THE

SIXTY-FIRST ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

GREYSTONE PARK

FOR THE YEAR ENDING JUNE 30

1936

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FOR THE YEAR ENDING JUNE 30

1936

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Medical Superintendent and Chief Executive Officer

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GEORGE R. HAMPTON, M. D. ..... Senior Resident Physician
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WILLIAM J. LEIN, M. D. ..... Senior Resident Physician
PHILIP C. WASHBURN, M. D. ..... Senior Resident Physician
JOSEPH DONOVAN, M. D. ..... Senior Resident Physician
PERRY J. GAMBILL, M. D ..... Senior Resident Physician
RAYMOND J. HARQUAIL, M. D. ..... Senior Resident Physician
THOMAS G. PEACOCK, M. D. ..... Senior Resident Physician
W. H. MINFORD, M. D. ..... Senior Resident Physician
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MARGARET DOUGLAS, M. D. ..... Resident Physician
*LAYMAN R. HARRISON, M. D. ..... Resident Physician
JAMES M. LASLEY, M. D. ..... Resident Physician
ARCHIE CRANDELL, M. D. ..... Resident Physician
MARSHALL D. HOGAN, M. D. ..... Resident Physician
*HERBERT HYATT, M. D. ..... Resident Physician
DANIEL GEORGE MELVIN, M. D. ..... Resident Physician
*HARRY A. MOSCOE, M. D. ..... Resident Physician
GEORGE B. COON, M. D. ..... Resident Physician
WILBUR M. JUDD, M. D. ..... Resident Physician
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THEODORE F. LINDBERG, M. D. ..... Resident Physician
JOHN W. KINLEY, M. D. ..... Resident Physician
JAMES J. O'CONNELL, M. D. ..... Resident Physician
THOMAS J. DREDGE, M. D. ..... Resident Physician
VINCENT RIGERONE, M. D. ..... Resident Physician
RALPH M. DAHLQUIST, M. D. ..... Resident Physician
PIERRE NYVALL, M. D. ..... Resident Physician

JOHN FORBES, M. D. ..... Resident Physician
CURTIS SOUTHARD, M. D ..... Resident Physician
HAROLD S. HATCH, M. D. [part time] .... Tuberculosis Specialist
THOMAS R. PALMER, D. D. S. ..... Senior Resident Dentist
*JOHN MCCLUSKEY, D. D. S. ..... Resident Dentist
HAROLD J. ZERR, 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
MILDRED H. HURLEY,
Director of Mental Hygiene Clinic Social Service

* *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 hand to you their sixty-first annual report together with the report of the Superintendent and Chief Executive Officer, Dr. Marcus A. Curry.

On June 30, 1936, the end of the fiscal year covered by this report, the patient population of the hospital was 5,632—an increase of 231 patients over the previous year. Of these, 5,105 patients were actually in the hospital buildings and 527 were outside the hospital on parole, visits, or escapes, but all these were carried on the books and subject to return whenever Dr. Curry found it advisable. During the year 1,666 patients were admitted and that was 140 more than last year. The total number of patients under treatment during the year was 7,067 which was more by 529 than during the previous year. The recovery rate for the year was 24 per cent. and the rate of those sufficiently improved to be sent back to their homes was 16.7 per cent.

The conditions existing at the hospital—the extreme overcrowding; the needs for more buildings to house the patients, the professional personnel, and the other employees; the necessity of enlarging all the basic plants and equipments of the hospital if it is to be permitted to take any larger number of patients or even to care adequately for those who are there now, are so clearly, concisely and impressively described in Dr. Curry's report that we do not repeat them here. It is too bad for him and his associates to be so depressed by the impossibilities of increasing the cures and substantial improvements of the other sick ones so long as available funds do not permit the urgently needed housing accommodations and equipments. The sub-report of Dr. Lane, Clinical Director, is most interesting and informative in this connection. It deserves most careful reading by everyone. He, like Dr. Curry,

laments failures to maintain proper classifications in cramped quarters and inability to bestow the needed amounts of intensive work upon individual patients with too few doctors, nurses, and other members of the professional staffs. He knows and points out that as a permanent course it will be much better for the patients and more economical for the State when with sufficient accommodations and personnel, the numbers of cures can be increased and the size of the patient population correspondingly decreased. We are particularly impressed, though, by his observations that while ideal standards of care and treatment are impossible under present conditions yet he and his associates have kept the cures up to 24 per cent. and those discharged as sufficiently improved at 16.7 per cent., a figure that would doubtless have been much higher if home environments were not so unfavorable as to threaten further breakdowns if they went back now in these times to the people and places where they had their initial breakdowns. Thus 169 patients who were convalescing satisfactorily enough to permit their return to their homes on parole had to come back to the hospital because they did not stay well in those environments. And numerous others remained under parole supervision for longer periods than they would if home finances and conditions had been favorable. Then, too, it is impressive to note that the ages above 40 are furnishing practically all of the increasing numbers of admissions—an experience which is occurring throughout the whole country. These older people with their arterial, cardiac and other senile changes present housing and care problems of increasing difficulty which surely must be faced by all in authority.

We also call attention to the impressive sub-reports of all the other Heads of Divisions. The numbers and degrees of their accomplishments are quite evident. They are too numerous for us to mention in detail, but they surely deserve great credit for hard, competent, and most faithful work in doing so much for the patients—overcoming or trying to overcome the difficulties of overcrowding, and cooperating in all the efforts to run the hospital as economically and as efficiently as possible.

And in this report to you we must add that on the whole, balancing the limitations and accomplishments, comparing conditions at Greystone with the other hospitals throughout the country, Dr. Curry and all his fellow workers have succeeded splendidly. They deserve great credit and the thanks of all of us.

We thank you most heartily for your never-failing helpfulness to the patients and to us in the oversight of the hospital activities throughout the year. You came to practically all the meetings of our Board and when you couldn't come, you sent your assistants. Through Federal grant and appropriations of State funds, the work of rebuilding the top floors of the Administration Building and of fire-proofing that structure has continued throughout the year. When our pump at well No. 1 broke down, and threatened serious shortage of water in the dry season, it was through the efforts of Mr. Earle that the services of Mr. Reilly, the engineer, were again secured and a remarkable good job in the restoration of that well is being accomplished. Again through your efforts, appropriations were secured to put the much needed, new, up-to-date locks on the doors of the patients' rooms throughout the Dormitory building—a blessing which would surely be appreciated if we were ever to have a fire there, with the consequent necessity of getting the patients out quickly. Our sewage disposal plant has been made to operate most effectively. We have no worries nowadays about that or much about the water supply and if only we can get some of the much-needed new buildings for patients and for the professional members of the staff they, in addition to the renovations and new quarters that you already have in sight for the coming year financed from Federal and State grants, will enable us to go far towards the solving of our present most urgent problems.

The Managers held ten regular meetings during the year with the attendance of fifty-five. Additional committee meetings, inspections and conferences brought sixty visits, so that Board members made one hundred fifteen recorded trips to the hospital. Some of them made innumerable additional calls at various times in the attempt to help and advise towards the settlement of minor executive problems that were not recorded. Our dear friend and fellow member of the Board, Mr. Daniel S. Voorhees, died August 12, 1935 and we have missed him very much indeed. His genial personality, his love of the hospital and his constant, invariably successful, efforts in its behalf will never be forgotten. Much of the construction of new buildings and of the reconstructions of old ones during the past fifteen years may well be looked upon as memorials to him. Irrespective of resident or political affiliations, he was beloved and respected by everyone in the

State from the Chief Executives, through all Divisions and groups of workers.

After our loss of "Uncle Dan" we were very pleased that Mr. Frank D. Abell was willing to take appointment to membership on our Board and he has been a great addition to its effectiveness as he has had an intimate knowledge of the hospital conditions and needs for many years, is one of its best friends, and is an indefatigable worker.

Respectfully submitted,

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

TREASURER'S REPORT

Treasurer's Report of Cash Receipts and Disbursements for the Fiscal Year Ending June 30, 1936

RECEIPTS

From Atlantic County	$ 15.41
" Bergen County	130,709.02
" Burlington County	462.04
" Essex County	139,122.29
" Gloucester County	99.91
" Hudson County	55,210.65
" Hunterdon County	725.81
" Mercer County	598.53
" Middlesex County	2,906.79
" Morris County	54,641.86
" Ocean County	181.93
" Passaic County	158,733.73
" Somerset County	1,862.30
" Sussex County	16,589.07
" Union County	83,561.82
" Warren County	2,019.80
" Private Patients	124,932.37
" Individuals for support of Indigent Patients	25,854.92
" Excess Maintenance Collected by Counties	7,033.25
" Miscellaneous Receipts	5,129.79
	$810,391.29

DISBURSEMENTS

Amount of Collections deposited with State Treasurer	$810,391.29

AMOUNTS RECEIVED FROM STATE TREASURER FOR PAY-ROLLS

Officers' Pay-rolls	$ 15,920.11
Employees' Pay-rolls	836,442.84
	$852,362.95

A. J. VAN WINKLE
Treasurer.

REPORT OF THE CHIEF EXECUTIVE OFFICER

Report of the Chief Executive Officer

To the Board of Managers:

Herewith I submit to you the sixty-first annual report of The New Jersey State Hospital at Greystone Park, and my sixteenth as Medical Superintendent and Chief Executive Officer. This report covers the period from July 1, 1935, to June 30, 1936, taking up in some detail the work done, the present condition, and the future requirements of the different divisions of the medical and business departments of the institution.

As you so well know, the great problems this year have been centered around two facts from which there was no escape: Too many patients, too little money to care for them. For five years now we have been ground between these two millstones, and this year we seem to have reached the limit of endurance. Careful spending of public money is to be commended, but if it is pushed to extremes when providing for the sick and helpless, criticism is invited. I feel that the economies of the past five years, many of them healthful, others not so wise, have demonstrated complete willingness on our part to cooperate in a program of saving the taxpayers. Now conditions have been reached when economy will be terribly expensive. It would be no true economy to leave leaking roofs unrepaired, to save paint and let the woodwork rot, to herd mentally sick people together until the recovery rate drops off five, eight, ten percent. Each patient left in the hospital who might have recovered if it were not for "economy" will under the normal span of institutional life cost the State between $2,000 and $3,000. When that sum is multiplied by hundreds, as it is coming to be under this type of saving, the result is staggering.

This hospital has reached a point where further increase in the bed capacity for patients will demand additional housing for employees, increased laundry facilities, larger dairy, greater pumping capacity for the water supply, more kitchen space, more dining

rooms—in fact additions to all parts of the plant, many of which can be made only at disproportionately great expence, owing to existing conditions. As I stated in my report last year, this institution could be enlarged to care for 4,000 patients in a satisfactory manner without excessive expense. That is, the existing plants would carry additional housing to raise the capacity to that level.

By capacity it is understood, of course, that I do not mean the absolute maximum of patients which could be crowded into the space, but housing with a suitable allowance for day rooms, with rooms designed for one or two occupants used for only that number, and with dormitories arranged with sufficient space between beds so that patients can be given proper supervision and nursing care without undue disturbance to other sleepers. Just what this would require in the form of housing beyond that already provided for, I cannot at this moment say, because plans for reconstruction of the Dormitory building and for additions to supplant the infirmary "shacks" are not yet sufficiently advanced to make possible a fair rating of the additional capacity to be provided by this project. In all probability, at least housing for 500 beds will be needed beyond that already in sight to bring the institution up to a rated capacity of 4,000. Before any definite steps are taken in this direction, however, I should like to have completed a survey for tuberculosis, to see what increases are needed beyond our present capacity for that classification of patients.

In any case, if additional housing is going to mean simply more buildings into which patients can be jammed and packed, this institution cannot support any further housing. With the the more than 5,100 patients now under care, all existing equipment is greatly overtaxed, as this report will show. Further numbers cannot be cared for without grave danger. But if the patients can be reduced to 4,000 and held there, and the bed capacity raised to that number, the institution can again function as a high type curative hospital. Otherwise, despite all we can do, it is going to sink gradually back into a low grade custodial asylum—low grade because good custodial care demands more space and food and clothes and supervision than can be given under a long, continuous, unsound economy program.

With our present capacity and to provide for carrying out of the reconstruction of existing buildings under the program to be instituted in the coming year, we should have 1,500 patients taken

off our wards. Unfortunately, this is obviously impossible at present. But it should be kept as an objective and to attain it, in my personal opinion, Marlboro should be rapidly enlarged up to the limit of its plant capacity and meantime plans should be made for the construction of a fourth State Hospital in this northern district, probably in Bergen or Passaic County, or in a region readily accessible from all parts of those counties. The problem of the mentally ill is with us and the sooner it is faced, the better for all concerned.

There is a possible alternative to the construction of highest type curative hospitals for all mental patients. A steadily increasing proportion of our admissions come in the higher age groups; many of these old people are brought to the institution in a practically moribund condition, as is shown by the fact that 25 per cent. of our deaths occurred less than one month after admission and almost 60 per cent. within a year after admission, with the average age at death 60.5 years. What patients of this type need, if under present sociological conditions they are not going to be cared for at home or in the city hospitals, is simply good nursing and custodial care. The highest known type of psychiatric service cannot benefit a patient over 80 suffering from cerebral arteriosclerosis or senile dementia. Some special type of service could be provided for this group of patients, either by city, county, state, or by some combination of these agencies, which would be fitted to their requirements and be much less expensive than that given in a curative mental hospital.

To return to the subject of the condition and progress of this institution during the past year. The medical staff has been increased by two new men, and, though still not large enough, has I feel done excellent work in keeping up the high standards of care for the physically ill and in maintaining a recovery rate which, while not high, is at least not low when all conditions are considered. The nursing service has suffered more from increased turnover and, among the attendant group, from less desirable applicants than during a number of years past which is evidence, of course, of improved economic conditions in the district. The service plants, including dairy, farm, garden, laundry, as well as the maintenance force, have all been handicapped because of payroll limitations which have held them to a minimum of employees.

Patients have been used whereever possible, but here again we have a difficulty which seems incongruous considering our admission rate, not enough patients. As I have mentioned, we have a higher than normal percentage of the old and sick among our admissions; we also have been transferring patients to Marlboro for several years past and they have required that all transfers should be patients in good physical condition and not too disturbed mentally, which means that we have been draining this institution of its reservoir of working patients, while the new admissions have not supplied large numbers of the type which can do fair amounts of work. Also, the parole system, by encouraging the extramural care of all possible patients, has again taken out the good workers. So from every division has come the same cry—not enough working patients, which is particularly unfortunate when the number of employees must be held down so strictly.

Some considerable improvements have been made to buildings and equipment, largely in the nature of completion of work begun in previous years. The sewage disposal plant is now in the best condition that I have ever seen it. The completion of the improvements to the heating system supplying buildings on Central Avenue has relieved much anxiety as to possibilities in case of a break in severe weather. Reconstruction work on the south side of the Main building has removed a grave fire menace in the old roof construction and has given somewhat larger bed space and greatly improved conditions on the 4th floor.

Other improvements have been provided for by this year's legislature, through the efforts of Commissioner Ellis, which will take care of serious hazards to health and safety, including the reconstruction and fireproofing of the Dormitory building, construction of new wings to permit the razing of the two old wards which were hastily erected as a temporary wartime measure in 1917, and additions to the boiler room, power plant, water supply, and other existing services to provide against disaster in case of breakdown or other diminution of normal capacity.

In recommendations for early attention, I have included a considerable number of items, some of which are of obvious importance, while others may need more explanation. Two which I sincerely hope will receive favorable action are: cars for social workers and housing for physicians. The hospital parole

division and the mental hygiene clinics have both done excellent work during the past year in keeping patients out of the hospital. In order to increase the capacity of these two divisions, sufficient automobiles should be supplied to enable the workers to travel as necessary without waste of time, always holding in mind the value of a trained professional worker's time both in salary and in the cost of hospitalization for those who can adjust outside only so long as she is able by sufficiently frequent visits to assist and supervise them.

Housing for physicians is a serious need. With present conditions of overcrowding on the wards and a heavy load of patients for each physician, there is much to discourage the members of the staff and to lead them to look elsewhere for more rewarding service. If to these professional handicaps are added living conditions that are highly unsatisfactory, there is no question that I am going to start losing the stable and experienced staff which is the first necessity of a hospital. Living quarters for married men with their families are now grossly inadequate and I am having to put single men in rooms intended for attendants. Four separate cottages are urgently needed if the hospital medical staff is to be maintained on any kind of a decent basis.

In the matter of housing for employees the situation is again rapidly becoming serious. If the number of patients under care could be reduced where it should be, present housing with present hours would be adequate. But there is every prospect of further increase in the number of patients, and even with our present population, attendants are being given quarters never designed and far from suitable for the purpose. Furthermore, since New York State has already made a change in the hours on duty required, there is every likelihood that this state may also be obliged to do something of the sort. When that time comes, as housing is already inadequate, we shall be in most serious straits. Also, as conditions outside improve, it is going to be increasingly difficult to obtain proper personnel with the present wage scales. Some provision for increasing the pay of those found satisfactory would provide valuable incentive to continue in the service permanently rather than to regard it merely as a stop-gap while looking for something better.

One event this year of particular moment to the nursing division, but interesting to the hospital as a whole, was the receipt of

the report on the survey made last year by Miss Harriet Bailey, R. N., who visited and studied a number of mental institution training schools with a view to establishing standards and suggesting means for improving the service. Miss Bailey was a pioneer in the field of psychiatric nursing, is a well-known textbook author, and is thoroughly equipped for investigations of this type. The work was in line with that being done by the American Psychiatric Association's committee on nursing, of which I have been for some years a member, and which has held a number of joint meetings with representatives of the American Nursing Association in an effort to see clearly the directions along which progress must be made. Miss Bailey's surveys were undertaken at the request and with the sponsorship of this joint committee and of the organizations which they represent. She spent some time at this institution and, while she found a number of conditions to criticize, particularly overcrowding of the entire institution and its unfortunate effects upon patients and personnel, yet her report was on the whole very favorable and she was particularly impressed not only by the advantages offered to the different groups in the training school, but also by the fact that the hospital has become so much of an educational center for the entire community.

Health

Considering conditions of overcrowding and the economic restrictions which cut both diet and supervision, the general health of the institution population has been very good. There have been no serious epidemics, although relatively mild types of grippe and bronchitis have been prevalent among both patients and employees. Only one case of erysipelas was reported, with no death; the incidence of pulmonary tuberculosis remained fairly high, with 58 deaths; mortality from pneumonia was reduced to 38. Amebic dysentery developed on one of the women's wards, but only three cases have been reported. The usual health protective measures have been continued with regular laboratory tests of milk and water supplies, examination by a veterinary of animals slaughtered for food, medical examinations of employees, inoculations against typhoid fever and small pox, and prompt isolation of all suspicious illnesses.

Statistical Resume

The work of the hospital record office has steadily increased

with the growing list of patients admitted and the additional detail required by present day systems of statistics. Under the capable management of Mr. Harold Prettyman, record clerk and statistician, with the force of clerks and patients whom he has trained, all data have been kept accurate and up to date and required information has been readily available at all times. The largest piece of work for the year, compiling the statistical tables printed at the end of this report, was completed within ten days of the close of the fiscal year and a summary made up for more easy reference is herewith included:

General Data: During the year ending June 30, 1936, there were admitted, 1,666 patients—856 men and 810 women. This is an increase in admissions of 140 over last year. The admissions included 1,387 first admissions to any hospital for the insane —736 men and 651 women; 249 readmissions—113 men and 136 women; 17 transfers from other similar institutions in New Jersey—7 men and 10 women and 13 special cases (admitted from Totowa for surgery)—all women. The number of patients discharged, including deaths, was 1,435—690 men and 745 women —leaving an increase on the books of 231 patients at the close of the year.

There were under treatment 7,067 patients—3,557 men and 3,510 women—which was 529 more than the preceding year. The maximum census for the year was 5,673 obtained on February 14, and the highest number actually in the hospital at any one time was 5,195 which occurred on the same date. The average daily number in the hospital was 5,040.9. At the close of the year 467 patients—206 men and 261 women—were carried on parole or visit and 60 patients—55 men and 5 women—were carried as escaped. This is an increase of 12 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 219.

First Admissions: There were admitted 925 patients of native birth—499 men and 426 women; the foreign born numbered 462 patients—237 men and 225 women—or 33 per cent. of the total first admissions. Both parents of 478 native born patients were also of native birth, while in 109 cases one parent was born in this country and the other was of foreign birth. Of the foreign born patients, 90 were natives of Italy, 60 of Germany, 68 of

Poland and 50 of Ireland, these four countries furnishing 58 per cent. of the foreign born first admissions. The naturalized citizens numbered 252 and the aliens 210.

Table 6, psychoses of first admissions, shows 342 patients diagnosed as suffering from psychosis with cerebral arteriosclerosis, 219 with dementia precox, and 136 with manic depressive psychosis. These three groups comprised 49.5 per cent. of the total. Other psychoses showing high incidence were psychosis with syphilitic meningo-encephalitis, 106; senile, 93; involutional psychosis, 74 and alcoholic psychosis, 47.

In the classification according to racial origins, 107 were listed as German, 114 as Irish, 163 as Slavonic, 139 as Italian, 129 as African and 95 as Hebrew, these six groups including 54 per cent. of the total. The mixed race furnished the largest single group, with 503 patients.

The age tabulation reckoned in five-year groups show 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 45 and 49 and included 22 per cent. of the total. Under 25 years there were 157 patients and 186 were 70 years and over.

As to the degree of education, 732 patients or 53 per cent. had received a common school education, 197 were graduates from high school and 73 had collegiate education; 304 were listed as having learned to read and write and 81 were illiterate.

There were 1,280 patients of urban environment or 92 per cent. of the first admissions. The rural districts supplied 107 patients.

The economic condition of 967 patients or 70 per cent. of the total was listed as marginal; 29 were dependent and 130 were comfortable.

In regard to the use of alcohol, 590 were described as abstinent, 539 as temperate and 258—220 men and 38 women—as intemperate.

The marital condition of the first admissions was classified as follows: single, 463—275 men and 188 women; married, 584—315 men and 269 women; separated, 94—50 men and 44 women; divorced, 35—18 men and 17 women; widowed, 211—78 men and 133 women.

Readmissions: The totals in this group were 249 patients—113 men and 136 women. In the classification according to psychosis, 76 were diagnosed as suffering from dementia precox, and 46 from manic depressive insanity, or 49 per cent. of the total readmissions.

Discharges: The total of those regularly discharged from the care of the institution was 655 patients—355 men and 300 women. Of this number 332 patients—165 men and 167 women—were considered to have recovered from their psychosis. This is 24 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 65.7 per cent. at the close of the fiscal year on June 30; 228 patients—122 men and 106 women—were discharged as improved or 16.4 per cent. based on the number of first admissions. The manner of discharge of the remaining patients was as follows: Unimproved, 39—20 men and 19 women—and without psychosis, 56—48 men and 8 women. In addition to those discharged, 212 patients—51 men and 161 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 33 per cent. or 108 patients.

Deaths: During the year 551 patients died—284 men and 267 women. This is a rate of 7.7 per cent. based on the number under treatment and is 0.1 per cent. lower than last year.

The largest single cause of death was endocarditis and myocarditis, which was certified in 275 cases or 50 per cent. of the total number; other diseases of the circulatory system caused 42 deaths. General paralysis was given as the cause of death in 44 cases; tuberculosis of the respiratory system in 58; nephritis 3; lobar pneumonia 19 and broncho-pneumonia 19. The psychosis of those who died included psychosis with cerebral arteriosclerosis, 204; dementia precox, 65; psychosis with syphilitic meningo-encephalitis, 61; senile psychosis, 99 and manic depressive psychosis, 36. The average age at death was 60.54 and is 0.5 years higher than last year.

At the time of death 304 patients or 55 per cent. had passed the age of 60 years and 200 patients were over 70 years of age. Of these 51 were in the 80's and 6 in the 90's.

The tabulation of the duration of hospital life showed that 140 patients had been in the hospital less than one month and 26 patients had a hospital residence of 20 years and over at the time of death, and of these 17 were suffering from dementia precox.

Clinical Work

Dr. Arthur G. Lane, Clinical Director, has continued to direct the activities of the medical staff, supervising the examination and treatment of patients, and conducting the staff meetings. To him, as to all others deeply interested in the welfare of the patients and in providing the highest type of state care for the mentally ill, the disproportionate increase in admissions has been a source of profound regret, but he has nevertheless continued to hold himself and those whom he directs to the finest standards possible under existing conditions. His report is as follows:

"At the close of the fiscal year 1935 there were 4,886 patients in the hospital and 515 on parole. During that year first admissions were 1,224 and readmissions 278 with a total discharge of 1,137. This latter figure includes 31 transfers to other hospitals and was compensated for by the reception of 24 transfers into the hospital. The deaths accounted for 510 discharges. The figures showed a recovery percentage of 24.5 and those discharged as improved 15.6 per cent.

At this corresponding date in 1936 there are 5,105 patients in the hospital, an increase of census of 219 with 527 on parole, an increase of 12. Our admissions comprised 1,387 first admissions, an increase of 173 and 249 readmissions, a decrease of 29. The total discharges for the year 1,435 an increase of 298 which increase is largely accounted for by the transfer to other hospitals of 212 patients. Deaths accounted for 551 an increase over 1935 of 41. The figures show a recovery rate of 24 per cent. and an improved rate of 16.7 per cent.

The total admission figure of 1,666 as compared with 1935 shows an increase of 140 patients. This admission figure is one that, by accepted standards, would presuppose a bed capacity of at least 8,000 beds with a corresponding complement of facilities for proper classification, equipment for treatment andpersonnel for individual personal contacts. Our rated capacity of slightly more than 3,000 beds shows the discrepancy which has been yearly

growing and under which our more or less favorable results have been obtained. Let it hastily be said that this is not a criticism of the situation as it exists nor is there blame to be attached to any source as it has come with a rush, totally unexpectedly in a time when state finances are depleted and otherwise directed to pressing humanitarian objectives. One must not lose sight of the fact that development of the hospital at Marlboro has during these years furnished outlets for a considerable group of our patients and this year took the greater part of our 212 transfers to other hospitals. Had this relief not been availabe our census would be much larger.

The fact that the various clinical divisions present separate reports and tabulations elsewhere in this volume makes it unnecessary to comment on these special activities aside from stressing the vast amount of details in the line of examinations and treatments that these figures indicate have been involved in the routine procedure of caring for the unprecedented admission rate and census. It might be indicated here that the clinical work variously outlined need not seek excuses for the attempts to maintain standards of care and treatment which were formerly possible although in many features our ideals are now being defeated.

It seems interesting to continue, as has been done in past years of economic depression, to call attention to the barometric value of our increased hospital activities as they seem to coincide with the sociological factors involved in the emotional strain of loss of financial security and uncertainties of existence with which the population of our hospital district has had to contend. Statistics from other sources have indicated that it is in the large metropolitan areas that these figures are more impressive and that areas involving smaller cities or more largely rural districts have not experienced this increase of institutional activity. Our district is very predominantly a metropolitan population. Having never admitted a thousand patients in any year up to and including 1929 when the admissions for that year were 889, we have seen this figure increased nearly 100 per cent. A relative yearly increase of hospital census has been experienced throughout the more than fifty years of service of this hospital to its community with its rapidly increasing population but it is very evident that this 100 per cent. increase must be accounted for on other grounds than

community population census which has not even remotely approached that proportion in the last seven years.

Despite the fact that our percentage figures of recovery have never, during the years of depression, reached that attained in 1929—the actual number so discharged has steadily increased from 202 at that time to 332 for the present year with only a slight setback at the depth of the depression in 1931 and 1932. The recovery figure for this year is 24 per cent. which is fairly creditable when it is considered that discharge in most of such cases was at the end of one year's contact with extramural situations. In contrast to the above the percentage figures for those discharged as sufficiently improved as to be without the need of supervision of the hospital as well as the actual number so considered has steadily declined since 1929 until the past year. The percentage figures speak eloquently for themselves.

Discharged as improved in 1929—37.6%
" " " " 1930—22.5%
" " " " 1931—21.4%
" " " " 1932—16.7%
" " " " 1933—17.4%
" " " " 1934—17.2%
" " " " 1935—15.6%
" " " " 1936—16.7%

There must be some implication in these figures and if so we must consider the coincidence of these facts with the depression period. It is certain that, with the exception of unusually favorable environmental situations, there is little incentive for relatives to ask for or expect that a partially handicapped individual will be able to adjust to less than normal, not to mention distressing environments. Nor is it feasible nor oftentimes possible to furnish relief and supervision in home situations which are as well on community dependence for relief for everyday necessities. It then appears that there is an accumulation in our census of patients where environmental factors are so unfavorable that their release would only add to already unsolvable difficulties. Release, therefore, is largely open to either those who are recovered and stable enough to accept their full responsibilities in satisfying positions or to those who are independent of unsatisfactory and disturbing factors. The slight upturn in the figures for the last year may if continued be of significance as an indicator of a more satisfactory extramural situation.

Our death rate this year is not larger than last year when total census figures are considered. There has been no alarming epidemic. The only detail worth mentioning is the increase over the previous year of 44 deaths due to cardiac and circulatory diseases. These alone account for more than the total increase of 41 and of course are diseases accompanying the advanced years of many of our patients.

It is interesting to draw some deductions from the two sets of figures recorded at the beginning of this report. One first notices that there is an increase of 140 admissions over that of the previous year and that there were 163 more first admissions with 29 less readmissions. Statistical tables tabulating the age of first admissions at the back of this volume in comparison with a like table of last year's report shows an accretion for each five years of age above age 40 with the exception of the age limits of 60—64. The decrease of eleven for the latter 5 year span still leaves a total increase of 175 more patients admitted above the age of 40 than in the previous year. The statistical table of psychosis of first admissions shows that there were forty more cases admitted with etiology attributable to cerebral arteriosclerosis, 22 more due to senile changes and 40 more due to the changes of the involutional period. Cases attributable to organic brain pathology account for practically this year's total increase. To the 102 cases above accounted for, must be added an increase over the preceding year of 23 cases who were hospitalized because of syphilis of the nervous system. It is evident that with an increase of 140 with 163 more first admissions and 175 more admitted above the age of 40 than the previous year, that we have a very definite problem outlined. The psychoses of the later period of life not only account for all of our first admissions but as well some of our readmissions which despite this fact were quite noticeably below the figures of our previous record. To this evidence must be added the fact that definite organic destructive changes have been diagnosed in enough cases to account for practically our total increase of admissions. Consideration of the above indicates that it is not alone the so-called functionally or emotionally unstable who have succumbed to the adversities of the hour, but as well, these adversities have taken their toll of those who because of later age incapacities have lost their lifetime plans of security and who are being threatened with or actually have had to accept dependency.

Another fact must be recognized as an extenuating feature in the rapidly increasing total hospital census apart from greatly augmented admission rate and that fact pertains to our number of discharges. In spite of our larger population to draw upon, the number on parole is only 12 more than this period last year. Even cases who have approached a state of recovery in the protected surroundings of the hospital are wary about the permanence of their stability and many times the relatives are not sufficiently optimistic of the patients' adjustment to ask that they be released to the old environment, which, at the onset, had furnished some of the disturbing situations that caused the psychosis and which has improved but little if at all during the hospital absence. Along this line it has been found that during the year 169 patients were returned to the hospital who had been on parole and failed to make an adjustment that was satisfactory for their permanent release. As well, it has been found necessary to extend the parole period of a number of other patients whose adjustments were being threatened and for whom it was considered wise to continue to provide supervision and advice of the hospital. Of these latter, many of the patients, or the family concerned, requested this extension of supervision. It is further true that with the large number of individuals suffering from permanent organic brain damage that parole even under the most favorable circumstances will never be possible and that many will spend the remainder of their days in an institution.

The new division for public education which has functioned for the first time during the year as a designated feature has abundantly justified its existence by the amount of work which is reported upon and tabulated elsewhere. The time available for them to interview new patients and to painstakingly explain their new situation to them, and often to their relatives, has worked advantageously for the more comfortable adjustment of patients to the perplexities of what is to them, an entirely new situation. It serves to smooth out the many anxieties and misunderstandings incident to the sudden transition from individual freedom to the restrictions of a supervised routine. Because of the limitations of time imposed on the medical staff by routine duties these details frequently could not be adequately dealt with. As well, in the very active field which is broadening extremely rapidly, the division has relieved the Clinical Director and many of the physicians from

some of the public's demands for educational talks and clinical demonstrations. The extent of general community concern and particularly the interest of groups of college students in the sociological and psychological factors involved in faulty mental adjustment togetherwith the implications involved in universal human relations is abundantly evident in the report of this department's activities. That this has long since passed the stage of morbid curiosity is evident by the type of those entertained and instructed and as well by the eagerness and earnestness of their demands for knowledge and by their intelligent cooperation.

