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STATE OF NEW JERSEY
DEPARTMENT INSTITUTIONS AND AGENCIES

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SUMMARY
REPORT
1923-1933
AND
HANDBOOK

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State of New Jersey
Department of Institutions and Agencies
Trenton

Publication 25

June 1934

SUMMARY REPORT
OF THE
DEPARTMENT OF INSTITUTIONS
AND AGENCIES

1923-1933

and
Handbook of Institutions
and Agencies

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OF INSTITUTIONS AND AGENCIES

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NEW JERSEY STATE INSTITUTIONS AND AGENCIES

DEPARTMENT INSTITUTIONS

AND AGENCIESState House,
TrentonDr. William J. Ellis,
Commissioner

HOSPITALS FOR MENTALLY DISEASED:

New Jersey State HospitalGreystone
ParkDr. Marcus A. Curry,
Superintendent
George J. Holbig,
Business Manager
New Jersey State HospitalTrentonSamuel T. Atchley,
Warden
Dr. Robert G. Stone,
Medical Director
New Jersey State HospitalMarlboroRobert W. Cox, Supt.
and Business Manager
Dr. J. Berkeley Gordon,
Medical Director

INSTITUTIONS FOR FEEBLEMINDED:

Vineland State School (Females) VinelandGeorge B. Thorn
North Jersey Training School
(Females)Little FallsAlbert H. Meese
State Colony for MalesNew LisbonDr. Carroll T. Jones
State Colony for MalesWoodbineEdward L. Johnstone

INSTITUTION FOR EPILEPTICS:

State Village for EpilepticsSkillmanDr. Dan S. Renner

SANATORIUM FOR THE TUBERCULOUS:

State Sanatorium for
Tuberculous DiseasesGlen Gardner.....Dr. Samuel B. English

INSTITUTIONS FOR ADULT OFFENDERS:

New Jersey State PrisonTrentonCol. Edward B. Stone
New Jersey State Prison Farm.....LeesburgJ. Samuel Karlberg
New Jersey State Prison Farm.....BordentownLt. William E. Kulp
New Jersey State Reformatory.....RahwayMajor Mark O.
Kimberling
New Jersey State Reformatory.....AnnandaleSydney H. Souter, Jr.
New Jersey State Reformatory.....ClintonMiss Edna Mahan

INSTITUTIONS FOR JUVENILE DELINQUENTS:

State Home for BoysJamesburgCalvin Derrick
State Home for GirlsTrentonMrs. Kate B. Johnson

SOLDIERS' HOMES:

Home for Disabled SoldiersMenlo ParkMajor George J. Giger
Home for Disabled SoldiersVinelandBarton T. Fell

STATE BOARD OF CHILD-

REN'S GUARDIANSTrentonMrs. Elizabeth Wyatt

NEW JERSEY STATE COMMIS-

SION FOR THE BLINDNewarkMiss Lydia Y. Hayes

STATE OF NEW JERSEY
DEPARTMENT OF INSTITUTIONS AND AGENCIES
STATE HOUSE, TRENTON

CENTRAL OFFICE STAFF

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 EducationDr. Lloyd N. Yepsen, Director
Division of ParoleWinthrop D. Lane, Director
 St. Alban Kite, Assistant Director
 Helen M. Wilde, Supervisor of Work
 with Women and Girls
 Children's BureauMrs. C. B. Meytrott, Assistant
 Director
Division of MedicineDr. Ellen C. Potter, Director
 Field AgentsLaura Howell
 Marian E. Lockwood
Division of Old Age ReliefJ. E. Alloway, Director
Division of Administration and
 AccountsFrancis P. Gerry, Director
Supervising StewardHerbert L. O'Connor
Farm SupervisorWilliam A. Houston
Division of State Use and Institu-
 tional EmploymentMaxwell G. Rockhill, Director
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 Leo A. Bannon, Assistant Director
Division of Inspection and Legal
 SettlementFrederic A. Fitch, Director
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 Charles H. Edmond
 Deportation AgentIrene V. Ladlie
Division of Statistics and
 ResearchDr. Emil Frankel, Director
 Helen E. Heyer, Assistant
Division of Architecture and
 ConstructionCharles N. Leathem, Jr., Director
 Thomas D. Bevan, Assistant Director

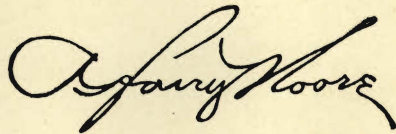
FOREWORD

New Jersey is justifiably proud of its welfare institutions and agencies. The Department of Institutions and Agencies since its organization in 1918 has adhered to well considered policies. It has administered forward looking plans to meet not only the immediate needs of the state but also the needs of those unfortunates who require the protection and assistance of the state.

During the last few years, strictest economy has been necessary in the operation of all institutions and agencies, and has been creditably achieved. At the same time the state wards have continued to be adequately cared for, to have necessary treatment for their mental and physical defects and to be trained in so far as possible for self support. The community has been protected by the institutional care of those who could not, with reasonable safety, be released.

It has been possible to provide new institutions, to enlarge or modernize others and to develop special services for the increased number of handicapped persons who are dependent upon the state. During the last year much needed construction has been made possible by the Federal Emergency Administration of Public Works.

This report properly stresses a policy which has had my hearty support; namely, the importance of a program of prevention. The work of public welfare administration is one which calls for the use of every advance in scientific, medical and educational knowledge and its prompt application to measures of prevention of dependency. Such an enlightened program appeals to us all as a fundamental, humanitarian and economic consideration.

A handwritten signature in cursive script, reading "Harry Moore". The signature is written in dark ink and is positioned above the printed name of the Governor.

Governor of New Jersey

NEW JERSEY STATE DEPARTMENT OF INSTITUTIONS AND AGENCIES

Its Work and General Policies

INTRODUCTION

During the ten years 1923-1933, covered by this report on the public welfare work in New Jersey, the Department of Institutions and Agencies has stressed with increasing emphasis the advantages of a program of rehabilitation and prevention. Through the consistent application of a modern welfare program and the utilization of sound, scientific, medical, social and educational measures and moral training, New Jersey has been able to record notable achievements in the rehabilitation of those under the care of its various social welfare institutions and agencies.

It is not too much to say that the success which has accompanied the New Jersey public welfare program may be attributed to the Department's firmly grounded policy of individual treatment and humanitarian care rather than upon mass care of a costly custodial character.

The people of New Jersey have come to look upon their public institutions* not merely as so many housing units, hospitals or cell blocks, filled with suffering humanity and derelict human beings, but as "institutional communities," as

*The Princeton Survey (*Report and Survey of Administration and Expenditures of the State Government of New Jersey*, by the School of Public and International Affairs of Princeton University—December 1932) states the people of New Jersey have been fully cognizant that "purely custodial care is the most expensive service which a state can bestow upon its wards. Cheap in its initial outlay, the mounting cost in human degradation and misery as well as in public funds becomes overwhelming as patients must be confined in mental hospitals until death releases them or prisoners must be sent back to the communities from which they came without the means of beginning life afresh except in a career of crime." The institutions "have become curative and aim to restore to the community the persons committed to their care as soon as they can be released. As curative institutions the mental hospitals of New Jersey have attained distinction which is recognized everywhere, and the record of the reformatories in rehabilitating the offenders committed to them by the courts is encouraging."

social laboratories making every effort to restore all that is possible of physical and mental powers and ethical concepts to the end that these individuals may no longer be social liabilities, but may become self-dependent and self-supporting in so far as possible.

The preventive program of the Department strives not only to promote the happiness and the social efficiency of the person under care but to obviate future physical mental and moral breakdowns which might lead to the necessity for institutional care*.

The development of curative, training, and rehabilitative measures on the basis of the needs of each individual in the institutions represents the progress made on the first objective, and the establishment of mental hygiene and tuberculosis clinics in cooperation with other agencies, the continued care of neglected and dependent children in their own or foster homes where normal home life is assured them, the educational program for the blind and financial assistance to the blind and to the aged in their own homes contribute to the second objective.

Much credit for the constructive development of New Jersey's public welfare work belongs to those public spirited citizens who have lent their time and ability to the administration of the state's welfare institutions and agencies. The men and women serving as board members of the various state institutions and agencies have played an important role in developing the services rendered by the institutions and agencies which they represent, and as local representatives of the State Board, they have assisted greatly in the coordinated development of this state's public welfare program.

TYPES OF INSTITUTIONS AND AGENCIES SUPERVISED

The following types of state institutions are under the supervision of the Department at the present time:

*According to the Princeton Survey "One of the most commendable features of the work in the central office is the planning of the future. Public welfare work is everywhere advancing. New and better methods of treatment are being used. Attention is properly being given to the preventive work, as yet in the experimental state."

<i>Institutional group</i>	<i>Number of institu- tions</i>	<i>Average population 1933</i>
Hospitals for mental disease	3	8,008
Institutions for feeble-minded	4	3,031
Village for epileptics	1	1,268
Sanatorium for tuberculous diseases	1	459
Prison and reformatories	4	3,329
Homes for juvenile delinquents	2	825
Soldiers' homes	2	268
<i>Total</i>	17	17,188

In addition on June 30, 1933, 685 former patients of state mental hospitals were in the community under social service supervision, as well as 342 former patients of institutions for the feeble-minded who were supervised in their own homes preparatory to final discharge from custody of the institutions.

Former inmates of penal and correctional institutions numbering 4,833 were in the community under the supervision of parole agents. Of this total number 3,203 were adult offenders from the prison and reformatories and 1,630 were juveniles from the state homes.

Among the non-institutional agencies under the supervision of the Department is the State Board of Children's Guardians with over 28,000 wards, two-thirds of whom are in the Widows' Pension or Home Life group, and the remainder in the Dependent Children's group. The State Commission for the Blind, also an agency of the Department, has under its general oversight and supervision about 2,500 persons.

In addition the following welfare activities have been designated as a part of the work of the Department: the inspection of all county and city hospitals and almshouses, jails and places of detention; the inspection of private charitable institutions for children and homes for the aged; the licensing of private nursing homes and hospitals and private institutions for the mentally diseased and for backward children; the approval of incorporations for charitable purposes.

ORGANIZATION OF THE DEPARTMENT

With the creation of the Department of Institutions and Agencies in 1918, the charitable as well as the correctional

institutions in New Jersey were brought under a single, unified management. It was the result of the recommendations of two legislative commissions* which stated that

“the discovery, resulting from recent scientific study of the inmates of correctional institutions, that a large proportion of such inmates are not essentially different in mental capacity and responsibility from those who fill the charitable institutions for the insane, the feebleminded and the neglected, has produced a growing conviction that the two sets of institutions are in essence interdependent parts of a single system for dealing with the allied social problems of delinquency and defectiveness.”

The law creating the State Board of Control of Institutions and Agencies provides that it “shall have power to determine all matters relating to the unified and continuous development of all institutions and non-institutional agencies within its jurisdiction; shall determine all matters of policy and have power to regulate the administration of any of the institutions and non-institutional agencies within its jurisdiction, correct and adjust the same so that each institution and agency shall perform its proper function as an integral part of the general system.”

The State Board of Control, composed of nine members, serving without salary, holding office for terms of eight years each, is appointed by the Governor with the consent of the Senate. The term of one member of the Board expires each year, so that there is an opportunity for continuity of policy and for members to gain a degree of familiarity with the problems of institutional organization and administration.

The State Board† appoints the members of local boards of managers for institutions and agencies, subject to the approval of the Governor. These members serve for terms of three years each, with terms of two members expiring each year.

The local boards of managers which usually number seven persons, appoint their chief executive officers, the superintendents, subject to the approval of the State Board. All other employees of local institutions are under the Civil Service.

**Report of the Prison Inquiry Commission—January 1918; Report of the New Jersey Commission to Investigate State Charitable Institutions—1918.*

†The Princeton Survey Staff, after a study of the administrative set-up of the Department, declared that “the ends of efficient administration have been fully attained in the Department of Institutions and Agencies through the establishment of the State Board of Control and the local boards of managers.”

STATE OF NEW JERSEY

DEPARTMENT INSTITUTIONS AND AGENCIES

GOVERNOR

STATE BOARD OF CONTROL OF INSTITUTIONS AND AGENCIES

COMMISSIONER OF INSTITUTIONS AND AGENCIES

ADMINISTRATION AND ACCOUNTS

CONTROL OF EXPENDITURES, SUPERVISION OF ACCOUNTS OF STATE INSTITUTIONS & AGENCIES, ASSISTANCE IN PREPARATION OF INSTITUTIONAL BUDGETS
REGULATION OF SELECTION AND EXPENDITURES FOR FOOD, CLOTHING AND HOUSEHOLD
GENERAL SUPERVISION OF INSTITUTIONAL FARMS
CHECKING OF CLAIMS FOR STATE SUPPORT & COLLECTION OF BILLS FROM INDIVIDUALS & COUNTIES

STATISTICS AND RESEARCH

COLLECTION AND ANALYSIS OF STATISTICAL DATA OF THE POPULATION CHARACTERISTICS OF NEW JERSEY'S INSTITUTIONS AND AGENCIES
STUDIES TO FURNISH BASIS FOR STATE POLICY IN OPERATION AND PLANNING OF INSTITUTIONS AND AGENCIES
STATE-WIDE SOCIAL INFORMATION SERVICE CONCERNING WELFARE PROBLEMS
SURVEYS OF SOCIAL CONDITIONS IN COMMUNITIES AS BASIS FOR REMEDIAL ACTION AND PREVENTIVE PROGRAMS

CLASSIFICATION AND EDUCATION

SUPERVISION OF CLASSIFICATION AND OF TRAINING PROGRAMS IN ALL TYPES OF INSTITUTIONS
CLASSIFICATION OF APPLICATIONS FOR ADMISSION TO INSTITUTIONS FOR FEEBLEMINDED
TRANSFER OF PERSONS BETWEEN INSTITUTIONS
ASSISTANCE IN DEVELOPING INSTITUTIONAL EDUCATIONAL PROGRAMS

PAROLE

HOME AND SOCIAL INVESTIGATIONS OF ALL OFFENDERS RECEIVED AT REFORMATORIES, SCHOOLS FOR JUVENILES AND SIMILAR INVESTIGATIONS OF ALL OFFENDERS CONSIDERED FOR PAROLE FROM SAME INSTS.
SUPERVISION OF ALL PERSONS ON PAROLE FROM REFORMATORIES AND SCHOOLS FOR JUVENILES, AND OF CERTAIN PERSONS PAROLED FROM INSTITUTIONS FOR THE FEEBLEMINDED.

OLD AGE RELIEF

REGULATION OF ADMINISTRATION OF OLD AGE RELIEF
ESTABLISHMENT OF UNIFORM RECORDS AND METHODS OF TREATMENT OF AGED POOR
APPLYING FOR AID
DEVELOPMENT OF POLICIES STANDARDIZING OF PROCEDURES, CHECKING ON DETAILS OF EXPENDITURES FOR OLD AGE RELIEF, CERTIFICATION OF PAYMENTS HEARING APPEALS AS CONTEMPLATED BY THE LAW

ARCHITECTURE AND CONSTRUCTION

DESIGN, CONSTRUCTION ALTERATION AND REPAIR OF ALL STATE WORK EXCEPT PUBLIC SCHOOLS
GENERAL SUPERVISION OF UTILITIES INCLUDING STEAM, WATER, ELECTRICAL AND SEWAGE SERVICES.
ADVICE AND SUPERVISION OF A TECHNICAL, ENGINEERING AND ARCHITECTURAL CHARACTER AS A SERVICE TO PUBLIC INSTITUTIONS

MEDICINE

ASSISTANCE IN DETERMINING POLICIES OF MEDICAL ADMINISTRATION IN STATE INSTITUTIONS AND AGENCIES.
COOPERATION WITH INSTITUTIONS & AGENCIES IN HEALTH PROBLEMS AND MEDICAL ADMINISTRATION.
SUPERVISION OF INSPECTION OF PRIVATE HOSPITALS AND NURSING HOMES AND COUNTY HOSPITALS.
COOPERATION WITH MENTAL HYGIENE CLINICS IN INSTITUTIONS AND IN THE COMMUNITY.
PROMOTION OF PREVENTIVE PROGRAMS.

INSPECTION

INSPECTION OF PUBLIC PENAL, HOSPITAL AND CHARITABLE INSTITUTIONS.
LICENSING AND INSPECTION OF PRIVATE HOSPITALS AND NURSING HOMES.
VISITATION OF ALL CHILD-CARING INSTITUTIONS AND AGENCIES.
VISITATION HOMES FOR AGED.
SPECIAL INVESTIGATIONS.
DEPORTATION OF ALIENS.

STATE USE

TRADE TRAINING IN INSTITUTIONS.
MANUFACTURE OF ARTICLES USED BY PUBLIC INSTITUTIONS AND DEPARTMENTS.
SUPERVISION OF EMPLOYMENT AND TRAINING OF INSTITUTIONAL POPULATIONS.

COUNTY INSTITUTIONS

INSPECTED BY DEPARTMENT STATE MONIES FOR IN TUBERCULOSIS
ATLANTIC
BERGEN
BURLINGTON
CAMDEN
ESSEX
HUDSON
MERCER
MONMOUTH UNION
MORRIS PASSAIC

LOCAL BOARD OF MANAGERS FOR EACH STATE INSTITUTION AND AGENCY

HOSPITALS FOR MENTAL DISEASE

STATE HOSPITAL AT GREYSTONE PARK
STATE HOSPITAL AT TRENTON
STATE HOSPITAL AT MARLBORO
MENTAL HYGIENE CLINICS CONDUCTED BY HOSPITALS IN COMMUNITIES AND IN INSTITUTIONS.

INSTITUTIONS FOR THE FEEBLEMINDED

STATE COLONY AT NEW LISBON (MALES)
STATE COLONY AT WOODBINE (MALES)
STATE SCHOOL AT VINELAND (FEMALES)
NORTH JERSEY TRAINING SCHOOL AT TOTOWA (FEMALES)

PRISON AND REFORMATORIES

STATE PRISON AT TRENTON (MALES)
PRISON FARM AT LEESBURG
PRISON FARM AT BORDENTOWN
REFORMATORY AT RAHWAY (MALES)
REFORMATORY AT ANNANDALE (MALES)
REFORMATORY AT CLINTON (FEMALES)

SCHOOLS FOR JUVENILE DELINQUENTS

STATE HOME FOR BOYS AT JAMESBURG
STATE HOME FOR GIRLS AT TRENTON

INSTITUTION FOR EPILEPTICS

STATE VILLAGE FOR EPILEPTICS AT SKILLMAN

SOLDIERS' HOMES

HOME FOR DISABLED SOLDIERS AT MENLO PARK
HOME FOR DISABLED SOLDIERS, WIVES AND WIDOWS AT VINELAND

TUBERCULOSIS SANATORIUM

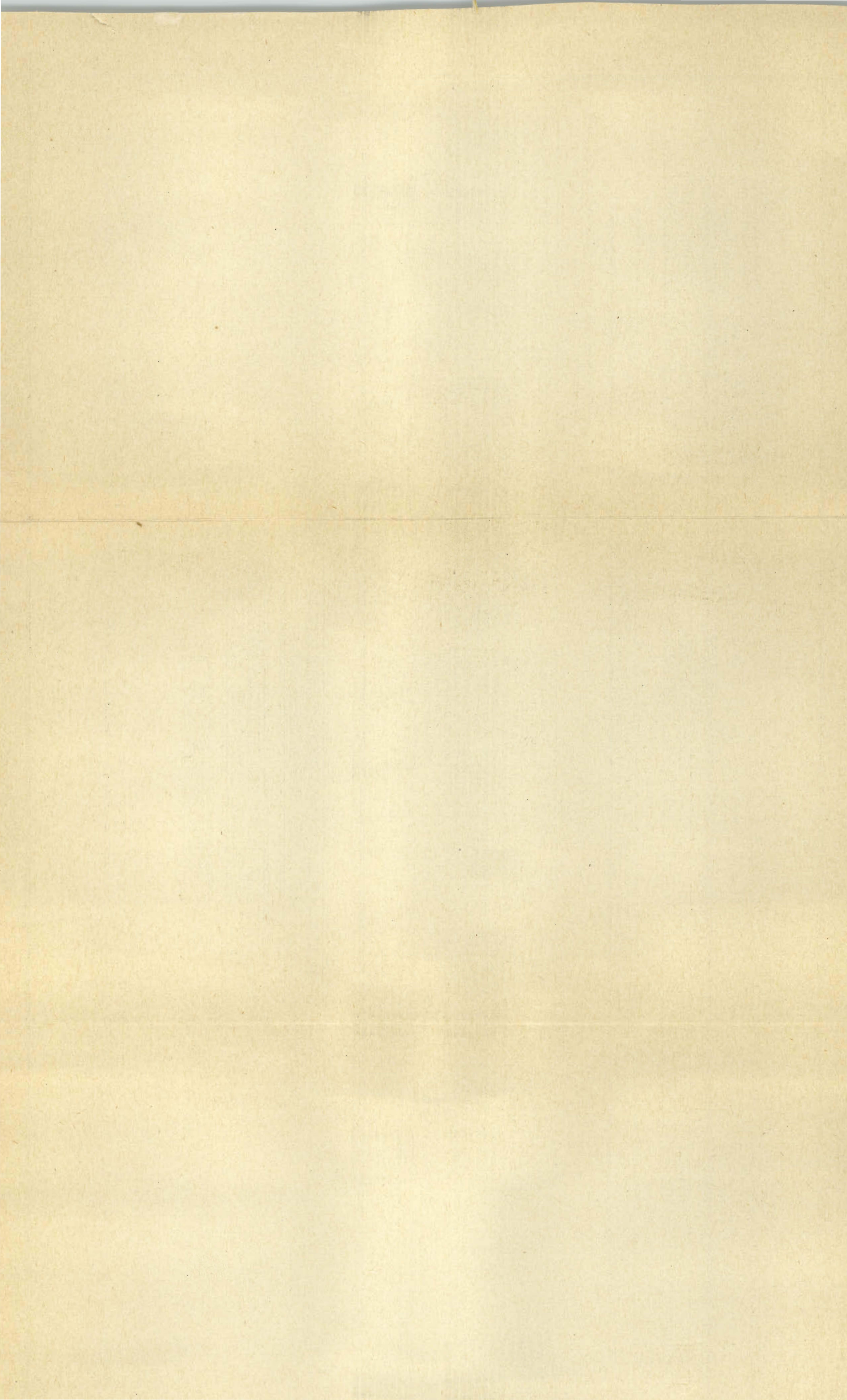
STATE SANATORIUM AT GLEN GARDNER
TUBERCULOSIS CLINICS CONDUCTED BY SANATORIUM IN COMMUNITIES THROUGHOUT NEW JERSEY

STATE BOARD OF CHILDREN'S GUARDIANS

7 DISTRICT OFFICES THROUGHOUT THE STATE
CARE OF DEPENDENT AND NEGLECTED CHILDREN IN THEIR OWN OR IN FOSTER HOMES.
ADMINISTRATION OF MOTHERS' AID

COMMISSION FOR THE BLIND

EDUCATIONAL AND VOCATIONAL ADJUSTMENT OF THE BLIND.
ADMINISTRATION OF RELIEF FOR THE BLIND.
COOPERATION IN PREVENTION OF BLINDNESS PROGRAM.



The State Board appoints its chief executive officer, the Commissioner, and the Commissioner appoints members of the Central Department staff from Civil Service eligibles, subject to the approval of the State Board.

DIVISIONS OF THE DEPARTMENT

In accordance with the provisions of the law and in order to function effectively in relation to the state institutions and agencies, the Department has organized complete and interdependent divisions* with duties as follows:

Administration and Accounts:

Control of expenditures, supervision of accounts of state institutions and agencies, assistance in preparation of institutional budgets; regulation of selection of and expenditures for food, clothing and household; general supervision of institutional farms; checking of claims for state support; collection of bills from individuals and counties.

Statistics and Research:

Collection and analysis of statistical data of the population characteristics of New Jersey's institutions and agencies; studies to furnish basis for state policy in operation and planning of institutions and agencies; state-wide social information service concerning welfare problems; surveys of social conditions in communities as basis for remedial action and preventive programs.

Classification and Education:

Supervision of classification and training programs in penal and correctional institutions and in institutions for the feebleminded; assistance in developing institutional educational programs; classification of applications for admission to institutions for feebleminded; transfer of persons between institutions.

Parole:

Home and social investigations of all offenders received at three reformatories and two homes for juveniles, and also similar investigations of all offenders when about to be paroled

*The *Organization Survey of the Administrative Offices of the Department of Institutions and Agencies* by George L. Bergen and Company stated: "the internal organization and administration of the Department as devised by the State Board and administered by the Commissioner are remarkably efficient. Its form of organization is in accordance with modern principles of effective organization; divisions have been established along clean-cut functional lines, and their work and objectives defined in a comprehensive administrative code written for their guidance. Above all, each divisional or sectional chief has been given a high degree of responsibility within his respective field, and this, with the personal feeling of loyalty and enthusiasm that has been engendered by their direct contact with the Commissioner, has set a high standard of work and aim for all in the Department, which compares most favorably, in organization, efficiency and standards, with the most efficient type of commercial organization."

from these institutions; supervision of all person on parole from three reformatories and two homes for juveniles, and of certain persons paroled from institutions for the feeble-minded.

Medicine:

Assistance in determining policies of medical administration in state institutions and agencies; cooperation with institutions and agencies in health problems and medical administration; supervision of inspection of private hospitals and nursing homes and county hospitals; cooperation with mental hygiene clinics in institutions and in the community; promotion of preventive programs.

Inspection:

Inspection of public penal, hospital and charitable institutions; licensing and inspection of private hospitals and nursing homes; visitation of all child caring institutions and agencies; visitation of homes for aged; special investigations; deportation of aliens.

State Use:

Trade training in institutions; manufacture of articles used by public institutions and departments; supervision of employment and training of institutional inmates.

Old Age Relief:

Regulation of administration of Old Age Relief; establishment of uniform records and methods of treatment of aged poor applying for aid; development of policies, standardizing of procedures, checking on details of expenditures for old age relief; certification of payments; hearing appeals as contemplated by law.

Architecture and Construction:

Design, construction, alteration and repair of state work except public schools; general supervision of utilities including steam, water, electrical and sewage services; advice and supervision of a technical, engineering and architectural character as a service to public institutions.

SUMMARY OF THE DEPARTMENT'S ACCOMPLISHMENTS

The outstanding accomplishments of the Department during the last ten years include:

1. Administration

An efficient administrative organization for the handling of all the business affairs of the institutions and agencies including all financing, budget control for current maintenance and building operations, expenditures for household, food and clothing, and the operation of farms. The establishment of an accounting system providing centralized control of the accounting of all the institutions which, according to Frederick D. Burnett, Counsel to the Joint Legislative Commission (1931) "affords an effective expenditure control which will compare favorably with the best managed private business corporations, and answers the question as to the past, present, and future which a sound accounting system ought to yield. The system has been tried, tested, and rung true for more than a decade."

Cooperation with the budget commissioner, state commissioner of finance and state fiscal authorities in controlling and regulating financial responsibilities.

The collection of delinquent accounts owed to state institutions by individuals and by counties for the care of patients, and the deportation of indigent persons in state institutions without legal settlement, conserving for the state thousands of dollars annually.

Improved service and lowered costs in food, clothing and household departments of all the state institutions, through unified purchasing, cooperation with the farm supervisor and farmers in the institutions in producing the proper amount and kinds of food, the establishment of cafeteria service, installation of modern kitchen equipment and supervision over the selection, purchasing and inspection of all supplies.

The centralization of farm activities making possible the growing of one-third of the food stuffs consumed at the institutions and the raising of field crops, the total value of the farm production amounting to \$394,000 last year. By the system of interchange of products, each institution has grown the produce best suited to its soil, climate, and the abilities

of its inmate labor. Cooperation with the State Department of Agriculture and the State College of Agriculture and Experiment Station has made more efficient the planting and fertilization of the crops, the methods of stock feeding, disease control and sanitation.

2. Classification and Training of State Ward

The further development and more extended use of the classification of persons in all types of state institutions that each state ward may be cared for and rehabilitated in the institution which most nearly meets his needs, and may receive specialized treatment within the institution in accordance with his abilities, disabilities, peculiarities and general characteristics as determined by tests and interviews by the institutional classification committee consisting of the superintendent, physician, psychiatrist, psychologist, teacher, head of industries, chaplain, disciplinary officer, social investigator, etc.

The transfer of persons between the institutions for adult offenders, juvenile offenders, feebleminded, epileptic and mentally diseased through the authority of the law that each person may receive the proper type of treatment.

The establishment of the State Classification Unit for women offenders and the use of the principle of classifying offenders in a central place before deciding in what institution their sentences are to be begun.

3. Medical Service in All Institutions

The improvement of medical service in the institutions by the appointment of resident physicians and development of better hospital facilities in each of the correctional institutions, and in the hospital institutions a larger number of licensed physicians, trained and qualified nurses and attendants.

4. State Use System of Employment

Development of the state use system of employing and training inmate labor; modernization of the state use shops and machinery; increase in the number of industries in which training is provided to fit the persons for community life after release; cooperation with the state purchase commissioner in determining satisfactory standards for commodities and supplies.

