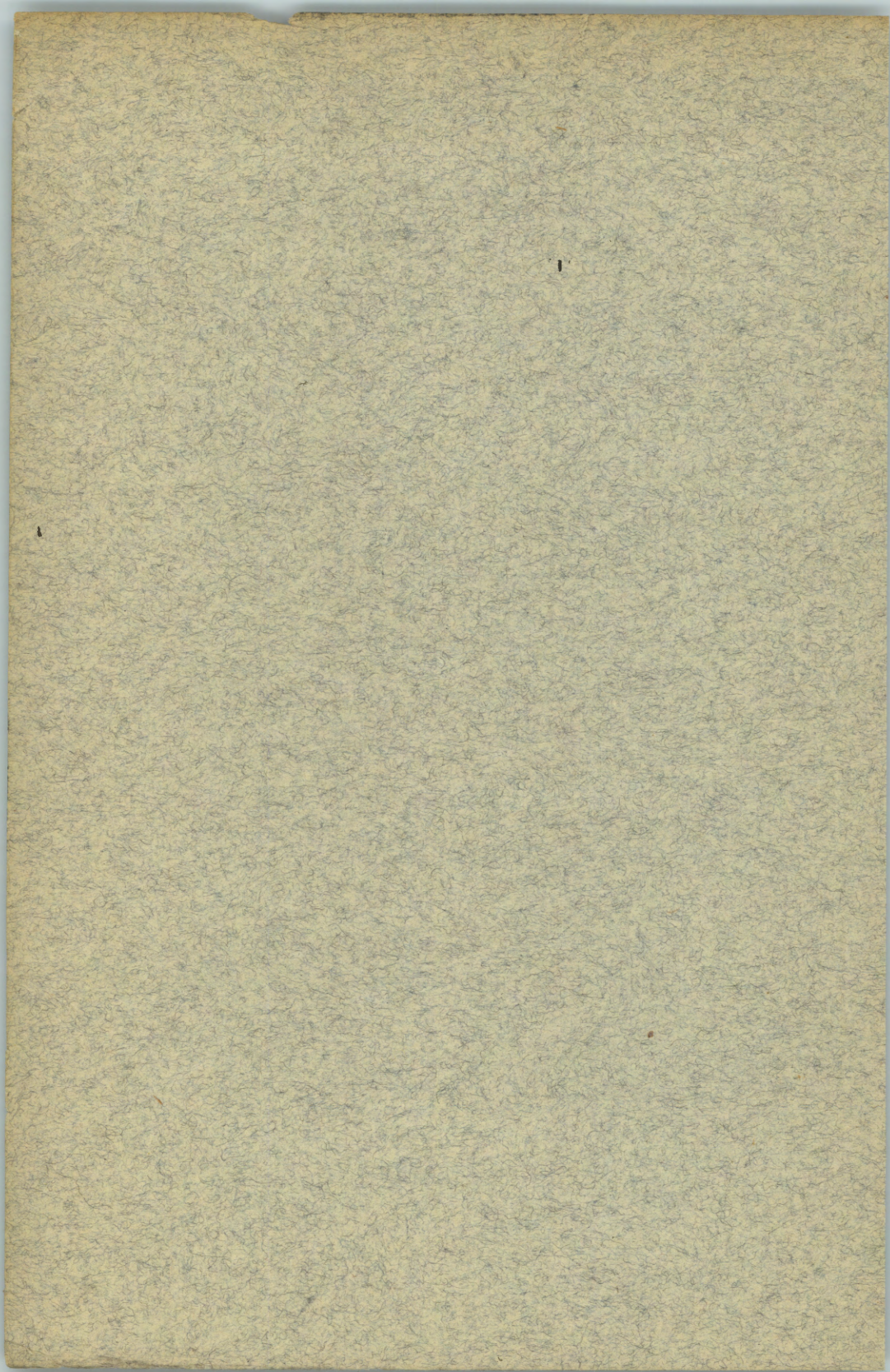


THE FIFTIETH ANNUAL REPORT
OF THE
MANAGERS AND OFFICERS
OF THE
NEW JERSEY STATE HOSPITAL
AT
GREYSTONE PARK
FOR THE YEAR ENDING JUNE 30th
1925

HOSPITAL PRINT

1925

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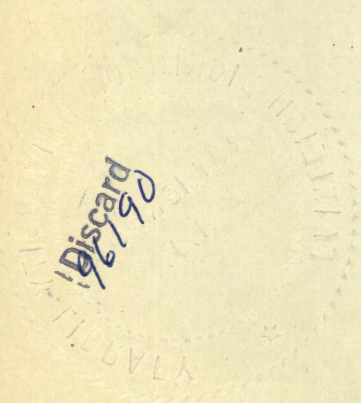
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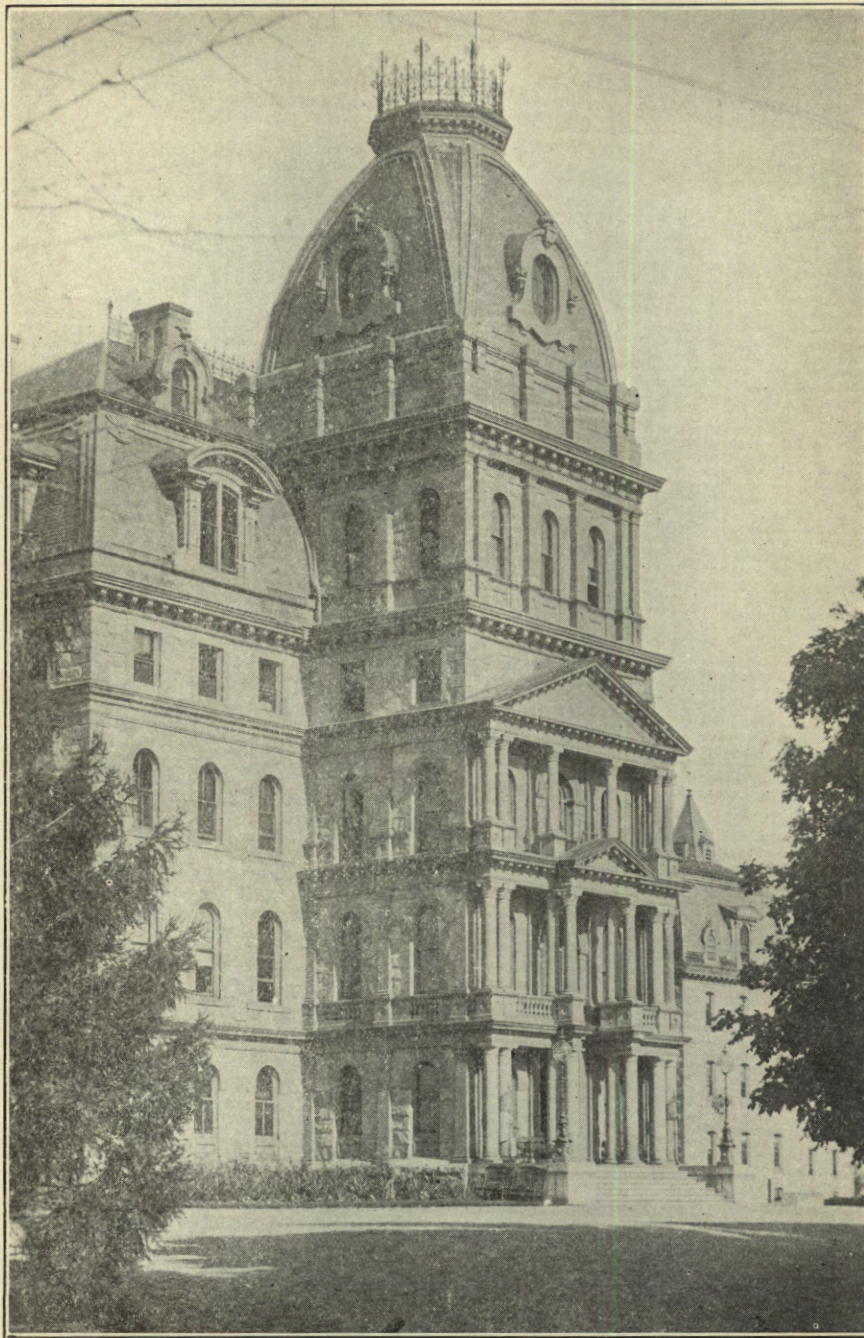
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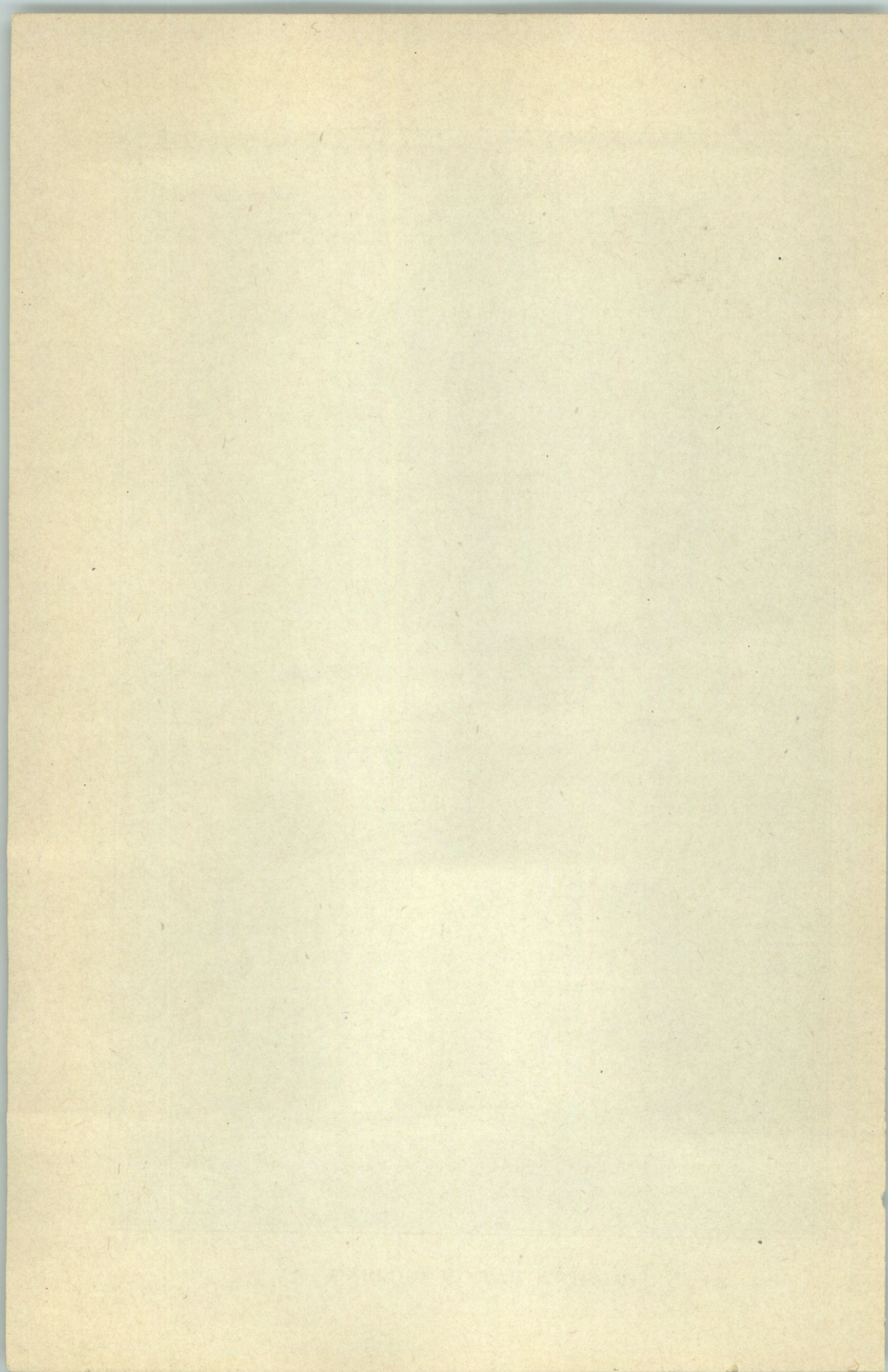
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ADMINISTRATION BUILDING



Managers

PRESIDENT.

DANIEL S. VOORHEES.....Morristown

VICE-PRESIDENT.

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

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

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

GEORGE RICHTER.....Boonton

MRS. JAYNE MILLARD DOYLE.....Newton

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

JAMES E. LAUENSTEIN.....Secretary

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
WILLIAM J. LEIN, M. D.	Senior Assistant Physician
PHILIP C. WASHBURN, M. D.	Senior Assistant Physician
BRADFORD J. MURPHEY, M. D.	Senior Assistant Physician
JAMES K. POLLOCK, M. D.	Senior Assistant Physician
THOMAS B. CHRISTIAN, M. D.	Pathologist
FRANKLIN C. YOUNG, M. D.	Assistant Physician
VICTOR D. THOMAS, M. D.	Assistant Physician
WILLIAM DIETZ, M. D.	Assistant Physician
JOSEPH DONOVAN, M. D.	Assistant Physician
J. HARLEY STAMP, M. D.	Assistant Physician
THEODORE R. FORD, M. D.	Assistant Physician
PERRY J. GAMBILL, M. D.	Assistant Physician
ALBERT V. ROCHE, M. D.	Assistant Physician
CHARLES E. CLARK, M. D.	Assistant Physician
E. P. VAUGHAN, M. D.	Assistant Physician
WILLIAM WILSON, M. D.	Assistant Physician
PERCY L. SMITH, M. D.	Assistant Physician
ANTONIO HUBERT, M. D.	Assistant Physician
WILLIAM E. HURLEY, M. D.	Assistant Physician
EDWARD P. RYAN, M. D.	Assistant Physician
DONALD J. HOLDCROFT, M. D.	Assistant Physician
RAYMOND J. HARQUAIL, M. D.	Assistant Physician
MARGARET DOUGLAS, M. D.	Assistant Physician
WILLIAM F. NELMS, M. D.	Assistant Physician
GEORGE F. COMEAU, M. D.	Assistant Physician
JOHN S. WHITEHILL, D. D. S.	Resident Dentist
JACKSON F. HENNINGSEN, D. D. S.	Resident Dentist
O. M. BOWEN	Warden
EDWARD I. COURSEN	Assistant Warden

Board of Consultants

JAMES T. WRIGHTSON, M. D.	Physician
GEORGE H. LATHROPE, M. D.	Clinical Medicine
CHRISTOPHER C. BELING, M. D.	Neurologist
FRANCIS H. GLAZEBROOK, M. D.	Surgeon
CLIFFORD MILLS, M. D.	Surgeon
WILLIAM H. LAWRENCE, JR., M. D.	Surgeon
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
FRANCIS C. BARTLEMAN, D. D. S.	Dentist

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 Greystone Park herewith presents to you its fiftieth annual report of the institution, covering the period from July 1, 1924, to June 30, 1925. The detailed report of the Medical Superintendent and Chief Executive Officer has been incorporated in order to provide more complete data regarding the affairs of the various divisions, the progress made in the course of the year and the more urgent needs and requirements.

The Managers have this year again been chiefly concerned with the building program. The system of weekly conferences between the Building Committee of this Board, Mr. Alan B. Mills, architect of your department, the hospital superintendent and the contractors engaged in the construction work has been of value in promoting harmony and mutual understanding. On several occasions labor troubles have injected additional problems into the already complex situation, and Mr. Frank A. Fetridge, of the State Board of Control, has generously given of his time and energy to aid in the successful mediation of these difficulties. The pieces of new construction in progress during the year include the congregate dining hall for women, the congregate dining hall for men, with a new main kitchen, the sewage disposal system, and the reception building, dining hall and kitchen of the new group. Complications were encountered in the work on the dining hall for women which necessitated a change in the plastering and delayed its completion considerably, but the building was occupied in May. The new sewage disposal system is now in use, although workmen are still engaged in put-

ting on the finishing touches. The other pieces of construction are progressing as rapidly as can be expected.

Early in the fiscal year the furnishing of the remodeled staff quarters in the Main Building was completed, under the direction of Mrs. Garrison. Furniture for the congregate dining hall for women was also installed during the year. The tables are hexagonal in shape, with maple tops finished in waterproof varnish, and, like the chairs, are of simple and sturdy construction, having been obtained through the "State Use" provision.

The congregate dining hall for women was built by means of a special appropriation, and the Board of Managers, for reasons of economy, acted as chief contractor, which resulted, of course, in greatly increasing the detail work devolving upon it. The dining hall is located at the rear of the south side of the Main Building, is four stories in height, and each floor is connected with the corresponding floor of the Main Building by a short corridor. The first three floors of the dining hall contain five separate dining rooms each, varying in size, the largest capable of holding ten tables, seating sixty patients. On the fourth floor the layout is slightly different, as there are one large dining room and two smaller ones. On each floor there is a large serving room, with steam table and closet, sinks, electric dish-washing machine and serving tables. Small storerooms connect with the serving room. Food is sent up in well-designed metal containers, by means of an electric elevator, directly from the kitchen. When the new kitchen is complete it will be located between this building and the congregate dining hall for men and connected with both. The entire dining hall is of fireproof construction, well lighted by ample windows and equipped with a modern ventilating system. Floors in the serving room are of tile; in the other rooms of concrete. Separate toilet facilities are provided for patients and employees on each floor. On the first floor are located additional dining rooms for the use of employees; these open on the ground level at the rear of the building.

Throughout the year the Board Committee on Water Supply has given intensive study to this subject, examining in turn all

available sources in the vicinity. Although progress has been made in the course of the year, final decision has not yet been reached, and consequently no definite report can be made at this time.

As you well know, the problem of housing for employees has reached most serious dimensions. Accommodations for ward workers are not adequate to permit of engaging sufficient personnel for our present buildings, especially women. In order to provide rooms for married employees it was necessary to take over part of the old cottage for nurses, thus reducing the already cramped quarters for women. A cottage is still rented in Morris Plains to increase the housing facilities, but is not large enough to afford complete relief. Under these circumstances it will obviously be impossible to occupy the new Reception Building now under construction until the additional housing for employees, to be provided from the half-mill tax of 1926, is ready for use. Consequently, although relief for the overcrowding on the wards is now in sight, it is somewhat in the nature of the desert mirage as far as immediate availability is concerned. In our experience at Greystone Park it is constantly borne in upon us that if an institution is to function to the highest degree, its plant capacity should be expanded ahead of requirements instead of lagging constantly behind them.

The local administration of the hospital has been exceedingly satisfactory, considering the handicaps under which the work is carried on. The various staffs have been increased to the limit of existing quarters, and it has been possible to give the patients more personal study and individual treatment. The recovery rate has shown a gratifying increase and the annual increase in the number of patients actually in the institution is lower than for several years past. The excellent work of Dr. Lane, as Clinical Director, has been an important factor in producing the good results. Dr. Lane is a serious and conscientious worker, keenly alert to current developments in the care and treatment of the mentally ill, and possessed of unusual gifts as a teacher. Inasmuch as his duties comprise direct supervision of the medical

and social service work, and he is in personal touch with all newly admitted patients, the success of the active treatments is largely dependent upon him.

Since it is convenient to have some officer with power to sign papers and direct the affairs of the hospital during the occasional necessary absences of Dr. Curry, the Board early in the fiscal year appointed Dr. McMurray as Acting Medical Superintendent and Acting Chief Executive Officer to function at such times as the Superintendent should be away from the institution. In addition to supervisory ward duties, Dr. McMurray is director of the Division of Occupational Therapy and in charge of sports and amusements. In this dual capacity he arranged the program for Field Day, held in September, which was most successful and reflected credit upon the hospital organization.

The surgical cases developing among the patients have received attention in the new operating rooms of the Clinic Building. Dr. Collins has continued in charge of this important phase of hospital treatment, and Dr. Clifford Mills, of Morristown, has continued as consultant. In view of the large number of major operations performed, the record of only one death is remarkable. Such employees as desire to be operated upon here rather than go to a general hospital are given the benefit of the institutional equipment. Dr. Gambill, as specialist in eye, ear, nose and throat work, also performed many operations during the year upon both patients and employees with uniformly successful results.

The reliance placed upon the pathological laboratory by the medical staff speaks highly for the ability of Dr. Christian, the resident pathologist, as does the frequency with which he is called upon by county officials to make laboratory examinations or perform autopsies in criminal cases. Dr. Hampton has been able to enlarge the field of X-ray and electrotherapeutic work since he has been released from routine ward duty, and this is now an extremely well equipped and efficient division of the medical department. The remainder of the staff have displayed commendable zeal in the prosecution of their duties, and while

there have been more than the usual number of appointments and resignations, the organization of the medical service has been able to absorb these changes without any apparent disruption.

The work of the Social Service Division has been highly gratifying in every way. There can no longer be any doubt that scientific after-care is of a decided benefit to the patient in bringing about adjustment to community life, and as a corollary of this it results in a more than considerable economic saving to the State by enabling many to live outside the institution who would otherwise have to be maintained on overcrowded wards. The work of the Occupational Therapy Division, including the curative workrooms, has shown decided progress during the year. The classes in physical education have been increased in number, and their value to the hospital has been advanced by centering attention upon the difficult groups of disturbed and deteriorated patients who cannot be interested in other lines of activity. The nursing and attendant forces of the hospital remain handicapped by reason of inadequate housing facilities. Much credit is due Miss Moylan, the superintendent of nurses, because she has developed and carried on a standard training school and has reorganized the ward service and maintained a working force under extremely difficult conditions.

The work of the business department has been complicated this year in most of the divisions. Changes incident to the taking over of the new boiler plant and sewage disposal system have necessitated shifting of personnel and adjustment to new duties; and the great extension of the plumbing, heating, power and electrical equipment to supply the new buildings as they are constructed is placing a heavy burden on the existing forces to handle the upkeep and repair work, as well as the occasional alterations which become necessary. In the laundry, conditions have been trying; the work required is steadily increasing; much of the equipment is old and in need of replacement, and the want of expert supervision has been felt during much of the year, owing to the lack of a head laundryman. Taking into consideration these circumstances, the

amount accomplished is creditable. The reports of the dairy, piggery, farm and garden are very satisfactory. The accounting office has handled a huge volume of detail in a competent manner, maintaining its previous high level of efficiency. Quarters for this office are being cramped, with all of the available space occupied. Mr. O. M. Bowen, as Warden, has been constantly on duty, overseeing the manifold activities of the entire business department, and we wish to commend the faithful manner in which he has carried on the work and the unfailing patience with which he has met the innumerable difficulties and annoyances of his position.

In the Superintendent's report may be found a detailed record of the plants and flowers raised under the direction of Otto Koch, florist and landscape gardener, and of their distribution on the wards. The statistical appendix also has a list of the garden produce grown by John J. Kelly and his assistants. Mention might be made of the fact that at the Annual Flower Show of the Morris County Gardeners' and Florists' Association, Mr. Koch received seven first prizes, four seconds and one special, and also a silver cup. He acted as a judge at two of the largest flower shows held in the country this year—New York and Cleveland. At the State Fair, Trenton, Mr. Kelly was given twenty-two first prizes, thirteen seconds and ten thirds for produce which he displayed. Such successful work seems to us highly laudable.