In this generalized consideration of clinical matters I have not deemed it necessary to comment on the activities of individual members of the medical and allied groups of workers in this field. It is sufficient to state that without the whole-hearted devotion to their work and their loyalty to the welfare and aims of the hospital much would have been left unacomplished. In no instance has a patient been deprived of either medical or surgical relief from physical complications. The greatest deprivation has occurred in the personal contacts between the patients with their mental conflicts and the physicians whose psychiatric interests and desires are to understand the mechanisms involved in their maladjustments. It is entirely impossible to go to the depths of the motivating mechanisms that may have been operating in each individual's life's problems. Mental examinations must be curtailed, intervals between interviews must be lengthened and the interviews shortened. That much benefit is lost to individuals is evident when one visits the ward and is surrounded by mental sufferers craving an opportunity to speak with someone they believe may help them to some understanding of their difficulties and a sympathetic ear to what are to each of them, the most important things in the world. The relief so often obtained by them from such contacts is often expressed as gratitude to the psychiatrists who have helped them to an insight into any portion of their misconceptions. To deprive any patient of full opportunity for such contact, leaves him in full conflict with his present emotions which at the start may not have acquired permanent value but which may, if left unadjusted, become permanent mental mechanisms and create a liftime of misery.

To those who are watching over our efforts, advising and providing as best they can for us in our endeavors we owe our deep

appreciation. It is to the Board of Managers and Superintendent of the hospital and as well to our Commissioner and the State Department that we owe our gratitude for such opportunities as they are constantly providing and for the encouragement which they so generously express.

Appended is a summarized statement of the movements of nonresident and deportable patients during the year, which as usual has been handled through this division.

Cases transferred outside the state	40
Cases transferred to Mental Hospitals within the state	212
Cases transferred to Mental Defective Schools	2
Cases transferred to Totowa	17
Cases deported	5

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

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

Surgical Operations, Accidents, Births, Etc.

The surgical division of the hospital has continued to maintain its fine standards under the direction of Dr. Laurence M. Collins whose reputation as diagnostician and surgeon is widely recognized. In addition to necessary operations upon patients, this division has cared for most of the surgical needs of the employees, and by special arrangement, for a number of members of employees' families; other state institutions and departments have also from time to time requested diagnoses and operations for patients or employees when their own equipment was not adequate for the type of work required. The North Jersey Training School at Totowa has led in such requests, and during the year 17 patients from that institution were transferred here for surgical attention, and several operations were performed for those connected with their staff. As a glance at the appended list of operations will show, the percentage of recoveries is remarkably high, especially in view of the fact that in mental patients of more advanced type it is frequently difficult or impossible to elicit subjective symptoms, and accordingly the pathological condition may be considerably advanced before it is discovered.

Dr. Collins has been assisted throughout the year by Dr Edward Kessler who has not only performed a number of operations, but has relieved Dr. Collins of much of the post-operative

care. In addition to his surgical work, Dr. Collins has acted as assistant to Dr. Lane and conducted staff meetings whenever the Clinical Director was absent from the hospital; he also has been frequently called upon to act as an expert witness in court, since because of his excellant qualifications as surgeon and psychiatrist his services are unusually valuable. The following list shows the major surgical work of the institution during the year, but from lack of space it has been impossible to include many surgical treatments of a minor type which nevertheless have demanded skilled attention.

SURGICAL OPERATIONS

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
3	Intestinal obstruction due to adhesions	Adhesions freed	Recovered
1	Acute diverticulitis	Repair of diverticulum	"
16	Acute catarrhal appendicitis	Appendectomy	"
23	Chronic catarrhal appendicitis	Appendectomy	"
4	Acute suppurative appendicitis	Appendectomy with drainage	"
1	Acute gangrenous appendicitis	Appendectomy with drainage	"
1	Prepyloric ulcer of stomach with adhesions between duodenum and gall bladder	Posterior gastro-enterostomy with freeing of adhesions.	"
3	Chronic cholecystitis with adhesions and chronic catarrhal appendicitis	Cholecystectomy with freeing of adhesions and appendectomy	"
2	Empyema of gall bladder with cholelithiasis	Cholecystectomy with drainage	1 Died 1 Rec'v'd
1	Acute cholelithiasis	Cholecystectomy	"
1	Chronic cholelithiasis	Cholecystectomy with drainage	"
1	Retro-peritoneal glands with adhesive peritonitis	Glands excised for biopsy	Died
1	Prolapse of rectum	Mucous membrance cauterized	Improved
10	Right indirect inguinal hernia	Bassini	Recovered
12	Right direct inguinal hernia	Bassini	"
6	Left indirect inguinal hernia	Bassini	"
7	Left direct inguinal hernia	Bassini	"
1	Right indirect inguinal hernia, strangulated	Bassini	"
7	Right indirect inguinal hernia and chronic catarrhal appendicitis	Bassini and appendectomy	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Bilateral inguinal hernia, direct	Bassini	Recovered
1	Incarcerated right inguinal hernia	Bassini	"
1	Incarcerated umbilical hernia	Walls dissected, sac isolated, omentum resected, intestines freed, walls repaired, wound closed in layers	"
1	Umbilical hernia	Mayo	"
1	Strangulated umbilical hernia	Sac opened, contents reduced and tissue walls repaired	Died
1	Strangulated ventral hernia	Walls dissected, gut reduced, wound closed in layers	Recovered
2	Large post-operative ventral hernia	Tissue dissected, walls repaired	"
1	Post-operative incisional hernia	Tissue dissected and walls repaired	"
1	Post-operative hernia following gall bladder operation	Tissue dissected, wound repaired and closed in layers	"
2	Hydrocele of scrotum	Bottle operation	"
2	Left varicocele	Veins ligated	"
2	Right cystic ovary, right salpingitis	Right salpingo-oophorectomy	"
5	Right cystic ovary, right salpingitis, chronic catarrhal appendicitis	Right salpingo-oophorectomy with appendectomy	"
5	Right cystic ovary, chronic catarrhal appendicitis, prolapse of uterus	Right oophorectomy appendectomy, with shortening of round ligaments	"
1	Right cystic ovary, left salpingitis, chronic catarrhal appendicitis with retroversion of uterus	Right oophorectomy, left salpingectomy, appendectomy, with shortening of round ligaments	"
17	Right ovarian cyst and chronic catarrhal appendicitis	Right oophorectomy and appendectomy	"
1	Right cystic ovary, retroversion of uterus	Right oophorectomy with suspension of uterus	"
1	Large right ovarian cyst	Right oophorectomy	"
2	Left cystic ovary, left salpingitis	Left salpingo-oophorectomy	"
2	Left cystic ovary, left salpingitis with chronic catarrhal appendicitis	Left salpingo-oophorectomy with appendectomy	"
1	Left ovarian cyst, left salpingitis, retroversion of uterus, and chronic catarrhal appendicitis	Left salpingo-oophorectomy, appendectomy, with suspension of the uterus	"
1	Cystic left ovary, retroversion of uterus, chronic catarrhal appendicitis	Left oophorectomy, appendectomy, with shortening of round ligaments into fundus of uterus	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Left ovarian cyst, prolapse of uterus, chronic catarrhal appendicitis	Left oophorectomy, appendectomy, with shortening of round ligaments	Recovered "
1	Left ovarian cyst, chronic retrocecal catarrhal appendicitis	Left oophorectomy with appendectomy	"
1	Left cystic ovary, chronic catarrhal appendicitis	Left oophorectomy with appendectomy	"
7	Fibroid uterus, chronic left cystic ovary, chronic left salpingitis	Supravaginal hysterectomy with left salpingo-oophorectomy	"
1	Fibroid uterus, left cystic ovary	Supravaginal hysterectomy with left oophorectomy	"
1	Fibroid uterus, chronic right salpingitis, right cystic ovary, adhesions in lower left quadrant	Supravaginal hysterectomy with right salpingo-oophorectomy and freeing of adhesions.	"
3	Fibroid uterus	Supravaginal hysterectomy	"
16	Fibroid uterus, chronic double cystic ovaries, chronic double salpingitis	Supravaginal hysterectomy with double salpingo-oophorectomy	"
5	Fibroid uterus, right cystic ovary, right salpingitis	Supravaginal hysterectomy with right salpingo-oophorectomy	"
1	Fibroid uterus, chronic double cystic ovaries, chronic double salpingitis, with post-operative ventral hernia	Supravaginal hysterectomy with double salpingo-oophorectomy and repair of ventral hernia	"
3	Retroversion of the uterus and chronic catarrhal appendicitis	Shortening of round ligaments with appendectomy.	"
2	Retroversion of uterus	Ventral suspension	"
2	Retroversion of the uterus, double cystic ovaries, chronic catarrhal appendicitis	Double oophorectomy, appendectomy, with shortening of round ligaments	"
1	Retroversion of uterus, chronic rectrocecal catarrhal appendicitis, abdominal adhesions, with diastasis of recti muscles	Appendectomy, with freeing of adhesions, suspension of uterus, and repair of separated recti muscles	"
1	Right pyosalpinx, left cystic ovary, with retroversion of uterus	Right salpingectomy with left oophorectomy and suspension of uterus	"
1	Double pyosalpinx, chronic double cystic ovaries, with adhesions in both right and left fossae	Double salpingo-oophorectomy, with freeing of adhesions in abdomen	"
1	Double pyosalpinx, double cystic ovary, chronic catarrhal appendicitis.	Double salpingo-oophorectomy and appendectomy	"
1	Double salpingitis, double cystic ovaries, chronic catarrhal appendicitis	Repair of rectocele, supravaginal hysterectomy, with double salpingo-oophorectomy	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Prolapse of uterus, right cystic ovary	Suspension with right oophorectomy	Recovered
2	Retroversion of uterus, rectocele, chronic catarrhal appendicitis	Perineorrhaphy, shortening of round ligaments and appendectomy	"
1	Retroversion of uterus, right cystic ovary, chronic retrocecal appendicitis	Suspension of uterus, right oophorectomy and appendectomy	"
1	Chronic retrocecal appendicitis, right cystic ovary, prolapse of uterus	Appendectomy, with right oophorectomy and shortening of round ligaments	"
1	Subperitoneal fibroids with right cystic ovary and chronic catarrhal appendicitis	Fibroids enucleated, right oophorectomy and appendectomy	"
1	Cyst of right broad ligament, salpingitis, chronic catarrhal appendicitis	Cyst extirpated, right salpingectomy and appendectomy	"
1	Third degree laceration of perineum, retroversion of uterus, chronic catarrhal appendicitis, and diastasis of recti muscles	Perineorrhaphy with suspension of uterus, appendectomy, and repair of recti muscles	"
5	Laceration of perineum	Perineorrhapy	"
1	Placenta praevia	Caesarian	"
1	Dystocia	Caesarian	"
2	Toxic adenoma of thyroid gland	Subtotal thyroidectomy	"
2	Cystic goiter	Cyst extirpated	"
1	Empyema of right pleural cavity	Rib resected, pleura incised, cavity aspirated, drainage inserted	"
2	Empyema of left pleural cavity	Rib resected, pleura incised, cavity aspirated, drainage inserted	"
1	Carcinoma of pyloric end of stomach	Sub-total gastrectomy	Died
1	Carcinoma of right breast	Radical amputation of breast	Improved
3	Tumor right breast	Amputation	Recovered
1	Old scar causing deformity at angle of mouth, following lacerated wound	Excision of scar	"
1	Fibrous adhesions involving second joint small finger of right hand	Adhesions broken up	"
1	Fibrous adhesions of fingers of right hand	Adhesions broken up	"
2	Cellulitis of left arm	Incised and drained	"
1	Cellulitis of right leg	Incised and drained	"

No. of Cases	*Diagnosis*	*Operation Performed*	*Result*
1	Lacerated wound of right arm	Wound sutured	Recovered
1	Lacerated wound of tendons of right foot	Tendons sutured	"
1	Lacerated wound of tendons of left wrist, laceration of left arm, small lacerated wound of right arm	Tendons sutured, drainage inserted, wounds dressed antiseptically	"
1	Sub-clavicular dislocation of right shoulder	Shoulder reduced and arm immobilized	"
1	Dislocation of astragalus of right foot	Dislocation reduced and cast applied	"
1	Dislocation of neck of right humerus	Dislocation reduced, splint applied	"
1	Multiple fracture of left femur with necrosis of bone following gun shot wound	Amputation of upper third of left femur with drainage	"
1	Diabetic gangrene of lower left leg and foot	Amputation of leg above knee joint	"
1	Fracture of right thumb	Fracture reduced, splints applied	"
2	Colles fracture of left wrist	Fracture reduced and splints applied	"
1	Colles fracture of right wrist	Fracture reduced and splints applied	"
1	Fracture of right clavicle	Arm immobilized, with Valpeau bandage	"
1	Fracture of radius, middle third, right	Fracture reduced, splints applied	"
1	Fracture of anatomical neck, left humerus	Fracture reduced, cast applied	"
1	Fracture of head of left humerus	Fracture reduced, arm immobilized	"
3	Fracture of neck of right femur	Fracture reduced	"
9	Fracture of neck of left femur	Fracture reduced	"
1	Fracture of lower end of right fibula	Fracture reduced, splints applied	"
1	Potts fracture left leg	Fracture reduced, cast applied	"
1	Fracture of 5th metatarsal bone, left foot	Fracture reduced, cast applied	"

As usual when an overcrowded condition is present on the wards, there was a high incidence of fractures and other injuries. A constant effort to prevent accidents is maintained by those in charge, but with many eldery patients and many excited patients

and a degree of crowding which makes proper segregation impossible, it is impossible to guard against all injuries.

The hospital records show one suicide in the list of deaths. This individual, a woman residing in the community, swallowed a poisonous drug in an attempt at self-destruction; ten days later she was committed to this institution, and death occurred four days after admission from the effects of the poison.

There were seven births at the hospital this year, five normal and two by Caesarean section. The list is as follows:

Patient admitted June 25, 1935; female child born January 8, 1936. The child was illegitimate and was removed to the East Side Day Nursery, Newark, May 1, 1936.

Patient admitted January 5, 1936; female child born February 23, 1936. The child was legitimate and still remains in this institution.

Patient admitted November 16, 1931; male child born February 26, 1936. This patient was permitted to go out with her husband on visiting days. The child was legitimate and was removed to a Registered Nursing Home, March 12, 1936.

Patient admitted June 11, 1935; female child born March 1, 1936. The child was illegitimate and both mother and child were removed May 21, 1936.

Patient admitted February 19, 1936; male child born March 16, 1936. The child was legitimate and was removed by the father March 29, 1936.

Patient admitted December 9, 1935; male child born April 9, 1936. The child was legitimate and was removed by the father April 29, 1936.

Patient admitted June 5, 1934; (on parole April 1935 to January, 1936) male child born May 28, 1936. The child is legitimate and both mother and child were removed June 27, 1936.

Health Service for Employees

The physical care of hospital officers and employees has always been an accepted part of medical staff duty, but with the increase in personnel it has now expanded to a considerable service. The work was carried on at the Clinic building under the direction of Dr. Joseph Donovan, senior physician, assisted by other members of the staff as need arose. Examinations and

treatments for those able to continue on duty were given in an out-patient section; those needing to be hospitalized were admitted to ward M-3. Required operations were performed in the surgical division, laboratory tests were made, special diets arranged, and other treatments given as the case required.

Physical examinations have been given to student nurses, and if indicated, small pox vaccination, typhoid inoculation, and Shick and Dick tests were carried out. Food handlers have also been examined. Most of the work of examination, care and treatment has been done under regular hospital routine, but if more nursing was required than afforded by the ward service, outside nurses were usually provided at the expense of the individual under care. Occasionally, members of employees' families or officers or employees from other institutions or departments have been cared for in this division under special arrangement. Dr. Donovan has given careful and interested attention to this work and has submitted to me a detailed report, which I have condensed as follows:

The out-patient section shows 3,034 services rendered during the year; these include 56 small pox vaccinations, 42 typhoid innoculations, 16 administrations of tetanus antitoxin, 31 Dick tests, and numerous miscellaneous medical and surgical attentions. On ward M-3 a total of 574 cases were under care, 65 surgical and 509 medical. Among the medical cases were 63 infections, 33 injuries and sprains, 25 gastritis, 20 abrasions, 14 lacerations, 32 tonsillitis, 22 pneumonia—12 lobar and 10 bronchial, 80 grippe, 12 influenza, 25 bronchitis, and a number of heart and kidney conditions of various types, beside miscellaneous illnesses; the surgical cases—also included in the general list submitted by Dr. Collins included 15 appendectomy, 8 oophorectomy, 4 hysterectomy, 4 fracture, 3 herniotomy, 3 rectal abscess, 4 tonsillectomy. There were 6 deaths on the service during the year, all due to heart or kidney disease, in two cases combined with adenocarcinoma, and in one with pleurisy with effusion.

Division of Urology, Proctology, and Colonic Therapy

Dr. Marshall D. Hogan, specialist in urology, proctology, and disorders of the colon, has built up a fine surgical and treatments service along these lines and is doing very efficient work. Two registered nurses, Mr. Jack Taylor and Miss Evelyn Soper,

who received post-graduate training in colonic therapy, assist Dr. Hogan and administer irrigations, thus providing a well rounded and much appreciated therapeutic division. Dr. Hogan has submitted the following figures showing the amount of work done during the year:

UROLOGY

Operations:	*Men*
Supra-public prostatectomies	2
Prostatic resections	2
Circumcisions	6
Nephrectomies	1
Hydrocele	1
Cystotomies	2
Vesicle calculus with supra-public sinus	1
Extravasation of urine	2
Totals	17

Medical Services:	*Men*	*Women*
Cystocopies	49	12
Pyelograms	12	6
Cystoscopies with complete urological study	9	6
Urethral dilatations	128	
Urethral dilatation with short wave diathermy	42	
Urethral irrigations	98	
Bladder irrigations	19	8
Urethral smears	168	
Prostatic massages	189	
Prostatic smears	122	
Retention catheters	11	
Total	847	32

PROCTOLOGY

Operations:	*Men*	*Women*	*Total*
Hemorrhoidectomies	44	31	75
Injection of hemorrhoids	24	16	40
Fistula in ano	3	4	7
Ischio-rectal abscess	3	1	4
Pilonidal cyst	1	2	3
Non-specific verrucca	1		1
Anal fissures and ulcers	8	4	12
Thrombotic pile mass	4	2	6
Fecal impactions	2	2	4
Total	90	62	152

Medical Services:	*Men*	*Women*	*Total*
Proctoscopies	36	8	44
Rectal examinations	941	730	1,671
Consultations with examinations	382	221	603
Short wave diathermy treatments	142	88	230
Total	1,501	1,047	2,548

COLONIC THERAPY

	Men	*Women*	*Total*
Number of irrigations	6,465	6,428	12,893
Number of patients treated	421	464	885
Number of patients completed	377	432	809
Average number of irrigations per patient	15	13	28
Post-operative treatments	156	134	290
Fecal impactions removed	48	52	100

Colonic therapy seems to be much appreciated by the patients and marked benefits have been derived by several sufferers from arthritis in its various forms.

Gynecological Division

The gynecological work for patients and employees has been continued under the direction of Dr. Margaret Douglas, a well equipped specialist in diseases of women. The work includes routine examinations for women patients on admission or readmission, special examinations of women patients referred by ward physicians, and examinations of student nurses and other women employees on request. This year a number of patients have been referred from the state institution at Totowa for examination. The total amount of work done is very large, as indicated by the following summary submitted by Dr. Douglas:

EXAMINATIONS

New patients	810
Referred patients	409
Returned patients	87
Patients referred from Totowa	100
Employees	500
Total	1,906

TREATMENTS

Number of patients treated	3,585
Number of Elliott treatments	150

Number of endocrine treatments	1,800
Number of surgical consultations	184
Number of treatments for employees	2,885

SMEARS

Number of smears	935
Number of smears positive for gonococcus	4

Eight patients were found to be pregnant on admission; five were delivered normally in the surgical division and two by Caesarean sections; one has not yet reached term. Under the surgical division have been listed 128 gynecological operations performed after patients were referred by this division, and 11 patients referred by Dr. Douglas have been given x-ray treatments.

Dental Division

The dental service of the hospital has continued to function in an active and satisfactory manner this year under the direction of chief resident dentist, T. R. Palmer, D. D. S., who has been in charge of the division for the past eight years. Dr. Palmer has much enthusiasm for the work, has established an efficient system of indexing, and has made every effort to cover the entire resident patient population with adequate dental service. Most of the patients were brought to the dental office in the Clinic building for examination and treatment, but special arrangements were made for those not able to come to this office, including those resident in the Tuberculosis building. In his report Dr. Palmer, it seems to me, has minimized somewhat the increase in the amount accomplished in this division during the past year, since in the routine hospital work the increase has been from 10 per cent. to 24 per cent. over last year, and in the out-patient groups from 30 per cent. to over 500 per cent.—the latter figure being in fillings for the wards of the State Board of Children's Guardians. Dr. Palmer has submitted the following report:

"During the year there have been the following changes in personnel: Dr. Angus M. Brown left July 31, Dr. Maxwell Serotkin on September 1, and Dr. John M. McCluskey, assistant resident dentist on December 1—all to enter private practice. The dental interns were succeeded by Dr. Howard C. Mansell of Maplewood and Dr. Eugene Moynihan of Newark, while Dr. Harold J. Zeer of Rumson came into the service on December 1 as assistant resident dental surgeon. Mr. Patrick DeNapoly has

continued as dental laboratory technician, which position he has filled most satisfactorily for many years.

We have continued our care of the wards of the Morris County Children's Home and the State Board of Children's Guardians and also the prosthenic work for The New Jersey State Home for Boys at Jamesburg. Since our completion of the examination and treatment of the Morris County Welfare Home inmates, there have been no special demands from this institution.

A comparison of the work accomplished for the past several years indicates that we have dental requirements of the hospital well in hand. During the past year we have succeeded in making a complete examination of every patient resident in the hospital and by so doing avoided the retention of septic teeth in their mouths. We have a small increase in the number of operations for this year over 1935, but I think this is negligible and the amount of service rendered by the dental clinic should be comparatively stable from now on so far as the resident patients of the hospital are concerned.

There has been a continually increasing demand for dental internships, indicating a great appreciation of the value of the training these young men receive in this hospital. As a matter of fact, applications have been received from points as far distant as Maine and Texas, but of course could not be considered since we appoint only residents of New Jersey. We already have on file applications for appointments for August, 1937.

During the year there has been collected from correspondents of patients the sum of $1,034.50, a considerable increase over recent years. As in former years, necessary treatments have been given regardless of payment and the sums collected have been turned over to the State Treasurer through the hospital business office. The following summary shows the work done in the different lines of dental service during the year:

EXAMINATIONS	
New patients	1,666
Ward patients	6,251
Total	7,917
X-RAY	
Intra-oral examinations in dental office	5,341
TREATMENTS	
Prophylaxis	8,002

Vincent's infection treatments	126
Other dental treatments	4,924
Total	13,052

ORAL SURGERY

Impactions removed	443
Buried roots removed	364
Cysts removed	202
Surgical removal of teeth	2,5(4
Alveolectomies	214
Fracture, mandible	3
Cellulitis opened and drained	21
Operation to close maxillary sinus	1
Pedicular cyst removed	1
Osteomyelitis of mandible opened, drained and treated	1
Total	3,754

EXODONTIA

Extractions	7,285

FILLINGS

Total fillings	5,662

REPLACEMENTS

Denture, full upper or lower	136
Denture, partial with gold clasps	70
Denture, partial with lingual bar and gold clasps	33
Total new dentures	239
Dentures repaired	185
Bridges—fixed and removable	5

WARDS OF MORRIS COUNTY CHILDREN'S HOME

Extractions	255
Prophylaxis	193
Fillings	501
Dentures, partial with gold clasps	1
Dentures repaired	1

WARDS OF STATE BOARD OF CHILDREN'S GUARDIANS

Extractions	213
Prophylaxis	93
Fillings	408
Dentures, partial with gold clasps	1
Dentures repaired	1

NEW JERSEY STATE HOME FOR BOYS

Dentures, partial with gold clasps	16
Dentures, partial with gold lingual bar and clasp	1
Total	17

Ear, Eye, Nose and Throat Division

There has been no change this year in the program of work in this specialty. Dr. P. J. Gambill, senior physician, has continued in charge of the division and has performed necessary operations without calling upon any consultant. He has been particularly successful in removing foreign bodies from the esophagus and trachea. Miss Sydna Thomas, graduate nurse, has again been regularly assigned to duty in this division throughout the year.

During the greater part of February and March of this year, Dr. Gambill was on leave of absence from the institution to complete a post-graduate course in his specialty at Harvard Medical School, where he defrayed all his own expenses. His health, which has been impaired for the past four years, has shown some improvement, but is not yet fully restored. Dr. Gambill has submitted a detailed report of his work for the year which I have condensed somewhat by omitting the names of the diseases treated, although they provide much interesting material. Routine work has consisted of examinations of eye, ear, nose and throat of all newly admitted patients; special examinations and treatments have been given when requested by other physicians, or when indicated by routine procedure.

EXAMINATIONS

	Eye	*Ear*	*Nose*	*Throat*	*Total*
Patients, special	289	206	198	267	960
Employees, special	148	79	122	131	480
Total	437	285	320	398	1,440

TREATMENTS

Patients:	*Eye*	*Ear*	*Nose*	*Throat*	*Total*
Number treated	563	252	357	131	1,303
Number treatments	732	773	1,148	274	2,927
Employees:					
Number treated	110	67	88	97	362
Number treatments	161	181	172	196	710

SURGICAL OPERATIONS

Operations performed;	*Patients*	*Employees*	*Total*
Adenoidectomies	14	5	19
Antrotomies		2	2
Brain abscess (drainage)	1		1

Operation Performed:	*Patients*	*Employees*	*Total*
Cauterization (turbinates)	18		18
Curettement middle ear	46	4	50
Dilation eustachian tubes	31	14	45
Dilation lacrymal duct	3		3
Dilation and incision lacrymal duct	10	1	11
Direct laryngoscopy		7	7
Enlargement naso-frontal duct	14	2	16
Enucleation of eyeball	1		1
Ethmoidectomies	28	2	30
Incision and drainage abscess of orbit	10	3	13
Incision and drainage abscess of septum	14	4	18
Incision and drainage hordeolum of eyelid		21	21
Incision and drainage peri-tonsillar abscess	2	3	5
Iridectomies	6	1	7
Laryngoscopies	12		12
Mastoidectomies	4		4
Mosher Toty operation for chronic dacrocystitis	1		1
Myringotomies	15	8	23
Partial submucous resection of septum	11		11
Radical antrum, modified	6		6
Removal aural polyps	21	4	25
Removal nasal polyps	14	1	15
Removal impacted foreign bodies from ear	14		14
Removal impacted foreign bodies from nose	2	1	3
Removal foreign body from eye	18	21	39
Removal safety pin from esophagus	3		3
Removal straight pin from trachea	1		1
Removal cataract	4	1	5
Removal chalazion of eyelid	4	3	7
Removal lingual tonsil	47	2	49
Repair broken and lacerated nose	5		5
Resetting fractured nose	24	9	33
Sphenoidotomies	24	3	27
Suturing lacerated eyelid	3	1	4
Tonsillectomies, general anesthesia	84	5	89
Tonsillectomies, local anesthesia	3	1	4
Turbinectomies, anterior	14		14
Turbinectomies, partial		2	2
Uvulectomies	5	3	8
Total	537	134	671

There were no deaths as a result of operations performed in this division during the year.

In addition to the work done for patients and employees of this hospital, at least thirty children, wards of the State Board of

Children's Guardians, were given eye examinations by Dr. Gambill during the year.

Pathological Division

The hospital laboratory has continued to function efficiently throughout the year and the number of examinations made reached the grand total of 56,629 which is over 2,600 more than the high record of last year. Dr. Thomas B. Christain has continued in charge of the work and despite poor health during most of the year he has been able to maintain the previous standards of this highly important division of medical service. He has submitted the following report:

"Our laboratories have continued their systemic routine work on all patients admitted to the institution which consisted of the following tests: Chemical and microscopical examination of urine; complete blood count; chemical examinations of the blood with tests for urea, non-protein nitrogen, creatine, sugar, and calcium; serological examination of the blood with the Kolmer modification of the Wasserman and the Kalm and Hecht-Gradwohl tests; routine examination of spinal fluid, with Wasserman, cell count, globulin, total protein, quantitative sugar and colloidal gold curve determination; and examination of vaginal and cervical smears from female patients. All other laboratory examinations and all repetitions of the routine laboratory work have been performed at the request of the staff physicians.

All cases of neuro-syphilis, regardless of the specific classification, have been put on malaria plasmodium treatment. We have been using the two types of malaria, the tertian and quartan. We have no set length of time for the malaria treatment, but make it an individual matter in each patient depending upon physical condition and whether or not untoward reactions occur. After the discontinuance of malaria treatment an intensive follow-up treatment with tryparsamide is given. Each patient with neuro-syphilis who leaves this institution is advised through the social service division to have repeated blood and spinal fluid examinations and to continue the tryparsamide treatments, either with his own physician or by returning to the clinic at this hospital. Every case in the institution with laboratory and clinical evidence of any form of syphilis is given anti-syphilitic treatment. We have been using the following drugs: neo-arsphenamine, various

bismuth compounds, sodium iodide and mepharsen.

The following tabulations hows the regular treatment of syphilis:

	Men	*Women*	*Total*
No. of cases under treatment	193	72	265
No. of doses of neo-arsphenamine administered	463	281	744
No. of doses bismuth and other drugs administered	4,886	982	5,868

The veneral disease clinic for indigent cases in Morris County has been held on Friday afternoons between 2:00 and 4:00 o'clock. The patients entitled to receive treatments are indigent cases in Morris County bringing a written request from a physician and also all paroled syphilitic patients from this institution, whether living in or out of Morris County. The drugs used for this clinic have been furnished by the United States Department of Health, Veneral Disease Section.

Cases Treated:	*Men*	*Women*	*Total*
Syphilis	226	114	340
Gonorrhea	102	63	165
Chanchroid	19	8	27
Total	347	185	532

During the year basal metabolism tests have increased in number and have been found very useful in certain types of patients. We are also glad to report the continued interest of the staff in obtaining permission for autopsies.

