoses	49	85	134	38	73	111	8	9	17	3	3	6
18. Dementia Præcox (schizophrenia)	48	41	89				46	36	82	2	5	7
19. Paranoia and paranoid conditions	2		2	1		1	1		1			
20. With psychopathic personality	14	9	23	11	8	19	3	1	4			
21. With mental deficiency	4	5	9	4	3	7		2	2			
22. Undiagnosed psychoses	6	6	12	2	2	4	4	4	8			
23. Without psychoses	49	25	74									
24. Primary behavior disorders												
Total	318	278	596	157	143	300	106	86	192	6	24	30

TABLE XVI.

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Causes of death	Total			With syphilitic meningo-encephalitis (general paresis)			Alcoholic			With cerebral arterio-sclerosis			Convulsive Disorders (epilepsy)			Senile			Involutional			Psycho-neuroses			Manic-depressive			Dementia præcox			Paranoia and paranoid conditions			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.	M.	F.	T.	M.	F.	T.
I. Epidemic, Endemic and Infectious Diseases:																																									
Typhoid and paratyphoid fever																																									
Measles																																									
Scarlet fever																																									
Diphtheria																																									
Influenza																																									
Dysentery																																									
Erysipelas	1		1													1		1																							
Lethargic encephalitis																																									
Tuberculosis of the respiratory system	24	38	62	2		2				5	5	10								1	1		1	1		7	7	12	15	27							1		1	4	9	13
Tuberculosis of other organs	2		2																																		1		1	1		1
Syphilis (non-nervous forms)	1		1																																				1		1
Purulent infection, septicæmia																																									
Other infectious diseases	1		1																									1		1											
II. General Diseases Not Included in Class I:																																									
Cancer and other malignant tumors	15	8	23	2		2				7	4	11					1	1							2		2	1	3	4							2		2	1		1
Tumor (non-cancerous)	2	1	3																							1	1													2		2
Rheumatism																																									
Pellagra		2	2																										1	1										1		1
Diabetes	3	3	6							2	1	3								1	1							1		1										1	1
Alcoholism (acute or chronic)																																									
Other general diseases		2	2								1	1																												1	1
III. Diseases of the Nervous System:																																									
Meningitis (non-epidemic)	1		1																																				1		1
Tabes dorsalis (locomotor ataxia)																																									
Other diseases of spinal cord																																									
Cerebral hemorrhage (apoplexy)	23	9	32	4	1	5				16	5	21					1	1								1	1	1		1		1	1						2		2
General paralysis of the insane	18	6	24	18	5	23																																		1	1
Other forms of mental disease																																									
Epilepsy																																									
Chorea																																									
Other diseases of the nervous system																																									
IV. Diseases of the Circulatory System:																																									
Pericarditis																																									
Endocarditis and myocarditis	101	117	218	8		8	1		1	58	49	107				19	29	48		5	5				1	17	18		9	9		1	1						14	7	21
Angina pectoris	1		1							1		1																														
Other diseases of the heart	15	1	16																						1		1	9		9	2		2	1	1	3		3			
Arteriosclerosis	3	21	24							3	9	12					9	9								1	1		2	2											
Other diseases of the arteries	8	2	10	2	2	4										5		5	1		1																				
Other diseases of the circulatory system	4		4							4		4																														
V. Diseases of the Respiratory System:																																									
Bronchitis																																									
Bronchopneumonia	19	18	37							9	4	13				3	3	6							2		2	1	3	4	1	3	4					1	1	3	4	7
Lobar pneumonia	8	8	16	2	1	3				6		6					2	2								2	2		3	3											
Pleurisy																																									
Asthma																																									
Other diseases of the respiratory system (tuberculosis excepted)	1		1							1		1																													
VI. Diseases of the Digestive System:																																									
Diseases of pharynx and tonsils																																									
Ulcer of stomach and duodenum		4	4								2	2					1	1		1	1																			
Other diseases of stomach (cancer excepted)																																									
Diarrhea and enteritis																																									
Appendicitis and typhlitis		1	1				1	1																																
Hernia and intestinal obstruction	4	1	5		1	1				2		2																1		1	1		1							
Other diseases of intestines		2	2								1	1																									1	1			
Cirrhosis of liver		2	2								1	1														1	1													
Biliary calculi																																									
Other diseases of liver																																									
Other diseases of digestive system (cancer and tuberculosis excepted)																																									
VII. Non-Venereal Diseases of Genito-Urinary System and Annexa:																																									
Nephritis	2	3	5							1	1	2													1		1													2	2
Other diseases of kidneys and annexa	1		1																									1		1											
Diseases of bladder																																									
Diseases of prostate																																									
Benign tumors of uterus																																									
Other diseases of genital organs																																									
Other diseases of genito-urinary system																																									
VIII. Diseases of the Skin and Cellular Tissue:																																									
Gangrene	1		1																									1		1											
Other diseases of skin and annexa																																									

