1953

P.D. 23

REPORT

Mass.: WORCESTER STATE HOSPITAL (Insane).

Worcester 1, Massachusetts

Fiscal and Record Year Ending June 30, 1953

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TRUSTEES' REPORT

To His Excellency, the Governor and to the Honorable Council:

The Trustees of the Worcester State Hospital herewith submit a report for the 121st fiscal year of the hospital, together with a report of the Superintendent, Bardwell H. Flower, M.D., a report of the Treasurer, Paul P. Foran, and other information.

The officers of the Board during the early months of the fiscal year were Michael H. Selzo, Chairman; Franklyn J. Scola, Vice-Chairman; Mary V. Campbell, Secretary. On September 18, 1952 the following were elected and served throughout the remainder of the year: Franklyn J. Scola, Chairman; Mary V. Campbell, Vice-Chairman; Daniel Murray, Secretary.

During the year the term of James Mattimore expired and Carl G. Nordgren was appointed as his successor.

The Board met in eight regular meetings and called one special meeting. In addition, Trustees were active in board committee functions. The hospital was frequently visited by various members of the Board.

A matter of major concern to the Board of Trustees was successfully concluded. This had begun during the previous year when Mr. Joseph P. Kelly resigned as Institution Treasurer to accept appointment in the central office of the Department of Mental Health as Administrative Assistant to the Commissioner. After careful consideration of several candidates, the Board unanimously appointed Paul P. Foran, of Worcester, as Institution Treasurer at its regular meeting on November 11, 1952.

Mr. Foran qualified and officially assumed his duties on January 19, 1953.

The Board maintained an active interest and participation in the affairs of the Association of Massachusetts State Hospital Trustees. The chairman appointed Anna C. Tatman as its representative on the Executive Board of that organization.

The members of the Board have been pleased by the further reduction in the number of patients in residence at the hospital, while at the same time new admissions have not decreased. All members of the clinical services who contributed to this happy accomplishment are to be commended.

The Board wishes to call to your attention the fact that the buildings of the Main Hospital are old and not of first class construction. It is hoped that the need of renovation of these building will be recognized and that successive buildings will be worked on each year until at least all areas of patient habitation and congregation have been completed. The Washburn Building, which has previously been renovated, has demonstrated the benefits to be derived in terms of patient comfort, improved sanitation and reduction of fire hazards. In this connection the Board would stress the need of further alterations and additions necessary to meet recognized standards of public safety. Much has been done in this regard. Much is being done. Much remains to be done. These needs should have active attention, equal to that given to renovation of ward structures.

In conclusion, the Board wishes to remark upon the loyalty and spirit of helpfulness which pervades the employee force at the hospital.

Respectfully submitted,

Franklyn J. Scola, Chairman

Mary V. Campbell, Vice-Chairman
David G. Ljungberg, M.D.
Carl G. Nordgren
Daniel F. Murray, Secretary
Anna C. Tatman
Michael H. Selzo

SUPERINTENDENT'S REPORT

To the Trustees of Worcester State Hospital:

The fiscal year of 1953 has been a year of progress and plans for the future. The following general thoughts should be kept in mind as one reviews the appended reports of department and division heads.

A. Treatment. Each case admitted, irrespective of age or duration of illness, is given a thorough case work-up. It is our policy to bring the newly admitted person to a staff meeting within the first three days in the hospital, where, under the leadership of the Clinical Director, a preliminary evaluation is carried out including recommendations for special tests, studies or investigations indicated; immediate treatment procedures necessary and any other considerations pertinent to the case. Thus, at the outset our most experienced staff members plan with the residents the particular needs of the individual patient. After 18-24 days in the hospital, each patient is again brought to staff meeting for further evaluation, review of treatment if already instituted and decision regarding subsequent course of action. Thereafter, the patient is returned for staff review whenever decision is required on any important phase of the case, such as treatment modification, or granting of privileges (open ward residence, temporary or indefinite release from the hospital, etc.).

During the year the hospital balanced the equation of admission and separation of patients without the protection of a

waiting list. A total of 539 patients were discharged directly from the hospital and from visit and escape status. At the same time our pool of patients on visit to the community was maintained essentially unchanged. At conclusion of the year our resident patient population was 86 less than at the beginning of the year.

B. Teaching. We have maintained teaching programs for each of the professional disciplines which contribute to our clinical therapeutic efforts. We have been a teaching center for 4th year students of Tufts College Medical School and have carried on an active, well rounded training program for psychiatric residents (physicians), which is approved by the American Board of Psychiatry and Neurology, Inc., for a maximum of three years training. We have furnished opportunities for training in clinical psychology to psychologists seeking advanced degrees in that field. Eight general hospital schools of nursing have been actively affiliated throughout the year as a part of their teaching program for undergraduate nurses. We have conducted a training program for student occupational therapists and for students from recognized schools of social work.

Our various teaching programs are based on the assumption that the majority of persons so trained will not enter the psychiatric field in the strict sense of the word. It is our hope that these efforts will contribute to the development of the general community resources for treatment, to the end that emotional and psychological disorders may be better evaluated and

more often and more adequately treated outside the mental hospital. It should not be overlooked, however, that these teaching programs have been of definite and appreciated assistance to the hospital in recruitment of staff appointees in each of the professional fields.

C. Research. The gaps in knowledge and understanding of psychiatric disorders are still many and large. For this reason a continuing program of research, which is psychiatrically oriented, is essential. The research efforts at the hospital continue to be focused principally upon schizophrenia, in which category is found the largest percentage of therapeutic failures and consequent long term hospitalizations.

Our state paid positions are assigned here from the central Department of Mental Health payroll. They are in many instances assisted by house staff members and employees. The Worcester Foundation for Experimental Biology has actively collaborated and assisted in several projects.

D. Medical and Surgical Service. For many decades it has been a fundamental point in this hospital's program that the adequate treatment of the patient requires general medical facilities as well as psychiatric. The Medical and Surgical Service provides an important facet, essentially general practice in nature. Not only are obstetrical, general surgical, orthopedic and internal medicine needs met, but also more obvious assistance to psychiatric goals is rendered by treatment of the acute toxic states, severe fulminating excitements, dehydration syndromes, and by opportunity for psychosurgery in selected cases.

The skills of the resident staff are augmented by a large number of qualified consultants, representing every specialty field.

E. "Continued Treatment". This term is advisedly chosen to designate an important concept of hospital function. It is selected to replace the term "chronic custodial" and stems from the philosophy that those who do not improve sufficiently to leave the hospital should be regarded as our therapeutic failures rather than hopeless cases. Therefore, our attitude is that the long term patient group should be constantly reviewed from the standpoint of all therapeutic facilities currently available. While we have not been able to reconstitute the formal Continued Treatment Service of prewar days, this function has been given renewed emphasis during the current year, and it is planned to improve its effectiveness in the coming year by the addition of a social worker.

F. Physical Plant. Mention should be made of matters which bear upon the physical implementation of the care and treatment program for our patients. The buildings of the Main Hospital are old, dating back to the 1870's and ending in 1913, with the construction of Quimby Building. Our Summer Street Department was opened in 1833 as the original unit of the Massachusetts State Hospital system. In process now are plans for a new hospital building, to be constructed on the Main Hospital grounds, which will permit the discontinuance of Summer Street Department as an active unit. At the Main Hospital, Washburn Building has been completely renovated, including steel reinforced concrete floors,

radiant heatand entirely reorganized bathroom facilities. It is expected that a similar renovation of Phillips Building will begin early in the fiscal year 1954. The importance of a continuing program for the renovation of these old buildings cannot be emphasized too strongly. Not only the need for improved living conditions for patients recommends it, but also considerations of safety and fire hazard control as well. In anticipation of the new building on the main grounds, old needs become more urgent. The kitchen, cafeterias and ancillary services must be renovated, rearranged and better equipped if the dietary department is to adequately serve the integrated hospital which is to come. The replacement of the two existing outmoded elevators and the addition of two more for Folsom and Thayer Buildings becomes necessary. A proper central storehouse and additional day space in the form of an enclosed porch for Salisbury and Quimby Buildings should not be delayed much longer. The construction of a new Male Bathing Suite has dragged along throughout the year, fraught with many technical difficulties and delays. It is not yet completed. In pleasing contrast to this project, has been the rapidity with which work has progressed on the renovation of unused portions of the Farm House, which will make available five apartments for personnel.

It appears clearly evident that the old buildings of the Main Hospital must continue to serve for an indefinite period in the future. It then becomes an obligation to integrate them in function with the new building which is being planned, and to renovate them and to alter them so that they will conform to recognized standards for public safety and provide more modern living conditions for the patient population housed within them.

PERSONNEL CHANGES

Ralph A. Luce, M.D., Senior Physician, was granted Military Leave on January 10, 1953. Pasquale Buoniconto, Senior Physician, resigned January 31, 1953 to become Assistant Superintendent at the Walter E. Fernald State School. Luis Orlando Mederos, M.D. resigned June 18, 1953 to accept an appointment at St. Francis Hospital, Evanston, Illinois.

Two Senior Physicians returned from Military Leave during the year; David M. Moriarity, M.D., on November 23, 1952 and D. Edward L. Prunier, M.D. on June 2, 1953. Dean M. Laird, M.D., was promoted from Junior Physician to Senior Physician on January 25, 1953.

Jose M. Amador, M.D., Junior Physician, was granted Military Leave May 17, 1953. Werner Jaffe, M.D., Junior Physician, resigned January 31, 1953 to accept appointment at the King's Park State Hospital, New York. Bernard Cowitz, M.D., Junior Physician, was transferred to the Research Service January 1, 1953. Rafael Alphonso, M.D., resigned December 31, 1952 to begin a residency at Worcester City Hospital.

Richard M. Shannon, M.D., was appointed Junior Physician on February 23, 1953 and resigned April 3, 1953. Urbano K. Guarin was appointed Junior Physician April 1, 1953. Pierre B. Bourdon, M.D. was promoted from Psychiatric Resident to Junior Physician on January 1, 1953.

Psychiatric Residents appointed during the year were as follows: Jacques Brien, M.D., July 1, 1952; James A. Haycox, M.D., July 9, 1952; Brooks White, M.D., July 2, 1952; Paul E. Phoenix, M.D., July 2, 1952; George Chornesky, M.D., September 1, 1952; and Dorothea

Simmons, M.D., August 18, 1952.

Altho we closed the fiscal year with one Senior vacancy and three Junior Physician vacancies, appointments to these positions had been consummated for early July, 1953.

On the Research Service several withdrawals occurred. Nathan S. Kline, M.D. resigned as Research Director on October 18, 1952. Yasuhiko Taketomo, M.D., Assistant Psychiatrist, resigned September 15, 1952. Edward H. Cranswick, M.D., Senior Physician, resigned October 25, 1952. Ashton M. Tenney, Research Neurophysiologist, resigned August 30, 1952.

In other areas of hospital function, important changes occurred. On September 13, 1952, Farrand H. Van Dyck resigned as Chief Engineer at the Summer Street Department to become Chief Engineer at Westboro State Hospital. Newell A. Gordon was promoted to succeed him on September 15, 1952. On January 19, 1953 Mr. Paul P. Foran of Worcester assumed his duties as Treasurer, replacing Mr. Joseph P. Kelly who had resigned on January 13, 1952 to become Administrative Assistant to the Commissioner in the Department of Mental Health. On December 9, 1952 William W. Stevens from the Metropolitan State Hospital was appointed Chef, succeeding in this capacity Fred Somerville who had retired in the previous year on March 31, 1952 after 40 years of excellent service.

Retirements and Deaths:

Elsie Haglund, Attendant Nurse, retired on August 9, 1952 after 5 years of conscientious service. Ella MacDonald, Charge Attendant, with over 20 years of kindly care to patients, retired December 13, 1952. On April 30, 1953, Joseph Quinn, Hospital Supervisor Attendant, retired. He had rendered over 10 years

of very conscientious service. On October 20, 1952, John C. Anderson retired, and On April 30, 1953, Henry Gustafson did likewise. The former had been with the hospital 27 years; the latter 21 years. Both were masons who became ill with pulmonary tuberculosis. Sven Nilsson, machinist, retired after nearly 20 years of service on June 30, 1953. He will long be remembered for his skill. Fred Sprague, Third Class Power Plant Engineer, retired May 31, 1953, after 19 years of dependable duty. On September 30, 1952, Anton Swenson, Maintenance Foreman, retired at conclusion of 40 years of service which began September 30, 1912. He was temporarily re-employed in the same capacity on an emergency basis. On May 8, 1953, Dorothy A. Burnett, Junior Clerk and Stenographer, retired after many years of work here and at Gardner State Hospital.