This report marks the completion of the fifth year of the institution under the superintendency of Dr. Marcus A. Curry. It may be well to enumerate some of the developments of this period. The appraised value of the hospital plant has been increased from \$4,210,223.66 to \$8,638,896.22; the staff of physicians from 9 to 21; the total number of officers and employees from 340 to 659; the number of patients from 2,713 to 3,451. Within this time an approved training school for nurses has replaced the former non-accredited school; the divisions of physical education and curative workrooms have been instituted and the number of patients employed has increased over 86

per cent.; the Social Service Division has been organized, with the result that the number of patients living outside the institution has increased from less than 3 per cent., based on the year's admissions, to more than 40 per cent. The entire medical service has been reorganized. The position of Clinical Director has been created and filled; the routine examinations—mental, physical and pathological—have been greatly enlarged in scope and detail; the dental, X-ray and surgical divisions have been re-equipped and expanded; the eye, ear, nose and throat work has been enlarged from occasional hours of a ward physician to the full time of a specialist. The Clinic Building, congregate dining hall for women, two cottages for nurses and four cottages for physicians have been planned and built; the staff quarters in the Main Building, the nurses' dining hall and a fifth cottage for physicians have been remodeled, and all of these buildings have been furnished, equipped and occupied. The reservoir system has been improved and a new boiler plant and sewage disposal system designed, constructed and put into use. Although final responsibility for construction is divided between your department and the local managers, the amount of consultive and executive work devolving upon the resident Superintendent as a result of this improvement program has been exceedingly heavy. Subject to the support and approval of the Board, he has borne the entire responsibility for the administrative changes enumerated, as well as for many others incident to the reorganization of the hospital work and the advancement of the daily routine in all divisions of the institution. These broad and far-reaching changes have been accomplished with a minimum of friction and dissatisfaction among officers and employees.

Five years ago, in our report to you, appears the following statement: "We feel that under the direction of Dr. Curry this hospital has a promising future." We now wish to endorse and repeat that opinion. Much has been accomplished; much remains to be done, but with Dr. Curry in charge we have every confidence that the development will be modern and progressive without becoming radical, and that common sense and sympa-

thetic understanding will direct and smooth the course. Open-mindedness, transparent honesty of purpose and scientific knowledge, coupled with contagious enthusiasm and executive ability of the noiseless action type—these are a few of the qualities which convince the Managers that this institution is exceedingly fortunate in the Superintendent selected to pilot it through the storm and stress of the reconstruction period.

At the close of the year covered by this report there remained on the books of the hospital 3,451 patients—1,683 males and 1,768 females—an increase of 87 patients over last year. Included in this total, however, are 285 patients—133 males and 152 females—who are carried on parole, making the increase over last year of patients actually in the hospital only 49. During the year there were admitted, including new admissions, readmissions and transfers from other institutions for the insane in this State, 700 patients—365 males and 335 females. The discharges totaled 343—180 males and 163 females; 149 were recorded as recovered, 145 as improved, 32 as unimproved, 12 as without psychosis and 5 as transferred to other institutions within the State. The deaths during the year numbered 270—163 males and 107 females.

At the beginning of the year Mr. Richter and Dr. Knight were reappointed to the Board, so the personnel has remained unchanged. During the year 12 regular and 2 special meetings were held, with a total attendance of 85. Visits, conferences and inspections received an attendance of 274, making a grand total of 359 trips to the institution made by the individual managers. On September 18th, at our invitation, the Board of Managers, Medical Director and Warden of The New Jersey State Hospital at Trenton, accompanied by you as Commissioner, kindly visited this institution on a tour of inspection. On November 20th we accepted an invitation for a return visit to Trenton. Both occasions seemed to us very enjoyable, and we are of the opinion that such interchanges of contact are mutually helpful and inspiring.

At this time we wish to express our sincere appreciation of the personal attention given to this institution by the members of

your Department and particularly by yourself as Commissioner. We realize that this hospital is remote from the central office, and that often road conditions render travel difficult and time consuming. Under these circumstances, the frequency of your visits and the keen interest which you have shown in the local developments have been peculiarly gratifying to us. We also feel deeply pleased by the attitude of Mr. Alan B. Mills, Director of the Division of Architecture in your Department. Throughout the year he has been very often on the grounds engaged in personal supervision of the building activities, and he has always been ready in his response to our many requests for exact and detailed information regarding the condition of the work and the pros and cons of materials, specifications and constructions.

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 Thirtieth, Nineteen Hundred and Twenty-Five.

TREASURER'S REPORT

TREASURER'S REPORT

NEW JERSEY STATE HOSPITAL

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TREASURER'S REPORT OF CASH RECEIPTS AND DISBURSEMENTS FOR FISCAL YEAR ENDING JUNE 30, 1925.

RECEIPTS.

From Bergen County	\$63,541.40
" Essex County.....	4,129.15
" Hudson County.....	15,060.70
" Mercer County.....	158.73
" Middlesex County.....	999.33
" Monmouth County.....	590.51
" Morris County.....	34,002.42
" Passaic County.....	94,282.64
" Sussex County.....	10,953.43
" Somerset County	60.87
" Union County	76,005.48
" Warren County.....	3,037.34
" Private patients.....	214,827.44
" Individuals for support of indigent patients	7,581.50
" Insurance companies—fire losses.....	2,131.80
" Miscellaneous collections.....	6,705.06
	<hr/>
	\$534,067.80

DISBURSEMENTS.

Amount of collections deposited with Wm. T. Read, State Treasurer..\$534,067.80

O. M. BOWEN,
Treasurer.

NOTE:—\$24,062.23 of the above receipts is creditable to the fiscal year ending June 30, 1924.

REPORT OF THE CHIEF EXECUTIVE OFFICER

REPORT OF THE CHIEF EXECUTIVE OFFICER

Report of the Chief Executive Officer

To the Board of Managers:

In accordance with statutory requirements, as Medical Superintendent and Chief Executive Officer, I hereby submit to you the annual report of The New Jersey State Hospital at Greystone Park, covering the period from July 1, 1924, to June 30, 1925. Although considered the fiftieth annual report, this record actually has to do with the forty-ninth year of the institution, since in 1918, at the time the date of the beginning of the fiscal year was changed from November 1 to July 1, two reports were issued in the same year. During the past winter, by act of the Legislature, the official name of the institution was altered from The New Jersey State Hospital at Morris Plains to The New Jersey State Hospital at Greystone Park.

After considering carefully the events of the last twelve months, I am able to report encouraging advancement along all lines. The most outstanding progress has been made in the way of construction work. The new power plant and sewage disposal system have been placed in operation. Both are designed to be capable of providing not only for present needs, but for future developments as well. The congregate dining hall for women patients of the Main Building was opened for use in May and is improving the condition of the food and the rapidity of service, and materially cutting down the waste. The space on the wards released by the elimination of dining rooms is being converted into dormitories. Work on the congregate dining hall for men is not yet entirely completed. In October, excavating was begun for the Reception Building and for the kitchen and dining hall adjacent to it. During the season of heaviest snowfall it was necessary to discontinue work, and labor strikes have

caused more or less delay from time to time, but the outside walls of the Reception Building are now well up, and the iron work of the other building is being put in place.

The Legislature of 1925 enacted a measure providing for a half-mill tax to be levied in 1926, and assigning to this institution the sum of \$650,500 for new construction work, specifically including a female employees' building, a male employees' building, a married employees' building, and an addition to the fire house, providing, in all, quarters for 350 employees; the other structures to be built are an occupational therapy building, dairy barn, garages, and shed for farm implements. Until this additional housing for employees is constructed, furnished and ready for use, we shall not be able to man our present buildings adequately, and cannot possibly utilize the new Reception Building.

The total personnel for the institution shows a slight increase over the previous year. On the official staff, there are two more resident physicians, one additional social service worker, three new instructors in occupational therapy, and two in physical education. In engaging assistants for the various new divisions we have been extremely fortunate in obtaining capable young women with excellent training, many of them being college graduates. Employees of this type not only add to the efficiency of their own divisions, but improve the tone of the entire service, and by their contacts in the community—which are especially frequent in the case of the social workers—do a great deal to educate the public to an intelligent co-operation with the efforts of the hospital. In the medical offices a new position was created during the year, that of principal clerk in charge of the stenographic force. This work requires only a portion of the time of Mr. James E. Lauenstein, senior clerk-stenographer, who was appointed to the position, and has resulted in a more equitable distribution of duties and in less confusion regarding vacations and other absences from the institution.

The number of graduate nurses has been increased, although still far below our requirements. Women undergraduate nurses and attendants also show an increase, but we continue to have

considerably less women than men. I believe that it would be for the advantage of the patients if women nurses were placed in charge of the male wards throughout the institution, as is now the system in the Clinic Building, retaining a sufficient number of men to act as attendants and orderlies on all male services. This would result, of course, in a preponderance of women among the ward employees, the reverse of the present situation. Although the type of attendants obtainable, male and female, is not always all that could be desired, the most serious factor in our employment situation is now the lack of housing facilities. At present every nook and cranny of the institution is filled, and we are continuing to rent a cottage in Morris Plains for the accommodation of nurses.

In order to facilitate adjustments and promote effective service throughout the institution, I am now holding two conferences each Monday. In the forenoon I meet the heads of all divisions in the Business Department, discuss current work and requirements, and take up any problems which have arisen. In the afternoon I hold a similar conference with the heads of divisions in the Medical Department. These general meetings tend to eliminate friction and overlapping of functions, and also act as information centres.

Various improvements in the care of patients have been effected in the course of the past twelve months. In the Main Building a survey was made of the patients, with careful study of their diagnoses—mental and physical—prognoses, trends and habits. Then upon this basis a redistribution of patients in the different wards was instituted. Ward 3—3 was made an occupational therapy centre, with patients able to engage in "curative work-room" activities. The number of patients in the "sections" was reduced and the equipment in the exercise yards improved. A packroom was fitted up and hydrotherapeutic treatments were increased by engaging additional trained workers. In view of the large number of tuberculous patients found upon the various wards, it seemed best to make a determined effort at segregation, although the institution has no suitable building for this purpose.

The south annex to the Dormitory Building offered the greatest possibilities, and has now been remodeled by the hospital mechanics to serve as a temporary ward for tuberculous women. Obviously, one of our greatest needs, after the completion of those buildings already provided for, is a properly designed and equipped tuberculosis hospital. This should be of sufficient size to accommodate at least three hundred patients, and planned to be a complete unit in itself.

Another result of the survey was to furnish more exact data as to the number of patients who are in a senile condition. A steadily increasing proportion of those suffering from senile psychoses and psychoses with cerebral arteriosclerosis is committed to this hospital; in the current year the total reached 155, or over 27 per cent. of the entire first admissions. Whether or not the increase is due to the changing conditions of living, which render it more difficult to care for these aged people at home, I am not prepared to say. In the majority of instances, after a short sojourn under institutional supervision, the patients become quiet and present no particular difficulties of care, beyond the fact that if kept on a ward with younger and more active patients they are liable to sustain fractures and other injuries. Nothing can be done in the way of active treatment for the mental condition, since their state is one of simple dotage. In a hospital designed for the care of acute mental cases the cost of maintaining these purely custodial patients is much higher than it would be in an infirmary or almshouse. If arrangements could be made so that after a patient of this type had been admitted, examined and maintained under observation for a sufficient time to determine the senile character of the mental status, he could then be transferred to a suitable custodial institution, marked relief would be afforded to our crowded wards, the cost to the State would be reduced, and the patient could be made quite as comfortable.

The detailed reports submitted to me from the various divisions of the medical service and from the business department have been incorporated, in a more or less condensed form, in this report to you. Statistical tables compiled according to the re-

quirements of the National Committee for Mental Hygiene will be found in the appendix, as well as tabulated data regarding flowers grown, stock slaughtered, and farm and garden produce. I wish to commend to your especial attention the recommendations which are discussed near the end of the report; by no means all of the items requested in the budget are included in this list, as it seemed necessary to stress only those whose importance might not be recognized without a word of explanation.

HEALTH.

Throughout the year we have been fortunate in maintaining a high health ratio both among patients and employees. One case of measles and two of scarlet fever appeared among the employees and one of chicken pox among the patients. All were promptly observed, placed in isolation rooms, and immediately transferred to the ward for contagious diseases in a general hospital in Morristown, where they were treated at the expense of this institution. Any one of these cases might have been the source of a very serious epidemic among the patients of our overcrowded wards had it remained unrecognized for an appreciable time or had proper precautions not been used. The diagnosis in the case of varicella was in doubt for a time, as the early symptoms closely resembled those of small pox; for this reason, and because small pox has been and still is prevalent in our district, it was thought best to vaccinate all patients in the hospital, as well as such employees as desired this service. The results were remarkably good, no troublesome mixed infections developing in any instance. Vaccination of all new patients upon admission is being continued at the present time. The death rate for the year is slightly higher than the exceedingly low record established last year, but is still below the average for this institution. More numerous deaths from tuberculosis of the lungs, general paralysis, endocarditis, myocarditis, and arteriosclerosis, account for the increase over 1924.

STATISTICAL RESUME.

The hospital records are kept according to the standardized form recommended by The National Committee for Mental Hygiene and The American Psychiatric Association. Complete tables are printed in the appendix to this report, but for convenient reference I have inserted at this point a summary arranged by Mr. William J. Littell, statistician of the medical department.

During the year, 700 patients were admitted—365 males and 335 females. Of these, 596—320 males and 276 females—were first admissions to any institution for the insane; 100—44 males and 56 females—were readmissions, and 4—1 male and 3 females—were transferred from other institutions for the insane within the State of New Jersey.

Within the same period of time, 613 patients—343 males and 270 females—were discharged. The increase in population was, therefore, 87 patients.

The total number of patients under treatment during the year was 4,064—2,026 males and 2,038 females.

At the close of the year there remained on the records of the hospital, 3,451 patients—1,683 males and 1,768 females. Comprised in this number were 285 patients—133 males and 152 females—who were carried on parole. The largest number of patients actually in the institution at any one time during the year was 3,168—1,552 males and 1,616 females.

Of the first admissions, 331 were native born and 262 foreign born, the latter constituting approximately 45 per cent. of the total. Over 62½ per cent. of the foreign born were natives of the following five countries: Austria, 29; Germany, 36; Italy, 42; Poland, 30; and Russia, 27. Eighty-two of the foreign born were naturalized citizens, while 123, or 60 per cent, were aliens. No data was obtainable as to the citizenship of 60 patients.

Of the first admissions, 120 were diagnosed as suffering from psychoses with cerebral arteriosclerosis, 77 from general paralysis, 68 from manic-depressive psychoses, and 174 from dementia præcox, these four psychoses applying to over 73 per cent of the

first admissions. The psychosis of dementia præcox alone comprised nearly 30 per cent. Among the remaining cases, 35 were diagnosed as senile psychoses, 14 as alcoholic psychoses, and 25 as psychoses with somatic diseases.

The table of races of first admissions shows 31 patients to be African, 58 German, 27 Hebrew, 53 Irish, 51 Italian, and 49 Slavonic. These six races constitute over 45 per cent of the total first admissions.

In nearly 40 per cent of the first admissions the ages of the patients were between 25 and 40 years. There were 143 patients admitted between the ages of 35 and 45 years. Fifty-four patients were over 70 years of age at the time of admission.

In the matter of education, 48 patients were classed as illiterate, 103 as able to read and write, 326 (nearly 55 per cent) as having acquired a common school education, 40 a high school, and 18 a collegiate education. The degree of education of 61 patients was unascertainable.

The environment of over 90 per cent of the first admissions was recorded as urban. Fifty patients had a rural environment, and the residence of 2 patients could not be ascertained.

As to the economic condition of first admissions, 331 (over 55½ per cent) were classified as dependent, 180 as marginal, and 81 as comfortable. The economic condition of 4 patients was unascertainable.

In the use of alcohol, 325 first admission patients were recorded as abstinent, 116 as temperate, and 86 as intemperate. The habits of 69 patients as to the use of alcoholic liquors could not be ascertained.

Concerning the marital condition of first admission patients, 208—130 males and 78 females—were single; 288—141 males and 147 females—were married; and 84—38 males and 46 females—were widowed. Six were separated and the same number divorced.

The principal psychoses of the readmissions were manic-depressive, in 35; and dementia præcox, 37—72 per cent of the readmitted patients. The diagnoses of the remainder were:

senile psychosis, 1; psychoses with cerebral arteriosclerosis, 10; general paralysis, 2; alcoholic psychoses, 1; involutional melancholia, 1; paranoia and paranoid conditions, 1; psycho-neuroses and neuroses, 4; psychoses with psychopathic personality, 3; psychoses with mental deficiency, 2; and undiagnosed, 1. Two patients were without psychoses.

The discharges for the year, exclusive of the patients who died, numbered 338. Of these, 149 patients—78 males and 71 females—were discharged as recovered, a percentage of 25, based on the number of first admissions, showing a material increase over the preceding year. There were discharged as improved 145 patients—78 males and 67 females—over 24 per cent by a similar computation. A large proportion of these "improved" patients, while retaining certain mental symptoms, constitute social recoveries, in that they are able to readjust themselves to the community, earn a livelihood, and in some instances contribute to the support of their families.

Thirty-two patients were discharged as unimproved and 12 as without psychosis.

During the year 270 patients died—163 males and 107 females—a percentage slightly in excess of $6\frac{1}{2}$, based on the total number under treatment. The principal psychoses of those who died were psychoses with cerebral arteriosclerosis, 56; general paralysis, 58; and dementia præcox, 52; this group comprising $61\frac{1}{2}$ per cent of the total. The chief causes of death were pulmonary tuberculosis, in 31 cases; disease of the circulatory system, 95; and nephritis, 29 cases—nearly $57\frac{1}{2}$ per cent of the total deaths.

Concerning age at death, 152 patients were in excess of 50 years—over 56 per cent. Thirty-two were between 70 and 80 years; 16 between 80 and 90 years, and 4 were over 90 years of age at the time of death. The average age at death for the year was 54.84 years.

Of those who died, 145 patients (over $53\frac{1}{2}$ per cent) had been under treatment for periods in excess of 1 year. There were 28 patients who had been in the hospital for over 20 years; of

these, 11 had been in residence for from 20 to 25 years; 5 for from 25 to 30 years; 7 for from 30 to 35 years; 3 for from 35 to 40 years, and 2 for over 40 years.

CLINICAL WORK.

Again this year the clinical division has been supervised by Dr. Arthur G. Lane, as Clinical Director. He is in charge of the examination of patients, conducts staff meetings and advises treatments. He also supervises the social service division, instructs new physicians in psychiatry and lectures to the student nurses on this subject. A great deal of credit is due Dr. Lane for his untiring efforts to inspire the new members of the staff with an understanding of the principles involved in the examination and treatment of mental disorders, and an appreciation of the possibilities for service which exist in this field. He has constantly labored to improve the clinical methods and equipment and has been deeply interested in the construction program. His report as submitted to me is as follows:

Coming to the close of another year, we feel that we can look with pride on the steady progress which has been maintained in the clinical work of this hospital. A study of the facts and figures compiled in the statistical tables and in the individual reports of the various allied divisions devoted to clinical study and treatment will reveal that in each endeavor we have surpassed the work of former years. This report, as usual, is directed along generalized lines. It concerns itself largely with the mentioning of unusual features and innovations and also calls attention to several major recommendations believed necessary before the clinical work can have full opportunity for development.

During the year there have been several changes in the personnel of our medical staff, but we have been able to maintain the total number of physicians, and the work done, judged by the results obtained, indicates that we are steadily climbing in our endeavors to reach that high standard of perfection which is our ideal. The housing accommodations for medical men has

reached the capacity limit and thus acts as a handicap to further expansion along this line. I believe that further expenditure for this purpose will be fully justified by the ultimate economy secured by greater efficiency.

It is our desire to give to each and every one of our patients during the period immediately following admission a thorough and exhaustive routine examination and study, in order that we may promptly become aware of the indications for treatment and without delay be able to initiate therapeutic measures appropriate to the relief of the distressing symptoms. Within the first twenty-four hours after admission a physical examination is made and recorded. This examination is a comprehensive study of the symptoms about which the patient complains, with an effort to correlate the physical diagnostic finding with these symptoms. It is at this time that the neurological status reveals the presence or absence of organic disorders of the cerebro-spinal nervous system. The knowledge of the general physical health and the neurological symptoms thus early determined serves to guide us along the lines of special examinations and tests which will ultimately lead to an understanding and diagnosis of the particular pathological lesions which may be acting as provoking or contributing factors in the mental disorder. A period of varying extent follows, during which the patient remains in bed under the careful observation of physicians and nurses for the purpose of studying the physiological functions, so that by means of clinical charts and bedside records a complete survey may be made of the objective features presenting themselves.

Throughout this observation period a more detailed study of special functions is in progress by the various clinical divisions. The laboratory is called upon for a systematic presentation of the status of the eliminative functions; a complete blood picture (chemical and cytological), Wassermann, report of blood and spinal fluid, together with special analytical tests wherever indicated. Included in the routine procedure is a complete report of the organic and functional disturbances of the special senses, eye, ear, nose and throat. A dental examination is performed

that all oral pathology may be promptly corrected. A gynecological examination is provided for each of the female patients. The roentgenological division is called upon by the general medical men and by each of the various specialists for added diagnostic data for checking up the debatable physical findings. Only after all of these routine procedures are terminated in each case, and with added special tests and examinations in cases requiring more detailed study, do we feel that we are in a position to determine in what direction we must proceed in giving all the medical and surgical assistance demanded by the physical picture.

Coincident with the physical study, a painstaking effort is made to acquaint ourselves with the mental picture by observation of conduct and evaluation of the emotional manifestations in conjunction with psychological trends by means of frequent interviews, special examinations and tests of the mental content and intellectual faculties.

With all symptoms and disease manifestations carefully checked and examinations recorded by the various clinical divisions the evidence so accumulated is assigned for further study to a member of the staff whose duty it is to assemble the material into a diagnostic summary for presentation at a conference in which all physicians of the medical staff are assembled to assist in determining the diagnosis for statistical purposes, giving advice as to the value of the etiological factors, discussing the treatment outlined and making recommendations for more extended treatment.

The results of such a study and discussion give us a broad view of each patient's individual problems, with abundant opportunity to weigh each factor and balance the relative etiological values of the organic and functional features. The increasing evidence seems to justify the belief in the etiological significance of the disastrous effects of mental conflicts in poorly adjusted personalities, with their adverse environmental circumstances as a purely psychological problem in a large percentage of cases.

Because of these dynamic factors, the knowledge of which we estimate is of incalculable value, the social service division is being called upon to a greater extent than formerly for a detailed study of the pre-hospital life and history in practically every admission to the wards. This is one of the causes for our demands for further additions in the personnel of this division which, in addition, is entrusted with the direction of the activities and the responsibility for the welfare of our greatly increased roster of cases outside of the hospital on trial visit.