5. Inspection

The inspection of municipal and county hospitals and almshouse, jails and workhouses, of private institutions for the physically and mentally ill, and of children's institutions, insuring the public of proper care and sanitation in these institutions.

6. Social Statistics, Research and Surveys

Uniform statistical record keeping and reporting systems set up in all state institutions and agencies covering the movement and characteristics of inmate population in accordance with standards recommended by national organizations, and furnishing specific data that will permit of the formulation of policies for present and future care and the outlining of remedial and preventive measures in the institution and the community. Subsequent compilation of comparable data significant from the social and administrative standpoint in reflecting and developing constructive social policies.

Surveys of features in institutional administration, special services within the institutions, and of social problems concerning the general social welfare of the state.

Publication of informative pamphlets and articles about welfare problems of interest to the community, the state, or specialized groups.

7. Construction

Construction of new institutions including State Hospital at Marlboro, North Jersey Training School at Totowa, Woodbine Colony, Soldiers' Home at Menlo Park, Reformatory at Annandale, Prison Farm at Bordentown, Prison Farm at Leesburg (permanent buildings) and erection of new buildings and modernization of and repairs in old buildings in all other institutions. Supervision of mechanical and service facilities, regulation of utilities, heat and steam, water, electricity, sewage, etc., with the cooperation of State Department of Conservation and Development, State Department of Health, and State Experiment Station.

8. Mental Hygiene

Emphasis on the hospital and treatment features of the state hospitals for mental diseases, that as many persons as possible might be returned to their homes entirely cured.

Increased facilities for this care by the erection of a third state hospital at Marlboro, and increased hospital and other facilities and modernization of old buildings in two other hospitals.

The extension of mental hygiene clinics providing psychological and psychiatric service throughout the communities of the state for the prevention of the development of mental disease, the adjustment of personality and mental problems, and the early diagnosis of mental disease and deficiency to permit of institutionalization and treatment in the curative or trainable stages.

The increasing use of parole for persons treated in institutions for the mentally diseased and the feeble-minded who are ready to resume normal community life under the careful supervision of social workers, a continuation of the adjustment treatment begun in the institutions.

Increased facilities for the treatment and training of the feeble-minded through the erection of the North Jersey Training School in 1928 and of dormitories, cottages, school and other buildings in the other three institutions for the feeble-minded, increasing the state beds for such purposes.

9. Epilepsy

Progressive efforts to offset the deterioration of persons with epilepsy by modern medical, physical, and occupational therapy measures in the State Village for Epileptics.

10. Tuberculosis

Increased use of collapse therapy and all approved methods of arresting tuberculosis in the Glen Gardener Sanatorium; provision for the treatment of children with tuberculosis by the erection of the children's unit; extension of clinic facilities throughout the state.

11. Veterans

Erection of first unit of the new Soldiers' Home at Menlo Park to take the place of the home at Kearny and to provide for the increasing number of World War veterans who are needing care.

12. Dependent Children

Improvement in care afforded dependent children by revision of laws making it possible for more dependent children to receive aid in their own homes; fixing of grants on a budget basis in accordance with the family or child's needs; the establishment of district officers to permit of better supervision of children; and the investigation of all cases before commitment.

13. Blind

Larger number of persons reached by home teachers; more adequate pensions available for blind persons; cooperation in development of classes for the blind and sight-saving classes in the public schools, and other measures for the prevention of blindness.

14. Offenders

Increased facilities for adult offenders, permitting their better classification through the erection of a new reformatory at Annandale for the younger less hardened men, of a minimum security prison at Bordentown for older men of the better type and those ready to be released, permanent buildings at the older prison farm at Leesburg, transfer of all women offenders from the state prison to the Clinton Reformatory where classification is possible, and the establishment of the State Classification Unit at which all women offenders formerly sent to the state prison are examined and classified before transfer to Clinton or to a hospital institution if need is indicated for that type of treatment.

15. Parole

Centralized parole for the three reformatories and the two homes for juvenile delinquents, making more effective continuation of disciplinary and rehabilitative treatment by well qualified, carefully supervised parole officers; establishing of uniform parole methods and policies for the five institutions; scientific selection of persons to be paroled; raising of qualifications for parole officers; smaller case loads permitting more frequent and helpful visits to the parolees; districting the state into territories for the several officers.

ECONOMIES IN TIMES OF DEPRESSION

Experience of the last few years has shown that the circumstances which create "hard times" tend to increase the demands of the services which the Department of Institutions and Agencies must render. In a period of lessened business activities generally, the Department has been obliged to enlarge the capacity of the institutions under its jurisdiction because of the increasing number of admissions, and the services of the Department's agencies had to be expanded for the same reasons.

Special efforts have been made throughout the depression period to meet the necessity of operating institutions and agencies with materially reduced revenues, this in spite of an increase in the number of wards under supervision. The budgets of all spending agencies are continually scrutinized so that fluctuations in prices, advantageous markets, increases in institutional production and other similar economic factors can be reflected in the prevailing cost of caring for the state's wards.

Despite an increase of 20 per cent in the number of persons in state institutions between 1930 and 1933, the total current maintenance expenditures decreased 7 per cent. The annual per capita cost has decreased 22 per cent in the same period.*

THE FUTURE

The policies of treatment, training and restoration adopted by the institutions and agencies have helped to create confidence in the management of the state institutions and have won the public's cooperation and whole-hearted support. Moreover, these broad policies of prevention and treatment, developed over a period of years, are of vast importance in the achievement of the ultimate in economic institutional management.

Through the discovery and application of approved treatment methods, the period of institutionalization of the mentally ill, the feebleminded, and the tuberculous is being and will continue to be shortened and an increasing number of patients may be expected to resume normal community life.

*See pages 96 and 97.

Constantly improving educational and training programs for the custodial cases will permit them to develop to their maximum usefulness and happiness in the institution or in supervised parole colonies. Study of the individual adults and juvenile offenders is not only resulting in the protection of society during the period of incarceration, but striving toward its more permanent well being by restoring to it persons able and willing to earn their livings honestly. An institution for defective delinquents is needed for the care of those who can never be expected to assume their social and economic responsibilities.

The care of dependent children, the aged, and the blind through relief grants permitting them to remain in their own homes is a humanitarian principle that merits continuation and extension wherever feasible.

The possibilities of community preventive work have only begun to be recognized. Clinic activities, presenting effective measures for the early diagnosis of conditions leading to mental and physical breakdown, are developing in the well organized and coordinated work of the mental hygiene and tuberculosis clinics throughout the state. These will eventually play an important part in arresting the increase in institutional population, since through them, handicaps will be diagnosed and treated in the trainable and curative stages. For the prevention of dependency and delinquency the community must coordinate and socialize the resources of industry, government, the police, the courts, welfare agencies and institutions, and provide constructive leisure time and recreational facilities.

To all these phases of public welfare work, the Department of Institutions and Agencies dedicates its best efforts.

William J. Ellis.
Commissioner,

Department Institutions and Agencies.

May, 1934.

I. THE DIVISIONS OF THE DEPARTMENT OF INSTITUTIONS AND AGENCIES

Their Functions and Accomplishments

The functions of the various divisions of the Department of Institutions and Agencies and their accomplishments are briefly recorded in the following pages.

ADMINISTRATION AND ACCOUNTS

Central administrative organization has made for economic and effective control. The administration and operation of all business offices of the institutions and agencies and for the handling of all financial matters is centralized in the Division of Administration and Accounts.

This central budgeting and accounting has resulted in:

1. Sound business methods in the operation of the entire Department; the establishment and operation of a uniform budgetary system in each state institution; and the adoption of budgets for the individual institutions which meet the inmates' needs for maintenance and training at the lowest possible figure.

The budgets made out by the individual institutions before submission to the State Budget Commission are examined in detail and approved by the Division of Administration and Accounts, the Commissioner and the members of the staff of the Department of Institutions and Agencies specializing in the several phases of institutional programs, such as food, household management, farming, medical care, inmate labor, etc.

2. The even development of institutions of like nature through the comparison of their detailed budgets.

Without budgetary control by a central agency a single institution might emphasize one feature of its program and neglect the other, or the institution might so overdevelop along one line (farm production for instance) as to hamper similar activities in other institutions. Under the present system the amounts for maintenance, employment and training have been equitably apportioned in each institution.

3. Strict adherence to the adopted institution budgets and the elimination of non-essentials through a monthly check on the consumption of materials and supplies and on all other expenditures.
4. Control of incumbrances and balances against each appropriation of the Half Mill Tax (1923-1929) and the bond issue by the installation of modern methods of accounting through a specially designed bookkeeping machine; and the control of the purchase of all articles for construction of new buildings under the Half Mill Tax and the bond issue by a centralization of all such orders in the Central Office.

The Half Mill Tax: The tax of one-half mill on each dollar of real and personal property in every municipality was levied by the Legislatures of 1923 to 1929 inclusive, for the purpose of paying the cost of acquiring land, constructing, reconstructing, development, extending and equipping state charitable, hospital, relief, training, correctional, reformatory, and penal institutions. The Legislature of 1930 passed a ten million dollar bond issue for the same purpose to be paid over several years. The total amount received for construction from the half mill tax and the bond issue up to June 30, 1933 was \$26,813,195.10. For the construction made possible through these measures see page 48.

5. Accurate computation and checking of maintenance costs in county institutions for mental diseases and tuberculosis through the installation of standard financial and population record forms. This is necessary since the state reimburses the county for a certain proportion of the care rendered.

The state pays one-half per capita maintenance cost of patients in county hospitals for mental disease, and \$12.00 per week for state indigent* patients and \$6.00 for county indigent patients in tuberculosis sanatoria.

6. Improvement in the accounting methods and procedures in local public and private institutions as a result of the inspection of their accounts upon the request of the local organizations.

*See page 102 for legal settlement of indigent persons.

Centralized supervision of food and clothing has improved service and lowered costs. The supervising steward's division of the Department of Institutions and Agencies has developed and maintained efficiency and high standards in the food, clothing and housekeeping departments of the state institutions.

Within recent years, the supervising steward's division has been responsible for several notable achievements.

1. Cafeteria service. Large savings have been made in twelve institutions by the use of cafeteria service, which in addition to having a definite therapeutic value for the patient, has resulted in the elimination of much waste of food stuffs and has permitted an appreciable reduction in the number of employees.
2. Improvement in food service, including installation of modern kitchen equipment to facilitate preparation and cooking of food, the purchasing of modern dishwashing machinery, the replacement of aluminum dishes by the more sanitary heavy chinaware, the increased use of small dining tables to permit better segregation and more comfort.
3. Reduction of food costs. During 1933, the total amount appropriated for food in the state institutions was \$1,211,465. Actual disbursements amounted to \$920,292, a saving of 24 per cent.

The actual cost of food per inmate per day in 1933 was 14.6 cents. In addition, food raised on the institution farms was consumed to the value of 7.7 cents per inmate per day.

4. Inspection of deliveries. A close check has been instituted on all supplies received by institutions, especially items of meat purchased on written specifications. Numerous rejections have been made and vendors have consequently become educated to the fact that only first-class commodities will be accepted.
5. Centralization of storerooms of the separate institutions, to prevent overstocking and spoilage of supplies.
6. Reduction of clothing costs. The amount of clothing to be purchased by the state has been considerably reduced by the plan of encouraging local institutions to write

letters to inmates' relatives concerning clothing requirements. The development of mending and sewing rooms and shoe repair shops has further reduced clothing costs and has provided desirable patients' employment. During 1933, the annual cost of clothing an inmate, including maintenance of clothing and cost of uniforms to new patients, inmates or parolees, was \$13.18.

7. Other achievements. The state institutions' household activities have been regularly inspected and the expense kept to the exceptionally low figure of 23 cents per inmate per week. In this amount are included bedding supplies, furniture replacements, cutlery and crockery, laundry expense, refrigeration, cleaning and sanitary supplies and numerous other items.
8. Assistance to local institutions. Advisory assistance in institutional management has been rendered to local public and private institutions upon request.

Centralization of farm activities has proved economical and efficient. Farms are operated at sixteen of the state institutions for the purpose of providing fresh, wholesome foods of high quality necessary for the inmates' health and development; of supplying the foods economically; of enabling the inmates to earn a substantial part of their maintenance costs and thus effecting a saving to the state and taxpayers; and of providing healthful outdoor exercise and constructive labor for persons in both correctional and hospital institutions.

The total acreage of the institutions having farms is 10,889, of which 3,386 is devoted to farm crops and 955 to truck crops, 974 to pasture, 252 to orchards, 3,881 to woodland and 1,441 to grounds.

The centralization of the activities of the sixteen farms through the farm supervisor of the Department of Institutions and Agencies and the Agricultural Advisory Board, working in cooperation with the steward of the Department and the superintendent and farmer of each institution, has resulted in—

1. The production of food stuffs economically through determination of the actual quantities of each commodity required by the entire institutional population, the quantity to be consumed in the growing season and the quantity to be stored or canned; and the planting in accordance with those needs.
2. The carrying out of a farm program whereby each farm raises the products best suited to its soil, irrigation, and the abilities of its inmate labor; and the interchange of farm products between institutions through the farm supervisors' following the planting plans.



Patients Digging Potatoes at the Trenton State Hospital

3. The selection of seed, fertilizer and stock in the quantity needed for the institutional crop and of the quality to fit the institutional needs; and the purchase of raw material (feeds, fertilizer, etc.) in accordance with specifications drawn up scientifically in cooperation with the State Department of Agriculture and the State College of Agriculture, and their subsequent inspection before the purchase is accepted.

PRODUCTION REPORT OF STATE INSTITUTION FARMS FISCAL YEAR ENDING JUNE 30, 1933

<i>Institutions</i>	<i>Total all produce</i>	<i>Total food</i>	<i>Fruits and vegetables</i>	<i>Dairy</i>	<i>Poultry</i>	<i>Piggery</i>	<i>Potatoes</i>	<i>Field Crops</i>	<i>Misce- laneous</i>
All institutions	\$694,683.98	\$532,637.11	\$128,076.51	\$312,189.92	\$32,958.70	\$30,722.62	\$28,689.36	\$130,635.63	\$31,411.11
Greystone Park									
Hospital	100,925.01	84,117.20	12,600.56	61,875.66	4,940.58	4,700.40	.....	12,560.75	4,241.11
Marlboro Hospital	48,944.44	37,267.27	12,814.82	19,506.62	.....	1,235.64	3,710.19	9,315.22	2,361.11
Trenton Hospital	119,736.36	96,933.67	31,930.08	46,423.69	8,466.90	5,642.97	4,470.03	20,359.56	2,441.11
Village for Epileptics....	52,024.34	33,442.33	8,992.21	17,055.55	4,134.80	1,318.08	1,941.69	15,231.41	3,351.11
Vineland State School..	55,706.35	42,211.18	7,484.07	29,186.36	.....	2,091.02	3,449.73	11,467.92	2,021.11
North Jersey Train- ing School	16,353.18	14,294.18	3,111.55	9,203.09	1,345.15	634.39	.....	339.00	1,721.11
New Lisbon Colony	24,914.64	22,558.25	5,619.39	10,921.71	2,808.97	1,899.91	1,308.27	1,690.64	661.11
Woodbine Colony	5,186.63	4,613.63	2,704.35	.....	.....	887.98	1,021.30	232.00	341.11
State Sanatorium	33,633.68	26,950.33	522.41	23,372.57	1,879.57	1,175.78	.....	4,670.81	2,011.11
Bordentown Prison									
Farm	50,146.52	37,314.12	7,595.09	22,026.50	.....	1,132.71	6,559.82	11,221.60	1,611.11
Leesburg Prison Farm..	45,395.08	35,610.97	13,166.34	18,015.21	.....	2,613.62	1,815.80	7,577.11	2,201.11
Rahway Reformatory	29,031.88	22,989.84	4,332.67	14,762.61	1,437.71	2,119.75	337.10	5,010.04	1,031.11
Annandale									
Reformatory	36,518.48	20,603.43	4,392.64	13,042.69	1,306.01	1,239.56	622.53	13,905.05	2,011.11
Clinton Reformatory....	16,692.42	12,944.25	3,171.22	6,668.50	2,044.59	734.34	325.60	3,084.01	661.11
State Home for Girls....	7,940.40	6,699.90	4,681.85	.....	1,222.15	795.00	.....	221.50	1,011.11
State Home for Boys....	51,534.57	34,086.56	4,957.26	20,129.16	3,372.27	2,500.57	3,127.30	13,749.01	3,691.11

(20)

4. The establishment of a cannery at the Leesburg Prison farm to can products raised especially for winter use. These canned goods are made available to the other institutions which do not have facilities or farm products for canning in quantity. The goods canned in 1933 were valued at \$34,605.58.
5. Cooperation with the State Department of Agriculture and the State College of Agriculture in scientific methods of disease control, stock feeding, and sanitation.
6. Lessening the cost of maintenance of inmates, particularly of those in custodial institutions and on the prison farms, who by doing healthful work of which they are physically and mentally capable, save the state much of the cost of their care.
7. Saving to the state and taxpayer of thousands of dollars annually. The total farm products in 1933 were valued at \$694,684, of which \$532,637 was for food and dairy products. One-third of the food consumed in the institutions is raised on the farms.

The collection of delinquent accounts has saved the funds of all institutions. State adjusters and collectors of the Department of Institutions and Agencies devote their time to the collection of delinquent accounts owed to state institutions by counties and by individuals who have not paid the amounts due for the inmates' maintenance and cost. They also investigate legal settlements of persons admitted to the state institutions and obtain certified copies of final court orders.

The centralization of these services carried out in close cooperation with county adjusters of the various counties proves both economical and efficient as the following statements show.

1. Collections of delinquent accounts amounting to \$566,888.38 in 1933 for nine hospital institutions and two correctional institutions. The collections have increased by large amounts.

<i>Year</i>	<i>Amount Collected</i>
1933	\$566,888.38
1932	618,804.04
1931	462,840.04
1930	343,384.49
1929	238,509.58
1928	169,962.97
1927	176,251.06
1926	95,564.37
1925	93,539.81
1924	71,316.77
1923	20,537.90

2. Obtaining of certified copies of final court orders (905 in 1933) and the subsequent charging of patients' bills to their counties of legal settlement resulting in thousands of dollars saved yearly to the state charitable institutions.
3. Proving so-called "indigent" cases to have estates or persons legally responsible who have been required to maintain them, thereby effecting a saving. Occasionally the status of private patients has been changed to county or state indigent.
4. Special investigations of legal settlements resulting in a classification of patients in county institutions as state or county indigent.
5. Investigations of legal settlements of cases leading to deportation to other states or countries.

Non-resident indigent persons have been deported. Some of the persons who are committed as indigent patients to state hospitals, to state institutions for the feeble-minded and epileptic, are found to be without a legal settlement in the state (one year's residence). Of this group some have legal residence in other states and some have not been in the United States long enough to acquire a legal settlement (see page 102). According to the law these cases are deportable if a legal residence outside of New Jersey can be established. Similarly other states may send cases to New Jersey.

The deportation agent for the Department of Institutions and Agencies has established contacts with other states which have facilitated the removal of dependent patients to their places of legal settlement. The United States Immigration Bureau has cooperated in deporting aliens, usually at federal expense.

During the period 1926-1933, 588 persons have been deported; 410 to other states and 178 to other countries.

The deportation service has saved the state thousands of dollars annually. Persons who would have had to be hospitalized over a period of years at an annual expense to the state of about four hundred dollars have been returned at a small comparative cost to their places of legal settlement.

STATISTICS AND RESEARCH

Statistics have been gathered and research has been undertaken as a basis for developing public welfare projects and preventive programs. The aim of the division has been to secure and interpret facts which are basic to the sound development of the state's social welfare institutions and agencies and upon which a program of preventive action can be based.

Cooperating with the various institutions and agencies and the different divisions of the Department, the Statistics and Research Division has conducted statistical studies along the following general lines :

1. Studies to furnish a basis for determining state policy in relation to the operation and future planning of state institutions and agencies and local state-aided institutions.
2. Studies of the various features in institutional administration, medical organization and procedure, etc., to furnish a basis for remedial action by the Department, by the boards of managers of the various institutions and agencies and for the establishment of general state policies.
3. Studies incorporating the results of statistical inquiries concerning the personal characteristics of the individuals seeking institution and agency care and of the individual and social causative factors involved, in order to outline effective preventive action.
4. Studies of social conditions in local communities to discover situations making for dependency, delinquency and mental and physical defectiveness—the studies resulting in the outlining of remedial action and a program for the development of local social and health resources for preventive efforts.

On the basis of information gathered, the Division of Statistics and Research has aimed to develop a state-wide social intelligence service concerning the state's welfare activ-

ities to show the type and extent of welfare services rendered in New Jersey, the manner in which public and private welfare agencies are sharing the services and the costs, the taxpayers contribution to the state's welfare budget and the factors underlying personal and social maladjustment.

Some details of the projects completed during the last few years by the Division of Statistics and Research and those in which this division cooperated with other divisions of the Department are given below :

1. The setting up of standard recording systems for the movement of population.
 - a. In the state institutions and agencies.
 - b. For other public and private social welfare agencies in both the correctional and social fields, including probation departments, tuberculosis leagues, family welfare societies and relief organizations.
2. The establishment of uniform reporting systems.
 - a. For each type of state institution and agency and for the hospital and charitable types of county institutions, and the subsequent compilation of comparable data significant from the social and administrative standpoint in reflecting and developing constructive social policies.

The statistical studies published as a result of the Division's efforts include:*

Tuberculosis Patients in New Jersey Sanatoria—1929.

Adult Offenders Committed to New Jersey State Institutions—1929.

Commitments to State Institutions for Adult Offenders—1930.

Juvenile Delinquents Enter State Institutions—1929.

Juvenile Delinquents Enter State Institutions—1930.

General Hospital Service in New Jersey—1929.

- b. For private mental hospitals licensed by the Department.
 - c. For general hospitals, resulting in the publication for the use of the hospitals of comparative monthly and annual figures on the extent of current hospital service including patients, patient days, occupancy, costs of care and the like.
3. Surveys:
 - a. State and county aid to general hospitals. (At the request of the Legislature).

*Similar studies have also been prepared for 1931 and 1932 and are in progress for 1933.

- b. Survey of chronic illness. (At the request of the Legislature).
 - c. Survey of Negro life in New Jersey with special emphasis on local community conditions. (In cooperation with the State Conference of Social Work).
 - d. Survey of Newark Poor and Alms Department and of similar departments in other cities at the request of local authorities.
 - e. Surveys of general hospitals, children's homes, and other institutions at the request of local boards of managers, etc.
 - f. Survey of bone tuberculosis in New Jersey.
 - g. Study of highway accident cases admitted to general hospitals. (Used as a basis for the enactment of the Hospital Lien bill).
 - h. Study of mentally deficient girls paroled from the North Jersey Training School.
4. Publication of the Directory of Social Welfare Agencies in New Jersey, bringing together for the first time complete data about public and private charitable institutions and agencies.
 5. General information service on public welfare matters.
 - a. Special studies of various phases of public welfare services at the request of social work organizations and interested individuals.
 - b. The publication of informative pamphlets and articles in magazines.
 - c. In assistance of the passage and carrying out of new welfare laws such as those for the juvenile courts, probation, old age pension, county welfare boards, etc.
 6. Active participation in the President's White House Conference on Child Health and Protection and on the subsequent New Jersey Conference on Child Health and Protection involving the study particularly of the physically, mentally and socially handicapped children in the state and the formulation of plans for their welfare.
 7. Direction and cooperation in the publication of informative pamphlets including:
 - Hand Book of State Institutions and Agencies
 - The Problem of the Feeble-minded in New Jersey
 - Mental Disease in New Jersey
 - County and State Welfare Work in New Jersey
 - The Care and Treatment of Nervous and Mental Patients in General Hospitals
 - Directory of Social Welfare Agencies in New Jersey
 - The County Welfare Board

Incorporated Homes for the Aged—A Directory
 What New Jersey is Doing for the Blind
 Report of the Commission to Study State and County Aid
 to General Hospitals
 Report on Chronic Disease in New Jersey
 A Guide to Procedure in Caring for Dependent, Neglected,
 Handicapped Children in New Jersey
 Maps of Mental Hygiene, Tuberculosis and Eye Clinics
 Institutional Education and Training for Community
 Release. (In cooperation with the North Jersey Train-
 ing School).

Articles embodying the results of research studies on institutional and social welfare problems have been printed in a number of magazines.

CLASSIFICATION AND EDUCATION

Classification has made possible better care and supervision of inmates. The Department of Institutions and Agencies has been among the first to recognize that effective and economical institutional treatment must be based upon accurate information concerning the abilities, disabilities, needs, peculiarities and general characteristics of the individuals being treated. This need for study applies to all persons irrespective as to whether they are offenders in correctional institutions, wards in schools for the feeble-minded, patients in mental hospitals, or inmates of any other type of welfare institution.

New Jersey, therefore, has set up a classification procedure*—the purpose of which is to provide accurate information about the persons being cared for in the state institutions. Each institution has its own classification committee, composed of the superintendent, physician, psychologist, teacher, head of the industries, chaplain, disciplinary officer, psychiatrist and the like. This committee pools all available information concerning the individual, plans his life within the institution and submits recommendations concerning release or parole. Its work is supervised by the Central Division of Classification and Education in the Department of Institutions and Agencies.

*The idea of classifying institutional inmates for the purposes of treatment and training was suggested in general terms by the Prison Inquiry Commission in 1917. Since that time it has been extended and amplified considerably.

After a careful study of this classification procedure the Princeton Survey declared: "Particularly impressive is the classification work in the penal institutions. The proper training of inmates in all the institutions obviously depends upon an understanding of the problems of each individual case. An examination of some of the division's classifications convinced us of their practical value."

The Division's accomplishments may be listed as follows:

1. It has devised a plan by which thorough mental, physical and social studies are made on all inmates of state institutions by the staff of the institutions and the Division of Parole.
2. It has organized a system of institutional classification committees to carry out the recommendations based on these individual studies. It has supervised the work of these committees and has standardized the forms, methods and procedures used in the different institutions.
3. It has been a source of advice and information to social agencies and citizens interested in securing institutional care for children or adults.
4. It has collected information concerning persons for whom application is made for admission to the state training schools for the mentally deficient. As a result of the studies of such cases, involving the collection of physical, mental and social data, it gives an urgency rating to each case and so assures admission on the basis of need rather than of chronological order of application.

In 1933, 539 applicants for admission to the institutions for the feeble-minded were classified; in 1932, 607 persons; and in 1931, 659 persons. Admissions to these institutions from the waiting list were as follows: 1933, 401; 1932, 353; 1931, 450. That the admissions have not kept pace with the applicants is evidenced by the fact that the waiting list has remained almost stationary the last four years, as the figures for June 30th show: 1933, 870; 1932, 878; 1931, 849; 1930, 844.

5. It has acted as adviser to the Commissioner in considering applications for transfer from one institution to another, making the necessary arrangements, and supervising the transfers.

1,441 transfer authorities were issued in 1933, 1,778 in 1932, and 1,788 in 1931. Transfers between the State Prison and the Prison Farms are not included in these figures.

Total Transfers, 1931-1933, Between State Institutions by Type*

Type of institution from which transferred	Type of institution to which transferred					
	Total	Adult offenders	Juvenile delinquents	Feebleminded*	Mentally diseased	Epileptics
Total	4,391	2,130	40	392	1,754	75
For adult offenders	2,104	1,768	6	75	251	4
For juvenile delinquents	360	201	.....	102	54	3
For feebleminded*	254	2	.....	136	94	22
For mentally diseased	1,672	159	33	79	1,355	46
For epileptics	1	.....	1	.....	.....	.....

*Including state wards at Vineland Training School and excluding transfers from the State Prison to the Prison Farms. The latter totaled 1,330 in the three years.

6. It has cooperated with other divisions and agencies of the Department by offering information and advice.

(a) The classification system has selected the inmates to work at the different occupations under the State Use System and has made surveys of populations in order to advise as to the expansion of existing industries or the creation of new industries.

(b) It has cooperated with the boards of managers of the correctional institutions in carrying out their responsibilities as the paroling agency, by supplying detailed information as to the mental and physical makeup of each inmate and his suitability for parole.

(c) It has cooperated with the Division of Parole by offering specialized services on problem cases and arranging for institutional and clinical treatment when necessary.

(d) It has cooperated with the Division of Medicine by furnishing supplementary information on cases which present a special medical problem, making arrangements for admissions and transfers to specialized types of institutions.

(e) It has cooperated with the Division of Architecture and Construction by offering information as to the number of inmates of different types for which special forms of housing are required, and advising on all inmate personnel problems which have a bearing on architectural and construction problems.

(f) It cooperated with the Division of Statistics and Research in conducting special studies of the characteristics of the population of state institutions.

7. It has supervised the educational and training programs of all state institutions and to that end has acted as advisory to local boards of managers and institutional executives in educational problems.



School Building, New Lisbon Colony for Feeble-minded Males

Psychological and psychiatric examining service. Basic to the classification program of the Department is the psychological and psychiatric examining service carried on in the state institutions. In the penal and correctional institutions these services are directed by the Mental Hygiene Bureau of the Trenton State Hospital, thus guaranteeing standard practice. One psychiatrist does the psychiatric work for all the penal and correctional institutions with the exception of Rahway, served by a member of the staff of the Trenton State Hospital, and the State Home for Boys served by the resident physician of that institution. The chief psychologist with one assistant does the psychological work for the Trenton State Hospital,

supervises the out-patient* work of the Mental Hygiene Bureau and the seven assistant psychologists who are resident at the state correctional institutions. The chief psychologist also supervises the work of the four resident assistant psychologists in the institutions for the feeble-minded and one at the Marlboro State Hospital.

