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Fifty-Third Biennial Report of the Mississippi State Hospital, Whitfield, Mississippi, from July 1, 1959 to June 30, 1961

W. L. Jaquith M.D.

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FIFTY-THIRD BIENNIAL REPORT

OF THE

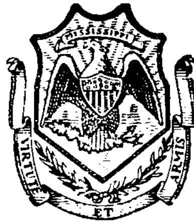
Mississippi State Hospital

WHITFIELD, MISSISSIPPI

FROM JULY 1, 1959

TO

JUNE 30, 1961



MORE THAN A CENTURY OF SERVICE TO THE MENTALLY ILL OF MISSISSIPPI

W. L. JAQUITH, M.D., Director

BOARD OF TRUSTEES OF MENTAL INSTITUTIONS

JUNE 30, 1960

Dr. J. K. Avent, Chairman
Judge Lester Clark, Vice Chairman
Dr. J. Grant Thompson
Mr. J. A. Fillingim
Mr. S. D. Long
Mr. C. S. Hudspeth, Executive Secretary

PHYSICIANS

JUNE 30, 1960

Dr. A. Glenn Anderson, Jr.
Dr. Carroll L. Busby
Dr. D. E. Davidson
Dr. W. C. Dudley, Jr.
Dr. Isaac C. East
Dr. Marvin V. Harvey
Dr. John James Head
Dr. Mary E. Hogan
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Dr. Charles M. Pugh
Dr. Robert E. Ray
Dr. Robert M. Ritter
Dr. T. A. Robinson
Dr. W. R. Sanders
Dr. Reginald P. White

DENTISTS

Dr. Will M. Brown
Dr. W. D. Morrow

CONSULTANTS

JUNE 30, 1960

Dr. Rush E. Netterville	Thoracic, Cardiac, General Surgery
Dr. George Gillespie	General Surgery
Dr. Raymond Martin	General Surgery
Dr. George E. Purvis	Orthopedics
Dr. Thomas C. Turner	Orthopedics
Dr. J. Manning Hudson	Internal Medicine
Dr. Charles Neill	Neurosurgery
Dr. Walter Neill	Neurosurgery
Dr. Lucien R. Hodges	Neurosurgery
Dr. Richard W. Naef	Neurology
Dr. Claude Callender	Obstetrics-Gynecology
Dr. James Royals	Obstetrics-Gynecology
Dr. C. G. Sutherland	Obstetrics-Gynecology
Dr. O. B. Wooley, Jr.	Obstetrics-Gynecology
Dr. Robert R. Surratt	Radiology
Dr. Samuel Johnson	Opthamology
Dr. J. G. Nasser	Opthamology
Dr. Ralph Sneed	Otolaryngology
Dr. R. H. McArthur	Otolaryngology
Dr. Forest Bratley	Pathology
Dr. William Featherston	Pathology
Dr. Charles Caccamise	Dermatology
Dr. Cyrus Johnson	Urology
Dr. Walton Shannon	Dental Surgery
Dr. Sam G. Sanders	Dental Surgery

MISSISSIPPI STATE HOSPITAL

ADMINISTRATIVE STAFF

For the Year Ending June 30, 1960

Class of Officers and Employees	Male		Female
Directors	1		0
Office Managers	1		0
Bookkeepers and Assistants	0		1
Physicians (Staff)	14		3
Physicians (Consulting)	25		0
Phychologists	4		2
Externs	8		0
Dentists and Assistants	2		2
Pharmacists	1		0
Technicians	4		2
Graduate Nurses	0		21
Occupational Therapists	4		14
Practical Nurses	3		59
Attendants	286		352
Veterinarians	0		0
Supervisors and Assistants (Ward)	10		9
Dietitians	2		0
Other Dietary Employees	78		60
Farming Supervisors and Employees	25		0
Social Workers	0		4
Clerical Employees-Stenographers-Clerks	5		39
Telephone Operators	0		5
Guard Patrol	11		0
Housekeeping Supervisors and Employees	3		18
Beauty and Barber Shops	7		8
Recreation	1		3
Industrial Supervisors and Employees	68		20
Pastoral	3		0
Personnel Director	1		0
Total Officers and Employees	567		622
TOTAL		1189	

REPORT OF THE DIRECTOR

October 5, 1961

To the Board of Trustees of Mental Institutions
and to the Members of the Mississippi Legislature

Gentlemen:

As Director of the Mississippi State Hospital, I have the honor and privilege to submit herewith the hospital's fifty-third Biennial Report. This report covers the period July 1, 1959 through June 30, 1961.

This marks the beginning of the hospital's second century of service to the mentally ill of the State of Mississippi. This hospital was opened on January 8, 1855 in North Jackson, on the present location of the University of Mississippi Medical School. In April of 1935 the hospital and 2,554 patients moved to its present location at Whitfield. The hospital now houses as of this writing 4,284 patients.

The Director owes a great deal of gratitude, and wishes to take this opportunity to express it to Former Governor J. P. Coleman, Governor Ross Barnett, and to the Members of the Mississippi Legislature, as well as to the Board of Trustees of Mental Institutions, for the understanding and support they have given him during the past biennium. There have been many difficulties facing the mental institutions in this state for a prolonged period of time. These gentlemen with their understanding relative to our problems have given us every support; and in face of many obstacles have helped us to realize some of our objectives and to correct some of our deficiencies. The members of the legislature, Board of Trustees, and our Governors have been aware of the many critical areas which face Mississippi in the field of mental health. During his twelve years of service as Director, the present hospital administrator could not have taken care of the ever increasing number of mentally ill had it not been for the generous support given by these interested parties. We certainly solicit their continued cooperation and support. We feel that in the years to come the problems of mental illness will be with us in ever increasing numbers, and the demands for service on the mental hospitals will continue to increase as they have markedly in the past.

No director could function with any success were it not for his devoted employees. As Director of the Mississippi State Hospital, I wish to take this opportunity to express to the magnificent employees of the hospital my deep gratitude for their great devotion to duty. These 1200 wonderful people have made it possible for much of our success and without them the mentally ill of this state could not have been served. These employees have certainly

made it possible for the hospital to carry on its work and to serve those who come to us for treatment.

Many of our long time, loyal employees have understood our many problems and have gone about their daily tasks in a cheerful manner, and their devotion to duty is certainly reflected in the work they perform. Many of our employees continue to work under trying conditions and are due every commendation and credit. These people certainly serve in a field of endeavor where many are called but few are chosen and few remain. To the hospital staff goes the deepest appreciation of the Director. They will certainly be blessed in years to come for their outstanding performance to and for the mentally ill of our state.

BUDGET

During the 1960-62 Biennium the hospital operated on a budget of $7,584,972.00 from state appropriated funds. During the 1960 Session of the Legislature the hospital asked for a budget in excess of $9,000,000.00 to meet the many demands for vital necessities to the successful operation of the hospital. The 1958-60 Budget was for $6,475,000. The $7,584,972 budget represented an increase of some seventeen percent when the hospital requested an increase of thirty-nine percent.

During the past legislature, as in all legislative sessions since 1950, many conferences were held with the Board of Trustees of Mental Institutions, the Budget Commission, and members of the legislature relative to our needs. We have always been realistic in our proposed budget. With the inflationary trend in our nation, many of the increases given us during the past years amounting from ten to seventeen percent have been lost in the increased prices of drugs, food, and all supplies which the hospital buys. In the 1957 budget the hospital was dealt a serious blow by the local gas company when rates were markedly increased. These rates have since been rectified and a refund is due the hospital within the near future. There has been a marked increase in the utility rates. Some of this will be lowered during the coming biennium due to the complete overhaul and repair of the hospital steam and heating system.

This hospital during the past biennium has seen again a record number of first and re-admissions to the institution. This admission rate will be discussed later in the paragraph under admissions and discharges. The hospital admission rate continues to climb. We are now processing approximately ten new and re-admissions per day for an all-time high within the institution. These patients as you know, for the most part, are in the age group sixteen years to sixty-five years. Very few children are admitted because of lack of facilities. Very few seniles over the age of sixty-five are admitted except on an emergency basis.

Were we to take all the children offered to us for treatment as well as the seniles offered to the hospital for treatment, our admission rate would approach the 5,000 mark each year. The hospital director refuses admissions to approximately five elderly white males and females per day. At the present time there are some 400 white seniles and 200 negro seniles on our waiting list.

In spite of the fact we have limited admissions for more than ten years in the case of seniles, our admission rate continues to climb. This points to the enourmous amount of service demanded from the institution in the age group sixteen to sixty-five.

The hospital daily answers calls for all types of service in the field of mental health which, because of financial restrictions, it cannot render. The demands upon the institution and its staff are quite staggering, and with our personnel and facilities it is difficult to meet all of the demands made upon the hospital for the care of the mentally ill.

A large percentage of the thirty-six percent increase requested in this budget is to be used in staffing the new units of the hospital authorized by the 1960 Legislature. This legislature authorized the construction of a negro annex of 900 beds. This annex is now under construction and will be completed in December of this year. The new negro unit will have 113 new employees. It will take this many people to staff this annex. The payroll per biennium to operate this new unit is estimated at $333,280.00. This large unit will have a corresponding rise in our budget in gas, electricity and telephone rates for the overall operation. These utility rates have been estimated by the utility companies and are a part of our major budget. They will approximate approximately $10,000 per year for the operation of this negro unit.

The 1960 Legislature also authorized the construction of a Psychiatric Training Unit for the nurses of the state. To this unit the nursing schools of this state will send their nurses for a ninety day period for training in psychiatry. They must have this training if they are to receive their degree and be classified as registered nurses. At the present time all of our nursing schools send their students out of the state except the University of Mississippi Nursing School which for the past few years has trained their nurses here. Sixty nurses will take three months training within the institution as stated. The total payroll per biennium for the highly specialized and trained people in this unit is $83,640.00. There will be a corresponding raise in utilities such as gas, electricity, and telephone to operate this unit. The burden or full support of the sixty nurses plus the faculty falls upon the Mississippi State Hospital. The food, laundry and dormitory care of these sixty nurses must be paid for by this institution. These items are proposed within our total budget.

The Nurses Psychiatric Training Unit and the new Negro Annex to operate adequately therefore will need a payroll per biennium of $416,920.00. These are completely new items in the budget. Of course, as previously stated, there is going to be an increased operating expense in both of these units.

As we have previously stated on numerous occasions, the first great need of any mental hospital is for personnel who are trained and qualified to treat the mentally ill of our state. The hospital at the present time operates with approximately 1250 employees. With the new unit and the addition of specialized help, our present budget request is for 1,596 employees. The greater part of the increase is found in nursing service. This increase amounts to $1,550,000.00. Here again, as we have for the past twelve years, we propose to raise the salaries of all starting attendants to a minimum of $100.00 per month. We have done this for many years with little success. During my tenure of service we have been able to raise the attendants' salaries from $50.00 per month to $80.00 per month. During the past biennium it was possible with our increase to raise the starting salaries of attendants from $65.00 per month to $80.00 per month.

In spite of this the hospital has a tremendous turnover in employees each year. The members of the legislature can well see that we average a large turnover in employees bcause of low pay. We lose many of our trained people to other institutions and hospitals because of the poor pay scale we offer.

At one time we had many good licensed practical nurses. We could pay them only $105.00 per month. We had to compete with nearby institutions and hospitals who pay them $175.00 per month. Most of the practical nurses left us for better paying positions. This is more or less the same situation in all categories and even includes professional help such as physicians, psychologists, registered nurses and social workers. While most of our physicians are paid a compatible salary with other states and organizations in this area, we still lose many of our good professional people because our wage scale is low. On our past budgets we have never been able to reach the minimum salaries requested for many of the low paid employees. The vast majority of the 1200 employees now working within the institution make less than $100.00 per month. If we are to continue a good mental health program, it is imperative that we raise and stabilize our employee situation.

We have often stated that our employees are still the lowest paid in the nation in the field of mental health. We feel at this time because of the critical state of the mental health program in this state that our request for a minimum salary of $100.00 per month with full maintenance where practical is a must item. This will stabilize the hospital employment program somewhat and

allow us to keep well trained people and to further expand the benefits of the hospital to the mentally ill of this state.

During the past biennium the hospital operated on a per diem in 1960 of $2.37 per day. This per diem has since been raised to $2.54 per day. We are now operating on an average per diem of $2.62 per day. This still remains the lowest per diem cost of all the fifty states. Some of the other states within our area are no more than a few cents ahead of us in per diem cost, but we are still ranked as the fiftieth state in our average expenditure on the mentally ill. Under our proposed budget for 1962-64, we propose to raise our per diem to $3.32. This is an increase of some $.69 per day per patient. One of our neighboring states has recently raised its per diem $.50 per day per patient. We feel that this request for an increase is certainly justified, and if we are to meet the demands for service made upon us we have no other alternative but to request the necessary funds. If these funds are not forthcoming we have no other alternative but to drastically restrict our services and see much of our professional help leave us because of an inability to progress in wages and in a good treatment program.

The use of newer drugs and newer techniques in medicine has caused a great change in hospital budget planning, especially in the field of mental health. During the past biennium the hospital purchased $586,000 worth of drugs. This was an increase of $136,000 over the past biennium. This amounted to $68,000 per year for the past two years. With the heavy influx of patients, it is felt that this will continue to rise. We can only propose an increase in the drug budget as well as that of all other items that go into good physical and mental health. With better drugs and medical care comes an increase in hospital operation. We have all read the recent economic reports that show that hospital costs have risen tremendously within the past ten years.

If we are to give our patients the best medical and psychiatric care, we must have the necessary funds to keep abreast of the ever changing medical picture.

As previously stated, the hospital during the past biennium has seen an increase in all supplies purchased. Drugs, food, equipment, clothing, tobacco, cleaning supplies, linen and the thousands of items we must buy to maintain our patients in the hospital have all shown some increase. All of these increases have been realistically planned in our present budget. The budget as submitted, we feel, is a realistic one without any type of luxury items. Only essentials are included. We must get the necessary financial support to serve the mentally ill of Mississippi if we are to do a good job and escape legislative and public criticism. Unless a realistic approach is made to this request, the responsibility of the mental health program lies totally and wholly with the

members of the legislature. To meet the staggering demands for service we must broaden our treatment program or, I repeat, drastically curtail our services if money is not available to render them. If you are to curtail our services by a decrease in budget, you can certainly look for a chaotic picture in the treatment program of the mentally ill of this state. We have long been told that mental illness is now an international epidemic. We cannot fight this epidemic with promises or words.

Mental illness is our number one health problem. This has been known and recognized for a prolonged period of time. We must continue to do everything possible in the field of prevention as well as in research and training. As long as we have your financial support we can continue to successfully treat the mentally ill of our state. Without it we will all certainly be dismal failures.

The Director appreciates the many past courtesies the legislature extended him through the session 1950-1960. I know that you have always been as fair and as just as possible with the mental hospitals. Much of our progress is due to your understanding and to your great charity in this particular field of state health work. I trust that you will see fit to give our request every favorable consideration. The time is now since this is a problem of great magnitude and gravity for our beloved state. Mental illness certainly threatens many of our citizens.

PERSONNEL

Mississippi, like many other states, has suffered from an acute shortage of trained people to treat the ever increasing number of mentally ill for many years. There are still very few psychiatrists practicing in the State of Mississippi at a private practice level. To serve our 2,000,000 Mississippi citizens there are approximately thirty psychiatrists. The vast majority of these are in state or veteran administration institutions at the present time. Like all state mental hospitals, this hospital lacks many psychiatrists, psychiatric social workers, psychiatric nurses, psychologists and top caliber personnel. During the past ten years we have been only able to maintain a skeleton crew of trained people. It is a grave responsibility of these few people to keep the mental health program in operation and to train many people who come to our institution. It is the further responsibility of this small trained group to run a statewide treatment program at a state hospital level.

During the 1957-1958 biennium, more than 990 employees per year left their jobs in the hospital. During the 1960-62 biennium, this number was markedly reduced to approximately 550 due to better personnel practices. In spite of this, the turnover is still large and the hospital loses approximately $50,000 per year in

this employee turnover. Since each new employee is given a complete physical examination with laboratory and x-ray studies, as well as an indoctrination, we can compute that on each employee lost we lose $100.00. Many of our employees remain only a short time, sometimes a few days or few hours, and then leave the institution because of some difficulty usually low pay and inadequate housing for personnel. Many of them are not emotionally, physically or otherwise qualified to work in the institution and this is because we draw very few adequate people because of our low pay. At times we certainly do not draw from the high caliber people of our society because of our pay and housing situation.

As in the past, many of the people who come to this hospital seeking employment are not the type of personnel desired. In desperation we often have to take the low quality employee because we have no other alternative. We full well know they are poor risks and will probably be poor employees, but again in desperation and because of an acute shortage of people especially on the hospital wards, we must hire them. Until such time as salaries and living conditions are bettered and brought into line with our present economy, the personnel situation will continue to face us as a sour note.

We do have a small nucleus of devoted and loyal employees who make up the backbone of the entire program. Without them in all professional walks it would be certainly impossible to operate an institution as large as this one. We again to this small nucleus express our deep gratitude for trying to help us serve the mentally ill of the state.

During the past biennium we have seen a great deal of improvement in our professional situation. The hospital has been able to add two board certified or board eligible psychiatrists. During the past few months a third board eligible psychiatrist with adequate training has been added to the staff.

Through the University of Mississippi Medical School and School of Nursing, we have been able to greatly augment our nursing service. We were able to obtain six of the Bachelor of Science Nursing Degree graduates from the 1961 class out of a class of seventeen nurses graduated. These highly trained degree nurses have certainly added a tremendous amount of prestige as well as organization to the ward. Their presence has already greatly implemented and increased our treatment program.

The hospital through recruitment was very fortunate to secure three Master of Science Degree nurses to head up various departments of the institution. Miss Barbara Teacher, who holds her Master's Degree in Nursing, is the new Director of Nurses as of September 1. Mrs. Alma Petty, who holds a Master's Degree

in psychiatric nursing, is to head up the new affiliate training program. Miss Doris Chaves, another Master Degree nurse, will head the educational inservice training program. These three nurses are certainly welcome to the hospital community, and in a few months have already done a tremendous amount of work to organize the nursing department. This department has more than 900 employees.

The Director wishes to express to Miss Albertine Sinclair, the former Head Nurse, his deepest gratitude for the many years of devoted service she gave to this institution. This fine nurse worked tirelessly without any assistance to direct the nursing department and its many hundreds of employees. She will soon be retired from public service. It would be certainly tragic not to express in these pages the hospital director's gratitude for the wonderful service under great odds she rendered the mentally ill and to the employees of the institution.

Under our training program we hope within the next few years to continue to bring young psychiatrists into the institution. At the present time two young psychiatrists are training at the University of Louisville Medical School. One is now in his third year of training, another in the second year of training. One young resident is now in training here at the Mississippi State Hospital. These three psychiatrists, when they complete their training, plan to join the institution staff and to further augment this treatment program as well as expand its horizon in training and in research.

The personnel picture has brightened somewhat during the past few years. I feel sure that with better pay and better housing for all employees, it will certainly build a fine treatment program and stabilize our employment situation.

COLLECTIONS

For the past twelve years, as Director of this institution, I have continually requested that each legislature give attention to the financial responsibility laws of other states. By this I mean that an investigation should be made of the families' ability to pay the state for the treatment rendered their mentally ill relatives.

In many other states there are rigid collection laws relative to family responsibility. These financial responsibility laws drastically reduce the heavy tax burden for the operation of many hospitals. Many states collect more than forty percent of their operating cost through financial responsibility laws. As we write this Biennial Report, there are 4,284 in this hospital. Of these, almost 4300 patients, the hospital collects from approximately 200. The average collections run between $12,000 and $15,000 per

month. This amounts to one day's operation. It costs the taxpayers approximately $12,000 per day to operate this institution, and we collect only one day's operation from interested parties.

During past sessions of the legislature I talked to many members who were interested in a collection law for the state and to alleviate the tax burden. When told it would be wise to make the counties of the state or the families of the patients share some of the responsibility for the mentally ill as done in other states, they because of political reasons immediately lost interest in this matter. I was delighted to see in a recent report that the Legislative Investigating Committee is giving this some study and has recommended that such a law be put into effect. During our hearing before the Budget Commission in September, 1961 this matter was also brought up by members of the Budget Commission who feel that the families should be made to pay something for the care of the mentally ill, if it is only a small portion of the total cost to the state.

At the present time it costs approximately $77.00 per month to maintain a patient within this institution. The Board of Trustees has set $50.00 per month for each patient if they are able to pay. Even with the families paying $50.00 per month, the hospital still loses some $27.00 per month per patient who is able to pay; and in turn the taxpayer and the State Treasury also loses $27.00.