SUMMARY OF THE WORK OF THE PATHOLOGICAL LABORATORY

Urine:	*Men*	*Women*	*Total*
Chemical and microscopical	2,763	3,052	5,815
Quantitative for albumin	999	1,343	2,342
Quantitative for sugar	294	206	500
Quantitative for chlorides	14	12	26
Cultures for types of bacteria	30	28	58
Microscopical examination of stained smears	7	6	13
Phenolsulphonephthalein functional tests	25	16	41
Positive casts	320	217	537
Blood:			
Enumeration of red blood cells	1,156	1,386	2,542
Enumeration of white blood cells	1,298	1,486	2,784
Estimation of hemoglobin	313	565	878
Differential leukocyte counts	1,298	1,486	2,784
Examination for plasmodium malaria	97	72	169

Blood: (*Continued*)	*Men*	*Women*	*Total*
Widals	47	44	91
Cultures	49	48	97
Examination for pneumococcus	38	25	63
Determination for blood groups	38	13	51
Color index	59	75	134
Bleeding time	67	58	125
Platelets	23	37	60
Estimation of coagulation time	116	95	211
Sedimentation rate	44	46	90
Fragility tests	9	6	15
Vandenberg tests	8	17	25
Undulent fever	6	3	9
Acetone	4	3	7
Sugar	1,203	1,111	2,314
Non-protein nitrogen	1,086	999	2,085
Urea nitrogen	1.110	1,010	2,120
Creatinine	1,087	1,000	2,087
Uric acid	19	16	35
Cholesterol	24	15	39
Calcium	951	842	1,793
Chlorides	16	9	25
Icterus index	13	10	23
Total nitrogen	6	4	10
Tests for CO_2 in the blood	3	2	5
Wassermann tests	1,449	1,161	2,610
Hecht-Weinberg-Gradwohl tests	1,449	1,161	2,610
Kahn test	1,449	1,161	2,610
Spinal:			
Wassermann tests	1,087	499	1,586
Cell counts	1,087	499	1,586
Globulin	1,087	499	1,386
Protein	1,087	499	1,586
Colloidal gold curve	1,087	499	1,586
Microscopical examination of stained smears	4	3	7
Cultures	5	2	7
Quantitative sugar estimations	1,071	492	1,563
Quantitative chlorides	7	3	10
Non-protein nitrogen	4	5	9
Creatinine	3	2	5
Sputum:			
For tubercle bacilli	115	77	192
For bacterial flora	14	6	20
Cultures	6	4	10
For types of pneumococci	42	24	66
Feces:			
For parasitic organisms	36	80	116

Feces: (*Continued*)	*Men*	*Women*	*Total*
For tubercle bacilli	6	8	14
For typhoid bacilli	16	17	33
For bacterial flora	16	17	33
For occult blood	42	96	138
Smears:			
For gonococci	136	947	1,083
For treponema pallidum	5	2	7
From diphtheria cultures	2	3	5
From eyes	6	8	14
From pus from ears	27	21	48
From pus from wounds	13	18	31
Examination of gum for Vincent's angina	23	21	44
Examination of throat for Vincent's angina	80	70	150
Stomach Contents:			
Total acidity	19	7	26
Free HCl	19	7	26
Combined HCl	19	7	26
Salts	19	7	26
For Oppler Boas bacillus	8	6	14
Cultures	5	4	9
Occult blood	19	7	26
Miscellaneous:			
Patients inoculated with malaria	177	40	217
Autogenous vaccines	16	9	25
Cultures from teeth	17	10	27
Examination of granulomas	2	1	3
Basal metabolism estimations	34	114	148
Sugar tolerance tests	6	4	10
Examination of tissues	49	460	509
Autopsies	61	51	112
Typhoid vaccine (doses)	2,547	2,412	4,959
Ascheim-Zondek test		22	22
Agglutination tests for streptococci	5	2	7
Total number	29,123	26,437	55,560
Water:			
For colon bacilli			46
For typhoid bacilli			42
Bacterial counts			36
Quantitative chlorine estimations			26
Milk:			
Specific gravity			64
Fat contents			64
Total solids			64
Proteids			64
Sugar			64
Bacterial counts			285
Smears for pus and blood			285

Miscellaneous chemical tests (Organic and inorganic)	29	
Total number	1,069	
Grand Total		56,629

Roentgenology and Electrotherapeutics

In modern diagnosis, the x-ray is a highly important factor and its use at this hospital increases each year. The various types of electrotherapy are also valuable in a variety of conditions and constant calls are made for this type of service. This division has been continued under the direction of Dr. George R. Hampton, senior physician, who is deeply interested in his specialty and has given it constant personal attention. He has submitted the following figures showing the work done in the different sections:

ROENTGENOGRAPHY

EXPOSURES:	
Head	944
Maxilla	2,607
Chest	592
Abdomen (Barium meal)	651
Kidney	185
Gall-bladder	60
Hip	140
Pelvis	25
Upper extremity	465
Lower extremity	411
Spine	68
Teeth	300
Total exposures	6,448
DIAGNOSES:	
Fractures:	
Skull	14
Mandible	7
Clavicle	2
Ribs	10
Humerus	4
Radius	15
Ulna	3
Metacarpal	10
Phalange	6
Metatarsal	6
Scaphoid	1
Femur	32
Tibia	4
Fibula	9

Fractures: (*Continued*)	
Nasal bone	3
Patella	2
Vertebra	1
Dislocations:	
Humerus	5
Ankle	1
Osteomyelitis:	
Humerus	4
Mandible	1
Fibula	2
Phalange	3
Pubic bone	1
Foreign Bodies:	
Skull—bullet	1
Stomach—hair pins	1
Hand—steel	2
Chest:	
Pulmonary tuberculosis (acute)	120
Pulmonary tuberculosis (chronic)	87
Carcinoma of lung	8
Abscess of the lung	2
Bronchitis	11
Pleurisy with effusion	28
Aortic aneurism	8
Cardiac hypertrophy	31
Thickened pleura	14
Pneumonia	3
Bronchiectasis	11
Abdomen:	
Appendicitis—chronic	5
Colonic hypomotility	7
Gastroptosis	2
Gall stones	3
Cancer of the stomach	2
Cancer of the colon	3
Ulcer of stomach	9
Collitis	5
Kidney stones	4
Double ureter and kidney	2
Teeth:	
Impactions	162
Periapical abscess	125
Pyorrhea	134
Septic roots	151
Cyst	6
Miscellaneous:	
Mastoiditis	17

Miscellaneous: (*Continued*)

Sinusitis	20
Arthritis (hypertrophic)	17
Arthritis (atrophic)	4
Ankylosis	5
Osteoma of skull	2
Nasal polypus	2
Pregnancy	3
Brain tumor	3

ELECTRO-THERAPEUTIC AND X-RAY TREATMENTS

High frequency current	4,048
Galvanic and sinusoidal currents	75
Vacuum electrode	325
Ultra violet rays	580
Diathermia	540
Infra-red rays	295
Static head breeze	860
Static spark	110
Electrolysis	35
Morse wave	75
Fulgration	20
Electrical vibration	75
X-rays	220
Total treatments	7,294

Tuberculosis

In the care of tuberculous patients at this institution the same system has been followed as last year. The Tuberculosis building has been used beyond the limits of its capacity, which means that much of the therapeutic value has been lost because of the necessity of keeping rooms and porches filled at all times, instead of moving the patients freely out and in according to individual requirements. Special diets have have been arranged for the patients in this building, as shown in the report of the nursing division. The routine medical service has been under the direction of Dr. D. G. Melvin as resident physician, while consultant service has been arranged as heretofore with Dr. H. S. Hatch, Superintendent of the Morris County Sanatorium for the Tuberculous, giving part time here.

Dr. Hatch has submitted the following report of his work this year:

Chest Consultation Service

Diagnoses:

Pulmonary tuberculosis, active:	
Minimal	1
Moderately advanced	42
Far advanced	58
Pleurisy with effusion	15
Total active pulmonary tuberculosis	116
Pulmonary tuberculosis, inactive:	
Minimal	3
Moderately advanced	23
Far advanced	2
Total inactive pulmonary tuberculosis	28
Chronic bronchitis	9
Bronchopneumonia	2
Spontaneous pneumothorax	2
Lung abscess	1
Bronchiectasis	2
Empyema	2
Atelectasis	1
Lung fibrosis	1
Pick's disease	1
Pneumonitis	2
Mediastinal adenitis	1
Chronic adhesive pleuritis	7
Aortitis	11
Tuberculosis suspects	8
Negative for chest disease	441
Total examinations made	635
Number tuberculin tests given	66
Number artificial pneumothorax treatments	727
Number phrenic exaeresis done	7
Number lipiodol instillations done	3

Seven lectures were given to nurses during the year by Dr. Hatch.

Dr. Melvin has submitted the following figures for the Tuberculosis building: "During the year 74 patients were admitted to this building with the following diagnoses upon admission:

Classification	*Men*	*Women*	*Total*
Far advanced, active	21	20	41
Moderately advanced, active	12	19	31
Minimal advanced, active	2	0	2
Total admitted during year	35	39	74

There were 25 male deaths and 37 female deaths during the year: 3 men and 8 women were discharged, a total of 11, all of whom were regarded on discharge as being arrested cases of pulmonary tuberculosis."

In connection with the problem of tuberculosis in this institution, mention should be made of a study undertaken during the year. One hundred patients from the Main building, all resident for at least two years, all up and about, half of them women and half men, were tested with tuberculin. Of this number 96 per cent reacted; this percentage is very high, as among the general population probably between 40 and 45 per cent. would so react. The women patients found tuberculin positive were x-rayed and the men examined with the fluoroscope; six open cases of tuberculosis were found and two inactive cases. Dr. Hatch feels that this high incidence of active tuberculosis in unsuspected individuals is probably not exceptional and that even higher percentages would be found among long resident patients in the more crowded parts of the hospital.

Recently two young women employees in the laundry were found to be tuberculous and other women employed there were then examined, but as a rule employees have been examined only when referred by a staff physician.

In order to protect patients and employees from the menace of tuberculosis, Dr. Hatch recommends that a resident physician be added to carry on routine chest work and then that all patients be "screened" for tuberculosis on admission and annually thereafter, and the same procedure followed for employees. This would require additional funds for x-rays and other equipment. Since the facilities of the present Tuberculosis building are already over-taxed, it would be necessary to segregate tuberculous patients on certain wards in other buildings which would permit a certain amount of special care and would at least protect the other patients.

Educational Division

As has been mentioned in the report of Dr. Lane, a new division has been established this year with the double purpose of providing better facilities for giving public instruction in the community and more especially to visiting groups of students and also of relieving the medical staff of some slight portion of the duties

which tend to fall to their lot in constantly increasing degree. This hospital's location and the educational interests of many of the divisional heads, together with a strong feeling on the part of the resident officers, Managers, and Central Office that community knowledge of conditions is the surest way to insure adequate support for mental hospitals as well as to effect the spread of mental hygiene standards, have combined with present day general interest in health and dependency problems to bring about an unprecedented demand for services in a variety of allied fields.

The resident educational director has been Mr. Robert E. Brinkman who submitted the following qualifications: A. B. Ohio Wesleyan; S. T. B. Boston University; Ph. D. Boston University (residence and most of dissertation completed); 3 years of clinical work, observation and research in mental hospitals of sufficiently high standing and teaching equipment to meet A. M. A. requirements for a psychiatric internship under psychiatric teaching and supervision; 3 years of human relations work in the community relating to sociology and mental hygiene. Mr. Brinkman has handed me the following report:

"The work of the educational division has been supervised by the Clinical Director and has included such functions as an adequately trained non-medical worker can carry on efficiently, thus leaving the physicians' time for distinctly medical and psychiatric duties. Increasingly large numbers of people visit the institution, both individually and in groups, from schools, universities, organizations, and the community at large, to learn something of the nature of mental disorder, its causes and treatment and of the institution which cares for the mentally ill. The educational director and his student assistant have given information to these groups and conducted them through the various units of the hospital. Several instructors in schools which train individuals for specialized human relations work now make visits to Greystone Park a regular part of their courses. The division has also responded to requests for talks in local communities and for consultations with educators, clergymen and other professional people. The following table indicates the extent of this aspect of the educational work of the hospital.

Number of visiting groups	56
Number of visiting individuals	17
Total number of visitors	638
Number of student visitors	464

Number of visitors in or preparing for full time human relations work	217
Number of lectures to visiting groups	56
Number of lectures in the community	51
Total number of lectures	107
Number of conferences with educators, clergymen and other professional workers	96

During this year seven advanced graduate students of individual and social pathology have studied in the hospital for periods of three or more months and four additional students arrived June 18, to begin a three month period of training. One student, Robert A. Preston, has been at the hospital for a full year and has served since February as student assistant to the director. In cooperation with the Clinical Director, this division has supervised the clinical training and researches of these students and conducted for them 105 seminar and discussion periods which occupied 248 hours of teaching time.

The work of the division with patients has been of three kinds:

1. Seeing newly-admitted patients, interviewing those who were accessible, answering their questions, interpreting the hospital to them and giving them such information and assurance as would help them in their orientation, remove their fears related to the new situation, build up their confidence in the institution and its staff, put them at ease, and lead them to cooperate to the fullest extent in examinations and treatments in order that they might receive the greatest benefit.

2. Further interviewing of selected patients, offering them the security of a dependable, understanding relationship, giving them aid in solving personal and environmental problems for further dealing with which the medical staff does not have time, stimulating them to creative activities, helping them with their hospital adjustments and preparing them before parole for an adjustment in the community, helping to remove feelings of isolation at having been mentally ill and providing a contact with society.

3. Maintaining by occasional short conversations a friendly, assuring relationship with most of the patients for indefinite periods after admission, thus helping them build wholesome attitudes and reducing feelings of isolation and loneliness which militate against recovery.

Out of this work with patients have grown frequent interviews with relatives to interpret to them the institution and its treatments and to give them such assurance and information regarding patients as was proper and had the approval of the ward physician.

Other work carried on by this division during the past year was as follows: compiling information and filling statistical information blanks for all patients entering the hospital; abstracting from writings of patients materials essential to thorough understanding and treatment; conducting practical research in problems of mental hygiene and general sociology of community importance; performing various kinds of office work upon assignment by the Clinical Director."

Occupational Therapy Division

Occupations for patients in an institution of this type are numerous and varied, hardly a branch of the service carrying on its duties without some assistance from selected patients. Large groups are employed in the grounds and gardens and in the laundry and general housekeeping of the institution; others assist in the different clothes rooms and sewing and mending groups; the kitchens, dairy, and many of the shops also utilize patient helpers, while the offices, storehouse, cafeteria and cottages have given employment to others.

The occupational therapy division proper has continued under the personal supervision of Dr. George B. McMurray, senior physician, who has exercised great care in adapting the variety of work to the need of the individual patient. First emphasis has always been placed on the welfare of the patients and the improvement of their mental condition, with the value of the finished product as a secondary consideration. A long list of articles has been produced, however, many of which have been used in the institution, while others have been sold.

There are a number of sections of the occupational therapy division: Men's Arts and Crafts, Printing and Bookbinding, and Curative Workrooms—all function continuously, while the concrete block industry and the willow industry are carried on to meet hospital requirements or at suitable seasons. Each section has a competent supervisor and instructors who keep constantly in mind the therapeutic value of the work.

During the year a number of excellent exhibits were set up in different places, including the State Fair at Trenton, the Flemington Fair, and at Atlantic City during various conferences. In addition to the many visitors who inspected these exhibits, many others came to the hospital to visit the different occupational buildings and see the work being done. The section of Curative Workrooms had a special exhibition and sale in their office from November 26—30 inclusive.

MEN'S ARTS AND CRAFTS PRODUCTION

Articles Made: Miscellaneous	*Number*
Brooms	2,280
Brooms, whisk	137
Brooms, hearth	80
Scrub brushes	120
Child's chairs and rockers	36
Smoking stands, nut bowls, etc.	10
Toys,—small, various	158
Bird houses	24
Adirondack chairs—regular	77
Adirondack chairs—¾	5
Adirondack settees	5
Parrot toys	60
Cocoa mats	6
Loom rugs	235
Hooked rugs	94
Tied rugs	22
Hooked rug seats	8
Willow chairs and extensions	4
Hampers and washbaskets, willow	40
Fireside baskets, willow	30
Dog and cat baskets, willow	24
Scrap baskets, willow	62
Ferneries, willow	2
Flower baskets, willow	108
Market and utility baskets, willow	166
Leaf and trash baskets (on wheels)	8
Sewing tables—glass top	4
Sewing bag frames	26
Total	3,831
Reed Articles Made:	
Fancy flower	481
Hampers	2
Bed trays	10
Melon baskets	171

Reed Articles Made:	*Number*
Ferneries	2
Work baskets	11
Vases	30
Total	707
Articles Made and Repaired for Hospital Use:	
Settees recaned	45
Willow chairs, repaired	90
Chairs recaned	297
Chairs recaned, flat reed	139
Tables repaired	13
Fibre cord chairs, recaned	58
Laundry baskets, repaired	121
Bent wood chairs, scraped	45
Stencils—wards	10
Pictures framed and maps mounted	27
Mantels—Christmas decorations	4
Total	849
Material dyed for different departments (pounds)	112
Broom handles salvaged	908
Paper salvaged and baled (pounds)	44,855
Articles Sent to Store House:	
Brooms	2,160
Brooms, whisk	120
Scrub brushes	432
Baskets	36
Hampers	3
Fernery	1
Adirondack chairs	10
Cocoa fibre door mats	61
Loom, rag, rugs	104
Willow chairs	1
Total	2,928

WOMEN'S ARTS AND CRAFTS PRODUCTION

Articles Made:	
Fancy articles made-including doilies, spreads, center pieces, embroidered towels, pillow cases, etc	1,044
Hooked rugs	114
Braided rugs	211
Total	1,369
Lace and Tatting (yards)	10

PLAIN SEWING PRODUCTION

Articles Made:		
Petticoats, Muslin	1,110	
" Flannel	1,001	2,111

Articles Made:	*Number*
Night dresses	3,210
Night shirts	1,180
Drawers	732
Gingham dresses	3,304
Strong dresses	60
Burial suits	540
Towels, from sugar bags	2,029
Towels, huck	5,002
Towels, dish	2,056
Towels, surgical	313
Towels, roller	6
Pillow cases	5,610
Sheets, single	7,443
Sheets, double	814 8,257
Table cloths	216
Table napkins	426
Mattress cases	421
Aprons, kitchen	1,049
Aprons, cafeteria	252 1,301
Coffee bags	307
Laundry bags	409
Coat bags	24
Window drapes	21
Bed pads	478
Bed spreads	19
Table covers	48
Bean bags	26
Doctor's surgical gowns	290
Mending and repair tabs	474
Infants' wear	198
Total articles	39,068

PRINTING AND BOOKBINDING PRODUCTION

	Printing	*Ruling*	*Binding*	*Padding*
Greystone Park	2,231,127	871,904	8,376	18,576
Trenton	3,460	9,520	.....	.....
Marlboro	8,000	.....	.....	.....
Total	2,242,587	881,424	8,376	18,576

Curative Workrooms

The section of Curative Workrooms was established to provide interesting occupation on the wards for such patients as could not well be sent to the regular occupational buildings, either because they were recently admitted and still undergoing intensive

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examinations and treatments, or because of their physical or mental condition. Groups are collected, either on the wards or in a near-by room, and various forms of work are carried on for longer or shorter periods of time under the direction of instructors carefully selected for their tact and ability to interest. Patients are assigned to the groups by their ward physicians. The work has been under the direction of Miss Stella McClurkin who has held the position for a number of years and is well fitted by training and temperament for the exacting duties. She has submitted the following data regarding the work for the year:

The staff has consisted of 3 trained occupational therapists with 8 partly trained assistants; 30 classes have been held daily with an average enrolment of 762 patients. During the year 1,471 patients were treated on prescription of their physicians, including 850 new cases. A total of 1,612 articles were completed for sale, 1,991 articles were completed for the use of patients, having been made largely from waste material, and 5,700 articles cut from discarded materials were completed for use in the hospital; 15 slipper frames were made to replace broken ones for class use. Three of the four meetings of the New Jersey Occupational Therapy Association were attended by members of the staff this year. Eight groups of affiliating student nurses and one group of local student nurses completed a course in occupational therapy during the year.

Physical Education

Among patients who have been for some time inmates of the wards of a mental hospital there is frequently a tendency either to become inactive and sit or lie around all day, taking no interest in surroundings, or else to become noisy and destructive simply as an outlet for unused energies and emotions. The division of physical education was organized primarily to interest patients of these types and give them healthful activities, not only to improve their physical condition, but also to draw them out of their delusional absorptions. In addition to intensive work with the longer resident patients, the division has arranged special exercises for some of the newly admitted patients on the request of physicians, and has also fostered interest in numerous games and sports. Most of the parties and entertainments for patients have either been arranged by this division or carried to a successful

conclusion through the assistance given by the staff teachers. Close cooperation has been maintained throughout the year between the division of physical education and the older division of amusements, sports, and recreation under the direction of Dr. McMurray; and Mrs. Garrison of the Board of Managers has taken active interest in the program.

Mrs. Dorothy Johnson has continued as director of the division and has not only arranged the work most carefully, but has trained her assistants well and adjusted to the programs of other divisions without undue friction. Although it has not been possible to engage a man teacher for the staff, valuable assistance has been given by the students of human relations who were working in the educational division.

Mrs. Johnson has submitted a clear and comprehensive report of the work done this year, but in the interests of brevity, I have summarized it as follows: "At the close of the year the staff consisted of a director, two teachers and 4 junior teachers. Two resignations occurred in the course of the year; one teacher left the work because of ill health, and a junior teacher resigned the day following her appointment, as she found herself unable to work with mental patients; three other junior appointments were made within the period. All teachers engaged for permanent duty were graduates of high schools and of the physical education department of an approved normal school or teachers' college. No accidents occurred to any members of the staff while on duty; there were three periods of absence due to grippe, and one for an appendectomy; others for various causes were limited to one or two days.

Patients from eleven wards in the women's wing of the Main building have been given instruction twice daily for periods of thirty to forty-five minutes. Each class had two instructors, and the work consisted of progressive marching, calisthenics, folk dancing, games, and singing; the aims were recreational, hygienic, corrective, and educational. Two special classes of women patients from the Main building were taken to the gymnasium each Wednesday afternoon and Thursday morning for instruction on the apparatus; weather permitting, games of volley ball, badminton, and deck tennis were arranged on the lawns.

Afternoon classes for women patients were held at the Dormitory building, either on the wards or in the grove. The Reception building has two well-equipped exercise rooms or

gymnasiums where corrective exercises have been given as prescribed by the physicians. In good weather out of door games have been arranged for men and women patients from this building.

Bowling classes were arranged on schedule for groups from the different buildings; five classes were held for women patients and four for men. The Wednesday afternoon classes for men from the Reception building and the Wednesday evening class for men who work during the day were conducted by Mr. Preston of the educational division. In May tournaments were held with suitable inexpensive prizes for the contestants.

Throughout the winter months a choir of men and women patients met regularly for practice on Tuesday afternoons and in June a picnic was held at the close of rehearsals for the year. Patients who had worked diligently to condition the baseball diamond for the season's use were also included, and refreshments were served consisting of frankfurters, rolls, iced tea, ice-cream and cigarettes; these, with music by the hospital orchestra, made the occasion a particularly festive one.

Once each month during the year a mass party was arranged for orderly patients, both men and women, held either in the amusement hall or on the grounds. Music was provided by the hospital orchestra, and light refreshments, usually consisting of tea, cookies, candy and cigarettes were served. An especially fine party was arranged for Hallowe'en, over 200 patients attended in costume, and the hall was decorated in orange and black, with pumpkins, scarecrows and other seasonal features.

Preparations for the Christmas party were begun early, with the selection of a cast for the play and then followed weeks of rehearsing and training. Costumes were made by patients in the occupational therapy division and scenery was prepared by the physical education group. In the meantime, letters had been sent out from the main office telling of the Christmas plans, and gifts and money donated were being carefully checked, listed and acknowledged. Early in December Dr. Curry personally made several trips for the purpose of purchasing gifts and decorations, and then the nursing division took over the wrapping of gifts for each patient in the institution. The party was held on the evening of December 23rd in the large amusement hall, which had been elaborately and beautifully decorated, with a huge Christ-

mas tree on each side of the stage as the crowning feature. Carols were sung and then the play was presented:

Columbine Madonna

A troupe of travelling players from the Middle Ages

Pierrot	A sarcastic clown
Columbine	A ballet dancer who tries to reform Pierrot
Harlequin	A gentle player
Pantaloon	An old man
Scaramouche	A comic soldier

A group of ballet dancers
A group of carol singers

Scene—An unset stage after a performance
Time—The night before Christmas

All parts were successfully taken and the difficult performance went off very smoothly. At the end of the play, Dr. Curry entered as Santa Claus and after a short talk to the patients called upon various prominent guests who responded with good wishes, funny stories and congratulatory speeches. The climax of the evening came with the distribution of gifts from the great baskets under the trees, planned so carefully that no patient was forgotten.

Other parties and entertainments during the year will be found listed in a later section under "Recreation." The total attendance at parties was 9,598; the average attendance at classes was 573 daily, 15 men, 558 women. Mrs. Johnson conducted nine courses in physical education for student and affiliating nurses, covering 90 sessions in all and including instruction in corrective and therapeutic gymnastics, practical work in games and dancing, and use of these in contact with patients on the wards. During the year eleven university students here in the educational division have been assisted in their training for human relations work through cooperation in the activities of the division of physical education.

Social Service Division

The work of hospital social service has been continued with the same organization and objectives as in previous years. The staff consisted of two historians, eight field workers, and a director, Miss Phyllis F. Pointon. The historians, as the title implies,

secured the anamnesis of each patient admitted, either by interview with those who accompanied him to the hospital or by means of appointments arranged with friends and relatives when they later visited the institution. The field workers had as their chief duty the supervision of patients outside the hospital on parole—an average number of 502. Other assignments included visits in the community to obtain information regarding patients in the hospital to complete, supplement, or correct the data obtained at the office by the historians, or to make special investigations for a variety of purposes.

Miss Pointon has felt that with eight field workers making 9,023 visits during the year, the division's allotment of three cars was inadequate and resulted in loss of time and decreased efficiency, since fifty per cent. of the traveling had to be done by bus or train. This in our district is more than usually time-consuming because of the fact that traffic lines radiate out from Jersey City and Newark like spokes from a hub to all the centers of population, but with few cross lines between the spokes; the hospital being located far out from the hub, it is frequently necessary when traveling by rail or bus to go in a roundabout manner with numerous changes, instead of directly to the destination, as can be done with an automobile.

The value of the parole system is especially to be seen in these times of economic stress when families living on relief or on the pay from uncertain and part time jobs are more than usually reluctant to take on the added burden of a recovered or improved patient. In most instances, the only condition under which they can be induced to accept such responsibility is the assurance that it will be shared by the institution through the parole supervision service. One rather interesting feature of the conditions of parole is the fact that a woman ex-patient can be placed more readily than a man, probably because a woman can live at home and still be an economic asset rather than a liability. Whatever the reason, the ratio of paroles to first admissions during the year was 28 per cent. for men and 40 per cent. for women. Each patient out on parole who would otherwise remain in the hospital means a definite saving, so that a parole list of 500 patients represents between $150,000 and $200,000 lower annual costs for maintenance, not to mention the problems of housing involved. Obviously, if increased investment in cars for the workers means

an increase in the number on parole, it would take only three or four more individuals outside the hospital to pay for the investment; or, viewed from the time saved to the workers, the cost of purchase and upkeep of an automobile does not equal the cost of salary and maintenance of a worker by a wide margin, so it is more economical to increase cars than to increase the staff of field workers.

Miss Pointon has proved to be a competent and successful director of this important division of the hospital and has worked out a program suited to our requirements. Her report is as follows:

"During the fiscal year of 1935-36 there was one change in the personnel of the social service division, Miss Edith Pollak resigning because of ill health. Miss Abba Barrett entered the division as a volunteer worker in July and in October was given a temporary appointment to fill the vacancy created by Miss Pollak's resignation. Miss Barrett's appointment was later made permanent.

During the year 9,023 visits were made in the community regarding patients on parole and in the hospital. In the cases of patients under consideration for parole 471 preparole investigations were made of the homes, both for the purpose of presenting the social and environmental factors to the medical staff and also for the purpose of assisting the family in planning for the future of the patient.

During the year 292 special investigations were made for the following reasons: 118 to obtain additional information regarding hospital patients; 8 to investigate conflicting statements made by patients and their relatives or conflicting or otherwise doubtful statements made in anamneses; 14 to arrange about property and valuables of hospital, parole, discharged or deceased patients; 18 to further the comfort and progress of patients in the hospital; 8 to promote the health or investigate the conduct of parole patients; 13 to arrange for the return of patients from parole and 13 to arrange for the return of patients from escape or temporary visits; 13 to obtain signatures, permissions, or complete necessary papers; 3 to make arrangements regarding deportation or distant journeys for patients; 9 to investigate or advise regarding discharged patients; 3 to investigate the advisability of releasing voluntary patients from the hospital; 7 to take parole or discharged patients from the hospital to their homes; 5 to arrange for the placement of babies born in the hospital; 19 to arrange for removal and maintenance or

employment of survey patients; 5 to obtain permission from the petitioners for patients to leave the hospital with other persons; 5 to obtain specific legal or other information; 2 to locate and notify relatives of deaths of patients; 29 to locate or attempt to locate relatives or friends of hospital patients.

During the year 49 patients were removed from the hospital who had been found upon survey of the wards to be recovered. Two of these were transferred to institutions for mental defectives —1 to Vineland and 1 to New Lisbon; 20 were discharged outright and 27 were released on parole. Of the 20 discharges, 11 were discharged in the care of relatives—6 voluntary admissions and 5 without psychosis; 5 were released in their own custody—3 voluntary admissions, 1 without psychosis, and 1 non-resident; 2 without psyhcosis were discharged to friends, and 2 were discharged in the care of outside agencies—1 of these, a voluntary, was released in the care of a charity organization society and the other, a non-resident, was taken to a E. R. A. Shelter. Of the 27 paroles, 19 were released to relatives, 3 to friends, 2 in their own custody, 1 to her employer, and 2 to outside agencies; of the last mentioned, 1 was placed in the Salvation Army Home and the other in an E. R. A. Shelter.

Ten patients on parole or families of patients were referred to outside social agencies for assistance. Of these, 2 were referred to clinics for medical treatment; 5 were referred for employment or financial assistance; 1 for placement in a home; 1 to the Mental Hygiene Clinic; and 1 to the New Jersey State Commission for the Blind.

Arrangements were made for the placement of 6 babies born in the hospital; 3 were taken home by relatives (1 illegitimate), and the other 3 were removed to homes that had been found for them; of the latter, 1 was taken to a boarding home provided by the Overseer of the Poor, 1 to a boarding home found by the child's father, and the 3rd (illegitimate) was taken to the Newark Eastside Day Nursery pending commitment to the State Board of Children's Guardians.

Medical and social histories were obtained regarding 1,248 newly admitted patients and 105 interim histories were obtained regarding patients with previous residence in this hospital. Of the 1,248 anamneses, 1,094 were obtained in the office and 154 in the community. To procure this information 2,028 persons were

interviewed. In addition 435 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. On request, other hospitals contributed 666 abstracts. A total of 10,140 letters were sent out on matters pertaining to the business of the division.

At the request of the medical staff, 47 psychometric examinations were given to hospital patients. Of the 1,666 patients admitted to the hospital during the year, 1,150 were registered with the Confidential Social Service Exchange. The division continued its usual contacts with other agencies throughout the vicinity and either by mail, telephone, or personal interview has both given and received information regarding many patients—in the hospital, on parole, or discharged. Office interviews to the number of 1,640 were held with and in regard to patients on parole or in the hospital or in regard to divisional matters; 412 special visits were made to patients on the wards.

During the year the number of patients on parole, visit, and escape ranged from 481 to 585, with an average of 502. The highest number was at the time of the Christmas Holidays and at the end of the year the list stood at 527.

In the course of the year members of the division staff have attended various meetings and conferences on social work. They have also entertained a number of visitors who have spent varying lengths of time observing the work and studying the functions of this division.

Northern New Jersey Mental Hygiene Clinics

One of the greatest extra-mural services of this hospital unquestionably is carried out by the division of mental hygiene clinics. There is hardly a town or village in the institutional district which has not had some contact with the clinic, either directly through utilization of its services, or indirectly through educational channels. Social agencies, schools, courts, and physicians in each county recognize the value of this work and send their human problems by the hundred to the clinic staff to receive the help and understanding which trained psychiatrists, psychologists, and psychiatric social workers alone are competent to give. Through this assistance many have been led to better adjustment in their homes, positions and schools, but the number

saved from complete breakdown with consequent commitment to a mental hospital is difficult to estimate. Without question, the correction of early maladjustments is of the highest importance in preventing later development of the functional psychoses and any agency which acts to check mental disorders at their source is performing an inestimable service to the community.

For the past seven years, Dr. Earl W. Fuller has been in charge of the Northern New Jersey Mental Hygiene Clinics, a position for which his long experience and excellent training make him well fitted. Dr. Theodore Gebirtig who joined the staff in 1934 as assistant to Dr. Fuller has continued to serve throughout the year and is doing very good work. A detailed report has been prepared and handed to me by Dr. Fuller, but of necessity many interesting and valuable items have had to be omitted in summarizing it for this volume. I have tried, however, to include the major features as follows:

"During this fiscal year there has been no change in the number or location of the regular clinics. We are still holding clinics in nine different communities. The addition of Mr. Beechley to the staff has allowed us to increase the number of psychological examinations and during the year which he has been with us 116 special psychological clinics have been held.

The clinic personnel has undergone several changes. On July 1, 1935, Mr. Beechley was transferred to the clinic staff as an additional psychologist and on July 22, Miss Lois Fisher joined the staff for a period of six weeks as a volunteer psychologist. On the staff of psychiatric social workers, Miss Margaret Brennan reported for duty on August 1, and Miss Paula Graeber and Miss Helen Gossett on September 3. Mrs. Alyce W. Baldwin left the service of the clinic on September 15, and on the following day Mrs. Elizabeth H. Robinson reported for duty to fill the vacancy.

On September 16, three students from the Smith College School for Social Work reported for nine months training with the clinic—Miss Ruth McElroy, Miss Alix Russell, and Miss Elizabeth Griffin. On October 1, Miss Mary Bentley, a student from the New York School of Social Work, reported for a three months training period. On October 13, a fourth student from the Smith College School, Miss Anne Hill, began her nine months period of training. Miss Frances Wagner of the New York School entered on a three months training period March 25,

and on June 15, two others from the same school reported for duty at the clinic, Miss Belle Berman and Miss Isabelle Flynn.

As noted in previous reports, we have continued to have difficulties because of shortage in the clerical service. We had the assistance of three E. R. A. workers and recently they were replaced by three W. P. A. workers, but since these typists are able to work only on special projects, they are of no material assistance as far as the routine activities of the clinic are concerned. For some time there have been but four clerk-stenographers to serve the entire staff and because of this shortage we have had to submit extremely unsatisfactory and meager reports, which have caused unfavorable comment since they lacked detailed and specific discussion and recommendations in regard to the patient.

Transportation difficulties were even more apparent this year than last because of the additional psychiatric social workers. At the present time the larger car is being used for the transportation of clinic staff and material which leaves three small cars for the field work of six full-time psychiatric social workers and from four to six psychiatric social work students. In other words, from ten to twelve social workers are expected to cover six counties of northern New Jersey with three cars. The use of personal cars which was allowed on a mileage basis by the State has not proved very satisfactory; buses and trains have been utilized, but because of time lost in making connections, the amount of work accomplished by the social workers depending on these means of transportation fell rapidly below the required level. This limitation of the work of the social service staff is particularly serious since because of the demand for clinic help each worker always has an overload of active cases in need of assistance and supervision.

