THE

SIXTY-SECOND ANNUAL REPORT

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OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

GREYSTONE PARK

FOR THE YEAR ENDING JUNE 30

1937

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of
Dr. Marcus A. Curry
Superintendent

THE

SIXTY-SECOND ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

GREYSTONE PARK

FOR THE YEAR ENDING JUNE 30

1937

Discard

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VICE-PRESIDENT

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Morris Plains

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Medical Superintendent and Chief Executive Officer

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WILLIAM S. VOORHIES, M. D. ..... Resident Physician
HARRY B. MCCLUSKEY, M. D. ..... Resident Physician
PHYLLIS D. SCHAEFER, M. D. ..... Resident Physician
WILLIAM H. LONGLEY, M. D. ..... Resident Physician
MARSHALL D. HOGAN, M. D. [part time] .... Proctologist and Urologist
HAROLD S. HATCH, M. D. [part time] Tuberculosis Specialist
THOMAS R. PALMER, D. D. S. ..... Senior Resident Dentist
*HAROLD J. ZERR, D. D. S. ..... Resident Dentist
FRANK L. LOSKOT, 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
LOUIS BANGERT, Ph. G. ..... Assistant 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
*HENRY A. COTTON, JR., M. D. ..... Psychiatrist
MILDRED H. HURLEY,
Director of Mental Hygiene Clinic Social Service

† *Deceased.*
* *Resigned.*

Board of Consultants

GEORGE H. LATHROPE, M. D. ..... Clinical Medicine
CHRISTOPHER C. BELING, M. D. ..... Neurologist
WILLIAM J. ARLITZ, M. D. ..... Neurologist
CLIFFORD MILLS, M. D. ..... Surgeon
FRANCIS H. GLAZEBROOK, M. D. ..... Surgeon
WILLIAM H. LAWRENCE, Jr., M. D. ..... Surgeon
GEORGE P. PITKIN, M. D. ..... Surgeon
JOSEPH M. RECTOR, M. D. ..... Surgeon
LEONIDAS L. MIAL, M. D. ..... Eye, Ear, Nose 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 hereby submit to you their sixty-second annual report together with the report of Dr. Marcus A. Curry, Superintendent and Chief Executive Officer.

On June 30, 1937, the end of the fiscal year covered by this report, there remained on the records of the hospital 5,926 patients, an increase of 305 patients over the previous year. Of these, 5,267 were actually in the hospital and 659 were outside on visit, parole, or escape, but carried on the books and subject to return without further legal or medical procedure. During the year there were admitted, including first admissions, readmissions, and transfers from other institutions for the insane in the State, a total of 1,666 patients, the same number as last year. The discharges totaled 611 patients of whom 305 were discharged as recovered, 210 as improved, 41 as unimproved, 55 as without psychosis. In addition to those discharged from the hospital, 219 patients were transferred to other hospitals within the State. The deaths numbered 513 patients. The total number of patients under treatment was 7,298 which was 231 more than in the preceding year.

Dr. Curry's report shows clearly that the chief obstacles to attaining desirable and successful results in housing, feeding, treating and curing the patients in the hospital have been due to the great overcrowding. Careful study of the figures and explanations shows that much more can be accomplished, in larger numbers of cured and sufficiently improved patients to warrant discharge from hospital, when we can get many more sleeping and rest-room facilities for the patients and many more nurses,

attendants and staff members to care for them. Without doubt the types of patients coming from certain populous sections of Northern New Jersey tend to keep down the percentages of favorable results, and again the curative results attained at Greystone in many classes of illness as compared with other similar institutions have been remarkably successful.

Overcrowding Delays Treatment and Handicaps Medical Service

But no one can carefully consider the serious statements of Dr. Curry and of Dr. Lane, the Clinical Director, without being impressed by the fact that many more patients could be discharged as cured and improved from the Reception Service after short stays of few months in the hospital, if only there were more room accomodations for proper care and classified segregations, more trained nurses and attendants to give them needed care and more physicians to give them the intensive, individual examinations, treatments and personal contacts and influences that are so necessary to attain the best results. That Reception Unit is 58 per cent. overcrowded. Frankly, other hospitals. where there is less overcrowding and larger proportions of physicians and nurses in attendance, are getting decidedly better results among these patients of short residence in the hospital than Greystone does or ever can until these existing conditions shall be corrected. Our physicians and staff members have all the needed ability, but they are so overwhelmed with work and numbers of sick ones that they simply cannot do more than is humanly possible. Likewise an increased Staff membership would be able to discover, treat and cure conditions among the crowded patients of continued care who now fail to get all those individual attentions that are of vital necessity for larger successes.

The pressing needs are of additional physicians, graduate nurses, social workers, at least four more cottages for present married staff members and added rooms for employees.

Consideration of Boarding Out Plan

The proposition of boarding out suitable patients in well selected private homes promises measurable relief to the overcrowding and probably better chances of improvement and cures for some classes of patients, but here again it all depends upon addition of the necessary psychiatrist, trained supervising and

follow-up workers, clerks and transportation facilities to the Hospital Staff. The work can be done effectively as it is now in other States and Countries for the betterment of the patients and to the economical advantage of the State finances if only the funds to equip for it shall be appropriated.

Mental Hygiene Clinics

The Mental Hygiene Clinics are helping materially to solve the upsetting problems and conditions of many people in our communities and to keep them from becoming institutionalized, but there is far more which ought to be done in that extra-mural field than can possibly be tackled until the Staffs (of psychiatrists, psychologists, social workers, clerks and transportation vehicles) shall be increased. It will save the State many dollars of annual expense in keeping these potential patients from becoming hospitalized, when appropriations for providing these additional equipments can be granted; for the cost per clinic patient has been shown to be less than $15 per year, whereas if he becomes sick enough to enter the hospital it then costs over $450 annually for as many years as he has to stay there. Furthermore it is thrilling and most appealing to realize from survey, that of those examined and advised at the Mental Hygiene Clinics, less than 7 per cent. have subsequently had to be hospitalized, and more than 93 per cent. have been kept out of institutions—an enormous saving in human lives.

Other necessities need not be described here as that is done so clearly and convincingly by Dr. Curry and his associates in the attached report. They include such items as (A) Protecting sick patients from the ever-threatening fatalities in case of fire, by repair and reconstruction of old combustible buildings to make them fire proof, to protect them from deterioration, and to provide more rooms for patients; (B) Major repairs of reservoir, pumps and pipe lines to increase and safe-guard water supply; (C) Replenishment of extraordinary household supplies of beds, beddings, blankets and clothing.

Devotion of Staff

Neither can we in fairness select out for special praise and appreciation any of Dr. Curry's other resident officers, division heads and employees for they have all, almost without ex-

ception—by their extreme loyalty, devotion to the welfare of patients and institution, and by great work—accomplished most creditable results throughout the year.

As to Dr. Curry, it is impossible to over-estimate his devotion to his patients and hospital; his constant work way beyond the limits of physical and nervous power; his affectionate, skillful, considerate guiding and encouragement of everyone in his large official family; and with it all the remarkable comparatively successful curative results attained by him and his associates in spite of all handicaps. We wish that the work, the cares and the nerve wracking burdens did not have to fall so heavily upon Dr. Curry. We know that his most faithful and competent associates help him in every way that they possibly can, but there still remains on his shoulders a weight of responsibility and of personal labor, in this hospital of well over 5,000 patients and over 1,000 employees, that are almost or quite overwhelming. At all events, you may rest assured that we have his welfare at heart and will do all in our power to protect it.

This Board unites with Dr. Curry and with your Central Department in recording its sadness and sense of loss at the death in March 1937 of George J. Holbig who as Business Manager for the past seven years had rendered splendid successful services to the Hospital and to the State. Our deep sympathy has also gone out to his widow and children.

Happily, an excellent career man already experienced and successful in State works, Mr. Henry Brevoort Smith, was found available to fill the vacancy and his successes as Business Manager are already outstanding.

You, dear Commissioner, and the faithful co-workers in your Department have again throughout the year and as ever, been most kind, attentive, and helpful in solving difficult problems; in placing the financial needs before the legislative authorities with such fair and generous responses from them; in coming to practically all of our meetings, often no doubt at great sacrifice of time and strength, but always welcome with your wise, constructive advices and guidance.

The Managers have held eleven regular meetings during the year with an attendance of 58 and one informal meeting with three members present. Committee meetings, conferences, in-

spections, visits, etc., 59. Total recorded trips to institution by Board Members, 120. Many unofficial calls and conferences were not recorded.

Respectfully submitted,

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

TREASURER'S REPORT

Treasurer's Report of Cash Receipts and Disbursements for the Fiscal Year Ending June 30, 1937

RECEIPTS

From Bergen County	$141,030.85
" Burlington County	263.47
" Essex County	128,353.00
" Hudson County	62,326.71
" Hunterdon County	1,068.88
" Mercer County	362.90
" Middlesex County	1,473.02
" Monmouth County	5,664.12
" Morris County	63,550.71
" Ocean County	193.86
" Passaic County	196,677.17
" Somerset County	1,054.47
" Sussex County	14,520.06
" Union County	57,854.72
" Warren County	1,540.72
" Private Patients	144,088.98
" Contributing Patients	14,085.83
" Excess Maintenance Collected by Counties	6,638.59
" Miscellaneous Receipts	5,596.99
	$846,345.05

DISBURSEMENTS

Amount of Collections deposited with State Treasurer	$846,345.05

AMOUNTS RECEIVED FROM STATE TREASURER FOR PAY-ROLLS

Officers' Pay-rolls	$ 15,739.83
Employees' Pay-rolls	860,777.43
	$876,517.26

A. J. VAN WINKLE
Treasurer.

REPORT OF THE CHIEF EXECUTIVE OFFICER

Report of the Chief Executive Officer

To the Board of Managers:

As required by law and custom, I herewith place before you the annual report of the New Jersey State Hospital at Greystone Park, which is the sixty-second report of that institution and my seventeenth as Medical Superintendent and Chief Executive Officer. The year covered is that from July 1, 1936, to June 30, 1937, and the report deals in some detail with the work and requirements of the numerous divisions of the medical and maintenance departments of the institution.

The number of admissions was the same as the year before, but as discharges lag considerably below admissions, the hospital population showed further increase above what seemed to us the absolute limit of capacity two years ago. This was offset in some degree by the completion of reconstruction on the fourth floor of the south side, Main building, so that all wards are now in service, including the annexes to the Dormitory building which were long ago condemned as unfit for use.

Rising prices, particularly of food and clothing, are an evidence of prosperity which do not benefit the hospital population, though the valuation placed on farm and garden produce shows an improved balance. Even the most rigid economy cannot keep within appropriations based on lower prices and smaller population.

The most serious effects of increased employment and higher wages on the outside have been felt in the type and number of persons available for employment. Women employees, both graduate nurses and attendants, have been in numbers continuously below requirements throughout the year and, while more men have been available, the turnover has been very rapid. Wages were raised during the year, but only to a minimum of $50 a month. Hours have to be long, since we have neither

money nor housing for more than two shifts. Living conditions, which is the point where a state institution should be able to make its strongest appeal, have been far from satisfactory during the year. Our quarters for employees are not adequate either in space or comfort and our food service has reflected again rising prices and demands for economy.

If a mental hospital is to maintain a position as a high type modern curative agency, rather than simply exist as a custodial institution, it is imperative that it have the equipment and personnel to keep up with or initiate new and improved methods of care and treatment. A case in point might be cited in the insulin treatment of schizophrenia, which is now receiving widespread attention. In order to carry this out with any degree of safety and success, close observation and constant care are absolutely necessary, and this demands more doctors and especially more trained nurses. Under present conditions, even if money for salaries should be made available, lack of housing makes it impossible to maintain a sufficient professional force to carry on this therapy with any considerable number of patients. Another method of care which has proved successful in Europe and in some localities in this country is the boarding of selected patients in private homes in the community. With us, this would be highly advantageous as a relief to overcrowding, but it can be carried out with safety to the patients and the community only when there is close supervision by trained social workers. Our present force is already overworked and in order to utilize the boarding-out method of care, the number of social workers must be substantially increased and additional automobiles and office workers must be provided.

Overcrowding produces innumerable problems and clogs all the curative agencies of the hospital. It has reached a point where any kind of relief is eagerly accepted, and marked relief has been given this year in the form of transferring more than two hundred patients to other institutions in the State. But even this relief has an unfortunate angle. Conditions at the receiving institutions, as they usually are at new ones, were such that the requirements under which patients could be accepted included that they be in good physical health, able to go to meals and get about without assistance, and not violent or greatly disturbed mentally. Since our own parole system has between five and six

hundred of our better patients in the community, the removal of two hundred more of this type has seriously depleted our quota of workers, especially since similar transfers have been made for several years past. Our wards are now jammed with aged and feeble individuals, with the physically ill and the acutely disturbed, but it has been increasingly difficult to carry on the routine work of the institution because of the lack of reliable patients. This has been keenly felt on the wards, where it has always been customary for the better patients to assist in the care of the old and feeble, and where the reduced number of employees and the increased percentage of patients needing constant care has made such help doubly important. It has been felt likewise in every outside activity of the institution. The drug-room, the laundry, the dairy, and the garden all complain that their work has been hampered because of the scarcity of classes of patients for whom their kind of work is a therapeutic measure. In a number of instances it has been necessary to hire employees to do work formerly done by patients, which has increased our payroll without corresponding benefits.

Personally, I feel very strongly that a fourth state hospital should be constructed and that it should be equipped to care for all types of patients, the sick and disturbed as well as those who are quiet and cooperative.

Our present needs are most urgent along the lines of housing. I hesitate to recommend any large housing project for the care of patients here, despite the extreme difficulty of operating a hospital under present conditions, for I feel that this institution already has sufficient patient capacity for efficient management and for its various maintenance plants. Additional housing for patients I believe, as I said before, should be provided in another hospital. But housing for patients should be provided here to the extent of replacing condemned structures, such as the Dormitory annexes, and reconstructing such buildings as are fire-hazards, including the Dormitory building and the three lower floors on the south side of the Main building.

Additional housing for employees should be provided. Present quarters are not sufficient to permit adequate manning of the wards without putting two employees in single rooms, and they allow no provision for the constant turnover in employees which is a condition which exists and must be faced

Also, with the widespread recognition of shorter hours as a standard in industry, the state must not expect to continue indefinitely to maintain a two shift policy in mental hospitals. Before long either full three shifts or some modification providing additional hours off duty will be demanded and housing must be available for the extra workers entailed. If there could be a way provided for employees to live at home in nearby communities with some increase in salaries in lieu of maintenance, I should be most favorable to this solution. At present, however, and I am afraid indefinitely, housing in the vicinity is either non-existent, insufficient, or too expensive to be considered by those in the lower wage brackets. This suburban area lies in one of the most expensive zones in the country for building and living in general, which would seem to make this solution of the employees housing problem impossible, unless a federal or state housing project could be developed on a non-profit basis.

Housing for physicians is also urgently needed. Most of our doctors are married, many have young children. As a group they are the type which would be regarded as an asset to any community, and which would normally be found living in pleasant, attractive surroundings. Again, high rents and living costs in this district seem to make it out of the question to pay sufficient salaries so that at least part of these doctors could maintain homes in Morris Plains or Morristown. The alternative is the construction of a number of detached cottages on the hospital grounds, of which at least four more are needed immediately.

I have to record one important change in resident officers. This winter the entire institution was depressed by the untimely illness and death of the Business Manager, George J. Holbig, who had served the hospital in that capacity for seven years and seemed to be in the prime of life with every promise of long usefulness to the state, Not only were all saddened by the death itself, but deepest sympathy was felt for Mrs. Holbig and her two sons and daughter so suddenly deprived of husband and father and also faced with the necessity of leaving the home and the hospital community where they had been happily situated.

The vacant position of Business Manager was filled on March 17 by the appointment of Mr. Henry Brevoort Smith, who had been employed in the Department of Institutions and Agencies for a number of years and who recently had been making an

excellent record as head of the State Prison Farm at Leesburg. Mr. Smith is an ex-service man with an overseas record, an engineer by profession, and became engaged in institutional work through road construction with prison labor. His work at Leesburg, where huge crops were raised and canned and where he had charge of all the inmates as well as of the farm activities, gave him first class institutional experience which, together with his previous training and his energy and interest, make him a valuable man here.

Health

The Chief health problem during the past year has been the maintenance of good physicial condition in patients obliged to live on overcrowded wards with supervision and other elements of care reduced below standard. Fortunately, there have been no epidemics. Respiratory diseases were prevalent during the winter months, but the mortality was low. Two cases of amoebic dysentery were reported, three of erysipelas, and one of mumps. Deaths from tuberculosis numbered 55, and from pneumonia 33, both lower than last year. All routine health measures were continued according to the usual schedule.

Statistical Resume

The high standards of accuracy and efficiency established in the hospital record office have been maintained. Mr. Harold Prettyman, record clerk and statistician, assisted by a group of clerks and patients, has kept exact information constantly available throughout the year and has cooperated in every way to furnish data on any desired subject. He has had prepared a summary of the material included in the statistical tables which is inserted here for convenience.

General Data: During the year ending June 30, 1937, there were admitted 1,666 patients—857 men and 809 women. This figure equals the high admission rate of last year. The admissions included 1,332 first admissions to any hospital for the insane—715 men and 617 women; 282 readmissions—134 men and 148 women; 23 transfers from other similar institutions in New Jersey—8 men and 15 women; and 29 special cases (admitted from Totowa for surgery)—all women. The number of patients discharged, including deaths, was 1360—704 men and

656 women— leaving an increase on the books of 305 patients at the close of the year.

There were under treatment 7,298 patients—3,724 men and 3,574 women—which was 231 more than the preceding year. The maximum census for the year was 5,942 obtained on June 26, and the highest number actually in the hospital at any one time was 5,281 on June 28. The average daily number in the hospital was 5,168.17. At the close of the year 591 patients—280 men and 311 women—were carried on parole or visit and 68 patients—63 men and 5 women— were carried as escaped. This is an increase of 132 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 173.

First Admissions: There were admitted 919 patients of native birth— 494 men 425 women; the foreign born numbered 413 patients—221 men and 192 women—or 31 per cent. of the total first admissions. Both parents of 465 native born patients were also of native birth, while in 114 cases one parent was born in this country and the other was of foreign birth. Of the foreign born patients, 94 were natives of Italy, 64 of Germany, 46 of Poland and 48 of Ireland, these four countries furnishing 61 per cent. of the foreign born first admissions. The naturalized citizens numbered 256 and the aliens 157.

Table 6, psychoses of first admission, shows 354 patients diagnosed as suffering from psychosis with cerebral arteriosclerosis, 240 with dementia precox, and 123 with manic depressive psychosis. These three groups comprised 53.8 per cent. of the total. Other psychoses showing high incidence were psychosis with syphilitic meningo-encephalitis, 89; senile 61; involutional psychosis 85 and alcoholic psychosis, 39.

In the classification according to racial origins, 118 were listed as German, 109 as Irish, 118 as Slavonic, 145 as Italian, 122 as African and 72 as Hebrew, these six groups including 51.4 per cent. of the total. The mixed race furnished the largest single group, with 508 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 first admissions being below this age and half above. The greatest number of admissions were listed in the two five-year periods between 35 and 39 and 40 and 44 and included

22 per cent. of the total. Under 25 years there were 168 patients and 172 were 70 years and over.

As to the degree of education, 669 patients or 50 per cent. had received a common school education, 236 were graduates from high school and 66 had collegiate education; 289 were listed as having learned to read and write and 72 were illiterate.

There were 1,230 patients of urban environment or 92.3 per cent. of the first admissions. The rural districts supplied 102 patients.

The economic condition of 1,034 patients or 87 per cent. of the total was listed as marginal; 195 were dependent and 103 were comfortable.

In regard to the use of alcohol, 613 were described as abstinent, 492 as temperate and 227—180 men and 47 women—as intemperate.

The marital condition of the first admissions was classified as follows: Single 452—268 men and 184 women; married 531—286 men and 245 women; separated 95—55 men and 40 women; divorced 34—26 men and 8 women; widowed 220—80 men and 140 women.

Readmissions: The totals in this group were 282 patients—134 men and 148 women. In the classification according to psychosis, 84 were diagnosed as suffering from dementia precox and 76 from manic depressive insanity or 56.4 per cent. of the total readmissions.

Discharges: The total of these regularly discharged from the care of the institution was 611 patients—316 men and 295 women. Of this number 305 patients—129 men and 176 women —were considered to have recovered from their psychosis. This is 22.9 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 71.4 per cent. at the close of the fiscal year on June 30; 210 patients —121 men and 89 women— were discharged as improved or 15.8 per cent. based on the number of first admissions. The manner of discharge of the remaining patients was as follows: Unimproved 41—17 men and 24 women—and without psychosis 55—49 men and 6 women. In addition to those discharged 219 patients—111 men and 108 women—were transferred to other similar institutions in New Jersey and 17 special cases (admitted from

Totowa for surgery)—all women. Of those discharged as recovered, patients suffering from manic depressive psychosis constituted 30.5 per cent. or 93 patients.

Deaths: During the year 513 patients died—277 men and 236 women. This is a rate of 7.05 per cent. based on the number under treatment and is 0.65 per cent. lower than last year. One special case (admitted from Totowa for surgery) woman—died.

The largest single cause of death was endocarditis and myocarditis, which was certified in 176 cases or 34.3 per cent. of the total number; other diseases of the circulatory system caused 106 deaths. General paralysis was given as the cause of death in 27 cases; tuberculosis of the respiratory system in 55, nephritis 12; lobar pneumonia 16 and broncho-pneumonia 17. The psychosis of those who died included psychosis with cerebral arteriosclerosis 225; dementia precox 65; psychosis with syphilitic meningo-encephalitis 41; senile psychosis 58, and manic depressive psychosis 29. The average age at death was 60.31 and is 0.23 years lower than last year.

At the time of death 293 patients or 57 per cent. had passed the age of 60 years and 171 patients were over 70 years of age. Of these 43 were in the 80's and 11 in the 90's.

The tabulation of the duration of hospital life showed that 121 patients had been in the hospital less than one month and 30 patients had a hospital residence of 20 years and over at the time of death and of these 22 were suffering from dementia precox.

Clinical Work

The Clinical Director has continued to supervise and direct the activities of the medical staff and, to a greater or less extent, of all other divisions engaged in the care and treatment of the patients. He has conducted staff meetings, instructed members of the staff both by general lecture and by personal discussion in psychiatric methods and present day trends, kept abreast of developments in the scientific care and treatment of the mentally ill, and interpreted the hospital and its work both to the patients and to the general public. In this latter field, demands for educational service became so heavy that last year a new position was fully established and clarified, that of educational assistant to the clinical director, which this year has functioned well and with increasing value. Dr. Arthur G. Lane has continued to fill

the position of Clinical Director since 1921 and to devote unfailing efforts to the work of restoring as many patients as possible, despite the many obstacles in the way of satisfactory progress. He has submitted the following report:

"Reviewing the Clinical activities of the past year one is at first impressed with the fact that the admission figure, 1666, is identical with that of the preceding year, also that the number of each sex is practically identical; one more male and one less female. The barometic significance of this cessation of increased yearly admission rate in relation to the economic status of our district may, as we have noted in previous years, indicate that, for a time at least, the economic distress incident to the depression years has not increased as an etiological factor.

We have continued to give full service to our new patients along the lines of complete medical and surgical examinations and treatments both routine and in special fields realizing that whatever other factors may be operative in producing mental maladjustments, as great a degree of physical health as can be maintained is necessary in aiding toward better adjustment. Figures giving the details of the amount and quality of these activities are found in the special clinical divisional reports. They indicate abundant evidence of the work involved and, in comparison with other years, show no lessening of our interest and endeavors.

The total number of patients in the hospital at the close of the year was 5,278; an increase of 173 above that of the corresponding date of last year. It is needless, each year, to stress the facts in regard to overcrowding as a tremendously serious obstacle in clinical activities, such as classification, segregation and many allied implications. Our admission rate, according to standardized tables of hospital figures, would indicate a rated capacity nearly three times the rated capacity of this institution. With the whole hospital approximately 66 per cent. overcrowded and our reception unit 58 per cent. overcrowded, it is readily apparent the beneficial effect of the strictly mental hygiene environmental atmosphere is largely defeated as well as the benefits to be obtained by concentrated psychiatric study and contact during the early days of hospitalization. Our reception unit not built, equipped or staffed for this emergency and overcrowded to such an extent, must pass on large numbers of incipient cases to other wards to mingle with heterogenous groups of individuals who have ac-

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quired the attitude of adjustment to hospitalization by prolonged residence. Our personnel has not been augmented to the same degree as has our census, hence the therapeutic advantages of professional psychiatric service have been thinned out resulting in personal contacts less frequently made and necessarily less intimate and searching.

Our recovery rate 22.9 per cent. is approximately 1 per cent. lower than last year's figure. It seems fairly creditable in view of our intramural complications taken together with the extramural threats to those whose mental condition might in more normal economical conditions be sustained by optimism for a speedy recovery and restoration to remunerative occupation and independence and who would be benefited by early parole into a favorably adjusted atmosphere.

A figure which has occasioned considerable speculation in late years is the dwindling number of those discharged as improved. This year 210 or 15.7 per cent. were so discharged or 1 per cent. less than the preceding year. A table in last year's report graphically shows this decline has been progressive throughout the years of depression since 1929 when the figure was 37.6 per cent. The same comments made in previous years would seem to be still pertinent as applying to these, at least coincidental facts. Those who have made a good recovery and are very solid are capable of facing the prevalent environmental stress as are those returning to exceptionally favorable situations. They continue to meet their problems in a creditable manner and are discharged as recovered at the expiration of their year of parole supervision. The social service report indicates that 216 patients were returned from parole because of inability to make satisfactory adjustments.

At the close of the year there were 659 on parole in the community, a figure 132 larger than last year; with an average daily parole of 624. This enlarged parole number with the lower discharge figures seems to create a discrepancy. Instead, however, it emphasizes the fact that it has been found necessary to extend the parole period, in a large number of cases, beyond the customary one year. The cases who have been returned while under parole supervision give evidence of the instability of the many whose condition is precarious. Continuation of hospital supervision seems indicated in many more who are as well unstable and straining their slight improvement almost to the break-

ing point at the expiration of the routine period. Under such conditions it seems unwise not to increase rather than to remove the stabilizing influence and supervision of our social service division. It might be pertinent to add that this latter division, because of the greatly augmented number on parole, is markedly under-staffed to care for the case load which now amounts to an average of 80 cases for each field worker.

Attention was called in last year's report to the age factor incidental in our first admissions. It was noted that the age periods above 40 accounted for 175 more patients in that year than in the preceding year. The year just closed brought 51 less of this group to our doors but still shows the trend being fairly sustained. Of all first admissions, an organic etiology was determined in 751 cases which figure is 30 less than last year; a not very significant change and still draws comment on this relatively poor prognostic feature in conjunction with the age incidence for restoration to full prepsychotic efficiency and full social adjustment.

The general health of our population has been satisfactory and without any serious epidemics. The number of deaths is 38 less than the previous year. Cardiovascular diseases accouted for the greatest number as might be expected because of the advanced years of so many of our population. These together with pulmonary tuberculosis produced over half the mortality.

In this generalized statement it is not feasible to list the outstanding accomplishment of the various divisions. It is sufficient to mention that they have each labored tirelessly for such results as we have obtained. The personnel deserve and must accept the praise which they merit. Much self-satisfaction must be a part of the reward for having carried so well the heavy burdens forced upon them by trying circumstances. With such a drive of routine affairs, little time can be devoted to research or development of individual interest in special problems. Some of our ward physicians however, in addition to their routine duties, have been engaged in testing the insulin therapy for dementia precox patients. The enthusiastic claims arising from various sources having reached the general public and aroused long dimmed hopes in those who have relatives affected with this condition have made it imperative that we make efforts to apply it in certain cases, particularly those whose families will furnish the drug

There are two reasons why we cannot go into extensive experimentation along this line. Our budget item for surgical and medical expenses is barely adequate for the routine and emergency activities that we are compelled to carry on and our personnel is too limited to delegate members of our staff to this special work on a limited number of patients to the neglect of a greater number of individuals who are now otherwise inadequately served. Having, in the past, lived through various optimistic therapeutic procedures and aware of many other enthusiastic efforts, we are trying to maintain a middle of the road attitude in which we are careful not to be fatalistically pessimistic or stampeded into unwarranted commitments. To date eighteen patients, equally divided as to sex, have been or are still undergoing treatment. In none of these cases can we say that there has been a complete remission or restoration to prepsychotic states. Some have shown noticeable alterations in symptom pictures; of these a few give indications of a somewhat more comfortable adjustment. It would seem that it is yet too early in our experience to be sure that these apparently favorable results will progress further or be permanent. It is well at this time to speculate on what will be the terminal picture of such heroic assaults on the entire autonomic nervous system.

In closing, a word of gratitude must be said to all the clinical personnel who have whole-heartedly cooperated in carrying on and as well an expression of appreciation to the officials who have looked to us for results, provided us with such facilities as they were able, excused our inadequacies and encouraged us in our endeavors.

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

Cases transferred outside the State	19
Cases transferred to Mental Hospitals within the State	219
Cases transferred to Mental Defective Schools	1
Cases transferred to Skillman	2
Cases transferred to Totowa	17
Cases deported	3

Thirty-five cases were handled and reported who were removed by relatives, dicharged from parole, discharged recovered or died.

Four interstate cases were handled and reported who were transferred to Marlboro."

Surgical Operations, Accidents, Births, Etc.

Dr. Laurence M. Collins has continued in charge of the surgical work of the institution. Further recognition of his professional standing was received this year when he was named a Fellow of the American College of Surgeons. In addition to the necessary surgery demanded by the patients and employees of this institution, considerable work has been done for others for whom the state is responsible, including women and girls from the North Jersey Training School at Totowa, and several state troopers. Dr. Collins has been well assisted by Dr. Edward Kessler, both in operating and in the after-care of patients. Beside carrying heavy responsibility for surgical work, Dr. Collins has continued to act as assistant clinical director, conducting staff meetings and assuming other duties in the absence of Dr. Lane, and has also been called upon frequently for court services as an expert in psychiatry and surgery.

The following list of operations does not include the numerous minor injuries and ailments which have been given routine surgical treatment by the ward physician.

