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FORTY-SIXTH ANNUAL REPORT  
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TRENTON  
OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

MORRIS PLAINS

FOR THE YEAR ENDING JUNE 30th

1921

HOSPITAL PRINT

1921-

974.901  
H79

Compliments  
of  
Dr. Marcus A. Curry,  
Superintendent.

FORTY-SIXTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

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## Managers

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### PRESIDENT

DANIEL S. VOORHEES ..... Morristown

### VICE-PRESIDENT

W. L. R. LYND ..... Dover

MRS. SEYMOUR L. CROMWELL ..... Mendham

MRS. U. N. BETHELL ..... Montclair

A. B. LEACH ..... South Orange

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

JOHN BOYD ..... Secretary





ADMINISTRATION BUILDING.

## Officers

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MARCUS A. CURRY, M. D. .... Superintendent & Chief Executive Officer  
ARTHUR G. LANE, M. D. .... Clinical Director  
GEORGE R. HAMPTON, M. D. .... Senior Assistant Physician  
GEORGE B. McMURRAY, M. D. .... Senior Assistant Physician  
LAURENCE M. COLLINS, M. D. .... Senior Assistant Physician  
FRANKLIN C. YOUNG, M. D. .... Assistant Physician  
THOMAS B. CHRISTIAN, M. D. .... Pathologist  
OSCAR C. REEVE, M. D. .... Assistant Physician  
HARRY H. GESSLER, M. D. .... Assistant Physician  
FRANCIS C. BARTLEMAN, D. D. S. .... Resident Dentist  
RAYMOND. W. LASSLETT, D. D. S. .... Assistant Resident Dentist  
O. M. BOWEN. .... Warden  
EDWARD I. COURSEN. .... Assistant Warden

ANNA C. FARLEY, R. N. .... Superintendent of Nurses

## Board of Consultants

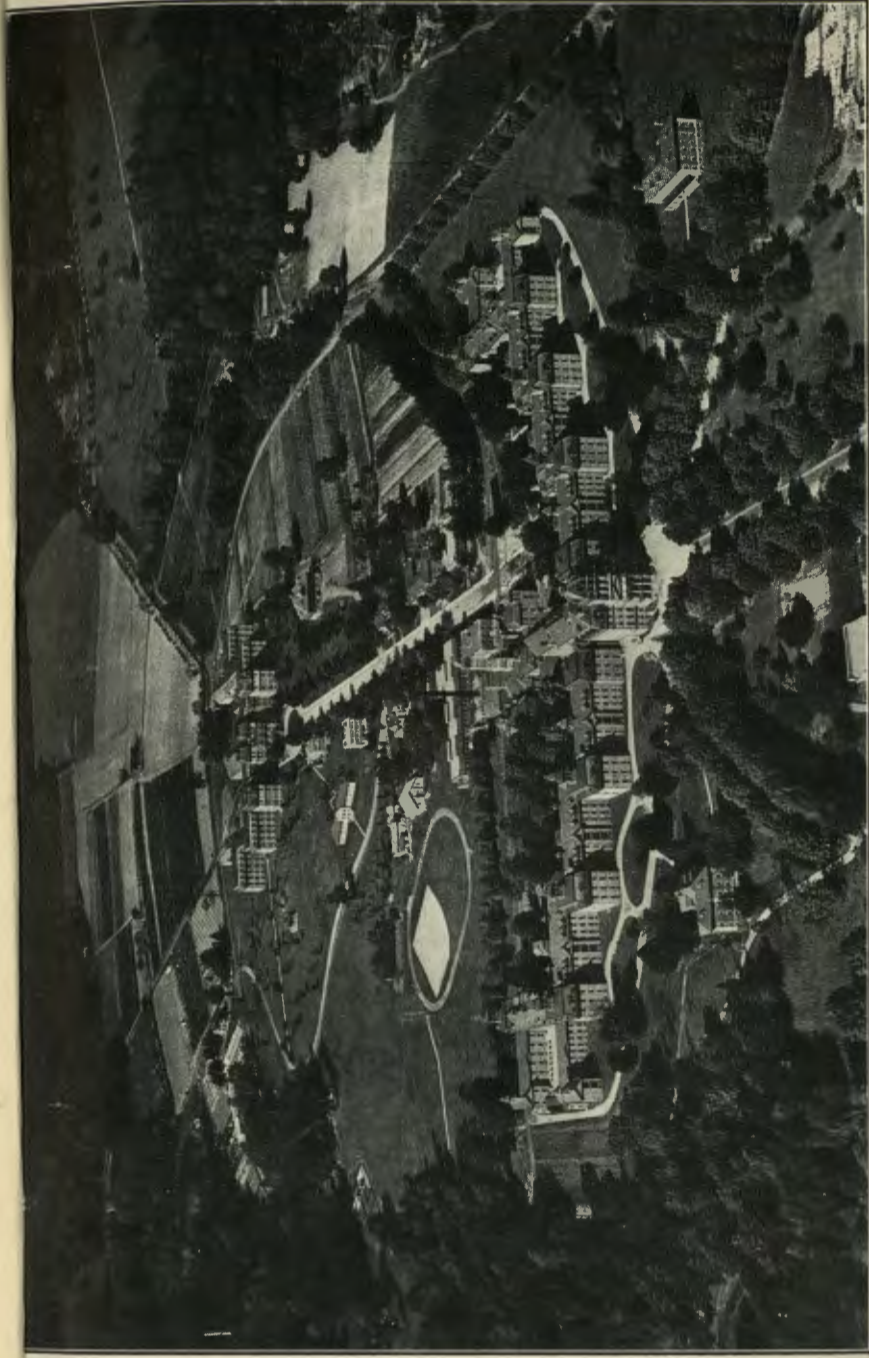
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JAMES T. WRIGHTSON, M. D. .... Physician  
JOSEPH BRETtauER, M. D. .... Gynecologist  
PHILANDER A. HARRIS, M. D. .... Gynecologist  
JOSEPH FEWSMITH, M. D. .... Neurologist  
CHRISTOPHER C. BELING, M. D. .... Neurologist  
FRANCIS H. GLAZEBROOK, M. D. .... Surgeon  
JEROME MORLEY LYNCH, M. D. .... Surgeon  
CLIFFORD MILLS, M. D. .... Surgeon  
WILLIAM H. LAWRENCE, JR., M. D. .... Surgeon  
REYNOLD WEBB WILCOX, M. D. .... Internal Medicine  
LEONIDAS L. MIAL, M. D. .... Eye, Ear, Nose and Throat  
E. BLAIR SUTPHEN, M. D. .... Eye, Ear, Nose and Throat  
H. J. F. WALLHAUSER, M. D. .... Dermatologist  
HARRISON S. MARTLAND, M. D. .... Pathologist  
CLARENCE R. O'CROWLEY, M. D. .... Urologist  
DAVID A. KRAKER, M. D., F. A. C. P. .... Gastro-Enterologist and Proctologist  
WILLIAM G. SHARP, D. D. S. .... Dentist



## REPORT OF THE BOARD OF MANAGERS





PHOTOGRAPH OF BUILDINGS AND GROUNDS OF THE NEW JERSEY STATE HOSPITAL  
TAKEN FROM AN AEROPLANE.

Copyrighted by Captain James Suydam, Aerial Photographer.

## Report to the Commissioner.

*To the Honorable Burdette G. Lewis, Commissioner of Institutions and Agencies:*

The Board of Managers of The New Jersey State Hospital at Morris Plains, as required by the laws of the State, herewith submits to you its forty-sixth annual report, together with the report of Dr. Marcus A. Curry, Chief Executive Officer, which describes in detail the affairs of the institution and incorporates statistical data for the hospital year and a summary of the work done in the business department.

The Managers have devoted much study during the past year to the question of how best to relieve the overcrowded condition of the hospital and provide buildings with a capacity of four hundred beds, combined with the most up-to-date construction, without exceeding the available appropriations. We were most fortunate in securing the services of Mr. Lewis F. Pilcher, of New York, undoubtedly one of the most experienced state hospital architects of the country. After investigating the situation, Mr. Pilcher and the Managers were convinced that the construction of the Psychiatric Clinic Reception Buildings would be only the beginning of the building development necessary for relief. In order that the work already begun may not be stultified, it is essential that the expansion process be carried on to completion, which can be done only by means of the funds made available by the passage of the fourteen million dollar bond issue act.

The Board has been caused much distress and anxiety by conditions arising from the non-completion of the work on sewer bed, dam and cottage, for which contracts were let in 1919. Because of failure to comply with the specifications, the work done on the dam and sewer bed was condemned by the Board and



further payments refused. Since that time the Department of Institutions and Agencies has been endeavoring to bring about an equitable adjustment with the contractors' bonding company. Meanwhile, the institution has been handicapped and the general health imperiled by the crippling of the sewage disposal and water supply plants.

During the year two new positions have been created at this institution, those of Clinical Director and Superintendent of Nurses. After careful consideration, Dr. Arthur G. Lane was appointed Clinical Director, and Miss Anna C. Farley, R. N., Superintendent of Nurses. Also several other very desirable additions have been made to the medical, dental and graduate nursing staffs, and more are in prospect.

The administrative work of the hospital has been carried on by the Chief Executive Officer, Dr. Marcus A. Curry. This report would be incomplete if the Managers did not acknowledge and record the facts that during all of the past fiscal year, while they have in every instance voted unanimously in their procedures to solve the imperatively pressing problems of this institution—looking to the relief of the overcrowding, the providing of decent, humane and curative quarters for the patients; providing the economical, the practical and very necessary quarters for the medical, dental and nursing staffs; and, so far as lay in their power, their attempts to keep the whole institution in proper condition and in proper repair—that they have had the constant, faithful and altogether efficient co-operation of Dr. Curry, Warden Bowen, the members of the medical and nursing staffs and most of the employees. Many changes have been made during this time, all of them constructive and in no way do we know that the institution has been falling behind on the path toward the standards of treatments, cures and care of patients that we have as our goals. After the death of our lamented Dr. Evans, it was determined that Dr. Marcus A. Curry should be given every opportunity and co-operation to succeed as Superintendent of the hospital.

That he has now made good during his superintendency is well known to us who have intimate knowledge of his work and activities and to those prominent mental experts outside of the institution who have heard of them. He has been true to his tasks to the best of his ability and it is our opinion that he has succeeded exceedingly well.

His constant inquiries and observing eyes have brought to light numerous undesirable conditions and situations—due partly to insufficient quarters for patients, staffs and employees; and in part, we are sorry to say, to some few of the employees who may have been here for many years and who may formerly have been competent workers, but who have shown themselves disinclined to support necessary innovations and, perhaps, not very submissive to proper present discipline. The doctor has had to be patient in correcting or obliterating some of these unsatisfactory conditions, for he must keep in mind the scarcity that there has been of good candidates for employment, the difficulties of keeping them contented and permanent until the new quarters are built, and the realization that these twenty-eight hundred patients have to be fed and nursed and cared for every day and every hour as well as can be arranged, even though the personnel and the equipment may in a measure and temporarily have to continue unsatisfactory until it is humanly possible to make the corrections.

We note with pleasure that the Superintendent is determined to see conditions exactly as they exist and then to deal with them correctly and without compromise. His position is not an easy one; but we trust that his accomplishments in the next few years at this institution will bring with them their compensating satisfactions.

At the close of the year covered by this report there remained on the books of the institution 2,772 patients, 1,345 males and 1,427 females, which was an increase of 59 patients over the preceding year and the greatest increase for any year since 1914-1915. There were admitted during the year, including first



admissions, readmissions and transfers from other New Jersey institutions, 663 patients, 333 males and 330 females. The discharges totaled 324, 158 males and 166 females; 119 were classified as recovered, 175 as improved, 12 as unimproved, 13 as not insane, and 5 as transferred to other institutions in the State. The deaths for the year numbered 280, 155 males and 125 females.

The records of the Board show that twelve regular meetings and two special meetings were held during the year, with a total attendance of fifty-two. In addition numerous committee meetings were held and many visits paid by different members of the Board. In April, 1921, Mrs. Seymour L. Cromwell resigned, as she had been appointed to the State Board of Education and felt that she could not carry the work of the two boards simultaneously. In June, Mrs. U. N. Bethell resigned.

In regard to the needs of the hospital, several recommendations and suggestions are included in the report of the Chief Executive Officer, and we endorse them as being worthy of attention.

In conclusion, the Managers of this hospital wish to commend the work of the individual resident officers during the past year. Their duties have in many cases been oppressive, but they have shown themselves loyal and conscientious, devoting their energies without stint to the interests of the institution and those who come under its care.

Very respectfully submitted,

DANIEL S. VOORHEES, President.

W. L. R. LYND,

A. B. LEACH,

AUGUSTUS S. KNIGHT, M. D.

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#### TREASURER'S REPORT

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**TREASURER'S REPORT OF CASH RECEIPTS AND DISBURSEMENTS  
FOR THE FISCAL YEAR ENDING JUNE 30, 1921**

**RECEIPTS**

From Bergen County,.....	\$52,485.02
" Essex County,.....	5,147.07
" Hudson County,.....	11,178.23
" Morris County,.....	28,902.25
" Mercer County,.....	339.00
" Monmouth County,.....	612.41
" Middlesex County,.....	794.24
" Passaic County,.....	71,735.06
" Somerset County.....	36.68
" Sussex County,.....	7,176.46
" Union County,.....	70,805.05
" Warren County,.....	1,932.32
" Private Patients,.....	134,044.61
" Miscellaneous collections,...	6,453.57
" Individuals for support of indigent patients, .....	3,511.03
	<u>\$395,153.00</u>

**DISBURSEMENTS**

Total of checks issued to Wm. T. READ State Treasurer,.....\$395,153.00

**O. M. BOWEN**  
*Treasurer*



STATEMENT OF RECEIPTS AND DISBURSEMENTS  
FOR THE FISCAL YEAR ENDING JUNE 30, 1911

RECEIPTS	DISBURSEMENTS
From Federal Government	Salaries and Wages
From State Government	Medical Supplies
From Local Government	Food and Fuel
From Private Donations	Laundry and Linen
From Hospital Patients	Transportation
From Hospital Employees	Telephone and Postage
From Hospital Property	Repairs and Maintenance
From Hospital Investments	Interest on Bonds
From Hospital Endowment	Insurance
From Hospital Reserves	Depreciation
From Hospital Surplus	Other Disbursements
Total Receipts	Total Disbursements

Prepared by the Treasurer of the Hospital  
O. M. Brown  
Treasurer

REPORT OF THE CHIEF EXECUTIVE OFFICER

The report of the Chief Executive Officer of the New Jersey State Hospital for the fiscal year ending June 30, 1911, is hereby submitted to the Board of Trustees. The report contains a statement of the financial condition of the Hospital, a statement of the medical and nursing services rendered, and a statement of the general management of the Hospital. The report also contains a statement of the property of the Hospital and a statement of the endowment and reserves of the Hospital. The report is prepared in accordance with the requirements of the Board of Trustees and is intended to provide a complete and accurate statement of the activities of the Hospital during the year.



## Report of the Chief Executive Officer.

### *To the Board of Managers:*

At this time it becomes my duty, under the laws of this State, to place before you a resume of the affairs of this institution during the past year and of its present condition and requirements. Therefore, I present to you herewith the forty-sixth annual report of The New Jersey State Hospital at Morris Plains, covering the fiscal year which ended June 30, 1921. Included in this report, as is customary, are the statistical appendix, compiled in the form of standardized tables prescribed by the Bureau of Statistics of the National Committee for Mental Hygiene, and the report of the Warden as submitted to me.