Four employees died during the year. Hazel MacGeoch, Matron in Hale Nurses' Home, on March 3, 1953, 18 years of service; Laura R. Pugh, Dining Room Attendant, November 17, 1952, 7 years of service; Frank Dixon, Attendant Nurse, February 20, 1953, nearly 6 years of service; James Taylor, Charge Attendant, February 26, 1953, nearly 4 years of service. Each was a reliable and valued employee.

Employment:

During the year the hospital has experienced relatively full employment. Out of a total permanent quota of 683 positions we have carried an average of 30 vacancies (4.4%). The principal number of vacancies occurred in Ward Service positions (average 20, or 2.9%).. Head nurses were most difficult to obtain. In this category we carried an average of 8 75 positions vacant at all times.

MOVEMENT OF POPULATION

During the year ending June 30, 1955, Worcester State Hospital admitted 864 patients, 438 men and 426 women. Of these, 629 (72.8%) entered a recognized mental hospital for the first time. A total of 209 (24.1%) were classed as readmissions, having previously experienced psychiatric hospitalization. Twenty-six (3.1%) were received by transfer, coming directly by Commissioner's order from residence in another psychiatric hospital within the Commonwealth.

Separations during the same period totaled 939 (480 men and 459 women). The breakdown of this figure is informative. Two hundred thirty-one (161 men and 70 women) were discharged directly from hospital residence. Three hundred eight (115 men and 193 women) were discharged from visit or escape status. Thus there was a total of 539 (276 men and 263 women) who were completely discharged from hospital supervision. The remainder of the separations is made up of transfers and deaths. A total of 114 (58 men and 56 women) were discharged for transfer to other mental hospitals while 286 (146 men and 140 women) died. Of this latter total, three died while on visit in the community. It is worthy of note that the transfer total is abnormally high. This is occasioned by the fact that during the year 76 patients (42 men and 34 women) were transferred to the new regional Tuberculosis Unit at Westboro State Hospital. The figure for total deaths (286) represents no significant change and is in line with previous experience. Further comment on this may be

found in the section of this report relating to the Medical and Surgical Service.

In final analysis, a hospital's function is summarized by a simple equation. It's bed capacity represents a reservoir, into which each year is poured its admission rate and from which is drawn off its total separations. Applying this concept to the Movement of Population statistics, it is noted that the hospital began the year with 2831 patients physically in residence (1, 316 men and 1,515 women). It operated without waiting lists, receiving 864 admissions. It's separations totaled 939, a favorable balance of 75 over admissions, and at conclusion of the year, patients actually in residence were 2,745 (1,257 men and 1,488 women). To be fully realistic, adjustment should be made for the Westboro transfer of 76. Such an adjustment reduces discharges by transfer to 38 and results in approximate equation of the admission-discharge ratio (864:863). To round out this picture, it should be explained that we began the year with 47 patients in Family Care and 397 on visit or otherwise absent; we ended the year with 54 in Family Care and 401 on visit, etc. The residual discharge by transfer figure of 38 is composed principally of transfers to V.A. hospitals (14) and return to other hospitals of women who have been sent here for prenatal and obstetrical care. It includes three non-residents who were deported to other states for further hospitalization.

An effort was made to determine to which extent the hospital's facilities were used by the various courts during the year.

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Twenty-four Section 100 commitments were received (persons under complaint or indictment) plus one Section 103 commitment (under sentence in a state operated penal institution) and five Section 104 commitments (under sentence in a county penal institution). Section 100 commitments to this hospital generally emanate from Superior Courts. Many persons under complaint in District Court are committed to the hospital but these cases are not readily identifiable in statistics. Therefore, a brief review of discharges was made, since final dispositions were a matter of compiled record. It was learned that sixteen Section 100 cases and one Section 104 case were discharged back to court. In addition, 36 cases (29 men and 7 women), who had not been admitted by so-called criminal commitment, were discharged to the custody of District Court officials.

Because of the ever-increasing interest in gerontological matters, there is appended herewith a chart which reveals that 35.9% of all first admissions were 65 years of age or older. Breakdown by sex discloses that the percentage for female first admissions (39.3%) somewhat exceeds that for males (33%). Likewise our actual admissions, female, (120) exceeded the males (106) in this age range.

FIRST ADMISSIONS

WORCESTER STATE HOSPITAL

YEAR ENDING JUNE 30, 1953

Age Group	Male	Female	Total
65-69	29	21	50
70-74	19	30	49
75-79	22	23	45
80-84	25	24	49
85 and over	11	22	33
Total First Admissions 65 years of age and older	106	120	226
Percentage	33%	39.3%	35.9%

REPORT OF THE CLINICAL DIRECTOR

Psychiatric Activities

The primary concerns of a state hospital for mental diseases should be adequate evaluation of its patients and adequate care and treatment for them. The staff of psychiatric physicians is responsible for these functions. It must possess a thorough knowledge of modern psychiatry and modern methods of treatment ranging from the various forms of psychotherapy to the shock therapies. The physicians should be able to function as therapists themselves and also provide leadership for the therapeutic team work which can be a highly effective feature of the psychiatric hospital.

The success of the psychiatrists in accomplishing these aims will depend not only on the quality of their efforts but also on the quantity, that is, on the number of physicians available. In this connection it is well known that there is an overall shortage of psychiatrists, and at the same time there has been in recent years a definite movement of psychiatrists away from hospital work into private practice. As a result of these trends, many state hospitals have suffered from serious shortages of medical personnel. It was our opinion that these trends might be reversed, at least in part, by improving and expanding our teaching program, thereby attracting younger men for training and perhaps inducing some of them to remain in hospital work. To this end we have expended considerable effort in the past few years, and with some success judging by the fact

that we have been able to keep our staff pretty well at full strength. In this respect, the formation of the Psychiatric Training Faculty of Massachusetts and our affiliation with it have been of definite help to us.

Another consideration in the stress on improving our training program is the opinion, shared by many others, that an active teaching program for physicians not only improves their work but also has a beneficial spread to other employees throughout the hospital. Consequently, the Worcester State Hospital regards its training program for psychiatric residents as the nucleus for the efficient functioning of its clinical activities.

Clinical Activities and Program of Therapy

Ward conferences. The clinical activities revolve around the psychiatric work-up of new admissions by the physicians, and discussion of these cases at ward staff conferences which are held regularly on the major psychiatric services of the hospital. These conferences serve two purposes: 1) they bring the patient and his problems to the attention of the Clinical Director and the psychiatric service staff, so that the best thinking of the group can be utilized in dealing with each patient, and 2) they are essentially teaching ward rounds, serving to supervise and direct the clinical work of the physicians.

At these conferences, which are held four times weekly, twice on the acute male psychiatric service and twice on the acute female service, all new cases are reviewed briefly within a few days of admission. The problems that they present are discussed and the lines of investigation and therapy that should be followed are

suggested. These patients are seen again at the ward conferences approximately three to four weeks after their admission, at which time each physician presents a summary of the history, physical findings and mental status of the patients who had been assigned to him. After discussion of the significant factors, decisions are made as to diagnosis, disposition and therapy.

At the conclusion of these conferences, attention is given to other patients who may have been in the hospital for some time and who come for consideration of changes of management or therapy. In some cases where good progress is reported, the patients may be given greater responsibilities within the hospital set-up or plans may be made for their return to the community. Other patients who are failing to make satisfactory progress may be brought up to discuss and to make decisions on modifications of the treatment program.

The foregoing conferences are attended by representatives of the Psychology, Social Service, Occupational Therapy and Nursing Departments, and a free exchange of views is encouraged.

In order to convey an impression of the day to day activities occurring in the foregoing conferences, it may be useful to present the following figures, which represent the average number of patients seen per month during the year July 1, 1952 to June 30, 1953 for certain specific purposes at these ward conferences:

New patients	73
Patients for diagnosis, disposition and therapy	68
Special evaluation for:	
Visits	114
Open ward placement	46
Consideration for Electric Shock Therapy	25
Consideration for Insulin Shock Therapy	3
Consideration for lobotomy	5
Family Care	4

General staff conferences. Clinical conferences of from one to one and a half hours duration are held twice weekly, conducted by the Clinical Director and attended by all members of the psychiatric staff and by representatives of the ancillary services of the hospital. Each conference is devoted to detailed discussion of an individual case presented by a member of the psychiatric staff. Cases are selected which display problems of special interest from psychodynamic, psychopathologic, therapeutic or diagnostic angles.

Program of therapy. The hospital utilizes all accepted methods of treatment. It stresses individual consideration of the needs of the patient with the following types of therapy in mind:

1. Individual psychotherapy is considered the treatment of choice in many cases. The type and intensity will depend on the clinical indications in each case, with due regard for the work load of the physicians, and the need for close supervision of the psychotherapeutic activities of the younger physicians. This supervision is provided by regularly scheduled supervisory sessions by senior members of the staff and teaching consultants. An idea of the extent of this type of treatment may be given by figures which indicate that 43 patients were seen for a total of 334

psychotherapeutic sessions (usually of about one hour's duration each) on an average during each month of the current year.

2. Group psychotherapy is being used to an increasing extent, though still on a rather modest scale. The figures on an average per month are as follows:

Number of groups	6
Number of patients	51
Number of sessions	48

Some of the groups consisted of patients who were already grouped together on the basis that they were receiving insulin shock therapy. Others were formed on the basis of certain common problems, for example, a group of adolescent, delinquent girls, another group of middle-aged to elderly patients. In general, the type of group therapy has been non-directive and dynamically oriented. As in individual psychotherapy, careful control of the work of the younger psychiatrists is necessary, and for this purpose one of our teaching consultants has been holding a two hour supervisory session weekly.

3. The concept of the therapeutic team is kept in mind in helping to attain as complete rehabilitation of the patient as possible. All the facilities of the hospital, if properly utilized, may contribute to a successful result. A central focus of this combined therapeutic effort is an active program of occupational therapy in which the nursing services and the industrial departments of the hospital are closely integrated. The program emphasizes the beneficial value of work, if properly prescribed

and adequately supervised, in the various hospital industries which provide a relatively normal work environment and a broad range of graded activities. For the success of this program there must be close cooperation and a sharing of leadership between the physicians and occupational therapists in the placement and day to day supervision of the patients. At the same time, craft work and recreational and group activities are not neglected, and in selected cases there are opportunities for educational guidance with correspondence courses of a general educational or vocational nature.

4. The Social Service Department plays an important role in the total therapeutic program by concentrating on planning for the return of the patients to the community and their social rehabilitation.

5. Special forms of treatment along physical lines are prescribed for individual patients on the basis of sound clinical judgment. These would include electric shock and insulin shock therapy, prefrontal lobotomy and chemotherapy for neurosyphilis, sodium amytal interviews, a vitamin regime for alcoholic psychosis or other special medical measures indicated for toxic or organic states. In this connection, electroencephalographic studies of selected patients has proved to be a useful diagnostic procedure. The shock therapies have been used freely, though not indiscriminately, and there is no doubt that in our present state of psychiatric knowledge they are worth while additions to our therpeutic armamentarium. A few details of some of these commonly used therapies are presented in the following paragraphs.

a. Electric shock therapy. We have continued to use the standard form of convulsive treatment. It is often the treatment of choice in depressive reactions of all types and in manic states. However, it is still felt that electric shock therapy should not be given routinely, even in cases of depression (where it may be especially successful), since some of these cases will respond well, and with probably better long term results, to psychotherapy and more conservative measures. In schizophrenic conditions, electric shock therapy is often prescribed in acute and stormy cases, but here too each case should be considered individually. It may be given to other schizophrenic patients in whom a trial of psychotherapy and occupational therapy has failed to produce good results. It is also given to selected chronic schizophrenic patients in an attempt to improve their institutional adjustment. In such cases it is usually given on a maintenance basis, that is, beginning with one treatment per week and gradually extending the length of time between treatments to two weeks or a month or even longer. Worth while improvement is obtained in a considerable number of chronic cases by this method. In the more acute cases the patients usually receive three treatments weekly for from 10 to 20 treatments, the exact number depending on their progress, and towards the end of the course the treatments may be spread out to a weekly maintenance basis for a few weeks. The following are a few figures for the current year:

Electric Shock Therapy

	Male	Female	Total
Average monthly number of patients	87	66	153
Average monthly number of treatments	368	407	775
Total patients treated during year	173	189	362

b. Insulin coma and subcoma therapy. Insulin coma therapy is the treatment of choice for a considerable number of schizophrenic patients, especially for those patients under 40 years of age with illnesses of relatively brief duration (perhaps up to one or one and a half year's length). It may be combined with individual or group therapy, or it may be given after a trial of psychotherapy alone has proved unsuccessful. The treatments are given five mornings a week until up to 40 or 50 comas have been obtained. Since this form of treatment is a distinct stress to the whole organism, the patients must be in good physical condition and they must receive very close nursing and medical supervision. Insulin subcoma therapy is used on a more limited scale, for borderline cases of tension or anxiety states, including some of the severer neurotic conditions requiring hospital treatment. It may also be often combined advantageously with psychotherapy. The figures for the current year are as follows:

Insulin Coma Therapy

	Male	Female	Total
Average monthly number of patients	9	9	18
Average monthly number of treatments	122	133	255
Total patients treated during year	31	32	63

Insulin Subcoma Therapy

	Male	Female	Total
Average monthly number of patients	1.5	1	2.5
Average monthly number of treatments	19	10	29
Total patients treated during year	6	13	19

c. Prefrontal lobotomy. We have continued to use prefrontal lobotomy in selected cases. It is regarded as a treatment of last resort, to be advocated only after all other methods have been tried thoroughly and have failed. It has been applied chiefly to chronic schizophrenic patients who continue to show overactive, aggressive and tense behavior. A total of 26 patients received prefrontal lobotomy during the course of the year. A modification of the standard operation in the form of unilateral lobotomy is being tried in some cases, with the idea that this more limited procedure may show less of the unfavorable blunting effects of the standard operation. It is too early to determine how effective unilateral lobotomy will prove to be.