SURGICAL OPERATIONS

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
4	Intestinal obstruction due to adhesions	Adhesions freed	Recovered
14	Acute catarrhal appendicitis	Appendectomy	"
28	Chronic catarrhal appendicitis	Appendectomy	"
4	Acute suppurative appendicitis	Appendectomy with drainage	1 Died 3 Rec'v'd
1	Chronic cholecystitis with adhesions and chronic catarrhal appendicitis	Cholecystectomy with freeing of adhesions and appendectomy	Recovered
1	Acute empyema of gall bladder	Cholecystectomy with drainage	Died
4	Chronic cholelithiasis	Cholecystectomy with drainage	Recovered
1	Stone in common duct	Choledocotomy	"
1	Volvulus	Gut untwisted	"
1	Internal abdominal hemorrhage	Laparotomy and ligation of bleeding vessels	"
7	Right indirect inguinal hernia	Bassini	"
4	Right direct inguinal hernia	Bassini	"
4	Double direct inguinal hernia	Bassini	"
7	Left direct inguinal hernia	Bassini	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
8	Right direct inguinal hernia with chronic catarrhal appendicitis	Bassini with appendectomy	"
3	Right indirect inguinal hernia with chronic appendicitis	Bassini with appendectomy	"
2	Double indirect inguinal hernia with chronic catarrhal appendicitis	Bassini with appendectomy	"
1	Right direct incarcerated hernia	Bassini	"
2	Epigastric hernia	Hernial mass dissected and walls repaired	"
3	Post-operative ventral hernia	Hernial sac dissected, walls repaired	"
1	Post-operative ventral hernia with prolapse of uterus	Shortening of round ligament with repair of hernial walls	"
2	Right incisional post-operative hernia	Tissue dissected and hernial walls repaired	"
1	Right inguinal hernia with hydrocele of right testicle	Bassini with bottle operation	"
1	Hydrocele of right testicle with relaxation of right inguinal ring	Bottle operation with tightening of right ring	"
2	Left femoral hernia, right inguinal hernia with chronic catarrhal appendicitis	Right Bassini, left Ferguson with appendectomy	"
1	Strangulated femoral hernia with gangrene of gut	Gut resected and hernial walls repaired	Died
4	Umbilical hernia	Mayo	Recovered
2	Tubercular peritonitis with ascites	Laparotomy with evacuation of fluid and exposure of intestines	Improved
3	Varicocele of cord	Veins ligated	Recovered
3	Right cystic ovary, right salpingitis, chronic catarrhal appendicitis	Right salpingo-oophorectomy and appendectomy	"
9	Right cystic ovary with chronic catarrhal appendicitis	Right oophorectomy with appendectomy	"
3	Right cystic ovary	Right oophorectomy	"
1	Right ovarian cyst	" "	"
1	Right ovarian cyst, left salpingitis	Right oophorectomy with left salpingectomy	"
1	Right fibrocystic ovary with chronic catarrhal appendicitis with laceration of perineum	Perineorraphy with right oophorectomy and appendectomy	"
1	Left cystic ovary	Left oophorectomy	"
2	Left cystic ovary, chronic catarrhal appendicitis	Left oophorectomy with appendectomy	"
2	Left cystic ovary, left salpingitis with chronic catarrhal appendicitis	Left salpingo-oophorectomy with appendectomy	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Left cystic ovary, left salpingitis	Left salpingo-oophorectomy	"
1	Left cystic ovary, left salpingitis, retroversion of uterus	Left salpingo-oophorectomy with shortening of round ligaments	"
1	Left fibrocystic ovary, chronic catarrhal appendicitis with retroversion of uterus	Left oophorectomy and appendectomy with shortening of the round ligaments	"
1	Right salpingitis with retroversion of uterus	Right salpingectomy with shortening of the round ligaments	"
2	Double cystic oophoritis	Double oophorectomy	"
3	Double cystic oophoritis, double salpingitis	Double salpingo-oophorectomy	"
2	Double cystic ovaries with chronic catarrhal appendicitis	Double oophorectomy with appendectomy	"
1	Double fibrocystic ovaries with retroversion of uterus	Double oophorectomy with shortening of round ligaments	"
1	Double fibrocystic ovaries, chronic double salpingitis, chronic catarrhal appendicitis	Double salpingo-oophorectomy with appendectomy	"
1	Double pyosalpinx with right fibrocystic ovary	Double salpingectomy, right oophorectomy	"
1	Double salpingitis with left fibrocystic ovary and chronic catarrhal appendicitis	Double salpingectomy with left oophorectomy and appendicitis	"
2	Intra-ligamentous cyst of left broad ligament	Left salpingo-oophorectomy	"
	Fibroid uterus	Supravaginal hysterectomy	"
12	Fibroid uterus, chronic double fibrocystic ovaries, chronic double salpingitis	Supravaginal hysterectomy with double salpingo-oophorectomy	"
7	Fibroid uterus, cystic right ovary, right salpingitis	Supravaginal hysterectomy with right salpingo-oophorectomy	"
1	Fibroid uterus, chronic fibrocystic left ovary, left salpingitis	Supravaginal hysterectomy with left salpingo-oophorectomy	"
2	Fibroid uterus, double pyosalpinx, double cystic ovaries	Supravaginal hysterectomy with double salpingo-oophorectomy	"
1	Fibroid uterus with laceration of perineum	Supravaginal hysterectomy with perineorrhaphy	"
5	Laceration of perineum	Perineorrhaphy	"
1	Laceration of cervix, fibroid uterus, left cystic ovary, left salpingitis	Pan-hysterectomy with left salpingo-oophorectomy	"
4	Prolapse of uterus	Shortening of round ligaments	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Retrocele and chronic catarrhal appendicitis	Repair of retrocele with appendectomy	"
1	Contracted pelvis	Caesarean section	"
2	Chronic endometritis	Curettement	"
3	Bartholin cysts	Cysts extirpated	"
1	Papillamatous growth of right vulva	Mass extirpated	"
1	Carcinoma of pyloric end of stomach	Sub-total gastrectomy	Died
1	Ruptured gastric ulcer	Ulcer cauterized and purse stringed	"
2	Fibroma of left breast	Mass extirpated	Recovered
1	Fibroma of right breast	" "	"
1	Cystic adenoma of thyroid gland	Cyst extirpated	"
5	Toxic adenoma of thyroid gland	Subtotal thyroidectomy	1 Died-4 Rec.
4	Cervical adenitis	Glands dissected	Recovered
1	Cellulitis of right arm	Incised and drained	"
3	Cellulitis of leg	Incised and drained	"
4	Dislocation of right shoulder	Shoulder reduced	"
1	Osteomyelitis of small toe, right foot	Amputation of small toe	"
1	Osteomyelitis involving entire shaft of right femur	Disarticulation at hip joint	"
1	Fracture of 6, 7, 8, 9 and 10th ribs, left side	Chest immobilized	"
10	Fracture of neck of right femur	Casts applied	"
1	Fracture of right femur	Fracture reduced and splints applied	"
1	Impacted fracture of neck of right femur	Fracture reduced and cast applied	"
5	Fracture of neck of left femur	Immobilized	"
1	Fracture of distal third of left femur	Fracture reduced and splint applied	Died from septicemia
1	Fracture of left pubic ramus	Pelvis immobilized	Recovered
1	Fracture of right tibia	Fracture reduced and cast applied	"
1	Fracture of lower third right tibia and fibula	Fracture reduced and cast applied	"
1	Fracture of upper end of left tibia and lower end of right tibia and fibula	Fracture reduced and splints applied	"
3	Pott's fracture, right	Fracture reduced and cast applied	"
1	Pott's fracture, left	Fracture reduced and cast applied	"
1	Fracture of left toe	Splints applied	"
2	Fracture of middle third, right humerus	Fracture reduced and cast applied	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Fracture of proximal third, right humerus	Fracture reduced, humerus immobilized	"
5	Colles's fracture, right	Fracture reduced and splints applied	"
3	Colles's fracture of left wrist	Fracture reduced and splints applied	"

Care has been exercised at all times to protect the patients from accidents and injuries by themselves and others, but with the wards greatly overcrowded and the number of employees reduced it has not been possible to prevent a certain number of falls, collisions, and other incidents which have resulted in contusions, abrasions or fractures. Much of this could undoubtedly have been avoided if adequate segregation, especially of the older patients, could have been arranged.

One patient committed suicide during the year by strangulation in the night. Another while off the grounds for the afternoon in the care of his wife threw himself in front of a train, but as death did not occur at the hospital he was statistically listed among discharges. A patient who took poison prior to admission to the hospital and died from the effects after admission was included among the "violent and accidental" deaths.

Only one child was born at the hospital in the course of the year, delivery being by Caesarean section. Patient admitted April 21, 1936; male child born September 22, 1936. The child was legitimate and was removed to the care of the Family Welfare Society, Elizabeth, New Jersey, on November 19, 1936.

One child born during the previous fiscal year, February 23, 1936, was committed to the State Board of Children's Guardians and removed from the hospital on July 30, 1936.

Health Service for Employees

The medical and surgical care of employees in all divisions of the institution has become increasingly important. Doubtless the fine reputation of the hospital physicians and surgeons is a factor in the growth of this service, leading workers who become ill or are injured in line of duty to apply for the attention to which they are entitled here, rather than to consult physicians outside the institution. Occasionally the service has been extended to include members of the family of those long in the employ

of the hospital, and also state employees in other branches of work. Where special duty nurses are required, it has been the policy of the hospital to require that they be engaged from outside and paid by the individual under care, since the strict limitation of our nursing service would not permit private duty assignments.

Employees' health work has been carried on at the Clinic building under the direction of Dr. Joseph Donovan, senior physician, with major surgery done by Dr. Collins assisted by Dr. Kessler, and special surgery by Dr. Gambill and Dr. Hogan. In the out-patient section examinations and treatments have been given for those not requiring hospitalization. Dr. Donovan's report lists physical examinations, Shick and Dick tests, vaccinations and inoculations for the prevention of small pox, scarlet fever, typhoid, diphtheria, and tetanus. Minor surgical and medical attention was also given in this section, with a total of 3,256 services rendered during the year.

Ward M-3 has been set aside for the care of employees and to it all requiring continued medical and nursing service have been admitted. During the year 577 were admitted to this ward and 27 more received medical care without being admitted, a total of 604. Of those admitted 517 were medical cases and 60 surgical.

Among the medical cases, respiratory infections were important, including 7 pneumonia, 37 bronchitis, 23 influenza, 99 grippe, 21 tonsillitis, and numerous others such as coryza, pharyngitis, septic sore throat, sinusitis, and pleuritis. Ward care was given for 20 minor injuries, 7 lacerations, 50 cases of infection, 14 of cardiac insufficiency, 11 of appendicitis, 7 of cholecystitis, 15 of gastritis, and various other ailments, including skin lesions, rheumatic conditions, asthma, and so on.

The surgical cases included five or more each of appendectomies, hysterectomies, herniotomies, fractures, and tonsillectomies, as well as a large number of operations of which one or two each were performed. There were eight deaths on the service during the year, one due to pneumonia, two to coronary thrombosis, two to other forms of heart disease, one to aortic regurgitation following an operation for acute intestinal obstruction, one to cerebral embolus and one to carcinoma.

Division of Urology, Proctology, and Colonic Therapy

Work in this division was developed under the direction of Dr. Marshall D. Hogan, a well trained specialist in the field. At the beginning of the fiscal year, Dr. Hogan asked to be placed on a part time basis, in order that he might engage in private practice with an office in Boonton. He has continued to make examinations and perform operations here, and to supervise the work of the colonic therapy section, which has been carried on as for several years past by Miss Evelyn Soper and Mr. Jack Taylor, registered nurses with post-graduate training in this specialty. Dr. Hogan has submitted the following report:

UROLOGY

Operations:	*Men*
Supra-pubic prostatectomies	2
Prostatic resections	6
Circumcisions	2
Hydrocele	1
Orchidectomy	1
Cystotomy	1
Vesicle calculus with supra-pubic sinus	1
Total	14

Medical Services:	*Men*	*Women*	*Total*
Cystoscopies	14	4	18
Pyelograms	5	2	7
Cystoscopies with complete urological study	5	1	6
Urethral dilatations	68		68
Urethral irrigations	36		36
Urethral smears	77		77
Prostatic massages	102		102
Prostatic smears	54		54
Retention catheters	8		8
Total	369	7	376

PROCTOLOGY

Operations:	*Men*	*Women*	*Total*
Hemorrhoidectomies	31	19	50
Fistula in ano	5	1	6
Ischio-rectal abscess	2	1	3
Thrombotic pile mass	4		4
Fecal impactions	2	2	4
Total	44	23	67

Medical Services:	*Men*	*Women*	*Total*
Proctoscopies	7	2	9
Rectal examinations	945	725	1,670
Consultations with examinations	232	106	338
Total	1,184	833	2,017

COLONIC THERAPY

	Men	*Women*	*Total*
Number of irrigations given	6,523	6,185	12,708
Number of new patients started	454	326	780
Number of patients completed	361	276	637
Average number of irrigations per patient	14	18	32
Number of fecal impactions removed by irrigation	21	44	65
Number of post-operative treatments	95	57	142

Gynecological Division

Dr. Margaret Douglas has continued in charge of this division throughout the past year and has handled a great deal of work in a thorough and competent manner. Routine examinations have been made upon all women patients soon after admission, special examinations have been given at the request of physicians on the staff, and student nurses and other women employees have been examined and treated as required; examinations have also been made of patients referred from the institution at Totowa. Whatever treatments were indicated have been carried out, either in this division or in other divisions of the medical service. Dr. Douglas has handed me the following resume of her work during the year and I note that the number of examinations shows an increase of 200 and the number of treatments an increase of about 500 over those listed last year:

EXAMINATIONS

Newly admitted patients	809
Referred patients	443
Employees	625
Returned patients	131
Patients referred from Totowa	102
Total	2,110

TREATMENTS

Number of patients treated	4,094
Number of Elliott treatments	100
Number of endocrine treatments	2,350
Number of surgical consultations	165
Number of treatments for employees	3,000

SMEARS

Number of smears	819
Number of smears positive for gonococcus	3

Five patients were found pregnant on admission to the hospital; one has been delivered by Caesarean section as reported in the section on surgery, the other four have not reached term. Also listed in the operations are 147 gynecological in character, and 15 patients from this office have been given x-ray therapy in the electrotherapeutic division.

Dental Division

T. R. Palmer, D. D. S. has continued in charge of the hospital dental service and has maintained the work on an active and efficient basis. The dental rooms are located in the Clinic building and to this centre are brought all patients in condition to move about; when needed, a dentist visits bed patients on their own wards and makes appropriate examinations and treatments. During hours when patients cannot be brought to the office, owing to ward routine, appointments are made for others needing dental service, including children under County or State care. Dr. Palmer has submitted the following report of his division:

"As indicated in the report of last year no marked change has taken place in the work of the dental clinic over previous years. There have been some increase and in some cases a decrease, but in general the work of the division has remained stable at about the capacity of the clinic. There have been the usual changes in personnel. Internes after a year's service go to personal practice and are succeeded by new men, anxious to obtain the training of active service under supervision. The results of such service have been that almost without exception our former internes have been highly successful and a decided credit both to the hospital and themselves. On August 1, 1936, Dr. H. C. Mansell resigned and was succeeded by Dr. F. L. Loskot; and Dr. C. W. Timbrell succeeded Dr. E. F. Moynahan. On March 1, 1937, Dr. H. J. Zerr resigned as assistant resident dentist, Dr. Loskot was promoted to this position, and was succeeded as interne by Dr. P. L. Andreorio. The latter, for personal reasons was unable to complete the usual period of service, and was succeeded on June 12 by Dr. C. K. Botkin. Throughout the year Mr. Patrick DeNapoly has continued highly satisfactory work as dental laboratory technician.

We have continued our care of the wards of the Morris County Children's Home and the State Board of Children's Guardians, as shown by attached tabulation, as well as a general supervision of the dental needs of the Morris County Welfare Home. We have also continued to do the oral prosthetic work for the New Jersey State Home for Boys at Jamesburg. During the year there has been collected from correspondents for dental restoration the sum of $1,079.00. Necessary treatment has in no way been contingent on payment, the welfare of the patients being in every case the primary consideration. The money collected has been turned over to the State Treasurer through the hospital business office.

EXAMINATIONS	
New patients	1,666
Ward patients	7,944
Total	9,610
X-RAY	
Intra-oral examinations in dental office	5,889
TREATMENTS	
Prophylaxis	7,872
Vincent's infection treatments	194
Other dental treatments	6,757
Total	14,823
ORAL SURGERY	
Impactions removed	401
Buried roots removed	244
Cysts removed	139
Surgical removal of teeth	3,321
Alveolectomies	119
Fracture, mandible and maxilla	6
Cellulitis opened and drained	4
Osteomyelitis of mandible, opened, drained and treated	2
Calcareous deposit removed from Wharton's duct (right)	1
Total	4,237
EXODONTIA	
Extractions	8,777
FILLINGS	
Total fillings	6,010
REPLACEMENTS	
Denture, full upper or lower	129
Denture, partial with gold clasps	74
Denture, partial with gold lingual bar and gold clasps	39
Total new dentures	242

Bridges—fixed and removable	7
Dentures repaired	211
Vulcanite splints for fractured jaw	24

WARDS OF MORRIS COUNTY CHILDREN'S HOME

Extractions	214
Prophylaxis	175
Fillings	464
X-rays	96
Dentures, partial with gold clasps	4

WARDS OF STATE BOARD OF CHILDREN'S GUARDIANS

Extractions	249
Prophylaxis	119
Fillings	394
X-rays	69

NEW JERSEY STATE HOME FOR BOYS

Dentures, partial with gold clasps	10
Dentures repaired	2

MORRIS COUNTY WELFARE HOME

Denture repaired	1

Although Dr. Palmer considers that the amount of work done was about the same as last year, it seems to me that some of the increases are worthy of note, such as the number of ward patients examined, where the increase was from 6,251 to 7,944; the number of extractions, increased from 7,285 to 8,777; and the number of fillings, increased from 5,662 to 6,010.

Eye, Ear, Nose And Throat Division

Work has been continued this year on its usual high professional plane in the Eye, Ear, Nose and Throat Division under Dr. P. J. Gambill, senior physician and thoroughly equipped specialist in this field. Miss Sydna Thomas, graduate nurse, has again been assigned to full time duty in the division. Dr. Gambill has not been in the best of health for some five years past and for this reason has felt obliged to limit his activity considerably. He states, however, that he believes his condition to be gradually improving. In April he spent a week attending a symposium at the New York Eye and Ear Infirmary where he found the discussions stimulating and profitable professionally.

Routine examinations of eyes, ears, nose and throat have

been made of all patients upon admission to the hospital, and where treatments were indicated, they have been carried out. Special examinations have been made at the request of other physicians on the staff, and examinations and treatments of employees have been arranged as needed. Considerable work has been done also for state troopers and for children under the care of the State Board of Children's Guardians.

Dr. Gambill has handed me a rather complete report of the work carried out in his division this year, but I have felt it necessary to omit here the names of the medical conditions treated and the number of cases and treatments. I have, however, included a list of the surgical operations performed. There have been no deaths this year.

EXAMINATIONS

Routine examinations of patients admitted 1,666

	Eye	*Ear*	*Nose*	*Throat*	*Total*
Patients, special	342	199	178	222	941
Employees, special	184	144	122	174	614
Total	526	343	290	396	1,555

TREATMENTS

Patients:	*Eye*	*Ear*	*Nose*	*Throat*	*Total*
Number treated	596	264	392	272	1,524
Number treatments	769	741	1,314	805	3,624
Employees:					
Number treated	134	83	102	131	450
Number treatments	184	156	205	257	802

SURGICAL OPERATIONS

Operations performed:	*Patients*	*Employees*	*Total*
Adenoidectomies	38	5	43
Brain abscess	1		1
Cauterization, corneal ulcers	20	7	27
Cauterization of turbinates	16	-	16
Currettement middle ear	32	12	44
Dilation eustachian tubes	39	38	77
Dilation lacrymal duct, (simple)	7	-	7
Dilation and incision lacrymal duct	5	-	5
Enlargement naso-frontal duct	28	14	42
Enucleation of eyeball	1	-	1
Ethmoidectomies	39	1	39

Operation Performed: (Continued)	*Patients*	*Employees*	*Total*
Ethmoidectomies, partial	19	-	19
Exploratory operation, lateral sinus	1	-	1
Fracturing turbinates of nose into position	49	-	49
Incision and drainage, abscess of orbit	7	4	11
Incision and drainage abscess of septum	14	7	21
Incision and drainage, deep abscess of tongue	2	-	2
Incision and drainage, peri-tonsillar abscess	7	10	17
Incision and drainage, hordeolum of eyelid	-	26	26
Iridectomies	6	1	7
Laryngoscopies	26	-	26
Mastoidectomies	4	-	4
Myringotomies	34	12	46
Radical antrum, modified	12	-	12
Removal aural polyps	9	2	11
Removal nasal polyps	14	3	17
Removal cataracts	5	1	6
Removal chalazion of eyelid	6	4	10
Removal foreign body from eye	15	16	31
Removal foreign body from œsophagus	6	-	6
Removal impacted foreign bodies from ear	14	-	14
Removal impacted foreign bodies from nose	7	-	7
Removal lingual tonsil	69	7	76
Repair broken and lacerated nose	9	-	9
Setting fractured nose	27	7	34
Sphenoidotomies	19	-	19
Submucous resection of septum (partial)	18	-	18
Submucous resection of septum (total)	2	-	2
Suturing lacerated ear	-	1	1
Suturing lacerated eyelid	5	1	6
Tonsillectomies, general anesthesia	20	7	27
Tonsillectomies, local anesthesia	97	8	105
Turbinectomies, (anterior)	29	-	29
Uvulectomies (partial)	14	10	24
Total	792	203	995

Pathological Division

The hospital laboratory has continued to be a highly important diagnostic and treatment center, upon the rapid and accurate functioning of which the other medical services must depend. Dr. Thomas B. Christian, who has been in charge of this division since 1921, has been able to increase the work to keep pace with the growth of the hospital. His report is as follows:

"The gross total number of examinations for the year is 62,233, the largest in the history of the pathological laboratory.

We have our full quota of laboratory technicians and two stenographers and through their efficient cooperation we have been able to complete a very satisfactory year. The general routine work has been continued with the following tests for all patients on admission: Complete urinalyses; complete blood counts; blood chemical examinations for determination of urea nitrogen, non-protein nitrogen, creatinine, sugar, and calcium; Wasserman test (Kolmer) and Kahn test; spinal fluid examination consisting of Wasserman, globulin, cells, gold curve, sugar, and protein determination. On women patients, cervical and vaginal smears are included in the routine.

All other types of laboratory work including repetitions of examinations have been performed at the request of staff physicians. All patients with diagnoses of chronic meningo-encephalitis, chronic vascular type, tabes dorsalis, or other forms of neuro-syphilis have been put on malaria treatment. We have been using two types of malaria in our cases, the tertian and quartan. All malaria inoculations have been given intravenously. If cases do not react to the first inoculations we administer second and third inoculations after intervals of ten days. The duration of the malaria treatment depend entirely upon the physical condition of the patient and since this varies greatly in different cases, we have no set time for keeping patients under malaria. All cases under treatment have been carefully watched as to untoward reactions and condition of the hemoglobin and red blood count. After the termination of malaria treatment we have continued for an indefinite period of time to administer weekly doses of tryparsamide (2 gms.). All patients with neuro-syphilis upon discharge from the hospital are advised to have repeated blood and spinal fluid examinations and to continue tryparsamide injections, either with the family physician, a home town clinic, or else to return to the veneral disease clinic at this institution. Drugs used for general systemic syphilis have been neo-arsphenamine, mepharsen, bismuth compounds, and iodides.

The following table shows the regular treatment of syphilis:

	Men	*Women*	*Total*
No. of cases under treatment	226	83	309
No. of doses of neo-arsphenamine administered	525	310	835
No. of doses tryparsamide and other drugs administered	8,580	2,642	11,222

The venereal disease clinic for indigent cases in Morris County has been open Friday afternoons between 2:00 and 4:00. The patients entitled to receive treatment are indigent cases referred by a physician. Also included in the clinic are patients on parole from this hospital and in need of treatment.

Cases Treated:	*Men*	*Women*	*Total*
Syphilis	237	109	346
Gonorrhea	96	41	137
Chanchroid	18	7	25
Total	351	157	508

SUMMARY OF THE WORK OF THE PATHOLOGICAL LABORATORY

Urine:	*Men*	*Women*	*Total*
Chemical and microscopical	3270	5370	8640
Quantitative for albumin	146	1780	3236
Quantitative for sugar	1150	2569	3719
Cultures for types of bacteria	40	32	72
Microscopical examination of stained smears	50	41	91
Phenolsulphonephthalein functional tests	47	30	77
Positive casts	408	184	592
Blood:			
Enumeration of red blood cells	1302	1624	2926
Enumeration of white blood cells	1341	1862	3203
Estimation of hemoglobin	619	934	1553
Differential leukocyte counts	1341	1862	3203
Examination for plasmodium malaria	54	183	237
Widals	110	74	184
Cultures	54	36	90
Examination for pneumococcus	15	27	42
Determination for blood groups	30	22	52
Color index	24	29	53
Bleeding time	91	93	184
Platelets	17	25	42
Estimation of coagulation time	91	93	184
Sedimentation rate	71	73	144
Fragility tests	14	8	22
Vandenberg tests	17	11	28
Undulent fever	9	8	17
Acetone	5	3	8
Sugar	1188	1346	2534
Non-protein nitrogen	1101	1116	2217
Urea nitrogen	1088	1120	2208
Creatinine	1094	1163	2257
Uric acid	11	6	17

Blood: (*Continued*)	*Men*	*Women*	*Total*
Cholesterol	4	8	12
Calcium	987	1044	2022
Chlorides	6	3	9
Icterus index	12	37	49
Total nitrogen	6	5	11
Tests for CO_2 in the blood	5	3	8
Compliment fixation for gonococci	3	3	6
Wassermann tests	1384	1220	2604
Kahn test	1003	974	1977
Spinal:			
Wassermann tests	1044	383	1427
Cell counts	957	310	1267
Globulin	1044	383	1427
Protein	957	310	1267
Colloidal gold curve	1044	383	1427
Microscopical examination of stained smears	16	7	23
Cultures	12	4	16
Quantitative sugar estimations	1047	387	1434
Quantitative chlorides	4	2	6
Non-protein nitrogen	3	4	7
Creatinine	4	2	6
Sputum:			
For tubercle bacilli	80	93	181
For bacterial flora	26	41	67
Cultures	12	6	18
For types of pneumococci	80	81	161
Feces:			
For parasitic organisms	37	153	190
For tubercle bacilli	12	19	31
For typhoid bacilli	6	4	10
For bacterial flora	26	14	40
For occult blood	53	143	196
Smears:			
For gonococci	97	824	921
For treponema pallidum	4	2	6
From diphtheria cultures	12	9	21
From eyes	21	15	36
From pus from ears	39	32	71
From pus from wounds	29	34	63
Examination of gum for Vincent's angina	36	75	111
Examination of throat for Vincent's angina	77	91	168
Stomach Contents:			
Total acidity	49	24	73
Free HCl	49	24	73
Combined HCl	49	24	73
Salts	24	14	38
For Oppler Boas bacillus	12	9	21

Feces: (*Continued*)	*Men*	*Women*	*Total*
Cultures	10	4	14
Occult blood	49	24	73
Miscellaneous:			
Patients inoculated with malaria	162	37	199
Autogenous vaccines	12	8	20
Cultures from teeth	6	7	13
Examination of granulomas	7	4	11
Basal metabolism estimations	40	212	252
Sugar tolerance tests	6	7	13
Examination of tissues	29	346	375
Autopsies	52	52	104
Typhoid vaccine (doses)	2283	2244	4527
Ascheim-Zondek test	-	30	30
Agglutination tests for streptococci	3	2	5
Total number	29,138	31,904	61,042
Water:			
For colon bacilli			16
For typhoid bacilli			14
Bacterial counts			16
Quantitative chlorine estimations			9
Milk:			
Specific gravity			22
Fat contents			50
Total solids			24
Proteids			24
Sugar			28
Bacterial counts			62
Cultures for streptococci			60
Smears for pus and blood			420
Smears for streptococci			420
Sheath smears (bulls)			14
Vagina smears (cows)			16
Total			1,191
Grand Total			62,233

Roentgenology And Electrotherapeutics

The work of the x-ray division has increased considerably during the year, the increase including all types of exposures, but being especially marked in those of the chest. There has also been continued use of x-ray and other electrotherapeutic treatments. The division has continued under the direction of Dr. George R. Hampton, senior physician, who has devoted full time to his specialty and given the institution a high type of

conscientious service. Dr. Hampton's report is as follows:

EXPOSURES:

Head	1024
Maxilla	2792
Chest	1204
Abdomen (barium meal)	790
Kidney	220
Gall-bladder	72
Hip	142
Pelvis	32
Upper extremity	656
Lower extremity	576
Spine	99
Teeth	320
Total exposures	7,927

DIAGNOSES:

Fractures:	
Skull	7
Mandible	8
Clavicle	1
Ribs	20
Humerus	8
Radius	16
Ulna	14
Metacarpal	18
Phalange	23
Metatarsal	3
Scaphoid	1
Femur	35
Tibia	10
Fibula	7
Nasal bone	4
Patella	2
Pelvis	1
Dislocations:	
Humerus	2
Mandible	1
Osteomyelitis:	
Tibia	3
Fibula	3
Phalange	7
Pubic bone	1
Femur	4
Vertebra	1
Foreign Bodies:	
Skull—piece of glass	1

Foreign Bodies: (Continued)

Stomach—knitting needle	1
Hand—needle	2
Colon—hairpin	3

Chest:

Pulmonary tuberculosis (acute)	140
Pulmonary tuberculosis (chronic)	108
Carcinoma of lung	5
Abscess of the lung	4
Bronchitis	13
Pleurisy with effusion	40
Aortic aneurism	6
Cardiac hypertrophy	33
Thickened pleura	23
Pneumonia	10
Bronchiectasis	18

Abdomen:

Appendicitis—chronic	4
Colonic hypomotility	7
Gastroptosis	2
Gall stones	13
Cancer of the stomach	3
Cancer of the colon	6
Ulcer of stomach	7
Collitis	3

Teeth:

Impactions	268
Periapical abscess	94
Pyorrhea	127
Septic roots	129
Cysts	4

Miscellaneous:

Mastoiditis	12
Sinusitis	7
Arthritis (hypertrophic)	12
Arthritis (atrophic)	9
Ankylosis	2
Pregnancy	3
Brain tumor	4
Carcinoma of pelvis	11
Carcinoma of spine	1

ELECTRO-THERAPEUTIC AND X-RAY TREATMENTS

High frequency current	4,078
Galvanic and sinusoidal currents	112

Vacuum electrode	342
Ultra-violet rays	570
Diathermia	350
Infra-red rays	394
Static head breeze	400
Static spark	98
Electrolysis	30
Morse wave	89
Fulgration	15
Electrical vibration	94
X-rays	292
Total treatments	6,864

Tuberculosis

There has been no great change in the method of handling the problem of tuberculosis this year. The Tuberculosis building has been kept filled to capacity, which means overcrowded to a detrimental extent, but has not been sufficiently commodious to provide segregated care for all active cases, which is unfortunate both for those who are afflicted and for others with whom they came in contact. Under the report of the nursing division will be found listed the special diets provided.

Dr. D. G. Melvin has continued as resident physician in charge at the Tuberculosis building. He reports that 83 patients were admitted, 45 men and 38 women; 50 died, 31 men and 19 women; 12 were transferred, 6 men and 6 women; and 5 were discharged, 2 men and 3 women. During the year 958 fluoroscopic examinations were made and operations included 20 thora centeses and 10 paracenteses.

Dr. H. S. Hatch, Superintendent of the Morris County Sanatorium for the Tuberculous at Shongum Mountain, has continued to act on our staff as part time consultant in diseases of the chest. He has submitted a report for the year as follows:

Chest Consultation Service

Diagnoses:

Pulmonary tuberculosis, active:		
Minimal	5	
Moderately advanced	89	
Far advanced	45	
Total		139 *
Pleurisy with effusion		16
Adenitis		4

Tubercular bone		1
Peritonitis		1
Pulmonary tuberculosis, inactive:		
Minimal	14	
Moderately advanced	18	
Total		32
Chronic bronchitis		9
Spontaneous pneumothorax		0
Chronic adhesive pleuritis		10
Bronchiectasis		2
Lung abscess		4
Atelectasis		1
Empyema		2
Pneumonitis		4
Malignant lung		3
Bronchial asthma		2
Aortitis		1
Failing compensation		4
Tuberculosis suspects		10
Diagnosis pending		9
Total		251
Total number of examinations made		745

During the year 16 tuberculin tests were given and 707 artificial pneumothorax treatments were carried out. Lectures to student nurses totaled 7.

*Of the active cases of tuberculosis examined, 82 were new cases, the balance were re-examinations made on cases formerly diagnosed.

Educational Division

Last year for the first time the educational division was sufficiently organized to be given a place in this report. The work has been continued this year with Mr. Robert A. Preston succeeding Mr. Robert E. Brinkman as Educational Assistant to the Clinical Director. At the present time this division affords a much needed liason office between the institution and the community and is functioning very effectively. Mr. Preston has submitted the following report:

"During the second year of the educational division there has been further establishment of the work through Civil Service classification of the position of Educational Assistant to the Clinical Director and through the expansion of the respective activities.

This work has continued under the supervision of the Clinical Director, and without his guidance the increasing demands for educational services in the hospital and the community could scarcely have been met. The aims of the division remain those of aiding patients to a better understanding of the hospital, helping them to adjust most profitably to their stay, developing the educational possibilities of the hospital for the community, and carrying on other work of an educational nature which will meet demands otherwise apt to detract from the time of the medical and psychiatric staff for work in their immediate field.

Of newly-admitted patients for the year, 1,498 have been visited for the purpose of answering their questions, interpreting the hospital to them and giving them the information and assurance to help them in their orientation. Many have fears related to the new situation and the circumstances which have accompanied their illness, and wherever possible these have been alleviated. Some of this number who were readmissions have expressed appreciation of initial and subsequent talks. From the response at the time of interview and observation of adjustments in the hospital it appears that 389, or about 26 per cent., have benefited especially. Approximately 584, or 39 per cent., have been moderately responsive, while 521, or 35 per cent. have been inaccessible due to their age or condition on arrival.

Further interviewing has been carried on with 103 selected patients who might be helped particularly with personal and environmental difficulties beyond the scope of the physicians' time. These patients have been offered the security of an understanding relationship, stimulated to creative activities, aided in regard to visits of friends and relatives and in preparation for parole, especially as such contacts might help to remove feelings of shame at having been mentally ill. For indefinite periods following admission, friendly conversations with most of the patients from time to time have been maintained in order to mitigate feelings of loneliness and isolation which retard recovery.

The number of groups from surrounding communities who have visited the hospital during the year has increased by 39 per cent. over 1935-36. These are made up principally of university and professional school classes in psychology, sociology and mental hygiene, civic organizations, study groups, etc. There has also been an increase in the number of professional individ-

uals (educators, clergymen, lawyers, etc.) who have visited the hospital to learn more regarding mental illness and health by reason of the growing need for such knowledge in their continual work with people. The educational assistant has talked with visitors on the nature of mental disorder, major causes and treatments, institutional care, and preventative measures in the community, 108 conducted trips through various wards and occupational buildings have illustrated concretely the information given. Frequent calls to speak in the community have been filled. The extent of this educationial work is indicated in the following table:

Number of visiting groups	78
Number of visiting individuals	30
Total number of visitors	621
Number students visiting	473
Number of visitors in or preparing for full time human relations work	413
Number of lectures to visiting groups	78
Number of lectures in the community	59
Total number of lectures	137
Number of conferences with professional workers, educators, clergymen, etc.	129

Six advanced graduate students of mental and social hygiene have spent from three to five months each in clinical training and research under this division during the past year, and seven additional students arrived on June 15 to begin studies of from three to six months duration. Of the 1936 summer group one student, Mr. J. Arnold Purdie, returned May 22 for further training while serving as student assistant in the 1937 summer training period. In cooperation with the Clinical Director this division has conducted 219 seminar, lecture and discussion periods, occupying a total of 528 hours of teaching time.

Other work of the division has included the following: Frequent interviews with relatives of patients to interpret to them the hospital and treatments and to give them appropriate information and assurance regarding patients as approved by the ward physician; compiling information and filling statistical blanks for each of the 1,666 patients entering the hospital; abstracting from patients' writings materials essential to thorough understanding and treatment; conducting practical research in problems of mental health and sociology as these may have community significance; and

carrying out various kinds of office work upon assignment by the Clinical Director.

Occupational Therapy

Even more than normal people, the mentally sick need something to do. Lack of occupation with them usually results either in rapid building up of delusional systems with a corresponding retreat from reality or in over-activity of an undesirable type which too often leads to physical injuries and property destruction. Accordingly, every effort is made throughout the institution to attract all patients in suitable physical condition to take part in some activity. Opportunity to get off the ward, to receive personal attention from the teacher or director, and to have the regular hospital diet supplemented in various ways are some of the inducements offered. Two divisions, occupational therapy and physical education, are devoted entirely to this object, while many of the maintenance divisions use all means within their power to obtain and retain "good workers" with excellent therapeutic results, although the immediate need of getting the work done may be his primary objective when the gardener, farmer, or chef says to the ward physician, "I've got to have more patients." As a result of these various pressures, between half and two-thirds of the patient population is enrolled in some form of organized activity.

The work of the occupational therapy division proper has been again carried on this year under the direction and personal supervision of Dr. George B. McMurray, senior physician. In the two excellent occupational therapy buildings and in the print shop a considerable variety of work has been done and the patients have been able to find the personal satisfaction of making something of value, while the institution has benefited by many new or repaired articles. All activity has been carried on under the direction of experienced teachers of occupational therapy and the patients have been assigned by a physician to work suited to their condition.

The work in the different occupational buildings has been divided into men's arts and crafts, print shop, women's arts and crafts, and plain sewing; at certain seasons and to meet definite needs, groups from the men's arts and crafts section have been assigned to outside work in connection with the preparation of willow and the manufacture of concrete blocks. On the wards occupation-

al therapy has been carried on in curative workrooms variously located in the Main building, Reception building and Dormitory building for the use of those patients who for mental or physical reasons are unable to go out.