The demand for the services of the clinic has in no way lessened. The schedule is filled for months in advance and in three clinics appointments are now being made (July 1) for next December. Naturally, this clinic overload has required extra hours of work. The State survey of personnel activities which was made during the year brought rather definitely to our attention the fact that the professional group of the clinic is contributing approximately 25 per cent. overtime to its duties.

The lecture program for the year was rather heavy and included 3 by the psychologist, 34 by the psychiatrists, and 41 by

the social workers. Most of these were before service clubs, school associations and professional groups. During the year the Friday morning staff meetings have continued to be used as an educational activity, and have been attended by many who were professionally interested in the type of problems with which the clinic is working. Among the visitors may be mentioned 19 supervising school principals, 6 principals, numerous teachers, social workers, nurses, many groups of students, and physicians, psychologists, and other professional people.

The cooperation of both public and private social agencies in our district has been of great assistance to us. Not only have they handled, as heretofore many of the problems which do not demand social workers with psychiatric training, but this year, when the increased number of our social workers has allowed us to assign one county to each, we have had the opportunity to start a new policy of regular social work conferences with many of these local welfare organizations. During these conferences our psychiatric social worker gives instruction in the way of securing adequate histories, helps the agency worker to a better understanding of the problems of its patients, and so is able to increase the amount of cooperation between the different agencies and the clinic. Owing to a change in policy and an increase in cost, we have not been able to avail ourselves of the assistance of the Franklin School in Philadelphia. The Gertrude Butts Association has continued to be of great assistance to us in dealing with many of the problems of juvenile patients.

Naturally, the addition of a psychologist to the clinic staff has increased the number of children seen by the clinic. During the fiscal year ending June 30, 1935, the clinic saw 833 adults and 874 children; at the end of the present year our examinations report 2,126 individuals, 728 of whom were adults and 1,398 children. The assistant director of the clinic has continued his association as a consultant for the North Jersey Training School at Totowa.

The increase in the social work staff and the additional psychologist as well as the plan of assigning social workers to entire communities has made it possible to organize the different community activities and to accept requests for assistance that we previously had to refuse. One project inaugurated has been school surveys. These were started at the request of the local school authorities with the idea of helping the different communities to

work out a more suitable educational program as well as to give a demonstration of one of the types of service supplied by the clinic and the assistance that can be given in the adjustment problems of children of average or higher mental levels. In Sussex County, there were four surveys; the first was done in the Andover School and was one of two surveys in which an entire school population was studied; the second, at the Sussex School, was not only to bring the attention of the community to the work of the clinic, but to try to develop a plan whereby a teaching unit already organized might be exploited to the fullest extent and thus probably used as a "model class" by the nearby communities; the third survey was done in the Long Bridge School, where the entire population was studied to determine the specific abilities and disabilities as well as the general functional level of each pupil; the fourth study, in Branchville, was made in conjunction with this with the purpose of determining the specific factors underlying actual maladjustment among twenty-one school children. In Bergen County there was one survey done in the Closter Schools. It was quite different from the others in that a group of approximately twenty-five children were selected, all of whom had some type of speech defect. Mr. Beechley went into the schools and did a general psychological examination, referring some children for psychiatric study and the remainder for speech consultation with Miss Frumkin. The speech consultation work was also done in the schools, recommendations being carried out by members of their faculty. The purpose was not only a demonstration to the community as to the need of a speech teacher, but also to help those cases already in need of such work. In Morris County, a survey was made in the East Hanover Schools; the purpose here was to demonstrate mental hygiene and its interests and methods; as well as to help the school understand to a greater extent twenty-three maladjusted children; in this survey those eligible were selected and no retarded cases were considered. In Hudson County, a vocational study was done for the Y. W. C. A. group of unemployed. In all, seven surveys were made and in each an attempt was made to work out the recommendations from a practical point of view as far as the community was concerned.

The total number of clinics held during the year was 310 divided as follows: Regular, Englewood, 22; Franklin, 11; Hackensack, 22; Jersey City, 22; Morristown, 23; Newark, 21;

Newton, 11; Passaic, 22; Paterson, 23. Special, Englewood, 1; Franklin, special psychological at Sussex School, 8, and special psychological at Branchville Schools, 11; Hackensack, special, 1; special psychological at Bergen County Children's Home, 51; and special psychological at Closter School, 8; Jersey City, special psyshological, 4; Morristown, special at Greystone Park office, 31; and special psychological at East Hanover School, 6; Newton, special psychological at Andover School, 10; and special psychiatric, 2.

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

	Adults		Children and Adolescents		
	Men	*Women*	*Boys*	*Girls*	*Total*
Number of new patients	107	166	511	278	1062
Number of return patients	136	319	436	173	1064
Total number of patients examined	243	485	947	451	2126
Number of persons turned away	21	26	55	20	122
Number of others not examined	5	30	18	7	60
Total number at clinics for examination	269	541	1020	478	2308
Number psychiatric examinations	199	430	347	146	1122
Number psychological examinations	50	50	636	319	1065
Total number examinations	249	490	983	465	2187

As usual, patients were referred from a wide variety of sources; this year the school group contributed the largest number, 359; social agencies of various types were next, with 267; others sending in numbers of patients were: court group, 102, physicans, 96; general hospital group, 47; and relatives and friends, 63. Physical examinations were found advisable and arranged for with the patients in 320 instances; some were sent to private physicans, others to clinics. The clinic diagnoses showed 599 child guidance problems; 60 social adjustment problems; 204 mental deficiency, 28 psychoneuroses and neuroses; 11 psychopathic personality; 16 psychosis, and a variety of scattered diagnoses. In a number of cases diagnosis was still deferred at the time of the report.

In addition to those who came for examination and consultation, a total of 3,018 visitors attended the clinics during the year. The majority of these, 1,778, were friends and relatives of patients; other visitors included 490 social workers, 311 school representatives, 138 representatives of nursing organizations; 111 from general hospitals; 104 from courts; 29 physicians, and 52 from churches.

The clinic psychiatrists interviewed at clinics during the year 770 persons in addition to patients, held 11 consultations with other physicians at the clinics; examined 57 special out-patient cases at Greystone Park and held 14 interviews regarding these individuals; held 23 conferences with the Superintendent at Greystone Park. The assistant director examined 15 special cases at the North Jersey Training School at Totowa. During the year 44 staff conferences were held. Recognition of the clinics by the National organizations has continued; Dr. Fuller was a member of the Committee on Inter-Clinic Relationships of the American Orthopsychiatric Association and the Committee on Out-Patient and Social Service of the American Psychiatric Association. Miss Hurley was Chairman of the Mental Hospital Study Committee of the American Association of Psychiatric Social Workers and was recently elected to the Executive Board of that Association.

Evidently the type of experience which the clinic has been able to give the student social workers has proved extremely desirable to the two Schools of Social Work with which the clinic is associated, as recently requests have been made that additional students be accepted for training. These requests had to be refused, however, both because of lack of housing facilities and lack of transportation facilities. The fact that the clinic is so successfully meeting the exacting standards of two of the highest type training schools in the country is a source of decided satisfaction to the local staff and to the hospital as well.

The report of the clinic social workers states that with the acquisition of a full staff of six and the arrival of the students for training, the routine case load was increased. Furthermore, during the year the psychiatrists and psychologists made 545 additional requests for service relative to clinic patients. The workers interviewed 1,887 persons at the clinics and made contacts with 3,142; they obtained 480 anamneses at the clinics, held 368 office interviews, and 1,443 office telephone interviews. In the community they made 1,182 visits to clinic patients and 2,365 visits regarding clinic patients; 648 visits were made regarding clinic affairs and 49 special sociological histories were obtained in the community. Foster homes, camps, and special schools were inspected and evaluated. A total of 114 meetings and conferences were attended during the year and 41 lectures delivered. Twenty-four institutions were visited and contacts were made with social

agencies, school representatives, churches, courts, hospitals, Public Health representatives and numerous others. Psychiatric advice was given regarding 539 persons who were not clinic patients, and numerous arrangements were made for special types of service.

The clinic psychologists, in addition to the examinations listed, held 580 interviews regarding patients, gave psychological group tests to 204 school children, made 40 special psychological examinations, and interviewed 35 persons in the community in regard to patients. They attended 17 conferences and meetings and gave 3 lectures in the community.

During the year a total of 7,381 letters and reports regarding patients and clinic matters were sent out by the clinic staff.

"In conclusion," Dr. Fuller says, "I would like again to express my sincere thanks to all members of the clinic organization for their thorough cooperation and interest in the activities and goals of this clinic. The members of the clinic staff also wish to express their thanks and appreciation to the Superintendent and Board of Managers as well as to the other officials of the New Jersey State Hospital at Greystone Park for their interest and assistance in the solution of the problems and also in the routine work and the ideals of this division of the hospital."

School of Nursing and General Nursing Service

The importance to a curative hospital of a well organized and properly trained nursing service cannot be over-estimated. The obstacles in the way of maintaining such a service in a state institution under present conditions are almost insuperable. Under the ever present urge for economy, pay is held to a minimum, with no increases allowed for longer services, no overtime for extra hours on duty, and no additional remuneration for periods when illness or absence of co-workers throws heavier burdens on those remaining at their posts. Overcrowding has affected the living quarters for employees and rendered conditions for rest and recreation off duty less desirable. Overcrowding on the wards has placed much more work and responsibility on the nursing divisions and made it increasingly difficult to do the work with that attention to professional standards which is of first importance to those who take pride in their jobs. Also, the location of the hospital in a region where, except in times of greatest stress, there are many opportunities for the better type

of workers at higher salaries and with more advantages than can be offered in the institution, has resulted in a drawing off of many of our best employees. That under these conditions the hospital nursing service has been maintained at its present level is due chiefly to its established reputation and to the efforts of Miss Mary E. Corcoran, Superintendent of Nurses, who has devoted herself unceasingly, often beyond the limit of her strength, to organizing the service, upholding the morale, and endeavoring in every possible way to offset the many obvious disadvantages. Miss Corcoran has submitted to me a report of 38 pages, all of which is valuable material. In reducing this to about one-third of that length, I have necessarily omitted much that should have been left in, if you are to understand just what has been accomplished this year. For this, I apologize to you and to Miss Corcoran. The report as condensed is as follows:

"In the nursing division on June 30, the following personnel was listed: 62 graduate nurses, 60 women, 2 men; 20 Greystone Park students, 13 on duty at this hospital, 4 intermediates at Orange Memorial Hospital on affiliation and 3 seniors at Essex County Hospital for Contagious Diseases on affiliation; 6 post-graduate students; 48 affiliating students from 11 schools of nursing; 273 men attendants, 201 women attendants, a total of 474 attendants. (These figures differ slightly from those in Table 1, because of the variation between administrative and salary classification).

Changes in the graduate group show an almost 50 per cent. turnover; 33 graduate nurses left service and 31 began service. Of those who left, 16 went to better positions, 2 were transferred to Marlboro, 6 left because of ill health, and the others for various reasons, including 4 who were asked to resign because of neglect of duty. Of those who left the service, at least 20 were desirable and would have been retained if we had been in a position to offer better inducements. Of the replacing personnel, all have met the requirements of the professional status now approved by the National League of Nursing Education and Educational Advisor for New Jersey and are eligible for membership in the State Nurses' Association.

Miss Lydia Ann DuQuaine joined the staff September 15, 1935. She was appointed Assistant Superintendent of Nurses, but will perform the duties of Educational Director. She comes to the position well qualified, has a B. S. degree from the University

of Washington, was in charge of the Nursing Service at the Northern State Hospital in Washington, and was teaching supervisor at Beth Israel Hospital in Newark, after coming to New Jersey.

Nursing School: Twelve students were admitted to the School in September; 4 withdrew before the preliminary course was completed—3 failed in class work, 1 was in ill health; the remaining 8 are still in the school. One senior student developed acute pulmonary tuberculosis and was sent to the State Sanatorium at Glen Gardner; since she had practically finished the course, she was given her diploma and has since taken State Board Examinations, though still a patient at Glen Gardner. Another senior student was found to have Hodgkins disease and returned to her home, her course uncompleted. During the year 8 students were accepted for the post-graduate course; 2 completed the course and are now on the graduate nurse staff; 6 are still in the School.

Class room activities have been continued without interruption or serious delay during the year. Two valued instructors have been lost by resignation. Miss Artie Sue Kerley graduated from the Greystone Park School in 1928 and since that time has been instructor in psychiatric nursing with the affiliate group; during this time she has acquired a B. S. degree from Columbia University and a diploma of teaching from Teachers College. Near the close of the year she left for an extended vacation, after which she plans to take a position at some other institution for the benefit of varied experience. Miss Gyda Bates came here as a post graduate student in 1932, and since August, 1933, has been an instructor in the nursing arts. She had had courses at Teachers College in this and other topics. She left us to take a position at the Hospital of St. Barnabas which will pay her the same salary, but by reason of shorter hours and nearer location to New York will permit her to continue her college work on a part time basis.

In the affiliate nursing course, 170 students were admitted during the year from 12 schools; of these, 166 finished the course, 4 discontinued. One new affiliation was established during the year, with the Hackensack School of Nursing, Hackensack, N. J. Up to date, 23 students have completed their affiliation with satisfaction to all concerned. Other affiliating schools and their students sent to us during the year are as follows: Beth Israel Hospital, Newark, 5; Burlington County Hospital, Mount Holly,

10; Essex County Homeopathic Hospital, East Orange, 14; Jersey City Hospital, Jersey City, 1; Middlesex Hospital School of Nursing, New Brunswick, 8; Monmouth Memorial Hospital, Long Branch, 9; Muhlenberg Hospital, Plainfield, 24; Newark Memorial Hospital, Newark, 15; Orange Memorial Hospital, Orange, 23; Presbyterian Hospital, Newark, 19; St. Barnabas, Newark, 19.

Visitors to School of Nursing: Miss Minnie Goodnow, for the past seven years Superintendent of Nursing at Newport Hospital, Newport, R. I., visited Greystone September 9-11. Miss Goodnow is the author of a History of Nursing and other nursing texts, and is now on a world tour.

Miss Clarabell Wheeler, Executive Secretary of the National League of Nursing Education, called Miss Corcoran in March, and asked if she could send us an official guest from Norway. The visitor, Serene Josang, is a Norwegian graduate nurse in charge of a Government mental hospital for women in Bergen, and was sent by her Government to observe nursing conditions in America. At the conclusion of her visit with us she gave a gratifying report to the National organization.

Miss Julia Tang, Director of Nursing Service, Red Cross Hospital, Shanghai, China, being on a year's leave for work at St. Barnabas Hospital, came here to visit June 17-19th, and seemed much pleased with the experience.

Social Activities: The Greystone Student Nurses Club continued activities during the year. In September a welcome party was given to incoming preliminary students; a Hallowe'en party sponsored by Miss McConkey was given to the graduate and student groups; a Christmas Dance, sponsored by Miss Kerley was held December 19, and in addition to the nurses, members of the other staffs of the hospital and outside guests were invited. The Graduate Nurses Club continued active during the year; in September a steak supper was served, and in February a theater party was arranged, twenty-four nurses going in a Public Service bus to New York.

Organization Activities: Three meetings of the League of Nursing Education and three meetings of the First District, New Jersey State Nurses Association were held in North Jersey during the year, with an attendance from Greystone Park of from 10 to

20 graduate nurses at each meeting. Six members of the administration and teaching staff attended the annual meeting held in Asbury Park in April. Miss Rose Peeler, President of the Greystone Park Alumnae Association, and Miss Corcoran attended the Biennial Nursing Convention held in Los Angeles, California. Miss Corcoran represented the Psychiatric Nursing Commitee of the American Nursing Association and while at the Convention acted as Secretary of the session devoted to Psychiatric Nursing and replied to questions concerning the educational program for nurses at Greystone Park.

A member of the group from Tennessee mentioned that she had had cooperation and assistance from Commissioner Ellis when she wrote for assistance concerning establishment of an affiliate school of nursing. Another member, from California, announced that the School of Nursing at Greystone Park had exceptional opportunity for nursing education, while a third member, from a mid-western state, also made favorable comment. It was gratifying to hear such favorable attitude expressed so far from home.

During the year, Miss Corcoran has been elected a member of the Board of Directors of the New Jersey State League of Nursing Education. This office presents opportunities advantageous to the school and reflects an attitude on the part of nursing educators that is complimentary to Greystone Park. She also served as a member of the Legislative Committee that undertook revision of the Nurse Practice Act. The bill covering the revision was introduced, passed the Legislature and is now in effect.

Illnesses and Absences: During the year there has been a regrettable amount of illness among all groups of the nursing service. A very small proportion was due to accidents or injuries on duty. Just what the causes may be is hard to determine, but in all probability, living and working conditions in a large and greatly over-crowded institution contribute to the result, especially in the spread of respiratory infections. No employee was dismissed because of absence from duty due to illness. Several were pronounced not in condition to resume duty by the staff physician and a few failed to return or accept duty.

Attendants: During the year we have had an increase of 10 men and 2 women attendants, or a total of 12 more attendants in the nursing service. About 48 per cent. of all attendants on duty

have been here less than one year. As the proportion of inexperienced attendants increases, heavier duty is thrown upon those longer in the service, which in turn makes them dissatisfied. With our high admission rate a greater number of patients come in critically ill or actively disturbed and the proportion of inexperienced attendants makes care of these patients more difficult than it should be. Turnover has been rapid in this section of the service, averaging about 3 a day, which is obviously a costly and unsatisfactory situation. Under present conditions, however, there seems to be nothing that we can do to correct it.

Dietary Section: The work of preparing therapeutic diets has continued under the direction of Miss Helene Bossle and has grown so rapidly that space and equipment have become inadequate to the needs. Personnel also has been low for the amount of work done, and has been maintained only because dietitians of ability have been willing to come on the staff at attendant's salary for the sake of experience. Assistance has also been given by a W. P. A. worker and by a college student vacation worker without salary. One of the assistant dietitians has been assigned full time at the Tuberculosis building where she has done a commendable service with many handicaps in the way of equipment and with the assistance of only one patient. Miss Bossle has carried an active teaching schedule with student nurses in addition to her other duties, and has been equal to all emergencies. Her report in its original form specifies the number of the varieties of diets used in the different medical conditions, but for the sake of brevity only the totals are included here:

PART I

THERAPEUTIC DIETS—METABOLIC KITCHEN—CLINIC BUILDING

Classification of Disturbances and Diets Prescribed	Total
1. Cardiac Conditions	567
(a) Karell diets. (b) Bland non-stimulating diets.	
2. Renal-Vascular Conditions	1,175
(a) Basis or alkaline ash (b) Salt poor, etc. (c) Low calorie	
3. Diseases of the Blood	3,303
(a) High nucleo-protein (b) Special order diets	
4. Diseases of the Biliary Tract	966
(a) Low fat (b) High carbohydrate, restricted fat	
5. Diabetes	13,972
(a) Diets weighed and calculated (b) Low carbohydrate diets	

Classification of Disturbances and Diets Prescribed (*Continued*)	Total
6. Deficiency Diseases	1,089
(a) High vitamin (b) High vitamin G (c) High vitamin C	
7. Diseases of the Intestinal Tract	1,378
(a) Non-fecal (b) Low residue (c) High cellulose	
8. Gastric Disturbances	3,999
(a) Sippy (b) Modified sippy (c) Bland (d) High fat, protein	
9. Arthritis	912
(a) Alkaline-purine free (b) Low carbohydrate	
10. Epilepsy	566
(a) Ketogenic (b) Anti-retentional diet	
11. Emaciation—General Debility—Postoperatives	28,780
(a) Highly nutritional (b) Soft high calorie (c) Bland, etc.	
12. Febrile Conditions	9,951
(a) High calorie, high protein (b) Soft (c) Semi-soft (d) Liquid	
Total Therapeutic Diets (Ward Service)	66,658

PART II

THERAPEUTIC DIETS—PERSONNEL SERVICE—SPECIAL DINING ROOM

Classification of Disturbances and Diets Prescribed	Total
1. Emaciation	8 596
(a) Highly nutritious (b) High calorie, high vitamin	
2. Anemia	2,370
(a) High nucleo-protein (b) High protein, mineral, vitamin	
3. Renal Conditions	1,796
(a) Alkaline-ash or basic diets	
4. Arthritis	987
Low carbohydrate diets	
5. Allergies	123
(a) Test diets (b) Alkaline diets	
6. Diabetes	883
(a) Weighed and calculated (b) Low carbohydrates	
7. Gastric Disturbances	2,893
(a) High protein, fat, non-stimulating (b) Bland (c) Light	
8. Edentulous and Fractured Mandible	210
(a) Highly nutritious soft diets	
9. Obesity	738
(a) Low calorie, etc. diets	
Total Therapeutic Diets (Personnel Service)	18,596

PART III

ROUTINE DIETS—ILL PERSONNEL—WORKING PATIENTS

1. Regular Diets	35,001
2. Soft Diets	4,698
3. Light Diets	123

Routine Diets (*Continued*)	Total
4. Semi-solid Diets	978
5. Liquid Diets	1,589
Total Routine Diets	42,389

PART IV

MISCELLANEOUS

1. Nourishments	47,032
2. Infant Feedings	2,500
3. High Calorie Tube Feedings	1,811
Total Miscellaneous Diets	51,343

PART V

THERAPEUTIC DIETS—TUBERCULOSIS BUILDING

Classification of Disturbances and Diets Prescribed	Total
1. General Debility	6,607
(a) Highly nutritious diets (b) Liquid high calorie diets	
2. Deficiency Diseases with Tuberculosis	455
(a) High calorie, vitamin A (b) High calorie, vitamin G	
3. Edentulous	2,447
High calorie, soft diets	
4. Cardio-Vascular Renal Conditions	504
Low salt diets	
5. Diabetes	1,260
Low carbohydrate diets	
6. Intestinal Disturbances	516
Low residue	
7. Allergies	441
Bland diets	
8. Epilepsy	252
Ketogenic diets	
Total Therapeutic Diets (Tuberculosis Bldg.)	12,482

PART VI

MISCELLANEOUS—TUBERCULOSIS BUILDING

1. High Calorie Tube Feedings	85
2. Nourishments—patients	104,349
3. Nourishments—employees	13,278
Total Miscellaneous (Tuberculosis Bldg.)	117,712

PART VII

SUMMARY OF TOTAL YEARLY OUTPUT

1.	Clinic Diet Kitchen:	
	(a) Therapeutic diets—ward service	66,658
	(b) Therapeutic diets—personnel dining room	18,596
	(c) Routine diets	42,389
	(d) Nourishments, infant feedings, tube feedings	51,343
	Total output Clinic Diet Kitchen	178,986
2.	Tuberculosis Building Diet Kitchen:	
	(a) Therapeutic Diets	12,482
	(b) Tube feedings, nourishments	117,712
	Total output Tuberculosis Bldg. Diet Kitchen	130,194
	Grand total output for the year	309,180

This is a large increase over last year, the increase appearing in all sections of the report, but being greatest in the Tuberculosis building.

Nursing Service for Employees: Nursing service has been provided both in the out-patient section and in the ward for sick employees. At times the number of critically sick persons and recent post-operatives taxed the nursing resources. Two graduate nurses were added to the ward personnel and a second graduate nurse assigned to the operating room to meet existing needs. A second nurse, day and night, assigned to M-3 while the census was high has been discontinued.

Horticultural Section: Miss Appleby has continued to function as horticulturist with groups of women patients throughout the year. During the growing season a plot of land is cultivated by women patients and flowers and salad vegetable raised for distribution on the wards. Last year flowers were cut to a total of 19,530. At other seasons walks, nature study, visits to the greenhouse, lectures on flower arrangement, birds, and gardens, with the making of Christmas wreaths, terrariums, favors for trays, and paper flowers occupy the time. During the year 193 periods were devoted to the garden, 115 periods to classes, 155 periods to field trips. Miss Appleby also gave 10 periods to classes with student nurses.

Hairdressing: The personal grooming service in the women's division has continued to function fairly well, although it is to be regretted that as yet it has proved impossible to set aside and

equip a suitable room for this work. A total of 13,890 services were performed during the year, the greater number being hair cuts. Unquestionably improved personal appearance has a highly beneficial effect on the mental content and behavior of most women patients, so this service should be increased if possible.

Sewing Room: The sewing room conducted as an occupational activity for women patients in the Main building south mended or repaired 24,803 pieces of clothing or equipment. Unfortunately, it was necessary to close this room for about three months and to use it on a part time basis for about three months more. This is a valuable service to the organization as it takes care of a great deal of ward mending, as well as repairs for residences and dining rooms. In addition the women have wholesome occupation, are taken for recreation daily, and are provided with occasional treats.

Hydrotherapy: In this branch of the service a large variety of treatments have been given during the year both in the Reception building and in the Main building and to men and women patients. The treatments include continuous baths, cold packs, sitz and foot baths, hot air and electric cabinet bath, fan, jet, scotch, and perineal douches, salt glows, needle sprays, rain showers, ice frictions, head and body shampoos, olive oil, talcum powder, alcohol, and witch hazel rubs, local and body massage, vapor baths, vapor cabinet, alternate hot and cold fomentations to spine, and various others. The totals show 7,144 continuous baths, 11,080 cold packs, 7,263 salt glows, 7,400 vapor baths, 3,339 sitz baths, 5,746 needle sprays, and other treatments in varying numbers, to a total of 61,534. The special treatments in colonic therapy have been listed under that division.

Miscellaneous Activities: Instead of mailing immediately to the relatives all articles of clothing left by a patient who is discharged or dies at the hospital, a list has this year been sent to the family with a request for decision as to the disposal of the things. To date, 1,054 items of clothing have been donated to the hospital for the use of needy patients, which is not only helpful in itself, but also represents a considerable saving in the cost of mailing.

Patients employed in all sections have been given special treats occasionally, sometimes in the form of outdoor picnics, again in parties to celebrate the birthday or anniversary of some

member of the group. These have all been greatly appreciated by the patients.

Survey: The outstanding item in the Nursing Report this year is the Survey made by Miss Harriet Bailey under the joint sponsorship of the American Psychiatric Association and the American Nursing Association. Her report has been completed and copies sent to the hospital, as well as to the sponsors. It is fair and on the whole favorable to this institution, although the existence of such unfavorable factors as overcrowding, reconstruction, and uncompleted areas are recognized. The educational experience available and the fact that the hospital is approved by the American College of Surgeons are stressed, and in conclusion Miss Bailey states, "there is much more to be done in many directions and the success of the past and present efforts should furnish the strongest incentive to go forward to higher standards of care for the mentally sick."

At the end of her report of the year's activities, Miss Corcoran says: "This report concludes with acknowledgment to assistants and associates on the nursing staff. Without their generous effort and cheerful performance of much work, progress in the nursing service could not be made. To the members of the staff who continue to teach, give medical advice and surgical care as needed and to the members of other departments who contribute to our comfort and effectiveness by their cooperation, thanks are extended."

Staff Matters

On the medical staff this year there were three resignations and four appointments, with a fifth appointment made to become effective on July 1. Three of the appointments were replacements and the other two were additions to the staff as provided for in the budget. Dr. Layman R. Harrison resigned on October 31, to accept another position; Dr. Harry A. Moscoe resigned on October 31, to engage in private practice; and Dr. Herbert Hyatt resigned on June 16, to take a position in California.

Dr. Ralph Dahlquist was appointed to the staff on September 1; Dr. Pierre Nyvall on November 24; Dr. John Forbes on February 1; Dr. Curtis Southard on March 1, and Dr. Harry Deeths, who is to replace Dr. Hyatt, will report for duty on July 1. All changes were in the ranks of resident physicians. At the end of

the year, the number on the staff was technically only one more than last year, although from March 1 until June 16 there had been two more and this number was to be reached again on the following day.

Of the thirty-one listed, not including Dr. Fuller and Dr. Gebirtig who were with the Mental Hygiene Clinics, or Dr. Hatch who was part time consultant in chest diseases, eight devoted full time to special duties—the superintendent, clinical director, pathologist, surgeon, roentenologist, gynecologist, proctologist, and eye, ear, nose and throat man; three were assigned to the Clinic building for the care of sick patients and employees to cover the out-patient service and to assist with surgery and post-operative care—Dr. Donovan, Dr. Kessler, and Dr. Minford; Dr. Melvin was on full time duty at the Tuberculosis building; and Dr. McMurray was in charge of a ward service, but also supervised the occupational therapy and amusements, and was regularly appointed to serve as acting executive officer whenever the superintendent was away. This leaves eighteen physicians to carry full time routine ward duty, including the examination, care and treatment, transferring, and other regular care of the 7,067 patients who were in the hospital during the year. Even raising the number to nineteen—the full quota—the ratio of physicians to patients is still very low, especially in view of the admission rate of 1,666.

The general health of the staff has not been very good this year. Dr. Christian, Dr. Gambill, Dr. Judd, and Dr. Lein have worked under physical handicaps througout the period and many of the others have had more or less serious illnesses, with numerous attacks of grippe, bronchitis, and other respiratory infections. I feel that conditions would be improved if we could provide more inducements for out of door activity. During the winter we had exceptionally heavy snow, so for a time coasting and skiing were enjoyed; bowling was a regular winter evening sport for a considerable group; and in the summer the little golf course has been used to the limit of capacity, but I should be glad to see a number of tennis courts and a suitable place for swimming added to the hospital equipment, and believe that they would make good returns in health and satisfaction.

Housing for the staff has been an increasingly serious problem. Four of the men were married during the year and brought their

wives to live at the institution, while of those who resigned, only one was married, which leaves a housing increase of five staff adults. Four children were born to wives of physicians, including twins to Mrs. Rigerone. One tragedy occurred, the death of the baby son of Dr. and Mrs. Judd.

At the present time, six married physicians with nine children are living in the staff quarters of two rooms each designed for a single man or married couple, eating at the common dining hall, and being constantly in contact with other residents of the building. In the Staff House, particularly, small rooms and thin partitions make the situation difficult for all concerned. Of the physicians with children living in the staff house, one is Dr. Harquail who is a senior resident physician, having been here more than eleven years, with two small children now; two others, Dr. Lasley with one child and Dr. Crandell with two, have been on the staff six years, and Dr. Judd, one child, entered the service in 1931. No additional quarters for the staff have been provided since 1931, during which time the number of physicians has increased by five.

There is no question that the best way to build up a well trained and effective staff at a state institution is to offer all possible inducements for young men to enter and remain in the service. Greystone Park is fortunate in being able to offer an excellent type of psychiatric experience for those interested in this specialty, but it is at present much less fortunate in the type of living conditions which are available. In the natural course, most young physicians are either married or will marry as soon as their circumstances permit, and children are to be expected. It seems to me that it is only fair for the State to provide homes for these men which will bear comparison with what they would provide for themselves if they were in general practice in the community. In order to do this, at least four detached cottages are needed at once and more should be added from time to time if the hospital continues to increase in size.

Routine staff procedure has been continued along the same lines as in previous years. Five staff meetings have been held each week, four for the discussion and diagnosis of new patients, the other to consider paroles and discharges. The working up and presenting of cases for diagnosis is divided among the members of the staff and not limited to those on the admitting service. Practical drill in psychiatry thus obtained was supplemented

during the winter by a series of lectures given by Dr. Lane and designed not only to instruct new members of the staff but also to keep the older members in touch with recent methods and developments. Once each week the medical staff with other heads of divisions having to do with the care and treatment of patients met with the Superintendent to discuss any problems which had arisen and the general policies of the service.

Most of the meetings of the Morris County Medical Society were held at the institution and members of the staff took active part in the programs and discussions. Many other local and national meetings were attended by the various physicians in the course of the year. Drs. Fuller, Lane, Gebirtig, and Curry were present at the annual meeting of the American Psychiatric Association held in St. Louis, Mo., in May. The annual meeting of the Society for Research in Nervous and Mental Diseases held in New York at the end of December was also attended by these same men and other members of the staff. Dr. Hampton and Dr. Curry were at the State Medical Society meeting at Atlantic City in June. A number of the staff attended the Salmon Memorial Lectures given in New York during the winter. The staff was also well represented at meetings of the Hospital Association, State and National Conferences of Social Work, and many district meetings for the discussion of topics relating to medicine and mental hygiene.

Pharmaceutical Division

The hospital drug room has continued to function efficiently under the direction of Philip B. Roberts, Ph. G., with Louis Bangert, Ph. G. as assistant pharmacist. Through this division have passed the ordering and checking of all medical and surgical supplies, as well as those of the pharmacy proper, since such scientific materials can be handled best by a professional organization. It has proved much more economical to manufacture stock preparations according to accepted formulae, N. F. or U. S. P., than to buy advertized goods, and since the standard remedies of known composition are usually better for the patient, a continued effort has been made to provide this type of service. Mr. Roberts has submitted the following data:

"The tabulation of work done in the pharmacy shows a list which in length and scope is at least commensurate with if not

greater than the expansion in patient and employee population. In comparing this list with last year, I notice that many items have doubled and some trebled, which probably means that the physicians are prescribing more of the drugs made up in the pharmacy and fewer of those which are ordered ready made. The present personnel, however, is well able to carry the increased load.