The Executive Secretary of the Board of Trustees of Mental Institutions has gathered a great deal of material on the financial responsibility laws of other states. He has made a vast study of this problem, and has often presented it along with the Director to interested legislators and parties. There was some action during the 1960 Legislature to get such a financial responsibility law passed. It did have some success and passed the Senate, but died in the House.

At the present time the only compulsory collection law that the hospital has entails alcoholics and drug addicts. Alcoholics and drug addicts are given three admissions to the hospital at no cost. After this they must pay $50.00 a month in advance for each month of treatment. This does not appear to work a hardship on any patient or his family. When these people are ill and the necessity arises, they have certainly been able to find the necessary funds. Of course, some of them have offered a great deal of criticism to the hospital relative to the fact they have to pay for treatment. I believe this is only fair and just. If we are to continue the socialistic trend relative to free hospitalization, the cost to the taxpayer is going to become more and more staggering.

I again, as I have for more than twelve years, strongly recommend that the legislature make some demand of families relative

to the cost of hospitalization. There should be some study relative to financial responsibility of every family. As the demands for service continue to increase on this institution, the taxpayer is certainly going to have to pay them if they desire a good mental health program. Many people who come to this institution demand outlandish things from the hospital simply because they are taxpayers. They in turn refuse to contribute to make things better for their loved ones here in our care. Any good mental health program is going to cost money, but if a good financial responsibility law is enacted the cost to the taxpayer will certainly decline.

ADMISSION AND DISCHARGE RATE

Many of the people of this state do not have the slightest idea that this hospital admits so many mentally ill or emotionally ill people per year. As in the past, during the 1959-61 biennium, the admission rate has shown an increase.

We do not feel that the increase in the admission rate over the past few years is cause for alarm. We feel the increase is due in part to the fact that the people over the state have some confidence and faith at this time in the hospital and its treatment program. Public education as well as medical education has done a great deal to alleviate the stigma attached to mental illness. Many people are now ready to admit that the mind becomes ill just as one's physical person does. People are now seeking early treatment for emotional and psychiatric disorders. The physicians of the state through training certainly have a great deal of insight into the problems of the mentally ill, and are referring patients to the hospital in ever increasing numbers.

The demands for service on the hospital from the medical profession, welfare agencies, and families have increased from year to year. With this increased demand for service we have certainly seen an increase in our admissions.

As previously stated, in my 1959 Biennial Report the American Medical Association states that mental illness has reached such proportions that it must now be termed a world wide epidemic. So great has become the concern of our nation that President Eisenhower appointed a special commission to study this problem. This commission was appointed in 1955 and has now published its report. This report called "Action for Mental Health" is quite a dynamic document and certainly brings into focus the tremendous need that we have for mental health services.

During the past biennium we have tried to keep abreast with the increase in the admission rate. We have been able to more or less stabilize the hospital population in spite of the heavy influx

of patients. This is certainly a compliment to the hospital staff and the wonderful employees who take part in the overall treatment program.

During the fiscal year 1959-1960 there were 1,938 first admissions to the Mississippi State Hospital. During this same period there were 1,094 re-admissions to the hospital. There were 688 returned patients during this period. This gave the hospital a total of 3,720 admissions for the period June, 1959 to July, 1960.

During the period June, 1960 to July, 1961 there were 1,841 first admissions to the hospital. During this same period there were 1,114 re-admitted patients. During this period there were 648 returned patients for a total of 3,603 admissions during the 1960-61 fiscal year.

During the statistical year July, 1959 to June, 1960, 2,723 patients were discharged from the hospital. During this same period a total of 1,841 were granted leave. The total discharges and leaves for the 1959-60 period was 4,564 patients.

During the statistical year 1960-61, there were 2,780 patients discharged from the hospital. A total of 1,715 patients were granted leave from the institution. The yearly total amounted to 4,495 patients.

At the end of the fiscal year 1960, the hospital had an average daily resident population of 4,262. For the fiscal year ending June 30, 1961 the hospital had a daily resident population for the year of 4,278 persons. From this the members of the legislature can well see that in spite of our heavy influx of patients, the hospital population arose only approximately sixteen people during this time.

During the fiscal year 1959-60 there were 126 white deaths and 100 negro deaths within the institution. During the 1960-61 fiscal year there was a total of 111 white deaths and 121 negro deaths. The hospital through better medical care has maintained one of the lowest death rates of any of the large hospitals within the nation. This certainly is a credit to the hospital medical and nursing staffs as well as to the fine consulting staff made up of Jackson physicians.

One of the big problems facing all mental institutions, and something that is borne out in this report, is the high return and re-admission rate to all mental hospitals. During the past few years the admission rate, or first admissions in many state hospitals, has shown a marked decline. Many of these people are not coming to state hospitals, but are receiving adequate psychiatric care in general hospitals in their state or community which have psychiatric units. At the present time Baptist Hospital in Jackson, Mississippi operates such a psychiatric unit in a general

hospital, and this unit admits approximately 700 persons per year. These facilities in a general hospital will be further augmented during the coming year by the opening and operation of a psychiatric unit at the University of Mississippi Medical School. This is certainly a desperately needed facility, and will greatly augment the training and research facility as well as help the State Hospital with its ever increasing admission rate.

As we will point out later in our report, much of the high readmission rate could be alleviated with proper outpatient facilities available for the people who are discharged from the mental hospitals of the state. Many of the patients who leave us go home and can find no psychiatric help whatsoever in their communities. They have enough insight into their condition to know that when they become sick again, they have no other alternative but to return to Whitfield for further care and treatment. Were there some outpatient facilities strategically located over the state, I am sure that our readmission and return rate would be markedly lowered. Outpatient facilities for the care and treatment of discharged patients must certainly come if we are to have a good mental health program.

The admission figures for the past biennium are found in other pages of this publication and a detailed report by sex, race, age and diagnosis is therein made.

With our admission rate as it always has in the past, increasing from year to year, we have no other alternative as we see it but to serve our mentally ill as best we can by an aggressive treatment program. We cannot have an aggressive treatment program without legislative support and the necessary funds to operate the program. If we are to continue our fight against our number one health menace, mental illness, we must have every support and understanding.

SENILES AND CARE OF THE AGED

I would venture a guess that every member of the legislature has been approached by some family relative to the placement of an elderly person in one of the mental institutions of the state. This nagging critical problem has been present since 1949. At that time, as Director of the hospital, I brought to the attention of the legislature and the Board of Trustees that something must be done relative to the problem of our aged citizens. In each of my biennnial reports since 1949, you have been requested to take immediate action to alleviate this critical and fast developing problem. In spite of my many requests, my many telephone conversations with members of the legislature, and with interested parties, no concrete action has ever been taken. There have been numerous committee hearings, numerous bills introduced into the

legislature, but none of these have ever been passed. They have either been defeated or pigeonholed for one cause or another.

On one occasion a specific amount of money was allocated for building facilities for seniles, but this bill was never implemented so no action could ever be taken on this serious problem. Absolutely nothing has been done relative to this critical area during subsequent sessions of the legislature and we have only had to live on promises which have never developed.

I have often stated I would never recommend the building of a senile facility until a broad and comprehensive study of this problem has been made. Several state agencies are now at work on this grave problem. This problem reached such proportions that a White House Conference on Aging was held in January of this year. Thousands of delegates attended this meeting and the answers and recommendations were many and varied, but nothing concrete has yet developed as to the care and treatment of our senior citizens. As you well know, a battle now rages in Congress relative to their eventual care and treatment and whose responsibility it will be.

I strongly say that if we are to open a state sponsored senile home without strict supervision and control, we would soon have a multimillion dollar budget item in our state budget. We have been, and are still faced with a disgraceful and tragic situation since we neglect the care of our elderly citizens. During the past few years this problem has grown more and more critical. We fail to realize that many of the citizens who seek treatment for their aging processes are pioneer citizens of this state and have contributed a great deal to its development. They have been responsible for our growth and progress. It appears now that as they grow old, we are going to desert them in their hour of greatest need. On many occasions even their sons and daughters and relatives cast them out to seek their own lot in a cruel and rather hostile society. I have often stated, and will again repeat, it is hell to grow old in Mississippi.

We have often stated that our primary responsibility in the mental institutions is to the mentally ill and to them alone. We have absolutely no responsibility to an aged person who does not suffer from a mental disorder. The vast majority of the overaged patients offered to us are not mentally ill. They have no place to go and no one to care for them and no finances to support their meager existence. Their families and communities seek a place to dump them and feel that the mental institution is a good place to really get rid of them. Here they get them out of society and out of the family home where they present some problem. This is certainly a tragedy in our modern society. Many of the elderly people offered to us seek only bed, board and shelter in their

declining years. This hospital and every mental hospital has a responsibility only to the mentally ill. If we were to admit every senile offered to us we would soon become nothing more than a grandoise nursing home for old people. The $10,000,000 plant here at Whitfield for the treatment of the mentally ill would easily be converted into a senile home. The mentally ill of the state would then languish in jails with inadequate facilities for lack of bed space to treat them. We should never let our mental institutions become dumping grounds for people who are not mentally ill. This would certainly bring about a chaotic situation in our state.

The Director of this hospital has often been criticized because of his strong stand relative to the admission of seniles. Had we not taken this strong stand in 1951 with the support of the Board of Trustees of Mental Institutions, we can say without reservation that there would have been absolutely no beds available for the mentally ill.

Seniles have been offered to us in such tremendous numbers that we would have soon filled our hospital to capacity and to overflowing. We have rigidly restricted the admission of seniles strictly because there is no bed space available for them.

This problem is certainly a national one. Since 1935 the number of people over the age of sixty-five has increased by some sixty percent. Many state hospitals in other states have been completely filled and swamped with this type of patient. They now are having a difficult time treating the mentally ill because senile patients clog all of their beds and wards.

This hospital is each day swamped with telephone, mail and personal applications for the admission of people over the age of sixty-five. Since there is an old law on the book which states the hospital superintendent does not have to take a patient unless a bed is available, we saw fit to invoke this law. As previously stated, it has brought a great deal of criticism to the institution. Many members of the legislature have become angry at us because of our inability to serve them in this particular field. Many of them have promised immediate help but none has been forthcoming. Our responsibility, as we repeat, is to the mentally ill and to them alone. If we had some screening process which would be honestly administered, I am sure our problem would not be so pressing. Many of the people brought to us as mentally ill seniles, as I have previously stated, are certainly not sick from a mental disorder but strictly from one of too many years on earth.

From time to time mentally ill aged people of this state have been locked in local jails awaiting a bed in this hospital. This is certainly not in keeping with modern humanitarian thoughts.

This situation, as I said over the years, will continue until such time as a realistic program is found to take care of the aged of this state. We here at Whitfield are ready and willing to treat those who suffer from a mental illness in spite of their age, but we cannot take every aged person offered to us. The counties and the communities of this state must be realistic about this problem and assume the responsibility of those who are not mentally ill at a county and community level. There are federal funds and grants available for these programs, and they certainly should investigate them and not try to swamp and take advantage of the mental hospital who already has a heavy work load.

As in the past, many patients brought to this hospital are suffering from long term, chronic illnesses without any mental disorder. Here again the families and certain agencies and communities have no place to send them, so they think the mental institutions should care for the chronically ill. I have repeated, and again say, this is not a chronic nursing home. We are again dedicated only to the care and treatment of the mentally ill. Many of those who suffer from chronic or long term illnesses when admitted in good faith never leave the hospital. Once their family or some agency or the community has successfully placed them, they selfishly leave them and seldom come back to take them home or offer any type of outside care. For each non-psychotic senile and non-psychotic chronic nursing problem, another treatment bed is lost and those who suffer from a mental disorder and who need treatment are certainly deprived of the care and treatment they so justly deserve.

All day and far into the night the hospital director and his staff receive emergency telephone calls from various relatives, agencies, counties and communities in the state for the admission of overaged patients. This situation grows worse, and has gotten entirely out of hand. Unless some action is taken soon I again repeat, this situation will become chaotic. Again, my recommendations are for some broad study of the problem and immediate action for its alleviation. We have too long dragged our feet and our resources in this particular matter. This problem we well know is one of national import and unless we do something and do it quickly we are going to be in great difficulty.

As in past reports, we strongly recommend that the legislature give top priority to the study of the needs of our senior citizens. The hospital here will continue to be criticized for its hard and fast stand on seniles, and until such time as the state, the community, and the families do something for their aged people, we can do no more in this particular field. We can no longer continue this disinterested attitude as more and more of our citizens grow old.

EMOTIONALLY DISTURBED CHILDREN

During the past ten years there has been a tremendous upswing in the demands for service for children suffering from some type of emotional or mental disorder. It is rather strange to us that we offer no treatment facilities for those in the sunrise of life, or as previously stated, the twilight of life. By this we mean we offer nothing to the young emotionally disturbed children or to elderly seniles. There are very few units in operation in the United States for any type of care for emotionally disturbed children. Many states are studying this problem at this time, and many other states are building facilities and setting up outpatient facilities for the care and treatment of emotionally disturbed children of the United States.

The Children's Code Commission of this state has made a detailed study of the needs of emotionally and mentally disturbed children. This report is available to all interested members of the legislature, and it would certainly be to your credit to get this information as it tells a rather startling story of the real need here in Mississippi.

The hospital at Whitfield is constantly bombarded by parents, teachers, agencies and communities to treat and process emotionally and mentally ill children. There are no facilities to care for this type of patient. Our wards are full of mentally ill adults and certainly no child should be admitted without some separate facilities for his care and treatment. We admit these children as emergencies only, and during the past few years have seen a marked increase in their admission as well as the demands for service in the field of child psychiatry.

Each day we process at least one frantic phone call or application for children in trouble. There is little we can do about this particular situation except to give advice to some distraught family or agency. Many of the youth court judges within the state call us for help relative to some delinquent or some problem of adolescence they have before them in their court. It is certainly disturbing to us to refuse them the services unless they insist that they be entered to the institution. In this case we usually take the child for diagnostic workup and as soon as the diagnosis and some treatment offered, we send these patients back to the families, foster homes, courts or welfare agencies.

This is certainly a critical area and one in which some action should be taken immediately. We have poured a great deal of money into education. As a great psychiatrist once said, what good is it going to do our children if we educate them well and then let them become emotional morons because there are no mental health facilities or mental health education available to them.

In June of 1961 Governor Barnett appointed a committee to study the needs of emotionally disturbed children within this state. This committee is now at work and will soon make its report to the Governor. He has requested that this report be made prior to the 1962 Legislative Session so that the legislature may study it and try to find some of the solutions for this grave problem.

We can only remind you that the emotionally ill child of today is the mentally ill adult of tomorrow. We trust that when the final report of the committee on the study of the emotionally disturbed child is made that you, the members of the legislature, will give it careful study and try to implement its recommendations.

MENTAL DEFECTIVES

The hospital at Whitfield at this time houses more than 700 mental defectives. The vast majority of these defectives are admitted to the Mississippi State Hospital at Whitfield because no facilities are available in the state for them. The Ellisville State School has a waiting list of more than 200 mentally defective people. Usually when they are more than sixteen years of age and cannot enter the mental defective facility there, they are admitted to this hospital in hopes that they can be transferred to Ellisville State School. Without any new facility the Ellisville State School cannot take these defectives and hence they continue to grow and to really gobble up badly needed treatment beds here. At the present time there are more than 700 white and negro mental defectives within this institution who really belong in the mental defective facility at Ellisville. The loss of 700 treatment beds is certainly a staggering thing and one that we can ill afford. Were we able to get the 700 treatment beds these defectives now occupy, this hospital would certainly be in an enviable position as far as bed space is concerned. It would certainly make our treatment program better in many respects.

For the most part mental defectives require specialized training and good care. These defectives could be better treated at Ellisville State School where a special facility is under construction to train and rehabilitate them. It would be wise economy to build or find other accommodations for the mental defectives who are now in this hospital. The legislature should give a great deal of thought to the enlargement of the Ellisville State School and the removal of the 700 or more defectives from this institution to an institution better suited to their care. If this is done then there will be no need to construct more elaborate costly beds for the care of the mentally ill here at Whitfield.

CRIMINAL PSYCHIATRY

During the past twelve years the Director of this hospital, as well as his staff, has seen a tremendous increase in the number of patients with criminal charges who are processed by the Mississippi State Hospital. In the years 1947-1948 when first employed in this institution, I cannot recall criminal cases being done. Since 1949 this has increased from one criminal case per year to a present case load of between 100 and 150 criminals per year.

In 1956 the security section of the hospital was opened. This section has ten observation beds for white and ten for negroes who are under criminal charges and who are awaiting court action. These patients are usually sent to us on a court order. This is a service which the hospital is certainly glad to render to the courts and to the people of the state. Every person charged with a crime wherein insanity or some type of mental disorder is suspected deserves and should have a complete and thorough evaluation by competent psychiatrists. Usually these patients are kept in the hospital for a period of thirty days or longer depending upon their condition and the amount of time it takes the hospital physician to complete their evaluation.

After the patient has been studied if he is found to be mentally competent, he is returned to court. If he is found to be mentally incompetent he is retained in this institution until such time as he has regained his competency. During the past biennium the hospital has processed approximately 300 criminal cases for the courts of the state. In the vast majority of the cases the patient has been returned to the custody of the court for further process. Approximately seventy-two percent of the cases seen are returned to court. Some twenty-eight percent are retained within the institution as mentally incompetent and not able to stand trial.

During the past biennium this hospital has processed many criminals for the courts of the state as well as for the State Penitentiary and some cases for the federal courts of the state. There has been no cost whatsoever to the counties and to the courts. While these people are under observation the hospital has to pay all of their medical as well as custodial expenses. In other states the hospital is given a set fee to care for the mentally ill or the suspected mentally ill criminal in their custody. I certainly believe that a law wherein the hospital is allowed some expense for the processing of these patients should be passed by some session of the legislature. There are certain abuses relative to the plea of insanity of persons with criminal charges. I would strongly recommend that the courts and counties be made responsible to reimburse the hospital for some of the expense of the

care and treatment of patients under observation. Should they be found mentally ill, it is the burden of the state to care for them. If they are not mentally ill and are returned to court for action, I believe the court and the county should augment the hospital budget by paying for the examination and their care. The sheriffs are certainly given a certain stipend each day to feed and care for prisoners. The same courtesy should be extended the mental hospital to take care of many of the criminal patients here for observation.

The Director of the hospital, the Clinical Director, and other physicians spend many days in court testifying in many types of cases. We travel many miles each year in assisting the courts of the state. This again is done at no expense to the local law enforcement officers or courts. These travel expenses are necessary and are usually paid for out of state funds. In very few isolated instances do the counties even have the courtesy to pay the hospital mileage or living expenses of the witnesses while they are away from the hospital. They feel that since we are state employees, we are entitled to nothing. The hospital physicians do not seek any reimbursement, but feel that the hospital budget should be reimbursed for the actual expenses incurred. For us to pay the expenses of our witnesses is not fair to the hospital and its limited budget.

We are honored and delighted to help the courts of the state, but feel that this is not a one way street. The processing of these criminals effected a great saving to the courts of the state and to the counties. I feel that they in turn should certainly help augment the hospital for some cost of the examination and the treatment and custodial cost.

PSYCHIATRIC NURSING AFFILIATION

To become a registered or graduate nurse, every nurse must have three months training in a psychiatric hospital. There are many nursing schools within the state. Since the invocation of this ruling by the National Nursing League, the student nurses of this state have had to leave Mississippi and go to Missouri, Ohio, Louisiana and Florida to procure training in psychiatry.

For the past ten years the hospital Director with the Mississippi Nursing Association has recommended the construction of a psychiatric training center for nurses at the Mississippi State Hospital. Through the efforts of the Mississippi Nursing Association and their work with the legislature, this psychiatric training center became a reality in the 1960 Legislature when $300,000.00 was appropriated for the construction of an appropriate training center at the Mississippi State Hospital at Whitfield.

For the past four years the hospital has had the pleasure of affiliating with the School of Nursing of the University of Mis-

sissippi in Jackson. The nurses seeking their degree in nursing education have come to the hospital for psychiatric training. This program has been ably directed by Mrs. Alma Petty and Miss Doris Chaves. The hospital has certainly enjoyed this affiliation and has seen much benefit come from it. As previously stated, out of the seventeen graduates of the 1961 School of Nursing Class, six of them are now employed at the Mississippi State Hospital and are doing a magnificent work.

During the past summer it was our pleasure to have our first Mississippi Nursing School to send affiliates to us other than the University nurses. A group of nurses from the Matty Hersee Hospital in Meridian took the three months affiliation during the summer of 1961.