Dr. McMurray has submitted the following report for the year:

MEN'S ARTS AND CRAFTS

Articles Made:	*Number*
Brooms, regular	2,326
Brooms, whisk	317
Brooms, hearth	24
Scrub brushes	971
Cocoa fibre door mats	111
Loom rugs	812
Hooked rugs	145
Tied rugs	36
Reed baskets, fancy flower, melon, etc.	772
Reed jardinieres	11
Reed ferneries	9
Reed hampers	15
Reed shopping bags	24
Reed bedside trays	11
Willow scrap baskets	79
Willow fancy and utility baskets	320
Willow fireside baskets	67
Willow dog and cat baskets	21
Willow hampers	44
Willow wet wash baskets	63
Willow chairs	3
Willow settees	2
Adirondack chairs	125
Inlaid serving tables	10
Bird houses	51
Toys	54
Hurricane lamps	18
Carpentry jobs	54
Chairs caned	374
Adirondack settees	5
Children's chairs	26
Total articles made	6,900
Articles Made and Repaired for Hospital Use:	
Brooms	2,292
Scrub brushes	360
Chairs recaned with cane, seat only	133
Chairs recaned with cane, seat and back	15

Chairs recaned with flat reed, seat only	101
Chairs recaned with flat reed, seat and back	34
Settees recaned with cane, seat only	7
Chairs repaired with fibre cord	36
Willow chairs, repaired	67
Bent wood chairs repaired	14
Wheel chairs recaned and repaired	3
Adirondack chairs, all wood	47
Adirondack chair, caned seat and back	1
Special baskets	13
Special baskets with chain and brackets	11
Laundry baskets, repaired	187
Hampers for wards	3
Loom rugs	328
Cocoa fibre door mats	54
Pictures framed and maps mounted	11
Smoking stands	2
Special brushes for bakery	3
Boxes made for print shop	2
Badminton set repaired, Physical Education	1
Cabinet, medical office	1
Tooth brush racks, Dormitory building	3
Fern cranes, north side wards	8
Work bench repaired, men's shop	1
Large table aud paper bins, print shop	1
Cabinets and trays, print shop	4
Railing and gate, print shop	1
Psychogram display case, print shop	1
Hardwood paper weights, print shop	14
Table for baskets, men's shop	1
Looms repaired, men's shop	2
Hooked rug frames repaired, men's shop	3
Pool cues retipped	122
Cement roller, ball field	1
Ping pong tables repaired, gymnasium	2
Material dyed for other divisions, pounds	25
Total	3,915
Broom handles salvaged	774
Tons scrap paper gathered and baled	8½

Rebuilding North and South side display rooms, new tables, shelving and cabinets.

Articles Sent to Store House:	*Number*
Brooms	2,326
Scrub brushes	460
Cocoa fibre door mats	75
Willow scrap baskets	27

Reed flower baskets	3
Hampers	2
Ferneries	2
Fern tub, brackets, etc.	8
Smoking stands	2
Loom rugs	376
Adirondack chairs	61
Total	3,342

WOMEN'S ARTS AND CRAFTS

Articles Made:	*Number*
Fancy articles including embroidered work, pillow cases, center pieces, doilies, etc.	1,223
Hooked rugs	142
Braided rugs	240
Loom rugs	11
Basket	1
Total	1,617
Pieces lace and tatting	14

PLAIN SEWING

Articles Made:	*Number*
Night dresses	2,945
Night shirts	2,251
Drawers	467
Gingham dresses	2,807
Strong dresses	72
Burial suits	751
Huck towels	5,760
Dish towels	889
Towels from sugar bags	1,284
Surgical towels	124
Pillow cases	5,978
Sheets, single	6,277
Sheets, double	320
Table cloths	2
Napkins	18
Mattress cases	226
Kitchen aprons	846
Cafeteria aprons	323
Coffee bags (strainers)	391
Laundry bags	732
Petticoat slips	1,628
Window drapes	10
Bed pads	454
Table covers	201
Uniform dresses	110

Doctors' surgical gowns	280
Curtains, Clinic	20
Screen covers	72
Mending and repair jobs	328
Flags, golf course	12
Total	35,578

PRINTING AND BOOKBINDING PRODUCTION

	Printing	*Ruling*	*Binding*	*Padding*
Greystone Park	2,543,634	1,076,289	5,852	17,467
Trenton	13,010	49,175	.....	.....
Marlboro	16,000	.....	2,000	.....
Total	2,572,644	1,125,464	7,852	17,467

Curative Workrooms

This section of the occupational therapy division has been continued this year under the direction of Miss Stella McClurkin, a trained and experienced occupational therapist. She has submitted the following data for this report:

The staff has consisted of 3 trained occupational therapists and 8 partly trained assistants; 30 classes have been held daily with an average enrollment of 706 patients. During the year 1,584 patients were treated on prescription of their physicians, including 916 new cases. A total of 1,710 articles were completed for sale; 1,651 articles were completed for the use of patients, made largely from waste materials; and 9,084 articles were cut from discarded materials and completed for use in the hospital. Four dresses were completed for the use of patients, made entirely by hand; 12 pair of curtains were completed for the wards; 30 runners were cut from woven burlap and completed for use in cottages; and 10 slipper frames were made to replace broken ones for use in class work. Exhibitions were sent to the State Fair at Trenton and to the Morris County and Flemington Fairs in the fall of 1936, and an exhibition and sale was held in the office of the curative workrooms on November 18-21. Eight groups of affiliating student nurses and one group of Greystone Park student nurses were given a course in occupational therapy. Members of the staff attended three of the four meetings of the New Jersey Occupational Therapy Association held during the year.

Physical Education

There has been no change in the set-up of the physical educa-

tion division this year. Mrs. Dorothy Driscoll Johnson has continued in charge of the activities with six assistant teachers on regular duty and at times some help from men university students here to gain experience in human relations work. The chief aim has been to arouse and stimulate to some form of coordinated activity those patients in the continued care classification who tend to lose interest in their surroundings. The work has been done for the most part on the women's wards, because more activities off the wards are regularly provided for men. In addition to this principal function the division has taken over various other duties. Special groups among the more cooperative and the recently admitted have been selected for class training or individual corrective gymnastics. Outdoor games and sports have been encouraged and developed. Amusements and entertainments have been arranged and supervised. Music, especially singing, has been given attention. In the field of recreations, sports, and entertainments the division has cooperated closely with Dr. McMurray, who for many years has been in charge of this type of hospital activity.

Mrs. Johnson's report to me is excellent and detailed, but I have felt obliged to condense it as follows:

"The number of teachers on duty at the close of the year was the same as at the beginning: One teacher resigned to accept a public school teaching position and one appointment was made; one teacher was promoted from junior teacher to teacher. One teacher was given vacation, sick leave, and leave of absence without pay, the total period covered being from February 18 to June 5, which enabled her to accept an opportunity for a trip around the world. There have been no accidents to teachers while on duty this year, and sickness has been at a minimum. The usual requirements have been maintained; teachers engaged for permanent duty must be high school graduates and also graduates of the physical education department of an approved normal school or teachers' college.

In the Main building south side two section groups on the rear wards have been covered by four instructors; patients on eleven wards have been met twice daily, from one-half to three-quarters of an hour morning and afternoon, two teachers handling each group and giving progressive instruction in marching, calisthenics, folk dancing, and singing. Two special classes of women

patients from various wards in the Main building were taken once a week either to the gymnasium at the Reception building or to the lawn outside for special instruction. Bowling classes have been arranged for Main building women in two separate groups each week. For men patients of the Main building bowling classes were held in the afternoon once a week. The evening bowling classes for working men patients, which were in great demand last year, had to be discontinued this year because of the shortage of men attendants—none could be spared to assist in taking the men to and from the bowling alleys. During the summer, the men enjoyed the use of the baseball diamond on afternoons that an attendant was available to convoy the group.

At the Dormitory building, two afternoon classes have been held on the wards or, weather permitting, in the grove. Two groups were taken to the alleys for bowling each week from this building, and one group from the Senile building.

The Reception building has two well equipped exercise rooms, one for men and one for women. Here general and corrective exercises were given when prescribed by a physician. In the summer, preference has been shown for outdoor games on the lawns, where volley ball, badminton, deck tennis, croquet, soft ball, tether tennis, and other activities have been enjoyed.

A choir of men and women patients met regularly once a week throughout the winter months in the chapel of the Main building for an hour of practice.

At the close of the bowling season, a tournament was held with the entrants comprising the fourteen men who had the highest average for the season. Prizes of cigarettes were awarded the four highest in the tournament. In January, on the 4th, 8th, and 9th, the finals for a checker tournament participated in by men patients and employees were played off under the supervision of this division.

From Decoration Day to Labor Day baseball games have been arranged for each Saturday and holiday afternoon. The team is made up of hospital employees. Suits and equipments have been provided through the physical education division, and they have made up the schedule for opposing teams to visit the hospital. No admissions are charged and no guarantees provided, but supper for the visiting team has been provided at the Cafeteria. The purpose of these games is to provide entertainment for men

and women patients who fill the grandstand on each occasion. Music is provided by the hospital orchestra.

In general evening social activities and entertainments for patients have been greatly curtailed throughout the past fiscal year because of the shortage of attendants, which made it difficult or impossible to supply escorts for the patient groups to go to and from the amusement halls. Each month a party was held on each of the shut-in wards where physical education classes were conducted. Games, dancing, and singing were enjoyed and refreshments consisting of cookies, tea, and candy were served. Also once each month a mass party was arranged for men and women patients able to leave their wards. These parties were varied according to the season and the weather, usually being held on the lawns or in the grove during the summer, and in the amusement halls in the winter. The hospital orchestra has been present on each occasion and provided music for dancing. Games, either general or competitive with prizes, have been arranged and refreshments provided. The Hallowe'en Costume Party was particularly large and successful this year, with over three hundred patients in costumes and as many as the hall would hold as spectators. Seasonal decorations were most attractive, and a special feature was the tap and acrobatic dancing by Miss Irene Holbig and two of her guests.

As usual, the Christmas Party was the major entertainment of the year. Weeks of preparation were spent in training patients and arranging, painting, and making stage properties and costumes for the gala occasion. Men patients constructed scenery and various pieces of stage property, and the occupational therapy division assisted with costumes and settings. Meantime, several truck loads of gifts had been purchased by Dr. Curry, and hundreds of individual and general gifts had been sent or brought to the hospital by friends or relatives of patients. The nursing division had been exceedingly busy attending to the wrapping and marking of gifts, after they were distributed through the office of Mr. Beucler. Finally, the great day arrived, and on the evening of December 23 a capacity audience was gathered in the Dormitory amusement hall. The big room was beautifully decorated, the overhead lights were made into huge red stars from which hung tiny gold stars, sprinkled through the air and held by invisible threads, guiding a direct path to the front of the hall

and the stage, flanked on each side by a huge Christmas tree, elaborately decorated and ablaze with colored lights and surrounded with big baskets of gifts, each wrapped and named. The program began with the singing of carols, the lead taken by the trained choir group. Then came the play, presented in its entirety by men and women patients, trained and directed by the physical education division.

The Cobbler's Christmas

Characters of the play:

Martin, the cobbler
Stephen, an old man
A poor woman and daughter
Boys and girls of the neighborhood
A teacher from the settlement
The neighborhood policeman
Apple vendor and little girl
The boy from the orphanage

Time—The night before Christmas
Scene—Home and workshop of the cobbler.
Location—The poorer section of a large city

The play was enthusiastically received by the audience. Then Santa Claus entered—Dr. Curry in traditional costume—and made a brief speech of welcome, after which he introduced many of the official guests and gave them an opportunity to extend their greetings to the patients. Among them was Commissioner Ellis, who brought greetings from the Govenor in addition to his own, Dr. Knight, Mr. Abell, Mr. Griffith, Dr. Abell, and others. Gifts were then distributed by the nursing division, very smoothly and rapidly since the arrangements had been carefully systematized beforehand. Each patient attending the party received a present and on the following day packages were taken around the wards so that not one of the five thousand and more patients failed to receive an individual gift.

Throughout the year, members of the staff of the physical education division have been in attendance at all dances and social affairs arranged for the patients. This year an effort has been made to open avenues of recreation to the employees of the hospital, as individuals and as groups, by supplying equipment on request for temporary use, such as medicine balls, badminton, ping pong, and deck tennis sets, and by loaning costumes from

the division storeroom. The baseball diamond has been in frequent use in the morning by night attendants, the gymnasium has been opened at various times for responsible persons, and, as usual, the facilities for bowling, golf, pool, quoits, and so on have been available for all. During the year nine courses in recreation have been conducted for student and affiliating nurses, comprising ninety sessions; instruction was given in the value and adaptation of various recreational activities with classes of patients on the wards. The division has also assisted with the supervision and training of students in the human relations work, and in turn has been assisted by them, particularly in work with men patients and employees.

The statistical report for the year shows an average daily attendance at classes of 532 women and 15 men. The total attendance at parties during the year was 1,915 men and 7,487 women, or 9,402 in all. The teacher continued to send reports on each patient under instruction to the physician in charge, with a notification if the patient was transferred to a ward where no classes were held. In closing Mrs. Johnson expressed the appreciation of her division for the co-operation received from officials and other divisions.

Social Service Division

The hospital social service organization has continued to be our most effective weapon against the perils of overcrowding by enabling us to place hundreds of patients outside the hospital under supervision in the community. It has been possible this year to increase somewhat the average number of persons so placed, but the limit of the present personnel has been reached; in fact, the case load is already heavier than is prudent, either for the health of the workers or the safety of the work. It would be a wise and economical move to provide funds for the expansion of this service, since each patient cared for in the community represents a direct saving of hospital maintenance cost, and an indirect saving of potential capital investments for housing.

Miss Phyllis F. Pointon has continued to serve as director of this division. She is a well-equipped and competent worker and has obtained excellent results. Her report, somewhat condensed, is as follows:

"During the fiscal year there was one change in the personnel

of the social service division, Miss Minnie Roberts resigning on November 30th to enter a different line of work. She has been with our group for eleven years and for the past six years had been assistant to the director. On December 16, Mrs. Agnes Alvord was given a temporary appointment to complete the staff quota. The total number of workers has therefore remained the same as for the two previous years, eight field workers, two historians and a director. As suggested in the annual report of a year ago, we are urgently in need of additional personnel. The present average case load of each field worker is from 80 to 85 parole patients, which is far too high considering the distances to be traveled, the large amount of extra work to be done regarding patients still in the hospital, and the fact that the clientele is comprised of mental patients requiring specialized care. There is also need of at least one extra full-time clerk-stenographer. Since last August we have had a W. P. A. stenographer part-time, and are grateful for the great assistance this has been. The service is not adequate for requirements, however, as there are only four others on the clerical staff and one of these is occupied with visitors a large part of the time. Additional cars are also greatly needed to facilitate visits to the patients and to conserve the time of the workers.

During the year there were 9,805 visits made in the community regarding patients on parole and in the hospital; this is an increase of between 8 per cent. and 9 per cent. over the number made last year. In the cases of patients under consideration for parole, 639 preparole investigations were made of the homes, both for the purpose of presenting the environmental and social factors to the medical staff and also for the purpose of assisting the family in planning for the future of the patient.

There were 450 special investigations made for the following reasons: 199 to obtain additional information regarding hospital patients; 68 to locate friends or relatives of hospital patients; 3 to request relatives to visit hospital patients; 6 to investigate conflicting statements made regarding hospital patients; 1 to investigate statements made by a lawyer regarding the home conditions of a hospital patient; 1 to investigate a wife's standing in the community; 1 to interview a physician in the community at his request regarding a study he made on a patient prior to the latter's commitment; 1 to return x-ray pictures of a hospital patient to his personal physician; 8 to take patients shopping or on

other business or social trips into the comunity; 1 to take a patient to her husband's funeral; 9 to obtain signatures or permissions; 37 to obtain money or arrange about property, clothing or other valuables of hospital, parole, or discharged patients; 4 to investigate the possibility of hospital patients being cared for at home or by other agencies; 22 to take patients from the hospital or arrange for their removal; 10 to interview lawyers and others regarding legal matters pertaining to hospital, parole, and survey patients; 1 to inquire about the proof of dependency of a hospital patient's mother so that she might obtain relief; 2 to arrange for the placement of babies born in the hospital; 1 to obtain supplies from a Social Service exchange; 49 to arrange for the return of patients to the hospital from visit, parole, or escape; 19 to investigate or advise regarding discharged patients or their families; 3 to arrange for clinic services for parole or discharged patients; 3 to discuss discharged and hospital patients with outside agencies; 1 to take a parole patient to a Court hearing regarding the removal of his guardian.

During the year 40 patients found upon "survey" of the institution to have recovered were removed from the hospital. One of these was transferred to the Colony for Feeble-Minded Males at Woodbine; 24 were paroled to relatives and 3 were paroled to friends. The other 12 were discharged outright, 7 who were admitted as voluntary patients and diagnosed as without psychosis were discharged in the care of relatives, and the other 5 were released in their own custody; of these, 2 were non-residents and the other 3 were voluntary patients.

In 16 instances, patients or their relatives were referred to outside social agencies for assistance. Of this number, 3 families of parole patients were referred for medical and financial aid, 2 relatives were taken to clinics for treatment, 4 parole patients were taken and 6 were referred for medical attention, and 1 parole patient referred for information regarding social activities in which she might participate.

Arrangements were made for the placement of two babies born in the hospital; one of these was removed by a social worker and taken to the office of the Family Welfare Society in Elizabeth and then to the boarding home found for him by that organization; the other was committed to the State Board of Children's Guardians and was removed by a worker from that office.

Medical and social histories were obtained regarding 1,140 newly admitted patients and 119 interim histories were obtained on patients with previous residences in this hospital. Of the 1,140 anamneses, 1,063 were obtained in the office and 77 in the community; and to secure the information, 1,842 persons were interviewed. In addition, 710 questionnaires were sent out regarding new admissions and every effort was made to locate relatives or friends of patients admitted to the hospital without correspondents. Abstracts to the number of 673 were obtained from other hospitals and a total of 9,491 letters were sent out on matters pertaining to the business of this division.

At the request of the medical staff, 42 psychometric examinations were given to hospital patients. Office interviews held with and in regard to patients on parole or in the hospital and in regard to divisional affairs totaled 2,246; 371 special visits were made to patients on the wards. Of the 1,666 patients admitted to the hospital during the year, 913 were registered with the Confidential Social Service Exchange. Closing slips were sent to the Exchange on 613 patients who had been discharged from the institution and who had been registered previously.

During the year the number of patients on parole, visit, and escape ranged from 531 to 774 (Christmas holidays) with an average of 624. At the end of the fiscal year the number stood at 659. During the year 216 patients were returned from parole and 108 from escape. Of the returned from parole, 99 were men and 117 were women; of the returns from escape, 94 were men and 14 were women.

The division has maintained its usual relationship with the other personnel of the hospital and with outside agencies and the general public. Various visitors have been entertained in the course of the year.

During the year a number of conferences have been held by Commissioner Ellis, Dr. Raycroft, Dr. Curry and members of the Board, in which the social service division was invited to take part, the subject for discussion being the boarding out in the community of selected patients. Since such a method of care would be desirable only under the most careful supervision, nothing has been done about putting it into effect as our present staff is handling all that it possibly can.

Northern New Jersey Mental Hygiene Clinics

The regard in which the Mental Hygiene Clinics are held in the district where they function is shown by the fact that the burden of criticism is always on the same note "Why can't our community have more service from the clinics?" They want more time, more professional attention, more detailed reports and recommendations; in some sections, particularly in Morristown, these demands became very insistent during the past year. The chief complaint has been that appointments must be made months ahead in so many instances, and that even when appointments have been arranged, the Clinic personnel frequently has been unable to see the patient until hours after the set time, with resultant strain and discomfort to the patient and to the person who has brought him to the clinic. Also, when extra services are desired by schools, courts, or other agencies it is usually difficult or impossible for the Clinic to arrange for them, at least at the time and to the extent desired. Obviously, such complaints are in the nature of an appreciation rather than an objection to the Clinics.

Dr. Earl W. Fuller has continued to serve as Clinic Director, with Dr. Theodore Gebirtig as assistant. Dr. Fuller has submitted a clear and detailed report of the work covered this year, and I deeply regret that it cannot be included as it stands. Summarized, it runs as follows:

"During the fiscal year there have been no new clinics opened, but a change has been made in the place of meeting of the Franklin Clinic which in October was moved from the Neighborhood House to the Franklin Hospital at the request of the physicians on the staff at the hospital. This move necessitated a change in the day of the clinic meeting, and in turn made it necessary to change the regular dates of two other clinics. Construction changes in the Municipal building at Morristown have recently been made which may make it necessary to return the Morris County Clinic meeting place to Greystone Park.

There have been several changes in the clinic personnel. On July 8, 1936, Dr. Henry A. Cotton, Jr. became a part-time member of the staff and served with the clinic three and one-half days a week until March 31, 1937, when he resigned to enter private practice. Mrs. Emeline Flanagan, psychiatric social

worker, who joined the clinic staff in June, 1929, resigned on January 1, 1937, to accept a position in New York City. Miss Esther Walcott, psychiatric social worker, who joined the staff on August 1, 1934, resigned to take a position in Washington, D. C. on April 24, 1937. As yet it has proved impossible to replace either of these workers, although efforts were begun in November; the difficulty for some months was as impasse between the Civil Service Commission, which was unwilling to consider candidates who were not residents of New Jersey, and the Clinic, which was unwilling to lower its standards in regard to training and experience required. Recently, in view of the dearth of suitable candidates in the State, the Civil Service has modified its requirements, and although two desirable possibilities have been lost meantime, it is hoped that the vacancies soon may be filled without too great delay. As a result of this depletion of the psychiatric social worker staff, two of the counties have had only emergency social work in the later months of the year and a third county has had only a part of the required work done, as there have been four workers to cover six counties.

During the year the clinic has had seven psychiatric social work students under its direction. Miss Isabelle Flynn and Miss Belle Berman, students from the New York School of Social Work, were with us at the beginning of the fiscal year and continued until October 1. When they completed their training period, Miss Rose DeAngelis from the same school came to us and remained until February 1. Four students from the Smith College School for Social Work spent a nine-months training period with the clinic, beginning on September 15 and completing their course on June 15. New arrangements have been made in regard to students from the New York School of Social work. In the future these students will live in New York rather than at Greystone Park, and will attend the clinics that are easily accessible from New York City, such as Jersey City and Englewood, coming to the institution only for the Friday morning staff meetings. This arrangement will allow us, beginning September 1937, to accept six instead of four Smith students for the nine months training which they require.

Beginning on November 1, 1936, arrangements were made through the Department of Institutions and Agencies to loan Mr.

Beechley, one of the clinic psychologists, to Rahway Reformatory two days each week. Mr. Beechley continues to go to the Rahway institution, but it is not requiring as much of his time as it did for the first three months of the arrangement. The Assistant Director has continued his association with the North Jersey Training School at Totowa as consultant on personality problem.

Throughout the year the work of the clinic has been hampered by the lack of sufficient clerical staff to permitt he getting out of full and satisfactory reports. The lack of sufficient traveling facilities has also been keenly felt at times, though probably not as much as it will be when our staff of social workers is again complete.

There has been no lessening in the demands for the services of the clinic. Appointments are still being made far in the future and much overtime work has to be done by all members of the professional staff. The psychiatrists gave 37 lectures in the course of the year and the social workers 25; service clubs, parent-teacher associations, women's clubs, and student groups in the hospital district were the leading applicants for such lectures, although two were given in New York state, one to the United Council of Agencies and Oneida County Mental Hygiene Committee, and one to the combined staffs of Utica and Marcy State Hospitals. The Friday morning staff meetings have continued to be the principal method of carrying on educational work and many visitors have been present for these conferences. Naturally, the clinic has been careful in making its selections, so the visitors were largely from professional welfare groups, nurses, teachers, and so on; from the long list, a few may be mentioned: Dr. Basie F. R. Stafford, Medical Superintendent of Goodua Hospital, Australia; Dr. J. M. Jackson, Psychiatrist, Essandell Hospital, British Columbia; Norman Fenton, Ph. D., Director, State Bureau Juvenile Research, California; and Dr. Blanche Weill, Consultant Psychologist, Child Study Association, New York City.

The clinic personnel has continued to be recognized by national and local organizations. The Director is a member of the Committe on Psychiatric Social Service of the American Psychiatric Association and the Committee on Community Interrelationships of the American Orthopsychiatric Association. In September the Assistant Director was made a member of the Advisory Committee of the Newark Children's Aid Society. The

Director of Clinic Social Service is a member of the Executive Committee of the American Association of psychiatric Social Workers, the Committee on Mental Hospitals of the American Association of Psychiatric Social Workers, and of two groups conducted at the New York School of Social Work—Integration of School and Training Center Curriculum and The Content of Student Training in Different Type Psychiatric Agencies. One of the staff social workers is a member of the Mental Hospital Study Committee of the American Association of Psychiatric Social Workers and another is chairman of the Adult Clinic Study Committee of the same organization.

The cooperation of public and private social agencies has been frequently sought and they have assumed considerable responsibility in helping to solve the problems of clinic patients. The policy initiated last year of working with other organizations as consultant has been continued. The Gertrude Butte Memorial Home Association has again been of great value to the clinic in supplying funds for meeting the needs of several of our juvenile patients.

In all 297 clinics were held this year, divided as follows: Englewood, regular 24; Englewood, special psychiatric at Greystone Park for Bergen County patients, 7; Englewood, special psychological 1; Franklin, regular, 11; Franklin, special psychological 1; Franklin, special psychological at Sussex School 1; Franklin, special psychological at Ogdensburg School 6; Hackensack, regular 22; Hackensack, special psychological at Bergen County Children's Home 61; Hackensack, special psychological at Bogota School 1; Jersey City, regular, 23; Jersey City, special psychological 1; Morristown, regular 24; Morristown, special psychological 3; Morristown, special psychiatric at Greystone Park 10; Morristown, special psychological at Greystone Park 24; Morristown, special psychological at East Hanover School 1; Newark, regular 20; Newton, regular 10; Newton, special psychological 1; Passaic, regular 21; Paterson, 24.

The following table gives a summary of the attendance and examinations at the clinics:

	Adults		Children and Adolescents		
	Men	*Women*	*Boys*	*Girls*	*Total*
Number of new patients examined.....	71	151	422	185	829
Number of return patients examined.....	170	336	546	207	1,259
Total number of patients examined....	241	487	968	392	2,088

Number of persons turned away	18	23	33	24	98
Number of others not examined	7	22	9	7	45
Total number attending clinic for examinations	266	532	1,010	423	2,231
Number of individuals examined at clinic	128	258	609	281	1,276
Number psychiatric examinations	210	437	444	174	1,265
Number psychological examinations	41	58	545	232	876
Total number of examinations made at clinic	251	495	989	406	2,141
Number of anamneses obtained	43	85	139	79	346
Reports regarding patients	34	112	207	75	428

The sources from which new cases were referred have been carefully tabulated; social agencies contributed 209; the school group 246; physicians 92; the courts 100; relatives and friends 47; 28 came of their own accord while scattered sources accounted for the rest. Physical examinations were requested and arranged for patients in 204 instances, and for a wide variety of reasons; in some cases examinations were arranged with physicians directly, and in other cases the patients were sent to special clinics.

Among the new cases the clinic diagnoses show 445 child guidance problems, 187 mental deficiency, 20 psychoneuroses and neuroses, 19 psychoses, and 47 social adjustment problems. At the time of the report, diagnosis was deferred in 96 cases.

Visits to the clinics by persons not wishing examination numbered 2,541 for the year. The majority, 1,630, were made by friends and relatives of patients; social workers came next with 435 visits; school representatives 216; court representatives 100; and nursing organization representatives 71. Physicians made 33 visits.

The clinic phychiarists interviewed 772 persons at the clinics, held 8 special consultations with other physicians at the clinics, examined 82 special out-patients cases at the Greystone Park office and 7 in the community, held 23 interviews regarding patients examined at the Greystone Park office, and 2 special interviews in the community. The assistant director examined 9 special cases at Totowa institution. The clinic director held 19 conferences with the Superintendent at Greystone Park. During the year the clinic psychiatrists attended 24 meetings and conferences, and visited 5 institutions.

The psychiatric social workers interviewed 1,313 persons at the clinics and made contacts with 3,516. They held 421 office interviews and 1,504 telephone interviews, made 2,357 visits in the community regarding clinic patients, and 1,264 visits to clinic patients. Regarding clinic affairs 481 visits were made, and 107 conferences and meetings were attended. During the year 18 visits to institutions were made and numerous contacts were arranged with social agencies, school, court, church, medical and health representatives, as well as with friends and relatives of clinic patients. Educational service was given to various individuals and agencies, and consultations were held with representatives of organizations regarding their clients. Psychiatric advice was given regarding 317 persons not clinic patients.

The clinic psychologists held 545 interviews regarding patients, made 8 special examinations, interviewed 23 persons in the community regarding patients, and attended 25 conferences and meetings. Psychological service was loaned to Rahway Reformatory for a total of 48½ days during the year.

Letters and reports regarding patients and clinic matters sent out by the clinic staff totaled 7,379.

In conclusion, the Director again wishes to express his thanks and appreciation to all members of the clinic organization for their co-operation and sincere efforts on behalf of the clinic's patients and its objects. All members of the clinic staff also wish to express their appreciation to the Superintendent and Board of Managers as well as all officials of the New Jersey State Hospital at Greystone Park for their advice and assistance in the clinic's efforts to work out a solution of its problems and duties."

School of Nursing and General Nursing Service

There is no question that the obstacles to highest type of hospital functioning which have been stressed in this year's report have been most keenly felt by the nursing division. When the quarters of patients are overcrowded, the nurses and attendants carry on their duties with difficulty and are constantly discouraged by unfavorable conditions which they cannot control. If, in addition to overcrowding, supplies of clothing and equipment are greatly reduced, it becomes almost impossible to maintain even a semblance of cleanliness and comfort among the mass of

continued care patients for whom the state is the only provider. As a result there can be little of the personal pride in work well done which should be one of the strongest motives in a good organization. Economy has also been sadly evident in the maintenance of these employees; for the attendant group, housing is insufficient, so that two often have to occupy a single room; in all divisions, meals have been restricted because the food budget for all was economically planned to begin with and has had to cover an increased number of patients and rising prices; as a result, the food has been more limited in quality and in some respects in quantity than seems justifiable when it is remembered that these people are hired at a low wage with the understanding that maintenance will even the balance.

With neither working conditions nor living conditions up to standard, and with wages lower than average, the fact that a working force has been maintained seems surprising. The quality has not been of the best and the turn-over has been extremely high. At times the ward service has been so depleted that keen anxiety was felt for the safety of patients and attendants, particularly in the disturbed area where anything can happen. The fact that we have no major catastrophe to report seems providential in view of existing circumstances, but somehow the year has been completed without one.

Miss Mary E. Corcoran, R. N., Superintendent of Nurses, has continued to direct the entire nursing service, including many related sections, such as diet kitchens, mending room, personal grooming service for women patients, hydrotherapy, and so on; this year the patient's library service was placed under her supervision. Miss Corcoran has been deeply devoted to her work, and has suffered correspondingly when conditions made it impossible for her to maintain the standards of nursing care for patients to which she has been accustomed, and when she was able to make no satisfactory adjustments in response to requests and complaints from her workers which she felt were entirely justifiable. Her report might well be incorporated in full, but I felt obliged to condense it as follows:

"The year ends with the following personnel on duty: 57 graduate nurses, 55 women, 2 men; 26 Greystone Park students, 4 seniors on affiliation at Essex County Hospital for Contagious Diseases, 22 on duty at this hospital; 52 affiliating students from

12 schools; 486 attendants, 215 women and 271 men. (These figures differ slightly from those in Table 1 because of the variations between administrative and salary classification.)

Changes in the graduate group show a turnover of 66 for the year with a loss of 5 to the service. Of those who left, 38 in all, 20 gave as their reason that they were taking better positions, 5 were to be married, 2 were dissatisfied, 1 resignation was requested because of poor service, and the remainder gave a variety of reasons, chiefly the need of rest or a change in type of work. Of the personnel appointed, all have met the approved professional requirements. Miss Gladys Stilson was appointed as instructor to replace Miss Kerley who resigned last year. She is a college graduate and a graduate nurse, with post-graduate work in psychiatric nursing and experience in teaching that subject. Miss Mattie Lou Cowart, a graduate of this school in the class of 1933, was assigned to the position of instructor in the nursing arts, succeeding Miss Bates who left last year. Miss Cowart has been employed at the hospital in various responsible positions since her graduation and has spent three summers at Teachers' College, Columbia University, in post-graduate work to prepare herself for teaching. Miss Rose Peeler, also a graduate of the Greystone Park School, has been assigned administrative activities in relation to the affiliate student program. This includes assignments, rotation of service, preparation of class schedules, and so on. In addition to this she has been giving part time assistance in the nursing office, acting as visiting assistant to the Reception and Clinic services. Supervisors' meetings have been held each Monday for discussion of administrative problems. As most of the problems have concerned lack of equipment, supplies, necessities and structural repairs, together with overcrowding and lack of personnel, the discussions have usually been devoted to ways and means of getting the best results under the circumstances. The splendid attitude displayed by the supervisors and their real effort to achieve care for our dependent patients has been one of the compensating factors in a situation that has many difficulties.

Nursing School: On September 15, 1936, 18 students were admitted to the school of nursing. Each was a New Jersey resident, a citizen, a high school graduate, and each was required to present a certificate of health from a physician and two character references. Of the number accepted, 6 left before the end of the preliminary

term, 2 because of failure in class work, 1 because of poor health, 3 for matrimony or other family reasons. The remaining 12 were capped on March 16. Of the 8 intermediate students who entered Orange Memorial Hospital for nine months' affiliation, 2 were conditioned in class work when they left Greystone Park; one of these failed in her work at the affiliate hospital, and in December after three months' trial was returned to Greystone and dismissed from the school. On January 15, 3 senior students reported to Essex County Hospital for affiliation in contagious disease nursing; they returned in April, and 4 other seniors replaced them at that hospital.