The most serious handicap in the clinical work and one that tends to a great degree to defeat our medical activities is the tremendously inadequate nursing and attendant staff. It is clearly evident that complete examination and study is essential before appropriate treatment can be prescribed, and it is also just as evident that the indicated treatment must be administered by well-trained, competent nurses and attendants in sufficient number that each individual may be benefited by such personal supervision if satisfactory results are to be obtained. That personal attention and supervision, alone, is responsible to a great degree for beneficial results has long been an axiom accepted by psychiatrists. Our difficulties, because of this situation in our clinical endeavors to obtain economical results measured by restoration if possible and amelioration as much as possible, are in proportion to the discrepancy which exists in the employees to patient ratio, below that which is currently acknowledged as the minimum ratio for efficiently conducting such hospitals. That our results make such a favorable showing in spite of this deficiency would seem to be rather remarkable and indicates that much credit is due to the loyal and earnest efforts of those engaged in this branch of the service. At this time it is realized that this condition is unavoidable because of the housing situation. However, this report would be remiss if this very serious condition is not emphatically called to attention. The mechanism for clinical work cannot function smoothly with one of the very important divisions seriously undermanned.

With our resources strained along the above indicated lines we have during the past months made a noteworthy effort at a rearrangement of our patients throughout the older part of the hospital, along the line of a re-classification by wards, so that predominating characteristics and mental traits may be uniformly grouped. This, we believe, yields not only relief to individual patients in assisting them with their difficulties at readjustment, but is also of marked economical advantage from an administrative standpoint. With this graduated classification of patients it has been impressed upon us even more forcibly than ever before the monetary loss to the State in the housing and supervision which is being provided for a large class of patients who, according to the strict interpretation of the lawful purpose of the institution, are no longer eligible for residence in a hospital devoted solely to the care and treatment of the insane. Reference is made particularly to that group of organic cases who have long ago recovered from the psychotic disturbances which necessitated their admission here and who now continue to reside on the wards because there is no other provision for their custodial care. County homes and hospitals and the individual's own home could more advantageously supervise this activity at a per capita cost greatly less than that required for maintenance in an institution of this nature.

It has been another feature of our year's work to undertake a survey of this proposition in addition to our other activities, believing that ultimately we can present figures that will be convincing evidence that a certain degree of overcrowding in the hospital could be alleviated with the removal of this type of ineligible. We find that of this above-mentioned class and also other patients who have recovered from various forms of mental illness that many are left in the hospital long after their illness has subsided. As stated, the hospital is not co-operating in this injustice, but is making a very strenuous effort, and in some cases arousing considerable animosity, in its endeavor to make responsible parties, either individuals or municipalities, assume their duties in this regard. By means of our survey we are trying,

with the aid of our social service division, to reduce our census by the elimination of these cases wherever coercion proves available. We have been rewarded in a fairly satisfactory number of instances, resulting in a financial economy sufficiently large, as proven by the per capita saving, to more than defray the salary expense of the whole social service division during the past twelve months.

Our re-classification study has produced another gratifying result in that we feel that we will now be better able to segregate and furnish more suitable treatment for our tubercular patients. We have always recognized this urgent necessity and regretted that a very inadequate number of beds were available for male patients suffering from this disease. During the next year we propose to use two small buildings at the rear of the Dormitory Building, which were formerly erected of flimsy structure for the temporary housing of working patients, as wards for these tuberculous patients. In these two buildings—one for each sex—we can provide fairly satisfactory treatment and the hygiene so seriously needed for this form of physical illness. While these buildings will not furnish accommodation for all that should be so treated, they will greatly help to do so to an appreciable degree. Here the more advanced cases at least will be separated from other patients and thus reduce to a minimum the danger of contamination and infection. It is fully appreciated by us that this is only a makeshift measure, and we suggest that early in the building program provision be made for erecting a modern hospital building and equipment suitable for the rather large number of cases of this disease which are now scattered throughout the various wards of the hospital.

Also as a result of our re-classification study, the large wards and dormitories at the Dormitory Building have come up for criticism; first as to the disadvantages they offer for proper classification of patients, and secondly from the administrative standpoint of their economic supervision. It is believed that these large wards could be readily subdivided into much smaller wards along the line of modern institutional architecture with marked

advantage in both respects.

Our laboratory studies along the line of auto-intoxication have given us an incentive to watch this etiological factor with greater concern. The knowledge that the mental faculties, even in a normal individual, suffer when the blood stream is contaminated is not limited to the medical profession. Hence, it would be only reasonable to expect that nerve tissue already laboring with the impairment of organic disease would be still further disordered by such contamination resulting in an intensification or complication of the underlying etiology. Active eliminative treatment with suitable dietary measures based on the blood chemistry indications of retention, we have found, practically always shows gratifying results in the amelioration of many distressing symptoms. This statement is made that we may call attention to the fact that we are in need of a number of competent dietitians skilled in the preparation of dietaries along medical lines, realizing fully while making this recommendation that this, along with other activities, must be curtailed until adequate housing of employees is provided.

As in former years, the occupational therapy division and physical education division have functioned in a very efficient manner. The beneficial results of this line of treatment are recognized at their full value in this hospital, so that with each year an effort is made to increase the facilities and personnel, that we may avail ourselves of the great advantages afforded by these therapeutic measures. During the year just closing I believe the most noteworthy expansion in this particular field is the addition of a division devoted solely to the purpose of habit training in a class of more deteriorated patients who are ordinarily considered to be beyond the reach of other forms of stimulating therapy.

Along the lines of general medicine, surgery and their allied divisions we can only suggest that a glance at the individual reports submitted by them will be rewarded with information that the same degree of efficiency has been in evidence as in former years. We have been unusually fortunate in escaping epidemics of contagious diseases and the general health of the

whole institution has been extremely good. Because of the prevalence of smallpox in several areas of our hospital district it was thought advisable to institute prophylactic vaccination for the prevention of the entrance of this disease into the hospital. The vaccination of the whole population was successfully accomplished without serious complications. Henceforth each patient admitted is to be immunized as a part of the initial routine.

Our out-patient clinic maintained at the institution has been used by the general public and the medical profession to a greater extent than ever before. A specially trained psychologist of the social service division has been able to assist by means of psychometric examinations in the study of defective and problem children. The propaganda for mental hygiene which is now being furnished the general public has borne fruit, as the number applying for advice along these lines bears evidence. The desire to carry the facilities for mental hygiene advice to the community, where it can be more largely available, is constantly with us. It is our aim as soon as the reorganization and reconstruction work is well established within the walls to go out into the community with clinics providing such opportunity for mental hygiene and child guidance advice.

I am deeply indebted and profoundly grateful for the earnest efforts of all my associates in assisting to make this our most noteworthy period. I know that it is the sincere desire of all concerned that this spirit of loyal cooperation will continue to prevail, that the future may hold much deserved credit for the institution and that the welfare of those entrusted to our care may still further be enhanced.

SURGICAL OPERATIONS, ACCIDENTS, BIRTHS, ETC.

The surgical work for the past year has been continued under the direction of Dr. Laurence M. Collins, senior physician, with Dr. Clifford Mills, of Morristown, as consultant. The recovery rate is remarkable, for with a large number of major operations performed, often when the patients were in poor physical health

and on several occasions when the patients were actually in a moribund condition, there was only one death to report.

Dr. Collins has submitted the following summary of the year's work, with a list of the more important operations performed.

A thorough and systematic physical examination has been made of patients throughout the hospital. Those found suffering from any physical defect which could be alleviated by surgical intervention have received treatment. Considerable minor surgery has been given attention in the two operating rooms of the Main Building; all major operations were performed in the new operating rooms of the Clinic Building.

The following list indicates the operations and the result:

<i>No. of Cases</i>	<i>Diagnosis</i>	<i>Operation Performed</i>	<i>Result</i>
1	Intestinal obstruction due to volvulus	Reduced.....	Recovered
2	Intestinal obstruction due to post-operative adhesions.....	Adhesions broken up.....	Recovered
1	Post-operative hernia.....	Tissues resected and hernia reduced.....	Recovered
3	Strangulated left inguinal hernia ..	Bassini.....	2 recovered 1 died
1	Strangulated right inguinal hernia ..	Bassini.....	Recovered
11	Double inguinal hernias.....	Bassini.....	Recovered
1	Incarcerated left inguinal hernia ..	Bassini.....	Recovered
2	Left inguinal hernia.....	Bassini.....	Recovered
5	External and internal hemorrhoids ..	Hemorrhoidectomy	Recovered
2	Prolapse of rectum.....	Cauterization of mucous membrane of rectal wall.....	Improved
1	Foreign body in tissue of neck.....	Extraction.....	Recovered
1	Foreign bodies in peritoneal cavity	Exploratory with removal	Recovered
2	Elongated prepuce.....	Circumision.....	Recovered
2	Burns of first and second degree.....	.....	Recovered
1	Transverse presentation	Version.....	Recovered
1	Placenta prævia.....	Version with extraction.....	Recovered
1	Eclampsia	Cesarean section.....	Recovered
2	Fibroids of uterus.....	Hysterectomy	Recovered
4	Cellulitis of hand.....	Incision and drainage	Recovered
1	Cellulitis of scrotum.....	Incision and drainage	Recovered
3	Hydroceles.....	.....	Recovered
1	Tumor of right testicle.....	Orchidectomy.....	Recovered
1	Chronic pyosalpinx.....	Salpingectomy.....	Recovered
1	Carcinoma of right breast.....	Amputation	Recovered
1	Cholelithiasis.....	Cholecystectomy	Recovered
4	Tubercular peritonitis.....	.....	Improved

<i>No. of Cases</i>	<i>Diagnosis</i>	<i>Operation Performed</i>	<i>Result</i>
1	Chronic osteomyelitis of index finger, right hand.....	Amputation	Recovered
1	Osteomyelitis of metacarpal bone of left hand.....	Curettage	Recovered
1	Tuberculous osteomyelitis of right thumb.....	Amputated.....	Recovered
1	Ankylosis of small finger, termi- nal joint, right hand.....	Amputated	Recovered
1	Anterior dislocation of right shoulder.....	Reduced	Recovered
1	Fracture of upper third, right humerus	Reduced	Recovered
1	Tuberculosis of left elbow joint.....	Incision and drainage	Improved
4	Colles fracture	Reduced	Recovered
1	Fracture of both bones of left leg.....	Reduced	Recovered
1	Intracapsular fracture of neck of right femur.....	Reduced	Recovered
1	Complicated fracture of both bones lower third, right forearm.....	Reduced.....	Recovered
1	Urethral caruncle	Excised.....	Recovered
3	Ischio-rectal abscesses	Incision and drainage	Recovered
1	Lacerated wound of muscles, arteries and tissues of neck	Wound sutured.....	Recovered
11	Acute catarrhal appendicitis.....	Appendectomy	Recovered
5	Chronic catarrhal appendicitis.....	Appendectomy	Recovered
1	Acute gangrenous appendicitis.....	Appendectomy with drainage.....	Recovered
3	Acute suppurative appendicitis.....	Appendectomy with drainage.....	Recovered

The record of births at the hospital for the year is as follows:

Patient admitted November 1, 1924; female child born December 15, 1924. Child removed by father December 20, 1924.

Patient admitted November 26, 1924; male child born January 3, 1925. Child born January 3, 1925. Child removed by Social Service Department January 22, 1925.

Patient admitted July 18, 1924; male child born January 30, 1925. Child removed by Social Service Department February 28, 1925.

Patient (colored) admitted February 26, 1925; male child born March 1, 1925. Removed by Social Service Department and turned over to State Board of Children's Guardians May 1, 1925.

Patient admitted March 13, 1925; female child born March 15, 1925. Child removed by Social Service Department April 18, 1925.

Although during the past year there have been a number of minor accidents to patients and to those engaged in caring for them, such as are unpreventable in an institution of this type, we have been extremely fortunate in the matter of serious injury to

either patients or employees. One woman patient broke a water glass and with one of the pieces slashed her throat, but did not injure important vessels. She was immediately treated on the surgical service and made an uneventful recovery. She stated that she was seized with a feeling of depression, but that she was sorry as soon as she committed the act. For the first time in several years there are no instances of suicide to report. Despite the continued observance of all possible precautions I am forced to regard this happy result as more or less in the nature of a fortunate accident.

EYE, EAR, NOSE AND THROAT DIVISION.

The separate division for eye, ear, nose and throat work opened last year has been continued and has shown a marked degree of success, not only in restoring the patients to physical health, but also in bringing about an improvement in the mental status as a direct result of the treatments. Dr. P. J. Gambill, an unusually well trained specialist in this line, has devoted his entire time to the service, and a student nurse has been assigned to duty under his direction. Routine examinations of the eye, ear, nose and throat are given each patient as soon after admission as can be arranged, and similar examinations are being extended to those resident in the hospital as rapidly as time permits. Special examinations are made whenever need arises, and hospital employees are also given the benefit of this service.

Dr. Gambill has submitted a detailed report of his work during the year, which I have condensed as follows:

<i>Examinations</i>	<i>Eye</i>	<i>Ear</i>	<i>Nose</i>	<i>Throat</i>	<i>Total</i>
Patients:					
Routine.....	945	945	945	945	3,780
Special	98	98	91	121	408
Employees:					
Special	49	38	41	62	190
Total.....	1,092	1,081	1,077	1,128	4,378

<i>Medical Treatments</i>	<i>Eye</i>	<i>Ear</i>	<i>Nose</i>	<i>Throat</i>	<i>Total</i>
Patients:					
No. treated.....	249	198	196	205	848
No. treatments.....	550	732	1,710	635	3,627
Employees:					
No. treated.....	100	68	59	85	312
No. treatments.....	186	253	295	277	1,011
Total treated.....	349	266	255	290	1,160
Total treatments.....	736	985	2,005	912	4,638

<i>Surgical Operations</i>	<i>Patients</i>	<i>Employees</i>	<i>Total</i>
Adenoidectomies.....	..	1	1
Anterior turbinectomies.....	4	..	4
Cataract extraction.....	2	..	2
Electrical cauterization of inferior turbinates.....	3	..	3
Ethmoidectomies.....	5	..	5
Incision and drainage, peritonsillar abscess.....	6	8	14
Iridectomies.....	2	..	2
Mastoidectomies, simple.....	1	..	1
Myringotomies.....	4	6	10
Post-operative curettage and secondary mastoidectomy..	..	1	1
Radial antrum (maxillary sinus).....	4	..	4
Removal nasal polyps.....	16	4	20
Submucous resection of septum.....	15	1	16
Tonsillectomies.....	115	11	126
Total operations performed.....	177	32	209

DENTAL DIVISION.

The importance of a thorough and competent dental service is fully appreciated at this institution and a consistent effort is made to maintain the work at a high point of efficiency. Various changes in the staff organization occurred during the year. On August 1, Dr. J. F. Henningsen reported for duty as assistant resident dentist, having completed his course of study in June and successfully passed his State Board examinations. On September 15, Dr. J. S. Whitehill, resident dentist, resigned and Dr. Henningsen was placed in charge of the division. Dr. F. C. Bartleman, who was resident dentist at this hospital from March

15, 1921, until February 29, 1924, accepted appointment as a consultant on part time basis, beginning on January 1. Mr. Patrick DeNapoli has continued as dental mechanic throughout the year, and a nurse has been regularly assigned to dental room duty.

The work of this division consists not only of routine dentistry, such as fillings, scaling and extractions, but also of a systematic effort to locate and eliminate all focal infections and all nerve pressures due to reflex irritation from impacted teeth. Pyorrheal conditions are eradicated, cysts and tumors removed and fractured jaws treated. When it becomes necessary to remove teeth, leaving the patient edentulous, dentures are made for replacing this loss, thus restoring the patient to the full use of his masticatory apparatus. A dental and oral examination is made of every patient on admission to the hospital; this includes a complete X-ray service, together with a trans-illumination of the oral cavity and sinuses. From time to time a routine examination is made of each patient resident in the hospital, checking up the results of previous examinations and treatments and doing the work found necessary.

During his nine and one-half months duty as resident dentist, Dr. Henningsen has shown himself competent, keenly interested in his profession and a rapid and diligent worker. He has submitted the following report for the year:

Operative Dentistry:

Amalgam fillings	241
Cement fillings	165
Silicate fillings	75
Temporary fillings	111
Removal of calculus	198
Prophylaxis	234

Exodontia and Surgery:

Impactions	70
Extractions	2,278
Fractured mandible	1
Osteomyelitis	2
Vincent's angina	2
Radical antrum	1
Epithelioma of the mandible	1
General anesthetics	14

Prosthetic Dentistry:

Full upper dentures.....	40
Full lower dentures.....	37
Partial upper dentures.....	10
Partial lower dentures.....	6
Lingual bar dentures.....	5
Gold clasp bridgework.....	8
Dentures repaired.....	25

PATHOLOGICAL DIVISION.

For the past year Dr. Thomas B. Christian has continued in charge of the pathological division and has maintained the work at its previous high grade of efficiency. Each year the ward physicians come to rely more completely upon the laboratory findings for conclusive evidence in determining different diagnoses in many physical conditions and in an increasing number of mental disorders. The value of a prompt and accurate pathological service can hardly be overestimated.

Dr. Christian has submitted the following report of the work performed during the year:

Within this period 15,146 examinations have been made—6,868 for the female service and 8,278 for the male service. The routine procedure for all patients on admission is as follows: (1) Complete urinalysis—chemical and microscopical. (2) Complete blood count—red, white and differential. (3) Blood chemistry, consisting of estimation of urea, nitrogen, nonprotein nitrogen, creatinine and sugar. (4) Blood Wassermann. For all female patients examinations of cervical and vaginal smears are made. In every case showing a positive blood Wassermann reaction, a lumbar puncture is made; this is also done in cases showing a negative blood Wassermann, but suspicious neurological signs or a history of syphilitic infection.

The regular examination of the spinal fluid includes color, appearance, tension, amount, cells, percentage of sugar, colloidal gold curve and Wassermann reaction. In addition, in each case where a spinal fluid examination is made an estimate of the percentage of sugar in the blood is made at the same time in order to obtain the ratio percentage between spinal sugar and blood

sugar, which is a very helpful finding in cases of encephalitis lethargica.

All miscellaneous work is performed at the request of the physicians in charge of the patients, who fill out a laboratory requisition card giving the patient's name, case number, kind of examination desired, with the clinical aspects of the case. Whenever the findings are abnormal, the examinations are repeated. All patients showing kidney pathology, indicated by abnormal urinalysis and high blood chemistry, are put on treatment and the examinations repeated to determine the results. In addition to the routine work, a number of experiments are being carried out along the line of research examinations.

Intravenous and intraspinal treatments are incorporated among the functions of the pathological division. All patients showing evidence of syphilis upon either clinical or laboratory examination are put under active antisyphilitic treatments, which are continued over a long period of time and until the blood Wassermann becomes negative, except in instances of general paralysis and "Wassermann fast" cases. These two types are treated until the patient develops toxic reactions from the drugs. Those suffering from general paralysis are given weekly injections, with spinal drainage immediately following all injections of arsenic. The drugs used in the treatment of syphilis are neo-arsphenamine, sulph-arsphenamine, mercury-salicylate, bichloride of mercury, mercurosal (intravenous), various forms of bismuth preparations, mercoel (metallic mercury), tryparsimide and sodium iodide (intravenous).

The following tabulation shows the number of treatments given:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of cases under treatment.....	127	116	243
Number of doses of neo-arsphenamine administered. 973		721	1,694
Number of doses of mercury and other drugs administered.....	410	316	726

The free clinic for venereal diseases is still in operation and is open to all indigent persons in the County of Morris. It is held

every Friday, between the hours of 10 A. M. and 4.30 P. M. In order to receive treatment the applicant must be referred by a physician, and must be an indigent person. The drugs, as salvarsan and mercury, and the apparatus used in the clinic are furnished by the United States Public Health Service. The work done in the past year is shown in the following summary:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
CASES TREATED:			
Syphilis.....	87	63	150
Chancroid.....	3	1	4
Gonorrhea.....	19	7	26

SUMMARY OF THE WORK OF THE PATHOLOGICAL DIVISION.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
URINE:			
Chemical and microscopical.....	923	943	1,866
Quantitative for albumen.....	326	539	865
Quantitative for sugar.....	51	26	77
Quantitative for chlorides.....	16	7	23
Cultures for types of bacteria.....	4	2	6
Microscopical examination of stained smears...	18	4	22
Phenolsulphonephthalein functional test.....	14	11	25
BLOOD:			
Enumeration of red blood cells.....	326	258	584
Enumeration of white blood cells.....	378	482	860
Estimations of hemaglobin.....	48	39	87
Differential leukocyte counts.....	378	482	860
Examination for plasmodium malarie.....	32	12	44
Widal tests.....	49	30	79
Cultures.....	12	6	18
Examination for pneumococcus.....	4	1	5
Determination of blood groups.....	36	42	78
Sugar.....	324	260	584
Non-protein nitrogen.....	670	481	1,151
Urea nitrogen.....	680	496	1,176
Creatinine.....	610	480	1,090
Uric acid.....	11	7	18
Cholesterol.....	4	3	7
Chlorides.....	7	2	9
Total nitrogen.....	6	4	10

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Tests for CO ₂ in the blood.....	7	3	10
Wassermann tests.....	915	576	1,491
Hecht-Weinberg-Gradwohl tests.....	915	576	1,491
Estimations of coagulation time.....	7	6	13
SPINAL FLUID:			
Wassermann tests.....	196	97	293
Cell counts.....	196	97	293
Globulin.....	196	97	293
Colloidal gold curve.....	196	97	293
Microscopical examination of stained smears..	18	11	29
Cultures.....	6	2	8
Quantitative sugar estimations.....	193	94	287
Quantitative chlorides.....	4	1	5
Non-protein nitrogen.....	3	2	5
Urea nitrogen.....	3	2	5
Creatinine.....	3	2	5
SPUTUM:			
For tubercle bacilli.....	37	26	63
For bacterial flora.....	37	26	63
Cultures.....	6	4	10
For types of pneumococci.....	4	6	10
FECES:			
For parasitic organisms.....	12	6	18
For tubercle bacilli.....	12	6	18
For typhoid bacilli.....	19	9	28
For bacterial flora.....	19	9	28
For occult blood.....	27	17	44
SMEARS:			
For gonococci.....	87	279	366
For treponema pallidum.....	16	7	23
For diphtheræ cultures.....	37	43	80
From eyes.....	6	12	18
From pus from ears.....	4	3	7
From pus from wounds.....	4	7	11
Examination gums for Vincent's angina.....	17	12	29
Examination throat for Vincent's angina.....	17	12	29
STOMACH CONTENTS:			
Total acidity.....	7	4	11
Free HCl.....	7	4	11

Combined HCl.....	7	4	11
Salts.....	7	4	11
For Oppler Boas bacillus.....	7	4	11
Cultures.....	7	4	11
Occult blood.....	7	4	11
MISCELLANEOUS:			
Autogenous vaccines.....	9	7	16
Cultures from teeth.....	10	8	18
Examination of granulomas.....	7	3	10
Basal metabolism estimations.....	4	5	9
Sugar tolerance tests.....	21	31	52
EXAMINATION OF TISSUES.....	21	18	39
AUTOPSIES.....	11	4	15
Total.....	8,278	6,868	15,146
WATER:			
For colon bacilli.....	72		
For typhoid bacilli.....	6		
Bacterial counts.....	72		
Quantitative chlorine estimations.....	12		
MILK:			
Specific gravity.....	48		
Fat content.....	48		
Total solids.....	48		
Proteids.....	48		
Sugar.....	48		
Bacterial counts.....	48		
Total.....			450
Grand total.....			15,596

ROENTGENOLOGY AND ELECTROTHERAPEUTICS.