The psychiatric nursing center is expected to be completed by October of 1961. We expect our first class of nurses either in February or March of 1962. It is our hope that all of the nursing schools within the state will take advantage of this facility. The full cost of its operation other than transportation to Whitfield will be borne by the Mississippi State Hospital, as previously explained, in our budget comment. Mrs. Alma Petty will head the teaching program and will be ably assisted by several assistants with some experience in psychiatric teaching. We certainly look forward to this affiliation and to working with the other training schools of the state. We know that the hospitals who send their nurses will certainly benefit from this program, and the Mississippi State Hospital and its mentally ill patients will receive many benefits which will make the hospital a better place for all who come.

RESIDENCY TRAINING

This hospital has been approved for one year training in psychiatry by the American Medical Association since 1955. This program was re-evaluated in 1958 and again in 1960. On each occasion the American Medical Association has seen fit to extend this residency training approval.

Since its inception the hospital has trained four residents in a one year program and then sent them to other centers to complete their second and third years. The hospital has a working agreement with the University of Louisville and Norton Infirmary Psychiatric Center in Louisville, Kentucky. All of our residents have completed their one year with us and have taken their second and third years in the Louisville centers. These residents are high in their praise for the training received in this area.

With the training of residents, we hope that there will be a continual supply of young psychiatrists returning to the Mississippi State Hospital to alleviate the critical shortage in the

psychiatric field. Many state hospitals are in desperate need of additional psychiatric help. We are certainly no exception. The Clinical Director, Dr. John James Head, is certainly to be commended for his foresight and the time and effort he has put into this program. It is through his wise guidance that many of our young residents have sought a career in psychiatry and have been so successful in their chosen speciality.

In conjunction with the University of Mississippi Medical School, Department of Psychiatry, the hospital is further approved with the University for a three year training program in psychiatry. This three year program is under the direction of the Department of Psychiatry, University of Mississippi Medical School. For those residents who desire to complete the three years of training within the state, this can be arranged through the combined approvel of this hospital and the University of Mississippi Medical School.

As this program expands and more and more trained people return to work within the hospital system, we hope to see a marked expansion of the number of residents trained. There is a great deal of interest in psychiatric training amongst the young students who come to the hospital for their externships and for their medical school affiliation. We trust that when they return we will also be able to open a department of research and training headed by a qualified psychiatrist. These are all in our long ranged plans to alleviate our critical personnel shortage in the field of psychiatry.

DRUG PROGRAM

The hospital continues to maintain its drug program as described in the section under pharmacy. At the present time approximately 10,000 drug orders are being mailed per year to patients who are on leave or discharged from the hospital. This program was instituted some six years ago and has certainly been successful. The hospital sells tranquilizing and energizing drugs only to patients who are taking them when they leave the hospital. Many of our patients could not afford these drugs at retail prices, and buy them from the hospital at cost plus postage and sales tax. Were it not for this service, as previously stated, many of our patients would return to the hospital immediately after discharge or leave because of the inavailability of the drugs.

The hospital has kept statistics on this drug procedure. Our statistics show that the average patient pays $48.00 per year for his drugs. If this patient were to remain in the hospital as a long term patient without drugs, it would cost the State of Mississippi approximately $80.00 per month or $960.00 per year to remain in the hospital. As it is, the patient or his family pays approximately $50.00 per year and remains out of the institution and contributes

something to his own welfare as well as to society. For this small amount he does not become a further burden on the state or upon the taxpayer. We believe this program is a very good one and one that should be continued if we are to further service our patients. We feel that many of them would have to be returned to the hospital if drugs were not available to them under this system. Our return rate which is quite high at this time would certainly be higher if drugs were not given to them to help them recover from their illness and to remain in good remission.

FOLLOWUP PROGRAM

In conjunction with the State Board of Health, the hospital the past two years has operated a followup program in four of the counties adjacent to the Mississippi State Hospital. These counties are Smith, Scott, Jasper and Newton Counties. The State Board of Health through its Department of Mental Hygiene furnishes a psychiatric nurse, a psychiatric social worker, and other personnel to followup the patients admitted to Mississippi State Hospital and later discharged or placed on leave to the four named counties. This project, the study in rural mental health and the followup program, was made possible through a grant to the State Board of Health from the National Institute of Mental Health in Bethesda, Maryland. This program has been reviewed during the past year by specialists from the National Institute of Mental Health and the hospital and the State Board of Health have applied for an extension of the project.

This project appears to be working quite well and some of its facilities will be expanded during the coming biennium. It is planned to hold a clinic in one of the four counties each month to followup patients who have been discharged or placed on leave from the hospital. We feel that a great deal of useful information of a medical and psychiatric nature will be forthcoming from this program when it is completed. There are very few followup programs in progress over the United States which operate strictly in a rural area. The hospital may be able to find out some of the reasons for the high return and readmission rate of many of our patients who are placed on leave or discharged from the institution.

The hospital Director wishes to express to the Mississippi State Board of Health his gratitude for the fine cooperation given the hospital and its staff for this program. It is certainly rendering a great service to the patients released to the four mentioned counties.

MEDICAL SCHOOL AFFILIATION

Since the opening of the University Medical School in Jackson, Mississippi, the hospital has offered its facilities to the University.

As previously mentioned, for the past four years the nurses from the University of Mississippi School of Nursing have used the facilities of this hospital for purposes of psychiatric affiliation. This has been a very rewarding experience for the hospital staff.

Senior medical students are sent to the hospital in groups of six students and spend six weeks within the institution working in the psychiatric services to gain first hand knowledge and good clinical teaching with reference to psychiatry and psychiatric treatment. In the years to come with additional personnel, we trust to expand this program and to have the senior students working in all areas of the hospital under the guidance and direction of board qualified or certified psychiatric personnel.

Members of the hospital staff serve on the faculty of the University Medical School and assist the Department of Psychiatry and the Dean of the Medical School in any way possible. Many of the hospital cases are demonstrated to the students in psychiatric clinics. We feel that the medical school affiliation is an important asset to this hospital and has done much to help our treatment program as well as our training program. We look forward to its expansion.

NEW BUILDING AND CONSTRUCTION

During the past legislative session the legislature authorized the construction of a 900-bed negro annex. This annex is now under construction and should be completed in January of 1962. This area was much needed to alleviate the crowded condition which existed in the negro portion of the hospital.

The Mississippi Legislature in 1960 also authorized the construction of a psychiatric training center at a cost of $300,000. This unit is now under construction and will be completed in October of 1961. It is expected that the first classes of nurses for training will enter this unit in February of 1962.

For more than ten years the hospital Director pleaded with the legislature and the Building Commission for repair to the hospital steam system. This system was in a poor state of repair. Live leaking steam has caused severe damage to the masonry within the buildings as well as outside the buildings. As fast as we painted and plastered the buildings, severe damage was done to them because of the severe leaks within the steam system. The 1960 Legislature authorized the sum of $500,000 for the construction of new facilities for the boiler room and a major repair of the steam system. This work is now in progress and will be completed we hope in the spring of 1962. As previously stated, with an exorbitant gas rate hike and a poor steam system, the hospital suffered a great financial loss because of excessive fuel

cost. At one time during the winter of 1960, the hospital had to pay $24,000 per month for natural gas fuel. This amount had more than tripled within three years. Some of it was due to the gas rate increase but a great deal of it was due to the major leaks and poor repair of the entire steam system. We are sure that following the repair of this steam system, there will be a great reduction in overall fuel cost within the hospital.

We are deeply indebted to the members of the legislature for the assistance given us in the 1960 session and for these major improvements which were certainly critically needed. They are going to add much to the overall efficient operation of the institution within the next few years. They will certainly pay for themselves in time and will be a credit to the forethought of the legislature.

MAJOR NEEDS

Other than personnel and budget which have previously been discussed, we feel our major needs at this time are for an outpatient department at the hospital and at the state level, expansion of facilities for white patients within the state, the new laboratory and x-ray building, and for buildings to house added personnel.

As previously stated, there are no outpatient facility other than the present followup program in four counties to care for the thousands of patients who leave this hospital each year on leave or discharged. We feel sure that if an outpatient clinic system were located in strategic cities over the state much of the high return rate could be eliminated. Many of our patients could receive necessary psychiatric services within their community if psychiatric aid were available on an outpatient basis and in a community and state operated clinic at the community level. We hope within the near future to open an outpatient department here at the Mississippi State Hospital at Whitfield to service those patients who have left our institution on leave or discharge. Many of our patients write to us begging for outpatient appointments which we cannot conscientiously give them due to our staff shortages. We trust that with our expanded training facility and the return of new personnel, that we will be able to get an outpatient clinic in operation within the near future.

Now that the new negro annex is under construction and will be completed, we must certainly turn our thoughts to some expansion relative to the facilities for the care of white patients. At the present time the white patient facilities here at Whitfield are quite crowded. Since the hospital has now with its new addition almost 6,000 beds, I certainly would not recommend further construction here. I feel that at least a 1000-bed unit of low cost construction should be built elsewhere within the state to alleviate some of the crowding and take care of the long term patients

who are under treatment. We can probably build at some other institution a unit such as the negro annex which would adequately care for the long term white patients who are with us. We might also repeat that we should expand our facilities elsewhere for the care of the mentally retarded since this hospital at the present time has more than 700 beds occupied by mental defectives who should be in another institution especially designed for their care and treatment. Were we able to regain these 700 beds today, there would be no need for construction for white patients at this hospital. We must certainly do some long range planning relative to the needs of the mentally ill of our state in all fields. We are certainly critically short of many needed psychiatric beds. It has been estimated that for each 1000 persons in our population, five mental hospital beds are needed. With a population of 2,000,000 in the State of Mississippi, we would need approximately 10,000 mental hospital beds. At the present time we are operating with some 6,000 beds. It is easy to see on a population basis we are approximately 4,000 mental hospital beds short for an adequate program.

The hospital would strongly recommend to the legislature that an appropriation of $100,000 be given the Mississippi State Hospital for the construction of an x-ray and clinical laboratory building. At the present time the x-ray and clinical laboratory are located in crowded, inadequate quarters on the second floor of the male receiving ward. It is necessary to bring acutely ill patients from the two general hospitals, white and colored, to this unit for necessary x-ray work. They must be conveyed to this area in an ambulance then taken through the ward up an elevator into the x-ray and laboratory departments. This necessitates a great deal of transportation, extra work, inconvenience, and at times some danger to the patient being transported. We would strongly recommend that this $100,000 allotment be given to the institution to build a modern x-ray and clinical laboratory building. This would certainly cut down on the expense of transportation as well as render much better x-ray and clinical laboratory service to our patients by having this building located close to the white general hospital. The old quarters used by the laboratory and x-ray departments at this time could easily be converted into much needed office space or into a research area.

The laboratory does approximately 36,000 procedures per year. The x-ray department takes at least 10,000 x-rays per year. This is a tremendous work load which is carried on efficiently in cramped, inefficient quarters as previously stated. I strongly recommend that the legislature give some consideration to this request and place it on a priority basis. This $100,000 grant is the only major recommendation I make to them and is one of our critical needs at this time.

At the present time all of the living quarters assigned to hospital employees are crowded. Here again we lose very good personnel because we have no living facilities for them. With our low average salary, it is necessary that we supplement these salaries with room, board, laundry and free medical care. Without adequate housing we lose many excellent employees who will not stay and work and live under the present crowded conditions. I would suggest that some committee of the legislature make a study of the building needs relative to personnel housing. We feel that we could give them low cost housing within the area of the institution and greatly alleviate the personnel shortage, and certainly stop a great deal of the heavy turnover which takes place in hospital personnel.

RECOMMENDATIONS AND CONCLUSIONS

I have made my recommendations throughout this report and will only summarize them at this time.

We must first have an adequate budget to operate on if we are to give the service demanded of us. Without sufficient monies we cannot give the people of Mississippi a good program and cannot continue to improve the hospital services and its personnel.

After money, our second greatest need is for training of hospital personnel in the field of psychiatry. We are in desperate need of psychiatrists, psychiatric social workers, psychiatric nurses, and psychologists. We could use good ward attendants and other types of ancillary personnel. Without adequate pay we cannot retain these people. Without adequate training, we cannot procure them for the system. It is essential that we step up our training program and our recruitment program for personnel.

As previously stated, the Director would strongly recommend some study be given to the expansion of hospital facilities and bed space for white patients within the state. As many of our patients grow older within the hospital, it is necessary that some thought be given the further expansion of the facilities for their care and treatment within the hospital system. As previously stated, if we could evacuate many of the beds now held by mental defectives we feel we would have sufficient treatment space for several years to come. We feel that the State of Mississippi is some 4,000 mental hospital beds short of its needs, and that serious consideration should be given to their early construction so that the hospital system in the years to come will not find itself in an embarrasing position with no beds available for any type of case. We do not foresee such an occurrence with modern day treatment, but we feel some expansion study must be made at this time to alleviate some of the demands for bed space, especially in the senile category.

The Mississippi State Hospital at the present time is one of the few mental institutions within the United States which still operate a large dairy, hog and general farm. Most of the state hospitals through careful analysis have found that hospital farm programs and dairy programs are a money losing proposition. This has more or less been our experience here at Whitfield. The old day when a patient was kept in a mental institution strictly to work because he did not improve has long since passed with good psychiatric treatment. Those patients who are able to work and function certainly should not remain within the institution. More than eighty percent of them are released from the institution here at Whitfield to return to their home and to productive employment. The hospital Director strongly recommends that some study be given to the farming operations within this hospital. I certainly feel that with a modern hospital we should not operate a farming enterprise. With the many acres of land hereabout, it would be quite simple to transfer our dairy and farming operations to some other institution and see the available acres planted in a tree farm or used for some other useful purpose. At the present time thirty acres of the farm land is being turned over to the State Surplus Property Commission. They are to build a large surplus property warehouse here to service the other institutions of this state. This area was leased to them by the Board of Trustees of Mental Institutions because no other lands were available within this area. The hospital Board of Trustees also offered to the Agricultural and Industrial Board such acreage as it needed for its research program. This is still under study. The Director strongly recommends that the farming operations at this institution be discontinued at an early date.

During the past biennium the hospital has continued to show progress. Much has been done to improve the basic wages of our employees and to employ additional highly trained personnel. We are always attempting to better the hospital in every way, but from time to time the lack of good finances and good personnel hampers our efforts. The Director has served twelve years in his present position, and trust that during the next few years he will be able to report concrete progress to the people of Mississippi. At the present time we feel that we are no longer holding our own, but are showing definite improvement. As the demands for service increase, the hospital is certainly going to enter more and more critical periods. We certainly must plan for expansion in the field of finances, personnel and construction.

The members of the hospital staff during the past biennium have attended national conferences and conventions relative to the use of good psychiatric principles and hospital administration. None of these traveling expenses have been paid from the General Support Fund. No tax monies are used for hospital travel. The Inmate Fee Account has been used exclusively for this type of

travel. If a report of traveling expenses is needed, this will be furnished to any member of the legislature.

We still need a great deal of public education in the field of mental illness. Mental illness is a problem of vast economic, medical and social impact. We certainly hope that the members of the Mississippi Legislature will see fit to continue to support a good mental health program in this state. We have made vast improvements during the past ten years, but feel we have only scratched the surface. If during the 1962-64 Biennium, the legislature does not see fit to support the hospital with necessary funds, the responsibility of the treatment of the mentally ill will certainly lie with them. We realize that there are many demands upon you for monies. We realize that we have many shortcomings, but we feel that in time with public support as well as legislative support, we will certainly conquer mental illness. We solicit the understanding of the legislature and your support as we work with this grave problem. Without good public understanding there is little we who labor in the field can do to alleviate human suffering. We sincerely believe that the next two years are going to be critical ones within the hospital system.

I wish to express to the members of the Legislature, the hospital Board of Trustees, Building Commission, the citizens of the state, and to my loyal employees, my heartfelt thanks for their wonderful patience and their understanding of the many problems which confront the hospital administrator. Through them and them alone we feel that better things will come to the mentally ill people of Mississippi.

In spite of twelve years as your Director, I feel that little has really been done when I look back over these twelve years. In spite of the fact many people tell us there has been vast improvement, we can still realistically see our many deficiencies and trust that in time they will be corrected. I feel that if all of you join with us we will certainly succeed. I am sure that with prayer and hard work this will be done, and Mississippi will one day emerge with an outstanding mental health program.

PASTORAL CARE

Each Protestant chaplain has college and seminary degrees. Each chaplain is ordained and has entered this work with the approval of his denomination. Each chaplain had adequate experience in the pastorate before entering this work. The senior chaplain has received clinical pastoral education in a mental hospital and in a general hospital according to accepted national standards.

This department has a Baptist chaplain, a Methodist chaplain, a Presbyterian chaplain, a colored Baptist chaplain, and a chaplain intern serving in the hospital on a full time basis. The hospital also has a Catholic chaplain who serves part-time. The following chaplaincy services are rendered at Mississippi State Hospital.

1. Worship Services for Patients:

   Worship services in the auditorium, in the chapel, and on the wards are planned to meet specific needs. These services provide Christ-centered group worship experiences which emphasize communion with God and fellowship with one's neighbor. Life situation sermons from the scriptures give guidance, comfort, support and encouragement.

2. Pastoral Care of Patients:

   The chaplains' pastoral work involves a pastoral care ministry to all patients. This ministry is rendered at every level or phase of the hospitalization of the patient according to the resources available to the chaplain. The chaplains minister to new patients, convalescent patients, alcoholic patients, narcotic patients, chronic patients, maximum security patients, and medical patients.

   The chaplains have pastoral conversation with specific patients as indicated. Such patients come to the chaplains' attention through their own observations and through referrals by ministers, families, friends, and the hospital staff.

3. Pastoral Care of Families of Patients:

   Families of patients frequently request interviews with the chaplains. Also, families are referred often to the chaplains by the Social Service Department and members of the hospital staff.

   The chaplains seek to provide a listening and supportive ministry for families that are particularly upset over the hospitalization of a relative. The chaplains also correspond with families of patients according to their needs.

The chaplains minister to the families of surgical, critical, or deceased patients. When a patient expires, the chaplain writes the family a letter of consolation.

4. Pastoral Care of Hospital Personnel:

Worship services are held weekly for the hospital personnel. The chaplains also render a pastoral care ministry to the employees on the job and in the employees' dormitories. In addition, the chaplains visit sick employees' ward of the general hospital. The chaplains minister to employees and their families in medical, surgical, critical and bereavement situations.

The nearby pastors are notified when a person of their denomination is employed at the hospital. There is a close working relationship with the churches in ministering to all employees.

5. Inter-professional Cooperation:

The chaplains attend psychiatric staff conferences and often make "rounds" with the doctors. The chaplains' participation on such occasions is limited primarily to getting acquainted with the patients and learning how to best minister to them.

The chaplains also participate in teaching in the various training programs which are conducted in the hospital.

The chaplains attempt to plan and co-ordinate their work with the work of the other professions and departments in the hospital.

6. Relationship to Ministers:

The chaplains correspond with ministers in the state, and maintain referral relationships with them. When a minister visits at the hospital, the chaplains often advise with him about the mental patient's religious life. After consultation with the doctor, the chaplains interpret to the minister the religious factors in the patient's mental illness.

The chaplains attend ministerial meetings. Occasionally such meetings are held at this hospital at which time consideration is given to the pastoral care of the mentally ill.

Ministers of all faiths are welcome to visit in the hospital at any time. A visit from the patient's pastor in many cases will play a part in his recovery.

7. Church Responsibilities:

The chaplains are members of local churches. The chaplains and their families take an active part in the work of their

respective churches, and they represent the hospital in visiting other nearby churches.

The chaplains are available to supply in Mississippi churches and to participate in teaching programs of Christian leadership training in the churches.

8. Cooperation with the Volunteer Department:

The chaplains cooperate with the Volunteer Department in the supervision of any church group which may prefer to render principally a religious ministry in the hospital. This ministry is limited to group singing of acceptable hymns followed by a brief message and prayer by one of the chaplains, after which there is a short time for friendly visitation among the patients.

9. Study in Pastoral Care and Pastoral Theology:

Journals, books, and other literature in pastoral care and pastoral theology pertinent to the pastoral care of the mentally ill are studied carefully by the chaplains. The chaplains in a clinical situation have the unique advantage of being in a position to use both the clinical inductive method and the theological deductive method in considering the pressing theological and ethical problems of our day.

10. Clinical Pastoral Education:

The hospital budget provides for one chaplain intern. At the present time this internship is established on a three months basis. In the near future it would be advisable to consider the addition of another chaplain internship, and a chaplain residency.