The past year has been a period of reorganization and reconstruction. Owing to various factors, among which the general tendency toward curtailing expenses characteristic of the whole country in the past few years and the wartime difficulty in obtaining supplies figured most prominently, the hospital plant has reached a critical condition, with appalling overcrowding of patients and inadequate quarters for housing officers and employees; the water supply and the sewage disposal system had not kept pace with the increased number of patients; and the existing buildings were in urgent need of repairs, remodeling and re-equipping. During the year the staff of physicians, already depleted by wartime resignations, was still further reduced, and for months the duties laid upon each of the remaining men were exceedingly onerous. Finally, the lack of sufficient working personnel, particularly women nurses and attendants, became even more serious than in former years.

Tremendous credit is due the individual members of the Board of Managers for their untiring efforts to remedy this situation. Although utterly without personal motives, they gave unsparingly of their time and energy, and placed the facts and needs before the members and committees of the Senate and



Assembly with such force, clearness and poignancy that the legislators recognized the importance of relief and responded with prompt appropriation measures. Much still remains to be done; much has been planned that has not yet taken material form, but the present outlook seems decidedly auspicious,—in view of the building program for the next ten years which has been worked out by Commissioner Burdette G. Lewis, of the Department of Institutions and Agencies and the State Board of Control, in consultation with the managers and superintendents of the various institutions of the State.

"To carry out the plans for expansion and reorganization at this hospital it is absolutely imperative that the fourteen million dollar bond issue, which is to be put before the people this fall, receive a favorable vote. If that measure is passed, the quota assigned to this institution will relieve the present overcrowding and provide for the gradual increase in number of inmates which is to be expected."

#### STATISTICAL RESUME.

There remained at the close of the hospital year, June 30, 1921, 2,772 patients—1,345 males and 1,427 females, an increase in population over the preceding year of 59 patients. During the year 663 patients were admitted—333 males and 330 females. This is not only the highest number of admissions for any one year in the history of the institution, but is 50 patients in excess of the previous high number. The highest number of admissions for any one month was 73 patients, in June, and the lowest was in September, when 46 patients were admitted.

The first admissions numbered 524 patients—270 males and 254 females; the readmissions 136—62 males and 75 females, and 1 male and 1 female were transferred from other institutions for the insane within the State of New Jersey.

Of the first admissions, 53 patients, or nearly 8 percent, were diagnosed as suffering from senile psychoses, the same number from general paralysis; 158, or 30 percent, from manic depressive psychoses, and 163, or 31 percent, from dementia præcox.

The principal psychoses of the readmissions were manic depressive psychoses, 51, or 37 percent, and dementia præcox, 60, or 44 percent, these two groups combined constituting 81 percent of the readmitted patients.

The number of patients discharged as recovered was 119, a percentage of over 22, based on the number of first admissions. The number discharged as improved was 175, or nearly 33½ percent. While the percentage of recoveries is seemingly low, a large proportion of those discharged as improved were in a greatly improved condition at the time of leaving the hospital and in many cases might be considered as recoveries were a less conservative classification applied.

The deaths during the year numbered 280 patients—155 males and 125 females. This is a trifle over 8 percent of the patients under treatment. The principal psychoses of the patients who died were senile psychoses, in 49 cases; general paralysis, in 55; manic depressive psychoses, in 71, and dementia præcox, in 49 cases. Among the chief causes of death were pneumonia, in 37 cases; tuberculosis, in 23; cerebral hemorrhage, in 35; paretic convulsions, in 42; cardiac diseases, in 85, and nephritis, in 36 cases.

Of those who died, 163 patients (58 percent) were over 50 years of age, and of these 59 were over 70 years of age at the time of their decease. Relative to the duration of hospital life of those who died, 35 patients were under institutional care for from 1 to 4 years, 71 from 5 to 19 years, and 33 for 20 years and over.

#### HEALTH.

Although at times menaced in such a manner as to cause much anxiety on the part of those responsible, the general health of the hospital inmates has been good during the past year. Sporadic cases of diphtheria have appeared from time to time. In each instance where the clinical findings were suspicious, laboratory tests were made, and if Klebs-Loeffler bacillus was present, the affected individual, whether patient or employee, was isolated, appropriate treatment instituted, and the isolation



maintained until recovery was complete and the cultures negative. There have been no deaths from diphtheria and no spreading of the disease.

On August 19th, a woman patient was found to be suffering from typhoid fever. As she had been an inmate of the hospital for some time and inquiry revealed the fact that no infection was located in the homes of those who had recently visited her, it was evident that she had in some way contracted the disease in the hospital. All possible sources of infection were tested, and finally routine examination made of all patients on the ward where she had developed the disease. Two patients in apparent good health were found positive, undoubtedly "carriers." Both were isolated. Meantime, another patient had developed the clinical symptoms of typhoid, which the laboratory findings confirmed. Anti-typhoid vaccine was at once obtained and all patients under fifty years of age and in suitable physical condition were inoculated. One more patient developed typhoid early in September and died. This was the only fatality, and there were no further cases of the disease.

In the late winter and early spring pneumonia became so prevalent as to assume epidemic proportions. The greatest number of cases appeared among the chronic patients in the Dormitory Building, where the grouping in large day rooms and dormitories permits the rapid spreading of any infection. Over forty cases were reported, and among the older patients there were numerous fatalities.

#### ACCIDENTS, OPERATIONS, ETC.

Various accidents resulting in cuts, contusions and fractures are inevitable on crowded wards insufficiently supplied with nurses. Minor injuries have been treated by the ward physicians; all suspected fractures have been verified by radiographs, and then reduced and treated in appropriate manner.

Many necessary operations have been performed by members of the hospital staff, including herniotomy, tonsillectomy, appen-

dectomy and amputation. Dr. Clifford Mills, of the Board of Consultants, has also responded to frequent calls to operate at the hospital. Among the major operations which he has performed this year are: removal of right kidney from an attendant; removal of ovarian cysts from women patients; and numerous appendectomies, including that of the Superintendent on May 24. Dr. Leonidas L. Mial, another consultant, enucleated the eyeball of a patient suffering from glaucoma.

There have been two suicides during the year, a man a woman, both on crowded reception wards, during the night, when the insufficient number of nurses available made it impossible to keep every patient under constant observation. In each instance, the patient was observed quietly sleeping, and when again visited shortly afterward, was found to have succeeded in twisting a night garment into a rope strong enough for hanging.

Three infants, all females, were born to patients in the hospital during the past year. In one case, the mother was violently excited and suicidal, and it was considered advisable to dilate the cervix and remove the child with high forceps; in the other two, the labor was normal. The mothers and children all did well; one woman recovered and left the hospital with her baby; the other two children were removed by the fathers.

#### DENTAL DEPARTMENT.

During the past year there has been a change of personnel in this department. Annie E. Colley, D. D. S., who had been the resident dentist for several years, resigned on March 1st. On March 15th, Francis C. Bartleman, D. D. S., assumed charge of the dental work of the institution, and on June 14th, Raymond W. Lasslett, D. D. S., reported for duty as assistant dentist.

Considerable emphasis is being placed on this phase of the medical work. A systematic examination is being made of every patient in the hospital and all new admissions are examined shortly after arrival. Where indicated radiographs are made and later filed with the dental record, which in turn is kept with the case record. Not only are septic roots, impactions and



other pathological conditions being removed, but restorations of the masticatory apparatus are being carried on. It is not the purpose to make extensive removal of teeth and then allow the patients to get along as best they can, but where dentures, whether complete or partial, are indicated and where the patients will wear and use them, they are being constructed.

After the removal of teeth, any necessary curretting of the granular tissue or bone is being done. In extensive pathological conditions, if indicated, the labial and buccal plates of bone are removed; this, however, is not followed as a routine practice. The impacted teeth which have been removed were either upper or lower third molars. These varied in position and depth; some were horizontal, some angular, some upright and some were completely covered by bone, while others were only partially covered. A number of the mandibular impactions showed distinct grooves at the apical ends, these teeth forming, no doubt, part of the roof of the inferior dental canal and also causing pressure on the inferior dental nerve. A great deal is being done along prophylactic lines. This is indicated by the examinations, which show that the mouth hygiene of the patients tends to be bad, and calls for the removal of all salivary and serumnal calculus, septic roots, ill-fitting crowns, bridges and so on.

It is the purpose of this department to keep a record of all cases, to work in conjunction with the medical staff, and to check up cases by observation and radiographs. Dr. Bartleman regularly attends the staff meetings and is thus able to correlate the dental findings with the histories and mental diagnoses.

#### PATHOLOGICAL DEPARTMENT.

The work of the pathological laboratory has been interrupted during the past year, owing to changes in personnel. On October 16th, Dr. J. V. Donnet, the pathologist, resigned. Dr. Annie E. Freese, the assistant pathologist and bacteriologist, carried on the work of the department until February 28th, when her resignation became effective. For several weeks routine tests were

made by the laboratory technicians, until Dr. Thomas B. Christian reported for duty as pathologist on April 20th. Necessarily, there has been little opportunity for research, and the studies have not always been as detailed as might be desired, but the following report indicates the general type and scope of the work. Under the present head the laboratory is now well organized, and considerable research along the lines of blood chemistry and basal metabolism is planned for the ensuing year.

#### SUMMARY OF THE WORK OF THE PATHOLOGICAL DEPARTMENT

##### BLOOD:

Enumeration of red blood cells.....	29
Enumeration of white blood cells.....	41
Estimation of haemoglobin.....	29
Differential counts.....	41
Examination for plasmodium malaria.....	2
Wassermann tests.....	624
Hecht-Gradwohl tests.....	12
Fixation for streptococci.....	108
Widal tests.....	6
Total.....	892

##### CEREBRO-SPINAL FLUID:

Cytology.....	127
Globulin tests.....	127
Wassermann tests.....	127
Colloidal gold tests.....	78
Total.....	459

##### SPUTUMS:

For tubercle bacilli, positive.....	19
For tubercle bacilli, negative.....	83
For pneumococci.....	34
For staphylococci.....	13
For streptococci.....	14
Total.....	163

##### URINES:

Chemical and microscopical.....	774
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## FECES:

For tubercle bacilli, negative.....	1
For typhoid bacilli, negative.....	43
For typhoid bacilli, positive.....	3
Total.....	47

## BACTERIOLOGICAL EXAMINATION BY CULTURES:

For diphtheria, positive.....	2
For diphtheria, negative.....	12
Total.....	14

## BACTERIOLOGICAL EXAMINATION BY SMEARS:

For diphtheria, positive.....	2
For diphtheria, negative.....	12
For Vincent's angina, positive.....	2
For staphylococcus.....	9
For streptococcus.....	11
For gonococcus, positive.....	2
For gonococcus, negative.....	6
For spirochoetæ, positive.....	1
For pleural exudate for tubercle bacilli, negative.....	2
Pus from abscess pelvis for bacteria.....	1
Total.....	48

## TISSUE EXAMINATIONS:

Gum—Granuloma.....	2
Arm—Papilloma.....	1
Tooth—Supernumerary.....	1
Appendix—Acute diffuse appendicitis.....	1
Total.....	5

## AUTOPSIES:

Men.....	7
Women.....	4
Total.....	11
Grand total.....	2,413

## URINE ANALYSIS.

The urine of every admitted patient was given a complete

chemical and microscopical examination. In no case was glucose found. Of the number examined 15 percent male shows either positive albumen or casts and 14 percent of women shows the same.

## WASSERMANN TESTS

A Wassermann test was made in 751 instances, chiefly newly admitted cases, and repetitions made on treated cases and cases with doubtful reactions. All cases showing doubtful reactions were retested using the various modifications of the Wassermann to help clear up the diagnosis. All showing positive blood and those showing negative blood with suspicious clinical signs were subjected to a lumbar puncture and a complete analysis of the spinal fluid made. A negative Wassermann blood test does not rule out the necessity of a spinal fluid examination, as a number of cases with negative blood will show positive Wassermann spinal fluid and positive paretic and tabetic gold curves. In the future we are contemplating making a routine spinal puncture, as the procedure is simple. We have had no serious results following puncture, and the findings obtained more than compensate for the time consumed.

## ROENTGENOLOGY AND ELECTROTHERAPEUTICS.

Dr. George R. Hampton, senior assistant physician, has continued in charge of this department, and has accomplished very satisfactory results, especially in view of the fact that he has been obliged during much of the year to carry also the entire responsibility of a large reception and treatment service. The work in this field is constantly increasing, and its value both in diagnosis and in treatment is becoming so well recognized that as soon as an adequate number of assistant physicians are available, it is planned to have Dr. Hampton released from other duties and free to devote his entire time to roentgenology and electrotherapeutics.

Electricity in the forms of high frequency, static, galvanic and sinusoidal currents, has been administered freely during the year. Especial attention has been given to patients suffering from de-



pression, insomnia and high blood pressure. Such conditions often greatly improve with systematic use of electricity. It has also been noticed that neuritis, lumbago and chronic rheumatism are frequently relieved by electrical treatment when other medications seem to fail.

Particular care has been taken in X-ray work of the teeth; all new patients, shortly after their admission, have been examined by the dentist. If the presence of impacted teeth, infected roots or other foci of infection has been suspected, they were referred to the X-ray room, where the necessary roentgenograms have been made.

#### ELECTROTHERAPEUTIC AND X-RAY TREATMENTS FROM JULY 1, 1920, TO JULY 1, 1921.

Static head breeze.....	720
High frequency current (auto condensation).....	68
Galvanic and sinusoidal current.....	63
Static spark.....	165
Vacuum electrode.....	6
Electrolysis.....	7
Roentgen rays for epitheloma, fibroma, and eczema.....	17
Total.....	1,046

#### X-RAY WORK DONE FROM JULY 1, 1920, to JULY 1, 1921.

##### EXPOSURES:

Head.....	28
Maxilla.....	111
Chest.....	29
Abdomen (barium meal).....	47
Kidney.....	3
Cervical spine.....	2
Lumbar spine.....	2
Upper extremity.....	49
Lower extremity.....	47
Teeth (films).....	324

##### DIAGNOSIS:

##### Fractures—

Inferior maxilla.....	2
Humerus.....	3
Ulnar.....	1
Radius.....	3
Phalanges.....	1
Scaphoid.....	1
Metatarsal.....	2
Femur.....	8
Tibia.....	2
Fibula.....	2
Ununited fractures.....	2
Dislocation of hip.....	1
Ankylosis.....	2
Foreign bodies.....	2
Bone necrosis.....	1
Pulmonary tuberculosis (acute).....	9
Pulmonary tuberculosis (chronic).....	8
Pleurisy.....	2
Influenza.....	1
Bronchitis.....	1
Mediastinal tumor.....	1
Appendicitis.....	1
Gastric ulcer.....	1
Abdominal tumors.....	2
Enteroptosis.....	2
Impacted teeth.....	22
Periapical abscess.....	44
Pericementitis.....	8
Unruptured teeth.....	14
Septic roots.....	9
Supernumerary teeth.....	2

#### OCCUPATIONAL THERAPY DEPARTMENT.

The work of the Occupational Therapy Department is under the direction of Dr. George B. McMurray, senior assistant physician. In addition to carrying on the routine of a heavy admission and treatment service, and superintending the outdoor amusements, Dr. McMurray has reorganized the occupational work, establishing an accurate system of accounting, and has intro-



duced various new features. At the beginning of the hospital year plans were made for a general broadening of the activities. While the record of previous years showed much accomplished, it was hoped that more could be done. That these hopes have been realized may be seen by reference to the statistical table found at the end of this article. As many patients as were physically able were recruited to fill up the ranks of the occupational workers.