Although most of the work done at the institutions is for the institutional inmates, occasional out-patients examinations are made by the psychologists and psychiatrists at the institutions. These examinations are included in the figures in the two tables that follow, the psychological examinations of these out-patients numbering 141.

Psychiatric examinations were given to 2,427 persons at the correctional institutions in 1933, and 7,152 psychological examinations were made.

<i>Correctional institution</i>	<i>Psychiatric services</i>		<i>Psychological service</i>
	<i>Persons examined</i>	<i>Number of examinations</i>	<i>Number of examinations</i>
<i>Total</i>	2,427	2,622	7,152*
State Prison	970	1,010	1,172
Classification Unit	3	3	15
Rahway Reformatory	236	275	1,133
Annandale Reformatory	412	417	1,069
Clinton Reformatory	186	193	746
State Home for Boys	584	685	2,086
State Home for Girls	36	39	931

Psychological examinations were given in 1933 by the Mental Hygiene Bureau at the institutions for the feeble-minded as follows. The psychiatric work of the Vineland State School was done by the Mental Hygiene Bureau. The other institutions for the feeble-minded were served by the state hospitals.

<i>Institution for feeble-minded</i>	<i>Psychiatric examinations</i>	<i>Psychological examinations</i>
<i>Total</i>	115	1,820**
Vineland State School	25	553
North Jersey Training School.....	19	438
New Lisbon	71	702
Woodbine .....	...	127

*See page 57.

**In addition, eight psychological examinations were made by the Mental Hygiene Bureau of patients of the Marlboro State Hospital and 137 on patients of the Trenton State Hospital.

The reasons given for the 8,976 psychological examinations made of institutional inmates in 1933 are as follows:

<i>Occasion for examination</i>	<i>Number of examinations</i>
<i>Total</i>	8,976
Admission examinations	2,576
Routine reclassifications	3,841
Transfers from other institutions	466
Returns from parole and escape	408
Institutional babies	108
On special request of officers	335
On special request of inmates	475
On special request of psychologist	88
Others, including special research in speech training, pre-parole studies, special disciplinary examinations, etc.	679

CENTRALIZED PAROLE

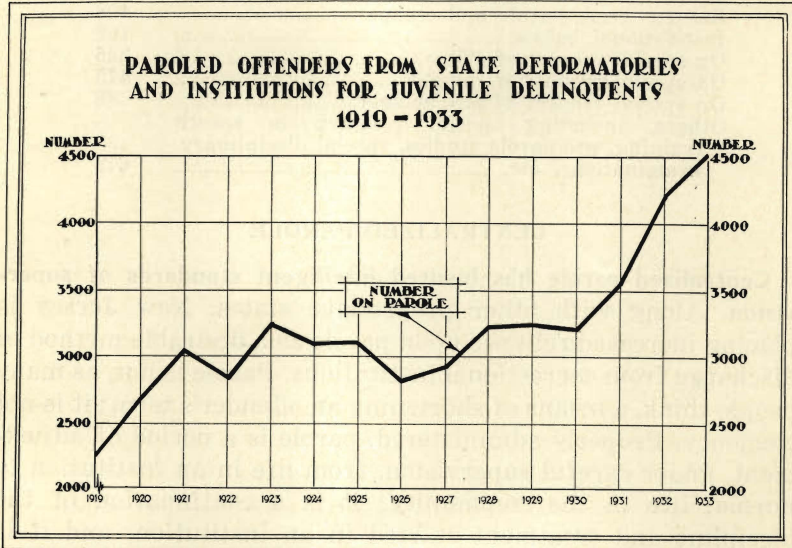
Centralized parole has insured intelligent standards of supervision. Along with other progressive states, New Jersey is placing increased reliance upon parole as a desirable method of discharge from correctional institutions. Parole is not, as many people think, a means of shortening an offender's term; it is not clemency. Properly administered, parole is a period of adjustment, under careful supervision, from life in an institution to normal life in the community; it is a continuation of the discipline and treatment started in an institution, and it is supervised adjustment in the community.

Efficient parole work aims (1) to select for parole persons who are ready, or as near ready as they are likely to be, to leave institutions and resume normal community life; (2) to provide careful and intensive supervision over such persons after they leave the institutions, to the end that they may be helped to adjust satisfactorily in normal environments and be prevented from committing additional acts of law-breaking.

All offenders leaving the three reformatories and two homes for juvenile delinquents are released on parole, the sentences carrying maximums but not minimums, the maximum for those in the homes for juveniles being the age of majority of the offenders. All offenders are released from the institutions before the expiration of their maximums so that a period of supervision on parole is assured for each offender. The

important question to be answered for each offender is *when* is the best time at which to release him to resume normal life in the community.

The centralization* of the supervision of parolees from the three reformatories and the two homes for juvenile delinquents in the Division of Parole of the Department of Insti-



tutions and Agencies has remedied many of the defects inherent in the system prior to 1918, when parole officers were members of the staffs of the individual institutions and had such enormous case loads with parolees in every part of the state that it was impossible to make any pretense of providing intelligent personal service in adjusting them to community life.**

*A special parole agent of the Prison supervises the parolees from that institution since the law does not include the State Prison in the institutions coming under central parole supervision.

**After carefully studying the parole work developed in this state the National Commission on Law Observance and Enforcement stated that: "New Jersey has one of the most carefully planned parole procedures in the United States, and has built up a parole philosophy which, in view of its close reation to life within the institution, is practically without parallel in the United States.

"New Jersey has accepted the idea that parole is a period of adjustment, under supervision, from life in an institution to normal life in a community. As such, New Jersey considers parole as the logical outcome of every offender's sentence—not as a favor to be granted in certain cases or merely as a rule-of-thumb device for terminating sentences. That is what it is in many states, but it must be said with respect to the Department of Institutions and Agencies that this Department has tried to think through, accurately and conscientiously, the steps by which parole may be of positive therapeutic value in the career of an offender."

The establishment of the Central Parole Division has brought about the following improvements:

1. The establishment of uniform parole methods and policies for the five institutions.
2. The establishment of higher qualifications for parole officers.

The qualifications now call for "education equivalent to that represented by graduation from a college or university of recognized standing; standard course in social service; two years experience as social investigator"—or training and experience regarded as the equivalent of these; also, knowledge of the problems of delinquency, tact, firmness, leadership, etc.

3. More efficient use of the parole officers' time and consequent saving of expense by districting the state and assigning to each officer all the parolees from any institution living in that district, that he may visit them easily without wasting time and money in traveling great distances and that he may know the social and employment possibilities in his territory and the individuals and agencies who may be of assistance to the parolee in establishing himself in the community.
4. Better supervision of the individual parolee made possible by:
 - (a) Smaller case loads.
 - (b) Clear understanding by the officer of the social and personal history of the offenders because of his responsibility for investigation of the homes of the offenders as soon as they are committed and because of his knowledge of the record of each parolee during his institutional life.
 - (c) Actual visits to parolees in their homes or at work instead of reports mailed to the officer by the parolee.
 - (d) Active supervision of the work of the individual parole officer by the Central Parole Division.
5. Scientific selection of the persons to be paroled through participation in the work of the Classification Committee.
6. Extension of the parole period until the expiration of maximum sentence which gives the parole officer more time to help the parolee.

7. Power to return the parolee for minor adjustments and behavior problems as well as for serious violation of the parole regulations.
8. Savings to the state by making possible the return to the community of many offenders under high standards of supervision at an annual per capita cost of \$25.00 as contrasted to the \$520.00 cost for treatment in correctional institutions.

The increase of over 100 per cent since 1919 in the number carried on parole is shown in the following table.

Fiscal year ending June 30	Number on parole at end of year					
	Total	Rahway	Annan- dale	Clinton	State Home for Boys	State Home for Girls
1933.....	4,520	1,517	1,094	279	1,232	398
1932.....	4,201	1,539	810	303	1,219	330
1931.....	3,567	1,407	483	261	1,154	262
1930.....	3,205	1,328	234	209	1,172	262
1929.....	3,258	1,624	51	162	1,180	241
1928.....	3,225	1,484	.....	127	1,376	238
1927.....	2,935	1,210	.....	107	1,402	216
1926.....	2,815	1,084	.....	82	1,388	261
1925.....	3,097	996	.....	70	1,782	249
1924.....	3,138	901	.....	122	1,823	292
1923.....	3,225	888	.....	111	1,914	312
1922.....	2,849	767	.....	72	1,715	295
1921.....	3,035	1,158	.....	97	1,476	304
1920.....	2,677	977	.....	110	1,305	285
1919.....	2,231	864	.....	72	1,057	238

The number placed on parole directly from the institutions fluctuates from year to year, depending upon institutional population and parole policies as well as upon general economic conditions. During the last three years many more persons have been paroled from the reformatories than in earlier years. In addition to the figures shown below there are always some persons placed under parole supervision after the lifting of the warrant held against them at the time they actually went out from the institution.

<i>Fiscal year ending June 30</i>	<i>Number paroled directly from institution during year</i>					
	<i>Total</i>	<i>Rahway</i>	<i>Annan- dale</i>	<i>Clinton</i>	<i>State Home for Boys</i>	<i>State Home for Girls</i>
1933.....	1,568	444	451	146	336	191
1932.....	1,603	478	451	152	347	175
1931.....	1,324	449	301	138	324	112
1930.....	1,145	346	218	109	371	101
1929.....	1,245	617	54	98	361	115
1928.....	1,024	490	.....	78	328	128
1927.....	890	381	.....	65	352	92
1926.....	755	325	.....	51	224	155
1925.....	721	292	.....	46	263	120
1924.....	716	264	.....	68	289	95
1923.....	997	405	.....	69	389	134
1922.....	909	377	.....	45	371	116
1921.....	950	415	.....	80	328	127
1920.....	1,099	464	.....	109	361	165
1919.....	1,080	455	.....	81	408	136

Of the majority of cases on parole, good reports are made by the parole officers who continue in the community the treatment started in the institution. However, many of the offenders have long records of delinquency and find it difficult to withdraw from their former lives and poor associates that eventually lead them into trouble again. Parolees who are brought before the courts for the commission of a crime may be given another sentence to the same or to another institution. They are then discharged from parole if the first sentence will expire while time is being served on the second. If the second sentence is a comparatively short one and the time remaining on the first sentence long, they are temporarily dropped from parole while serving the second sentence, at the end of which they will be required to finish the original sentence in the institution or through reinstatement on parole.

Not infrequently a parolee violates parole rules or his actions are such that he will most assuredly come into conflict with the law if he is permitted to remain in the community. If he is a juvenile he may be a major or a minor behavior problem that requires more institutional training. Under any of these circumstances he may be returned to the institution by his parole officer for "violation of parole" or "for adjustment." Occasionally, special medical attention is needed by the parolee which he cannot get for himself in a general

hospital and which the institution can provide. Sometimes a parolee loses his job, or a juvenile is unhappy or finds it difficult to "go straight" in the surroundings in which he is living and returns to the institution voluntarily for temporary shelter or assistance which may keep him out of trouble. Sometimes a parolee disappears and continued efforts of the parole officer fail to discover his whereabouts. In such cases his parole is revoked, that is the date of his maximum sentence is extended by the time he is missing from parole. Parolees

Parole items	Reformatories					Homes for juvenile delinquents		
	Total	Total	Rahway	Annandale	Clinton	Total	State Home for Boys	State Home for Girls
On parole beginning of year	4,201	2,652	1,539	810	303	1,549	1,219	330
Paroled during year	1,622	1,095	494	455	146	527	336	191
Directly from institution	1,568	1,041	444	451	146	527	336	191
Paroled after lifting of warrant or reinstated	54	54	50	4	.....	.....	.....	.....
On parole during year	5,823	3,747	2,033	1,265	449	2,076	1,555	521
Returned from parole during year	447	265	149	83	33	182	121	61
Recommitted to same institution	82	74	54	19	1	8	8	.....
Violation of parole or adjustment	340	184	91	63	30	156	99	57
For medical attention ...	19	6	4	1	1	13	11	2
Voluntary returns	5	1	.....	.....	1	4	2	2
For recall	1	.....	.....	.....	.....	1	1	.....
Discharged from supervision	628	377	232	29	116	251	190	61
Expiration of sentence or becoming of age ...	580	345	209	21	115	235	174	61
In other penal or correctional institutions	45	29	23	6	.....	16	16	.....
Deported	3	3	.....	2	1	.....	.....	.....
Dropped temporarily from supervision	214	204	128	56	20	10	10	.....
In other penal or correctional institutions..	105	95	56	39	.....	10	10	.....
Parole revoked (missing)	107	107	72	15	20	.....	.....	.....
In U. S. forces	2	2	.....	2	.....	.....	.....	.....
Died while on parole	14	11	7	3	1	3	2	1
On parole last of year.....	4,520	2,890	1,517	1,094	279	1,630	1,232	398

who join the army or navy remain legally on parole until the expiration of their maximums although they are not actually supervised by the Central Parole Division.

The Parole Division also supervises 150 persons on parole or extended visit from some of the institutions for the feeble-minded. Other parolees from these institutions are supervised by social workers from the respective institutions.

The table on page 36 shows the movement of parole of the reformatories and homes for juvenile delinquents for the fiscal year ending June 30, 1933.

MEDICINE

The work of the Division of Medicine has been directed primarily toward the standardization of medical procedure; cooperating with and providing consultation service on medical matters to other divisions and institutions within the department; making special surveys; cooperating in the development of public welfare service in allied fields.

The first project of the Division, after its creation in 1927 was setting up the medical and health supervision program at the North Jersey Training School which was opened for the reception of patients in January 1928.

The director of the Division of Medicine serves as advisor to the superintendent of the Commission for the Blind on various medical details; serves as chairman of the Advisory Health Committee of the Board of Children's Guardians in which capacity the form of medical procedure in regard to various matters has been formulated; serves as supervisor of inspectors of private nursing homes and hospitals and homes for children and the aged; acts as medical consultant to the Divisions of Classification and of Parole.

As a result of the activities of the Division it is now possible to give a comprehensive statistical picture of the work done in the medical departments of all the institutions. The volume of work gives clear evidence of the fact that New Jersey's institutional program is corrective and curative, not merely custodial.

Contagious Disease Control. The program for the control of contagious disease is formulated in accordance with regulations of the State Department of Health and the small number of contagious cases shows that the program is effectively carried out in the institution.

The average daily institutional population of 17,256 for the year ending June 30, 1933, showed the very low incidence of communicable disease as follows:

Influenza	169	Chicken pox	22
Pneumonia	116	Measles	10
Mumps	77	Erysipelas	19
Scarlet fever	9	Vincent's Angina	91
Whooping cough	4	Other	8

In addition the following communicable diseases were diagnosed on the admission of patients, and vigorous treatment instituted:

Syphilis	685	Chancroid	1
Gonorrhoea	117	Tuberculosis	716

The immunization program has absolutely prevented the occurrence of certain diseases:

Typhoid inoculations given	11,900
Diphtheria toxin-antitoxin or toxoid given	2,463
Small pox vaccinations	4,067

The following diagnostic tests were made during the year:

Dick test (for susceptibility to scarlet fever)	973
Shick test (for susceptibility to diphtheria)	1,276
Wasserman tests (for syphilis)	12,970
Tuberculin tests (for tuberculosis)	1,157

Dental Service. Over 31,000 dental examinations were made during the year and prophylactic treatments given in addition to necessary fillings, extractions and the like.

Surveys and Inspections. Special surveys have been made of medical service and organization at many of the state institutions. The prison medical staff has recently been reorganized in accordance with these findings.

In cooperation with the Inspection Division the county mental disease and tuberculosis institutions have been visited and evaluated.

With the Division of Statistics and Research a survey of the chronically ill and surveys of various social problems have been made.

Mental Hygiene. The promotion of a sense of community responsibility for providing psychiatric social workers for the mental hygiene clinics has been undertaken as a forward step

in the preventive program of the Department. The consolidated statistics of the clinics of North Jersey, South Jersey and Central Jersey now give a comprehensive picture of this field of work.

INSPECTION

County and municipal penal and hospital institutions and private hospital and charitable institutions are inspected by the Department through the Division of Inspection and the Division of Medicine. The services of the latter Division have been made available in setting up medical, nursing, and sanitation and health standards; of the departmental steward in advising as to food, dietetics, clothing and household matters; of the Division of Administration and Accounts in matters of budgeting, cost accounting and administration of such institutions; and of the Division of Statistics and Research in setting up appropriate record keeping systems. Through this centralized inspection and licensing service the cooperation of communities and of counties is secured in raising the standards of their institutional services.

Inspection of county and municipal institutions has assured citizens of adequate administration. Municipal and county jails and workhouses have been regularly inspected with special reference to housing of prisoners, overcrowding, sanitation, food and health service, and the treatment of prisoners. A summary of the conditions found at each institution together with definite recommendations to improve standards is then forwarded to the board of freeholders or other local authorities.

As a result of these inspections and recommendations:

1. Many institutions have met the minimum standards designated by the Department.
2. New institutions have been built, replacing those entirely unsatisfactory for the purposes for which they were used.
3. Reconstruction and renovations of parts of old buildings have made them habitable.
4. Physical equipment has been improved.
5. Services to inmates have been extended in some institutions, including attempts at rehabilitative programs,

better standards of personal hygiene made possible by increased facilities, development of adequate medical facilities and routine medical examinations of all incoming prisoners, better classification and separation of offenders in the institutions and the installation of some forms of occupation.

6. Counties have been urged to provide proper places of detention for their juvenile offenders in accordance with the law and to develop the use of the juvenile court and probation.
7. Investigations of complaints as to the treatment of offenders have been made and any changes found to be necessary brought about.
8. The general public has been informed of the true conditions in its institutions. As a result of this knowledge made available by trained and experienced investigators, the community cannot fail to recognize its responsibility for making any needed corrections.

The inspections of county and municipal almshouses or welfare houses, the six county hospitals for mental disease and the eleven county sanatoria for tuberculosis have followed the same general lines. In the case of these institutions the cooperation of the Division of Medicine has been especially important.

1. The old fashioned almshouses are gradually being turned into welfare houses to provide real care for the aged and infirm. Monmouth County has erected a new welfare house and several other counties have materially bettered their services.
2. The mentally diseased and feebleminded formerly in the almshouses have been transferred to institutions specially designed for their treatment.
3. Infirmary and hospital facilities and medical and nursing care have been improved in some of the almshouses. The Department is urging that all counties prepare more completely to care for the chronically ill who make up such a large part of the almshouse population.
4. Almshouses have been urged to meet the occupational and recreational needs of their aged and to provide safe, sanitary and cheerful quarters and kind and

sympathetic care administered by well trained staff members for the homeless people who have outlived their industrial usefulness.

Medical and nursing care, physical equipment, overcrowding, fire hazards, food service and sanitation have been covered in the inspections of the hospitals for mental disease and sanatoria for tuberculosis with improvement where necessary.

Inspection of private institutions has insured adequate protection for the physically and mentally ill. Private nursing homes, private hospitals and private institutions for the care and treatment of persons of unsound mind, are inspected and licensed by the Department in accordance with the law (P. L. 1906, Chapter 272; P. L. 1927, Chapter 133; P. L. 1928, Chapter 125; P. L. 1929, Chapter 223) in order that minimum standards of medical and social care may be maintained and that the institutions may keep step with the progress that is being made in the institutional field to which they belong. Chapter 133, P. L. 1927, and its amendments, carry with them a penalty clause to insure the maintenance of the minimum standards prescribed. In addition, power is granted to revoke a license for cause, and upon hearing and upon conviction a heavy fine and imprisonment is imposed.

During the past year there were inspected and licensed 130 institutions; of these 75 are nursing homes, 40 private hospitals and the remainder, sanatoria for the mentally ill and schools for the feeble-minded.

As a result of the work of the inspectors:

1. Licensable institutions have been brought up to minimum standards of equipment and service.
2. Medical and nursing service has been improved in many of the institutions as a result of recommendations.
3. Certain nursing homes have been placed on probation. While under supervision an effort is made to bring them up to minimum standards required by the Department.
4. Some homes have been closed voluntarily because their owners were not sufficiently well trained or financed to meet the minimum standards necessary as prescribed under the law.

5. Certain unsatisfactory institutions have been closed.
6. Applications for many new licenses have been investigated and granted or denied.
7. Many incorporated homes for the aged have, with the advice of the inspectors, been able to do more constructive work and have improved their services so as to provide better care for the physical and social needs of the aged under their care.
8. Some of these homes have been encouraged to coordinate their programs with the needs of the aged in the community.
9. A directory of homes for the aged has been compiled to assist social workers, public officials and laymen in finding fitting habitations and nursing care for the aged.
10. In 1931, with the cooperation of the field representatives of the Department, the board members and executives of incorporated homes for the aged voluntarily formed an association for the study and discussion of problems relating to institutional care of the aged.

Inspection of children's institutions has insured protection to children. The child-caring institutions of the state are inspected by a field agent of the Department in accordance with the law. (Chapter 95, P. L. 1922, Chapter 147, P. L. 1918).

The interests of the children in each institution have been protected by the survey of and advice on the medical program, diet, recreation, education discipline, character development and case work records. Additional protection has been afforded the children by a thorough inspection of fire hazards, heating, lighting, water supply, sanitation, sewage and garbage disposal.

The administrators of the institutions have been assisted on request by the consultation and advice afforded by the Department on admission policies, the development and behavior problems of children, the selection of personnel, systems of accounting, buying, diet planning, farm management, records, building and community resources.

Through the field agent the care given the child in the institution has frequently been coordinated with existing com-

munity programs for child care, and such local organizations as the churches, Sunday schools, Y.M.C.A., Y.W.C.A., and Boy Scouts have been encouraged to include the children in the institutions in their recreational programs.

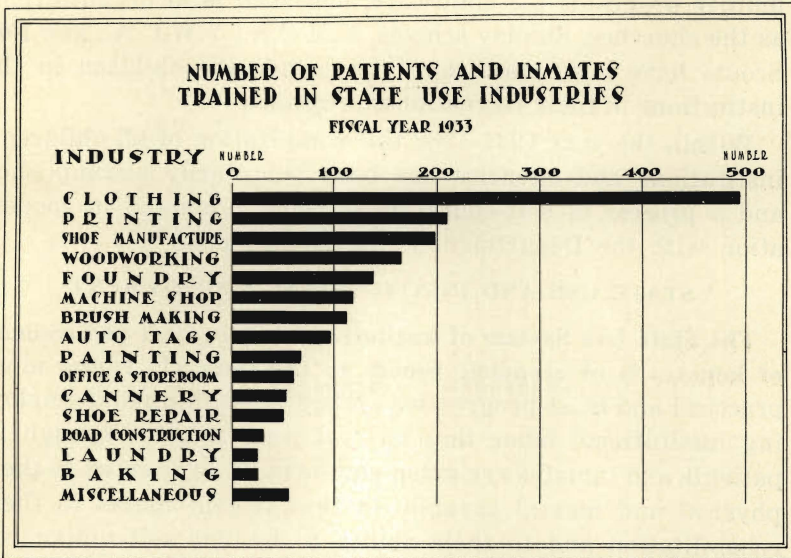
Within the year 1931-1932 the organization of all children's institutions and agencies has been voluntarily accomplished and a process of self-education is being promoted in cooperation with the Department's representative.

STATE USE AND INSTITUTIONAL EMPLOYMENT

The State Use System of institutional employment and training of inmates is of economic benefit to the state. It is the most practical and most progressive system of training and employing institutional labor that has yet been found. Through it, patients and inmates are given employment so adapted to their physical and mental capabilities that it contributes to their rehabilitation and to their ability to become self-supporting upon release to the community. The cost of institutional maintenance is materially reduced through the manufacture of articles needed by all the state institutions.

A strong plea for the constructive use of the available labor power of the inmates of the state penal and correctional institutions was contained in the Prison Inquiry Commission. As a result, the State Use System of prison labor was installed, receiving the wholehearted support of both employers and organized labor.

The State Use Division installs and equips industries which provide goods that are sold for the consumption of the state departments, and state, county and municipal institutions and agencies supported in whole or in part by the taxpayers. Such profits as accrue from the use of institutional labor are used to pay for the training and supervision of inmates assigned to the industries. The surplus is added to the revolving fund for the installation of modern machinery or of new industries after the deduction of the overhead costs of supervision and manufacture, including wages paid to inmates.



The State Use industries and organization have made possible:

1. The occupational training of wards of both correctional and hospital institutions and the selection of vocations for trainable inmates in occupations in which they will most likely succeed either because of their abilities or their preferences, also dependent upon their health, previous training, length of time in the institutions, etc.

<i>Institution</i>	<i>Number trained during year under State Use System</i>						
	1933	1932	1931	1930	1929	1928	1927
All institutions	1,897	2,122	1,825	1,681	2,021	1,555	1,590
Prison (Males)	600	833	900	966	988	954	821
Rahway Reformatory (Males)	704	720	558	427	513	403	531*
Annandale Reformatory (Males)	80	111	13	.....	.....	.....	.....
Clinton Reformatory (Females)	159	98	.....	.....	.....	.....	.....
State Home for Girls	119	106	80	76	70	35	30
Vineland State School	81	73	187	188	194	162	207
North Jersey Training School	42	32	29	23	30	.....	.....
New Lisbon Colony .....	.....	.....	.....	.....	225	.....	.....
Commission for the Blind	1	1	1	1	1	1	1
Trenton State Hospital	111	148	57	.....	.....	.....	.....

*Includes farm and construction work at Annandale under State Use auspices; continued by Rahway in 1928 and 1929 and subsequently by Annandale but not as part of the State Use System.

For example: The women at the Vineland State School can best make stockings and knit underwear for all of the institutions while those at Totowa and the State Home for Girls, the higher mental types, can make the better grade of clothing, such as that needed by the State Board of Children's Guardians. Printing and woodworking logically can best be done by the men at the Prison and Rahway. The patients in the Occupational Therapy Department of the Trenton State Hospital benefit by brushmaking.

3. The economic production of the type and quantity of articles needed by the several institutions through
 - (a) a unified plan of production and marketing,
 - (b) the centralized purchase of raw materials at advantageous prices in quantities as needed for manufacture, and
 - (c) the use of modern machinery and modern methods of production resulting in the manufacture of standard articles comparable to those made in the open market and thus also providing special training.
4. The interchange of products between institutions through the agency of State Use without the loss of time and effort with resultant savings to the taxpayer.

For example, the State Prison bakes the bread also for the State Home for Girls and the State Village for Epileptics at Skillman. The Leesburg Prison Farm does the baking for the Woodbine Colony for the Feebleminded.
5. The payment of instructors and guards in the work and training shops out of funds from the State Use sales, and the payment of very nominal wages to inmates employed, thereby encouraging their effort, increasing their morale, and giving them money which they may send to relatives outside the institution or allow to accumulate until their release.
6. Savings to the state of thousands of dollars annually through the use of articles made in the institutions.
7. Sales of nearly half a million dollars annually to other state departments and other institutions and agencies outside of the Department of Institutions and Agencies, but supported by taxpayers.

These include the manufacture of auto license plates for the Motor Vehicle Department; the manufacture of street and cautionary signs for the State Highway Department; printing

for the State Department of Public Instruction and other departments and the sale of manufactured goods. These departments get their work done at a figure lower than the market price and the inmates get their training and guarding at no additional cost and the State Use System is enabled to make a profit which is returned to the use of the state institutions.

<i>Year</i>	<i>Total amount of sales</i>
1933	\$673,775*
1932	1,029,787
1931	959,177
1930	1,006,413
1929	919,667
1928	1,073,477
1927	806,702
1926	685,415
1925	632,359
1924	552,549
1923	505,462

*No highway construction.

Attempts are continuously made to improve the quality of the products and the training in the shops. Those who desire to get advanced training in any of the vocations are given opportunity to do so and, whenever possible, the academic training and trade training are coordinated. The inmates not only learn some type of profitable work and earn part of the cost of their maintenance, but acquire habits of work and realize the value of quality and the importance of loyalty toward their instructors and to their work.

CONSTRUCTION AND ARCHITECTURE OF BUILDINGS

Buildings have been erected to meet the needs of state wards. The Division of Architecture and Construction has designed and constructed all new buildings and supervised major repair work for all branches of the state government, except for the State Board of Education, which supervises its own work.

In a state like New Jersey with a growing institutional population, and a treatment program built around the objective of prompt return to the community commensurate with the safety of the individual and of the public, it is vital that there be close cooperation and constant communication between the Department responsible for the care of the state wards,

the institutions in which they are housed, treated and trained, and the group of architects and engineers in charge of the construction and general repairs of the buildings. It is likewise important that the building program of each institution be correlated with that of other institutions and that emphasis be placed on the planning and completion of buildings and on all major improvements where the need is most urgent.

The Department therefore has had in charge of the construction and repair work of the institutions, a Division of Architecture and Construction composed of architects, civil, mechanical and electrical engineers and draftsmen, each able to cope with the problems of his own particular field.