In the affiliates nursing course, 197 students were received here during the year from 12 general hospital schools of nursing. The Bayonne Hospital School of Nursing, Bayonne, N. J. started affiliations here during the year, and several other schools have made application for affiliating service, but the number which can be accepted is limited at present by lack of space in the dining room for additional students, and also because the lack of graduate nurses to act as charges limits the number of wards to which student nurses can be assigned. Under present conditions, the hospital is very dependent upon these affiliating student nurses to supplement the inadequate attendant service.

On July 1, 1936, 3 post-graduate students were enrolled. One finished her course September 15, and was appointed to the staff. The other two discontinued to do private duty nursing.

Visitors to School of Nursing: On September 23, 1936, the Board of Directors of the New Jersey League of Nursing Education, with guests including Dean Corbin and Mrs. Cook from the New Jersey College for Women, were invited at the request of Miss Grace Watson, President of the League, to survey the educational set-up of this school. Luncheon was served to the 21 present.

In March, Miss Florence Dakin made a visit of inspection; approval of the School by the Board of Nurse Examiners continues. Mr. Authur B. Linton, a supervisor at Sheppard and Enoch Pratt Hospital, Towson, Maryland, spent several days observing activities at this insitution.

On April 16, Dr. Warren and 22 students from St. Mary's Hospital in Passaic visited the School and a demonstration class in mental nursing was arranged for them. Miss Mary Walters, a

graduate Nurse from Essendell Mental Hospital, British Columbia, visited here for five days.

On May 24, Miss Victoria Smith, Superintendent of Englewood Hospital, Miss J. Winifred Smith, Superintendent of Nurses, and Miss Clark, member of the Board of Directors, visited the School and discussed the matter of an affiliation for their students.

On June 16, Dr. Warren, with 20 students and 3 instructors from the Passaic General Hospital visited the School and a demonstration class in mental nursing was given for them.

Social Activities: Each month some attempt has been made to provide recreation for members of the graduate and student nurse staff, usually including dietitians, members of the occupational therapy staff and others. Two outdoor picnics were held; one formal dance was arranged in the amusement hall of the Main building; in April the Graduate Nurse Club staged a "Hobby Show"; in December the Greystone Student Nurses sponsored a Christmas party with entertainment, games, and refreshments; and in February they held a Valentine Dance for the affiliate students. Hikes, roller-skating, swimming, and other activities have also been enjoyed by the Greystone Student group. The various activities have been financed by personal contribution from the graduate and student nurse body. Growing need is felt for an appropriate social director to take over the arrangement and supervision of affairs, especially for the students, in order to relieve the overworked staff of this added responsibility.

Organization and Professional Activities: Each month members of the staff have attended meetings of the professional organizations as they were held. Between ten and twenty members went to the N. J. State Nurses Association meeting and from six to ten to those of the League of Nursing Education. Miss Corcoran, Miss DuQuaine, Miss McConkey and Miss Stilson attended the National Committee for Mental Hygiene luncheon at the Hotel Roosevelt in New York on November 12. Miss Corcoran, Miss DuQuaine, Miss Reese and Miss Mason attended the annual convention of the N. J. State Nurses at Asbury Park, while Miss Peeler, Miss Cowart, Miss Flagler, and Mrs. Florin attended as representatives of the Greystone Alumnae. Miss Corcoran, Miss McConkey, Miss Stilson and Miss Peeler attended the annual convention of the National League of Nursing Education held in Boston May 10-14.

On May 20 a symposium for insulin therapy treatment for schizophrenia was held in the hospital class room, and attended by about 80 students and graduates; Dr. Schaefer and several nurses took part in the presentation. November 18, 22 students visited the Johnson & Johnson surgical supply plant at New Brunswick. On May 16, 32 members of the nursing staff, students and graduates, attended the Florence Nightingale services at St. Peter's Church in Morristown.

Other commendable evidences of professional interest include donations to the Red Cross for the Flood Relief Fund, and subscriptions to nursing Magazines. In December, the Graduate Nurses Club volunteered to pack candy for the patients during their time off duty, and 3,600 pounds of candy was put into half pound bags for distrubution.

Illnesses and Absences: The health record has not been particularly good in the personnel of this division. Among the graduate nurses 28 were absent an average of 18 days each because of illness and operations; among the Greystone students, 3 had illnesses of from 22 to 67 day's duration, 12 had illnesses of about 6 days' average duration; the affiliates students fared rather better, 30 losing on an average 4 or 5 days each. Among the attendants, 94 women lost on an average of 13 days each, and 143 men lost about 10 days each. Illness due to injury inflicted by patients in course of duty played a very small part in the total, 4 women lost 8 days, and 7 men lost 27 days in this way. The illness among attendants seems high, but taking into consideration the rapid turnover in this group, only about 1 in 5 lost time from illness.

Attendants: As the year closes, the attendant group shows 12 more in the service than at the end of last year. During the period 690 began service and 678 left the service. Seemingly, economic conditions are so much better in the community that many who have been out of work are now employed at better salaries and with more attractive working conditions than we can offer. The state service is in competition with Federal projects as well as private industry. An effort has been made to adjust the working hours of attendants by allowing two hours a day off duty ininstead of one as heretofore. This was done partly to compensate for overtime required for duty at entertainments for patients, time lost in looking for escaped patients, and in accompanying patients transferred to other institutions. As yet this has not

been extended to those on night duty, which has caused dissatisfaction in some instances. Without increased sleeping space to provide for changing personnel, a way has not been discovered whereby rotation of service or shorter hours can be worked out. In the lower brackets, wages were raised $10 a month during the year, but as yet this has not shown a stabilizing effect.

Dietary Section: Close supervision of the diet kitchens has been given again this year by Mrs. Helene Bossle Melvin, a very competent and efficient dietitian. Her report somewhat condensed is as follows:

"All units of this section have shown an increase of from five to ten per cent. in diets prepared and served. The tremendous increase in nourishments has been effected by the opening of a nourishment kitchen in the Reception building on March 1, to take care of nourishment needs of that building and the Clinic. The special dining room which supplies therapeutic diets for working personnel has shown an increase of 6,000 diets which has necessitated our keeping in service an extra cook and waitress. On May 1, a dietitian was assigned to the nurses' dining room. The dietitians in all these special services are carrying tremendous responsibilities with little salaries. We have been fortunate in having trained dietitians who have accepted these salaries and given us their services because of their eagerness to obtain good experience. But we have a constant turnover in the personnel, since no attempt is made to hold anyone who has opportunity for advancement. The reports of the dietitians in the different services is incorporated here. They have done commendable work with many handicaps.

PART I

THERAPEUTIC DIETS—METABOLIC KITCHEN—CLINIC BUILDING

Classification of Disturbances and Diets Prescribed	Total
1. Cardiac Conditions: (Diets classified under 6 types)	2,817
2. Renal-Vascular Conditions: (Diets classified under 4 types)	215
3. Diseases of the Blood: (Diets classified under 3 types)	5,674
4. Diseases of the Biliary Tract: (Diets classified under 2 types)	375
5. Diabetes: (Diets weighed and calculated as prescribed)	18,689

Classification of Disturbances and Diets Prescribed (*Continued*)	Total
6. Avitaminosis: (Diets classified under 5 types)	4,893
7. Diseases of the Intestinal Tract: (Diets classified under 2 types)	904
8. Diseases of the Gastric Region: (Diets classified under 4 types)	1,587
9. Arthritis: (High calorie light, low purine)	1,272
10. Epilepsy: (Ketogenic diets)	130
11. General Debility: (Diet classified uuder 2 types)	21,601
12. Febrile Conditions: (Diets classified under 3 types)	1,722
13. Edentures and Fractured Mandibles: (Diets classified under 2 types)	483
14. Allergies: (Diets classified under 2 types)	231
15. Post-Operative Conditions: (Diets classified under 5 types)	12,833
Total Therapeutic Diets (Ward Service)	73,426

PART II

THERAPEUTIC DIETS—PERSONNEL SERVICE—SPECIAL DINING ROOM

Classification of Disturbances and Diets Prescribed	Total
1. Emaciation and General Debility. (Diets classified under 3 types	12,896
2. Diets for Anemia: (Diets classified under 4 types)	3,309
3. Renal Conditions: (Diets classified under 3 types)	3,373
4. Arthritis: (Low carbohydrate, high vitamin diets)	1,049
5. Obesity: (Low calorie, salt poor diets)	1,210
6. Gastric Disturbances: (Diets classified under 2 types)	1,708
7. Gall Bladder Disturbances: (Low fat diets)	254
8. Edentures: (Soft high calorie edentulous diets)	426
Total Therapeutic Diets, Personnel Dining Room	24,225

PART III

ROUTINE AND THERAPEUTIC DIETS—ILL PERSONNEL—WORKING PATIENTS

1. Regular Diets	16,366
2. Soft Diets	5,338
3. Liquid Diets	1,293

Routine Diets (*Continued*)	Total
4. Light Diets	63
5. Semi-soft Diets	99
6. Post-Operative Tonsillectomy Diets	252
7. High Calorie Diets	1,503
8. Sippy Diets	210
9. Bland Diets	198
10. Diets for Hypertension	72
11. Soft High Calorie Diets	168
12. High Calorie and High Vitamin Diets	126
13. Low Calorie Diets	147
14. Alkaline Diets	276
15. Diabetic Diets	21
16. Fat Free Diets	6
17. Diets for Working Patients	17,321
Total	43,459

PART IV

MISCELLANEOUS

1. Nourishments	41,647
2. Tube Feedings	2,562
3. Infant feedings	1,160
Total	45,369

PART V.

NOURISHMENT KITCHEN (Opened March 1, 1937)	*Quarts*
1. Cocomalt and Chocolate Milk	2,727
2. Egg-nog	1,005
3. Fruit juice and Tomato juice	3,588
4. Soups, Broths, etc	1,072
Total	8,392

PART VI.

THERAPEUTIC DIETS—TUBERCULOSIS BUILDING

1. General Debility: (Diets classified under 3 types)	15,218
2. Deficiency Diseases: (High Calorie and High Vitamin Diets)	210
3. Edentures: (High Calorie, Semi-solid Diets)	3,004
4. Cardio-Vascular-Renal Conditions: (Low Salt, High Carbohydrate Diets)	618
5. Diabetes: (Low Carbohydrate Diets)	1,407
6. Intestinal Disturbances: (Low Residue Diets)	456

Therapeutic Diets (*Continued*)	Total
7. Allergies: (Corrective Diets)	1,215
Total Therapeutic Diets (Tuberculosis Bldg.)	22,128

PART VII

MISCELLANEOUS—TUBERCULOSIS BUILDING

1. Nourishments—patients	124,317
2. Nourishments—employees	17,382
Total Nourishments	141,699

PART VIII.

MEALS SERVED NURSES' DINING ROOM (Beginning May 1, 1937)

1. Meals Served in Nurses' Dining Room—regular	22,202
2. Meals Served in Annex for Doctors	1,861
3. Meals Served to Guests in Nurses' Dining Room	248
4. Meals Served to Working Patients in Nurses' Dining Room	5,795
5. Meals Served to Employees in Nurses' Dining Room	915
Total Number Meals	31,021

PART IX.

SUMMARY OF TOTAL YEARLY OUTPUT

1. Clinic Diet Kitchen:	
(a) Therapeutic diets—ward service	73,426
(b) Therapeutic diets—personnel dining room	24,225
(c) Diets served to ill personnel and working patients	43,459
(d) Nourishments, infant and tube feedings	45,369
Total output Clinic Diet Kitchen	186,479
2. Tuberculosis Building Diet Kitchen:	
(a) Therapeutic Diets	22,128
(b) Nourishments	141,699
Total output Tuberculosis Bldg. Diet Kitchen	163,827
3. Nourishment Kitchen, Reception Building:	
(a) Quarts of Nourishment	8,392
4. Nurses' Dining Room:	
(a) Total Number Meals Served	31,021

Nursing Service for Employees: Nursing care has been provided for all hospital employees, both in the out-patient clinic and on ward M-3 of the Clinic building. Nursing service on M-3 has been limited to regular ward care for the most part. Those persons who wished to have full time nurses were permitted to engage them from outside the service. At times the number of

critically sick was a severe burden on the routine ward service, particularly when respiratory diseases were prevalent and it was of the utmost importance to prevent spreading of the infections to post-operative cases which must be cared for on the same ward.

Horticultural Section: Miss Ruth Appleby, horticulturist, resigned from the service on September 9, 1936, and has not been replaced. As a result, gardening activities for women patients have been in abeyance.

Hairdressing: Two women attendants have been assigned to the personal grooming service for women patients. A total of 27,806 services were performed, the majority being hair cuts.

Sewing Room: During the year this activity was continued under the direction of Mrs. Salmon. An average of 12 women patients worked 4½ hours per day. The patients were those not in suitable condition to go to the occupational therapy building and were a difficult group to keep occupied. Many of the women had to be taught to sew. A total of 29,318 articles were mended or reconstructed during the year.

Hydrotherapy: In this section, service was greatly hampered this year by water shortage and other unfortunate conditions. Treatments had to be discontinued for five months, and when sufficient water was available for their reopening, the apparatus in Main building south was so defective that it could no longer be used. Some of this equipment had been in service for 25 years or more, and was worn out. The loss of this treatment facility has been keenly felt. In the Reception building, the hydro treatments for the year totaled 9,445, of which 6,386 were for men and 3,059 for women. In the Main building, a total of 5,502 treatments were recorded, 4,439 for men and 1,063 for women from July 1 to August 6, when service was discontinued.

Continuous baths and wet sheets packs are used for quieting acutely disturbed patients. The baths were closed from August to December, and their loss was keenly felt during that time. At the Reception building, a total of 4,979 baths and packs were given, during the year, and at the Main building 11,050. The majority of those given at the Main building were wet sheet packs on the south side where a large pack room is provided.

Miscellaneous Activities: By corresponding with the relatives of deceased patients, many useful articles have been salvaged for the use of the hospital, since in numerous instances the family

prefer that the patient's clothing and other effects should be given to the needy rather than shipped to his home. Among the articles so obtained this year were 229 dresses, 74 women's coats, 65 men's overcoats, 111 pair of trousers, and a variety of other things, amounting to a total of 2,584.

Clerical work has been very heavy in the nursing division; an average of 15 applications a day for attendant work have been handled, two letters of inquiry sent out in each instance, followed by a letter or telegram requesting the applicant to report for duty after a reply has been received regarding his character and employment record. In May, 100 letters were sent to high schools with a copy of a leaflet called "Opportunities" as a recruiting activity for the School of Nursing. Correspondence has been maintained with affiliating schools with exchange of records. The sending out of employment records of those who have worked in the division at the request of other prospective employers necessitated much clerical work.

The supervision of the libraries for patients has been included under the nursing division, but the librarian's report will be found on a later page.

Summary: In concluding her report Miss Corcoran touched upon the difficulty of obtaining a sufficient number of suitable graduate nurses, since improved economic conditions and higher salaries in the district afforded ample opportunities for more remunerative work under pleasanter conditions. The School of Nursing has been greatly handicapped for the past five years because of the Civil Service restriction that only New Jersey residents should be admitted. "The nursing service as a group have continued their efforts in spite of disheartening pressure. The group of nurses and attendants caring for patients at night especially deserve commendation. Their hours are long, responsibility great, and they are unnoticed most of the time. The Nursing Service is indebted to the medical staff for attention and service during illness, and to the physicians who continue to teach in the Nursing School. The psychiatric social service division has been cordial and helpful, and classes in occupational therapy and physical education have been continued for student nurses by members of these two staffs. To these and to the many others in the hospital who have given assistance, cooperation and encouragement, thanks and gratitude are extended."

Staff Matters

On the resident staff of hospital physicians there were three resignations this year and six appointments. Three of the appointments were to fill vacancies occurring during the year and a fourth to replace a physician who resigned near the end of the preceding year. Two appointments were increases in the staff as provided in the budget:

Dr. Ralph M. Dahlquist resigned on November 30, Dr; Curtis Southard on March 31, and Dr. John W. Kinley on June 30; Dr. Kinley, however, had been away from the hospital for six months when his resignation became effective, having been given leave of absence without pay for that period. Dr. Harry Deeths reported for duty on July 1, Dr. Carl M. Sagert and Dr. William S. Voorhies on August 1, Dr. Harry B. McCluskey on December 1, Dr. Phyllis D. Schaefer on January 1, and Dr. William N. Longley on April 21. All changes were in the classification of resident physician. One physician, Dr. Marshall D. Hogan, was transferred from full time to part time and one, Dr. Harold S. Hatch, continued on a part time basis.

At the end of the year there were on the staff thirty-three full time physicians and two part time specialists, not including the two physicians of the Mental Hygiene Clinics who do not serve on the resident staff at all. Of the thirty-three, seven devoted full time to special duties, the superintendent, clinical director, patholologist, surgeon, roentgenologist, eye, ear, nose and throat man, and gynecologist; three were assigned to the Clinic building to cover the medical and surgical work there, as well as the out-patient clinic and the ward for sick employees; one was on full time duty at the Tuberculosis building, and one—Dr. McMurray—supervised a ward service, but had numerous other duties, including occupational therapy, recreation, and regular assignment to serve as acting executive officer in any absence of the superintendent. The remaining twenty-one physicians had to cover the entire admission and regular ward service as well as any treatments not included in the province of the specialists. With a total of 7,298 under care during the year and admissions numbering 1,666 the ratio of physicians to patients still is low.

Several of the physicians have worked under handicap this year. Dr. Gambill, Dr. Lein and Dr. Judd have not enjoyed good

health for several years; Dr. Crandell had an operation for appendicitis this year; Dr. Lane, Dr. Collins, Dr. Coon and Dr. Donovan have been under strain because of long continued illness in their families.

Living accommodations for the staff have not been increased for the past six years and housing has become an acute problem. This year one of the senior physicians, Dr. Harquail, found it necessary to take a house in Moristown, as with three small children his staff-house quarters intended for two people became unbearably cramped. Three physicians with two children each are still living in staff quarters, as well as two with one child each. Unfortunately, in view of the fact that living quarters are assigned on a basis of staff position and length of time in the institution, most of the families belong to the junior men in the service. I sincerely wish that sufficient cottages could be provided, however small, so that no physician should be obliged to live in a congregate house unless he actually preferred to do so.

The same system of staff work has been followed as in previous years. Five staff meetings have been held each week, four for the presentation and discussion of recently admitted patients, one for consideration of paroles. Cases for presentation have been assigned in rotation so that the experience has not been limited to those on the reception service. Every effort has been made to have the staff meeting interesting and valuable to the physicians, particularly those gaining experience in psychiatry. During the winter, weekly evening meetings were arranged with lectures by the clinical director or discussions along the line of a symposium in which various members of the staff took part. Once each week the medical staff met with the heads of other divisions in the medical service to discuss with the superintendent any administrative problems and questions of policy that might have arisen.

Many of the regular meetings of the Morris County Medical Society were held at the hospital and attended by representatives from the medical staff. Various of the staff physicians have been registered at numerous meetings of state and national organizations this year. Drs. Fuller, Gebirtig, Crandell and Curry attended the annual meeting of the American Psychiatric Association held in Pittsburg. The annual meeting of the Society for Research in Nervous and Mental Diseases, held in New York in December, was attended by Dr. Gebirtig and Dr. Curry; the staff

was also represented at the Salmon Memorial Lectures in New York and at the meeting of the American Orthopsychiatric Association. Dr. Curry attended the meeting of the State Medical Society held at Atlantic City in the spring, and several members of the staff, including Drs. Gambill, Christian, Peacock, Crandell, and Schaefer, registered at the American Medical Association annual meeting in June. Dr. Collins was this year named a Fellow of the American College of Surgeons at their Philadelphia meeting. Dr. McMurray was a delegate to the International Rotary Conference at Nice in late May and early June.

An inspection of the hospital was made on February 22 by Dr. F. A. Arestad for the Council on Medical Education and Hospitals of the American Medical Association chiefly to make a study of the educational opportunities for resident physicians, the institution having been approved for residence in specialties in February 1935. In concluding his report, Dr. Arestad says:

"The clinical charts are exceptionally complete and show evidence of detailed study and follow-up. The close check maintained by the clinical director is particularly valuable in the training of junior physicians.

The New Jersey State Hospital at Greystone Park is well staffed and has adequate facilities and clinical material for the training of resident physcians. Continued approval is recommended."

Pharmaceutical Division

Work in the hospital drug division has increased considerably this year, as would be expected from the greater number of patients in the institution, but has been efficiently handled without increase in personnel. Philip B. Roberts, Ph. G., has continued as chief pharmacist in charge, with Louis G. Bangert, Ph. G., as assistant, and with a drug clerk and some patient help.

As for a number of years past, ordering and checking of supplies of a medical and surgical type have been carried on by this division, rather than through regular storehouse channels. At times some of the stocks have become exhausted before the next consignment arrived, but less difficulty has been experienced in this respect than last year. As usual, large quantities of standard supplies have been made up in the pharmacy, thus greatly reducing costs.

Mr. Roberts has submitted an itemized list of the major

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activities of his division during the year, but I have included here only a few of the larger items, by way of example.

Prescriptions filled, 16,295. Stock preparations bottled and labeled, 10,315. The list of manufactured supplies included 71 different items, some of which are as follows: Liquor antisepticus, NF, 170 gallons; saturated solution boric acid, 102 gallons; tincture of green soap, USP, 330 gallons; simple syrup, USP, 40 gallons elixir iron, quinnine and strychnine, NF, 140 gallons; elixir, terpin hydrate with codeine, NF 60 gallons; Stokes expectorant, NF, 28 gallons; Palmer's mouth wash 28 gallons; ichthyol ointment, 10 per cent., 80 pounds; mistura glycyrrhiza compound, 68,000 cc; tincture of gentian compound, USP, 35,500 cc; and Whitfields ointment, 8,000 grams. Colonic irrigation solutions were made up as follows: solution sodium carbonate, 22 gallons; solution acid sodium phosphate, 21 gallons; solution neosilvol, 7 gallons; solution sodium salicylate, 8 gallons. Among the items bottled and labeled were: 987 pints bathing solution; 998 pints mineral oil; 428 pints hand lotion; 115 pints castor oil; 224 pints aromatic fluid extract cascara; and 167 pints zonite.

In conclusion, Mr. Roberts expressed his appreciation of the kindness and co-operation experienced by his division this year.

Photography

The photographic studio of the institution has been conducted throughout the year by Mr. Daniel J. Lutz, who was appointed last year. He has instituted a system of duplicate order blanks to increase the efficiency of the studio, and has used with success a method by which the case number is photographed on the film with the patient's picture, without the knowledge of the patient. The work done this year is commendable in amount and in quality. The report is as follows:

Number newly admitted patients photographed	1,494
Number parole patients photographed	551
Number copies, old photographs and records cards	43
Number prints made of photographs of escaped patients	273
Number photographs made for passports	7
Number enlargements, various sizes	29
Number special pictures, buildings, grounds, etc.	83
Number X-ray prints, 10"x12"	67

Barber Shop

The head of this division, Mr. Adolf Eberle, is not only an excellent barber, but has had long experience in working with patients in a mental hospital. Several years ago in the course of reconstruction of the North Side of the Main building, a central barber-shop was laid out and equipped under Mr. Eberle's supervision which has worked out very successfully. To this center all male patients who are up and about, but who are not working off the wards, are brought according to schedule. The system calls for each patient to have two shaves each week and a hair-cut once in four weeks. Patients confined to bed including most of those resident in the Clinic and Tuberculosis buildings, receive attention from a barber who goes from ward to ward. Smaller barber rooms have been equipped at the Dormitory and Reception buildings in order to avoid the necessity of taking these patients long distances from their wards. Special arrangements have been made for working patients, by having a barber set up his chair and equipment at the scene of work when possible, especially at the laundry and occupational therapy buildings. This year the average number of men patients under care was 2,635, so the barber service was required to give about 930 shaves and 120 haircuts daily. Mr. Eberle had nine assistant barbers in his division.

Executive Assistant to the Superintendent

The position of executive assistant to the superintendent was created several years ago and since that time has been capably filled by Mr. William G. Beucler. Duties are manifold and varied. One function is to conduct such investigations as may be needed, particularly in relation to alleged injuries to patients or personnel and to make a preliminary report, after which, if the situation warrants, a hearing may be held before the superintendent and other hospital officers concerned. From time to time general investigations throughout the institution have been carried on as directed in order to effect improvements or alleviate conditions.

Considerable of his time has been given over to assisting the nursing division, particularly in interviewing and directing male attendants. General oversight of ward conditions has been maintained. This includes bed arrangement, capacity studies, and responsibility for furnishings, floors, and so on. In connection with this, much detail has been handled relative to the transfer-

ring of patients among the various buildings and wards and to ways and means of adjusting overcrowding.

Furnishings and equipment have presented a major problem this year. To quote Mr. Beucler's report to me: "The procurement of furniture, beds, bedding, household equipment and other supplies of all descriptions has presented an almost insurmountable problem. Incidentally, due to the fact that the maintainance personnel is inadequate and that financial retrenchment has been most drastic, it has been practically impossible to maintain furniture and other equipment in a proper state of repair." The overcrowding which has made it necessary to take over day rooms for sleeping, either with beds permanently set up, or with beds taken down in the morning and set up again each night, has resulted in additional damage to beds as well as to the interior of the buildings. A repair shop to take care of beds was established some years ago and has continued to function ever since, with painting and renovation of all types. Further service has been inaugurated from this shop by sending out a trained man to repair bed springs directly on the wards when possible.

Mr. Beucler in connection with maintenance of building interiors and furnishing has tested various types of equipment and supplies for cleaning and polishing and has trained and supervised a detail group of employees and patients whose duties include moving furniture and special cleaning and renovating. He has also assigned living quarters in the residences for employees and checked on needs and requirements there as well as in staff apartments. At Christmas time all goods purchased or sent in were checked and distributed to the different buildings and wards under Mr. Beucler's supervision, which was a major piece of work in itself. Throughout the year he has given close supervision to the Service Unit, a more detailed report of which is included in the Business Department section of this report.

Greenhouse, Grounds and Grading

The care of the greenhouses and grounds make up a very important phase of hospital activity, since attractive surroundings do much to improve standards and morale of employees in all groups, as well as to benefit the patients directly by giving them beautiful recreation areas and the opportunity for activities of the most soothing and beneficial types. This work has again been

continued under the expert direction of Mr. Otto Koch, but since he is also in charge of the growing of vegetables for the institution, it is rather difficult to separate the work of the two divisions in a report. Mr. Koch has submitted to me full details of the work done in this division, which I have summarized somewhat as follows:

The greenhouse division personnel and equipment did the following work in the main garden during the year: Employees and patients worked 284 days, small trucks worked 256½ days, large trucks worked 217 days, and teams 265 days. In the garden near the Reception building, employees and patients worked 200 days, small trucks 11 days and teams 16½ days. Trucks were also used 20 days hauling leafage to cover vegetable roots.

In the greenhouse plants were grown for cut flowers and plants and bulbs were grown for flower beds and for distribution. The total of cut flowers amounted to 113,774, of which 70,712 were snapdragon and gladiolus grown in the summer cutting garden. The total of plants and bulbs grown for the flower beds and so on amounted to 94,730. Complete lists of varieties and quantities grown are included in the tables in the statistical appendix.

During the year greenhouse patients made 839 flats and painted the greenhouses, inside and out; this year aluminum paint was used instead of white lead and seems to give more satisfactory results. Other work done by greenhouse patients and employees included repairs to roof of sheds, requiring some new lumber and 30½ rolls of rubberoid paper; repairs to the drain of the palm-house with laying of 30 feet of 8" tile pipe; putting up new pillars in greenhouse passageway for propagating bench, using 6 bags cement; building a bridge at the rear of the greenhouse, requiring 95 bags of cement; putting up pillars and guard rails on road along reservoir to piggery, using 18 bags of cement; pointing retaining wall at greenhouse, using 3 bags of cement. At the greenhouse garage the local force was used to repair the tractor and two light trucks used by this division and one truck used by the farm division and a passenger car from the main garage.

On the lawns 6½ bushels of grass seed were sown and on the golf course ¾ bushel of special greens mixtures was used. On the driveways were spread 34,000 lbs. of pen gravel; trees and shrubbery around the grounds were sprayed for scale and other infes-

tation. The tractors were used cutting grass with gang mowers, 21½ days; employees and patients cut grass around the golf course and Dormitory building, 190 days; around the cottages on Central avenue 180 days; around the Main building 191 days. Employees and patients worked 101 days at the willow holt and pond and sprayed the willows using 58 gallons of plant spray and 26 pounds of arsenate of lead; 500 pounds of sand were placed in the bed of the pond to keep the willow cutting clean.

In the spring a total of 298 Norway maple trees were taken from the nursery and planted about the grounds, 103 being used along Central Avenue to supplement the large trees there, many of which are deteriorating. A total of 710 pine trees were given to the North Jersey Training School at Totowa, and to the Governer's Cottage at Sea Girt were given 85 pine trees, 8 other evergreens, and 8 lilacs.

The trucks were used 76½ days cleaning up around the grounds. The State Highway Department kept the roads in repair, but 400 gallons of Tarvia K. P. was supplied to them for this purpose. The trucks and teams were used for hauling manure from the horse barn and dairy to the greenhouse and grounds. Snow removal required trucks with snow plow attached 42 hours. Employees and patients worked 64 hours removing snow from roads and walks, used 55 cubic yards of ashes on slippery roads and 5¼ tons of sand on sidewalks.

Other work on the grounds in the course of the year included chopping down 27 dead trees and cutting them up for firewood and laying about 50 feet of sidewalk near one of the cottages. Two of the greenhouse trucks worked 3 days for the construction division.

The gasoline shovel was used for filling in at the new garages at the rear of South cottage, 30 cubic yards of soil being handled. At the North cottage, 222 cubic yards of soil were used to level off the spot where a dilapidated fountain had been removed. At the Main building north, 25 cubic yards of filling was put in near the road.

In the garden field above the reservoir ditches were dug 3½ feet wide and 4 feet deep and lined wiih 50 truck loads of large stone to carry water from springs into the reservoir. On this same piece of land, 50 old tree stumps were dug out with the gasoline shovel and 65 cubic yards of top soil used to fill in the

holes. An estimate on the cost of removing these stumps by blasting was $2,000. and because of proximity to the reservoir, blasting would not have been altogether desirable. This extra piece of land is now being used as a part of the vegetable garden.

At the Trenton Inter-state Fair, eight first prizes for group display were received. Displays were put up in the Agricultural Hall and the State Building, and there were used 250 square feet of sod, 107 evergreen plants in 3 varieties, and 1,155 greenhouse plants in 8 varieties. Plants were taken to Trenton by truck, displays set up and watered and cared for during the week of the Fair and then material returned to the hospital by truck.

At the 40th Annual Flower Show of the Morris County Gardeners' and Florists' Society a group display was arranged on the stage in the rear of the room which excited much favorable comment and received a gold medal. A preliminary arrangement of this display set up in the garage at the greenhouse was seen by Commissioner Ellis and numerous other official guests of the institution when they visited the hospital for the departmental luncheon on October 28. At the flower show in Morristown a gold medal was also received for a table of petunias and five first prizes and a silver medal were awarded for six entries of cut chrysanthemums. The usual decorations were arranged at the chapel for Christmas and Easter. At the International Flower Show held in New York in March, Mr. Koch acted as juror, and he was requested to officiate at other shows but felt obliged to refuse.

Clerical Division

Routine medical office work in an institution of this kind has to be carried on constantly with a flexible service which covers adequately at all times the varying requirements. The amount of work needed is dependent not only upon the number of patients, but upon the number of physicians on duty, their individual demands in the matter of length and variety of reports, and upon the sum total of communication with interested individuals and groups outside the institution, which may fluctuate greatly with the season, the publicity given to new "cures," or other factors. Mr. James E. Lauenstein as Principal-Clerk has continued to supervise the clerical force this past year and has achieved very satisfactory results, particularly in view of the difficulties presented by the need for economy in personnel and sup-

plies and by the temperamental elements to be considered. His report is as follows:

"Notwithstanding the steady increase of patient population, and it may well be borne in mind that the patient is the unit of work in an institution of this kind, there has been during the year no increase of the clerical personnel; nor has there been any increase of remuneration and where individual service have terminated in the higher range of salary, replacements have been made at the minimum rate of pay.

The personnel numbers, 36, the same as last year,and the number in each unit of the service continue the same; one Principal-Clerk, one Sr. Statistical Clerk, one Sr. Clerk-Stenographer, 26 Clerk-Stenographers, and 7 Clerk-Typists. Of these, three Clerk-Stenographers and one Clerk-Typist continue to serve the hospital Social Service and four Clerk-Stenographers serve the Mental Hygiene Clinics of Northern New Jersey which operates from this hospital.

During the year there were two resignations for marital reasons, with Civil Service replacements. There have been a few shifts of personnel from one unit to another to make for increased efficiency and better balance of the force to meet the ever increasing clerical and stenographic burden.

The duties of the clerical force run into such a multiplicity of details as to make it impracticable here to set them forth except in summary from which deductions may be made. From the entrance of the patient into the hospital the commitment papers are carefully examined and the statistical data and other information are abstracted for the admission sheet of the case record and a summary of the commitment papers made for ready reference; also 7 different index cards are made out for the Supervisors, wards and the various medical specialties. This is done at the Reception building by the Clerk-Stenographer assigned to this work. In the Main Record Room at the Main building the case records are made up with card index and the commitment papers are copied to be sent to the various County Adjusters for court hearing on the final order of commitment. In the case record are filed all legal papers pertaining to the individual case. Rotary indices are maintained up to date every day showing the ward and building residence of every patient, to facilitate the work of the ushers and the telephone operators in

taking care of visitors and connecting inquiries with the physician having direct charge of the particular patient. The admission notes, progress notes, and the reports and findings of the various specialties are dictated by the physicians and recorded in an orderly way in the case records; duplicate sheets being made so that one may be retained in the office of the physician in charge of a particular service and the other sent to the Main Record Room so that the case may be complete up to date. The clerical force at the hospital Social Service and in the Mental Hygiene Clinic record dictation from the physicians and social workers and maintain full records of the cases under the jurisdiction of these divisions.

The correspondence and collateral matters run into an enormous volume and as a matter of course find their way finally through the clerical-stenographic force as also statistical information both routine and special as required by the State and Federal Departments and various bureaus interested in mental cases and institutions.

It is felt that the clerical-stenographic force has met a trying situation with patience and fortitude and probably based upon the hidden hope of more adequate financial record as we advance into the future."