Psychosomatic Out-Patient Clinic and Geriatric Clinic. As part of the overall treatment program, the hospital conducts a psychosomatic out-patient clinic at the Worcester City Hospital. It is held twice weekly, on one afternoon and on one evening. As a supplement to this clinic, a geriatric clinic, under the direction of Dr. Harry Freeman and the Clinical Director, has been established. It meets bi-weekly. During the year under review,

the number of patients was as follows:

	New Patients	Total visits to clinic
Psychosomatic clinic	77	1382
Geriatric clinic	3	95

These out-patient clinics fulfill an important community function, since they are the only adult psychiatric clinics in the city of Worcester. They also serve the purpose of providing the residents with training and experience in out-patient psychiatry. The psychosomatic clinic aims to provide psychotherapy on a regularly scheduled weekly basis for patients who are considered suitable for such treatment. When residents are assigned to work in the clinic they are supervised by senior members of the staff who see each resident individually at least one hour a week. Over-all supervision of the psychotherapeutic activities of the clinic is provided by one of our teaching consultants, Dr. Sidney Kligerman, who conducts a weekly two-hour conference for all participants in the clinic activities, as well as group supervisory sessions for second and third year residents.

Training Program. Many of the training activities have already been described in connection with the work with patients to which they are geared. Some general features and additional details may now be mentioned. The hospital is approved for the three years of residency training required by the American Board of Psychiatry and Neurology for qualification for certification as a Diplomate of that Board. The training for first year residents is designed to provide basic and intensive experience in

the field of the psychoses and the more serious psychiatric conditions requiring care or observation in a mental hospital. They devote most of their time to admitting new patients and performing complete psychiatric work-up of assigned cases under the supervision of the Clinical Director and senior members of the staff. They take an active part, under supervision, in all forms of treatment, including psychotherapy and the shock therapies, and they may help in the teaching of student nurses and medical students. The second and third year residents are given increasing responsibilities and opportunities for more independent work in the treatment and management of in-patients and out-patients, under supervision, and they participate in the clinical and administrative activities involved in ward and service management.

The demands of modern psychiatric training have necessitated the increasing use of teaching consultants to supplement and expand the teaching program. Many state hospitals, including the Worcester State Hospital, do not have a sufficient number of regular staff members adequately trained in dynamically oriented psychiatry to supply the needs of modern residency training. It is hoped that in the future we will be able to attract to and keep on our regular staff sufficient well trained men to meet these needs. The list of our teaching consultants, most of whom are in the Boston psychoanalytic group, is as follows:

Dr. Louis S. Chase
Dr. Thomas Dwyer
Dr. Sidney Kligerman
Dr. Lincoln Lebeaux
Dr. Sidney Levin
Dr. Arnold Modell
Dr. Harry Rand

Systematic training in individual and group therapy is provided by the teaching consultants, who conduct a series of regularly scheduled supervisory sessions. Residents are assigned to the different sessions in accordance with the level of skills and experience that they have reached. In addition to this, first year residents are supervised in their psychiatric work-up of their patients by weekly individual conferences with the Clinical Director or senior members of the staff. Also, a series of weekly orientation talks extending throughout the year is given to first year residents by various members of the staff, including the heads of the Psychology, Social Service, Occupational Therapy and Nursing Departments. The major portion of this series is devoted to discussion of psychopathology, historical aspects of psychiatry, clinical syndromes and psychodynamics.

Neurological conferences are held from four to six times monthly. They include systematic presentation of neuroanatomic, neurophysiologic and neuropathologic data as well as clinical examination and discussion of selected neurologic cases.

An orientation in child psychiatry is provided for all members of the staff by means of a monthly teaching conference conducted by Dr. J. Weinreb, the Director of the Worcester Youth Guidance Center, which provides out-patient services in child

psychiatry for the Worcester area. There may be opportunities for third year residents to do part-time work at this center.

A Journal Club meets bi-weekly during the academic year and all members of the staff may participate in its activities.

Medical Students. The hospital is affiliated with the Tufts College Medical School, which assigns two fourth year students at a time continuously during the academic year for a four-week internship at the hospital. Members of the psychiatric staff give a review course of talks to the medical students and supervise their clinical work. The following students interned at this hospital during the course of the year: David R. Bassett, Richard E. Barron, Arthur F. Bickford, Jr., Ronald G. Czaja, Charles L. Erickson, Andrew D. Guthrie, Jr., Alfred L. Hurst, Jr., Bernard Loitman, Albert D. McCarthy, Lawrence M. McCartin, Duncan L. McCollester, Robert W. Moncrieff, Walter C. Murray, Robert C. Schoenfeld, Elliott T. Shinn, William G. Shull, Ivan T. Vasey, James A. Whelton.

Research and publications. As in the past, this hospital recognizes the importance of research in psychiatry, and it encourages members of the staff to take part in research projects with others on the Research Service or to undertake projects of their own, within the limits of the time available and the scientific capacities of the individuals concerned. In this connection, the clinical services cooperate closely with the

Psychology Department, the Dementia Praecox Research unit of the Worcester State Hospital and the Worcester Foundation for Experimental Biology. The Research Service holds seminars for the psychiatric staff from time to time in order to keep them oriented on the research activities of the hospital.

The following papers were published by members of the psychiatric staff during the course of the year:

M.N. Mora (with J.H. Friedman and J. Colomb). The hair whorl sign for handedness, Diseases of the Nervous System, 13:208-216, (July) 1952.

S.L. Sands and D. Rothschild. Sociopsychiatric foundations for a theory of the reactions to aging, J. Nerv. and Ment. Diseases, 116:233-241, (Sept.) 1952.

J.C. Sabbath and R.A. Luce. Psychosis and bronchial asthma, Psychiatric Quarterly, 26:562-576, (Oct.) 1952.

E.A. Daneman. Carbon monoxide poisoning, Diseases of the Nervous System, 14:39-48, (Feb.) 1953.

R.A. Luce and D. Rothschild. The correlation of EEG and clinical observations in psychiatric patients over 65, J. of Gerontology, 8:167-172, (April) 1953.

OCCUPATIONAL THERAPY DEPARTMENT

Personnel

During this period personnel consisted of Mrs. Evelina Elmadjian, OTR, Head O.T., and Mrs. Marjorie E. Waldman, OTR, who resigned on January 30, 1953. Mrs. Elsa Fine, O.T. Aide joined the staff on September 15, 1952, Mr. Robert Benoit, O.T. Aide on October 20, 1952, Mr. Charles Estano, O.T. Aide on December 17, 1952, and Miss Margaret Plumley, OTR, on March 3, 1952. This personnel was still employed on June 30, 1953.

Department Policy and Program

Our policy remains essentially as outlined in previous reports. The policy of the Industrial Therapy Placement Service with acute treatment patients is to place the patient in a reality testing situation, which is selected for him individually and changed according to this changing needs, and on this level is aimed at rehabilitation with the final goal of returning to a work situation in the community. With regard to continued treatment patients the program is aimed at maintaining the patient at as high a level of mental and physical function as possible, and to give him a normal day of work and social adjustment within the hospital.

Patients are assigned to work in positions in the hospital industries by physician's prescription. Each employee who has one or more patients working with him is called an industrial therapist. Thus the industrial therapist is responsible for the

mental and physical well-being and occupational treatment of the patient during the working period, as well as for the production of his department. The occupational therapist serves in liaison capacity between the physician and the industry. It is her responsibility to place all patients personally, to instruct the industrial therapist regarding treatment aims, to check continually on the patient's adjustment and progress, and to report the results of the treatment to the physician. For this purpose two industrial placement offices are maintained, with a full time therapist in charge of each, in which the details of such a program are handled and records kept. In this manner a daily average of approximately 800 patients are occupied at the main hospital in tasks graded to their mental and physical capacities. This figure is based on patients on psychiatric wards only, and does not include patients on medical and geriatrics wards.

The two Occupational Therapy Centers have continued the policy of treating individual patients under the direct supervision of the physician. Patients are assigned to the centers immediately upon admission and are graduated from the Center into Industrial Placement for treatment as outlined above. The average daily attendance in the centers is approximately 40 patients and one therapist is employed full time in each center. In addition to new admissions, electro-shock and post-lobotomy patients are treated. Fine and manual arts are used as treatment media, and socializing events are held from time to time.

During the report period a Ceramics Shop was set up in conjunction with the Women's Center. A kiln is available. This project was found very beneficial as an outlet for emotional and creative needs, and functioned daily, with two evening periods a week under supervision of an O.T. student and two volunteers.

Also during this period three ward projects on the Male Service were organized by the O.T. Department and carried on under the direct supervision of ward personnel. Supplies, instruction and advice were furnished by this department, and approximately 4 hours per week of O.T. personnel were devoted to these projects. Supplies were ordered and disbursed by the head O.T.

This department has co-operated with the Women's Auxiliary of the hospital in their activities in behalf of the patients.

O.T. staff members attend an average of three staff conferences per week for the purpose of reporting on the progress of patients in Industrial Therapy and centers. An average of 10 personnel hours per week is devoted to this. It is felt to be a valid contribution to diagnostic procedure and treatment plans for the patient.

Student Training

The department is a clinical training center for occupational therapy students. This year 11 students were in affiliation in three 4 month periods - 10 from Boston School of Occupational Therapy, and 1 from Richmond Professional Institute, College of William and Mary. The head O.T. devoted 2 hours lecture and instruction to each group of student nurses affiliating at the

hospital. Talks were given by head O.T. to residents.

Recreational and Socializing Activities

Ten monthly dancing parties with music, decoration, entertainment and refreshments were held during the year. Attendance at these events was from 500 to 750 patients. A monthly social event was held for a mixed group of new admission and treatment patients - attendance approximately 60 patients. Two mixed group parties were held for geriatrics patients - attendance approximately 150 each. This department co-operated with the Women's Auxiliary of the hospital in their activities in behalf of the patients. During the summer the department co-operated with the Theological Seminar students in outside activities, tennis, etc., and a ward program of activities.

An all day Memorial Day program was arranged, consisting of an appropriate memorial day service in the morning, and a concert and community sing in the afternoon.

On the 4th of July a carnival was held.

On Labor Day an all day program was arranged.

Seasonal Activities

The purchase and handling of hospital gifts to each patient was done by this department, the supervision of which consumed a great deal of personnel time from the middle of November until after the New Year. Approximately 3500 items were packaged individually and distributed to the wards. Sixteen hundred and forty (1640) pounds of candy was sorted and boxed and distributed.

A Christmas party and New Year's ball were given for all patients able to attend. Decorations were made and arranged throughout the hospital. Decorations were also distributed to the wards. The staff participated in the annual carol service.

Hospital Newspaper

During this year a newspaper was organized, called NEWS PRESS, which is a therapeutic project directed by the department. It consists of a 5 page lay-out and has a circulation of 1000 copies. It has a patient editor and staff.

DEPARTMENT OF NURSING

Organization

This department has two major goals, Nursing care of patients, and Education. The Principal of the School of Nursing functions as a Superintendent of Nurses with supervisory responsibility for all phases of the department's activity. The Chief Hospital Supervisors serve as Assistants to the Superintendent of Nurses in Nursing Administration and Service, thus providing for coordination and correlation throughout the department. The Assistant Principals of the School of Nursing serve as Co-directors of Nursing Education, having direct charge of instruction of Affiliate Nurse Students.