During the last few years the work of the Division of Architecture and Construction included the planning and erection of the following buildings, which were made possible by the Half Mill Tax* and the Bond Issue.*

Hospitals for Mental Disease:

Greystone Park—Diagnostic and treatment building, housing for nurses and employees, occupational therapy building, reconstruction and modernization of old buildings.

Trenton—Hospital building, buildings for the tuberculous insane and increased capacity for the criminal insane, dining halls, employees' buildings, reconstruction and modernization of old buildings.

Marlboro—Construction of first units of the new hospital with the present capacity of 950 and with hospital and housing facilities for patients and employees.

Institutions for the Feebleminded:

New Lisbon—Three dormitories, congregate dining hall and kitchen, disciplinary building, school building, laundry.

Woodbine—Dormitories, power plant.

Vineland State School—Dormitories, dining hall, administration building, assembly and recreational building.

North Jersey Training School—Entire institution accommodating 525 girls, dormitories, administration building, school, laundry, power plant, etc.

Institution for Epileptics:

Skillman—Cottages, treatment building, housing for physicians and officers, extensive reconstruction work, central power plant and heating lines.

*See page 16.

Tuberculosis Sanatorium:

Glen Gardner—Children's building, school building, infirmary, shacks and reconstruction of old buildings.

Institutions for Adult Offenders:

State Prison—Industrial shops, reconstruction of the wing formerly used for women, reconditioning of main prison, erection of permanent dormitories and other necessary buildings at the Leesburg Prison Farm, cannery at the Leesburg Farm, construction of buildings at Borden-town Prison Farm.

Rahway Reformatory—General reconstruction and modernization of buildings.

Annandale Reformatory—Erection of the new institution, now housing nearly 500 inmates, including six dormitories, industrial building, modern power plant, water supply, farm and service buildings, etc.

Clinton Reformatory—Dormitories, administration building, hospital building, storehouse.

Institutions for Juvenile Delinquents:

State Home for Boys—Cottages, school building, congregate dining hall, training shops.

State Home for Girls—Reception and classification building, maternity cottage, assembly and school building, chapel, additions to the infirmary, housing for employees, reconstruction.

Soldiers Homes:—Completion of first unit of new institution at Menlo Park and general improvements in the Home at Vineland.

The designing and erection of buildings for other public departments included:

Recitation hall at the New Jersey College for Women

Physics building at the State Agricultural College

Armories at Atlantic City, Burlington, Camden, Dumont, Newark and Westfield

Additions to the East Orange Armory and other buildings for the State Military Board

Buildings at the Newark Airport.

OLD AGE RELIEF

The Old Age Relief Act has offered timely assistance to the needy aged. From July 1, 1932, when the Old Age Relief Law became effective, up to July 1, 1933, there have been filed in the state office of old age relief, 18,729 applications, of which 9,575 have been approved and 6,778 rejected. This shows an acceptance rate of 51 per cent of the applications, 36 per cent having been denied, and 13 per cent pending. The total old

age relief bill for both state and county during the fiscal year ending June 30, 1933, amounted to \$1,195,607.16, to which the state contributed 75 per cent or \$896,705.37. The average monthly relief grant was \$15.16. On June 30, 1933, there were 7,688 persons receiving old age relief.

The comparatively low grants are not an indication of a lack of need of relief on the part of the applicants but reflect the effort and planning that has been put into the work. Ineligibles have been eliminated by careful investigations. Eligibles have received minimum grants because their own resources and the resources of their relatives have been diligently sought out and thoroughly examined by the county welfare boards and the State Division of Old Age Relief. The net result in most cases is a supplementing of existing resources to the end that the recipient is relieved for the present at small cost. At the same time his progress toward complete dependency, without opportunity for partial self support and with minimum assistance from responsible relatives, is arrested.

The costs of the first year of the operation of the old age relief law to the state were hundreds of thousands of dollars less than originally estimated. The administrative decisions and policies which have resulted in the economical distribution of funds while relieving the greatest number of qualified persons include the following:

1. It was determined that aged persons, temporarily dependent because of the present economic situation with the resultant unemployment of legally responsible relatives, should not be eligible for old age relief until such time as the case took on an aspect of permanency. This has meant that many applicants, who might otherwise have been approved, have not received old age relief, and never will, because a change for the better in the relatives' status will make public assistance unnecessary.
2. An agreement to reimburse, through participation in the estates of old age relief beneficiaries, counties and state for amounts expended by them for old age relief, was worked out. This not only provides opportunity for the recovery of money expended as relief but has had the effect of preventing a great number of persons from attempting to qualify.

3. Decisions were also made as to the amounts of cash and items readily convertible into cash which an applicant might possess and still be eligible for old age relief.
4. A method was outlined whereby the assignments of insurance policies might be taken further protecting the interests of the counties and the state.
5. Cost of funerals were limited so that the estates of beneficiaries might not be dissipated for this purpose before the counties and the state were reimbursed.

The county welfare boards, the state's administrative agencies in the counties, are making their presence felt as important units of welfare administration in their communities during this period of economic stress. A surprisingly large number of old age relief cases also involve other social welfare problems, such as child welfare, care for the tuberculous, feebleminded, insane and delinquent. These allied causes of social maladjustment are not overlooked but are referred to proper sources for attention. A movement is under way to have the county welfare boards take the initiative in systematically coordinating the welfare resources of the counties in order that a unified attack may be made upon the social problems of the communities.

Relief Granted by Counties during 1933

<i>County</i>	<i>Total amount of relief during year</i>	<i>Average monthly grant per person</i>	<i>Number of recipients on June 30, 1933</i>
<i>Total*</i>	\$1,195,607.16	\$15.16	7,688
Bergen	46,179.73	13.27	419
Burlington	47,123.90	9.52	494
Camden	113,893.00	14.25	676
Cape May	18,732.41	9.23	205
Cumberland	85,760.00	14.05	610
Essex	219,071.08	18.28	1,208
Hunterdon	44,521.00	18.19	221
Mercer	96,971.00	17.18	504
Middlesex	123,862.28	17.28	676
Monmouth	107,061.99	14.42	734
Morris	59,406.39	15.31	360
Ocean	37,065.25	13.44	270
Salem	19,052.42	8.30	203
Somerset	25,806.00	17.60	149
Sussex	29,913.71	13.54	211
Union	74,418.00	16.44	511
Warren	46,769.00	18.42	237

*Atlantic, Gloucester Hudson and Passaic were not fully operating during 1933.

II. THE INSTITUTIONS UNDER THE SUPERVISION OF THE DEPARTMENT OF INSTITUTIONS AND AGENCIES

HOSPITALS FOR MENTAL DISEASE

A Mental Hygiene Program. A well-rounded mental hygiene program designed to foster and conserve mental health has been developed in New Jersey, with the mental hospitals and the mental hygiene clinics as pivotal points.

The Committee on Mental Hygiene* of the State Board of Control of Institutions and Agencies has stressed the following:

1. The continued transformation of "insane asylums" into modern curative institutions with every facility for the care and treatment of mental patients.
2. The return of as many mental patients as possible to the community under proper supervision and safeguards.
3. The extension of mental hygiene clinics throughout the state providing increased opportunities for the early recognition and treatment of mental disorders.
4. The development in local general hospitals of psychiatric facilities for mild nervous and mental cases who are reluctant to enter a hospital devoted exclusively to the care of mental illnesses.
5. The education of the general public on the importance of maintaining sound mental health.
6. Research into the causes, treatment and prevention of nervous and mental disease.

Mental Disease Hospitals. The three state hospitals for the mentally ill (Greystone Park, Marlboro and Trenton) are now equipped with every facility for the treatment and cure of mental disease just as general hospitals are prepared to treat physical ills. Well equipped laboratories and diagnostic facil-

*Members of the Committee are the following: Dr. Ambrose F. Dowd, Chairman, Dr. Augustus S. Knight, Dr. George O'Hanlon, Dr. Joseph E. Raycroft, Commissioner William J. Ellis, and Emil Frankel, Secretary.

ities aid in the medical treatment. The staff of resident physicians includes specialists in medicine, psychiatry, surgery, dentistry, pathology, roentgenology, electrotherapy, hydrotherapy, physiotherapy, occupational therapy, and in diseases of the eye, ear, nose and throat.

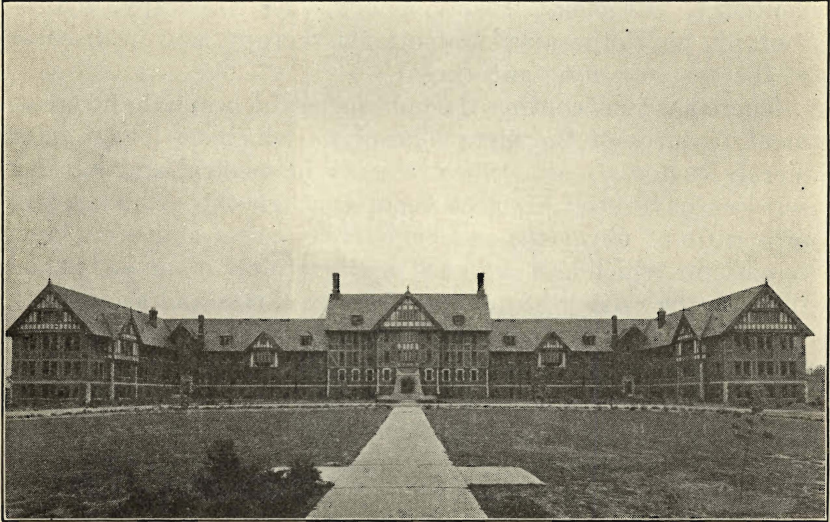
There has been continued emphasis on the hospital and treatment features of the mental hospitals which no longer offer merely custodial care. Improvements in medical and nursing services have been brought about through the establishment of a ratio of physicians and registered nurses and attendants to patients which is in advance of the minimum standards and through the raising of qualifications of nurses and attendants. Accredited schools of nursing with high entrance requirements have helped to make the latter possible.

The occupational therapy work has been strengthened to facilitate the recovery of patients, giving stronger emphasis on the medical function of occupational therapy and its correlation with the other treatments of the patient, graded from the simple work for deteriorated patients and work on the wards through work in the occupational therapy building demanding progressively graduated effort leading to pre-industrial work shops. A constantly larger percentage of patients is found in curative work rooms and shops and at maintenance and farm assignments.

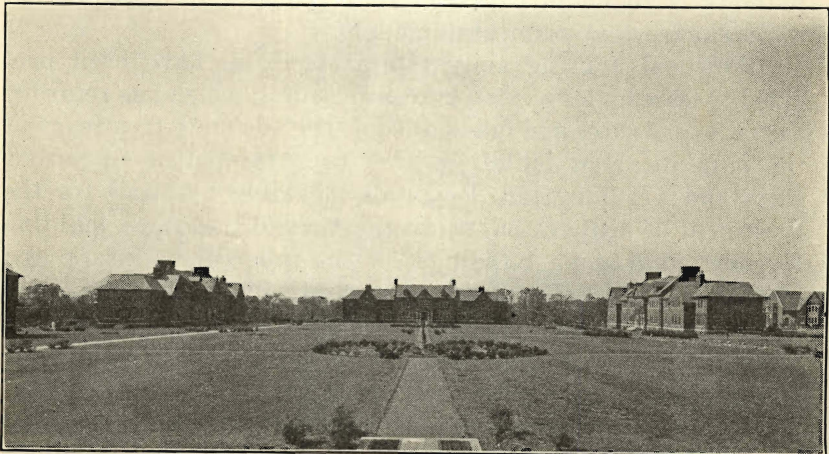
Additional housing and hospital facilities have been provided to lessen a long existent overcrowding which has retarded the recovery rates and made difficult the adequate treatment of the patients. New buildings have been erected at Greystone Park and Trenton State Hospitals including hospitals for the treatment of acute diseases, diagnostic and treatment building for new admissions, buildings for the tuberculous insane and increased bed capacity for the criminally insane (Trenton only), dining halls, kitchens and employees' buildings, and reconstruction and modernization of old buildings to provide additional and appropriate bed space.

The building program included the erection of a third mental disease hospital at Marlboro on the cottage system which permits classification of patients with similar mental disorders for the purpose of specialized treatment. Intensive diagnostic services are available.

STATE HOSPITAL AT MARLBORO



Hospital Building



Cottages for Patients

The building program has also included the concentration of the criminal insane of the state at the State Hospital at Trenton. Through the Commissioner of the Department of Institutions and Agencies and the Classification Division, mentally ill persons in the penal and correctional institutions of both state and county are transferred to the building for the criminal insane and are returned to their respective institutions upon recovery. 253 are at present in this service.

Psychiatric Social Service. The aim of the Department has been to secure the development of an increasingly well-trained staff of psychiatric social workers to aid in the community adjustment of the patients released from the hospital. This has resulted in an average of approximately 600 patients out on trial visit from the state hospitals under the supervision of the social service department during the last five years, as contrasted to the average of 62 during the four years preceding the organization of the State Department of Institutions and Agencies.

The importance of the social service work in mental hospitals has been well summed up in the recent Princeton Survey:

"The obligation of the mental hospital to its patients does not end when they have been paroled. It is the rule to release patients upon parole for one year, within which period they may be recalled without legal action. During this probationary period the hospital should provide continuous supervision of each patient by trained psychiatric social workers in order that the improvement shown by the patient in the hospital will continue. In this way alone can the hospital avoid having large numbers of its probationers returned.

"The social service organization of a mental hospital is highly important not only to the institution but also to the community which it serves. From the hospital standpoint, the Department does essential service, first, in obtaining accurate data regarding the personal and environment histories of newly admitted patients, and, second, in providing relief to the intramural population by making it possible to release under supervision many patients who otherwise would have to remain in the institution."

Through the increasing use of parole in the mental hospitals, persons are released in a shorter time from the hospitals and their treatment completed at home with the aid of the social workers and the mental hygiene clinics. Thus extra beds are

made available for patients who need continual hospital care, the state provides a social worker who can supervise at least seventy-five patients, instead of entire hospital facilities and services for each of the paroled patients, at a saving of at least \$50,000 a year, and the patient is assisted in adjusting himself satisfactorily to emotional, social and economic relationships.

The following table shows the number on parole or visit at the end of each of the given years from the state hospitals. The majority of these patients are on parole or trial visit. Some, however, are temporarily absent from the hospital and are expected to return.

<i>Fiscal year ending June 30</i>	<i>Number on parole or visit</i>
1933	685
1932	675
1931	604
1930	650
1929	598
1928	548
1927	431
1926	342
1925	483
1924	477
1923	424
1922	259
1921	222
1920	198
1919	191

Mental Hygiene Clinics.* Mental hygiene clinics have been established throughout the state at which psychiatric and psychological examinations are made and treatment advised in order that the number of persons needing institutional care because of mental condition may be lessened and that those who must enter institutions may secure the maximum benefits during their care.

Fifty mental hygiene clinics are conducted each month throughout the state under the supervision of the three state hospitals for mental disease. Whenever possible these are held in local general hospitals in order that the public may consider a mental examination in the same light as a physical examination and that the possibility of relief or cure of the mental condition may be emphasized.

*See also page 29.

Clinics are held weekly in the larger cities. In towns where the number of cases needing care is smaller, the clinics are held once in two weeks or once a month. In rural communities, where the population is widely scattered, the clinic is held at different points within the county.

The three state hospitals conducted 552 mental hygiene community clinic sessions during 1933. Greystone Park held 183 sessions in Englewood, Franklin, Hackensack, Jersey City, Morristown, Newark, Newton, Passaic and Paterson. Trenton, through its Mental Hygiene Bureau,* held 184 sessions in Burlington, Camden, Hunterdon, Mercer, Somerset and Warren Counties, and Marlboro 185 sessions in Elizabeth, Lake-wood, Marlboro, New Brunswick, New Lisbon, Plainfield and Red Bank. Both psychologists and psychiatrists were present at 424 of the sessions, psychologists only at 101 and psychiatrists only at 27. A total of 2,451 psychiatric examinations and 1,857 psychological examinations were given in these community clinics.

Community Clinic Service—1933

	<i>Clinics operated by</i>			
	<i>All state hospitals</i>	<i>Greystone Park</i>	<i>Marlboro</i>	<i>Trenton</i>
New patients	2,207	786	813	608
Total visits to clinics	3,587	1,774	1,079	734
Adults	1,399	790	417	192
Children	2,188	984	662	542
Male	2,009	881	655	473
Female	1,578	893	424	261
Psychiatric examinations	2,451	1,320	690	441
Psychological examinations	1,857	625	681	551

New patients are referred to the clinics chiefly by schools, private physicians and social agencies, and represent child guidance problems, social adjustment problems and cases of mental deficiency, psychoneurosis and neurosis and psychosis.

After a very careful and extensive reviewing of the mental hygiene clinic services offered by the Department, the Princeton Survey came to the following conclusions:

*For the details of the work of the Mental Hygiene Bureau in the state penal and correctional institutions involving 2,622 examinations by the psychiatrists and 7,152 examinations by the psychologists, see pages 30 and 31.

"The continuation and expansion of the work of the mental hygiene clinics should be guaranteed. This is one form of preventive work which leads to genuine economy. Drastic curtailment of activities in this field would weaken the barriers interposed between accumulating stresses and strains and the breaking point in many cases of potential mental disablement. It would also retard the processes of recovery in many who have broken down but are still susceptible to treatment. Many curable cases would become incurable and the burden of domiciliary and custodial care would be further increased. The communities should be encouraged to provide psychiatric social service workers so that in time every part of the state will be provided with mental hygiene clinics. Some communities are already cooperating in this way and it will likely result in time that the state will be called upon to provide merely supervision of local funds."

Mental Health Education. The Department has endeavored to spread a knowledge of the principles of mental hygiene that the general public might realize the importance of fostering and maintaining sound mental health and of recognizing in an early state minor nervous and mental disorders which might otherwise be contributory factors to more serious ailments. The emphasis on the development of psychiatric departments in general hospitals has been a part of this program.

Research. A statewide mental hygiene survey made in 1928 covered overcrowding, medical facilities, psychiatric social work, occupational therapy, etc., in the two state mental hospitals existing at that time and certain factors in the county hospitals. Later studies considered the characteristics of the individual patients and their backgrounds. Future research activities are aimed at systematizing existing information relating to mental health problems so that a sound program coordinating state and community mental hygiene efforts may be developed.

The state hospitals are constantly studying causes and methods of treatment and care of mental diseases.

INSTITUTIONS FOR THE FEEBLEMINDED

New Jersey was among the first of the states to develop a comprehensive program for meeting the needs of the mentally deficient, recognizing that such a program must be as flexible and varied as the problem itself, and that it must be modified and developed as knowledge and experience increases.

The essential elements of this program have been: (a) identification, through competent clinics directed by scientifically trained staffs; (b) specialized training in the special classes in the public schools through the state and local boards of education; (c) institutional care for those who are incapable of self-direction, or for whom some special social problems make institutional measures indispensable; (d) colonization and parole and (e) research.

Identification. The program of identification has been made possible through the mental hygiene clinics, including those of the Department of Institutions and Agencies, the general hospitals and the larger public school systems and those established for specialized service with the courts and other social agencies.

Institutional Care. Institutional care and training is a major phase of the general program for the mentally deficient. The institution must provide not only for those whose intelligence is so low that they cannot care for themselves but also must take those whose mental deficiency is complicated by definite delinquency or psychopathic tendencies which require training in a controlled environment. There are also those whose parents or relatives cannot for social or financial reasons provide the training and supervision necessary for the best development of the subnormal child.

Efforts have been made by the Department to provide for the feeble-minded needing care, both for those who may be returned to the community partially or entirely self-supporting as a result of the training received suited to their abilities and personalities, and for those who need permanent custodial care which they cannot get in their own home.

The Department has also endeavored to classify the several grades of feeble-minded in different institutions* designed for their care and training and in similar groups within each institution, but the pressing admission needs have made this absolute classification difficult temporarily.

The North Jersey Training School at Totowa is designed primarily for the higher grade feeble-minded girls, most of whom are morons between the age of 10 and 19 on admission. The Vineland State School provides for girls and women of

*See pages 105 and 106.

all ages and all degrees of mental deficiency, more than half of them being below moron grade. To the State Colony at Woodbine are sent male idiots and low grade imbeciles. The State Colony at New Lisbon has a comprehensive program for the industrial type of feebleminded males of the grades above low imbecile level. A limited number of boys and girls of trainable mentality with favorable personal and behavior habits are cared for at the Vineland Training School, a private institution, at state or county expense.

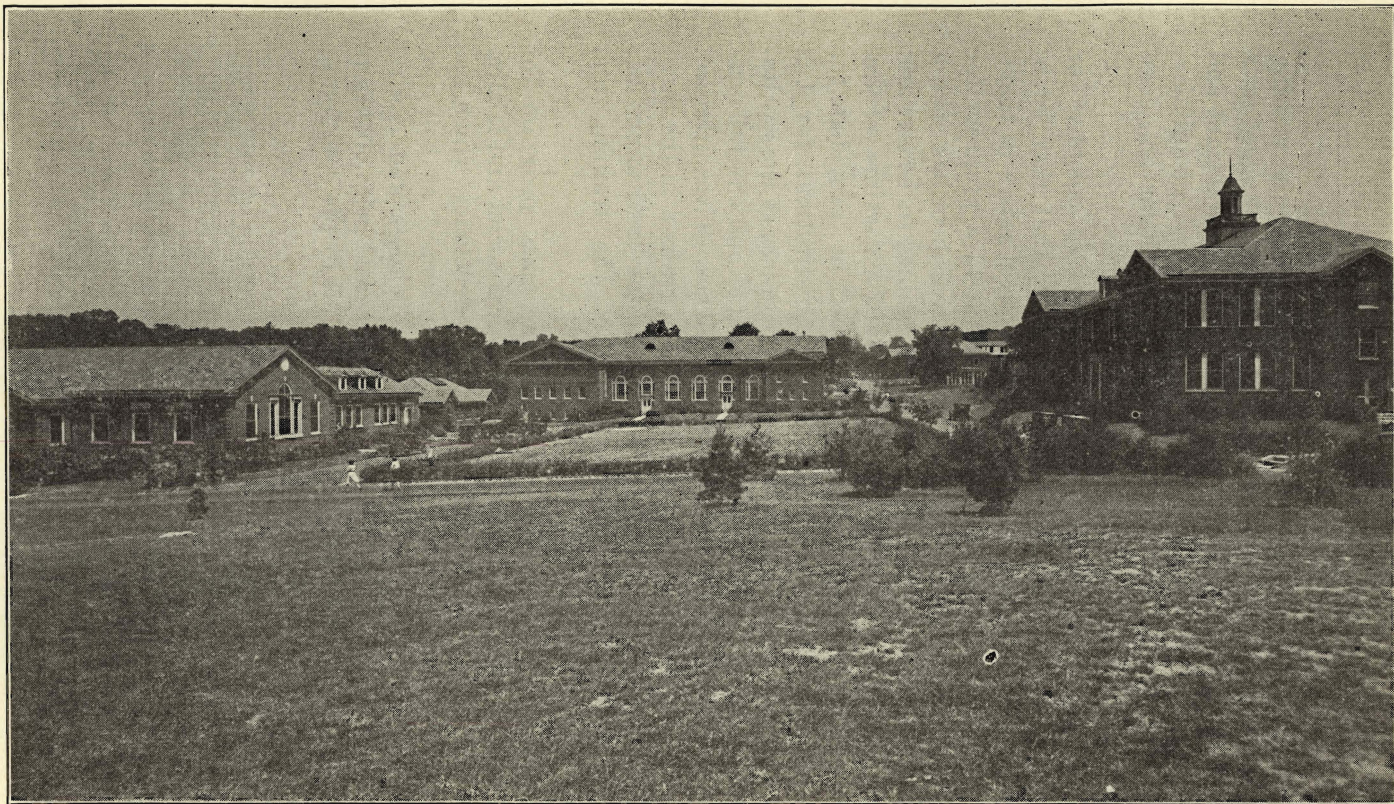
Persons have been received in institutions for the feebleminded by transfer from other types of institutions through the Division of Classification and Education when their mental, physical or social histories indicate that training in an institution for feebleminded will be more beneficial.

The educational program in the institutional group has developed to the point where it now provides habit training for the lowest grade and coordinates academic and vocational training for the highest grades, so that those who must remain custodial cases will be enabled to care for themselves and in some instances earn a part of their maintenance cost and that the other group may return to the community, partially or entirely self-supporting.

There has been decided improvement in standards of medical care and attendant service in the institutions through the appointment of resident physicians, psychologists and graduate nurses and the selection of house matrons and attendants with a better educational and social background and an adequate conception of their responsibilities.

The use of the "extended or trial visit or parole" of feebleminded patients has been increased. Many of the patients have returned to their families after a period of institutional training and have been supervised by social workers for several years until it became apparent that they had adjusted safely to community life. The state has thereby saved thousands of dollars which previously would have been spent in continued institutional care.

A waiting list is maintained in the Division of Classification for admission to all institutions for the feebleminded. The selection of those to be admitted to the institutions is made on



Dining Hall

Laundry

Recreation Building

Dormitories

School

THE NORTH JERSEY TRAINING SCHOOL

the basis of the urgency of the need of those on the waiting list. The "urgency" is determined by the Division, based on a mental, physical and social examination of each applicant and ratings are given on mentality, physical condition, cleanliness, self-help, stability, delinquency, eugenics and home and community conditions.

Colonization and Parole. The development of colonies* or groups living outside the main institution, that may be in preparation for return to the community and prove in themselves self-supporting, is vitally important in a program for the mentally deficient. The Vineland State School has such a colony in Red Bank which places girls, trained in housework, in carefully selected places of employment for daytime service. Competent community supervision must be provided for persons after they are released from the institutions, for it is only through such supervision that the advances of the institutional training program can be consolidated and the full protection of the community and the children themselves attained. A recent check-up on girls who have been trained in the institution program at one of the state training institutions has demonstrated the effectiveness both of the training and placement program.

Research. An important phase of the state program for care of the mentally deficient is the clinical social and laboratory research into all phases of mental deficiency which has been recognized by all the state institutions** as being of primary importance. Research into the causes and control of feeble-mindedness which has a fundamental relationship to many of our social maladjustments is vital to the solution of many of our present day social problems.

*Professor E. R. Johnstone of the Vineland Training School, a private institution, has developed a colony on waste land at Menantico, five miles from the parent institution. Here, pursuing his slogan of "waste land for waste peoples," he pioneered in the project of land clearing and land development. This opened the way toward a self-supporting colony, which has brought not only financial success through the diversified scientific agriculture that has been practiced there, but more important still, has blazed a trail for this and other states to follow in showing the possibilities of useful, happy, productive employment for defective boys and men.

**The laboratory of the Vineland Training School is famous for its research activities. There have been developed, under the leadership of Dr. Henry Goddard and Dr. Edgar A. Doll, methods for measuring the mental capacity and the aptitudes of children, not only of the mentally defective group. These tests have also been standardized for the benefit of public school children generally.

VILLAGE FOR EPILEPTICS

New Jersey is one of the few states in the country that have special provision for the institutional treatment of epileptics. Since epilepsy is a disease that is characterized by periodic loss of consciousness, frequently accompanied by convulsive seizure, there is need of close observation and scientific treatment of the patients. At the State Village for Epileptics at Skillman, a resident medical staff including the superintendent, six other physicians and two dentists and a consulting staff of neurologists, surgeons, physicians, pediatricians, electrotherapists and specialists in diseases of the eye, ear, nose and throat, through treatment endeavor to arrest the deterioration of the epileptics and to cure remediable conditions in the persons under their care.

Therapeutic activities are carried on to retard deterioration and to make the lives of the patients as happy and productive as possible. This is accomplished by regular school work for the children, by occupational work for adults, both in the manufacture of articles and in the maintenance work of the institution, and by amusements and recreation for all patients.

During the last few years the State Village has improved its services by:

1. Additional housing for patients including new patient dormitories, the reconditioning of old cottages, and the release of additional space for patients by the transfer of employees to cottages built for them.
2. A treatment building for hospital cases and acute conditions.
3. Increased occupational, vocational and physical training for patients to provide mental stimulation.

The training is based on the idea that "the greater variety of correlated occupations that can be planned for an epileptic, the greater is the possibility of strengthening his association and building up his memory, and retarding his deterioration."

4. Intensive studies and research on treatment methods.

SANATORIA FOR TUBERCULOUS DISEASES

The tuberculosis sanatoria maintained by the state and eleven counties* and the extensive tuberculosis clinic system

*Atlantic, Bergen, Burlington, Camden Essex, Hudson, Mercer (through the Trenton Municipal Colony), Monmouth, Morris, Passaic and Union.

which has been developed, are very important instruments in the general state program of tuberculosis control.

The New Jersey institutions generally have undertaken all the functions of a modern tuberculosis hospital:

- a. Arrest of tuberculosis not only for the minimal cases of tuberculosis with a fair prognosis, but also for the moderately advanced and to some extent for the far advanced cases that they may become physically and economically independent in so far as possible.
- b. The humane care of the sick, especially of terminal cases and for those that cannot be restored to their homes.
- c. Centers for diagnosis and consultation.
- d. Centers where physicians and nurses, not only those specializing in tuberculosis, can obtain first hand knowledge.
- e. Centers for medical and social research in problems of tuberculosis.
- f. Prevention of tuberculous infection by removing the patient from his home or his community where he may spread the disease; by placing children who are in contact with open cases in preventoria when possible; by teaching the patient how to care for his own health and to safeguard others from the bacilli.