Realizing that lack of interest is the one thing most to be combated, a patient, unless he shows a decided proficiency in any particular line of work, is allowed to choose any occupation which seems to be congenial. We frequently find that a patient's interest is aroused by an entirely new line of work—something different from his former calling or occupation—and this aroused interest is the first step in causing him to lose his condition of introspection and delusional ideas. We find that self-competition often will promote self-confidence; frequently a patient reviewing his more recent mechanical accomplishment in comparison with his first attempt (which, by the way, always is preserved carefully) is presented with tangible evidence of his own condition, which in itself is a stimulus to further effort.

This department is intended as a curative agency and is no sense a commercial enterprise. Yet the argument may be used that these "first attempts" of patients result in a waste of good materials. This is not true to any appreciable extent, as all the material used by the beginners of this department has already been discarded as unfit for further use. Only to patients whose improvement is marked is given the more important work, such as making of brooms, brushes, baskets, etc., and then only under immediate supervision of a trained instructor.

Very often at this point, when by persistent effort a patient has been brought to an improved condition, it is discouraging to the instructor as well as to the patient, to be confronted with a continued lack of raw material for in these cases material is only the synonym of medicine. After a long period of enforced idle-

ness patients often relapse into their former condition of lethargy.

#### MEN'S ARTS AND CRAFTS DIVISION.

In the Men's Arts and Crafts Division are made various staple articles in quantities sufficiently large for general hospital use, such as brooms, whisk brooms, scrub brushes, floor brushes and clothes brushes; a vast number of baskets used by the laundry is manufactured in this division and are kept in repair. A great number of fancy and waste paper baskets used about the hospital is manufactured here. The caning of chairs and repairing of hospital furniture is another important feature of the work accomplished in this division. Concrete blocks also are manufactured. The waste paper is carefully collected, baled by the patients in a press constructed by one of their number. This is another important item. A resume of some of the features are here inserted.

During the past year there was received in this department approximately one thousand dollars' worth of material, only thirty-six dollars' worth of which was available for small fancy articles. The material represented by this balance, or about ninety-six percent, was used in the manufacturing of articles for the general use of the hospital. Since the material has been received we have manufactured:

- 1,324 brooms.
- 48 whiskbrooms.
- 394 scrub brushes.
- 89 chairs repaired and caned.
- 50 cocoa fiber mats manufactured.

Ninety-six percent of the articles made from this material are of no advantage to the Industrial Division; they are applied to the general maintenance of the hospital and are used on the wards, in the nurses' homes, dairy barns, shops, laundry, etc. We have, however, succeeded with the expenditure of scarcely any money and by the use of otherwise waste material in making up a large number of useful and salable articles, as will be readily seen by the following short table. We have manufactured:



- 220 rag mats from discarded garments.
- 51 loom woven rugs from discarded garments.
- 450 barrels of kindling delivered to the kitchens.
- 957 broom handles salvaged and used over.
- 50 X-ray glass plates salvaged and used over.

A large number of toys and fancy articles have been manufactured from salvaged wood gathered about the hospital grounds.

- 37,000 lbs. of waste paper have been gathered and baled.
- 15,000 lbs. of willows have been raised, cut and cured by patients.
- 14,000 lbs. of willows sold, 1,000 being reserved for hospital use.

From this thousand pounds reserved we have manufactured 117 new laundry baskets, now in use, and 482 laundry baskets have been repaired; the hospital has been supplied with a number of clothes hampers and the offices and wards have been generously supplied with waste paper baskets.

During the past year 600 lbs. of broom corn were raised by the patients, cut, cured and manufactured into brooms.

#### TEXTILE DIVISION.

Work in the Textile Division has been somewhat curtailed by reason of inability to secure a sufficient supply of warp and other raw material. Nevertheless the patients of this division have been kept busy in weaving by hand rag mats and manufacturing cocoa fiber mats.

#### PRINT SHOP AND BOOKBINDING DIVISION.

The work in the print shop and bookbinding division can best be appreciated when it is known that all the work needed in an institution of this size is done here. There is the ruling and printing of all record sheets, index cards, forms and various necessary reports, as well as the collating, stitching and binding into volumes of various medical magazines, and the repairs to books in the Medical and Patients' Libraries; also the printing, ruling and binding of all ledgers, journals, etc., used in the business offices, is done in this division, as well as the making of time books, blank books and pads and other numerous articles. The hospital paper, "The Psychogram," the monthly

magazine of the patients, for the patients and by the patients, is done here, and a considerable number of patients have become very proficient compositors, printers and bookbinders and others have taken up typewriting and clerical work. Beside affording employment of great therapeutic value to a number of patients it can readily be seen that the State itself has saved a very considerable cash outlay each year through this Occupational Therapy Department.

#### WOMEN'S ARTS AND CRAFTS DIVISION.

In this division are manufactured various articles of clothing for indigent patients, as well as articles for the general use of the hospital, such as sheets, pillow cases, napkins, aprons, laundry bags, towels, etc. Here the women make small fancy raffia baskets, also various fancy articles, such as centerpieces, embroidery, knitted sweaters, crocheted lace and the like.

#### PATIENT'S GARDEN.

The patients' garden has been continued in the past year, and it has been brought to a condition of almost perfection. This garden affords patients opportunity to get into the sunshine and fresh air. Nearly every known variety of vegetable is raised in this garden in abundance. It is in itself a model.

#### OTHER ACTIVITIES.

Beside those working in and about the Occupational Department, a large number of patients is employed about the hospital in its numerous and various departments, such as the laundry, farm, stables, dairy, garage, gardens, greenhouses and about the grounds, plumbing shops, blacksmith shop, storehouse, tailor shop, shoe shop and mattress shop. In addition a large amount of the routine cleaning and housekeeping is done by patients on all the wards of the hospital, as well as in the Administration Building, Laboratory, Nurses' Homes and so on.



## SUMMARY..

I have attempted to indicate in the following table the amount of work done in the various divisions with market value of the finished product:

Description	Number	Value	Total
Printing Department:			
Impressions. ....	619,212	\$5,572.91	
Ruling and Binding Department:			
Impressions.....	197,617		
Books bound .....	497		
Books bound and ruled.....	114		
Books repaired.....	212		
		992.27	\$6,565.18
Arts and Crafts Department—Men:			
Articles made and repaired (including carpentry).....	7,653	4,812.24	
Willow crops, 1921 (Sept., 1920).....		2,592.25	7,404.49
Textile Department:			
Bales of waste paper put up.....	620		678.50
Clocks, etc., repaired.....			30.50
Arts and Crafts Department—Women:			
Articles made and repaired.....	33,553		25,130.85
Total value of work in the Occupational Therapy Department.....			\$39,809.52

## TRAINING SCHOOL FOR NURSES.

The usual work in the Training School for Nurses has been carried on during the past year. Commencement exercises were held in the hospital chapel on the evening of June 24th. Reverend Dr. D. M. Brookman, of Morristown, delivered the address, Dr. Augustus S. Knight, of the Board of Managers, presented the class pins, and Dr. Marcus A. Curry, Superintendent, conferred the diplomas. There were six graduates, all women, who had successfully completed the three years' course: Meta Orpah Gardner; Grace Anis Rippenburgh; Helen Denman Scales; Mary Theresa Murphy; Gertrude Eisenman; Lupe Robledo. Including this class, the total number of graduates is now 285—81 men and 204 women.

The problem of reorganizing the Training School to comply

with the State requirements for registered nurses has been under serious consideration during the past year. Miss Helen C. Sinclair, of the National Committee for Mental Hygiene, and Miss Josephine Swenson, of the Department of Institutions and Agencies, have investigated the situation and offered recommendations, and studies have been made as to the methods found most satisfactory in other states. As one of the first essentials is that a registered nurse shall be Superintendent of the Training School, Miss Anna C. Farley, R. N., was secured to fill this position, and reported for duty on February 15th.

Much thought has been devoted to ways and means of promoting the health and comfort of the nursing force, although the extreme shortage in this department necessarily has thrown heavy work and great responsibility upon each individual. After long delay, due to the fact that it was difficult to arrange to cover the wards while the nurses were at their meals, the dining room for men was opened for use on January 13th and that for women on March 7th. Previous to this time the nurses and attendants in the Main Building, both men and women, had been obliged to eat in the same dining rooms with their patients, a system neither pleasant nor wholesome in its effects. Elaborate plans are being worked out for improving the housing and living conditions, and when these become effective an increased number of nurses undoubtedly will be attracted to this hospital.

During the year I have been able to make another change which seems to be worthy of note. In this hospital on the wards, where there are no infirmaries and where it is not necessary to set up beds in the corridors, it has been the established custom to lock the patients in their rooms at the hour for retiring and leave them unattended throughout the night, except for the regular rounds of the night patrol through the ward corridor. In so far as the number of nurses and attendants available for night duty has permitted, I have had all room doors left unlocked, and a nurse assigned to each ward to see that the patients do not wander into the wrong rooms. This system is working well; nervous and sensitive patients who have been frightened and



depressed at the sensation of being locked in a small room with no one to call upon for help find the change a great relief, and in cases of sudden illness there is no delay in summoning assistance.

### CLINICAL DIRECTOR.

On account of the increased amount of executive work which is being placed upon the medical heads of the different institutions throughout the State, and carrying out the plans of the Commissioner and Board of Control, the position of Clinical Director has been established. After careful consideration by the Board of Managers, Dr. Arthur G. Lane was appointed to fill that position at this hospital. We have every reason to feel fortunate in having secured a man so well equipped and well qualified as Dr. Lane; his genial personality and adaptability have already been demonstrated, and under his direction the clinical work should develop with new enthusiasm.

Owing to the shortage of physicians it has not yet been possible to expand this work to our entire satisfaction, but as soon as an adequate quota is available it is planned to devote intensive study to each case. This study will include the personality and mental make-up of the patient, the physical condition and the environmental and hereditary factors involved. In order to carry out such intensive and detailed work, it is absolutely essential to have a complete staff of both physicians and nurses, and the maintenance of such a staff should result in an economic saving to the State by a quicker return of the patient to normal life and earning capacity, as it is a well-recognized fact that many serious cases can be restored to their families and a life of usefulness by the proper personal attention at the critical period in the course of their illness.

A careful study of the personality of the patient is of great importance, in order to know his habitual type of reaction to his particular environment and learn how his defect functioned in producing his trouble. Only upon such a basis of knowledge can a suitable system of treatment be determined. It also is neces-

sary that the individual be thoroughly understood by all having him in their care, so that slight variations in the symptoms may be observed and corrective measures instituted before a serious or irremediable malignant condition is superimposed upon a benign state.

The environmental condition under which the individual was customarily living at the time of the onset of his mental difficulty is one of the factors of paramount importance in the understanding and weighing of those peculiarities which led to his breaking down under the strain of life. To work out these two factors—personality, with its basis of heredity and its idiosyncrasies of development and reaction; and environment, with its powerful moulding and formative force—the physician must have time not only to study the patient in the hospital, but to learn from relatives and friends during their hospital visits all possible facts concerning the various periods of his life.

That physical factors enter into the picture of mental diseases is unquestionable. It is essential to study not only the mental states presented, but also the physical make-up of the patient presenting such mental state. To this end, painstaking physical examination is necessary immediately upon admission and frequently thereafter, using all the diagnostic advantages with which the hospital is equipped. The pathological laboratory provides tests of the bodily excretions, seriological examinations and investigations of blood chemistry and basal metabolism. Detailed research on the endocrine system and its relation to the nervous structure is planned, in which clinical and laboratory findings will be correlated. The department of roentgenology and electrotherapy is called upon to assist in the diagnosis and treatment of cases requiring this advantage. Hydrotherapy features in the treatment of certain cases. The dental department locates and corrects defects of masticatory apparatus. Infections and conditions of a surgical nature are traced out both clinically and in the laboratory, and in cases where operative measures are found advisable skilled surgery is at once applied. Sports and exercises aid in building up the physical health, and the



department of occupational therapy is a tremendous help in bringing about wholesome mental and physical adjustment.

The aim in all clinical work is to utilize every available agency in order to restore rapidly to complete normality the largest possible percentage of those entrusted to the hospital, and to alleviate the distressing symptoms in those unfortunates in whom a complete restoration cannot be expected.

### STAFF MATTERS.

This year has been one of continued difficulty because of the shortage in the medical and nursing staffs. A report was recently published showing a shortage of physicians in the United States amounting to 25,000. The same proportion doubtless applies to the nursing profession. It is only to be expected that hospitals and institutions will be made to suffer acutely from this deficiency, as well as the general public. Because of this shortage of personnel, the staff has had a tremendous amount of work concentrated upon a few. Each member has had to shoulder greatly increased work and responsibility. Authorities on hospital management have agreed that the ratio of physicians to patients should not be greater than one to two hundred, and recommend a ratio of one to one hundred and fifty for the most efficient work and satisfactory results. For a time during the past year the ratio of ward physicians to patients at this hospital was one to seven hundred. The condition of ward service as to nurses and attendants has been of equal disparity.

Thanks to the loyal support and untiring energy of the members of the staff, the work of the hospital has been carried on in a manner that reflects much credit on the institution. Not only has the routine work been kept up to date, but much detail and special work has been accomplished. The regular staff meetings, formerly occurring twice a week, have been increased to four each week, and are called at 9:00 A. M. on Monday, Tuesday, Friday and Saturday. On two days male patients are presented, and on the other two days female patients. Since February 15th these meetings have been in charge of Dr. Arthur G. Lane, the

Clinical Director. An effort has been made to regulate the hours on duty of physicians in such a manner as to lessen wherever possible the burden of work. Evening duty is arranged by schedule; the man serving his turn attends to all emergency calls, admissions and critical cases, thus leaving the other members of the staff free for recreation. Although the shortage of physicians has not permitted an inflexible assignment of time off, the men have been encouraged to leave the hospital for a day or half day whenever arrangements could be made.

The Board of Managers has co-operated with the Superintendent in making it possible to send representatives from this institution to various medical conventions, realizing that it is of vital importance for the members of the medical staff to keep in touch with what is being done by others in the same field. Drs. Lane, McMurray and Christian attended the meeting of the American Medico Psychological Association at Boston; Dr. Hampton attended the meeting of the American Medical Association held in the same city, and Dr. Bartleman attended the meeting of the State Dental Association. All brought back detailed reports and new enthusiasm for their work.

As soon as arrangements can be made, I think it highly desirable to add to the hospital force a department of social service and a dietitian. The need of social service work is very keenly felt, both in the direction of obtaining detailed histories of patients with an adequate appreciation of the environmental condition under which the psychosis developed and in the equally important direction of after-care. Very frequently when the question of a patient's discharge arises, the physicians find that the whole issue depends upon whether or not he is to have proper surroundings after leaving the hospital. In the absence of definite knowledge and of a means of maintaining oversight, it is unwise to allow the patient to go out and run the risk of encountering hardships which would overthrow all the good accomplished and result in his return to the hospital in a more serious condition than on his first admission. Accordingly, many patients are held in the hospital for weeks or months when



under the supervision provided by an efficient after-care worker they could be maintaining themselves in the outside world. Obviously, the financial saving to the State of such a department would be far in excess of the salaries required; but up to the present time I have been handicapped by two conditions: the lack of physicians, which makes it impossible for any of the men to spare the time necessary for directing the social service work in their cases; and the lack of quarters in which such a department could be housed.

The importance of a trained dietitian in a large institution is obvious. Such an officer should have general oversight of the manner in which food is prepared and served and should attend to the making up of special diets for all cases in which the physicians so direct and should give lectures and instruction to the nurses of the Training School in the general subject of dietetics. These functions are local and of a specialized nature, in nowise overlapping the fields of either the State Dietitian or the hospital chef. Again, the chief obstacle in the way of such an appointment is the lack of room, both for living quarters and for the fitting up of a special diet kitchen.