Administrative Conferences are held each week with the entire Supervisory group including the "Attendant Supervisors". In this Conference the activities of the week are outlined and Nursing Service problems are discussed. The Head Nurse group has two meetings each month. The first meeting is devoted to Administrative and Service problems, the second meeting centers around problems of teaching the student Nurses on the wards. The second monthly meeting of the Head Nurse group is concluded with a sociable coffee period (expenses borne by a 25 cent assessment for each member of the group.) In the individual services the Doctor in charge has regular meetings with the Supervisor, Head Nurse and Charge Attendants in a group to discuss the problems of patients and how each one can contribute the best to meet these individual needs.

Nursing Service

This year we set aside ward Washburn 4 as a unit for the care and rehabilitation of our post-lobotomy patients. Regularly scheduled activities such as occupational therapy, play and recreational therapy, personal hygiene and grooming, have been given a new emphasis by having these patients on a single ward unit. Student Nurses under the supervision of a graduate Nurse have been assigned to the unit and the patients respond well to their program.

Our Hydro cafeteria has been remodeled at this time. During the remodeling a temporary cafeteria was set up on the Woodward 2 porch. With the renovations completed, the Hydro cafeteria has become a very pleasant and cheerful spot where our more disturbed patients can dine in small groups with close supervision.

From September to November the entire personnel of the hospital was given the standard Red Cross First Aid Course and each was granted a certificate. This was accomplished by teaching 3 classes 5 days each week and 2 evening classes each week. These classes were taught by Nurses from the ward services who had taken the Instructors Course given by the Red Cross. Doctors Flower and Nelson helped by giving several hours each.

In June when the Tornado disaster struck Worcester, members of our personnel, Nurses and Attendants, gave time to helping in other area hospitals after completing a tour of duty here. Several of our Nurses worked at local hospitals on their day or nights off duty. Many of our people had to do extra duty here also to help make up for those who had been personally affected

by the disaster and had to miss work as a consequence.

Personnel

During the year we had 107 appointments to positions; 110 separations from the service of the hospital. We made 13 promotions and 3 transfers from one departme[illegible] another. It is our policy in selecting personnel for the Nursing Service to use the services of a Committee composed of the 2 Chief Supervisors, the Attendant Instructor, and the Principal of the School of Nursing (Supt. of Nurses).

Nursing Education

We receive Affiliating Students from the following hospitals:

Burbank Hospital, Fitchburg
Faulkner Hospital, Boston
Hahnemann Hospital, Worcester
Milford Hospital, Milford
Mt. Auburn Hospital, Cambridge
St. Vincents Hospital, Worcester
Worcester City Hospital, Worcester
Framingham Union Hospital, Framingham

We receive students in a staggered rotation system, a group reporting every 6 weeks for a period of 3 months. We average a total of 46 students at all times. Each Student spends her first week in classes (known as a class block). At the beginning of the second week she is introduced to the ward situation by spending her mornings on the ward and her afternoons in classes. At

[illegible] the diseases and use [illegible] as a course [illegible]

Personnel

During the year we had 107 applications to [illegible] [illegible] departations from the service of the hospital. [illegible] [illegible] nothing and 3 were sent home [illegible] [illegible] condition. It is our policy in selecting personnel [illegible] [illegible] ing Service to use the services of [illegible] [illegible] Chief Supervisor, the Assistant Instructor, [illegible] the School of Nursing (Dept. of Nursing).

Nursing Personnel.

We receive affiliating students in [illegible] the following hospitals:

Lincoln Hospital, Fort Worth

Parkland Hospital, Dallas

Baylor University Hospital

Milford Hospital, Milford

[illegible] Hospital, [illegible]

St. Joseph's Hospital, [illegible]

Methodist City Hospital, [illegible]

Presbyterian Union [illegible]

We receive students in [illegible] [illegible] reporting every 6 weeks for a period of [illegible] [illegible] total of 46 students in all [illegible] [illegible] week in classes (hours as a class [illegible]). [illegible] the second week who is interrupted [illegible] [illegible] ing her working on the ward [illegible] [illegible]

the end of her first 6 weeks she spends her entire day in the ward except for periodically scheduled classes. The Doctors and Nursing faculty, members from Psychology Department and Youth Guidance Center, all participate in the teaching program. A total of 255 student Nurses were given instruction in Psychiatric Nursing during this year.

As an important part of the overall teaching program we appointed a full time Nurse to the task of teaching the Attendants. This instruction is centered about their duties on the job here at this hospital and does not provide for licensure as a Practical Attendant. We feel that a sound educational program with stress by example of the therapeutic attitudes is the best possible method of raising the standards of Nursing care.

We were fortunate in having a graduate Student from McGill University, Montreal, Miss Alberta Hornibrook, R.N., spend a month with us observing and studying Nursing Administration in Nursing Service. We had a graduate Student from Panama, Mr. Miguel Tejada, R.N., who spent 6 months with us taking the basic course in Psychiatric Nursing.

Because of the decrease in the number of packs and continuous tubs ordered by the Physicians, it was decided to close the female hydrotherapy unit and use it as a space for Insulin Therapy to be given. The hydrotherapy unit on the male side had previously been closed. We are still equipped to give an occasional pack or tub if the need is indicated, but find that the other therapies appear to be taking its place.

[illegible] during the first 6 weeks the [illegible] was used for particularly wounded cases. [illegible] nursing faculty, members from [illegible] Nurses' Association, Guidance Center, all participate in the teaching. A total of 255 student nurses were given instruction [illegible] while nursing during this year.

As an important part of the overall teaching program [illegible] appointed a full time nurse to the task of teaching the [illegible] course. This instruction is combined round their duties on the wards of this hospital and does not provide for lecture [illegible] Practical Attendant. We feel that a strong educational [illegible] which shows by example of the therapeutic attitudes is more [illegible] valued or relating the standards of nursing care.

We were fortunate in having a graduate student [illegible] Psychology, Judge [illegible] Hospital, [illegible] serving and studying nursing administration [illegible] learning. We also a graduate Student [illegible] who spent 6 months with us testing the basic courses [illegible] nursing.

[illegible] of the [illegible] the [illegible] the tube [illegible] the Physiotherapy [illegible] [illegible] and [illegible] [illegible] The hydrotherapy unit on the [illegible] [illegible] We [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

RECREATION DEPARTMENT

The Recreation Director feels the need of varied activities and entertainments in a mental hospital and has tried to plan for many different types of individuals. For the socially inclined, dances are given in Sargent Hall, for those who are interested in games, Whist, Beano and other games are planned. As everyone likes picnics and parties, weenie roasts and outside picnics are given and ward parties are held. We have been extremely lucky to have the American Legion Auxiliary, the Veterans of Foreign Wars and Auxiliary, the National Mothers and the Worcester State Hospital Auxiliary give parties and dances for our patients during the year.

There are many patients in the hospital who are musical and plans are made so they may have practice periods and rehearsals. For the men who are interested in sports, ball games are held, and we feel that our own Worcester State Hospital "Blue Caps" team is "tops". In order to make this report brief it will be summarized as follows:

Parties

Twenty parties were given on wards and in various industries where patients work. At these parties, refreshments are served, consisting of cheese cracker sandwiches, cookies, candy, punch, ice cream and cigarettes. On many of the wards, patients will dance, on other wards games will be played with prizes of candy bars or cigarettes. On the wards where older folks reside, they seem to enjoy the music of the accordion played by the Recreation Director.

In the summer time picnics are held outdoors and on July 4th and Labor Day, weather permitting, games and carnival activities are held in the morning for all patients able to go outdoors. In the afternoon a dance is held and patients may dance on the outdoor dance space to orchestra music.

Weenie roasts, birthday parties for elderly people, dances for all holidays, a fashion show, lawn parties given for Jewish patients by a Jewish organization, entertainments and dances given by student nurses for patients and band concerts given by the Norton Band, were all part of the pleasurable events of the year.

Twenty Beano games were held in Sargent Hall and on wards for patients who enjoy the game. Prizes of candy bars, cigarettes, writing paper, cookies, powder, playing cards, pipes and tobacco were given to the winners.

Nine Whist parties were given for male and female patients in Sargent Hall. Cookies and coffee were served at these parties and prizes were given to high and low score winners.

On Memorial Day a program was held in Sargent Hall. Our student nurses gave a chorus number and solos were given by patients. An address was given by our chaplain. Even though this is a solemn occasion many patients attended and liked the Service.

Our Christmas Candlelight Service is a tradition and many patients have spoken of the beauty of the Service. This is given by the nursing staff and the students.

Christmas carols were sung on male and female wards by patient carolers who marched through the wards. All patients

enjoy this and many patients show their appreciation by encoring when the carolers leave the ward.

Church Services

Fifty-three Protestant Services were held during the year at Worcester State Hospital and Summer Street Department. Organ music was played at Worcester State Hospital and piano music at Summer Street Department. At the Protestant Services 556 male and female patients joined in choir work and many enjoy singing solos and duets.

Thirty-five Jewish Services were held at Worcester State Hospital. Organ music was played for the Services.

Twelve Episcopal Services were held at Worcester State Hospital.

Practice Periods

One hundred fifty-four practice periods were allowed in studio for patients interested in piano, violin and guitar and voice.

Rehearsals

One hundred twenty-three rehearsals with violinist, ladies choral group, student nurses for Candlelight Service, soloists and student nurse chorus for Memorial Day number.

Music

Choir numbers, duets and solos given at Protestant Church Services by members of patient choir, every Sunday morning.

Violin and organ prelude and postlude solos given at Protestant Sunday Services twenty-one Sundays during the year. (Patient violinist).

Record music played in studio by patients.

Piano music played in studio.

Violin and accordion music played on wards for patients enjoyment.

Violin and accordion music played on lawns when patients were out in afternoon.

Records borrowed by student nurses for music on wards.

Games

One hundred sixty-four games of Hearts, Whist, Pachesi, War, Cribbage, Casino and Rummy with groups.

Soft Ball Games

Our soft ball team had 51 games at home field with patient vs. employee teams. One game was at Grafton State Hospital with Grafton State Hospital team and two games were with Hood's Milk Co. vs. Worcester State Hospital Blue Caps.

In the miscellaneous activity field were requisitions for party supplies, planning with ward nurses and department employees for parties, monthly reports made out, choir robes and surplices to Chapel for use at Protestant Services, plans made with Entertainment Chairman of various organizations for parties to be given in Sargent Hall for patients, thank you letters to organizations for parties given patients, Whist tallies made out for Whist parties, 36 pianos tuned by State Division of the Blind, interviews with the Occupational Therapy Department, Chaplin, Doctors, Steward, inventory and beano cards put in order for beano games. Two pianos donated to hospital. New Cross and

candlesticks given to Summer Street Department for Protestant Services. Cards, games and recreation equipment given to wards for patients use. Interview with school girl about Musical Therapy. New amplifying system installed in Sargent Hall, June 16, 1953. Chairs back in Sargent Hall after 19 dances given. Male patient helpers. One patient assigned to department to assist Recreation Director.

Radio

From our centralized radio control room, music and news is sent to wards by rebroadcast of outside radio programs, local programs from studio given by patient talent and recordings from control room of radio department with patient assistant acting as "disc dockey".

A new microphone was installed in the studio, June, 1953.

Radio programs were typed daily.

Twenty-three radio programs were given over Worcester State Hospital radio station by patient talent - piano recitals and violin recitals.

Thirty-four replacements in radio speakers on wards, June, 1953.

New relay system was installed in radio department - Electric rectifier for relay system (paging) June, 1953.

Radio music, record music, and news sent to wards, five days of week from 1:00 - 4:00 and from 6:00 - 9:00 P.M.

RELIGIOUS ACTIVITIES

The hospital is served by chaplains representing each of the three major faiths, Catholic, Protestant and Jewish.

The Commission on Administration and Finance has established rates for remuneration of full time accredited chaplains. The Catholic chaplain has been appointed by the Bishop of the Worcester diocese and serves full time. The Protestant chaplain was appointed, on a full time basis, by the Superintendent after he had been approved for such assignment by the Committee on Institutional Ministry of the Massachusetts Council of Churches. The Jewish chaplain still serves under the older authorization of fixed rate per religious service held. The reason for this is that no generally accepted agency for the accreditation of rabbis existed. The United Rabbinic Chaplaincy Commission has been formed and recognized as the certifying body. Based on Jewish in-patient population, the Commission on Administration and Finance has approved one-third time for the Jewish chaplain at the hospital. Since this will require considerable readjustment of Jewish chaplain's time allotment, appointment under the new plan has not as yet been accomplished.

The senior chaplain from the standpoint of length of service is Rabbi David Alpert, of Brookline, who has occupied this position for over twenty years. Rabbi Alpert is keenly interested in his work. He has regularly conducted services each week; he has been of assistance in problems which have

arises in the cases of individual patients and he has maintained a close relationship with the families of patients. If, as seems likely, the new pattern of chaplain function will require that Rabbi Alpert devotes his time to institutions in the Boston area, he will be missed by many friends at Worcester.