It is hoped also that six weeks courses in clinical pastoral education for ministers and seminary students will be resumed in the hospital. Such courses should be undertaken when it is deemed advisable by the hospital administrators and the chaplains.

11. Administrative Responsibilities:

The senior chaplain is responsible to the Director of the hospital through the Clinical Director for the planning of the program and the budget of the Department of Pastoral Care.

The senior chaplain supervises the work of the other chaplains in the Department of Pastoral Care. He also supervises the work of the secretary, the part-time music leader, and the part-time organist.

The senior chaplain is responsible for the supplies, equipment, and facilities in the Department of Pastoral Care. At

the present time the facilities of the Department of Pastoral Care consist of a chapel, five offices, and a conference room.

Through the years the Director, the Clinical Director, and the Staff of the hospital have demonstrated a keen interest in the spiritual welfare of the patients. This has been a constant source of encouragement to the chaplains in their hospital ministry.

NURSING SERVICE

The Nursing Service has moved forward by the addition of a dormitory to house the psychiatric affiliated students. This building which will be completed in 1962 will house the students from various schools of nursing in Mississippi. It will fill a long needed want in nursing education. Much of the credit for obtaining this building is due to the efforts of the Mississippi State Nurses Association who gave much time and effort toward the project. The members of the association are most appreciative of the members of the legislature for their interest and assistance in obtaining this building.

In the summer of 1960 a forty-hour work week for all employees was instituted. This is much appreciated by all employees and helps recruit a better type of employee.

The shortage of registered nurses is a problem. The number of nurses available is one reason. Inadequate salaries is another. Unless a registered nurse has ties in Mississippi, they will not consider employment in the state for this reason. The lack of qualified nurses makes it difficult to staff the hospital adequately. This problem is acute on the evening and night shifts. In order to give the patients good care those shifts need competent, responsible and well educated nurses.

The practical nurse needs to be better paid. Our salaries are too low to compete with other institutions for the practical nurse's service who is a valuable part of a nursing staff.

The attendant staff needs improvement. The turnover is great and the salaries are low; also the living quarters are much overcrowded. They have not been enlarged to keep pace with the increased patient load. It is not possible to have the night shifts separate from the day shifts. This causes dissatisfaction because the attendant cannot get proper sleep. If there were more rooms for married couples, more stable employees could be employed. An inservice teaching program is being planned for the attendants. This will improve the patient care.

The infirmary census is rising. Attendants do not like to care for these patients. Higher salaries should be offered to the attendants in this area. The white male chronic service does not keep

good attendants. The Maximum Security Building offers so much better salaries the attendant gets transferred to this service whenever there is an opening. The white male service suffers as the result of the loss of the good attendant. There should be some qualified registered male nurses employed on the male services. The patients would receive much better care if there were a few employed in this area. Nevertheless, the hospital has a number of faithful dedicated employees who are the main stay of the hospital and it could not run without them.

The treatment of the mental patient is changing and improving. All of us who are employees of the hospital hope means can be found to keep pace with these changes and to improve and go forward.

PSYCHOLOGY SERVICE

Clinical psychologists traditionally are educated along general, scientific psychological lines, as well as those of their speciality. Ordinarily the clinical psychologist has a period of practical training, in addition to the academic practicum, of at least a year. Because of this educational and practical background clinical psychologists are interested in the areas of psychological testing, psychotherapy, research, and psychological education and training.

In keeping with this general interest pattern most applicants are mainly concerned with the breadth of the program. However, testing service demands almost preclude any rapid or general program development, with the consequence that recruiting is difficult. Qualified applicants ordinarily find positions involving more money and a somewhat broader utilization of their talents. It is evident to the director of this service that some planned expansion must be formulated so that applicants may feel more hopeful about a possible future with us.

During the past two years this service has grown in many ways, most because of the understanding and direction of the hospital administrators. Aside from an increase in staff, the service now has five full time psychologists, and a secretary, we are now located in very fine quarters that compare most favorably with those of any state hospital in the nation.

Much of the service demand consists of psychological testing. During the period covered by this report this service tested 527 patients in the hospital, with 167 of these being security or "criminal" cases. In many instances other cases, which are not necessarily labeled security cases, involve legal matters which make psychological testing desirable if court procedures ensue. Necessarily the service priority must be given to these cases because of the type of problem involved, but this unfortunately also pre-

cludes certain other services being made available on a continual basis. Ordinarily the service has encouraged testing referrals where the information will be utilized for training purposes or where some further elaboration of the case is needed in terms of some planned psychotherapy or similar approach to the patient. This service has attempted to cooperate in all instances where such requests were made as well as for emergency requests from outside agencies.

This service has also attempted from time to time to establish some kind of psychotherapy program, but has usually found this difficult to maintain because of the time factor for both the service and the hospital staff. Such attempts need to be well coordinated and where this is not entirely possible it is difficult to achieve the test results.

The members of this service have participated in the meetings of the regional and national psychological associations, as well as similar conferences, during the year. The service has also attempted to further professional relationships by conducting tours for students and by cooperating in research projects with psychological and psychiatric university personnel.

SOCIAL SERVICE

The Social Service Department was organized and developed under the able leadership of Mrs. Louise West. In March, 1951, she and a secretary began this work. After ten and one half years of loyal and wise service, she retired in October, 1960. This department wishes to call attention to the excellent piece of work she did in setting up a department which is well planned and efficiently operating to the best interest of all patients. She deserves praise and thanks for her years of fruitful hard work.

The Social Service Department provides a linkage between the patient and his family and community. When patients are admitted, the members of the family or friends who come with them go to this department where a social history is given by them for the hospital's use in working with the patient. Routine procedures of the hospital are explained to the family. This interview also helps the family to understand something of the nature and philosophy of the hospital. Mental illness in a family causes many heartaches, anxieties, and fears, and frequently the family needs help in understanding the broken relationships which have resulted because of the illness.

These contacts give the relatives and friends an awareness of the part which they must play in the eventual return of the patient to his home and community. The family realizes that this department is a place to which they can come with problems regarding their relations to the patient and to the hospital, and

where they can get help in sound social planning. We remain on duty 365 days a year, as our heaviest visiting of families is on weekends and holidays. Patients are admitted every day of the year and we need to be available to take social histories. This gives these visitors an opportunity to discuss and complaints or misunderstandings of hospital policy which they may have. Messages are taken for physicians when the information requested is related to medical care.

A card of admittance on each new patient is sent to us, and if we have not seen the family and given them a copy of our pamphlet, "Information for Relatives and Friends of Patients," we immediately mail the correspondent the pamphlet. This tells one how to write to the patient, visiting hours, that no visitors are allowed for the first fourteen days; how to contact staff of the hospital, and the regulations regarding spending money for patients.

All out-going mail from the patients is read by the department. The hospital furnishes stamps and stationery when patients do not have their own. Patients and families are encouraged to keep in close contact with each other. When it is brought to our attention that a patient lacks personal funds, clothes, and other articles of comfort, the family is written with an explanation given of the importance of such things to the patient, and the family is encouraged to supply these. Letters of acknowledgement or receipts are sent to persons who send money to patients. We return all money and belongings to patients who leave them behind when they go home. A large number of letters are written each week regarding the needs of patients.

Routine dental work is a part of hospital service, but if the patient needs dentures or repair of dentures, the family must pay for this. A letter is written to the family giving them the amount of money needed to have the work done, and an appointment is made to have it done. The same procedure is used in regard to glasses. The family sends the money and an appointment is made by the Social Service Department with the ophthalmologist in Jackson, and arrangements are made for the patient to go to Jackson for the work.

The Department of Public Welfare has been most cooperative with this department. Their staff secures much needed social information on patients when we have not had an opportunity to see the family and such information is needed for a valid diagnosis. Many patients receive public assistance before they come to the hospital and after they leave the hospital. We have an average of about eighty cases a month who are out of the hospital but request summaries of their records as a part of their eligibility requirements. We also refer cases of children who come to the hospital and of children whose mothers or fathers are in the

hospital and for whom a plan for their temporary care must be made, to the Child Welfare Division. Some babies are born in the hospital, and when plans cannot be made for the children with relatives, the Child Welfare Division of the Welfare Department plans for foster care. An excellent working relationship with the Child Welfare Division and the Welfare Department has been maintained. They are a very valuable resource in community planning for patients.

Since the amendments to the Social Security Act, which provide for disability insurance, have gone into effect, the amount of work with the Social Security Administration has increased tremendously. This agency works very closely with us and has been of great help to the hospital and to patients financially. They also encourage families to maintain their concern for the patients and help keep family ties strong.

Many patients are veterans, and the Veterans Administration as well as the Veterans Hospitals work closely with us in the transfer of patients to other hospitals, pensions, and compensations. All benefits for veterans are available to our patients as they come and go to and from the hospital.

The Social Service Department requests medical and social information from hospitals where patients have been hospitalized previously and gives this type of information on our former patients. Other requests for information from insurance companies, penitentiaries, Civil Service, etc., are handled by this department.

The staff physicians refer patients to Vocational Rehabilitation through this department. The Vocational Rehabilitation office has assigned a social worker to whom we refer all patients whom the physicians think are ready for referral. We give him a summary of the record which will help him in making plans for the patient. We arrange for him to see the patient, and as long as the patient is on leave, we are available to assist in planning. Many of the patients go directly to the Vocational Rehabilitation Counselor for help with employment plans after they go home. We give the same type of information on these patients and work with the Counselor in the same ways as with those referred by the hospital.

The Director of the Social Service Department is also the Deportation Officer for the State Mental Board, which is the authority in deportation of out-of-state patients. When patients who seem to have residence in another state are admitted to this hospital, it is the duty of the Deportation Officer to get proof of residence in the other state and make arrangements to deport them to a hospital in the state of their residence. If a legal resident of Mississippi is hospitalized in another state and we are requested to make an investigation of proof of residence, we do

this through the local Welfare Department, and when legal residence in this state is established, we authorize their return to this hospital.

The Social Service Department staff participates with other hospital personnel in the interpretation of mental illness and what it means to patients, families, and communities. We also attempt to develop an understanding in the community of the purposes of Mississippi State Hospital. We take part in the in-service training programs for volunteers, in the student training program for nurses, and in the program of chaplain training.

Many other services which are too numerous to describe in a brief report are given to patients; however, a few examples of the unusual are: returning two fifteen year old boys to their homes because they were without psychosis; helping a patient to get a passport and return to her native country; working with two high school students so that they might continue their education while here; keeping families from securing patients' property while they are in the hospital.

We are unable to give the help to patients that we should like to because of our small staff. The increase in admissions means more people needing more things done. One of the services most needed is making good discharge plans with patients, but we have been able to do this only in a very limited way because of the lack of staff time. There are patients in the hospital who could go home or to a nursing home if we had the staff to do this type of planning. We do anticipate doing more of this in the next two years.

There is a shortage of social workers and the competition for workers is very keen; therefore, we have difficulty in securing trained workers. We believe that during the coming biennium we will be able to find workers who will accept the challenging and satisfying experience of working in our state hospital. The need to help these patients, their families, and their communities to understand one another is unlimited.

OCCUPATIONAL THERAPY

During the past biennium the Occupational Therapy Department has followed through trying to fulfill the program set forth by our former director, who retired two years ago.

The craft and workshops of our department offer many hours of interest to our patients to which many show talent and the utmost desire to turn out the product in a finished form. This work is taught and promoted by trained and experienced teachers who are talented and capable.

The sewing rooms are a very important part of the O. T. Department. Here patients spend much time both in making of new dresses and underwear, and the mending of clothes for the patients. Experienced seamstresses are employed for our sewing rooms and with the patients, enjoy planning and making of these clothes. On special occasions and festive activities our patients enjoy the privilege of making and wearing costumes of gay colors and designs which are a product of our sewing department. A department for making of new curtains for the buildings in which the patients live has been added to our O. T., and this project has been started under the supervision of a capable employee. Our large mending room, which is adjacent to the laundry, is kept busy with the mending of sheets and men's clothing. This is also a part of the O. T. and several employees are also busy here with the patient help. One of our large sewing rooms is located in the colored section and is quite a busy place. Much work is done in this shop under the capable management of one of our white employees.

The personnel of the O. T. are available and assist with the recreation activities regularly. They always help with carrying patients to the weekly and monthly dances, the weekly movies, and all outside activities. In addition, they assist with the monthly birthday parties and some of these are given in our shops on the wards.

The O. T. Departments enjoy a coffee and tea break which is a highlight of the day. Many luncheons are served in the department to various professional groups, visitors and interested clubs. Barbecues or weiner roasts are such enjoyable fetes and bring wholehearted response from our patients. Watermelon cuttings out under the grove are eagerly accepted.

The Christmas program in the hospital is looked forward to by all of our patients who work for several months with much interest toward the season. The O. T. Department promotes the decorating with large murals, which are done by the patients, around the grounds. Many decorations are made in this department and these are used on the buildings where the patients live. Each dayroom is festively decorated with a beautiful Christmas tree with all the trimmings. This department assumes responsibility for the making of approximately 5,000 tarleton stockings which are filled with Christmas goodies by the hospital and distributed to each patient on Christmas Eve. The personnel of the O. T. also gives as much assistance as possible to the Volunteer Department in the wrapping of patients' Christmas gifts.

RECREATION

Hospital recreation is comparatively new, and for that reason is today in a fluid state, but our objectives can be compared with outside recreation. Our specific aims are different because life

in an institution is different. Our methods are different, and our technique is changing because we are going through a period of adjustment. Our patients have as varied an interest as you would find in any community. Their recreational needs are greater because there is always a problem of restriction in their physical environment. It is relatively easy for the outside recreation worker to put on a house party; it is another matter to put on a ward party where all the guests are sick. The recreation worker's job is to make life for the patients as nearly normal as possible. To do this we have to have a program such as any community recreation worker would have. The technique is of necessity different though our objective is the same as the outside recreation worker, but our specific aim is to relieve the monotony of institutional life and the physical and mental tensions that build on the wards.

Recreation is a therapy and holds an important part in the treatment of the mentally ill. This type of therapy tends to adjust the normalcy of the patient to the structural and prescribed medication with a more willingness and hope, thereby making such medication most effective. It also brings about a feeling of belonginess to a group that is enjoying a pleasant and wholesome activity.

This department's desire is to function as near as is possible to that of an outside recreation department, keeping in mind each activity's therapeutic value. The department offers and directs games and activities of both low and high organization to both small and large groups. These games and activities are bingo, golf, softball, volleyball, walks, movies, dancing both folk and modern, cards, checkers, billiards, ping pong, parties and picnics of many descriptions both on the wards and outside on the grounds.

At this time we are reconstructing our recreational program at the hospital. Our objectives are to provide more recreational opportunities for more patients, thus attempting to make the patients' lives as normal as possible. Here are some definite benefits that will be derived from a well rounded recreational program.

(a) It breaks the monotony of hospital routine

(b) It offers a release of tension

(c) It provides physiological benefits

(d) It provides direct emotional satisfaction

(e) It provides opportunity for fellowship

(f) It helps break habits, attitudes and behavior patterns and it helps establish new human relationships

RECOMMENDATIONS:

Personnel

1. Two white males and one white female
2. Two colored males and one colored female

Equipment:

1. Gymnasium
2. Swimming pool
3. Four paved and lighted tennis courts

VOLUNTEER SERVICES

The volunteer program at Mississippi State Hospital is no longer an amateur service on trial, it is a professional, entranced part of the hospital's organization.

The services of the volunteers have become well-nigh indispensable. It is a service based upon the highest of human values, man's concern for his brother, a way of extending help to the have-nots—the spirit of sharing with someone and of being helpful to those less fortunate.

The volunteer primarily concentrates efforts on the well side of the patient's personality, while his sick side remains the concern of the professional staff. Thus, the volunteer has a unique contribution to make as a member of the hospital team.

The beneficial effects of the volunteer worker's contributions go beyond their direct influence on the patient. Their activities have inspired the regular workers in the hospital to set higher standards for themselves. The presence of a single volunteer may heighten the enthusiasm of an entire department. The benefits of their activities reverberate into the community as well.

The volunteer's role in the hospital has changed and grown as the volunteer program has expanded. They will continue to change as the needs change.

Volunteers have been assigned various types of work in almost all areas of the hospital. Listed below are some of the programs and activities of the past two years.

In the recreation field golf is one of the favorites, with approximately 300 patients participating. Many instructors from the Municipal and Country Club Golf Clubs serve as volunteers. Other favorite recreation activities are square dancing, bingo, calesthentics, shuffle board, croquet, table tennis, volley ball, movies, slides, etc. Two hundred forty three volunteers have used their cars to take patients to Jackson for shopping, movies

and lunch. We have had tickets donated to the Little Theatre, symphonies, plays at Millsaps College; also, a group of patients go in to YWCA each week for swimming lessons. Many volunteers have taken patients into their homes for bridge luncheons.

Many educational projects are on a continuing basis. Namely, typing classes (two) which include shorthand and filing. Book Review Club, drama group, bridge, bird watchers group, gem class, art, library reading classes, etc. Volunteers also work with the Chaplain Service in choir practice, religious services and personal visitation. The Garden Council of Jackson is initiating a Garden Therapy program.

In the past two years we have had 206 birthdays and Christmas parties with 1030 women participating giving 3135 hours of work. Parties are given by civic, social and church groups. This is a very good method of getting the community into the hospital as well as the pleasure and entertainment derived by the patients.

Another far reaching program is the forgotten patient project. Two hundred and four persons from different areas of the state have adopted patients (taking a patient who is truly forgotten by his or her family and friends) and corresponding, remembering them with birthday and Christmas gifts, etc.

The Volunteer Services Department assists the Hinds County Mental Health Association with the Christmas program for the hospital. Volunteers spend many additional hours collecting and wrapping gifts for the two past Christmas seasons in which all patients were remembered.

Many donations have been made to this department which aid greatly in the functioning of the many different projects. Twelve typewriters have been donated, some by the Hinds County Mental Health Association, others from interested groups. Typing and shorthand books from the State Textbook Commission, fourteen card tables, two large coffee makers, four sewing machines, two placed in cottages and two for sewing classes in the department, including sewing equipment such as scissors and many expendable items. One church group donated a cut glass punch bowl with six dozen punch cups, five dozen cups and saucers, five dozen water glasses to be used for parties.

Eighty-eight volunteers coming on a fairly consistent weekly basis, (many others come less frequently) have given 6197 hours of their time and talents to make this program essential and meaningful to the patients.

These are the highlights of the Volunteer Services Department. Volunteers do many things for patients which are not reported along with being our best ambassadors in the mental health program.

MAINTENANCE

Considerable improvement in general operation has been made on the hospital grounds in the last two years.

All buildings have been completely painted and repaired on the outside. The interior of the buildings is in need of repairs that have been caused by the bad condition of the steam tunnels where heat and steam are rising in pipe shafts and chases, which cause the walls and ceilings to sweat. We are now in the process of repairing the steam heating system, and when this is completed we can make permanent repairs to the interior of these buildings.

We have completed the following major projects in the last two years:

Replaced 330 flush valves

Replaced six 30-gallon hot water heaters

Installed 1600 insect window screens

Installed 112 screen doors

Made 72 picnic tables and benches for the patients' use

Completely repaired and painted all staff residencies

Repiped all steam radiator lines

Repaired all doors and windows

Repainted the building inside and out on White Male Receiving

- Installed nine new detention window screens
- Three detention doors
- Completely repainted inside and out of White Female Receiving

Completely rebuilt the 2300-volt electrical distribution on the hospital grounds

Installed new floor in cooking area of White Patients Kitchen

Reinforced all concrete beams with steel and concrete under Employees' Dining Hall

Built new guard house at back gate on hospital grounds

Installed one 4-ton air conditioner in operating rooms of White and Colored Hospitals

Installed three 2-ton air conditioners in X-Ray Department

Installed two 2-ton air conditioners in Laboratory

Built wash rooms and rest rooms for Female A&N

Built staff residence Number Two

Built four new offices at White Auditorium

Built new office for Business Manager

Built two additional rooms on residencies across railroad track

Poured concrete footings and added three new beams on Male Cottage Four

Installed three 54-inch drainage tiles and poured two 12 x 32 feet concrete retaining walls on street near Nurses' Home

Built road and installed culverts to new Negro Custodial Buildings

Replaced 1500 feet of 5-inch pipe on low pressure return in tunnel

Installed twenty-three 5-inch expansion joints in tunnel
Six 4-inch expansion joints in tunnel
Eleven hundred feet 2-inch black pipe in tunnel
Six pressure reducing stations in tunnel

Installed thirty-six commodes

Installed twelve urinals

Installed twenty-two lavatories

We have two projects under construction which are financed by the State Building Commission:

1. We are building eleven buildings for the custodial care of Negroes
2. We are building a Nurses' Dormitory for student nurses

The floors in some of the dining halls and both Colored Infirmaries are in bad need of repairs.