The factor which has made the year a hard one in the drug room has not been the added amount of work, but rather the shortage of supplies. This has hampered smooth functioning and been a source of inconvenience and sometimes of actual detriment to the treatment of the sick. Much time has been devoted to the system of ordering in an effort to maintain a better balanced stock, but with the close margin demanded and the fact that each quarter's orders have to be made up about two months in advance—which means that requirements have to be anticipated by about five months—it has sometimes proved impossible to keep certain items on hand.

The drug room report shows 14,442 prescriptions filled and 9,719 bottles of stock preparations put up and labeled. The list of manufactured supplies includes 76 different items, among which I am enumerating only a few to indicate the type of work being done. Tincture green soap, USP 290 gallons; elixir I. Q. & S. NF, 170 gallons; elixir terpin hydrate with codeine, NF, 58 gallons; simple syrup, 49 gallons; liquor antisepticus, NF, 225 gallons; Stokes expectorant, NF, 44 gallons; ointment ichthyol, 10 per cent. 90 pounds; ointment Whitfields, 10 pounds; liquor magnesium citrate, USP, 189,000 cc; mouth wash, Palmer's, 96,000 cc; lotion calsmine NJSH, 72,000 cc., and liquor sodium borate, 64,000 cc."

In closing his report Mr. Roberts expresses his appreciation of the cooperation of the medical staff, the various divisional heads, and the Business Department throughout the year and gives assurance of his continued efforts to make his division a smooth and efficient unit of the hospital organization.

Photography

After the death of Mr. Wainwright, hospital photographer, at the end of last year, a temporary appointment was made to the position, Mr. Athony Tartaglia serving for six months. At the end of this term, a permanent appointment was made under Civil Service, Mr. Daniel J. Lutz, an ex-service man who had been

managing a studio of his own, but had decided to enter State work. He has proved himself capable and efficient and has submitted the following report for the period from January 1 to June 30.

"Several changes have been made during the past half year: The entire studio and laboratory have been moved from the Dormitory building to the Reception building; a system of number recording has been inaugurated; the scope and type of work done has been increased.

Since most of the routine work is the photographing of patients upon admission, it is much more convenient to have the studio located in the Reception building, and rooms in the tower for the purpose were included in the original design. The numbering device is an arrangement by which each patient's number is hung behind and a little above his head, so that he is not aware of it, but it is recorded directly upon the negative. The system simplifies the filing of negatives and eliminates any possibility of error in identification. This latter is especially important, since the photograph is intended to serve for identification in case of doubt and to make the apprehension of escaped patients easier. The negatives are filed in lots of 100, each in an envelope with the negative number on the outside. Prints, suitably mounted, are filed in the case record. The scope of the work done has been increased, much of my own equipment has been put into use to make better and more varied types of work possible. We are now equipped for copying, exterior views, autopsy photographs, and pictures of patients confined to bed. The list of work done in the 6 month period follows:

Number newly admitted patients photographed	879
Number parole patients photographed	287
Number prints made of photographs of escaped patients	27
Number photographs made for passports	9
Number X-ray prints	67
Miscellaneous	93"

In closing Mr. Lutz expressed his appreciation of the cooperation which he had received and of the consideration and interest shown.

Barber Shop

The hospital barber service has been continued under the direction of Mr. Adolf Eberle, who is not only exceptionally

skillful and conscientious, but who has had long experience in doing work with mental patients. When the Main building north was remodeled a few years back a central barber shop was fitted up and equipped under Mr. Eberle's direction and has proved most efficient. Patients able to be up and about but not engaged in active duties are brought to this central shop in groups under the guidance of an attendant. At the Dormitory and Reception buildings, smaller barber rooms have been provided to avoid the necessity of taking the patients far from their wards. Where there are many who must be shaved in bed, as in the Clinic and Tuberculosis building, a barber goes from ward to ward.

Mr. Eberle, out of his long institutional experience, has devoted much care and thought to the arrangements of a flexible service for working patients which takes as little time as possible. A barber goes to each of the chief working centers, such as the laundry, the men's occupational therapy building, and even out to the grove in the willow stripping season, and sets up his equipment so the men are taken from work only for the time actually required to perform the barber service. The schedule for each patient is shaving twice a week and a haircut once in four weeks, which, with 2,496 men patients as the daily average number under care, works out to about 850 shaves and 100 hair cuts daily. Nine assistant barbers have been employed under Mr. Eberle this year.

Executive Assistant to the Superintendent

Mr. William G. Beucler has continued to serve as executive assistant and his duties comprise a wide variety of activities. He has cooperated with the nursing division in the arrangements of transfers of patients within the institution and the handling of such supplies as beds and other furniture, cleaning equipment, and so on. He has also attended to much of the detail of housing all institutional employees, including the assignment of furniture, orders for repairs and replacements, and requisitions for additional supplies. With the present degree of overcrowding, not only on the wards, but in all divisions of the hospital, including the quarters for officers, coupled with the necessity for economy in furnishings and equipment, his duties along these lines have been particularly exacting.

Testing of different types of housekeeping equipment, making up specifications, and going over plans for alterations and new

construction from the standpoint of practical use have also come under his list of activities. He has had general supervision under Mr. Holbig of the Service building, with the ordering and checking of supplies and engaging and directing personnel. Occasionally he has been called upon to make investigations of different types and report to the Superintendent.

Greenhouses, Grounds and Grading

The work of this division of hospital activity has been continued again, as for the past thirty-five years, under the competent direction of Mr. Otto Koch. Comparatively little grading was done during the year, and the State Highway Department took over the upkeep of roads on the hospital grounds so the division was relieved of considerable work along that line. The upkeep of the grounds and regular greenhouse work received constant attention and the total accomplished was higher than last year. Since Mr. Koch is also in charge of the vegetable gardens of the hospital, employees and equipment from the greenhouse division were at times diverted to garden work. The total reported for the gardens this year was: employees and patients, 275 days; large trucks, 192 days; small trucks, 210 days.

At the greenhouse, plants were grown for cut flowers and plants and bulbs were grown for the different flower beds and for distribution about the hospital. Some of these were grown in the greenhouse proper, others in cold frames and in the cutting gardens adjacent to the greenhouse. The totals listed are: cut flowers, 154,307; plants and bulbs, 92,777. Detailed list will be found in the tables at the end of the volume. The heavy work of preparing the ground for the garden for women patients was done by this division and plants were assigned for stock; the totals produced will be found listed under the "Horticultural" section of the Nursing Division. Flower plants given to other institutions include 200 to Annandale and 2,350 to New Lisbon.

Other work done at the greenhouse included the making of 186 flats, the repairing and painting of 75 hot bed sash frames, and the making and painting of 22 hot bed shutters. Under supervision the patients working at the greenhouse painted all the greenhouse areas, inside and out, the greenhouse cottage, inside and out, and two trucks and the garden sprayer.

Decorations of the hospital chapel were arranged for

Christmas, Easter, and other special occasions. At the Trenton Interstate Fair, held in September, a very large display was set up around the bandstand and additional displays were arranged in the State building and Agricultural hall A total of 82 evergreen plants and 584 greenhouse plants were used; these were taken to Trenton by truck, set up, watered and cared for during the period of the Fair, and then returned to the institution. The amount of labor involved was considerable, but grateful appreciation was expressed by the Fair officials and Governor Hoffman. A display of flowers was made at the Morris Plains Flower Show held during the month of September. Other decorations were arranged for various luncheons and dinners held for official purposes.

At the thirty-ninth annual Morris County Gardeners and Florists Show held in Morristown on November 1 and 2, a considerable number of plants and flowers were placed in competition with the following prizes won: 1 gold medal for table display of special petunias; 1 gold medal for group display on the stage ;1 silver medal for horticulture; 11 firsts in open competition for chrysanthemums, roses, and carnations. On November 1, 2, and 3 the Gardens of the Nations held their first annual flower show at Rockefeller Center in New York. Since Mr. Koch was engaged at the Morristown show for these dates, he sent his son, Britton Koch, to New York to arrange and place in competition various chrysanthemums. He entered in seven classes, and received 3 first prizes, 3 second prizes, and 1 bronze medal which pleased Mr. Koch very much, as it was the first time his son had taken charge of a flower show entry.

On the hospital grounds 2 bushels of grass seed were used, 330 square feet of sod laid, 2,300 lbs. of hydrated lime, 900 lbs. of fertilizer, and 600 lbs. of bone meal utilized. Employees and patients worked cutting grass and cleaning up on the grounds, 143 days around the golf course and Dormitory building, 136 days around the Main building, and 145 days around the cottages along Central Avenue, a total of 428 days. The tractor was used cutting grass with gang mowers attached about 43 days.

The trucks were used cleaning up the grounds a total of 68 days. They were in service hauling leafage for leaf mold heap and covering for plants and roots in the garden 21 days. Manure was hauled from the dairy barn, and from the horse stable. The truck with snowplow attached was used for 45 hours on working

days and 60 hours overtime clearing the hospital roads. Employees and patients with trucks worked 388 hours on working days and 14 hours overtime removing snow from roads and sidewalks; 154 cubic yards of ashes were used on slippery roads and 7,600 lbs. of sand on slippery sidewalks.

The gasoline shovel was used to remove 471 cubic yards of top soil which was used at the greenhouse to make a new soil heap. It was also used in digging a ditch on the back Dover road for the State Highway Department, removing 263 cubic yards of soil. Various supplies were turned over to the Highway Department for use on hospital roads. Before the roads were taken over by this Department, the grounds division used 514 gallons of K. P. Tarvia in repairs and utilized the gasoline roller 6 days in rolling roads. Major work done by the State Highway Department included reconstruction of the back Dover road leading past the gas house and behind the Clinic and Reception buildings, reconstruction of the side road leading from this to the Clinic building and parking space, and raising the level of Central Avenue by a layer of asphalt. All roads around the grounds were treated with oil.

Patients and employees of the greenhouse and grounds division worked for 105 days in the willow holt, and sprayed as necessary, using 11 gallons of plant spray and 18 lbs. arsenate of lead. Sixteen dead trees on the grounds were cut down and made into firewood for the cottages. In the horse barn trouble with drainage was experienced. Since about half the horses are used in the garden and greenhouse divisions, Mr. Koch utilized the patients and employees under his direction to assist in remodeling the stalls and drains. The work occupied 41 days and made use of 134 bags of cement, 9 tons of sand and 7 tons of gravel.

Clerical Division

As for several years past the general direction and supervision of the medical clerical-stenographic personnel has rested upon the Principal Clerk, James E. Lauenstein, who has carried out his duties in his customary efficient manner and who has submitted he following report:

"This service has a personnel of 36, a gain of 1 clerk-stenographer over preceding years and was imperative to carry on the work at the Clinic building because of its increase beyond the capacity of the 1 very competent member of the personnel at that

building and the utter impossibility of reducing the force in any other unit to augment the Clinic building service. The personnel now comprises, 1 principal clerk, 1 senior statistical clerk, 1 senior clerk-stenographer, 26 clerk-stenographers and 7 clerk-typists. Of this personnel, 3 clerk-stenographers and 1 clerk-typist serve the hospital social service and 4 clerk-stenographers serve the Mental Hygiene Clinic of Northern New Jersey, which operates from this hospital.

During the year there were 2 resignations, for marital reasons, with replacements through Civil Service procedure. There was 1 inter-institutional transfer from this hospital to Trenton State Hospital, and 1 to this hospital from Vineland State School, with the approval of Commissioner Ellis of the Department of Institutions and Agencies and the Civil Service Commission.

Even partial familiarity with the steady growth in population, and a realization that the patient is the unit of measurement of all activities of the institution, indicates that it requires alert and efficient teamwork and application of definite methods to keep abreast of the mounting duties and details; with the general public in their requests for written reports on patients, cooperations with efforts in behalf of patients for lodge benefits, insurance disability claims and a great variety of collateral matters of extra-service not usually contemplated by the uninitiated in visualizing the scope and character of work involved in behalf of a patient in an institution of this type; the recording of studies, observations, tests and treatments of the ward physicians and specialized units of treatment, including laboratory and dental; the legal procedures for commitment, necessitating certified copies of commitment papers sent to the various County Adjusters for final court hearings on commitment, the receiving, recording and filing of final orders and various legal papers served on and in reference to patients; keeping up to date various card indices for ready compilations of data and statistics required routinely and as specially requested by state and federal departments and other institutions and public agencies; rotary indices of patients and their location for prompt issuance of visiting cards by the ushers and in arranging visits at the various buildings, and for the telephone operators to facilitate connection of inquiries with the proper physicians; and a great variety of other duties realized only by those of institutional knowledge and experience.

It is felt that the cooperation and performance of the clerical; stenographic personnel is a worthy response to the institutional situation, both economic and otherwise, as inculcated by the Medical Superintendent."

Recreation, Amusements, Sports, Music and Entertainment

There is now considerable overlapping between the recreation division and that for physical education. Dr. George B. McMurray has retained general oversight of the program with an eye to the mental and physical benefits to the patients, while Mrs. Dorothy Johnson and her assistants have cooperated in making arrangements, decorating the halls for special affairs and assisting with the patients.

Except during the months of July and August, sound picture entertainments were provided on alternate Friday afternoons and evenings, and on holidays and similar occasions.

The program consisted of a feature picture, a cartoon, and a comedy or news reel; Mr. Carl Barrett was in charge of selecting the films and of operating the projecting and sound machine, a duty formerly carried by the late Mr. Frederick Wainwright. On Monday evenings throughout the year, except for the two hot summer months, dances were held for orderly patients, men and women, with music furnished by the hospital orchestra.

From Memorial Day to Labor Day baseball games were played each Saturday afternoon on the hospital diamond. The home team was made up of employees and games were scheduled with local nines. Men and women patients attended regularly and took keen interest in the sport. During the summer season men patients were taken to the field for baseball practice on afternoons when they were available. The golf course was also used by patients, several of whom were experts at the game. Badminton and deck tennis were frequently enjoyed on the lawns. During the winter, pool, billards, and cards were played on the wards and bowling was much appreciated.

Many special amusement and musical features were put on for the entertainment of patients during the year, a partial list, of which is as follows: September 10, a C.W.A. Band concert was held on the lawn for men and women patients; dancing was enjoyed.

October 23, a costume recital featuring Miss Dorothy Pear-

sall, lyric soprano, and Miss Mabel Sturgis, reader-accompanist, was given through the courtesy of Miss Marian Farr. Miss Farr became interested in the institution and in providing enjoyable entertainments for the patients, and throughout the year arranged to bring different artists in suitable programs without expense to the hospital. Her kindness was greatly appreciated by the patients and their friends, and by the hospital officials as well.

November 20, a Spanish costume recital featuring Julia Cavinesia, soprano, Jeannette Zangrilli, dancer, and Frederick K. Berry, pianist, sponsored by Miss Farr.

January 15, an entertainment with Lester A. Grimes, "Mystery Man", James Reynolds, baritone, and Frederick K. Berry, accompanist, sponsored by Miss Farr.

February 19, a concert featuring Elizabeth Derr, soprano, Margaret Aue, cellist, and Frederick K. Berry, pianist, sponsored by Miss Farr.

March 9, a minstrel show given by members of St. Virgil's church of Morris Plains.

March 25, a concert featuring Elizabeth Norton, violinist, Mary Walker, soprano, and Frederick K. Berry, pianist, sponsored by Miss Farr.

April 15, evening band concert by the Esso Band of Elizabeth, N. J.

May 14, an unusually fine entertainment held in the evening under the sponsorship of Miss Farr. Members of the Blue Hill Troupe, Marian Farr, John C. Jay, Charles B. Hester, Elizabeth Quay, Emily Belt, John G. Davis, Walter Johnson, Louise Lindon Schieffelin and John Jay Schieffelin, accompanied by their musical director, Edmond W. Rickett, gave excerpts from the Gilbert and Sullivan opera, "The Mikado."

Suitable festivities were provided for the patients at the holiday season, excellent Thanksgiving and Christmas dinners, extra visiting days and special dances. On April 7, Mrs. Philip McKim Garrison of the Board of Managers held her annual Victorin dance. The hall was attractively decorated with Easter effects, and all taking part in the grand march received colored balloons, which Mrs. Augustus S. Knight joined Mrs. Garrison in distributing. The music furnished by Victorin's orchestra was fresh and amusing and one of the members, Frank Connors, rendered several solos. Miss Irene Holbig entertained with a charming tap

and acrobatic dance in costume. At the end of a most enjoyable afternoon refreshments of lemonade and cookies were served.

In addition to these special programs, the patients frequently enjoy music from the hospital orchestra, as practice periods are often held on the lawn or in the different buildings. Pianos are located on many of the wards and radio programs are supplied either by connection with the central office in the Main building, or by individual ward sets. As mentioned in the physical education report, a choir was selected and trained to sing for special occasions and with the pipe organ to provide music for chapel services.

Library Division

The patients continued to enjoy the reading matter provided through the two libraries maintained under the supervision of Mrs. Ann M. Hopkins, librarian. A schedule has been maintained by which patients in suitable condition were permitted to come to the libraries on appointed days and make their own selections of reading matter. For those not able to leave their wards, books and magazines were provided by a book cart with which the librarian made trips through the different wards, a total of 2,389 visits have been thus made during the year. Mrs. Doyle of the Board of Managers has continued to interest herself in the library and this year purchased 148 new books for the use of patients. Many donations of books and magazines have been received during the year from resident officers and employees, members of the Board, and friends on the outside.

The circulation of books and magazines has increased this year, amounting to the following totals:

	Main Building Library	*Coffin Library*	*Total*
Fiction	9,213	5,213	14,426
Non-fiction, including magazines	90,536	80,789	171,326
Foreign language publications	179	209	388
Total	99,928	86,211	186,130

Reading matter has been provided on the ward for sick employees, daily trips being made with books and magazines. The medical library in the Reception building has been supervised and new books properly stamped.

Religious Services

The same arrangement of religious services has been provided as in former years. The Roman Catholic services have been conducted by Father Henebry and Father Brady, priests from St. Virgil's parish, Morris Plains, and they have also been available to minister to the sick and dying. Protestant services have been held each Sunday afternoon in the hospital chapel, clergymen from Morristown and Morris Plains have acted in rotation and the Methodist, Baptist, Presbyterian, and Episcopal sects have been represented. Since the instituting of Sunday afternoon visiting of patients, it has been much more difficult to arrange for a full quota of patients and attendants to be present at these services, but every effort is being made to maintain a worthy congregation. Jewish services have been conducted on religious holidays and as requested, and Christian Science readings have been arranged once a week. Special communion and other observances have been provided by the different pastors.

Fire Protection and Fires

During the fiscal year the hospital fire protection service has been continued under the direction of Mr. Charles H. Acker who has given conscientious attention to his duties and made regular reports of such conditions as in his opinion needed correction. He has submitted to me a detailed report of the year's activity which I have condensed as follows:

"The personnel has consisted of a paid fire Chief, a paid operator driver and 30 call men. The Chief and driver were on continuous duty six days and nights each week, twenty-four hours being allowed for time off. On July 9, 1935, Victor W. Brown terminated his services as operator-driver and was suceeded on September 1, by George C. Arnold of Paterson. The call men were certified by Mr. Holbig upon recommendation of the fire chief, and consisted of men employees from the kitchen, farm, engineering, garden and laundry divisions. About 17 were quartered in the fire house, the remainder lived elsewhere on the grounds or in nearby towns. They have been divided into two groups consisting of engine company with foreman and assistant foreman and a truck company with foreman and assistant foreman.

The apparatus consists of an Ahrens Fox triple combination pumping engine and a Pirsch combination ladder and 40 gallon

chemical tank. During the year it became necessary on five occasions to place the Ahrens Fox engine out of service for repairs and at such times hose was loaded on a truck and stationed in the fire house and the Morris Township Fire Department was notified and promised aid if needed.

Fire hose in various sizes and types has been kept in the different buildings of the institution and stored at the fire house. This hose has all been examined and tested; 325 feet of unlined linen hose in the Dormitory building, dated 1901, was replaced with the same size purchased this year; in tests 350 feet of fire department hose was found unfit and discarded. A record has been kept of all hose, age, condition, date of testing, and so on.

A total of 433 fire extinguishers are distributed in the institution. All of these were recharged and repaired during September, October and November. Demonstrations as to recommended procedure of operation and use were given to employees on wards and in residence buildings. Approximately three inspection tours have been made each week by the chief and operator driver at which time careful check was made on auxiliary fire fighting equipment and knowledge of employees as to location and use. Conditions creating fire hazards have been noted and recommendations submitted in writing.

At present there are 56 fire hydrants, 36 of modern type on high pressure system, 11 old style on low pressure system, 7 modern type, 1 old pattern on low pressure system but can be cut in on high pressure system, 1 hydrant at ice pond out of service. Inspections of hydrants have been made regularly with appropriate tests. During the spring all hydrants were painted, with tops given distinguishing colors according to type of pressure available, and all hydrants numbered.

Drills for members of the fire department have been scheduled each Friday afternoon. The drills consist of company evolutions, practical training, use of equipment and tools, fire fighting methods, timed drills laying hose lines and raising ladders, and fighting an assumed fire. In most cases when drills were held on the grounds water was used, either from hydrants or ponds. Men assigned as relief driver-operators of the pumping engine have been given extra training and practice.

The fire chief has discussed with the superintendent of nurses and supervisors the procedure of fire drills for patients. The

system of evacuation of the wards used daily for meals and recreation would be used in the event of fire. Members of the fire department have been assigned to special duty at dances, moving picture shows, and mass parties for patients. At the annual Christmas party 18 firemen were on duty in the Dormitory building and additional men at the firehouse during the period of the entertainment. The firemen on duty were equipped with door keys, fire alarm box key, and flashlights. They were stationed at such exits as would be used in case of fire or other emergency and covered the stairways and dark areas; one of their duties was to prevent smoking at entertainments. At the end of the performance a final inspection was made before leaving the building.

The record of fires and alarms during the year showed a total of 32; of this number nearly half were false, due to some failure in the sprinkler or bell alarm system, or to the methods of sending test calls. Five minor fires were put out by officers or employees without calling the fire department and were reported later; most of these were due to careless smoking. Seven still alarms were for grass or forest fires, none of which were serious on hospital property. The department was called once for an automobile fire and once for a fire in a road tar wagon, damage in both cases being slight. On October 4, a fire occurred in the basement of the Senile building at 1:40 a.m. the cause was defective wiring and the damage was considerable; the fire was put out by the fire department. On March 21 at 11:40 a.m. an electric motor on the rear freight elevator at the Main building burned out; the fire was out on the arrival of the fire department, but the damage was considerable. These two were the only fires of any destructive importance during the year.

In closing his report Mr. Acker made various recommendations for improvements in the personnel and equipment of the department which will be given careful consideration and, if circumstances permit, will be carried out in due season.

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

The only project carried out under the W. P. A. at the institution this year was painting the exterior of the dairy barns for which the W.P.A. supplied painters and painting material. The winter weather retarded progress, but at the close of the year the

work was completed. Mr. Landesman has been in charge of this work and the regular mechanics have carried out such repairs to woodwork and masonry as were required as a preliminary to the painting.

For the "white collar" workers furnished by the E. R. A. and later by the W. P. A., suitable positions have been found for six individuals, one in the diet kitchen, two in the business office, and three in the office of the Mental Hygiene Clinics.

Under the report on New Buildings and Improvements for which the data was supplied by the Construction Office will be found a statement of the methods of hiring men on P. W. A. projects which are being carried on at this hospital.

In general, the demand for work for those on relief rolls has been less than in the two previous years. During those years a number of pieces of work were found for unskilled laborers at the request of various authorities, but this year there has been no demand for this kind of employment.

Water Supply

During most of the year the water supply was abundant and satisfactory. In October two motors in the pumping station burned out simultaneously and before materials were obtained and repairs effected the supply in the storage reservoirs ran very low, but was immediately replenished when the pumps were again in order. In the latter part of February deep well No. 1 went out of commission, due to the breaking up of the upper screen and the consequent filling of the pipe with sand and gravel. The work of cleaning the pipe and installing a new screen is still in progress at the close of the fiscal year, so we have been deprived of the use of this well for over four months. Dry weather in May made this deficiency in our supply felt rather keenly; at the ice pond reservoir it became necessary for the first time in years to turn in the stream from the intake to augment the supply. Most of the reports on laboratory examination of the water were favorable, but in the spring conditions were reported which made it necessary to increase the chlorination; with the machines which we have, there is no automatic adjustment of chlorine to water flow, and consequently the amount of chlorine fed has to be set for the peak load, which resulted in over chlorination for other periods. The amount was in no way

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dangerous to human or animal life in general, but was harmful to plants and fish. Steps have been taken to obtain an automatic machine suited to the needs of this hospital.

New Buildings and Improvements

The same general system of construction management has been maintained that was worked out several years ago. Minor construction and current repairs have been handled by the local force of maintenance men, supervised by Mr. Landesman, but with assistance on plans and specifications by the Division of Architecture and Construction of the Central Office. Major construction has been directed by the Division of Architecture which has kept a local office under the charge of Stanley J. Sailer, M. E.; superintendent of construction and C. C. Oakley, cost clerk. This local office has cooperated with resident officers of the hospital in meeting special needs and requirements. Mr. Sailer has submitted the following report:

"Completion of the Attendants' building in 1933 marked the close of new construction at this institution. Since that time, most of the work supervised by the construction office has consisted of reconstruction and fireproofing. This year the major project has been the reconstruction of the south side of the Main building which began on June 8, 1934, as a Public Works Administration project. Under the conditions of this contract, 30 per cent. of the cost of the job will be paid as an outright grant from the United States Treasury, the remainder of the funds coming from State construction accounts. The work is being performed under a force account agreement whereby the Department of Institutions and Agencies purchases all material and hires all men employed on the project. All features of the job are under close Federal supervision; a resident engineer inspector is assigned to the project by the Commissioner, other inspections are made at regular intervals by higher officials, and accounts, material records, and payrolls are audited every three months by P. W. A. auditors. The system has worked out so well here that authority was recently granted for the performance of similar work at the Trenton State Hospital also by force account, although as a rule this is not the method preferred by P. W. A.

The policy of the construction office has been to purchase the best materials, employ competent workmen and insist on

good workmanship. The manner of hiring the various kinds of labor required is worthy of note. In order to distribute the available work among as many men as possible a rotational system has been set up whereby about four times as many men have worked on this project as would have had the hiring been done in the usual manner. The system has been effective and has been beneficial to the building trade in Morris County; for the most part the workmen are highly appreciative and commend the fairness with which the system is administered.

With approximately 1,500 women patients occupying the south side of the Main building it has been impossible to reconstruct more than one ward at a time, and it was necessary to complete and occupy a ward before another could be vacated. This has made the work proceed more slowly than on the north side, but was anticipated when the schedule was laid out. The safety of the patients has been made first consideration at all times. A certain amount of work has had to be done in areas which were occupied; this type of work has been carefully arranged to minimize the disturbance to the occupants of the wards and to avoid any possibility of danger to them. All of the men employed on this work have been thoroughly instructed in the necessity of precautionary measures and have responded well. The medical and nursing department have given their fullest cooperation.

Close contact has been maintained with the engineering division. By means of cooperation necessary interruptions of service in making cut-ins to existing lines have been reduced to a minimum. All new work has been installed with the idea of easy future maintenance in mind and the engineering division has been consulted as to its experience in the upkeep and effiiciency of the various services, in order that improvements might be made where possible."

The methods of reconstruction and the type of work being done follows closely the lines described in last year's report, so I will not give full details as submitted by Mr. Sailer. The work was begun at the end remote from the center, and has progressed toward the Administration building, the roof and fourth floor ward being completely rebuilt over each tier in turn. The fourth ward was completed on September 19, the third on October 11, and the second on April 17; at the end of the fiscal year, the first

ward was approximately 50 per cent. completed. After this ward is finished, tier 4-B will be reconstructed, and it is expected that this entire project will be completed by the end of the calendar year 1936.

In connection with the reconstruction work, an electric elevator has been installed in Tier 3. It is fully automatic and will provide much needed facilities for the transportation of patients, laundry, supplies, and furniture. Funds finally became available for the construction of a similar elevator on the north side, and preparation of the shaft began in August, 1935. It involved taking three rooms used as bedrooms from service, the demolition of floor arches, and the removal of supporting steel beams in order to provide a vertical shaft from basement to roof. The elevator has a capacity of 3,500 pounds, travels 100 feet per minute, serves all four floors, the basement, and has an exterior opening at ground level to which an ambulance or truck can be backed up. It has a number of safety features specially designed for an institution of this character; it can only be called to a floor and operated by a person carrying a key of proper type, which is a part of the master key system of the hospital.

In May and June painting and plastering were carried out on the third floor of the north side of the Main building; this floor had been reconstructed in 1929-1930 and the fourth floor and roof were not reconstructed until 1933-34, so when the later work was done it was not possible to prevent a certain amount of damage to the ceiling and walls below. This has now all been repaired.

The work of alterations and additions for the sewage disposal plant which was begun in 1933 was finally completed on September 30, 1935. The work completed during the fiscal year consisted principally of the placing of stone in the second large filter and the opening of final connections.

During the year the installation of a new steam line on south side of Central Avenue was completed by the installation of a new vacuum heating pump in the Knight Cottage of the Nurses' group. This line, as described in last year's report makes it possible to feed steam either way to all the buildings on both sides of Central Avenue which are connected with the central heating system, so that in the event of a break in the line, there will be no interuption of service. All of the large buildings and cottages along this

avenue are now on central heat with the exception of the three cottages occupied by the clinical director, the business manager, and the superintendent.

Attention was given to the repairing of deep well No. 1 at Morris Plains pumping station, which had become clogged, due to screen failure. The well has been thoroughly cleaned of sand and silt and a new improved screen of corrosion resisting metal has been installed. It is anticipated that the pump will be in place and the well delivering its full complement of water before the end of July.

Overcrowding

Last year I thought that the absolute limit of overcrowding had been reached; at the close of this year we have 219 more patients in the institution, and this despite the transfer to other institutions within the State—chiefly Marlboro—of 212 patients. We are housing and caring for these patients somehow, with one large ward constantly out of service in the course of the south side reconstruction. There are 1,033 more patients in the institution than there were when the last new building for patient occupancy was opened, and I then felt that the overcrowding was serious. It is impossible to describe what these figures mean in actual human suffering, in condemning men and women to spend the rest of their days in a state hospital when under better conditions they might have been cured. Only through the heroic efforts of those in direct contact with the patients have the evils of overcrowding been mitigated to the extent that the physically sick have received proper attention and all have been kept as clean and as well clothed and fed as strict economy in supplies permitted. Nothing could be done to eliminate the noise, the rasped nerves, constant friction and unhealthy mental reactions. Personal individual attention from trained psychiatrists and nurses, quiet surroundings, wholesome activities, and associates of suitable type are essential to a high recovery rate among the mentally sick. There is not much of this which can be offered in an institution overcrowded between 60 and 70 per cent.

Business Department

There has been no change this year in the general set-up of the Business Department. Mr. George J. Holbig has continued

in charge of the organization and has kept to previous high standards of economy and efficiency. Rising cost of supplies of many types has made it more difficult than usual to keep within specific appropriations, and near the end of the year it became imperative to arrange transfers between accounts in order to provide neccessities. As business conditions improved somewhat in the community, more dissatisfaction was expressed with wages paid by the State and, particularly among employees living outside the institution, rising costs of living were keenly felt. The Business Department has made every effort to maintain a full list of competent and efficient workers in all divisions under these difficult conditions.

Under Mr. Holbig, Mr. E. I. Coursen has continued to act as Assistant Business Manager in charge of farm and animal industries; Mr. Henry Landesman, chief engineer, has had oversight of the different service plants and the maintenance divison; Mr. A. J. VanWinkle as chief clerk has been in charge of the accounting office and acted as Treasurer of the institution. All have given close attention to the needs of their division and have made every effort to meet the requirements of their positions.

