

Philips

FORTY-EIGHTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

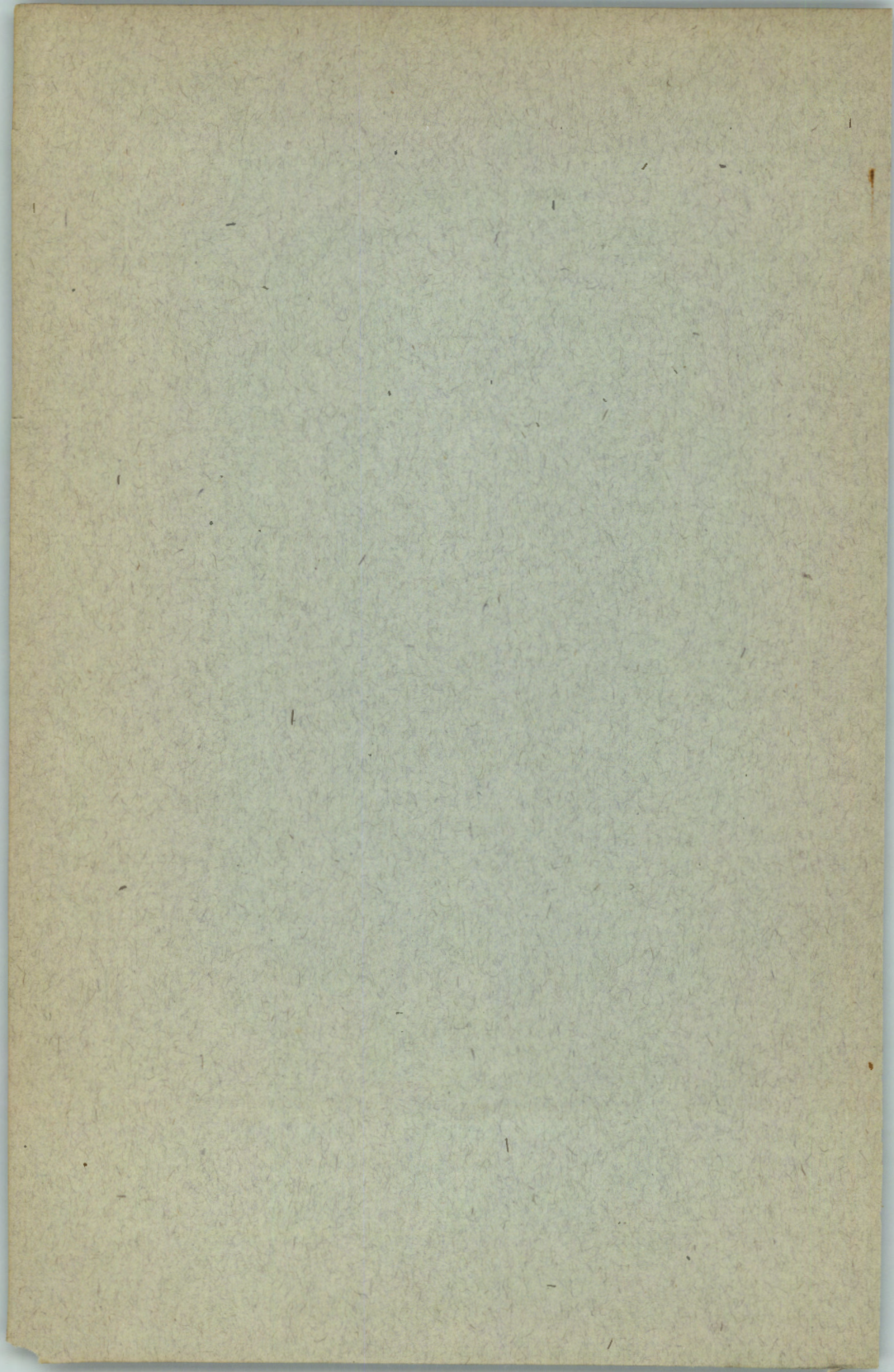
MORRIS PLAINS

FOR THE YEAR ENDING JUNE 30th

1923

HOSPITAL PRINT

1923



Compliments

of

Dr. Marcus A. Curry

Superintendent.

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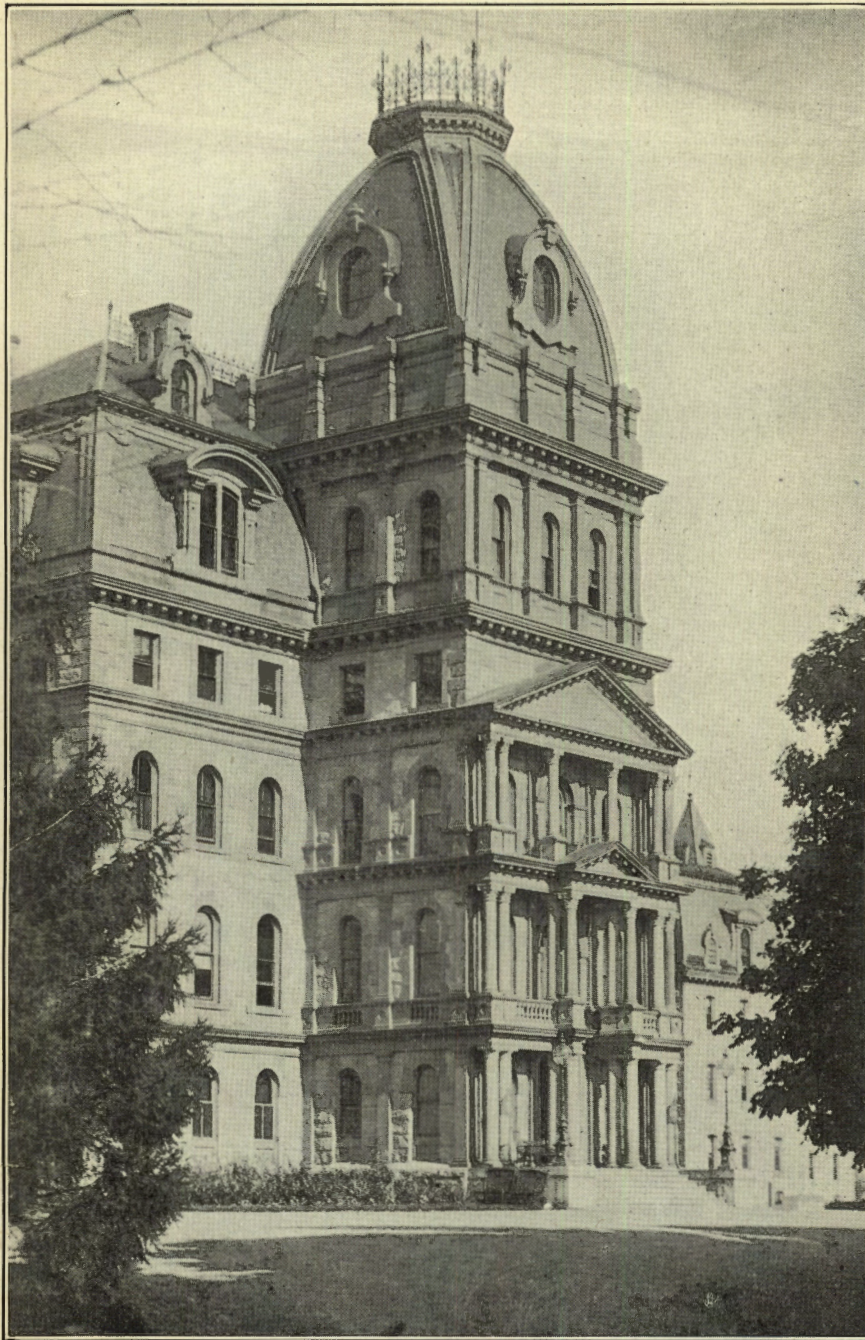
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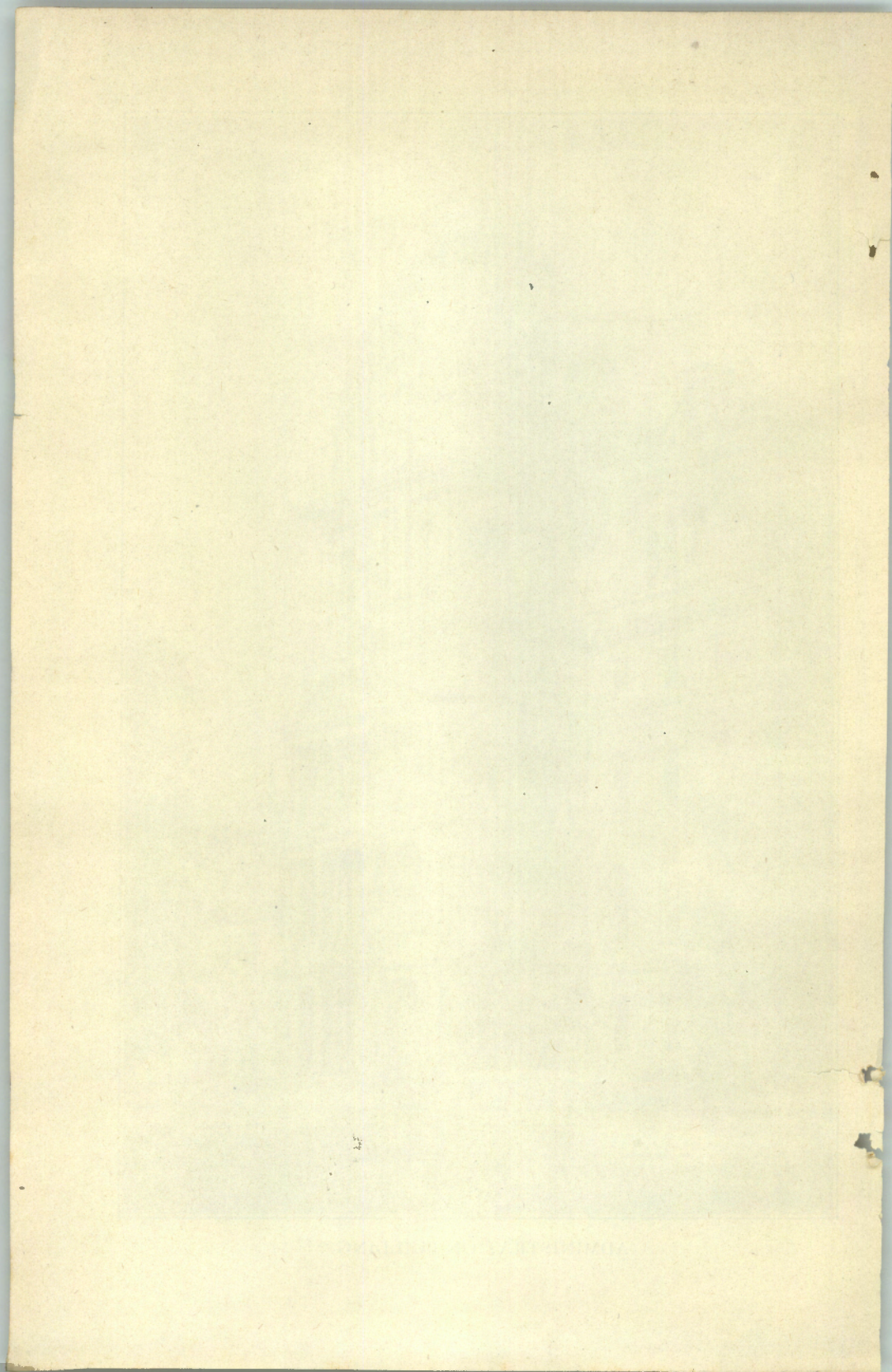
FOR THE YEAR ENDING JUNE 30th

1923

HORACE A. TAYLOR



ADMINISTRATION BUILDING.



Managers

PRESIDENT

DANIEL S. VOORHEES.....Morristown

VICE-PRESIDENT

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

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

A. B. LEACHSouth Orange

GEORGE RICHTERBoonton

MRS. JAYNE MILLARD DOYLE.....Newton

MRS. MARIAN K. GARRISON.....Llewellyn Park, Orange

JAMES E. LAUENSTEIN.....Secretary

Manager

President

Secretary

Treasurer

Committee

Board

Chairman

Members

Officers

Advisors

Staff

Delegates

Representatives

Participants

Guests

Attendees

Officers

MARCUS A. CURRY, M. D.....	Medical Superintendent and 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
LEO J. PALMER, M. D.....	Senior Assistant Physician
THOMAS B. CHRISTIAN, M. D.....	Pathologist
FRANKLIN C. YOUNG, M. D.....	Assistant Physician
OSCAR C. REEVE, M. D.....	Assistant Physician
VICTOR D. THOMAS, M. D.....	Assistant Physician
WILLIAM J. LEIN, M. D.....	Assistant Physician
PHILIP C. WASHBURN, M. D.....	Assistant Physician
WILLIAM DIETZ, M. D.....	Assistant Physician
GEORGE M. BRANDAU, M. D.....	Assistant Physician
FRANCIS C. BARTLEMAN, D. D. S.....	Resident Dentist
O. M. BOWEN.....	Warden
EDWARD I. COURSEN.....	Assistant Warden

Board of Consultants

JAMES T. WRIGHTSON, M. D.....	Physician
JOSEPH BRETtauER, M. D.....	Gynecologist
PHILANDER A. HARRIS, M. D.....	Gynecologist
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

REPORT OF THE BOARD OF MANAGERS

REPORT OF THE BOARD OF MANAGERS

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 herewith submits to you, as directed by statute, its annual report, which is the forty-eighth report of the institution. Incorporated in this is the report by Dr. Marcus A. Curry, Chief Executive Officer, which furnishes details as to the activities of the various internal divisions of the hospital organization, describes the changes made within the past year and indicates the problems and needs of the institution as felt by the resident officers.

In reviewing the accomplishments of this year, the Managers consider that the condition of the institution has materially improved and that a broad foundation has been laid for future development. The most conspicuous achievement made has been the completion and occupancy of the Psychiatric Clinic Reception Building and of the various cottages of the housing group. Each of these buildings has been carefully inspected by the Managers prior to its acceptance and its condition has been recorded in detail.

The rooms left vacant in the Main Building-Center, by the occupation of the cottages, are to be remodeled to furnish much needed living quarters for members of the staff and of the clerical force. Plans for this work have been drawn up by the architectural division of your department, accepted by the Board and contracts awarded for the construction. Even with these additions the rooms will still be insufficient to meet the needs of the enlarged staff.

In order to complete the work of remodeling the sewage dis-

posals plant an appropriation of \$73,500 was made, which becomes available on July 1, 1923. After careful study of the requirements and consultations with experts plans and specifications were drawn up and advertisements placed. The bids received were in excess of the appropriations, so no contracts have been made. This work will be readvertised in the fall, in the hope that conditions then will make possible a lower figure from the contractors; if not, it will be necessary either to go to the Legislature for a larger appropriation or to ask for emergency funds, since the speedy completion of this work is imperative.

Much time has been devoted to the plans for the congregate dining hall for patients of the Main Building, with numerous discussions between the Managers and the resident officers, the Director of the Division of Architecture and consultants of reputation in hospital designing. When bids were opened it was found necessary for the Board to assume the general contract in order to bring the cost of the work within the appropriation. This was done, the sub-contracts awarded and excavating begun in the latter part of May.

Since the Legislature has so wisely provided a fund for additional building at this hospital by means of the one-half mill tax, the Managers, together with the Superintendent, have been preparing a plan for submission to the State Board of Control; with your permission we expect to call in experts along different lines, in order to map out in detail a comprehensive building programme following the scheme already adopted in the rough. This plan should be ready very soon and it is our intention to have the complete plans and specifications for the most needed buildings drawn up during the ensuing year, so that work may be started promptly when the tax fund becomes available.

The condition of the water supply of the institution is still unsatisfactory. While adequate in favorable seasons and with careful conservation there is no proper reserve for the emergencies of drought and fire, and until a sufficient supply for such times of

dire need is assured the possibilities of disaster loom large. The fire hazard in particular is constantly before the Managers, since the overcrowding of the old buildings is so extreme that rapid emptying of the wards is impossible. Fire drills, frequent inspection of all alarms and apparatus and clear access to the fire escapes are rigidly maintained by the Superintendent, and an appropriation becomes available on July 1, providing for motorization of the fire fighting equipment, but these measures fail to afford any degree of security so long as the water supply cannot be relied upon.

In addition to the building expansion during the year, several new positions have been created on the hospital staff and the medical work has been keyed up to greater efficiency. A director of social service and one assistant have been engaged and the work is now being rapidly developed. The value of this department is not theoretical, but highly and promptly practical, since it functions to take out of the institution all patients who can be placed on trial visit. Already nearly two hundred patients are out on visit and are being given advice, aid and supervision, in the hope that they may make complete adjustment; in other words, can be discharged as social recoveries. Even if it should become necessary for some of these patients to return to the hospital, the State has been saved the cost of their maintenance for a considerable period. Miss Mildred Hurley, as Director, is showing commendable initiative and energy, and Miss Strong, as Assistant, is also doing excellent work.

A specially qualified occupational therapist has been engaged to work on the wards with those patients who, because of their condition, cannot be sent out to the industrial classes. This makes it possible to bring systematic occupational training to many who would otherwise be deprived of its beneficial effects and extends the scope of this department to a marked degree. We were fortunate to obtain in Miss Rebecca Adams a woman unusually well equipped by experience and personality for this specialized form of instruction.

Another new position established this year is that of Director of Physical Education. Owing to the closer supervision demanded it is impossible to give the female patients the same opportunity for outdoor work and exercise as the male; consequently the need for stimulating, healthful exertion is very marked on the women's wards and classes in gymnastics fill a long felt want. Miss Edith Moodie reported for duty in February and already has accomplished good results.

With the resignation at the beginning of the year of the Superintendent of Nurses, a position was left vacant which in many ways, so far as the immediate welfare of the patients is concerned, ranks second only to that of Chief Executive Officer. After due deliberation Miss Mary B. Moylan, R. N., was appointed and has done splendid work. She has weeded out undesirable employes, increased the number of graduate nurses on duty in charge of wards and as supervisors, improved the morale and established a training school. These results are the more praiseworthy in view of the general shortage of nurses and attendants.

In the ranks of the medical staff there have been several changes by resignation and appointment, and the number of assistants has been increased from nine to twelve. Dr. L. J. Palmer has been promoted to the grade of senior assistant physician and placed in charge of a reception service in the Clinic Building, where he is doing good work. Dr. Hampton, senior assistant, is handling the X-ray and electrotherapeutic division in a capable manner. Dr. Collins, senior assistant, has charge of the surgical division and is now performing most of the major operations himself and obtaining excellent results. Dr. Christian, pathologist, is thoroughly competent and a hard worker. Both the surgical and pathological work have been increased in the past year, following the aim of correcting physical conditions so far as possible with a view to improving the general and mental health of the patients. Dr. McMurray, senior assistant, has continued to direct the occupational therapy

division and has brought this work up to such a high standard that delegates from other institutions are frequently sent here to study the methods used. In addition to his special duties along occupational lines Dr. McMurray has continued in charge of a ward service and has also carried considerable executive duty whenever Dr. Curry has been away from the hospital. The resident and junior physicians of the staff likewise have shown themselves earnest and zealous in the performance of their duties and loyal to the ideals and management of the institution. Dr. Bartleman, as resident dentist, has carried on the work of his important department in a thoroughly satisfactory manner and is not only skillful in his profession, but unusually tactful in his methods with patients.

The Clinical Director, Dr. Arthur G. Lane, has been in charge of the staff work and has made most commendable progress in elaborating the methods of examination and treatment. He has been frequently called in consultation with the Board and the Superintendent on matters pertaining to new buildings and has shown excellent grasp and careful study of the subject. The lack of a complete force of physicians and nurses has hampered Dr. Lane to a marked extent, and at times he has felt that he was far from the ideal in his contribution to the care and treatment of the patients, but he has continued to make the best possible use of the facilities at his command.

Dr. Curry, the Superintendent, has been faced with an appalling number of administrative and executive problems in the past year, for the direct responsibility of decision in matters pertaining to the occupancy of new buildings and the creation and filling of new positions rests upon him, as well as the multitudinous daily questions of procedure in caring to the best advantage for a steadily increasing patient population with utterly inadequate facilities. The doctor has dealt with all issues in a masterly manner and his attitude has continually held the esteem and approval of the Board. Dr. Curry adds to scientific knowledge of psychiatry and a broad basis of exact observation

and correct thinking a spirit of genuine personal interest which, together with his approachable manner and common sense attitude, enables him to adjust difficulties and harmonize opposite personalities, whether patients, employees, officials or members of the general public. He is characteristically open-minded, receptive to new ideas and improved methods and able to direct without arrogance and supervise without self-seeking. Only those in closest touch with the doctor realize how heavily the obstacles and criticisms which he has encountered in the past year weigh upon his mind and how lavishly he has spent his strength and energy in continual effort to cover personally every branch of hospital activity. We of the Board are deeply appreciative of the remarkable work which he has accomplished for the hospital and its inmates, and we rest assured that the policies and administration of this great institution have been entrusted to faithful and competent hands.