Next in service seniority is Rev. John I. Smith, the Protestant Chaplain, who has been with us since 1948. His program is principally composed of four functions: 1.) Religious Services. These are conducted each Sunday, both at the Main Hospital and at Summer Street Department. Special services are held on Christmas morning and during Lent. A patients' choir provides special music. 2.) Visitation of patients. An effort is made to see each newly admitted Protestant patient during the first week of hospital stay. In many instances, this leads to subsequent interviews. Contact is also made with the families of some patients by mail, by telephone or by personal visits. 3.) Teaching and Training Activities. The Protestant Chaplain served as one of the faculty for a six week summer school of Clinical Pastoral Training for clergymen, sponsored by the Institute of Pastoral Care, of Boston. Fifteen students participated, representing seven denominations, eight seminaries and three countries. Also during the year the hospital provided a seminar meeting for institutional chaplains within the state. 4.) Public Relations. The Protestant Chaplain serves in the Department of Religion and Health of the

Greater Worcester Area Council of Churches; on the Board of Directors of the Central Massachusetts League of Nurses; on the Advisory Committee to the hospital's School of Nursing, and on the Board of Directors of the Worcester Committee on Alcoholism. He has given many talks regarding the hospital to church groups and community organizations.

The Catholic Chaplain is Rev. Henry F. Murphy, whose service with us began in April, 1952. He celebrates Mass for the Catholic patients at the Main Hospital and at Summer Street Department on each Sunday, Holy Day and "First Friday." The attendance at Sunday Mass averages 350 at the Main Hospital and at Summer Street Department, about 150. Schedules for Confessions are posted before these services, and the chaplain is available in his office during the day to patients who may visit him there. Likewise, he administers the "Last Sacraments" to all who are in danger of death. For this service Father Murphy is available at all hours for immediate call. In his absence a substitute priest is provided. Father Murphy offers a Mass of Requiem and reads the committal service for all Catholic patients interred in Hillside Cemetery, owned by the hospital in Shrewsbury.

The chaplain endeavors to see each newly admitted patient who is of Catholic faith. He spends a great deal of time on the wards and counsels many patients in his office. On Saturday and Sunday afternoons he is available in his office for interviews with relatives and friends of patients.

ANNUAL REPORT OF THE SOCIAL SERVICE DEPARTMENT

For year ending June 30, 1953.

Olive E. Dorman

Head Social Worker

Several years ago, the Social Service Department was forced to face reality, and to make rather radical changes in its program. With the number of admissions steadily increasing, and the department having only four social workers at the time to take all the histories in addition to many other duties, we were expected to perform, we developed a feeling of frustration. As a result of many conferences with the Psychiatric Staff, the Clinical Director and the Superintendent, it was agreed that we would do no medical social histories, (which on six to seven hundred admissions were so time consuming), but that we should devote our time to getting patients out of the hospital, and keeping them out. It was further agreed that all patients who were ready to leave the hospital by Discharge from Observation, by short or long visits, whould be referred to Social Service for plans to be made with and for them, and that all patients out on indefinite visit should be the responsibility of Social Service for supervision during the year's visit period. Therefore, the Junior Psychiatrists and the Residents take the histories on most of the admissions, except those who come in under Special Court Commitment such as Section 100, and those patients in whose history there appears to be a need for an outside investigation to be done, these are referred to Social Service. Carefully

prepared questionaires which are sent to the families of all patients, upon admission, are often painstakingly made out by the relatives, and these serve quite well in many cases.

Our first contact with patients is either on admission, if relatives accompany them, and seem confused over the proceedure etc., or within three days, when as a member of the therapeutic team, the Social Worker attends the new case conference on the admission ward. There any assistance needed from the Social Service Department is suggested by the Staff Psychiatrists.

On the first visiting day after the patient's admission relatives are encouraged to come to the office, for there are two Social Workers on duty every day in the year. We plant in the minds of the relatives that before too long their patient may be able to leave the hospital, and conditions in the home which may have contributed to the illness thus may be talked out early in the hospitalization. Anxieties, hostilities, plus limitations which the relatives, as well as the patient must recognize and sometimes accept, and the sharing of time and knowledge by the Social Worker with the relatives, makes for better adjustment when the patient actually leaves the hospital.

Many so-called "Personal Services" are done for the patient on admission, which will ease his anxiety over bits of business which his admission interrupted. Clothes at the cleaners, baggage at the R.R. station lockers, a dental appointment, a car left on the street, insurance or income tax due, rings or a watch at a loan company, pets in the attic or cellar when a patient is brought

in, children to be cared for when the mother leaves them, are only a few of the services which, instead of being "errand girl" type of things, affords the Social Worker an opportunity of making a worthwhile contact with and for the patient.

We have attended all staff meetings and have participated in all plans for the patient to leave, even if it be only for two hours on the grounds. In making plans for, and with patients, we know as far as possible, who will take him, what home conditions are, work plans, as well as church attendance and recreation. If the patient cannot go home, we make other placement plans, which are mutually agreeable to the family and the patient. We keep in touch with a patient after he leaves the hospital on visit for one year, and assist him in every possible way. This has paid off in lowered readmission rates.

For the year ending June 30, 1954, we have been able to assist the other departments to more than balance our admissions and separations. We had 11, 316 interviews, divided as follows:

With patients in the hospital	5,042
With patients outside the hospital	812
With relatives in the Social Service Office	4,022
With relatives in their homes	310
With Social Agencies	700
With patients in the Psychosomatic Clinic	110
With clergymen, lawyers, doctors, police officers and others	320

Two of our workers left during the year, one to study in Europe, and the other to take a position in her home town. One of these workers has been replaced. The Head Social Worker served on a committee to write and publish "A Manual for Family Care." Several speaking engagements have been filled, and a paper

on "Foster Home Placement for Mental Hospital Patients" was presented before the State Conference of Social Work. Lectures have been given to the residents and the student nurses and group meetings have been held with attendants on the Male Service to acquaint them with the services the Social Worker had to offer patients, and how we could work together.

Mr. Lawrence Etter has been with us for the student year of nine months. Because of lowered registration in the Schools of Social Work for the past two years, we had only one student this year, but we feel it worth while to train even one, since we have three students become staff members as they finished their training period with us, and received their masters degrees in Psychiatric Social Work. Mr. Etter came to us from the Simmons College School of Social Work.

Our Family Care Department had a total number of 47 patients in homes on July 1, 1952, and on June 30, 1953, the number has increased to 54. We investigated ten Family Care applications from people interested in taking patients and accpeted seven. Two of our homes were closed because of illness in the caretaker's family and the ten patients moved from these homes were absorbed in other Family Care homes without the necessity of returning them to the hospital. Nine patients were placed on visit status during the year, who had previously been in Family Care.

Among our aims and ambitions for the year ahead, are these:

A. <u>To carry on group therapy with</u>:

1 - The pregnant patients who come to us from our other

State Hospitals for delivery, to allay their anxiety about having their babies born in a state hospital and their worry over the problem of possible hereditary factors.

2 -Parents of young schizophrenic patients, that we may better understand the setting in which the psychosis has developed as well as interpreting to parents what this hospital can do for their children during hospitalization and on release.

3 -A small group of discharged patients, that we may assist them in their adjustment outside the hospital, after other contacts with the hospital have ceased.

4 -The new patients, for orientation purposes.

B. To have a larger number of Social Workers.

If we had more workers, we believe that we could increase the number of patients released for community residence as more effectively assist them in making adequate adjustment in community living.

MEDICAL AND SURGICAL DEPARTMENT

The hospital continues to operate a distinct Medical and Surgical Unit consisting of five wards for men and five wards for women. These wards provide 174 beds for women and 145 beds for men, totaling 319. It is our basic policy that any patient requiring bed care shall be admitted to this Service. Due to the steady pressure of cases needing such care, the bed capacity has gradually been increased over the years. The present situation in this regard is illustrated by the following chart.

MEDICAL AND SURGICAL WARDS

BED CAPACITY

	D.M.H. Rated Capacity	Actual Bed Capacity 6/30/53
Thayer 1 (male)	27	30
Thayer 2 (male)	24	25
Thayer 3 (male)	26	34
Thayer 4 (male)	21	26
Quimby Annex (male)	27	30
Total, male	125	145
Folsom 1 (female)	27	35
Folsom 2 (female)	24	33
Folsom 3 (female)	27	27
Folsom 4 (female)	17	26
Woodward 3 (female)	37	53
Total, female	132	174
Grand Total, male and female	257	319
Excess of beds over rated capacity	24%	

In general, the Medical and Surgical Department furnishes General Hospital services to our patient population. It's chief is a Senior Physician, assisted at present by two Junior Physicians and by active consultants from practically every specialty field. In addition to the usual conditions requiring general hospital care (such as surgical cases, internal medical problems, orthopedic emergencies, prenatal and natal cases, etc.) this service furnishes therapeutic facilities for acute toxic states (notably delirium tremens), acute fulminating excitements with electrolyte imbalance, hypohydration states secondary to improper food and fluid intake, etc. We are licensed to maintain 6 bassinets, and pregnant women from the majority of the state hospitals are referred here for delivery.

During the year, 912 patients were admitted (501 men and 411 women). Discharges from the Service are detailed in the succeeding chart. The totals for the "Not Improved" group are abnormally high by virtue of the fact that 42 men and 34 women suffering from active pulmonary tuberculosis were discharged for transfer to Westboro State Hospital. The two wards thus vacated were cleaned and renovated and occupied by other patients who would benefit from closer medical attention.

DISCHARGES, EXCLUSIVE OF DEATHS.

MEDICAL AND SURGICAL SERVICE

YEAR ENDING JUNE 30, 1954

	Male	Female	Total
Recovered and improved	393	229	622
Not Improved	59	44	103
For Study Only	10	22	32
Total	462	295	757

There have been 283 deaths (144 men and 139 women) plus two men and one woman who died while on visit to the community. The principal causes of death are summarized as follows:

Cardiovascular	184
Infectious Disease	67
Neoplastic Lesions	15
Renal Disease	9
Gastrointestinal Disorders	3
Drowned	1
Extensive Second and Third Degree Burns	1
Insulin Coma	1
Miscellaneous	5
	286

One open-ward patient, resident at Hillside Annex, collapsed beside a water tub for livestock and fell in, drowning himself. One patient was severely burned in a bath tub when the mixer valve failed. One patient died of causes referable to insulin coma therapy.

The principal causes of death were cardiovascular in nature, as might be expected from an average age at time of death of 72.3 years. The category heading, "infectious disease", is largely made up of terminal bronchopneumonia but also includes deaths due to pulmonary tuberculosis.

There were 80 autopsies performed representing 29%. Lacking a resident pathologist, these were done by a consultant pathologist.

Twenty-five deaths were classified as medicolegal, jurisdiction having been accepted by the Medical Examiner.

Twenty-eight deceased patients were buried at state expense. Seven more were referred to medical schools for teaching purposes.

Consultations

Regular x-ray clinics were held once weekly (total 51) by David J. Cavan M.D. for interpretation and report on all x-ray plates. He also did 37 flouroscopies related to G.I. Series examinations.

Dr. Roscoe W. Myers held 27 eye clinics, seeing a total of 109 patients. He is available both for refraction and for pathological conditions of the eyes.

Other consultants were called a total 109 times, exclusive of surgery, for a variety of problems arising within our patient population.

In addition, a consultant anesthetist was used on a total of 122 cases.

Major Surgical Procedures

There were 115 major surgical procedures. Of these, 25 were prefrontal lobotomies, performed by Dr. John T. B. Carmody and 17 were uncomplicated vaginal deliveries carried out by the resident staff. The remaining surgical procedures included hip-nailing, open reduction of fracture, suprapubic cystotomy, hysterectomy, bowel resection, herniorrhapy and amputation of extremity.

Seventeen babies, (11 males; six females) were born at the hospital. There was no infant or maternal death.

There were 303 minor surgical procedures performed. These included incision and drainage, suturing of lacerations, closed reduction of fractures and application of casts, debridement of wounds, evulsion of detached nails, cauterizations, biopsies

[illegible]

[illegible] of the [illegible] and [illegible] weekly (total 51) by David [illegible]. The histopathologists had reports on all x-ray plates. He also had 37 electrocardiograms related to G.I. Series examinations.

[illegible] 37 [illegible] children needing a total of [illegible] [illegible] radiologists and for pediatrics [illegible] [illegible].

[illegible] two hours, [illegible] hours, exclusive of [illegible] [illegible] of problems [illegible], which our pediatrics [illegible].