Recreation: Amusements, Sports, Music and Entertainment

Dr. George B. McMurray has had general supervision over all recreation for patients and has endeavored to make the therapeutic value the first consideration. Close cooperation has been maintained with the division of physical education, whose workers have assisted with practically all of the activities offered along this line. A number of the sports and amusements have already been mentioned in the report of that division.

The hospital is equipped with an up-to-date moving picture machine and sound apparatus, and carefully selected programs were given on alternate Fridays, from September 11 to June 18, with occasional extras for holidays, a total of 24 being produced. The program usually consisted of a feature picture, a comedy or cartoon single, and a news reel. The subjects were carefully selected with the type of audience in mind.

Dances with music furnished by the hospital orchestra were held on Mondays throughout the year, except during the summer

months, and were attended by men and women patients. Orchestra practice was arranged to be held on different wards or in summer on the grounds outside the residence buildings so that the patients might enjoy the music. The orchestra also provided music for the different mass parties and entertainments given in the amusement halls. Music and entertainment on the wards was furnished by pianos, victrolas, and by radios. Much of the radio service in the institution is now controlled from the central room, but on some wards individual sets are still in use.

Out of door activities include baseball and lawn games, as already described under the Physical Education Division, hikes and walking parties, picnics, and the use of the small golf course. In the winter bowling and pool were favored amusements, while card games of all sorts, checkers, dominoes, and other old favorites were enjoyed on the wards. Reading has always been a good source of recreation and the extent to which it is used is described under the work of the Library Division.

Extra entertainments had to be held to a minimum this year because the lack of employees made it difficult to arrange for the patients to be supervised at many amusement hall affairs. However, on August 24, the W. P. A. orchestra gave a concert on the lawn in front of the Clinic building which was attended by many patients; dancing was permitted and refreshments were served. On November 23, a ministrel show sponsored by Mrs. Edith Foster of Mendham, N. J. was given at the Dormitory Amusement Hall and was greatly enjoyed by the patients. On June 7, the Standard Oil Company Band of Elizabeth, N. J., gave a concert for the patients, including several vocal solos.

Special observances of various types were provided for the major holidays and at Christmas time decorative material was supplied for all the wards and much friendly rivalry existed as to which was done in the most effective or original manner. Trees, gifts, parties of all sizes and types, both on the wards and in the different centers where patients were employed, made the season a memorable one to all.

Library Service

The former librarian, Mrs. Ann M. Hopkins, having been in poor health for some time resigned from the service and on February 1, Mrs. Maud B. Eichlin was assigned to duty in that posi-

tion. In order that the work might be made of the highest value to the patients Miss Corcoran, Superintendent of Nurses, was given general over-sight and the librarian made responsible to her. Mrs. Eichlin came to the institution with good library experience and well recommended, but at a low salary, since this position has never been placed on a classified basis here. To date she has proved herself to be a willing and able worker, and her report is as follows:

"In taking up the work here at the hospital I found it necessary to institute a schedule of visitation service, so that all buildings might be reached and patients given library service. Visits are now made to the Reception, Clinic, Main—north and south—Dormitory, Senile and Parole buildings. In good weather when patients are out in the yards, the book cart is taken out there with a supply of magazines and books. Parole patients visit the libraries and choose their own reading. On Wednesday afternoons, groups of patients from the Main building, south side, go to the library in that building and choose their own books and magazines. The Clinic building library has a reading and waiting room which has been put in constant use by employees, visitors, and friends. It is hoped that as soon as shelving space is completed a library may be established at the Tuberculosis building for the use of those patients.

The medical library, located in the Reception building, has been used by the doctors and nurses. A catalogue of text books used by nursing students is now being planned.

In dealing with the problems in library work at the hospital I have felt the urge to know what other hospital libraries are doing, so I have joined a group known as the Special Libraries Association of New Jersey; this holds meetings once a month and discusses problems of mutual interest and has proved very helpful in many ways. I also attended the National Covention of the American Library Association, held the week of June 21 in New York City, where the hospital libraries had a special meeting with exhibits and data connected with the work for distribution.

The books and magazines that have been put into circulation since I took over the library work are as follows:

Fiction	4,817
Non-fiction	1,205
Foreign	198
Magazines	8,962
Total	15,182

Donations Received:

Books	205
Magazines	7,692
Victrola records	12
Religious pamphlets	2,000
Song booklets	11
Picture puzzles	14

Miscellaneous:

Christian Science literature, distributed	1,025
Books purchased since February 1, 1937	112
Hymnals purchased by the State	300

In closing may I state that the hospital wishes to thank all individuals and organizations that made donations to the library during the year. It is my hope that the library service may be continued and broadened to include all connected with the institution."

Religious Services

There has been no change this year in the type and variety of religious services provided at the institution. The hospital is regarded as a part of the Roman Catholic parish at Morris Plains, St. Virgil's, and the two priests there, Father Henebry and Father Brady, have arranged Mass in the hospital chapel each Sunday and have been constantly on call to minister to patients of their faith in critical condition. Protestant services have been held each Sunday afternoon in the chapel. Methodist, Baptist, Presbyterian and Episcopal clergymen from Morris Plains or Morristown have served in turn, according to a regular schedule. Since Easter a special effort has been made to insure a good attendance at these meetings; not always easy with Sunday afternoon visiting and the shortage of ward employees. A creditable showing has resulted, new hymn books have been purchased, and the service has been placed on a much more active basis.

Other religious observances have been arranged as requested during the year. The Jewish patients have received attention from teachers of their faith and provision has been made for the observance of holy days. The Christian Science group has supplied a reader to conduct weekly services.

Fire Protection and Fires

This year the hospital was more "fire conscious" than usual,

if possible, since for a number of months the existing drought conditions made our water supply inadequate for control of a large conflagration, so everyone was on the alert to check possible fires while still very small. Partly because of this extraordinary care and partly because of good fortune no fires of any consequence occurred during the year. The fire protection service has been continued under the direction of Fire Chief Charles H. Acker who has given close attention to all details of his work and faithfully reported all conditions which he felt might be a hazard. He has submitted to me complete details regarding the personnel, equipment, and work done during the year, but I have felt obliged to condense considerably as follows:

"The personnel consists of a paid fire chief, a paid operator-driver and 26 unpaid call men. These latter are employees of the different divisions not engaged in ward work; about 17 of them are quartered in the fire-house dormitory; the rest live elsewhere on the grounds or in nearby towns. Four call men have had experience in driving and operating the pump and nine men are able to drive the hook and ladder.

The apparatus consists of an Ahrens Fox triple combination pumping engine capable of delivering 750 gallons per minute at 120 lbs. pressure, with 1,400 ft. 2½ inch C. R. L. hose, shut-off nozzles, booster tank with 300 ft. of 1 inch booster hose, and fair minor equipment. Also, a Piesch combination ladder and 40 gal. chemical tank mounted on a White truck chassis; maximum length ladders can be raised, 50 ft.; total ladders, 254 ft.; with 200 ft. 2½ inch C. R. L. hose and 200 ft. ¾ inch chemical hose. During the past year grass and brush fire fighting appliances were added, consisting of 6 five-gallon Indian pump tanks and 12 rattan brooms. Fire hose of various sizes is kept on the wards throughout the institution. All hose was tested under suitable pressure during the year and that found unfit for service was replaced. A total of 447 fire extinguishers are available on the institution grounds; 394 of these are 2½ gal. capacity soda and acid type. All extinguishers were recharged, repaired and cleaned during the year. Fifty-five hydrants are located throughout the grounds. Fair pressure has been maintained on both high and low pressure mains, but in the event of a serious fire at either the Dormitory building or the dairy, should it become necessary to put on additional pumping apparatus, the water supply would be

problematical. Numerous flow tests conducted on the hydrants show a considerable amount of scale in the mains. Semi-annually hydrants have been tested, washers installed, and connections greased. The sprinkler system has been frequently inspected and a complete assortment of heads and tools for this system has been regularly carried on the apparatus.

An average of three or more tours of inspection have been made each week by the chief and operator-driver to check fire doors, fire escapes, extinguishers, hose, and other auxiliary equipment and to make sure that employees were informed as to its use. General conditions in buildings have improved, particularly in the matter of debris in attics and basements. Fire drills have been conducted for an hour once a week during the year with practice in fire fighting methods. Numerous other ten or fifteen minute drills have been held at the noon hour to permit relief drivers to familiarize themselves and practice with the machines.

Members of the fire company have been regularly assigned to duty at any large gathering of patients. At the regular dances, 7 men were on duty; at the moving picture shows, 8 men; at parties in the afternoon, 2 men; at baseball games, 1 man; and at the annual Christmas party, 21 men were on duty divided between the Dormitory building amusement hall and the fire-house headquarters.

The fire record for the year shows 38 fire alarms and fires. Of these, 2 had no connection with fire; the ladders and men to operate them were requested once to rescue a patient from a roof and once to remove a hornet's nest from a building. One bell alarm and 4 sprinkler alarms were sounded through faulty functioning of the equipment. Four still alarms were sent in for fires in automobiles on the hospital grounds, and 4 for grass or brush fires; in one of these latter, at the rear of the Business Manager's cottage, considerable damage was done to nursery stock. In 13 instances, fires were reported as having been put out by employees without calling the fire-house. Eight still alarms were put in for fires in buildings which were extinguished by the fire company; in one case, considerable damage was done to an electric motor in the bake-shop; and in another considerable damage was done in a bedroom on ward 60; in all other instances the damage was slight or none at all. In two cases,

still alarms were put in and the fire was out on arrival of the apparatus.

Water Supply

As told in last year's report, deep well No. 1 was not in service at the beginning of the year, owing to the breaking up of a screen, evidently from water corrosion, which had permitted the line to fill up with sand and gravel. Under contract Mr. Reilly, employed through the Central Office, did an excellent piece of work in restoring this well to service, and it was again in use early in the fiscal year. Its renewed capacity became about 90 per cent. of the original. After the well was again in service, a meter was obtained and installed in order that the flow might be accurately gauged.

Meantime, dry weather had been experienced beginning early in May. The flow from the watershed gradually diminished and it became necessary to pump constantly. The greatest difficulty was encountered in the inability of the pumps to carry a sufficient quantity of water from the ice pond reservoir, to which it was pumped from the deep wells, to the Klondike high pressure reservoir from which it was fed to the institution by gravity. Early in August a strict conservation of the water supply became necessary. The hydro rooms and continuous baths were closed. The use of water on lawns and gardens and in washing cars, flushing out cement and tile floored areas, and even in the laundry was curtailed.

In the meantime, difficulty was experienced with the chlorinating machine at the high pressure reservoir, and a new one was purchased of a type which chlorinates water in proportion to the amount used instead of putting in a constant amount of chlorine irrespective of the flow. After the new machine was installed at the high pressure reservoir, a machine and pump were also placed on the low pressure system, thus chlorinating all water in the institution, including that used at the dairy and laundry.

Drought conditions continued into November. The water table in the deep wells gradually fell, more air was mixed with the water, and finally the average flow from the combined wells was only about 430 gallons per minute. The quality of water became much harder, and difficulty was experienced with scale in the lines and with "lime soap" at the laundry. Heavy rainfall

in December came just as the emergency conditions had reached so serious a point that preparations were being made to rent or buy an additional pump.

This unusual drought experience demonstrated that our water system is in serious need of the improvements which have been discussed for a long time and which lack of funds has prevented our putting into effect. The supply from the deep wells, while reduced by the dry season, was in itself adequate provided there was no failure in the pumps, screens, or other vital factors. The weak spot in the system lies in the Klondike reservoir and its connections. Through the low pressure system, some 200,000 gallons a day were pumped directly from the deep well line into the house supply, but in order to maintain high pressure, it was necessary to pump from the low reservoir to the high one. Undoubtedly a considerable amount of water was lost from the high reservoir by leakage and evaporation and the present pumps were unable to force enough water from the ice pond to the Klondike to take care of the needs of the hospital plus this loss, when water-shed sources of supply were greatly reduced or absent. No one connected with the institution likes to think what would have occurred if a serious long continued fire had broken out last autumn.

Federal and State Relief Work: W. P. A. and P. W. A.

This year a project for painting the dairy barns with W. P. A. labor, begun during the previous year, was completed on August 11. Another project which was begun this year was the painting of the Employees' building, interior and exterior. Approximately 240 rooms, including living quarters, halls and stairways, toilet and bathrooms and basements, were to be cleaned and painted. Supervision was given by Mr. Landesman. Owing to the lack of skilled workmen in the district who applied for W. P. A. jobs, the project has not been carried on rapidly, but at the close of the year the interior was practically completed and some work had been done on the exterior. A fund of $18,000 had been set up for this, which included labor for cleaning and painting, materials and equipment, supervision, and so on.

A number of "white collar" W. P. A. workers have been employed at the institution during the year. At the present time, under project 10-202 four people are working in the

accounting office, and under project 14, two women are working in the record office, one in the social service office, and two in the office of the mental hygiene clinics. These employees have been of considerable benefit to the hospital, but their work is not intended to replace that of the regular force, merely to supplement it along special lines.

The report of Mr. Sailer's construction work outlines the P. W. A. work which has been carried to completion this year and recounts the number of men engaged on the project.

New Buildings and Improvements

At the institution during the year the usual system of construction and maintenance work has been continued. Routine repairs and some minor construction have been carried on by the hospital mechanics under the direction of Mr. Landesman, resident engineer, who has also directed W. P. A. painting projects. Construction and reconstruction under the direction of the Central Office have been supervised through a branch construction office maintained at the institution under Stanley J. Sailer, M. E., superintendent of construction, and C. C. Oakley, cost clerk. Much of this work has been performed as a P. W. A. project. Mr. Sailer has submitted the following report:

"During the past year the first portion of the planned reconstruction of the south side of the Main building has been carried to completion. The work has been performed as a Public Works Administration Project, with 30 per cent. of the cost paid by a Federal Grant, and covers reconstruction of the entire 4th floor and roof and renovation of the two sections known as 4-A and 4-B. This has been the major work directed by the Construction Office, and has been carried on since its beginning in June, 1934.

By means of this reconstruction a dangerous fire hazard has been replaced with safe fire resistive construction. Under the original layout, this floor had many small rooms and few large dormitories. The rooms were for the most part directly under the sloping roof, had insufficient headroom, and in many instances but a single dormer window for light and ventilation, Under the reconstruction program many brick partitions have been removed, replacing several small rooms by a good sized dormitory in each instance. All of these are fully ten feet from floor to ceiling, and are well lighted and ventilated with many

windows. Although there has been no change in the outside measurements of this area, bed capacity has been increased somewhat. The floors are much more easily kept clean and in a sanitary condition, since wood construction has been replaced by cement floors and coved cement base, with linoleum laid over the entire area in rooms and as a center strip in corridors. Walls have been finished in semi-gloss enamel to reflect light and stand repeated washing. Electrical illumination has been greatly improved in quantity and old wiring has been entirely replaced with a modern system meeting rigid safety standards. Wood ceiling beams and rafters have been replaced by steel. Formerly, each ward on the 4th floor had only one stairway, but during the reconstruction, stairways at the front of the building which formerly reached only to the 3rd floor were extended to the 4th floor, making possible much more rapid evacuation of the wards in emergency.

On one of the wards, section 4-B an acoustical plaster has been tried on the ceiling instead of the usual hard finish. The results of this experiment seem highly satisfactory, the reverberation time has been materially decreased, echoes eliminated, and the ward made much quieter.

The character of the entire reconstruction project may be described best by the word "permanence." Each part of the work has been designed and installed with the thought that it must be there to stay. All material used have been of first quality and well adapted to the purposes required. Workmanship has been consistent with materials and supervision has been constant and painstaking.

This project has not only meant much to the hospital, but also to the workmen. Men in 15 different building trades have been employed a total of approximately 200,000 hours, over a period of 145 weeks. Up to 80 men have been employed at one time, with an average of 50. The P. W. A. has made the final audit of the work and the books and has definitely and finally approved the project as completed, We of the construction division are justifiably proud of our record in conducting this Force Account job, the first in New Jersey and one of the first in the nation, through almost three years of activity under a necessarily complicated set of regulations to a successful conclusion without the existence of a single rule violation, and with

only commendation from all who were interested in any way.

Various minor pieces of work have received attention this year. Two old wood silos at the dairy barn were demolished, new concrete fundations were poured, and new reinforced hollow tile silos with a connecting feed house were erected. It is estimated that each silo has a capacity of approximately 300 tons of ensilage. An old and dilapidated hay barracks was demolished and replaced by a barn 60'x30', constructed of salvaged material, except for the new roof and the interior. Concrete floors have been laid and the building is to be an isolation barn for infected animals, with space for over 20. On the 5th floor of the Main building Center trouble had been experienced with leaks from the roof. Repairs were made some time ago and then a period of observation allowed to see if they would remain effective under all weather conditions. As no further leakage appeared, the seven apartments in this area were this year repainted throughout, with soft toned flat paint on walls and ceilings, eggshell enamel on wood trim, and high gloss enamel on the Keene cement dados in the bathroom. Floors were refinished where the water had damaged them. The interior of the North dairy barn was given three coats of paint. Metal stanchions and overhead track were cleaned of dirt and rust and given two coats of paint. A bus parking station is being constructed by the building of an 18 foot roadway across the grass plot in front of the North Side Attendant's building from the road leading to the Clinic building to the road in front of the Service Unit. Planning, staking out, and supervising are being done by this office, actual construction by the State Highway forces. The old yellow pine floor in ward 27, Main building south side, became worn so badly that it was considered unsafe for the patients, and a new wood floor was laid over the old one, sanded and finished. Under a budget item for 1936-37, new locks were supplied for the 1st, 2nd, and 3rd floors of the North Side, Main building. During the last two weeks in June the old door locks have been removed and replaced with the new. Considerable patching of doors and jambs was necessary. Locks for all important doors are of cylinder type and tie in to the master keying system of the hospital. Doors to small rooms and dormitories have bit key type locks.

For enlarging the power plant, an alternating current generator has been purchased second hand by the Central Office and

is now on the grounds awaiting completion of a mezzanine floor over the present dynamo room. Contract has been awarded for a structural steel construction, but owing to strikes in the steel industry the contractor is unable to obtain delivery of materials.

A piping layout has been designed for the garden to provide irrigation and an appropiation will become available after July 1st, to provide pump, piping and fittings for the first unit.

Other work carried on in the office this year include extensive studies for and reports on projects for W. P. A. and C. C. C. consideration, and assistance in securing data and preparing plans for the proposed reconstruction of the Dormitory building. Inspections have been made of various engineering and construction features at the direction of the Business Manager. Close contact has been made with the administrative officers of the hospital and a constant effort has been made to serve them at any time and in any way possible."

Overcrowding

At the end of the fiscal year, the number actually in the institution was greater by 173 patients than in the beginning of the year, despite the transfer of 219 patients to other mental hospitals in the state. No additional housing for patients was constructed this year, but with the completion of the reconstruction of the 4th floor of the Main building south, this entire area was again returned to service. Although the outside dimensions are the same as before, the changes resulting from raising ceilings, removing partitions, and improving ventilation permit about 70 more beds to be fitted in than formerly.

There is little additional that I can say about overcrowding. Two years ago I felt that the institution had reached the absolute limit of its capacity and we are now caring for 392 more patients, a number more than half again as many as the planned capacity of the entire Reception building. Estimations of the percentage of overcrowding vary of course according to the figure taken as "normal" capacity, but usually run between 60 per cent. and 70 per cent. Even taking the lower figure, it means that there are 16 patients in quarters which would comfortably care for 10 as an average throughout the institution. That is, a ward intended for 40 has 64; a ward with a 60 bed capacity has 96. If in some services the overcrowding is a little less, in others it must be greater

Beds have been packed in wherever space could be found. On some wards the patients have to spend their days as well as their nights in dormitories where the beds stand so close together that the attendants must walk sideways to get between them. On other wards beds are taken down each morning and set up again at night, a procedure which has many features to be condemned. Under such conditions it is no wonder that recoveries decrease and that nurses and attendants of the better type become discouraged and leave the service.

Constantly patients have been transferred from ward to ward and from building to building in an effort to maintain some semblance of classification and segregation. Even at the cost of further crowding on the continued care wards, we have tried to keep down the number of patients on the reception service and the convalescent wards, but at best the condition can be only slightly mitigated. Everywhere there is noise and confusion, with the tension and nervous strain which come whenever people are herded together and is intensified many times over when these people are mental patients.

A good curative hospital should afford its patients pleasant surroundings and argeeable associates, with an abundance of unhurried individual attention from trained doctors and nurses. Under present conditions, we cannot do this and our failure is not only disheartening to physicians, nurses, and attendants, but it represents complete tragedy to those patients who might be helped and to their families who are awaiting them outside.

Business Department

As told in the introduction to this report, Mr. George J. Holbig, Business Manager, died on March 11, and Mr. Henry Brevoort Smith reported for duty as his successor on March 17. Mr. Smith's qualifications and experience seem to fit him admirably for this position and I anticipate for him a successful career. While not making radical changes until he has had time and opportunity to study the entire situation carefully, he has already found ways to improve conditions. One innovation which he is trying out has to do with the tomato crop used in the hospital cannery. Formerly, tomatoes in excess of the moderate supply which could be raised on the property were bought from a dealer under contract. This year Mr. Smith made a contract

with a grower to supply tomatoes at a much lower figure per ton, with the proviso that the institution furnish the young plants. Another plan which he has in mind is the improvement of brooks and woodlands as a relief work project, and particularly the dredging of a small pond which is gradually being turned into a swamp by soil from a brook which flows through hospital property, with the development of soil conservation methods to prevent the recurrence of such a condition.

The same sub-heads have continued in the Business Department: Mr. E. I. Coursen, as Assistant Business Manager, has been in charge of the farm work and the animal industries; Mr. Henry Landesman, Chief Engineer, has directed the service plants—water, power, electricity, refrigeration, and sewage disposal—and has supervised the hospital mechanics; Mr. A. J. VanWinkle, Treasurer, has acted as accountant and chief clerk of the business office.

Engineering Division

In this division there have been minor changes in employees, considerable absence from duty because of sickness and accident, and one retirement, a fireman and general helper. Otherwise the work has continued on the same basis as in former years. Some dissatisfication has been felt among the skilled mechanics because of the continuance of the stagger system of work days. Progress is being made on a proper adjustment. Mr. Landesman has handed in a rather detailed report of the work done in his division this year, which I have summarized as follows:

"The statistics from the water station show a total of 353,158,000 gallons consumed with 291,339,000 gallons pumped. The daily average per capita consumption of water was figured at 186.2 gallons. The daily average K. W. for the pumps was 1,672 which is higher than last year. At the power house the total coal consumption was 30,388 tons, or a daily average of 83; June was low with an average of 50 and December was high with 107. In the dynamo room the total kilowatt load was 3,419,949, with a maximum of 504 and a minimum of 84 during the year. Ice production amounted to 23,761 cakes with a monthly average of 2,667 cakes in August and 1,375 in February. At the sewage disposal plant, the daily average flow was 827,000 gallons, the lowest being 718,733 in September and the highest 908,000 in

January. The daily per capita average varied between 138.3 in September and 173.6 in January.

At the power station inspections were made and certificates from the State Labor Department received and displayed in accordance with the law. Careful check on the water condition has been maintained and treatment formulae altered to hold scale deposit at a minimum. Coal received was generally excellent, but one lot made an aluminum slag which blocked up tubes and burned arches; this was reported to the vendor who at once changed the quality and the difficulties disappeared. Owing to mild winter weather it was practically never necessary to operate all four boilers together.

In the dynamo room the demand for electric current was unusually heavy because the severe and long continued drought made it necessary to operate every pump almost continuously for several months. In October a blow in an 8" steam main necessitated a four hour shut-down on the alternating current unit, giving an opportunity to inspect and clean this unit, which has given exceptional service, having been in operation continuously 24 hours a day for 6½ years with only a shut-down of a few hours once a year. A second alternating current generator has been obtained and it is hoped that it may be presently installed in order to provide a margin of safety for this service. The direct current units have been kept in operation at a minimum cost. A bank of wet batteries has been provided so that in the event of a failure in the current the fire-alarm system would still function.

The various refrigerating units have been repaired as needed. At the dairy a new compressor was installed in September, at the Clinic a new belt and idler were installed, and at the Pathological Laboratory a new thermostat. Cork insulation was replaced and repaired on several boxes. At the Main building, new manifolds were made and installed on the circulating coils, piping was cleaned, brine tanks scraped and painted, and a new can filler was obtained and put in service. A number of the coils in the ammonia systems are over 25 years old and are corroded. In June of this year, during exceptionally warm weather, rust scale caused valve trouble in the 15 ton unit and permitted a charge of ammonia to get into the crank case. The large machine was out of service for a week, and difficulty was experienced in maintaining refrigeration and making sufficient ice cakes with the ten

ton unit while the larger one was out of commission. Plans have been made for a scullery with various refrigerating units; if this could be obtained, the load on the present machines would be lightened materially.

All of our refrigerating units are now insured and subject to close inspection. Certificates are furnished by the Department of Labor, as for the boilers.

As described in the section regarding "Water Supply" the pumps were in constant use over a considerable period. In order to decrease the danger of overheated motors, a new ventilator was put in the roof of the pumping station. With a view to conserving water, a study has been made of improved methods in the supply control of continuous baths and changes recommended With modern valves and supply system the use of water could be cut 97 per cent. and safety of temperature guaranteed to within less than 1 per cent. Twice each month samples of water from the general supply have been sent to the State Board of Health for examination and quarterly reports have been made up for the State Water Policy Commission as required. Early in the year State Health Officers, headed by Dr. Blanchard, checked the water system thoroughly from the standpoint of amoebic dysentery contamination, since one or two cases had been discovered in the hospital. No trace of a possible source in the water supply could be found.

The sewage disposal plant has continued to operate well and is in excellent condition. The severe drought last autumn affected the value of Jaqui Pond as a natural sterilizing agent of the final effluent and it was necessary to give numerous copper sulphate treatments to keep down growth of algæ. Tests have been made twice a month in the hospital laboratory on water from Jaqui pond and Whippany river to make sure there was no objectionable discharge from our plant. Monthly charts and reports have been sent to the Central Office and State Health Department.

In the mechanical division, new construction work was limited. The nine-car garage adjacent to the Nursing group was completed and approved by the Central Office. The old porch on South Cottage had deteriorated badly and after obtaining advice from Mr. Hankin and Mr. Leathem of the Architectural Division our men tore it down and built a new porch, including masonry

supports. At North Cottage the plumbing continued to give trouble and this year it was necessary to tear out three showers. At the Employees' building in connection with the painting done by W. P. A. labor supervision was maintained. Six bathrooms in this building not yet reconstructed continued to give leakage trouble; some showers had to be discontinued for this reason.

At the Main building repairs of various types were carried out; all fire escapes were painted; center ducts and rear hall were pointed up and painted; a fire-proof door was made for the wastepaper room and another for the passage from the 5th floor center to the roof; new doors were built and put up on the duct laundry sorting room; a new roof was put on the passageway from the south side to the congregate dining hall. Repairs and overhauling of equipment were carried on at the cannery, bakery, and kitchen.

In the Clinic building new shower valves and faucets were installed throughout the building, brass railing in wards was taken down, rebuilt and reinstalled; operating room windows were sealed to keep out dust; considerable painting and plaster repairing were done. In the diet kitchen old ranges were taken out and new ranges and a broiler were put in; various new closets were built, flues were cleaned and repaired, and walls repaired and painted throughout.

In the Reception building additional electric wiring and fixtures were installed in offices, where it had become necessary to put in more desks. The administrative offices, staff room, and photographer's suite were pointed up and painted. At the Dormitory building repairs were held to a minimum as it is hoped that the reconstruction of this building may be arranged in the near future. New locks have been put on all doors, all exterior fire escapes have been painted, a warming oven has been installed for the dining room, and new regulators have been put on the hot water system. The exterior painting of the Tuberculosis building was completed and painting of the interior begun. A new head was installed on the hot water storage tank. The exterior of the Senile building was given two coats of paint.

The roofs of the two occupational therapy buildings were treated with asphaltum and asbestos roofing compound. The storehouse roof was painted; new platform put in for truck scales and new floor put in elevator cab. At the laundry a section ot

concrete floor was put in around the flatwork ironers; various repairs were made, particularly to a badly worn extractor. At the main garage piping and electrical conduits were installed for a new air compressor; the roof was repaired, some painting done, and a new steam line laid. At the grandstand various repairs were made and for fire protection a sprinkler line with valves was installed.

At the dairy a water line was run to the new barn and drinking cups installed. Stanchions which had corroded near the floor were cut off and new sections welded on and laid in cement. A breeding rack was built. Routine repairs were made at the incinerator, piggery, and hennery, including a new stack for the hot water furnace. At the stable, new doors were built and put up and the entrances protected with markees having gutters and leaders; some screens were put in. For the greenhouse and garden, 400 tomato crates were built and painted, a yard hand wagon and a top for a truck were made, new electrical wiring was run to the cottage, new ventilator sash made for the greenhouse and new valves installed in the steam line.

At the various cottages on the grounds current repairs were made as needed. Considerable painting was done, including complete exterior and interior of the Business Manager's cottage. At the Superintendent's cottage a new door was cut through from the second floor of the main house to the garage chamber and the two rooms redecorated.

Electrical repairs included the replacing of a number of circuits in the Main and Dormitory buildings, repair of a feeder in the sub-tunnel at the Main building, a new section of cable in a line serving two cottages, and a new pair of cables for about 70 feet in the pumping station line.

At the tin shop routine repairs were made to bakery and kitchen utensils. New work included: 24 garbage pails, 24 six quart milk pails, 6 five gallon tea urns, 12 dippers, 18 large steamers, 12 small steamers, 18 service pans, 36 bread boxes, 6 baking pans, 24 scrapple pans, and 50 cake pans.

The total of repairs made during the year was 25,971, or a monthly average of 2,164; new work comprised 31 jobs. Furniture repairs constituted a large feature of the work; 2,978 chairs were repaired. At the large sterilizer processing was given to

1,248 mattresses, 466 pillows, 117 bundles of clothing, 32 rugs, 472 sheets, 554 blankets, and 166 bed spreads.

Laundry

As for a number of years past work in this division has been carried on under the direction of Mr. Daniel W. Leyhan, a faithful and efficient employee. Space in the laundry is greatly crowded, the paid personnel laid off in 1932 as an economy measure have not been restored, one very reliable patient has died and another is now 79 years of age—these two had charge of the extractors—while dependable new patient help is difficult to find, so all things taken into consideration it is surprising that the laundry has been able to turn out even more work this year than last.

Mr. Leyhan has submitted the following report:

"No new equipment has been installed during the year. Machinery has been kept in first class condition by mechanics of the Engineering Division. A new road has been completed into the west side of the laundry which eliminates a great deal of labor in carrying loads in and out.

Up until October 6, we had been using for starching a mixture of corn and wheat in equal quantities. We then changed to wheat and rice, which has given a smoother and more flexible finish and effected a saving of 30 pounds of starch each week. Four press pads of a new type were obtained at the end of last year to test their efficiency; they have proved very satisfactory, eliminating the expence of applying knitted padding to the presses every week.

During the past year, 6,142,072 pieces were laundered, an increase of 38,109 over last year; the average was 511,839 pieces a month. Included in the total were 1,414 curtains which were washed, starched, and put on stretchers, and 4,311 washed and ironed by the flatwork ironer or press machine.

On January 23 an elaborate luncheon was served to the patients who work in this division. This was heartily enjoyed by all and the patients were very grateful and pleased."

Bakery

The usual system has been continued at the hospital bakery. Mr. William Walton head of the kitchens, has been in general charge, with a head baker as immediate director. All of the bread

and pastry used in the institution has been produced here, except for that made in the various diet kitchens and cottages. The quantities are as follows:

Bread, 2 lb. loaf	724,000
Apple cake, 8 lb	440
Coffee cake, 1½ lb	8,157
Cake, employees 7 lb	1,890
Cake, patients, 7 lb	16,904
Jelly roll, 8 lb	38
Pies, 8 lb	1,933
Total	754,362
Buns, dozen	3,112
Muffins, dozen	2,137
Cookies, dozen	2,766
Rolls, dozen	1,728
Crullers, dozen	22
Total dozen	9,765

Food Service

There has been no change in the general method of food service during the past year. Mr. William Walton has continued in charge of the division, including the employees and patients who work in the kitchens, bakery, butcher shop, and all the dining halls. Even the employees in the staff cottages are listed under his division and in many instances have been engaged and assigned to duty by him. A woman assistant has been regularly maintained in this division to look after various points of the service and to supervise the women employees resident in Main building.

Supplies for the different kitchens, such as meat, bread, pastry, and numerous extras and incidentals, have been distributed from the main kitchen and to this office have been referred most of the complaints when failures of certain supplies made substitutions necessary, or when quality was not up to standard. With meat prices high this major type of food supply has offered a constant problem, to which the chief relief was the large amount of excellent pork produced at the piggery. Butter has also been a problem this year. Mr. Smith has made two innovations which have worked out well under Mr. Walton's directions; increasing the amount and improving the quality of butter by processing it with fresh milk, and utilizing citrus fruit peel in making a pleasant flavored spread for bread.

Cannery

At the hospital cannery in approximately one month in the harvest season, 60,737 No. 10 cans of tomatoes were processed. To do this 9,415 bushels of tomatoes were used, of which 2,525 bushels were grown at the institution. The preparation was done by patients and employees and the canning was under the direction of an experienced man hired for the season.

Service Building

At the Service Unit there is a registration desk for visitors where they may obtain directions for reaching the patients they wish to visit and a slip showing that they have registered according to requirements. There is also a rest room provided, with an occupational therapy exhibit and sales desk. At the other end of the building is a kitchen and a lunch room, equipped to supply all varieties of sandwiches, dainty salads, light lunches, pie, cake, crackers of all descriptions, ice cream, coffee, tea, cocoa, and soft drinks, and different types of fruit. This lunch service has been under the direction of the Buisness Manager, with Mr. Beucler in immediate charge. He states that the "The Service Building has been particularly difficult to manage during the past year owing to extreme congestion of visitors on Sundays and Holidays—The pressure in this section is terrific at the peak hours." The work has been done by paid employees and by patients adapted to such activity. Any profits remaining after cost of supplies and other necessary expenses, including salaries of employees, have been covered, has been credited to the patient's amusement fund.