Mr. O. M. Bowen, the Warden, has continued to manage the complicated affairs of the business office, farm and hospital plant with the same good sense and diligence as in the past. The details of results in his department will be found incorporated in the report of the Chief Executive Officer. The many loyal workers in the Warden's department are also deserving of our earnest commendation, especially Mr. Coursen, the Assistant Warden, Mr. Van Winkle, the Chief Accountant, and the other heads of divisions, upon whom a growing burden devolves with the expansion of the institution.

At the close of the year covered by this report there remained upon the books of the institution 3,139 patients—1,558 males and 1,581 females, which was an increase of 186 patients over the preceding year. There were admitted during the year, including first admissions, readmissions and transfers from other New Jersey institutions, 658 patients—333 males and 325 females. The discharges totaled 201—101 males and 100 females; 65 were classified as recovered, 98 as improved, 17 as unimproved, 4 as without psychosis and 17 as transferred to other institutions in

the State. The deaths for the year numbered 271—143 males and 128 females.

The membership of the Board has remained unchanged from last year. The records of the Secretary show 12 regular meetings and 4 special meetings held during the year. The attendance at the regular meetings was 68 and at the special meetings 23, giving a total attendance at meetings of 91. In addition there were committee meetings and visits to the number of 261, making a grand total of 352 trips to the hospital made by the various members of the Board.

We have gone carefully over the recommendations made in the report of the Chief Executive Officer, and we endorse them all as being important to the maintenance and progress of the institution and deserving of prompt attention.

In conclusion we, as Managers, record our gratitude for the loyal cooperation and devotion to duty shown throughout the year by the resident officers, the nurses and attendants and the other employees. We record also our earnest appreciation of the attention given to this institution and the continuous promotion of its welfare by yourself as Commissioner, by the various members of your department and by the State Board of Control. And, finally, we wish to express our sincere and heartfelt thanks for the time and energy given by the State House Commission, the Appropriation Committee and the Legislature in general to a study of the needs of this hospital and the discernment and breadth of vision with which they have furnished measures of relief.

Very respectfully submitted,

DANIEL S. VOORHEES, *President.*

W. L. R. LYND, *Vice-President.*

AUGUSTUS S. KNIGHT, M. D.

A. B. LEACH,

GEORGE RICHTER,

JAYNE MILLARD DOYLE,

MARIAN K. GARRISON.

June 30, 1923.

MEMORANDUM FOR THE BOARD OF DIRECTORS

The Board of Directors of the American Hospital Association is pleased to announce the results of the 1953 election.

The membership in the Board has remained unchanged from 1952. The Board of the American Hospital Association is pleased to announce the results of the 1953 election. The Board of Directors of the American Hospital Association is pleased to announce the results of the 1953 election.

We are pleased to announce the results of the 1953 election. The Board of Directors of the American Hospital Association is pleased to announce the results of the 1953 election.

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Very respectfully,
DAVID E. VOORHEES, Chairman

- WILLIAM E. DAVIS
- AUGUSTUS S. KNIGHT, Jr.
- ALAN LEACH
- GEORGE F. HILL
- JAY E. MILLARD DOWNS
- MARION K. GARRISON

June 30, 1953

TREASURER'S REPORT

ANALYTICAL REPORT

NEW JERSEY STATE HOSPITAL

19

TREASURER'S REPORT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDING JUNE 30, 1923.

RECEIPTS.

From Bergen County.....	\$ 58,702.61
" Essex County.....	6,670.22
" Hudson County.....	13,436.60
" Hunterdon County.....	164.59
" Morris County.....	31,062.32
" Middlesex County.....	847.37
" Monmouth County.....	541.74
" Mercer County.....	143.41
" Passaic County.....	87,133.71
" Sussex County.....	10,585.38
" Somerset County.....	125.99
" Salem County.....	86.12
" Union County.....	73,324.22
" Warren County.....	1,982.81
" Private patients.....	172,171.71
" Individuals for support of indigent patients.....	2,682.28
" Miscellaneous collections.....	5,663.09
	<u>\$465,364.17</u>

DISBURSEMENTS.

Total of checks issued to State Treasurer.....	\$465,364.17
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REVOLVING FUND.

Amount returned by Marcus A. Curry, Supt., to the State Treasurer.....	1,984.71
Amount of fund not used.....	15.29
	<u>\$2,000.00</u>

PETTY EXPENSE FUND.

Amount received from the State Treasurer to establish Petty Expense Fund for the year 1924.....	2,000.00
Amount of Petty Expense Fund returned to State Treasurer at close of year 1923.....	<u>\$2,000.00</u>

O. M. BOWEN,
Treasurer.

REPORT OF THE CHIEF EXECUTIVE OFFICER

REPORT OF THE CHIEF EXECUTIVE OFFICER

Report of the Chief Executive Officer

To the Board of Managers:

As Medical Superintendent and Chief Executive Officer, I submit to you herewith the forty-eighth annual report of The New Jersey State Hospital at Morris Plains, reviewing the affairs and condition of the institution during the year from July 1st, 1922, to June 30th, 1923, and offering for your consideration suggestions and recommendations as to changes and improvements. Included in a more or less condensed form are the detailed reports submitted to me by the clinical director, the pathologist, the senior physicians, the warden, the superintendent of nurses, the resident dentist, the director of social service, and so on. While passing through this twelve month period all connected with the hospital administration have encountered obstacles of a trying nature, and all from the highest to the lowest have felt that they were falling short of their best standards by reason of causes over which they had no control. Yet, despite the difficulties and hindrances, when we take inventory of the year's work we find that much has been accomplished.

One by one the buildings under construction at the beginning of the year have been completed and occupied. The two homes for nurses, christened the Voorhees Cottage and the Knight Cottage, were opened on November 17th and December 8th, respectively. Doctor and Mrs. Lane have been living in the clinical director's cottage since December 20th. The dining room for nurses (which is a building formerly used as an amusement pavilion, now remodeled and provided with a kitchen,) was opened on the same date. The staff house was occupied on February 9th and the superintendent's

cottage on June 15th. The two-family cottage for married senior physicians is completed, accepted, and is now being moved into. The Psychiatric Clinic Reception Building was informally opened on March 15th, when a group of working patients was transferred there from the Main Building to act as a nucleus about which the various departments could be systematized. On April 17th the reception of new patients in this building was begun, and the schedule of examinations and treatments has now been established and is running harmoniously.

After long deliberation and numerous consultations with Commissioner Lewis, the architect's department and various authorities on hospital construction, the plans and specifications for a congregate dining hall for patients living in the Main Building were drawn up and accepted. The first to be built is the section to be used by women patients. This is to be divided into floors and subdivided into dining rooms of various sizes to permit classification of patients according to condition and habits. In order to bring the cost within the limits of the appropriation it was necessary, as you all know, for the Board of Managers to become the general contracting agent and let the various sub-contracts to the lowest bidders. Work was begun with the breaking of ground on May 28th.

Much attention has been given to the problem of adequate and satisfactory disposal of sewage at this institution. The old system was overloaded and had become a menace, owing to the demands in excess of capacity. During the past year the plant has been partially remodeled with the proceeds of an appropriation made for that purpose. An additional appropriation becomes available July 1st, 1923, and with this the plant can be finished. When completed the treatment plant will include screen chamber, five septic tanks, four contact beds and four filter beds, and should be sufficient not only to provide for present needs, but to care for the normal increase in hospital population for some time to come.

As circumstances permitted during the year grading has been carried on around the new buildings. In the vicinity of the Clinic Building it was necessary to remove a large quantity of dirt and a steam shovel was used to hasten the work, the earth being handled by the hospital equipment, assisted by patient labor, and distributed about the buildings where filling was required. Although a great deal of grading has been accomplished, much remains to be done before the grounds about the new buildings will present a satisfactory appearance. In addition to the grading a considerable amount of excavating for sewers and other conduits has been done by the hospital force in order to connect up the various new buildings with the central system.

The problems of construction work, present and future, have demanded much time and attention during the past year, but the actual administration of the hospital has been quite as exacting. It is an accepted fact among present day psychiatrists that close individual contact with a trained physician is the great essential in the early treatment of a patient suffering from mental disease. In order to insure personal attention for each patient admitted to the hospital an adequate staff is imperative. Owing to various factors the number of physicians in the country has decreased, while the industrial and general health fields are absorbing an increasing proportion of recent graduates. Maintaining a sufficient and capable staff in an institution of this type is increasingly difficult, and if the quota is to be kept up it is necessary to engage a larger proportion of married men, which entails providing quarters and maintenance for their wives and families. This complicates the administrative problem of the institution and renders housing needs more stringent. To afford a measure of relief plans have been drawn up by the architect's department for remodeling the living apartments on the third and fourth floors of the Main Building-Center into suites for physicians and other staff members, and for dividing the fifth floor into single rooms for clerical workers. The contracts have been let and operations are to be started in the

near future.

The nursing force has been under constant consideration throughout the year, since it vies with the corps of physicians in importance. The resignation of the former superintendent of nurses took effect at the beginning of the fiscal year, and after a careful study of the available personnel we were able to obtain the service of one of the best equipped superintendents of nurses in this line of work, the appointment being made on September 1st. With the opening of the new cottages and dining room for nurses it is possible to offer more attractive surroundings and the percentage of trained nurses has been considerably increased, with corresponding advantage to the patients. The total number of nurses and attendants is still far below our requirements and it seems impossible to obtain an adequate force of the high grade desired, since it is extremely difficult for a state institution to compete in the attractions of salary, hours and situation, with the occupational opportunities now offered elsewhere.

In the course of the year various new features have been added to promote more satisfactory care and treatment of the patients. In January the staff was augmented by a much needed addition, a director of social service work. After she had taken time to become acquainted with the requirements of the hospital and the work to be carried on by her department an assistant was obtained for her, and unquestionably it will be to the advantage of the institution to add more workers in the near future. A new division of the Occupational Therapy Department was inaugurated in January and is being successfully developed under the direction of a specially qualified teacher. This deals with the class of patients who, either through increasing dementia, inaccessibility or negativistic tendencies, are not in condition to be sent to the regular industrial classes. By means of individual attention and instruction on the wards these patients are being interested in certain forms of work and trained until they develop sufficient initiative to be transferred to the main division. An effort is being made to promote health and stimulate

activity among women patients by systematic physical training. A well-equipped director was engaged in February, and under her teaching and supervision calisthenics and dancing are being conducted daily.

These various additions to the official staff have been made with far more difficulty than the simple statement would indicate, since even with the new buildings opened rooms for living quarters and for special work are hard to find. There are also complications to be encountered in creating new positions and in filling them with the type of person suited to do pioneer work. In this line, as well as in other matters pertaining to employes, the Civil Service Commission of the State has shown every willingness to co-operate with the hospital authorities, and I take this opportunity to express my appreciation of the generous attitude displayed by Mr. Messick, Chief Examiner and Secretary, in his relations to this institution.

The Legislature of this year took an important step toward adequate provision for state dependents by passing a bill authorizing a direct tax of one-half mill for one year, the proceeds to be devoted to construction work at this institution. It is estimated that by this means a fund of more than two million dollars will be obtained, the first money becoming available on June 1st, 1924. Following the lines of the development scheme already worked out for this hospital, plans and specifications for the necessary buildings will be drawn up in the course of the coming year with the help, we expect, of the best expert advice obtainable, in order that there may be no delay in proceeding with the construction programme as soon as the funds are available. Personally I feel that this direct tax measure is a step in the right direction, but that satisfactory conditions in the care of our dependents will be attained only when some method is adopted whereby automatic provision is made for the upkeep, growth and development of our institutions. I believe that the "pay as you go" system of the direct tax is most acceptable to the people and I hope that some variation of this may be

worked out which will give a sufficient and growing fund to care for the constantly increasing number of people who break, in one way or another, under the strain of modern life.

In the reports for the departments throughout the hospital two complaints are constantly repeated—lack of help and lack of room. Even with the fact that relief for the latter condition seems now assured by the action of the Legislature, the handicap remains and will continue for probably two years if not longer before sufficient construction is completed to make its results felt. Overcrowding of wards, overcrowding of offices and workrooms, overcrowding of living quarters, hamper all lines of activity and must be taken into consideration in the review of each department, whether specifically mentioned or not.

STATISTICAL RESUME.

The statistical tables, compiled according to the forms adopted by the National Committee for Mental Hygiene, will be found in the appendix to this report. I wish to call to your attention the following summary of numerical facts pertaining to the patient population of the hospital, as compiled by Mr. William J. Littell, statistician and record clerk.

At the close of the hospital year, June 30th, 1923, there remained on the records of the institution 3,139 patients—1,558 males and 1,581 females, an increase of 186 patients over the preceding year. The total number of patients under treatment from July 1st, 1922, was 3,611—1,802 males and 1,809 females. The highest number of monthly admissions was 64, which was reached in both September, 1922, and March, 1923. The lowest number for any one month was 42, in December.

Of the admissions, 527—274 males and 253 females—were admitted for the first time to any institution for the insane, and the readmissions numbered 124—54 males and 70 females. There were also transferred from other institutions for the insane within this State 7 patients—5 males and 2 females.

The native born first admissions numbered 278, or 52.75 per cent. The foreign born numbered 246, over 46.5 per cent. The nativity of 3 patients was unascertainable. The more prominent foreign countries of which patients were natives are Austria, represented by 29 patients; Germany, by 38; Ireland, by 24; Italy, by 36, and Poland, by 23. These five countries were the birthplace of over 57.5 per cent. of all the foreign born first admissions.

Sixty-two first admissions (over 11.75 per cent.) were diagnosed as suffering from senile psychosis; 44 (approximately 8.5 per cent.) from psychosis with cerebral arteriosclerosis; 60 (over 11.25 per cent.) from general paralysis; 104 (19.7 per cent.) from manic depressive psychosis, and 135 (25.5 per cent.) from dementia præcox.

Concerning the degree of education, 40 were recorded as illiterate and 85 as merely able to read and write. These two classes combined constitute 23.5 per cent. of the first admissions. Two hundred and seventy-six (over 52.5 per cent.) had obtained a common school education. Of the remainder 47 had obtained a high school and 17 a college education. No information could be obtained as to the degree of education of 62 patients.

As to the environment, 466 patients were urban residents, approximately 88.5 per cent., 49 rural and 12 not recorded.

The discharges for the year, exclusive of those who died, numbered 184. Of these 65 were discharged as recovered (12.33 per cent., based on the number of first admissions), 98 as improved, 17 as unimproved and 4 as not insane. Seventeen patients were transferred to other institutions for the insane in New Jersey.

During the year 271 patients died. This constitutes slightly over 7.5 per cent. of the patients under treatment. Forty-four of these deceased patients were diagnosed as afflicted with senile psychosis, 38 with psychosis with cerebral arteriosclerosis, 55 with general paralysis, 49 with manic depressive psychosis and 48 with dementia præcox. These five groups comprise

over 86.25 per cent. of the total number of deaths. Of the chief physical causes of death, pulmonary tuberculosis was responsible in 27 cases, cerebral hemorrhage in 36, diseases of the circulatory system in 62, pneumonia in 18 and nephritis in 34—a total of 177, or over 65 per cent. of those who died.

Relative to the age of those who died, 162 (nearly 60 per cent.) were over 50 years of age and 60 patients (22 per cent.) were over 70 years of age at the time of death. One hundred and fifty-two (over 56 per cent.) had been under hospital treatment for periods upward of one year. Seventy-four patients had been under care from 1 to 4 years, 33 for from 5 to 10 years and 35 for over 10 years. The hospital residence of 21 patients was in excess of 20 years; of these 10 exceeded 30 years; 4, 40 years, and one was under institutional care for over 48 years.

There was a decided falling off in admissions from the record of the previous year and a slightly lower number than in 1921. The cause of the decrease is probably to be found in the greater prosperity of the country and in the absence of any widespread epidemics. While the increase in the number of patients carried on our books was considerable (186), the increase in the number actually in the institution was only 58. Our discharge list seems small, but this is due to the establishment of a longer trial visit, since patients are now carried on our books for one year after they leave the hospital instead of being discharged at the end of the current month, as formerly. This change was made possible through the social service department, working of course under direct and intimate direction of the clinical director, and results not only in valuable oversight of the patient after leaving the institution, but also in a larger "on visit" list, which means a decrease in the number of patients maintained in the hospital. Where the increase in the number actually in the institution at the end of the year was over 26 per cent. of the year's admissions, the end of the year showed an increase of less than 9 per cent. of the admissions. These figures speak for

themselves as to the economic value of a social service department.

HEALTH.

The general health of the hospital inmates and employees has been fairly good during the past year. There has been no typhoid fever, although a serious epidemic developed in a nearby community. We have also escaped smallpox, scarlet fever and other contagious diseases which have been from time to time prevalent in the various sections of our district. During the spring a mild epidemic of Vincent's angina appeared in the Clinic Building, causing considerable inconvenience. It was deemed wise to discontinue admissions to this building for a time. Under appropriate and intensive treatment the disease was soon stamped out and no fatalities resulted. The incidence of pulmonary tuberculosis is rather high and seems to be increasing slightly, which is readily understood since under present conditions satisfactory segregation is impossible.

ACCIDENTS, OPERATIONS, ETC.

During the past year two patients succeeded in committing suicide—both women. Handicapped as we are by an insufficient number of nurses and attendants, it has been impossible to prevent an occasional occurrence of this kind, although every effort is made to impress upon those in charge the absolute necessity of constant watchfulness in dealing with depressed patients. Aside from these there have been no serious accidents to patients.

Dr. Laurence M. Collins, senior physician, has continued in charge of the surgical work of the hospital and has performed many of the major operations. In others he has either assisted or been assisted by Dr. Clifford Mills, our consultant surgeon. Dr. L. J. Palmer has performed several tonsillectomies. There have been many operations of a minor character, such as lacerated wounds, sprains, contusions, etc., which have been treated by various members of the staff and of which no active record has been kept. Since opening the operating rooms in the new

Clinic Building a more accurate study has been given each case and a more painstaking record kept.

The following report, as submitted by Dr. Collins, indicates the number, type and result of the operations performed:

<i>No. of Cases.</i>	<i>Operation Performed.</i>	<i>Result.</i>
2	Acute catarrhal appendicitis	Recovered
2	Acute suppurative appendicitis with drainage.....	"
5	Chronic catarrhal appendicitis.....	"
1	Chronic catarrhal appendicitis with ovariectomy and salpingectomy	"
2	Direct inguinal hernia.....	"
1	Right inguinal hernia.....	"
2	Double inguinal hernia.....	"
1	Femoral hernia.....	"
1	Incarcerated right inguinal hernia.....	"
1	Incarcerated left inguinal hernia.....	"
1	Strangulated left inguinal hernia.....	Died
1	Strangulated right femoral hernia.....	Recovered
2	Cellulitis of arm.....	"
1	Cellulitis of leg.....	"
1	Cellulitis of foot.....	"
1	Gangrene right foot—amputation.....	Died
1	Gangrene second toe, right foot—amputation.....	Recovered
1	Diabetic gangrene, right arm—amputation.....	"
2	Pleurisy with effusion	"
1	Empyema.....	"
2	Hemorrhoids—operation, hemorrhoidectomy.....	"
1	Prolapse of rectum	"
3	Cholelithiasis—operation, cholecystectomy.....	"
1	Empyema of gall bladder—cholecystectomy.....	"
2	Volvulus	Died
1	Salpingo oophorectomy	Recovered
1	Double salpingo oophorectomy.....	"
1	Hysterectomy	"
1	Ovarian cyst with double dermoid cysts.....	"
1	Gluteal cyst.....	"
1	Adenectomy (Ing.).....	"
1	Tuberculous peritonitis.....	"
1	Mastoidectomy	"
1	Chronic rhinitis with perforated septum.....	"
2	Circumcision.....	"
13	Tonsillectomy.....	"

Fractures.

- | | |
|---|---|
| 1 Complete fracture of first metacarpal bone of right hand..... | “ |
| 2 Fracture of neck of right femur..... | “ |

Dislocations, Etc.

- | | |
|---|---|
| 3 Anterior dislocation of right shoulder..... | “ |
| 1 Chronic osteomyelitis of right fibula..... | “ |

Foreign Bodies.

- | | |
|------------------------------|---|
| I Needle in left chest | “ |
|------------------------------|---|

The record of births at the institution during the past year is as follows:

1 Patient admitted January 12th, 1922; female child born August 24th, 1922. Child removed by father October 14th, 1922.

Patient admitted March 13th, 1922; female child born November 18th, 1922. Mother and child removed from hospital by social service department and placed in care of a deaconess March 30th, 1923.