| | | |

TABLE XVII.

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Under 15 years			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 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.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. With syphilitic meningo-encephalitis (general paresis)	38	10	48								1	1	1		1	2		2	7		7	4		4	3	2	5	11	3	14	1	3	4	4		4	1		1	4	1	5			
2. With other forms of syphilis of the central nervous system	7	4	11														1	1					1	1	1	2	4		4	1	1	2	1		1									
3. With epidemic encephalitis	1		1																														1		1									
4. With other infectious diseases	1		1	1		1																			1	1							1		1									
5. Alcoholic	1	1	2																																										
6. Due to drugs or other exogenous poisons																																													
7. Traumatic																									1	3	4	8	4	12	11	12	23	24	16	40	18	21	39	53	27	80			
8. With cerebral arteriosclerosis	115	83	198													1	1	2				2	2	3	1	4				2	1	3				1		1		1	1			
9. With other disturbances of circulation	7	6	13																														1	2	3	1		1	26	44	70			
10. With convulsive disorders (epilepsy)	28	46	74																			2	2		3	3	1	1	2					1	1	1		1						
11. Senile	1	8	9														1	1	1	2	3			2	2		1	1			1		1										
12. Involutional	3	6	9							1		1															1		1														
13. Due to other matabolic, etc., diseases	2		2											2	2				1		1	1	1																				
14. Due to new growth	4	4	8																						1	1																	
15. Associated with organic changes of the nervous system		1	1																									3	3		1	1		1	1				3	3			
16. Psychoneurosis	7	30	37				2		2	1	1	2		2	2	1	1	2	1	7	8	1	5	6	1	6	7		3	3		4	7	1	4	5	3	2	5	4	4	8			
17. Manic-depressive	30	37	67					1	1	2		2	5	2	7	2	3	5	1	3	4	5	8	13	3	2	5	1	4	5	3	4	7	1	1	2	1	2	3	1	2	3			
18. Dementia præcox	4	5	9																									1		1														
19. Paranoia and paranoid conditions		1	1																						1		1	2	1	3	1		1	1		1							
20. With psychopathic personality	7	2	9													1	2	3				1	2	3																			
21. With mental deficiency	2	5	7								1	1				1	2	3										1		1													
22. Undiagnosed	2	1	3											1	1																												
23. Without psychoses																																													
24. Primary behavior disorders																																													
Total	260	250	510	1		1	2	1	3	4	3	7	6	7	13	8	10	18	11	12	23	11	21	32	13	22	35	29	17	46	22	22	44	37	25	62	27	26	53	89	84	173			