Engineering Division

There have been one major and a number of minor changes in the personnel of the Engineering division this year. In October, Mr. Richard Rogers, assistant engineer, retired from duty after forty-one years in the service of the institution. His long experience and personal knowledge of the plant were unusually valuable and his services have been greatly missed. On December 1, Mr. W. A. Carew reported for duty as assistant engineer and has shown himself well trained and interested in his work. Two other old employees of the division retired and another is on leave of absence without pay, due to illness. Labor turnover in the division has not been high. Mr. Landesman has submitted an interesting and detailed report which I have had to condense considerably as follows:

"The report from the water station shows a total of 355,746,000 gallons consumed, with 253,193,000 gallons pumped. The daily average per capita consumption of water was figured at 195.2 gallons. The daily average K. W. for the pumps was 1,393, which was considerably lower than last year. At the power house a total

of 29,929 tons of coal was consumed, a daily average of 82 tons, which is lower than last year. July was low with an average of 52 tons daily, while in February the daily average was 122 tons. In the dynamo room the total kilowatt load for the year was 3,347,837, with a maximum of 473 and a minimum of 115, and a daily average of 238. Ice production amounted to a total of 25,427 cakes, with a monthly average of 2,119 cakes, varying between 3,023 in July and 1,381 in February. At the sewage disposal plant the daily average flow was 898,000 gallons, the highest daily average flow being 1,035,290 and the lowest 809,000; the daily average per capita varied between 210.2 in July and 159.6 in February.

At the power station the daily analyses of water were continued with improved results and a sizeable saving in cost of maintaining the boilers. Inspections and postings of certificates and number plates have been made to comply with the requirements of the State Department of Labor and terms of our casualty insurance policies. In general the coal received was of good quality; February, with its high daily demands and the fact that the coal was frozen in cars and in storage made the handling of fuel a considerable task, and in March expenses were increased by the fact that much of the coal had to be delivered by trucks. In May the contracting vendor was unable to meet the requirements and some coal had to be purchased at a higher price; fortunately warm weather cut down consumption, the daily average being 58 tons against 81 in May last year. Later the contractor supplied coal again of unusually good quality.

In the dynamo room during the year ample water supply until May made it possible to minimize on the use of generated electric current. Pumps were operated only to maintain pressure and only one pump was required. There were even periods when it was not necessary to operate the deep well pumps. With this light load it was possible to carry out proper repairs. One eight-hour shut down was made to permit dismantling and examination of the alternating current unit. This was the first year in which casualty insurance was carried on the engines, turbine and generating units. Inspections made by the insurance company result in a certificate of satisfactory maintenance and operation of all units. Early in 1936, the Jersey Central Power and Light Company which had maintained a cable to our Morris Plains pumping

station advised us that they could no longer without charge assure us a standby current supply in event of a breakdown in our alternating current generating unit. Since we have only one alternating current unit and this has been in continuous service for five and one-half years the situation is serious. Owing to our large heating demands, we can generate current more cheaply than we can buy it. As the situation now stands, we must either make a contract with the power company involving a considerable sum or purchase and install another alternate current unit. The matter has been referred to the Central Office for consideration.

In the refrigerating plants, new units have been installed in the Reception building, replacing a group which had been in service some time and was costly and unsatisfatory to maintain. In the Main building, the fifteen ton compressor, which had been in service sixteen years, snapped a crankshaft, due to crystallization of its metal. It was necessary to rebuild the compressor, which was done at a cost of $875 which had to be taken from our current repair account. In the spring it was necessary to renew fourteen ammonia expansion valves. At the dairy an old machine has been in use which was removed from the Dormitory building; this became so worn that it was difficult to repair further, and a new compressor has been requisitioned. Routine repairs have been made on the cold storage units at the cafeteria, storehouse, and laboratory.

Much study has been given by the Central Office, Dr. Rudolf's office, and at the institution on the subject of the improvement of pressure, volume, and quality of our potable water. As a result of this, a set of plans, specifications, bill of material, and so on was prepared for erecting a separate treatment house to handle our entire domestic supply. Through proper channels application has been made for Federal aid to carry out the initial portion of this project.

In the last year we have had full benefit from the new addition to the sewage disposal system, and it has given very satisfactory service. The only recommendation for further improvement is the installation of a larger grease trap. Tests made have shown that the plant is operating continuously without contaminating the Whippany river. At no time during the year did we bypass the sewage. In the summer chlorination was continued twenty-four hours daily, and the beds were flooded weekly to kill fly

larvae. The graphs show that sewage flow drops about 200,000 gallons daily during the very dry weather, which indicates that considerable infiltration of water from the ground to the sewage lines must be present, though far less than formerly.

The only considerable new construction undertaken by the maintenance force this year has been the building of a nine unit garage at the south side nursing group; this project is now 60 per cent. completed. Funds for materials were taken from the proceeds of rental for employee garages already in services.

In all maintenance work of the institution the strict limitation of available funds has been keenly felt. It has not been possible to buy material to carry out needed work, and the stagger system of work days for mechanics has continued to cut the amount which could be accomplished. At times it has been necessary to engage extra men to carry out needed work. A great deal has been accomplised in the course of the year, much of which cannot be enumerated in this report for lack of space. In the sheet metal shop it was necessary to rebuild and repair food trucks used for transporting patients' meals from kitchens to dining halls; the job was so large that three extra sheet metal workers were hired and additional materials obtained on emergency application. Since the food trucks were not standing up well under the type of service required, several have been rebuilt in different metals by way of testing, including galvanized iron, monel metal, and stainless steel. The last named seems most satisfactory. Painting is a never ending problem in institutional maintenance. As mentioned in a previous section, W. P. A. assistance was obtained in painting the dairy barns. With the regular maintenance force, three coats of paint were applied to the front of the Tuberculosis building, and all the kitchens and serving rooms were painted. The interior of the service unit was redecorated and exterior woodwork painted. At the Clinic building, painting was done in bathrooms, dental clinic, diet kitchen and laboratory. Exterior woodwork painting of the nurses' group was completed, and the interior of their dining hall was repainted. The exterior woodwork of six cottages occupied by physicians was repainted, and the interior of the pharmacist's cottage. At the Reception building, ward 1, 7, and 8 were painted. Painting was done in the interior of the classified dining hall and the bowling alleys. Outside painting included the roof of the storehouse and all

street lighting standards and water hydrants. Numerous pieces of furniture were painted. General repairs to heating units and piping in all buildings were made as required. Reconstruction work on the south side of the Main building demanded constant attention to heat connections. During heavy rains in March water filled the subducts and it was necessary to rig pumps and pump steadily for twenty-four hours to prevent the heating system in this area from becoming flooded. Current repairs in electric wiring were made; at the staff house the electric lines were insufficient in size to carry the load requirements and fuses blew constantly; after studying the conditions, we rewired the entire building, putting in new switches, panels, extra circuits, and outlets; no further trouble has occurred. At the greenhouse and garden center, electric wiring for the new garage and storehouse was put in, and a line was run and wiring and fixtures put in for the old cottage in the garden. Carpentry has been required in practically all buildings. At the Dormitory building locks have been applied on about one hundred doors; to do this, the old doors were either repaired or rebuilt; about three hundred locks remain to be installed. Considerable carpenter work was done on the new garage at the greenhouse, and a carpenter was provided for a few weeks in connection with reconstruction of horse stalls at the stable; numerous repairs were required at the piggery during the severe winter weather; at the dairy a calf pen was built and equipped with feed boxes and several doors were built and hung; a new floor was laid in the dairyman's cottage. At the south attendants' cottage, floors and other interior woodwork were repaired and the main stairway rebuilt.

In all, repairs made during the year numbered 23,595, with a monthly average of 1,966; 33 pieces of new work were done. Over 4,000 repairs of furniture were made during the year, 2,446 of which were of chairs. At the large sterilizer 916 mattresses, 653 pillows, 102 bundles of clothing, 30 rugs, 230 sheets, 210 blankets, and 194 bed spreads were processed. Mechanics were regularly supplied for daily service at the laundry and at the cannery during the operating season.

Laundry

Work in this highly essential division of hospital service has been continued this year under the efficient management of Mr.

Daniel W. Leyhan who has contrived to meet the growing needs of the institution with a minimum of expense. He has submitted the following report:

"New equipment has been added at the Laundry, consisting of one Troy shakeout tumbler, and two 51" American press ironing machines. These are of material assistance in getting out the work, but additional space is very much needed. Especially during the first three days of the week when staff and employee linen is laundered, the floor is so congested with hampers that work is retarded."

The personnel has been increased by one male employee; this replaces one of the four laid off in October, 1932. This additional help was urgently needed, particularly after the loss of an experienced patient who was skilled in supervising the extractors.

During the year 6,103,963 pieces were laundered, an increase of 180,669 pieces over last year. Included in this number are 1,912 curtains which were washed, starched and put on stretchers, and 3,855 which were washed and then ironed by flatwork ironers or press machines.

A special luncheon was served at the laundry on January 16 for all the patients employed there, and was very much appreciated."

Bakery

At the hospital bakery have been produced all of the bread and pastry used throughout the institution with the exception of that prepared in the special diet kitchen and in the different cottages to vary or supplement the regular supply. The ovens at the bakery were also utilized when special holiday meals of roast chicken were served to the patients. The bakery, like the other food service of the institution, has continued under the direction of Mr. William Walton, with a head baker in immediate charge. The report for the year shows the following production:

Bread, 2 lb. loaf	731,500
Coffee cake, 1½ lb	7,451
Apple cake, 8 lb	909
Cake, 7 lb	19,349
Cake, 6 lb	183
Jelly roll, 8 lb	108
Jelly roll, 6 lb	65

Pies, 8 lb.	1,191
Pies, 3 lb.	15
Total	760,771
Buns, dozen	3,156
Muffins, dozen	2,598
Cookies, dozen	2,715
Rolls, dozen	90
Cruller, dozen	27½
Cup cakes, dozen	10½
Total dozen	8,597

Food Service

From the standpoint of satisfaction, food service is of prime importance in an institution, and with the exception of wages and salaries, no other division requires such heavy expenditures, even with the exceedingly small sum for individual meals which has been allowed under the economy ruling. The problems incident to preparing food in large quantities and serving it at the proper temperature in distant dining rooms, with a minimum of paid employees require not only knowledge but long experience for their solution. Mr. William Walton has spent the major part of his life in the kitchen service of the institution and has watched the number of meals served increase steadily, year after year, until he can estimate quantities for tens, hundreds, and thousands with equal facility. Undoubtedly, among the more troublesome of his many duties are those having to do with assigning supplies to the numerous cottages and special dining rooms for officers and employees of various grades. Requisitions are regularly made out for these dining rooms by those in charge, but with supplies held to a minimum and frequent delays in delivery or total absence of some essential commodity because a shipment had to be refused as substandard in quality there have had to be substitutions and reductions almost daily. The employees of the kitchen and dining room service are under Mr. Walton's direction, and he reports to and confers with Mr. Holbig at frequent intervals.

Cannery

In order to supply the hospital population with an abundance of canned tomatoes at a minimum cost, a cannery was built and equipped adjacent to the main kitchens. Tomatoes are raised on the hospital property to the limit of the space which can be

spared for the purpose, and to supplement this crop, purchases are made. Last year over 5,000 bushels of ripe tomatoes were gathered in the hospital gardens. These were prepared by patients and employees and canned under the direction of an experienced man hired for the season. In all 50,400 gallons of tomatoes were canned, enough for the entire year.

Service Building

This building provides a center for visitors coming to the institution to see their friends and relatives who are patients here, and also supplies a convenient means by which patients and employees can add variety to their regular diet. The unit has a central desk where visitors register and are supplied with passes for visiting the proper wards, and a rest room with attractive displays of articles made at the occupational therapy division; at the opposite end is a lunch room where simple meals may be obtained, as well as ice-cream, candy, and soft drinks. Mr. Holbig was in general charge of the service unit, and Mr. Beucler had immediate oversight of the employees, supplies, and finances. Any profits which resulted were credited to the patients' amusement fund. The increase in size of the hospital has brought proportionately more visitors, so that particularly on week-ends and holidays, the demands have been very heavy. Two more patients have been added to the staff this year, and the addition of another part time employee is under consideration.

Garage

The hospital garage has been continued under the supervision of Mr. John T. Murphy, who is a conscientious and reliable employee with many years of faithful service to his credit. He checks out the supplies of gas and oil for the various motor vehicles, assigns cars and drivers to fill the different orders, and directs the repair service, inspection, and cleaning. The following new equipment was received at the garage this year to replace worn out motor vehicles: July 29, 1935, Ford tudor replaced Ford tudor, 1931; August 15, Chevrolet truck, replaced Reo truck, 1926; December 4, Ford bus, replaced Ford bus, 1931; December 20, Ford ambulance, replaced Reo ambulance, 1925; January 23, 1936, Ford station car, replaced Chevrolet suburban 1927; March 7, Buick sedan, replaced Buick sedan 1930. In addition to the above which were received through the State Purchasing

Department, an old Liberty truck, 1917 model, was received from Port Newark.

One man regularly employed as driver of the hospital bus resigned on October 20, 1935, and has not been replaced.

Upholstery Division

The hospital upholstery shop has continued under the direction of Mr. Albert Olin, who has been in the service of the institution many years and is unusually skilled in all branches of the work. He has been assisted by Mr. John Macaulay, who has worked chiefly with mattresses and awnings; the shoe and harness repairs have also been made at this shop, with one shoemaker on regular duty. Mr. Olin has submitted the following list of work done:

NEW WORK

Double mattresses	7
Single mattresses	558
Hair pillows	405
Feather pillows	56
Double mattress ticks	8
Single mattress ticks	636
Pillow ticks	447
Pieces furniture upholstered	80
Chair cushions made	54
Awnings made	135
Linoleum laid	12
Curtains made, pairs	71
Curtains hung, pairs	118
Shades made	266
Pieces of harness made	58
Slip covers made	24
Ticking mits made, pairs	74
Flags made	1
Miscellaneous work	40
Total pieces new work	3,050

REPAIRS

Double mattresses made over	7
Single mattresses made over	1,104
Hair pillows made over	394
Carpets repaired	75
Carpets taken up	19
Shades repaired	203
Horse blankets repaired	16
Mattress ticks repaired	237
Awnings hung	351

Awnings taken down	426
Pieces of harness repaired	103
Shoes repaired, pairs	2,507
Miscellaneous	109
Total repairs	5,551
Total pieces work done	8,601

Garden

The hospital garden has been continued under the supervision of Mr. Otto Koch who has devoted most of his time and energy to this important division. Unfavorable conditions have been met, such as unseasonable weather, lack of sufficient suitable land, and employees, tools, and equipment held down strictly by the necessity for economy. The general results, however, have been very good and the valuation of vegetables raised was $19,748 which is $878 more than last year. If the value of the green fodder sent to the dairy and the plants and vegetables furnished to other institutions is added, the total valuation of garden produce amounts to $21,370. A number of vegetables, chiefly potatoes, cabbage, turnips and onions, which were not raised at the institution or not produced in quantities sufficient for the requirements, were purchased and storage and deliveries handled through the garden division. The total list of produce will be found included in the general tables at the rear of this volume. It will be noted that in addition to the vegetables produced, the garden also furnished green fodder to the dairy, grown as cover crops and for improving the soil, and that 92,680 plants grown here were turned over to other State institutions.

The record of indoor sowing and transplanting shows 610 flats of seed of different vegetables, 35 sashes of seed sown in hot bed frames, 3,200 lettuce plants transplanted in flats in the greenhouse, 418,901 plants transplanted in garden hot bed frames, and 295,931 plants transplanted to the gardens. From the dairy barn 968 truck and team loads of manure were hauled to the garden, with 225 loads from the horse barn and 43 loads from hennery. In addition to this, there were used in the garden 30,250 lbs. of lime, 5,500 lbs. of fertilizer, 1,400 lbs. nitrate of soda, beside powders and spray materials. Garden implements were repaired and painted by employees and patients, including tractors, cultivators, plows, harrows, 72 shutters, 255 hot bed sash, and 615 tomato crates.

The need of an irrigation system has been keenly felt, and has resulted in considerable loss on many plants. This year's crop of large onions and onion sets appears now to be ruined by the heat and dryness. Since a saving of several hundred dollars a year has been reported by growing onion sets, this loss will result in added expense next season.

During the past 18 months a garage and storehouse has been erected near the greenhouse for the joint use of the greenhouse and garden division. The garage has high clearance, making it possible to bring even the gasoline shovel under cover for repairs; it is equipped with pit to facilitate working on cars and trucks. The second floor, reached by an outside staircase, is being fitted up with shelves and racks for the orderly keeping of supplies. This building was erected chiefly by greenhouse and garden labor, from cinder blocks made on the place, and with window sash and other materials salvaged from reconstruction work. Occasional advice and assistance was given by the construction office and by the hospital maintenance division.

The garden division had the usual display in the department of Institutions and Agencies section of the Trenton Fair in September. The vegetable entry was very satisfactory, receiving a silver trophy for largest display and best quality. In the separate entries 52 prizes were won on 57 displays, 28 firsts, 16 seconds, and 8 thirds.

Farm

The hospital farm work was continued under the direction of Mr. P. F. Havens, head farmer, with Mr. Coursen having general oversight of the work. The yield last year was very satisfactory with the exception of beets, which were affected by loss from rhizoctonia fungus. This disease apparently cannot be controlled and the only chance of raising a good crop is to plant in new ground each season. During the latter part of June, 1936, a very promising growth of mangel wurzel beets was destroyed by the fungus and it was necessary to plow up the crop and sow turnips as a substitute dairy feed. Ensilage corn raised was of good quality; ears were not uniform in size, possibly because seed may not all have been of the variety specified. Samples of soil were submitted to Prof. A. W. Blair, soil chemist at the Agricultural Experiment station, for analysis. He found

the soil rather low in tests and suspected that the repeated annual heavy yields of corn had drained the available constituents; he suggested a program of cover crops and manure and fertilizers, which is being followed this season. Alfalfa was planted this season on 26½ acres for green fodder, but weather conditions in June made it necessary to run a considerable tonnage through the cutter and store it in a silo. Since alfalfa has been advocated for use as ensilage, it may be possible to use more of it in this form and cut down somewhat on the corn plantings.

For a number of years it was customary to purchase each year two sheep for laboratory use at a minimum cost of $13.00 each. Last year those purchased were bred and 6 lambs raised; this year 4 lambs are being raised; 4 head were slaughtered for hospital use and a credit of $25.54 was given. Since these animals must be kept on hand for the laboratory, it is apparently a good investment to breed the stock.

The total valuation of farm products was $15,940.38, a slight increase over last year.

Stable

Horses maintained in the institution stable were examined from time to time by Dr. Dustan and any lameness or other sickness was immediately reported to him for treatment. At present 17 horses are included in the stock, of which 9 are assigned to the farm, 4 to the greenhouse, and 4 to the garden. In May one new young horse belonging to the garden divison developed azoturia with paralysis in both hind legs, was incurable, and had to be destroyed.

Dairy

The hospital dairy has continued to be the major center of the agricultural industry of the institution. Mr. L. E. Palmer as herdsman has been in direct charge, while Mr. Coursen has supervised the program. Milk production amounted to 699,965 quarts, which is lower than for a number of years past, giving a daily average of 1,917 quarts. A number of reasons are ascribed for this falling off: one is that cows which were non-breeders or not bred because of Bang's disease or incurable mastitis have been slaughtered and their places taken by young heifers raised at the institution, which will not reach full milking capacity for several years. During the current year, 16 cows were slaughtered and 2

died; during the same period, 16 heifers had their first calves. Another reason for failure of the dairy to reach the highest production may be found in the fact that considerable hay and grain received was not up to specified standards; three carloads of hay were rejected for this reason. It is also unfortunate that sufficient good pasture is not available for the young stock.

The herd was tested on May 16 and found negative to tuberculosis, so it continues accredited. Infectious mastitis has not been present during the year, but mastitis continues to appear in some of the cows and the use of strip cup and thyrobromol tests at the dairy, with additional tests at the hospital laboratory and Lederle Laboratories have been continued throughout the year. Thus at the beginning of the year there were with this disease 34 positive and highly suspicious cows isolated in the north barn; during the year 2 additional cows were reported as positive and 1 as highly suspicious; 6 positive animals were slaughtered, leaving 31 in the positive herd at the end of the year. A young herd sire, purchased from the Overbrook herd, has been slightly suspicious in three tests since September, 1935, although negative in four previous tests.

Considerable discussion and correspondence has been had with various authorities during the year regarding the use of salt hay for bedding. It has not seemed satisfactory here. When possible leaves gathered in the woods by patients were used as bedding and proved both good and economical.

Patients have been used in the dairy as milkers, an average of 13 daily being so employed with an average production of 536 quarts of milk. These men have done excellent work and their services have materially reduced operation costs.

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

DAIRY CENSUS, JUNE 30, 1936

Milking cows	125	
Dry cows	18	
		143
Heifers	44	
Heifer calves	76	
		120
Bull calves	10	
Bulls	5	
		15
Total		278

This shows a decrease of 2 in the total number of cows, but an increase of 39 in heifers and heifer calves. The valuation of the herd is $33,800.00 an increase of $2,555.00. Valuation of products for the year was $66,439.70, of which milk was $55,997.26 and beef, hides, manure, etc. $10,442.44. Butterfat tests have been made monthly by county testers and the results thereof sent to the Agricultural Station at New Brunswick; where they have been compiled and then distributed to 13 state institution dairies. The local tester reported pasteurized milk from this dairy to be of exceptional smoothness of composition, denoting skillful handling of equipment and timing of batch mix producing an extremely high quality product.

Piggery

The season was a successful one at the hospital piggery. There were no cases of hemorrhagic septicemia; pneumonia caused the death of a number of shoats and one sow died from paralysis due to a crushed vertebra and another from injury, probably by another hog. Anti-hog cholera serum was given to all young pigs after weaning. Good results have been obtained from cutting sod on ground where pigs have not been raised and feeding to breeding sows, young pigs and shoats as this apparently supplies minerals necessary to build up resistance to disease and stimulate healthy growth. Sod has been fed directly from the fields during spring, summer, and fall, and a sufficient quantity stored for feeding throughout the winter months.

The production for the year was 80,161 lbs. of pork and 1,935 lbs. of liver, heart and tongue. The total valuation of piggery production was $12,505. which was considerably higher than usual, due both to increased quantites and to high prevailing prices. The census at the end of the year shows the following stock on hand:

PIGGERY CENSUS, JUNE 30, 1936

Sucklings	44	
Shoats	373	
Boars	4	
Sows	53	
Fattening hogs	130	
Total		604

The estimated value of this stock was $8,160. which was $2,715. higher than last year.

Hennery

At the hospital poultry plant considerable difficulty was experienced during the year. During July, 38 birds died, apparently from blackhead, although no source of infection was discovered. In August a number of hens, pullets, and young stock died, apparently from troubles due to improper feeding. Egg production dropped and further trouble developed in October. Advice and assistance were obtained from the poultry department of the State Experiment Station and it was thought that much of the difficulty might be due to the inclusion of new wheat in the feed, which acts as a fowl poison. In May, of 1,000 day old chicks purchased, 115 died during the month. The cause was ascribed to conditions for which the shipper was responsible, and he agreed to replace the loss at such time as was requested.

During the year there was a decrease in the egg production and valuation, but an increase in the amount and value of poultry consumed at the institution. Total valuation of receipts from the poultry plant was placed at $6,560.

POULTRY CENSUS, JUNE 30, 1936

Hens	1,301	
Pullets	819	
Cockerels	50	
Young stock	865	
Total		3,035

The valuation of the live stock on hand at the end of the year was $1,756, which was slightly below that of last year.

Miscellaneous

In addition to the farm and animal industries, a number of miscellaneous activities have as usual been carried on under the direction of Mr. Coursen. An exterminator was employed to destroy rats, mice, roaches, beetles and other vermin in and around all buildings of the institution. Rats decreased in number and the majority of the buildings are not infested. Mice do not present a problem except at certain seasons of the year when they must be trapped. Roaches can be kept under control if any infestation is reported promptly. Ants and house-flies occasionally require attention, but can usually be destroyed readily. The general trucking service of the institution has continued to increase. The

work includes the hauling of coal, laundry, supplies, refuse, ice, drinking water, freight, milk, ashes, building and repair materials, and live stock, as well as long distance trips on hospital business to other institutions, Trenton, and New York. The spur railroad from Morris Plains to the hospital has been kept in order, broken rails replaced, and ties and timbers repaired; the roadbed was sprayed with waste oil to protect the ties and destroy weeds. Ashes from the power plant were used about the hospital as required; considerable quantities were given away, chiefly to the State Highway Department and to neighboring towns for road use. Quantities sold resulted in the receipt of $430. Spring water for drinking has been, as in former years, piped into the Dormitory building where it is collected in glass bottles and distributed to 63 different points about the institution. As usual, a certain amount of loss and breakage of glass bottles was reported. An average of 76 patients were employed daily in the various activities under the supervision of Mr. Coursen; they were all carefully watched and immediately taken back to the supervisor's office at the first sign of illness or injury, however slight.

Inventory

The annual inventory was made at the Business Office with the help of lists filled out by all heads throughout the instituiion.

Real estate, including buildings	$11,391,948.05
Personal property	1,254,517.15
Total	$12,646,465.20

This amounts to an increase over last year of $4,000. in real estate and $27,926.48 in personal property, or a total increase of $31,926.48.

Recommendations

Mental Hygiene Clinics

The demand for the services of the Mental Hygiene Clinics is so great that they should not only be continued, but should be increased if possible. In any case, they should be given sufficient automobiles so that the work can be carried on efficiently by the professional personnel.

Grading, Walks, Landscaping, Etc.

Most of the routine work of replacing and repairing sidewalks

and curbing, grading around the buildings, and landscaping, setting out shrubbery, and similar work can be carried on by existing divisions in slack seasons if sufficient money is provided for supplies. Certain other work of similar nature is much needed, but would require special appropriations, such as clearing land to provide additional needed space for growing garden produce, and building tennis courts to replace those destroyed when the occupational therapy building was put up some years ago.

Irrigation System for the Garden

Each season there is considerable loss in production, as well as expense from wasted time, seed and plants when dry weather kills crops in the garden. Water for irrigation in the main garden is available from a nearby reservoir which is maintained only for emergency use, being too near the pig pens for inclusion in the general water supply. It would be a wise investment to provide sufficient money for a suitable irrigation system in order to increase productivity in food stuff.

Farm and Garden Equipment and Machinery

A number of pieces of equipment are needed in the farm and garden divisions; these include ensilage cutter, root cutter, tractor plow, 2 cultivators, 2 disc harrows, and a rake. Two pair of horses are also needed. A sprayer capable of reaching to the tops of the trees would also be highly useful.

Fire Alarm System and Fire Equipment

Provision should be made to purchase fire hose and other equipment needed for replacement and additional protection. Also, the fire alarm system does not cover all buildings and is not in good condition. It is recommended that a sufficient sum be appropriated annually for several years so that the work of expanding the system and putting in new equipment can be made progressive. It is also recommended that a sprinkler system be installed to protect the dairy barns.

Railroad Equipment

Since by arrangement with the Lackawanna Railroad the institution is responsible for the maintenance of the spur line over which coal and other supplies are hauled to the storage centers an annual appropriation is required for the purchase of rails, bolts, spikes, timbers, ties, and other replacement materials.

Surgical Equipment

A number of pieces of surgical and treatment equipment are needed which cannot be provided in the usual appropriation for medical and surgical supplies. It is recommended that a special appropriation be made to cover these necessary pieces of equipment.

Bed Pan Sterilizer

In order to provide proper safeguards for the sick, both patients and employees, and for those who care for them a bed pan sterilizer of proper size and equipment is urgently needed at the Clinic building. In many diseases there is a chance for the spread of infection through inadequately sterilized bedpans, and if the hospital should ever be threatened with an epidemic of typhoid fever or amoebic dysentery the possibilities would be grave indeed.

Extraordinary Household Supplies

During the past five years replacements in furnishings have not been kept up as the appropriations made were not much more than sufficient to provide for the beds, bedding, and other necessities demanded by the great increase of patients. As a consequence, additions and replacements in household supplies are now greatly needed in all parts of the institution and a special appropriation should be made to cover at least the most urgently needed.

Elevators

Since the Clinic building serves the acutely ill, both patients and employees, hospital type doors should be provided for the elevator in order that the service may be of the safe and silent type which is essential here.

In the laundry, storehouse, and main kitchen we still have elevators of the pull and cable type. These can be moved without warning, with open doors, and while being loaded, thus being a constant source of danger to patients and employees. It is recommended that these be changed to safety gate and double push button control, in order to do away with this constant menace.

Floors in Reception Building and Congregate Dining Halls

Mastic floors in these buildings have worn out, heaved, or

come off in sheets. Repairs made by the maintenance force have not proved satisfactory and it is recommended that an appropriation be provided so that the problem may be handled by specialists through the Division of Architecture and Construction.

Automobiles for Social Workers

As shown in the reports from both the hospital social service and the mental hygiene clinics, the present allotment of cars for social workers is far short of the needs and has resulted in much loss of time and efficiency. Since the salaries of the professional workers are the major expense in both these divisions, it is a short-sighted policy to pay these trained workers and then not provide them with the equipment necessary to do their work. I recommend that sufficient automobiles be provided so that the workers in both these important divisions may function efficiently.

Housing for Employees

With the rapid growth of the patient population of the institution, more employees have been required to care for them and to keep up the regular work of the hospital. Living quarters are now most inadequate. An effort has been made to solve some of the problems by having workers live outside the institution, but few quarters are available within easy traveling distance of the hospital, rents are high, and it has been impossible to pay sufficient additional salary to meet the requirements. For most of the employees in the lower wage scale groups maintenance in the institution is essential. Conditions have reached a point where attendants are being housed in makeshift quarters where not even bathroom facilities are available. Naturally, this makes for dissatisfaction and increased turnover in personnel and adds greatly to the problems of providing suitable care for the patients. I recommend that additional housing for employees be given careful consideration.

Cottages for Physicians

Housing for the staff has reached the critical point. For the most recent additions it has been necessary to take over rooms in attendants' quarters, which are not suitable for physicians and are needed for attendants. The staff house which was designed for single men and married couples, is filled with families. Relief for all concerned would be provided if four single cottages were

constructed so that men with families who have been on the staff for a number of years could be provided with suitable houses. This would not only release their present rooms for the use for which they were designed, but would remove the constant source of discontent and friction which develops whenever families with small children have to live in crowded association with each other and with single men and childless couples. I earnestly recommend that an appropriation be made for the construction of four cottages.

Loss of Employees

This year there were six deaths among the people employed at the hospital and three old employees retired on pension.

Joseph Manz, charge attendant, began service at the institution on February 12, 1926. He died at the Clinic on July 31, 1935, from chronic heart and kidney disease and pleurisy with effusion, at the age of 44.

Andrew Bohm, night watchman at the Clinic and Reception buildings, entered the service on June 18, 1930. He died on August 26, 1935, at the age of 66, following a heart attack.

August Davidson entered the service on August 10, 1912, and was employed in the kitchen division. He died on December 18, 1935, at All Souls Hospital, Morristown, as a result of injuries received when struck by an automobile at the foot of Central Avenue near the bridge. The automobile was the property of a non-resident.

Miss Loretta Bechtel entered the service of the institution on October 6, 1933, and was employed as a cook. She died at the Clinic on December 23, 1935, of uremic coma and chronic nephritis, at the age of 23.

Daniel Hickey, kitchen employee, entered the service of the hospital on November 30, 1933. He died at the Clinic on Fedruary 15, 1936, at the age of 61, of chronic heart and kidney disease and general arteriosclerosis.

Miss Doris Linde was employed as telephone operator, having entered the service on April 21, 1929. She died at her home in Morris Plains on March 14, 1936, after a brief illness, at the age of 36.

Elijah S. Monez entered the service of the institution on September 3, 1895, and for a number of years was foreman in the

tinshop; later he became locksmith of the institution, and also supervised clocks and kept them in repair. He was a native of Morris County and made his home in Morris Plains. Throughout the forty years of his connection with the institution his record was of the highest. He retired on pension August 31, 1935.

Richard Rogers entered the service of the institution as a machinist on February 2, 1894; he became assistant engineer on April 1, 1920, and engineman-in-charge on October 1, 1922. As he had watched the institution increase in size he was familiar with the layout of the piping and had a keen memory for the location of connections and valves, even when they had been undisturbed for years under lawns and roads. This intimate knowledge was extremely useful whenever trouble developed outside the main ducts. He was also expert in his understanding of the heating and power plant. Like many other old time employees, he brought up his family in the institutional tradition, and two of his sons now occupy responsible positions in the mechanical service. Mr. Rogers retired on pension November 1, 1935, after more than forty-one years of valuable service to the institution.

Martin Donohue entered the service of the institution on July 19, 1911, and was employed chiefly as operator of the cable car in the ducts between the Main and Dormitory buildings and as assistant in the cold storage plant. After twenty-four years of faithful service he retired on pension November 1, 1935.

Distinguished Visitors

As in previous years, we have been very fortunate in having many visitors of distinction at the institution during the twelve month period. In particular, the number of student visitors has greatly increased, so that special arrangements have been made for their benefiit, as described in the Educational Division report. Many visitors also have been interested only in some special phase of the hospital, such as the greenhouse, the occupational therapy work, or the mental hygiene clinics; others have taken the time to tour the institution and inform themselves of all its leading features.