Patient admitted December 27th, 1922; female child born January 24th, 1923. Child removed by father February 16th, 1923.

Patient (colored) admitted July 8th, 1922; male child born February 14th, 1923. Child removed from hospital by social service department and placed in care of father March 11th, 1923.

Patient admitted November 6th, 1922; female child born March 8th, 1923. Child removed from hospital by social service department and placed in care of father's housekeeper May 6th, 1923.

Patient admitted March 17th, 1923; female child born March 17th, 1923. Child removed by cousins of father April 9th, 1923.

Patient admitted March 8th, 1923; male child born April 7th, 1923. Child removed from hospital to the home of its father June 5th, 1923, to be later placed in an asylum.

Patient admitted August 31st, 1922; female child born April 21st, 1923. Child removed by father May 15th, 1923.

CLINICAL WORK.

During the past year Dr. Arthur G. Lane, as Clinical Director, has continued the reorganization of the clinical work of the hospital. Mental and physical examinations of patients have

been made more complete and the case records more inclusive. Emphasis has been placed on individual attention for each patient and with the assistance of the social service workers more thorough investigation of the etiological factors in the psychosis has been carried out. Dr. Lane is thoroughly scientific in his attitude, informed on all methods of treatment which are being tested in different institutions and is endeavoring to reach that high standard of procedure in clinical matters which has been set by the Superintendent and the Board of Managers. In order to carry on this work we are sadly in need of the new buildings contemplated, since under present conditions proper classification of patients is impossible, and parallel to the need of buildings is the need for additional physicians and nurses.

Beside his increasing work at this hospital, Doctor Lane has continued throughout the year to give one day each week at the Cornell Medical College Clinic in New York City, where he is on the staff of the psychiatric division.

The Clinical Director's report follows as submitted:

A statement by the Clinical Director of the work at the hospital must necessarily be made along quite general lines. Reports from the various departments engaged in the study, care and treatment of the patients contain detailed information of the activities in each of the separate lines of endeavor, which when coordinated go toward producing the end result for which we are all striving—the restoration of as large a number of afflicted individuals as our knowledge and facilities will permit, and the amelioration of the distressing symptoms of the remainder in whom we cannot expect full restoration.

As stressed in previous reports, the opportunities for intensive work are limited by many factors which are beyond our control, all of which, however, tend to add to the many difficulties in the way of approaching the ideal. The overcrowding of the wards tends to defeat the possibility of a satisfactory classification of

patients. The limited number in the medical, nursing and attendant staffs and the difficulty of obtaining and retaining a reliable personnel are mere statements of a few of the difficulties, and one of which, if amplified, might be used as a thesis on better clinical methods. That there has been some progress in the matter of overcoming these problems during the past year is a source of much gratification, and the promise of further relief in the near future holds up our courage with grateful anticipation.

A first glance at our statistical tables may occasion some surprise at the apparent falling off in the discharge rate for the year. This apparent discrepancy has been occasioned by the institution of a trial visit plan by which the patients leaving the hospital are carried on our records for a period of one year instead of one month, as was formerly done. There are many advantages in this plan for both the patient and the hospital. The main advantage, however, and the one about which all others center, is the extension of the beneficial supervision of the hospital over each patient during his period of restoration and readjustment to outside life. Many of our patients on this extended trial visit plan have expressed their gratification for this evidence that we have not lessened our interest in them because they are no longer resident in the hospital. The knowledge of their various problems which was gained during their treatment is often of great benefit to these individuals in smoothing out their difficulties and many times may prevent a recurrence of active mental symptoms, and possibly a return to the hospital. This plan has been in operation during the last six months, and because of it we now have a trial visit of about 177 names.

The above plan would not have been feasible to such a gratifying degree without the assistance of the newly instituted social service department. This department has been in operation during the last six months—at first with one worker, who came

to organize and direct the activities, and later a second worker was added as an assistant. The rapidly increasing number of patients on trial visit and the extent of our hospital district will soon necessitate the addition of still more assistants. The duties of the workers in this department carry them into the environment and homes of the patients, thus giving them the opportunity to study the separate problems and difficulties which are sources of friction in their efforts at adaptation. We have found, too, that many selected cases may have their hospital residence shortened because of the fact that when their recovery has advanced to such a point that it is believed, with intelligent supervision, they can more rapidly advance toward complete recovery in their homes. Beside the advantage to the patient after he leaves the hospital we are also benefited by the activities of this department in investigation of the environment of our recent admissions for the factors which may have contributed in bringing on the crisis which precipitated the mental breakdown. This information is often very valuable in the understanding of various psychotic manifestations and the proper application of treatment.

The gradual increase of physicians on the staff has given opportunity for more intensive study and care of patients. To this factor alone I think we can attribute the greatest amount of success in treatment that can come to these afflicted persons. The results obtaining in every hospital in this line of work I thoroughly believe are in proportion to the extent to which this principle is intelligently carried out. With more physicians and with more specialized study of individual cases the laboratory work has increased to a marked extent. Beside the regular routine clinical laboratory work which is ordinarily done in hospitals of this nature, we have instituted as a routine measure a systematic chemical and microscopic blood analysis. These studies, carefully followed up, give us a better insight into the physical factors operating in organic cases and serve as a working

index of the value of the therapeutic measures adopted for the relief of distressing symptoms. The opening of the new Clinic Building, April 17th, 1923, has placed at our disposal new and modern equipment and facilities for study and treatment which were not formerly available.

The work of the Occupational Therapy Division has been extended in many ways during the past year and continues to contribute to a marked extent in the favorable outcome of many cases. I believe the results of occupational therapy are a great argument for the principle of individual attention. During the year this benefit has been further extended in its application to the more deteriorated cases on the ward, a type of patient who, because of either mental or physical infirmities, is not judged to be a favorable case to attend classes and instruction outside of the ward at the Industrial Building, etc. The beneficial results obtained in this new endeavor have already proved very helpful in many ways.

A physical instructor has been added to the staff during the past year and the advantages of this method of treatment have been most pleasing in their result. Large classes have been formed on the female wards, but prevalent shortage of help has worked to a great disadvantage in this field of endeavor. A great amount of interest is shown by the appreciative classes in this form of activity, which is not only stimulating from a physical standpoint, but also provides recreation and diversion. Among the more deteriorated class it has produced some remarkable results in bringing individual cases out of a state of apathy and indifference to a higher plane of useful activity in other branches of hospital endeavor.

The dental laboratory report shows an increase of work performed by this department in spite of the fact that there has been an assistant's vacancy on this staff for several months. Each patient upon admission is given a thorough examination by the dentist—assisted in a vast majority of cases by X-ray

study. With the information thus obtained every effort is made to correct all pathological findings, and where extensive extraction is indicated a satisfactory restoration by artificial denture is made in all cooperative cases.

The general surgical work has progressed to a large degree during the past year. All emergency cases have been promptly operated and restorative measures have been instituted in cases suffering from chronic afflictions. Most of this work has been accomplished by physicians on the staff and a number of cases by our consulting surgeon, Dr. Mills, of Morristown.

The Roentgenological Department has been called upon to a greater extent than in the past for assistance in diagnosis of various physical conditions, while electrotherapy measures have been used for the benefit of selected suitable cases.

The above report shows many innovations and greater activities in special departments, but there has also been a marked increase in the regular routine work of the hospital, much of which does not render itself to statistical tabulation, but which is quite evident in a perusal of the records, which are greatly amplified in a more systematized, comprehensive and exhaustive mental and physical study of each individual case. We have continued to conduct staff meetings regularly four times a week throughout the year, at which time all recent admissions, after thorough study and examination, are presented for staff consultation in matters of diagnosis and treatment. Also at these staff meetings a great majority of the patients who leave the hospital on trial visit are presented for observation and advice as to the possibility of their being able to adjust themselves outside the institution.

DENTAL DEPARTMENT.

Throughout the year Dr. F. C. Bartleman, as resident dentist, has been in charge of this department. Routine examination of the teeth is made for each newly admitted patient, as well as

periodic examination of all other patients confined in the institution. If X-ray studies are indicated they are made and the record sent to the dentist. Impacted and infected teeth are removed, fillings done, and, where required, plates are constructed in order that the patient's comfort and health may not suffer from the lack of proper masticatory apparatus. The Clinic Building has its own dental office to facilitate examinations and treatments of new patients. Although somewhat handicapped by the loss of Dr. R. W. Lasslett, assistant resident dentist, who resigned to take up private work, Dr. Bartleman has been able to maintain the high standard of work which he had previously set. Mr. Metcalf, an attendant, was assigned to the dental laboratory two years ago and has been trained into a competent technician. Arrangements are being made to secure the services of a graduate dentist at an early date and thus complete the personnel of this department.

A brief summary of the work done has been submitted by Dr. Bartleman and runs as follows:

FILLINGS:

Amalgam.....	278
Gutta percha.....	243
Cement.....	138
Porcelain.....	123
Removal of calculus.....	244
Prophylaxis.....	146
Examinations.....	890
Extractions.....	2,212
Impacted teeth.....	52
General anæsthetics.....	3
Fracture of right mandible—luectic necrosis.....	1
Vincent's angina.....	20

DENTURES:

Full upper.....	37
Full lower.....	17
Partial upper.....	6

Partial lower.....	15
Partial upper with cast clasp attachment.....	10
Partial lower with cast clasp attachment.....	7
Partial lower with lingual bar.....	3
Dentures repaired.....	48
Gold clasp bridge work.....	9
Gold Carmichel crowns.....	3

PATHOLOGICAL DEPARTMENT.

Dr. Thomas B. Christian is in charge of this department, and through his efficient and accurate work is making the laboratory an increasingly vital factor in examinations and treatments. With the opening of the Clinic Building a new laboratory was fitted up and equipped there, convenient to the receiving and surgical wards, and a decided increase made in the number of tests. Dr. Christian has submitted the following report:

During the period—July 1st, 1922, to June 30th, 1923—9,157 examinations have been made. Of these, 4,858 were for men, 4,025 were for women and 274 for the water and milk supplies.

Systematic records of all forms of work are kept and properly indexed so that the findings and dates of the findings in every case are always available. Written reports of the findings are sent to the physician in charge of a given case and copies of these findings, as well as a daily report of all work performed at the laboratory, including treatments, are sent to the Clinical Director and the record office.

Much attention is given at the present day to the study of the blood. In the past years the only routine blood examination on new admissions was the performance of the Wassermann test, but for the past few months we have instituted the following routine blood examinations on all newly admitted patients: Blood chemistry, consisting of the non-protein nitrogen, urea nitrogen and creatinine; blood counts, consisting of red blood counts, white blood counts and differential leukocyte counts; and the serological blood tests, consisting of the Wassermann reac-

tion and the Hecht-Weinberg-Gradwohl tests. A considerable amount of the above work has been done with very gratifying results, and it is hoped that many valuable conclusions will be found in the future.

Routine examinations of the urines from all new admissions are still continued, and all cases showing evidence of nephritis or diabetes have many repetitions. All cases of nephritis and diabetes are put upon treatment for such conditions and the frequent examinations of the urines have been found very helpful to the physicians in charge of the cases.

SUMMARY OF THE WORK OF THE PATHOLOGICAL DEPARTMENT.

URINE:	Male.	Female.	Total.
Chemical and microscopical	1,347	589	1,936
Quantitative for albumin.....	149	137	286
Quantitative for sugar	83	47	130
Quantitative for chlorides.....	7	3	10
Cultures for types of bacteria.....	11	4	15
Microscopical examination of stained smears.....	4	3	7
Phenolsulphonethalein functional tests.....	11	7	18
BLOOD:			
Enumeration of red blood cells.....	71	163	234
Enumeration of white blood cells.....	94	197	291
Estimations of hemaglobin.....	42	37	79
Differential leukocyte counts.....	94	197	291
Examination for plasmodium malarie.....	14	7	21
Widal tests.....	81	24	105
Cultures.....	7	4	11
Examination for pneumococcus.....	3	1	4
Determination of blood groups.....	17	11	28
Sugar.....	35	43	78
Non-protein nitrogen.....	106	144	250
Urea nitrogen.....	142	158	300
Creatinine.....	87	92	179
Uric acid.....	3	2	5
Cholesterol.....	2	1	3
Chlorides.....	7	4	11

Total nitrogen	1	2	3
Tests for CO ₂ in the blood.....	2	1	3
Wassermann tests.....	740	529	1,269
Hecht-Weinberg-Gradwohl tests.....	731	521	1,252
Estimations of the coagulation time.....	7	14	21
SPINAL FLUID:			
Wassermann tests.....	127	71	198
Cell counts.....	127	71	198
Globulin.....	127	71	198
Colloidal gold curve.....	127	71	198
Microscopical examination of stained smears.....	3	9	12
Cultures.....	4	1	5
Quantitative sugar estimations.....	114	59	173
Quantitative chlorides.....	21	14	35
Non-protein nitrogen.....	7	3	10
Urea nitrogen.....	7	3	10
Creatinine.....	7	3	10
SPUTUM:			
For tubercle bacilli.....	27	9	36
For bacterial flora.....	17	4	21
Cultures.....	3	2	5
For types of pneumococci.....	1	1	2
FECES:			
For parasitic organisms.....	7	3	10
For tubercle bacilli.....	7	2	9
For typhoid bacilli.....	5	3	8
For bacterial flora.....	3	1	4
For occult blood.....	9	5	14
SMEARS:			
For gonococci.....	29	42	71
For treponema pallidum.....	3	1	4
From diphtheriae cultures.....	31	17	48
From eyes.....	4	2	6
From pus from ears.....	2	1	3
From pus from wounds.....	2	1	3
Examination gums for Vincent's angina.....	37	297	334
Examination throat for Vincent's angina.....	21	281	302

STOMACH CONTENTS:

Total acidity.....	4	2	6
Free HCl.....	4	2	6
Combined HCl.....	4	2	6
Salts.....	4	2	6
For Oppler Boas bacillus.....	4	2	6
Cultures.....	3	..	3
Occult blood.....	4	2	6

MISCELLANEOUS:

Autogenous vaccines.....	9	2	11
Cultures from teeth.....	7	3	10
Examination of granulomas.....	2	1	3
Basal metabolism estimations.....	3	7	10

EXAMINATION OF TISSUES.....	17	9	26
AUTOPSIES.....	16	1	17

Total number.....	4,858	4,025	8,883
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WATER:

For colon bacilli.....	60
For typhoid bacilli.....	20
Bacterial counts.....	60
Quantitative chlorine estimations.....	20

MILK:

Specific gravity.....	19
Fat content.....	19
Total solids.....	19
Proteids.....	19
Sugar.....	19
Bacterial counts.....	19

Total number.....	274
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Grand total.....	9,157
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The free clinic for venereal diseases is still in operation and is open to all indigent persons in the County of Morris. The time for the clinic is every Friday, between the hours of 10:00 A. M. and 4:30 P. M. The following are the requirements for receiving treatment: (1) Must be referred by a physician; (2) must be

an indigent case. The drugs, as salvarsan and mercury, and the apparatus used in the clinic are furnished by the United States Public Health Service. The following table gives the summary of work during the past year:

CASES TREATED:	Male.	Female.	Total.
Syphilis	39	30	69
Gonorrhea	17	4	21
Chanchroid	2	..	2

We are still continuing the treatment of systemic cases of syphilis among the hospital patients. The following table gives in brief the treatments performed:

	Male.	Female.	Total.
Number of cases under treatment	57	53	110
Number of doses of neo-arsphenamine administered....	301	265	566
Number of doses of mercury administered	210	125	336

ROENTGENOLOGY AND ELECTROTHERAPEUTICS.

Dr. George R. Hampton, senior physician, has continued to carry on the work of this department during the past year. In addition he has remained in charge of a ward service, although we hope to be able soon to relieve him of these duties and enable him to devote his entire time to the X-ray work. Dr. Hampton's report as submitted to me is as follows:

Toward the latter part of the year the X-ray equipment was moved to a larger and more airy room in the Clinic Building, where it is more accessible to the doctors working in the operating and various examining rooms. The same line of work has been followed as during former years. New admissions, after a thorough dental examination, are referred to the X-ray department to determine the condition of the roots of all capped or filled teeth. Considerable work has been done in locating for removal impacted teeth, especially when the impactions were infringing upon the nerve trunks and causing reflex irritation.

Beside the dental work a large number of routine examinations have been made with the X-ray for fractures, injuries and pulmonary and abdominal conditions. A number of unusual complications have been brought out during the year. All pregnant women have been X-rayed to determine the size and position of the foetus, and several interesting cases have been examined for the location of foreign bodies, such as spoons, pins, needles, etc., which have been swallowed by depressed patients with suicidal intent.

In the electrotherapeutic division the administration of electric treatment in one form or another has been continued and has proved to be a great aid in the treatment of nervous and depressed patients.

ELECTROTHERAPEUTIC AND X-RAY TREATMENTS FROM JULY
1ST, 1922, TO JUNE 30TH, 1923.

Static head breeze.....	617
High frequency.....	50
Galvanic and sinusoidal currents.....	52
Static spark.....	48
Electrolysis.....	66
Diathermic treatment.....	5
Violet ray treatment.....	8
X-ray treatment for epithelioma.....	25
Total treatments.....	811

X-RAY WORK DONE FROM JULY 1ST, 1922, TO JUNE 30TH, 1923.

EXPOSURES:

Head.....	50
Maxilla.....	268
Chest.....	68
Abdomen.....	10
Abdomen (Barium meal).....	74
Pelvis.....	2
Spine.....	4
Kidney.....	3
Gall bladder.....	5

Upper extremity.....	84
Lower extremity.....	81
Teeth (films).....	308
<hr/>	
Total exposures.....	957

DIAGNOSES:

Fractures—

Skull.....	2
Inferior maxillary.....	1
Humerus.....	3
Ulna.....	5
Radius.....	4
Carpal.....	1
Phalanges.....	2
Rib.....	3
Scapula.....	1
Femur.....	10
Tibia.....	6
Fibula.....	1
Tarsal.....	1
Metatarsal.....	1

Dislocations—

Shoulder.....	2
Lumbar vertebra.....	1

Foreign bodies—

Esophagus (spoon).....	1
Chest (needle).....	1
Arm (needle).....	1

Chest—

Pulmonary tuberculosis, acute.....	24
Pulmonary tuberculosis, chronic.....	8
Bronchitis, chronic.....	5
Pleurisy with effusion.....	3
Aneurism.....	2

Abdomen—

Gastric cancer.....	1
Appendicitis, chronic.....	4

Duodenal adhesions.....	2
Gastroptosis.....	1
Enteroptosis.....	1
Nephrolithiasis.....	3
Congested kidney.....	2
Colonic hypomotility.....	4
Hirschsprung's disease.....	1
Pregnancy.....	5
Teeth—	
Impactions.....	63
Periapical abscesses.....	83
Septic roots.....	41
Pyorrhea.....	67
Root absorption.....	1
Unerrupted teeth.....	24
Miscellaneous—	
Tumor of brain.....	1
Tuberculosis of vertebra.....	2
Osteomyelitis of femur.....	3
Osteomyelitis of fibula.....	1
Osteomyelitis of mandible.....	1
Chronic arthritis.....	2

OCCUPATIONAL THERAPY DEPARTMENT.

The past year has shown a wide increase of interest in occupational work in hospitals throughout the country and its high value as a therapeutic measure is now generally recognized. For arousing patients from introspection, stimulating their attention and giving healthful pleasure in achievement—which in itself is a means of contact with normalcy—no other agent equals properly planned and graded occupation. At this hospital the work has continued to be in charge of Dr. George B. McMurray, who is keenly alive to the importance of this division of therapeutics. His report on the activities of the past twelve months runs in part as follows:

Strenuous efforts have been made to send all physically

capable patients to the Occupational Therapy Department for a course of treatment. As a result practically all of the male patients who are in suitable physical condition are now occupied, and an increasing number of women patients are attending the various classes. One of the innovations of the past year is a kindergarten class for male patients. Each man is sent to this class first and held under very close supervision while every effort is made to arouse his interest and encourage him to apply himself to some line of work. Then, after he has been busying himself in this group for a few days, he is promoted to the next higher class. This system has proved very successful. A number of patients who previously had taken absolutely no interest in their surroundings, under the stimulus of personal attention were persuaded to undertake some light occupation and from the first step progressed readily to more complicated activities.

During the year we have inaugurated also a special form of training, under the direction of Miss Rebecca Adams, occupational therapist, which is designed for those deteriorated patients who are unable to take up work at the Occupational Building. So far this work has been confined to the women patients whom Miss Adams has been able to teach herself, but plans have been made for enlarging this training, and it is hoped that a sufficient number of assistants can be secured to carry on classes in various parts of the hospital under Miss Adams' supervision. In this way it will be possible to give all the patients an opportunity to take up some form of occupational therapy and the benefits will be greatly increased.