Garage

The hospital garage service has continued to function satisfactorily under the direction of Mr. John T. Murphy, a thoroughly reliable employee whose period of service goes back to the time when vehicular transportation was entirely by horses. He has charge of the supplies of gas, oil, and other necessities, supervises the cleaning, repairing and general upkeep of all cars, including those driven by field workers of the Mental Hygiene Clinics and the Social Service Division, handles orders and assigns cars and drivers, arranges time off in such a manner that a driver is always available when a call comes for the roads to be patrolled in search of a runaway patient, and keeps records of all garage equipment.

The following new vehicles were obtained during the year: October 7, 1936, Ford tudor sedan for which Cadillac sedan, 1928, was traded in; November 30, 1936, Chevrolet truck, for which a Ford truck, 1929, was traded in; December 10, 1936, Ford truck, no exchange.

Upholstery Division

Mr. Albert Olin has remained in charge of the upholstery shop this year and has continued to do excellent work in repairing and recovering furniture, making it possible to keep in service a number of the pieces with which the living quarters were originally furnished, some sixty years ago, as well as those of more recent acquisition. Mr. John Macaulay, assistant to Mr. Olin, has given most of his attention to the mattress work and the awnings; a shoemaker has been regularly employed, and shoe and harness repairs have been included in this division. Mr. Olin's report is as follows:

NEW WORK

Double mattresses made	11	
Single mattresses made	566	
Hair pillows made	373	
Feather pillows made	74	
Double mattress ticks made	18	
Single mattress ticks made	510	
Pillow ticks made	417	
Pieces furniture upholstered	67	
Chair cushions made	36	
Sofa pillows made	12	
Linoleum laid	9	
Curtains made, pairs	96	
Curtains hung, pairs	123	
Shades made	404	
Pieces of harness made	26	
Slip covers made	32	
Ticking mits made, pairs	71	
Flags made	5	
Miscellaneous work	87	
Total pieces new work		2,937

REPAIRS

Double mattresses made over	7	
Single mattresses made over	1,066	
Hair pillows made over	350	
Carpets repaired	114	

Carpets taken up	5	
Shades repaired	146	
Horse blankets repaired	4	
Mattress ticks repaired	196	
Awnings hung	303	
Awnings taken down	351	
Pieces of harness repaired	44	
Shoes repaired, pairs	3,720	
Miscellaneous	113	
Total repairs		6,419
Total pieces work done		9,356

Garden

This major feature of agricultural activity at the hospital has been carried on again this year under the direction of Mr. Otto Koch, who has given it most constant and zealous attention. During the 1936 periods drought conditions were experienced, which made the need of an irrigation system keenly felt. In 1937 spring also offered weather difficulties, with frost late in April and heavy rains for the first part of May, so that plowing was unusually late. Then on June 21, a heavy downpour of rain fell just after six acres of the garden had been sowed to beets, carrots, and onions. The seed was washed out and the entire area had to be plowed over and re-sowed. Unfortunately, the only seed then available was a supply left over from the preceding year, so this was used with the hope that it might prove satisfactory. Since the carrots and beets were for winter use and the onions to furnish onion sets for next year, the crop is an important one.

Despite handicaps, the production record this year is excellent, reaching a total valuation of $32,761.35, which is an increase of $11,390.88 over the previous year. Mr. Koch calls attention to the fact that this year he received credit for 74,500 tomato plants delivered to the farm which is under contract to supply our fall canning needs; this item, amounting to $2,235.00 has not appeared previously. Also included in the total, as in former years, was green rye, planted as a cover crop and cut for dairy use, and various plants and vegetables supplied to other institutions. An itemized list of production and valuation will be found in the statistical appendix to this report.

No attempt was made to raise certain vegetables, such as potatoes, sweet potatoes, and turnips, and the supply of some other staples did not quite last through the winter. Those veg-

etables were purchased from time to time and turned over to the garden division for storage and distribution, which made a considerable item in the winter work. Warm weather in January, resulted in some spoilage of beets and carrots.

The report of indoor sowing and transplanting shows seeds tested for the garden, 5 flats of corn in 16 varieties tested for the farm, and 75 varieties of seed tested for the institution at Totowa. In the greenhouse bench 11,450 lettuce plants, 1,310 onion plants, and 10,350 tomato plants, a total of 23,110 were transplanted. Egg plant, onion, and tomato plants were potted in the greenhouse bench, a total of 15,402. Lettuce plants were transplanted in greenhouse flats, 5,130 plants. Seeds were sown in 34 frames and 557 flats. Plants were transplanted in the frames, a total of over 305,600 plants being so handled. Plants transplanted to the garden field totaled 295,588. Other varieties of seed were sown directly in the garden, including beans, cabbage, carrots, corn, cucumbers, onions, peas, pumpkins, squash, spinach and many others. Manure hauled to the garden included 771 truck and team loads from the dairy, 156 loads from the horse barn, and 52 loads from the hennery. In addition to this, 7,800 lbs. of lime, and 5,010 lbs. of fertilizer were used. Spraying and dusting compounds used were principally arsenate of lead and lime, although various others were also listed.

Articles repaired and painted by employees and patients of the garden division included 821 hot bed sashes, 260 tomato crates, to cover growing frames, 2 dump wagons, and 2 manure spreaders.

The garden exhibits at the State Institutional section of the Trenton Fair in 1936 were most satisfactory. First prize was secured for the best booth and also first prize for the larges number of prize winning entries. A total of 60 entries resulted in 58 prizes, of which 26 were 1st, 21 were 2nd, and 11 were 3rd. On October 28th a Departmental luncheon was held at the hospital attended by Commissioner Ellis and numerous representatives from the Central Office and the other state institutions at which silver cups and plates were awarded to Fair winners.

Garden exhibits were also entered at the Morris County Fair which was held on September 11-12. There were 35 entries and 34 prizes were won. Of these, 26 were 1st, 7 were 2nd, and 1 was 3rd. Mr. Koch and the entire garden division should be

congratulated on the excellent results of their work this year.

Farm

Work in this division has been continued this year under the direction of Mr. E. I. Coursen and with Mr. P. F. Havens as head farmer. The harvest of ensilage corn in the fall of 1936 was decreased. The seed in the spring planting that year had shown poor germination and one-third had to be replanted. Drought conditions affected the crop adversely, with the result that there was a drop of 212 tons and corresponding reduction in valuation. For a number of years it has been impossible to raise a substantial crop of mangel wurzel beets, owing to the presence of rhizocconia fungus in the soil, a condition which there is no known means of combating. This year six acres have been planted to beets and nitrate of soda used in an effort to simulate growth; at the present time, the crop appears to be in good condition. Last year turnips were sown as a substitute for beets in dairy feeding, but the yield was poor, owing to dry weather. Two acres of carrots planted for use at the horse barn produced so heavily that a liberal quantity was supplied to the kitchens also. A considerable crop of apples was grown, mostly of large size and free from blemish, but two-thirds of them were removed from the trees by patients and motorists before harvest time.

This spring a variety of ensilage corn new to this section was planted, a total of 85¼ acres. It was necessary to do some re-planting by hand, although the percentage of germination on test was high. Green alfalfa produced 384 tons for the first cutting; of this 232 tons were fed immediately to the cows and the balance placed in silos. Alfalfa growth is heavy this season; it is planned to cure a quantity of alfalfa and timothy as hay for the horses, and to place considerable amounts of alfalfa in the silos. The new Letz cutter purchased recently has been utilized on the alfalfa.

Chemical tests of the soil were made by A. W. Blair, Soil Chemist at the Agricultural Experiment Station at New Brunswick and the reports indicated that it was in very satisfactory condition. The amount of manure and fertilizer reported as being used was considered by him as "quite sufficient" and "certainly better treatment than is found on many farms in the State."

Since sheep are required for the hospital laboratory, a small

flock is being maintained. Lambs are raised and the surplus slaughtered for food. Credit for this amounted to $26.43 this year. The total valuation of the farm products this year was $15,393.45.

Stable

At the beginning of the year there were 17 horses in the stable, of which 9 were assigned to the farm, 4 to the garden and 4 to the greenhouse and grounds division. In September, one of the garden horses died from a heart attack and age, and in October another garden horse was found in the stall with a broken leg and was pronounced incurable and destroyed by Dr. Dustan. In April a team of horses was purchased for the garden and two teams of horses, one from the garden and one from the farm quota, given in exchange. The horses traded in varied in age from 16 to 20 years and were of little value. A team of mules, the first to be used here, was also purchased and assigned to the garden division. Soon after their arrival the new horses developed influenza; this spread through the stable, a total of 11 horses being affected. This condition considerably decreased the efficiency of the horses, but the two mules have so far done satisfactory work. At the end of the year, the total at the stable was 15, of which 7 were assigned to the farm, and the remainder to the greenhouse and garden, making a decrease of two for the farm, while the greenhouse and garden quota was the same.

Dairy

The dairy is the most important agricultural industry of the institution and much depends upon its successful management. Mr. Coursen has continued to direct the work, while Mr. L. E. Palmer, as herdsman, has had immediate supervision. Milk production this year amounted to 724,633½ qts. which was an increase over last year of about 85 quarts a day. Since young stock has been depended upon to make replacements in the herd, some difficulty has been experienced in having a sufficient number of heifers each season to keep up production as it frequently happens that the losses are highest among the older stock, normally much heavier producers than the heifers. In June of this year a cow which had produced 9,266 quarts of milk during her last lactation period died of pneumonia following the birth of twin calves. In all, 35 cows were lost to the herd this year; 30 were slaughtered

and passed for food, 4 were incurably sick and destroyed, 1 died. More than half the cows lost had been good producers, but either because of mastitis or because they were non-breeders it became necessary to dispose of them. Mastitis (non-infectious) is present at all times in the herd. Every effort has been made to detect the trouble as soon as it occurs; the strip cup has been used on each cow before each milking, and if suspicious indications were found samples were tested with thybromol. All milk from quarters not negative has been eliminated from the general supply. Milk not used for human consumption has been fed to calves, first being sterilized as directed by the veterinary. In many instances the mastitis has proved temporary, but if the infection was severe or long continued, the animal was eventually beefed.

Bang's disease has continued to present a problem. At the beginning of the year, 31 animal were positive to tests, and 2 cows highly suspicious. During the year 10 cows were slaughtered and 1 incurably sick was disposed of. Tests this year seem to indicate an improvement in the herd, with apparent absence of new cases. Efforts to prevent infection of clean animals have been continued, and it is hoped that the positive stock may be gradually eliminated.

The new barn constructed from material salvaged from the old hay barracks is being completed and should accommodate 28 cows. It is planned to remove the positive stock from the North barn, which has a capacity of 62 stanchions and 6 stalls, and house them in the new structure. The North barn will then be thoroughly disinfected and will provide much needed space, since it is now not being used to half its capacity.

Studies made at the dairy with a view to installing adequate fire protection have had unfavorable reports. When the main was on low pressure service, the pressure was not sufficient to operate a sprinkler system. When it was cut in on the high pressure line, a sprinkler system could be used, but the operation of the automatic drinking cups for cattle was adversely affected.

In the spring pasture land was rented at New Vernon and 58 heifers and a young sire were taken there for the season. At the Ketch pasture, near the hospital property, 36 heifers and 8 dry cows are being kept. The hospital pasture land provides exercise space, but very little in the way of feed because of the number of animals in proportion to the area.

At the beginning of the year 12 patients were employed as milkers, and a number of them were exceptionally good. During the year one died, two eloped, one was discharged, one paroled, and one returned to the ward. At the end of the year despite replacements there were only 7 patient milkers and it had become necessary to hire temporarily an extra employee to assist with the work.

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

DAIRY CENSUS, JUNE 30, 1937

Milking cows	119	
Dry cows	13	
		132
Heifers	52	
Heifer calves	76	
		128
Bull calves	4	
Bulls	6	
		10
Total		270

This is a decrease of 11 cows and an increase of only 8 heifers. Average number of quarts produced per cow per day was 15.5, which is as high as during any of the past five years. The valuation of the herd was $35,040.00 an increase of $1,240. over last year. The production for the year was valued at $71,527.87, of which milk was $57,970.68, beef $3188.87, veal $422.61, and the balance manure and hides.

Piggery

The hospital piggery had an another successful year, and the quantity of fresh pork supplied to the institution was an important item in a season of high prices for meats. The quantity of table waste as food for the pigs was insufficient and it was necessary to purchase some feed; however, the pork was raised at a substantial profit.

In November and December weaned pigs were injected with hemorrhagic septicemia bacteria as a preventive measure, and all weaned pigs when weighing from 45 to 60 lbs. were injected with antihog cholera serum and hog cholera virus. Losses after weaning were slight; the majority were due to injury from other animals and pneumonia.

The production for the year was 102,072 lbs. of pork, an increase of more than 20,000 lbs. over the year before, and 2,492 lbs. of liver, heart, and tongue. The valuation of products for the year was $16,592.76, an increase of $4,000. The census for the year showed the following stock on hand:

PIGGERY CENSUS, JUNE 30, 1937

Sucklings	42	
Shoats	329	
Boars	4	
Sows	54	
Fattening hogs	124	
Total		553

The valuation of the stock was $4,880.00, a decrease of $3,280. over that at the beginning of the year. The decrease is due to the fact that more of the stock has been slaughtered because of the need of meat.

Hennery

Like the other animal industries, the poultry plant has continued under the direction of Mr. Coursen. This year there was a change in poultryman, Mr. William King being replaced by Mr. J. J. Smith. The general health of the flock has been better than last year. There was not quite the expected production during the winter, which was ascribed as very likely due to the fact that the laying pullets were from a lot of chicks purchased in May, 1936 among which mortality had been high from a condition due to lack of yolk absorption; presumably the same condition in a milder degree might well have been present in the survivors, lowering their vitality. During the year the poutryman and patients repaired an unused brooderhouse and fitted it for storing feed, which had previously been kept in quantity at the barn with the horse feed. This separation of supplies has made it possible to keep more accurate records in both divisions.

The valuation of products was $6,949., an increase over last year. The census of the flock at the end of the year is as follows:

POULTRY CENSUS, JUNE 30, 1937

Hens	472	
Pullets	723	
Cockerels	43	
Young stock	956	
Chicks	711	
Total		2,905

The valuation of the flock was 1,756.25 a decrease of $11.20 over that at the beginning of the year.

Miscellaneous

Each year a variety of miscellaneous activities have been carried on under the supervision of Mr. Coursen. Some of these are seasonal, some regular routine, all are important to the smooth running of the institution.

Upkeep of spur railroad line: Repairs to the railroad have been limited to installing new ties, leveling joints, tightening and replacing bolts, replacing three broken rails replacing crossing planks, removing weeds from roadbed and grading where required. During winter months crossings, switches, and frogs were kept free of ice and snow.

Trucking service: The greater part of the hauling by truck is on the hospital grounds. Drinking water, laundry, food supplies, ice and so on, have to be distributed to all buildings; refuse and ashes have to be taken away; coal hauled to all residences not on the central heating system; milk and eggs brought from the site of production to distribution centers; stock taken to slaughter house and meat to cold storage; feed to different stock barns; construction and repair material to needed points; furniture transferred from one building to another; sludge and screening taken away from disposal plant; patients transported to and from work at distant parts of the grounds, and numerous other duties carried on. Frequent trips have to be made handling freight and express from Morris Plains. In additiion to this local work, this year the trucks made 216 trips to more distant points traveling in all 18,399 miles.

Coal and ashes: Coal for the power plant has been shipped in by carloads, a total of 675 cars having been received during the year. Each car has been unloaded at the stock pile. Ashes from the power plant have been taken to a fenced-in dump; considerable quantities have been used in work about the grounds. Many loads have been given without charge to State, County, and Town departments for use in road and other construction work. Ashes have been sold to private individuals, the cash receipts totaling $613.21.

Drinking water bottled: Spring water piped to a distributing center at the Dormitory building has been bottled and distributed. The number of bottles a month varied from 5,070 in February

to 7,039 in July. An effort has been made to check up on broken bottles.

Exterminator: Destruction of rats, mice, beetles, roaches, flies, and other pests has been continued throughout the year by a man employed for this duty. The evil reputation of the rat as a disease carrier has made it especially important to keep down the number in an institution. Through the continued efforts of the exterminator, it seems that they are not numerous at the present time. At the dairy, the reduction in rats and in Bang's disease has been co-incident, whether or not there is any connection. The elimination of roaches has proven impossible, as yet, although the number has been kept down. Breeding places in old buildings are numerous and difficult to treat. Other vermin has been more easily held in check.

Working patients: About 76 patients have been regularly employed in the different divisions under Mr. Coursen's supervision. All have been carefully supervised and returned for medical attention at any evidence of illness or injury.

Inventory

The annual inventory was, as usual, compiled in the Business Office with the assistance of lists filled out by divisional heads throughout the institution.

Real estate, including buildings	$11,391,548.05
Personal property	1,203,779.77
Total	$12,595,327.82

This shows a decrease over last year of $400.00 in real estate and $50,737.38 in personal property, or a total decrease of $51,137.38.

Recommendations

Increase in Professional Staffs

Physicians: Additional physicians are needed, not only to carry on the routine work of the hospital, but also to establish such newer therapies as seem to offer promise.

Nurses: The number of graduate nurses has been decreasing. Additional inducements should be made possible so that the staff can be brought up to a level which will permit the establishment of better nursing procedure and also make possible adequate nursing for patients undergoing special treatments.

Social Workers: The present staff of hospital field workers have a heavier case load than can be carried satisfactorily and the historians also have been unable to keep up with the duties required of them. Miss Pointon requested that an additional field worker and an additional historian be provided. Furthermore, if a beginning is to be made of establishing the system of family care for mental patients, four field workers should be provided for special duty in this connection.

Mental Hygiene Clinics

The value of the mental hygiene clinics in the community and also as a means of relieving the hospital by checking the supply of patients at its source has been amply demonstrated during the eleven year period since our first clinic was established. the demand from the district for this work is greater than can be met so that appointments have to be made months in advance. I recommend that funds be appropriated to continue these clinics, and if possible to increase them.

Cottages for Physicians

Living quarters for physicians have become so seriously congested that this year it was necessary for one senior doctor to move with his family to a rented house in Morristown. Three doctors with two children each are living in staff apartments; these apartments were designed to provide comfortable rooms for a man and wife, but are entirely unsuited to house four people. Also, when small children have to occupy cramped quarters adjacent to those of bachelors or childless couples many just causes for complaint are likely to arise. If a permanent and well trained staff is to be maintained, detached cottages should be provided for physicians so that living conditions in the institution will be comparable to those they would provide for themselves in a community. I accordingly recommend that an appropriation be provided for building and furnishing four cottages for physicians.

Housing for Employees

If the wards are to be adequately manned, comfortable housing must be provided. There should be sufficient living quarters to allow for turnover in personnel and also for relief workers in addition to the regular number required for two shifts.

Extraordinary Housing Supplies

The unprecedented number of patients under care has not only exhausted our supplies of beds and beddings, but the congestion of the wards has resulted in unusually heavy damage to this equipment. I accordingly recommend that a special appropriation be made for the replacement of beds, beddings, and blankets.

Food Trucks Containers and Cooking Pots

No single item compares with food in importance. In the effort to economize, food preparation has been concentrated in central kichens and distributed to dining rooms at considerable distances. In order that the food shall reach the table in a hot and attractive condition it is essential that suitable trucks and containers should be provided. Additions and replacements are urgently needed in this equipment and also in various large cooking utensils.

Extraordinary Repairs to Buildings

Clinic building: The gutters on this building are in need of a major repair. They were contructed without expansion joints and have buckled, causing leaks which stain both exterior and interior walls. Replacement of piping has also become necessary since the galvanized hot water and return lines have become pitted and corroded and leaks frequently start.

Employees' building: Six toilets and bathrooms in this building have not yet been reconstructed. The work is urgently needed and has been set up as a W. P. A. Project. If this method of financing is not accepted, an appropriation should be made for the purpose. The roof of this building was constructed with parapet walls and with scant flashing from these walls to the slate. Leaks have developed to such an extent that plaster is being heavily damaged. Reflashing is too extensive a job for the present force of sheet metal workers in the maintenance division.

North Cottage: This is one of the older buildings and is used as a residence for male attendants. In the bathrooms the plumbing is ancient, there are no lead pans, and leaks frequently develop with resulting damage to the plaster. All these bathrooms should be reconstructed.

Reservoirs and Water Storage

The Klondike Reservoir is in a sad need of repair and should

be reconstructed. Much valuable water is being lost through leakage and a needlessly heavy burden is being placed on our pumping equipment. Other reservoirs are also in need of cleaning and of repairs to filters. Extensions to our pipe lines should also be made to insure high pressure for fire protection.

Farm and Farming Equipment

The purchase of additional farm land would greatly assist the institution to keep within its food appropriation. We are at present purchasing from outside sources a large amount of vegetables, feed for live stock, and tomatoes for canning.

Two additional teams are badly needed to carry on the work in the farm and garden divisions. Last year one team was lost through illness and injury, in which age was probably a factor, and two aged teams were traded in. Two teams were received as replacements, leaving us one team less than before. Two teams now in the stable have passed their prime and should be replaced.

Much of our farm equipment is obsolete and in need of costly repairs. During the farming season of this year we were badly handicapped by lack of proper equipment and machinery, such as harrows, plows, planters, and cultivators.

Garden and Grounds

An appropriation has been received to begin the installation of an irrigation system in the garden. A further appropriation should be made to continue or complete this very necessary piece of work.

A power sprayer should be purchased. This is urgently needed because of the spread of Japanese beetles to this area and the many valuable trees on the grounds which should be protected.

A power mower should be provided for cutting grass on the large areas now being mowed by hand. This would release the patients so employed to do other work in the gardens and on the grounds for which machines could not be used.

Other equipment is also needed in the gardens, including cultivators, plows, tomato planter, and tractor.

Automobile and Truck Replacements

Many of the trucks in use are old and equipped with solid rubber tires. They are costly to operate and the repairs are excessive

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and expensive. It is recommended that three of these old trucks be traded in for new equipment.

One of the heavier passenger cars has passed its period of usefulness and frequent repairs are now making its mileage costly. It should be traded in for a new car.

Four of the light passenger cars used by the social service workers in the parole division and in the mental hygiene clinics should be exchanged for new cars of the same type. If additions to the staff of social workers are made as requested, more automobiles should be provided for their use.

Equipment Replacement

The old cable car running from the Main building to the Dormitory building is obsolete and unsafe for operation. Why we have not had a serious accident in connection with it is a mystery. It should be replaced with a new car equipped with safety devices in order to protect our personnel and patients.

The existing coal-fired ovens in the bakery are obsolete and inadequate for the needs of the the institution. It is recommended that they be replaced with a gas unit.

Elevators: In the storehouse, laundry and main kitchen elevators of the pull cable type are still in use. For the safety of patients and personnel it is recommended that these be changed to those with safety gate and double push button control. It would then be impossible to bring elevators from floor to floor without warning, with doors open, or while being loaded.

Loss of Employees

This year two employees retired on pensions:

Harry A. Jones, charge attendant, entered the service of the institution on Novemeber 20, 1906, and was assigned to ward duty. In the long period of his work many hundreds of patients passed under his care. His ward was always well kept, his patients given individual attention, and his record was excellent. He retired on pension April 1, 1937.

Karl Storm began employment at the institution on March 25, 1912. He was assigned to duty as a fireman and general helper and gave faithful and efficient service. He retired on pension January 1, 1937, and planned to make his home with a daughter in California.

There were ten deaths as follows this year:

Russell Knight, attendant, began employment March 31, 1936, died on July 31, 1936 from lobar pneumonia and chronic myocarditis, aged 36.

William Moran, supervisor of occupational therapy, entered the service of the hospital April 21, 1908. He had had previous institutional experience and was a graduate nurse. For many years he was in charge of an active ward service where he gave excellent nursing care to sick patients. Occasionally he was recomended for temporary private duty when an urgent request was received for a reliable and experienced male nurse. Because of his skillful handling of patients, he was shifted to the occupational therapy work after building construction and the development of a women's graduate nursing service had resulted in a general hospital service for the sick. He always did the highest type of work in any division to which he was assigned, and his services in advising, checking, and distributing were invaluable at Christmas time, when all gifts for patients passed through his hands. When he died rather suddenly September 5, 1936, of coronary thrombosis and chronic endocarditis, following an attact of sciatica, the hospital lost a most loyal and highly valued employee.

Irene Ready, graduate nurse, entered the service of the hospital March 13, 1928. She was a faithful and diligent worker, always willing to perform to the extent of her ability any duty assigned to her. Her death occurred at the home of a niece in Pennsylvania on November 11, 1936.

Henry Thomas, entered the service of the hospital as an attendant on March 5, 1910. After being employed at ward duty he was assigned to the elevator at the Clinic building where he worked for many years, giving faithful service. He died on December 18, 1936, of myocardial insufficiency and chronic myocarditis, at the age of 54.

Peter Fitzpatrick, entered the service of the institution on June 24, 1916, and was assigned to duty in the occupational therapy division, in the book binding and ruling section. He was a skillful and conscientious worker, kindly and gentle. He died suddenly of a heart attack while walking on the grounds between buildings on January 20, 1937.

William Huber, entered the service on March 3, 1936, as a laborer and was assigned to the greenhouse division. He died

on February 17, 1937, at the age of 65, of coronary thrombosis, chronic myocarditis, and chronic nephritis.

Amelia F. Hill entered the hospital employ on September 19, 1916, as a telephone operator. She was a conscientious and faithful employee and continued work at the hospital switchboard until her health failed. After a rather long illness at the hospital Clinic, she died on February 27, 1937, at the age of 66, from cerebral embolus and chronic myocarditis.

George J. Holbig, Business Manager, entered the service of the institution on March 16, 1930, died March 11, 1937, aged 46, of adeno-carcinoma, head of pancreas, and chronic interstitial nephritis.

William G. Hamill, attendant, began service December 14, 1936, died May 21, 1937, aged 39, of congestive heart failure, aortic regurgitation and chronic parenchymatous nephritis.

Joseph B. Quick, attendant, began employment on April 12, 1933. On May 23, 1937, he complained of an acute intestinal obstruction and was operated upon at the Clinic successfully. After the operation had been completed and he was being returned to his room, death occurred suddenly from aortic regurgitation. He was 46 years of age.

Distinguished Visitors

So many distinguished visitors have honored us this year that it is impossible to make an adequate list of their names. Some have been mention already by Dr. Fuller and Miss Corcoran in their reports, since interest was directed primarily to the divisions of which they are in charge. A great many visitors, especially students and clergymen, have been received at the Educational Division headquarters, as described by Mr. Preston; others have visited the greenhouses and gardens, the occupational therapy or social service divisions and have not been reported with the general visitors.

Among visitors from outside the state may be mentioned Dr. Vincent Colacuri of Naples, Italy; Mr. Frederick Graber of the University of Minnesota; Mr. C. W. Eubank, Member of the State Board of Control, Dr. J. C. Nielsen, Superintendent of Hastings State Hospital, Ingleside, Mr. K. H. Gedney, Architect, and his son, William—all from Nebraska and working on an institutional plan for that State; Dr. F. A. Carmichael, Clinical

Advisor to Mental Institutions of Missouri, with Mrs. Carmichael and Dr. Hauks; Mr. George A. Picard, member of the Massachusetts Committee for Mental Hygiene, with a group of guests; Rev. Sewart Hiltner, Executive Secretary for the Council of Clinical Training; Dr. Wendell F. Preston of Marine Hospital, Stapleton, Staten Island, N. Y.; Miss Rensom, chief of Occupational Therapy, Rockland State Hospital, N. Y. Many others also paid us visits, coming from Australia, Canada, and European countries, as well as from many states of the Union.

Visitors occupying official positions in New Jersey were unusually numerous this year, especially on two occasions, one pleasant—the luncheon and conferring of prizes won in the Department of Institutions at the State Fair—the other tragic, the funeral services for Mr. Holbig in March. Among those present for the luncheon held here in October, in addition to the Commissioner and Mrs. Ellis and numerous representatives of the Central Office, were President Harold Dodds of Princeton University and Professor McMillan; Dr. Edwin Bartley of Rutgers University, with Mr. F. G. Helyar and Mr. E. A. Gauntt of the N. J. College of Agriculture; Assemblyman Homer B. Zink of Newark, with Mrs. Zink; Mr. David H. Agans of the New Jersey State Grange; Mr. William C. Lynn and Mr. R. A. Hendershott of the Department of Agriculture; Mr. Joseph Labrecht of the Fair Association; Col. Mahlon R. Margerum, long connected with the Fair, who was observing his 80th birthday on the date of the luncheon; Mr. William B. Duryea, Secretary of the State Board of Agriculture; Mr. Frederick A. Brodessor and Mr. W. M. N. Gilbert of the State Purchasing Department; Mr. Howard Saxe, Morris County Agricultural Demonstrator; Dr. Franklin Sharp of the Veterans' Hospital at Lyons; and one or more representatives from all the State Institutions. as well as several members of our local Board of Managers. On the sad occason of Mr. Holbig's funeral the Commissioner and many from the Central Department were present while all of the institutions were again represented by their superintendents and other officers, and in some instances by board members also.

Other visitors have included many educators and student groups, such as Dr. Alvin E. Pope, Miss Pope, and four pupils of the School for the Deaf; Dean Frans Ericsson and twenty-eight students from Upsala University; Professor McClintock of

Drew University; Mrs. Mary H. Randall of the Paterson prevocational School; a group from the Radburn School at Fairlawn; a group from the North Orange Baptist Church; Mrs. Carrie Ryman and fifteen members of a woman's club of White House; Raymond Beeman and Mr. Williams of the Morristown Junior College; and numerous others.

Many visits have been made by Dr. Joseph E. Raycroft, President of the Board of Managers of the State Hospital at Trenton, and Mr. Phillip Forman of that Board has also been here. Representatives of the State Department of Health have visited the hospital, and made inspections. The State Freeholders Association met here on September 21. The annual visit of the Appropriations Committee was made here on February 23, and beside the committee members numerous guests were present, including Mrs. Thompson, Mr. Stanton, and Mr. Cannon of the State Board of Control, Assemblywoman Pilch, and Commissioner Ellis and members of his office staff.

Others who have visited us include Dr. Henry O. Carhart of the Civil Service Commission and his successor Capt. C. C. Post; Dr. Guy Payne, Superintendent of the Essex County Hospital at Overbrook, and Mr. Berg of his engineering staff; Dr. C. A. Bayanz of the Veterans' Hospital at Lyons; Dr. William Marrocco of Paterson; Ex-Senator Simpson of Hudson County; Rev. Father Glennon and Father Keefe of Summit; Mr. Hogan, representative of the Painters' Union, and Dr. Ambrose Dowd of the State Board of Control.

Mr. Ellis P. Earle, President of the State Board of Control of Institutions and Agencies, has made many visits and inspections during the year and has been readily available for consultation. Commissioner Ellis, as usual, has devoted a great deal of his personal time and attention to the affairs of this hospital and numerous visits have also been made by members of his official family, including Mr. Gerry, Mr. Klein, Mr. Fitch, Mr. Leathem, Mr. Hankin, Mr. Bevan, Dr. Yepsen, Dr. Potter, Mr. Dalton, Mr. Smith, Dr. Frankel, Mr. Taylor and various others.

Close and friendly relations have been maintained with the numerous County and Town health and welfare organizations throughout the year. This has included frequent visits here by board members, executives, social workers and nurses. In many

instances it has been possible for us to assist these organizations and we have gladly cooperated.

Appointments and Resignations

Resident Physicians Appointed:

Harry Deeths, M. D. ..... July 1, 1936
Carl M Sagert, M. D. ..... August 1, 1936
William S. Voorhies, M. D. ..... August 1, 1936
Harry B. McCluskey, M. D. ..... December 1, 1936
Phyllis D. Schaefer, M. D. ..... January 1, 1937
William H. Longley, M. D. ..... April 21, 1937

Resident Physicians' Resignations:

Ralph M. Dahlquist, M. D. ..... November 30, 1936
Curtis Southard, M. D. ..... March 31, 1937
John W. Kinley, M. D. ..... June 30, 1937

Other Staff Appointments:

Henry A. Cotton, Jr., M.D., Mental Hygiene Clinics ..... July 1, 1936
Fank L. Loskot, D. D. S., Resident Dentist ..... March 1, 1937
Henry Brevoort Smith, Business Manager ..... March 17, 1937

Other Staff Resignations:

Harold J. Zerr, D. D. S., Resident Dentist ..... February 28, 1937
George J. Holbig, Business Manager—Died ..... March 11, 1937
Henry A. Cotton, Jr., M.D., Mental Hygiene Clinics ..... March 31, 1937

Acknowledgments

In each issue of the *The Psychogram* has appeared a column of names with a few words of appreciation for the gifts brought to the hospital during the preceding month by all of these good friends. The gifts take many forms, books and magazines, victrola records and picture puzzles, clothing for men and women, cigarettes and candy, ice cream for a ward party, money for some specific purposes or for any use which would promote the happiness or the welfare of the patients. In addition to *The Psychogram* acknowledgment, many of these generous givers have received personal thanks, either directly from the patients or from some member of the hospital staff. But there are numerous other gifts that have never been acknowledged at all. Many employees in daily contact with patients have quietly supplied clothing, food delicacies, tobacco, or even arranged a trip for some individual or a small party for the group with no thought of any thanks beyond the gratitude of those immediately concerned. Often such giving represents personal sacrifice on the part of employees in the lower wage brackets, but a surprising amount of it goes on, nevertheless. Members of the Board of Managers and the resident officers have

also made many gifts and donations to individual patients and to the institution which have been deeply appreciated. I wish at this time to express personally and on behalf of the patients, my most sincere thanks to each and every individual, known or unknown, who has during the past year contributed any gift to those under care at this hospital.

Conclusion

As I come to the end of my report, the chief impression must be that overcrowding and lack of personnel on the wards have produced an almost paralyzing effect upon all the remedial and curative agencies of the hospital. Also, that economy and increased demands have affected detrimentally most of the branches of the maintenance service of the institution. Under these conditions it seems to me that unusual credit is due to the resident officers and division heads and to the nucleus of faithful and loyal employees of all classifications who have remained steadfast with a fixed determination to do all in their power for the patients and the institution, whatever the obstacles might be. Aside from the factor of good luck it is to these individuals that all credit is due, not only for the measure of success attained, but even more for the absence of real disaster.