The New Jersey Sanatorium at Glen Gardner cares for persons who are afflicted with a tuberculous disease of the respiratory organs which is of a curable nature. The most modern methods for the care of tuberculous patients are used, including the extensive application of collapse therapy. The children's unit accommodating 110 children has complete facilities for the physical, educational and recreational health of the children through its solaria for natural heliotherapy, its section for artificial heliotherapy, its operating rooms, its provision for the classification of children into bed and ambulant cases and into single room and ward cases, its school department covering the first eight grades, and its well-planned indoor and outdoor playgrounds.

The State Sanatorium, cooperating with local agencies, conducts regularly scheduled tuberculosis clinics in 34 cities and towns, and "roaming clinics" in forty to fifty towns in five counties. These clinics are staffed by Glen Gardner physicians. The responsibility for nurses, examining places, the publicity, and the follow-up work is in the hands of the local group

sponsoring the clinic, which may be the board of health, the tuberculosis league, the county health association, a social welfare organization or a Red Cross chapter.

In addition to these state tuberculosis clinics the county sanatoria maintain community clinic services. Boards of health conduct clinics themselves or in cooperation with other agencies in a number of the larger municipalities. Tuberculosis associations have frequently taken the initiative in the development of clinic services. Increasing numbers of general hospitals are furnishing quarters for clinics and are making available X-ray and other services. Special school clinics have been held primarily for the purpose of tuberculin testing of school children. Preventoria and summer camps have been established offering preventive service for contact children and those seriously undernourished.

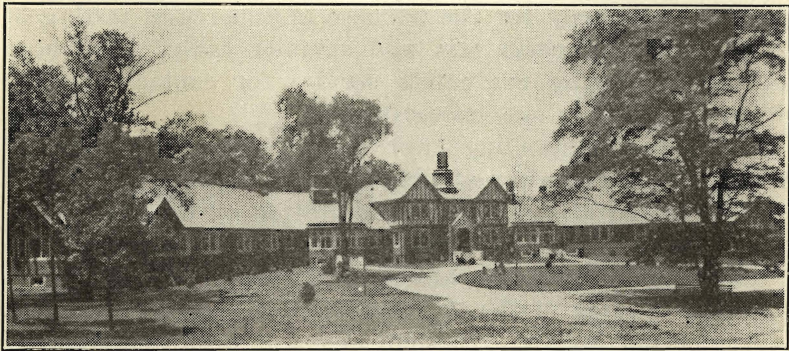
Among the outstanding improvements in service afforded by the State Sanatorium at Glen Gardner are:

1. Increased capacity of the institution by the erection of an infirmary, shacks and children's building and the reconditioning of old buildings.
2. The opening of the children's unit of 110 beds in 1928, permitting the treatment of children as young as five years when complete recovery is possible.
3. Increased facilities for treatment and cure of tuberculosis, including intensified medical and surgical work and an enlarged nursing and attendant staff such as is necessary for the general hospital work now undertaken.
4. Increased use of occupational therapy through the craft shop and in the wards and a well-regulated recreational program.
5. Establishment of eight grades of school work for the children.
6. Extension of clinic service through the state, two physicians devoting their entire time to the examination of patients in clinics.

SOLDIERS' HOMES

In the provisions made for the care of disabled veterans of the Civil War, Spanish War and World War, New Jersey gives a good illustration of state leadership in the care of the

ex-soldier. Two institutions (one at Menlo Park and one at Vineland) devoted exclusively to the needs of disabled soldiers, marines, sailors and their wives and widows, are maintained by the state and equipped with every facility to insure the comfort and happiness of these veterans, their wives and widows in their declining years. A homelike atmosphere is preserved as far as possible. Recreational needs are met by movies, band concerts, chapel services, and entertainment provided by a number of outside organizations which frequently visit the homes.



First Unit of Soldiers' Home, Menlo Park

The Home for Disabled Soldiers at Kearny was the first institution of its kind in the United States. Established in 1866, shortly after the close of the Civil War, it proved a welcome haven to many of the disabled New Jersey survivors of that war. After the Spanish War the capacity of the institution was increased to permit the entrance of Spanish War veterans.

Since there was no provision in the state for veterans of the World War who will need care in increasing numbers, and since the buildings at Kearny had outlived their usefulness and the site could be favorably disposed of, the construction of a new soldiers' home at Menlo Park was begun in May 1931. In June 1932, the aged veterans were transferred there from the Kearny Home. Upon the completion of the other units of the institution, the veterans and their wives and widows will be transferred from the home at Vineland.

In addition to the infirmary and housing unit already erected, the Menlo Park Soldiers' Home will consist of a combined administration, central service and recreation unit, a building for Spanish-American War veterans, two buildings for women, and one for married couples.

PRISON AND REFORMATORIES

In the development of New Jersey's system of penal and correctional institutions, the Department of Institutions and Agencies has followed certain fundamental principles contained in the recommendations of the Morrow Prison Inquiry Commission of 1918:

"The first consideration in any system of penology would seem to be clearly the protection of society, but protection of society means not only the temporary withdrawal from society of those who have broken its laws, but the preparation, so far as possible, of the withdrawn members for a position in society when they return to it. To this end every practical measure should be adopted to insure the maintenance of high standards of health and physical development.

"So far as possible systematic school and vocational courses should be conducted, and wherever practical prisoners should be trained in occupations which will enable them to become self-supporting on their discharge. While the state should be relieved as far as practicable from the burden of maintaining the prisoners, and to this end the profitable employment of the prisoner is desirable, we believe that greater stress should be placed upon the future advantage to society of having the prisoner leave the institution strong in health, capacity and character than upon any temporary profit which can be secured from the use of his time while in prison.

"The improvement of the prisoner in character and capacity depends not alone upon the physical conditions that surround him, but primarily upon his own will to improve. The creation or inducement of this will to improve must always be one of the most important tasks."

In order that the rehabilitation program may function effectively, the various penal and correctional institutions have been planned so as to provide for the proper custodial care of the various types of offenders. A classification system for the individual prisoner has been introduced which lies at the base of the program of individualized corrective treatment.

The development of the institution group as a whole, providing for the detention of each offender in an institution with the proper security and training program has proceeded along the following lines:

The State Prison: maximum security* detention for older and more serious male offenders with poor records and long sentences.

Leesburg Prison Farm: minimum security detention for older men of the common labor group of ability.

Bordentown Prison Farm: minimum custodial conditions for men of the better type and inmates with good records, nearing the time of discharge from the prison.

Rahway Reformatory: maximum and limited security for the industrial type of male prisoner under 30.

Annandale Reformatory: minimum custodial security for men under 25 suitable for intensive training in vocational and agricultural pursuits.

Clinton Reformatory: minimum custodial conditions for all women offenders over 17 years of age with cottages for segregation and classification.

Criminally Insane: maximum security for psychotic and psychopathic inmates from all penal and correctional institutions, provided in the criminal division of the Trenton State Hospital.

The classification plan is based upon a series of intensive studies of the offender calculated to give the administrator an accurate and complete analysis of the type of individual with whom he has to deal. This "man analysis" designed to get at the individual's differences, needs and outlook, has been found to be indispensable in the attempt to modify the habits and behavior of offenders and to secure the most effective use of the time allotted for treatment and training.

The initial studies include medical, psychiatric, psychological and educational examinations, supplemented by the investigations of field social workers.

The staff officers of each institution carry the responsibility for individual diagnosis and corrective treatment. The superintendent of each institution organizes a classification committee from among his staff officers. The following may be included:

*Maximum security implies confinement at all times behind a wall. Limited security implies that the inmate may be allowed to work outside the wall under guard but must be returned to maximum security at night. Minimum security implies that the inmate is suitable to be sent out to live and work in an open institution.

Superintendent, as chairman
Deputy superintendent
Disciplinary officer
Identification officer
Physician
Psychiatrist
Psychologist
Chaplain
Director of education
Director of industries and training
Field social investigator or parole officer
Classification secretary

Meeting in committee, these officers pool the results of their examinations which revolve around the following three important points:

1. The causes leading to the offender's commitment.
2. The program of treatment and training best calculated to meet the needs of each offender as brought out by the specialized studies.
3. The tentative goals which should be set as his objective in the work, school or other assignments of the institution.

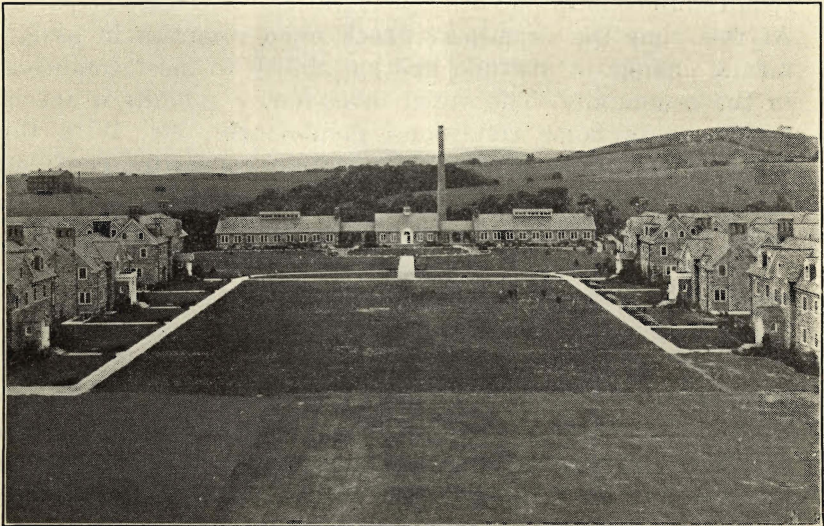
The same specialists are called upon to conduct examinations and interviews of the same individual at repeated periods during his stay in the institution. A special reclassification is required in connection with consideration for release or parole. At this time the examiners check upon progress in assignments, change in attitude and suitability to meet conditions in the community. The social investigator submits a special report as to home conditions, employment, etc. With this information available, the classification committee considers the application for release and prepares a report for the managing board or its parole representatives.

To carry out the work of social rehabilitation a series of activities are instituted which include: physical and mental health services (medical, psychiatric and psychological); schooling with classes from the first to the eighth grades supplemented by special classes for illiterates and opportunities for qualified persons to take special courses through the State University Extension Department; trade, industrial and agricultural training suited to the mental capacity; constructive recreation and wholesome entertainment; and moral training based upon the fundamentals of religion.

STATE REFORMATORY FOR MALES, ANNANDALE



Administration Building



A Group of Dormitories

Among the accomplishments of the Department of Institutions and Agencies in the correctional field may be listed the following:

1. Lessening of overcrowding of the State Prison by the opening and extension of the prison farms at Borden-town and Leesburg.
2. The establishment of the Annandale Reformatory for young men, built by inmate labor and operated during the construction period as a branch of the Rahway Reformatory but constituted a separate institution in April, 1929.
3. The transfer of all women prisoners to the Reformatory for Women at Clinton in December, 1929, thereby releasing cells for 100 men, space formerly occupied by thirty to thirty-five women for sleeping quarters and all other activities which had to be separated from those of the men. This also did away with the necessity of special matrons at the Prison and brought together all women prisoners of the state in an institution which provides for their classification.
4. The establishment of the clearing house or classification unit (on the grounds of the State Home for Girls) to which women formerly sent to the State Prison are brought for complete examination and classification before being sent to the Clinton Reformatory or to a hospital institution if the examination reveals the need for that type of care.
5. The establishment at Clinton Reformatory of a complete maternity unit and nursery under the supervision of a trained nurse to care for the children under two years old kept there during the detention of their mothers. This also affords a training center in child care.
6. Increased facilities for correlated academic and industrial training in each institution to fit inmates for life after release and essential to the development of self respect, adequate social standards and ability to make a living; trade training in a wide variety of practical subjects in accordance with the individ-

uals' ability, personal preference and aptitude; the development of the State Use industries which provide an outlet for the articles manufactured as part of the trade training in the institutions.

7. Transfers between penal and correctional institutions in accordance with recommendations of the classification committee based on the individual's type and need, and transfer of offenders to hospital institutions when their conditions warrant it.

It is interesting to see New Jersey's penal and correctional system in the light of a nation-wide study on penal institutions, probation and parole made by the National Commission on Law Observance and Enforcement in 1931:

"No single administrative set-up is possible, of course, in states differing so widely in respect to laws, customs, etc., as American states, but many of the principles for which we are contending are exemplified in the State of New Jersey. It is evident that New Jersey is trying to apply the method of individualized treatment in its institutions and to bring to bear upon the program of each inmate the skill and suggestions of specialists. Suggestions contained in this procedure will, we believe, be of value to all who, familiar with the difficulties of institutions, ponder the advance which this represents upon customary penal practice."

HOMES FOR JUVENILE DELINQUENTS

The homes for juvenile delinquents in New Jersey are conducted as educational institutions where the child with conduct or behavior difficulties is considered not as a penal offender but as an immature individual in special need of study, treatment, care and training. The classification plan of individual analysis is basic to the whole institutional treatment program and includes careful studies of the individual child's physical and mental conditions, habits, emotional life and a search for all those influences and forces which might have a relation to his peculiar antisocial conduct. The juveniles remain under the legal custody of the homes until twenty-one years of age, either in the institution or on parole under the supervision of the Central Parole Division.

The State Home for Boys at Jamesburg has developed educational and recreational facilities to meet the needs of boys

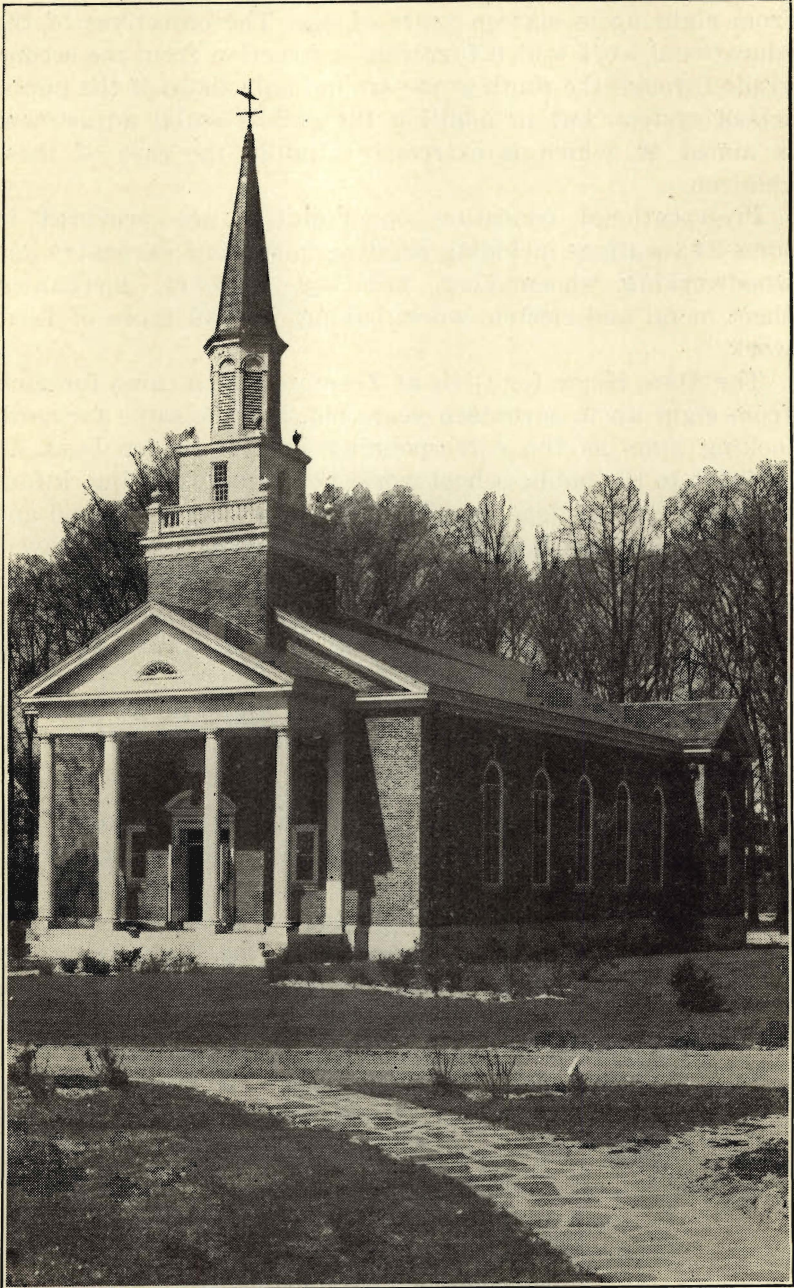
from eight up to sixteen years of age. The objectives of the educational work which furnishes instruction from the second grade through the ninth grade are not only those of the public school system, but in addition the child's social adjustment is aimed at, which is extremely vital in the case of these children.

Pre-vocational education opportunities are provided in some 24 vocations including printing, plumbing, carpentry and woodworking, shoemaking, tailoring, masonry, mechanics, sheet metal and electric work, baking, and all types of farm work.

The State Home for Girls at Trenton, which cares for girls from eight up to seventeen years old, has the same forward-looking aims as the corresponding institution for boys. In addition to the public school work, housework, cooking, infant care, personal hygiene, hand and power sewing, and hand and steam laundry work are the principal types of training given. Commercial training is available for the few girls who may be able to benefit by it. Art classes which give instruction in weaving, embroidery, metal work and music are available for girls with special talents.

Among the improvements both in plant and program at the two state homes for juvenile delinquents may be listed the following:

1. Additional housing facilities, including dormitories and school building at each institution; a chapel at the State Home for Girls; congregate dining hall and kitchen at the State Home for Boys; completion of the maternity unit and hospital at the State Home for Girls providing obstetrical, surgical and medical care.
2. Increased facilities for medical service including in each institution a resident physician, registered nurses, better hospital and surgical equipment, careful examination of all admissions with the subsequent correction of physical defects.
3. An enlarged program of academic education which requires each juvenile to complete as much of the nine grades of the school as he is mentally capable of doing. More complete equipment for pre-vocational



Chapel, State Home for Girls, Trenton

and vocational training which has enabled the boys to acquire a general knowledge of the trades available to them at which they might make a successful livelihood, and which has given to the girls practical experience in home making and child care as well as in occupational subjects.

4. Social rehabilitation through the organization of boy scouts and boy ranger troops; through supervised playground work and the development of a certain amount of self-government in the cottages; through the raising of standards of religious training by the organization of club work; and through the extension of privileges as a result of merit.
5. Easy transfer to hospital institutions for specialized care and transfer to other correctional institutions as the need of the individual indicates.

Nineteen were transferred to institutions for the feeble-minded in 1933 and 10 to the Trenton State Hospital; 15 were returned from the Trenton State Hospital at the completion of treatment.

In 1933 the State Home for Boys transferred 28 to Annandale and 12 to Rahway and the State Home for Girls transferred 4 to Clinton.

III. THE AGENCIES UNDER THE SUPERVISION OF THE DEPARTMENT OF INSTITUTIONS AND AGENCIES

STATE BOARD OF CHILDREN'S GUARDIANS

New Jersey was a pioneer in developing a well-rounded system of child welfare under which adequate care and protection is afforded to the dependent and neglected child and support given to the indigent mother with no means for providing for her young children. In the Home Life Act of 1913 the state gave adherence to the declaration of the first White House Conference called by President Roosevelt in 1909 that "except in unusual circumstances, the home should not be broken up for reasons of poverty" because it was recognized that "home life is the highest and finest product of civilization. It is the great molding force of mind and character." The partnership of the state and counties for many years has been an effective means for giving practical expression to this fundamental principle in child protection and nurture.

The Board of Children's Guardians has a three-fold responsibility:

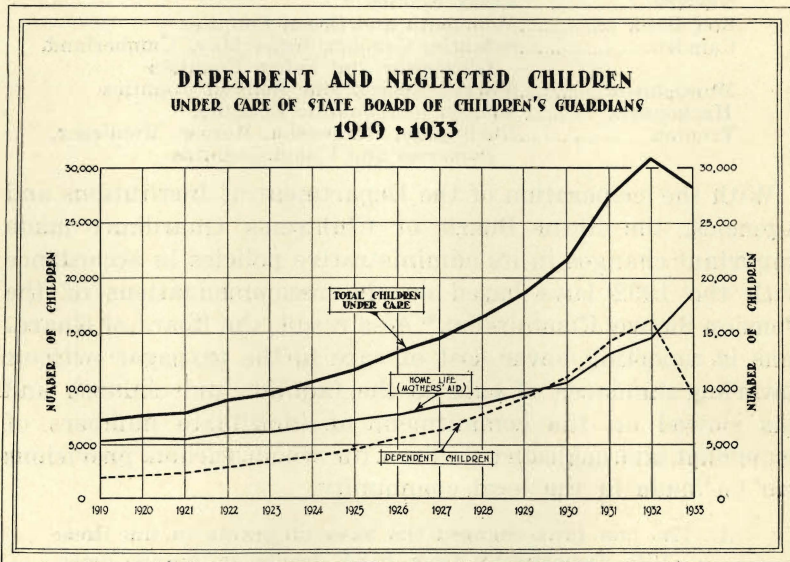
1. The placing and supervision of children in foster homes.
2. The boarding of children in their own homes under supervision.
3. The administration of aid to mothers with dependent children in their own homes.

Under the child welfare laws each county has the right to apply for legal commitment to the care of the State Board of Children's Guardians for any children who may be "indigent, helpless, dependent, friendless and poor."

Under the act to provide home life for dependent children, a petition for the support of children under sixteen may be filed by a widow, by a person taking the place of a mother, by a mother whose husband is in a penal or correction institution for at least a year, or who has deserted for more than a year and against whom an indictment has been found, or who is under prolonged treatment in a hospital or at home for a

physical or mental handicap which makes support impossible. The family under this law may receive the amount calculated on a budget basis required to care for children under sixteen, under present economic conditions.

The statements made in the petitions are carefully and thoroughly investigated. The recommendation of the Board of Guardians is made to a representative of the board of freeholders, who considers whether the county is willing to accept



the financial responsibility for each child. There must be legal settlement in the county in which the petition is filed. The county agrees to pay for the support of those committed by it. The state finances the administrative functions.

Neglected and dependent children whose parents or relatives cannot give them the proper supervision and support are placed by the Board of Children's Guardians in free or boarding homes after commitment. In order that the children may be placed in fitting homes where there will be personal care and an environment most suited to their needs, investigations and visits of inspection are made of all families applying for children.

All children under the care of the Board are visited regularly by field workers who see that the children are properly clothed, fed and educated and are living in the social, moral and spiritual surroundings that should be provided.

In order to bring the child caring work of the Board into closer touch with the local community, the following district offices have been established:

Jersey City	Hudson County
Newark	Essex County
Red Bank	Monmouth and Ocean Counties
Camden	Atlantic, Camden, Cape May, Cumberland, Gloucester and Salem Counties
Morristown	Morris, Sussex and Warren Counties
Hackensack	Bergen and Passaic Counties
Trenton	Burlington, Hunterdon, Mercer, Middlesex, Somerset and Union Counties.

With the cooperation of the Department of Institutions and Agencies, the State Board of Children's Guardians made important changes in its administrative policies in accordance with the 1932 laws based on the recommendations of the Pension Survey Commission.* As a result, the Board of Guardians is reporting lower cost of care to the taxpayer without lowering standards of care to the families and children and has slowed up the commitment of inordinate numbers of dependent and neglected children for whom various provisions can be made in the local community.

1. The new laws changed the basis of grants in the Home Life Department from fixed grants to grants determined upon a budget basis.
All home life cases have been reviewed and every family whose grant might be changed in accordance with the new law has been brought to the attention of the county officials.
2. Beginning with March 1, 1933, the amount of board paid for children maintained in foster homes under the supervision of the Dependent Children's Department has been revised to \$3.15 per week. In addition, a restrictive policy has been adopted by the Board which permits the supplying of milk, medical service, clothing, etc. only to those cases where a careful investigation has disclosed specific need that cannot be covered by the amount allowed for board.

*Commission created in 1930 by the Legislature to study the problems of municipal, county and state pensions and public agencies for the relief of dependency.

3. 4,280 children boarding with their mothers or relatives in the Dependent Children's Department were transferred to the Home Life Department during the year ending June 30, 1933.
4. The careful investigations which the Board is now enabled to make into the circumstances of children for whom relief applications are made under the Dependent Children's Department, have resulted in only 759 commitments in the last fiscal year as compared with 2,929 commitments during the previous fiscal year when such control of commitments was lacking.
5. During the fiscal year 1933, 6,897 children were discharged from care of the Board as contrasted with 3,562 children discharged in the previous year. In the Dependent Children's Department 3,199 were discharged during the fiscal year 1933, many of these through the rehabilitation of families, and the discontinuance of relief in homes where conditions had changed for the better.
6. The average number of supervisory visits by social workers per child is higher this year than it has been for some years, made possible by an increased field staff and the use of automobiles by the field workers.
7. A careful survey of health expenditures was made early in the year. The social workers of the Board were urged to make greater use of clinics and free health services, and plans were made for the cooperation of local physicians and dentists.
8. An effectively functioning statistical unit has been organized which has furnished comprehensive data on the extent and problems of child dependency and neglect in New Jersey.
9. Due to the cumulative effects of the changes made and economies introduced, the State Board of Children's Guardians has been able to reduce the cost of care of dependent and neglected children to the counties by \$780,000 in 1933.

A saving was also effected in the administration expenses of the Board, due largely to a reduction in traveling expenses and through more economical methods of supervision.

The State Board of Children's Guardians and the Department of Institutions and Agencies realize that the responsibility for the care of dependent children carries with it responsibility for the creation of and understanding of community

causes of dependency; for the development of the state's resources for the most adequate care of the underprivileged child; for the integration of the work of local agencies and institutions and other state departments in the effort to prevent child dependency and neglect.

STATE COMMISSION FOR THE BLIND

The State Commission for the Blind, a non-institutional agency for aiding blind persons, maintains a record of all the blind of the state, affords outdoor relief for the needy blind, medical attention for the prevention of blindness, and general education, training and employment to enable the blind to become, if possible, self-supporting. Executive offices and a manual training shop are located at Newark.

Some of the activities may be listed as follows:

1. In the educational field: home teaching of the blind in reading, writing and similar subjects; the support of certain New Jersey children in resident schools for the blind in other states; the provision of tutors for blind pupils in high schools and colleges; and the active cooperation with the state and local boards of education in the establishment of special classes in the public schools for the blind and partially sighted.
2. In the vocational and industrial fields: home teaching of the blind in sewing, typing and the manufacture of knitted goods, aprons, rugs, articles of reed and wood, etc.; arrangements for the training of the blind in special subjects; assisting the blind in finding suitable employment; setting up shops, etc.; conducting a sales department through which are sold the articles manufactured by the blind.
3. In the social and recreational field: friendly visits to the blind assisting in their adjustments to other members of the family and in the community; arrangements for social activities and parties in urban centers; summer vacations for men who are members of the Blind Men's Club, etc.
4. In the relief field: granting of pensions to the blind after investigation proves the need. There were 334 persons

receiving pensions on June 30, 1933, the amounts of the pensions being paid by the counties of legal settlement.

The law raising the maximum grant from \$25 to \$40 per month was passed in March, 1931.

5. In the preventive field: sponsoring sight-saving classes; the protection of eyes from industrial accidents; the provision of optical care and glasses for those with defective eyesight; public education and research into the causes and prevention of blindness.

*Certain Activities of the Commission for the Blind during
Years 1919-1933*

<i>Fiscal year ending June 30</i>	<i>Persons reached by the Commis- sions' home teachers</i>	<i>Recipients of pensions</i>	<i>Children attending residential schools for blind outside state</i>	<i>Amounts paid by counties for pensions</i>
1933	653	369	33	\$88,617.46
1932	908	325	42	74,689.66
1931	642	240	47	51,242.77
1930	586	183	50	39,073.94
1929	542	152	41	32,840.34
1928	654	122	41	25,461.95
1927	583	94	43	20,246.58
1926	531	73	42	15,563.03
1925	433	69	41	13,753.88
1924	436	54	45	10,925.59
1923	530	37	45	5,290.66
1922	373	1	50	20.00
1921	289	.....	47	.....
1920	223	.....	*	.....
1919	284	.....	*	.....

*No record.

IV. STATISTICAL SUMMARY OF POPULATION OF PUBLIC WELFARE INSTITUTIONS AND AGENCIES

New Jersey in common with other states has noted a steady increase in the population under the care of the various public welfare institutions and agencies, particularly during the period of economic depression.