In the course of the past year we have held various occupational exhibits. One was located at the Trenton State Fair; another at the Morris County Fair. A large exhibit was given at Plainfield, through the courtesy and efforts of Mrs. W. T. Carstarphen, cooperating with the Frank Donnelly Post. The Women's Auxiliary of the Argonne Post in Elizabeth also conducted an exhibit. On the hospital

grounds an extensive display was made in connection with the Annual Field Day, on September 16th, and attracted much attention. In April Mrs. Philip McKim Garrison, of the Board of Managers, conducted a highly successful exhibit and sale at her residence in Llewellyn Park, and throughout the year she has displayed most generous and untiring efforts to promote the welfare of this department.

Occupational therapy at this institution has passed beyond the trial stage and is now in a position to demand suitable quarters, since not only has its vitally important therapeutic value been demonstrated, but incidentally its economic value. The original building was outgrown almost as soon as erected, and the addition was likewise filled to overflowing immediately. To provide further space rooms were fitted up in basements, despite the unfavorable conditions of lighting, ventilation and dampness always to be encountered in such quarters, and still the space is unequal to the needs. A building of sufficient size and proper equipment should be furnished at once in order that this great work may not be cramped and hampered in its further development and progress.

The following is a resume of the work done in the various divisions of the Occupational Therapy Department:

Men's Arts and Crafts.

In this division \$1,754.83 was expended from the revolving fund for material and from the industrial fund \$1,617.87 was expended, \$345.54 of which was used in new equipment. During the year the following articles were produced:

Brooms.....	1,822
Whisk brooms.....	220
Toy brooms.....	60
Hearth brooms.....	20
Brushes, scrub and fancy.....	946

Chairs and settees recaned and repaired.....	349
Laundry baskets, new.....	15
Laundry baskets, repaired.....	267
Willow bnskets.....	209
Wet wash baskets.....	38
Clothes hampers.....	44
Waste paper baskets.....	132
Dog baskets.....	8
Willow chairs.....	105
Chaises longues.....	9
Settees.....	10
Day bed.....	1
Magazine racks.....	3
Tables.....	9
Table lamps.....	14
Floor lamps.....	13
Reed baskets.....	1,946
Ferneries.....	3
Pedestals.....	17
Boudoir lamps.....	17
Toys and toy furniture.....	246
Cocoa fibre door mats.....	76
Grass fibre door mats.....	32
Dyed rugs, mats and runners.....	509
Clocks repaired.....	3
Bait net.....	1
Cement blocks.....	1,231
Kindling wood for kitchen (bbls.).....	60
Broom handles salvaged and used.....	958
Waste paper salvaged (lbs.).....	87,000
Willows, peeled and cured (tons).....	6.5

General carpentry.

Portable building for exhibits.

Total articles produced, 9,758.

Women's Arts and Crafts.

In the division of Women's Arts and Crafts \$71.85 was expended. During the year 1,599 articles, consisting of crocheted

and embroidered work and fancy articles of various kinds, were made, and 231 raffa baskets.

Plain Sewing.

In the division devoted to women's plain sewing \$868.62 was expended from the industrial fund for equipment—new sewing machines, tables, racks, etc. Materials were supplied from the storehouse, from which the following articles were made:

Hand towels.....	8,845
Special towels.....	1,260
Dish towels.....	2,772
Roller towels.....	36
Chemises.....	3,213
Drawers.....	3,398
Petticoats, outing flannel.....	1,332
Petticoats, canton flannel.....	644
Petticoats, gingham.....	2,532
Strong dresses.....	173
Burial suits.....	123
Night shirts.....	692
Bloomers.....	63
Dental gowns.....	9
Operating suits.....	72
Operating caps.....	138
Pillow cases.....	10,398
Sheets.....	9,982
Laundry bags.....	516
Ward bags.....	576
Coffee strainers.....	172
Dairy strainers.....	1,150
Table cloths.....	495
Kitchen aprons.....	1,156
Sanitary napkins.....	1,862
Baby napkins.....	115
Draw sheets.....	168
Apron strings.....	24
Articles unclassified.....	447

Total articles produced, 52,429.

Printing and Bookbinding.

In this division \$174.80 was expended for new equipment and \$1,693.61 for material, such as raw paper, book backs, etc. During the year 102,883 ruled impressions were made and 535,854 printed impressions. The bookbinding totaled 1,180 pieces.

Patients' Garden.

In the patients' garden during the year vegetables and produce were raised as follows:

Lima beans (bu.).....	218
String beans (bu.).....	441½
Beets (bu.).....	134
Cabbage (bbls.).....	448½
Carrots (bu.).....	126½
Celery (bunches—4 stalks each).....	4,084
Citron.....	515
Cucumbers (bu.).....	12½
Sweet corn (ears).....	18,174
Egg plant.....	655
Lettuce (heads).....	1,860
Onions (bu.).....	33
Green onions (bunches).....	6,247
Peppers (bu.).....	51
Peas (bu.).....	63½
Peanuts (bu.).....	3½
Popcorn (ears).....	2,800
Pumpkin (lbs.).....	8,554
Radishes (bunches).....	2,679
Spinach (baskets—16 qts. each).....	600
Raspberries (qts.).....	340
Strawberries (qts.).....	888
Tomatoes (bu.).....	304
Seed—	
Onion sets (lbs.).....	1,260
Lima beans (lbs.).....	75
Corn (lbs.).....	140

OCCUPATIONAL THERAPY ON THE WARDS.

In order to supplement our existing occupational department and provide specialized instruction for the deteriorated, destructive, extremely depressed or excited and other types of patients who cannot be taken from the wards, a new branch of the work was opened in January under the direction of Miss Rebecca Adams. Miss Adams is highly qualified by training and experience for this exacting type of teaching, as she has been working for the past several years in mental and rehabilitation hospitals for ex-service men and has been in charge of widely diversified forms of occupational therapy. Very fortunately she adds to other exceptional qualifications a type of personality fitted to deal successfully with patients of the most hopeless and trying varieties. Miss Adams' report of her six months' work is as follows:

Beginning on January 1st the first work was the redecorating and equipping of a room on one of the female wards; on January 25th classes for groups of deteriorated patients were opened. Many of these patients had refused to assist even in the daily routine of ward housekeeping and found concentration difficult, but in new and cheerful surroundings they soon became interested in reed and raffia baskets, braided, crocheted and hooked rugs, embroidery and cross-stitch and various types of weaving. Two looms sufficiently large to weave 40-inch cloth were made to order for the department and later on a number of small table looms were added and became very popular with the patients.

In April pupils previously enrolled were combined in the afternoon class and a group of more excited type were accepted for the morning. By this means the room has been taxed to its utmost physical capacity of comfortably seating thirty-two people at one time, and the total enrollment since the classes were opened is one hundred. As can readily be seen, such a number

amounts to the merest handful in an institution of this size and the work can only be effective as of general benefit if it be extended to all patients characterized by similar limitations throughout the hospital. To accomplish this end there should be work rooms well equipped in various sections of the institution, and where such rooms are not available the work should be done on the wards.

A lock cupboard for the safe keeping of equipment and materials makes it possible for an occupational teacher to open her shop and in ten minutes bring interest and a certain amount of concentrated action into a day which would otherwise be spent by patients in sitting on benches or leaning against the wall. This method has the added advantage of gradually kindling the interest of numerous cases in occupation through daily watching of other people at work and is a stepping-stone to increasing their powers to a point where they can go out each day to cottage or laundry or to the classes in the Occupational Building.

There is always the problem of securing satisfactory assistants for such responsible positions, which to cover the field even sparsely should number at least half a dozen, plus the director. My belief is that young women can be secured who for a reasonable salary will wish to profit by the chance to learn crafts and at the same time get experience in handling nervous and mental cases. The embryonic occupational therapist, looking toward the day when she will be thoroughly trained in weaving, basketry, wood-carving, designing and the like, can well afford to accept a comfortable living while she learns what a position of this kind will teach her.

HYDROTHERAPY.

Throughout the year hydrotherapeutic treatments have been carried on in the form of continuous baths and of spray, douche and needle baths, supplemented by hot cabinets and massage.

Mrs. Metcalf has been in charge of the "hydro" rooms for women patients and Mr. Roberts of those for men. With the opening of the Clinic Building our equipment in this line was considerably increased and it became possible to extend the beneficial effects to a larger number of patients. Under present conditions, however, we are not able at all times to utilize our facilities to their capacity, owing to the lack of sufficient nurses or attendants suitably trained for this work and able to be spared from the absolutely necessary ward duty. The value of this form of treatment is beyond question in certain types of mental disease, and it can also be prescribed with success in combating various physical conditions.

TRAINING SCHOOL AND ATTENDANTS.

The resignation of the superintendent of nurses, Miss Anna C. Farley, having taken effect at the beginning of the hospital year, a temporary superintendent was assigned from the nursing staff, and a combing of the country instituted for a possible candidate with the training, experience and personality to fill the very exacting requirements of a permanent appointment. After wide correspondence and numerous interviews we succeeded in obtaining the services of Miss Mary B. Moylan, an exceptional woman trained at Johns Hopkins, and one of the first to enter the field of psychiatric nursing. The appointment was made on September 1st, with the understanding that the first month should be spent in visiting various institutions and in consultation with workers of marked success in mental nursing.

Effective reorganization of the nursing and attendant force of the hospital with the available material and under existing conditions is exceedingly difficult, but Miss Moylan has brought energy and insight to the task and has made excellent progress since she assumed active duty on October 1st. In selecting both nurses and attendants she has exerted every effort to sift out

undesirable persons at the time of application for positions and later, after fair trial on duty, taking the attitude that a smaller number of satisfactory workers is better for the patients and for the hospital morale than a more complete force which includes "rounders" and bullies, whether male or female. As a result of this policy our quota of ward employees is still very low, but the grade is constantly improving and a considerable number of registered nurses are now working on the different wards. Miss Moylan's report as submitted to me runs as follows:

Since October, 1922, the staff of graduate registered nurses has been increased from five to twenty-two. It is planned to have graduate nurses in charge of the reception wards, infirmary and acute services. In the Clinic Building, which was opened March 15th, a woman graduate nurse was placed in charge of each ward, with a supervisor of nurses on the male service and another on the female service. The same arrangement is followed for the night staff, but with a night supervisor for the entire building instead of one for each side.

In December we were fortunate in obtaining Miss Mary E. Melville, a graduate of the Massachusetts General Hospital, as full time instructor. Miss Melville is one of the pioneers in mental nursing and is well equipped for the important work of the Training School. On December 4th classes were started with twelve students. Through lack of educational requirements, unfitness and other causes, eight students were dropped from the class. The course planned covers a period of three years and calls for the affiliation of one year with a general hospital for instruction in obstetrics, pediatrics medicine and surgery. The class rooms on the fourth floor, formerly used as class rooms for attendants, were taken over and more equipment added. Later we hope to add one more room in this group for a science laboratory. We have the nucleus of a nurses' library, started with the purchase and gift of some fifty books on nursing and related subjects.

With the additional demands for more nurses and attendants to care for the increasing numbers of patients the subject of housing these nurses and attendants presents a problem. The Voorhees and Knight cottages have accommodations for thirty-four nurses. The female attendants' cottage, with two beds in every room, offers accommodations for seventy-five persons. One floor of this building is occupied by married attendants. The male attendants' cottage has housing facilities for seventy-six men. At the present time there are ten members of the clerical staff being housed in this building. The Dormitory Building, used for patients of a more deteriorated type, has accommodations for twenty-one female attendants and twenty-four male attendants. The combined housing facilities make a total of two hundred and thirty-three beds for nurses and attendants.

SOCIAL SERVICE DEPARTMENT.

The need of a social service department at this hospital has long been keenly felt, but lack of adequate quarters made it necessary to postpone the organization of the work until this year. Care was exercised in the selection of the personnel, since in this department, as in the medical and nursing forces, the value of the work accomplished is largely dependent upon the personality of the workers. Miss Mildred Hurley, who has had several years of specialized social service experience in a state hospital for the insane, as well as varied training in other lines of social service, was selected to organize and direct the department, under the supervision of the Clinical Director, and reported for duty on January 3rd. Her first step was to acquaint herself with the needs of the hospital and with the various charitable organizations of the hospital district. Then she proceeded to dispose of some of the most pressing problems and to work out a system of keeping in touch with patients on extended trial visit. On April 13th an assistant was appointed, Miss Carol Strong, also a trained psychiatric worker. Even in the short

time since the department was established it has proved of marked benefit to the hospital, and I hope to be able to increase the extent of its activities by adding more workers and to facilitate investigations by assigning a small automobile for their use.

Miss Hurley has submitted the following report of the work accomplished in the past six months:

The object of the Social Service Department is:

1st. To assist the patient on trial visit from the hospital with regard to his mental, physical and social welfare and to extend material aid when necessary, with the hope and expectation that such advice and assistance will aid him in making moral adjustment.

2nd. To assist the medical staff in the study of the patient's illness by procuring medical and social histories to ascertain if possible the underlying cause of the mal-adjustment.

3rd. To assist the family of the patient to a better understanding of his condition and to share with them the responsibility of the patient on trial visit.

4th. To carry into the community knowledge of mental hygiene, not only as it relates to patients in state hospitals, but also in its relation to the life of the community—economic, medical and social.

5th. To educate the public in regard to the care of the mentally ill in state hospitals.

6th. To aid in the prevention of mental illness by assisting in clinics.

Much time has been spent by the two workers acquainting themselves with the seven counties of the hospital district as well as the official and social agencies of the counties. Beside systematizing and organizing the work of the office 382 visits have been made—investigating special cases referred by the physicians, obtaining information regarding and assistance for patients on trial visit and collecting histories and data as an aid to mental diagnosis. Ninety-one histories were procured at the request

of physicians, 10 special investigations made, 4 of which related to the justice or injustice of the patients' commitment; 7 patients referred by social agencies were given psychometric examination and 4 patients were transferred to Florida, Virginia and Georgia. Arrangements were made for the removal of 7 babies born in the hospital; 1 was removed through the cooperation of the Court and the State Board of Childrens' Guardians; 2 by the families; 2 through private social agencies; 1 through the county, and 1 through a church social agency.

In the discharge of a patient adjudged not insane it was necessary for the Social Service Department to procure the assistance of the county courts to force the relative to assume responsibility. In another instance the relatives of a patient entirely recovered from her mental disorder refused to remove her from the hospital; this was accomplished, however, through the Social Service Department, the patient placed in a good home under intelligent supervision and employment procured for her.

While it is always advisable to interview patients prior to their trial visit it is not always done, as the workers are away from the hospital a greater part of the time. Forty relatives have been interviewed in the office regarding patients in the hospital and on trial visit. Whenever possible conferences relating to health, psychiatric and social problems have been attended, not only for the knowledge gained, but for the opportunity to get in contact with the official and social agencies. Cooperation between the hospital Social Service Department and the agencies has been willing and prompt, and this institution feels indebted to the officials, social workers and individuals who have extended assistance to its representatives.

DEPARTMENT OF PHYSICAL EDUCATION.

In order to promote healthful activity among the patients and stimulate interest in external things a department of physical

education has been instituted. Since the need of such training is most apparent among the women, work was begun with them and especial attention directed toward the more deteriorated groups. Although this department has been functioning only a few months and with but one instructor, the results have been very satisfactory and clearly warrant additional teachers. Not only the deteriorated patients, but many of those in better mental condition, are profiting by attendance at the classes. The work has been carried on by Miss Edith Moodie, who is a college graduate with special training in physical education, and she has shown tact, skill and judgment in dealing with her difficult pupils. Miss Moodie's report, in a somewhat condensed form, is as follows:

The first class was held on February 8th, and the first session on the wards was held February 16th. The excessive shortage of attendants on all wards has made it impossible to spare one to collect and return the patients, so it has been necessary for the instructor to conduct all patients attending classes in the recreation hall or on the lawn. Had it been possible to have the patients brought by an attendant, the number of classes could have been almost doubled.

The department being in the experimental stage, adjustments and readjustments have been made in the schedule in an endeavor to arrive at the best possible arrangement for the subjects and for the convenience of the nurses and patients. The schedule in use at the end of the year shows four classes—advanced, intermediate, elementary and class for colored patients. The advanced class and that for colored patients have had much of their work outdoors. The other classes, which have members with a history of attempted escape, are always taken to the recreation hall. The time not given up to these various classes is spent on the wards devoted to the more excited and deteriorated patients.

In addition to the regular sessions several simple entertain-

ments have been held for the various groups. At these parties some effort has been made to provide thought stimulating activities—parlor games, puzzles, stunts and so on. Patients have been asked to come prepared with a limerick, conundrum, joke or something of the sort. Most have responded very well, some bringing original contributions. The object has been to rouse memory and reasoning powers and encourage all to contribute toward the entertainment of the group.

DIETETICS.

During the year an attempt was made to install at the hospital a dietitian who, by working in cooperation with the State Dietitian and the hospital kitchens, could plan properly balanced rations for patients of different types, arrange suitable diet for those suffering from various diseases, oversee the serving to insure that the meals reach the table in an attractive condition and give instruction to the Training School classes on the subject of foods and their preparation. Miss Helen E. Barker was engaged for this duty and reported on January 19th, but resigned on June 9th to take up another line of dietetics. Although in this brief period the functionings of the position were not completely standardized, and it will undoubtedly require considerable time and readjustment before it can be placed on an entirely satisfactory basis, yet in view of the high importance of dietetics, especially in a large institution, I hope that we shall be able in the near future to secure the services of another dietitian to continue this work.

STAFF MATTERS.

Our quota of physicians, while enlarged somewhat in the past year, is still low. With the increase in living quarters made available by the completion of the staff cottages we can now accommodate more men, and an earnest effort will be made to obtain at least six in the immediate future. Further rooms will

be provided when the remodeling of the apartments in the Main Building-Center is accomplished, and will permit of other additions to the force. An adequate and efficient staff is the keystone of therapeutic work in all hospitals and until we are in a position to maintain a proper ratio of physicians to patients our results will fall below the ideal.

Despite the heavy work carried by the individual members, the staff has made an effort to keep in touch with the work being done by others along like lines. Occasional visits have been made to institutions in the vicinity, and Doctor McMurray visited St. Elizabeth and Walter Reed hospitals in Washington, D. C., and Sheppard and Enoch Pratt Hospital in Towson, Md., with especial attention to the work done in the division of occupational therapy. The authorities in New York State have been very generous in extending cordial invitations to their quarterly conferences of state hospital managers and superintendents with the State Hospital Commission and the clinical director, and I have several times taken advantage of the opportunity and have included other members of the staff on one or two occasions. Your clinical director and superintendent were also in attendance at the annual meeting of the American Psychiatric Association, held in Detroit in June of this year. At the same time Doctors Hampton and Collins were representing the hospital at the annual meeting of the State Medical Society, held at Atlantic City. Doctor Bartleman attended the meeting of the State Dental Society; Miss Moylan was sent to the meeting of the National League of Nursing Education at Swampscott, Massachusetts, and Miss Hurley was at the National Conference of Social Workers in Washington, D. C. The annual meeting of the Morris County Medical Society was held at the hospital in September and various members on the staff have attended the other regular meetings of this organization. The relations between the hospital staff and the physicians of the hospital district have been maintained at their usual very cordial level.

WAR RISK PATIENTS.

The number of ex-service men who are patients in the hospital has shown an increase in the past year. Twenty-nine claimants have been admitted and 12 have been taken from our books—9 discharged and 3 died. Of those still carried on our records, however, 13 are now outside the hospital on trial visit. At the end of the year our books show 98 men listed as war risk patients. Of these 56 have their maintenance paid by the Veterans' Bureau; the claims of 27 are pending and the claims of 15 have been disallowed.

These war risk patients are maintained, so far as their mental condition will permit, in that part of the hospital which has been set apart for their exclusive use. Various posts of the American Legion have interested themselves in these men, and Red Cross chapters and other friends see that they are provided with all possible comforts and amusements. During the year a radio outfit was installed and has proved a popular source of entertainment.

Personally I continue to hold, however, that a state hospital is not the proper place for ex-service men who are suffering from mental disease, but that they should be maintained in hospitals provided by the Federal Government. In a state hospital the war risk patients constitute a small group with special demands. It is physically impossible to provide this group with complete segregation, especially in amusements, occupations, and so on. In addition the numerous reports required by the Veterans' Bureau and the various organizations involve an excessive amount of clerical work which the state hospital is not in a position to handle without inconvenience. Finally, if no attempt is made to provide special privileges for these patients, there is immense dissatisfaction on the part of the men themselves and also on the part of all their relatives and the many societies which are interested in them. On the other hand, if they are given certain advantages, at once the question arises as to why the man who broke down after a few months of camp life, per-

haps, is entitled to so much more than the mother who became insane from grief at the loss of a son overseas, or the father of a family who was exempt from draft but found the economic stress of the war period more than he could bear and developed a psychosis in consequence. If all war risk claimants were automatically sent to a Government hospital they could not only be cared for to a much greater advantage in homologous groups, but the opportunity for comparisons would not be so continually presented.