Among visitors from outside the State may be mentioned Dr. Ralph P. Truitt of Baltimore, who was here July 30; Mr. George W. Rice, W. P. A. project head at the Philadelphia State

Hospital for Mental Diseases, Byberry, Pa., who visited us in the early winter accompanied by Dr. Samuel Cohen, Mr. Frank Clark, Mr. Howard K. Hayes, and Mr. Frederick W. Crown; Dr. Charles Gordon Heyd, Surgical Director of the Post Graduate Hospial, New York, who came here on December 19, and spoke before the County Medical Association; Dr. John Weir Perry, of Harvard University, who was here in April in the course of studies which he was making of abnormal and dynamic psychology; Mr. E. J. Fisher, Director of the male division occupational therapy in the State Hospital at Chattahoochie, Florida; Miss Julia C. C. Tang, Red Cross Nurse, Shanghai, China; Miss Hulda Lindvall, Tuberculosis Nurse, Stockholm, Sweden; Miss Serene Josang, Government Nurse, Norway; Mr. George Stevenson, Director Division on Community Clinics, National Committee for Mental Hygiene, New York; Miss Annette Garrett, Assistant Director Smith College School for Social Work, Northampton, Mass; Rev. Bruce T. Riley of the Congregational Church, West Newbury, Mass; Dr. Martin F. Hoffman and Judge George M. Read, of the Eloise Michigan State Hospital visited the hospital on December 3; in the spring among the groups of students who were entertained here were twenty-two from the Bronxville Social Service Training School and a number from Colby Junior College, Waterville, Maine.

Visitors from New Jersey have been increasingly numerous. Mrs. A. Harry Moore, wife of our Senator in Washington, paid a visit early in the season; Senator Blase Cole was here in January, and Senator Elmer S. King has paid us frequent visits. Former Assemblywoman Peters of Bergen County was here at Christmas time. The joint appropriations committee made its annual visit on January 29. Mr. Edward Van Houten of the Bell Telephone Company, Newark office, made two visits for the purpose of sociological observation and research; Prof. James A. McClintock with psychology students of Drew University; Mr. P. Kitay, Instructor in Middlesex Junior College, with 27 psychology students; Miss Lois A. Meredith and 11 students from the State Normal School at Newark; 23 social service students from Essex County Hospital;—these may be taken only as examples of the types of visitors, for 56 groups were received during the year.

Members of the State Departments have visited the hospital on many different occasions. Dr. Henry O. Carhart of the Civil

Service Commission has spent much time at the institution, and Mr. Charles P. Messick, Mr. Joseph H. Broehl, and Mr. Joyce of that department have also been here. From the State Board of Control, Mr. E. P. Earle has made frequent calls at the hospital, and Mr. Fetridge and Dr. Dowd also have visited us. Commissioner Ellis has been constantly on call for consultations at the hospital, and Mr. Gerry, Mr. Houston, Mr. Fitch, Mr. Klein, Mr. Leathem, Dr. Yepsen, Dr. Ellen Potter and others from the Central Office have also been generous with their time and services to this institution.

We have been glad to receive visitors from other institutions in the State. Dr. J. Berkeley Gordon, Medical Director of the State Hospital at Marlboro, and Miss Brady of that institution visited here in October. Dr. Guy Payne, Superintendent of the Essex County Hospital at Cedar Grove and Mr. Meese, Superintendent of the North Jersey Training School at Totowa have visited here as occasion arose; Dr. Elvira Dean Abell, of the Board of Managers at Totowa, and Mrs. Murray Coggeshall of the Board of Managers at Clinton have also been frequent visitors at this institution. Many others connected with state institutions in various capacities and many connected with numerous state, county and private welfare organizations have maintained contacts here with visits, consultations, and discussions of matters of community or State interest.

Appointments and Resignations

Resident Physicians Appointed:

Ralph Dahlquist, M. D.....September 1, 1935
Pierre Nyvall, M. D.....November 24, 1935
John Forbes, M. D.....February 1, 1936
Curtis Southard, M. D.....March 1, 1936

Resident Physicians' Resignations:

Layman R. Harrison, M. D.....October 31, 1935
Harry A. Moscoe, M. D .....January 31, 1936
Herbert Hyatt, M. D.....June 16, 1936

Other Staff Appointments:

Harold J. Zerr, D. D. S., Dental Interne.....August 1, 1935
Howard C. Mansell, D. D. S. Dental Interne.....September 1, 1935
Harold J. Zerr, D. D. S., Resident Dentist.....December 1, 1935
Eugene Moynihan, D. D. S., Dental Interne .....December 1, 1935

Other Staff Resignations:

Angus M. Brown, D. D. S., Dental Interne.....July 31, 1935
Maxwell Serotkin, D. D. S., Dental Interne.....August 31, 1935
John McCluskey, Jr. D. D. S., Resident Dentist.....November 30, 1935
Harold J. Zerr, D. D. S., Dental Interne.....November 30, 1935.

Acknowledgments

It is impossible to acknowledge here in any detailed or individual manner the many gifts and kindnesses which the patients have received during the year. Books and magazines have been brought to the hospital in great numbers; gifts of cigarettes, articles of clothing, food delicacies of all kinds have been numerous and greatly appreciated. Money has been donated in varying amounts, especially at Christmas time, for individuals, wards, special groups, or the institution as a whole. From time to time bequests have been received, either for specific purposes or for the general use of the patients; the latest of these was the sum of approximately $250 which is to be used to provide some treat for the patients which they would not otherwise receive. All of these gifts show an interest and a sympathy which means much to those under hospital care, and the material benefits of the gifts in these restricted times have been even more deeply appreciated than usual.

Members of the Board of Managers, resident officers and employees of all grades have also done many kindnesses for the patients, far outside the requirements of their duties. Parties and entertainments of all sizes and varieties have been arranged; gifts of clothing, tobacco, food, candy, and pocket money have been freely bestowed. The general public can never realize the extent to which most people who are in daily contact with patients are moved by sympathy and friendly personal interest to do whatever can be done to make their lives happier and more comfortable.

Conclusion

As the various reports from the hospital divisions have shown, this has been a difficult year in all parts of the institution. Extreme overcrowding, particularly on the admission service where it is most to be deplored, has made it impossible to give the highest type of service to the individual patients, and has put unusual pressure on all departments, since nowhere in the

institution are the equipment, space, and personnel designed for the excessive amounts of work which have been demanded this year. The fact that no calamity has occurred and much that is commendable has been accomplished would seem to be in part purely providential, and in part due to the fine spirit of loyalty and devotion to duty shown by the majority of those who have carried heavy burdens of work and responsibility.

I wish to express my heartfelt appreciation to the members of the staff, the resident officers, and the employees from divisional heads to the most humble workers, including the great numbers of working patients, whose faithful attention to the individual task, day after day, has made possible such success as has been won.

To the Board of Managers, as a group and as individuals, I am profoundly grateful for the unfailing attention given hospital, affairs, frequently at much personal inconvenience, and for the friendly interest and support which has meant so much to the resident officers. We have all missed "Uncle Dan" Voohees; he will continue to be missed here until the last man and woman who knew what he meant to Greystone Park have also passed on to other fields. But Doctor Knight as President of the Board, has continued to be an unfailing tower of strength at all times, with his professional experience and standing, his keen appreciation of institutional problems and requirements, and his supreme gift for bringing harmony into personal relationships. Also, to me and to many others at the hospital who knew what his constructive interest had already done for institutional work, the appointment of Frank D. Abell to this Board was a cause for rejoicing.

The State Board of Control and particularly its President, Mr. Ellis P. Earle, have devoted an amount of attention and consideration to the affairs of this institution which has been of the greatest value. The divisions of the Central Office have also been most helpful and cooperative in trying to meet our needs and requirements. Commissioner Ellis with unflagging courage has labored to obtain for us relief from conditions produced largely by the depression and which the depression made it apparently impossible to relieve. Through his efforts some two hundred patients were transferred to Marlboro Hospital, thus releasing a little of the pressure on our institution, and also through his efforts considerable sums have been made available for construction during this next year which will afford help at some

of the most dangerous points. In addition to these measures, he has been constantly at our beck and call for advice, consultation, and support—a fine executive and a loyal friend.

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, 1936

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	$11,391,948.05
Personal property	1,254.517.15
Total	$12,646,465.20

Total acreage of hospital property owned	929.49
Additional acreage rented	25.00
Total acreage under cultivation during previous year	201.33

4. OFFICERS AND EMPLOYEES

Actually in Service at End of Year

Medical Administration	M.	W.	T.	M.	W.	T.
Superintendent and Chief Executive Officer				1	...	1
Other Physicians				30	1	31
(a) Ward duty—direct care of patients	23	...	23			
(b) Specialists	6	1	7			
(c) Specialists (part time)	1	...	1			
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	29	33
Nursing Administration				2	60	62
(a) Superintendent of Nurses	..	1	1			
(b) Supervisory or Administrative duty	..	20	20			
(c) Ward duty—direct care of patients	1	34	35			
(d) Special duty	1	5	6			
Other Nurses and Attendants (excluding O. T.)				285	211	496
(a) Ward duty	206	153	359			
(b) Special duty	79	58	137			
Physical Education				...	7	7
(a) Director	..	1	1			
(b) Teachers	..	6	6			
Occupational Therapists and Assistants				10	16	26
(a) Professional	6	6	12			
(b) Attendants assigned to special duty	4	10	14			
Industrial Supervisors and Instructors				2	...	2
Business Administration						
Business Managers				1	...	1
Assistant Business Managers				1	...	1
Clerical Employees				11	6	17

TABLE I. (Continued.)

	M.	W.	T.	M.	W.	T.
Housekeeping Employees				3	26	29
Farm Employees (excluding Attendants)				17	...	17
Other Employees (Medical and Business)				244	32	276
Mental Hygiene Clinics				3	12	15
(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	..	6	6			
(g) Clerical Employees	..	4	4			
TOTAL				621	411	1032

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	2,409	2,283	4,692	258	260	518
Epileptics	....	....	....	..	..	..
Mental defectives	97	83	180	3	6	9
Alcoholics	....	....	....	..	..	..
Drug addicts	....	....	....	..	..	..
Neurosyphilitics (without psychosis)	....	....	....	..	..	..
All other cases	....	....	....	..	..	..
Total	2,506	2,366	4,872	261	266	527
COLORED—						
Insane	98	131	229	..	..	..
Epileptics	....	....	....	..	..	..
Mental defectives	2	2	4	..	..	..
Alcoholics	....	....	....	..	..	..
Drug addicts	....	....	....	..	..	..
Neurosyphilitics (without psychosis)	....	....	....	..	..	..
All other cases	....	....	....	..	..	..
Total	100	133	233	..	..	..
GRAND TOTAL	2,606	2,499	5,105	261	266	527

	Men	Women	Total
6. Patients employed in industrial classes or in general hospital work on date of report	1,308	1,417	2,227
7. Average daily number of all patients actually in hospital during year	2,544.4	2,496.5	5,040.9
8. Voluntary patients admitted during year	165	104	269
9. Persons given advice or treatment in out-patient clinics during year	1,289	1,019	2,308

TABLE II.

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 1936

RECEIPTS

Balance on hand from previous fiscal year		$ 0.00
Received from appropriations		1,627,737.00
Received from paying patients		124,932.37
Received from all other sources		685,458.92
Total receipts		$2,438,128.29

DISBURSEMENTS

1. Expenditures for maintenance of patients

Salaries and wages	$ 886,374.60	
Provisions (food)	320,000.00	
Fuel, light and water	130,150.00	
All other expenditures for maintenance	225,611.49	
Total expenditures for maintenance	$1,562,136.09	

2. Expenditures for all purposes other than maintenance, including new buildings, other additions and permanent betterments — $61,906.87

3. Expenditures for repayment of loans and interest on loans — 0.00

Total expenditures	$1,624,042.96
Amount returned to state treasurer or other officials	814,085.33
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.)	$2,438,128.29

TABLE III.

MOVEMENT OF INSANE PATIENT POPULATION

For year beginning July 1, 1935, and ended June 30, 1936

	Men	Women	Total
1. Insane patients on books of hospital at beginning of hospital year:			
a—In hospital	2,439	2,447	4,886
b—On parole or otherwise absent	262	253	515
Total	2,701	2,700	5,401
2. Admissions during year:			
a—First admissions	736	651	1,387
(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	113	136	249
(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	7	10	17
(Includes all patients coming directly from any other hospital for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
d—Special Cases	—	13	13
3. Total received during year (Includes total of items 2 a, b c and d.)	856	810	1,666
4. Total on books during year (Includes total of items 1 and 3.)	3,557	3,510	7,067

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	165	167	332
b—As improved (Does not include transfers.)	122	106	228
c—As unimproved (Includes all patients discharged not benefited by treatment, exclusive of transfers.)	20	19	39
d—As without psychosis (Includes all discharged patients who are found to have had no psychosis.)	48	8	56
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.)	51	161	212
f—Died during year	284	267	551
g—Special Cases	—	17	17
6. Total discharged, transferred and died during year (Includes total of items 5 a, b, c, d, e f and g.)	690	745	1,435
7. Insane patients remaining on books of hospital at end 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

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	1	..	1	1	2	1	..	..	..
*Asia	3	..	3	3	3	3	..	..	..
Australia	..	..	..	..	..	..	..	1	..
Austria	18	10	28	34	35	34	22	22	24
Belgium	..	..	..	..	..	..	..	1	..
†Canada	2	5	7	5	8	8	5	7	10
Central America	..	..	..	..	..	..	..	..	..
China	..	..	..	1	1	1	..	..	..
Czecho-Slovakia	8	8	16	11	11	11	11	11	11
Cuba	..	..	..	..	..	..	..	..	..
Denmark	..	..	..	..	..	..	2	2	2
England	12	13	25	17	25	20	21	27	29
*Europe	6	4	10	10	11	11	7	7	7
Finland	1	..	1	1	1	1	..	..	..
France	1	1	2	3	5	6	..	4	1
Germany	30	30	60	55	67	61	50	63	53
Greece	6	..	6	7	7	7	..	..	..
Holland	2	1	3	3	3	3	2	4	4
Hungary	9	11	20	12	12	13	15	15	15
India	1	..	1	..	..	1	..	..	..
Ireland	22	28	50	60	72	77	57	66	70
Italy	47	43	90	73	76	73	65	69	66
Japan	..	..	..	..	..	..	..	..	..
Jugo-Slavia		..		2	2	2	1	1	1
Mexico	..	..	..	..	..	..	..	..	..
Norway	3	3	6	3	4	3	3	3	3
Philippine Islands	..	..	..	..	..	..	..	..	..
Poland	35	33	68	50	51	52	55	56	55
Porto Rico	..	..	..	..	..	..	..	..	..
Portugal	1	1	2	1	1	1	1	1	1
Roumania		3	3	..	..	..	2	2	2
Russia	17	16	33	27	31	29	26	29	26
Scotland	6	6	12	6	9	7	7	9	10
South America	..	2	2	..	..	..	2	2	2
Spain	1	..	1	1	1	1	..	1	1
Sweden	3	3	6	5	7	7	3	4	3
Switzerland	2	..	2	2	3	2	2	2	4
Turkey-in-Asia	..	..	..	..	..	..	..	..	..
Turkey-in-Europe	..	1	1	..	..	..	1	1	1
*United States	499	426	925	263	285	299	215	236	245
Wales	..	..	..	2	2	2	..	1	..
‡West Indies		3	3		1		4	4	5
Other countries	..	.	..	..	..	..	..	..	..
Unascertained	..	..	..	..	..	..	..	..	..
Total	736	651	1,387	658	736	736	579	651	651

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

TABLE IV.—a

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

Age Groups	Aggregate			Native Born														Foreign Born															Nativity unascertained		
				Total			Parentage											Total			Time in United States Before Admission															
							Native			Foreign			Mixed			Unascertained					Under 5 years			5–9 years			10–14 years			15 years and over			Unascertained					
	M.	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.
Under 15 years..	2	2	4	1	2	3	..	1	1	1	1	2	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
15—19 years....	29	31	60	28	31	59	13	9	22	10	19	29	5	3	8	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20—24 years....	52	41	93	48	39	87	12	15	27	27	17	44	9	7	16	..	..	..	4	2	6	..	..	..	1	..	1	2	2	4	1	..	1	..	..	..	..	..	..
25—29 years....	69	62	131	62	54	116	31	27	58	24	20	44	7	7	14	..	..	..	7	8	15	1	..	1	..	4	4	3	1	4	3	3	6	..	..	..	..	..	..
30—34 years....	55	60	115	45	39	84	20	25	45	18	10	28	7	4	11	..	..	..	10	21	31	..	..	..	4	4	8	1	5	6	5	12	17	..	..	..	..	..	..
35—39 years....	77	62	139	60	42	102	35	24	59	18	14	32	7	4	11	..	..	..	17	20	37	..	1	1	..	..	..	2	7	9	15	12	27	..	..	..	..	..	..
40—44 years....	70	57	127	45	34	79	22	15	37	10	11	21	13	8	21	..	..	..	25	23	48	..	..	..	..	2	2	5	3	8	20	18	38	..	..	..	..	..	..
45—49 years....	87	73	160	55	43	98	27	21	48	16	14	30	12	8	20	..	..	..	32	30	62	..	..	..	..	..	..	2	2	4	30	28	58	..	..	..	..	..	..
50—54 years....	74	51	125	39	29	68	29	11	40	6	11	17	4	7	11	..	..	..	35	22	57	..	..	..	..	1	1	2	1	3	33	20	53	..	..	..	..	..	..
55—59 years....	55	48	103	23	30	53	16	13	29	6	6	12	1	11	12	..	..	..	32	18	50	..	..	..	..	..	..	..	..	..	32	18	50	..	..	..	..	..	..
60—64 years....	34	38	72	22	22	44	16	13	29	5	6	11	1	3	4	..	..	..	12	16	28	..	..	..	..	..	..	..	..	..	12	16	28	..	..	..	..	..	..
65—69 years....	43	29	72	24	12	36	9	10	19	10	2	12	5	..	5	..	..	..	19	17	36	..	..	..	..	..	..	1	2	3	18	15	33	..	..	..	..	..	..
70 years and over	89	97	186	47	49	96	30	31	61	13	11	24	4	7	11	..	..	..	42	48	90	..	..	..	1	..	1	..	1	1	41	47	88	..	..	..	..	..	..
Unascertained...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total.....	736	651	1387	499	426	925	260	215	475	164	142	306	75	69	144	..	..	..	237	225	462	2	1	3	7	11	18	18	24	42	210	189	399	..	..	..	..	..	..

TABLE V.

CITIZENSHIP OF FIRST ADMISSIONS.

	Men	Women	Total
Citizens by birth	499	426	925
Citizens by naturalization	127	125	252
Aliens	110	100	210
Citizenship unascertained	..	..	..
Total	736	651	1,387

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS

Psychoses	M.	W.	T.	M.	W.	T.
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	..	..	..	85	21	106
2. Psychoses with other forms of syphilis of the central nervous system	..	..	..	40	6	46
a. Meningo-vascular type (cerebral syphilis)	38	6	44	..	..	..
b. With intracranial gumma	..	..	..	..	..	..
c. Other types (to be specified)	2	..	2	..	..	..
3. Psychoses with epidemic encephalitis	..	..	..	7	4	11
4. Psychoses with other infectious diseases	.	.	..	1	6	7
a. With tuberculosis meningitis	..	5	5	..	..	..
b. With meningitis (unspecified)	..	..	..	..	..	..
c. With acute chorea (Sydenham's)	..	..	..	..	..	..
d. With other infectious disease (to be specified)	1	..	1	.	..	..
e. Post-infectious psychoses (infection to be specified)	..	1	1	..	..	..
5. Alcholic psychoses	..	..	..	39	8	47
a. Pathological intoxication	1	..	1	..	..	..
b. Delirium tremens	19	7	26	..	..	..
c. Korsakow's psychosis	4	..	4	..	..	..
d. Acute hallucinosis	11	1	12	..	..	..
e. Other types (to be specified)	4	..	4	..	..	..
6. Psychoses due to drugs or other exogenous poisons	..	..	..	..	1	1
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)	..	..	..	..	..	..
7. Traumatic psychoses	.	..	..	10	..	10
a. Traumatic delirium	..	..	..	..	..	..
b. Post-traumatic personality disorders	6	..	6	..	..	..
c. Post-traumatic mental deterioration	4	..	4	..	..	..
d. Other types (to be specified)	..	..	..	..	..	..
8. Psychoses with cerebral arteriosclerosis	..	..	..	164	178	342
9. Psychoses with other disturbances of circulation	..	..	..	6	7	13
a. With cerebral embolism	..	..	..	..	..	..
b. With cardio-renal disease	6	7	13	..	..	..
c. Other types (to be specified)	..	..	..	..	..	..

TABLE VI. (Continued.)

Psychoses	M.	W.	T.	M.	W.	T.
10. Psychoses with convulsive disorders (epilepsy)	..	..	..	7	4	11
a. Epileptic deterioration	3	1	4	..	..	..
b. Epileptic clouded states	4	3	7	..	..	..
c. Other epileptic types	..	..	..	..	..	..
11. Senile psychoses	..	..	..	36	57	93
a. Simple deterioration	31	51	82	..	..	..
b. Presbyophrenic type	2	..	2	..	..	..
c. Delirious and confused types	..	..	..	..	..	..
d. Depressed and agitated types	3	3	6	..	..	..
e. Paranoid types	..	3	3	..	..	..
12. Involutional psychoses	..	..	..	12	62	74
a. Melancholia	8	24	32	..	..	..
b. Paranoid types	3	28	31	..	..	..
c. Other types (to be specified)	1	10	11	..	..	..
13. Psychoses due to other metabolic, etc., diseases	..	..	..	2	15	17
a. With diseases of the endocrine glands (to be specified)	2	7	9	..	..	..
b. Exhaustion delirium	..	..	..	..	..	..
c. Alzheimer's disease	..	..	..	..	..	..
d. With pellagra	..	1	1	..	..	..
e. Other somatic diseases (to be specified)	..	7	7	..	..	..
14. Psychoses due to new growth	..	..	..	1	..	1
a. With intracranial neoplasms	..	..	..	..	..	..
b. With other neoplasms (to be specified)	1	..	1	..	..	..
15. Psychoses associated with organic changes of the nervous system	..	..	..	..	2	2
a. With multiple sclerosis	..	..	..	..	..	..
b. With paralysis agitans	..	2	2	..	..	..
c. With Huntington's chorea	..	..	..	..	..	..
d. With other brain or nervous diseases (to be specified)	..	..	..	..	..	..
16. Psychoneuroses	..	..	.	15	28	43
a. Hysteria (anxiety hysteria, conversion hysteria and subgroups)	1	7	8	..	..	..
b. Psychasthenia or compulsive states (and subgroups)	3	1	4	..	..	..
c. Neurasthenia	2	4	6	..	..	..
d. Hypochondriasis	1	..	1	..	..	..
e. Reactive depression (simple situational reaction, others)	..	7	7	..	..	..
f. Anxiety state	4	6	10	..	..	..
g. Mixed Psychoneurosis	4	3	7	..	..	..

TABLE VI. (Continued.)

Psychoses	M.	W.	T.	M.	W.	T.
17 Manic-depressive psychoses	..	..	..	41	95	136
a. Manic type	14	27	41	..	..	..
b. Depressive type	15	17	32	..	..	..
c. Circular type	2	3	5	..	..	..
d. Mixed type	10	33	43	..	..	..
e. Perplexed type	..	1	1	..	..	..
f. Stuporous type	..	14	14	..	..	..
g. Other types	..	..	..	..	..	..
18. Dementia Præcox (schizophrenia)	..	..	..	130	89	219
a. Simple type	3	5	8		..	..
b. Hebephrenic type	78	48	126	..	..	..
c. Catatonic type	18	12	30	..	..	..
d. Paranoid type	31	24	55	..	..	..
e. Other types	..	..	..	..	..	..
19. Paranoia and Paranoid conditions	..	..	..	10	10	20
a. Paranoia	..	..	..	..	..	..
b. Paranoid conditions	10	10	20	..	..	..
20. Psychoses with psychopathic personality	..	..	..	29	17	46
21. Psychoses with mental deficiency	..	..	..	20	12	32
22. Undiagnosed psychoses	..	..	..	46	23	69
23. Without psychoses	..	..	..	35	6	41
a. Epilepsy	..	..	..	..	..	..
b. Alcoholism	27	4	31	..	..	..
c. Drug addiction	1	..	1	..	..	..
d. Mental deficiency	3	1	4	..	..	..
e. Disorders of personality due to epidemic encephalitis	1	1	2	..	..	..
f. Psychopathic personality	3	..	3	..	..	..
f1. With pathological sexuality	2	..	2	..	..	..
f2. With pathological emotionality	..	..	..	..	..	..
f3. With asocial or amoral trends	..	..	..	..	..	..
f4. Mixed types	1	..	1	..	..	..
24. Primary behavior disorders	..	..	..	..	..	..
a. Simple adult maladjustment	..	..	..	..	..	..
b. Primary behavior disorders in children	..	..	..	..	..	..
b1. Habit disturbance	..	..	..	..	..	..
b2. Conduct disturbance	..	..	..	..	..	..
b3. Neurotic traits	..	..	..	..	..	..
TOTAL	..	..	..	736	651	1387

TABLE VII.

RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

RACE	With syphilitic meningo-encepalitis (general paresis)			With other forms of syphilis of the central nervous system			Witn epidemic encephalitis			With other infectious diseases			Alcoholic			Due to drugs or other exogenous poisons			Traumatic			With cerebral arterio-sclerosis			With other disturbances of circulation			With convulsive disorders (epilepsy)			Senile			Involutional			Due to other metabolic, etc., diseases			Due to new growth			Associated with organic changes of the nervous system			Psychoneuroses			Manic-depressive			Dementia præcox			Paranoia and paranoid conditions			With psychopa persona	
	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.
African (black).....	9	1	10	11	3	14		1	1	1	1	2	5	4	9							11	14	25	1	3	4	1		1	3	2	5							1		1				5	13	18	5	16	21		1	1	1		
American Indian....																																																							
Armenian																																																					
Bulgarian.....																																																					
Chinese																																																					
Cuban.....																						2		2																															
Dutch and Flemish..																																																		1	1	1			
East Indian.....																						9	12	21					1	1	3	4	7	2	2	4									1	1	1		1				
English	1		1								1	1																																									
Finnish	2		2																												1	1		1	1											1		1			
French.....				1		1																21	23	44	1		1	2		2	4	5	9	1	5	6		1	1					1	1	2	3	5	5	5	10	1	1	2	1	
German.....	7	4	11	3		3	1	1	2				1		1							2		2							1	1																						
Greek.....	2		2	2		2																2		2				1		1	5	5		10	10	1	1	2				2	7	9	6	11	17	10	9	19				2	
Hebrew	4		4	1		1					1	1							1		1	10	11	21				1		1		5	5									2	5	7	1	3	4	10	5	15	1		1	2	
Irish	4	1	5	3	1	4							5		5				2		2	20	23	43							5	8	13	1	7	8				1	1		1	1	1	3	4	10	5	15	1		1	2	
Italian†	12	3	15	6		6	1		1				1		1	1	1					14	16	30		2	2		1	1	2	5	7	1	6	7		3	3					1	1	6	14	20	18	8	26	2		2	2	1
Japanese.....																																																					
Lithuanian.....	1		1										1		1				1		1	2	2	4											1	1									1	1	3		3				1	
Magyar	3		3		1	1	1		1													4	5	9		1	1				1		1				1		1						2	2	4	1	1	2					
Mexican.....																																																		1	1				
Portuguese.....																																																					
Pacific Islander.....																																																					
Roumanian.....																							2	2	2		2				1	2	3							1	1				1	1	2	1	1	2		1	1		
Scandinavian‡.....		1	1	1		1							1		1								3	3										1	1											1		1						
Scotch.....	2		2	1		1							1		1																	1	1											2	7			1			1				
Slavonic *.....	8	1	9	1		1	1		1		1	1	7	1	8				3		3	14	11	25	2	1	3				2	1	3	1	7	8		1	1					2	6	8	3	16	19	32	19	51	1		1		2
Spanish																						1		1																									1	1						
Spanish-American...																																																		1		1					
Syrian.....	2		2																																																			
Turkish																						1		1																									1		1					
Welsh.....																																																						
West Indian																																																					
Other specific races..																																																					
Mixed.....	28	10	38	10	1	11	3	2	5		2	2	17	3	20				3		3	53	56	109				3	2	5	14	24	38	5	22	27	1	8	9					11	12	23	13	28	41	42	25	67	5	6	11	19	14
Race unascertained..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	85	21	106	40	6	46	7	4	11	1	6	7	39	8	47		1	1	10		10	164	178	342	6	7	13	7	4	11	36	57	93	12	62	74	2	15	17	1		1		2	2	15	28	43	41	95	136	130	89	219	10	10	20	29	17

†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

| 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 | | | Total | | |
|---|---|---

TABLE VIII.

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Under 15 years			15–19 years			20–24 years			25–29 years			30–34 years			35–39 years			40–44 years			45–49 years			50–54 years			55–59 years			60–64 years			65–69 years			70 years and over			Unascertained		
	M.	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.
1. With syphilitic meningo-encephalitis (general paresis)	85	21	106		1	1				1		1	2	2	4	7	1	8	13	2	15	16	4	20	15	3	18	16	3	19	6	4	10	3		3	2		2	4	1	5			
2. With other forms of syphilis of the central nervous system	40	6	46							2		2	4		4	3	1	4	4		4	3	1	4	10	1	11	4	1	5	4	1	5	3		3	3		3		1	1			
3. With epidemic encephalitis	7	4	11										1		1	3	1	4	2		2					2	2	1	1	2													
4. With other infectious diseases	1	6	7								1	1		2	2		1	1		1	1								1	1				1		1								
5. Alcoholic	39	8	47								1	1	2	1	3	6	2	8	7	2	9	6		6	8	2	10	7		7	1		1	1		1	1		1						
6. Due to drugs or other exogenous poisons		1	1																							1	1																
7. Traumatic	10		10				2		2	2		2							1		1				3		3	1		1				1		1								
8. With cerebral arteriosclerosis	164	178	342																	1	1		2	2	8	11	19	21	25	46	27	39	66	22	33	55	34	23	57	52	44	96			
9. With other disturbances of circulation	6	7	13											2	2				1		1	1	3	4		1	1	1	1	2	3		3											
10. With convulsive disorders (epilepsy)	7	4	11				2	1	3	2		2	1		1		1	1		1	1				1		1	1		1		1	1											
11. Senile	36	57	93																										1	1	2		2		1	1	2	6	8	32	49	81			
12. Involutional	12	62	74																	3	3	3	16	19	4	31	35	4	11	15	1	1	2											
13. Due to other metabolic, etc., diseases	2	15	17				1		1	1	1	2		4	4		2	2		4	4		2	2							1	1		1	1								
14. Due to new growth	1		1																1		1																						
15. Associated with organic changes of the nervous system		2	2																							1	1							1	1								
16. Psychoneuroses	15	28	43					3	3	1	2	3	2	6	8	1	6	7	6	2	8	1	4	5	2	3	5	1	1	2	1	1	2										
17. Manic-depressive	41	95	136				1	9	10	5	13	18	6	22	28	6	18	24	4	21	25	7	7	14	7	3	10	2	1	3	3		3		1	1						
18. Dementia præcox	130	89	219	1		1	14	9	23	30	18	48	39	18	57	16	14	30	11	10	21	10	11	21	5	7	12	1	2	3	3		3										
19. Paranoia and paranoid conditions	10	10	20											1	1	1	1	2	2	2	4	3	1	4	2	2	4		1	1				1	1	2	1		1		1	1			
20. With psychopathic personality	29	17	46				2	2	4	3	4	7	3	1	4	1	3	4	5	4	9	3	1	4	10		10	2	2	4														
21. With mental deficiency	20	12	32				1	4	5	2	1	3	2	1	3	4	1	5	4	3	7	3	1	4	2	1	3	1		1				1		1							
22. Undiagnosed	46	23	69	1	1	2	3	3	6	3		3	4	2	6	5	6	11	8	4	12	9	4	13	5	2	7	5		5	3		3						1	1			
23. Without psychoses	35	6	41				3		3				3		3	2	2	4	8	2	10	5		5	5	2	7	6		6	1		1	1		1				1		1			
24. Primary behavior disorders																																												
Total	736	651	1387	2	2	4	29	31	60	52	41	93	69	62	131	55	60	115	77	62	139	70	57	127	87	73	160	74	51	125	55	48	103	34	38	72	43	29	72	89	97	186			

TABLE IX.