Dr. George R. Hampton, senior physician, has remained in charge of the division of roentgenology and electrotherapeutics, and has devoted his entire time to this specialty. The work shows an increase in both sections of over 80 per cent. from that of the preceding year, which is an indication of the esteem in which it is held as an aid in diagnosis and treatment, and also a

commentary on the energetic and systematic application of the man in charge. Especial attention is given to head injuries, tooth pathology and gastro-intestinal conditions.

The following summary has been submitted by Dr. Hampton:

ROENTGENOGRAPHY.

EXPOSURES:

Head	306
Maxilla	765
Chest	151
Abdomen	15
Abdomen (Barium meal)	130
Spine	15
Pelvis	6
Upper extremity	112
Lower extremity	77
Teeth (films)	560
Total exposures	2,137

DIAGNOSES:

Fractures—

Skull	3
Nasal bone	1
Mandible	1
Humerus	4
Radius	4
Metacarpal	2
Femur	4
Tibia	3
Fibula	2

Osteomyelitis—

Mandible	2
Tibia	1
Phalange	2
Bone cyst	7

Foreign Bodies—

Bullet in hand	2
Needle in mandible	3
Needle in mesentery	1
Key in esophagus	1

Chest—

Pulmonary tuberculosis, acute.....	48
Pulmonary tuberculosis, chronic.....	25
Bronchitis.....	5
Pleurisy with effusion.....	2
Lobar pneumonia.....	1
Aneurism.....	6

Abdomen—

Appendicitis.....	3
Congested kidney.....	2
Ulcer of stomach.....	3
Duodenal adhesions.....	5
Abdominal cyst.....	2
Colonic hypomotility.....	9

Teeth—

Unerupted teeth.....	7
Impactions.....	78
Periapical abscess.....	168
Septic roots.....	81
Pyorrhea.....	93

Miscellaneous—

Sinusitis, maxillary.....	14
Mastoiditis.....	5
Ethmoiditis.....	2
Deviated nasal septum.....	3
Hypertrophied turbinates.....	5

Total diagnoses.....	610
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ELECTROTHERAPEUTIC AND X-RAY TREATMENTS.

Static head breeze.....	874
High frequency current.....	221
Galvanic and sinusoidal currents.....	31
Static spark.....	98
Electrolysis.....	26
Violet ray.....	17
X-ray treatment for carcinoma.....	40

Total treatments.....	1,307
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OCCUPATIONAL THERAPY DIVISION.

Much has been said and written about the importance of habit

in the normal organization of existence, but we are just beginning to grasp constructively its significance in the mentally sick. Wrong habits of thought and of conduct followed from year to year result in a gradual decrease in volition with a corresponding deterioration in all fields. When the process is complete, no stimulus can be devised which is strong enough to divert the patient from the channels to which he has become habituated, but in the earlier and even in the comparatively late stages of mental disease, much can be accomplished by systematically building up habits of purposeful activity, which in turn call upon the powers of attention and concentration. This scientific training of conduct is carried out to a high degree in the division of occupational therapy.

At the present time work for patients in the hospital is of three general types: simple manual labor, graded handicrafts and habit training. The first type has evidently been practiced more or less in all institutions for the care of mental diseases since the first one was founded. It consists of housekeeping and janitor duties on the wards and in the various buildings, more or less specialized employment in the shops and industries, such as the mattress shop, paint shop, blacksmith shop, laundry, kitchens, greenhouses, gardens and on the farms and around the grounds. Obviously, the patients in this group show a wide range of mental condition. In many cases the mental disorder has become stationary or very nearly so, the patients having adapted themselves to institutional conditions and formed habits of self-direction fitted to a simple daily routine, but are incapable of facing the competition of extra-mural life. Others are subject to frequent periods of disturbance which unfit them for unsupervised activities. Still others are in an acute mental condition, unable to concentrate to the degree required by finer handicrafts, but benefited by out-of-door exercise and a change from the tedium of the wards. The number of so-called "working patients" varies somewhat with the season, but averages well up to four hundred who are employed off the wards, while approximately five hundred more assist to a greater or less extent in ward housekeeping.

The second group, graded handicrafts and skilled trades, makes up the field of the occupational therapy division proper. The original Industrial Building was erected and equipped in 1913-1914. It early proved too small to meet the growing requirements, and an addition was made. Soon the work became overcrowded in this space and rooms were fitted up in the basement of the Dormitory Building, as an emergency measure. Being located largely underground, they are not properly lighted and ventilated, and are most unsatisfactory, but it will be necessary to continue their use until the new occupational building can be built. Meantime, the work is handicapped both as to variety and as to number employed.

The patients in this group are for the most part of the more quiet and amenable type who can be taken to and from the wards and handled in classes of considerable size. Many who are sluggish and indifferent on the wards respond to the stimulus of activity in the Industrial Building and become interested in some occupation. Infinite patience and care is required to find the type of work which will be most satisfactory in each individual case, and then to train the worker step by step until he has attained the degree of physical skill and mental concentration requisite to turn out useful and salable articles. In many instances, when this stage is reached, the patient is sufficiently improved to leave the hospital, and is accordingly discharged, thus reversing the usual business procedure.

Dr. George B. McMurray has this year supervised the occupational therapy division, as for some time past, and the credit for the high grade of work turned out, the interest aroused in the general public and the excellent effects upon the employed patients belongs to him. His report of the year's work has been summarized as follows:

All endeavors in the line of occupational therapy have been carefully supervised with an idea of obtaining the most scientific curative methods and the best results from a therapeutic standpoint. The work is subdivided into women's arts and crafts, plain sewing, men's arts and crafts, printing and bookbinding,

patients' garden and concrete block making. This latter industry has been carried on for several years as a very minor feature; this year new equipment was obtained for the manufacture of high grade concrete blocks, and now the patients, under the guidance of an instructor, are making about four hundred blocks a day, of a quality which compares very favorably with those found on the general market.

During the past year successful exhibits of the work of the occupational therapy division have been held at the State Fair at Trenton, at the Morris County Fair at Morristown, at the Sussex County Fair at Branchville and at the Flemington Fair. Exhibits have also been given at Elizabeth, Plainfield, and at the Women's Community Club in Morristown, and the usual highly instructive and well attended exhibit and sale was held at the home of Mrs. Philip McKim Garrison, in Llewellyn Park.

Women's Art.

Various fancy articles	2,593
Braided and hooked rugs	53
Raffia baskets	15
Lace and tatting	265½ yds.

Plain Sewing.

Sheets	9,928
Pillow cases	8,648
Towels, hand	13,228
Towels, dish	5,340
Towels, barber	12
Aprons	1,272
Bags	780
Night gowns and shirts	4,522
Petticoats, gingham	288
Petticoats, outing flannel	1,686
Drawers	2,632
Chemises	3,944
Strong dresses	104
Burial suits (4 pieces)	77
Double sheets	516
Nurses' and hydrotherapeutic gowns	141
Surgical gowns and jackets	69

Table cloths.....	228
Running trunks.....	60
Middy blouses.....	98
Bloomers.....	37
Bean bags.....	25
Surgical dressing covers.....	132
Hydrotherapeutic sheets, 9 ft. x 12 ft.....	42
Dairy strainers and coffee bags.....	4,982
Mending jobs.....	677

Total59,468

Printing and Bookbinding.

Printed impressions.....	777,872
Ruled impressions.....	1,146,071

Total.....1,923,943

Binding jobs.....	1,338
Pads, etc., various sizes and styles.....	952

Total.....2,290

Men's Arts and Crafts.

WILLOW:

Hampers and wash baskets.....	92
Scrap baskets.....	242
Flower and fancy baskets.....	326
Melon baskets.....	71
Market baskets.....	179
Dog and cat baskets.....	6
Chairs.....	55
Chaise longue and settee.....	2
Chaise longue and foot-rest.....	4
Tables.....	4
Bookcase.....	1
Ferneries and fern stands.....	21

REED:

Hampers.....	8
Flower and fancy baskets.....	839
Melon baskets.....	421
Tables.....	10
Lamps.....	20

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Lamp shades.....	35
Wood baskets.....	6
Pedestals.....	19
Desks.....	2
Ferneries and fern stands.....	37

MISCELLANEOUS:

Large bookcases, Clinic Building.....	5
Toys and toy furniture.....	848
Wheelbarrows.....	17
Wall cabinets.....	21
Desk boxes.....	7
Carpenter jobs.....	261
Loom rugs.....	1,084
Hooked rugs.....	11
Cocoa mats.....	55
Fibre door mats.....	18
Brooms, regular.....	2,196
Brooms, toy.....	36
Brooms, whisk.....	173
Brooms, hearth.....	56
Broom handles salvaged.....	1,035
Chairs and couches recaned.....	185
Cement blocks, old method.....	1,051
Cues tipped.....	59
Clocks repaired.....	7
Scrub brushes.....	84

Total.....9,609

Waste paper gathered and baled.....	52 tons
Willows cultivated and peeled.....	5 tons

Patients' Garden.

Lima beans.....	157 bushels
String beans.....	377 bushels
Beets, tops off.....	392 bushels
Cabbage.....	627 barrels
Carrots.....	860 bunches
Cauliflower.....	5 barrels
Celery.....	3,932 bunches
Cucumbers.....	19½ bushels
Citrons.....	473
Corn.....	16,822 ears

Egg plant	50	bushels
Lettuce.....	253	bushels
Okra.....	120	bushels
Onions, green.....	11,347	dozen
Onions.....	54	bushels
Parsnips.....	1,120	dozen
Peppers.....	73	bushels
Peas.....	93	bushels
Pumpkins.....	2,060	pounds
Radishes.....	12,865	dozen
Raspberries.....	726	pints
Squash.....	25	bushels
Strawberries.....	14,445	quarts
Tomatoes.....	565	bushels
Rutabagas.....	30	barrels
Ensilage corn.....	10	tons

SEED:

Onion sets.....	40	bushels
String beans.....	3	bushels
Lima beans.....	2½	bushels
Corn.....	1	bushel

Concrete Block Making.

(Work begun in April, 1925.)

Concrete blocks manufactured 24,757

The third type of work for patients—habit training—has been developed in the curative workrooms on the wards. This branch of the occupational therapy division was opened on January 1, 1923, with Miss Rebecca A. Adams as director, and now has a personnel of six trained occupational therapists and four attendants. Miss Adams has been highly successful in dealing with the most difficult classes of patients, those who cannot be sent the considerable distances from the wards to the Industrial Building because of their physical or mental condition. Many of these patients are apathetic and have to be educated to perform the simplest movements; others are highly excitable, lack the ability to focus attention and are constantly distracted by their surroundings, or by their own ideas. Infinite tact and ingenuity are required to bring these people to the point of successful and

interested creative effort, but it is being constantly accomplished in the curative workrooms.

At the annual meeting of the American Occupational Therapy Association, held in Buffalo in October, in conjunction with the American Hospital Association, Miss Adams gave a talk on some phases of the work at this hospital. She also contributed a short article to the December number of *The Pilot* along similar lines. Miss Adams has submitted to me a complete report of the year's work in her section, which I have condensed somewhat:

To the four curative workrooms in use a year ago a fifth was added in October, 1924, for the use of men patients of the Main Building, by repainting and equipping a large room on one of the wards. Under the charge of a well-trained instructor, assisted by a man attendant, it has filled a definite need as a habit-forming center for patients unsuited for work in the Industrial Building, and has been utilized throughout the year to its capacity of seventy patients a day. At the Dormitory Building the problem of carrying on classes during the summer months was solved by removal to a large glass pavilion situated near by. Here the patients enjoyed working in the open air until cold weather drove them indoors about the first of November. By a recent reclassification of the women patients of the Main Building, Ward 3-3 South has become an occupational therapy center, devoted to the fifty-one resident patients. During the mornings everyone works at her own particular task, chosen to suit her capabilities. As these vary widely, the handwork ranges from simple kindergarten and habit-forming projects to pattern weaving and types of rug making which require judgment and concentration. The patients have been selected as being fairly youthful and of such diagnoses that a certain improvement may be expected under the stimulus of continually supervised occupation.

The beginnings of an occupational therapy library have been made by the purchase of some thirty books and one subscription to an excellent design magazine. A new system of workroom records and reports has been adopted, providing a concise his-

tory of each patient's behavior and progress for the case records. Considerable equipment for the workrooms has been built with patient help, among which the following deserve especial mention: One four-harness loom, copy of Berea loom; 2 oriental rug looms; 13 upright rug looms, Hartshorne pattern; 10 rake-knitters; numerous tables, benches, chests and other pieces have also been constructed, and 3 flax spinning-wheels and 2 wool spinning-wheels have been repaired for use with restoration of missing parts. A Barbour loom was built for the curative workrooms by men of the arts and crafts group, the complicated metal parts being made at the hospital shop. This loom, which is no longer on the market, is valuable both curatively and commercially, as it is suited to stick-weaving, a process which requires continuous concentration and produces highly salable work.

Entertainment is always mingled with the activities of the curative workrooms. During each session a recess is given to break the monotony of long sittings, and some slight refreshment is served. From the Amusement Fund each room has been supplied with a Victrola and records. Various parties are given throughout the year, the most elaborate of which are the Christmas affairs for each room, with games, carol singing, ice-cream, cakes and candies. On Field Day a colonial kitchen, built by the patients, served as a setting for demonstrations of flax and wool spinning, weaving of various types, rug making and other homely crafts. In February the exhibition was repeated in the Amusement Hall for the interest of the whole hospital. Women patients made their own costumes to harmonize with the setting and took pride in demonstrating their ability at handicrafts.

While the choice of occupations is invariably made in relation to the curative aspect of each case, rather than in consideration of the commercial value, there has nevertheless been great progress made in the art of fine pattern weaving, stenciling, block-printing, Swedish embroidery, etc. The standard of the work has been continuously raised, so that many patients upon their discharge from the hospital are equipped to contribute to their support by the knowledge of arts learned here.

DIVISION OF PHYSICAL EDUCATION.

The division of physical education for women has continued its work for the past year under the direction of Miss Edith S. Moodie. During the year two more assistants have been added to the staff, making a total of six besides the director; all are graduates of recognized schools of physical education. The turn-over in personnel has been high, as the workers are young women interested in obtaining the experience of teaching in an institution of this type, but unwilling to continue long in a field where the work is so exacting and the salary low.

The number of patients taking part in the various activities offered by this division is considerably more than double that of the previous year. A consistent effort is being made to attract the more apathetic and disturbed types who present the most perplexing problems in the institution, since it is only with the greatest difficulty that they can be induced to cooperate in any form of diversion. Ward games have proved valuable in arousing interest and many of the most enthusiastic members of the classes were won over from a state of active opposition through their influence.

Miss Moodie has displayed infinite patience and ingenuity in dealing with the complex and exceedingly trying material of which her classes are composed and has accomplished results always creditable and in many instances remarkable. Much of her personal work has been carried on under a physical handicap this year, as she unfortunately fractured her right arm in January and sustained a re-fracture in April. Although not able at all times to direct class work, she has constantly supervised the entire division. At the congress held by the Playground and Recreation Association of America in October, at Atlantic City, Miss Moodie read a paper on the work being done at this hospital; the paper was printed in the June issue of the "American Physical Education Review."

The following has been condensed from a detailed report submitted to me by Miss Moodie:

The work offered by the division of physical education for women includes: (1) Classes held in amusement halls, yards and

on the lawns. (2) Games and ball playing on the wards and in the yards: (3) Parties and picnics: (4) Community singing: (5) Story telling. The classes at present are divided into intermediate and elementary grades and are supplemented with instruction in social dancing and daily games on the wards. In the Clinic and Dormitory Buildings, physical education work is conducted on all the women's wards; the same system was formerly followed in the Main Building, but since the reclassification of patients in March and April the efforts of this division have been limited to the patients of the six rear yards and those resident on 3-3, the patients on the other wards being of types able to join industrial classes or take part in other more general activities.

The patients in all three buildings have proved responsive to community singing and extensive use has been made of various suitable song leaflets compiled by Community Service, as well as of the song books with music. In the so-called "section yards" where women patients of the more excited types formerly found some relief for their inward tumult in shrieking, quarreling and destroying their clothing, quiet groups may now be seen gathered about a teacher joining in the singing of favorite songs, often accompanied by the music of a banjo or ukelele. Story telling and reading aloud also serve to stimulate interest and are utilized on the various wards of the women's service wherever physical education classes are held.

A party or picnic is arranged for each class once a month, and additional large gatherings are held almost every month in the amusement hall or on the grounds and attended by both men and women patients. Participation is the watchword at these parties, and singing, games, races, stunts, guessing contests and dancing are the usual amusements. The refreshments consist as a rule of tea and cookies, with candy for the women and cigarettes for the men.

On Field Day eighty-four pupil-patients took part in various drills, games and contests, and thoroughly enjoyed the occasion. All were in costumes and one class of twenty-four members wore

rather elaborate costumes made by themselves. Exhibition drills and dances in costume have also been given on special occasions throughout the year, such as Hallowe'en, Christmas and the occupational therapy exhibit in February.

The following table shows the total year's attendance registered in the various activities offered by the division of physical education:

<i>Building</i>	<i>Classes</i>	<i>Ward Games</i>	<i>Parties</i>	<i>Singing</i>	<i>Stories*</i>	<i>Total</i>
Main	30,981	84,657	3,303	33,947	26,391	179,279
Clinic	13,268	19,308	1,392	8,366	6,346	48,680
Dormitory	12,405	40,106	2,308	19,140	25,377	99,336
Total	56,654	144,071	7,003	61,453	58,114	327,295

SOCIAL SERVICE DIVISION.

The division of social service has been fortunate in retaining as its director Miss Mildred H. Hurley, who has built up the work from the beginning to the present high degree of efficiency.

In the early autumn it was necessary for Miss Hurley to remain away from the institution on leave of absence for a time, owing to poor health, but at the end of her vacation she was able to resume her full duties. She not only plans the work of her assistants, develops the system of indexes and records and reports required by the increasing work of the division and attends to various correspondence, but also personally investigates all cases with unusual features and attends to court work.

This year the total number of patients on visit outside the hospital was 757; the average number so carried was 283, with 310 in May, the largest number at any one time. This is an increase of at least 250 over the average number carried on visit or escape before the organization of the social service work, and would represent a gross annual saving to the State of over \$91,000 in maintenance, in addition to the valuable relief afforded the housing situation. The entire cost of upkeep of this division, including salaries, maintenance and traveling and office expenses, would not amount to one-sixth of this sum, so the net saving effected is at least \$75,000.

In order to facilitate the field work of the division, a Ford sedan was purchased early in the year. The different workers were instructed in driving by the employees of the hospital garage, obtained their licenses and have found the little car not only a convenience, but a means of much saving in time and traveling expenses. Whenever possible two or more workers use the sedan at the same time, by planning their visits to the various districts to coincide.

Miss Hurley has submitted the following report of the year's work:

Since our last annual report the personnel of the social service staff has changed. One assistant social worker resigned, following which two appointments were made, thus increasing the staff to five workers. At present one of the assistants is on leave of absence to study at the Smith College Training Course for Psychiatric Social Workers.

During the past year 2,203 visits were made to and in regard to the welfare of 757 patients on trial visit from the hospital; in obtaining 422 anamneses for the medical staff; in procuring medical and material assistance for 25 families and individuals; in making 50 special investigations for the following reasons: First, to assist the physicians in making differential diagnoses; secondly, to plan for the removal from the hospital of recovered patients; thirdly, to assist in the determination by the staff as to the justice or injustice of the commitment of certain patients to this institution; fourthly, to arrange for the removal of babies born here, and fifthly, to obtain all possible data regarding patients about whom court action is expected. Two of these investigations effected the discharge of the patients as "without psychosis."

During the year, the social service division was instrumental in obtaining the trial visits of 43 patients who had recovered from their mental illness, but who had not been removed from the hospital in the usual manner, either because their relatives were unwilling to assume any responsibility for them or because they were homeless and friendless. In each case, care was taken

to provide the most suitable environment, social and occupational, which could be procured, bearing in mind the circumstances surrounding each patient. Of this number only two suffered a recurrent attack, necessitating a return to the hospital. Upon intensive investigation it was found that of these 43 patients six, whose legal residence had never been proved, possessed legal settlement in other states; therefore, arrangements were made by which these six were returned to the care of friends or social organizations in their own states. The object in all of these cases from the beginning has been humanitarian, but incidentally the saving to the state effected by carrying out the above policy is worthy of consideration.

Fourteen individuals, ten of whom were referred by community social agencies, were given psychometric examinations by the trained psychologists of the division. There were 316 office interviews with relatives pertaining to the welfare of both hospital and "on visit" patients. The division has endeavored to interest relatives in the welfare of several patients who appeared neglected by their families; to locate relatives who were ignorant of the patients' whereabouts, and to find and obtain possessions left in the community when the patients were committed to the hospital. Investigations have been made of both "homes" and private homes as prospective residences for recovered patients.

Of the seven children born in this hospital in the past year only one was removed by the relatives upon request. Because of refusal or lack of cooperation on the part of relatives it was necessary for the social service division to make and carry out all arrangements regarding the other six children, two of whom were illegitimate. Considerable time and energy were spent on these cases.

Medical staff meetings at the hospital have been attended as regularly as possible. Different social service and mental hygiene conferences both within and outside the state have been attended by the various workers. This division has cooperated with other social agencies whenever called upon and in turn has

received assistance whenever requested. The social service staff is deeply grateful for the various kinds of aid rendered by officials as well as private individuals and organizations throughout the state.

WARD EMPLOYEES AND SCHOOL OF NURSING.

Miss Mary B. Moylan, R. N., has continued to serve as superintendent of nurses during the past year, and is not only head of the training school, but also has full charge of the entire nursing and attendant service throughout the institution. Her responsibilities are many and are greatly increased by the impossibility under present conditions of providing living accommodations for a sufficient number of nurses and attendants to man the wards adequately. The work has been carried on as satisfactorily as possible under this serious handicap and a high standard of efficiency has been maintained.

The system used at the Clinic Building from the time of its opening of having women graduate nurses in charge of the wards on the male as well as the female service proved so satisfactory that it seemed well to extend the practice to the Main Building. Women nurses have been placed this year on the north side as supervisors and the innovation has brought excellent results. It appears desirable to have women nurses in charge of many, perhaps all, of the male wards, but at present it is impossible to do so since we have no living quarters for them.

Miss Moylan has submitted the following report of the year's work in her division:

The very limited quarters for personnel makes the nursing situation a very difficult problem. The need for more nurses and attendants is urgent, but apparently there is no way of relieving conditions until there are more housing facilities. The turnover in graduate nurses is still greater than one would desire. Nurses who have satisfactory mental training are very much in the minority.

Certain changes have been made in the hydrotherapeutic organization during the year. In October a graduate nurse with

special training in this line was appointed chief hydrotherapist for the women's service in the Clinic Building, with an attendant to assist her in giving packs and different hydrotherapeutic treatments; she supervises also the continuous baths in the Main Building. In November an assistant hydrotherapist was appointed and placed in charge of the hydrotherapeutic room in the Main Building. In May the cross-hall on Ward 1-4 B, Main Building, was fitted up as a pack room, with a graduate nurse in charge and an attendant to assist her. On the male service a man with special training in hydrotherapy was appointed chief hydrotherapist in February. He is in charge of the treatments in the Clinic Building, assisted by an attendant, and supervises the continuous baths in the Main Building.