The unfortunate conditions which have prevailed this year were not due to any negligence or lack of foresight on the part of those who control our fortunes. The needs of the hospital have been clearly recognized by all concerned, but the urgency of other needs, particularly in the relief field, together with the lowered funds available after a series of depression years, and on the other hand the upswing in prices, jobs and wages which developed during the fiscal period all united to bring about the deplorable results.

The members of the local Board of Managers have spared no time or effort in their endeavor to relieve conditions and their advice and support have been invaluable to the resident officers and especially to the superintendent. The State Board of Control, with Mr. Earle their President, have concerned themselves constantly to promote the welfare of this institution, even though they had to divide their attention among many others in almost as serious condition. Commissioner Ellis and his assistants in the Central Office have been on call day and night to respond to any

and all requests for advice or special service. They arranged for all possible transfers of patients to other less crowded institutions. They set before the appropriations committee the existing emergency and the need for supplemental funds. And they used any and all facilities at their command to work out suggestions for methods of alleviating conditions.

For all of this assistance and for the continued spirit of friendly cooperation shown by the members of the Board, especially by the president, Dr. Knight, and by Commissioner Ellis and his official family, I and my entire staff feel profoundly grateful.

Respectfully submitted,

MARCUS A. CURRY
Medical Superintendent and
Chief Executive Officer.

STATISTICAL APPENDIX TO CHIEF EXECUTIVE OFFICER'S REPORT

TABLE I.

GENERAL INFORMATION

Data correct at end of hospital year, June 30, 1937

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	$11,391,548.05
Personal property	1,203,779.77
Total	$12,595,327.82

Total acreage of hospital property owned	929.49
Additional acreage rented	135.00
Total acreage under cultivation during previous year	200.60

4. OFFICERS AND EMPLOYEES

Actually in Service at End of Year

	M.	W.	T.	M.	W.	T.
Medical Administration						
Superintendent and Chief Executive Officer				1	...	1
Other Physicians				32	2	34
(a) Ward duty—direct care of patients	24	1	25			
(b) Specialists	6	1	7			
(c) Specialists (part time)	2	...	2			
Administrative Assistant to Superintendent				1	...	1
Dentists				2	...	2
Dental Internes				2	...	2
Pharmacists				2	...	2
Psychiatric Social Service					11	11
(a) Directors	..	1	1			
(b) Social Workers	..	10	10			
Clerical Employees				4	28	32
Nursing Administration				2	55	57
(a) Superintendent of Nurses	..	1	1			
(b) Supervisory or Administrative duty	..	14	14			
(c) Ward duty—direct care of patients	2	40	42			
(d) Special duty						
Other Nurses and Attendants (excluding O. T.)				275	247	522
(a) Ward duty						
(b) Special duty						
Physical Education					7	7
(a) Director	..	1	1			
(b) Teachers	..	6	6			
Occupational Therapists and Assistants				11	15	26
(a) Professional	5	5	10			
(b) Attendants assigned to special duty	6	10	16			
Industrial Supervisors and Instructors				1	...	1
Business Administration						
Business Managers				1	...	1
Assistant Business Managers				1	...	1
Clerical Employees				12	6	18

TABLE I. (Continued.)

	M.	W.	T.	M.	W.	T.
Housekeeping Employees				2	28	30
Farm Employees (excluding Attendants)				19	...	19
Other Employees (Medical and Business)				217	24	241
Mental Hygiene Clinics				3	10	13
(a) Director (Physician)	1	...	1			
(b) Assistant to Director (Physician)	1	...	1			
(c) Psychologists	1	...	1			
(d) Assistant Psychologists	..	1	1			
(e) Director Psychiatric Clinical Social Service	..	1	1			
(f) Psychiatric Clinical Social Workers	..	4	4			
(g) Clerical Employees	..	4	4			
TOTAL				588	433	1,021

5. CENSUS OF PATIENT POPULATION AT END OF YEAR

	Actually in Hospital			Absent from Hospital but Still on Books		
	Men	Women	Total	Men	Women	Total
WHITE—						
Insane	2,494	2,343	4,837	336	311	647
Epileptics	....	....	....	..	..	..
Mental defectives	98	100	198	7	4	11
Alcoholics	....	....	....	..	..	..
Drug addicts	....	....	....	..	..	..
Neurosyphilitics (without psychosis)	....	....	....	..	..	..
All other cases	....	....	....	..	..	..
Total	2,592	2,443	5,035	343	315	658
COLORED—						
Insane	84	156	240	..	..	..
Epileptics	....	....	....	..	..	..
Mental defectives	1	2	3	..	1	1
Alcoholics	....	....	....	..	..	..
Drug addicts	....	....	....	..	..	..
Neurosyphilitics (without psychosis)	....	....	....	..	..	..
All other cases	....	....	....	..	..	..
Total	85	158	243	..	1	1
GRAND TOTAL	2,677	2,601	5,278	343	316	659

	Men	Women	Total
6. Patients employed in industrial classes or in general hospital work on date of report	1,351	1,325	2,676
7. Average daily number of all patients actually in hospital during year	2,635.35	25,32.82	5,168.17
8. Voluntary patients admitted during year	152	89	241
9. Persons given advice or treatment in out-patient clinics during year	1,276	955	2,231

TABLE II.

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 1937

RECEIPTS

Balance on hand from previous fiscal year	$ 0.00
Received from appropriations	1,699,100.00
Received from paying patients	144,088.98
Received from all other sources	702,256.07
Total receipts	$2,545,445.05

DISBURSEMENTS

1. Expenditures for maintenance of patients		
Salaries and wages	$ 916,450.00	
Provisions (food)	330,000.00	
Fuel, light and water	135,000.00	
All other expenditures for maintenance	248,690.84	
Total expenditures for maintenance	$1,630,140.84	
2. Expenditures for all purposes other than maintenance, including new buildings, other additions and permanent betterments		$ 67,820.70
3. Expenditures for repayment of loans and interest on loans		0.00
Total expenditures		1,697,961.54
Amount returned to state treasurer or other officials		847,483.51
Balance on hand at close of year (Include balance for maintenance and for all other purposes.)		0.00
Total disbursements, including balance on hand (This item should equal total receipts.)		$2,545,445.05

TABLE III.

MOVEMENT OF INSANE PATIENT POPULATION

For year beginning July 1, 1936, and ending June 30, 1937

	Men	Women	Total
1. Insane patients on books of hospital at beginning of hospital year:			
a—In hospital	2,606	2,499	5,105
b—On parole or otherwise absent	261	266	527
Total	2,867	2,765	5,632
2. Admissions during year:			
a—First admissions	715	617	1,332
(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	148	282
(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	8	15	23
(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 c and d.)	857	780	1,637
4. Total on books during year (Includes total of items 1 and 3.)	3,724	3,545	7,269

TABLE III. (Continued.)

	Men	Women	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	129	176	305
b—As improved (Does not include transfers.)	121	89	210
c—As unimproved (Includes all patients discharged not benefited by treatment, exclusive of transfers.)	17	24	41
d—As without psychosis (Includes all discharged patients who are found to have had no psychosis.)	49	6	55
e—Transferred to other hospitals for mental diseases (Includes all patients sent directly to any other hospital for mental diseases, public or private, in same State, excepting institutions for temporary care.)	111	108	219
f—Died during year	277	236	513
6. Total discharged, transferred and died during year (Includes total of items 5 a, b, c, d, e f and g.)	704	639	1,343
7. Insane patients remaining on books of hospital at end of hospital year:			
a—In hospital	2,677	2,590	5,267
b—On parole or otherwise absent	343	316	659
Total	3,020	2,906	5,926
* Receiving special care beginning of year		0	0
Admitted for special care		29	29
Discharged from special care		17	17
Died while receiving special care		1	1
Receiving special care end of year		11	11

* Transferred from other state institutions to receive special surgical or medical care of a general hospital nature and not counted in items 1 to 7 above.

TABLE IV.

NATIVITY OF FIRST ADMISSIONS AND OF PARENTS OF FIRST ADMISSIONS

Nativity	Patients			Parents of Male Patients			Parents of Female Patients		
	Men	Women	Total	Both Parents	Fathers	Mothers	Both Parents	Fathers	Mothers
Africa	..	..	..	..	..	..	..	..	..
*Asia	..	1	1	..	..	..	1	1	1
Australia	..	..	..	..	..	..	..	..	..
Austria	7	10	17	13	15	17	17	19	19
Belgium	1	..	1	1	2	1	3	4	3
†Canada	1	5	6	2	4	5	3	7	5
Central America	..	..	..	..	..	..	..	..	..
China	..	..	..	1	1	1	..	..	..
Czecho-Slovakia	4	8	12	10	12	10	11	11	11
Cuba	..	..	..	..	..	..	..	..	..
Denmark	..	1	1	2	3	2	1	2	1
England	10	7	17	21	31	25	15	23	24
*Europe	..	..	..	..	..	..	..	..	..
Finland	3	1	4	4	4	4	1	1	2
France	1	4	5	4	8	4	5	8	5
Germany	43	21	64	72	84	81	50	63	58
Greece	3	..	3	4	4	4	..	..	..
Holland	2	3	5	3	4	4	6	7	6
Hungary	6	6	12	9	9	10	14	15	15
India	..	..	..	..	..	..	..	..	..
Ireland	14	34	48	42	53	61	66	74	75
Italy	61	33	94	88	90	88	56	58	59
Japan	3	..	3	2	2	2	..	..	..
Jugo-Slavia	..	..	..	..	..	..	..	..	..
Lithunia	2	1	3	4	4	5	4	5	4
Mexico	1	..	1	..	..	..	..	..	..
Norway	1	2	3	1	1	1	3	3	3
Philippine Islands	..	..	..	..	..	..	..	..	..
Poland	23	23	46	40	40	40	38	38	39
Portugal	2	1	3	2	2	2	1	1	1
Roumania	..	..	..	1	2	2	..	..	1
Russia	16	11	27	23	24	24	20	22	21
Scotland	5	8	13	6	9	9	6	8	11
South America	..	1	1	..	1	1	1	1	1
Spain	3	1	4	4	4	4	1	1	1
Sweden	2	2	4	2	4	4	3	4	3
Switzerland	3	5	8	3	4	3	5	7	6
Turkey-in-Asia	..	..	..	..	..	..	..	..	..
Turkey-in-Europe	..	2	2	1	1	1	2	2	2
*United States	494	425	919	263	288	295	202	225	236
Wales	..	..	..	1	1	1	..	1	..
‡West Indies	1	1	2	1	1	1	1	2	1
Other countries	3	.	3	3	3	3	3	4	3
Unascertained	..	..	..	..	..	..	..	..	..
Total	715	617	1,332	633	715	715	539	617	617

*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											
				Total			Parentage											Time in United States Before Admission											
							Native			Foreign			Mixed			Unascertained				Under 5 years			5–9 years			10–14 years			15 years and over		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Under 15 years..	2	1	3	2	1	3	..	1	1	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15—19 years....	26	26	52	26	24	50	15	5	20	9	14	23	2	5	7	..	..	..	..	2	2	..	..	..	..	..	..	..	..	1	1
20—24 years....	57	56	113	55	52	107	21	17	38	28	28	56	6	7	13	..	..	..	2	4	6	..	..	..	..	1	1	..	1	1	2	2	4
25—29 years....	48	43	91	44	37	81	20	16	36	14	13	27	10	8	18	..	..	..	4	6	10	1	..	1	1	2	3	..	1	1	2	3	5
30—34 years....	76	52	128	57	44	101	26	16	42	18	20	38	13	8	21	..	..	..	19	8	27	..	1	1	2	1	3	6	1	7	11	5	16
35—39 years....	85	66	151	68	47	115	38	28	66	18	10	28	12	9	21	..	..	..	17	19	36	1	..	1	2	1	3	5	4	9	9	14	23
40—44 years....	73	66	139	47	45	92	30	22	52	10	16	26	7	7	14	.	..	..	26	21	47	..	1	1	1	1	2	..	2	2	25	17	42
45—49 years....	54	64	118	36	35	71	20	19	39	7	11	18	9	5	14	..	..	..	18	29	47	..	..	..	..	2	2	2	3	5	16	24	40
50—54 years....	57	45	102	31	26	57	16	16	32	10	8	18	5	2	7	..	..	..	26	19	45	..	..	..	..	..	..	1	2	3	25	17	42
55—59 years....	60	48	108	34	26	60	23	12	35	9	8	17	2	6	8	..	..	..	26	22	48	..	..	..	..	..	..	2	1	3	24	21	45
60—64 years....	46	39	85	24	20	44	15	11	26	7	7	14	2	2	4	..	..	..	22	19	41	..	..	..	.	..	..	..	1	1	22	18	40
65—69 years....	46	24	70	25	15	40	13	7	20	9	3	12	3	5	8	..	..	..	21	9	30	..	..	..	1	..	1	1	1	2	19	8	27
70 years and over	85	87	172	45	53	98	26	32	58	16	15	31	3	6	9	..	..	..	40	34	74	..	..	..	..	..	..	1	4	5	39	30	69
Unascertained...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total.....	715	617	1332	494	425	919	263	202	465	156	153	309	75	70	145	..	..	..	221	192	413	2	2	4	7	8	15	18	22	40	194	160	354

TABLE V.

CITIZENSHIP OF FIRST ADMISSIONS

	Men	Women	Total
Citizens by birth	494	425	919
Citizens by naturalization	149	107	256
Aliens	72	85	157
Citizenship unascertained	..	..	..
Total	715	617	1,332

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS

Psychoses	M.	W.	T.	M.	W.	T.
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	..	..	..	76	13	89
2. Psychoses with other forms of syphilis of the central nervous system	..	..	..	24	10	34
a. Meningo-vascular type (cerebral syphilis)	24	10	34	..	..	..
b. With intracranial gumma	..	..	..	..	..	..
c. Other types (to be specified)	..	..	..	..	..	..
3. Psychoses with epidemic encephalitis	..	..	..	7	3	10
4. Psychoses with other infectious diseases	..	..	..	3	2	5
a. With tuberculosis meningitis	2	1	3	..	..	..
b. With meningitis (unspecified)	..	..	..	..	..	..
c. With acute chorea (Sydenham's)	..	..	..	..	..	..
d. With other infectious disease (to be specified)	..	..	..	..	..	..
e. Post-infectious psychoses (infection to be specified)	1	1	2	..	..	..
5. Alcholic psychoses	..	..	..	28	11	39
a. Pathological intoxication	1	1	2	..	..	..
b. Delirium tremens	13	2	15	..	..	..
c. Korsakow's psychosis	1	2	3	..	..	..
d. Acute hallucinosis	12	5	17	..	..	..
e. Other types (to be specified) Chronic alcoholic intoxication	1	1	2	..	..	..
6. Psychoses due to drugs or other exogenous poisons	..	..	..	..	2	2
a. Due to metals (to be specified)	..	..	..	..	..	..
b. Due to gases (to be specified)	..	..	..	..	..	..
c. Due to opium and derivatives	..	1	1	..	..	..
d. Due to other drugs (to be specified)	..	1	1	..	..	..
7. Traumatic psychoses	7	..	7	..	..	..
a. Traumatic delirium	..	..	..	..	..	..
b. Post-traumatic personality disorders	7	..	7	..	..	..
c. Post-traumatic mental deterioration	..	..	..	..	..	..
d. Other types (to be specified)	..	..	..	..	..	..
8. Psychoses with cerebral arteriosclerosis	..	..	..	196	158	354
9. Psychoses with other disturbances of circulation	..	..	..	5	9	14
a. With cerebral embolism	..	1	1	..	..	..
b. With cardio-renal disease	5	8	13	..	..	..
c. Other types (to be specified)	..	..	..	..	..	..

TABLE VI. (Continued.)

Psychoses	M.	W.	T.	M.	W.	T.
10. Psychoses with convulsive disorders (epilepsy)	..	..	..	6	13	19
a. Epileptic deterioration	..	1	1	..	..	..
b. Epileptic clouded states	6	12	18	..	..	..
c. Other epileptic types	..	..	..	..	..	..
11. Senile psychoses	..	..	..	20	41	61
a. Simple deterioration	18	26	44	..	..	..
b. Presbyophrenic type	..	1	1	..	..	..
c. Delirious and confused types	..	..	..	..	..	..
d. Depressed and agitated types	2	13	15	..	..	..
e. Paranoid types	..	1	1	..	..	..
12. Involutional psychoses	..	..	..	22	63	85
a. Melancholia	12	23	35	..	..	..
b. Paranoid types	9	26	35	..	..	..
c. Other types (to be specified)	1	14	15	..	..	..
13. Psychoses due to other metabolic, etc., diseases	..	..	..	4	10	14
a. With diseases of the endocrine glands (to be specified)	..	3	3	..	..	..
b. Exhaustion delirium	..	2	2	..	..	..
c. Alzheimer's disease	2	..	2	..	..	..
d. With pellagra	1	..	1	..	..	..
e. Other somatic diseases (to be specified)	1	5	6	..	..	..
14. Psychoses due to new growth	..	..	..	1	2	3
a. With intracranial neoplasms	1	1	2	..	..	..
b. With other neoplasms (to be specified)	..	1	1	..	..	..
15. Psychoses associated with organic changes of the nervous system	..	..	..	2	3	5
a. With multiple sclerosis	2	2	4	..	..	..
b. With paralysis agitans	..	1	1	..	..	..
c. With Huntington's chorea	..	..	..	..	..	..
d. With other brain or nervous diseases (to be specified)	..	..	..	..	..	..
16. Psychoneuroses	..	..	.	17	17	34
a. Hysteria (anxiety hysteria, conversion hysteria and subgroups)	1	5	6	..	..	..
b. Psychasthenia or compulsive states (and subgroups)	7	..	7	..	..	..
c. Neurasthenia	1	2	3	..	..	..
d. Hypochondriasis	..	2	2	..	..	..
e. Reactive depression (simple situational reaction, others)	2	4	6	..	..	..
f. Anxiety state	1	1	2	..	..	..
g. Mixed Psychoneurosis	5	3	8	..	..	..

TABLE VI. (Continued.)

Psychoses	M.	W.	T.	M.	W.	T.
17 Manic-depressive psychoses	..	..	..	45	78	123
a. Manic type	16	22	38	..	..	..
b. Depressive type	16	24	40	..	..	..
c. Circular type	..	2	2	..	..	..
d. Mixed type	13	..	13	..	..	..
e. Perplexed type	..	..	..	..	..	..
f. Stuporous type	..	3	3	..	..	..
g. Other types	..	27	27	..	..	..
18. Dementia Præcox (schizophrenia)	.	..	..	137	103	240
a. Simple type	11	3	14		..	..
b. Hebephrenic type	95	68	163	..	..	..
c. Catatonic type	7	8	15	..	..	..
d. Paranoid type	24	24	48	..	..	..
e. Other types	..	..	..	..	..	..
19. Paranoia and Paranoid conditions	..	..	..	17	20	37
a. Paranoia	.	..	..	..	..	..
b. Paranoid conditions	17	20	37	..	..	..
20. Psychoses with psychopathic personality	..	..	..	31	23	54
21. Psychoses with mental deficiency	..	..	..	10	15	25
22. Undiagnosed psychoses	..	..	..	17	13	30
23. Without psychoses	..	..	..	40	8	48
a. Epilepsy	..	..	..	..	..	..
b. Alcoholism	27	2	29	..	..	..
c. Drug addiction	..	..	..	..	..	..
d. Mental deficiency	..	3	3	..	..	..
e. Disorders of personality due to epidemic encephalitis	..	..	..	..	..	..
f. Psychopathic personality	..	..	..	..	..	..
f1. With pathological sexuality	..	..	..	..	.	..
f2. With pathological emotionality	..	..	..	..	..	..
f3. With asocial or amoral trends	..	..	..	..	..	..
f4. Mixed types	..	..	..	..	..	..
g. No evidence of any mental disturbance	13	3	16	..	..	..
24. Primary behavior disorders	..	..	..	..	..	..
a. Simple adult maladjustment	..	..	..	..	..	..
b. Primary behavior disorders in children	..	..	..	..	..	..
b1. Habit disturbance	..	..	..	..	..	..
b2. Conduct disturbance	..	..	..	..	..	..
b3. Neurotic traits	..	..	..	..	..	..
TOTAL	..	..	..	715	617	1,332

TABLE VII.

RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Race	Total			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		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
African (black).....	60	62	122	9	2	11	9	2	11							4	4	8				1		1	14	12	26		4	4		1	1	3	3	6		2	2	1	1	2								1	1	6	10	16
American Indian....	2		2																						1		1																										
Armenian		2	2																															1	1																
Bulgarian.....																																																			
Chinese	1		1																																															
Cuban.....																																																		
Dutch and Flemish..	4	9	13																						3	2	5											1	1								2	2			
East Indian.....																																																		
English	21	15	36	2		2	1	1	2		1	1				1		1				1		1	10	6	16		1	1					1	1		1	1						1	1	2	1	3
Finnish	4		4	2		2																																1	1												
French.....	4	6	10																						1	2	3																		1		1	1		1
German.....	73	45	118	7	1	8	1		1								1	1							36	13	49	1	1	2				5	3	8	3	11	14						1	1		1	4	7	11
Greek.....	4		4	2		2																																												
Hebrew..... ...	33	39	72	1		1				2		2													8	7	15																		2	2	4	2	8	10
Irish	43	66	109	3	1	4	1		1	1		1	1	1	2	3	2	5				1		1	17	29	46		1	1		1	2	1	12	13	2	4	6						2	2		6	6
Italian†	88	57	145	15	1	16	1	2	3											1	1	2		2	27	11	38	1		1	2	3	5	3	4	7		3	3		2	2				1	2	3	9	1	10
Japanese.....	2	1	3																																			1	1												
Lithuanian.....	2	3	5	1		1																			1		1																					1	1
Magyar	9	13	22	1		1		1	1							1		1							4	2	6											2	2			1				1	1		1	1
Mexican.....																																																		
Portuguese.....	2	1	3																													1	1														1		1
Pacific Islander.....																																																		
Roumanian.....																																																		
Scandinavian ‡.....	5	7	12																						2	3	5											1	1										1	1
Scotch.....	6	6	12	1	1	2																			3	2	5											1	1			1	1							
Slavonic *.....	59	59	118	5		5	2		2	1		1	1		1		1	1							14	9	23		1	1	1	1	2	1		1	1	12	13		1	1				1		1	3	3	3	5	8
Spanish	3	1	4	2		2	1		1																																									
Spanish-American...																																																		
Syrian.....	2	3	5																						1	1	2																					2	2
Turkish	1		1																																														
Welsh.....	1		1																																														
West Indian																																																		
Other specific races..																																																		
Mixed.....	286	222	508	25	7	32	8	4	12	3	2	5	1	1	2	19	3	22		1	1	2		2	54	59	113	3	1	4	3	4	7	7	12	19	15	18	33	1	4	5		2	2		3	3	10	7	17	17	33	50
Race unascertained..																																																		
Total	715	617	1335	76	13	89	24	10	34	7	3	10	3	2	5	28	11	39		2	2	7		7	196	158	354	5	9	14	6	13	19	20	41	61	22	63	85	4	10	14	1	2	3	2	3	5	17	17	34	45	78	123

†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

	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 psychopathic personality			With mental deficiency			Undiagnosed			Without psychoses			Primary behavior disorders		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
					4	4	8				1		1	14	12	26		4	4		1	1	3	3	6		2	2	1	1	2							1	1	6	10	16	5	12	17	1	1	2	3	1	4	2	2	4	1	3	4	1	1	2			
														1		1								1	1																																		
																																											1		1																					
														3	2	5										1	1																																		
1	1				1		1				1		1	10	6	16		1	1					1	1		1	1												2	1	3	2		2				2	2	4					1	1						
														1	2	3								1	1																																		
						1	1							36	13	49	1	1	2				5	3	8	3	11	14							1		1	1		1	1		1	1																			
	2													8	7	15								4	4	1	5	6	2		2							1		1	4	7	11	6	4	10	4	3	7	2		2		1	1	1		1	1			
	1	1	1	2	3	2	5		1	1	1		1	17	29	46		1	1		2	2	1	12	13	2	4	6										2	2	4	2	8	10	2	4	9		2	2	2	1	3		1	1	2		2	2	1	3	
														27	11	38	1		1	2	3	5	3	4	7		3	3		2	2							2	3	9	1	10	15	13	28	3	4	7	1	4	5	3	2	5	3	3	6	2	1	3			
														1		1											1	1																	1															
					1		1							4	2	6											2	2												1	1		1	1	3	5	8					1	1									
																								1	1																																
																																									1		1	1		1															
														2	3	5											1	1		1	1	1		1							1	1	2																	
														3	2	5											1	1																													
	1	1		1		1	1							14	9	23		1	1	1	1	2	1		1	1	12	13		1	1				1		1		3	3	3	5	8	21	23	44	2		2		1	1				1		1		1	1		1			
														1	1	2																																																						

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		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total With Psychoses	675	609	1284	2	1	3	26	25	51	57	55	112	47	43	90	70	51	121	70	66	142	67	63	130	46	63	109	53	45	98	55	47	102	45	39	84	46	24	70	85	87	172
1. With syphilitic meningo-encephalitis (general paresis)	76	13	89				2		2		1	1	2		2	7	3	10	18	2	20	18	2	20	13	2	15	5	1	6	4		4	5	1	6	2		2		1	1
2. With other forms of syphilis of the central nervous system	24	10	34				2		2	1	2	3				4		4		1	1	5	1	6	1	1	2	2	1	3	4	3	7	2	1	3	2		2	1		1
3. With epidemic encephalitis	7	3	10				1		1	1	2	3	2		2	2		2		1	1												1		1						
4. With other infectious diseases	3	2	5							1		1							1		1	1		1		1	1		1	1											
5. Alcoholic	28	11	39							1	1	2				6	1	7	5	4	9	7	1	8	5	1	6		1	1	4	1	5		1	1					
6. Due to drugs or other exogenous poisons		2	2								1	1																1	1											
7. Traumatic	7		7																2		2				2		2	2		2	1		1								
8. With cerebral arteriosclerosis	196	158	354										2		2	1		1	2	1	3	1	1	2	3	3	6	21	20	41	29	33	62	34	32	66	41	20	61	65	48	113
9. With other disturbances of circulation	5	9	14																2	2	4	2	1	3		3	3	1	1	2		1	1		1	1		1	1			
10. With convulsive disorders (epilepsy)	6	13	19				2	1	3	1	2	3		1	1		3	3		3	3		1	1	2	1	3	1		1								3	3	19	38	57
11. Senile	20	41	61																	5	5	3	14	17	3	34	37	10	10	20	5		5	1		1						
12. Involutional	22	63	85								1	1		1	1		2	2		1	1	1		1	2		2		1	1	1	1	2		1	1					
13. Due to other metabolic, etc., diseases	4	10	14					2	2													1	1	2								1	1								
14. Due to new growth	1	2	3																																						
15. Associated with organic changes of the nervous system	2	3	5										1	1	2					1	1							1		1	1		1		1	1	1		1			
16. Psychoneuroses	17	17	34					3	3	1	2	3	1	2	3	3	4	7	6	1	7	1	4	5	2	1	3	1		1	1		1								
17. Manic-depressive	45	78	123		1	1	3	5	8	11	13	24	5	13	18	8	14	22	11	13	24	4	12	16	2		2	1	4	5		3	3								
18. Dementia præcox	137	103	240	2		2	13	9	22	35	21	56	26	23	49	30	16	46	18	14	32	11	10	21	1	9	10		1	1	1		1								
19. Paranoia and paranoid conditions	17	20	37										2		2	1		1	2	9	11	5	5	10	1	2	3	4	1	5	2	3	5								
20. With psychopathic personality	31	23	54					1	1	2	4	6	4		4	6	5	11	6	2	8	3	4	7	7	4	11	2	2	4	1		1		1	1						
21. With mental deficiency	10	15	25				3	2	5	2	4	6	1	1	2		1	1	3	2	5	1	4	5								1	1		1	1					
22. Undiagnosed	17	13	30					2	2	1	1	2	1	1	2	2	2	4	2	4	6	3	2	5	2	1	3	2		2	2		2	2		2					
23. Total Without Psychoses	40	8	48					1	1		1	1	1		1	6	1	7	9		9	6	3	9	8	1	9	4		4	5	1	6	1		1					
Total	715	617	1332	2	1	3	26	26	52	57	56	113	48	43	91	76	52	128	85	66	151	73	66	139	54	64	118	57	45	102	60	48	108	46	39	85	46	24	70	85	87	172

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		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total With Psychoses	675	609	1284	36	34	70	141	142	283	353	294	647	107	117	224	38	22	60
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	76	13	89	4		4	15	5	20	46	8	54	7		7	4		4
2. Psychoses with other forms of syphilis of the central nervous system	24	10	34	1		1	9	4	13	12	6	18	2		2			
3. Psychoses with epidemic encephalitis	7	3	10				1		1	3	2	5	3	1	4			
4. Psychoses with other infectious diseases	3	2	5							2	1	3	1	1	2			
5. Alcoholic psychoses	28	11	39				3	5	8	20	4	24	3	2	5	2		2
6. Psychoses due to drugs or other exogenous poisons		2	2								2	2						
7. Traumatic psychoses	7		7				3		3	3		3	1		1			
8. Psychoses with cerebral arteriosclerosis	196	158	354	22	17	39	60	29	89	100	90	190	13	21	34	1	1	2
9. Psychoses with other disturbances of circulation	5	9	14	1	1	2	1	1	2		6	6	3	1	4			
10. Psychoses with convulsive disorders (epilepsy)	6	13	19	1		1	2	3	5	3	9	12		1	1			
11. Senile psychoses.	20	41	61	2	6	8	7	6	13	8	25	33	3	4	7			
12. Involutional psychoses	22	63	85		2	2	4	13	17	13	35	48	1	11	12	4	2	6
13. Psychoses due to other metabolic, etc., diseases	4	10	14	1		1	1	2	3	1	7	8	1	1	2			
14. Psychoses due to new growth	1	2	3							1		1		2	2			
15. Psychoses associated with organic changes of the nervous system	2	3	5				1		1				1	3	4			
16. Psychoneuroses	17	17	34				1	1	2	8	9	17	3	5	8	5	2	7
17. Manic-depressive psychoses.	45	78	123				6	8	14	22	42	64	12	24	36	5	4	9
18. Dementia Præcox (schizophrenia)	137	103	240	3	1	4	14	53	67	71	13	84	39	29	68	10	7	17
19. Paranoia and paranoid conditions	17	20	37		2	2	3	2	5	9	9	18	3	5	8	2	2	4
20. Psychoses with psychopathic personality	31	23	54		1	1	2	1	3	16	14	30	8	4	12	5	3	8
21. Psychoses with mental deficiency	10	15	25	1	4	5	4	8	12	5	3	8						
22. Undiagnosed psychoses	17	13	30				4	1	5	10	9	19	3	2	5		1	1
23. Total Without Psychoses	40	8	48	1	1	2	3	3	6	19	3	22	11	1	12	5		6
Total	715	617	1332	37	35	72	144	145	289	372	297	669	118	118	236	44	22	66

*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		
	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total With Psychoses	675	609	1284	627	561	1188	48	48	96
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	76	13	89	74	13	87	2		2
2. Psychoses with other forms of syphilis of the central nervous system	24	10	34	21	10	31	3		3
3. Psychoses with epidemic encephalitis	7	3	10	6	2	8	1	1	2
4. Psychoses with other infectious diseases	3	2	5	2		2	1	2	3
5. Alcoholic psychoses	28	11	39	24	11	35	4		4
6. Psychoses due to drugs and other exogenous poisons		2	2		2	2			
7. Traumatic psychoses	7		7	6		6	1		1
8. Psychoses with cerebral arterio-sclerosis	196	158	354	179	137	316	17	21	38
9. Psychoses with other disturbances of circulation	5	9	14	5	9	14			
10. Psychoses with convulsive disorders (epilepsy)	6	13	19	4	13	17	2		2
11. Senile psychoses	20	41	61	19	38	57	1	3	4
12. Involutional psychoses	22	63	85	22	61	83		2	2
13. Psychoses due to other metabolic, etc., diseases	4	10	14	4	10	14			
14. Psychoses due to new growth	1	2	3	1	2	3			
15. Psychoses associated with organic changes of the nervous system	2	3	5	2	3	5			
16. Psychoneuroses	17	17	34	14	16	30	3	1	4
17. Manic-depressive psychoses	45	78	123	44	71	115	1	7	8
18. Dementia præcox (schizophrenia)	137	103	240	134	98	232	3	5	8
19. Paranoia and paranoid conditions	17	20	37	16	18	34	1	2	3
20. Psychoses with psychopathic personality	31	23	54	26	23	49	5		5
21. Psychoses with mental deficiency	10	15	25	7	12	19	3	3	6
22. Undiagnosed psychoses	17	13	30	17	12	29		1	1
23. Total Without Psychoses	40	8	48	34	8	42	6		6
Total	715	617	1332	661	569	1230	54	48	102

TABLE XI.

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Dependent			Marginal			Comfortable		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total With Psychoses	675	609	1284	98	92	190	535	458	993	42	59	101
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	76	13	89	15	3	18	59	9	68	2	1	3
2. Psychoses with other forms of syphilis of the central nervous system	24	10	34	1	1	2	23	5	28	..	4	4
3. Psychoses with epidemic encephalitis	7	3	10	..	..	..	6	3	9	1	..	1
4. Psychoses with other infectious diseases	3	2	5	..	..	..	3	2	5	..	..	..
5. Alcoholic psychoses	28	11	39	3	2	5	24	9	33	1	..	1
6. Psychoses due to drugs or other exogenous poisons	..	2	2	..	1	1	..	1	1	..	..	..
7. Traumatic psychoses	7	..	7	2	..	2	5	..	5	..	..	..
8. Psychoses with cerebral arteriosclerosis	196	158	354	46	38	84	141	108	249	9	12	21
9. Psychoses with other disturbances of circulation	5	9	14	2	2	4	2	6	8	1	1	2
10. Psychoses with convulsive disorders (epilepsy)	6	13	19	2	2	4	4	11	15	..	..	..
11. Senile psychoses	20	41	61	8	11	19	12	30	42	..	..	..
12. Involutional psychoses	22	63	85	..	4	4	18	47	65	4	12	16
13. Psychoses due to other metabolic, etc., diseases	4	10	14	1	3	4	3	6	9	..	1	1
14. Psychoses due to new growth	1	2	3	..	..	..	1	1	2	..	1	1
15. Psychoses associated with organic changes of the nervous system	2	3	5	1	..	1	1	3	4	..	..	..
16. Psychoneuroses	17	17	34	2	4	6	14	12	26	1	1	2
17. Manic-depressive psychoses	45	78	123	3	4	7	39	68	107	3	6	9
18. Dementia Praecox (schizophrenia)	137	103	240	8	11	19	116	82	198	13	10	23
19. Paranoia and paranoid conditions	17	20	37	..	3	3	15	14	29	2	3	5
20. Psychoses with psychopathic personality	31	23	54	..	2	2	27	17	44	4	4	8
21. Psychoses with mental deficiency	10	15	25	2	1	3	8	13	21	..	1	1
22. Undiagnosed psychoses	17	13	30	2	..	2	14	11	25	1	2	3
23. Total Without Psychoses	40	8	48	4	1	5	34	7	41	2	..	2
Total	715	617	1332	102	93	195	569	465	1034	44	59	103

TABLE XII.