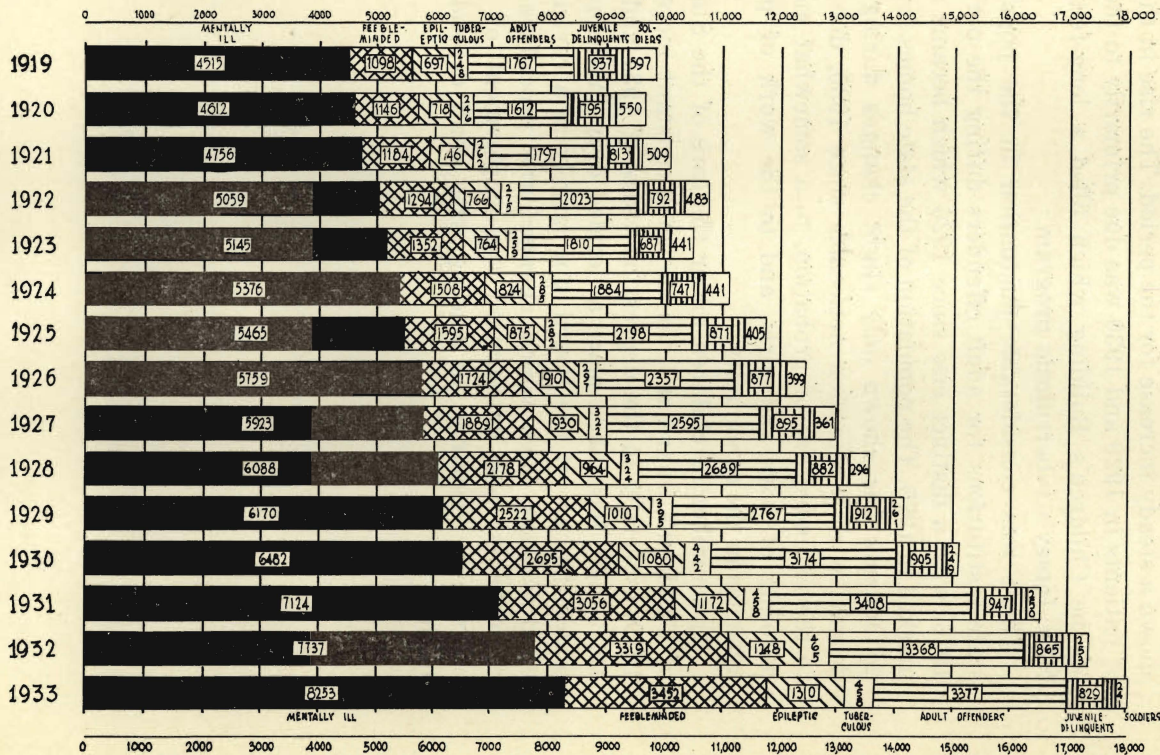
It may be assumed that the program of prevention and social rehabilitation, both of the community and of the institutions and agencies, has to some degree reduced the number of persons who find themselves in need of institutional and agency care, but it has not been able to overcome certain social or economic conditions.

The increasing population of hospitals for mental disease, which is found in practically every state in the Union, is accounted for not only by an increase of mental disease among the people but also by the recognition by the public of the value of the services provided by state mental hospitals, and its consequent willingness to send patients there for treatment. The economic depression in recent years has made it impossible to parole cases who would otherwise be returned home.

The state must receive all mentally ill cases committed regardless of the capacities of the mental hospitals. The opening of the new state hospital at Marlboro in 1931 relieved, to some extent, the overcrowding of the other two state hospitals, but present conditions indicate that in the near future more hospital facilities must be made available.

An institution for feebleminded girls has been opened at Totowa and enlargements have been made to other institutions for the mentally deficient. Although these additions have permitted the state to accept the most urgent cases, there still exists a waiting list of over 850 feebleminded persons for whom institutional care has been recommended.

RESIDENT POPULATION OF STATE INSTITUTIONS 1919 - 1933



The number of persons receiving care at the New Jersey Sanatorium for Tuberculous Diseases at Glen Gardner has shown a steady increase for the period. The rise in the number of patients in 1929 and 1930 was due primarily to the opening of the Children's Building which filled a long-felt need in New Jersey's tuberculosis program.

There was considerable fluctuation in the population of state institutions for adult offenders during the period 1919-1926, with a distinct rise since 1926 which became especially marked in 1930. The population of the state homes for juvenile delinquents has shown only slight changes during the last decade, with a recession noticeable since 1930, due probably to the extended use of probation, to a somewhat more rapid paroling of boys and girls, and to the work of preventive agencies in the community.

The number of children under the care of the State Board of Children's Guardians has shown a constant increase since 1919, especially in the depression years of 1931 and 1932. In 1933 there has taken place a decided drop in the population under the care of the Board, due largely to a revision in the child welfare laws which changed the procedure of legal commitment and emphasized the employment of the local community resources in dealing with child dependency and neglect.

Resident Population—State Institutions by Type

<i>Fiscal year ending June 30</i>	<i>Total all institutions†</i>	<i>Hospitals for mental disease</i>	<i>Institutions for feeble-minded*</i>	<i>Village for epileptics</i>	<i>Sanatorium for tuberculous diseases</i>	<i>Institutions for adult offenders</i>	<i>Homes for juvenile delinquents</i>	<i>Soldiers' homes</i>
1933	17,998	8,253	3,452	1,310	458	3,377	829	241
1932	17,311	7,737	3,319	1,248	465	3,368	865	253
1931	16,457	7,124	3,056	1,172	458	3,408	947	250
1930	15,081	6,482	2,695	1,080	442	3,174	905	249
1929	14,089	6,170	2,522	1,010	395	2,767	912	261
1928	13,472	6,088	2,178	964	324	2,689	882	296
1927	12,970	5,923	1,889	930	322	2,595	895	361
1926	12,381	5,759	1,724	910	297	2,357	877	399
1925	11,744	5,465	1,595	875	282	2,198	871	405
1924	11,102	5,376	1,508	824	285	1,884	747	441
1923	10,482	5,145	1,352	764	259	1,810	687	441
1922	10,718	5,059	1,294	766	275	2,023	792	483
1921	10,092	4,756	1,184	746	262	1,797	813	509
1920	9,696	4,612	1,146	718	246	1,612	795	550
1919	9,871	4,515	1,098	697	248	1,767	937	597
1918	9,885	4,599	1,032	764	256	1,740	832	655

*Including state wards at the Vineland Training School.

†Including babies at the Clinton Reformatory and the State Home for Girls not included in the total for the type.

Summary Admissions—State Institutions by Type

<i>Fiscal year ending June 30</i>	<i>First admissions and readmissions to hospital institutions</i>					<i>Court commitments to penal and correctional institutions</i>	
	<i>Hospitals for mental disease</i>	<i>Institutions for feeble-minded*</i>	<i>Village for epileptics</i>	<i>Sanatorium for tuberculous diseases</i>	<i>Soldiers' homes</i>	<i>Institutions for adult offenders</i>	<i>Homes for juvenile delinquents</i>
1933	2,330	465	239	592	205	1,798	430
1932	2,442	475	244	595	188	1,792	452
1931	2,226	541	236	638	159	1,920	583
1930	2,004	479	214	686	101	1,708	587
1929	1,814	594	175	549	160	1,373	546
1928	1,753	416	156	579	231	1,371	492
1927	1,657	254	140	586	261	1,250	527
1926	1,540	232	132	583	446	1,197	487
1925	1,661	212	154	560	393	1,183	471
1924	1,570	255	152	581	186	930	449
1923	1,592	132	112	565	148	750	328
1922	1,617	183	114	563	142	1,097	381
1921	1,557	130	107	560	124	1,036	407
1920	1,343	159	111	618	125	854	375
1919	1,312	162	121	588	142	995	534

*Including state wards admitted to Vineland Training School.

State and County Hospitals for Mental Disease—Resident Population

Fiscal year ending June 30	Total state and county	State hospitals				County hospitals									
		Total state	Greystone Park	Trenton (Civil and Criminal)	Marlboro	Total county	Atlantic	Burlington	Camden	Cumberland	Essex	Gloucester	Hudson	Passaic	Salem
1933	13,186	8,253	4,242	2,577	1,434	4,933	293	246	547	193	2,321	.....	1,333	...	...
1932	12,537	7,737	4,072	2,615	1,050	4,800	282	253	501	192	2,298	.....	1,274	**	...
1931	11,769	7,124	3,962	2,641	521	4,645	271	232	457	187	2,265	.....	1,219	14	**
1930	11,079	6,482	3,899	2,583	.....	4,597	256	226	431	183	2,310	.....	1,175	14	2
1929	10,423	6,170	3,646	2,524	.....	4,253	225	204	381	167	2,146	.....	1,112	16	2
1928	10,239	6,088	3,659	2,429	.....	4,151	212	215	345	174	2,090	**	1,097	16	2
1927	10,031	5,923	3,491	2,432	.....	4,108	252	195	299	169	2,076	6	1,093	16	2
1926	9,652	5,759	3,334	2,425	.....	3,893	223	199	269	169	2,001	7	1,006	17	2
1925	9,153	5,465	3,166	2,299	.....	3,688	202	187	252	154	1,890	8	975	18	2
1924	9,022	5,376	3,117	2,259	.....	3,646	180	182	233	146	1,927	9	945	22	2
1923	8,826	5,145	2,962	2,183	.....	3,681	193	181	236	142	1,965	10	925	27	2
1922	8,624	5,059	2,904	2,155	.....	3,565	164	189	237	149	1,907	8	888	20	3
1921	8,218	4,756	2,723	2,033	.....	3,462	152	184	220	141	1,878	9	853	22	3
1920	7,960	4,612	2,694	1,918	.....	3,348	148	167	220	142	1,791	10	845	22	3
1919	7,740	4,515	2,665	1,850	.....	3,225	145	162	226	136	1,696	6	827	24	3
1918	7,831	4,599	2,701	1,898	.....	3,232	123	169	241	131	1,691	6	839	29	3

**Mental patients transferred to other hospitals.

State and County Hospitals for Mental Disease—First Admissions and Readmissions

Fiscal year ending June 30	Total state and county	State hospitals				County hospitals									
		Total state	Greystone Park	Trenton (Civil and Criminal)	Marlboro	Total county	Atlantic	Burlington	Camden	Cumberland	Essex	Gloucester	Hudson	Passaic	Salem
1933	3,514	2,330	1,413	895	22	1,184	134	55	137	38	500	.....	320	....	....
1932	3,658	2,442	1,408	1,033	1	1,216	141	73	142	43	513	.....	304	....	....
1931	3,458	2,226	1,197	1,029	.....	1,232	133	59	144	49	519	.....	328	....	....
1930	3,438	2,004	1,058	946	.....	1,434	124	66	154	53	695	.....	342	....	....
1929	3,039	1,814	870	944	.....	1,225	103	54	140	43	573	.....	312	....	....
1928	2,908	1,753	895	858	.....	1,155	127	58	124	53	506	.....	287	....	....
1927	2,775	1,657	822	835*	.....	1,118	102	58	104	45	491	.....	318	....	....
1926	2,584	1,540	722	818	.....	1,044	92	57	79	54	498	.....	264	....	....
1925	2,636	1,661	696	965	.....	975	105	45	69	52	433	.....	271	....	....
1924	2,469	1,570	683	887	.....	899	86	51	62	39	428	1	230	2	....
1923	2,576	1,592	651	941	.....	984	76	54	66	49	492	2	238	7	....
1922	2,618	1,617	692	925	.....	1,001	85	45	83	67	451	.....	270	....	....
1921	2,542	1,557	661	896	.....	985	89	55	72	48	490	1	225	5	....
1920	2,334	1,343	593	750	.....	991	88	36	59	50	497	4	255	2	....
1919	2,253	1,312	613	699	.....	941	86	45	83	49	400	.....	275	3	....

*Transfers from other mental hospitals included 1919-1927.

State Institutions for the Feeble-minded—Resident Population

<i>Fiscal year ending June 30</i>	<i>Total</i>	<i>Vineland State School</i>	<i>North Jersey Training School</i>	<i>New Lisbon</i>	<i>Woodbine</i>	<i>State wards at Vineland Training School</i>
1933	3,452	1,268	529	763	547	345
1932	3,319	1,199	530	730	513	347
1931	3,056	1,137	501	610	471	337
1930	2,695	1,095	401	448	411	340
1929	2,522	1,063	310	429	373	347
1928	2,178	1,050	211	311	279	327
1927	1,889	1,005	.....	324	205	355
1926	1,724	887	.....	314	179	344
1925	1,595	826	.....	270	161	338
1924	1,508	812	.....	214	155	327
1923	1,352	749	.....	154	114	335
1922	1,294	731	.....	149	113	301
1921	1,184	719	.....	102	13	350
1920	1,146	726	.....	97	.....	323
1919	1,098	690	.....	66	.....	342
1918	1,032	681	.....	45	.....	306

State Institutions for the Feeble-minded—First Admissions and Readmissions

<i>Fiscal year ending June 30</i>	<i>Total</i>	<i>Vineland State School*</i>	<i>North Jersey Training School</i>	<i>New Lisbon</i>	<i>Woodbine</i>	<i>State wards at Vineland Training School</i>
1933	465	121	121	126	74	23
1932	475	90	110	170	80	25
1931	541	96	133	194	99	19
1930	479	127	148	126	60	18
1929	594	73	163	196	103	59
1928	416	75	217	38	72	14
1927	254	150	.....	31	34	39
1926	232	81	.....	68	24	59
1925	212	63	.....	85	24	40
1924	255	99	.....	88	52	16
1923	132	43	.....	19	17	53
1922	183	58	.....	54	50	21
1921	130	42	.....	18	12	58
1920	159	103	.....	35	.....	21
1919	162	61	.....	23	.....	78

*Not including babies as follows: 1933—5; 1932—4; 1931—1; 1930—2; 1929—2.

State and County Sanatoria for Tuberculous Diseases—Resident Population

Fiscal year ending June 30	Total state and county	State sanatorium	County sanatoria											
			Atlantic	Total	Bergen	Burlington	Camden	Essex	Hudson	Mercer (Trenton)	Monmouth	Morris	Passaic	Union
1933	2,425	458	1,967	50	203	115	218	413	209	43	88	52	217	359
1932	2,433	465	1,968	49	164	120	228	423	214	61	90	52	207	360
1931	2,397	458	1,939	48	160	118	219	395	206	73	82	52	212	374
1930	2,155	442	1,713	45	135	121	210	279	207	47	85	47	199	338
1929	1,926	395	1,531	41	130	105	209	275	183	48	64	47	95	334
1928	1,710	324	1,386	47	128	89	201	278	192	60	61	46	.....	284
1927	1,633	322	1,311	34	110	69	197	269	191	47	65	40	.....	289
1926	1,425	297	1,128	26	100	49	138	202	178	53	58	35	.....	289
1925	1,296	282	1,014	30	68	38	65	211	180	59	49	38	.....	276
1924	1,269	285	984	24	52	41	64	240	168	41	46	31	.....	277
1923	1,228	259	969	29	44	29	83	233	177	51	45	27	.....	251
1922	1,338	275	1,063	38	44	35	90	261	177	63	52	33	.....	270
1921	1,151	262	889	33	.....	24	70	223	158	49	29	32	.....	271
1920	1,019	246	773	25	.....	27	58	216	146	45	.....	29	.....	227
1919	1,019	248	771	29	.....	6	65	219	178	40	.....	20	.....	214

State and County Sanatoria for Tuberculous Diseases—First Admissions and Readmissions

<i>Fiscal year ending June 30</i>	<i>Total state and county</i>	<i>State sanatorium</i>	<i>County sanatoria</i>											
			<i>Total</i>	<i>Atlantic</i>	<i>Bergen</i>	<i>Burlington</i>	<i>Camden</i>	<i>Essex</i>	<i>Hudson</i>	<i>Mercer (Trenton)</i>	<i>Monmouth</i>	<i>Morris</i>	<i>Passaic</i>	<i>Union</i>
1933	3,238	592	2,646	68	284	96	368	426	266	98	127	47	269	597
1932	3,301	595	2,706	88	277	119	402	524	264	109	131	54	222	516
1931	3,468	638	2,830	86	268	152	459	554	221	142	135	53	228	532
1930	3,449	686	2,763	118	233	169	446	442	256	123	131	52	292	501
1929	3,075	549	2,526	119	226	194	380	469	265	111	117	71	124	450
1928	3,049	579	2,470	162	246	153	369	491	315	136	124	59	.....	415
1927	2,959	586	2,373	136	229	121	362	490	286	152	101	60	.....	436
1926	2,639	583	2,056	101	182	92	247	418	347	141	99	57	.....	372
1925	2,526	560	1,966	111	147	74	121	417	394	157	99	58	.....	388
1924	2,298	581	1,717	86	104	59	122	417	317	104	109	61	.....	338
1923	2,391	565	1,826	107	96	67	137	458	319	117	86	52	.....	387
1922	2,576	563	2,013	120	73	69	168	586	374	122	99	50	.....	352
1921	2,362	560	1,802	97	.....	58	151	533	363	106	49	56	.....	389
1920	2,459	618	1,841	99	.....	72	147	531	371	136	.....	62	.....	423
1919	2,484	588	1,896	97	.....	28	131	519	561	81	.....	51	.....	428

State Penal and Correctional Institutions for Adults—Resident Population

Fiscal year ending June 30	Total	State Prison and Farms		Rohaway Reformatory (Males)	Annandale Reformatory (Males)	Clinton Reformatory (Females)*	State Classification Unit (Females)
		Males	Females†				
1933	3,377	1,845	.....	869	464	197	2
1932	3,368	1,901	.....	857	388	221	1
1931	3,408	1,980	1	789	396	242	....
1930	3,174	1,974	1	652	318	227	2
1929	2,767	1,764	32	619	203	149	....
1928	2,689	1,741	28	757	.....	163	....
1927	2,595	1,694	25	705	.....	171	....
1926	2,357	1,575	28	590	.....	164	....
1925	2,198	1,449	29	561	.....	159	....
1924	1,884	1,237	23	493	.....	131	....
1923	1,810	1,257	20	405	.....	128	....
1922	2,023	1,316	14	546	.....	147	....
1921	1,797	1,133	17	541	.....	106	....
1920	1,612	997	10	504	.....	101	....
1919	1,767	998	20	626	.....	123	....

*Excluding babies.

†Women transferred to Clinton Reformatory, December, 1929.

State Penal and Correctional Institutions for Adults—Court Commitments

Fiscal year ending June 30	Total	State Prison		Rohaway Reformatory (Males)	Annandale Reformatory (Males)	Clinton Reformatory (Females)	
		Males	Females			Direct commitments	Court commitments to the Prison for the year transferred through Classification Unit
1933	1,798	876	12	344	462	104	12
1932	1,792	940	11	396	320	125	9
1931	1,920	1,015	9	443	301	152	9
1930	1,708	837	18	465	221	167	6
1929	1,373	717	11	527	5	113	....
1928	1,371	745	10	514	....	102	....
1927	1,250	630	9	519	....	92	....
1926	1,197	632	10	446	....	109	....
1925	1,183	626	15	440	....	102	....
1924	930	431	11	406	....	82	....
1923	750	390	11	279	....	70	....
1922	1,097	570	4	441	....	82	....
1921	1,036	484	9	477	....	66	....
1920	854	414	5	352	....	83	....
1919	995	438	11	456	....	90	....

State Homes for Juvenile Delinquents—Resident Population and Court Commitments

Fiscal year ending June 30	Resident population			Court commitments		
	Total	State Home for Boys	State Home for Girls*	Total	State Home for Boys	State Home for Girls
1933	829	538	291	430	288	142
1932	865	564	301	452	318	134
1931	947	641	306	583	425	158
1930	905	640	265	587	444	143
1929	912	672	240	546	417	129
1928	882	633	249	492	353	139
1927	895	614	281	527	404	123
1926	877	636	241	487	368	119
1925	871	600	271	471	345	126
1924	747	511	236	449	327	122
1923	687	489	198	328	238	90
1922	792	561	231	381	291	90
1921	813	572	241	407	305	102
1920	795	548	247	375	266	109
1919	937	649	288	534	414	120

*Excluding babies.

State Soldiers' Homes—Resident Population and First Admissions and Readmissions

Fiscal year ending June 30	Resident population—June 30				First admissions and readmissions during year			
	Total	Vineland	Menlo Park	Kearny	Total	Vineland	Menlo Park*	Kearny
1933	241	193	48	....	205	116	89	.....
1932	253	219	34	....	188	140	6	42
1931	250	205	....	45	159	144	....	15
1930	249	173	....	76	101	83	....	18
1929	261	173	....	88	160	92	....	68
1928	296	183	....	113	231	64	....	167
1927	361	199	....	162	261	44	....	217
1926	399	206	....	193	446	67	....	379
1925	405	212	....	193	393	53	....	340
1924	441	216	....	225	186	56	....	130
1923	441	209	....	232	148	44	....	104
1922	483	228	....	255	142	53	....	89
1921	509	233	....	276	124	36	....	88
1920	550	260	....	290	125	33	....	92
1919	597	264	....	333	142	23	....	119

*Excluding 35 transferred from Kearny to Menlo Park June 1932 and 58 in 1933.

State Board of Children's Guardians—Number Under Care and Commitments

Fiscal year ending June 30	Number under care			Commitments		
	Total	Home Life Department	Dependent Children's Department	Total	Home Life Department	Dependent Children's Department
1933*	28,341*	18,853*	9,488*	4,274*	3,515*	759*
1932	30,995	14,747	16,248	7,049	4,120	2,929
1931	27,508	13,142	14,366	7,097	3,895	3,202
1930	21,884	10,625	11,259	6,092	3,243	2,849
1929	18,789	9,686	9,103	5,330	2,871	2,459
1928	16,670	8,838	7,832	4,613	2,400	2,213
1927	14,898	8,598	6,300	4,028	2,597	1,431
1926	13,321	7,804	5,517	3,640	2,218	1,422
1925	11,864	7,224	4,640	2,951	1,819	1,132
1924	10,778	6,791	3,987	3,001	2,019	982
1923	9,686	6,156	3,530	2,509	1,598	911
1922	9,029	6,056	2,973	2,676	1,847	829
1921	7,920	5,428	2,492	2,089	1,400	689
1920	7,704	5,537	2,167	2,424	1,939	485
1919	7,286	5,261	2,025	2,505	2,068	437

Home Life Department provides care for dependent children with mothers in their own homes. Dependent Children's Department cares for dependent and neglected children in foster homes.

*The change in the proportion under each department is due to the changed laws (see pages 78 and 79). In addition to the 3,515 commitments from the community to the Home Life Department, there were 4,280 children transferred from the Dependent Children's Department to the Home Life Department. Included in the Dependent Children's Department commitments of each year are some children transferred from the Home Life Department.

Children under Supervision of State Board of Children's Guardians by County of Legal Residence—June 30, 1933

County	Number children under care			Per cent in	
	Total	Home Life Department	Dependent Children's Department	Home Life Department	Dependent Children's Department
Total	28,341	18,853	9,488	67	33
Atlantic	532	367	165	69	31
Bergen	1,474	1,154	320	78	22
Burlington ..	549	391	158	71	29
Camden	1,613	1,103	510	69	31
Cape May	184	103	81	59	41
Cumberland ..	496	350	146	71	29
Essex	7,343	4,898	2,445	67	33
Gloucester ..	257	208	49	81	19
Hudson	7,340	3,727	3,613	51	49
Hunterdon....	141	127	14	90	10
Mercer	1,255	1,085	170	86	14
Middlesex	1,412	1,238	174	88	12
Monmouth ..	818	538	280	66	34
Morris	492	336	156	68	32
Ocean	184	116	68	63	37
Passaic	1,410	1,097	316	78	22
Salem	233	140	93	60	40
Somerset	384	273	111	71	29
Sussex	225	102	123	45	55
Union	1,552	1,207	345	78	22
Warren	447	296	151	66	34

V. CURRENT MAINTENANCE EXPENDITURES OF STATE INSTITUTIONS AND AGENCIES

An analysis of the current maintenance expenditures of state institutions shows that the average annual cost per inmate has been reduced in 1933, to \$385.11,* a decrease of 24 per cent over the average annual per capita cost in 1930.

During the same period, 1930-1933, the annual per capita cost of salaries and wages has been reduced 8.8 per cent and the per capita cost of other items 39.5 per cent.

<i>Fiscal year ending June 30</i>	<i>Annual per capita maintenance cost</i>		
	<i>Total cost</i>	<i>Cost excluding salaries</i>	<i>Salaries and wages</i>
1933*	\$385.11	\$154.44	\$230.67
1932	481.14	225.28	255.86
1931	506.17	247.43	258.74
1930	508.02	255.06	252.96
1929	499.02	252.26	246.76
1928	497.17	263.14	234.03
1927	466.01	251.16	214.85
1926	455.65	252.66	202.99
1925	433.75	236.83	196.92
1924	414.98	236.74	178.24
1923	420.17	247.86	172.31
1922	418.21	253.98	164.23
1921	445.08	293.04	152.04
1920	392.96	258.40	134.56
1919	337.12	227.26	109.86

*Figures of salaries and wages for the fiscal year 1933 take account of salary reductions for unemployment relief.

The general upward trend in the total current maintenance expenditures of state institutions and agencies until 1930 may be explained by the fact that there was need of keeping pace with an increasing number of people to be cared for; and also by a continued increase in the cost of the items which go toward the upkeep of institutions and agencies as well as to the general upward movement of salaries and wages which had of necessity found its reflection in institutional salaries and wages, although not to the same degree as in industry and commerce.

The state institutional per capita maintenance costs excluding salaries and wages have seen a very material reduction in the last few years and in 1932 and 1933 are lower than they have been since 1919.

This is due primarily to the extraordinarily economical and effective management of the food service in the institutions and the increased production from the institutional farms. In addition, the policy of developing a cafeteria type of service in the various institutions including mental disease and tuberculosis hospitals, institutions for the feeble-minded, reformatories, and prisons, has produced a marked efficiency from the standpoint of food preparation, food service and food conservation. In 1919 the cost of food amounted to \$103.46 per inmate per year, or 28.3 cents per day. In 1933 the average cost of food per inmate was \$53.20 or 14.6 cents per day, or an actual reduction of 13.7 cents per day per inmate.

The following table shows the major items in the annual and daily per capita cost of New Jersey state institutions for the fiscal year 1933.

<i>Classification</i>	<i>Daily per capita</i>	<i>Annual per capita</i>
Total	\$1.081	\$394.38
Salaries and wages .....	.658	240.30
Food .....	.146	53.20
Clothing .....	.036	13.18
Fuel, light and power .....	.010	36.36
Household .....	.033	11.92
Farm, stable and ground, etc. ....	.031	11.46
Industrial shops .....	.002	.82
Vehicular transportation .....	.005	1.95
Education, recreation and library supplies .....	.002	.89
Medical and surgical supplies .....	.018	6.37
Printing and office supplies .....	.003	1.11
Sundry supplies .....	.001	.20
Current repairs .....	.027	9.67
Miscellaneous .....	.015	5.64

*Annual Per Capita Current Maintenance Expenses
Fiscal Years Ending June 30, 1923-1933*

<i>Institution</i>	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923
All institutions	\$394.38	\$481.05	\$506.17	\$508.02	\$499.02	\$497.17	\$466.01	\$455.65	\$433.75	\$414.98	\$420.17
<i>State hospitals:</i>											
Greystone Park	353.67	454.57	455.47	491.57	485.39	474.60	459.70	450.44	406.94	386.96	357.80
Marlboro	369.77	507.58	**	.....	.....	.....	.....	.....	.....	.....	.....
Trenton	402.08	483.52	502.10	507.46	484.72	478.02	425.67	409.55	359.77	349.34	352.82
<i>Institutions for feeble-minded:</i>											
Vineland State School	258.61	341.91	364.05	315.47	312.68	318.54	321.33	312.05	322.37	289.77	312.00
North Jersey Training School	411.02	531.40	560.05	614.90	662.44	**	.....	.....	.....	.....	.....
New Lisbon Colony	257.98	351.30	409.34	435.80	469.97	427.87	387.51	397.34	465.20	427.39	460.26
Woodbine Colony	326.86	409.58	480.39	500.29	498.33	623.93	588.59	634.96	614.49	572.95	690.21
<i>Institution for epileptics:</i>											
Skillman	320.95	375.67	401.41	440.93	445.09	431.47	429.55	408.65	410.16	399.27	398.14
<i>Sanatorium for tuberculosis:</i>											
Glen Gardner	747.47	872.74	923.15	1,041.58	1,132.01	1,110.63	1,052.48	1,103.44	1,022.96	970.25	981.23
<i>Institutions for adult offenders:</i>											
State Prison	405.23	427.66	450.67	424.10	402.54	417.42	382.20	416.50	453.53	427.23	404.69
Leesburg Farm	552.70	687.01	765.47	724.50	683.45	658.63	377.88	*	*	*	*
Bordentown Farm	441.71	599.81	*	*	*	*	.....	.....	.....	.....	.....
Rahway Reformatory	501.77	545.87	595.10	568.84	590.35	504.22	505.28	501.56	509.84	401.12	567.06
Annandale Reformatory	498.56	653.75	645.13	735.30	584.18	†	.....	.....	.....	.....	.....
Clinton Reformatory	484.21	585.76	569.19	623.23	666.16	559.56	533.36	522.28	553.58	451.41	490.22
<i>Institutions for juvenile delinquents:</i>											
State Home for Boys	620.03	577.67	555.46	522.25	512.64	530.11	492.87	503.60	521.57	572.86	591.85
State Home for Girls	448.11	545.30	593.73	631.39	719.01	642.52	610.58	691.76	611.11	667.63	734.96
<i>Soldiers' homes:</i>											
Vineland	462.96	499.29	693.12	640.45	603.25	632.23	553.05	545.51	520.65	550.77	515.20
Kearny .....	.....	.....	1,468.42	1,140.02	902.03	966.34	703.47	657.25	395.12	426.59	516.11
Menlo Park	963.52	1,841.35†	.....	.....	.....	.....	.....	.....	.....	.....	.....