The School of Nursing has continued its work during the year. On January 9th, the Examiner for the State Board of Nurses made her visit of inspection, following which we were notified that the school was placed on the approved list and that nurses graduates of the school beginning December 1, 1922, would be eligible to apply for registration to become "Registered Nurses" under the conditions provided by the laws of the State of New Jersey. January 1st, three students were admitted to Fordham Hospital for the eleven months of the affiliated course. These students are doing satisfactory work and will complete their course December 1st. In April one student was advised to return to her home until the fall term, because of her health. In May one student resigned, being temperamentally unfit for nursing.

STAFF MATTERS.

During the year there have been frequent changes in the medical staff, with twelve appointments and ten resignations. Among the resignations are included three appointed during the current year and two others who were in the service of the institution less than twelve months, although entering it prior to July 1, 1924. Of the remainder resigning during the year, two resigned because of poor health and one because his wife's health made it necessary for her to live in a warmer climate. One

physician left the service of the hospital to accept an offer of a field position with the National Committee for Mental Hygiene, and one to enter private practice.

The resident staff now consists of twenty-one physicians, including the superintendent, clinical director, pathologist, six senior assistants and twelve assistants, one of whom is a woman engaged exclusively in gynecological work. The superintendent, clinical director, pathologist and three of the senior assistants are living in cottages, each with its own kitchen and dining room. The other physicians are quartered in suites in the staff house and in the centers of the Main Building and Dormitory Building. The suites consist of from two to four rooms each, most of them having a private bath. Meals are served in common dining rooms in each of the residence buildings, but in most cases each family or married couple has an individual table. The same menu is served in all of these staff dining rooms, under the direction of the staff matron who has charge of all staff quarters, attends to the ordering of supplies and the engaging and supervising of domestic servants.

The quota of physicians is still somewhat low, as the standard ratio is one physician to each one hundred and fifty patients and one to each one hundred admissions. All available living-quarters are now occupied, however, and further additions to the staff cannot be made until more room is provided. For the most part the present quarters are comfortable and living conditions pleasant. Probably no single feature of the institution contributes more to the enjoyment of the staff than the little nine-hole golf course crisscrossing over the lawn between the Main and Dormitory Buildings. From April until November this is constantly utilized by both men and women, whenever off duty, and does much to compensate for the lack of conveniently accessible city amusements.

For the purpose of instructing the new members in the current methods and literature of psychiatry the clinical director has given a course of lectures to the staff during the year; these have been held once a week, in the evening. Staff meetings,

with presentation and discussion of cases, are held on five days a week; one of these meetings each week is devoted to the consideration of cases for whom a visit outside the hospital has been suggested; the others are devoted to current admissions. The superintendent also holds a staff meeting weekly for the discussion of policies and administrative matters, and regularly on Monday mornings the superintendent, clinical director and chief social worker, accompanied by the physician in charge of each service visited, interview all the patients admitted during the previous week.

The annual meeting of the American Psychiatric Association, held in Richmond, Va., in May, was attended by the superintendent and the clinical director. The superintendent and Dr. Collins were present at the annual meeting of the New Jersey State Medical Society, at Atlantic City, in June, and Dr. Curry also attended the annual meeting of the alumni of Albany Medical College, held at Saratoga Lake in the same month. Most of the senior members of the staff are connected with the Morris County Medical Society and attend its meetings. In September the annual meeting of the society was held at this institution, as has been the custom for several years past. Numerous other medical, psychiatric, mental hygiene, nursing and hospital meetings in this State and in New York have been attended during the year by different members of the staff. A close relationship is maintained between the hospital physicians and those in general practice in the community and also between the members of our staff and those in the New York State Hospital Service. Visits have been made to various institutions in the vicinity, and Dr. McMurray, while on his annual vacation, inspected mental hospitals in California and Colorado.

PHARMACEUTICAL DIVISION.

On January 1, 1925, Mr. A. S. Truex, who had been in charge of the drug room as house pharmacist for more than a quarter of a century, was compelled by failing health to retire on pension. To all who had been associated with him on the official staff of

the hospital, the necessity for his resignation was a source of keen regret. He possessed in a high degree the qualities of accuracy and orderliness which are peculiarly essential in his profession; he was a staunch friend, a thorough going sportsman in the best sense of the word and deeply loyal to the best interests of the institution which he had served for almost half a lifetime.

Mr. Philip B. Roberts, licensed pharmacist, who had acted as assistant druggist since May, 1923, was placed in charge of the division and has carried on the work most efficiently. On March 30, 1925, a competent assistant was obtained in Mr. Louis Bangert, Ph. G., who has had a wide experience in the retail drug trade, as well as valuable hospital training. On May 4th, Mr. F. Heiman, who has been employed in the institution for many years in a variety of capacities, including occasional substitute drug room duty, was permanently added to the pharmacy staff, thus bringing the personnel up to present requirements.

Mr. Roberts has submitted the following report of the work and conditions in his division:

Each year, with the increasing number of patients in the institution and the larger force of physicians and employees required to care for them and to man the new buildings, there is a corresponding increase in the amount of work to be done in the drug room. From time to time new services are opened which also draw upon the drug room facilities, such as the very efficient operating rooms at the Clinic Building, the eye, ear, nose and throat division, the gynecological room, and so on. All of these require new drugs, solutions and equipment which are handled by this division. This year for the second time the student nurses were given their lectures and practical work in pharmacy at the drug room.

Another item which has added considerably to the work of this division, but which has become necessary with the increase in size of the institution, is the revision in the manner of ordering and handling supplies of a medical or surgical nature. Previously each of the various divisions, such as the laboratory, dental, photographic, drug, surgical and nursing, had been submitting their

individual requisitions to the business office. This system has now been done away with and all of these divisions turn in their orders at the drug room, where they are consolidated for the accounting office. Upon the arrival of the goods they are checked over and distributed by the drug division, which brings about a centralized control and facilitates inquiries and correspondence.

In years gone by, when the requirements were so much less, it is doubtful if it would have been profitable to attempt any considerable compounding of pharmaceuticals or galenicals, but now with the institution at its present proportions it is no longer prudent to continue to purchase ready-made many of the items in daily use. Accordingly, we are now making up in the pharmaceutical division a large proportion of the stock drugs and solutions used at the hospital.

PHOTOGRAPHY.

As for several years past the work of the hospital studio has been carried on by Mr. Frederick C. Wainwright. The routine procedure consists of two pictures, full face and side view, of each patient, taken as soon after admission as can be arranged; suitably mounted prints are kept in the case record for identification purposes. If the patient is deportable photographs are made according to Federal specifications for attaching to the required documents.

In addition to the studio work Mr. Wainwright makes pictures of various institutional activities for publication in THE PSYCHOGRAM and annual report and also takes views of new construction work at various stages for the use of hospital and departmental officials and as a matter of record. He also selects and transports films for the fortnightly moving picture entertainments and operates the projecting machine.

LANDSCAPE GARDENING AND GREENHOUSES.

The scope of this division is widely extended, consisting of

grading, road building, planting, willow cutting, upkeep of grounds and regular greenhouse work. Mr. Otto Koch as florist and landscape gardener is in charge of the division and with a minimum of employees has accomplished excellent results with patient labor.

Grading around the physicians' cottages near the entrance to the hospital grounds has been continued, about 20,000 cubic yards of soil being handled. The work is now nearly completed, needing only about 2,000 yards of top soil to surface the terraces which were necessary for proper drainage and road construction. Practically all of the soil used for filling was removed by the construction company in excavating for the new buildings. The remainder was obtained from the trenches dug in making roads and walks.

Fourteen hundred feet of eighteen foot road have been constructed this year around the various cottages. The roadbed was first excavated to an average depth of two feet, then filled in with stones obtained at the scene of excavation for the new building foundations and completed with finer material from the hospital stone crusher. Three hundred and fifty feet of road 42 feet wide was similarly built from the Centre Driveway to the new building group. As this is now being used for heavy trucking by the construction companies, the finer top dressing has not yet been applied. Over 2,000 feet of trenches 4 feet wide and 18 inches deep were dug and filled in with tamped cinders as foundation for sidewalks. Also, 300 feet of seven and eight inch drainage pipe have been laid and three catch basins built of concrete.

About four acres of new lawn has been put in and is now sufficiently advanced to permit of regular mowing. As the soil in this newly graded area is somewhat stiff and unfertile, a large proportion of white clover was used in the seed with excellent results. Four large trees were moved in the spring and about seventy-five small Norway spruces have been transplanted from the nursery stock at the greenhouse and are growing nicely. Flower beds of various sizes have been kept filled with plants

along the walks and in the vicinity of the different buildings.

Throughout the year a gang of patients is kept busy each day clearing up rubbish on the lawns, as patients throw pieces of food, paper, rags and other articles from the windows and waste is often scattered about by persons passing through the grounds. During the growing season the lawns are mowed each week. Including the exercise and recreation grounds, the golf course and the areas about the various buildings, the total amounts to more than fifty acres. Two acres of grounds at the cottage rented in Morris Plains for housing women nurses are also cared for by Mr. Koch.

The winter work at the willow holt required forty-four days and was done by thirty patients from the greenhouse and grounds group, aided by fifteen from the occupational therapy division, under the supervision of employees. The willows were cut and trimmed, then stacked for stripping. Whenever a snowfall occurred a gang of patients was immediately set to work shoveling and sweeping the walks, especially those used by the women nurses in passing between the wards and the dining hall and cottages. The removal of snow from the gutters and from the turning and parking areas in front of the buildings required most of the working time of a large gang of patients during the month of January and the first half of February, owing to repeated heavy storms.

At the greenhouse one employee and fifteen patients are regularly occupied. During the year they have painted the buildings inside and out, besides attending to the growing of plants and flowers. The employee personally cuts the flowers and also supervises the other work. Three times a week nurses from the different wards come with patients to get flowers; the greenhouse man lists the flowers given out for each ward and the nurse signs for them, so that an accurate record is kept. The patients take great pleasure in these visits to the greenhouse, often as many as one hundred coming in a day. On returning to the ward they share the pleasure with the other occupants who join in arranging the flowers. Ferns and flowering plants in season are also dis-

tributed throughout the wards of the hospital. Flowers and decorative plants are supplied from the greenhouse to the chapel for church services, with special arrangements for Christmas and Easter.

RECREATION: AMUSEMENTS, SPORTS, MUSIC AND READING.

The usual careful attention has been devoted to supplying the hospital inmates with suitable recreation. A close correlation has been maintained between occupational therapy and organized amusements, since both divisions have been continued under the experienced supervision of Dr. George B. McMurray, and he has co-operated in turn with Miss Moodie of the division of physical education for women to provide systematic diversion for all types, ages and conditions of patients throughout the institution, in order that the greatest possible amount of good may be obtained. The therapeutic results from this orderly arrangement have been highly pleasing and the entertainment offered has been general in scope, rather than confined to the more tractable, as is sometimes the tendency.

Baseball was again popular with the patients. On Saturday afternoons of the months of June, July, August and September and on all holidays during the summer season the team representing the hospital played teams from neighboring cities and towns. The season was successful, the local team winning a majority of the games and providing a great deal of amusement for the patients, who continue to be enthusiastic fans. On Wednesday afternoons during these months teams made up of patients from the different wards and buildings contested in very interesting games. Each nine had its loyal rooters and the games afforded much pleasure to the spectators as well as to the participants.

The athletic field and running track continue to be enjoyed by a large group of patients who, under the supervision of a capable instructor, practice running, jumping, hurdling and all other forms of track events. On September 13th, the Annual

Field Day was held, with an extensive program of track and field sports, calisthenics and special drills given by the patients, all of whom received suitable prizes. In conjunction with this occasion an elaborate and instructive occupational therapy exhibit was arranged. The exhibit occupied one whole side of the athletic field and was calculated to give the many visitors some idea of the work accomplished at this hospital along the lines of therapeutic industry. Thousands of spectators were present, including friends and relatives of patients and others particularly interested in the work and welfare of this institution.

Golf, tennis and croquet all find enthusiastic devotees among the patients, and many interesting contests in these sports have been held during the year. Throughout the winter months billiards, pool and bowling offer suitable diversion and entertainment. The first two are confined to the men, but groups of women patients go regularly to the bowling alleys.

Dances have been given for the patients each Monday afternoon and are always well attended. The music is furnished by an orchestra made up of hospital employees and the affairs afford genuine pleasure to a large number of patients. On alternate Friday evenings motion picture entertainments are arranged for the patients and are exceedingly popular. Between the pictures short dances are held, which offer additional pleasure to the dance devotees and also help to prevent any feeling of tedium on the part of the more restless patients.

A great many special entertainments have been presented during the past year. Mrs. Ray Dennis gave two very delightful concerts, being accompanied on one occasion by Mr. Robert Pitney and on the other by Mr. A. Rock. A fine minstrel show was given by the St. Virgil's Dramatic Club, of Morris Plains; an entertainment by the Jersey City Police Glee Club; a concert by the Choral Society of Mountain Lakes; a special concert by the members of the Volunteer Bible Class of the Park Avenue Baptist Church, of Plainfield; a band concert by the B. P. O. E., of Morristown; a highly entertaining exhibition by Professor Max Thiel, of Elizabeth, celebrated magician,

and a concert by an orchestra composed of sixty-five pupils of the Battin High School, of Elizabeth, brought here through the interest of Argonne Post No. 26. An unusual afternoon of dancing was enjoyed with music provided by Mr. Victorine and his popular orchestra. Special "songfests" on the wards have been conducted from time to time by Mr. Stanley H. Has-kins, of Orange; the patients have shown a great deal of interest in this form of community singing and the manner in which some of the more depressed types have responded is quite surprising.

In the way of musical equipment six pianos and eight victrolas have been added during the year and the hospital has now several radio receiving sets, one of which, located on the ward for ex-soldier patients, was donated by the Elks' Lodge, of Paterson, from the proceeds of a concert given by the famous "Roxy's' Gang" of the Capitol Theatre, New York City. The radio serves an important purpose by keeping the patients in closer contact with the outside world through reports of games, conventions, banquets and speeches, and also furnishes musical programs to suit the most varied tastes. The victrolas afford general entertainment, provide music for ward dancing, for physical training classes and for marching to and from dining rooms. The pianos are especially welcome to those patients who have received musical educations and who are able to find wholesome emotional release in playing or in joining in the ward singing to piano accompaniment.

The usual Christmas celebration was observed at the hospital and every patient received a gift. This was made possible by the generous donations of the friends and relatives of patients and by the exceedingly liberal manner in which philanthropic members of the community responded to the annual appeal for gifts and money. A very handsome tree, itself a gift, was placed in the large amusement hall and beautifully decorated for the occasion. On Christmas Eve all who were able attended the entertainment and joined in singing carols. Santa Claus appeared in person and directed the distribution of gifts to all patients

present. On Christmas Day messengers of cheer carried through the wards of the entire institution basket after basket of presents; then a special Christmas dinner was served, and in the evening a fine motion picture show and dance completed the holiday observance.

During the year, through the thoughtfulness and generosity of friends, numerous fine books have been added to the library. In the summer of 1924 Mr. and Mrs. Frank A. Coffin donated a collection of about 4,000 volumes in English, French and German, comprising both modern and classic fiction and non-fiction, covering a wide range of history, biography, natural science, religion, travel and general reference works. This collection, which has been named the Flora Roberts Coffin Library in honor of Mrs. Coffin, was placed in the Clinic Building for the joint use of the patients there and in the Reception Building when completed.

Under the direction of Miss Rebecca A. Adams, director of curative workrooms, who is also a graduate of Pratt Institute Library School, volumes to the number of 3,125 have already been carefully catalogued by patients and arranged systematically in well-constructed cases with glass doors, especially built for the purpose in the arts and crafts section of the occupational therapy division. The library was formally opened on March 8th, and regular hours for circulation are held according to schedule. Additional gifts have been received as follows: 20 books and 226 magazines, for circulation; 6 Bibles, large print, to meet constant requests; Webster's unabridged dictionary and adjustable standard; New International Encyclopædia, all volumes complete; New International Year Book, 1907-1923; 20 books in Russian, Polish, Hungarian and Yiddish, donated upon request by the New Jersey State Hospital Commission.

The library in the Main Building has continued its active service under the care of a competent patient and has expanded until all available space for bookcases has been utilized. At the present time there is need of a suitable library for the Dormitory Building, since many of the patients resident there are too feeble

to journey to the Main or Clinic Buildings to select volumes or enjoy the reading rooms. Plans have already been made for such a library and will be carried into execution as soon as time permits.

RELIGIOUS SERVICES.

A consistent effort is maintained at the hospital to provide all patients with the solace and counsel of their own religious faith. The Roman Catholic priest of the local parish of Morris Plains holds mass in the hospital chapel each week and is always on call to administer the appropriate rites of the Church to the new-born, sick or dying. Protestant clergymen from the Presbyterian church at Morris Plains and from the Methodist, Baptist and Episcopal churches of Morristown hold a service in rotation on Sunday afternoon in the hospital chapel, and the rabbi from the Morristown synagogue meets with the members of the Hebrew faith in the chapel each Saturday. Extra services are arranged for days of special significance in each of the religious groups.

WAR RISK PATIENTS.

The following tabulation indicates concisely the statistics of the year regarding the ex-service group:

On record July 1, 1924.....	103
Admitted during year.....	44
	—
Total under treatment during year.....	147
Discharged during year:	
Recovered.....	6
Improved.....	7
Unimproved.....	3
Transferred.....	2
Died.....	3
	—
Total discharged during year.....	21
	—
Remaining on records June 30, 1925	126

Status of patients on records:

Claims allowed.....	97
Claims pending.....	22
Claims disallowed.....	7
	—
Total	126

Of the ex-service patients on the records 104 are actually in the institution and 22 are outside but not yet discharged. Of the two listed as transferred one was transferred to the New Jersey State Hospital at Trenton, and one to Veterans' Hospital No. 81, Bronx, New York City.

One entire ward is set aside for the use of the "soldiers;" those whose condition does not permit of their remaining on this ward are cared for in other parts of the institution. My convictions regarding the wisdom of committing ex-service patients to state hospitals are unchanged. I still believe that the special requirements of this distinct group could be met much more satisfactorily in a Federal institution maintained solely for them. Although we offer such segregation and as many special privileges as circumstances permit, the results are not all that could be desired from the standpoint of the veterans, while the patients who were not in the service and their friends are inclined to feel that it is unfair to discriminate even to such an extent. In addition to the clerical work and special medical examinations demanded by the Veterans' Bureau are outside the routine requirements of the institutional system and are consequently a constant source of friction.

FIRE PROTECTION AND FIRES.

During the past year we have been very fortunate in the matter of serious fires at the institution. On October 26th, Sunday morning, a fire was reported in the house on the recently purchased Dugan property. The building was very old, unoccupied and located at considerable distance from the nearest dwelling, so the flames had reached such headway before the alarm was turned in that it was impossible to save the structure. The manner in which the fire started was never ascertained, but it was

suspected that tramps or other wayfarers might have broken in the house the previous night and either lighted a fire for warmth or else set one through carelessness with smoking materials.

On February 19th, at 12:30 P. M., a fire occurred in the physicians' apartments on the third floor of the Main Building, Center. No damage was done to the building and the value of the furnishings destroyed was appraised at only \$131.80. A claim for this amount was filed with the insurance companies and was paid in full. The fire was caused by a patient who escaped from the wards and set fire to bedding and table covers with matches. Fortunately the patient was discovered leaving the floor and an investigation made immediately. As the fire occurred at an hour when the physicians were on duty and the maids and other employees at lunch, very serious consequences might have followed if the patient had succeeded in getting to another part of the building before he was found.

On June 20th, an alarm was turned in for the hospital equipment because of a fire in a truck belonging to one of the contracting firms engaged in work on the new buildings. The truck was proceeding along the Center Driveway near the physicians' cottage group when the fire occurred. By means of the chemical tank the damage was confined to the seat and hood of the truck.

This year with \$7,000 appropriated for the purpose a hook, ladder and chemical truck was purchased. The chassis is Model 51, 215-inch wheel base, 2½ ton, made by White Motor Manufacturing Company. On this chassis fire equipment, ladders and chemical tank are mounted by Peter Persch & Sons, making a very effective combination. Under test the equipment was found to be entirely satisfactory and in fire drill the men were able to reach the highest parts of the roofs of the hospital without difficulty. This equipment, in addition to the Ahrens-Fox pumping engine obtained last year, insures rapid and efficient fire protection service to all parts of the institutional property. Early in the current year fire hydrants and piping for the protection of the Clinic Building and the new cottage groups were installed, having been provided by a special appropriation for

the purpose. The fire section is in charge of an ex-chief of a city fire department, who supervises the motor equipment, maintains fire drills, examines all buildings periodically for fire hazard of any kind, tests the fire alarm system, sees that the chemical extinguishers stationed throughout the institution are filled regularly and in every possible way maintains a state of preparedness for fire emergency.

NEW BUILDINGS AND IMPROVEMENTS.

Additions to the hospital plant and equipment have been made throughout the year, the building operations in particular have been very extensive. Some begun prior to the opening of the fiscal year have been finished; others are still in progress, and the pieces of new construction started this year will require many more months for completion. Although much of the work has been concurrent, I have roughly attempted a chronological order in enumerating the various items.

Early in the fiscal year the Dugan property was acquired. This consisted of a house and five acres of land situated on the Center Driveway at the main entrance to the hospital grounds, and was purchased through a special appropriation of \$5,000 made for the purpose. For several reasons it had become desirable that this property should be under the control of the hospital authorities.

Early in September bids were opened for the new buildings to be constructed from the proceeds of the first year of the half-mill tax. On October 13th, the ceremonies of breaking ground for the Reception Building and the Kitchen and Employees' Dining Hall were held. Mr. Earle, President of the State Board of Control; Commissioner Lewis, Mr. Mills, Director of the Division of Architecture and Construction; Mr. Voorhees, President of the Board of Managers; the contractor, Mr. Smith, of the C. J. Smith Construction Company, Trenton, and Dr. Curry, as resident executive officer of the institution, all were present and spoke briefly regarding the importance of the work which was being instituted. Commissioner Lewis and Mr. Voorhees broke ground with appropriate implements provided by Mr. Smith.

The location of the Reception Building is one of the finest on the hospital property, being on a ridge north of the Center Driveway, commanding an extensive sweep of the country to the south and west. In laying out the building care was taken to preserve a grove of magnificent old oaks at the front, while the rear extends back to a strip of pleasant woodland. The lines of the structure are long and low; the general plan is that of a double Y, permitting the maximum of light and air to all wards. Between this Reception Building and the Clinic Building a Kitchen and Dining Hall is being constructed, connected with both by a tunnel. The kitchen will supply food for patients and employees of this group and food will be transported in containers from the kitchen to the various ward serving rooms, from which the ambulatory patients will be served and trays made up for the bed cases. Those requiring special food will be supplied from the diet kitchens.

The new power plant, consisting of four Babcock & Wilcox water tube boilers equipped with Coxe stokers, was placed in commission in October. These boilers have proved to be a decided improvement over the old hand-fired type, as they eliminate the heavy work of handling coal and ashes and cleaning fires and require fewer men to operate. The power plant is now reliable and of sufficient calibre to supply the present buildings of the hospital plant, those under construction and the anticipated requirements.