RECREATION, AMUSEMENTS AND SPORTS.

The amusement division of hospital activity has continued under the direction of Dr. George B. McMurray, senior physician, during the past year and has been maintained in close relationship with the work of the Occupational Therapy Department. Much emphasis has been laid upon the various types of recreation, since organized play is not unlike systematic work in its stimulating effects upon attention and interest, and so has a high therapeutic value apart from the physical benefits which it confers.

Baseball was again very popular with the patients, and the team representing the hospital carried on a highly successful schedule of games with teams from nearby cities. Games were played on Wednesdays and Saturdays from May to September, while on Mondays and Fridays of the same period nines made up of patients from the different wards held exciting contests on the hospital diamond. The golf course has been maintained in excellent condition and offered attractive sport. In addition to the patients who are able to play golf others enjoy caddying, and still others find healthful occupation in caring for the course. The one tennis court has been kept busy and is so popular that I believe we should construct at least two more in different parts of the grounds. Croquet is liked by many who are not interested in more active sports, and the women patients work-

ing in the Occupational Building have found much diversion for spare moments in the set placed on the lawn nearby.

During the summer the well laid out cinder track was used by many patients, under the immediate supervision of an athletic instructor, for such sports as running, jumping, hurdling, disc and weight throwing, and so on. A group of forty-five women patients was carefully drilled in complicated calisthenics. The crowning achievement for the summer sports was Field Day, held September 16th, in which about four hundred patients took active part. The programme consisted of a Grand Entry of all the participants, followed by a very clever amateur circus carried out with the aid of elaborate costumes and settings, designed and constructed by patients. After the circus came the calisthenics drill by women patients, in which some forty-odd manoeuvres were exhibited without a break. Immediately following this were the athletic and field sports. Most of the contestants were patients, but a few of the events were for nurses, attendants and other employees. All patients who took part received one or more prizes. About five thousand spectators were present, including many prominent people of the State. The weather was ideal and the day was a complete success.

During the year the usual motion picture shows have been continued and have been greatly appreciated by the patients, especially since the purchase of a new screen to replace the one which had become old and wrinkled. The films have been most generously furnished, as in previous years, by the Universal Film Company, and we owe many thanks, not only for the number of films provided for us, but also for their excellent quality. The shows are held on the evenings of alternate Fridays and all holidays in the large auditorium and consist of three pictures aggregating from nine to twelve reels. As the entertainment opens with community singing and dances are interspersed between the pictures, a variety of diversion is

offered.

Bowling is enjoyed by men and women, patients and employees, during the winter months, and a schedule is made up for the four alleys, so that all may have an opportunity to take part in the sport. Pool and billiards are popular with the men, while cards and other table games, ward entertainments and the weekly Monday afternoon dances provide constant recreation.

In the course of the year numerous special entertainments were arranged for the patients. A large proportion of these were the result of work done by Mrs. Philip McKim Garrison in interesting her friends in the opportunity for bringing variety into the lives of those less fortunate than themselves. Among the pleasant features for which thanks are due to Mrs. Garrison are: A song recital by Mrs. Edward Hale Graves; a programme consisting of various vocal and instrumental offerings and music for dancing furnished by Brown's Jazz Band, engaged for the occasion by Mrs. F. C. Reynolds; a song recital by Mrs. Ray Dennis, and a concert by the Glee Club of the Jersey City Police Department. Other entertainments included a piano recital by Mrs. H. F. Johnson, who was secured through the efforts of Mrs. Carstarphen, of Plainfield; a vocal and piano selection and short vaudeville sketch by the Frank K. Donnelly Post, of Plainfield; a black-face sketch and vocal and piano selections by the Probasco Bible Class, of Plainfield, and a vaudeville review by the Knights of Columbus, of Orange. All of these entertainments were greatly enjoyed, and on behalf of the patients I take this opportunity to extend most sincere thanks to each and all of the thoughtful and kind-hearted people who had part in providing them.

The patients' library continues to increase in size and popularity. Many books and magazines have been contributed during the past year, and new literature upon almost any topic

is available, as well as a considerable range of fiction. We plan to open branch libraries in the Dormitory and Clinic buildings in order to give patients in these buildings more ready access to the shelves, and incidentally to obtain more space for books.

Christmas was celebrated with even more than the usual zest this year. Donations of gifts and money to provide for the friendless were very generous and as a result every patient received a present in addition to fruit, candy and tobacco, which were distributed freely. Christmas on such a grand scale means much extra work for the nurses, attendants and clerks who have charge of examining, wrapping and acknowledging packages, but it is a cheerful, happy season on the wards.

MUSIC.

A glance at the list of amusements shows how prominently music figures in most of our entertainments. Even the attractions of the baseball games are enhanced by the hospital band and music is provided during motion picture shows, as well as for all dances, by the hospital musicians. The chapel is supplied with a pipe organ, which, in combination with selected instruments from the orchestra, furnishes music for religious services. The musicians are attendants and are required to work on the wards except when needed for orchestra or band duty. Many of the wards are supplied with pianos, affording opportunity for the musically inclined among the patients to entertain themselves and others. Victrolas are on several of the wards and are kept stocked with records. Singing in larger or smaller groups is enjoyed and the more gifted among the patients occasionally render vocal solos at the entertainments in the auditorium. It is difficult to estimate the exact value of music as a therapeutic agent, but undoubtedly it exerts a beneficent effect upon most patients, whether acting as a means of emotional relief or as a soothing and quieting influence.

RELIGIOUS SERVICES.

An institution of this type is necessarily the house of many creeds and an effort is made to keep all the patients in touch with those of their own faith. Mass is held once each week and the priest of Morris Plains parish is always on call to render comfort or sacrament to the Catholic patients. Protestant services are conducted in the chapel each Sunday afternoon, at which clergymen from Morristown and Morris Plains, representatives of the major sects, officiate in turn. Hebrew services are held regularly under the direction of a Morristown rabbi. Episcopal communion service is held each month. In addition to the religious exercises in the chapel many pastors and workers visit the wards to converse with patients of their own denominations or those whose homes are in their pastorates.

LANDSCAPE GARDENING AND GREENHOUSES.

As in former years, Mr. Otto Koch, landscape gardener and florist, has continued in charge of the grounds and greenhouses. The work of keeping the areas in the vicinity of the hospital buildings in good condition is carried on by a squad of thirty patients. About fifty acres of lawns and recreation grounds are mowed and rolled from early spring until late fall. The work has been facilitated this year by the acquisition of a gasoline driven lawnmower and roller of the tractor type which is doing excellent service. The flower beds are kept filled with blooming plants, the borders and shrubbery are trimmed, the many trees about the lawns are pruned and cared for and the walks and driveways are kept clean and free from grass and weeds. Rubbish about the recreation grounds is collected each day and the exercising yards are disinfected regularly.

The work of this division has been considerably increased by the opening of the new Clinic Building and the cottages of the housing group. A large area of grading has been completed around the Voorhees and Knight cottages requiring 1,121 loads

of soil, plus 92 loads of cinders, for walk foundations. Grading is in progress around the dining hall for nurses and the cottages for physicians.

A great deal of excavating and tile laying for drains has been carried on, as well as repair work and cleaning out small streams and ponds. The willow holt has received careful attention, and thirty-eight days' work was done in cutting and bundling the shoots. The greenhouses have been kept in repair, painted inside and out as necessary, and five hundred feet of flower benches renewed.

All of this varied work, as well as much of the raising of stock and flowers in the greenhouses, is done by patients, under proper oversight of course, and affords opportunity for a healthful outdoor life for the workers, in addition to providing attractive conditions for those whose periods out of doors are required to be more limited. A detailed report of the flowers raised will be found in the statistical appendix.

PHOTOGRAPHIC DEPARTMENT.

The work of the studio has continued under the charge of Mr. Frederick C. Wainwright and consists of making two photographs of each newly admitted patient (which are suitable for identification purposes and are kept on file in the case records) and also making records of various divisions of hospital activity and equipment. These latter are for use in educational work, to insure understanding of hospital conditions and as a matter of permanent record. In addition to camera work Mr. Wainwright does the developing and printing and mounting of his pictures. He attends also to the selection and transportation of motion picture films and operates the machine at the fortnightly entertainments.

PHARMACEUTICAL DEPARTMENT.

The hospital drug room has been for many years in charge of Mr. A. S. Truex, a licensed pharmacist. The increasing number

of patients has demanded more and more work in the filling of prescriptions and the making up of stock supplies, and with the opening of the Clinic Building it became necessary to add an assistant in this department. Accordingly Mr. Philip B. Roberts, a graduate pharmacist, was appointed for the position and reported for duty May 16th.

FIRE PREVENTION AND WATER SUPPLY.

In any large institution and particularly in one where the inmates cannot be relied upon for a normal degree of self-preservation the fire hazard is a source of constant anxiety. The fact that our wards, especially in the Main Building, are greatly overcrowded adds to the danger, for very little imagination is required to picture a scene of horror with a fire at night when the beds are placed side by side the whole length of the corridors and the rooms along each side are filled to capacity. We have tried to utilize every means within our power to reduce the chance of fire and to increase the facilities for fire control. An experienced ex-chief of a fire department was engaged to take charge of the apparatus, fire alarm system, and so on, and to drill and direct the fire fighters, and especially to inspect all buildings frequently with a view to fire prevention. The fire escapes are of the most approved design for institutions of this kind and the exits are as simple as possible. Fire drills are held on the different wards to accustom the patients to the methods of most rapid egress. All equipment is examined periodically. Certain employees are assigned to duty with the apparatus and arrangement is made for immediate response to signal by all not at that time engaged in active ward service. An appropriation has been made for motorizing the fire equipment, in order to insure prompt action upon call from any of the now widely scattered buildings, which appropriation becomes available after July 1st, 1923.

Despite all our precautions, there is one great flaw in our

defence against fire—the water supply. The present system of reservoirs is sufficient to provide the normal requirements of water in a season of average rainfall, but it cannot be depended upon when the rainfall is scanty even to supply the daily needs of the institution, and it is far from adequate to insure the amount demanded by any serious fire emergency. The thought of fire in a state institution will always be one to inspire dread in the hearts of those responsible for the welfare of its wards, but when the most essential of defences, a sure and sufficient water supply, is not adequately maintained the possibilities are appalling.

RETIREMENT OF OLD EMPLOYEES.

Under the provisions of the retirement system employees who reach an advanced age may be permitted to resign active duty and be allotted a pension, depending in amount upon the length of service and previous salary. In the course of the past year several old employees have taken advantage of this provision. Mr. George Smith retired on September 30th after about twenty-nine years of service as attendant and assistant supervisor, broken by several periods away from the institution. In December Mrs. Theresa Gallagher retired after twenty-seven years of continuous service, spent in faithful and humane performance of duty on the wards in close and constant contact with the insane. Mr. Charles J. Bright, first assistant supervisor, retired on March 1st, after twenty-eight years of continuous duty, plus two more years at an earlier date, making a total of thirty years on the wards as attendant and assistant supervisor, with an unblemished record for conscientious service. On April 1st, Mr. John Coleman, supervisor, retired with the highest record for length of service, as he entered the employ of the institution on July 17th, 1876, one month before the first patients were admitted, and served continuously in the male division for almost half a century. As a sidelight on the employment situation in state hospitals, Mr. Coleman tells of a conversation that he held with Dr. Buttolph,

the first medical director of the hospital, in which he agreed to carry on satisfactorily the work of the North Side if furnished with ten good men. Dr. Buttolph promised, but on the day Mr. Coleman retired he was still looking for those ten good men. Even with this handicap he did excellent work throughout his long term of service and many are the patients who are grateful for his careful oversight, while his departure left a large section of the institution with much the feeling of loss which would result from the removal of an essential support of the Main Building. Another faithful and efficient employee retired on June 1st, Mr. Frank Harway, who was head of the hospital masons and had been in the employ of the institution for thirty-eight years. Still others who feel old age upon them are making arrangements to retire soon and death is taking others here and there, so that the breaks in the ranks of those who had come to seem the necessary nucleus of the working force are becoming wider and wider. More gratitude is due to these men and women who have devoted a lifetime to the work of this institution than can be shown in the form of pensions, and I take this opportunity to express officially the earnest appreciation which they so thoroughly deserve, not only from those with whom they came into intimate contact, but from the people of New Jersey whom they have served so long and well.

THE EMPLOYMENT PROBLEM IN A STATE INSTITUTION.

Within recent years, and especially since the great war, a new attitude towards employees has grown up in large business centers. Rest-rooms, clubs, hospitals, recreation directors, nurses, physicians—some or all of these are to be found in most big stores, factories and offices, and a constant effort is maintained to keep employees well and cheerful and contented with their surroundings. The reason business firms are devoting so much thought and money to promoting the comfort and happi-

ness of their employees is not entirely or even chiefly because of overflowing good will; they do this, as they do most other things, because they find it pays. Their employees are working in the shop or office from 8 A. M. to 5:30 P. M., perhaps, but the employers have discovered that they must not only protect the worker during working hours, but that they must give some attention to living conditions, recreations and the maintenance of esprit de corps if the worker is to remain contented with his position. Discontent results in a "high labor turn-over," which is the most expensive proposition the average business can encounter. New workers have to be trained before they are worth their pay and the training is usually given by those already skilled, who have to cut down the amount of their own work by taking time to instruct. A new worker is thus not only of little economic value in himself, but he is the cause of actual loss during the learning period. Obviously, the more new workers to be trained in proportion to the total number of employees, the lower the efficiency of the business and the higher the cost of production.

If business houses find it to their interest to provide comforts and pleasures for workers who are directly under their care only about one-third of the day, it should be much more to the interest of the State to provide in a similar manner for state hospital employees who must spend practically all of their time on the institution premises.

Maintenance in a state institution is not a gratuity which the State doles out to the worker. It is an integral part of the worker's pay and satisfactory living conditions are just as much his right as the salary in the fortnightly envelope. Housing and food must be commensurate with that which the employees would provide for themselves if circumstances did not require that they live in the institution where they work. If a stenographer, mechanic, nurse or physician of a certain training usually is able to provide himself with a certain standard of

comforts, then the State must provide him with an opportunity to live at that same level if it pays him "salary plus maintenance" as a return for his work.

The matter of adequate maintenance should not be a question of policy, but one of justice. The matter of providing extra comforts and recreation opportunities, however, is on a different plane; it has the same value for a state institution that it has for a business firm. Contented workers are not seeking change; consequently they are interested in keeping their work up to a satisfactory level, and labor turn-over, whether by resignations or by discharges, is correspondingly reduced. Most state institutions are somewhat isolated in location and access to the amusement centers of cities is difficult. Local recreations are accordingly more important than under average business conditions, since, no matter how attractive the work, the average employee is not satisfied unless he has "some place to go" when his working hours are over.

Many times managers and superintendents hesitate to ask for the appropriations of considerable sums for living quarters, food and recreation for employees, when they know that much is still needed for the patients. Yet the first requisite for the proper care of patients is the proper people to care for them, and until a sufficient and stable working force of suitable quality is available no amount of buildings can produce an efficient hospital. Justice to the employees, economic policy and the welfare of those for whose care the institutions exist, all demand that living conditions for the employees be elevated to a plane which will enable positions in state institutions to compete in attractions with those outside. Until this fact is clearly understood the hospitals will continue to suffer from inferior and insufficient help.

BUSINESS DEPARTMENT.

During the past year Mr. O. M. Bowen, Warden, has con-

tinued to direct the numerous and varied activities of the Business Department, with the help of Mr. E. I. Coursen, Assistant Warden, and Mr. A. J. VanWinkle, Chief Clerk. Included under this department are the accounting office, the laundry, kitchens and storehouse, the various mechanical shops and plants, the farm, with dairy and piggery and the buildings of the hospital property. The various mechanics of the institution have been called upon for increasingly heavy work. Not only are repairs, readjustments and additional equipment constantly demanded in the old buildings, but each new building calls for numerous attentions by carpenters, upholsterers and usually by painters, electricians and plumbers also, before it is ready for occupancy, and then, as soon as it is in use, the need for small repairs develops. With labor conditions as they are it is difficult to maintain the required number of workmen and impossible to obtain those of sufficient skill and training to carry out directions without close supervision. As a result the heads of the various divisions, most of whom have been for years in the employ of the hospital, feel keenly their inability to maintain their former high standard of service and are almost discouraged. Competent help must be obtained if hospital plants are to be kept efficient.

Naturally the detailed affairs of the Business Department cannot well be given in a report, but Mr. Bowen has submitted to me a statement of the work accomplished and of the most pressing needs, which may be summarized as follows:

Laundry.

The output shows a decided increase in the quantity laundered; the record for the preceding year was 2,342,856 pieces and for the current year 2,911,934, an increase of 569,078. A small elevator has been replaced by one of greater capacity, operated by electricity instead of steam. Additional equipment has been installed, but two experts whom we have called in to examine

the plant report that the machinery is inadequate to meet the present requirements and that the entire plant should be remodeled and put on a modern basis in order to handle the work, which is practically that of a village of 5,000 people. Accordingly an appropriation should be requested for this purpose.

Mechanical Division.

The daily record of repairs made to buildings and equipment shows an ever increasing number of items, owing to the expansion of the institution. A mere mention of these items does not indicate their character, the conditions under which the work is done not the time required. Since the beginning of the World War period the appropriations have never been sufficient to cover the needed repairs, and the various buildings and plants now show in a serious degree the results of neglect. It will be necessary to ask for an appropriation for extraordinary repairs if the hospital equipment is to be saved from deterioration.

The following are the principal repairs, improvements and additions made in the past year:

Inside the brick stack connected with boiler plant No. 1 there was a sectional cast-iron stack used with the original boiler plant. With the installation of a battery of modern boilers the capacity of this stack was insufficient. It was accordingly removed under contract and the brick stack, which is of ample size, successfully utilized.

At the front entrance of the Main Building one of the lighting standards, which had been in use from the time of the opening of the building, was torn loose and demolished by a severe storm. As the cost of duplicating this standard was prohibitive, two new standards of a different design were purchased and installed.

An appropriation made for the purpose was used in putting a new roof on the smith shop and farm shed.

The belt driven equipment for operating cable car between

Main Building and Dormitory Building, installed in 1901, was removed and a 25 horse-power electric motor installed. Wherever possible we are putting in electric power to replace steam, as it gives more satisfactory service and effects a saving in operating costs. After a continuous service of twelve years the drums connected with the cable car equipment became defective. New drums ordered were constructed to meet the special requirements and were installed by the hospital workmen. A new cable was placed in position at the same time.

The type of fencing adopted some few years ago has proved to be very substantial and effective. With the erection of a line of fence, the material for which is now on hand, along the main garden parallel to the public road, a much needed protection to the garden produce will be provided. A portion of the land to the south of the hospital bordered by Hanover avenue, a public thoroughfare, is unfenced. I recommend that an appropriation be requested for the purchase of fencing to extend from the present line to the end of the property near the sewage disposal plant.

A building in which garden and greenhouse employees are quartered has been remodeled and equipped with pipeless heater, shower bath, toilet, and so on. For connection with sewer line 145 feet of 6-inch glazed pipe was laid. The line of pipe connected with the low pressure main which had supplied water to this building became corroded after years of service and was discontinued and replaced by a new line connected with the high pressure main, insuring a good supply.

Defective walls and ceilings in the female attendants' cottage were removed and replastered by hospital workmen and mechanics. The work involved 2,954 square yards of surface.

Beneath the surface of the ground, within the radius of and crossing that portion of the yard to be occupied by the new dining hall, were located 12-inch lines of terra cotta tile pipe for carrying storm water from a portion of the Main Building and

kitchen to the main storm water lines, and also ten electric cables which supply current for lighting the south wards of the Main Building. As provision for putting in new lines of pipe was not included in the specifications for the new building, the hospital workmen and mechanics excavated a trench, laid new lines of pipe to a length of 390 linear feet and uncovered the electric cables and strung them in the ducts through which fresh air is supplied to the building. The hospital electricians were assisted in splicing the cables by local mechanics.

The hospital workmen did all the trenching, excavating and backfilling for the mains connecting the Clinic Building and cottages of the housing group with the water, gas and electric lines. Earth to the amount of 2,619 cubic yards was removed and replaced.

In excavating for septic tank connected with the sewage disposal plant a steam shovel, tractor, teams and men were employed. The shovel was hired, but the institution furnished tractor, teams and workmen. One thousand and six hundred cubic yards of material was removed.

In connection with the hospital railroad, now equipped with 80 pound rail, chestnut timber cut on the property has supplied the necessary material for ties for some years. Timber sufficiently heavy for this purpose is exhausted and it is planned to purchase creosoted ties with an appropriation which becomes available July 1st.

Dairy.