In all discussion of staff matters and the maintenance of a proper working force, the problem of housing arises. During the year I have been obliged to take over much needed reception rooms and make them into private offices; I have arranged and rearranged living quarters and have even found it necessary to place physicians in the rooms intended for the use of domestic servants. This situation is due to the fact that the whole institution, wards, offices, shops, workrooms and living quarters for all employees, including officers, was designed for a much smaller population than it now contains. The rooms now occupied by several of the physicians are poorly arranged for sleeping purposes, since they were designed for general living quarters, and bathroom facilities are inadequate. Very few of the rooms are so situated as to be comfortable for occupancy by a married physician and under present conditions it is impossible to

maintain a staff of sufficient strength without employing married men. In other words, if this is to be an up-to-date hospital instead of an asylum for custodial care, it must have more physicians, officers and nurses, and the only way in which such an increase can be cared for is by building properly designed houses.

### COMMUNITY WORK.

In the past the popular concept of a State Hospital has too often been that of a plague spot, to be shunned by all except the morbidly curious and those connected with the inmates by close ties of blood. In fact, even the general hospital has not yet, in the minds of the more ignorant and conservative, become entirely free from the odium in which all such institutions formerly were held. The spread of knowledge and the growing recognition of the value of specialized training, as compared with unskilled attention, is bringing appreciation to the general hospital, and in some degree to the State institution as well. I believe that eventually the State hospital is destined to become a community centre where perplexed people of all ages and stations will be glad to go for examination and advice, or longer observation and treatment.

Many of the problems and peculiarities which prevent wholesome social adjustment are undoubtedly due to false mental hygiene; sometimes to a childish misunderstanding never satisfactorily corrected; again, to lack of insight into the springs of conduct in self and others, leading to misinterpretations, fears, and suspicions, and eventually, if uncorrected, even to a definite psychosis. It is in this field of prevention that the greatest well of usefulness can be tapped and gradually the public is coming to realize that fact.

Each year sees a little more linkage between this institution and the community which surrounds it. One established line of contact is through the laboratory. Except in the interval when the hospital was without a pathologist, the weekly clinics for treatment of venereal disease were continued throughout the



year. Patients come to this clinic from neighboring towns, often sent in by their family physicians. Many appreciate the importance of the treatment, and report regularly and faithfully. Another connection between the hospital and the community is made through the informal clinic for backward and delinquent children. Various societies and organizations bring these children to the hospital for psychometric tests and recommendations as to future care and treatment. Occasionally adults apply for examination, but frequently their mental condition is already so far advanced that they should receive continued observation and treatment, although they cannot be considered frankly insane. At present the hospital has no facilities for caring for such cases, apart from the regularly committed patients; but it is hoped that in connection with the new buildings now under construction, provision can be made for a psychopathic ward where incipient nervous and mental disorders can be treated separately.

#### AMUSEMENTS.

During the past year Dr. George B. McMurray, senior assistant physician, has had general oversight of the amusements, and has taken much interest in the development of the play spirit as a means of diversion and treatment. In watching and taking part in sports and games of different types, many patients are enabled to forget for a time their mental troubles and come into wholesome contact with others. The various activities are also calculated to improve and build up the general health, which in itself is of great importance in bringing about recovery from a psychosis.

Baseball, as usual, has been a feature amusement. The hospital team is made up of attendants, and games are played on every Saturday afternoon during the season, and on all holidays and numerous Wednesdays. The opposing teams come from nearby towns and as patients are free to bring friends and relatives, there is always a large and interested assemblage of fans. During the winter, basketball games were played weekly in the

Amusement Hall, and were always eagerly watched by the more quiet patients.

Golf has been especially popular during the past year, and on almost any afternoon of the season groups of patients could be seen enjoying the game. Croquet and tennis have also furnished amusement and varying degrees of exercise. Much attention has been directed toward the physical training of patients, especially on the hospital track and athletic ground. Drill in calisthenics has been carried on to a greater extent than heretofore, with the object of correcting defects and building up the physique.

On September 18, 1920, the Annual Field Day was held on the hospital grounds. The features consisted of a number of athletic events, in which both patients and employees participated, and of a grand amateur circus, quite spectacular with its menagerie and series of all-star acts. Altogether about three hundred and sixty patients took part in the events, each patient receiving at least one prize for his efforts. On this occasion, through the columns of the public press, relatives and friends were invited to be present, and the visitors numbered about 5,500. Mr. David I. Kelly, of the Department of Institutions and Agencies, was among the visitors, and on invitation of the Superintendent, made a very appropriate speech to the patients. Field Day is an institution of real value, not only to the patients but to the people of the State, inasmuch as on that day many visitors come out and inspect the hospital, learn of its methods and its attitude toward the patients, see something of the results and go away with a more kindly feeling and a broader conception of the functions of State hospitals. Field Day has grown to a point where it requires great preparation, but I am convinced that the results much more than compensate for the labor involved.

During the winter the bowling alleys were again opened, and certain days were allotted different groups to participate in this popular sport. The numerous billiard and pool tables about the hospital were also utilized to great advantage. Various enter-



tainments have been held from time to time upon the different wards. Hallowe'en was observed as usual with various parties given by patients. On this occasion one elaborate program of music, dancing, speeches, fortune-telling, and so on, was carried out with much success. The patients' weekly dance has been held during the year on each Monday afternoon, and the moving picture shows on alternate Friday evenings. The patients have been most fortunate during the past year in being able to witness the most popular and up-to-date moving pictures. These, as heretofore, have been most generously donated by the Universal Film Company of New York; the pictures are always of recent date, and very often are shown at this hospital before they are released to the public. The Universal Film Company has won much grateful appreciation through its kindness and interest in this respect.

The hospital library has continued to grow, through purchases of books and through many donations of fiction and periodicals. The reading room is opened to the patients on certain hours, and they also have the privilege of selecting books for reading on the wards. The library is in charge of a patient who takes great pride in caring for and cataloguing the volumes and in seeing that each reader is supplied with the literature preferred.

As is the custom at this hospital, a great deal of effort was expended in making the Christmas season a happy one for the inmates of the institution. Despite "hard times" over \$1,100 in money was donated for the purchase of gifts for patients, beside hundreds of packages. As a result, it was possible to present every patient in the institution with some appropriate gift, as well as furnish candy and fruit.

#### MUSIC.

Of late the newspapers have contained numerous references to the success claimed by certain investigators who are using music in the treatment of nervous and mental diseases. Whether or not any of our recoveries can be ascribed wholly to the influence of music, we have found it a valuable means of diversion

and entertainment. The orchestra, composed chiefly of attendants, under the direction of Mr. Bernard Borchers, provides music for the weekly dances, for the church services and for the moving picture shows. Band concerts are given at the baseball games, and occasionally on the grounds outside the various wards. In connection with the moving picture entertainments, vocal solos are often provided; sometimes the singer is a talented patient or employee; on other occasions professional soloists perform gratuitously. The patients also enjoy community singing in connection with these entertainments, usually preferring selections of a patriotic character. On several of the convalescent wards pianos are provided for the use of the patients, and a group of singers is often found gathered about the instrument, while popular songs or old-fashioned hymns are played by some patient or nurse.

#### RELIGIOUS SERVICES.

It is the policy of the institution to offer, so far as possible, religious comfort and consolation to those of every faith. The Protestant services are held in the chapel each Sunday afternoon, and are conducted by Methodist, Baptist, Presbyterian and Episcopal pastors in rotation; in addition, there is a monthly communion service for Episcopalians. The Roman Catholic priest of the Morris Plains parish holds mass at the hospital each Tuesday morning, and also makes numerous calls on the sick. On one Saturday each month and on the chief religious holidays a Hebrew rabbi conducts services here. Throughout the year there have been frequent visits of clergymen of all faiths to inmates of the institution.

#### WAR RISK PATIENTS.

The number of ex-service patients has shown a gradual increase during the year; 29 claimants have been admitted, 17 discharged, and notification has been received that the claims of 4 have been disallowed. At the present time 39 war risk claimants are inmates of this hospital. The institution has a contract with the United States Government whereby payment is to be



made at the rate of \$10 per week for each of these patients. The sum covers all necessary expenses, but in certain cases an additional allowance is made for comforts and desires. Only a few of these men have their claims finally settled and their compensation regularly paid, but all are receiving uniform treatment pending the decision of the War Risk Bureau.

All ex-service men whose condition permits are grouped on one ward, apart from the other patients, so that they may receive special attention. Wherever it can be arranged a guardian outside the institution is appointed to take charge of the extra allowance. In several cases the Bureau has requested the Superintendent to be made guardian, as is permitted under the laws of this State, but such an arrangement means additional complication and responsibility, involving considerable bookkeeping as well as the numerous difficulties attendant upon the expenditure of the allowance to the satisfaction of all concerned, and I have accordingly been much averse to such appointment.

Although we are endeavoring to care for our ex-service patients in the best manner possible under existing conditions, I am personally of the opinion that such cases could be treated to much greater advantage in special Government hospitals for nervous and mental diseases than in any of the state institutions. A separate ward has been provided for these men, but it is absolutely impossible to arrange a separate industrial division and separate amusements and diversions for their benefit. In an institution of this type, all occupations, games and sports have to be planned with a view to interesting and helping the largest possible number. Consequently, a state hospital cannot give the ex-service patients the exclusive attention which they could receive in an institution of their own. Owing to the comparatively small number in this group, no adequate classification can be made according to type of mental disease without scattering the men about the various wards where they would have to mingle indiscriminately with the other patients. In a large Government hospital, however, they could be properly classified and segregated. Owing to the number of organizations interested

and to the amount of investigation required to establish a claim for compensation, the clerical and executive work demanded by this small group of patients is entirely out of proportion to that involved by the other inmates of the institution. Consequently, the hospital office force is not equipped for handling this detail in the most efficient manner, as would be the case where all the inmates belonged in a homogenous group.

Finally, I believe that the Government owes these ex-service men the best possible surroundings and attention. Some of them broke down directly and entirely as a result of the strain and hardship of their service. Others, although already developing abnormal tendencies, were accepted for service, their condition escaping the recognition of the examiners, and were assigned to duties necessarily of a character to augment and hasten any existing disorder. In either case, I feel that the Government took these men from their accustomed environment and placed them under strange and trying conditions, and for that reason the Government should assume the responsibility for any mental or physical breakdown following this experience and should exert every effort to care for such dependents in a manner worthy of the cause in which they served.

#### SOCIAL CONDITIONS AND PSYCHOSES.

It is an established historical fact that the reconstruction period after any great war is marked by social unrest and economic distress. The present era is no exception. The general discontent affords excellent soil for the spread of anarchistic propaganda, and the universal business depression has thrown many out of employment, leaving them destitute and with no more profitable occupation than discussing and brooding over their trouble. As work is one of the most effective curative agents which has been developed for the treatment of state hospital patients, so absence of work is one of the most dangerous factors in bringing about mental disorders. The combination of idleness, financial worry and insidious Bolshevistic teachings is likely to produce either a criminaloid or a paranoid tendency,



perhaps both simultaneously. The need of mental hygiene was never more serious than at the present time. The people should be brought to realize the danger of these introverted and anti-social lines of thought and the necessity of some form of wholesome occupation, whether remunerative or not. Otherwise this institution and other state hospitals must anticipate an even more marked increase in admissions during the ensuing year.

### NEW BUILDINGS.

Immediately with the opening of the fiscal year, the officials of the hospital began work on the problem of how to apply to best advantage the \$800,000 which had been appropriated for buildings at this institution. After various meetings of the special committee of the Board of Managers and consultation with the State House Commission and with its authorization, the services of Mr. Lewis F. Pilcher, the New York State Architect, who has made a special study of hospital buildings, were obtained. Mr. Pilcher at once made a thorough investigation of the needs of this institution, found the number of admissions of the various types to be expected, and then worked out the plans and specifications for The Psychiatric Clinic Reception Buildings, to contain 400 beds. These plans and specifications were ready for the contractors in February, and on March 22d the bids were opened. The lowest was slightly under \$600,000. On May 2d work was begun on the new structure, and has progressed steadily since that time. Excavation was delayed somewhat over the specified time, owing to the necessity found for considerable blasting, but at the present time the work of putting in the foundations is well under way.

These buildings when completed will be thoroughly up-to-date and well planned for the reception and treatment of acute cases. Provision has been made for full mental and physical diagnostic and therapeutic equipment, with rooms for psychological testing, dental, eye and ear work, hydrotherapy, roentgenology and electrotherapy, occupational work and surgery. One section will be utilized as a hospital for medical and surgical cases, until

such time as a special hospital building is erected. The removal of acute mental cases and the physically sick from the Main Building will help to relieve the congestion of patients there, and will also make possible a more satisfactory system of classification and segregation.

As soon as it was learned that the bids for The Psychiatric Clinic Reception Buildings had come well under the \$800,000 appropriated, steps were taken to make possible the transfer of the sum remaining to meet other urgent construction needs of the institution. This has been arranged, and the services of Mr. Pilcher retained as consulting architect. Plans are now under consideration for the erection of cottages for women nurses with a central dining room under separate roof, homes for the Superintendent and Clinical Director, and a housing group for the staff, consisting of a building for the accommodation of single men and cottages for the married physicians.

Another building improvement for which funds have not yet been provided, but which I hope to see supplied in the near future, is two central dining rooms for the patients of the Main Building, one for males and one for females. The present system of a separate dining room in each ward has several objectionable features, among which are much waste of effort in handling food, including the amount of work devolving upon the ward nurses, and the fact that the food becomes chilled, shaken up and unattractive in its long journey from the kitchen to the table. The only advantage is the possibility of a certain degree of classification of patients in the individual dining rooms. I believe that if a large central dining room was constructed on each side of the main kitchen there would be an immense saving of labor, both kitchen employees and nurses, the food could be served hot and appetizing, and the space now required for the thirty-six ward dining rooms could be utilized to provide comfortable accommodations for approximately two-hundred patients, thus relieving the overcrowding to an appreciable extent. However, despite these decided advantages, I am personally opposed to the adoption of central dining



rooms unless they can be differently constructed from those usually to be found in institutions of this kind. The results of serving food to all types of patients in the same room are often so disgusting as to outweigh all other considerations. Unless some method is contrived whereby smaller dining rooms can be partitioned off within the central dining room, so that patients may be grouped according to condition and table habits, I believe that the central dining room system would be a step backward, so far as promoting the recovery of the more sensitive patients is concerned. But if the large room can be divided up by means of low partitions into sections accommodating from six to thirty persons each, and opening on the corridor from which food is distributed, the advantages of separate dining rooms will be combined with the efficiency resulting from serving food within a few feet of the kitchen where it is prepared.

Another building which I believed would be a good investment for the hospital is a tailor shop. Such a structure should be two stories in height, one floor devoted to women workers and the other to men, and all work carried out as a branch of the Department of Occupational Therapy. With proper equipment it should be possible to make practically all the clothing worn by patients, both male and female, thus effecting a considerable saving to the State, while the opportunity for varied forms of activity would be of marked therapeutic value to those engaged.

#### LANDSCAPE IMPROVEMENTS.

Mr. Otto Koch, the hospital florist and landscape gardener, has done much to beautify the grounds and to enlarge and improve the space available for recreation. During the winter and early spring a squad of patients, under Mr. Koch's direction, felled numerous dead trees, including the chestnuts attacked by the blight which were later turned into useful lumber at the hospital saw mill. The grove to the south of the Dormitory Building was cleared of dead and unsightly trees, among them those charred by the burning of the slaughterhouse and sheep-

fold some years ago; the rocks were removed and the uneven surfaces graded so that the grove is now an attractive spot where women patients may enjoy the open air during the warm weather.