In addition to the septic tank installed in 1922-23 at the sewage disposal plant four contact beds, control house, chambers and control apparatus have been placed in operation during the year and are now receiving the full quantity of sewage from the institution. No. 1 bed of the old system will be used for sludge, while beds 2, 3, 5, 6 and 7 will be thoroughly renovated and kept in condition for use should the new beds become overloaded or incapacitated. The old beds can no doubt be utilized to advantage in severe winter weather when the new beds become clogged with ice or are overtaxed through excessive rainfall. The surface irrigation system by means of which disposal was

made of the discharge from the laundry and north wards of the Main and Dormitory Buildings has been discontinued. A settling pit into which the sewage from the south wards formerly discharged and the settling tank and galleries of the old system have been eliminated. By these improvements in the sewage disposal system nuisances in the way of disagreeable odors and breeding places for mosquitoes and other insects have been abated and a safe, adequate and up-to-date method provided for disposing of the enormous liquid waste not only from the present buildings of the hospital plant, but also from those under construction or contemplated.

On May 7th, the congregate dining hall for women patients of the Main Building was opened for use, the patients from Wards 4-1 and 4-2 being the first to enjoy the new quarters. The system is working out very satisfactorily; the food is served in better condition and at a better temperature and the ward work is simplified with the elimination of separate ward dining rooms. The employees in the kitchen also find the present method of service much more convenient and less laborious. Finally, it has reduced the table waste to a marked extent which is, of course, a factor for economy. Eight of the dining rooms discontinued on the wards have been renovated for use as dormitories; thus supplying much needed additional space for beds.

Work on the congregate dining hall for men patients, with the accompanying changes in the special dining room and the kitchen service of the Main Building, has been continued throughout the year. It is hoped that this structure will be furnished and ready for use in the near future, in order that the new system of serving food may be extended to include all ambulatory patients in the Main Building.

During the year the furnishing of the remodeled staff living quarters on the third, fourth and fifth floors of the Main Building with \$4,000 appropriated for the purpose was completed. On the third floor are five suites, a dining room and pantry; on the fourth floor six suites, and on the fifth floor eighteen rooms. The third floor is occupied by physicians and their wives, to whom

meals are served in the dining room on the same floor. On the fourth floor one suite is assigned to the pharmacist and his wife and the others to the heads of different divisions, such as social service, occupational therapy and physical education. The fifth floor rooms provide quarters for the women assistants in the divisions.

In order to provide better opportunities for treatment and to lessen the opportunities for spreading infection, arrangements have been made to isolate tuberculous women patients by fitting up the south annex to the Dormitory Building for this purpose. The entire structure has been renovated, a diet kitchen installed and other necessary changes made. Preparations are now under way to transfer affected patients from the various wards to this annex. A certain number of the more quiet men who are suffering from tuberculosis are cared for in a small cottage erected several years ago for the purpose, but space is restricted and the building is not suitable for treating patients who are at all disturbed mentally. The north annex is to be equipped in the immediate future and will permit of segregating a large number of male patients. The annexes, however, are at best only temporary in character, as they are emergency shacks which were put up during the war period to relieve for the time being the overcrowded condition.

For many years one of the least attractive portions of the institution has been the so-called "section yard" where women patients of the more excited type obtain exercise. Great improvement has been made this year by installing a new drainage system, enclosed toilet and a drinking fountain. A schedule was then worked out so that only the patients from a single ward would occupy the yard at one time, instead of the entire disturbed group as formerly. These changes, combined with the games and exercises introduced by the division of physical education, have brought about a decided advance in conditions.

The installation of shower baths in the Main Building was continued this year. The advantages which the showers possess over tub bathing are so apparent as to require no enumeration,

and I believe the equipment should be extended until the entire Main Building and Dormitory Building are fully supplied.

WATER SUPPLY.

The subject of an adequate and permanent water supply is still a most serious problem. The present source is limited to the hospital property and consists of the natural supply from springs and surface water collected and stored in a series of reservoirs. With the present number of buildings the quantity thus obtained is sufficient only in a season of average rainfall distributed with more than average regularity. Even a minor drought makes it necessary to shut off the continuous baths, which form an essential feature of treatment, and on several occasions when the lack of rainfall continued for considerable time, the supply was insufficient for ordinary bathing purposes. Naturally with this constant uncertainty as to water supply the anxiety regarding fire hazard is vastly augmented and during the times of drought the resident officers are under constant mental strain. As the increased number of buildings means a further drain on the already inadequate supply, it has now become absolutely necessary to make some more satisfactory provision for this prime essential.

BUSINESS DEPARTMENT.

The past year has shown no change in the officers of the business department. Mr. O. M. Bowen, as Warden, has had many and varied responsibilities which he has carried out in his customary competent manner, and he has been efficiently supported by Mr. E. I. Coursen, assistant warden, and Mr. A. J. VanWinkle, chief clerk. The mass of detail involved in the care and upkeep of the hospital plant, the ordering and apportionment of all kinds and sorts of supplies and the direction and supervision of the various divisions, such as the kitchen, laundry, mechanics, dairy, piggery, farm, garden and garage is enormous and steadily increasing with the growth of the institution. Much of the work is accomplished under the handicap of insufficient or unsuitable personnel, which renders the results all

the more remarkable.

Mr. Bowen has submitted to me a lengthy and comprehensive report of the activities, conditions and requirements of the various divisions, which I have reluctantly summarized for the sake of economy in time and space :

Laundry.

Work in this important division has been considerably handicapped during the year by the lack of a foreman. Mr. Emil Droll held that position for a time, but recently resigned and his place has not yet been filled. Few positions in the business department are so exacting in their requirements and few are capable of causing such general inconvenience when held by an incompetent person. The increased number of patients and employees and the new buildings opened all bring additional work to the laundry and the present machinery is not adequate. Under the new half-mill tax the sum of \$28,000 will become available for the replacement of laundry equipment. Various changes in system are under consideration and will be put in operation as soon as a foreman of suitable executive type can be appointed.

Mechanical Division.

In this group are comprised the various shops, such as paint, tinsmith, blacksmith, masonry, carpenter and upholstery (the latter including shoe and harness repairing) and the engineering section which embraces the machine shop and the power, water, heating and electrical plants. The work in all sections consists of routine repairs and such new construction as can be readily handled with the equipment and supplies available. Each section is under the direction of an experienced foreman who has been long in the employ of the institution and is thoroughly familiar with the plant. Considerable difficulty is experienced in all shops in obtaining skillful and reliable assistants, since wages in the community are much higher than can be paid in the institution. A few of the more important pieces of work accomplished during the year are herewith enumerated.

The south annex of the Dormitory Building was remodeled to serve for tuberculous women patients. Necessary repairs were made, window guards installed, a room equipped for diet kitchen, the entire interior painted in white enamel, and an iron stairway constructed on the exterior to serve as fire escape.

Eight dining rooms on the third and fourth floor wards, south side, Main Building, were remodeled to serve as dormitories. In the cottage for married attendants three rooms formerly used for linen were remodeled for sleeping rooms. In the basement of the nurses' dining hall space was converted into a sleeping room and in the basement of the staff cottage two sleeping rooms were constructed and two rooms fitted with toilet facilities and showers. These changes provide quarters for employees working in the two buildings. At the Knight Cottage, in order to provide additional space in which to work when repairing plumbing, an opening was made in the foundation wall, dirt removed, door jamb installed and areaway and steps constructed of concrete.

In the section yard, south side, Main Building, the fence and benches were repaired and painted; a line of 10-inch pipe was installed for draining the surface; two toilets were put in, connected with the sewage system, and enclosed with a neat structure, and the water main nearest the yard was tapped and a drinking fountain installed.

The sewage line from the hog pens, tool house and four cottages occupied by employees became defective. A man-hole was constructed at the point of junction of the lines from the different buildings and a new line of 10-inch glazed tile pipe with tight joints laid a distance of 1,133 feet.

Cement walks have been constructed to the Clinic Building and the new cottage groups, with a total area of 8,827 square feet. The storage capacity for ensilage has been increased by the erection of a silo 18 feet by 32 feet, constructed of vitrified tile. The work of replacing 5,749 linear feet of defective cornice and gutter at the Dormitory Building, begun last year, has been completed.

In addition to these large pieces of work a great number of small jobs, both new construction and repairs, are constantly being carried on in all sections of the mechanical division. The time devoted to regular repair work has been greatly increased by the opening of the new buildings, for not only is the actual plant enlarged, but the distances to be covered are much greater.

In the carpenter shop work has been so varied that no attempt at enumeration can be made. For example: Over 5,000 feet of lumber has been used in flooring and over 2,000 feet in shelving; 2,260 pieces of furniture and 1,430 window screens have been repaired; 2,360 ward jobs have been given attention. The new construction ranges from bed casters to porches.

In the upholstery division, 504 mattresses and 713 pillows have been made and 3,505 mattresses and 654 pillows renovated; 85 pieces of furniture have been upholstered and 1,186 pairs of shoes repaired. Awnings have been put up and taken down, linoleum and carpeting laid, curtains and shades made and hung and a variety of miscellaneous work done.

The paint shop reports 3,533 pieces of furniture varnished; 1,290 panes of glass set; 60,000 square feet of tin roof painted; 812 beds enameled and numerous smaller jobs of all sorts given attention. A group of patients under the direction of a painter employee have painted all the wards and rooms of the north side, Main Building, and part of the south side. Much painting has been done on other interiors, including the entire office floor of the Main Building, Center.

In the tinsmith division over 1,500 new utensils have been made; 2,843 repairs done; 472 feet of gutter, with leaders and flashings, put in at laundry; 822 locks repaired; 234 keys fitted to locks; 5,150 tomato-cans sealed, and other work given attention in like proportion.

The work accomplished in the machine shop, while very extensive, is so varied that it does not lend itself to tabulation and can be summarized only by stating that it covers the requirements of the entire hospital plant. This year much additional work has been required in making the change to the new power plant and affecting the numerous adaptations incidental thereto.

Garage.

At the hospital garage all the motor transportation equipment of the institution is kept in repair, including trucks, tractor, 'bus and official cars. By means of a very high grade of repair service the various motor vehicles are maintained in condition under almost constant use.

Road Work.

The mileage of roads and driveways on the hospital property or parallel to it now totals almost five miles. The heavy trucking of hauling supplies for the new construction work of the past four years has reduced much of this road to poor condition. Such repairs as are made are carried out by the hospital forces, usually in the intervals of farm work. The public highway north of the principal buildings has been covered with large stones as a base, but the top dressing of crushed stone has been applied to only a small portion. The stone crusher has been operated at such times as other work permitted, but much of the product has been required during the past year to carry on the road construction around the new buildings.

New Equipment.

Six work horses were purchased with the \$1,500 appropriated for the purpose. They replace animals that had been many years in the hospital service and had become incapacitated. An appropriation of \$2,500 was expended for screening the porches of the Dormitory Building, and the staff cottage, two-family cottage, clinical director's cottage, pathologist's cottage, senior physician's cottage and the Voorhees and Knight cottages. By means of money appropriated for the purpose awnings were purchased and installed on the Clinic Building and on the five new cottages occupied by physicians.

Farm and Garden.

A detailed summary of the farm and garden produce is included in the tables bound at the back of this report. The

Dugan property of five acres purchased during the year has been added to the hospital tillage, but the new buildings under construction have taken a considerable portion of the arable land north of the Centre Driveway, so that the total acreage under farm cultivation this season is 185, divided as follows: Hay, 83 acres; corn, 85 acres; mangles, 7 acres; wheat, 2 acres, and rye, 8 acres. The available land is not sufficient to grow both hay and ensilage in large enough quantities to supply fodder for the dairy herd and hay for the twenty head of horses, so it is deemed advisable to devote an adequate acreage to the raising of corn and to purchase any hay needed beyond the amount supplied by the remaining acreage. The prospects at this time are favorable for the production of fair crops. The farm land is scattered, much of it being located at considerable distance from the institution and the laborers divide their time between farming and various other industries.

The hospital garden, however, is confined to one compact tract of land and the workers devote their entire time to the crops, making possible an efficient and economical operation. The present outlook is for an unusual quantity production this year.

Dairy.

In the dairy herd the plan of eliminating such cows as were not profitable has continued. Twenty-five were slaughtered under supervision, examined and passed for food. A number of animals died and post-mortem examinations determined the cause as nephritis. Dr. H. W. Dustan, of Morristown, who is regularly called when the hospital stock requires the services of a veterinarian, has been in consultation with Drs. Little and Jones, of the Rockefeller Animal Institute at Plainsboro, but as yet the reason for the nephritis has not been definitely determined. Unfortunately the animals affected were high producers and the dairy suffered in consequence. Further loss was sustained when two cows died as the result of puncture of heart and stomach by nails or wire. In addition two of the cows slaughtered showed upon post-mortem examination punctures which would have

eventually resulted in death.

During the year 14 two-year-old heifers freshened. The herd now consists of 131 milkers, 30 heifers, 10 yearlings and 9 heifer calves, with 3 bulls, a total of 183 head, which is a decrease of 20 for the year. One cow, 2 heifers, 1 calf and 2 bulls are registered. Sixteen heifers raised at the hospital showed an average production of 8,356 pounds of milk during the first lactation period, averaging 375.5 days.

Piggery.

The loss through sickness in this division was remarkably small. Scattered cases of hemorrhagic septacemia occurred among the young pigs, with but few deaths. The entire lot, affected or well, was given the specific vaccine put up by the Lederle laboratories. A number of young pigs died, the cause being diagnosed as a mild form of hog cholera. Appropriate serum treatment was given by Dr. Dustan, as in the septacemia cases. The mortality among sucklings was lower than usual. The total number of hogs slaughtered and the pork value is lower than last year, as the number raised is governed by the available table waste for feeding and this was decreased in quantity. A number of hogs ready for slaughtering are being carried over.

On June 22nd an outbreak of hemorrhagic septacemia of a virulent type began. Intensive treatment is being given by Dr. Dustan, in consultation with the veterinarians of the Rockefeller Animal Institute and the Lederle laboratories. Several animals died, and it is probable that the disease may run for some time before being stamped out.

Inventory.

The annual inventory of the hospital property was estimated in the business office, using the same basis as for the previous year:

Real estate.....	\$7,816,062.26
Personal property.....	823,834.04
Total.....	<hr/> \$8,639,896.30

The valuation exceeds that of the previous year by \$1,962,540.57; this increase is accounted for by the new power plant, dining hall, reception building, Dugan property and other additions and improvements.

RECOMMENDATIONS.

In making up this list of recommendations, I have not attempted to cover the entire needs of the institution, or even the items prepared for the budget, but have selected for specific mention a few of the most essential requirements which are of such a character that their importance might not be recognized without a word of explanation.

Unclimbable Fence: This does not mean that we are returning to the old days of prison-like enclosures for our patients, but that we, like other long-suffering rural property holders, are victims of the automobile. The attractive vegetable gardens, fruits, poultry yards, lawns and shrubbery of the State Hospital tempt the passing tourist beyond resistance, so unclimbable fence is required to keep out those who would remove, damage or destroy. Incidentally, it is an axiom to many good citizens that anything which belongs to the State belongs to any individual in the State who may see fit to appropriate it. As a result State property always suffers more from petty depredations than privately owned farms or estates in the same district.

Repairing 224 Dormer Windows: The fourth floor of the Main Building was not originally designed for occupancy, but for a general storeroom. The exigencies of space long ago forced its conversion into wards for patients, but at best these are not ideal for housing the mentally ill. When to the unavoidable structural defects is added constant leakage around the dormer windows serious discomfort results. Also, from an economic standpoint, repairing is good policy since any building not kept in a weather-tight condition rapidly deteriorates. Accordingly I recommend that a sufficient sum be appropriated for this item.

Motor Lawn Mower: The construction of the various new buildings makes necessary additions to the hospital lawns in

order to provide pleasant surroundings and to supply easily accessible recreation grounds for the occupants. Hand mowing of all these lawns requires a great deal of time which could be more profitably devoted to other occupations. Since the lawns are not continuous it is now necessary, if the present motor lawn mower is used on grounds along the Center Driveway, to bring it considerable distance over rough gravel roads from the grounds in the vicinity of the Dormitory Building, where it is regularly used. This is very bad for the machine and as a result gangs of patients are kept at hand mowing when they might be used in grading, planting and other necessary and urgent work. I accordingly recommend that a second motor lawn mower be purchased for use on the grounds along the Center Driveway.

Remodeling Large Wards in Dormitory Building into Smaller Wards: In the Dormitory Building the wards are of unusually large size, are very noisy and permit of no classification of patients according to mental or physical condition. The aged and feeble have to be kept in the same room with the active and excited; those who are more sensitive and refined with the disturbed, vulgar and abusive. In order to prevent harm coming to any patient when so many are herded together it requires as many nurses as it would to care for the same number divided up in smaller wards. Accordingly, for the best interest of the patients, I recommend that this change be made.

Building for 300 Tuberculous Patients: Our present tubercular building is merely a small cottage and so designed and constructed as to be suited for the care of only a few patients of the same sex and of very quiet and orderly habits. During the past year 31 patients—14 women and 17 men—died from tuberculosis of the lungs, over 11 per cent. of our total deaths. Estimating the proportion of tuberculous among the resident population as slightly lower, or approximately 10 per cent., a building of at least 300 bed capacity is required to house these doubly afflicted patients properly, to separate them from those they may otherwise infect and to insure them the specialized treatment which

the State or county provides for all other citizens who are victims of this disease.

Grading Around New Buildings: During the past three years grading around the various new buildings already occupied has been in progress. Work in the vicinity of the Clinic Building has been begun, but it is not yet completed. Much additional work will be required around the Reception Building and the kitchen and employees' dining hall which are now under construction. The greater part of this grading can be carried out by hospital employees and patient labor, but a small appropriation is necessary in order to provide for extra teams and equipment and expert advice in regard to levels, drainage and landscaping.

Changing Old Toilets in Main Building: Renewal of Old Plumbing: Renewal of Old Floors in the Wards of Main Building: All of these items were reported by the survey of 1920 as in need of immediate attention. Conditions are now much worse than at that time, since the old equipment has seen five more years of service and deterioration and now has reached the stage of being a menace to health. I earnestly recommend that appropriations be made to cover these items of extraordinary repair.

APPOINTMENTS AND RESIGNATIONS.

Physicians Appointed:

E. P. Vaughan, M. D., August 15, 1924.

William Wilson, M. D., November 5, 1924.

Percy L. Smith, M. D., January 2, 1925.

Antonio Hubert, M. D., January 5, 1925.

William E. Hurley, M. D., January 9, 1925.

Donald J. Holdcroft, M. D., January 10, 1925.

Edward P. Ryan, M. D., January 19, 1925.

Raymond J. Harquail, M. D., January 21, 1925.

Margaret Douglas, M. D., May 1, 1925.

James K. Pollock, M. D., May 1, 1925.

George W. Comeau, M. D., June 4, 1925.

William Nelms, M. D., June 4, 1925.

Physicians' Resignations:

Oscar C. Reeve, M. D., July 1, 1924.
Charles E. Clark, M. D., September 27, 1924.
E. P. Vaughan, M. D., October 31, 1924.
J. Harley Stamp, M. D., October 31, 1924.
Victor D. Thomas, M. D., December 15, 1924.
William Dietz, M. D., January 4, 1925.
William E. Hurley, M. D., February 2, 1925.
Franklin C. Young, M. D., March 1, 1925.
Bradford J. Murphey, M. D., May 1, 1925.
William Wilson, M. D., May 8, 1925.

Other Staff Appointments:

Jackson F. Henningsen, D. D. S., August 1, 1924.
Louis Bangert, Ph. G., March 30, 1925.

Other Staff Resignations:

John S. Whitehill, D. D. S., September 15, 1924.
Abram S. Truex, Ph. G., January 1, 1925.

LOSS OF OLD EMPLOYEES.

In the midst of the rapid turnover of employees which this institution suffers, in common with all others in the metropolitan district, there remains a loyal nucleus of steady workers who continue on, year after year, and come to feel a personal attachment for the place, which is reflected in the devotion of their services. Death and incapacity from sickness or old age are the only forces strong enough to break the bonds which connect these faithful employees with the institution, but this year we have lost two members from the gradually dwindling group.

Miss Jennie Markey came into the employment of the hospital in 1898, entered the training school and was graduated from the course two years later. She continued to work on the wards, was rapidly promoted and presently became assistant supervisor on the south side, Main Building. She remained in this capacity for many years, until in 1922 she was placed in charge of the Voorhees Cottage for Nurses. During the last year her health

failed and she died on May 8th, still in the service of the institution and the State.

The other old employee who dropped from the ranks this year was Mr. W. J. Taylor, for years supervisor on the male side of the Dormitory Building. Mr. Taylor was a man of education and culture and had already attained middle life when he entered state hospital work in 1908. His general training had prepared him to appreciate the point of view of the patients with whom he came in contact, and they found him an interested friend. On June 30th he retired on pension, having reached too advanced an age to continue longer on active duty.

DISTINGUISHED VISITORS.

Among the official visitors at the hospital during the past year have been Mr. E. P. Earle, Chairman of the State Board of Control of Institutions and Agencies; Mr. Frank A. Fetridge, Mrs. H. O. Wittpen and Mrs. Lewis L. Thompson, members of that Board. Commissioner Burdette G. Lewis, of the Department of Institutions and Agencies, has been a frequent visitor throughout the year, and Mr. Alan B. Mills, Director of the Division of Architecture and Construction, has spent much time in active supervision of the building programme. Other members of the Department have also inspected the institution from time to time.

The Appropriations Committee of the Legislature spent two days at the hospital and examined with care the requests made and the requirements indicated. Hon. N. A. K. Bugbee, Comptroller, State Treasurer W. T. Read and Colonel H. A. Salter, Chief Auditor, have visited the institution and given valuable advice and assistance in providing for its needs. Senator Arthur Whitney has called on different occasions and expressed keen interest in the welfare of the hospital. Numerous others prominent in the public life of New Jersey have shown an appreciation of their responsibilities for the care of state wards by inspecting the hospital, discussing its condition intelligently and then taking active steps to better that condition.

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The Board of Managers of The New Jersey State Hospital at Trenton, accompanied by the Superintendent and the Warden, visited this hospital in September. Dr. Guy Payne, Superintendent of the Essex County Hospital at Overbrook, and the Hospital Committee of the Essex County Freeholders made us a visit and showed especial interest in the new construction work. The various Boards of Freeholders of this hospital district have visited their patients here during the year as usual. The Rotary Club, of Morristown, spent an afternoon in a tour of inspection of the institution. Mrs. Mary L. Sheppard, President, and Miss Lillian M. Ludlow, Vice-President, of the Women's Auxiliary to the American Legion of the State of New Jersey, called at the hospital with reference to the ex-service patients. Many other committees and individuals from different clubs and organizations have visited the institution during the year, some through general interest in its welfare, others on behalf of certain groups. Several philanthropic ladies in Plainfield have taken particular interest in the work of the division of physical education for women and have made repeated visits to the different classes and entertainments.