[illegible] a nonmedical [illegible] was used on a total of [illegible].

Major Kind of Problems

[illegible] 2.5 [illegible] surgical problems. Of these, 55 were pediatrical [illegible], [illegible] by Dr. R. E. Carroll and 11 were [illegible] surgical [illegible] carried out by the [illegible]. The remaining surgical procedures included hydrocele repair, [illegible] of [illegible], [illegible] of epiphysis, hysterectomy, [illegible], [illegible] [illegible] of [illegible].

Several [illegible] [illegible] were done at the [illegible]. [illegible] [illegible].

[illegible] 55 minor surgical procedures performed. These included incision and drainage, [illegible] of lacerations, closed reduction of [illegible] and application of [illegible], debridement of wounds, [illegible] of [illegible], [illegible], biopsies

and massive wound dressings for ambulatory patients. In addition there were 140 removals of foreign objects and 99 lumbar punctures with pressure readings.

Five days per week, Monday through Friday, an ambulatory patient's clinic is held for examination, and treatment if indicated, of a variety of conditions such as early localized infection, pre-E.S.T. and insulin checkup, follow-up of minor lacerations and fractures, etc. An approximate average of 15 patients per day are so seen. A total of 35, 614 dressings were done at this clinic and on the wards. Once weekly, a gynaecological clinic is held for new female patients. Three hundred sixty-four were given such examinations in this clinic. At the hernia and rectal clinic, held once weekly, 285 males were examined. Significant pathological cases discovered at these clinics were subsequently seen by appropriate consultant specialists.

One thousand eighty-four typhoid and paratyphoid innoculations were given patients and employees. Small pox vaccinations totaled 494. Blood specimens for Hinton Examination were taken in 848 cases. Only 12 new cases of lues were discovered during the year; each of these received an intensive three-day course of penecillin therapy.

A regular employees' clinic is conducted five days per week. Here are seen and treated the minor ailments which may be dealt with on an ambulatory basis and as an emergency measure. Industrial injuries are examined at this clinic whenever possible, although in many instances these cases are seen at irregular times. Eight hundred eighty-six employees were seen during the year.

PHYSICAL THERAPY DEPARTMENT

Mrs. Florence Boucher served as Physical Therapist through the year.

Classification of treatments and tests are:

Ultraviolet, air cooled	101
Baking	491
Massage	240
Diathermy	940
Muscle Reeducation	319
Total Treatments and Tests	2,091
Total Number of Patients Treated	317

In November, 1952, a new eight-channel electroencephalograph was installed in the operating room suite. Two hundred sixty-six tracings were taken.

X-RAY DEPARTMENT

Mrs. Mary C. Ryder served as X-ray Technician. No new equipment was added during the year. A tabulation of the work of the department follows:

Part:	Patients:	Films:
Abdomen	50	90
Ankle	71	76
Barium Enema	9	29
Cervical Spine	17	42
Chest	845	850
Clavicle	3	6
Coccyx	2	5
Dorsal Spine	123	187
Elbow	23	24
Encephalogram	1	8
Esophagus	2	9
Foot	57	63
Gall Bladder Series	14	64
G.I. Series	26	161
Hand	123	132
Hip	99	237
Jaw	12	30
Knee	50	83
Leg	42	42
Lumbar Spine	100	179
Mastoids	2	14
Nose	42	81
Pelvis	102	113
Pelvimetry	6	12
Ribs	48	124
Shoulder	69	139
Skull	133	388
Sinuses	10	28
Wrist	82	83
Zygoma	9	21
Others	22	81
Fingerprints	5	13 sets
Total	2199	~~3537~~ 3414

DENTAL DEPARTMENT

Daily dental clinics in operative and surgical dentistry have reduced the incidence of caries and diseased teeth, in the hospital's patient population as indicated by the submitted yearly report.

During the Summer months, two dental student internes have been instructed in oral diagnosis, oral hygiene, and surgery, operative, prosthetic dentistry, and Dental roentgenology. Emphasis has been made in correlating oral manifestations with possible systemic or mental disturbances.

Since oral hygiene is an important health measure in an institutional community, a weekly check of 25% of the wards, or monthly 100% check of the wards, has maintained the oral hygiene standard of our mental patients.

An effort is made to examine every patient, edentulous or not, at least once a year to check on any defects or growths that may have occurred since the last examination.

(See chart to follow)

DENTAL DEPARTMENT

(Summer Street Included)

EXAMINATIONS:

Number of Patients	7475
Number of Examinations	7475
Microscopic Examinations	1
X-ray and Diagnosis	168
TOTAL	15119

TREATMENTS:

Extractions	1019
Surgical Extractions	6
Fillings	4864
Prophylaxis	1528
Repair of Dentures	29
Dentures Constructed	120
Dentures Numbered for Identification	757
Ligatures Applied and Removed	30
Sutures Applied and Removed	82
Fracture Immobilized	2
Alveoectomy	9
Anesthesia	19
Miscellaneous Treatment	6944
Excision of Hypertrophied Tissue	6
Others	3
Jacket Crown	1
TOTAL	~~15918~~ 15418
Case Records Dictated	843
Case Records Taken	673
TOTAL	1516
GRAND TOTAL	~~32551~~ 31253

Walter Lechowicz and David L. Young, both from Tufts College Dental School, finished their Summer internship on September 12, 1952.

Edward G. Zapski and William F. Brady began their internships on June 8, 1953.

LABORATORY REPORT

The Laboratory has functioned under the immediate leadership of Fred Elmadjian, Phd. and Edwin Lamson. It's major research undertakings are detailed in the section of this report dealing with the Research Service. The total number of tests and determinations for the year totals 38,384. The more important procedures are detailed below.

Animal Bioassays	Total	Research	Medical
Rabbits (Asheim Zondek Test)	15	1	14
Rat Blood Pressure	25	25	0
Rats, operated (endocrine)	1402	1402	0
Rats, Colon Assay	259	259	0
Rats, Uterine Assay	152	152	0
Endocrine Procedures			
Guard Separation Procedure	373	373	0
Basal Metabolic Rates	56	0	56
Ketosteroid Extractions	208	208	0
Digitonen Separation Procedure	92	92	0
Colorimetric Determinations	2757	2757	0
Hydrolysates	135	135	0
Chromatography	461	461	0
Autopsies	26	0	26
Histopathology, Post Mortem Sections	27	0	27
Blood Morphology			
Hemoglobin	3362	2	3360
Red Counts	2799	2	2797
White Counts	3772	83	3689
Differential	5298	377	4921
Shillirgram	666	639	27
Eosinophil Count	559	553	6
Platelet Count	9	0	9

Blood Morphology (Continued)

	Total	Research	Medical
Reticulocyte Count	3	0	3
Bleeding Time	127	0	127
Clotting Time	127	0	127
Prothrombin Time	153	0	153
Hematocrit	307	0	307
Sedimentation Rate	215	0	215
Blood Typing	298	0	298
Rh Typing	303	0	303
Cross Matching	80	0	80
Spinal Fluids			
Clorides	5	0	5
Protein	100	0	100
Gold Sol	100	0	100
Sugar	5	0	5
Bacteriology			
Agglutinations	157	0	157
Bacterial Counts (Milk; utensils)	269	0	269
Cultures			
Blood	33	0	33
Fungi	1	0	1
Nose & throat	64	0	64
Stools	496	0	496
Spinal Fluids	92	0	92
T. B.	26	0	26
Others	7	0	7
Occult Blood	28	0	28
Ova & Parasites	15	0	15
Smears	175	0	175
Smears for T.B.	396	0	396
Concentrations for T.B.	147	0	147
Tissue Chemistry			
Cholesterol	93	93	0
Extractions for Assay	630	630	0

Blood Chemistry	Total	Research	Medical
Albumin	151	0	151
Amylase	38	0	38
Ascorbic Acid	20	0	20
Bilirubin	91	0	91
Bromide	70	0	70
Calcium	11	0	11
Cephalin Flocculation	126	0	126
CO_2	6	0	6
Cholesterol	1013	724	289
Globulin	160	0	160
Icteric Index	131	0	131
N.P.N.	3164	0	3164
Phosphorus	14	6	8
Phosphotase	14	0	14
Sugar	1337	13	1324
Thymol Turbidity	49	0	49
Total Protein	205	0	205
Urea	36	0	36
Uric Acid	55	8	47
Drug, Presumptive	10	0	10
Extraction for Assay-	146	146	0
Chloride	13	0	13

Urines, Qualitative			
Routine	3699	7	3692
Bile	18	0	18
Urobilin	6	0	6
Urobilinogen	6	0	6
Occult Blood	11	0	11
Drug, Presumptive	5	0	5
Sugar only	63	63	0
Sodium	70	70	0
Potassium	70	70	0
Creatinine	185	185	0
Phosphates	151	151	0
PH	7	7	0
Uric Acid	254	254	0
Extractions for Assay	41	41	0

PODIATRY

During the year, the Consulting Podiatrist was ill for a time and finally resigned. Richard E. Gubber began his services in June 1953. A total of 94 Podiatry Clinics were held.

RESEARCH SERVICE

During the year there were several changes in the Service. Nathan S. Kline, M.D. resigned as Director of Research on October 18, 1952. Edward H. Cranswick, M.D., Senior Physician, resigned October 25, 1952. Yasuhiko Takatomo, M.D., Assistant Psychiatrist resigned September 15, 1952, and Ashton M. Tenney, M.A., Research Neurophysiologist resigned August 30, 1952.

Before the year closed a new Director of Research, Harry Freeman, M.D., had been selected but had not yet reported for duty. Dr. Freeman has had a previous long association with research activities here. We are confident that he will provide sound leadership and improved coordination of research activities.

The year's activities plus plans for the future are outlined below.

Projects of the psychiatric department

1. Dr. Reiner is working on the problem of psychotherapy of the psychoses. Approaches to this have developed partly from observations on patients during insulin coma therapy where consistent fantasy experiences are expressed. Observations of the fantasy productions have led to a plan of study of both the content and formal characteristics of dreams of psychotics. The disclosure and understanding of this material requires intensive knowledge of the emotional life of the patients under study such as results from long, continuous association with the patient.

It is further planned for resident physicians to collaborate in an intensive therapeutic study of a few patients for

the purpose of working out these objectives as well as new therapeutic techniques. One lead that appears particularly promising is the use of dual or even several psychotherapists working separately with the patient but in a coordinated effort. Under this proposed plan of collaborative work with other physicians goals of objectiveness and improved control would be accomplished. Progress, then, would have been made toward greater understanding of the psychotherapeutic problems of schizophrenia.

A report is being prepared at the present time of the effect, if any, of the recent tornado disaster on out-patients who, in course of psychotherapy, were directly involved in the tornado.

In the last year Dr. Reiner has written six papers on various phases of insulin therapy.

2. Drs. Hope and Lebeaux are continuing their studies of the two adrenalectomized patients under conditions of various medications. To date the psychiatric status of these patients is not significantly changed. They have, however, contributed valuable data in the field of adrenal regulation by varying the type and dosage of the medicaments, which include Comp. E., Comp. F., Comp. B and licorice extract.

The possible therapeutic effect of adrenalectomy in schizophrenia cannot, however, be evaluated in terms of such patients as these. There are too many extraneous complications of ageing and chronic physical illness.

The psychiatric effects of various steroids (Comp. E and F) and licorice extract have also been investigated on schizophrenic patients and normal subjects. No definite effects have been noted.

They have also made a comparative analysis of the psychiatric rating scale on schizophrenic and arteriosclerotic subjects (30) to determine whether the same type of scale is applicable to the older subjects.

Research done outside of the Research Service by the Hospital Personnel

Since July, 1952 Drs. Daneman, Chornesky and Haycox have been engaged in studies designed to throw some light on the relationship of arteriosclerosis and psychosis. Various drugs have been used in an attempt to ameliorate the symptoms of the arteriosclerotic patient. Nicotinic acid was initially used as a cerebral vasodilator and failed completely to produce any changes. Recently carbon dioxide (10%) and cortisone (100 mg. daily for 4 days) have been used. The criteria of response have been improvement in memory and diminution in the slow waves commonly found in the EEG's of older people. For controls they have tested 20 elderly men at the Masonic Home in Charlton, under similar conditions. The data are not as yet completely analyzed, but they have found a correlation of .9 between the frequency of the brain waves and memory function. In this program the Worcester Foundation for Experimental Biology participated, furnishing transportation of the normal control subjects, paying them a fee for participation in the studies, and supplying the cortisone.