South of the Dormitory Building Annexes a great deal of grading has been done, requiring about fifteen hundred loads of earth. The grading has produced a graceful sloping surface which has been seeded and made into an attractive lawn. Later it is planned to set out shade trees here, and in time this lawn will furnish additional recreation space for patients.

The shade trees on the lawns and bordering the driveways in front of the Main Building have been carefully trimmed, which has brought about a notable improvement in appearance, and also permits a freer circulation of air and admits more sunlight. Washouts along the drives have been filled in and the impoverished and worn-out turf has been seeded and replaced.

Mr. Frode Heiman, who has charge of a ward on the north side of the Main Building, became interested in improving the condition of the exercise yard in the rear of the men's wards. Owing to dense shade and continuous wear, the grass had entirely disappeared, leaving barren and hard packed earth. Utilizing patient labor, Mr. Heiman spaded and seeded the entire yard, constructed a rustic railing along the walks to protect the young grass, engaged the assistance of the florist to put in flower beds, and carefully tended and sprinkled the grounds until he now has a most attractive lawn.

#### GREENHOUSES.

During the past year the greenhouses have been under the management of Mr. Otto Koch, as heretofore. Since he has taken over the landscape gardening also, practically all the work at the greenhouses has been assigned to patients, thus releasing the hired assistants for less centralized work in the upkeep of the grounds. The greenhouses have been put in good repair and the entire interior repainted, as well as part of the exterior. The benches on which seeds are propagated and flowers grown have



also been repaired and renewed. The greenhouses and surrounding gardens have been several times more or less damaged by floods caused by the overflow of the mountainside brooks, and in order to guard against a recurrence, a breakwater stone wall about three hundred feet long and four feet high has been substantially constructed. A detailed report of the flowers grown during the year will be found in the appendix.

### RECOMMENDATION

#### *Filing Cabinets for Patients' Case Records.*

Last year an appropriation was made for the purchase and installation of new and modern filing cabinets in the Record Room. The sum is not sufficient, however, and I accordingly recommend that an additional appropriation be made so that the work may be completed.

#### *Painting Interiors.*

The wards, corridors and stairways are in serious need of paint, as this type of repair has been much neglected for several years past. The stained, soiled and discolored walls afford an untidy and forlorn appearance which is depressing to the inmates and gives an unpleasant impression to visitors. I recommend that a sufficient sum be appropriated to permit of repainting the interiors of the Main and Dormitory Buildings.

#### *Shower Baths.*

The shower baths already installed have proved entirely satisfactory. The saving in water is considerable, and there is also a saving in time and labor for the attendants, while the patients are more frequently and more hygienically bathed. I am convinced that similar equipment should be installed on all the wards of the hospital, and recommend that an appropriation be made each year for a certain number of shower baths until the work is completed.

#### *Plumbing.*

Owing to the fact that the water supply pipes are of small size

and feed all four floors from the same pipe, in each tier of wards, it is often difficult to obtain sufficient pressure on the upper floors; at times when the water is low in the reservoir the supply is occasionally cut off entirely from the fourth floor wards. In order to provide an entirely satisfactory supply a separate pipe should be run to each floor. I accordingly recommend that an appropriation be made for new piping, if possible, sufficient to provide a separate supply pipe for each floor, but at least sufficient to permit of the replacing of the small and old pipes with those of larger dimensions, as the installation of new and larger pipes on two of the tiers have given greatly improved results.

#### *Screens.*

Wire screening for the laboratory and morgue building is most important. Specimens of various kinds, many of them toxic in character, are constantly being examined in this building, and numerous autopsies are performed. It is necessary for the comfort and health of the workers to have the windows open, and in summer the flies cannot be kept from the specimens and the autopsy room without the use of screens. Not only are they highly disagreeable to those working in the laboratory, but there is possibility of their carrying contamination and infection to the kitchens and dining rooms. Both the firehouse and the industrial building are also unscreened, and for the comfort and protection of the inmates should be provided with suitable screens. I recommend that an appropriation be made to cover the cost of properly screening these three buildings.

#### *Purchase of a Plot of Ground for Burial of Bodies of Unclaimed Dead Patients.*

The custom has been to bury the unclaimed bodies of indigent patients dying at the hospital in Evergreen Cemetery, Morristown. The board of directors of that cemetery has served several notices upon the hospital that, owing to lack of space, they are unable to continue to accept our unclaimed dead. I recommend that a plot of ground be purchased for the purpose of providing a cemetery for such bodies.



*Sewage Disposal Plant.*

The present system of sewage disposal is ineffective, owing to the neglect of necessary repairs, and at best it is unpleasant and unsightly. With the contemplated expansion of the hospital in the direction of the east and southeast, the sewer beds would be practically on the front lawn of the new buildings. It is essential that immediate steps be taken to change the location of the sewage disposal plant and to replace the present system of beds with a suitable tank arrangement. If the present appropriation is insufficient to complete this change of system an additional sum should be appropriated for the purpose.

*Boiler Plant.*

The present boiler plant is barely capable of meeting our immediate requirements under most favorable conditions, and is a source of constant anxiety owing to the age of the equipment. With the completion of The Psychiatric Clinic Buildings and other structures contemplated in the very near future, this plant will require a complete remodeling. It is a question which should be considered carefully whether or not the present plant should be discontinued and an entirely new plant constructed in a more central location. In any case, an adequate appropriation is essential.

*Water Supply.*

Again, with the contemplated expansion of the hospital the water supply is a question of vital importance, and must be given serious consideration, particularly with a view to proper means of meeting the ever possible condition of long continued drought.

*Furnishing New Buildings.*

At this time I wish to call to your attention the necessity of providing for the furnishing of the new buildings, both those already under process of construction and those now being planned. It is extremely important, in view of the serious need for immediate use of these structures, that there be no delay because of lack of furnishings. A sufficient appropriation should be provided so that the buildings may be made ready for occupancy as soon as they are completed.

RESIGNATIONS AND APPOINTMENTS IN THE  
MEDICAL STAFF.

October 16, 1920, Dr. J. Victor Donnet, pathologist, resigned to accept another position.

December 31, 1920, Dr. Harris Day, assistant physician, resigned to return to private practice.

February 15, 1921, Dr. Annie E. Freese, bacteriologist, resigned to accept another position.

February 28, 1921, Dr. Elam F. Srygley, assistant physician, resigned to accept a position in Newberry State Hospital, Michigan.

March 1, 1921, Dr. Annie F. Colley, resident dentist, resigned, retiring from professional work.

February 15, 1921, Dr. Arthur G. Lane reported for duty as clinical director.

March 15, 1921, Dr. Francis C. Bartleman reported for duty as resident dentist.

April 13, 1921, Dr. Oscar C. Reeve reported for duty as assistant physician.

April 22, 1921 Dr. Thomas B. Christian reported for duty as pathologist.

May 16, 1921, Dr. Harry H. Gessler reported for duty as assistant physician.

June 14, 1921, Dr. Raymond W. Lasslett reported for duty as assistant dentist.

## ACKNOWLEDGEMENTS.

Opportunity is here taken to express our sincere and grateful appreciation to those numerous kind and friendly persons who have bestowed books, papers, magazines, tobacco, candy, fruit, money and other gifts, and thus brought pleasure, comfort and happiness to the inmates of this institution.

## CONCLUSION.

This year has been filled with problems of reorganization, expansion and readjustment, complicated by serious shortage among both physicians and employees, and the largest admission



list in the history of the institution. I wish to express my most earnest thanks to the members of the medical staff for their energy, loyalty and self-sacrifice throughout this trying time. To the Warden and other officers of the institution I make grateful acknowledgment for their support and co-operation. To the nurses and other employees I wish to express my appreciation of their steadfast and devoted service. To the members of the consulting staff, especially Dr. Clifford Mills, I acknowledge great obligation for their invaluable advice and assistance. Finally, to the members of the Board of Managers, I offer my sincere and heartfelt gratitude for their untiring interest and activity in promoting the welfare of the institution, and for their aid, assistance, guidance and friendship to me as Superintendent.

Respectfully submitted,

MARCUS A. CURRY, M. D.,

Medical Superintendent and Chief Executive Officer.

## SPECIAL REPORT

MADE BY

O. M. BOWEN, *Warden,*

TO

DR. MARCUS A. CURRY, *Chief Executive Officer.*



## Special Report of Warden

The following is the report of the Warden, Mr. O. M. Bowen, as submitted to me, bearing upon the affairs of the institution which come under his supervision:

### WARDEN'S REPORT

*To Dr. M. A. Curry, Medical Superintendent and Chief Executive Officer:*

DEAR SIR:—

I present herewith report of the Business Department for the fiscal year ending June 30, 1921:

The sewage disposal beds are not in good condition on account of being dosed beyond their capacity. This resulted from loss of use of bed No. 7, which has been unused since July, 1919, at which time the work of reconstruction under contract was begun. The work was not carried out in accordance with plans and specifications, and the bed remains in an unfinished condition. The remaining beds cannot be used indefinitely under existing conditions, and unless relief is soon provided, pollution of the stream below beds will result.

An appropriation for installation of septic tank, etc., was requested last year, but not granted. An appropriation of \$25,000.00 will be available during fiscal year 1922 for reconstruction of sewage system and installation of tanks.

The rainfall during spring and summer months of 1921 has not been sufficient to warrant a supply of water during late summer and fall adequate to the needs of the institution.

The ice pond upon which the hospital is mainly dependent as a reserve, is being heavily drawn upon, and the artesian well and small concrete catch basin below gas plant are being utilized to supply the deficiency.

There were 5,375 feet of 8-inch cast iron water main laid to a



depth of three feet from the high service reservoir to the water junction in rear of the Dormitory Building. This in conjunction with the 6-inch main installed at time of construction of dam, insures the hospital an uninterrupted delivery of water when available. The new line will be utilized for pumping from ice pond to the reservoirs; the 6-inch for drawing from high service reservoir to the hospital. The system of piping is now so arranged that both lines can be used for either one or both purposes.

The water purification plants are again in operation after being idle for some time, during which the entire equipment was undergoing repairs.

The Venturi tube originally installed in plant in rear of the Dormitory Building was found to be too small and was replaced by one with throat of larger diameter. At this plant the meter for registering flow of water was damaged by freezing, necessitating purchase of new meter to replace it.

The saw mill was operated during the year at such times as it was practical to do so; the sawyers and helpers being regular employees, under which conditions the mill was run at a minimum cost.

Approximately 54,300 feet of lumber of various dimensions, also 836 railroad ties were produced from chestnut, oak and whitewood timber.

It is difficult to form an estimate of the chestnut trees remaining, as they are more or less scattered. The largest have, however, been cut and converted into lumber and ties. Oak and whitewood trees of good size will, however, be available.

For the purpose of acquiring a herd of cows free from tuberculosis, the testing of cows has been continued throughout the year. This work is being done under supervision of Dr. J. H. McNeil, Chief of Bureau of Animal Industry. Both subcutaneous and ophthalmic tests have been applied with varying results. A recent test developed but a few cases, and this may be taken as an indication of the elimination of spreaders of the disease, and to a successful termination of efforts to secure a clean herd. Addi-

tional cows will not, however, be introduced into the herd until it is evident the disease has been stamped out.

Funds will be available July 1st for the purchase of modern stalls, stanchions, drinking cups, litter carriers, etc., for installation in the old barn and shed. This modern equipment will aid materially in preventing the spreading of disease in the herd.

A continuation of driveway extending from the front of Dormitory Building to railroad track at store house, to a point beyond track in rear of Main Building, has been accomplished. This work involved lowering grade of railroad track, excavating dirt to grade of driveway, removing dirt from trenches and refilling with ashes upon which concrete walks will be laid, trenching and laying 8-inch tile pipe to handle water from driveway, gutters and buildings, construction of road traps and installation of conduit, wiring and posts for electric lights.

New plumbing has been installed on wards of the Administration and Dormitory Buildings, replacing worn-out and defective and insanitary equipment as follows: thirty toilets, thirty-one flush tanks, three slop sinks, three bath tubs, fourteen basins, three kitchen sinks.

In addition to the above, necessary piping, fittings, faucets, etc., were renewed.

With the appropriation available for the ensuing year, additional equipment will be purchased and installed. Funds should be provided yearly with which to purchase new material as required. Had this been done heretofore, the plumbing would not now be in an insanitary condition as at present.

During the period when prices were high, expenditures for all supplies were necessarily curtailed.

The products from farm and garden will not equal in value those of the previous year; this results principally from a reduction in prices; reduced crops will, however, in a number of instances result from poor seeds.

There will be a noticeable reduction in tonnage of hay, due partly to sowing a slightly increased acreage in grain, but principally to lateness of delivery of top dresser. In addition, this



fertilizer does not secure results equal to that fertilizer formerly used.

Poor germination of seed corn will cut down ensilage tonnage, which will not, fortunately, be serious to the dairy interests, because of the reduced size of the herd. It will, however, affect the amount placed to credit of farm production.

The results from the piggery are very satisfactory. All stock was given the double treatment immunizing them and no evidence of cholera has appeared.

Breeding for size is practiced and breeding stock is at times changed in order to insure desired results. Ninety-three hogs were slaughtered, dressing 26,669 lbs., valued at \$4,361.70. All were slaughtered under inspection, and meat consumed at the hospital.

The efficiency of the fire department should be further increased by the acquisition of motorized equipment.

During the working hours of the day, the horses stabled during the night at the fire house for service in the event of fire, are at work upon the farm, garden, etc., and very frequently at a considerable distance from the hospital buildings. At such times, should the apparatus be needed, it must be drawn by hand. This is a dangerously slow process and unfits the men for service when the scene of fire is reached.

During the night dependence must be placed upon drivers constantly changing, not remaining a sufficient length of time to become efficient in driving the apparatus. Under such conditions the horses are not properly handled and drilled and do not readily respond in practice drills.

While the gravity pressure is depended upon, a pumping engine should be provided; also an additional truck for carrying reserve hose and extinguishers. Floor space can be provided for additional apparatus by removing the horse stalls.

A tower for drying hose is needed to dry hose quickly and efficiently. Such a tower will conserve the hose and should be provided.

The present number and value of hospital buildings warrant adequate apparatus to cope with fire. An additional building is being constructed and others must necessarily follow. I recommend that this matter be given prompt and serious consideration, and that motorized apparatus be installed.

Among the items for which an appropriation for the ensuing year was requested, was that of wire fencing of the type already erected along Hanover avenue, which borders the hospital property on the south. This fencing is strong and durable and is very effective in excluding trespassers. An appropriation for the purchase of fencing was not granted. This is unfortunate, for under existing conditions the hospital gardens are readily accessible from the public road and the present fencing is not suitable to prevent trespassing; consequently quantities of vegetables are stolen. This item should be given especial attention and consideration.

Repairs have been made at intervals on the flooring in rooms, corridors, etc., on wards of the Main Building. At this time the greater portion of the remainder is badly splintered, is a menace, and should be replaced, as soon as is possible, with flooring of good quality. The floors were laid when the building was constructed, 1871-76. They have been subjected to continuous and excessive wear, owing to the number of patients occupying the building, much greater than its capacity. This added wear has shortened the life of the flooring and emphasizes the necessity of its early renewal.

Appropriations available during the year were made for additions and improvements as follows:

Spiral fire escapes, \$3,500.00. This amount was intended to cover cost and erection of two escapes to be placed at the Dormitory Building. The amount was sufficient to purchase the escapes only, and order has been placed. The cost of erection must be provided for by additional appropriation or construction be carried out by the hospital mechanics.