*Carried in Prison account.

†Operated from the Rahway Reformatory.

**Institution opened during last part of year.

†Men transferred from Kearny to Menlo Park, June 1932.

*Current Maintenance Expenses of State Institutions
Fiscal Years Ending June 30, 1923-1933*

<i>Institution</i>	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923
<i>State hospitals</i>	\$2,979,055	\$3,541,485	\$3,306,539	\$3,181,760	\$2,977,650	\$2,876,443	\$2,622,885	\$2,435,588	\$2,110,016	\$1,994,327	\$1,823,859
Greystone Park	1,467,714	1,811,924	1,804,128	1,842,406	1,758,568	1,696,677	1,579,996	1,470,696	1,275,352	1,199,588	1,049,077
Marlboro	456,672	438,551	166,312	13,350							
Trenton	1,054,669	1,291,010	1,336,099	1,326,004	1,219,082	1,179,766	1,042,889	964,892	834,664	794,739	774,782
<i>Institutions for feeble-minded</i>	898,514	1,107,996	1,097,948	1,023,627	898,928	825,713	654,615	533,729	510,090	494,278	407,482
Vineland State School	817,573	408,236	412,103	395,605	375,837	369,504	346,717	306,743	300,124	304,261	261,140
North Jersey Training School	211,677	270,484	248,662	228,743	191,445	182,417	60,523				
New Lisbon Colony	193,742	229,401	226,773	199,161	169,190	137,775	126,714	118,408	111,648	89,751	67,658
Woodbine Colony	175,522	199,875	210,410	200,118	162,456	136,017	120,661	108,578	98,318	100,266	78,684
<i>Institution for epileptics:</i>											
Skillman	406,966	457,943	447,171	454,594	437,075	409,033	396,474	366,967	345,768	329,394	304,577
<i>Sanatorium for tuberculosis:</i>											
Glen Gardner	343,091	399,716	421,881	403,091	350,922	313,197	297,853	284,688	261,878	258,087	237,458
<i>Institutions for adult offenders</i>	1,549,127	1,767,085	1,744,739	1,528,000	1,346,258	1,233,759	1,115,730	1,017,702	964,948	940,111	873,230
State Prison	580,291	622,667	764,780	687,892	604,613	614,020	585,151	632,659	603,653	598,129	530,544
Leesburg Farm	128,778	163,509	172,996	164,461	151,043	136,335	109,735				
Bordentown Farm	93,642	122,962									
Rahway Reformatory	419,985	471,088	437,995	370,313	353,027	367,574	316,306	287,898	273,276	260,729	264,251
Annandale Reformatory	204,411	233,390	218,701	163,238	115,668						
Clinton Reformatory	122,020	153,469	150,267	142,096	121,907	115,830	104,538	97,145	88,019	81,253	78,435
<i>Institutions for juvenile delinquents</i>											
State Home for Boys	471,630	535,922	524,727	504,860	497,072	504,927	493,918	466,355	456,646	481,983	445,674
State Home for Girls	330,476	358,153	346,608	342,593	320,914	318,595	309,522	299,642	291,036	315,075	290,597
Soldiers' homes											
Vineland	173,625	220,477	225,177	229,256	235,845	268,878	256,694	270,245	262,006	284,868	300,643
Kearny	113,887	141,299	140,009	135,774	132,112	140,355	132,179	134,194	129,641	137,693	140,133
Menlo Park	59,738	79,178									
<i>All institutions:</i>											
Current maintenance expenditures	6,822,006	8,030,624	7,768,182	7,325,188	6,743,750	6,431,950	5,838,169	5,375,274	4,911,352	4,783,048	4,392,923
Average daily resident population	17,298	16,694	15,347	14,419	13,514	12,937	12,528	11,797	11,323	11,526	10,455

The per capita costs for the administrative work for the State Board of Children's Guardians have decreased. The increased number of commitments during the years since 1919 has brought increased total expenditures to the state for all the administrative costs including the investigation of all petitions for aid and the supervision of the children under care. The county finances all aid to children committed under the Home Life Act and the county or the municipality all other dependent and neglected children. During the past year the individual grants to children in both departments have been cut down wherever possible. Children have been transferred to the Home Life Department from the Dependent Children's Department somewhat increasing the total expenditures of the Home Life Department, although reducing the per capita per child for the State Board.

State, County and Municipal Expenditures, 1919-1933 for Children Supervised by the State Board of Children's Guardians

<i>Fiscal year ending June 30</i>	<i>Total</i>	<i>State (for administration)</i>	<i>County (Home Life Department)</i>	<i>County and municipal (Dependent Children's Department)</i>
1933	\$4,525,664	\$293,037	\$2,471,891	\$1,760,736
1932	5,305,827	297,005	2,087,049	2,921,773
1931	4,339,149	262,633	1,752,307	2,324,209
1930	3,616,955	231,250	1,433,978	1,951,727
1929	2,922,151	204,901	1,178,418	1,538,832
1928	2,377,365	198,060	939,039	1,240,266
1927	2,055,893	167,630	871,602	1,016,661
1926	1,806,426	144,145	792,643	869,638
1925	1,499,647	126,374	712,417	660,856
1924	1,341,474	118,635	636,550	586,289
1923	1,154,419	111,156	562,658	480,605
1922	967,377	107,435	467,796	392,146
1921	788,334	92,893	390,746	304,695
1920	726,259	81,399	396,000	248,860
1919	604,622	65,354	328,796	210,472

VI. STATE SUBSIDIES TO COUNTY AND PRIVATE INSTITUTIONS OF CERTAIN TYPES

The state and the county are closely allied in their hospital work for the citizens of New Jersey. The question of the legal settlement of the patient needing treatment and the facilities in the county for the care of his disability usually determine whether he enters a state or a county institution.

Mental disease hospitals are maintained by six counties for a limited number of patients from those counties, some affording custodial and some hospital care. Tuberculosis sanatoria are operated by eleven counties, largely for their own residents, although several of them accept patients from counties without sanatoria. The county sanatoria accept patients with all stages of tuberculosis while the state sanatorium is limited by law to those with pulmonary tuberculosis in the early stages. Private nursing homes, approved by the State Board of Health and the Department, also give treatment to county patients. The Vineland Training School, a private institution, affords specialized training to selected mentally deficient boys and girls who cannot at present be accommodated in the state institutions.

The law, recognizing the responsibility of the state for providing for the indigent sick of certain types has decreed that subsidies shall be given the counties for all indigent patients and that the Department shall have inspection powers over all institutions which receive subsidies and shall be required to approve all bills for patients in those institutions. During the fiscal year 1933, subsidies were paid for a weekly average of 4,505 patients in county hospitals for mental disease, 2,288 patients in county or private sanatoria for the tuberculous and 358 persons in an institution for the feeble-minded.

The county adjusters and the court determine the indigency of a patient. If he is able to pay part of the actual cost of maintenance, the amount he contributes is divided equally between the state and the county.

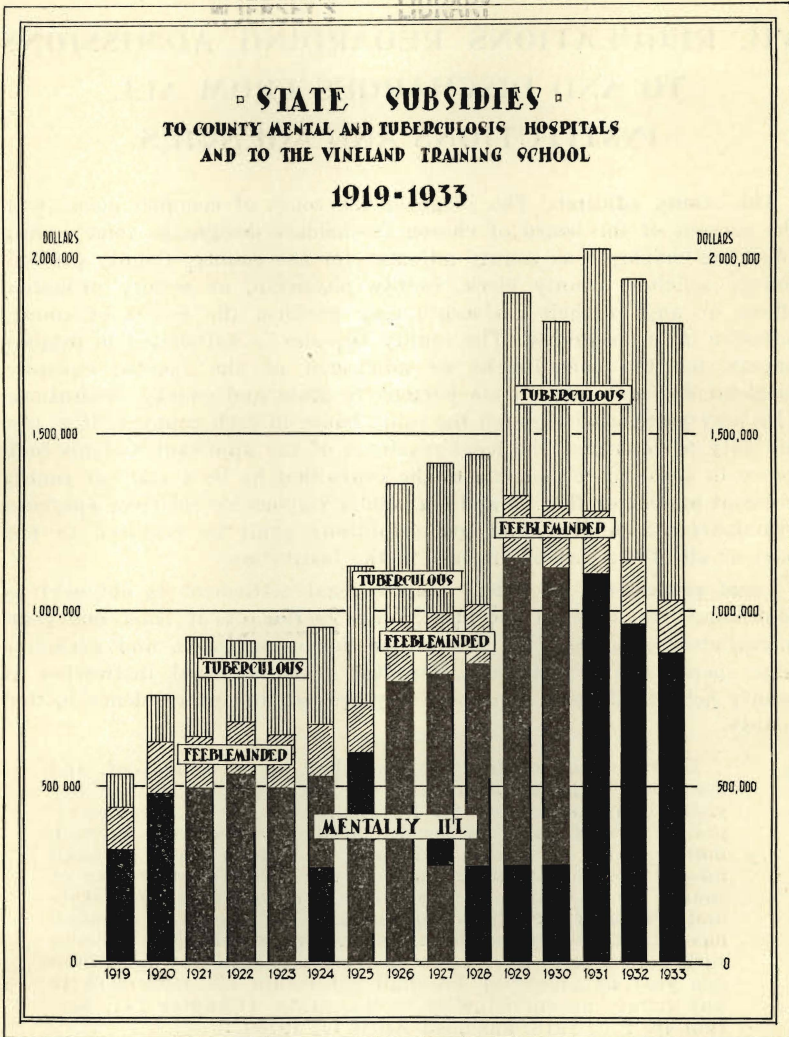
Hospitals for mental disease. One half the maintenance per capita costs of county indigent patients is paid by the state. (Chap. 67, P.L. 1924; Chap. 211, P.L. 1927). Each county therefore submits a per capita cost rate, either quarterly or semi-annually, based on the current operating costs. For the calendar year 1932 the average weekly billing per capita costs were as follows: Atlantic, \$3.34; Burlington, \$3.18; Camden, \$3.10; Cumberland, \$2.63; Essex, \$5.01; Hudson, \$3.38.

Sanatoria for tuberculosis. The state pays \$6.00 per week as its one-half share of the cost of maintaining each county indigent patient in a county or private sanatorium; \$12.00 per week for each state indigent patient; and \$3.00 per week for preventorium patients classified as county indigent patients (Chap. 217, P.L. 1912; Chap. 147, P.L. 1918, Sec. 501; Chap. 76, P.L. 1925).

Institution for the feebleminded. The state pays the Vineland Training School, a privately owned and specially equipped institution, \$500 a year for each patient sent on the warrant of the Commissioner of the Department. The counties in which the patients have legal settlement or the parents, if they are financially able, reimburse the state for the care of the patients.

Annual subsidies. The amounts expended by the state annually for patients in county and private institutions since the organization of the Department in 1918 are as follows:

<i>Fiscal year ending June 30</i>	<i>Annual subsidies to county and private institutions for the</i>			
	<i>Total</i>	<i>Mentally diseased</i>	<i>Tuberculous</i>	<i>Feebleminded</i>
1933	\$1,833,040	\$881,164	\$775,502	\$176,374
1932	1,940,634	962,619	799,826	178,189
1931	2,017,766	1,100,534	739,795	177,437
1930	1,819,408	1,123,254	522,881	173,273
1929	1,903,214	1,149,611	579,917	173,686
1928	1,437,389	848,691	425,197	163,501
1927	1,415,866	822,428	420,576	172,862
1926	1,359,773	803,419	391,354	165,000
1925	1,128,790	595,369	389,948	143,473
1924	960,178	531,440	280,818	147,920
1923	922,154	497,069	275,385	149,700
1922	915,414	539,230	226,387	149,797
1921	928,986	491,210	288,596	149,180
1920	758,784	477,116	135,495	146,173
1919	536,400	324,805	89,343	122,252



VII. REGULATIONS REGARDING ADMISSIONS TO AND DISCHARGES FROM ALL INSTITUTIONS AND AGENCIES

The county adjuster. The judge of the court of common pleas, with the consent of the board of chosen freeholders designates some county official or employee as county adjuster for the county. County counsel, county solicitor, county clerk, county physician, or county probation officer or any of their assistants may perform the duties of county adjuster if so designated. The county adjuster is authorized to prepare papers for the commitment or admission of the insane, epileptic, feeble-minded and tuberculous persons to state and county institutions. (He may be reached through the court house in each county). It is also his duty to determine the legal residence of the applicant and his indigency in order to recommend to the court that he be a state or county indigent patient or that he and his legally responsible relatives (parents, grandparents, children and grandchildren) shall be required to pay part or all of the cost of his care in the institution.

Legal settlement. In brief, a state legal settlement is obtained by continuous residence in the state for a period of at least one year, immediately preceding the application for commitment and excluding time spent in any charitable, hospital or correctional institution. A county legal settlement requires five years' continuous residence in that county.

Every person of full age who shall be a resident of, and domiciled without interruption in any municipality for five years, or in any county for five years, but not in any municipality thereof shall be deemed settled respectively in such municipality or county and shall so remain until he shall have gained a like settlement in some other municipality or county in this state or shall have removed from this state and remained therefrom continuously for one year, or shall have gained a legal settlement elsewhere in this state. In case such person shall have removed from this state for more than one year as aforesaid, he shall not retain his settlement in any county or municipality in this state. (Chapter 147, Section 40, P.L. 1918, amended April 11, 1919).

An indigent person with a legal settlement in another state or in a foreign country who has not acquired a residence in this state or in this country, may be returned to his place of legal settlement in accordance with the laws of the respective state or foreign country. An alien who has taken up his residence in any country immediately upon arriving in this country, may be considered to have a county legal settlement after three years.

Special provisions of the legal settlement law are as follows:

A married woman and her children shall always follow and have the settlement of her husband and of their father, if he has any within this state. If he has no such settlement, her settlement shall be as it was at the time of her becoming a resident and a domiciliary of such municipality or county wherein relief is sought, provided she shall not have, in lieu thereof, gained a settlement as is provided in section forty.

Legitimate children shall always follow and have the settlement of their father if there be one, until they shall have gained a settlement of their own. If the father has no settlement, they shall follow and have the settlement of their mother.

Illegitimate children shall follow and have the settlement of their mother unless the father is legally found or admitted by him to be such at the time and place of their birth, in which case they shall follow and have the father's settlement, if such parent has a settlement within this state. If either parent has no settlement, then it shall be in such municipality or county in which such child shall have been born if such birth occurred in this state. Such children born in charitable or correctional institutions, or while the mother is legally an inmate thereof, whether on parole or leave of absence, shall be chargeable to the place of the settlement of the mother or father or from which they were admitted or committed, rather than to the place where that institution is located.

Every minor whose parents have no settlement in this state, municipality or county, shall as in section forty provided gain a settlement within such municipality or county; provided, however, that no minor who shall be brought into any county in this state, or who shall be placed out in any family therein by any person, society or corporation, public or private, who shall have resided five years without interruption in any of this or any other state, shall gain a settlement. (Chap. 132, P.L. 1924).

ADMISSIONS TO AND DISCHARGES FROM HOSPITALS FOR MENTAL DISEASE

Persons eligible. Persons of both sexes suffering from mental disease are admitted to each the three state hospitals. The hospital at Greystone Park receives most of its patients from Passaic, Bergen, Essex, Hudson and Morris and other northern counties; the hospital at Marlboro has patients mostly from Union, Middlesex, Monmouth and Ocean Counties; and the one at Trenton, patients from the southern counties.

Admission of committed patients. An application for commitment may be obtained at the office of the county adjuster, the hospital or through the Department of Institutions and Agencies. The application may be made by a relative of the patient or by any person having charge or care of the patient. It must be certified to by two physicians under oath testifying as to the insanity. The signing physicians must be residents of New Jersey and must have practiced in this state at least five years. They may not be related to the patient or connected with or

financially interested in the institution to which the commitment is to be made. Within ten days of the physician's signing, the application must be in the hands of the county adjuster of county in which the patient resides or is. The county adjuster fixes the day of the final hearing which will establish the insanity, the legal settlement and the indigence of the patient, which shall be not later than 20 days after the application if immediate temporary confinement is unnecessary. The patient may appear personally or through his attorney at the hearings.

If immediate confinement is necessary an order of temporary commitment may be obtained from a judge of any court of record in the county in which the person resides or may be if the certifying physicians state the condition of the patient. If temporary papers cannot be obtained, the statements of the physicians as to the need of immediate care and the applicant's inability to secure temporary commitment papers may be presented to the chief executive officer of the institution. In the former case the county adjuster will proceed with final commitment papers and in the second with temporary and then final commitment papers.

Admission of voluntary patients. A person believing himself about to become insane or in danger of losing his reason may be admitted to a hospital for mental disease by filing with the chief executive officer at or before his admission an application in writing, the form for which may be obtained from the institution or the county adjuster. If he cannot furnish in advance the cost of care or deposit as security or a bond with sufficient surety, a copy of the application for admission is furnished to the county adjuster who investigates the legal settlement and indigence and reports to the court which makes an order covering the payment for care.

Admission by transfer. An insane person in confinement under commitment, indictment, sentence or any process may be transferred to a mental disease hospital upon order of the Justice of the Supreme Court or the judge of the court of common pleas of the county upon presentation of the necessary application and certificates. Transfer authority is given by the commissioner of the Department of Institutions and Agencies when persons are transferred from state institutions.

Temporary visit. The chief executive officer of the board of managers of each hospital sets down the rules under which a patient may, if his mental and physical condition permits, be released to relatives or friends for brief periods while still in the custody of the hospital.

Parole and discharge. When a patient has benefited by his hospital treatment, it is the practice for the hospital to release him to responsible persons in the community for a trial period, during which he is under the supervision of the social service department of the hospital. If during any time of this parole he proves himself unable to adjust to people and to community life, he is returned to the hospital for additional treatment. If at the end of a year, he seems to be in need of no further care or supervision by the hospital, his case is reviewed by the physician and the social service department and he is discharged.

A **voluntary** patient, however, may be discharged directly from the hospital without parole upon the certificate of the medical director, made to the chief executive officer that he is cured or that further treatment is unnecessary or undesirable.

A person transferred from a penal or correctional institution is returned to his original institution upon the improvement or cure of his mental disease except in certain cases when his penal sentence has expired during his hospitalization.

ADMISSIONS TO AND DISCHARGES FROM STATE VILLAGE FOR EPILEPTICS

Persons eligible. Persons of both sexes over five years of age, suffering from epilepsy.

Admission of patients. Application blanks may be obtained from the institution, the Division of Classification of the Department of Institutions and Agencies or the county adjuster. The procedure is the same as for admission to hospitals for mental disease.

If immediate institutionalization is necessary before the court hearing can be held, an order of temporary commitment may be obtained, prior to admission, from the judge of any court of record in the county or, if that is impossible, admission may be granted through the application papers alone, provided the latter are accompanied by a statement as to the applicant's inability to secure an order of temporary commitment. In either circumstance there must be certificates of two physicians. Proceedings for the final court order must be instituted immediately if a patient enters with a temporary order or with an application blank alone.

Temporary visit. A patient may return to his parents or guardians for visit of two weeks during the months of July and August upon the authorization of the superintendent but he remains, during that period, under the custody of the institution.

Discharge. A patient may be discharged upon the certificate of the medical director made to the chief executive officer stating that further treatment is unnecessary or undesirable; or by the board of managers upon application of the responsible person if the board of managers is satisfied that the patient can be given the proper care and attention; or upon court order.

ADMISSIONS TO AND DISCHARGES FROM INSTITUTIONS FOR THE FEEBLEMINDED

Persons eligible. Since the several institutions for the feeble-minded are designed for different types of persons, the Department of Institutions and Agencies, especially through its Classification Division, after studying applicants individually admits them to the institutions that will most benefit them.

Patients are eligible to the four state institutions for the feeble-minded principally as follows:

State Colony for Feeble-minded Males, Woodbine.

Male idiots and low grade imbeciles of any age above five, who are not epileptic or psychotic. Feeble-minded males below 8 years of age, above imbecile level, for habit training looking towards possible transfer to the Vineland Training School.

State Colony for Feeble-minded Males, New Lisbon.

Feeble-minded males 8 years of age and over, of better than low grade imbecile level who are not epileptic or psychotic.

Vineland State School.

Feeble-minded females over five years of age of all levels who are not epileptic or psychotic.

North Jersey Training School, Totowa.

Girls between the ages of eight and twenty-five who are mentally retarded but who are trainable and for whom the outlook is for community rather than institutional care, if they are not epileptic or psychotic or persistent and aggressive sex offenders or serious behavior problems.

The training school at Vineland, a private institution, receives a limited number of state cases. It accepts, upon the warrant of the Commissioner of the Department, white children of either sex between the ages of five and fourteen of better than low grade imbecile level who are trainable, cleanly in personal habits and capable of self-help. They must not be behavior problems, epileptic or psychotic. The procedure in committing, however, is the same as in state institutions.

Admission of patients. Preliminary application blanks may be obtained from the Classification Division of the Department of Institutions and Agencies, Trenton. When filled in they are returned to the Division for approval of admission to the appropriate institution. The legal application form is then sent by the Division to be filled in by the person having the custody of the child and signed by two physicians who have made personal medical examinations. It must then be filed within ten days in the office of the county adjuster who obtains the court order of admission from the court of common pleas. Due to the large number of applicants it is necessary to establish waiting lists for each of the institutions for the feeble-minded.

Temporary visit. A patient may be given permission by the superintendent to visit approved relatives and friends for designated brief periods.

Parole and Discharge. When the institution has given the patient such treatment and training that it seems likely that he may be able to live in the community under regular or special conditions, he is placed on parole during which time he is visited by the social service department of the institution or an officer of the Central Parole Bureau. After a sufficiently long trial indicates that return to the institution will be unnecessary, he may be discharged.

A patient may also be discharged directly from the institution on the recommendation of the superintendent or upon the order of the Commissioner.

ADMISSIONS TO AND DISCHARGES FROM STATE SANATORIUM FOR TUBERCULOUS DISEASES

Persons eligible. Persons of both sexes between five and fifty-five years of age with a tuberculous disease of the respiratory organs which is of a curable nature, provided they have been residents of the state one year prior to their application. A special building provides for children with childhood type tuberculosis.

Admission. Persons desiring to enter the sanatorium should be examined at the regularly scheduled tuberculosis clinics in the state (see page 126). Application may also be made to the superintendent. The county adjuster acts on all but private patients who furnish bonds as security to cover the cost of care.

Discharge. A patient is discharged when his improved condition warrants. If improvement does not obtain after a sufficient length of time in the sanatorium to test the effect of the treatment, he is advised to arrange for transfer to a county institution or an institution of similar type.

County sanatoria. Admission to the county sanatoria which accept patients with all types and stages of tuberculous diseases, is also arranged through the tuberculosis clinics which function throughout the state.

ADMISSIONS TO AND DISCHARGES FROM SOLDIERS' HOMES

Persons eligible. The Soldiers' Home at Vineland admits disabled soldiers, marines, sailors and their wives and widows. The service man must have been honorably discharged from his last enlistment, be necessitous and with no ability to procure the means necessary for his support and care. He must have been a resident of New Jersey for at least seven years immediately preceding application. The wife must have been for the past ten years a resident of New Jersey and have married him and must be not less than fifty years old. The widow must have been for the past ten years a resident of New Jersey and have married the service man prior to June 27, 1915, or have been married at the time of his service and not remarried and must prove other facts that would enable her husband if living to be admitted to the home. (Chapter 147, P.L. 1918; Chapter 232, P.L. 1921; Chapter 62, P.L. 1930).

For admission to the Menlo Park Home, the service man must have been a resident of the state two years previous to his application and must show proof of his services and honorable discharge. He must be incapacitated by age or service, for earning a living.

Temporary care, not exceeding six months except in special cases where it may be extended to nine months may be given at Menlo Park to honorably discharged soldiers, sailors, marines or nurses, five-year residents of New Jersey, upon written certificate of a reputable physician that the veteran is in need of convalescent care. (Chapter 276, P.L. 1931).



"WHEN THE SUN'S LAST RAYS ARE FADING"
Taken at Soldiers' Home

Application and admission. Application papers may be received from either home. Admission is approved by the judge of the court of common pleas upon the written certificate of a reputable physician and other proof he may desire of the applicant's ability to meet the admission requirements. The board of managers then admits the applicant if its investigation shows that he is a fitting subject for the type of care it provides.

Discharge. Any person may voluntarily leave either home or may be discharged by the board of managers when he is able to support himself or a relative is able to support him or if he has failed to live up to the rules of the institution.

STATE PRISON

Persons* committed. Older men; men of the more hardened type; men who have several commitments or have committed the most serious crimes.

Transferred offenders. Men of certain types who need only minimum security detention are transferred from the main prison at Trenton to the prison farms at Bordentown or Leesburg (see page 68) upon the recommendation of the Classification Committee. Younger men of the industrial type are sent to the Rahway Reformatory. Offenders may be transferred to the criminal section of the State Hospital for Mental Disease at Trenton if special treatment for mental disease is needed or may be transferred to any other hospital institution upon the authority of the Commissioner.

Recall. Any prisoner sentenced to the New Jersey State Prison may be recalled by the judge of the court originally committing him within a period of thirty days from the date of sentence. Within this period the sentencing judge may commute or annul the sentence imposed.

Parole. The Court of Pardons, composed of the governor, chancellor and the six judges of a Court of Errors and Appeals meets twice a year, at which time it considers applications of prisoners for parole. An inmate must have served at least ten months of a sentence which is greater than a year before he is eligible to make application to appear before the Court of Pardons. An inmate may again make application only after two years have elapsed. A prisoner may be called or recalled before the Court of Pardons by a member of that court at any time.

The Board of Managers of the New Jersey State Prison has parole power over the inmates who are sentenced by the court to a minimum and maximum sentence, only after the minimum sentence, less earned commutation time, has been served. The parole is granted upon the recommendation of the prison parole committee (warden, parole agent, psychologist and physician).

All inmates paroled from this institution are supervised by the prison parole agent and may be kept under the legal custody of the Prison until the actual completion of their maximum sentence, less commutation time which is earned on parole as well as in the institution.

*For women offenders, see Classification Unit and Clinton Reformatory.

Discharge. A prisoner who has been committed on a definite sentence is discharged at the end of his sentence less "good time" through which several days a month are deducted for "faithful performance or assigned labor for continuous orderly deportment and for manifest effort of self-improvement and control" (Chapter 147, P.L. 1918, Section 306).

Prisoners committed from 1918 to July 1, 1926 had minimum and maximum sentences (Chapter 147, P.L. 1918; Chapter 155, P.L. 1924); those between July 1, 1926 and May 26, 1932 had definite sentences (Chapter 214, P.L. 1926); and those after May 26, 1932, minimum and maximum sentences (Chapter 166, P.L. 1932). Commutation time if provided by the law for good behavior is now allowed on both maximum and minimum terms.

CLASSIFICATION UNIT

Committed cases. Women sentenced to the State Prison are sent directly to the State Classification Unit now located on the grounds of the State Home for Girls at Trenton. (The Prison has not cared for any women since December 1929, when they were transferred to the Clinton Reformatory.) Here they are examined and classified. They are then sent to Clinton to serve their sentences unless examinations reveal the need of care in a hospital for the mentally ill or an institution for the feeble-minded or epileptic.

Special cases. Occasionally the Classification Unit receives women and girls for whom immediate but temporary care is urgent, until permanent plans can be made for them. They may be admitted for observation if there is no other place for them to go.

REFORMATORIES AND HOMES FOR JUVENILE DELINQUENTS

Persons committed. Persons are sent by the county courts, to the state reformatories and homes for juvenile delinquents after conviction for some crime or delinquency. The age, previous record, type of offense, sex, etc., determine largely to which institution an offender shall be confined.

Rahway Reformatory: Males of the industrial type sixteen to thirty years of age requiring maximum or limited security, convicted of a crime punishable by imprisonment in the State Prison and without a previous sentence to any state penitentiary or prison.

Annandale Reformatory: Males sixteen to twenty-five years of age requiring minimal custodial security and suitable for training and vocational or agricultural pursuits.

Clinton Reformatory: All women prisoners seventeen years of age and over.

State Home for Boys: Boys eight years of age and over and under sixteen.

State Home for Girls: Girls eight years of age and under seventeen.

Transferred offenders. An offender may be transferred on order of the Commissioner to another penal or correctional institution if the one to which he was originally sentenced does not prove the best for his individual training and deportment. He may also be transferred to a

hospital for mental disease if psychopathic tendencies obtain or to an institution for the feeble-minded or epileptic if he needs that form of specialized treatment not available in the correctional institution.

Recall. A person may be recalled by the judge of the court originally committing him and his sentence annulled.

Parole. Parole may be granted to any person committed to a reformatory or home for juvenile delinquents by the board of managers on the recommendation of the institution's classification committee at any time after commitment. It is dependent upon the progress made by each individual along the training and habit lines. If he has been given a prison sentence he may be paroled by the Court of Pardons. The offender is supervised by a parole officer of the Parole Division of the Department of Institutions and Agencies until his majority if he was committed to a home for juvenile delinquents or until the expiration of his maximum sentence if he was committed to a reformatory with an indeterminate sentence. A juvenile parolee is placed in his own home if it is a fitting place for his continued rehabilitation or in another home if it is not.