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.	M.	F.	T.	M.	F.	T.
1. With syphilitic meningo-encephalitis (general paresis)	38	10	48	5	2	7	12	4	16	5		5	4		4	7	3	10	2		2	1	1	2				2		2												
2. With other forms of syphilis of the central nervous system	7	4	11	1	1	2	3		3	2	1	3		1	1	1		1		1	1																				
3. With epidemic encephalitis	1		1				1		1																																
4. With other infectious diseases	1		1				1		1																																
5. Alcoholic	1	1	2					1	1							1		1																								
6. Due to drugs or other exogenous poisons																																									
7. Traumatic																																									
8. With cerebral arteriosclerosis	115	83	198	24	18	42	21	15	36	14	13	27	12	6	18	23	13	36	11	12	23	6	3	9	2	1	3	2	2	4											
9. With other disturbances of circulation	7	6	13	3	6	9	2		2	2		2																													
10. With convulsive disorders (epilepsy)																																									
11. Senile	28	46	74	10	12	22	7	10	17	5	4	9		7	7	4	9	13	1	3	4															1	1	2			
12. Involutional	1	8	9		2	2		1	1	1	1	2								2	2					1	1											1	1
13. Due to other metabolic, etc., diseases	3	6	9	2	1	3					3	3				1	2	3																						
14. Due to new growth	2		2	1		1	1		1																																
15. Associated with organic changes of the nervous system	4	4	8	2		2				1		1											1	1		2	2											1	1	2
16. Psychoneuroses		1	1																	1	1																			
17. Manic-depressive	7	30	37	3	8	11	1	4	5		2	2		2	2	2	4	6	1	3	4		1	1					1	1						2	2		1	1
18. Dementia præcox	30	37	67				1	5	6		1	1	2	3	5	2	8	10	2	4	6	3	2	5	4	1	5		3	3		2	2				3	4	7	13	4	17
19. Paranoia and paranoid conditions	4	5	9													1	1	2								1	1							1		1	1	2	2	4
20. With psychopathic personality		1	1																																				1	1
21. With mental deficiency	7	2	9										1		1				1		1		2	2										1		1			4		4
22. Undiagnosed	2	5	7	1		1	1		1		1	1		1	1					1	1		2	2																
23. Without psychoses	2	1	3	1		1				1	1	2																												
24. Primary behavior disorders																																									
Total	260	250	510	53	50	103	51	40	91	31	27	58	19	20	39	42	40	82	18	27	45	10	12	22	6	6	12	4	6	10		3	3	2	1	3	4	8	12	20	10	30

LENGTH OF TIME IN NEW JERSEY OF NATIVE BORN FIRST ADMISSIONS PRIOR TO ADMISSION

Length of Time	Total	First admissions who spent specified time in N. J.
Less than 1 year	30	
1 year less than 2	12	12
2 years less than 3	9	9
3 years less than 4	16	16
4 years less than 5	12	12
5 years less than 10	71	71
10 years and over	659	659
Not stated	11	
TOTAL	820	779

LENGTH OF TIME IN NEW JERSEY AND IN UNITED STATES OF FOREIGN BORN FIRST ADMISSIONS PRIOR TO ADMISSION

Length of Time	Total	Who spent spec. time in NewJersey	Who spent spec. time in U. S.
Less than 1 year	10		8
1 year less than 2	3		2
2 years less than 3	4		1
3 years less than 4	6		4
4 years less than 5	11		8
5 years less than 10	47	47	47
10 years and over	319	319	319
Not stated	4		3
TOTAL	404	366	392

COUNTY OF LEGAL RESIDENCE OF FIRST ADMISSIONS AND MANNER OF SUPPORT

	Total	State Indigent	County Indigent	Private	Un-classified
Atlantic	1		1		
Bergen	205		200	5	
Burlington	1		1		
Cape May	1		1		
Essex	402	4	391	7	
Hudson	148		139	9	
Hunterdon	3		2	1	
Mercer	3		3		
Middlesex	6		5	1	
Monmouth	3		3		
Morris	115		111	4	
Passaic	144	1	141	2	
Somerset	12		4	8	
Sussex	12		11	1	
Union	167		164	3	
Warren	1		1		
TOTAL	1,224	5	1,178	41	

COUNTRY OF BIRTH OF FIRST ADMISSIONS BY COLOR

State of Birth of Native Born	Total	White	Negro
Alabama	6	1	5
Arkansas	4	2	2
California	5	5	
Connecticut	9	9	
Delaware	2	1	1
District of Columbia	5	2	3
Florida	2		2
Georgia	19	1	18
Illinois	5	5	
Indiana	2	2	
Kentucky	4	3	1
Maine	2	2	
Maryland	3	1	2
Massachusetts	16	16	
Michigan	3	3	
Minnesota	1	1	
Mississippi	2	1	1
Missouri	8	7	1
New Hampshire	3	3	
New Jersey	429	417	12
New York	142	137	5
North Carolina	16	5	11
Ohio	5	5	
Oklahoma	1	1	
Pennsylvania	52	51	1
Rhode Island	5	4	1
South Carolina	13	2	11
South Dakota	1	1	
Texas	1		1
Vermont	1	1	
Virginia	22	2	20
West Virginia	1		1
United States	30	23	7
TOTAL	**820**	**714**	**106**