We have purchased the following vehicles in the last year:

One Chevrolet staff car
Two Chevrolet Carry-Alls
Two Ford Carry-Alls
One Ford Rancho pick-up for guard patrol use
One 1-ton Chevrolet truck for hauling food and supplies
One 2-ton Chevrolet truck for farm use

The condition of all our vehicles are in good mechanical condition, and by maintaining a good mechanical crew we think that we can furnish the proper transportation desired.

RECOMMENDATIONS FOR FUTURE

We need more carpenters, plasterers, electricians, and brick masons; but with our rates so low it is practically impossible to obtain skilled or semi-skilled labor.

We will need for the new custodial buildings:

Three guards
One electrician
One plumber

With the continual cooperation and teamwork of the personnel and loyal employees of this hospital, I feel that we can be an asset to the patients, the Director, and Board of Trustees of this institution in the future.

DIETARY

The Dietary Department has approximately 153 employees serving an average of 16,000 meals per day to patients and employees. A midnight meal is served white and colored employees. Food is prepared in nine kitchens and sent out from two kitchens to eighteen cottages for patients who cannot come to the dining hall.

Food Used

April 1, 1959 - April 1, 1960	$ 754,633.75
April 1, 1960 - April 1, 1961	761,684.01

Breakdown of Food Used

Meats, Eggs, Fish, Poultry	$ 534,563.15
Fats	46,208.69
Fruits and Vegetables	331,885.71
Cereals	54,245.66
Staples	243,934.63
Farm Food	204,473.35
Commodities	101,006.57
Total Food Cost	$1,516,317.76

Two new ovens have been installed in the white and colored dining halls. The old metal compartment trays and cups have been replaced with colored plastic trays and cups at the white patients' dining hall. A number of our dining rooms and kitchens have been redecorated since last report. Hoods and ducts have been installed in the white patients and colored T.B. kitchens. We still have some old and well used equipment. We anticipate an added expenditure for replacement in the near future.

We also expect an added expenditure for approximately twelve new employees and new equipment when the new colored section opens.

The cold storage manager with three helpers cuts approximately 6,000 pounds of beef per week, along with fresh produce, other meats, poultry and eggs. Also under his supervision 165 gallons of ice cream are made each week.

An experienced baker is in charge of the bakery. 2,380 lbs. of loaf bread and 1,740 lbs. corn bread are made daily. Doughnuts are made once a week.

We strongly recommend salary increase for the Dietary Department to compare with the other departments.

We recommend the following units be set up as follows:

Cold Storage	Bakery
Manager	Head Baker
Assistant Manager	Assistant Baker
Two Helpers	Three Helpers

FARM

In the past two years minerals and a light sowing of White Dutch Clover have been added to 150 acres of old pastures to insure a good stand. All other pastures have been clipped as needed.

The farm maintains 575 acres of temporary grazing for the cows and hogs. This acreage consists of Oats, Rye Grass, Crimson Clover and Sweet Sudan Grass which gives tender grazing for good dairy producing.

The bad farming weather during the past biennium decreased the farm raises to $76,779.16 worth of corn, oats, silage, hay and produce.

DAIRY FARM

This department is operating under a very sound culling and breeding program which makes a good herd. There have been 401,793 gallons of milk valued at $332,715.70 produced. The Dairy has a very good milk plant, including a 500 gallon per hour homogenizer. All milk is consumed by the hospital.

There has been 37,006 pounds of beef killed valued at $13,452.96 and $1,412.40 worth of bulls sold.

At the present time the dairy herd has 319 head and the beef herd 202 head.

HOG FARM

This unit is still showing progress with a production of 229,259 pounds valued at $30,937.10. Presently we have 805 head of hogs.

BUSINESS OFFICE

The financial and fiscal records are maintained and handled through the Business Office. It is the responsibility of this office to see that all funds collected in the office or appropriated by the legislature are correctly receipted and placed in the proper account. It is likewise the responsibility of this office to disburse these funds for the benefit or purpose for which they were collected or appropriated. For this reason careful attention is given to the proper classification of items of expense to the end that the information assembled will be of statistical value in determining costs in the several departments and in planning corrective measures in the future that may be beneficial to the hospital's operation.

Patient's Fund: The Business Office acts as a bank for deposits sent in by friends and relatives of the patients. Receipts are issued for all funds received and withdrawals are made for them only by authorized personnel. There is on deposit in this fund

at this time $62,644.59. Of this amount $58,000.00 is on time deposit the interest therefrom to be used for the recreation and comfort of the patients.

Payroll: The monthly payroll is processed and handled through the Business Office. By using the International Business Machine we have no difficulty in paying the employees promptly and correctly. Meal tickets to employees are issued monthly as a part of the employees' checks and is handled in the same operation by IBM.

General: Receipts for all items of revenue and invoices or documentary evidence of all payments of hospital funds are audited each by the State Department of Audit. All employees handling funds are duly bonded. Under the supervision of the Business Manager are the laundry, storeroom, beauty shops, barber shops, telephone communications and housekeeping. The personnel of the Business Office consists of the Business Manager, one payroll clerk, one secretary, one bookkeeper, one cashier, and one property clerk.

PERSONNEL OFFICE

The purpose and function of the Personnel Office of the hospital is to process and to approve all prospective employees for the departments of the institution. In recent years the duties of this office have enlarged as to cover practically all matters involving employer-employee relations as well as many individual personal problems. The more important areas of this work are found in the following major classifications.

I. Securing, selecting, and allocating personnel

   A. Job analysis-determination of the numbers and types of employees needed.

   B. Location of suitable sources of employees and developing methods of recruiting.

   C. Development of methods most advantageous in the selection and placement of employees.

   D. Through cooperation with various department heads, to train or acquaint each incoming person with his duties in order to achieve more efficient performance.

   E. Make adjustments or transfers when advisable.

   F. Hold conferences when needed, to terminate when neccessary and replace as required.

II. Investigation and assistance in the control of working conditions.

   A. Analyze and investigate any condition of unrest.

B. Determine the causes of unsatisfactory working conditions or situations.

C. Improvise methods of rating employees as a basis for compensation, transfer and promotion.

D. Maintain wage policies and methods.

E. Maintain systematic promotion policies.

F. Investigation and recommendation in cases involving health and safety.

G. An effort to maintain interest in the job and promote discipline among all employees.

H. Encourage stabilization of employment and allow for collective bargaining whenever practical.

III. Providing various services to employees seeking thereby to encourage self-improvement and increased efficiency.

A. Assist and advise employees concerning personal savings and loans.

B. Assist employees in their applications for pensions, allotments, and other benefits such as State Retirement or Social Security.

C. To offer or assist in furnishing employee life insurance, hospitalization and clinical aid.

D. To offer incentive awards and service pins as a morale booster and to encourage a greater degree of efficiency among employees.

E. To encourage and work for better housing facilities, recreational benefits, or other activities that tend to promote normal, healthful and more satisfactory working and living conditions.

F. Preparation and completion of any forms, letters or documents as needed or required by any employee.

IV. Maintain personnel records and personnel research.

A. All types of individual records through which the employee may be identified and classified for purposes of compensation, promotion or transfer.

B. Maintenance of records regarding absencies, tardiness, accident and sickness or other conditions affecting the efficiency of employees.

C. Maintain reports of violations and/or disciplinary action.

D. Maintain a file of evaluation reports on each employee.

E. Reports and time records of each employee for purposes of pay, holiday, vacations, sick leave and accumulated days.

F. Constant investigation, evaluation and revaluation of each and every phase of personnel policy to determine its effectiveness. In other words, it is the duty of the personnel office to weigh each method or each function performed in order to determine what its implications may be, how well it is serving the purpose for which it was intended, and how it may be altered to make for a more satisfactory employer-employee relationship. This function is one of the most extensive and time consuming of all personnel activities, but it helps the hospital to adjust to changing conditions by studying results as determined by such research into past records and performances.

Each new employee is screened through this office and is given a complete and thorough physical examination with routine laboratory work and x-ray of the chest. If a new employee can qualify physically and emotionally, he is assigned to the department wherein his skills are best suited. As has been related in other parts of this report, the personnel situation has certainly been a grave one. The hospital daily and yearly has a tremendous turnover of employees and the personnel officer at time has great difficulty in finding suitable employees. The main reasons for the large turnover and unavailability of good employees are the low salaries which fail to attract competent people and the crowded living quarters afforded our employees. In most instances we are forced to place four persons in dormitory rooms designed for only two. Our dormitory for married couples is far from adequate to meet one of our more pressing needs. Even though many remain and work for six to twelve months in anticipation of housing facilities in this dormitory, an even greater number refuse to consider such an arrangement and thus many good prospective couples are lost to the hospital personnel force.

During the past year our total number of employees has increased from 1180 to approximately 1250. This was caused by our adoption of a 40-hour week on July 1, 1960, as well as an increase in the demands placed on our personnel due to an ever enlarging patient load. This is brought about to some extent by the ever increasing desire to offer more advantages and better care for the patients. And additional 600 employees were processed to replace those who left for various reasons.

All employees are informed by the personnel officer that they are here primarily in the interest of the patient and his welfare. Their actions and attitudes will reflect directly or indirectly on

the hospital. Each employee is given a booklet prepared by the hospital which outlines his duties and also tells him of certain rules and regulations which must be carried out at all times. Each employee is reminded of the fact that if it were not for the patients, he would not have a position and the hospital would certainly not exist.

The staff of the personnel office consists of a director and a secretary, but it must be recognized that the formulation of personnel policies and the administration thereof is properly a project in which the director, the department heads and all representatives may well cooperate.

The foreman who advises one of his men who is late or ill, the nurse who counsels one of the aides, the department head who discusses the policy concerning vacations or off days or the doctor who advises concerning health conditions—each interprets and applies the personnel program. Each person to whom some supervisory responsibility has been delegated, is thus to some extent a personnel manager.

Rather than impose policies upon the entire staff, it is the desire of this office to attain a general understanding and mutual support from all.

LAUNDRY

The hospital laundry serves the needs of both patients and employees. The hospital, with an average census of 4,375 patients and 1275 employees, is a community of 5,650. The daily task which faces the laundry is one of gigantic and staggering proportions. When one considers that more than 4300 members of hospital community are patients, they full well realize a good number of these patients are physically sick. The laundry needs of the physically sick are very great. The laundry at times operates under extreme and pressing difficulties. At the present time there are twenty-eight paid employees in the hospital laundry. Approximately sixty-five patients assist them in their duties. One hundred and forty-five tons of wet wash or some 235,000 items are laundered and turned out each week. More than 60,000 sheets are serviced by the laundry each week.

During the past biennium there have been many maintenance problems occurring within the laundry. These have been corrected and well cared for by the hospital maintenance department under the direction of Mr. Hester Jones. On several occasions due to bad steam leaks it was necessary to work hospital plumbers and maintenance personnel on weekends to correct some of these deficiencies and keep the laundry operating to take care of the tremendous load it faces each day. With the present repair of the hospital steam system and boilers now under

way, it is felt that many of the deficiencies in this particular field will be corrected during the present biennium.

Laundry work is done for all patients, all hospital departments, as well as all staff members and employees of the institution.

MEDICAL LIBRARY

The hospital maintains a Medical Library which we feel is adequate to meet the needs of the hospital professional staff. A part time librarian is employed to give time to details of catalogue classifying, filing and lending books.

The library subscribes to more than seventy of the outstanding medical journals and periodicals. Many of this group are bound. Back numbers of the bound volumes have been secured from 1945 to the present date. At the present time there are over 1800 books with particular emphasis on psychiatry and related fields. At the present time these books are shelved in an attractive air conditioned room. The library is open during regular hours and is easily accessible. During the next biennium the library will be transferred to new and more spacious quarters in the new Psychiatric Nursing Affiliation Center. Here it will be available to all medical and nursing staffs as well as other members of the hospital staff. It will be staffed during the coming biennium by a full time librarian.

We feel the Medical Library is one of the technical advancements which has kept pace with the progress of the institution. All staff members are granted privileges at the University Medical Library of the University of Mississippi Medical School at Jackson, Mississippi as well as the library at the Mississippi State Board of Health located in Jackson. Both of these libraries are quite adequate, and if a staff member needs any type of medical information he can certainly secure it from the three libraries which are available to him or to her.

BARBER AND BEAUTY SHOPS

The hospital has always afforded barber and beauty services to all patients. At the present time there are eight beauty shops in operation. One of these is located in the negro section of the hospital. The hospital also operates eight barber shops which includes service for white and negro patients.

These barber shops are beneficial to the patients' general mental attitude. The barber and beauty services are certainly considered a good form of therapy to help the patients with their everyday social activities. Under state law only qualified registered beauticians and barbers comprise the members of this service. At the present time there is one head barber and nine

assistant barbers. There is one head beautician and seven assistant beauticians with several beautician helpers. These helpers are usually unlicensed and assist the beauticians with their general duties.

At times many of our patients are able to assist the barbers and beauticians with their duties as a form of industrial therapy. Every effort is made to give the male and female patients adequate barber and beauty services. We hope that in time these services can be expanded, and that as we progress many of our patients will be able to attend to their own needs through improved institutional equipment.

GUARD PATROL

The hospital guard patrol or police force was organized in September, 1950 upon recommendation of the General Legislative Investigating Committee of the Mississippi Legislature. This committee felt that the hospital had to have some protection of its property; and since it was such a large community with so many employees, patients and relatives, there should be some officer in authority when an occasion arose for specific law enforcement for some violation of state law or hospital regulations.

The hospital has a Chief Guard who is deputized by the Sheriff of Rankin County. During the past few years his duties became so heavy it was necessary to deputize two other guards. The hospital now has three deputy sheriffs in attendance at all hours of the day and night. The hospital pays the bonds for these deputies and they are authorized to make arrests on the hospital grounds should this become necessary.

From time to time in spite of the fact we are a hospital community, disturbances do arise from outside and at times inside sources. The hospital police force is readily available and their services have been needed on numerous occasions. The guard force is further augmented by nine guards whose duties are to protect the hospital grounds and property, to guard the interest of the hospital personnel, and to check incoming and outgoing traffic. These guards make hourly patrols of the hospital grounds day and night to see that everything is in order. The hospital gates remain open from sunrise until eleven o'clock P.M. After eleven o'clock P.M. the hospital guards check all incoming cars, and the occupants register their names with the night guard on duty when they enter and leave the hospital grounds.

With the addition of the new negro annex, it will be necessary to employ three additional guards to police and to protect this particular property which is located approximately three quarters of a mile from the main hospital grounds. A new guard house will be constructed close to this unit, and this particular

guard on duty will be able to protect the interest of this new unit as well as the hospital ground which lies adjacent to it.

Since the hospital has grown to such size and now represents a fairly large community, the Director strongly recommends that a well trained police officer be hired at a comparable salary to take over the duties of Chief of Police of the Whitfield Police Department. The State of Mississippi has millions of dollars of equipment in this particular area. It would certainly be advisable to have a well trained police officer in full command of the various hospital police functions. We could then train other policemen to do their duty in a commendable manner and to assist with the general law enforcement of the hospital which now approaches the size of a metropolitan city in many respects. I would make strong recommendations to the Board of Trustees as well as to the legislature to grant the hospital funds to hire well trained police officers.

FIRE DEPARTMENT

Because of its size and the tremendous value of equipment and buildings which approach the ten million dollar mark, the hospital has always maintained a modern, well equipped fire engine. This engine we feel adequately protects the hospital buildings in case of fire. Fire plugs are located at convenient locations throughout the hospital.

At the present time this department is staffed primarily by members of the maintenance division and other employees who volunteer their services. A qualified fireman to operate the fire truck is on duty at all times. In case of fire, the hospital operator is notified and she immediately calls the fireman on duty. The boiler room operator is then notified and he denotes the fire alarm by sounding of the hospital whistle. The hopsital is broken into various zones by number. The number of blasts on the hospital whistle denotes the zone involved. Heavy plastic placards are posted in all buildings and public places giving instructions in case of fire, and this placard also gives the location of the various zones. When the fire alarm sounds all available employees not on regularly assigned duty are expected to respond.

During the past biennium there have been no major fires within the hospital. Several of a minor nature, one wherein a waste paper basket was set afire due to a carelessly discarded cigarette was quickly extinguished. There were several minor fires in colthes rooms within the hospital. One fire with a tremendous amount of smoke occurred on the White Female Receiving Ward, and this was due to some patient carelessly placing a lighted cigarette in some highly flamable clothes in one closet on the ward. These patients were quickly evacuated by hospital personnel with little panic, and the fire was quickly extinguished.

No major loss has occurred during the past biennium due to fire. From time to time the hospital fire department responds to calls from neighboring communities to assist them with some fire or fire control problem. On numerous occasions when houses burn belonging to private individuals off the hospital grounds, we have responded to their pleas for help and have assisted them in every way possible.

The superintendent of buildings and grounds constantly trains his employees in the use of the fire machine and its operation. Through this method he keeps trained personnel on duty at all times in case of a major fire.

Since the hospital has expanded to such large proportions with so many buildings and is valued at approximately $10,000,000, the Director recommends strongly that a full time fire chief who is well trained in all types of fire prevention be employed. This fire chief could then train all of the hospital employees in fire prevention as well as protection in fire fighting techniques. I would strongly recommend to the Board of Trustees and to the Mississippi Legislature that a trained fire chief and an assistant fire chief be employed at an early date. These two men could do much to assist the hospital and its fire prevention program as well as train our employees in every phase of safety in this particular field. Many large installations such as this now have full time fire department personnel. I believe with a good training program under the direction of a well trained fireman and fireman assistant that much could be done to protect the hospital and its multimillion dollar property investment.

HORTICULTURE

The horticulture department under the supervision of the superintendent of buildings and grounds, primarily concerns the beautification of the hospital grounds and property. The two hot houses furnish flowers to the different buildings, the dining rooms, the dormitories, and the general hospitals themselves.

During the past biennium many new mowers have been purchased to keep the hospital lawns cut and beautiful. Several power mowers have further augmented these large mowers and these are operated by patients who do a fine job in assisting with the beautification of the hospital grounds. The work in the horticultural department is largely done by a group of patients supervised by a foreman with approximately four helpers. This appears to give the patients wholesome and satisfactory employment.

STOREROOM

The hospital operates a very large storeroom. As the name implies, this is a place where all of the hospital stores except drugs and some surgical items are kept. The receiving clerk at

the hospital is on duty five days per week. Here all incoming merchandise and equipment other than drugs are received, checked, and stored until requisitioned or sent to the various departments or wards to which they are allocated. All drugs, since they are special items, are sent directly to the drug room where a qualified pharmacist checks these items and receipts for them, and then stores them in the pharmacy.

The storeroom has authority to store and issue all foods, clothing, shoes, linens, blankets, laundry supplies, dietary supplies, and janitorial supplies when the requisitions have been properly submitted and approved by the Business Manager. All farm supplies, except fertilizer and seed, are stored and issued from this storeroom. All hospital furniture is stored here and issued directly on requisition from the storeroom to various departments which need it.

The hospital serves as the unloading and storage point for surplus commodity foods from the Department of Agriculture. At the present time we service more than fifty other institutions in the state. During some weeks as many as fifty various institutions have called at the hospital for supplies which have been unloaded at the Whitfield railroad siding for distribution. Much government food is allocated to this institution and to other institutions. These allocations are handled by the Executive Secretary of the Board of Trustees of Mental Institutions, Mr. Seth Hudspeth. These foods, all of top quality, augment the dietary service of the hospital and afford a great saving in our food budget. The average tonnage handled by the storeroom each day is approximately fifteen tons. On some occasions forty to sixty tons may be handled in one day, according to the carload arrivals.

At the present time there is in the planning stage a new warehouse for these commodity foods. This warehouse will be built close to the present railroad siding. All commodity foods will be unloaded and distributed from this point. This will give the present hospital store house a great deal of badly needed room to handle the many items which are necessary for patient care. We expect that this new unit will be completed during the present biennium.

COLD STORAGE AND BAKERY

The hospital operates a new cold storage plant which was completed in 1955. The cold storage unit has an adequate zero room as well as all types of cold storage facilities. In conjunction with the cold storage, there is an adequate smoke house and tallow rendering room. Here pork and other meat products can be processed and stored through smoking and rendering. All perishable items used by the Dietary Department are stored and issued by the cold storage department.