The north shed of the dairy group was equipped with modern stanchions, drinking cups, feed and manure carriers. This building accommodates thirty-two head of stock. In the concrete barn all drinking cups were replaced with others of modern construction; defective stanchions were repaired and floor laid with wood block, replacing wornout cork bricks. The interior of the building was thoroughly disinfected.

September 10th the herd of 117 was increased by 53 cows pur-

chased in Michigan. The strenuous efforts to eliminate tuberculosis from the herd have been successful. Following a test in January by the Department of Animal Industry, which has conducted all tests, an accredited herd certificate was issued by the United States Department of Agriculture and the State of New Jersey cooperating. Young stock is being raised to increase the herd. The hospital is now a member of the Holstein-Friesian Association and the nucleus of a registered herd is being formed. The milk yield for the year totaled 454,797 quarts, an average per cow of 10.31 quarts daily. If a sufficiently large herd of cattle is to be maintained to provide the entire milk supply of the institution more space must be available. I would advise that a recommendation be made for an appropriation for a new dairy barn. The lack of a system of ventilating the main barn is a serious defect and in order to improve sanitary conditions and promote the health of the herd, provision should be made for the installation of ventilators. From the point of view of cleanliness, milking machines are a decided improvement over the usual method of hand milking. They also operate to prevent the injurious effect upon the herd of frequent changes in the milking force or a shortage of men. Accordingly I recommend that an appropriation be requested for the purchase of milking machines.

Piggery.

At the piggery the results of production are very satisfactory. The extent of this industry is limited by the number which can be fed upon refuse from the tables and kitchens. This year the hogs slaughtered dressed 41,344 pounds, and the market value amounted to \$5,526.39. The range of market prices upon which the valuation was based was lower than those of the previous year.

An outbreak of hemorrhagic septacemia occurred in October. Only young stock was affected; the disease responded to treatment and the loss was slight.

Farm and Garden.

Preparation of the ground for planting was delayed, owing to extremely dry condition of the soil, but rainfall in the latter part of April proved beneficial. In the garden the vegetable yield was below normal, owing to lack of sufficient help. Ensilage corn and grain production was very satisfactory. The tonnage of hay harvested was somewhat less than normal.

Inventory.

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 valuation is as follows: Real estate, \$4,910,426.80; personal property, \$832,688.01—total, \$5,743,114.81.

RECOMMENDATIONS.

In addition to the various recommendations for appropriations incorporated in the report of the Business Department, all of which I endorse as essential, I wish to call to your attention the following urgent needs of the institution:

Fire Alarm System.

The fire alarm system should be extended to the new buildings, both those which have been completed and those which are in prospect. The present switchboard and indicators are adequate; the necessary enlargement of the system will embrace cable, alarm boxes, and so on. In addition the system should be provided with an automatic whistle-blowing device for sounding an alarm.

Water Supply.

As I have said in the body of this report, the water supply of the institution is not sufficient to safeguard the institution in time of drought or in fire emergency. It is impossible to over-stress the importance of a constant reliable water reserve, both as a

necessity for the health of the institution population and as defence for life and property against fire hazard. Accordingly I recommend that a sufficient appropriation be granted to provide for the construction of a large dam which will furnish a reservoir taking in a portion of our present water supply and flooding back the valley and impound a permanent reserve adequate for all conditions.

Living Quarters for Employees.

The rooms now provided for men employed in the mechanical divisions, the bakery, kitchens, and so on, are absolutely unsuitable for such purpose. I recommend that an appropriation be made to supply proper living quarters where the employees may be housed in well lighted, well ventilated rooms and furnished with the necessary sanitary arrangements.

Continuous Baths.

Additional continuous baths are required in the Clinic Building, in order that this valuable method of treatment may be available for all who need it. I recommend that an appropriation be made for installing six more tubs of this type.

Automobile Exchange.

Owing to the somewhat isolated location of this institution, automobiles are absolutely necessary and receive constant use. In order to insure the most economical service, one new car should be provided each year in exchange for one of those which has reached a point where it will require frequent repairs. The car next on the list for exchange has already run 50,000 miles and will have gone 75,000 before the end of the ensuing year. I recommend that an appropriation be made to provide for the exchange of this automobile.

Replacement of Horses.

Although automobile trucks are used for heavy service about

the institution, there is certain work on the farm and about the grounds which can be performed to better advantage and more economically with horses. Ten of our horses have now reached ages from twenty-seven to thirty-four years and should be replaced with young animals.

Shelter for Housing Farm Implements.

The available room for housing farm implements and equipment is inadequate to the needs, and provision should be made for the construction of an additional shelter to protect these valuable pieces of machinery from the weather.

Awnings and Screens for Porches.

On account of the numerous flies and mosquitoes it is absolutely necessary that the porches of all cottages be screened if they are to serve any useful purpose. Awnings are also needed on the cottages and on certain portions of the Clinic Building, as the windows of these buildings are not shaded and are consequently exposed to the full force of the sunlight. I recommend that a sufficient appropriation be made to provide for these screens and awnings.

Extraordinary Repairs.

I wish to reiterate the statement of the Warden that an appropriation for extraordinary repairs is imperative. The buildings have been allowed to fall into a run-down condition, owing to insufficient appropriations for upkeep, and will require a great deal of work before they can be brought back to proper standard. For instance, some years ago, as a result of a survey of the institution made for the National Committee for Mental Hygiene, a report was filed stating the floors and plumbing of the old buildings should be replaced at once. They have not yet received attention and are much worse than when the report was made. I earnestly recommend that an adequate sum be appropriated to take care of these numerous repairs immedi-

ately, as further postponement will only add to the ultimate cost.

Painting, Etc.

In addition to the other repairs provision should be made for painting the various buildings inside and out. This work has been neglected at the old buildings, owing to lack of available funds, and should be given attention at once. The new buildings will also need painting in a short time, and it would be well if some arrangement could be made whereby all exterior wood and iron work might be repainted at regular intervals, in order to prevent deterioration from weathering. The interior walls and finish also need frequent attention if they are to be kept in an attractive and sanitary condition.

APPOINTMENTS AND RESIGNATIONS.

Physicians Appointed:

Victor D. Thomas, M. D., November 1, 1922.
William J. Lein, M. D., November 1, 1922.
Henry S. Fruitnight, M. D., November 14, 1922.
Philip C. Washburn, M. D., December 29, 1922.
Charles W. Edmunds, M. D. February 1, 1923.
William Dietz, M. D., February 14, 1923.
George M. Brandau, M. D., February 16, 1923.

Other Staff Appointments:

Miss Mary B. Moylan, R. N., Superintendent of Nurses, September 1, 1922.
Miss Mary E. Melville, R. N., Instructor of Nurses, December 2, 1922.
Miss Rebecca Adams, Director of Occupational Therapy on Wards, January 2, 1923.
Miss Mildred Hurley, Director of Social Service, January 2, 1923.

Miss Helen E. Barker, Dietician, January 19, 1923.

Miss Edith S. Moodie, Director of Physical Training, February 5, 1923.

Miss Carol Strong, Social Service Assistant, April 13, 1923.

Mr. Philip B. Roberts, Assistant Pharmacist, May 16, 1923.

Physicians' Resignations:

John R. Frank, M. D., September 12, 1922.

Henry S. Fruitnight, M. D., December 13, 1922.

Charles W. Edmunds, M. D., April 30, 1923.

Harry H. Gessler, M. D., April 30, 1923.

Other Staff Resignations:

Dr. Raymond W. Lasslett, Assistant Dentist, May 15, 1923.

Miss Helen E. Barker, Dietician, June 9, 1923.

DISTINGUISHED VISITORS.

During the past year the hospital has been visited on several occasions by Hon. Burdette G. Lewis, Commissioner of Institutions and Agencies, as well as by various members of the Department.

Senator Arthur Whitney, of Morris County, has called at the institution more than once, and United States Senator Walter E. Edge has also been a visitor.

President Earle, Mrs. Wittpen and Mr. Fetridge, of the State Board of Control, have inspected the hospital and discussed its needs with the local officers, and Comptroller Bugbee and Treasurer Reed have visited us several times and have been most generous in their efforts to cooperate in supplying emergency funds.

The Appropriation Committee of the Legislature made a careful examination of the wards and the general equipment, with a view to providing necessary sums.

On May 12th, Governor Silzer, accompanied by Mrs. Silzer, Mrs. Wittpen, Commissioner Lewis, Mr. F. M. P. Pearse, Secre-

tary to the Governor, and Mrs. Pearce, spent the day at the institution inspecting the different buildings and seeing exactly the conditions which exist and the improvements which are needed.

From time to time superintendents and members of the staffs of other institutions have called on us and we have also entertained many other visitors, official and unofficial, who were interested in the methods and problems of caring for state dependents.

ACKNOWLEDGMENTS.

Throughout the year gifts of fruit and candy, tobacco, clothing, books and magazines and other small luxuries have frequently been brought to the hospital for the patients. At Christmas time especially many donations of money and gifts were made for the friendless. To all these generous givers, whether individuals or groups, I hereby render most sincere thanks on behalf of those whose lives have been made more pleasant and more happy because of their thought and kindness.

CONCLUSION.

This year, like the two preceding, has been characterized by reorganization and expansion in all departments of the institution. Numerous changes of personnel have taken place and the occupation of the new buildings has necessitated the establishment of new systems with much readjustment. Naturally, this work, added to the normal executive problems in a large state hospital, has placed a heavy burden upon all the resident officers. All members of the staff, however, have responded generously to the extra demands and have shown keen personal interest in promoting the advancement of the hospital.

I take this opportunity of expressing my appreciation of the loyal cooperation on the part of the different physicians and of the earnest efforts which they have made to keep up a high standard of work in their separate lines. The staff of consult-

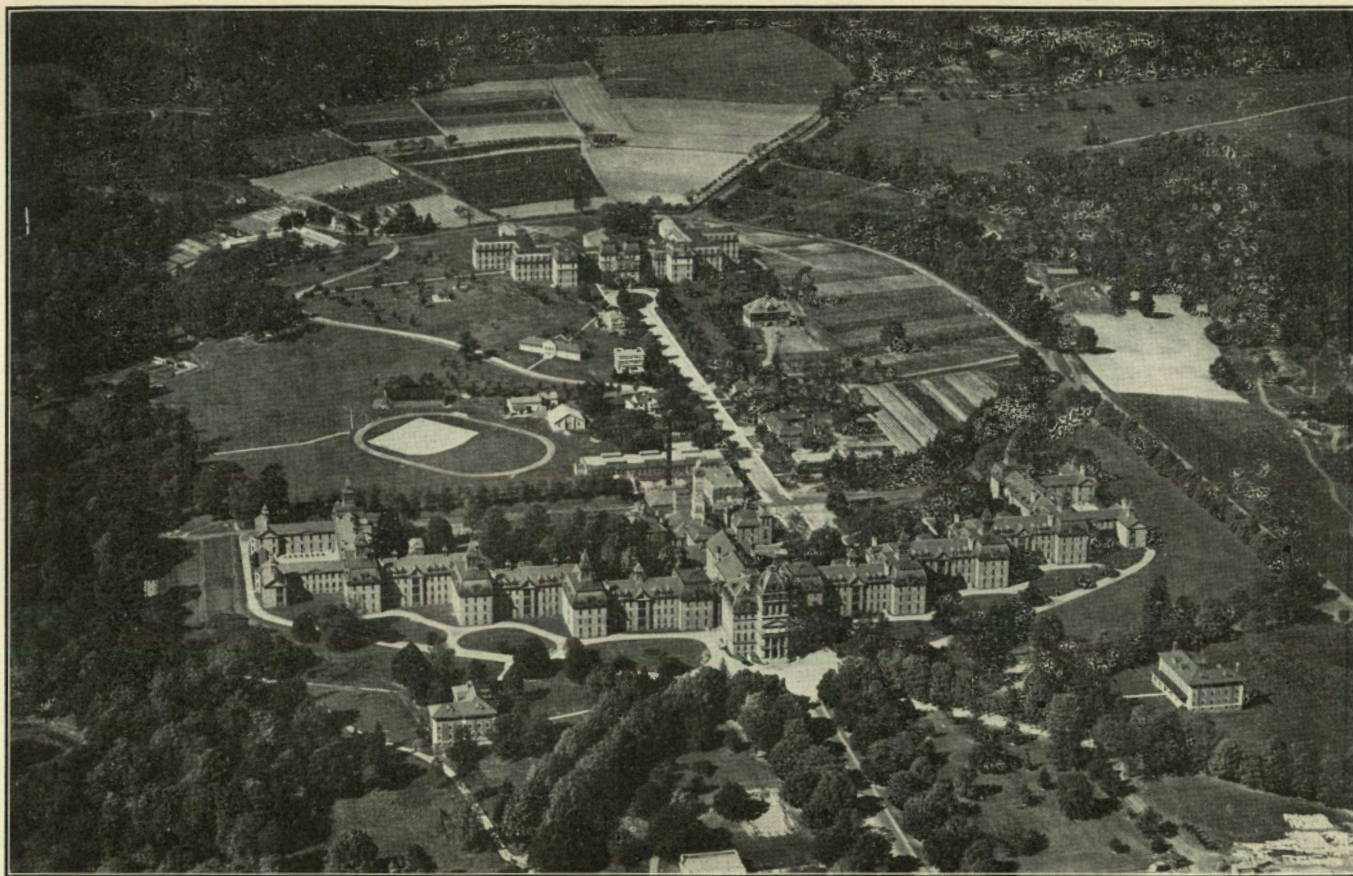
ants has likewise contributed to the welfare of the patients, and Dr. Mills in particular has been called upon by night as well as by day and has always been ready in his response. I wish also to thank the nursing force for the high type of service which has done much toward making possible the accomplishments of the past year. To the Warden and the many faithful and efficient employees in his department who have carried on the business, farming and mechanical work of the institution during the past year I am likewise grateful; upon the mechanics in particular much additional work has been placed in preparing the new buildings for occupancy, but they have shown earnest effort to carry out the requirements.

Most of all, amid the numerous problems and anxieties of the year, the Managers have been a constant source of encouragement by their unfailing interest and support, individually and as a Board. There has not been a week in the past twelve months when the President and the Chairman of the Medical Committee have not been in conference with the Superintendent or other resident officers, and the other members have also given their time and attention most freely for promoting the welfare of the hospital. For this close official cooperation, and for the personal friendship shown, I am profoundly grateful.

Very respectfully submitted,

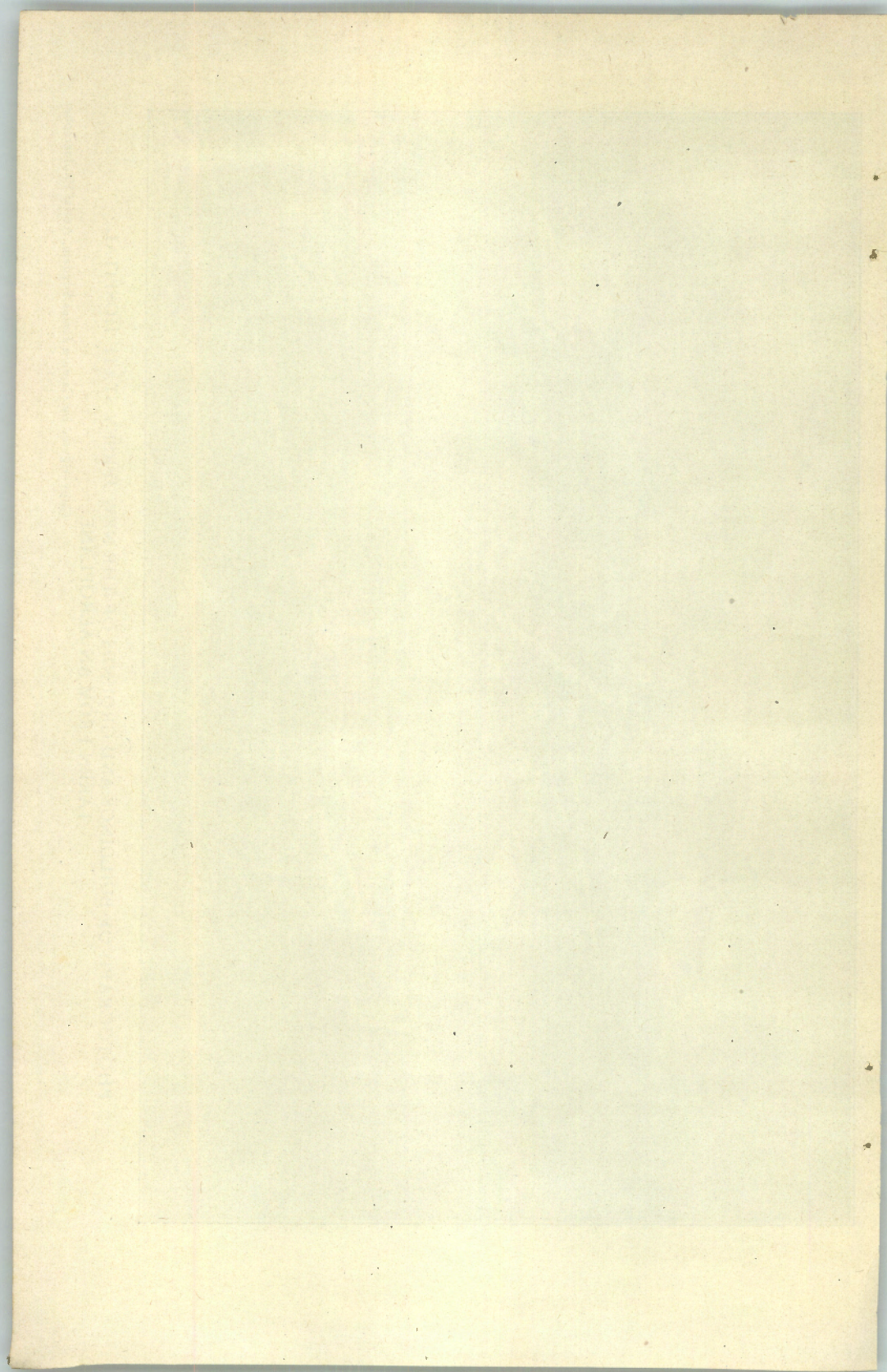
MARCUS A. CURRY, M. D.,

Medical Superintendent and Chief Executive Officer.



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

Copy-righted by Captain James Suydam, Aerial Photographer.



**STATISTICAL APPENDIX TO CHIEF EXECUTIVE OFFICER'S
REPORT**

STATISTICAL APPENDIX TO THE EXECUTIVE OFFICER'S
REPORT

TABLE 1.

GENERAL INFORMATION.

Data correct at end of institution year, June 30, 1923.

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.....	\$4,910,426.80
Personal property.....	832,688.01
Total.....	\$5,743,114.81
Total acreage of hospital property owned.....	897
Additional acreage rented.....	35
Total acreage under cultivation during previous year.....	241

4. OFFICERS AND EMPLOYEES.

Actually in Service at End of Year.

	Males	Females	Total
Superintendent.....	1	..	1
Assistant physicians.....	12	..	12
Consulting surgeon.....	1	..	1
Clinical director.....	1	..	1
Total physicians.....	15	..	15
Warden.....	1	..	1
Resident dentists.....	1	..	1
Graduate nurses.....	..	22	22
Other nurses and attendants.....	104	60	164
Teachers of occupational therapy.....	5	3	8
Social workers.....	..	2	2
All other officers and employees.....	259	56	315
Total officers and employees.....	385	143	528

TABLE 1. (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.....	1,407	1,434	2,841	91	81	172
Epileptics.....	..	..	..	..	..	..
Mental defectives.....	..	..	..	..	..	..
Alcoholics.....	..	..	..	..	..	..
Drug addicts.....	..	..	..	..	..	..
Neurosyphilitics (without psychosis).....	..	..	..	..	..	..
All other cases.....	..	..	..	..	..	..
Total.....	1,407	1,434	2,841	91	81	172
Colored—						
Insane.....	55	66	121	5	..	5
Epileptics.....	..	..	..	..	..	..
Mental defectives.....	..	..	..	..	..	..
Alcoholics.....	..	..	..	..	..	..
Drug addicts.....	..	..	..	..	..	..
Neurosyphilitics (without psychosis).....	..	..	..	..	..	..
All other cases.....	..	..	..	..	..	..
Total.....	55	66	121	5	..	5
Grand total.....	1,462	1,500	2,962	96	81	177
6. Persons employed in industrial classes or in general hospital work on date of report.....				720	415	1,135
7. Average daily number of all patients actually in institution during year.....				1,447.08	1,485.09	2,932.17
8. Voluntary patients admitted during year.....				16	12	28
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, 1923.

RECEIPTS.

Balance on hand from previous fiscal year.....	\$
Received from appropriations	1,485,715.00
Received from paying patients	459,701.08
Received from all other sources	5,663.09
Total receipts.....	<u>\$1,951,079.17</u>

DISBURSEMENTS.