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

Psychoses	Total			Abstinent			Temperate			Intemperate		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total With Psychoses	675	609	1284	242	365	607	282	199	481	157	45	196
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	76	13	89	24	8	32	43	4	47	9	1	10
2. Psychoses with other forms of syphilis of the central nervous system	24	10	34	8	5	13	11	4	15	5	1	6
3. Psychoses with epidemic encephalitis	7	3	10	2	2	4	5	1	6			
4. Psychoses with other infectious diseases	3	2	5	2	1	3		1	1	1		1
5. Alcoholic psychoses	28	11	39							28	11	39
6. Psychoses due to drugs and other exogenous poisons		2	2		1	1		1	1			
7. Traumatic psychoses	7		7				1		1	6		6
8. Psychoses with cerebral arteriosclerosis	196	158	354	81	117	198	69	29	98	46	12	58
9. Psychoses with other disturbances of circulation	5	9	14		4	4	5	5	10			
10. Psychoses with convulsive disorders (epilepsy)	6	13	19	3	9	12	3	4	7			
11. Senile psychoses	20	41	61	10	38	48	8	2	10	2	1	3
12. Involutional psychoses	22	63	85	9	36	45	11	26	37	2	1	3
13. Psychoses due to other metabolic, etc., diseases	4	10	14	3	6	9	1	4	5			
14. Psychoses due to new growth	1	2	3		1	1	1	1	2			
15. Psychoses associated with organic changes of the nervous system	2	3	5	1	3	4	1		1			
16. Psychoneuroses	17	17	34	5	14	19	9	2	11	3	1	4
17. Manic-depressive psychoses	45	78	123	16	41	57	24	36	60	5	1	6
18. Dementia Præcox (schizophrenia)	137	103	240	58	46	104	69	51	120	10	6	16
19. Paranoia and paranoid conditions	17	20	37	6	10	16	9	9	18	2	1	3
20. Psychoses with psychopathic personality	31	23	54	1	7	8	5	8	13	25	8	33
21. Psychoses with mental deficiency	10	15	25	8	7	15	1	7	8	1	1	2
22. Undiagnosed psychoses	17	13	30	5	9	14	6	4	10	6		6
23 Total Without Phychoses	40	8	48	3	3	6	8	3	11	29	2	31
Total	715	617	1332	245	368	613	290	202	492	180	47	227

TABLE XIII.

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Single			Married			Widowed			Separated			Divorced		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total With Psychoses	675	609	1284	261	181	442	262	243	505	79	140	219	54	38	92	19	7	26
1. With syphilitic meningo-encephalitis (general paresis)	76	13	89	16	2	18	43	8	51	6	1	7	10	1	11	1	1	2
2. With other forms of syphilis of the central nervous system	24	10	34	7	1	8	12	5	17	2	3	5	3	1	4			
3. With epidemic encephalitis	7	3	10	5	2	7	1	1	2				1		1			
4. With other infectious diseases	3	2	5	1	1	2	1	1	2				1		1			
5. Alcoholic psychoses	28	11	39	10	1	11	8	6	14	1	2	3	9	1	10		1	1
6. Due to drugs or other exogenous poisons		2	2					1	1		1	1						
7. Traumatic psychoses	7		7	2		2	2		2	1		1		1		1		1
8. With cerebral arteriosclerosis	196	158	354	37	35	72	87	37	124	54	73	127	13	11	24	5	2	7
9. With other disturbances of circulation	5	9	14	2		2	3	3	6		3	3		3	3			
10. With convulsive disorders (epilepsy)	6	13	19	4	5	9	2	7	9		1	1						
11. Senile psychoses	20	41	61	3	10	13	9	1	10	8	29	37		1	1			
12. Involutional psychoses	22	63	85	6	13	19	14	38	52	1	7	8		4	4	1	1	2
13. Due to other metabolic, etc., diseases	4	10	14	1		1	2	7	9		1	1	1	1	2		1	1
14. Due to new growth	1	2	3		1	1	1	1	2									
15. Associated with organic changes of the nervous system	2	3	5	2	2	4		1	1									
16. Psychoneuroses	17	17	34	6	7	13	6	5	11		3	3	4	2	6	1		1
17. Manic-depressive psychoses	45	78	123	20	27	47	22	47	69	1	2	3	1	2	3	1		1
18. Dementia Præcox (schizophrenia)	137	103	240	110	52	162	20	40	60	2	7	9	1	4	5	4		4
19. Paranoia and paranoid conditions	17	20	37	6	2	8	8	12	20	1	5	6	1	1	2	1		1
20. With psychopathic personality	31	23	54	8	5	13	13	9	22		2	2	6	6	12	4	1	5
21. With mental deficiency	10	15	25	10	9	19	6	6										
22. Undiagnosed psychoses	17	13	30	5	6	11	8	7	15	2		2	2		2			
23. Total Without Psychoses	40	8	48	7	3	10	24	2	26	1		1	1	2	3	7	1	8
Total	715	617	1332	268	184	452	286	245	531	80	140	220	55	40	95	26	8	34

TABLE XIII a.

DURATION OF HOSPITAL LIFE ON PRESENT ADMISSION OF PATIENTS DISCHARGED ALIVE BY DIAGNOSES

Mental Diagnoses	Total			Under 6 mos.			6 – 11 mos.			1 year			2 years			3 years			4 years			5 – 9 years			10 yrs. & over		
	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re
TOTAL DISCHARGED	583	474	109	372	305	67	96	81	15	59	44	15	30	24	6	10	8	2	7	6	1	7	5	2	2	1	1
TOTAL WITH PSYCHOSES	528	430	98	320	263	57	94	79	15	59	44	15	29	24	5	10	8	2	7	6	1	7	5	2	2	1	1
1. General paresis	29	28	1	17	16	1	6	6		4	4					1	1					1	1				
2. Other forms of syphilis of the C.N.S.	13	12	1	6	5	1	4	4		2	2											1	1				
3. Epidemic encephalitis	2	2		1	1					1	1																
4. Other infectious diseases	2	2		2	2																						
5. Alcoholic	27	22	5	17	15	2	5	4	1	5	3	2															
6. Due to drugs and exogenous poisons	2	2								1	1		1	1													
7. Traumatic	3	3					2	2		1	1																
8. Cerebral arteriosclerosis	76	67	9	47	42	5	12	12		8	6	2	5	3	2	1	1		3	3							
9. Other disturbances of circulation	5	3	2	4	3	1				1		1															
10. With convulsive disorders	8	7	1	5	4	1	2	2					1	1													
11. Senile	1	1		1	1																						
12. Involutional	27	22	5	18	15	3	2	2		2	2		1	1		1		1	1		1	2	2				
13. Due to other metabolic, etc., diseases	15	12	3	7	6	1	4	3	1				4	3	1												
14. Due to growth																											
15. With organic changes of nervous system	2	2		2	2																						
16. Psychoneuroses	37	30	7	32	26	6	3	2	1	1	1		1	1													
17. Manic-depressive	116	79	37	68	48	20	23	14	9	12	7	5	6	4	2	5	4	1	2	2							
18. Dementia praecox	82	68	14	39	31	8	22	20	2	10	8	2	6	6		1	1		1	1		2		2	1	1	
19. Paranoia and paranoid conditions	17	15	2	10	9	1	4	3	1				1	1		1	1					1	1				
20. Psychopathic personality	40	33	7	30	25	5	3	3		6	4	2	1	1													
21. With mental deficiency	8	5	3	3	1	2	1	1		2	2		1	1											1		1
22. Undiagnosed psychoses	16	15	1	11	11		1	1		3	2	1	1	1													
TOTAL WITHOUT PSYCHOSES	55	44	11	52	42	10	2	2					1		1												

TABLE XIII b.

DURATION OF HOSPITAL LIFE ON PRESENT ADMISSION OF PATIENTS DISCHARGED ALIVE BY AGE ON DISCHARGE

Age on Admission	Total			Under 6 mos.			6—11 mos.			1 year			2 years			3 years			4 years			5—9 years			10 yrs. & over		
	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re	T	1st	Re
Total discharged	583	474	109	372	305	67	96	81	15	59	44	15	30	24	6	10	8	2	7	6	1	7	5	2	2	1	1
Under 15 years																											
5— 9 years																											
10—14 years																											
15—19 years	16	15	1	12	11	1	1	1		2	2		1	1													
20—24 years	56	48	8	33	29	4	13	10	3	5	5		4	4		1		1									
25—29 years	60	50	10	34	27	7	13	11	2	8	7	1	5	5													
30—34 years	72	61	11	47	40	7	14	12	2	7	6	1	3	3								1		1			
35—39 years	85	68	17	56	46	12	15	14	1	9	4	5	2	1	1	2	2					1	1				
40—44 years	69	54	15	46	35	11	10	8	2	6	5	1	3	3		1	1		1	1		1	1		1		1
45—49 years	91	69	22	61	49	12	10	7	3	9	6	3	4	2	2	4	4		1		1	2	1	1			
50—54 years	32	29	3	19	18	1	3	3		6	4	2	2	2								1	1		1	1	
55—59 years	46	32	12	31	24	7	5	4	1	3	2	1	3	1	2	1		1	3	3							
60—64 years	27	22	5	16	13	3	5	4	1	2	1	1	2	2		1	1		1	1							
65—69 years	20	17	3	12	10	2	4	4		2	2		1		1							1	1				
70 years and over	9	7	2	5	3	2	3	3											1	1							
Not stated																											

TABLE XIII c.

DURATION OF HOSPITAL LIFE ON PRESENT ADMISSION OF PATIENTS DISCHARGED ALIVE BY CONDITION ON DISCHARGE

Duration of Hospital Life	Total Discharged Alive					
	Total	Total with condition	Recovered	Improved	Un-improved	Without psychoses
Total	583		301	205	22	55
1st admission	474		243	170	17	44
Readmission	109		58	35	5	11
Under 6 months	372		186	117	17	52
1st admission	305		153	96	14	42
Readmission	67		33	21	3	10
6 – 11 months	96		51	43		2
1st admission	81		43	36		2
Readmission	15		8	7		
1 year	59		35	20	4	
1st admission	44		25	17	2	
Readmission	15		10	3	2	
2 years	30		16	12	1	1
1st admission	24		12	11	1	
Readmission	6		4	1		1
3 years	10		5	5		
1st admission	8		3	5		
Readmission	2		2			
4 years	7		4	3		
1st admission	6		4	2		
Readmission	1			1		
5 – 9 years	7		3	4		
1st admission	5		3	2		
Readmission	2			2		
10 years and over	2		1	1		
1st admission	1			1		
Readmission	1		1			

TABLE XIII d.

DURATION OF HOSPITAL LIFE OF PATIENTS DISCHARGED 1936-1937

TOTAL	611
Less than one month	48
1 month	125
2 months	73
3 months	63
4 months	43
5 months	40
6 months	30
7 months	19
8 months	21
9 months	12
10 months	9
11 months	8
1 year	62
2 years	32
3 years	10
4 years	7
5 years	5
6 years	—
7 years	1
8 years	1
9 years	—
10 years and over	2

TABLE XIV.

PSYCHOSES OF READMISSIONS

Psychoses	Men	Women	Total
1. With syphilitic meningo-encephalitis (general paresis)	6		6
2. With other forms of syphilis of the central nervous system	4	1	5
3. With epidemic encephalitis	1	1	2
4. With other infectious diseases			
5. Alcoholic psychoses	3	1	4
6. Due to drugs or other exogenous poisons			
7. Traumatic psychoses			
8. With cerebral arteriosclerosis	11	13	24
9. With other disturbances of circulation		1	1
10. With convulsive disorders (epilepsy)		3	3
11. Senile psychoses		1	1
12. Involutional psychoses	4	8	12
13. Due to other metabolic, etc., diseases		3	3
14. Due to new growth			
15. Associated with organic changes of the nervous system			
16. Psychoneuroses	4	5	9
17. Manic-depressive psychoses	19	57	76
18. Dementia præcox (schizophrenia)	46	37	83
19. Paranoia and paranoid conditions	2	1	3
20. With psychopathic personality	16	9	25
21. With mental deficiency	1	2	3
22. Undiagnosed psychoses	4	2	6
23. Without psychoses	13	3	16
24. Primary behavior disorders			
Total	134	148	282

TABLE XV.

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

Psychoses	Total			Recovered			Improved			Unimproved		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total Discharges	316	295	611	129	176	305	121	89	210	17	24	41
Total With Psychoses	267	289	556	129	176	305	121	89	210	17	24	41
1. With syphilitic meningo-encephalitis (general paresis)	24	6	30	18	5	23	4	1	5	2		2
2. With other forms of syphilis of the central nervous system	12	3	15	6	3	9	5		5	1		1
3. With epidemic encephalitis	2		2				2		2			
4. With other infectious diseases	1	2	3	1	2	3						
5. Alcoholic psychoses	24	4	28	24	4	28						
6. Due to drugs or other exogenous poisons	1	1	2	1	1	2						
7. Traumatic psychoses	3		3	1		1	2		2			
8. With cerebral arteriosclerosis	32	53	85	13	32	45	17	12	29	2	9	11
9. With other disturbances of circulation	4	2	6	3	1	4		1	1	1		1
10. With convulsive disorders (epilepsy)	2	6	8	1	3	4	1	3	4			
11. Senile psychoses	2	1	3					1	1	2		2
12. Involutional psychoses	6	24	30	4	11	15	2	8	10		5	5
13. Due to other metabolic, etc., diseases	1	14	15		13	13	1	1	2			
14. Due to new growth												
15. Associated with organic changes of the nervous system		2	2		1	1		1	1			
16. Psychoneuroses	15	22	37	1	12	13	14	9	23		1	1
17. Manic-depressive psychoses	39	79	118	32	61	93	6	16	22	1	2	3
18. Dementia Præcox (schizophrenia)	54	32	86				50	28	78	4	4	8
19. Paranoia and paranoid conditions	9	9	18	2	6	8	7	2	9		1	1
20. With psychopathic personality	23	18	41	18	14	32	3	4	7	2		2
21. With mental deficiency	3	5	8	1	5	6	1		1	1		1
22. Undiagnosed psychoses	10	6	16	3	2	5	6	2	8	1	2	3
23. Total Without Psychoses	49	6	55									

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.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total	277	236	513	32	9	41	2	2	4	132	93	225		1	1	22	36	58	2	10	12	1		1	10	19	29	30	35	65	6	2	8	1	2	3	7	1	8	32	26	58
1. Infectious and Parasitic Diseases:	4	5	9							2	1	3													1	1		1	1					1	1				2	1	3
Tuberculosis—all forms	36	19	55	3		3		1	1	5	3	8					2	2	1	1	2				4	3	7	14	6	20							4		4	5	3	8
2. Cancer and Other Malignant Tumors:	9	5	14	1		1				6	2	8				1		1							1	1		1	1		1	1							1		1
3. Rheumatic Diseases, Nutritional Diseases, Diseases of Endocrine Glands and Other General Diseases:	1		1																																			1		1
Diabetes Mellitus		3	3														1	1										1	1										1	1
4. Diseases of Blood and Blood Making Organs:																																								
5. Chronic Poisonings and Intoxicants:	3	1	4				2	1	3																								1		1						
6. Diseases of Nervous System and of Organs of Special Sense																																								
Cerebral hemorrhage	30	6	36	4		4				18	6	24																1		1	4		4							3		3
General paralysis of the insane	22	5	27	19	3	22																																		3	2	5
Other diseases of the nervous system		5	5											1	1																									4	4
Diseases of organs of special sense																																									
7. Diseases of the Circulatory System:																																								
Endocarditis and myocarditis	56	120	176	1	3	4				35	54	89				8	31	39		3	3				6	6		4	17	21	1	1	2		1	1				7	4	11
Other diseases of the heart	21	10	31							9	5	14																5	1	6							3	1	4	4	3	7
Arteriosclerosis	62	10	72							44	7	51				13	2	15										1	1	2	1		1							3		3
Other diseases of arteries and circulatory system	3		3	1		1																						1		1										1		1
8. Diseases of the Respiratory System:																																									
Bronchopneumonia	8	9	17	1	1	2				4	5	9													1	1		1	2	3										2		2
Lobar pneumonia	7	9	16	2		2				4	3	7										1		1	1	1			3	3										2	2	
9. Diseases of the Digestive System:	2	4	6							1	2	3								1	1							1	1	2												
10. Diseases of the Genito-Urinary System:	1	1	2								1	1																1		1												
Nephritis	3	9	12		2	2				3	2	5													1	1														4	4	
11. Diseases of Pregnancy, Child-birth and Puerperal State																																									
12. Diseases of the Skin and Cellular Tissue:		1	1								1	1																													
13. Diseases of the Bones and Organs of Locomotion:																																									
14. Congenital Malformations:																																									
15. Diseases of Early Infancy:																																									
16. Senility:																																									
17. Violent and Accidental Deaths:	2		2							1		1							1		1																				
18. Ill-Defined Causes:	7	14	21								1	1								5	5				6	5	11	1	1	2										2	2	

*Includes "without psychoses."

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		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Total With Psychoses	274	235	509				2	1	3	8	2	10	4	12	16	9	6	15	11	9	20	18	10	28	14	26	40	24	18	42	25	20	45	28	26	54	44	23	67	87	82	169
1. With syphilitic meningo-encephalitis (general paresis)	32	9	41				1		1	1		1				1		1	4	1	5	4	1	5	6	3	9	4	1	5	4		4	2	2	4	3		3	2	1	3
2. With other forms of syphilis of the central nervous system	12	7	19													1		1	1		1	3	1	4		2	2	1		1	2	2	4	1	1	2	2		2	1	1	2
3. With epidemic encephalitis		1	1								1	1																														
4. With other infectious diseases	3	2	5											1	1							2		2	1	1	2																
5. Alcoholic	2	2	4																1	1	2		1	1	1		1																
6. Due to drugs or other exogenous poisons																																										
7. Traumatic	2		2																									1		1				1		1						
8. With cerebral arteriosclerosis	132	93	225																1		1				1	2	3	8	11	19	11	12	23	17	16	33	37	14	51	57	38	95
9. With other disturbances of circulation		7	7																	2	2		1	1		2	2		1	1					1	1						
10. With convulsive disorders (epilepsy)		1	1											1	1																											
11. Senile	22	36	58																																		1	2	3	21	34	55
12. Involutional	2	10	12																	1	1		2	2		7	7	1		1	1		1									
13. Due to other matabolic, etc., diseases	3	2	5											1	1		1	1				1		1						1		1	1		1						
14. Due to new growth	1		1																			1		1																		
15. Associated with organic changes of the nervous system	5	3	8										2		2					1	1	1		1		1	1	2		2					1	1						
16. Psychoneurosis	1		1																1		1																					
17. Manic-depressive	10	19	29					1	1	3	1	4		2	2	3	3	6		2	2	2	1	3		3	3	1		1		2	2					2	2	1	2	3
18. Dementia præcox	30	35	65							3		3	2	6	8	4	1	5	2	1	3	2	1	3	3	4	7	4	4	8	3	4	7	3	5	8		4	4	4	5	9
19. Paranoia and paranoid conditions	6	2	8																			1	1	2							1		1	2		2	1	1	2	1		1
20. With psychopathic personality	1	2	3											1	1								1	1				1		1												
21. With mental deficiency	7	1	8				1		1	1		1										1		1	1	1	2	1		1				1		1					1	1
22. Undiagnosed	3	3	6														1	1	1		1				1	1	2		1	1		1									
23. Total Without Psychoses	3	1	4																												1		1	1		1				1	1	2
Total	277	236	513				2	1	3	8	2	10	4	12	16	9	6	15	11	9	20	18	10	28	14	26	40	24	18	42	26	20	46	29	26	55	44	23	67	88	83	171

TABLE XVIII.

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

Psychoses	Total			Less than 1 month			1 month			2 months			3 months			4–6 months			7–11 months			1 year			2 years			3–4 years			5–9 years			10–19 years			20 years and over		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Grand Total	277	236	513	74	47	121	24	26	50	12	10	22	11	7	18	20	15	35	12	19	31	22	23	45	21	14	35	28	22	50	23	23	46	16	14	30	14	16	30
Total With Psychoses	274	235	509	73	47	120	23	26	49	12	10	22	11	7	18	20	15	35	12	19	31	22	23	45	21	14	35	28	22	50	23	22	45	15	14	29	14	16	30
1. With syphilitic meningo-encephalitis (general paresis)	32	9	41	5		5	9	3	12	3		3				4		4		1	1	4	1	5	2	1	3	1	3	4	4		4						
2. With other forms of syphilis of the central nervous system	12	7	19	4	5	9	1	1	2	2		2	1		1							2		2	1	1	2				1		1						
3. With epidemic encephalitis		1	1		1	1																																
4. With other infectious diseases	3	2	5		1	1	1		1										1	1	2							1		1								
5. Alcoholic psychoses	2	2	4	1		1		1	1					1	1	1		1																				
6. Due to drugs or other exogenous poisons																															1		1			1		
7. Traumatic psychoses	2		2																																			
8. With cerebral arteriosclerosis	132	93	225	39	13	52	11	11	22	5	3	8	9		9	13	10	23	8	9	17	11	15	26	7	5	12	15	7	22	11	16	27	3	4	7			
9. With other disturbances of circulation		7	7		3	3		1	1											1	1		2	2								1	1					
10. With convulsive disorders (epilepsy)		1	1																													1	1	1		1		
11. Senile psychoses	22	36	58	12	8	20		5	5		5	5		2	2	2	4	6	2	3	5	3	4	7	1	2	3		3	3	1		1	1		1			
12. Involutional psychoses	2	10	12		5	5		3	3	1		1		1	1																1	1	1		1			
13. Due to other metabolic, etc., diseases	3	2	5	3	2	5																																
14. Due to new growth	1		1										1		1																							
15. Associated with organic changes of the nervous system	5	3	8		1	1					1	1													1		1	3		3	1		1		1	1			
16. Psychoneuroses	1		1							1		1																										
17. Manic-depressive	10	19	29	6	5	11		1	1					1	1					2	2		1	1	1	2	3	1	3	4	1	1	2	1	2	3		1	1
18. Dementia præcox	30	35	65		1	1														2	2				6	3	9	4	6	10	3	3	6	8	7	15	9	13	22
19. Paranoia and paranoid conditions	6	2	8	1	1	2																			1		1	2		2							2	1	3
20. With psychopathic personality	1	2	3		1	1								1	1							1		1														
21. With mental deficiency	7	1	8																1		1	1		1	1		1	1		1				1		1	2	1	3
22. Undiagnosed psychoses	3	3	6	2		2	1		1		1	1		1	1		1	1																				
23. Epilepsy																																						
24. Mental deficiency	1	1	2																													1	1	1		1			
25. Alcoholism																																						
26. Drug addiction																																						
27. Personality disorders due to epidmic encephalitis																																						
28. Primary behavior disorders																																						
29. Other types	2		2	1		1	1		1																							1	1		1			
Total Without Psychoses	3	1	4	1		1	1		1																									1					

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	26	
1 year less than 2	17	17
2 years less than 3	12	12
3 years less than 4	7	7
4 years less than 5	11	11
5 years less than 10	63	63
10 years and over	783	783
Not stated		
TOTAL	919	893

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	15		12
1 year less than 2	6		5
2 years less than 3	2		2
3 years less than 4	7		7
4 years less than 5	2		2
5 years less than 10	44	44	44
10 years and over	337	337	337
Not stated			
TOTAL	413	381	409

COUNTY OF RESIDENCE OF FIRST AND READMISSIONS AND MANNER OF SUPPORT

	Total	First Admission	County Indigent	Private	Re-admissions
Atlantic					
Bergen	273	223	262	11	50
Essex	559	475	541	18	84
Hudson	179	152	160	19	27
Hunterdon	2	2	2		
Middlesex	2	1	1	1	1
Morris	173	134	160	13	39
Passaic	231	188	225	6	43
Somerset	12	11	8	4	1
Sussex	29	23	29		6
Union	152	121	138	14	31
Warren	2	2	1	1	
TOTAL	1,614	1,332	1,527	87	282

COUNTRY OF BIRTH OF FIRST ADMISSIONS BY COLOR

State of Birth of Native Born	Total	White	Negro	Country of Birth of Foreign Born	Total	White	Negro
Alabama	7	1	6	NORTHERN EUROPE			..
California	2	1	1	Denmark	1	1	..
Connecticut	12	12	..	Finland	4	4	..
Delaware	1	..	1	Norway	3	3	..
District of Columbia	3	2	1	Sweden	4	4	..
Florida	1	..	1	SOUTHERN EUROPE			..
Georgia	22	2	20	Greece	3	3	..
Illinois	7	7	..	Italy	94	94	..
Indiana	1	1	..	Portugal	3	3	..
Iowa	1	1	..	Spain	4	4	..
Kansas	..	..	..	EASTERN EUROPE			..
Kentucky	3	3	..	Russia	27	27	..
Maine	6	6	..	WESTERN EUROPE			..
Maryland	6	2	4	England	17	17	..
Massachusetts	15	15	..	France	5	5	..
Michigan	2	2	..	Ireland	48	48	..
Minnesota	..	..	..	Scotland	13	13	..
Mississippi	4	1	3	CENTRAL EUROPE			..
Missouri	1	1	..	Austria	17	17	..
Nebraska	1	1	..	Belgium	1	1	..
New Hampshire	3	3	..	Czecho-Slovakia	12	12	..
New Jersey	503	485	18	Germany	64	64	..
New York	165	162	3	Hungary	12	12	..
North Carolina	20	4	16	Lithuania	3	3	..
North Dakota	1	1	..	Netherlands	5	5	..
Ohio	7	7	..	Poland	46	46	..
Oklahoma	3	1	2	Roumania	8	8	..
Oregon	1	1	..	Switzerland	2	2	..
Pennsylvania	50	50	..	OTHER EUROPE			..
Rhode Island	2	2	..	Turkey	2	2	..
South Carolina	18	..	18	OTHER COUNTRIES			..
Tennessee	..	..	..	Asia	1	1	..
Texas	2	2	..	Canada	6	6	..
Vermont	3	3	..	Japan	3	3	..
Virginia	26	6	20	Porto Rico	1	..	1
Washington	1	1	..	Mexico	1	1	..
Wisconsin	1	1	..	South America	1	..	1
Wyoming	..	..	..	Syria	2	2	..
United States	18	14	4	West Indies	2	..	2
TOTAL	919	801	118		413	409	4

APPENDIX TO BUSINESS DEPARTMENT REPORT

AGRICULTURAL PRODUCTS

Farm

267 lbs. mutton	25.90
5½ lbs. liver, heart and tongue	.53
25.05 tons alfalfa hay	526.05
7.6675 tons timothy hay	184.02
1.875 tons rye hay	25.31
7.5925 tons rye straw	102.50
5.8575 tons salt hay	34.56
878.51 tons corn, ensilage	7,906.59
151.48 tons alfalfa, ensilage	1,514.80
.20 tons mangel beets	2.00
232.5975 tons green alfalfa	2,325.98
32.305 tons green clover	193.84
7.205 tons green grass	43.23
16.33 tons green oats	130.64
436 bkts. apples	208.70
2,744 bkts. carrots	1,297.30
622 bkts. turnips	169.50
351 tons manure	702.00
	$15,393.45

Dairy

724,633⅓ qts. milk	57,970.68
20,566 lbs. beef	3,084.12
699¾ lbs. beef liver, heart and tongue	104.75
3,072 lbs. veal	404.89
134 lbs. calf liver, heart and tongue	17.72
Hides	1,407.71
4,269 tons manure	8,538.00
	$ 71,527.87

Hennery

17,248 11-12 doz. eggs	5,353.28
1,534⅓ lbs. roasters	321.68
2,399⅓ lbs. broilers	599.62
135 tons manure	675.00
	$ 6,949.58

Piggery

102,072 lbs. pork	14,237.88
2,492¼ lbs. pig liver, heart and tongue	347.88
669 tons manure	2,007.00
	$ 16,592.76

Garden

2,568 bunches asparagus	372.37
62 10-16 bkts. beans, lima	28.98

1,806 12-16 bkts. beans, string	1,112.82
8,466 4-16 bkts. beets	2,567.10
2,260 bunches broccoli	233.90
71,924 lbs. cabbage	933.70
5,093 3-16 bkts. carrots	2,437.59
75 heads cauliflower	3.56
4,228 11-12 bunches celery	2,107.65
51,568 ears corn	583.27
247 3-16 bkts. cucumbers	115.02
3,118 15-16 bkts. egg plant	888.67
1,776 heads endive	88.80
16 bkts. grapes	7.20
1 3-4 bbls. kale	1.73
3,515 bunches kohlrabi	76.21
23,535 bunches leek	482.63
66,009 heads lettuce	3,601.23
1,695 6-16 bkts. onions	842.10
11,301 bunches green onions	226.02
3,967 bunches parsley	79.34
20 7-16 bkts. parsnips	9.19
120 3-16 bkts. peas	119.44
3,124 1-2 bkts. peppers	1,010.35
2 3-4 bkts. pepper, cayenne	1.15
24,019 lbs. pumpkins	279.19
46,032 bunches rhubarb	1,033.12
3,193 1-8 bkts. Spinach	1,085.91
978 7-16 bkts. squash	300.82
715 lbs. squash	7.55
12,763 5-8 bkts. swiss chard	3,245.56
12,495 13-16 bkts. tomatoes	4,711.73
22 bkts. tomatoes, red special	11.00
20 bkts. tomatoes, yellow special	8,00
1 1-2 bkts. tomatoes, green	.50
11-16 bkts. turnips	.21
21 bkts. beans, pea shelled	31.50
240 lbs. beans, lima, shelled	19.39
420 lbs. peas, shelled	13.44
89 1-4 bu. onion sets	758.63
	$29,436.57

Green Grain

43,0975 tons green rye	$ 344.78

Plants furnished other Institutions

300 broccoli	3.00
25,700 cabbage	317.00
1,000 egg plant	40.00
10,000 lettuce	150.00

1,000 pepper	35.00
7,000 tomato	110.00
	$ 655.00

Vegetables furnished other Institutions

300 bkts. beets	$ 90.00

Plants furnished Mr. DeMott, Flemington, to grow and produce for this Institution

74,500 tomato	$2,235.00

Summary

Farm	$ 15,393.45	
Dairy	71,527.87	
Poultry	6,949.58	
Piggery	16,592.76	
Garden	32,761.35	
		$143,225.01

FLORIST'S REPORT

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND CUT FLOWERS

Abutilons	500
Ageranthus	1,100
Asparagus—Sprengeri	125
Begonias	3,100
Carnations	1,285
Cannas	2,700
Coleus	5,000
Calla lilies	250
Chrysanthemums	9,600
Dahlias	1,100
Delphiniums	1,040
Gardenias	80
Easter lilies	1,400
Ferns	620
Fuhsias	100
Geraniums	5,060
Gladiolus	21,000
Heliotropes	150
Jerusalem cherries	900
Marigolds	2,500
Narcissus	4,000
Petunias	7,000
Roses	1,160
Salvias	1,100
Snapdragons	11,000
Scabiosa	1,100
Spireas	150

Sweet alyssum	560
Verbennas	4,000
Vinca vine	250
Vincas	4,000
Zinnias	2,800
Total	94,730

CUT FLOWERS

Roses	10,928
Sprengeri strings	915
Delphiniums	2,505
Snapdragons	38,260
Carnations	3,382
Chrysanthemums (large)	2,651
Chrysanthemums (medium)	3,311
Chrysanthemums (spray)	3,741
Dahlias	1,149
Fern leaves	1,070
Gypsophilas—bristol fairy	262
Ageratums (hardy)	613
Zinnias	4,775
Calla lilies	1,094
Easter lilies (flowers)	1,563
Gladiolus	32,452
Narcissus	4,750
Gardenias	344
Pansies (bunch)	9
Total	113,774

TABLE SHOWING IN DETAIL MANNER OF SUPPORT

JUNE 30, 1937

COUNTY	INDIGENT			ST. INDIGENT			PRIVATE			CONVICT			CRIMINAL			TOTAL		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Atlantic								2	2								2	2
Bergen	442	478	920	104	93	197	10	27	37				1		1	557	598	1155
Burlington		1	1														1	1
Essex	584	533	1117	188	159	347	33	58	91				2		2	807	750	1557
Hudson	262	220	482	148	90	238	33	52	85	1		1				444	362	806
Hunterdon	2	6	8					3	3					1	1	2	10	12
Mercer	2		2													2		2
Middlesex	8	4	12		1	1		4	4							8	9	17
Monmouth	3	4	7	1		1	2	3	5							6	7	13
Morris	191	185	376	50	29	79	7	25	32	1		1		1	1	249	240	489
Ocean		1	1	1		1		2	2							1	3	4
Passaic	527	562	1089	95	64	159	14	15	29							636	641	1277
Somerset	2	5	7	1		1	6	4	10							9	9	18
Sussex	51	43	94	9	6	15	5	7	12							65	56	121
Union	191	171	362	16	20	36	18	34	52							225	225	450
Warren	4	4	8	3		3				1		1				8	4	12
New York State							1		1							1		1
Total	2269	2217	4486	[illegible]	462	1078	129	236	365	3		3	3	2	5	3020	2917	5937

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 Occupational Therapy Department of the Hospital.]