Report of the Psychology Department

Service Activities. During the year the number of contacts with patients and others examined and studied by members of the department are presented in the following table:

Hospital	Number of Patients	Number of Procedures
House patients	83	206
Special Research patients	11	31
Extra Mural		
Court	2	4
School Clinic	58	109
Special	1	2
Normal Subjects		
Normal controls	73	468
Total tests and patients seen.	228	812
Group Therapy Interviews		65
Individual Therapy		364
Grand total of procedures		1241

During the year 1952-1953, the Psychology Department undertook research studies in certain phases of the psychopathology of schizophrenic patients. Although it is a well-known fact that the schizophrenic patient is inadequate in a wide variety of behaviors, interpretations of these inadequacies have been ambiguous and conflicting. This appears partly due to the fact

that relatively little is known as to whether such reported inadequacies are unique to the schizophrenic group or whether they may also be characteristic of other socially inadequate groups. The effort spent in experimentation with schizophrenic groups in controlling for such factors as age, education, intellectual level, degree of cooperation, etc., attest to the importance of this problem. One set of variables, however, has not received such careful attention in this regard. This is the factor of the premorbid social inadequacy of the schizophrenic as contrasted to the social adequacy of the usual normal control populations employed.

In reviewing clinical and case history studies of schizophrenics it has been noted that such individuals typically show low social attainment, e.g., they tend not to marry and show low occupational accomplishment. It would thus appear that the typical schizophrenic has been a chronic failure in his adaptation to society before the onset of psychosis. It was inferred, therefore, that many experimentally observed inadequacies of the schizophrenic could be associated with a failure of adaptation existing premorbidly (as well as at the time of testing) rather than with the psychotic condition itself. If this were the case then the uncontrolled factor of social inadequacy would have far-reaching implications: the inadequacy of the schizophrenic's performance under experimental conditions might be held in common with any inadequately adaptive individual and might not be unique to the schizophrenic.

Such a hypothesis has been subject to test within the past year, one method being by the technique of experimental stress. For experimental stress situations, the hypothesis would imply that the presence of the psychosis is irrelevant to the observed inadequacy of the schizophrenic under conditions of experimental stress. He performs inadequately because he is a member of a larger class of individuals who show poor adaptation.

It should follow, therefore, that social attainment, (adequacy of performance in real life) is positively related to the ability to perform adequately under conditions of experimental stress. Accordingly, the hypothesis was tested that in a normal population those individuals of higher social attainment (as measured by the Worcester Scale of Social Attainment) would perform more adequately on psychomotor tasks under conditions of experimental stress than those individuals of lower social attainment. The hypothesis was confirmed under two different stress conditions.

These results supported the formulation that social attainment is related to an ability to cope with stressful situations. This has permitted us to infer with greater assurance, from the characteristically low social attainment of the schizophrenic, that the observed inadequacy of the schizophrenic under experimental stress is associated with a chronic failure of adaptation already in existence in the premorbid period rather than with the psychosis itself.

Further experimentation has been directed to the question of whether areas of inadequacy other than performance under

experimental stress are associated with poor adaptation rather than with the schizophrenic conditionper se. To this end, it was found that in a group of normal subjects, social effectiveness was also related to scoring on a scale of maladjustment. Similar to the inference drawn from the experimental stress study, it was concluded that a high degree of maladjustment, as measured by the maladjustment scale, was not unique to schizophrenia but rather characteristic of a broader class of inadequately adaptive individuals, of which the schizophrenic is a member. This inference was tested more directly by the comparison of maladjustment scores of a schizophrenic group to that of another inadequately adaptive, yet non-psychotic group, assaultive criminals. No significant difference was found in scoring on the maladjustment scale between these groups.

Two major implications follow from the above findings: (1) there appears to be a general factor of adaptation to stressful situations that is reflected in both social adequacy and performance under conditions of diverse forms of experimental stress; (2) characteristics assigned to schizophrenics may be attributed to a larger population of inadequate individuals, of which the schizophrenic population is a sub-group.

The nature of this general factor of adaptation has been investigated with the framework of a developmental approach by the utilization of certain measures of Rorschach performance which have been found to be developmental in nature. The goal has been to delineate those processes that are unique to the schizophrenic condition from those processes specific to other inadequately adaptive behavioral types.

A second and related approach to this goal has been an analysis within a patient population of the manner in which symptoms tend to cluster and the finding that there appears to be three modal syndrome groups. This is the first step in investigating within a generally inadequate group (in this case psychopathological groups) those processes associated with specific forms of symptom choice.

There are in press, or in the process of publication, about 18 papers on this general topic.

Projects at the laboratory

1. Under Dr. Elmadjian. This work is under the auspices of the Worcester Foundation for Experimental Biology. It is a resumption of investigations in the field of the autonomic nervous system which have previously indicated a deficient response in the schizophrenic patient. With further enlightenment in this field by the work on adreno-cortical functions and the relationship between the pituitary-adreno-cortical axis and the adreno-medullary-hypothalamic system, further research studies are in order which may throw new light on this phase of autonomic reactivity.

Dr. Elmadjian is perfecting techniques by which he can measure nor-adrenaline and adrenaline in the blood of humans. The test is of a bio-assay type, the plasma being extracted and titrated for its content of these substances against rat colon or uterus. He is at present analysing the amounts of these substances in rat adrenals and brains. Initially, he is investigating the effects of hypophysectomy; of stress such as insulin,

cold or trauma; of the administration of steroids to normal and hypophysectomized animals.

Preliminary work has been going on in a few human normal subjects, arthritic subjects and schizophrenic patients.

The projected program, when the techniques are perfected, is to study the levels of adrenaline and nor-adrenaline in normal, psychotic and neurotic subjects and to determine whether there are any differences in stress situations.

Detailed studies have also been made of the two adrenalectomized patients, their course having been followed closely by determinations of sodium and potassium. Various medicaments have been used in maintaining these patients, Compounds E, F, B and licorice extract, singly or in combination. These studies have been valuable in contributing to our knowledge of adrenocortical physiology.

2. Under Mr. Lamson. This work is under the auspices of the Worcester State Hospital. Techniques are being studied on two fields of investigation: (1) ketosteroids in blood, and (2) the endrogeneous synthesis of cholesterol; (3) the Korea project.

The output of 17-ketosteroids is a measure of adreno-gonadal activity. The usual procedure at present is to measure it in the urine, a method which involves a great deal of time and effort in collecting the urine and which also brings in a factor of delay in time between the output of urine in the kidney and its ultimate excretion through the urethra. Blood determinations would avoid both these factors. As a method of measurement it requires as yet a good deal of investigation but holds definite promise.

The study of cholesterol synthesis arose from the findings of Dr. Shwenk at the Foundation that blood synthesizes cholesterol from acetate. This study was done with isotope-tagged material. Studies are going on at the hospital as to what fraction of the blood contains the cholesterol, plasma, red cells or white cells. Separation of these components must be made under cold conditions because otherwise there is a rapid deterioration of the material, particularly the white cells. It is for this reason that a refrigerated material is needed. Eventually, when the techniques have been perfected, studies on cholesterol synthesis will be made in various conditions, schizophrenia, arteriosclerosis and others.

In the research project in Korea, the relationship between battle stress and adreno-cortical activity was under intensive study. One phase of this was under the supervision of Dr. Elmadjian. The urines are now being processed at the hospital laboratory and the ketosteroids are being measured. The results should give extensive information as to the effects of an actual and extreme stress and throw light upon our data which have been derived from experimental stress situations only.

Studies under consideration

1. Cooperative project between the Worcester State Hospital and the Worcester Foundation for Experimental Biology.

Objective

Since schizophrenic patients are known to exhibit certain abnormalities in urinary steroid excretion and adrenal

responsiveness and in view of the fact that a new method has been developed for the quantitative analysis of the individual urinary 17-ketosteroids, and since by use of this new method an approximation can be made of the endogenously produced steroid hormones, it is suggested that a project be started to more closely define the abnormalities in steroid metabolism that schizophrenic patients exhibit.

Procedure

Two projects will be undertaken. One is designed to study the metabolism of specific exogenously administered steroids, and the second project will be concerned with the type of steroids produced by adrenal stimulation as well as their quantitative assessment as a result of ACTH treatment.

We have previously studied the metabolism of specific types of steroid hormones such as Δ^4-androstenedione, adrenosterone, 17-hydroxyprogesterone, 17-hydroxy-11-desoxycorticosterone, cortisone, and hydrocortisone in rheumatoid arthritic patients. These studies have yielded definitive information as to the pathways of metabolism of these important adreno-cortical steroids. We have learned the relationship between these adreno-cortical hormones and their urinary metabolites from these in vivo metabolism studies. We propose now to administer these compounds, which are known to be non-toxic, to schizophrenic patients and study the metabolism of these compounds as compared to what occurs in normal controls. The procedure would involve the oral administration of specific compounds over a 3-day period. The various analyses of the urine would be performed just prior to, during, and after the hormone administration.

The second project would be concerned with the responsiveness of the adrenal cortex of both schizophrenic and suitable normal control patients to two dosage levels of ACTH. These dosages would be first, a minimum effective dose of ACTH required to increase the 17-ketosteroid excretion in the urine, and second, a somewhat larger dose. By our newly developed methods we could study in detail the responsiveness of the adrenals which, in earlier work, has indicated that the adrenals of schizophrenic patients are relatively nonresponsive, as well as indicate the qualitative differences in hormonal production by varying doses of ACTH. This study would involve careful collections of urine just prior to, during, and just after ACTH administration. The dosages of ACTH that we intend to employ would be in the low range for human subjects.

Anticipated results

These studies have been designed to yield the maximum information concerning the details of steroid metabolism. It is quite possible that these studies will elucidate some of the primary differences that exist between schizophrenic and normal patients.

2. Nor-adrenaline and adrenaline studies in schizophrenic subjects under basal and stress conditions. The background for this study has already been described.

3. Investigative studies with drugs. There are two drugs which hold promise of quieting excited states in patients:

(a) Rauwolfia serpentina - an anti-hypertensive substance which apparently diminishes autonomic activity.

(b) Chloropromazine - a substance tested in Europe and recently described at the International Physiological Congress at Montreal (September, 1953), which potentiates the action of drugs which act upon the autonomic and central nervous system. It diminishes excitement and is of value in the therapy of acute psychotic states.

A third drug, lysergic acid, has been already studied. It has the property of producing acute schizophrenic-like states in normal subjects and of exaggerating the abnormal responses of apathetic patients. The particular aspect under consideration is whether this drug, by reactivating the acute aspects of the psychosis, can, in combination with shock therapy, result in an improvement in such patients who did not respond to shock therapy alone.

4. Further studies of factors of social inadequacy as related to stress reactivity as described in the work of the psychology department. It is hoped to verify this hypothesis more fully by studying schizophrenic patients from groups with a higher economic level, such as possibly Melsan Hospital, or from areas such as Newton or Wellesley, who are committed to state hospitals.

5. Dr. Reiner's project on psychotherapeutic studies done by several psychiatrists on the same patients. At the minimum this will be of value as a training procedure.

6. Therapeutic studies in ageing. This project has to do with ageing, but is a development of hormonal studies in schizophrenia. It is known that the excretion of 17-ketosteroids is diminished in age, an indication of diminished metabolic activity. It is proposed to treat a small group of normal old men (70 years plus) with a mixture of steroids by mouth, over a 6-8 month period, designed to raise the level of the excretory hormonal productivity to that of young individuals. Tests will be made of effects on blood chemistry, memory, psychological response to psychomotor stress situations, and muscular strength. If improvement results, the techniques can be applied to our aged psychotic population who form so large a proportion of our hospital clientele.

The Worcester Foundation for Experimental Biology will supply the major part of the personnel and costs. The hospital will contribute some services in the way of psychological tests.

Further attempts will be made to obtain a few schizophrenic patients with metastatic lesions to determine the effect of adrenalectomy upon the psychotic state.

LIBRARY REPORT

1. Medical Library

The Medical Library is constantly expanding with an average yearly accession of 300 bound volumes of periodicals and 100 medical monographs and textbooks purchased from current funds. Also, we receive donations from the Medical Library Association Exchange and from members of the staff. At the present every available shelfplace is used to the limit and many little-used periodicals as well as older books had to be moved to the basement stockroom to accommodate the newly acquired material. After many years of struggle with the unbound periodicals, neglected during the war years, we practically caught up with the binding. It is done by the Industrial Department of the Northampton State Hospital, all in one color, and rather crudely, but at least we do not have to worry for losing many single issues as used to be the case previously. With this great influx of bound periodicals the two basement stockrooms are very crowded also and we are glad to hear that ground is supposed to be broken soon for the new Clinical Building where the Medical Library will be conveniently located on the third floor.

The Library continued its services to the staff and with a large number of students (especially affiliate nurses), good use is made of our facilities. Although our book fund is rather limited we try to keep up with the new reference material coming off the press in a flood tide.