1. Expenditures for maintenance of patients—	
Salaries and wages.....	\$420,776.80
Provisions (food).....	263,213.59
Fuel, light and water.....	129,184.82
All other expenditures for maintenance.....	244,449.56
Total expenditures for maintenance.....	<u>\$1,057,624.77</u>
2. Expenditures for purposes other than maintenance, including new buildings, additions, extraordi- nary repairs, improvements, etc.....	<u>424,329.87</u>
3. Expenditures for repayment of loans and interest on loans.....	<u>.....</u>
Total expenditures.....	<u>\$1,481,954.64</u>
Amount returned to State Treasurer.....	<u>469,124.53</u>
Balance on hand at close of year.....	<u>.....</u>
(Includes balance for maintenance and for all other purposes.)	
Total disbursements.....	<u>\$1,951,079.17</u>

TABLE III.

MOVEMENT OF INSANE PATIENT POPULATION.

For year beginning July 1, 1922, and ending June 30, 1923.

Includes all patients admitted who are on books of institution regardless of the method of admission.

	Males	Females	Total
1. Patients on books of institution at beginning of institution year.....	1,469	1,484	2,953
(Includes patients away from institution on parole, boarded out, on visit and escaped but still on books.)			
2. Admissions during year—			
a—First admissions.....	274	253	527
(Includes all patients admitted as insane for the first time to <i>any</i> institution for mental diseases, public or private, wherever situated, in or outside of State, excepting institutions for temporary care.)			
b—Readmissions.....	54	70	124
(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.....	5	2	7
(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	325	658
(Includes total of items 2 a, b and c.)			
4. Total on books during year.....	1,802	1,809	3,611
(Includes total of items 1 and 3.)			

TABLE III. (Continued.)

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.....	35	30	65
b—As improved.....	44	54	98
(Does not include transfers.)			
c—As unimproved.....	11	6	17
(Includes all insane patients discharged not benefited by treatment, exclusive of transfers.)			
d—As without psychosis.....	2	2	4
(Includes all discharged patients who are found to have had no psychosis.)			
e—Transferred to other institutions for mental diseases.....	9	8	17
(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.....	143	128	271
6. Total discharged, transferred and died during year	244	228	472
(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.....	1,558	1,581	3,139
(Includes patients away from institution on parole, on visit and escaped.			

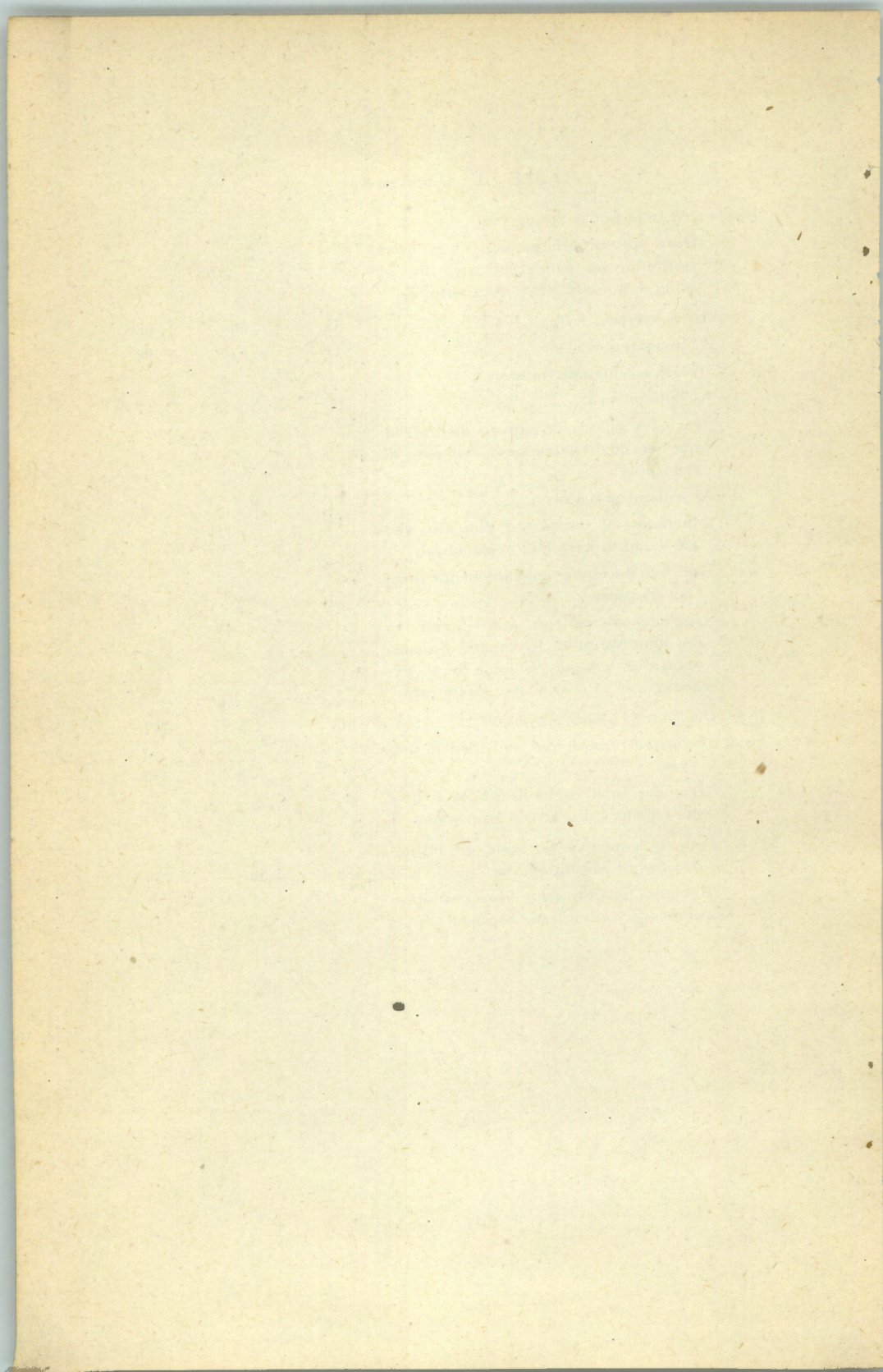


TABLE IV.

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....	140	138	278	7	10	70	8	7	77
Africa.....	..	..	..	..	..	..	..	..	..
*Asia.....	..	..	..	..	..	..	..	..	..
Australia.....	..	..	..	..	..	..	..	..	..
Austria.....	14	15	29	..	1	12	..	..	19
Belgium.....	..	1	1	..	..	..	..	..	1
†Canada.....	3	1	4	1	2	3	..	..	1
Central America..	..	..	..	..	..	..	..	..	..
China.....	..	..	..	..	..	..	..	..	..
Czecho-Slovakia..	1	3	4	..	..	1	..	..	3
Cuba.....	..	..	..	..	..	..	..	..	..
Denmark.....	1	1	2	..	..	1	..	1	1
England.....	12	5	17	4	4	12	2	3	6
*Europe.....	6	2	8	1	..	9	..	..	3
Finland.....	..	1	1	..	..	..	..	..	1
France.....	1	..	1	1	1	4	..	..	..
Germany.....	20	18	38	4	6	28	2	1	30
Greece.....	1	..	1	..	..	1	..	..	..
Holland.....	3	1	4	2	1	2	..	..	3
Hungary.....	11	7	18	..	..	12	..	..	7
India.....	..	..	..	..	..	..	..	..	..
Ireland.....	6	18	24	3	3	17	1	5	29
Italy.....	21	15	36	..	1	27	..	..	17
Japan.....	..	..	..	..	..	..	..	..	..
Jugo-Slavia.....	..	..	..	..	..	1	..	..	..
Mexico.....	..	..	..	1	..	..	..	..	..
Norway.....	..	..	..	1	..	..	..	..	..
Philippine Islands	..	..	..	..	..	..	..	..	..
Poland.....	9	14	23	..	..	11	..	..	12
Porto Rico.....	..	..	..	..	..	..	..	..	..
Portugal.....	1	1	2	..	..	1	..	..	1
Roumania.....	..	..	..	..	..	..	..	..	..
Russia.....	10	7	17	1	..	14	..	..	11
Scotland.....	4	1	5	3	3	2	..	1	2
South America...	..	..	..	..	..	..	..	..	..
Spain.....	2	..	2	..	..	1	..	..	..
Sweden.....	1	1	2	..	..	1	..	..	1
Switzerland.....	2	1	3	2	..	2	..	1	2
Turkey-in-Asia...	..	..	..	..	..	..	..	..	..
Turkey-in-Europe	2	..	2	..	..	2	..	..	..
Wales.....	..	1	1	..	..	..	1	..	1
†West Indies.....	..	1	1	..	..	..	2	..	1
Other countries...	..	..	..	..	..	..	..	..	..
Unascertained....	3	..	3	2	1	7	3	..	5
Total.....	274	253	527	33	33	241	19	19	234

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

TABLE V.

CITIZENSHIP OF FIRST ADMISSIONS.

	Males	Females	Total
Citizens by birth.....	140	138	278
Citizens by naturalization.....	38	28	66
Aliens.....	68	63	131
Citizenship unascertained.....	28	24	52
Total.....	274	253	527

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS.

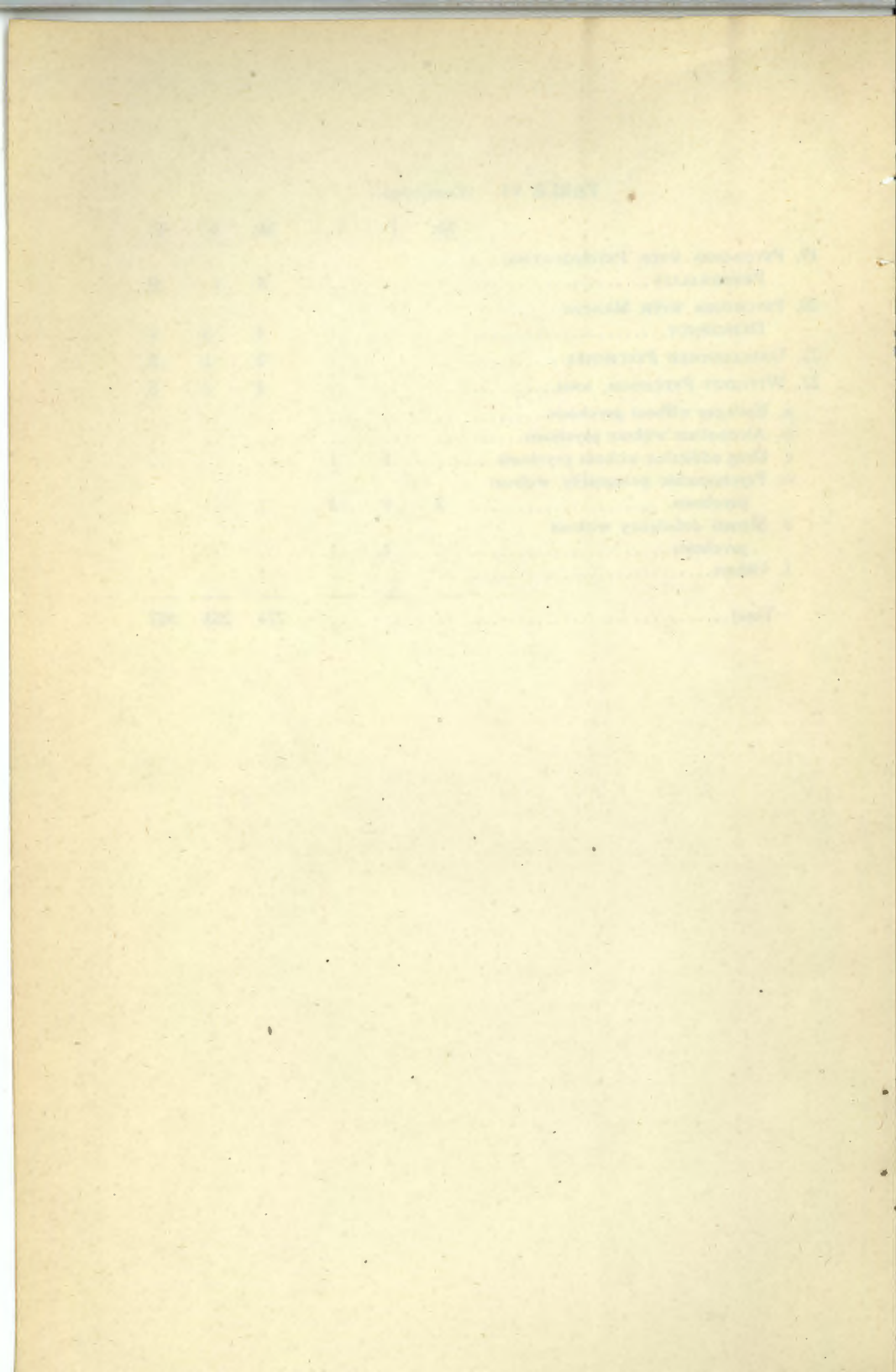
<i>Psychoses</i>	M.	F.	T.	M.	F.	T.
1. TRAUMATIC PSYCHOSES .. .. .	..	..	..	1	..	1
2. SENILE PSYCHOSES.....	..	..	..	28	34	62
3. PSYCHOSES WITH CEREBRAL ARTERIOSCLEROSIS.....	..	..	..	15	29	44
4. GENERAL PARALYSIS.....	..	..	..	45	15	60
5. PSYCHOSES WITH CEREBRAL SYPHILIS.....	..	..	..	1	..	1
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....	..	..	..	..	1	1
7. PSYCHOSES WITH BRAIN TUMOR .. .	..	..	..	..	..	..
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES, total.....	..	..	..	7	1	8
a. Cerebral embolism.....	..	..	..	..	..	..
b. Paralysis agitans.....	..	..	..	..	..	..
c. Meningitis, tubercular or other forms.....	..	..	..	..	..	..
d. Multiple sclerosis.....	..	..	..	..	..	..
e. Tabes dorsalis.....	2	..	2	..	..	..
f. Acute chorea.....	..	..	..	..	..	..
g. Other diseases.....	5	1	7	..	..	..
9. ALCOHOLIC PSYCHOSES, total.....	..	..	..	16	2	18
a. Delirium tremens.....	1	..	1	..	..	..
b. Korsakow's psychosis.....	..	..	..	..	..	..
c. Acute hallucinosis.....	11	1	12	..	..	..

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
d. Other types, acute or chronic.....	4	1	5	..	..	..
10. PSYCHOSES DUE TO DRUGS AND 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.....	..	..	..	10	12	22
a. Delirium with infectious diseases...	2	..	2	..	..	..
b. Post-infectious psychoses.....	..	..	..	..	..	..
c. Exhaustion delirium.....	..	..	..	..	..	..
d. Delirium of unknown origin.....	1	1	2	..	..	..
e. Cardio-renal diseases.....	5	5	10	..	..	..
f. Diseases of the ductless glands.....	..	..	..	..	..	..
g. Other diseases or conditions.....	2	6	8	..	..	..
13. MANIC-DEPRESSIVE PSYCHOSES, total.....	..	..	..	46	58	104
a. Manic type.....	31	34	65	..	..	..
b. Depressive type.....	9	15	24	..	..	..
c. Other types.....	6	9	15	..	..	..
14. INVOLUTION MELANCHOLIA.....	..	..	..	7	7	14
15. DEMENTIA PRÆCOX (schizophrenia)..	..	..	..	73	64	137
16. PARANOIA AND PARANOID CONDITIONS.....	..	..	..	9	9	18
17. EPILEPTIC PSYCHOSES.....	..	..	..	..	5	5
18. PSYCHONEUROSES AND NEUROSES, total.....	..	..	..	..	8	8
a. Hysterical type.....	..	3	3	..	..	..
b. Psychasthenic type (anxiety and obsessive forms).....	..	..	..	..	..	..
c. Neurasthenic type.....	..	1	1	..	..	..
d. Other types.....	..	4	4	..	..	..

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
19. PSYCHOSES WITH PSYCHOPATHIC PERSONALITY.....	8	1	9
20. PSYCHOSES WITH MENTAL DEFICIENCY.....	4	3	7
21. UNDIAGNOSED PSYCHOSES.....	2	1	3
22. WITHOUT PSYCHOSIS, total.....	2	3	5
a. Epilepsy without psychosis.....
b. Alcoholism without psychosis.....
c. Drug addiction without psychosis...	..	1	1	..	..	..
d. Psychopathic personality without psychosis.....	2	1	3	..	..	..
e. Mental deficiency without psychosis.....	..	1	1	..	..	..
f. Others.....
Total.....	274	253	527



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.

des. †Includes 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.	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	28	34	62																																													
3. With cerebral arteriosclerosis....	15	29	44																																													
4. General paralysis ...	45	15	60										1	1		1	1	2	1	3	4	11	2	13	9	2	10	7	4	4	2	2	4	4	6	10	2	13	15	4	1	5	3	1	4			
5. With cerebral syphilis	1		1																																													
6. With Huntington's chorea.....		1	1																	1	1																											
7. With brain tumor...																																																
8. With other brain or nervous diseases..	7	1	8																																													
9. Alcoholic	16	2	18																																													
10. Due to drugs & other exogenous toxins..																																																
11. With pellagra.....																																																
12. With other somatic diseases.....	10	12	22	1		1																																										
13. Manic-depressive ...	46	58	104		1	1	5	2	7	9	16	25	6	9	15	7	6	13	2	8	10	3	8	11	5	3	8	6	3	9	2		2	2	2	2	2	2	1		1	1						
14. Involution melan- cholia	7	7	14																																													
15. Dementia præcox...	73	64	137	1		1	4		4	13	8	21	15	12	27	14	17	31	9	9	18	11	12	23	6	3	9	3	2	2	2	1	1	1	1	1	2											
16. Paranoia or para- noid conditions...	9	9	18																																													
17. Epileptic psychoses...		5	5																																													
18. Psychoneuroses and neuroses		8	8																																													
19. With psychopathic personality	8	1	9																																													
20. With mental deficiency	4	3	7																																													
21. Undiagnosed psychoses	2	1	3																																													
22. Without psychosis..	2	3	5																																													
Total.....	274	253	527	2	1	3	11	4	15	22	29	51	30	31	61	26	32	58	31	22	53	31	28	59	24	19	43	24	16	40	22	16	38	13	21	34	13	8	21	24	26	50	1		1			

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	34	62	3	5	8	2	6	8	17	13	30		1	1	1	2	3	5	7	12
3. With cerebral arteriosclerosis....	15	29	44		3	3	1	7	8	10	15	25		2	2				4	2	6
4. General paralysis....	45	15	60	3	1	4	5	2	7	14	10	24	10		10	4		4	9	2	11
5. With cerebral syphilis.....	1		1	1		1															
6. With Huntington's chorea.....		1	1								1	1									
7. With brain tumor...																					
8. With other brain or nervous diseases..	7	1	8				1		1	3		3		1	1	1		1	2		2
9. Alcoholic.....	16	2	18				4		4	9	2	11	1		1				2		2
10. Due to drugs & other exogenous toxins.																					
11. With pellagra.....																					
12. With other somatic diseases.....	10	12	22	2	1	3	2	6	8	5	3	8							1	2	3
13. Manic-depressive...	46	58	104		3	3	8	6	14	25	32	57	6	7	13	3	2	5	4	8	12
14. Involution melancholia.....	7	7	14				1	1	2	5	4	9	1		1						
15. Dementia præcox...	73	64	137	9	5	14	15	14	29	34	35	69	10	4	14		3	3	5	3	8
16. Paranoia or paranoid conditions...	9	9	18		1	1		1	1	8	6	14	1		1	1	1			1	1
17. Epileptic psychoses.		5	5					1	1		3	3									
18. Psychoneuroses and neuroses.....		8	8		1	1					7	7									
19. With psychopathic personality.....	8	1	9				1	1	2	6		6	1		1						
20. With mental deficiency.....	4	3	7	1		1				2	3	5							1		1
21. Undiagnosed psychoses.....	2	1	3								1	1							2		2
22. Without psychosis..	2	3	5		1	1				1	2	3	1		1						
Total.....	274	253	527	19	21	40	40	45	85	139	137	276	32	15	47	9	8	17	35	27	62

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

TABLE X.

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES.