Country of Birth of Foreign Born	Total	White	Negro
NORTHERN EUROPE			
Norway	1	1	
Sweden	11	11	
SOUTHERN EUROPE			
Greece	2	2	
Italy	100	100	
Portugal	3	3	
EASTERN EUROPE			
Russia	34	34	
WESTERN EUROPE			
England	20	20	
France	7	7	
Ireland	41	41	
Scotland	14	14	
CENTRAL EUROPE			
Austria	13	13	
Belgium	1	1	
Czecho-Slovakia	14	14	
Germany	51	51	
Hungary	10	10	
Jugo-Slavia	2	2	
Lithuania	6	6	
Netherlands	9	9	
Poland	34	34	
Roumania	4	4	
Switzerland	3	3	
OTHER EUROPE			
Turkey	1	1	
OTHER COUNTRIES			
Africa	1		1
Asia	4	4	
Canada	13	13	
South America	2	2	
West Indies	3	1	2
	404	401	3

APPENDIX TO BUSINESS DEPARTMENT REPORT

AGRICULTURAL PRODUCTS

Farm

130 lbs. lamb	10.40
3 lbs. liver, heart and tongue	.24
43.9525 tons alfalfa hay	860.89
5.6875 tons rye straw	76.28
1234.7375 tons ensilage	11,112.64
317 tons manure	634.00
20.3275 tons mangel beets	203.28
35.7925 tons green clover	214.76
115.4857 tons green alfalfa	1,154.86
61.1175 tons green grass	366.72
37.0675 tons green oats	296.54
4.6625 tons green rye	37.30
Blacksmith material furnished institution	206.46
	$15,174.37

Dairy

733,370¾ qts. milk	58,669.66
4,113 lbs. veal	455.18
540½ lbs. beef liver, hearts, and tongues	57.21
14,944 lbs. beef	1,575.60
Hides sold	613.03
40 gals. kreso	32.01
3,883 tons manure	7,766.00
208 lbs. calf liver, heart and tongues	22.91
Feed bags	234.19
	$ 69,425.79

Poultry

18,542 1-12 doz. eggs consumed	5,553.87
2,570¼ lbs. fowl consumed	481.97
2,088¾ lbs. broilers consumed	465.92
97 tons manure	485.00
	$ 6,986.76

Piggery

72,542 lbs. pork killed	7,473.83
631 tons manure	1,893.00
1,764½ lbs. liver, heart and tongue	182.61
100 lbs. peanut shells	.57
	$ 9,550.01

Garden

578 bunches asparagus	90.90
343 6-16 bkts. beans, lima	223.58
1091 9-16 bkts. beans, string	704.62
5950 8-16 bkts. beets	1,931.37
1496 heads broccoli	149.60
52828 lbs. cabbage	491.77

5295 12-16 bkts. carrots	1,829.21
1239 5-12 bunches celery	590.65
25853 ears corn	280.42
301 11-16 bkts. cucumbers	148.04
2048 7-16 bkts. eggplant	550.98
1625 heads endive	81.25
51543 heads lettuce	2,000.63
3805 bunches leek	92.96
180 bunches kohlrabi	3.60
33 bkts. grapes	16.05
1,203 2-16 bkts. onions	679.83
6126 bunches onions	102.12
2890 bunches parsley	59.12
281 bkts. peas	140.53
212 bkts. peppers	68.31
3901 lbs. pumpkins	39.52
10 bunches radishes	.30
32,321 bunches rhubarb	765.37
289 12-16 bkts. squash	90.91
301 quarts strawberries	33.26
9710 8-16 bkts. swiss chard	2,492.12
9214 10-16 bkts. tomatoes	3,921.82
1 11-16 bkts. tomatoes, green	.94
3745 lbs. onion sets	1,170.31
8 bu. lima bean seed	76.80
5½ bu. string bean seed	33.00
1½ bu. pea seed	10.50
	$ 18,870.39

Green Grain

18.1675 tons green rye	145.34
9.5575 tons green wheat	76.46
	$ 221.80

Vegetables to other Institutions

1,260 bkts. carrots	467.81
16 8-12 bchs. celery	6.66
2 bkts. onions	1.06
	$ 475.53