Among the visitors from outside the state have been many prominent in the different phases of institutional work. Dr. George M. Kline, Commissioner of the Massachusetts Department of Mental Diseases, visited us in November. Dr. Thomas W. Salmon, of New York City, and Dr. C. Floyd Haviland, Chairman of the New York State Hospital Commission, called at the hospital and inspected the new buildings. Dr. Samuel W. Hamilton and Mr. T. B. Kidner, of the National Committee for Mental Hygiene, also made us a visit. Dr. R. H. Hutchings, Superintendent of Utica State Hospital, and Dr. Isham G. Harris, Superintendent of Brooklyn State Hospital, both visited the hospital in the late summer, and Dr. Marcus B. Heyman, Superintendent of the Manhattan State Hospital at Ward's Island, has been out twice during the year. Dr. William J. Tiffany, Clinical Director at Kings Park, and Miss Robeson, Director of

Occupational Therapy at that institution, visited us in the fall, and Dr. J. L. Van De Mark, First Assistant Physician at Rochester State Hospital, spent several days here. Mrs. Katherine McKellar, of the Southern California State Hospital, visited our institution in November, and Miss Jessie Whalen, Director of Occupational Therapy in the same distant hospital, called on us in April. The Misses Wright and Nugent, Directors of Occupational Therapy at Ward's Island, inspected our occupational division in May.

ACKNOWLEDGMENTS.

So great is the generosity of our hospital district that it is impossible to make individual acknowledgment in this report, since a mere list of givers and gifts would occupy many pages. As Superintendent, however, I wish to express some slight measure of the gratitude which every patient in this institution has reason to feel. A vast variety of donations, ranging from candy, cake and cigarettes to a four thousand volume library, have been received at the hospital during the year, and every article has borne the stamp of genuine sympathy and kindness of heart. At Christmas gifts and money were bestowed so liberally that each and every one of the thirty-two hundred patients was provided with a Christmas package. Throughout the year the Red Cross, American Legion and numerous other organizations, as well as a host of private citizens, are constantly remembering our patients, and to all these givers who give of themselves with their gifts, I wish to make grateful acknowledgment.

As for the many employees who constantly expend considerable portions of their hard-earned wages in providing various treats for the patients under their care, expecting no return and desiring no reward except to see the pleasure afforded, I feel that they are not only deserving of the highest commendation, but that they stand as a great, silent refutation of the old charges of hardness and brutality which periodically rise up to cast a cloud over all who have to do with the mentally sick.

CONCLUSION.

After writing a report such as this, I inevitably feel that the most important things have passed unrecorded—that the vital spirit has been lost somehow in the mass of abstractions and results. Important and necessary the buildings and equipment and arbitrary divisions certainly are, but they are only the body of the institution, of which the soul is a combination of personalities, acting and reacting upon each other and generating somehow the force which brings about achievement. It is to these individuals who have been working together during the past year for the good of the hospital and the helping and healing of its sick that I wish to express my heartfelt appreciation—the resident physicians and consultants, the official staff, the clerks without whom all endeavor would be crippled, the earnest and loyal employees on the wards and in all divisions of the institution, even the many patients who from the midst of their own troubles have sought to bring aid and comfort to those still more needy. To the Commissioner and his Department, who have furnished the materials and the inspiration, and to you, the members of the Board of Managers who have encouraged and guided the work, I can only say, with a sincerity which must atone for the banal and inadequate words, I thank you.

Respectfully submitted,

MARCUS A. CURRY, M. D.,

Medical Superintendent and Chief Executive Officer.

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

STATISTICAL APPENDIX TO CHIEF EXECUTIVE OFFICER'S
REPORT

TABLE 1.

GENERAL INFORMATION

Data correct at end of institution year, June 30, 1925.

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.....	\$7,816,062.26
Personal property	823,834.04
Total.....	<u>\$8,639,896.30</u>
Total acreage of hospital property owned.....	902
Additional acreage rented.....	None
Total acreage under cultivation during previous year.....	230

4. OFFICERS AND EMPLOYEES

Actually in Service at End of Year

	Males	Females	Total
Superintendent.....	1	..	1
Clinical director.....	1	..	1
Assistant physicians.....	18	1	19
Consulting surgeon.....	1	..	1
Total physicians.....	<u>21</u>	<u>1</u>	<u>22</u>
Warden.....	1	..	1
Resident dentists	1	..	1
Graduate nurses.....	2	19	21
Other nurses and attendants	148	119	267
Teachers of occupational therapy.....	8	11	19
Social workers .....	..	5	5
All other officers and employees.....	246	77	323
Total officers and employees.....	<u>427</u>	<u>232</u>	<u>659</u>

TABLE II.

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDING JUNE 30, 1925

RECEIPTS

Balance on hand from previous fiscal year.....	\$.....00.00
Received from appropriations.....	3,528,672.93
Received from paying patients.....	214,827.44
Received from all other sources.....	317,108.56
Total receipts.....	<u>\$4,060,608.93</u>

DISBURSEMENTS

1. Expenditures for maintenance of patients:	
Salaries and wages.....	\$618,133.11
Provisions (food).....	307,817.67
Fuel, light and water.....	91,982.65
All other expenditures for maintenance.....	276,299.19
Total expenditures for maintenance.....	<u>\$1,294,232.62</u>
2. Expenditures for purposes other than maintenance, including new buildings, additions, extraordinary repairs, improvements, etc.....	2,191,256.71
3. Expenditures for repayment of loans and interest on loans.....	.....
Total expenditures.....	<u>\$3,485,489.33</u>
Amount returned to State Treasurer or other officials.....	575,119.60
Balance on hand at close of year.....	.....
Total disbursements.....	<u>\$.....</u>

TABLE 2. (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.....	1,482	1,546	3,028	125	145	270
Epileptics.....	....	....	....	..	..	..
Mental defectives.....	....	....	....	..	..	..
Alcoholics.....	....	....	....	..	..	..
Drug addicts.....	....	....	....	..	..	..
Neurosyphilitics (without psychosis).....	....	....	....	..	..	..
All other cases.....	1	1	2	..	..	..
Total.....	1,483	1,547	3,030	125	145	270
Colored—						
Insane.....	67	69	136	8	7	15
Epileptics.....	....	....	....	..	..	..
Mental defectives.....	....	....	....	..	..	..
Alcoholics.....	....	....	....	..	..	..
Drug addicts.....	....	....	....	..	..	..
Neurosyphilitics (without psychosis).....	....	....	....	..	..	..
All other cases.....	....	....	....	..	..	..
Total.....	67	69	136	8	7	15
Grand total.....	1,550	1,616	3,166	133	152	285
6. Patients employed in industrial classes or in general hospital work on date of report.....				877	655	1,532
7. Average daily number of all patients actually in institution during year.....			1,542.44	1,591.75		3,134.19
8. Voluntary patients admitted during year.....			33	21		54
9. Persons given advice or treatment in out-patient clinics during year.....			..	..		..

TABLE III.

MOVEMENT OF INSANE PATIENT POPULATION

For year beginning July 1, 1924, and ending June 30, 1925

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

	Males	Females	Total
1. Patients on records of institution at beginning of institution year	1,661	1,703	3,364
(Includes patients away from institution on parole, on visit and escaped but still on books.)			
2. Admissions during year:			
a—First admissions	320	276	596
(Includes all patients admitted 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	44	56	100
(Includes all patients admitted who have been previously under treatment in an institution for mental diseases excepting transfers and patients who have received treatment only in institutions for temporary care.)			
c—Transfers from other institutions for mental diseases	1	3	4
(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	365	335	700
(Includes total of items 2 a, b and c.)			
4. Total on records during year	2,026	2,038	4,064
(Includes total of items 1 and 3.)			

TABLE III. (Continued.)

5. Discharged from records during year:			
(Does not include patients away from institution on parole, on visit or on other temporary leave from hospital.)			
a—As recovered.....	78	71	149
b—As improved.....	78	67	145
(Does not include transfers.)			
c—As unimproved.....	18	14	32
(Includes all insane patients discharged not benefited by treatment, exclusive of transfers.)			
d—As without psychosis.....	5	7	21
(Includes all discharged patients who are found to have had no psychosis.)			
e—Transferred to other institutions for mental diseases.....	1	4	5
(Includes all patients sent directly to any other institution for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
f—Died during year.....	163	107	270
6. Total discharged, transferred and died during year	343	270	613
(Includes total of items 5 a, b, c, d, e and f under "discharged from books.")			
7. Insane patients remaining on records of institution at end of institution year..	1,683	1,768	3,451
(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.....	175	156	331	14	8	96	8	11	72
Africa.....	..	..	..	..	..	..	..	..	..
*Asia.....	2	..	2	1	..	1	..	..	..
Australia.....	..	..	..	..	..	..	..	..	..
Austria.....	16	13	29	..	..	18	..	1	15
Belgium.....	2	..	2	..	..	2	..	..	..
†Canada.....	1	3	4	2	2	..	3	..	2
Central America.....	..	..	..	..	..	..	..	..	..
China.....	..	..	..	..	..	..	..	..	..
Czecho-Slovakia.....	2	2	4	..	..	2	..	..	3
Cuba.....	..	..	..	..	..	..	..	..	..
Denmark.....	1	..	1	1	..	1	1	..	..
England.....	3	6	9	3	4	3	1	4	8
*Europe.....	..	..	..	..	..	..	..	..	..
Finland.....	..	3	3	..	..	1	..	..	3
France.....	3	1	4	..	1	4	2	2	1
Germany.....	20	16	36	3	1	26	4	1	32
Greece.....	1	..	1	..	..	1	..	..	..
Holland.....	3	3	6	2	1	2	..	..	4
Hungary.....	7	13	20	..	..	8	1	1	15
India.....	..	..	..	..	..	..	..	..	..
Ireland.....	13	7	20	6	9	32	4	4	22
Italy.....	21	21	42	..	..	29	1	1	22
Japan.....	..	..	..	..	..	..	..	..	..
Jugo-Slavia.....	1	..	1	..	..	2	..	..	..
Mexico.....	..	..	..	..	..	..	..	..	..
Norway.....	..	3	3	..	1	1	..	..	1
Philippine Islands.....	..	..	..	..	..	..	..	..	..
Poland.....	19	11	30	..	1	17	..	..	13
Porto Rico.....	2	..	2	..	..	1	..	..	..
Portugal.....	1	..	1	..	..	1	..	..	..
Roumania.....	..	..	..	..	..	..	..	..	..
Russia.....	14	13	27	..	1	17	..	..	20
Scotland.....	3	2	5	3	1	4	..	1	2
South America.....	1	..	1	..	..	..	..	..	..
Spain.....	1	..	1	..	1	1	..	..	..
Sweden.....	1	..	1	..	..	1	..	..	1
Switzerland.....	4	1	5	1	..	4	1	..	1
Turkey-in-Asia.....	..	..	..	..	..	1	..	..	..
Turkey-in-Europe.....	1	1	2	..	..	..	..	..	1
Wales.....	..	..	..	..	..	..	..	..	..
†West Indies.....	..	..	..	..	..	..	..	..	..
Other countries.....	..	..	..	..	..	..	..	..	..
Unascertained.....	2	1	3	1	6	7	1	1	11
Total.....	320	276	596	37	37	283	27	27	249

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

TABLE V.

CITIZENSHIP OF FIRST ADMISSIONS

	Males	Females	Total
Citizens by birth.....	175	156	331
Citizens by naturalization.....	47	35	82
Aliens.....	62	61	123
Citizenship unascertained.....	36	24	60
Total.....	320	276	596

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS

<i>Psychoses</i>	M.	F.	T.	M.	F.	T.
1. TRAUMATIC PSYCHOSES.....	..	..	..	2	..	2
2. SENILE PSYCHOSES.....	..	..	..	15	20	35
3. PSYCHOSES WITH CEREBRAL ARTERIOSCLEROSIS.....	..	..	..	68	52	120
4. GENERAL PARALYSIS.....	..	..	..	59	18	77
5. PSYCHOSES WITH CEREBRAL SYPHILIS.....	..	..	..	3	..	3
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....	..	..	..	..	..	..
7. PSYCHOSES WITH BRAIN TUMOR....	..	..	..	..	..	..
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES, total.....	..	..	..	8	1	9
a. Cerebral embolism.....	1	..	1	..	..	..
b. Paralysis agitans.....	1	..	1	..	..	..
c. Meningitis, tubercular or other forms.....	..	..	..	..	..	..
d. Multiple sclerosis.....	..	..	..	..	..	..
e. Tabes dorsalis.....	..	..	..	..	..	..
f. Acute chorea.....	..	..	..	..	..	..
g. Other diseases.....	6	1	7	..	..	..
9. ALCOHOLIC PSYCHOSES, total.....	..	..	..	12	2	14
a. Delirium tremens.....	4	..	4	..	..	..
b. Korsakow's psychosis.....	1	..	1	..	..	..
c. Acute hallucinosis.....	6	2	8	..	..	..
d. Other types, acute or chronic.....	1	..	1	..	..	..

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
10. PSYCHOSES DUE TO DRUGS AND OTHER EXOGENOUS TOXINS, total.....	..	..	..	2	..	2
a. Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined.....	..	..	..	..	..	..
b. Metals, as lead, arsenic, etc.....	..	..	..	..	..	..
c. Gases.....	..	..	..	..	..	..
d. Other exogenous toxins.....	2	..	2	..	..	..
11. PSYCHOSES WITH PELLAGRA.....	..	..	..	1	..	1
12. PSYCHOSES WITH OTHER SOMATIC DISEASES, total.....	..	..	..	6	19	25
a. Delirium with infectious diseases...	..	..	..	..	..	..
b. Post-infectious psychosis.....	..	..	..	..	..	..
c. Exhaustion delirium.....	1	3	4	..	..	..
d. Delirium of unknown origin.....	1	1	2	..	..	..
e. Cardio-renal diseases.....	2	10	12	..	..	..
f. Diseases of the ductless glands.....	..	..	..	..	..	..
g. Other diseases or conditions.....	2	5	7	..	..	..
13. MANIC-DEPRESSIVE PSYCHOSES, total..	..	..	..	26	42	68
a. Manic type.....	14	15	29	..	..	..
b. Depressive type.....	7	14	21	..	..	..
c. Other types.....	5	13	18	..	..	..
14. INVOLUTION MELANCHOLIA.....	..	..	..	..	11	11
15. DEMENTIA PRÆCOX (schizophrenia)..	..	..	..	92	82	174
16. PARANOIA AND PARANOID CONDITIONS.....	..	..	..	..	3	7
17. EPILEPTIC PSYCHOSES.....	..	..	..	1	1	2
18. PSYCHONEUROSES AND NEUROSES, total.....	..	..	..	6	5	11
a. Hysterical type.....	..	..	..	..	..	..
b. Psychasthenic type (anxiety and obsessive forms).....	5	3	..	..	..	..
c. Neurasthenic type.....	1	2	3	..	..	..
d. Other types.....	..	..	..	..	..	..

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
19. PSYCHOSES WITH PSYCHOPATHIC PERSONALITY.....	6	4	10
20. PSYCHOSES WITH MENTAL DEFICIENCY.....	2	5	7
21. UNDIAGNOSED PSYCHOSES.....	5	5	10
22. WITHOUT PSYCHOSIS, total.....	3	5	8
a. Epilepsy without psychosis.....
b. Alcoholism without psychosis.....
c. Drug addiction without psychosis... 1	1	..	..	..
d. Psychopathic personality without psychosis.....	..	2	2	..	..	..
e. Mental deficiency without psychosis.....	1	1	2	..	..	..
f. Others.....	1	2	3	..	..	..
Total.....	320	276	596

TABLE VI. (Continued)

	W	F	T	W	T	F	S
1. Persons with tuberculosis	10	10	10	10	10	10	10
2. Persons with malaria	10	10	10	10	10	10	10
3. Persons with syphilis	10	10	10	10	10	10	10
4. Persons with gonorrhea	10	10	10	10	10	10	10
5. Persons with diphtheria	10	10	10	10	10	10	10
6. Persons with scarlet fever	10	10	10	10	10	10	10
7. Persons with measles	10	10	10	10	10	10	10
8. Persons with whooping cough	10	10	10	10	10	10	10
9. Persons with pertussis	10	10	10	10	10	10	10
10. Persons with tetanus	10	10	10	10	10	10	10
11. Persons with rabies	10	10	10	10	10	10	10
12. Persons with typhoid fever	10	10	10	10	10	10	10
13. Persons with dysentery	10	10	10	10	10	10	10
14. Persons with cholera	10	10	10	10	10	10	10
15. Persons with plague	10	10	10	10	10	10	10
16. Persons with leprosy	10	10	10	10	10	10	10
17. Persons with Hansen's disease	10	10	10	10	10	10	10
18. Persons with yaws	10	10	10	10	10	10	10
19. Persons with venereal disease	10	10	10	10	10	10	10
20. Persons with syphilis	10	10	10	10	10	10	10
21. Persons with gonorrhea	10	10	10	10	10	10	10
22. Persons with diphtheria	10	10	10	10	10	10	10
23. Persons with scarlet fever	10	10	10	10	10	10	10
24. Persons with measles	10	10	10	10	10	10	10
25. Persons with whooping cough	10	10	10	10	10	10	10
26. Persons with pertussis	10	10	10	10	10	10	10
27. Persons with tetanus	10	10	10	10	10	10	10
28. Persons with rabies	10	10	10	10	10	10	10
29. Persons with typhoid fever	10	10	10	10	10	10	10
30. Persons with dysentery	10	10	10	10	10	10	10
31. Persons with cholera	10	10	10	10	10	10	10
32. Persons with plague	10	10	10	10	10	10	10
33. Persons with leprosy	10	10	10	10	10	10	10
34. Persons with Hansen's disease	10	10	10	10	10	10	10
35. Persons with yaws	10	10	10	10	10	10	10
36. Persons with venereal disease	10	10	10	10	10	10	10
37. Persons with syphilis	10	10	10	10	10	10	10
38. Persons with gonorrhea	10	10	10	10	10	10	10
39. Persons with diphtheria	10	10	10	10	10	10	10
40. Persons with scarlet fever	10	10	10	10	10	10	10
41. Persons with measles	10	10	10	10	10	10	10
42. Persons with whooping cough	10	10	10	10	10	10	10
43. Persons with pertussis	10	10	10	10	10	10	10
44. Persons with tetanus	10	10	10	10	10	10	10
45. Persons with rabies	10	10	10	10	10	10	10
46. Persons with typhoid fever	10	10	10	10	10	10	10
47. Persons with dysentery	10	10	10	10	10	10	10
48. Persons with cholera	10	10	10	10	10	10	10
49. Persons with plague	10	10	10	10	10	10	10
50. Persons with leprosy	10	10	10	10	10	10	10
51. Persons with Hansen's disease	10	10	10	10	10	10	10
52. Persons with yaws	10	10	10	10	10	10	10
53. Persons with venereal disease	10	10	10	10	10	10	10
54. Persons with syphilis	10	10	10	10	10	10	10
55. Persons with gonorrhea	10	10	10	10	10	10	10
56. Persons with diphtheria	10	10	10	10	10	10	10
57. Persons with scarlet fever	10	10	10	10	10	10	10
58. Persons with measles	10	10	10	10	10	10	10
59. Persons with whooping cough	10	10	10	10	10	10	10
60. Persons with pertussis	10	10	10	10	10	10	10
61. Persons with tetanus	10	10	10	10	10	10	10
62. Persons with rabies	10	10	10	10	10	10	10
63. Persons with typhoid fever	10	10	10	10	10	10	10
64. Persons with dysentery	10	10	10	10	10	10	10
65. Persons with cholera	10	10	10	10	10	10	10
66. Persons with plague	10	10	10	10	10	10	10
67. Persons with leprosy	10	10	10	10	10	10	10
68. Persons with Hansen's disease	10	10	10	10	10	10	10
69. Persons with yaws	10	10	10	10	10	10	10
70. Persons with venereal disease	10	10	10	10	10	10	10
71. Persons with syphilis	10	10	10	10	10	10	10
72. Persons with gonorrhea	10	10	10	10	10	10	10
73. Persons with diphtheria	10	10	10	10	10	10	10
74. Persons with scarlet fever	10	10	10	10	10	10	10
75. Persons with measles	10	10	10	10	10	10	10
76. Persons with whooping cough	10	10	10	10	10	10	10
77. Persons with pertussis	10	10	10	10	10	10	10
78. Persons with tetanus	10	10	10	10	10	10	10
79. Persons with rabies	10	10	10	10	10	10	10
80. Persons with typhoid fever	10	10	10	10	10	10	10
81. Persons with dysentery	10	10	10	10	10	10	10
82. Persons with cholera	10	10	10	10	10	10	10
83. Persons with plague	10	10	10	10	10	10	10
84. Persons with leprosy	10	10	10	10	10	10	10
85. Persons with Hansen's disease	10	10	10	10	10	10	10
86. Persons with yaws	10	10	10	10	10	10	10
87. Persons with venereal disease	10	10	10	10	10	10	10
88. Persons with syphilis	10	10	10	10	10	10	10
89. Persons with gonorrhea	10	10	10	10	10	10	10
90. Persons with diphtheria	10	10	10	10	10	10	10
91. Persons with scarlet fever	10	10	10	10	10	10	10
92. Persons with measles	10	10	10	10	10	10	10
93. Persons with whooping cough	10	10	10	10	10	10	10
94. Persons with pertussis	10	10	10	10	10	10	10
95. Persons with tetanus	10	10	10	10	10	10	10
96. Persons with rabies	10	10	10	10	10	10	10
97. Persons with typhoid fever	10	10	10	10	10	10	10
98. Persons with dysentery	10	10	10	10	10	10	10
99. Persons with cholera	10	10	10	10	10	10	10
100. Persons with plague	10	10	10	10	10	10	10
Total	100	100	100	100	100	100	100

RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO

*Includes "North" and "South." †Norwegians, Danes and Swedes. ‡Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovini

FIELD WITH REFERENCE TO PRINCIPAL PSYCHOSES

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.						
1. Traumatic.....	2		2													1		1																											
2. Senile.....	15	20	35																																										
3. With cerebral arteriosclerosis...	68	52	120																																										
4. General paralysis...	59	18	77																																										
5. With cerebral syphilis	3		3																																										
6. With Huntington's chorea.....																																													
7. With brain tumor....																																													
8. With other brain or nervous diseases...	8	1	9	1		1					2	1	3				1		1	1		1		1					1		1														
9. Alcoholic.....	12	2	14													5		5	1	1	2	2		2	3	1	4				1		1												
10. Due to drugs and other exogenous toxins..	2		2																1		1						1		1																
11. With pellagra.....		1	1																1		1																								
12. With other somatic diseases.....	6	19	25						1	1	3	3	7	10	2	5	5	3	4	7	1	1	2	2	2	4			2	2	3	1	1	1											
13. Manic-depressive....	26	42	68				1	2	3	3	7	10	2	10	12	7	8	15	4	8	12	5	7	12				3	2	3	1	1	1												
14. Involution melan- cholia		11	11																																										
15. Dementia præcox....	92	82	174				4	4	8	11	15	26	24	12	36	16	17	33	24	20	44	6	7	13	6	4	10	1	1	2	2	2		1	1										
16. Paranoia or paranoid conditions	4	3	7																																										
17. Epileptic psychoses..	1	1	2										1	1																															
18. Psychoneuroses and neuroses	6	5	11							1		1				4	2	6		2	2			1	1	1		1																	
19. With psychopathic personality.....	6	4	10				1	1	2	1		1				1	2	3							1	1	2				1		1	1											
20. With mental deficiency.....	2	5	7					1	1	1	2	3			1	1				1	1	2																							
21. Undiagnosed psychoses.....	5	5	10								1	1	2	2	4	1	1	2		1	1				1		1	1		1															
22. Without psychosis...	3	5	8		1	1	1	1	2							1	2	3	1		1																								
Total.....	320	276	596	1	1	2	7	10	17	19	29	48	28	32	60	46	39	85	50	39	89	31	23	54	32	17	49	23	12	35	25	22	47	21	5	26	12	18	30	25	29	54			