Repainting wood work, \$10,000.00. Contract was placed for



furnishing material and painting dairy barns and sheds, milk house, slaughter house, farm barn and sheds, and first floor of Dormitory Building throughout, for the sum of \$9,999.00, and work is practically completed.

Changing rooms of old laboratory into dormitory for men, \$500.00. Floors, walls and ceilings have been repaired; baths and toilets installed, and rooms throughout repainted. All work has been done by hospital mechanics.

Replastering nurses' cottage for women, \$500.00 Contract was awarded and work done. This fund was sufficient to replaster a small portion only of the building.

Dairy—Sterilizer, \$2,000.00. A complete equipment embracing sterilizer, pasteurizer, piping, etc., was purchased. The pasteurizer has been installed, but owing to lateness of delivery of sterilizer, this part of work is incomplete.

Dairy—Shower bath toilet, \$350.00. This appropriation made possible the supplying of a necessity at the dairy and will add to the efficiency and cleanliness of the plant.

Gas Plant—New meter, \$300.00. Purchased and installed, replacing worn out meter placed in service with gas plant equipment at time of opening of hospital.

Repairing porches of Dormitory Building. \$800.00. The advance in prices of material and labor made prohibitive contracting for this item.

The heavy lumber for these porches, seven in number, was furnished from the hospital saw mill and balance of material purchased. All work was done by hospital mechanics.

Hospital switch, rails, etc., \$6,500.00. The following equipment was purchased for repairs to hospital railroad:

119 tons 640 lbs. rails.....	\$5,129.29
334 pairs angle bars .....	334.00
switch and frog.....	274.36
2,004 track bolts .....	212.83
65 kegs spikes.....	544.00
	<hr/>
	\$6,494.48

Among the items under head of Additions and Improvements for which specific appropriations were made, and will be available July 1st, are the following:

Replastering nurses' cottage for women.....	\$1,200.00
Dough mixer for bakery.....	1,449.00
Dough divider for bakery.....	2,146.00
Plumbing for toilets .....	7,077.95
Dairy equipment.....	3,801.33
Water main tapping machine equipment .....	225.35
Vegetable and fruit pots for kitchen .....	1,000.00
Threshing machine.....	1,100.00
Stone crusher.....	2,500.00
Tractor and plows.....	1,500.00

Preparations are under way for securing figures for plastering of nurses' cottage, and in addition, purchase of the machinery and equipment as listed.

An appraisal of the personal property and real estate as inventoried was made by Mr. John Naughton and Mr. William H. Bailey, assisted by the Warden. The total valuation is as follows:

Real Estate,	\$3,634,999.96
Personal property	586,675.61

Respectfully submitted,

ORLANDO M. BOWEN,  
Warden.



## Appendix to Warden's Report.

### DAIRY AND FARM.

204,711 quarts milk.....	\$22,622.61
391 tons hay.....	9,437.09
538 tons ensilage.....	4,842.00
277½ tons green fodder.....	1,391.44
655 tons manure.....	1,330.30
Offal sold.....	708.17
45 tons oats and peas.....	304.65
2,809 dozen eggs.....	1,511.97
	<u>\$42,148.23</u>

### STOCK SLAUGHTERED AND USED AT HOSPITAL.

51,143 pounds beef.....	8,738.28
26,669 pounds pork.....	4,361.70
375½ pounds fowl.....	143.36
2,820 pounds veal.....	519.60
	<u>\$13,762.94</u>

### HOGS SLAUGHTERED DURING YEAR, FROM JULY 1, 1920, TO JUNE 30, 1921.

Nov. 4, 1920, 21 head, 4,792 lbs. @ .16	766.72
Nov. 17, 1920, 20 head, 6,265 lbs. @ .20	1,253.00
Jan. 5, 1921, 30 head, 10,411 lbs. @ .17	1,769.87
Apr. 28, 1921, 22 head, 5,201 lbs. @ .11	572.11
Total value.....	<u>\$4,361.70</u>

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## NEW JERSEY STATE HOSPITAL

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### STATEMENT OF VEGETABLES AND FRUITS GROWN AND FURNISHED FROM GARDEN DURING FISCAL YEAR ENDING JUNE 30, 1921.

Asparagus, bunches.....	7,064	\$3,181.95
Beans, lima, baskets.....	375	442.41
Beans, string, baskets.....	1,083	943.58
Beets, bunches.....	584	44.98
Beets, baskets.....	2,184	1,095.58
Cabbage, barrels.....	1,349½	1,649.72
Carrots, bunches.....	102	6.12
Carrots, baskets.....	270	113.30
Cauliflower, barrels.....	179½	816.33
Celery, bunches.....	4,248	810.80
Cucumbers, baskets.....	549	388.62
Corn, sweet, ears.....	56,767	1,404.31
Currants, quarts.....	778	116.92
Egg plant, baskets.....	258	123.82
Grapes, baskets.....	212	259.90
Kale, baskets.....	1,683	325.12
Leeks, single.....	20,000	100.00
Lettuce, baskets.....	2,046	1,307.47
Onions, baskets.....	4,199	2,374.03
Onions, bunches.....	28,642	1,312.58
Parsley, bunches.....	4,593	149.51
Peppers, baskets.....	160	74.60
Peas, baskets.....	650	720.25
Pumpkins, pounds.....	39,653	673.60
Paranips, baskets.....	2,489½	1,224.13
Raspberries, pints.....	148	31.08
Radishes, bunches.....	4,602	268.45
Rhubarb, bunches.....	19,917	1,574.42
Spinach, baskets.....	547	242.16
Squash, baskets.....	65	29.58
Strawberries, quarts.....	2,565	589.05
Tomatoes, baskets.....	6,022	3,242.01
Turnips, baskets.....	71	35.35
Sauerkraut, barrels.....	18	324.00
		<u>\$25,995.73</u>



## NEW JERSEY STATE HOSPITAL

## SUMMARY

Dairy and farm .....	\$42,148.23
Garden .....	25,995.73
Stock slaughtered and used at hospital .....	13,762.94
	<u>\$81,906.90</u>

## FLORIST'S REPORT.

## RECORD OF CUT FLOWERS.

Roses .....	15,529
Carnations .....	2,865
Chrysanthemums (large) .....	1,428
Chrysanthemums (small) .....	2,340
Dahlias .....	4,423
Snapdragon .....	24,211
Gladiolus .....	4,640
Lillies, Calla .....	557
Strawflowers .....	1,000
Asters .....	1,500
Narcissus, paper white .....	578
Narcissus, double .....	938
Sprengeri .....	864
Peonies .....	550
Phlox, hardy .....	2,800
Larkspur .....	100
Golden glow (rudebeckia) .....	1,900

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND  
CUT FLOWERS.

Pansies .....	1,301
Geraniums .....	3,417
Forenia .....	832
Coleus .....	3,320
Petunia .....	927
Salvia .....	1,340
Vinca .....	1,248
Chrysanthemums .....	2,540
Lobelia .....	250
Dahlia .....	7,723
Cannas .....	1,613
Snapdragon .....	2,783
Asters .....	5,240

## NEW JERSEY STATE HOSPITAL

Gladiolas .....	6,180
Roses .....	1,272
Carnations .....	7,734
Begonias .....	1,892
Verbena .....	552
Ageratum .....	783
Jerusalem cherries .....	181
Hyacinths .....	730
Easter lilies .....	583



## STATISTICAL APPENDIX TO CHIEF EXECUTIVE OFFICER'S REPORT.



TABLE I.

## GENERAL INFORMATION.

Data correct at end of institution year, June 30, 1921.

1. Date of opening as an institution for the insane.....	August 17, 1876
2. Type of institution.....	State
3. Hospital plant—	
Value of hospital property:	
Real estate, including buildings.....	\$3,634,999.96
Personal property.....	586,675.61
Total.....	<u>\$4,221,675.57</u>
Total acreage of hospital property .....	897
Total acreage under cultivation during previous year.....	259

## 4. OFFICERS AND EMPLOYEES.

Actually in Service at End of Year.

	Males	Females	Total
Superintendent .....	1	0	1
Clinical director.....	1	0	1
Assistant physicians.....	7	0	7
Medical internes .....	0	0	0
Total physicians .....	9	0	9
Stewards.....	0	0	0
Resident dentists.....	2	0	2
Graduate nurses.....	6	22	30
Other nurses and attendants.....	103	54	157
Teachers of occupational therapy.....	3	1	4
Social workers .....	0	0	0
All other officers and employees .....	226	33	259
Total officers and employees.....	351	110	461



TABLE I. (Continued).

## 5. CENSUS OF PATIENT POPULATION AT END OF YEAR.

	Actually in Institution.			Absent from Institution but Still on Books.		
	Males	Females	Total	Males	Females	Total
WHITE:						
Insane .....	1,267	1,342	2,609	23	24	47
Epileptics .....	....	....	....	..	..	..
Mental defectives .....	....	....	....	..	..	..
Alcoholics .....	....	....	....	..	..	..
Drug addicts .....	....	....	....	..	..	..
Neurosyphilitics (without psychosis) .....	....	....	....	..	..	..
All other cases .....	3	1	4	—	—	—
Total .....	1,270	1,343	2,613	23	24	47
COLORED:						
Insane .....	51	59	110	1	1	2
Epileptics .....	....	....	....	..	..	..
Mental defectives .....	....	....	....	..	..	..
Alcoholics .....	....	....	....	..	..	..
Drug addicts .....	....	....	....	..	..	..
Neurosyphilitics (without psychosis) .....	....	....	....	..	..	..
All other cases .....	....	....	....	..	..	..
Total .....	51	59	110	1	1	2
GRAND TOTAL .....	1,321	1,402	2,723	24	25	49

6. Patients employed in industrial classes or in general hospital work on date of report	590	350	940
7. Average daily number of all patients actu- ally in institution during year .....	1,316.47	1,387.71	2,404.18
8. Voluntary patients admitted during year...	20	13	33
9. Persons given advice or treatment in out- patient clinics during year .....	0	0	0

TABLE II.

## FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDING JUNE 30, 1921.

RECEIPTS.	
Balance on hand from previous fiscal year .....	\$399,863.89
Received from appropriations .....	1,501,666.00
Total receipts .....	\$1,901,529.89
DISBURSEMENTS.	
Expenditures for maintenance of patients— (Including all expenditures for maintenance of pa- tients and of plant, but not expenditures for extraordinary repairs or improvements)	
Salaries and wages .....	\$308,317.25
Provisions (food) .....	275,868.44
Fuel, light and water .....	123,400.52
All other expenditures for maintenance .....	271,336.98
Total expenditures for maintenance .....	\$978,923.19
Expenditures for purposes other than mainte- nance, including new buildings, additions, extraordinary repairs, improvements, etc....	598,602.45
Total expenditures. (Includes contracts for buildings.) .....	\$1,577,525.64
Balance on hand at close of year, (Includes balance for maintenance and for all other purposes) as of July 14, 1921 .....	\$324,004.25



TABLE III.

## MOVEMENT OF PATIENT POPULATION.

For year beginning July 1, 1920, and ending June 30, 1921.

Includes all patients admitted who are on books of institution regardless of the method of admission, whether voluntary, committed, emergency, temporary care, for observation or otherwise.

	Males	Females	Total
1. Patients on books of institution at beginning of institution year.....	1,325	1,388	2,713
(Includes patients away from institution on parole, on visit and escaped but still on books.)			
2. Admissions during year:			
a—First admissions.....	270	254	524
(Includes all patients admitted for the first time to any institution for mental diseases, public or private, wherever situated, in or outside of State, excepting institutions for temporary care.)			
b—Readmissions.....	62	75	137
(Includes all patients admitted who have been previously under treatment in an institution for mental diseases excepting transfers and patients who have received treatment only in institutions for temporary care.)			
c—Transfers from other institutions for mental diseases.....	1	1	2
(Includes all patients coming directly from any other institution for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
3. Total received during year.....	333	330	663
(Includes total of items 2 a, b and c.)			
4. Total on books during year.....	1,658	1,718	3,376
(Includes total of items 1 and 3.)			
5. Discharged from books during year:			
(Does not include patients away from institution on parole, on visit, or on other temporary leave from hospital).			
a—As recovered.....	54	65	119
b—As improved.....	80	95	175
(Does not include transfers.)			

TABLE III. (Continued).

	Males	Females	Total
c—As unimproved.....	9	3	12
(Includes all insane patients discharged not benefited by treatment, exclusive of transfers.)			
d—As without psychosis.....	13	..	13
(Includes all discharged patients who though admitted as insane are found to have had no psychosis.)			
e—Transferred to other institutions for mental diseases.....	2	3	5
(Includes all patients sent directly to any other institution for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
f—Died during year.....	155	125	280
6. Total discharged, transferred and died during year.....	313	291	604
(Includes total of items 5 a, b, c, d, e, and f, under "discharged from books".)			
7. Patients remaining on books of institution at end of institution year.....	1,345	1,427	2,772
(Includes patients away from institution on parole, on visit and escaped.)			



TABLE IV.

NATIVITY OF FIRST ADMISSIONS AND OF PARENTS OF FIRST ADMISSIONS.

Nativity	Patients.			Parents of Male Patients.			Parents of Female Patients.		
	Males	Females	Total	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States....	156	138	294	12	16	74	10	12	64
Africa.....	..	..	..	..	..	..	..	..	..
*Asia.....	..	..	..	..	..	..	..	..	..
Australia.....	1	..	1	..	..	..	..	..	..
Austria.....	12	10	22	2	..	12	..	1	12
Belgium.....	..	..	..	..	..	..	..	..	..
†Canada.....	2	3	5	1	2	..	..	1	3
Central America..	1	..	1	..	..	1	..	..	..
China.....	..	..	..	..	2	..	..	..	..
Czecho-Slovakia..	4	4	8	..	..	4	..	..	3
Cuba.....	..	..	..	..	..	..	..	..	..
Denmark.....	..	..	..	..	..	..	..	1	..
England.....	6	6	12	5	..	8	6	..	12
*Europe.....	1	..	1	1	..	..	..	..	..
Finland.....	..	..	..	..	..	..	..	..	..
France.....	3	2	5	1	..	4	..	2	2
Germany.....	12	20	32	4	2	24	7	3	28
Greece.....	..	..	..	..	..	..	..	..	..
Holland.....	2	2	4	..	1	7	..	..	2
Hungary.....	4	4	8	..	1	4	..	..	4
India.....	..	..	..	..	..	..	..	..	..
Ireland.....	5	18	23	3	7	14	4	4	32
Italy.....	22	18	40	1	..	30	1	..	22
Japan.....	..	..	..	..	..	..	..	..	..
Jugo-Slavia.....	..	1	1	..	..	1	..	..	1
Mexico.....	..	..	..	..	..	..	..	..	..
Norway.....	1	1	2	..	..	1	..	..	1
Philippine Islands	..	..	..	..	..	..	..	..	..
Poland.....	15	8	23	1	..	17	..	..	8
Porto Rico.....	..	..	..	..	..	..	..	..	..
Portugal.....	..	..	..	..	..	..	..	..	..
Roumania.....	..	..	..	..	..	..	..	..	..
Russia.....	9	9	18	..	..	9	1	..	13
Scotland.....	3	3	6	3	..	4	..	1	5
South America...	..	..	..	..	..	..	..	..	..
Spain.....	..	..	..	..	..	..	..	..	..
Sweden.....	4	1	5	..	..	3	..	..	1
Switzerland.....	3	1	4	..	..	3	1	..	1
Turkey-in-Asia..	1	1	2	..	..	1	..	..	1
Turkey-in-Europe	1	..	1	..	..	1	..	..	..
Wales.....	1	..	1	..	1	1	..	1	..
‡West Indies....	..	1	1	..	..	..	..	..	1
Other countries...	..	1	1	..	..	..	..	..	1
Unascertained....	1	2	3	1	3	12	2	6	5
Total.....	270	254	524	35	35	235	32	32	222

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



TABLE V.