PSYCHOSES	Total			Urban			Rural			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1	1		1						
2. Senile	28	34	62	22	31	53	5	2	7	1	1	2
3. With cerebral arteriosclerosis ...	15	29	44	10	27	37	5	1	6		1	1
4. General paralysis ...	45	15	60	41	14	55	3	1	4	1		1
5. With cerebral syphilis	1		1	1		1						
6. With Huntington's chorea		1	1					1	1			
7. With brain tumor...												
8. With other brain or nervous diseases..	7	1	8	5	1	6	1		1	1		1
9. Alcoholic	16	2	18	13	2	15	2		2	1		1
10. Due to drugs & other exogenous toxins.												
11. With pellagra.....												
12. With other somatic diseases.....	10	12	22	8	11	19	1	1	2	1		1
13. Manic-depressive ...	46	58	104	43	54	97	3	4	7			
14. Involution melan- cholia	7	7	14	7	6	13		1	1			
15. Dementia præcox...	73	64	137	67	57	124	4	6	10	2	1	3
16. Paranoia or para- noid conditions...	9	9	18	6	8	14	2	1	3	1		1
17. Epileptic psychoses.		5	5		5	5						
18. Psychoneuroses and neuroses		8	8		6	6		2	2			
19. With psychopathic personality	8	1	9	7	1	8	1		1			
20. With mental deficiency.....	4	3	7	3	3	6	1		1			
21. Undiagnosed psychoses	2	1	3	1	1	2				1		1
22. Without psychosis...	2	3	5	2	2	4		1	1			
Total	274	253	527	237	229	466	28	21	49	9	3	12

TABLE XI.

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

PSYCHOSES	Total			Dependent			Marginal			Comfortable			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1	1		1									
2. Senile.....	28	34	62	9	14	23	10	12	22	8	6	14	1	2	3
3. With cerebral arteriosclerosis...	15	29	44	6	9	15	6	9	15	2	9	11	1	2	3
4. General paralysis...	45	15	60	12	7	19	19	3	22	9	4	13	5	1	6
5. With cerebral syphilis.....	1		1				1		1						
6. With Huntington's chorea.....		1	1		1	1									
7. With brain tumor...															
8. With other brain or nervous diseases..	7	1	8	1	1	2	4		4	2		2			
9. Alcoholic.....	16	2	18	10		10	4	2	6	1		1	1		1
10. Due to drugs & other exogenous toxins..															
11. With pellagra.....															
12. With other somatic diseases.....	10	12	22	5	4	9	2	6	8	2	2	4	1		1
13. Manic-depressive...	46	58	104	12	10	22	20	25	45	11	17	28	3	6	9
14. Involution melan- cholia.....	7	7	14	4		4	2	4	6	1	3	4			
15. Dementia præcox...	73	64	137	30	24	54	31	25	56	7	11	18	5	4	9
16. Paranoia or para- noid conditions...	9	9	18	4	2	6	3	4	7		3	3	2		2
17. Epileptic psychoses.		5	5		1	1		2	2		1	1		1	1
18. Psychoneuroses and neuroses.....		8	8		4	4		1	1		3	3			
19. With psychopathic personality.....	8	1	9	3		3	4	1	5	1		1			
20. With mental deficiency.....	4	3	7	3	1	4	1	2	3						
21. Undiagnosed psychoses.....	2	1	3	2		2		1	1						
22. Without psychosis...	2	3	5	1	2	3	1	1	2						
Total.....	274	253	527	103	80	183	108	98	206	44	59	103	19	16	35

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	34	62	13	25	38	8	3	11	4	2	6	3	4	7
3. With cerebral arteriosclerosis....	15	29	44	3	23	26	3	5	8	6	1	7	3		3
4. General paralysis...	45	15	60	13	13	26	14	1	15	8		8	10	1	11
5. With cerebral syphilis.....	1		1				1		1						
6. With Huntington's chorea.....		1	1		1	1									
7. With brain tumor...															
8. With other brain or nervous diseases..	7	1	8	5	1	6	2		2						
9. Alcoholic.....	16	2	18							16	2	18			
10. Due to drugs & other exogenous toxins..															
11. With pellagra															
12. With other somatic diseases.....	10	12	22	5	12	17	1		1	3		3	1		1
13. Manic-depressive ...	46	58	104	20	47	67	14	3	17	8	3	11	4	5	9
14. Involution melan- cholia.....	7	7	14	3	6	9	2	1	3	2		2			
15. Dementia præcox ...	73	64	137	34	53	87	20	6	26	13	2	15	6	3	9
16. Paranoia or paranoid conditions.....	9	9	18	5	4	9	1	3	4	2	1	3	1	1	2
17. Epileptic psychoses..		5	5		3	3		1	1					1	1
18. Psychoneuroses and neuroses.....		8	8		8	8									
19. With psychopathic personality.....	8	1	9	4	1	5	3		3	1		1			
20. With mental deficiency.....	4	3	7	2	2	4		1	1				2		2
21. Undiagnosed psychoses.....	2	1	3					1	1				2		2
22. Without psychosis..	2	3	5	1	3	4				1		1			
Total.....	274	253	527	109	202	311	69	25	94	64	11	75	32	15	47

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	34	62	3	5	8	6	8	14	19	20	39		1	1						
3. With cerebral arteriosclerosis....	15	29	44	2	6	8	8	12	20	3	11	14	2		2						
4. General paralysis....	45	15	60	14	3	17	24	8	32	4	3	7	1		1	1	1	2	1		1
5. With cerebral syphilis	1		1							1		1									
6. With Huntington's chorea		1	1					1	1												
7. With brain tumor...																					
8. With other brain or nervous diseases ..	7	1	8	1	1	2	6		6												
9. Alcoholic	16	2	18	7	1	8	8	1	9	1		1									
10. Due to drugs & other exogenous toxins..																					
11. With pellagra																					
12. With other somatic diseases	10	12	22	2	4	6	5	8	13	1		1							2		2
13. Manic-depressive ...	46	58	104	23	24	47	22	32	54	1	1	2		1	1						
14. Involution melancholia	7	7	14		2	2	6	3	9	1	2	3	1		1	2		2			
15. Dementia præcox...	73	64	137	50	16	66	20	42	62		6	6									
16. Paranoia or paranoid conditions	9	9	18	2	3	5	5	2	7	2	4	6									
17. Epileptic psychoses.		5	5		1	1		4	4												
18. Psychoneuroses and neuroses		8	8		3	3		5	5												
19. With psychopathic personality	8	1	9	6		6	2	1	3												
20. With mental deficiency	4	3	7	3	3	6													1		1
21. Undiagnosed psychoses	2	1	3	1		1	1	1	2												
22. Without psychosis..	2	3	5	1		1	1	1	2					2	2						
Total	274	253	527	116	72	188	114	129	243	33	47	80	4	4	8	3	1	4	4		4

TABLE XIV.

PSYCHOSES OF READMISSIONS.

PSYCHOSES	Males	Females	Total
1. Traumatic psychoses.....			
2. Senile psychoses.....	2	4	6
3. Psychoses with cerebral arteriosclerosis.....		2	2
4. General paralysis.....	5		5
5. Psychoses with cerebral syphilis.....			
6. Psychoses with Huntington's chorea.....			
7. Psychoses with brain tumor.....			
8. Psychoses with other brain or nervous diseases..	1	1	2
9. Alcoholic psychoses	3	1	4
10. Psychoses due to drugs and other exogenous toxins		2	2
11. Psychoses with pellagra.....		1	1
12. Psychoses with other somatic diseases.....	1	1	2
13. Manic-depressive psychoses.....	11	28	39
14. Involution melancholia.....		3	3
15. Dementia præcox.....	23	18	41
16. Paranoia and paranoid conditions.....	1	5	6
17. Epileptic psychoses	1	1	2
18. Psychoneuroses and neuroses.....	1		1
19. Psychoses with psychopathic personality.....	4	1	5
20. Psychoses with mental deficiency		2	2
21. Undiagnosed psychoses.....			
22. Without psychosis.....	1	1	2
Total.....	54	70	124

TABLE XV.

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

PSYCHOSES	Total			Recovered			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	1		1				1		1			
2. Senile	2	3	5	1		1	1	1	2		2	2
3. With cerebral arteriosclerosis....	2	8	10	1	2	3	1	5	6		1	1
4. General paralysis....	8	1	9	1		1	2	1	3	5		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...	2		2				2		2			
9. Alcoholic.....	3	2	5	1	2	3				2		2
10. Due to drugs & other exogenous toxins..		1	1		1	1						
11. With pellagra.....												
12. With other somatic diseases	2	3	5	2	2	4		1	1			
13. Manic-depressive....	24	31	55	17	19	36	7	10	17		2	2
14. Involution melan- cholia.....	2	3	5				2	3	5			
15. Dementia præcox....	36	23	59	7		7	26	23	49	3		3
16. Paranoia or paranoid conditions	3	3	6	1	1	2	1	2	3	1		1
17. Epileptic psychoses..	1	2	3	1		1		1	1		1	1
18. Psychoneuroses and neuroses.....		3	3		1	1		2	2			
19. With psychopathic personality.....	2	3	5	2	1	3		2	2			
20. With mental deficiency	1	3	4	1	1	2		2	2			
21. Undiagnosed psychoses.....	1		1				1		1			
22. Without psychosis...	2	2	4									
Total.....	92	92	184	35	30	65	44	54	98	11	6	17

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 paranoid conditions			Epileptic psychoses			Psycho-neuroses and neuroses			With psychopathic personality			With mental deficiency			*All other psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
GENERAL DISEASES:																																										
Typhoid fever.....																																										
Malaria.....																																										
Smallpox.....																																										
Measles.....																																										
Scarlet fever.....																																										
Diphtheria.....																																										
Influenza.....																																										
Dysentery.....																																										
Erysipelas.....		1	1																																							
Lethargic encephalitis....																																										
Septicæmia.....																																										
Pellagra.....																																										
Acute articular rheumatism	13	14	27										2		2	3	3	.6		1	1	7	9	16								1	1	2								
Tuberculosis of lungs.....																																										
Other forms of tuberculosis																																										
Syphilis (non-nervous forms).....	1	4	5																1	1	2		3	3																		
Cancer.....	1																																									
Tumor (non-cancerous)....	1		1																				1		1																	
Diabetes.....																																										
Other general diseases....																																										
NERVOUS SYSTEM:																																										
Cerebro-spinal meningitis..																																										
Diseases of spinal cord....																																										
Apoplexy (cerebral hemorrhage)	25	11	36	6	3	9	12	4	16				1	1	2	1	2	3				2	1	3	1		1						2		2							
General paralysis of insane	43	12	55							43	12	55																														
Cerebro-spinal syphilis....																																										
Exhaustion from other mental diseases.....	6	8	14	2		2	1	1	2						3	5	8					2	2																			
Brain tumor.....													1		1																											
Other diseases of brain....	1		1																																							
Epilepsy.....	1	2	3																							1	2	3														
Chorea.....																																										
Other diseases of nervous system.....																																										
CIRCULATORY SYSTEM:																																										
Pericarditis.....																																										
Endocarditis and myocarditis.....	22	25	47	10	6	16	5	4	9						1	10	11					3	1	4		2	2				2		2	1	2	3						
Angina pectoris.....																																										
Other diseases of the heart	7	3	10				1		1						3	2	5		1	1		2		2								1			1							
Arteriosclerosis.....	2	3	5	1		1										3	3	3				1		1																		
Other diseases of the arteries.....																																										
Other diseases of circulatory system.....																																										
RESPIRATORY SYSTEM:																																										
Bronchitis.....	3	3	6	1									1		1								2	2	2									1		1						
Bronchopneumonia.....	3	9	12		3	3	1	2	3						3	3															1	1										
Lobar pneumonia.....																																										
Pleurisy.....																																										
Asthma.....																																										
Gangrene of lungs.....																																										
Other diseases of the respiratory system.....																																										
DIGESTIVE SYSTEM:																																										
Ulcer of stomach.....																																										
Other diseases of the stomach (cancer excepted)	1		1																				1		1																	
Diarrhea and enteritis....		3	3												2	2							1		1																	
Appendicitis and typhlitis.		1	1																																							
Hernia and intestinal obstruction.....	1	1	2																				1	1	2																	
Other diseases of intestines	1		1																				1		1																	
Cirrhosis of liver.....																																										
Other diseases of liver....																																										
Other diseases of digestive system (cancer and tuberculosis excepted) ..																																										
GENITO-URINARY SYSTEM:																																										
Acute nephritis.....	1	1	2																																							
Chronic nephritis.....	9	23	32	3	9	12	3	1	4						6	6	1	2	3		1	4	5	1		1								1	1							
Other diseases of kidneys															1	1																										

[illegible]

[illegible]

*Includes group 22 "without psychosis."

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.....	2		2																1		1									1		1															
2. Senile.....	23	21	44																																												
3. With cerebral arteriosclerosis....	23	15	38																																												
4. General paralysis ...	43	12	55													2	3	5	7	1	8	11	2	13	2	1	3	1	2	3	2	3	5	5	1	6	3	4	7	10	4	14					
5. With cerebral syphilis.....																																															
6. With Huntington's chorea.....																																															
7. With brain tumor...																																															
8. With other brain or nervous diseases..	3	1	4																1		1																										
9. Alcoholic	5	1	6																1		1																										
10. Due to drugs and other exogenous toxins..																																															
11. With pellagra.....																																															
12. With other somatic diseases.....	2	3	5																																												
13. Manic-depressive ...	11	38	49							1	1	1	2	3	1	2	3	1	4	5	2	2	2	4	6	3	3	6	1	5	6	2	4	6	2	3	3		1	2		6	6				
14. Involution melan- cholia	2	5	7																																												
15. Dementia præcox...	22	26	48							4	4		4	4	4	4	2	6		4	4	2	2	4	5	1	1	5	2	1	6	8	1	1	1	7	1	8	1	1	1	1	2	3			
16. Paranoia or paranoid conditions.....	3	2	5																																												
17. Epileptic psychoses..	1	2	3										1	1																																	
18. Psychoneuroses and neuroses.....																																															
19. With psychopathic personality.....																																															
20. With mental deficiency.....	3	2	5							1		1		1	1	1		1					1		1																						
21. Undiagnosed psychoses.....																																															
22. Without psychosis..																																															
Total.....	143	128	271							2	2	2	6	8	1	8	9	8	10	18	9	7	16	17	9	26	23	7	30	10	17	27	15	11	26	17	9	26	10	13	23	31	29	60			

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.....	2		2							1		1																														
2. Senile.....	23	21	44	5	6	11	6		6	2		5				5	6	11	2	2	4	1		3		1	1	1	1	1	1	2		2								
3. With cerebral arteriosclerosis....	23	15	38	4	3	7	2	3		3	2	5	4	2	6	4	2	6	2		2		1	1	1		1	1					1		1		2	2	1		1	
4. General paralysis ...	43	12	55	5	2	7	8	1	9	4	2	6	8	1	9	15	3	18	3	3	6																					
5. With cerebral syphilis																																										
6. With Huntington's chorea.....																																										
7. With brain tumor...																																										
8. With other brain or nervous diseases..	3	1	4	1	1	2	1		1						1		1																									
9. Alcoholic	5	1	6				1		1				1		1			1		1	1		1	1			1	1														
10. Due to drugs and other exogenous toxins..																																										
11. With pellagra.....																																										
12. With other somatic diseases.....	2	3	5	2	3	5																																				
13. Manic-depressive ...	11	38	49	5	15	20	1	1	2		1	1	1		1	1	6	7	2	4	6					1	1	1		1		1	1				2	2		7	7	
14. Involution melan- cholia	2	5	7													1		1		1	1	1		1	5																	
15. Dementia præcox...	22	26	48													2	2	2	3	5	1	4	5	5	2	7		1	1	2	3	5	3	3	6	1	2	3	8	4	12	
16. Paranoia or paranoid conditions.....	3	2	5																																							
17. Epileptic psychoses..	1	2	3																1		1			2	2		1	1	2								1		1		1	
18. Psychoneuroses and neuroses																																										
19. With psychopathic personality.....																																										
20. With mental deficiency.....	3	2	5											1	1	1		1		1	1																					
21. Undiagnosed psychoses.....																																										
22. Without psychosis..																																										
Total.....	143	128	271	22	30	52	19	11	30	10	9	19	14	4	18	28	19	47	13	14	27	4	9	13	8	5	13	4	3	7	4	4	8	4	3	7	3	6	9	10	11	21

APPENDIX TO BUSINESS DEPARTMENT REPORT

APPENDIX TO BUSINESS DEPARTMENT REPORT

FLORIST'S REPORT.

RECORD OF CUT FLOWERS.

Roses.....	18,864
Carnations.....	1,771
Chrysanthemums (large)	2,467
Chrysanthemums (small).....	10,772
Dahlias	33,197
Snapdragon	46,746
Gladiolus.....	1,576
Lilies (calla).....	313
Asters	3,849
Strawflowers	50
Narcissus (paper white).....	840
Narcissus (double).....	1,152
Sprenger strings.....	1,169
Peonies	466
Pansies	1,500
Phlox (hardy).....	5,465
Larkspur.....	340
Golden glow (rudebeckia).....	1,500

PLANTS FOR PATIENTS' GARDEN.

Egg plant.....	550
Pepper.....	600
Tomato.....	2,000

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND CUT FLOWERS.

Pansies	344
Geraniums.....	2,876
Forenia.....	250
Coleus.....	3,184
Celossia.....	150
Salvia.....	1,255
Vinca.....	2,195
Helichrysum	150
Chrysanthemums.....	4,156
Lobelia.....	323
Dahlia	1,150
Cannas.....	1,670
Snapdragon	2,600

Asters.....	2,475
Gladiolus.....	2,500
Roses.....	670
Carnations.....	1,541
Begonias.....	2,566
Zinnias.....	150
Verbena.....	858
Jerusalem cherries.....	490
Ferns.....	234
Hyacinths.....	710
Easter lilies.....	325
Spirea.....	188
Date palms.....	30
Tulips.....	4,000
Crocus.....	150
Sweet alyssum.....	1,490
Dracaena.....	250

DAIRY AND FARM.

975,143.23 lbs. milk.....	\$45,344.30
2 383-2000 tons alfalfa.....	54.81
86 226-2000 tons clover hay.....	1,722.26
15 1870-2000 tons clover and timothy.....	318.70
838 tons silage.....	7,542.00
5 510-2000 tons oats and peas.....	47.30
1,600 lbs. oats and peas.....	5.85
116 604-2000 tons timothy.....	2,326.04
17 635-2000 tons timothy and alfalfa.....	389.64
12 100-2000 tons green corn.....	99.73
70 855-2000 tons grass.....	1,056.43
1,711 529-2000 tons manure.....	3,422.53
Offal sold.....	143.98
83,305 lbs. cornstalks.....	374.88
5,170 lbs. corn husks.....	23.28
254 1-3 bu. corn on ear.....	127.17
178,025 lbs. mangles.....	890.13
125 bu. rye.....	121.25
325 bu. wheat.....	422.50
4,060 1-3 doz. eggs.....	1,896.43
3 baskets plums.....	2.10
22½ tons straw.....	337.50
130 bu. apples, drop.....	91.00
40 bu. apples, cider.....	16.00
	<hr/>
	\$66,775.81

STOCK SLAUGHTERED AND USED AT HOSPITAL.

15,166 lbs. beef.....	\$2,351.12
70 lbs. heart.....	6.92
259 lbs. liver.....	18.65
48 lbs. tongue.....	11.24
3,845 lbs. veal.....	672.39
8 lbs. heart.....	.40
252 lbs. liver, hogs.....	28.96
41,084 lbs. pork.....	5,497.03
1,163½ lbs. fowl.....	417.87
23½ lbs. broilers.....	9.00
	<hr/>
	\$9,013.58

TOTAL POPULATION.

COUNTY	INDIGENT			ST. INDIGENT			PRIVATE			CONVICT			CRIMINAL			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Bergen	168	167	335	68	67	135	23	23	46	..	..	..	..	..	..	259	257	516
Burlington .....	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1
Essex	24	24	48	170	190	360	23	54	77	..	..	..	..	..	..	217	268	485
Hudson	72	46	118	136	109	245	64	100	164	..	..	..	..	..	..	272	255	527
Hunterdon .....	..	1	1	..	1	1	..	2	2	..	..	..	..	1	1	..	5	5
Mercer	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Middlesex	3	1	4	2	..	2	2	3	5	..	..	..	..	..	..	7	4	11
Monmouth	1	2	3	..	..	..	2	5	7	..	..	..	..	..	..	3	7	10
Morris	94	81	175	34	23	57	13	16	29	1	..	1	1	..	1	143	120	263
Ocean .....	..	..	..	..	..	..	1	3	4	..	..	..	..	..	..	1	3	4
Passaic	240	240	480	54	36	90	25	29	54	..	..	..	..	..	..	319	305	624
Somerset	1	..	1	..	..	..	3	7	10	..	..	..	..	..	..	4	7	11
Sussex	27	30	57	9	3	12	6	5	11	1	..	1	..	..	..	43	38	81
Union	194	218	412	54	50	104	25	29	54	..	..	..	..	..	..	273	297	570
Warren	7	2	9	3	2	5	..	3	3	1	..	1	..	..	..	11	7	18
New York .....	..	..	..	..	1	1	5	6	11	..	..	..	..	..	..	5	7	12
Total	832	812	1644	530	482	1012	193	285	478	3	..	3	1	1	2	1559	1580	3139

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

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