The hospital bakery during the past biennium was completely renovated. It is new and modern in every respect. Much of the machinery within the unit is completely new and contributes greatly to the efficiency of this department. The bakery prepares many items for the patients' diet. A modern slicing machine and waxed paper wrapping machine processes the bread before its delivery to the wards and to the various kitchens within the institution.

The cold storage department is under the direction of a cold storage manager who is skilled in the handling of meat and perishable products. He has two assistants and some patient help. The bakery is directed by a head baker who has had many years of service with the hospital. He has two assistants and is also assisted by a number of patients. Much of the work done in the bakery and cold storage is done by patients who enjoy this type of work. Many of them have worked here for a great number of years.

CONFECTIONARY

The operation of the hospital confectionary or its canteen was turned over to the Vocational Rehabilitation Department, Division of the Blind, in 1958. For many years the hospital had operated this confectionary and canteen. It was almost impossible to operate this department efficiently with paid employees who worked for meager salaries and had little interest in the operation of the canteen and the patients' welfare.

We discussed the matter of the canteen operation with the Division of Blind personnel who felt that they could successfully operate this unit of the hospital. They have certainly proven this to be true. During the past biennium the hospital canteen has operated at a profit for the blind and for the institution. The net sales and profit have shown a great increase. With the Division of Blind people operating the canteen, the sales have climbed to more than $100,000 per annum. The hospital is paid a certain percentage of this gross profit. This money, as in the past, is placed in a separate fund called the Recreation Fund. From the canteen profit much of the recreational equipment as well as recreational activity is financed.

The hospital operates two canteens. These are modern brick buildings which serve the white and negro patients and families, as well as employees. A modern line of merchandise is kept on hand in both canteens at all times. The Division of the Blind has certainly expanded its service as well as the stock much to the enjoyment of the patients, to their families, and to our employees.

The hospital Director wishes to express to the personnel of the Division of the Blind, State Rehabilitation Service, his grati-

tude for the wonderful cooperation they have given him. We feel they have contributed much to the overall treatment program and the morale of the hospital.

PATIENTS' LIBRARY

A patients' library is maintained for the patients of the hospital. This library has been completely refurbished during the past few years. The flooring in the library which was in bad need of repair has been completely rebuilt. This severe damage to the flooring was due to the fact a large steam tunnel passed directly under the library floor. Without any type of insulation the floor warped badly. During the past biennium this was completely replaced and adequate insulation was placed in the subflooring to prevent a recurrence of this situation. The library is now a beautiful and most comfortable place where patients can go to relax, write letters, read and to look at television.

During the past biennium the Junior League completely recatalogued the library and did away with much of the obsolete reading material which was present. A great many books, magazines and periodicals have been added through the generosity of various groups and individuals. The hospital's greatest need at this time is for an adequate supply of current books and magazines.

We wish to express to the members of the Junior League and to the Volunteer Group the wonderful work they did for the hospital in recataloguing and completely overhauling the library itself. This has contributed greatly to the patients enjoyment of this particular area of the hospital.

RECREATION HALL AND AUDITORIUM

The small recreation halls within the main auditorium have been refurbished and new equipment added. Billiard tables and other supplies have been completely repaired and new furniture installed.

The large porches on both sides of the auditorium itself have been completely enclosed. One of the porches was made into two additional offices for the increased number of chaplains now working within the hospital. The other porch was enclosed to give the volunteer group a new lounge with an electric stove and adequate toilet facilities. The old volunteer lounge to the rear of the small patients' chapel is now a conference and rest room for the chaplains and visiting pastors. During the past year several important state-wide institutes were held in the auditorium. These will continue during the present biennium.

Church services are held weekly in the auditorium which has been repainted and new equipment added where needd. The

audio-visual equipment has been completely refurbished and new projection equipment purchased during the present biennium.

Church services are held for Protestant and Catholic patients on Sunday in the large and small auditoriums. Approximately 700 patients attend these services in the white auditorium and a like number in the negro auditorium. During the past biennium the negro auditorium was completely refurbished and approximately 750 auditorium type chairs were ordered for this unit. This has greatly helped the negro patient area.

Weekly dances and various forms of entertainment continue to be held in the hospital's two large auditoriums. From time to time the local Musicians' Union gives us a free dance band for the patients' enjoyment. With the advent of the new recreation director, use of the two auditoriums have been stepped up tremendously as recreation activities and programs have widened.

HOUSEKEEPING DEPARTMENT

The Housekeeping Department in this hospital is composed of a head housekeeper in addition to eight white and two negro matrons.

This housekeeper is primarily responsible for the general cleaning of the employees' dormitories, assignment of quarters, checking of dormitory property, and the general behavior of all employees within these dormitories. Each matron as well as the nurses' home matron is furnished with the service of a hired maid and much of the other work within this area is done by patient help.

At the present time the vast majority of the housekeeping duties on the wards themselves is done by the patient and ward personnel. They have been complimented time and time again by visitors for the cleanliness and tidiness of the general hospital areas. The present housekeeper has a tremendous responsibility, and during the past years has certainly done a very good job for the hospital. She has to deal with many personalities within the dormitories and at times her position is not a pleasant one.

There has been a great deal of talk relative to the housekeeping department being expanded under the direction of a trained housekeeper with adequately qualified help to encompass all of the hospital. Since the patients and ward personnel have done such an excellent job in this particular field, I cannot see any reason to make a change at this time. The organization of a hospital housekeeping department would certainly be a tremendous budget item if we had to go to all types of salaried help for the general housekeeping within the hospital itself.

MEDICAL SERVICES

The Medical Service at the present time is composed of the Director, the Clinical Director, and twenty full time physicians. This service is further augmented by a group of consultants of which some are full time and others part time. Of these twenty-two full time physicians, one is certified by the American Board of Psychiatry and Neurology and three are eligible to take their examinations for the American Board of Psychiatry and Neurology within the coming year. The Director of the hospital is certified by the American Psychiatric Association Committee on Certification of Mental Hospital Administrators.

Although many of the hospital physicians are not certified as psychiatrists, they have years of experience in the field of psychiatry. This is of great importance in the therapeutic approach to the patients' problems.

At the present time the hospital has one resident in training at Whitfield. Two other residents are in training at Norton Infirmary in Louisville, Kentucky. These two residents in training in Kentucky are completing their second and third years of residency training. They will return to this institution upon completion of their training as qualified psychiatric personnel. The hospital is approved by the American Medical Association Council on Hospitals and Medical Education for one year training in psychiatry. In November of 1960 the hospital was re-examined by the American Medical Association and we were again given approval of this program. The inspector at that time was highly complimentary as to the hospital's clinical material and its general training program.

The young residents in training are given a grant-in-aid stipend by the hospital to complete their second and third years of training away from the institution. We try to get our residents to take training outside of the state to further broaden their knowledge and to study clinical methods and treatment in other institutions.

The hospital, as it operates, is in reality eight hospitals within the major hospital itself. There are two general hospitals, one white and one negro, to care for the medical and surgical ill of the patients within the institution. There are two tubercular hospitals, one white and one negro, to care for the psychotic tuberculars of this state.

All patients suffering from tuberculosis and who are psychotic are treated in this institution. The two other mental institutions within the state transfer their tubercular patients to us for care and treatment since they have no such units. The hospital also operates four large nursing infirmaries. These in-

firmaries are primarily for organic, bedridden or prolonged nursing care cases.

All of the medical and surgical problems which occur in the hospital are usually referred to a board qualified internist who acts as the hospital Chief of Medical and Surgical Section. The Chief of the Medical and Surgical Section has qualified general practitioners under his supervision who take care of the physical needs of the patients in the general hospitals, tubercular hospitals, and the geriatric and nursing units. This Chief of Medical and Surgical Section is also responsible for the liaison between the hospital's consulting staff.

The large consulting staff do the major portion of the specialized therapy in the medical and surgical field which these patients need. The consultants of the hospital are certified in the fields of orthopedics, internal medicine, general surgery, thoracis surgery, cardiac surgery, radiology, neurosurgery, neurology, obstetrics and gynecology, pathology, ophthalmology, otolaryngology, dermatology, and in the field of dental surgery. The full time specialist devotes one day a week to the hospital in his particular specialty and is available for any emergency call in his particular field. The full time consulting staff members are paid a monthly stipend for their services. The part time consultants are paid on a fee basis. The anesthetics in the hospital are usually given by a registered nurse anesthesist on a fee basis. The hospital at this time is in the process of hiring a full time nurse anesthesist to cover the anesthesia department within the hospital. When the services of an anesthesiologist is needed, this is procured on a fee basis readily. If the hospital has some need for specialized consultation in a field not covered, funds are readily available to pay for any type of consultation the hospital physician deems necessary. The oral surgeons assist the hospital dentists with their oral surgery problems.

Through the devotion of the medical and surgical section and its consultants, the hospital has enjoyed a very low death rate. Although the admission rate has increased markedly during the past few years, the death rate of the institution has been markedly reduced. During the fiscal year 1959-1960, there were 226 deaths within the hospital. During the fiscal year 1960-1961, there were 232 deaths recorded. This is one of the lowest death rates in a hospital of this size within the southern area. This is a definite compliment to the Director of the Medical Service as well as his fine consulting staff.

The hospital enjoys a very good autopsy rate. Under the direction of our two consulting pathologists, this rate now runs in excess of thirty-eight percent per year. It could be higher, but in many cases we defer autopsies in order that the Medical School may get necessary cadavers for medical dissection. Many of the

bodies which could be autopsied are sent to the University of Mississippi Medical School, Department of Anatomy. There is a close working relationship between the hospital and this department, and many of the necessary cadavers are furnished by the institution.

The hospital operates eight receiving sections which are quite active. There is a psychiatric receiving section for white and negro males, for white and negro females. There is a white female and a white male alcoholic and narcotic receiving section. There is a white and a negro male forensic receiving section. Each of these section is under the direction of a competent psychiatrist.

Weekly staff conferences are held on each section. These are diagnostic conferences and from time to time patients' cases are reviewed and re-evaluated at these weekly conferences. A large forensic conference is held each week in the security section of the hospital. In the forensic section approximately 150 cases are processed each year for the federal and state courts. From time to time various cases are reviewed in staff conference for eventual release from the hospital or for some therapeutic change or evaluation.

All hospital department heads hold a regular meeting each Tuesday afternoon. Here general problems of administration are discussed. The department heads can bring any problem directly to the Director for discussion and resolution.

The Medical Staff meets once weekly following the forensic staff on Wednesday. Here the physicians are allowed to discuss any problems of importance relative to hospital policy or to individual patient care or any type of newer therapeutic methods. General hospital policy as well as any matters of importance to the medical staff are discussed at the weekly Wednesday meeting.

A very active and interesting Journal Club is held monthly by the hospital medical and dental staff. This Journal Club meets on the first and third Tuesday of each month. These meetings are held from September through May. During June, July and August the Journal Club meetings are suspended due to vacation period and the usual yearly change in personnel and staff. These meetings are preceded by a luncheon in one of the hospital dining areas. Following the meeting the hour is devoted by one or two of the hospital physicians on some current journal or current medical literature; and from time to time movies or other items of medical interest are placed on the agenda. The Journal Club is well attended and is a very stimulating experience for all of the hospital physicians and dentists.

METHODS OF TREATMENT

The hospital attempts at all times to keep abreast of every known acceptable type of psychiatric treatment. We attempt to offer to our patients the most modern best suited therapy. There is electroshock and in selected cases, hydrotherapy, group therapy, antabuse therapy, drug withdrawal therapy; and during recent years tranquilizing and psychoenergizing therapy are available to all patients.

The hospital has not used insulin therapy since 1956. This has been more or less the general trend in other state hospitals in the United States.

From time to time elective prefrontal lobotomies are performed by the consulting neurosurgeons. These prefrontal lobotomies are not done until such time as every form of acceptable therapy has been tried and evaluated with this particular patient.

When a prefrontal lobotomy is considered, a staff of psychiatrists and the neurosurgeon hold a special staff of this particular patient. The operation is then explained in detail to the families and their written consent is necessary for any such operation.

During the past several years the hospital has stepped up its program in the use of the newer psychiatric drugs. As stated later in the pharmacy report, a great deal of our budget goes to the purchase of the necessary drugs. A physician can use any type of drug he deems necessary as long as it has been approved by the American Medical Association and has been released for general use by the Drug and Food Administration. The hospital also maintains a large mailing service for psychiatric drugs to patients who have been released from the hospital. These drugs are sold to the patients at cost plus postage and sales tax. This program is more or less explained in detail in the pharmacy section of this report.

The medical and surgical forms of treatment are the best known to medical science. The hospital attempts to keep abreast of all the most recent advancements in the field of psychiatry and all other branches of medicine. The hospital physicians are allowed to attend various national and local meetings and seminars to augment their therapeutic knowledge as well as to keep them abreast of latest advances in medicine.

As previously stated, a large occupational therapy and recreational therapy department keep the patient busy with various types of activities. The chaplain is accepted as a member of the therapeutic team and he and his assistants work with the patients as well as the staff physicians in this particular field. There is a training program available for young ministers who wish to train in the field of psychiatry.

CLINICAL PATHOLOGICAL LABORATORIES

The hospital maintains a modern and fully equipped pathological laboratory. Every type of examination is available to the hospital physicians and to the patients except tissue examinations and specialized steroid studies which are readily and immediately available in the local community. As previously stated, a high autopsy rate is maintained.

The minimum laboratory routine on each patient consists of a urinalysis, serological examination and x-ray of the chest. Should the clinical picture indicate any additional procedure of any type, these are readily available. If such specialized tests are not available, they are obtained from outside laboratories or from the laboratory of the consulting pathologists or the laboratory of the University of Mississippi Medical School and the State Board of Health laboratory. A tremendous amount of additional laboratory equipment has been added to the clinical laboratory during the past biennium. Much of the obsolete material has been completely replaced. The laboratory at this time possesses all of the necessary equipment. If it does not possess this equipment, the department heads responsible have not requisitioned it. This equipment is kept current and no wants of the laboratory are denied.

During the past biennium the laboratory did 71,480 tests. These were in the field of hematology, chemistry, urinalysis, serology, bacteriology, feces and miscellaneous such as electrocardiogram and blood bank work. A great many specimens were sent to the State Laboratory, and some 548 were referred to the laboratory operated by the hospital's consulting pathologist.

The hospital has a working agreement with the Mississippi State Board of Health. The Board of Health processes all tuberculosis smears, stains and cultures. As previously stated, there is also a working arrangement with the local pathological laboratory and the laboratory of the University of Mississippi Medical School.

The x-ray department is completely adequate. This department has two registered technicians, two secretaries, and a darkroom attendant. During the past year approximately 9,953 patients were seen. Eleven thousand four hundred and sixty-three x-ray examinations were done. During the biennial period year approximately 20,000 patients were seen in x-ray and more than 23,000 procedures were done by the x-ray department.

During the past biennium, a new high speed photofluorographic x-ray unit was added at a cost of $8,000.00. This is one of the few hospitals in the south to possess such a unit. This has drastically reduced the expense of large size films.

Through the efforts of the local war surplus commodity unit, a complete genitourinary unit was bought at a very small cost and is now installed and operating within the x-ray unit. The radiologist now comes to the hospital two days per week for his duties. The quarters of the x-ray department were expanded. New storage facilities were found for the x-ray department's old films. A complete new darkroom was purchased and is now in operation, both in the x-ray department and in the White Hospital. Due to the heavy load within this department, it was necessary to add another secretary in this particular unit.

The greatest need of the institution at this time is for a separate laboratory and x-ray building. This building was planned during the past biennium and the working drawings are already available through the architect. We asked for a $100,000 appropriation to construct this building, but no funds were forthcoming for its construction. This would certainly alleviate the transportation of patients from their various areas to the White Male Receiving Ward. They then have to go up an elevator to the laboratory and x-ray departments. Most of these patients must be brought from the White or General Hospital, and also from the Negro General Hospital. At the present time we feel these two departments are completely inaccessible to patients who need them immediately. When this building is finally planned and completed it will be placed next to the White General Hospital. It will alleviate the tremendous problem of transportation as well as give the patients better service and will not necessitate the removal of ill patients from the White Hospital for x-ray and laboratory examinations. Each hospital is equipped with a portable x-ray unit. The tubercular hospitals have fluoroscopic and x-ray equipment within them. Diagnostic tubercular conferences are held each six weeks on the two tubercular units. These conferences are attended by the hospital internist, general practitioners, chest surgeon, and a local tuberculosis specialist.

The x-ray department aids physicians in the diagnosis of all patients as does the laboratory. Routine x-rays are taken on all new patients and new employees. This is done to control and to detect tuberculosis. Approximately once a year each patient on the hospital grounds is routinely x-rayed.

Great demands are made on these two departments due to the increased staff members and the heavy increase in our patient admission rate. The laboratory and the x-ray departments are under the direction of a capable pathologist and radiologist. The radiologist reads all of the hospital films each Monday and Friday, and is available for any type of x-ray examination of an emergency nature. If a patient needs any type of deeper specialized x-ray therapy, this is available on a fee basis from

consulting radiologists in Jackson and from the University Medical School where x-ray therapy and cobalt therapy is available. There is available also radio isotope activity in some of the local radiological laboratories.

PHARMACY

The hospital maintains a completely equipped and up to date pharmacy. At the present time there is under construction on the hospital grounds a new drug room. The present drug room is in cramped quarters and has been in need of expansion for many years. This new drug room of some 2000 square feet will certainly bring the pharmacy up to date in every respect and give them the necessary space needed to adequately dispense drugs.

The hospital pharmacist is a graduate of the University of Mississippi School of Pharmacy. He is registered in the State of Mississippi. He supervises the purchase and dispensing of approximately $587,000.00 worth of drugs during the past biennium.

There was an increase of $137,000 in the drug budget as compared to the 1957-59 Biennium.

Of the $586,024 some odd dollars spent for drugs during the past year, $350,000 of this was in the field of tranquilizers and psychiatrid drugs.

From July 1, 1959 to July 1, 1960 the hospital mailed 7,147 drug orders. These orders were sold at a cost of $66,773.00. During the year 1960-61 8,982 orders were mailed to ex-patients and this was at a total collection of $83,146.00. Approximately $156,000.00 was realized during the biennium from the sale of drugs to patients.

The pharamacist sells at cost plus postage and sales tax any type of psychiatric drug that a patient needs after discharge. If the patient desires this service it is readily available. Only tranquilizers are sold and the patient cannot purchase any other type of drugs under this plan. This service on occasions has been criticized. In keeping records we find that the patient or his family pays approximately $48.00 per year to remain out of the institution. If the patient were in the hospital because of lack of drugs, the cost to the taxpayer would be approximately $800.00 per year. We believe this service to be one that cannot be stopped in any manner in spite of criticism from other areas. This mail service to patients is medically and economically sound.

A constant inventory of some $50,000 worth of drugs is on hand at all times. We predicted during our last biennium report that our drug cost would exceed $500,000 per biennium. This has certainly been proven true as during the past biennium we spent

$586,024.23 for drugs. The pharmacy is an integral part of the overall hospital program. Any type of drug requested by a physician is immediately available or is purchased once it is an accepted drug released by the Pure Food and Drug Act for dispensing.

The hospital maintains a drug committee composed of the Clinical Director, a Consulting Surgeon, two Internists, and the Pharmacist. If a drug has not been approved by the Pure Food and Drug authorities or is an investigational drug, it cannot be used in the hospital until the drug committee has studied it and approved its use for dispensing or for research.

The pharmacist is in constant attendance to serve the needs of the hospital and its patients. Prescriptions and drug orders are filled Monday through Friday. The pharmacist is available for emergencies, and in his absence the hospital Director or Clincial Director have access to the pharmacy. Both the hospital Director and the Clinical Director have had long experience in the operation of the drug room and are familiar with its stock and its operation.

DENTAL SERVICE

The dental service at Mississippi State Hospital is composed of two full time dentists and two dental assistants. Both men are State Board Certified, members of the American Dental Association, Mississippi State Dental Association, and Central District Dental Society. Also as an adjunct to treatment a staff of consultants are available led by two oral surgeons. Frequently internal medicine and anesthetic consultations are obtained.

There are two new complete and modern dental clinics where the latest technics and procedures in surgery, denture prosthetics, crown and bridge, and operative dentistry are performed. There is a clinic for both races, colored and white. A great amount of emphasis is placed on restoring the teeth and mouth to a normal and healthy state. This in combination with many other benefits obtained at the hospital restores confidence and plays a part in the rehabilitation of the patient. Approximately thirty patients a day are seen in the two clinics. Emergency treatment is constantly available as there is a dentist on call at all times, night and day. All new patients entering the hospital are given dental examinations and consultation.