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

Psychoses	Total			Illiterate			Reads and writes*			Common school			High school			College			Unascertained		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	85	21	106	5		5	19	9	28	54	12	66	6		6	1		1			
2. Psychoses with other forms of syphilis of the central nervous system	40	6	46	1	1	2	16		16	17	5	22	5		5	1		1			
3. Psychoses with epidemic encephalitis	7	4	11					1	1	6	2	8	1	1	2						
4. Psychoses with other infectious diseases	1	6	7							1	4	5		2	2						
5. Alcoholic psychoses	39	8	47	1	1	2	10	1	11	19	4	23	6	2	8	3		3			
6. Psychoses due to drugs or other exogenous poisons		1	1					1	1												
7. Traumatic psychoses	10		10				3		3	6		6	1		1						
8. Psychoses with cerebral arteriosclerosis	164	178	342	18	25	43	45	52	97	78	83	161	14	11	25	9	7	16			
9. Psychoses with other disturbances of circulation	6	7	13				2	2	4	2	5	7				2		2			
10. Psychoses with convulsive disorders (epilepsy)	7	4	11	1	1	2	2	3	5	4		4									
11. Senile psychoses	36	57	93	2	8	10	11	15	26	20	29	49	2	5	7	1		1			
12. Involutional psychoses	12	62	74		1	1	4	14	18	6	37	43	1	6	7	1	4	5			
13. Psychoses due to other metabolic, etc., diseases	2	15	17		1	1		2	2	1	5	6	1	5	6		2	2			
14. Psychoses due to new growth	1		1				1		1												
15. Psychoses associated with organic changes of the nervous system		2	2					1	1		1	1									
16. Psychoneuroses	15	28	43		1	1		3	3	7	14	21	7	8	15	1	2	3			
17. Manic-depressive psychoses	41	95	136	1	1	2	5	17	22	25	47	72	4	25	29	6	5	11			
18. Dementia Præcox (schizophrenia)	130	89	219	1	1	2	6	17	23	89	53	142	27	15	42	7	3	10			
19. Paranoia and paranoid conditions	10	10	20				2	1	3	7	5	12	1	3	4		1	1			
20. Psychoses with psychopathic personality	29	17	46	1		1	3		3	14	12	26	8	5	13	3		3			
21. Psychoses with mental deficiency	20	12	32	2	2	4	12	5	17	6	5	11									
22. Undiagnosed psychoses	46	23	69	2	2	4	10	4	14	23	9	32	7	6	13	4	2	6			
23. Without psychoses	35	6	41	1		1	4	1	5	12	3	15	10	2	12	8		8			
24. Primary behavoir disorders																					
Total	736	651	1387	36	45	81	155	149	304	397	335	732	101	96	197	47	26	73			

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

TABLE X.

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Urban			Rural			Unascertained		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	85	21	106	82	19	101	3	2	5			
2. Psychoses with other forms of syphilis of the central nervous system	40	6	46	36	6	42	4		4			
3. Psychoses with epidemic encephalitis	7	4	11	7	4	11						
4. Psychoses with other infectious diseases	1	6	7	1	6	7						
5. Alcoholic psychoses	39	8	47	38	7	45	1	1	2			
6. Psychoses due to drugs and other exogenous poisons		1	1		1	1						
7. Traumatic psychoses	10		10	10		10						
8. Psychoses with cerebral arterio-sclerosis	164	178	342	148	159	307	16	19	35			
9. Psychoses with other disturbances of circulation	6	7	13	5	7	12	1		1			
10. Psychoses with convulsive disorders (epilepsy)	7	4	11	6	4	10	1		1			
11. Senile psychoses	36	57	93	34	49	83	2	8	10			
12. Involutional psychoses	12	62	74	9	57	66	3	5	8			
13. Psychoses due to other metabolic, etc., diseases	2	15	17	1	15	16	1		1			
14. Psychoses due to new growth	1		1	1		1						
15. Psychoses associated with organic changes of the nervous system		2	2		2	2						
16. Psychoneuroses	15	28	43	14	25	39	1	3	4			
17. Manic-depressive psychoses	41	95	136	38	88	126	3	7	10			
18. Dementia præcox (schizophrenia)	130	89	219	125	84	209	5	5	10			
19. Paranoia and paranoid conditions	10	10	20	9	9	18	1	1	2			
20. Psychoses with psychopathic personality	29	17	46	29	16	45		1	1			
21. Psychoses with mental deficiency	20	12	32	16	11	27	4	1	5			
22. Undiagnosed psychoses	46	23	69	46	20	66		3	3			
23. Without psychoses	35	6	41	30	6	36	5		5			
24. Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—
Total	736	651	1387	685	595	1280	51	56	107			

TABLE XI.

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Dependent			Marginal			Comfortable			Unascertained		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	85	21	106	27	6	33	56	13	69	2	2	4	..	..	..
2. Psychoses with other forms of syphilis of the central nervous system	40	6	46	5	2	7	31	4	35	4	..	4	..	..	..
3. Psychoses with epidemic encephalitis	7	4	11	2	..	2	5	3	8	..	1	1	..	..	..
4. Psychoses with other infectious diseases	1	6	7	..	1	1	1	5	6	..	..	..	..	..	..
5. Alcoholic psychoses	39	8	47	5	3	8	31	5	36	3	..	3	..	..	..
6. Psychoses due to drugs or other exogenous poisons	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..
7. Traumatic psychoses	10	..	10	2	..	2	8	..	8	..	..	..	..	..	..
8. Psychoses with cerebral arteriosclerosis	164	178	342	47	43	90	98	107	205	19	28	47	..	..	..
9. Psychoses with other disturbances of circulation	6	7	13	3	1	4	2	6	8	1	..	1	..	..	..
10. Psychoses with convulsive disorders (epilepsy)	7	4	11	4	1	5	2	2	4	1	1	2	..	..	..
11. Senile psychoses	36	57	93	14	12	26	18	41	59	4	4	8	..	..	..
12. Involutional psychoses	12	62	74	10	8	18	..	47	47	2	7	9	..	..	..
13. Psychoses due to other metabolic, etc., diseases	2	15	17	..	3	3	2	10	12	..	2	2	..	..	..
14. Psychoses due to new growth	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
15. Psychoses associated with organic changes of the nervous system	..	2	2	..	1	1	..	1	1	..	..	..	..	..	..
16. Psychoneuroses	15	28	43	2	4	6	12	21	33	1	3	4	..	..	..
17. Manic-depressive psychoses	41	95	136	1	16	17	37	70	107	3	9	12	..	..	..
18. Dementia Praecox (schizophrenia)	130	89	219	16	13	29	109	66	175	5	10	15	..	..	..
19. Paranoia and paranoid conditions	10	10	20	1	2	3	8	5	13	1	3	4	..	..	..
20. Psychoses with psychopathic personality	29	17	46	3	2	5	24	15	39	2	..	2			
21. Psychoses with mental deficiency	20	12	32	7	5	12	13	7	20	..	..	..	..	..	..
22. Undiagnosed psychoses	46	23	69	13	3	16	30	19	49	3	1	4	..	..	..
23. Without psychoses	35	6	41	1	1	2	26	5	31	8	..	8	..	..	..
24. Primary behavior disorders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	736	651	1387	163	127	290	514	453	967	59	71	130	..	..	..

TABLE XII.

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

Psychoses	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
1. Psychoses with syphilitic meningo-encephalitis (general paresis)	85	21	106	16	6	22	47	14	61	22	1	23			
2. Psychoses with other forms of syphilis of the central nervous system	40	6	46	6	3	9	23	2	25	11	1	12			
3. Psychoses with epidemic encephalitis	7	4	11	5	2	7	2	2	4						
4. Psychoses with other infectious diseases	1	6	7	1	5	6		1	1						
5. Alcoholic psychoses	39	8	47							39	8	47			
6. Psychoses due to drugs and other exogenous poisons		1	1		1	1									
7. Traumatic psychoses	10		10	3		3	5		5	2		2			
8. Psychoses with cerebral arteriosclerosis	164	178	342	48	123	171	65	49	114	51	6	57			
9. Psychoses with other disturbances of circulation	6	7	13	1	5	6	4	2	6	1		1			
10. Psychoses with convulsive disorders (epilepsy)	7	4	11	5	4	9	2		2						
11. Senile psychoses	36	57	93	16	48	64	13	9	22	7		7			
12. Involutional psychoses	12	62	74	2	34	36	7	28	35	3		3			
13. Psychoses due to other metabolic, etc., diseases	2	15	17	2	8	10		7	7						
14. Psychoses due to new growth	1		1							1		1			
15. Psychoses associated with organic changes of the nervous system		2	2		1	1		1	1						
16. Psychoneuroses	15	28	43	5	17	22	6	10	16	4	1	5			
17. Manic-depressive psychoses	41	95	136	12	45	57	24	45	69	5	5	10			
18. Dementia Præcox (schizophrenia)	130	89	219	49	50	99	72	35	107	9	4	13			
19. Paranoia and paranoid conditions	10	10	20	1	5	6	6	3	9	3	2	5			
20. Psychoses with psychopathic personality	29	17	46	5	6	11	6	6	12	18	5	23			
21. Psychoses with mental deficiency	20	12	32	9	10	19	6	1	7	5	1	6			
22. Undiagnosed psychoses	46	23	69	13	12	25	20	11	31	13		13			
23. Without psychoses	35	6	41	6		6	3	2	5	26	4	30			
24. Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	736	651	1387	205	385	590	311	228	539	220	38	258			

TABLE XIII.

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Psychoses	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
1. With syphilitic meningo-encephalitis (general paresis)	85	21	106	16	3	19	52	9	61	3	7	10	7		7	7	2	9			
2. With other forms of syphilis of the central nervous system	40	6	46	12		12	19	3	22	5	1	6	4	2	6						
3. With epidemic encephalitis	7	4	11	5	3	8	1	1	2	1		1									
4. With other infectious diseases	1	6	7		3	3	1	3	4												
5. Alcoholic psychoses	39	8	47	12		12	19	6	25	3		3	3	1	4	2	1	3			
6. Due to drugs or other exogenous poisons		1	1					1	1												
7. Traumatic psychoses	10		10	5		5	3		3	1		1				1		1			
8. With cerebral arteriosclerosis	164	178	342	23	37	60	87	56	143	38	72	110	14	11	25	2	2	4			
9. With other disturbances of circulation	6	7	13	2		2	3	5	8		1	1	1	1	2						
10. With convulsive disorders (epilepsy)	7	4	11	6	2	8	1		1		2	2									
11. Senile psychoses	36	57	93	8	14	22	8	8	16	19	34	53	1	1	2						
12. Involutional psychoses	12	62	74	2	11	13	9	44	53		2	2		3	3	1	2	3			
13. Due to other metabolic, etc., diseases	2	15	17	2	1	3		12	12		1	1		1	1						
14. Due to new growth	1		1										1		1						
15. Associated with organic changes of the nervous system		2	2					1	1		1	1									
16. Psychoneuroses	15	28	43	5	9	14	7	12	19	2	3	5		3	3	1	1	2			
17. Manic-depressive psychoses	41	95	136	13	32	45	24	51	75	1	2	3	2	7	9	1	3	4			
18. Dementia Præcox (schizophrenia)	130	89	219	102	42	144	23	36	59	1	1	2	4	7	11		3	3			
19. Paranoia and paranoid conditions	10	10	20	2	4	6	8	2	10		3	3					1	1			
20. With psychopathic personality	29	17	46	11	6	17	13	4	17				3	6	9	2	1	3			
21. With mental deficiency	20	12	32	19	10	29	1	2	3												
22. Undiagnosed psychoses	46	23	69	17	10	27	22	9	31	1	3	4	6		6		1	1			
23. Without psychoses	35	6	41	13	1	14	14	4	18	3		3	4	1	5	1		1			
24. Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	736	651	1387	275	188	463	315	269	584	78	133	211	50	44	94	18	17	35			

TABLE XIV.

PSYCHOSES OF READMISSIONS

Psychoses	Men	Women	Total
1. With syphilitic meningo-encephalitis (general paresis)	5	1	6
2. With other forms of syphilis of the central nervous system	4	1	5
3. With epidemic encephalitis	3	1	4
4. With other infectious diseases			
5. Alcoholic psychoses	7	1	8
6. Due to drugs or other exogenous poisons			
7. Traumatic psychoses			
8. With cerebral arteriosclerosis	9	20	29
9. With other disturbances of circulation	1	1	2
10. With convulsive disorders (epilepsy)	2	1	3
11. Senile psychoses	2	1	3
12. Involutional psychoses.	4	10	14
13. Due to other metabolic, etc., diseases		2	2
14. Due to new growth			
15. Associated with organic changes of the nervous system	1		1
16. Psychoneuroses	4	1	5
17. Manic-depressive psychoses	13	33	46
18. Dementia præcox (schizophernia)	34	42	76
19. Paranoia and paranoid conditions	1	3	4
20. With psychopathic personality	9	11	20
21. With mental deficiency	5	2	7
22. Undiagnosed psychoses		3	3
23. Without psychoses	9	2	11
24. Primary behavior disorders			
Total	113	136	249

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.
1. With syphilitic meningo-encephalitis (general paresis)	30	9	39	19	8	27	11	1	12			
2. With other forms of syphilis of the central nervous system	10	2	12	6	2	8	4		4			
3. With epidemic encephalitis	2	2	4	1	2	3				1		1
4. With other infectious diseases	1	1	2	1	1	2						
5. Alcoholic psychoses	39	6	45	37	6	43	1		1	1		1
6. Due to drugs or other exogenous poisons	2	2	4	2	2	4						
7. Traumatic psychoses	3	1	4	1	1	2	2		2			
8. With cerebral arteriosclerosis	46	61	107	23	24	47	18	32	50	5	5	10
9. With other disturbances of circulation		2	2		2	2						
10. With convulsive disorders (epilepsy)	1	3	4		1	1		2	2	1		1
11. Senile psychoses	1	4	5		1	1	1	1	2		2	2
12. Involutional psychoses	5	15	20	1	9	10	4	6	10			
13. Due to other metabolic, etc., diseases	4	8	12	4	6	10		2	2			
14. Due to new growth	3		3	3		3						
15. Associated with organic changes of the nervous system	1	3	4		1	1	1	1	2		1	1
16. Psychoneuroses	18	24	42	6	12	18	9	11	20	3	1	4
17. Manic-depressive psychoses	52	77	129	42	66	108	10	10	20		1	1
18. Dementia Præcox (schizophrenia)	58	34	92				52	31	83	6	3	9
19. Paranoia and paranoid conditions	3	5	8		1	1	2	2	4	1	2	3
20. With psychopathic personality	18	18	36	16	16	32	2	2	4			
21. With mental deficiency	3	3	6	2	2	4	1	1	2			
22. Undiagnosed psychoses	7	12	19	1	4	5	4	4	8	2	4	6
23. Without psychoses	48	8	56									
24. Primary behavior disorders												
Total	355	300	655	165	167	332	122	106	228	20	19	39

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.
I. Epidemic, Endemic and Infectious Diseases:																																									
Typhoid and paratyphoid fever																																									
Measles																																									
Scarlet fever																																									
Diphtheria																																									
Influenza																																									
Dysentery		1	1																										1	1											
Erysipelas																																									
Lethargic encephalitis		2	2																																				2	2
Tuberculosis of the respiratory system	23	35	58	1		1				8	3	11	1		1				1	1				1	4	5	6	22	28	1		1	1		1		1	2	3	4	7
Tuberculosis of other organs	1	1	2	1		1																																		1	1
Syphilis (non-nervous forms)																																							2		2
Purulent infection, septicæmia	3	1	4				1		1		1	1																												1	1
Other infectious diseases		2	2																						1	1														
II. General Diseases Not Included in Class I:																																									
Cancer and other malignant tumors	4	5	9				1		1		1	1								1	1							3	3	6											
Tumor (non-cancerous)		1	1																																					1	1
Rheumatism																																									
Pellagra		1	1																																					1	1
Diabetes		2	2								1	1																												1	1
Alcoholism (acute or chronic)																																									
Other general diseases		1	1																						1	1														
III. Diseases of the Nervous System:																																									
Meningitis (non-epidemic)																																									
Tabes dorsalis (locomotor ataxia)																																									
Other diseases of spinal cord																																									
Cerebral hemorrhage (apoplexy)	29	10	39	3		3				20	6	26					1	1	1		1				1		1	2	2	4									2	1	3
General paralysis of the insane	32	12	44	28	11	39																																		4	1	5
Other forms of mental disease																																									
Epilepsy	1		1										1		1																										
Chorea																																									
Other diseases of the nervous system	1		1																																				1		1
IV. Diseases of the Circulatory System:																																									
Pericarditis																																									
Endocarditis and myocarditis	123	152	275	3	2	5	2	1	3	62	59	121				36	55	91	1	10	11				3	9	12		8	8		1	1		1	1			16	6	22
Angina pectoris																																									
Other diseases of the heart	17	6	23	3		3	1		1	8	5	13					1	1							2		2	3		3										
Arteriosclerosis	4	9	13							3	6	9					3	3	1		1																			
Other diseases of the arteries	5	1	6	2		2					1	1																3		3										
Other diseases of the circulatory system																																									
V. Diseases of the Respiratory System:																																									
Bronchitis																																									
Bronchopneumonia	8	11	19	1		1				2	5	7					1	1		1	1					3	3	4	1	5									1		1
Lobar pneumonia	14	5	19	3		3	1		1	3	1	4					1	1							3	2	5		1	1									4		4
Pleurisy	1		1																									1		1											
Asthma																																									
Other diseases of the respiratory system (tuberculosis excepted)	1		1							1		1																													
VI. Diseases of the Digestive System:																																									
Diseases of pharynx and tonsils																																									
Ulcer of stomach and duodenum	2		2	1		1																			1		1													
Other diseases of stomach (cancer excepted)		1	1																										1	1										
Diarrhea and enteritis		1	1																							1	1													
Appendicitis and typhlitis	1		1																															1		1				
Hernia and intestinal obstruction	2	2	4							1		1				1		1								1	1		1	1										
Other diseases of intestines		1	1																							1	1													
Cirrhosis of liver	1		1																												1		1							
Biliary calculi																																									
Other diseases of liver																																									
Other diseases of digestive system (cancer and tuberculosis excepted)																																									
VII. Non-Venereal Diseases of Genito-Urinary System and Annexa:																																									
Nephritis	3		3							3		3																													
Other diseases of kidneys and annexa	1	1	2	1		1					1	1																													
Diseases of bladder	1		1	1		1																																			
Diseases of prostate																																									
Benign tumors of uterus		1	1																										1	1										
Other diseases of genital organs																																									
Other diseases of genito-urinary system	1		1																						1		1													
VIII. Diseases of the Skin and Cellular Tissue:																																									
Gangrene	1		1							1		1																													
Other diseases of skin and annexa	1		1																						1		1													

| | | |

TABLE XVII.

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

Psychoses	Total			Under 15 years			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 years and over			Unascertained		
	M.	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.
1. With syphilitic meningo-encephalitis (general paresis)	48	13	61							1		1	2		2	3	2	5	5		5	4		4	11	2	13	8	3	11	7	5	12				4		4	3	1	4			
2. With other forms of syphilis of the central nervous system	11	2	13										1	1	2				1		1	1		1	4		4	1		1	1	1	2	2		2								
3. With epidemic encephalitis	1	2	3																1		1					1	1		1	1													
4. With other infectious diseases	1		1													1		1																									
5. Alcoholic	6	1	7										1		1				1		1				1		1	2		2	1		1						1	1				
6. Due to drugs or other exogenous poisons	1		1																						1		1																
7. Traumatic	4		4																						1		1	1		1	1		1	1		1								
8. With cerebral arteriosclerosis	114	90	204													1	1								4	1	5	11	6	17	13	11	24	17	14	31	21	15	36	48	42	90			
9. With other disturbances of circulation	4	4	8											1	1				1		1		1	1		1	1	1		1	2		2		1	1								
10. With convulsive disorders (epilepsy)	2		2				1		1				1		1																												
11. Senile	37	62	99																															2	2	4	1	5	6	34	55	89			
12. Involutional	3	14	17																			5	5		7	7				1		1	2		2					2	2			
13. Due to other matabolic, etc., diseases	1	4	5													1	1											1	1		1	1	1		1		1	1						
14. Due to new growth	1	1	2																1		1				1	1																	
15. Associated with organic changes of the nervous system	5	5	10								1	1	1		1		1	1							2		2	2	1	3					2	2							
16. Psychoneurosis																																												
17. Manic-depressive	13	23	36								2	2	1	4	5		2	2	2	3	4	3	3	6	1	2	3		1	1	4	1	5	1		1		1	1	1	5	6			
18. Dementia præcox	23	42	65							1	3	4	4	3	7	2	4	6	4	3	7	2	5	7	1	6	7	1	3	4	4	4	8	1	4	5		3	3	3	4	7			
19. Paranoia and paranoid conditions	2	1	3																			1		1											1	1	1		1					
20. With psychopathic personality	1	1	2							1		1																													1	1			
21. With mental deficiency	2	1	3											1	1				1		1	1		1																				
22. Undiagnosed	3		3										1		1	1		1										1		1					1	1							
23. Without psychoses	1	1	2																									1		1													
24. Primary behavior disorders																																												
Total	284	267	551				1		1	3	6	9	12	10	22	7	11	18	17	5	22	12	14	26	26	21	47	29	16	45	34	23	57	27	25	52	27	25	52	89	111	200			

TABLE XVIII.

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

Psychoses	TOTAL			Less than 1 month			1—3 months			4—7 months			8—12 months			1—2 years			3—4 years			5—6 years			7—8 years			9—10 years			11—12 years			13—14 years			15—19 years			20 years and over		
	M.	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.
1. With syphilitic meningo-encephalitis (general paresis)	48	13	61	12	4	16	14	4	18	5		5				8	4	12	5	1	6	3		3				1		1											
2. With other forms of syphilis of the central nervous system	11	2	13	6		6	3	1	4				1	1	2	1		1																						
3. With epidemic encephalitis	1	2	3		2	2	1		1																																
4. With other infectious diseases	1		1										1		1																										
5. Alcoholic	6	1	7	2		2	2		2										1		1				1		1												1		1
6. Due to drugs or other exogenous poisons	1		1																									1		1										
7. Traumatic	4		4				2		2							1		1							1		1														
8. With cerebral arteriosclerosis	114	90	204	31	20	51	19	21	40	19	5	24	8	6	14	20	20	40	8	9	17	3	6	9	1	1	2	3	1	4		1	1				1		1	1		1
9. With other disturbances of circulation	4	4	8	4	3	7		1	1																																
10. With convulsive disorders (epilepsy)	2		2													2		2																							
11. Senile	37	62	99	19	13	32	5	14	19	4	10	14	2	7	9	3	14	17	2	1	3	1	1	2					1	1								1	1	2
12. Involutional	3	14	17		5	5		3	3		3	3	1		1					1	1	1		1									1		1				2	2
13. Due to other metabolic, etc., diseases	1	4	5	1	2	3		1	1								1	1																						
14. Due to new growth	1	1	2		1	1	1		1																																
15. Associated with organic changes of the nervous system	5	5	10					1	1							3	1	4	2	1	3				2	2															
16. Psychoneuroses																																									
17. Manic-depressive	13	23	36	7	5	12		1	1	2	3	5		1	1	2	4	6	1	2	3				2	2		1	1				1		1	3	3		1	1
18. Dementia præcox	23	42	65	2		2		1	1	1	2	3	2	2	4	2	6	8	3	4	7	2	5	7	2	2	4		1	1		2	2	1	2	3	1	5	6	7	10	17
19. Paranoia and paranoid conditions	2	1	3																1		1	1	1	1	1		1														
20. With psychopathic personality	1	1	2																1		1																		1	1	
21. With mental deficiency	2	1	3											1	1							1		1														1		1
22. Undiagnosed	3		3	1		1	1		1													1		1																
23. Without psychoses	1	1	2				1		1																				1	1										
24. Primary behavior disorders																																									
Total	284	267	551	85	55	140	49	48	97	31	23	54	15	18	33	42	50	92	24	19	43	12	13	25	6	7	13	5	5	10		3	3	3	2	5	2	8	10	10	16	26

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	24	
1 year less than 2	14	14
2 years less than 3	13	13
3 years less than 4	13	13
4 years less than 5	16	16
5 years less than 10	83	83
10 years and over	750	750
Not stated	12	
TOTAL	925	889

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	11		9
1 year less than 2	4		4
2 years less than 3	10		10
3 years less than 4	8		8
4 years less than 5	8		7
5 years less than 10	46	46	46
10 years and over	371	371	371
Not stated	4		4
TOTAL	462	417	459

COUNTY OF LEGAL RESIDENCE OF FIRST ADMISSIONS AND MANNER OF SUPPORT

	Total	State Indigent	County Indigent	Private	Unclassified
Atlantic	1			1	
Bergen	231		224	7	
Essex	442		434	8	
Hudson	149		142	7	
Hunterdon	1			1	
Middlesex	3		2	1	
Morris	147		137	10	
Passaic	196		190	6	
Somerset	13		7	6	
Sussex	21		21		
Union	181		175	6	
Warren	2		2		
TOTAL	1,387		1,334	53	

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	8	1	7	NORTHERN EUROPE			
Arkansas	2	2		Finland	1	1	
California	1	1		Norway	6	6	
Colorado	1	1		Sweden	6	6	
Connecticut	8	8		SOUTHERN EUROPE			
Delaware	1		1	Greece	6	6	
District of Columbia	1		1	Italy	90	90	
Florida	9	2	7	Portugal	2	2	
Georgia	24	4	20	Spain	1	1	
Illinois	5	5		EASTERN EUROPE			
Indiana	3	3		Russia	33	33	
Iowa	1	1		WESTERN EUROPE			
Kansas	1	1		England	25	25	
Kentucky	3	1	2	France	2	2	
Maine	5	5		Ireland	50	50	
Maryland	5	4	1	Scotland	12	12	
Massachusetts	13	13		CENTRAL EUROPE			
Michigan	2	2		Austria	28	28	
Minnesota	1	1		Czecho-Slovakia	16	16	
Mississippi	1		1	Ethsonia	1	1	
Missouri	3	3		Germany	60	60	
Nebraska	1	1		Hungary	20	20	
New Hampshire	2	2		Lithuania	9	9	
New Jersey	458	443	15	Netherlands	3	3	
New York	166	164	2	Poland	68	68	
North Carolina	21		21	Roumania	3	3	
Ohio	6	6		Switzerland	2	2	
Pennsylvania	63	63		OTHER EUROPE			
Rhode Island	4	4		Turkey	1	1	
South Carolina	10		10	OTHER COUNTRIES			
Tennessee	1		1	Africa	1	1	
Texas	2	1	1	Asia	4	3	1
Vermont	2	2		Canada	7	7	
Virginia	30	2	28	South America	2	2	
Wisconsin	1	1		West Indies	3	2	1
Wyoming	1	1					
United States	59	50	9				
TOTAL	925	798	127		462	460	2

APPENDIX TO BUSINESS DEPARTMENT REPORT

AGRICULTURAL PRODUCTS

Farm

238 lbs. mutton	25.54
9 lbs. liver, heart and tongue	.97
26.1675 tons alfalfa hay	575.69
20.3725 tons oat hay	448.20
10.505 tons rye straw	135.87
1090.2275 tons ensilage	9,812.05
46.44 tons mangel beets	464.40
4.7625 tons mangel beet tops	47.63
151.4675 tons green alfalfa	1,514.68
74.4325 tons green clover	446.60
12.7975 tons green grass	76.79
60.285 tons green oats	482.28
.835 tons green rye	6.68
201¼ bkts. apples	80.50
819 bkts. carrots	323.60
2,328½ bkts. turnips	889.00
305 tons manure	610.00
Blacksmith material furnished institution	175.53
	$16,115.91

Dairy

699,965¾ qts. milk	55,997.26
10,162 lbs. beef	1,517.57
332½ lbs. beef liver, heart and tongue	49.94
3,854½ lbs. veal	540.71
200 lbs. calf liver, heart and tongue	27.91
Hides sold	1,021.49
30 gals. kreso	22.80
4 gals. fly spray	4.00
3,604 tons manure	7,208.00
Feed bags	49.49
21 lbs. Epsom salts	.53
	$ 66,439.70

Poultry

16,313 doz. eggs	4,826.25
2,595½ lbs. roasters	530.68
2,424 lbs. broilers	643.78
112 tons manure	560.00
	$ 6,560.71

Piggery

80,161 lbs. pork	10,910.01
1,935½ lbs. pig liver, heart and tongue	263.70
444 tons manure	1,332.00
	$ 12,505.71

Garden

1561 bunches asparagus	216.68
206 bkts. beans, lima	164.49
1592 5-16 bkts. beans, string	1,507.85
5344 15-16 bkts. beets	1,851.65
3004 heads broccoli	245.40
118,886½ lbs. cabbage	973.89
5198 7-16 bkts. carrots	2,053.05
1867 10-12 bunches celery	1,054.63
14,402 ears corn	141.32
521 bkts. cucumbers	190.07
879 13-16 bkts. egg plant	303.07
2825 heads endive	139.73
22 bkts. grapes	11.00
12,657 bunches kohlrabi	391.59
7532 bunches leek	184.56
52,769 heads lettuce	2,014.77
2117 5-16 bkts. onions	1,161.41
13,445 bunches onions	294.12
1013 bunches parsley	20.66
37 3-16 bkts. parsnips	14.72
201¼ bkts. peas	149.30
979½ bkts. peppers	283.68
2479¾ lbs. pumpkins	29.57
30,399 bunches rhubarb	606.76
1095 11-16 bkts. squash	347.18
1468 lbs. squash	25.92
176 quarts strawberries	26.40
12,019 1-8 bkts. swiss chard	3,004.73
5192 11-16 bkts. tomatoes, ripe	2,146.06
4⅜ bkts. tomatoes	1.99
¼ bkts. turnips	.13
64 bu. onion sets	192.00
	$ 19,748.38

Green Grain

9.8075 tons green clover	58.85
20.168 tons green rye	161.34
5.9725 tons green wheat	47.78
8.257 tons oat hay	181.65
2.1575 tons straw	23.67
	$ 473.29

Plants furnished other Institutions

38,000 cabbage	380.00
23,000 tomato	230.00
2,680 egg	26.80
2,000 lettuce	20.00
27,000 pepper	270.00
100 petunia	10.00

310 salvia	25.50
100 canna	10.00
100 geranium	10.00
	$ 982.30

Vegetables furnished other Institutions

210 bkts. beans, string	210.00
4 bu. onion sets	12.00
	$ 222.00

Summary

Farm	$ 16,115.91
Dairy	66,439.70
Poultry	6,560.71
Piggery	12,505.71
Garden	21,425.97
	$123,048.00

FLORIST'S REPORT

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND CUT FLOWERS

Abutilons	500
Ageranthus	1,110
Asparagus—Sprengeri	124
Begonias	3,045
Carnations	1,305
Cannas	2,600
Coleus	4,895
Calla lilies	268
Chrysanthemums	8,444
Dahlias	1,000
Delphiniums	843
Easter lilies	1,200
Ferns	1,650
Fuhsias	114
Geraniums	5,450
Gladiolus	20,000
Helichrysums	600
Jerusalem cherries	890
Marigolds	2,600
Narcissus	3,666
Petunias	6,678
Roses	1,160
Salvias	2,260
Snapdragons	11,525
Scabiosa	930
Spireas	100
Verbennas	4,000
Vincas	4,000
Zinnias	1,820
Total	92,777

Roses	15,238
Sprengeri strings	1,022
Delphiniums	3,702
Snapdragons	41,326
Carnations	4,966
Narcissus	4,515
Chrysanthemums (large)	3,110
Chrysanthemums (medium)	2,197
Chrysanthemums (spray)	4,684
Dahlias	1,947
Fern leaves	1,040
Gypsophilas—bristol fairy	612
Marigolds	3,368
Ageratums (hardy)	400
Zinnias	8,414
Gladiolus	33,487
Scabiosa	19,850
Easter lilies (flowers)	3,566
Calla lilies	863
Total	154,307

TABLE SHOWING IN DETAIL MANNER OF SUPPORT

JUNE 30, 1936

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
Bergen	372	398	770	99	86	185	8	22	30				1		1	480	506	986
Burlington	1		1													1		1
Essex	446	383	829	184	184	368	30	40	70				1		1	661	607	1268
Hudson	225	177	402	155	113	268	24	45	69	1		1		1	1	405	336	741
Hunterdon		6	6		1	1		2	2								9	9
Mercer	2		2													2		2
Middlesex	4	5	9		1	1		3	3							4	9	13
Monmouth		3	3	1		1	2	3	5							3	6	9
Morris	153	163	316	51	29	80	5	20	25	1		1		1	1	210	213	423
Ocean		1	1		1	1		2	2								4	4
Passaic	451	484	935	78	50	128	12	16	28							541	550	1091
Somerset	4	3	7	1	1	2	3	2	5							8	6	14
Sussex	43	43	86	10	6	16	5	8	13							58	57	115
Union	195	147	342	14	19	33	13	27	40							222	193	415
Warren	6	3	9	3		3				1		1				10	3	13
New York State							1		1							1		1
Total	1902	1816	3718	596	491	1087	103	190	293	3		3	2	2	4	2606	2499	5105

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

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