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.....	2		2				1		1	1		1									
2. Senile.....	15	20	35	2	2	4	1	3	4	6	13	19							6	2	8
3. With cerebral arteriosclerosis....	68	52	120	6	8	14	13	5	18	36	26	62	5	3	8	1		1	7	10	17
4. General paralysis....	59	18	77	1	1	2	7	3	10	35	8	43	1		1	1	1	2	14	5	19
5. With cerebral syphilis.....	3		3							2		2							1		1
6. With Huntington's chorea.....																					
7. With brain tumor....																					
8. With other brain or nervous diseases..	8	1	9	1		1	1		1	4	1	5				2		2			
9. Alcoholic.....	12	2	14				2	1	3	8	1	9				1		1	1		1
10. Due to drugs & other exogenous toxins.	2		2				1		1							1			1		1
11. With pellagra.....		1	1								1	1									
12. With other somatic diseases.....	6	19	25	1	4	5	2	4	6	1	10	11	1	1	2	1		1			
13. Manic-depressive....	26	42	68		6	6	4	12	16	20	19	39		2	2	1	1	2	1	2	3
14. Involution melancholia.....		11	11											3	3					1	1
15. Dementia præcox....	92	82	174	2	4	6	17	11	28	58	46	104	6	15	21	2	3	5	7	3	10
16. Paranoia or paranoid conditions...	4	3	7				2	1	3	1	1	2		1	1	1		1			
17. Epileptic psychoses.	1	1	2	1	1	2															
18. Psychoneuroses and neuroses.....	6	5	11				1	1	2	4	4	8				1		1			
19. With psychopathic personality.....	6	4	10	1		1	3	1	4	2		2		2	2		1	1			
20. With mental deficiency.....	2	5	7	2	3	5					2	2									
21. Undiagnosed psychoses.....	5	5	10	2		2	3	1	4		4	4									
22. Without psychosis..	3	5	8				1	1	2	1	4	5				1		1			
Total.....	320	276	596	19	29	48	59	44	103	179	147	326	13	27	40	12	6	18	38	23	61

*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.....	2		2	2		2						
2. Senile	15	20	35	14	14	28	1	6	7			
3. With cerebral arteriosclerosis ...	68	52	120	58	46	104	9	6	15	1		1
4. General paralysis ...	59	18	77	55	16	71	3	2	5	1		1
5. With cerebral syphilis	3		3	3		3						
6. With Huntington's chorea												
7. With brain tumor...												
8. With other brain or nervous diseases..	8	1	9	7	1	8	1		1			
9. Alcoholic	12	2	14	10	2	12	2		2			
10. Due to drugs & other exogenous toxins.	2		2	2		2						
11. With pellagra.....		1	1		1	1						
12. With other somatic diseases.....	6	19	25	6	17	23		2	2			
13. Manic-depressive ...	26	42	68	21	39	60	5	3	8			
14. Involution melan- cholia		11	11		11	11						
15. Dementia præcox...	92	82	174	88	79	167	4	3	7			
16. Paranoia or para- noid conditions...	4	3	7	4	3	7						
17. Epileptic psychoses.	1	1	2	1	1	2						
18. Psychoneuroses and neuroses	6	5	11	6	5	11						
19. With psychopathic personality.....	6	4	10	6	4	10						
20. With mental deficiency.....	2	5	7	2	4	6		1	1			
21. Undiagnosed psychoses	5	5	10	5	5	10						
22. Without psychosis...	3	5	8	3	3	6		2	2			
Total	320	276	596	293	251	544	23	27	50	2		2

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.....	2		2	1		1	1		1						
2. Senile.....	15	20	35	13	14	27	1	3	4	1	3	4			
3. With cerebral arteriosclerosis...	68	52	20	39	36	75	17	7	24	12	9	21			
4. General paralysis...	59	18	77	38	15	53	15	3	18	5		5	1		1
5. With cerebral syphilis.....	3		3	1		1	1		1	1		1			
6. With Huntington's chorea.....															
7. With brain tumor...															
8. With other brain or nervous diseases..	8	1	9	3		3	3		3	2	1	3			
9. Alcoholic.....	12	2	14	4	2	6	5		5	3		3			
10. Due to drugs & other exogenous toxins..	2		2	2		2									
11. With pellagra.....		1	1								1	1			
12. With other somatic diseases.....	6	19	25	2	10	12	4	5	9		4	4			
13. Manic-depressive...	26	42	68	9	21	30	12	14	26	4	7	11	1		1
14. Involution melan- cholia.....		11	11		5	5		2	2		4	4			
15. Dementia præcox...	92	82	174	48	36	84	38	36	74	4	10	14	2		2
16. Paranoia or para- noid conditions...	4	3	7	1		1	3		3		3	3			
17. Epileptic psychoses.	1	1	2	1	1	2									
18. Psychoneuroses and neuroses.....	6	5	11	4	3	7	2	1	3		1	1			
19. With psychopathic personality.....	6	4	10	4	1	5	2	2	4		1	1			
20. With mental deficiency.....	2	5	7	1	4	5	1		1		1	1			
21. Undiagnosed psychoses.....	5	5	10	5	2	7				3		3			
22. Without psychosis...	3	5	8	1	4	5	1	1	2	1		1			
Total.....	320	276	596	177	154	331	106	74	180	33	48	81	4		4

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.....	2		2				2		2						
2. Senile.....	15	20	35	7	17	24	4	1	5				4	2	6
3. With cerebral arteriosclerosis....	68	52	120	21	45	66	21	2	23	16	3	19	10	2	12
4. General paralysis...	59	18	77	13	9	22	22	2	24	8	2	10	16	5	21
5. With cerebral syphilis.....	3		3	1		1	1		1	1		1			
6. With Huntington's chorea.....															
7. With brain tumor...															
8. With other brain or nervous diseases..	8	1	9	4	1	5	3		3				1		1
9. Alcoholic.....	12	2	14							12	2	14			
10. Due to drugs & other exogenous toxins..	2		2							2		2			
11. With pellagra		1	1		1	1									
12. With other somatic diseases.....	6	19	25	4	15	19	1	2	3	1		1	2	3	2
13. Manic-depressive...	26	42	68	10	34	44	9	5	14	5		5	2	3	5
14. Involution melan- cholia.....		11	11		10	10					1	1			
15. Dementia præcox...	92	82	174	30	70	100	28	4	32	17	3	20	17	5	22
16. Paranoia or paranoid conditions.....	4	3	7	2	3	5	2		2						
17. Epileptic psychoses..	1	1	2		1	1				1		1			
18. Psychoneuroses and neuroses.....	6	5	11	2	5	7	3		3	1		1			
19. With psychopathic personality.....	6	4	10	1	2	3	2		2	3	2	5			
20. With mental deficiency.....	2	5	7	1	5	6				1		1			
21. Undiagnosed psychoses.....	5	5	10		5	5	1		1	4		4			
22. Without psychosis..	3	5	8	1	5	6	1		1	1		1			
Total.....	320	276	596	97	228	325	100	16	116	73	13	86	50	19	69

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.....	2		2				1		1							1		1			
2. Senile.....	15	20	35	2		2	4	2	6	9	18	27									
3. With cerebral arteriosclerosis....	68	52	120	19	9	28	35	24	59	12	17	29	1	1	2	1	1	2	1		1
4. General paralysis....	59	18	77	12	2	14	35	14	49	11	2	13									
5. With cerebral syphilis.....	3		3				3		3												
6. With Huntington's chorea.....																					
7. With brain tumor...																					
8. With other brain or nervous diseases..	8	1	9	4	1	5	2		2	2		2									
9. Alcoholic.....	12	2	14	4		4	8	1	9		1	1									
10. Due to drugs & other exogenous toxins..	2		2	1		1				1		1									
11. With pellagra.....		1	1					1	1												
12. With other somatic diseases.....	6	19	25	1	3	4	3	15	18		1	1	2		2						
13. Manic-depressive...	26	42	68	10	6	16	14	36	50	1		1							1		1
14. Involution melan- cholia.....		11	11		5	5		6	6												
15. Dementia præcox...	92	82	174	63	38	101	25	37	62	2	4	6		1	1		2	2	2		2
16. Paranoia or paranoid conditions.....	4	3	7	3	1	4		2	2							1		1			
17. Epileptic psychoses.	1	1	2		1	1	1		1												
18. Psychoneuroses and neuroses.....	6	5	11	4	3	7	2		2		2	2									
19. With psychopathic personality.....	6	4	10	2	1	3	3	3	6				1		1						
20. With mental deficiency.....	2	5	7	2	5	7															
21. Undiagnosed psychoses.....	5	5	10	2		2	3	5	8												
22. Without psychosis..	3	5	8	1	3	4	2	1	3		1	1									
Total.....	320	276	596	130	78	208	141	147	288	38	46	84	4	2	6	3	3	6	4		4

TABLE XIV.

PSYCHOSES OF READMISSIONS

PSYCHOSES	Males	Females	Total
1. Traumatic psychoses.....			
2. Senile psychoses.....		1	1
3. Psychoses with cerebral arteriosclerosis.....	4	6	10
4. General paralysis.....	2		2
5. Psychoses with cerebral syphilis.....			
6. Psychoses with Huntington's chorea.....			
7. Psychoses with brain tumor.....			
8. Psychoses with other brain or nervous diseases..			
9. Alcoholic psychoses.....	1		1
10. Psychoses due to drugs and other exogenous toxins			
11. Psychoses with pellagra.....			
12. Psychoses with other somatic diseases.....			
13. Manic-depressive psychoses.....	11	24	35
14. Involution melancholia.....		1	1
15. Dementia præcox.....	21	16	37
16. Paranoia and paranoid conditions.....	1		1
17. Epileptic psychoses.....			
18. Psychoneuroses and neuroses.....	2	2	4
19. Psychoses with psychopathic personality.....	1	2	3
20. Psychoses with mental deficiency.....		2	2
21. Undiagnosed psychoses.....	1		1
22. Without psychosis.....		2	2
Total.....	44	56	100

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												
2. Senile		1	1		1	1						
3. With cerebral arteriosclerosis	8	16	24	5	7	12	2	5	7	1	4	5
4. General paralysis....	7	4	11				7	3	10		1	1
5. With cerebral syphilis.....		1	1		1	1						
6. With Huntington's chorea.....												
7. With brain tumor....												
8. With other brain or nervous diseases...	3	1	4	1	1	2	2		2			
9. Alcoholic.....	18	4	22	18	3	21		1	1			
10. Due to drugs & other exogenous toxins..												
11. With pellagra.....												
12. With other somatic diseases	7	8	15	7	6	13		1	1		1	1
13. Manic-depressive....	52	57	109	35	40	75	13	14	27	4	3	7
14. Involution melan- cholia.....	2	4	6	2	2	4		2	2			
15. Dementia præcox....	57	38	95	1	1	2	46	32	78	10	5	15
16. Paranoia or paranoid conditions.....	5	3	8				4	3	7	1		1
17. Epileptic psychoses..	1		1				1		1			
18. Psychoneuroses and neuroses.....	4	6	10	2	3	5	1	3	4	1		1
19. With psychopathic personality.....	6	7	13	4	5	9	1	2	3	1		1
20. With mental deficiency	1	2	3	1	1	2		1	1			
21. Undiagnosed psychoses.....	3		3	2		2	1		1			
22. Without psychosis...	5	7	12									
Total.....	179	159	338	78	71	149	78	67	145	18	14	32

TABLE XVI.

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 praecox			Paranoia or 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.....																																										
Lethargic encephalitis.....																																										
Septicæmia.....																																										
Pellagra.....																																										
Acute articular rheumatism.....																																										
Tuberculosis of lungs.....																																										
Other forms of tuberculosis.....																																										
Syphilis (non-nervous forms).....																																										
Cancer.....																																										
Tumor (non-cancerous).....																																										
Diabetes.....																																										
Other general diseases.....																																										
NERVOUS SYSTEM:																																										
Cerebro-spinal meningitis..																																										
Diseases of spinal cord....																																										
Apoplexy (cerebral hemorrhage).....																																										
General paralysis of insane.....																																										
Cerebro-spinal syphilis.....																																										
Exhaustion from other mental diseases.....																																										
Brain tumor.....																																										
Other diseases of brain....																																										
Epilepsy.....																																										
Chorea.....																																										
Other diseases of nervous system.....																																										
CIRCULATORY SYSTEM:																																										
Pericarditis.....																																										
Endocarditis and myocarditis.....																																										
Angina pectoris.....																																										
Other diseases of the heart.....																																										
Arteriosclerosis.....																																										
Other diseases of the arteries.....																																										
Other diseases of circulatory system.....																																										
RESPIRATORY SYSTEM:																																										
Bronchitis.....																																										
Bronchopneumonia.....																																										
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).....																																										
Diarrhea and enteritis.....																																										
Appendicitis and typhlitis.....																																										
Hernia and intestinal obstruction.....																																										
Other diseases of intestines.....																																										
Cirrhosis of liver.....																																										
Other diseases of liver....																																										
Other diseases of digestive system (cancer and tuberculosis excepted) ..																																										
GENITO-URINARY SYSTEM:																																										

[illegible]

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.....	22	18	40																																										
2. Senile.....																																													
3. With cerebral arteriosclerosis.....	32	24	56																																										
4. General paralysis....	49	9	58																																										
5. With cerebral syphilis.....																																													
6. With Huntington's chorea.....	1		1																																										
7. With brain tumor....																																													
8. With other brain or nervous diseases....	2	1	3				1			1																																			
9. Alcoholic.....	3	1	4																																										
10. Due to drugs and other exogenous toxins....	1		1																																										
11. With pellagra.....		1	1																																										
12. With other somatic diseases.....	4	5	9						1		1			2	2	2	4	2	1		1	1	2	1	1	2		1	1					4	4	2	1	3		1	1				
13. Manic-depressive....	10	14	24																																										
14. Involution melancholia.....	1	2	3																																										
15. Dementia præcox....	31	21	52				1			1		4		4		3	3	6	4	2	6	1	2	3	3	2	5	3	2	5	5	4	9	1	3	4	2	4	2	6		1	1		
16. Paranoia or paranoid conditions.....	3	4	7																																										
17. Epileptic psychoses..		2	2																																										
18. Psychoneuroses and neuroses.....																																													
19. With psychopathic personality.....		2	2																																										
20. With mental deficiency.....	4	1	5																																										
21. Undiagnosed psychoses.....		1	1																																										
22. Without psychosis...		1	1																																										
Total.....	163	107	270	—	—	—	2	—	2	4	1	5	5	6	11	12	10	22	12	7	19	25	4	29	18	9	27	14	13	27	11	7	18	11	5	16	21	18	39	27	25	52	1	2	3

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.....	22	18	40																																										
2. Senile.....																																													
3. With cerebral arteriosclerosis.....	32	24	56																																										
4. General paralysis.....	49	9	58																																										
5. With cerebral syphilis.....																																													
6. With Huntington's chorea.....	1		1																																										
7. With brain tumor.....																																													
8. With other brain or nervous diseases...	2	1	3				1		1																																				
9. Alcoholic.....	3	1	4																																										
10. Due to drugs and other exogenous toxins...	1		1																																										
11. With pellagra.....		1	1																																										
12. With other somatic diseases.....	4	5	9																																										
13. Manic-depressive.....	10	14	24																																										
14. Involution melancholia.....	1	2	3																																										
15. Dementia præcox.....	31	21	52				1		1	4		4	3	3	6	4	2	6	1	2	3	3	2	5	3	2	5	5	4	9	1	3	4	2		1	2	4	2	6		1	1		
16. Paranoia or paranoid conditions.....	3	4	7																																										
17. Epileptic psychoses...		2	2																																										
18. Psychoneuroses and neuroses.....																																													
19. With psychopathic personality.....		2	2																																										
20. With mental deficiency.....	4	1	5																																										
21. Undiagnosed psychoses.....		1	1																																										
22. Without psychosis...		1	1																																										
Total.....	163	107	270				2		2	4	1	5	5	6	11	12	10	22	12	7	19	25	4	29	18	9	27	14	13	27	11	7	18	11	5	16	21	18	39	27	25	52	1	2	3

TABLE SHOWING IN DETAIL MANNER OF SUPPORT

JUNE 30, 1925.

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	174	210	384	72	67	139	31	41	72	..	..	..	..	..	..	277	318	595
Essex	50	37	87	178	188	366	24	49	73	..	..	..	1	..	1	253	274	527
Hudson	60	44	104	150	144	294	77	109	186	..	..	..	..	1	1	287	298	585
Hunterdon .....	..	..	..	1	1	2	..	3	3	..	..	..	..	..	..	1	4	5
Mercer	1	..	1	..	..	..	..	1	1	..	..	..	..	..	..	1	1	2
Middlesex	4	1	5	1	..	1	2	6	8	..	..	..	..	..	..	7	7	14
Monmouth	1	2	3	..	..	..	3	4	7	..	..	..	..	..	..	4	6	10
Morris	93	92	185	35	24	59	14	23	37	1	..	1	..	..	..	143	139	282
Ocean .....	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..	..	3	3
Passaic	259	260	519	69	42	111	24	34	58	..	..	..	1	..	1	353	336	689
Somerset .....	..	2	2	1	..	1	2	5	7	..	..	..	..	..	..	3	7	10
Sussex	30	29	59	8	4	12	7	7	14	1	..	1	..	..	..	46	40	86
Union	199	242	441	53	48	101	41	34	75	..	..	..	..	..	..	293	324	617
Warren	7	3	10	3	1	4	..	1	1	1	..	1	..	..	..	11	5	16
Illinois .....	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1
New York .....	..	..	..	..	1	1	2	5	7	..	..	..	..	..	..	2	6	8
Utah .....	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1
Total	878	922	1800	571	520	1091	229	325	554	3	..	3	2	1	3	1683	1768	3451

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

APPENDIX TO BUSINESS DEPARTMENT REPORT

DAIRY AND FARM.

1,045,448.25 lbs. milk.....	\$48,613.33
15,295-2000 tons alfalfa.....	450.29
220 775-2000 tons grass.....	1,999.01
57-291-2000 tons hay, clover.....	1,381.37
46,47-2000 tons hay, timothy.....	1,159.97
105 1213-2000 tons hay, mixed.....	2,497.01
19 1525-2000 tons mangelwurzel.....	177.86
1,635 1720-2000 tons manure.....	3,271.71
Offal sold.....	46.68
Calves sold.....	258.00
180 bu. rye.....	154.80
506 690-2000 tons ensilage.....	4,557.11
23 tons straw.....	391.00
366 bu. wheat.....	486.78
3,485 8-12 doz. eggs.....	1,614.62
	<hr/>
	\$67,059.54

STOCK SLAUGHTERED AND USED AT HOSPITAL.

18,051 lbs. beef.....	\$2,708.55
498 lbs. beef liver.....	49.09
1,006 lbs. veal.....	134.14
720 lbs. liver, hog.....	63.67
49,333 lbs. pork.....	7,092.25
244 lbs. fowl.....	82.20
	<hr/>
	\$10,129.90

STATEMENT OF VEGETABLES AND FRUITS GROWN AND FURNISHED FROM GARDEN
DURING FISCAL YEAR ENDING JUNE 30, 1925.

8,628 bunches asparagus.....	\$2,784.33
921 14-16 baskets lima beans.....	1,363.61
1,037 13-16 baskets string beans.....	936.83
364 bunches beets.....	22.73
1,799 11-16 baskets beets.....	1,173.35
1,807 3-25 barrels cabbage.....	2,343.89
27 12-25 barrels cabbage, red.....	57.21
249 bunches carrots.....	12.45
1,742 baskets carrots.....	894.69
185 barrels eauliflower.....	569.20
3,175 bunches celery.....	886.18
32 qts. cherries.....	5.12

40 gals. Chili sauce	60.00
81,257 ears corn	1,990.75
13 1450-2000 tons cornstalks	82.36
248 13-16 baskets cucumbers	272.51
614 qts. currants	71.48
78 5-16 baskets egg plant	42.91
182 4-16 baskets grapes	158.68
66 qts. gooseberries	9.24
1 lb. horseradish .....	.15
2,223 8-16 baskets kale	569.85
20 gals. ketchup	14.40
3,870 bunches leek	190.25
2,659 baskets lettuce	2,108.98
1,197 2-16 baskets onions	1,443.56
20,088 bunches onions	933.49
5,870 bunches parsley	163.88
1,171 8-16 baskets parsnips	645.94
2,623 5-16 baskets peas	3,160.00
252 9-16 baskets peppers	158.66
2,230 lbs. pumpkin	35.53
8,946 bunches radishes	363.90
12,888 bunches rhubarb	392.78
1,515 pts. raspberries	151.14
11,770 lbs. sauerkraut	1,049.81
1,878 10-16 baskets spinach	677.39
256 1-16 baskets squash	139.38
4,170 qts. strawberries	838.80
249 1-16 baskets Swiss chard	170.34
4,001 baskets tomatoes	3,539.17
15 4-16 baskets tomatoes, green	7.56
8 baskets tomatoes, yellow	8.50
2,510 baskets tomatoes, canned	1,909.30
238 3-16 baskets turnips	109.68
35 baskets Rutabaga turnips	14.00

\$32,533.96

FLORIST'S REPORT.

RECORD OF CUT FLOWERS.

Roses	16,672
Carnations.....	1,577
Chrysanthemums (large)	1,820
Chrysanthemums (small).....	9,420
Dahlias	9,420
Snapdragon	48,334
Gladiolus	4,869
Lilies (calla).....	137
Asters.....	250
Strawflowers	150
Narcissus (paper white)	800
Narcissus (double).....	950
Sprengari, strings.....	654
Peonies.....	310
Phlox (hardy).....	540
Sweet peas	6,600
Delphiniums.....	2,150
Golden glow (rudebeckia).....	2,950
Zinnia	4,784
Calendula	278
Scabiosa	310
Stevia	340

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND CUT FLOWERS.

Pansies	822
Geraniums	3,435
Geraniums (large).....	281
Coleus.....	2,971
Celossia.....	285
Petunia	1,120
Salvia.....	1,622
Vinca.....	1,710
Vinca vine.....	96
Helichrysum	200
Chrysanthemums.....	4,302
Fuchsia.....	200
Dahlia	1,393
Cannas.....	2,128
Snapdragon	4,930
Sweet alyssum.....	844

Asters.....	4,335
Balsam	50
Gladiolus	8,336
Roses.....	1,250
Carnations.....	840
Begonias	1,405
Zinnias	677
Verbena.....	1,615
Ageratum	710
Jerusalem cherries.....	450
Ferns.....	139
Delphiniums.....	450
Hyacinths.....	840
Easter lilies	203
Calendula	500
Heliotrope	205
Palms (small), in 4-inch pots.....	72

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