Discharge. Final discharge is granted those committed to the reformatories at the end of their maximum sentences whether they are in the institution at that time or on parole.

Juveniles committed to the homes for juvenile delinquents are discharged at the age of twenty-one, usually from parole, since it is the custom to transfer the boys and girls who reach the age of sixteen or seventeen in an institution for juvenile delinquents to the reformatories if additional institutional training seems to be indicated.

SECURING AID FOR MOTHERS WITH DEPENDENT CHILDREN IN THEIR OWN HOMES

Persons eligible. A mother with children under sixteen whom she is unable to support is eligible for relief under the "Home Life Act" if she is a widow, if her husband is under indictment for desertion and cannot be found for more than a year from the date of desertion, if he is in a penal institution with a sentence which will not expire for a year or more after filing the petition, if he requires prolonged treatment in an institution or at home for physical or mental illness that makes support impossible. She must have a five-year legal settlement in a county of New Jersey, must be physically, mentally and morally fit to care for the children and there must be no legally liable relatives financially able to provide for their support. A stepmother or a woman standing in the place of a parent may make application under the same conditions. (Chapter 263, P.L. 1932).

Application and admission. A petition for aid may be secured from the office of the county clerk, who, when it is returned, properly filled out and witnessed by a notary, will forward copies to the State Board of Children's Guardians, the court, freeholders, etc., as directed by law.

After the investigation by the State Board of Children's Guardians, the court may grant an amount for the support of each child under sixteen who is placed under the supervision of the State Board of Children's Guardians.

Discharge. The grant of aid to the family may be discontinued if the family income becomes sufficient, if the father recovers his health or returns from prison, if the mother is not properly caring for the children and if the children become of age. Discharge from care is by court order on the recommendation of the State Board of Children's Guardians and the county adjuster.

AID FOR OTHER NEGLECTED AND DEPENDENT CHILDREN

Persons eligible. Any dependent, abused, abandoned, neglected or cruelly treated child who has a county legal settlement and is not eligible to receive aid under the "Home Life Act."

Application and admission. A petition for the commitment of such a child to the State Board of Children's Guardians under the Child Welfare Act (Chapter 267, P.L. 1932) may be secured from the office of the county clerk and may be filed by any person interested in the welfare of the child, with the juvenile and domestic relations court in the county where the child has a legal settlement. The local overseer of the poor (Chapter 264, P.L. 1932) or director of welfare (Chapter 265, P.L. 1932) may also petition the court.

The court commits the child to the State Board of Children's Guardians upon the recommendation of the State Board of Children's Guardians and the freeholders after investigation. The county is ordered to pay board, clothing, surgical and medical care and the child is placed in a foster home or in an institution.

Discharge. The child so committed remains under the supervision of the Board until he becomes of age or until economic or social conditions in the home of the parents or relatives permit his discharge to their custody.

SECURING RELIEF FOR THE BLIND

Persons eligible. Any blind resident of New Jersey over twenty-one years of age who has one-tenth or less of vision in the better eye and who is unable to support himself and has no legally responsible relatives who are able to support him and who is not under the care of any other agency or institution; provided he has been a resident of the state for five consecutive years immediately prior to applying for aid. (Chapter 231, P.L. 1921; Chapter 83, P.L. 1922; Chapter 17, P.L. 1931).

Application. Such a blind person may request in writing from the Commission for the Blind (1060 Broad Street, Newark) a relief application blank which when filled in and sworn to before a notary public is returned to the Commission for investigation. The case is reviewed by the Commission which recommends an amount not to exceed forty

dollars per month or denies relief to the applicant if there are reasons why relief should not be granted. The recommendation of the Commission is then presented to the court of common pleas and said court orders the payment of this relief to be paid by the county or municipality in which the person has a legal settlement. (If there is no county legal settlement, the person becomes a charge upon the state for relief).

Discharge. Relief may be discontinued by the Board when the blind person attains self-support or when his relatives become able to support him.

SECURING VOCATIONAL, EDUCATIONAL AND SOCIAL AID FOR THE BLIND

Persons eligible. Any person blind, partially blind, or with visual handicaps may seek the advice and assistance of the Commission for the Blind in securing medical attention for the prevention of blindness, in preparing himself for self-support through academic or vocational education, in earning his living, and in adjusting himself socially to the community and to his handicap.

Application and admission. Application for any such assistance should be made directly to the Commission which is authorized within certain limits; to prevent blindness through arranging for eye examinations, fitting of glasses, medical treatments or surgical operations; to send children to residential schools for the blind; to contribute toward their tuition or for readers for them in high school, colleges or vocational schools; to assist in their enrollment in and transportation to sight-saving classes and classes for the blind in public schools (which it cooperates in organizing); to teach the adult blind; to obtain employment for those who are employable.

SECURING OLD AGE RELIEF

Persons eligible. Citizens over seventy years of age, unable to maintain themselves and with no legally responsible relatives able to support them, provided they have lived in the state continuously for at least fifteen years and in the county one year immediately preceding the date of application. Their property must not exceed \$3,000 and they must not be in need of institutional care.

Application. The County Welfare Board of the county in which the applicant lives will furnish application blanks, which when filled in, will be investigated by a member or representative of the Board. The Board will then determine the amount of relief to be granted, in no case to exceed a dollar per day.

Discharge. The relief will continue during the life time of the person if necessary, or may be withdrawn by the County Welfare Board if it is found no longer necessary when periodic investigations are made of the financial conditions of the person and of those legally responsible for him.

VIII. LICENSING OF PRIVATE HOSPITALS AND NURSING HOMES

All private hospitals and nursing homes and all private institutions for the mentally ill, the feebleminded and tuberculous must be licensed annually by the Department of Institutions and Agencies. The license fee is twenty-five dollars (Chapter 133, P.L. 1927; Chapter 125, P.L. 1928; Chapter 223, P.L. 1929; Chapter 272, P.L. 1906).

Persons wishing to operate an institution of any of these types may obtain the proper application blank from the Inspection Division of the Department by explaining the type of patients they plan to admit. The blank, which is sent together with a copy of the law and of the minimum standards necessary for the specified type of institution, is filled out by the applicant, returned to the Inspection Division accompanied by the written approval of the local health, fire, building, and zoning authorities (and of the State Board of Health if tuberculous patients are to be treated) and professional, character and financial references.

Investigation and inspections are made by the Inspection Division which makes recommendations to the applicant regarding any changes that may have to be made before a license is granted. The approved institution is then licensed for a specified type of patient.

The person applying for a license must furnish credentials showing that he or someone in his employ has had adequate nursing training and experience for the work he wishes to do. For private hospitals there must be a resident physician or a graduate registered nurse in charge.

NEW JERSEY STATE LIBRARY

IX. DIRECTORY OF STATE INSTITUTIONS AND AGENCIES

HOSPITALS FOR MENTAL DISEASE

State Hospital, Greystone Park

Date of opening—August 1876 Population June 30, 1933—4,242
Superintendent Dr. Marcus A. Curry
Business Manager George Holbig

Board of Managers

Dr. Augustus S. Knight, President, Mrs. Marian K. Garrison, West
Far Hills Orange
Col. Franklin D'Olier, Morristown Dr. George O'Hanlon, Jersey City
Mrs. Jayne Millard Doyle, Jersey Daniel S. Voorhees, Morristown
City Ridley Watts, Morristown

State Hospital, Marlboro

Date of opening—February 1931 Population June 30, 1933—1,434
Superintendent Robert W. Cox
Medical Director Dr. J. Berkeley Gordon

Board of Managers

Judge John W. Slocum, *President*, Dean Jacob Lipman, New Brun-
Long Branch wick
Thomas Boss, *Vice President*, Mrs. Keith Rodney, Elizabeth
Lawrenceville Mrs. W. H. Sutphin, Matawan
Dr. James F. Ackerman, Asbury Dr. William P. Thompson, Lincroft
Park

State Hospital, Trenton

Date of opening—May 1848 Population June 30, 1933—2,577
Superintendent Samuel T. Atchley
Medical Director Dr. Robert G. Stone

Board of Managers

Dr. Jos. E. Raycroft, *President*, Ward Dix Kerlin, Moorestown
Princeton Mrs. Burdette G. Lewis, Princeton
Mrs. Lee Davis, Maplewood Dr. Paul Mecray, Camden
Judge Philip Forman, Trenton Mrs. C. Edward Murray, Trenton

County Hospitals

<i>Hospital and Location</i>	<i>Population June 30, 1933</i>	<i>Superintendent</i>
Atlantic County, Northfield	293	Dr. Edward Guion
Burlington County, New Lisbon	246	Frank McIlvaine
Camden County, Grenloch	547	Myrtle F. Hess
Cumberland County, Bridgeton	193	Charles C. Stremmey
Essex County, Cedar Grove	2,321	Dr. Guy L. Payne
Hudson County, Secaucus	1,333	Dr. George W. King

STATE INSTITUTIONS FOR THE FEEBLEMINDED

North Jersey Training School, Totowa

Date of opening—January 1928 Population June 30, 1933—529
Superintendent Albert H. Meese

Board of Managers

Henry Young, <i>President</i> , Newark	Arthur Lozier, Hackensack
Mrs. Frank D. Abell, Morristown	Miss Elizabeth K. Watson, Paterson
John Beuhl, West Englewood	
Miss May M. Carty, Jersey City	Mrs. Herman Wicker, Montclair

State Colony for Feeble-minded Males, New Lisbon

Date of opening—July 1914 Population June 30, 1933—763
Superintendent Dr. Carrol T. Jones

Board of Managers

Hon. Emmor Roberts, <i>President</i> , Moorestown	Mrs. James S. Coale, Riverton Edgar Fink, Toms River
Miss Elizabeth White, <i>Vice Presi- dent</i> , New Lisbon	Mrs. Marcus Newcomb, Browns Mills
Mrs. Ward Dix Kerlin, <i>Secretary</i> , Moorestown	Mr. William F. Reeve, Moorestown

State Colony for Feeble-minded Males, Woodbine

Date of opening—May 1921 Population June 30, 1933—547
Superintendent Edward L. Johnstone

Board of Managers

Dr. Fletcher Durell, <i>President</i> , Belle Plain	Mrs. Henry H. Eldredge, <i>Secretary</i> , Cape May
Alfred Cooper, <i>Vice President</i> , Cape May Court House	Nathan L. Jones, Atlantic City Mrs. Charles D. White, Atlantic City

Vineland State School, Vineland

Date of opening—April 1888 Population June 30, 1933—1,268
Superintendent George B. Thorn

Board of Managers

Harry H. Pond, <i>President</i> , Plainfield	Richard Erskine, Wenonah
Judge Herbert Bartlett, Vineland	Mrs. Bloomfield Minch, Bridgeton
Col. Harrison Cook, Atlantic City	Mrs. Walter Taylor, Asbury Park
	E. W. Wollmuth, Newark

STATE INSTITUTION FOR EPILEPTICS

State Village for Epileptics, Skillman

Date of opening—November 1898 Population June 30, 1933—1,310
Superintendent Dr. Daniel S. Renner

Board of Managers

Herman F. Moosbrugger, <i>President</i> , Somerville	Mrs. Frances Del. Hyde, Plainfield
Joseph Larocque, <i>Vice President</i> , Bernardsville	Dr. Clarence J. Kay, Peapack
Mrs. Charles Brophy, Skillman	Dr. Robert P. Miller, Hopewell
	Mrs. F. W. Mallalieu, Jersey City

TUBERCULOSIS SANATORIA

State Sanatorium for Tuberculous Diseases, Glen Gardner

Date of opening—October 1907 Population June 30, 1933—458
Superintendent Dr. Samuel B. English

Board of Managers

Dr. Frederic J. Hughes, <i>President</i> , Plainfield	George R. Hanks, High Bridge
Mrs. Walter M. Aikman, Glen Ridge	Dr. Edward Krans, Plainfield
Louis P. Gaston, Somerville	Dr. A. A. Lawton, Somerville
	Mrs. Harriman N. Simmons, Hillside

County Sanatoria

<i>Sanatorium and Location</i>	<i>Population June 30, 1933</i>	<i>Superintendent</i>
Atlantic County, Northfield	50	Leon Conover
Bergen County, Oradell	203	Dr. J. R. Morrow
Burlington County, New Lisbon	115	Dr. M. W. Newcomb
Camden County, Grenloch	218	Dr. Martin S. Collier
Essex County, Verona	413	Dr. Byron M. Harman
Hudson County, Secaucus	209	Dr. B. S. Pollak
Mercer County (Trenton Municipal Colony)	43	Dr. Lawrence Rogers
Monmouth County, Allenwood	88	Elizabeth Hynes, R.N.
Morris County, Morristown	52	Dr. Harold S. Hatch
Passaic County, Paterson	217	Dr. Stephen S. Douglass
Union County, Scotch Plains	359	Dr. John E. Runnells

PRISONS AND REFORMATORIES

New Jersey State Prison, Trenton

Date of opening—1798 Population June 30, 1933—1,398

Principal Keeper Colonel Edward B. Stone*Board of Managers*

Prof. E. R. Johnstone, <i>President</i> , Vineland	Henry R. Johnston, Essex Falls
William H. Loftus, <i>Vice President</i> , Glen Ridge	William B. Maddock, Trenton
Samuel Haverstick, Trenton	Charles Smith, Newark
	William B. Snowden, Newark

Prison Farm, Bordentown

Date of opening—1928 Population June 30, 1933—204

Superintendent Lt. William E. Kulp*Board of Managers*

The same board as for the Prison since the Farm
is under the Prison's administration.

Prison Farm, Leesburg

Date of opening—1913 Population June 30, 1933—243

Superintendent J. Samuel Karlberg*Board of Managers*

The same board as for the Prison since the Farm
is under the Prison's administration.

New Jersey Reformatory, Rahway

Date of opening—August 1901 Population June 30, 1933—869

Superintendent Major Mark O. Kimberling*Board of Managers*

Hon. Newton A. K. Bugbee, <i>Presi-</i> <i>dent</i> , Trenton	Chester Barnard, Newark
Percy L. Anderson, <i>Secretary</i> , Jersey City	Dr. Edgar A. Doll, Vineland
David Armstrong, Rahway	John F. O'Neil, Jersey City
	Henry Robinson, Montclair

State Home for Girls, Trenton

Date of opening—April 1871 Population June 30, 1933—291 girls
26 babies

Superintendent Mrs. Kate Burr Johnson

Board of Managers

Mrs. Leon Cubberly, <i>President</i> , Long Branch	Mrs. W. W. Colpitts, Princeton
Miss Ellen Dullard, <i>Vice President</i> , Trenton	Mrs. Elizabeth Harris, Glen Ridge
Judge James I. Bowers, Somerville	Samuel Heilner, Spring Lake
	Alten Miller, Princeton

HOMES FOR DISABLED SOLDIERS AND THEIR WIVES

New Jersey Memorial Home for Disabled Soldiers, Marines, Sailors, and Their Wives and Widows, Vineland

Date of opening—January 1900 Population June 30, 1933—193

Superintendent Barton T. Fell

Board of Managers

Charles K. Haddon, <i>President</i> , West Haddonfield	Mrs. Charles Schaible, Vineland
Charles W. Ackley, Vineland	Carl M. Voelker, Atlantic City
Mrs. A. J. Rider, Hammonton	Frank F. Wallace, Bridgeton

New Jersey Home for Disabled Soldiers, Menlo Park

Date of opening—June 1932 Population June 30, 1933—48

Superintendent Major George J. Giger

Board of Managers

Hon. George Silzer, <i>President</i> , Metuchen	Charles Hopper, Newark
William H. Bilbee, Trenton	Rex McCrossan, Palmyra
Captain B. Franklin Hart, Upper Montclair	Alexander F. Ormsby, Jersey City
	Samuel D. Wiley, Metuchen
	Col. Clyde Winterton, East Orange

STATE AGENCIES

State Board of Children's Guardians, Trenton

Date of organization—1899 Children under care June 30, 1933—28,341
Superintendent Mrs. Elizabeth Wyatt

Board of Managers

Edward L. Katzenbach, <i>President</i> , Trenton	Mrs. George N. J. Sommer, Trenton Mrs. Beatrice Stern, Orange
Mrs. Helen N. Black, <i>Vice President</i> , Jersey City	Mrs. Frank E. Older, Jersey City
Robert L. Flemming, Jersey City	

BRANCH OFFICES

Central Office, Trenton 127 East Hanover Street
 Essex County Office, Hall of Records, Newark
 Hudson County Office, 15 Exchange Place, Jersey City
 Monmouth County Office, 131 Pearl Street, Red Bank
 Camden County Office, Court House, Camden
 Morris County Office, 10 Park Place, Morristown
 Bergen-Passaic County Office, Administration Building,
 Hackensack

**New Jersey Commission for the Blind
 1060 Broad Street, Newark**

Date of organization—1910
Supervisor Miss Lydia Y. Hayes

Members of the Commission

Raymond T. Parrot, <i>President</i> , Elizabeth	Donald R. Belcher, Westfield Dr. E. A. Curtis, Newark
Mrs. Robert P. Fischelis, <i>Vice President</i> , Trenton	Mrs. L. V. Hubbard, Montclair Robert Irwin, Upper Montclair
Mrs. E. W. Goldschmidt, <i>Secretary</i> , Upper Montclair	

X. DIRECTORY OF COUNTY JAILS, WORKHOUSES AND WELFARE HOUSES

County Jails and Workhouses

Atlantic County Jail, Mays Landing
Bergen County Jail, Hackensack
Burlington County Jail, Mt. Holly
Camden County Jail, Camden
Camden County Workhouse, Grenloch
Cape May County Jail, Cape May Court House
Cumberland County Jail, Bridgeton
Essex County Jail, Newark
Essex County Penitentiary, Caldwell
Gloucester County Jail, Woodbury
Hudson County Jail, Jersey City
Hudson County Penitentiary, Secaucus
Hunterdon County Jail, Flemington
Mercer County Jail, Trenton
Mercer County Workhouse, Moores Station
Middlesex County Jail, New Brunswick
Middlesex County Workhouse, Deans
Monmouth County Jail, Freehold
Morris County Jail, Morristown
Ocean County Jail, Toms River
Passaic County Jail, Paterson
Salem County Jail, Salem
Somerset County Jail, Somerville
Sussex County Jail, Newton
Union County Jail, Elizabeth
Warren County Jail, Belvidere

Juvenile Parental Schools and Detention Homes

Bergen County Child Welfare Department, Hackensack
Camden County Juvenile Detention Home, Camden
Essex County Parental Home, 220 Sussex Avenue, Newark
Essex County House of Detention, Newark
Hudson County Parental School, 1241 Boulevard, Bayonne
Mercer County Children's Shelter, 306 South Broad Street, Trenton
Monmouth County Children's Shelter, Freehold
Newark City Home, Verona

County Welfare Houses and Almshouses

Atlantic County Almshouse, Pleasantville
Bergen County Home, Oradell
Burlington County Almshouse, New Lisbon
Camden County Almshouse, Grenloch
Cape May County Almshouse, Cape May Court House
Cumberland County Almshouse, Bridgeton
Gloucester County Almshouse, Clarksboro
Hudson County Almshouse, Secaucus
Monmouth County Welfare House, Freehold
Morris County Welfare House, Morris Plains
Salem County Almshouse, Pilesgrove Township
Sussex County Almshouse, Branchville
Warren County Almshouse, Oxford

Municipal almshouses include Newark and Orange in Essex County; Trenton in Mercer County; Passaic and Paterson in Passaic County; Elizabeth and Plainfield in Union County; New Brunswick and Perth Amboy in Middlesex County; and others.

XI. DIRECTORY OF MENTAL HYGIENE CLINICS

Mental hygiene clinics at which psychiatric services or psychological services or both services are available to the community are conducted by the Greystone Park, Marlboro and Trenton State Hospitals. Others are conducted by county hospitals for mental disease, by boards of education, by juvenile courts and the like. Following is the list of places where the clinics are held throughout the state. Information as to the dates and hours of clinics, the services available and the auspices may be had from the Division of Classification and Education of the State Department of Institutions and Agencies. Many of the clinics are held by appointment. Occasional examining service is available in the state correctional institutions.

- Atlantic County
Atlantic City, City Hospital,
Texas Avenue School
Northfield, Atlantic County
Hospital
- Bergen County
Englewood, General Hospital
Hackensack, General Hospital
Child Welfare Department
- Burlington County
Mount Holly, Office of County
Superintendent of Schools
New Lisbon, State Colony
- Camden County
Camden, Cooper Hospital
- Cape May County
Woodbine, State Colony
- Cumberland County
Vineland, State School
Training School
- Essex County
Montclair, Child Guidance Clinic
of Board of Education
Montclair Community Hospital
Newark, Beth Israel Hospital
Child Guidance Clinic of Board
of Education
Hospital of St. Barnabas
- Essex County Juvenile Clinic
Newark Board of Health
Building
Presbyterian Hospital
Orange, Memorial Hospital
- Hudson County
Jersey City, City Hospital
Board of Education
- Hunterdon County
Annandale, Reformatory for
Males
Clinton, Reformatory for Women
Traveling Clinic
- Mercer County
Trenton, Board of Education
City Hall
Mercer Hospital
State Hospital
- Middlesex County
Jamesburg, State Home for Boys
New Brunswick, County Depart-
ment of Public Welfare
Middlesex General Hospital
Rutgers University Clinic
- Monmouth County
Marlboro, State Hospital
Neptune, Fitkin Memorial
Hospital
Red Bank, Monmouth County
Organization Social Service

Morris County	Newton, Court House
Morristown, Municipal Building	Union County
Ocean County	Elizabeth, Elizabeth General
Lakewood, Paul Kimball Hospital	Hospital
Passaic County	Court House (Probation Office
Passaic, General Hospital	Service)
Paterson, St. Joseph's Hospital	Rahway, State Reformatory for
Totowa, North Jersey Training	Males
School	Plainfield, Muhlenburg Hospital
Somerset County	Warren County
Somerville, Somerset Hospital	Belvidere, Court House Annex
Sussex County	Traveling School Clinic
Franklin, Neighborhood House	(Belvidere)
	Phillipsburg, Municipal Building

XII. TUBERCULOSIS CLINIC SERVICE

Tuberculosis clinic service for advice, diagnosis and treatment is available in every section of the state through a network of ninety-nine definitely scheduled clinics reaching one hundred and twenty-nine communities. These clinics are frequently conducted under the joint auspices of two or more agencies which may include the state sanatorium, the county sanatoria, tuberculosis leagues, Red Cross associations, boards of health and general hospitals. They provide for x-ray and fluoroscopic examinations, pneumothorax treatments, light treatments, tuberculin testing, sputum examinations, etc. Through them applications are received and admissions granted to state and county sanatoria after examinations.

During the calendar year 1933, 19,516 persons* attended these clinics who had never before attended any tuberculosis clinic in the state. Over 41,000 different persons attended these clinics during the year. A total of 96,722 visits were made to the clinics by patients. These figures do not include the extensive preventive work done through some of the clinics in testing school children for signs of early infection.

Since some of the clinics are traveling clinics holding their sessions in different communities and at varied times as the need arises and since other clinics change the days and hours of their sessions from time to time, no list is printed here. However, every county in the state has a county tuberculosis league and some communities have other special tuberculosis services. By writing to any of the addresses that follow, information can be obtained as to the time of the clinics in the community or county.

New Jersey Tuberculosis League, Inc., 15 E. Kinney St., Newark
Atlantic Visiting Nurse and Tuberculosis Assn., Inc., 2332 Pacific
Avenue, Atlantic City
Bergen County Tuberculosis and Health Assn., 398 Main Street,
Hackensack
Burlington County Tuberculosis League, Main and Brainard Sts.,
Mt. Holly

*Figures from the Annual Report of the Tuberculosis and Chest clinics in New Jersey, 1933, compiled by the New Jersey Tuberculosis League and the State Department of Institutions and Agencies.

Camden County Tuberculosis Association, City Hall, Camden
Cape May County Health League, Cape May Court House
Cumberland County Health Assn., 9 High St., Millville
Essex County Tuberculosis League, Inc., 42 Park Place, Newark
Gloucester County Health Association, Inc., 69 Colonial Ave., Pitman
Hudson County Tuberculosis League, 880 Bergen Ave., Jersey City
Hunterdon County Public Health Assn., 179 Main St., Flemington
Mercer County Health League, Court House Annex, Trenton
Princeton Tuberculosis League, First National Bank Building, Princeton
Middlesex County Tuberculosis League, 175 Smith St., Perth Amboy
Monmouth County Organization for Social Service, 131 Pearl St.,
Red Bank
Morris County Tuberculosis Assn., 10 Park Place, Morristown
Ocean County Health Association, County Office Bldg., Toms River
Passaic County Tuberculosis and Health Assn., Mill and Passaic Sts.,
Paterson
Salem County Health Assn., Johnson Bldg., Salem
Somerset County Health Assn., 92 W. Main St., Somerville
Sussex County Tuberculosis League, Court House, Newton
Union County Tuberculosis League, Room 801, Court House, Elizabeth
Warren County Health Assn., Court House Annex, Belvidere

XIII. EYE CLINIC SERVICE

Early diagnosis of diseases of the eye, removal of causes of eye strain, and correction of impaired vision are essential to the prevention of complete or partial blindness. The State Commission for the Blind, the local boards of education, local boards of health and general hospitals are furthering the preventive work by emphasizing the importance of establishing eye clinics.

Many general hospitals have had eye clinics for a number of years, just as they have had medical, surgical, orthopedic, pediatric, genito-urinary, cardiac, maternity, obstetrical, gynecological, ear and throat, tuberculosis, neurological, mental hygiene and venereal disease clinics. Others are planning to add or have recently added eye service.

Information as to eye clinic service and other clinic services in the community may be had from any of the general and special community hospitals in the state which are listed below :

Atlantic County

Atlantic City—Atlantic City Hospital

Bergen County

Englewood—Englewood Hospital
Hackensack—Hackensack Hospital

Hasbrouck Heights—Hasbrouck Heights Hospital

Teaneck—Holy Name Hospital

Burlington County

Mount Holly—Burlington County Hospital

Riverside—Zurbrugg Memorial Hospital

Camden County

Camden—Cooper Hospital
West Jersey Homeopathic Hospital

Grenloch—County General Hospital

Cape May County

Wildwood—Cape May County Hospital

Cumberland County

Bridgeton—Bridgeton Hospital

Millville—Millville Hospital

Vineland—Newcomb Memorial Hospital

Essex County

Irvington—Irvington General Hospital

Montclair—Montclair Community Hospital

Mountainside Hospital

St. Vincent's Hospital

Newark—Babies Hospital

Beth Israel Hospital

Eye and Ear Infirmary

City Hospital

Hospital and Home for Crippled Children

Hospital for Women and Children

Memorial Hospital

Presbyterian Hospital

St. Barnabas Hospital

St. James Hospital

St. Michael's Hospital

Orange—N. J. Orthopedic Hospital

- Orange Memorial Hospital
 St. Mary's Hospital
 East Orange
 Homeopathic Hospital of Essex
 County
- Hudson County
 Bayonne—Bayonne Hospital and
 Dispensary
 Hoboken—St. Mary Hospital
 Jersey City—Christ Hospital
 Greenville Hospital
 Margaret Hague Maternity
 Hospital
 Medical Center
 St. Francis Hospital
 Kearny—West Hudson Hospital
 Secaucus—Hudson County Hos-
 pital
 Weehawken—North Hudson Hos-
 pital
- Mercer County
 Princeton—Princeton Hospital
 Trenton—Chambersburg General
 Hospital
 William McKinley Memorial
 Hospital
 Mercer Hospital
 Orthopædic Hospital and Dis-
 pensary
 St. Francis Hospital
- Middlesex County
 New Brunswick—Middlesex Gen-
 eral Hospital
 St. Peter's General Hospital
 Perth Amboy—General Hospital
 South Amboy—South Amboy
 Memorial Hospital
- Monmouth County
 Long Branch—Monmouth
 Memorial Hospital
 Neptune—Fitkin Memorial Hos-
 pital
 Red Bank—Riverview Hospital
- Morris County
 Dover—Dover General Hospital
 Morristown—Morristown Me-
 morial Hospital
 All Souls' Hospital
- Ocean County
 Lakewood—Paul Kimball Hos-
 pital
 Point Pleasant—Point Pleasant
 Hospital
- Passaic County
 Passaic—Beth Israel Hospital
 Passaic General Hospital
 St. Mary's Hospital
 Paterson—N. and M. Barnert
 Memorial Hospital
 Paterson General Hospital
 St. Joseph's Hospital
- Salem County
 Salem—Salem County Memorial
 Hospital
- Somerset County
 Somerville—Somerset Hospital
- Sussex County
 Franklin—Franklin Hospital
 Newton—Newton Memorial Hos-
 pital
 Sussex—Alexander Linn Hos-
 pital
- Union County
 Elizabeth—Alexian Brothers
 Hospital
 Elizabeth General Hospital
 St. Elizabeth's Hospital
 Plainfield—Muhlenberg Hospital
 Rahway—Rahway Memorial
 Hospital
 Summit—Overlook Hospital
- Warren County
 Phillisburg—Warren Hospital