## CITIZENSHIP OF FIRST ADMISSIONS.

	Males	Females	Total
Citizens by birth.....	155	137	292
Citizens by naturalization.....	21	16	37
Aliens .....	51	72	123
Citizenship unascertained.....	43	29	72
Total.....	270	254	524



TABLE VI.

## PSYCHOSES OF FIRST ADMISSIONS.

For the year ending June 30, 1921.

	Males	Females	Total
1. TRAUMATIC PSYCHOSES .....	1	..	1
2. SENILE PSYCHOSES, total.....	28	25	53
a. Simple deterioration .....	23	21	44
b. Presbyophrenic type.....	..	..	..
c. Delirious and confused states .....	..	..	..
d. Depressed and agitated states in addition to deterioration.....	4	4	8
e. Paranoid states in addition to deterioration .....	1	..	1
f. Pre-senile types.....	..	..	..
3. PSYCHOSES WITH CEREBRAL ARTERIO-SCLEROSIS.....	15	13	28
4. GENERAL PARALYSIS.....	41	12	53
5. PSYCHOSES WITH CEREBRAL SYPHILIS .....	..	2	2
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....	..	..	..
7. PSYCHOSES WITH BRAIN TUMOR.....	..	..	..
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES, total.....	2	2	4
Cerebral embolism.....	..	1	1
Paralysis agitans.....	..	..	..
Meningitis, tuberculous or other forms.....	..	..	..
Multiple sclerosis.....	..	..	..
Tabes.....	1	..	1
Acute chorea.....	..	..	..
Other conditions.....	1	1	2
9. ALCOHOLIC PSYCHOSES, total.....	3	2	5
a. Pathological intoxication.....	..	..	..
b. Delirium tremens.....	..	..	..
c. Acute hallucinosis .....	1	1	2
d. Acute paranoid type.....	..	..	..
e. Korsakow's psychosis.....	1	..	1
f. Chronic hallucinosis.....	..	1	1
g. Chronic paranoid type.....	..	..	..
h. Alcoholic deterioration.....	1	..	1

TABLE VI. (Continued.)

	Males	Females	Total
i. Other types, acute or chronic.....	..	..	..
10. PSYCHOSES DUE TO DRUGS & OTHER EXOGENOUS TOXINS, total .....	..	..	..
a. Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined.....	..	..	..
b. Metals, as lead, arsenic, etc.....	..	..	..
c. Gases.....	..	..	..
d. Other exogenous toxins.....	..	..	..
11. PSYCHOSES WITH PELLAGRA.....	..	..	..
12. PSYCHOSES WITH OTHER SOMATIC DISEASES, total.....	1	4	5
a. Delirium with infectious diseases.....	..	..	..
b. Post-infectious psychoses.....	..	..	..
c. Exhaustion delirium.....	..	..	..
d. Delirium of unknown origin.....	..	..	..
e. Diseases of the ductless glands.....	..	..	..
f. Cardio-renal disease.....	1	3	4
g. Other diseases or conditions .....	..	1	1
13. MANIC-DEPRESSIVE PSYCHOSES, total .....	55	103	158
a. Manic type .....	21	61	82
b. Depressive type.....	30	36	66
c. Stupor .....	..	..	..
d. Mixed type .....	4	6	10
e. Circular type.....	..	..	..
14. INVOLUTION MELANCHOLIA.....	5	13	18
15. DEMENTIA PRÆCOX, total.....	94	69	163
a. Paranoid type.....	47	39	86
b. Katatonic type.....	17	15	32
c. Hebephrenic type.....	29	14	43
d. Simple type.....	1	1	2
16. PARANOIA AND PARANOIC CONDITIONS .....	5	7	12
17. EPILEPTIC PSYCHOSES, total.....	2	..	2
a. Deterioration.....	1	..	1
b. Clouded states .....	..	..	..
c. Other conditions.....	1	..	1
18. PSYCHONEUROSES AND NEUROSES, total.....	2	..	2
a. Hysterical type.....	1	..	1



TABLE VI. (Continued.)

	Males	Females	Total
b. Psychasthenic type .. .. .	..	..	..
c. Neurasthenic type .. .. .	..	..	..
d. Anxiety neuroses .. .. .	1	..	1
19. PSYCHOSES WITH CONSTITUTIONAL PSYCHOPATHIC INFERIORITY .. ..	5	1	6
20. PSYCHOSES WITH MENTAL DEFICIENCY .. .. .	4	..	4
21. UNDIAGNOSED PSYCHOSES .. ..	..	..	..
22. NOT INSANE, total .. .. .	7	1	8
a. Epilepsy without psychosis .. ..	..	..	..
b. Alcoholism without psychosis .. ..	..	..	..
c. Drug addiction without psychosis ..	7	..	7
d. Constitutional psychopathic in- feriurity without psychosis .. ..	..	..	..
e. Mental deficiency without psy- chosis .. .. .	..	1	1
f. Others .. .. .	..	..	..
Total .. .. .	270	254	524



RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

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



RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

cludes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian. ‡Except Cuban.



TABLE VIII.

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

PSYCHOSES	Total			Under 15 years			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 years and over			Unascertained			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	T.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
1. Traumatic.....	1		1																1		1																									
2. Senile .....	28	25	53																																											
3. With cerebral arteriosclerosis....	15	13	28													1		1						2		2																				
4. General paralysis ...	41	12	53																12	2	14	7	3	10	8	2	10	6	1	7	2	1	3	2	1	3										
5. With cerebral syphilis .....		2	2										1		1																															
6. With Huntington's chorea .....																																														
7. With brain tumor...																																														
8. With other brain or nervous diseases..	2	2	4																							1	1	1			1	1	1	2												
9. Alcoholic .....	3	2	5										1	1	2	1		1							1		1																			
10. Due to drugs and other exogenous toxins .....																																														
11. With pellagra.....																																														
12. With other somatic diseases .....	1	4	5																							1	1	1	2	3																
13. Manic-depressive ...	55	103	158				1	3	4	4	12	16	6	15	21	12	12	24	8	18	26	5	13	18	5	10	15	7	8	15	4	5	9	2	6	8							1	1	2	
14. Involution melancholia .....	5	13	18																																											
15. Dementia præcox...	94	69	163	1		1	10	2	12	23	14	37	17	6	23	15	9	24	13	16	29	7	9	16	5	6	11	2	2	4	1	3	4		2	1	1			1	1					
16. Paranoia or paranoid conditions...	5	7	12														1	1																												
17. Epileptic psychoses.....	2		2										1		1																															
18. Psychoneuroses and neuroses .....	2		2							1		1													1		1																			
19. With constitutional psychopathic inferiority.....	5	1	6				3		3		1	1	1		1	1		1																												
20. With mental deficiency .....	4		4							1		1				1		1	1		1												1		1											
21. Undiagnosed psychoses .....																																														
22. Not insane.....	7	1	8				1		1	3		3	1		1	2		2																	1	1										
Total.....	270	254	524	1		1	15	5	20	32	28	60	27	23	50	37	23	60	35	37	72	20	27	47	23	26	49	20	23	43	17	18	35	12	18	30	8	4	12	22	21	43	1	1	2	



TABLE IX.

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

PSYCHOSES	Total			Illiterate			Reads and writes			Common school			High school			College			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1							1		1									
2. Senile.....	28	25	53		2	2	4	3	7	12	11	23		2	2	2		2	10	7	17
3. With cerebral arteriosclerosis....	15	13	28		1	1	2	2	4	7	6	13		2	2	1		1	5	2	7
4. General paralysis....	41	12	53	1	2	3	5	1	6	16	6	22	8	1	9				11	2	13
5. With cerebral syphilis.....		2	2								1	1								1	1
6. With Huntington's chorea.....																					
7. With brain tumor...																					
8. With other brain or nervous diseases..	2	2	4	2		2					1	1								1	1
9. Alcoholic.....	3	2	5				1	1	2				1		1				1	1	2
10. Due to drugs and other exogenous toxins.....																					
11. With pellagra.....																					
12. With other somatic diseases.....	1	4	5		1	1					2	2	1		1					1	1
13. Manic-depressive...	55	103	158	1	6	7	14	15	29	17	57	74	2	4	6	1	2	3	20	19	39
14. Involution melan- cholia.....	5	13	18				5	3	8		9	9		1	1						
15. Dementia præcox...	94	69	163	5	4	9	17	14	31	35	43	78	5	3	8	1	1	2	31	4	35
16. Paranoia or para- noic conditions...	5	7	12					1	1	1	5	6	2	1	3	1		1	1		1
17. Epileptic psychoses.	2		2							1		1							1		1
18. Psychoneuroses and neuroses.....	2		2							1		1							1		1
19. With constitutional psychopathic inferiority.....	5	1	6	1		1	1		1	2		2	1	1	2						
20. With mental deficiency.....	4		4				1		1	2		2							1		1
21. Undiagnosed psychoses.....																					
22. Not insane.....	7	1	8				1		1	4	1	5							2		2
Total.....	270	254	524	10	16	26	51	40	91	99	142	241	20	15	35	6	3	9	84	38	122



TABLE X.

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

PSYCHOSES	Total			Urban			Rural			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1	1		1						
2. Senile .....	28	25	53	23	20	43	5	5	10			
3. With cerebral arteriosclerosis ...	15	13	28	11	10	21	4	3	7			
4. General paralysis ...	41	12	53	35	11	46	6	1	7			
5. With cerebral syphilis .....		2	2		2	2						
6. With Huntington's chorea.....												
7. With brain tumor...												
8. With other brain or nervous diseases..	2	2	4	1	2	3	1		1			
9. Alcoholic .....	3	2	5	2	2	4	1		1			
10. Due to drugs and other exogenous toxins .....												
11. With pellagra.....												
12. With other somatic diseases .....	1	4	5	1	3	4		1	1			
13. Manic-depressive ...	55	103	158	49	92	141	6	11	17			
14. Involution melancholia .....	5	13	18	4	10	14	1	3	4			
15. Dementia præcox...	94	69	163	85	61	146	9	8	17			
16. Paranoia or paranoic conditions..	5	7	12	5	6	11		1	1			
17. Epileptic psychoses	2		2	2		2						
18. Psychoneuroses and neuroses .....	2		2	2		2						
19. With constitutional psychopathic inferiority.....	5	1	6	5	1	6						
20. With mental deficiency .....	4		4	3		3	1		1			
21. Undiagnosed psychoses .....												
22. Not insane.....	7	1	8	6	1	7	1		1			
Total.....	270	254	524	235	221	456	35	33	68			



TABLE XI.

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO  
PRINCIPAL PSYCHOSES.

For the year ending June 30, 1921.

PSYCHOSES	Total			Dependent			Marginal			Comfortable			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1							1		1			
2. Senile.....	28	25	53	5	4	9	14	12	26	9	9	18			
3. With cerebral arteriosclerosis....	15	13	28	2	4	6	12	8	20	1	1	2			
4. General paralysis...	41	12	53	4	3	7	32	6	38	5	3	8			
5. With cerebral syphilis.....		2	2					2	2						
6. With Huntington's chorea.....															
7. With brain tumor...															
8. With other brain or nervous diseases..	2	2	4	1		1	1		1		2	2			
9. Alcoholic.....	3	2	5	1		1	2	2	4						
10. Due to drugs and other exogenous toxins.....															
11. With pellagra.....															
12. With other somatic diseases.....	1	4	5				1	2	3		2	2			
13. Manic-depressive...	55	103	158	5	17	22	41	55	96	9	31	40			
14. Involution melan- cholia.....	5	13	18		1	1	3	3	6	2	9	11			
15. Dementia præcox...	94	69	163	17	16	33	62	40	102	15	13	28			
16. Paranoia or para- noic conditions...	5	7	12				3	5	8	2	2	4			
17. Epileptic psychoses..	2		2			1	1		1						
18. Psychoneuroses and neuroses.....	2		2				1		1	1		1			
19. With constitutional psychopathic inferiority.....	5	1	6	2		2	3	1	4						
20. With mental defi- ciency.....	4		4	1		1	3		3						
21. Undiagnosed psychoses.....															
22. Not insane.....	7	1	8		1	1	3		3	4		4			
Total.....	270	254	524	39	46	85	182	136	318	49	72	121	—	—	—



TABLE XII.

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

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1				1		1						
2. Senile.....	28	25	53	18	23	41	2	1	3	4	1	5	4		4
3. With cerebral arteriosclerosis...	15	13	28	2	13	15	7		7	3		3	3		3
4. General paralysis...	41	12	53	14	8	22	14	1	15	7	1	8	6	2	8
5. With cerebral syphilis.....		2	2		1	1		1	1						
6. With Huntington's chorea.....															
7. With brain tumor...															
8. With other brain or nervous diseases...		2	4	1	2	3				1		1			
9. Alcoholic.....	3	2	5							3	2	5			
10. Due to drugs and other exogenous toxins.....															
11. With pellagra.....															
12. With other somatic diseases.....	1	4	5	1	4	5									
13. Manic-depressive...	55	103	158	23	89	112	18	8	26	6	1	7	8	5	13
14. Involution melancholia.....	5	13	18	2	12	14	3		3		1	1			
15. Dementia præcox...	94	69	163	46	61	107	25	4	29	8	2	10	15	2	17
16. Paranoia or paranoic conditions...	5	7	12	1	5	6	3	1	4	1		1		1	1
17. Epileptic psychoses...	2		2	1		1	1		1						
18. Psychoneuroses and neuroses.....	2		2	1		1	1		1						
19. With constitutional psychopathic inferiority.....	5	1	6	3	1	4	1		1	1		1			
20. With mental deficiency.....	4		4	2		2	1		1	1		1			
21. Undiagnosed psychoses.....															
22. Not insane.....	7	1	8		1	1	1		1				6		6
Total.....	270	254	524	115	220	335	78	16	94	35	8	43	42	10	52



TABLE XIII.

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1				1		1												
2. Senile.....	28	25	53	2	2	4	13	5	18	12	18	30							1		1
3. With cerebral arteriosclerosis....	15	13	28	4		4	9	5	14	1	7	8				1	1		1		1
4. General paralysis....	41	12	53	6		6	30	10	40	4	2	6							1		1
5. With cerebral syphilis.....		2	2					1	1		1	1									
6. With Huntington's chorea.....																					
7. With brain tumor...																					
8. With other brain or nervous diseases..	2	2	4				2	1	3		1	1									
9. Alcoholic.....	3	2	5	1		1	2	1	3		1	1									
10. Due to drugs and other exogenous toxins.....																					
11. With pellagra.....																					
12. With other somatic diseases.....	1	4	5				1	3	4		1	1									
13. Manic-depressive...	55	103	158	20	23	43	29	68	97	4	8	12	1	1		2	2		2	1	3
14. Involution melan- cholia.....	5	13	18		5	5	5	6	11		2	2									
15. Dementia præcox...	94	69	163	66	27	93	24	31	55	1	8	9				2	2		3	1	4
16. Paranoia or paranoic conditions.....	5	7	12	2	1	3	2	5	7	1	1	2									
17. Epileptic psychoses.	2		2	1		1	1		1												
18. Psychoneuroses and neuroses.....	2		2	1		1	1		1												
19. With constitutional psychopathic inferiority.....	5	1	6	5	1	6															
20. With mental deficiency.....	4		4	3		3	1		1												
21. Undiagnosed psychoses.....	7	1	8	5	1	6	2		2												
22. Not insane.....																					
Total.....	270	254	524	116	60	176	123	136	259	23	50	73	—	—	—	5	5	—	8	2	10



TABLE XIV.