Plants to other Institutions

2,100 broccoli plants	8.40
28.000 cabbage plants	168.00
10,000 celery plants	225.00
5,000 lettuce plants	20.00
5,227 lbs. onion sets	1,633.44
1,000 pepper plants	4.00
23,000 tomato plants	69.00
	$ 2,127.84
Total Garden	$ 21,695.56

Male Patients' Garden

100 bkts. beets	25.00
1,500 lbs. cabbage	15.00
104 6-12 bchs. celery	52.26
158 bkts. egg plant	40.20
7,279 2-5 bchs. leek	181.10
259 bkts. onions	144.70
6,600 bchs. onions	165.00
434 11-16 bkts. peppers	142.54
1,322 bkts. tomatoes	541.15
	$ 1,306.95

Plants to other Institutions

720 chrysanthemum plants	110.40
62 delphinium plants	62.00
	$ 172.40

Green Grain

9.735 tons green wheat	77.88
	$ 1,557.23

Summary

Farm	$ 15,174.37	
Dairy	69,425.79	
Poultry	6,986.76	
Piggery	9,550.01	
Garden	21,695.56	
Male and Female Patients Garden	1,557.23	
		$124,389.72

FLORIST'S REPORT

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND CUT FLOWERS

Narcissus	2,760
Salvias	2,380
Zinnias	2,220
Scabiosa	1.460
Helichrysums	1,125
Asparagus—Sprengeri	150
Abutilons	480
Ageranthus	1,130
Begonias	3,920
Chrysanthemums	7,505
Carnations	980
Cannas	2,600
Coleus	4,895
Calla lilies	275
Dahlias	940

Delphiniums	1,918
Ferns	620
Geraniums	5,580
Gladiolus	10,000
Jerusalem cherries	1,120
Marigolds	2,850
Petunias	3,340
Roses	1,160
Snapdragons	9,000
Verbennas	3,800
Vincas	4,200
Easter lilies	700
Spireas	100
Hyacinths	750
Total	77,958

CUT FLOWERS

Snapdragons	12,263
Scabiosa	52,445
Zinnias	11,385
Marigolds	7,388
Delphiniums	795
Sprengeri Strings	2,097
Roses	15,156
Carnations	7,135
Gypsolphias	55
Calla lilies	622
Gladiolus	19,396
Dahlias	2,096
Fern leaves	1,433
Ageratums (hardy)	500
Chrysanthemums (large)	2,539
Chrysanthemums (medium)	1,649
Chrysanthemums (spray)	8,235
Easter lilies (flowers)	2,560
Narcissus	1,011
Ranunculus	462
Total	149,222

TABLE SHOWING IN DETAIL MANNER OF SUPPORT

JUNE 30, 1935

COUNTY	INDIGENT			ST. INDIGENT			PRIVATE			CONVICT			CRIMINAL			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Femal	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Bergen	331	1	1	90	81	171	13	25	38				1		1	435	476	911
Burlington	1		1		1	1										1	1	2
Cape May		1	1														1	1
Essex	386	326	712	191	173	364	28	44	72				2		2	607	543	1150
Gloucester		1	1														1	1
Hudson	207	160	367	153	106	259	23	48	71	1		1		1	1	384	315	699
Hunterdon		3	3		1	1		3	3								7	7
Mercer	2	1	3													2	1	3
Middlesex	4	11	15		1	1	1	3	4							5	15	20
Monmouth		5	5	1		1	2	3	5							3	8	11
Morris	158	152	310	50	28	78	6	14	20	1		1		1	1	215	195	410
Ocean		1	1		1	1		2	2								4	4
Passaic	432	448	880	73	57	130	11	15	26							516	520	1036
Somerset	4	5	9	1	2	3	3	4	7							8	11	19
Sussex	35	43	78	11	5	16	5	5	10							51	53	104
Union	169	233	392	16	41	57	14	28	42	1		1				200	292	492
Warren	7	2	9	3	1	4				1		1				11	3	14
New York State							1	1	2							1	1	2
Total	1736	1752	3488	589	498	1087	107	195	302	4		4	3	2	5	2439	2447	4886

NOTE:---In all indigent 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.

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