In June of 1960 all new dental equipment was installed, including the latest in high-speed dental instruments, x-ray units, chairs, cabinets, and a general remodeling of the offices. The total cost of the equipment alone was $8,908.74.

FINANCIAL STATEMENT

Year Ending June 30, 1960

Receipts:

State Appropriation	$3,237,712.50	
Miscellaneous Collections	89,097.59	
Inmate Fees	133,207.07	
Recreational Receipts	3,066.48	
Total Revenue Receipts		$3,463,083.64
Farm Production		241,946.46
Total All Receipts		$3,705,030.10
Cash Balance July 1, 1959		139,706.67
Total to account for		$3,844,736.77

Expenditures:

Salaries	$1,590,161.45	
Food	929,685.18	
Fuel and Lights	193,873.08	
New Equipment	70,954.28	
New Buildings	34,412.05	
Other Expenditures	965,374.26	
Total Expenditures		$3,784,460.30
Cash Balance June 30, 1960		60,276.47
Total Accounted For		$3,844,736.77

For Year Ending June 30, 1960

Item No.	MOVEMENT CATEGORY	Total (a)	Male (b)	Female (c)
	PATIENTS ON BOOKS AT BEGINNING OF YEAR			
1.	Resident in Hospital at beginning of year	4239	1966	2273
2.	Total on leave at beginning of year	1817	777	1040
3.	TOTAL ON BOOKS AT BEGINNING OF YEAR (Items 1 + 2)	6056	2743	3313
	ADDITIONS DURING YEAR			
4.	First admissions	1938	1127	811
5.	Readmissions	1094	620	474
6.	TOTAL ADMISSIONS (Items 4 + 5)	3032	1747	1285
7.	Transfers in from other public mental hospitals in same state system	8	4	4
8.	TOTAL ADDITIONS (Items 6 + 7)	3040	1751	1289
	SEPARATIONS DURING YEAR			
9.	Discharges direct from hospital	729	475	254
10.	Discharges from leave	1994	1060	934
11.	TOTAL DISCHARGES (Items 9 + 10)	2723	1535	1188
12.	Transfers out to other public mental hospitals in same state system	9	5	4
13.	Deaths in hospital	226	103	123
14.	Deaths on leave	....	....	....
15.	TOTAL DEATHS (Items 13 + 14)	226	103	123
16.	TOTAL SEPARATIONS (Items 11 + 12 + 15)	2958	1643	1315
	PATIENTS ON BOOKS AT END OF YEAR			
17.	Resident in hospital at end of year	4297	1990	2307
18.	Total on trial visit at end of year	1671	747	924
19.	Total on family care at end of year	....	....	....
20.	Total on otherwise absent at end of year	....	....	....
21.	Total on unauthorized absence at end of year	170	114	56
22.	TOTAL ON LEAVE AT END OF YEAR (Items 18 + 19 + 20 + 21)	1841	861	980
23.	TOTAL ON BOOKS AT END OF YEAR (Items 17 + 22)	6138	2851	3287
	CHECK LINES			
24.	Items 3 + 8 should equal Item 25	9096	4494	4602
25.	Items 16 + 23 should equal Item 24	9096	4494	4602
26.	Average daily resident patient population during year	4262	1955	2307

MALE 1ST ADMISSIONS—For Year Ending June 30, 1960

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & over (j)	Age Unknown (k)
						AGE (IN YEARS)							
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1	31			7	10	10	4				
2.	Drug or poison intoxication (except alcohol)	02.2	3			1		2					
3.	Convulsive disorder	05											
4.	All other conditions	01,03,04, 06,07,08, 09	2					1	1				
5.	TOTAL ACUTE BRAIN SYNDROMES		36			8	10	13	5				
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3											
7.	Meningoencephalitic spyhilis	11.0	6			1	2	2	1				
8.	*Other CNS syphilis*	11.1,11.2	1		1								
9.	Epidemic ensephalitis	12.0	1			1							
10.	Other intracranial infections	12.1	2			1			1				
11.	Alcohol intoxication	13.0											
12.	Drug or poison intoxication (except alcohol)	13.1	6			1		2	3				
13.	Birth trauma	14.0	2			1	1						
14.	Other trauma	14.1-14.5	3				1	1	1				
15.	Cerebral arteriosclerosis	15.0	73				1	15	37	13	7		
16.	Other circulatory disturbance	15.1	5					1	4				
17.	Convulsive disorder	16.0	15		6	4	2	2	1				
18.	Senile brain disease	17.7	7							4	3		
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3	6					3	1	1	1		
20.	Intracranial neoplasm	18.0											
21.	Diseases of unknown and uncertain cause	19.0-19.3	3				1	1	1				
22.	Chronic brain syndrome of unknown cause	19.4	2					1	1				
23.	TOTAL CHRONIC BRAIN SYNDROMES		132		7	9	8	28	51	18	11		

MALE 1ST ADMISSIONS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & over (j)	Age Unknown (k)
							AGE (IN YEARS)						
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	37				3	22	12				
25.	Manic-depressive reaction	21.0-21.2	32		3	3	9	10	7				
26.	Psychotic depressive reaction	21.3	21		2	2	4	3	9	1			
27.	Schizophrenic reactions	22.0-22.9	164	3	48	52	29	20	9	2	1		
28.	Paranoid reactions	23.1,23.2	19		1	3	5	7	2	1			
29.	Other	24.0	1			1							
30.	TOTAL PSYCHOTIC DISORDERS		274	3	54	61	50	62	39	4	1		
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39	1				1						
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	35		7	10	9	8	1				
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4	5		1	1	1	2					
34.	Personality trait disturbance	51.0-51.3	8		2	1	3	2					
35.	Antisocial reaction	52.0	5		4	1							
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2	5		4					1			
38.	Alcoholism (addiction)	52.3	354		9	66	125	112	32	9	1		
39.	Drug addiction	52.4	21		1	1	7	6	3	3			
40.	Special symptom reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		398		21	70	136	122	35	13	1		
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	77	1	36	22	10	6	2				
44.	MENTAL DISORDER, UNDIAGNOSED	None	52		8	11	13	10	5	4	1		
45.	WITHOUT MENTAL DISORDER	None	122	2	40	34	22	11	10	1	1	1	
46.	GRAND TOTAL (Column a should agree with Item 6, Column b on Form PHS-2071-1)		1127	6	173	225	259	260	148	40	15	1	

FEMALE 1ST ADMISSIONS—For Year Ending June 30, 1960

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1	3			1	2						
2.	Drug or poison intoxication (except alcohol)	02.2	4		1		1	2					
3.	Convulsive disorder	05	1		1								
4.	All other condition	01,03,04, 06,07,08, 09	1			1							
5.	TOTAL ACUTE BRAIN SYNDROMES		9		2	2	3	2					
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3											
7.	Meningoencephalitic syphilis	11.0	1						1				
8.	Other CNS syphilis	11.1,11.2											
9.	Epidemic encephalitis	12.0											
10.	Other intracranial infections	12.1	1						1				
11.	Alcohol intoxication	13.0	2					2					
12.	Drug or poison intoxication (except alcohol)	13.1											
13.	Birth trauma	14.0	1						1				
14.	Other trauma	14.1-14.5	1						1				
15.	Cerebral arteriosclerosis	15.0	54				3	8	33	7	3		
16.	Other circulatory disturbance	15.1	4				1	1	1		1		
17.	Convulsive disorder	16.0	13		3	3	4	2	1				
18.	Senile brain disease	17.1	4						2	1	1		
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3	1						1				
20.	Intracranial neoplasm	18.0	2					2					
21.	Diseases of unknown and uncertain cause	19.0-19.3	1				1						
22.	Chronic brain syndrome of unknown cause	19.4	1					1					
23.	TOTAL CHRONIC BRAIN SYNDROMES		86		3	3	9	16	42	8	5		

FEMALE 1ST ADMISSIONS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
							AGE (IN YEARS)						
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	99				8	46	39	6			
25.	Manic-depressive reaction	21.0-21.2	19		1	6	5	6	1				
26.	Psychotic depressive reaction	21.3	25		1	9	8	2	4	1			
27.	Schizophrenic reactions	22.0-22.9	278	2	49	108	70	38	11				
28.	Paranoid reactions	23.1,23.2	1				1						
29.	Other	24.0											
30.	TOTAL PSYCHOTIC DISORDERS		422	2	51	123	92	92	55	7			
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39	2		1		1						
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	62		7	21	17	13	3	1			
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4											
34.	Personality trait disturbance	51.0-51.3	3		1	1	1						
35.	Antisocial reaction	52.0	4		2	2							
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2											
38.	Alcoholism (addiction)	52.3	49		1	9	15	19	5				
39.	Drug addiction	52.4	24		2	6	4	7	2	3			
40.	Special sympton reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		80		6	18	20	26	7	3			
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6	1		1								
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	33		10	9	8	4	2				
44.	MENTAL DISORDER, UNDIAGNOSED	None	79		11	25	27	10	6				
45.	WITHOUT MENTAL DISORDER	None	37		14	6	9	4	4				
46.	GRAND TOTAL (Column a should agree with Item 6, Column b on Form PHS-2071-1).		811	2	106	207	186	167	119	19	5		

MALE RESIDENT PATIENTS—For Year Ending June 30, 1960

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
					AGE (IN YEARS)								
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1	1					1					
2.	Drug or poison intoxication (except alcohol)	02.2											
3.	Convulsive disorder	05											
4.	All other conditions	01,03,04, 06,07,08, 09	1							1			
5.	TOTAL ACUTE BRAIN SYNDROMES		2					1		1			
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3	3		1		1	1					
7.	Meningoencephalitic syphilis	11.0	114		1	2	15	37	45	12	2		
8.	Other CNS syphilis	11.1,11.2	11				2	2	4	3			
9.	Epidemic encephalitis	12.0	4		2		1		1				
10.	Other intracranial infections	12.1	11			2		5	3			1	
11.	Alcohol intoxication	13.0	12				2	2	4	3	1		
12.	Drug or poison intoxication (except alcohol)	13.1	2					1			1		
13.	Birth trauma	14.0	3			1	2						
14.	Other trauma	14.1-14.5	15		1	1	2	7	4				
15.	Cerebral arteriosclerosis	15.0	180				3	17	78	50	28	4	
16.	Other circulatory disturbance	15.1	7					2	1	3	1		
17.	Convulsive disorder	16.0	110		13	26	28	25	12	6			
18.	Senile brain disease	17.1	33					1	3	11	13	5	
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3	13			1		4	4	3	1		
20.	Intracranial neoplasm	18.0											
21.	Diseases of unknown and uncertain cause	19.0-19.3	15			1	4	1	8	1			
22.	Chronic brain syndrome of unknown cause	19.4	3						2	1			
23.	TOTAL CHRONIC BRAIN SYNDROMES		536		18	34	60	105	169	93	47	10	

MALE RESIDENT PATIENTS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
	AGE (IN YEARS)												
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	27				1	11	7	4	2	2	
25.	Manic-depressive reaction	21.0-21.2	99		1	3	13	36	27	11	6	2	
26.	Psychotic depressive reaction	21.3	6			2			4				
27.	Schizophrenic reactions	22.0-22.9	784		41	147	162	233	134	48	18	1	
28.	Paranoid reactions	23.1,23.2	20		1		5	3	9	2			
29.	Other	24.0	21			2	3	3	7	5		1	
30.	TOTAL PSYCHOTIC DISORDERS		957		43	154	184	286	188	70	26	6	
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39											
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	7					4	3				
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4	1				1						
34.	Personality trait disturbance	51.0-51.3											
35.	Antisocial reaction	52.0	2				1	1					
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2	2				1		1				
38.	Alcoholism (addiction)	52.3	8			1	1	4	2				
39.	Drug addiction	52.4											
40.	Special sympton reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		13			1	4	5	3				
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	342		47	84	64	82	38	24	2	1	
44.	MENTAL DISORDER, UNDIAGNOSED	None	125		5	17	19	33	38	12	1		
45.	WITHOUT MENTAL DISORDER	None	8				4	1	3				
46.	GRAND TOTAL (Column a should agree with Item 6, Column b on Form PHS-2071-1).		1990		113	290	335	517	442	200	76	17	

FEMALE RESIDENT PATIENTS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	AGE (IN YEARS) 35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
	ACUTE BRAIN SYNRDOMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1	1		1								
2.	Drug or poison intoxication (except alcohol)	02.2											
3.	Convulsive disorder	05											
4.	All other conditions	01,03,04, 06,07,08, 09											
5.	TOTAL ACUTE BRAIN SYNDROMES		1		1								
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3	2		1		1						
7.	Meningoencephalitic syphilis	11.0	42				7	14	13	5	2	1	
8.	Other CNS syphilis	11.1,11.2	13					5	5	1	2		
9.	Epidemic encephalitis	12.0	1				1						
10.	Other intracranial infections	12.1	7				1	2	3	1			
11.	Alcohol intoxication	13.0	8				1	3	2	2			
12.	Drug or poison intoxication (except alcohol)	13.1	2				1				1		
13.	Birth trauma	14.0	3		1		1		1				
14.	Other trauma	14.1-14.5	2				1	1					
15.	Cerebral arteriosclerosis	15.0	247				4	18	98	95	26	6	
16.	Other circulatory disturbance	15.1	16				2	2	5	6	1		
17.	Convulsive disorder	16.0	93		5	20	18	24	21	5			
18.	Senile brain disease	17.1	28					1	2	6	15	4	
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3	27					7	11	5	3	1	
20.	Intracranial neoplasm	18.0	1					1					
21.	Diseases of unknown and uncertain cause	19.0-19.3	10				2	2	6				
22.	Chronic brain syndrome of unknown cause	19.4	2					2					
23.	TOTAL CHRONIC BRAIN SYNDROMES		504		7	20	40	82	167	126	50	12	

FEMALE RESIDENT PATIENTS—For the Year Ending June 30, 1960

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
							AGE (IN YEARS)						
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	92				2	31	36	19	4		
25.	Manic-depressive reaction	21.0-21.2	204		2	4	15	46	60	53	21	3	
26.	Psychotic depressive reaction	21.3	16			4	4	2		5	1		
27.	Schizophrenic reactions	22.0-22.9	1040	1	29	156	238	266	223	89	32	6	
28.	Paranoid reactions	23.1,23.2	4				1		2	1			
29.	Other	24.0	7			1		2	2	1	1		
30.	TOTAL PSYCHOTIC DISORDERS		1363	1	31	165	260	347	323	168	59	9	
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39	1		1								
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	15			2	4	3	3	2	1		
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4											
34.	Personality trait disturbance	51.0-51.3	3		1			1		1			
35.	Antisocial reaction	52.0	3				1	2					
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2											
38.	Alcoholism (addiction)	52.3	4				2	2					
39.	Drug addiction	52.4	2				1	1					
40.	Special sympton reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		12		1		4	6		1			
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	240		19	36	52	69	44	17	2	1	
44.	MENTAL DISORDER, UNDIAGNOSED	None	166		5	20	27	42	28	34	10		
45.	WITHOUT MENTAL DISORDER	None	5		1			1		2	1		
46.	GRAND TOTAL (Column a should agree with Item 6, Column b on Form PHS-2071-1).		2307	1	66	243	387	550	565	350	123	22	

DISCHARGED—For Year July 1, 1959—June 30, 1960

Item No.	MENTAL DISORDERS	Code No.	TOTAL DISCHARGES Total (a)	Male (b)	Female (c)	CONDITION ON DISCHARGE Recovered Male (d)	Recovered Female (e)	Improved Male (f)	Improved Female (g)	Unimproved Male (h)	Unimproved Female (i)	Unclassified Male (j)	Unclassified Female (k)
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol intoxication	02.1	67	60	7	60	7						
2.	Drug or poison intoxication (except alcohol)	02.2	11	6	5	6	5						
3.	Convulsive disorder	05	1		1		1						
4.	All other conditions	01,03,04, 06,07,08, 09	5	3	2	3	2						
5.	TOTAL ACUTE BRAIN SYNDROMES		84	69	15	69	15						
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3											
7.	Meningoencephalitic syphilis	11.0	6	2	4			2	4				
8.	Other CNS syphilis	11.1,11.2	3		3				3				
9.	Epidemic encephalitis	12.0	1	1				1					
10.	Other intracranial infections	12.1	2	1	1			1	1				
11.	Alcohol intoxication	13.0	6	4	2			4	2				
12.	Drug or poison intoxication (except alcohol)	13.1	1	1				1					
13.	Birth trauma	14.0	5	3	2			3	2				
14.	Other trauma	14.1-14.5	6	5	1			5	1				
15.	Cerebral arteriosclerosis	15.0	75	33	42			33	42				
16.	Other circulatory disturbance	15.1	6	3	3			3	3				
17.	Convulsive disorder	16.0	55	31	24			31	24				
18.	Senile brain disease	17.1	4	2	2			2	2				
19.	Other disturbance of metabolism, growth, and nutrition	17.2,17.3	10	3	7			3	7				
20.	Intracranial neoplasm	18.0	2	1	1			1	1				
21.	Diseases of unknown and uncertain cause	19.0-19.3	3	1	2			1	2				
22.	Chronic brain syndrome of unknown cause	19.4	2		2				2				
23.	TOTAL CHRONIC BRAIN SYNDROMES		187	91	96			91	96				

DISCHARGED—(Continued)

Item No.	MENTAL DISORDERS	Code No.	TOTAL DISCHARGES Total (a)	Male (b)	Female (c)	CONDITION ON DISCHARGE Recovered Male (d)	Recovered Female (e)	Improved Male (f)	Improved Female (g)	Unimproved Male (h)	Unimproved Female (i)	Unclassified Male (j)	Unclassified Female (k)
	PSCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	186	28	158			28	158				
25.	Manic-depressive reaction	21.0-21.2	124	59	65			59	65				
26.	Psychotic depressive reaction	21.3	33	10	23			10	23				
27.	Schizophrenic reactions	22.0-22.9	698	256	442			256	442				
28.	Paranoid reactions	23.1-23.2	13	9	4			9	4				
29.	Other	24.0	2	2				2					
30.	TOTAL PSYCHOTIC DISORDERS		1056	364	692			364	692				
31.	PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	30-39	2	1	1							1	1
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	137	47	90							47	90
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4	10	9	1								
34.	Personality trait disturbance	51.0-51.3	18	15	3								
35.	Antisocial reaction	52.0	11	6	5								
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2	5	5									
38.	Alcoholism (addiction)	52.3	712	607	105								
39.	Drug addiction	52.4	152	85	67								
40.	Special symptom reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		908	727	181								
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	122	67	55								
44.	MENTAL DISORDER, UNDIAGNOSED	None	12	11	1								
45.	WITHOUT MENTAL DISORDER	None	211	154	57								
46.	GRAND TOTAL (Col. b should agree with Item 12, Col. b on Form 1901-1 and Col. c should agree with Item 12, Col. c on Form 1901-1.)		2719	1531	1188								

BOARD OF TRUSTEES OF MENTAL INSTITUTIONS

JUNE 30, 1961

Dr. J. K. Avent, Chairman
Judge Lester Clark, Vice Chairman
Dr. J. Grant Thompson
Mr. S. D. Long
Mr. Thomas M. Alewine
Mr. C. S. Hudspeth, Executive Secretary

PHYSICIANS

JUNE 30, 1961

Dr. A. Glenn Anderson, Jr.
Dr. Carroll L. Busby
Dr. D. E. Davidson
Dr. W. C. Dudley, Jr.
Dr. Isaac C. East
Dr. D. G. Elefthery
Dr. W. M. Flowers, Jr.
Dr. Billy M. Graham
Dr. John James Head
Dr. Mary E. Hogan
Dr. W. L. Jaquith
Dr. T. F. McGehee, Jr.
Dr. Charles H. Martin
Dr. M. H. Peterson
Dr. Ruth Dean Pitchford
Dr. Robert M. Ritter
Dr. T. A. Robinson
Dr. W. R. Sanders
Dr. Charles E. Sledge
Dr. H. L. Wallace, Sr.
Dr. Reginald P. White
Dr. George M. Wilson

DENTISTS

Dr. W. D. Morrow
Dr. W. M. Brown

MISSISSIPPI STATE HOSPITAL

Administrative Staff

For the Year Ending June 30, 1961

Class of Officers and Employees	Male	Female
Director	1	0
Office Managers	1	0
Bookkeepers and Assistants	0	1
Physicians (Staff)	19	3
Physicians (Consulting)	25	0
Phychologists	4	1
Externs	8	0
Dentists and Assistants	2	2
Pharmacists	1	0
Technicians	3	2
Graduate Nurses	0	24
Occupational Therapists	2	16
Pratical Nurses	3	57
Attendants	301	382
Veterinarians	0	0
Supervisors and Assistants (Ward)	10	9
Dietitians	2	0
Other Dietary Employees	86	67
Farming Supervisors and Employees	24	0
Social Workers	0	4
Clerical Employees-Stenographers-Clerks	6	38
Telephone Operators	0	5
Guard Patrol	13	0
Housekeeping Supervisors and Employees	3	18
Beauty and Barber Shops	8	8
Recreation	3	4
Industrial Supervisors and Employees	75	20
Pastoral	5	0
Personnel Director	1	0
Total Officers and Employees	606	661
TOTAL	1267	