## PSYCHOSES OF READMISSIONS.

<i>Psychoses</i>	Males	Females	Total
1. TRAUMATIC PSYCHOSES.....	..	..	..
2. SENILE PSYCHOSES, total.....	..	2	2
a. Simple deterioration .....	..	..	..
b. Presbyophrenic type.....	..	..	..
c. Delirious and confused states ....	..	..	..
d. Depressed and agitated states in addition to deterioration.....	..	2	2
e. Paranoid states in addition to deterioration .....	..	..	..
f. Pre-senile types.....	..	..	..
3. PSYCHOSES WITH CEREBRAL ARTERIO-SCLEROSIS.....	3	1	4
4. GENERAL PARALYSIS..	4	..	4
5. PSYCHOSES WITH CEREBRAL SYPHILIS .....	..	..	..
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....	..	..	..
7. PSYCHOSES WITH BRAIN TUMOR...	..	..	..
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES, total.....	..	..	..
Cerebral embolism.....	..	..	..
Paralysis agitans.....	..	..	..
Meningitis, tuberculous or other forms.....	..	..	..
Multiple sclerosis.....	..	..	..
Tabes.....	..	..	..
Acute chorea.....	..	..	..
Other conditions.....	..	..	..
9. ALCOHOLIC PSYCHOSES, total.....	1	..	1
a. Pathological intoxication.....	..	..	..
b. Delirium tremens.....	..	..	..
c. Acute hallucinosis .....	1	..	1
d. Acute paranoid type.....	..	..	..
e. Korsakow's psychosis.....	..	..	..
f. Chronic hallucinosis.....	..	..	..
g. Chronic paranoid type.....	..	..	..
h. Alcoholic deterioration.....	..	..	..
i. Other types, acute or chronic....	..	..	..



TABLE XIV. (Continued.)

	Males	Females	Total
10. PSYCHOSES DUE TO DRUGS & OTHER EXOGENOUS TOXINS, total .. ..	..	..	..
a. Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined.....	..	..	..
b. Metals, as lead, arsenic, etc .. ..	..	..	..
c. Gases.....	..	..	..
d. Other exogenous toxins.....	..	..	..
11. PSYCHOSES WITH PELLAGRA.....	..	..	..
12. PSYCHOSES WITH OTHER SOMATIC DISEASES, total.....	1	1	2
a. Delirium with infectious diseases. ..	..	..	..
b. Post-infectious psychoses.....	1	1	2
c. Exhaustion delirium.....	..	..	..
d. Delirium of unknown origin.....	..	..	..
e. Diseases of the ductless glands...	..	..	..
f. Cardio-renal disease.....	..	..	..
g. Other diseases or conditions .. ..	..	..	..
13. MANIC-DEPRESSIVE PSYCHOSES, total ..	16	35	51
a. Manic type .....	10	23	33
b. Depressive type .....	3	11	14
c. Stupor.....	1	..	1
d. Mixed type .....	2	1	3
e. Circular type.....	..	..	..
14. INVOLUTION MELANCHOLIA.....	..	2	2
15. DEMENTIA PRÆCOX, total.....	30	30	60
a. Paranoid type.....	15	15	30
b. Katatonic type.....	6	3	9
c. Hebephrenic type.....	6	12	18
d. Simple type.....	3	..	3
16. PARANOIA AND PARANOIC CONDITIONS .....	..	2	2
17. EPILEPTIC PSYCHOSES, total.....	..	..	..
a. Deterioration.....	..	..	..
b. Clouded states .....	..	..	..
c. Other conditions.....	..	..	..
18. PSYCHONEUROSES AND NEUROSES, total.....	..	..	..
a. Hysterical type.....	..	..	..
b. Psychasthenic type .....	..	..	..

TABLE XIV. (Continued.)

	Males	Females	Total
c. Neurasthenic type.....	..	..	..
d. Anxiety neuroses.....	..	..	..
19. PSYCHOSES WITH CONSTITUTIONAL PSYCHOPATHIC INFERIORITY .. ..	..	..	..
20. PSYCHOSES WITH MENTAL DEFICIENCY.....	1	2	3
21. UNDIAGNOSED PSYCHOSES.....	..	..	..
22. NOT INSANE, total.....	6	..	6
a. Epilepsy without psychosis.....	..	..	..
b. Alcoholism without psychosis....	..	..	..
c. Drug addiction without psychosis. 6	..	..	6
d. Constitutional psychopathic in- feriurity without psychosis.....	..	..	..
e. Mental deficiency without psy- chosis.....	..	..	..
f. Others.....	..	..	..
Total.....	62	75	137



TABLE XV.

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

PSYCHOSES	Total			Recovered			Improved			Unimproved			Not insane		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	..	1				1	..	1						
2. Senile.....	5	3	8	1	..	1	2	3	5	2	..	2			
3. With cerebral arteriosclerosis....	4	3	7	2	..	2	2	3	5						
4. General paralysis...	4	3	7				4	2	6	..	1	1			
5. With cerebral syphilis.....	..	1	1				..	1	1						
6. With Huntington's chorea.....															
7. With brain tumor...															
8. With other brain or nervous diseases..		1	1					1	1						
9. Alcoholic.....	4	..	4	4	..	4									
10. Due to drugs and other exogenous toxins.....															
11. With pellagra .....															
12. With other somatic diseases.....	3	1	4	1	..	1	2	1	3						
13. Manic-depressive...	51	89	140	24	54	78	27	35	62						
14. Involution melan- cholia.....	1	4	5	1	..	1	..	4	4						
15. Dementia præcox...	59	45	104	20	10	30	32	34	66	7	1	8			
16. Paranoia or para- noic conditions...	2	9	11	1	1	2	1	7	8	..	1	1			
17. Epileptic psychoses..	1	..	1				1	..	1						
18. Psychoneuroses and neuroses.....	2	..	2				2	..	2						
19. With constitutional psychopathic inferiority.....	4	3	7				4	3	7						
20. With mental deficiency.....	2	1	3				2	1	3						
21. Undiagnosed psychoses.....															
22. Not insane.....	13	..	13										13	..	13
Total.....	156	163	319	54	65	119	80	95	175	9	3	12	13	..	13



CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL  
PSYCHOSES.

Causes of death	Total			Senile			With cerebral arterio-sclerosis			General paralysis			Alcoholic			Manic-depressive			Involution melancholia			Dementia præcox			Paranoia and paranoiac conditions			Epileptic psychoses			Psycho-neuroses and neuroses			With constitutional psychopathic inferiority			With mental deficiency			*All other psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
GENERAL DISEASES:																																										
Typhoid fever.....		1	1													1	1																									
Malaria.....																																										
Smallpox.....																																										
Measles.....																																										
Scarlet fever.....																																										
Diphtheria.....																																										
Influenza.....																																										
Dysentery.....																																										
Erysipelas.....	1	1	2		1	1				1		1																														
Septicæmia.....																																										
Pellagra.....																																										
Acute articular rheumatism																																										
Tuberculosis of lungs....	11	12	23		1	1									2	5	7				8	5	13								1	1	2									
Other forms of tuberculosis																																										
Syphilis (non-nervous forms).....																																										
Cancer.....	2		2												1		1								1		1															
Tumor (non-cancerous)...																																										
Diabetes.....																																										
Other general diseases ....																																										
NERVOUS SYSTEM:																																										
Cerebro-spinal meningitis..																																										
Diseases of spinal cord....																																										
Apoplexy (cerebral hemorrhage) .....	21	12	33	4	3	7	6	7	13	1		1		1	1	3		3	1		1	1	1	2	2								3	3								
General paralysis of insane	38	4	42							38	4	42																														
Cerebro-spinal syphilis....	1		1																																							
Exhaustion from other mental diseases.....		4	4														4	4																1	1							
Brain tumor.....																																										
Other diseases of brain....																																										
Epilepsy.....																																										
Chorea.....																																										
Other diseases of nervous system.....	1		1																																1	1						
CIRCULATORY SYSTEM:																																										
Acute myocarditis.....	2	7	9		1	1									1	6	7				1		1																			
Chronic myocarditis.....	25	14	39	8	1	9	2	1	3	4		4	1	1	2	9	10	19			1	1	2																			
Acute pericarditis.....																																										
Chronic pericarditis.....																																										
Acute endocarditis.....	7	3	10	1		1	1	1	2	1		1				1	1				2		2	1																		
Chronic endocarditis.....	8	10	18	2	4	6	1	1	2			1				2	2				5	2	7																			
Arteriosclerosis.....		9	9		5	5											4	4																								
Other diseases of the arteries.....																																										
Other diseases of circulatory system.....																																										
RESPIRATORY SYSTEM:																																										
Bronchitis.....																																										
Bronchopneumonia.....	3	2	5	2	1	3																																				
Lobar pneumonia.....	18	14	32	2	2	4		1	1	1		1			4	6	10	1	1	1	1	5	4	1	9	2																
Pleurisy.....																																										
Gangrene of lungs.....																																										
Other diseases of the respiratory system.....		2	2																				2	2																		
DIGESTIVE SYSTEM:																																										
Ulcer of stomach.....																																										
Other diseases of the stomach (cancer excepted)																																										
Diarrhea and enteritis.....		3	3											1	1		1	1				1	1																			
Appendicitis.....																																										
Intestinal obstruction.....																1		1																								
Other diseases of intestines	1		1																																							
Cirrhosis of liver.....																																										
Other diseases of liver....	1		1																			1		1																		
Other diseases of digestive system (cancer and tuberculosis excepted) ..																																										
GENITO-URINARY SYSTEM:																																										
Acute nephritis.....	2		2	1		1													1		1																					
Chronic nephritis.....	11	25	36	4	6	10	1		1	1	3	4			2	5	7		4	4	3	4	7		2	2																
Other diseases of kidneys and annexa.....																																										
Diseases of bladder.....																																										
Diseases of genital organs.....		1	1																																							







TABLE XVII.

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

PSYCHOSES	Total			Under 15 years			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 years and over			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
1. Traumatic.....	1		1																																										
2. Senile .....	24	25	49																1		1																								
3. With cerebral arteriosclerosis....	11	11	22																																										
4. General paralysis ...	47	8	55																																										
5. With cerebral syphilis .....	1		1																																										
6. With Huntington's chorea.....																																													
7. With brain tumor...																																													
8. With other brain or nervous diseases..	3		3																																										
9. Alcoholic .....	1	3	4																																										
10. Due to drugs & other exogenous toxins..																																													
11. With pellagra.....																																													
12. With other somatic diseases.....	1		1																																										
13. Manic-depressive ...	24	47	71				1		1		3	3	1		1	4	4	8		4	4	1	7	8	1	9	10	4	8	12	4	3	7	2	3	5	1	1	2	5	5	10			
14. Involution melan- cholia .....	3	5	8																																										
15. Dementia præcox...	29	20	49										2	1	3	5	1	6	6	3	9	4	7	11	3	2	5	4	3	7	1	2	3	3							1	1	2		
16. Paranoia or para- noic conditions...	5	2	7															1		1					1	1	2													1	1				
17. Epileptic psychoses..	1		1																																										
18. Psychoneuroses and neuroses .....																																													
19. With constitutional psychopathic inferiority.....																																													
20. With mental defi- ciency .....	4	4	8						1	1				1		1				1	1	1						1	2	3							1		1						
21. Undiagnosed psychoses .....																																													
22. Not insane.....																																													
Total.....	155	125	280				1	1	2		3	3	4	1	5	12	5	17	16	10	26	17	16	33	14	17	31	22	16	38	16	10	26	12	12	24	11	5	16	30	29	59			



TABLE XVIII.

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

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
1. Traumatic.....	1		1													1		1																								
2. Senile.....	24	25	29	3	3	6	3	6	9	6		6	4		4	3	6	9	1	1	2	1	5	6	1	2	3	1		1					1		1			2	2	
3. With cerebral arteriosclerosis...	11	11	22	2	1	3	1	2	3			3	2		2	2	5	7				1		1			1	1		1												
4. General paralysis ...	47	8	55	4		4	10	2	12	9	2	11	4	1	5	16	2	18	4	1	5																					
5. With cerebral syphilis.....	1		1													1		1																								
6. With Huntington's chorea.....																																										
7. With brain tumor...																																										
8. With other brain or nervous diseases..	3		3							1		1	1		1										1		1															
9. Alcoholic.....	1	3	4																						1		1															
10. Due to drugs & other exogenous toxins..																																										
11. With pellagra.....																																										
12. With other somatic diseases.....	1		1										1		1																											
13. Manic-depressive ...	24	47	71	3	15	18	3	2	5	3	2	5	1	2	3	2	4	6		2	2	1	1	2		4	4		3	3	1	3	4	1		1	3	4	7	6	5	11
14. Involution melan- cholia .....	3	5	8						1	1		2	2			3		3																								
15. Dementia præcox...	29	20	49									2		2		4	2	6	3	2	5	5	4	9	2	1	3	3	2	5	3		3		2	2	1	2	3	6	5	11
16. Paranoia or para- noic conditions...	5	2	7									1		1									2	1	3																	
17. Epileptic psychoses..	1		1																																							
18. Psychoneuroses and neuroses .....																																										
19. With constitutional psychopathic inferiority.....																																										
20. With mental deficiency.....	4	4	8													1		1		1	1	1	1	2				1		1												
21. Undiagnosed psychoses.....																																										
22. Not insane.....																																										
Total.....	155	125	280	12	19	31	17	13	30	22	9	31	13	3	16	33	19	52	9	7	16	11	13	24	5	8	13	6	5	11	4	3	7	2	3	5	5	6	11	16	17	33



TABLE SHOWING IN DETAIL MANNER OF SUPPORT

JUNE 30TH, 1921

COUNTY	INDIGENT			ST. INDIGENT			PRIVATE			CONVICT			CRIMINAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Bergen .....	133	144	277	62	59	121	15	25	40	..	..	..	..	..	..
Essex .....	25	23	48	149	179	328	23	47	70	..	..	..	..	..	..
Hudson .....	46	32	78	134	110	244	44	77	121	..	..	..	1	..	1
Hunterdon .....	..	..	..	..	3	3	..	3	3	..	..	..	..	..	..
Mercer .....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Middlesex .....	2	2	4	..	..	..	1	3	4	..	..	..	..	..	..
Monmouth .....	..	2	2	..	..	..	2	3	5	..	..	..	..	..	..
Morris .....	81	81	162	37	23	60	9	17	26	1	..	1	1	..	1
Ocean .....	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..
Passaic .....	238	225	463	52	38	90	16	23	39	..	..	..	..	..	..
Somerset .....	..	..	..	..	..	..	1	7	8	..	..	..	..	..	..
Sussex .....	22	25	47	4	3	7	4	4	8	1	..	1	..	..	..
Union .....	161	196	357	41	39	80	21	21	42	..	..	..	..	..	..
Warren .....	8	1	9	3	1	4	1	3	4	1	..	1	..	..	..
New York .....	..	..	..	..	1	1	3	6	9	..	..	..	..	..	..
Total .....	717	731	1448	482	456	938	141	240	381	3	..	3	2	..	2

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

## SUMMARY

Class	Males	Females	Total
Indigent .....	717	731	1,448
State indigent .....	482	456	938
Private .....	141	240	381
Convict .....	3	..	3
Criminal .....	2	..	2
Total .....	1,345	1,427	2,772



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