CONSULTANTS
JUNE 30, 1961

Dr. Rush E. Netterville	Thoracic, Cardiac, General Surgery
Dr. George Gillespie	General Surgery
Dr. Raymond Martin	General Surgery
Dr. George E. Purvis	Orthopedics
Dr. Thomas C. Turner	Orthopedics
Dr. J. Manning Hudson	Internal Medicine
Dr. Charles Neill	Neurosurgery
Dr. Walter Neill	Neurosurgery
Dr. Lucien R. Hodges	Neurosurgery
Dr. Richard W. Naef	Neurology
Dr. Claude Callender	Obstetrics-Gynecology
Dr. James Royals	Obstetrics-Gynecology
Dr. C. G. Sutherland	Obstetrics-Gynecology
Dr. O. B. Wooley, Jr.	Obstetrics-Gynecology
Dr. Robert R. Surratt	Radiology
Dr. Samuel Johnson	Opthamology
Dr. J. G. Nasser	Opthamology
Dr. Ralph Sneed	Otolaryngology
Dr. R. H. McArthur	Otolaryngology
Dr. Forest Bratley	Pathology
Dr. William Featherston	Pathology
Dr. Charles Caccamise	Dermatology
Dr. Cyrus Johnson	Urology
Dr. Walton Shannon	Dental Surgery
Dr. Sam G. Sanders	Dental Surgery

FINANCIAL STATEMENT

Year Ending June 30, 1961

Receipts:		
State Appropriations	$3,792,486.00	
Miscellaneous Collections	101,827.68	
Inmate Fees	153,416.58	
Recreation Receipts	1,172.24	
Total Revenue Receipts		$4,048,902.50
Farm Production		220,667.07
Total All Receipts		$4,269,569.57
Cash Balance July 1, 1960		60,276.47
Total to Account for		$4,329,846.04
Expenditures:		
Salaries	$1,825,707.25	
Food	905,060.77	
Fuel and Lights	209,673.57	
New Equipment	99,730.92	
New Building	30,908.36	
Other Expenditures	1,068,843.48	
Total Expenditures		$4,139,924.35
Cash Balance June 30, 1961		189,921.69
Total Accounted for		$4,329,846.04

MOVEMENT OF PATIENT POPULATION

For Year Ending June 30, 1961

Movement Category	Total	Male	Female
PATIENTS ON BOOKS AT BEGINNING OF YEAR			
Resident in Hospital at beginning of year	4297	1990	2307
Total on leave at beginning of year	1841	861	980
TOTAL ON BOOKS AT THE BEGINNING OF YEAR	6138	2851	3287
ADDITIONS DURING YEAR			
First Admissions	1841	1070	771
Readmissions	1114	642	472
TOTAL ADMISSIONS	2955	1712	1243
Transfers in from other public mental hospitals in same system	8	8	
TOTAL ADDITIONS	2963	1720	1243
SEPARATIONS DURING YEAR			
Discharges direct from hospital	750	486	264
Discharges from leave	2030	1169	861
TOTAL DISCHARGES	2780	1655	1125
Transfers out to other public mental hospital in same system	21	21	
Deaths in hospital	232	129	103
Deaths on leave			
TOTAL DEATHS	232	129	103
TOTAL SEPARATIONS	3033	1805	1228
PATIENTS ON BOOKS AT END OF YEAR			
Resident in hospital at end of year	4353	2016	2337
Total on trial visit at end of year	1537	628	909
Total on family care at end of year			
Total on otherwise absent at end of year			
Total on unauthorized absence at end of year	178	122	56
TOTAL ON LEAVE AT END OF YEAR	1715	750	965
TOTAL ON BOOKS AT END OF YEAR	6068	2766	3302
Average daily resident patient population during year	4278	1965	2313

MALE FIRST ADMISSIONS—For Year Ending June 30, 1961

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	AGE (IN YEARS) 15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1	21		1	2	10	7	1				
2.	Drug or poison intoxication (except alcohol)	02.2	2					1	1				
3.	Convulsive disorder	05	1				1						
4.	All other conditions	01,03,04, 06,07,08, 09	4			1		2	1				
5.	TOTAL ACUTE BRAIN SYNDROMES		28		1	3	11	10	3				
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3	1				1						
7.	Meningoencephalitic syphilis	11.0	6		1	1		1	3				
8.	Other CNS syphilis	11.1,11.2	1		1								
9.	Epidemic encephalitis	12.0											
10.	Other intracranial infections	12.1	2		1				1				
11.	Alcohol intoxication	13.0	3					3					
12.	Drug or poison intoxication (except alcohol)	13.1											
13.	Birth trauma	14.0	1				1						
14.	Other trauma	14.1-14.5	7		3	3		1					
15.	Cerebral arteriosclerosis	15.0	60				1	10	35	9	5		
16.	Other circulatory disturbance	15.1	5					5					
17.	Convulsive disorder	16.0	16		6	6	3		1				
18.	Senile brain disease	17.1	7							1	6		
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3	2					1	1				
20.	Intracranial neoplasm	18.0											
21.	Diseases of unknown and uncertain cause	19.0-19.3	4				1	1	2				
22.	Chronic brain syndrome of unknown cause	19.4	1		1								
23.	TOTAL CHRONIC BRAIN SYNDROMES		116		13	10	7	22	43	10	11		

MALE FIRST ADMISSIONS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	AGE (IN YEARS) 15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Un-known (k)
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	31					7	23	1			
25.	Manic-depressive reaction	21.0-21.2	15		2	1	6	2	4				
26.	Psychotic depressive reaction	21.3	26		1	8	2	11	3	1			
27.	Schizophrenic reactions	22.0-22.9	131	1	36	49	29	7	5	3	1		
28.	Paranoid reactions	23.1,23.2	16		2		6	7	1				
29.	Other	24.0											
30.	TOTAL PSYCHOTIC DISORDERS		219	1	41	58	43	34	36	5	1		
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39											
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	54		19	9	13	7	6				
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4	7		3	1	3						
34.	Personality trait disturbance	51.0-51.3	4		3		1						
35.	Antisocial reaction	52.0	1			1							
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2	3			2		1					
38.	Alcoholism (addiction)	52.3	309		12	63	106	80	36	12			
39.	Drug addiction	52.4	26			8	6	7	4	1			
40.	Special sympton reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		350		18	75	116	88	40	13			
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	70		40	15	8	4	3				
44.	MENTAL DISORDER, UNDIAGNOSED	None	112		12	32	31	17	15	3	2		
45.	WITHOUT MENTAL DISORDER	None	121	3	36	31	25	10	16				
46.	GRAND TOTAL (Column a should agree with Item 6, Column b on Form PHS-2071-1).		1070	4	180	235	254	192	162	31	14		

FEMALE FIRST ADMISSIONS—For Year Ending June 30, 1961

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
				AGE (IN YEARS)									
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1	3				1	2					
2.	Drug or poison intoxication (except alcohol)	02.2	1						1				
3.	Convulsive disorder	05											
4.	All other conditions	01,03,04, 06,07,08, 09											
5.	TOTAL ACUTE BRAIN SYNDROMES		4				1	2	1				
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3											
7.	Meningoencephalitic syphilis	11.0											
8.	Other CNS syphilis	11.1,11.2											
9.	Epidemic encephalitis	12.0	1				1						
10.	Other intracranial infections	12.1											
11.	Alcohol intoxication	13.0	7			2	1	4					
12.	Drug or poison intoxication (except alcohol)	13.1											
13.	Birth trauma	14.0	1		1								
14.	Other trauma	14.1-14.5	2					1	1				
15.	Cerebral arteriosclerosis	15.0	25				1	8	10	5	1		
16.	Other circulatory disturbance	15.1	4				2	1	1				
17.	Convulsive disorder	16.0	10		3	5	1		1				
18.	Senile brain disease	17.1											
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3											
20.	Intracranial neoplasm	18.0	1					1					
21.	Diseases of unknown and uncertain cause	19.0-19.3	10		2		1	2	5				
22.	Chronic brain syndrome of unknown cause	19.4											
23.	TOTAL CHRONIC BRAIN SYNDROMES		61		6	7	7	17	18	5	1		

FEMALE FIRST ADMISSIONS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
							AGE (IN YEARS)						
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	85				13	43	29				
25.	Manic-depressive reaction	21.0-21.2	18		2	6	6	3	1				
26.	Psychotic depressive reaction	21.3	24		6	9	6	3					
27.	Schizophrenic reactions	22.0-22.9	199	2	38	64	60	27	7	1			
28.	Paranoid reactions	23.1,23.2	10		2	2	3	2	1				
29.	Other	24.0											
30.	TOTAL PSYCHOTIC DISORDERS		336	2	48	81	88	78	38	1			
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39	2		1			1					
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	26		4	11	7	2	2				
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4	2		2								
34.	Personality trait disturbance	51.0-51.3	1		1								
35.	Antisocial reaction	52.0	1			1							
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2											
38.	Alcoholism (addiction)	52.3	35		2	9	16	7	1				
39.	Drug addiction	52.4	15			7	4	4					
40.	Special sympton reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		54		5	17	20	11	1				
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	24		6	6	7	5					
44.	MENTAL DISORDER, UNDIAGNOSED	None	224	1	42	65	57	32	24	2	1		
45.	WITHOUT MENTAL DISORDER	None	40	1	10	16	12		1				
46.	GRAND TOTAL (Column a should agree with Item 6, Column b on Form PHS-2071-1).		771	4	122	203	199	148	85	8	2		

MALE RESIDENT PATIENTS—For Year Ending June 30, 1961

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	AGE (IN YEARS) 15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1											
2.	Drug or poison intoxication (except alcohol)	02.2											
3.	Convulsive disorder	05											
4.	All other condition	01,03,04, 06,07,08, 09	2					1	1				
5.	TOTAL ACUTE BRAIN SYNDROMES		2					1	1				
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Disease and conditions due to prenatal (constitutional) influence	10.0-10.3	3		1		1	1					
7.	Meningoencephalitic syphilis	11.0	112		1	12	35	49	11	4			
8.	Other CNS syphilis	11.1,11.2	10		1	1	1	2	4	1			
9.	Epidemic encephalitis	12.0	3		1		1		1				
10.	Other intracranial infections	12.1	10		1		1	5	3				
11.	Alcohol intoxication	13.0	11				1	3	4	2	1		
12.	Drug or poison intoxication (except alcohol)	13.1	2					1			1		
13.	Birth trauma	14.0	3			1	1	1					
14.	Other trauma	14.1-14.5	16		2	3	1	4	6				
15.	Cerebral arteriosclerosis	15.0	168				4	13	66	45	35	5	
16.	Other circulatory disturbance	15.1	9					1	5	3			
17.	Convulsive disorder	16.0	113		11	26	26	28	14	8			
18.	Senile brain disease	17.1	34					1	3	12	14	4	
19.	Other disturbance of Metabolism, gorwth, and nutrition	17.2,17.3	14			1		4	5	3	1		
20.	Intracranial neoplasm	18.0											
21.	Diseases of unknown and uncertain cause	19.0-19.3	16			1	4	3	8				
22.	Chronic brain syndrome of unknown cause	19.4	1							1			
23.	TOTAL CHRONIC BRAIN SYNDROMES		525		18	45	76	116	130	79	52	9	

MALE RESIDENT PATIENTS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
						AGE (IN YEARS)							
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	31				3	6	15	4	2	1	
25.	Manic-depressive reaction	21.0-21.2	95		1	2	7	30	36	9	9	1	
26.	Psychotic depressive reaction	21.3	10			3	3	1	3				
27.	Schizophrenic reactions	22.0-22.9	773		43	137	160	214	154	49	15	1	
28.	Paranoid reactions	23.1,23.2	25			2	6	3	10	4			
29.	Other	24.0	20			1	3	2	8	5		1	
30.	TOTAL PSYCHOTIC DISORDERS		954		44	145	182	256	226	71	26	4	
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39											
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	9		1			5	3				
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4											
34.	Personality trait disturbance	51.0-51.3											
35.	Antisocial reaction	52.0	2			1		1					
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2	2				1		1				
38.	Alcoholism (addiction)	52.3	12				4	8					
39.	Drug addiction	52.4	2					1		1			
40.	Special sympton reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		18			1	5	10	1	1			
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	378		54	94	78	80	50	15	6	1	
44.	MENTAL DISORDER, UNDIAGNOSED	None	122		16	24	31	26	20	4	1		
45.	WITHOUT MENTAL DISORDER	None	8		1		1	2	3	1			
46.	GRAND TOTAL (Column a should agree with Item 6, Column b on Form PHS-2071-1).		2016		134	309	373	496	434	171	85	14	

FEMALE RESIDENT PATIENTS—For Year Ending June 30, 1961

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
							AGE (IN YEARS)						
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1											
2.	Drug or poison intoxication (except alcohol)	02.2											
3.	Convulsive disorder	05											
4.	All other conditions	01,03,04, 06,07,08, 09	1		1								
5.	TOTAL ACUTE BRAIN SYNDROMES		1		1								
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3	2		1		1						
7.	Meningoencephalitic syphilis	11.0	41				4	12	21	1	2	1	
8.	Other CNS syphilis	11.1,11.2	13				3	2	4	2	2		
9.	Epidemic encephalitis	12.0	1			1							
10.	Other intracranial infections	12.1	7				1	2	3	1			
11.	Alcohol intoxication	13.0	13				4	4	4	1			
12.	Drug or poison intoxication (except alcohol)	13.1	2				1				1		
13.	Birth trauma	14.0	5			1	2	1	1				
14.	Other trauma	14.1-14.5	4				1	2	1				
15.	Cerebral arteriosclerosis	15.0	233				4	12	89	84	33	11	
16.	Other circulatory disturbance	15.1	18				3	2	4	8	1		
17.	Convulsive disorder	16.0	101		3	22	21	28	11	16			
18.	Senile brain disease	17.1	23						1	5	15	2	
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3	23				4	4	6	7	2		
20.	Intracranial neoplasm	18.0	1					1					
21.	Diseases of unknown and uncertain cause	19.0-19.3	14		2	1	1	4	4	2			
22.	Chronic brain syndrome of unknown cause	19.4	2					2					
23.	TOTAL CHRONIC BRAIN SYNDROMES		503		6	25	50	76	149	127	56	14	

FEMALE RESIDENT PATIENTS—(Continued)

Item No.	MENTAL DISORDERS	Code No.	Total (a)	Under 15 (b)	15-24 (c)	25-34 (d)	35-44 (e)	45-54 (f)	55-64 (g)	65-74 (h)	75-84 (i)	85 & Over (j)	Age Unknown (k)
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	99			1	5	29	40	19	5		
25.	Manic-depressive reaction	21.0-21.2	207		1	4	17	49	59	51	21	5	
26.	Psychotic depressive reaction	21.3	18			5	5	1	1	5	1		
27.	Schizophrenic reactions	22.0-22.9	1084		34	138	261	294	229	85	37	6	
28.	Paranoid reactions	23.1-23.2	7			2	2	1	1	1			
29.	Other	24.0	7			1		2	2	1	1		
30.	TOTAL PSYCHOTIC DISORDERS		1422		35	151	290	376	332	162	65	11	
31.	PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS	30-39											
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	8				1	1	2	3	1		
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4											
34.	Personality trait disturbance	51.0-51.3	2					1		1			
35.	Antisocial reaction	52.0	2					1	1				
36.	Dyssocial reaction	52.1											
37.	Sexual deviation	52.2											
38.	Alcoholism (addiction)	52.3	4			1		3					
39.	Drug addiction	52.4	1			1							
40.	Special sympton reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		9			2		5	1	1			
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	248		17	36	63	61	50	17	3	1	
44.	MENTAL DISORDER, UNDIAGNOSED	None	143	1	21	35	33	33	16	4			
45.	WITHOUT MENTAL DISORDER	None	3						1	1	1		
46.	GRAND TOTAL (Column a should agree with Item 6, Column be on Form PHS-2071-1).		2337	1	80	249	437	552	551	315	126	26	

DISCHARGER—For Year Ending June 30, 1961

Item No.	MENTAL DISORDERS	Code No.	TOTAL DISCHARGES Total (a)	Male (b)	Female (c)	CONDITION ON DISCHARGE Recovered Male (d)	Recovered Female (e)	Improved Male (f)	Improved Female (g)	Unimproved Male (h)	Unimproved Female (i)	Unclassified Male (j)	Unclassified Female (k)
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol Intoxication	02.1	44	42	2	42	2						
2.	Drug or poison intoxication (except alcohol)	02.2	7	3	4	3	4						
3.	Convulsive disorder	05	1	1		1							
4.	All other conditions	01,03,04, 06,07,08, 09	3	2	1	2	1						
5.	TOTAL ACUTE BRAIN SYNDROMES		55	48	7	48	7						
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH												
6.	Diseases and conditions due to prenatal (constitutional) influence	10.0-10.3	1		1				1				
7.	Meningoencephalitic syphilis	11.0	3	3				3					
8.	Other CNS syphilis	11.1,11.2	2	2				2					
9.	Epidemic encephalitis	12.0	1		1				1				
10.	Other intracranial infections	12.1	1	1				1					
11.	Alcohol intoxication	13.0	11	9	2			9	2				
12.	Drug or poison intoxication (except alcohol)	13.1	2		2				2				
13.	Birth trauma	14.0	6	5	1			5	1				
14.	Other trauma	14.1-14.5	9	9				9					
15.	Cerebral arteriosclerosis	15.0	90	42	48			42	48				
16.	Other circulatory disturbance	15.1	22	19	3			19	3				
17.	Convulsive disorder	16.0	51	16	35			16	35				
18.	Senile brain disease	17.1	2	2				2					
19.	Other disturbance of Metabolism, growth, and nutrition	17.2,17.3	4	2	2			2	2				
20.	Intracranial neoplasm	18.0	2		2				2				
21.	Diseases of unknown and uncertain cause	19.0-19.3	7	5	2			5	2				
22.	Chronic brain syndrome of unknown cause	19.4											
23.	TOTAL CHRONIC BRAIN SYNDROMES		214	115	99			115	99				

DISCHARGES—(Continued)

Item No.	MENTAL DISORDERS	Code No.	TOTAL DISCHARGES Total (a)	Male (b)	Female (c)	CONDITION ON DISCHARGE Recovered Male (d)	Recovered Female (e)	Improved Male (f)	Improved Female (g)	Unimproved Male (h)	Unimproved Female (i)	Unclassified Male (j)	Unclassified Female (k)
	PSYCHOTIC DISORDERS:												
24.	Involutional psychotic reaction	20	178	49	129			49	129				
25.	Manic-depressive reaction	21.0-21.2	143	70	73			70	73				
26.	Psychotic depressive reaction	21.3	49	23	26			23	26				
27.	Schizophrenic reactions	22.0-22.9	705	258	447			258	447				
28.	Paranoid reactions	23.1-23.2	20	16	4			16	4				
29.	Other	24.0											
30.	TOTAL PSYCHOTIC DISORDERS		1095	416	679			416	679				
31.	PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	30-39	3		3								3
32.	PSYCHONEUROTIC REACTIONS	40.0-40.6	110	66	44							66	44
	PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	50.0-50.4	16	13	3								
34.	Personality trait disturbance	51.0-51.3	13	11	2								
35.	Antisocial reaction	52.0	7	4	3								
36.	Dyssocial reaction	52.1	4	4									
37.	Sexual deviation	52.2	702	623	79								
38.	Alcoholism (addiction)	52.3	125	74	51								
39.	Drug addiction	52.4											
40.	Special symptom reaction	53.0-53.4											
41.	TOTAL PERSONALITY DISORDERS		867	729	138								
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	54.0-54.6											
43.	MENTAL DEFICIENCY	60.0-60.3, 61.0-61.3	129	85	44								
44.	MENTAL DISORDER, UNDIAGNOSED	None	57	19	38								
45.	WITHOUT MENTAL DISORDER	None	250	177	73								
46.	GRAND TOTAL (Col. b should agree with Item 12, Col. b on Form 1901-1 and Col. c should agree with Item 12, Col. c on Form 1901-1.)		2780	1655	1125								