To show the scope of our varied activities, the following statistics are quoted:

Periodicals received regularly	120
New books purchased	90
Items received from Medical Library Association Exchange	39
Periodicals bound	320
Interlibrary loans received	111
Interlibrary loans sent	47
Circulation figures	978
Number of volumes in the library	12,225

2. General Library

The wide variation in the education of our patient-body necessitates a careful selection of new books. In addition to books of current interest, a solid foundation is laid for a good permanent library. Biographies, the Classics, poetry, plays, short stories, humor, art - in short, a book for every taste is provided in the library for our readers. The yearly appropriation, drawn from the Canteen Fund, is not large but it is enough to purchase the most promising books. As in the Medical Library the General Library shelves are just as crowded, although the wear and tear is much greater here. Additional shelf place in a new location would constitute a welcome change for this library also.

The library continued to be under the charge of Miss McGurren who maintained the regular services, including the trips with the book truck to the closed wards. The library is well patronized by patients and employees.

Statistics:

New books added to the library	290
Magazines received regularly	42
Technicals periodicals sent to the departments	17
Magazines sent to Summer Street Department	11
Circulation	7,592
Number of volumes in the library	2,952

PUBLICATION LIST

1952 - 1953

N.S. Kline, Synopsis of E. Bleuler's Dementia praecox, International Univ. Pr., N.Y., 1952

N.S. Kline, Some hazards in group psychotherapy, International Jrl of Group Psychother. 2:11-115, 1952

J.H. Friedman, J. Golomb & N. Mora, The hair whorl sign for handedness, Dis. Nerv. System, 13: 208-216, 1952

J.H. Blair, R.C. Sniffen, E.H. Cranswick, W. Jaffe & N.S. Kline, The question of histopathol. changes in the testes of schizophrenics, Jrl of Mental Science, 98:464-465, 1952

A.E. Sheflen & W.W. Jetter, Delayed pathologic manifestations of hypoglycemic coma, Jrl of Neuropathol. & Exper. Neurology, 11:317-323, 1952

S.L. Sands & D. Rothschild, Sociopsychiatric foundations for a theory of the reactions to aging, Jrl of Nerv. & Ment. Disease, 116:233-241, 1952

J.C. Sabbath & R.A. Luce, Psychosis and bronchial asthma, Psychiatr. Quarterly, 26:562-576, 1952

D.L. Gerard & L.G. Houston, Family setting and the social ecology of schizophrenia, Psychiatr. Quarterly, 27:90-101, 1953

N.S. Kline & al., Patterns of biochemical organization related to morphology, Amer. Jrl of Psychiatry, 109:603-611, 1953

E.A. Daneman, Carbon monoxide poisoning, Diseases of the Nerv. System, 14:39-48, 1953

E.R. Reiner & A.E. Sheflen, The vital signs of insulin coma therapy. A statistical evaluation, Jrl of Clin. & Exper. Psychopathology, 13:139-151, 1952

D.L. Gerard & L. Phillips, Relation of social attainment to psychological and adreno-cortical reactions to stress, Archives of Neurol. & Psychiatry, 69:350-354, 1953

H. Hoagland & G. Pincus, Study of adrenocortical physiology in normal and schizophrenic men, Archives of Neurol. & Psychiatry, 69:470-485, 1953

J. Weinreb, Report of an experience in the application of dynamic psychiatry in education, Mental Hygiene, 37:283-293, 1953

A.E. Sheflen & E.R. Reiner, Sensitivity in insulin coma therapy, Jrl of Clin. & Exper. Psychopathology, 13:225-236, 1952

L. Phillips & J.G. Smith, Rorschach interpretation. Advanced technique. Grune & Stratton, N.Y., 1953

R.A. Luce & D. Rothschild, The correlation of EEG and clinical observations in psychiatric patients over 65, Jrl of Gerontology, 8:167-172, 1953

A.E. Sheflen, E.R. Reiner & B. Cowitz, Therapeutic response in insulin coma therapy. A study of vital signs and sensitivity, Jrl of Clin. & Exper. Psychopathol. 14:57-67, 1953

E.R. Reiner, Fantasies in insulin coma therapy. Some psychosomatic considerations with a case report. Jrl of Clin. & Exper. Psychopathology, 14:84-94, 1953

L. Phillips, Case history data and prognosis in schizophrenia, Jrl of Nerv. & Ment. Disease, 117:515-525, 1953

L. Phillips & J.L. Frame, Developmental theory applied to normal and psychopathological perception, Jrl of Personality 22:464-474, 1954

WORCESTER CHILD GUIDANCE CLINIC

This clinic began in the early 1920's as an integral part of the out-patient activity of the Worcester State Hospital. It has over the years grown into a separate State Clinic, liberally aided by the Community Chest of the City of Worcester and known locally as the Youth Guidance Center. It is located in downtown Worcester at 2 State Street. The State funds allocated to the Clinic are administered by the Commissioner of the Department of Mental Health, Jack R. Ewalt, M.D. The Community Chest funds are the responsibility of the Child Guidance Association of Worcester, of which Abbee W. Talamo is president. On the Association's Executive Committee, the Superintendent of the Worcester State Hospital and the Chief of the Psychology Department serve, ex officio. Thus the Commonwealth is represented in all phases of Clinic activity and a bond of professional relationship is maintained with the hospital.

There is appended herewith a portion of the annual report of the Center's Director, Joseph Weinreb, M.D. to the annual meeting of the Association.

Report of the Director

1952 - 1953

"I am happy to report that the Youth Guidance Center has continued its growth and development in every direction during the past year.

I would like to restate the main functions of the Clinic

and report the accomplishments in each area during this year. The functions of the Youth Guidance Center are classified as follows:

1. Diagnostic Service
2. Consultation Service
3. Treatment Service
4. Professional Training in Child Psychiatry

    a. Psychiatrists
    b. Psychologists
    c. Psychiatric Social Workers

5. Contribution in training other professions in Mental Health

    a. Nurses
    b. Teachers
    c. Ministers

6. Public Education in Mental Health
7. Child Psychiatric Consultation to other agencies
8. Child Psychiatric Consultation Services to schools
9. Research in Child Psychiatry

There has been an increase in service in all of the first eight categories. There has been a slight increase in the amount of diagnostic, and treatment services. We have been and are increasing consultation services as a matter of policy as this represents an opportunity for a broader base of service to a larger number of children in the community. This consultation service is becoming more active not only to the public at large, but to other agencies and schools as well.

Professional training has been increased in child psychiatry particularly when funds were made available to us by the National Institute for Mental Health for a fellowship in child psychiatry. We have also undertaken a program with the Division of Mental Hygiene of the State Department of Mental Health in which we are

supervising and training personnel to staff new clinics to be and already established in neighboring communities. This is a very important contribution to the welfare of our Commonwealth, and marks a turning point in the policy of the Commonwealth in placing more effort towards preserving mental health rather than building bigger hospitals.

In the field of psychology the lack of funds for trainee stipends has hampered us in enticing interns in that field. We are, however, training two of our own and three other junior staff members in addition to our cooperation with the Department of Psychology of Clark University.

At the present time we are training psychiatric Social Workers from Boston University, Boston College and Simmons College. The Supervisor of the Student Training Program has been appointed to the faculty of Boston University.

We have continued our program of contributing to the training program for student nurses at the Worcester State Hospital and Memorial Hospital as we have for the past four years. In addition we have placed with us for training a graduate nurse from the John Hopkins University School of Public Health. We are also participating in a small measure in the training program of the Worcester District Nursing Society.

Our work with ministers this year consists primarily of the inclusion of five interested ministers in a group conducted by the director.

There have been 336 lectures, discussions and group meetings with public groups during this past year.

We are pleased to report that increasing number of social agencies have found us to be useful to them and we were consulted during this past year by the following agencies: Family Service Organization, Jewish Social Service Agency, Worcester District Nursing Society, Division of Child Guardianship, Massachusetts Society for Prevention of Cruelty to Children, Children's Friend Society, Community Chest, Worcester Department of Public Welfare, Young Womens Christian Association, Bay State Society for Crippled and Handicapped, Inc., and Cerebral Palsy Clinic.

We were again able to operate the School Consultation Service in cooperation with the Worcester State Hospital and will continue this very promising service insofar as we can the ensuing year.

The one area in which we have not done sufficiently is in the area of Research. It is an accepted medical principle that every clinical facility has as one of its obligations to help in the increase of medical knowledge through research. We have ample opportunity for research at our Center, but due to pressure of other work no time has been left for it. We are badly in need of funds for additional personnel that can carry on such a program.

In the past three years since we have been at 2 State Street, I have bragged about the ample housing available in our nice well-located quarters. I regret or maybe I should be happy to report that we have outgrown our space and are on the brink of using bath rooms for working space. There are, unfortunately, no spare bath rooms in our present building. We should be looking further into the possibility of increasing our space.

The Youth Guidance Center has by now received every possible approval that a Child Guidance Clinic can possibly receive. Each and every one of them are hard earned.

1. Membership in the American Association for Psychiatric Clinics for Children.
2. Approval for training in child psychiatry by the American Board of Psychiatry and Neurology.
3. Approval for training in child psychiatry by the Massachusetts Faculty in Psychiatry, Inc.
4. Approval for training in child psychiatry by the American Association for Psychiatric Clinics for Children.
5. Approval for training in clinical psychology by the American Psychological Association.
6. Approval for fellowship in child psychiatry by National Institute for Mental Health of the U.S. Public Health Service.
7. Training in Social Work by Boston University.
8. Training in Social Work by Boston College.
9. Training in Social Work by Simmons College.
10. Training in Mental Health Nursing by John Hopkins University.

It might also interest you to know that each of the above organizations has and exercises their right to fully inspect our clinic and our work without reservation.

These honors are not empty ones, for they are of great importance in our work and most important of all these inspections and approvals are the most effective means of checking up on the work of the staff of the Clinic."

DEPARTMENT OF MENTAL HEALTH

DIVISION OF MENTAL HYGIENE

ANNUAL SERVICE REPORT

Worcester Child Guidance Clinic

1. Clinic Service

No. of clinic sessions ($\frac{1}{2}$ day)	510
No. of visits to clinic by children	5543
Average no. of visits per session	11

2. Case Load

Carried over from previous year	240	
New cases accepted	245	
Reopened from previous years	23	
Total no. of cases served		508

3. Cases Closed and Condition on Closing

Diagnostic service rendered	67	
Treatment given	53	
Unassigned	40	
Total no. of cases closed		~~170~~ 160

4. Cases Carried Over to Next Year

No. of cases ~~338~~ 348

5. Ages of New Cases

Ages	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Others
No. of Boys	8	8	1	5	3	6	14	11	21	20	10	15	12	11	12	13
No. of Girls	3	3	0	2	3	3	10	4	5	8	5	7	6	1	9	6

6. Sources of Referral of New Cases

Children's Agency	55
Clinic Staff	
Community Education	1
Court	3
Family Agency	1
Former Client	
Friend or Relative	49
Health Agency	2
Physician	20
School	113
Others	1

7. Interviews with or about Patients or Prospective Patients

By Psychiatrist	1485
By Psychologist	1253
By Social Worker (Clinic, Community Office)	2810
By Occupational Therapist	
By Remedial Reading Tutor	
By Speech Instructor	
By Others	

8. Conference with or about Patients

Within Agency (Consultation with Staff)	235
Outside Agency (Group Conference on Case or Problem)	100

9. List of Clinic Personnel

Regular Staff	Position
Joseph Weinreb, M.D.	Director
Willis Ploof, M.D.	Psychiatrist
David Moriarty, M.D.	Psychiatrist
Polly Dewesse	Social Worker
Emily Faucett	Social Worker
Majorie Hayden	Social Worker
Catherine Arlauskas	Social Worker
Monroe Green	Social Worker
Barbara Kimball, Ph.D.	Psychologist
Alice Kastenbaum	Psychologist
Lawrence Eskin	Psychologist
Stanley Kruger	Psychologist
Mona Jacobson	Receptionist
Spiruda Peepas	Jr. Clerk & Stenographer
Hilda Emery	Jr. Clerk & Stenographer
Genevieve Gregory	Typist
Joan Hierstead	Typist
Joan Scott	Receptionist

Staff in Training	Position
Rose Segur	Social Worker
Roslyn Ashman	Social Worker
Daniel Lynch	Social Worker
Herbert Strean	Social Worker
Genevieve Madison	Social Worker
Dorothy Collard	Nurse in Training

TRAVELING SCHOOL CLINIC

The Worcester Traveling School Clinic composed of psychiatrist, psychologist, and social worker functioned for the year ending June 30, 1953, under the direction of Willis Ploof, M.D. and the general supervision of Joseph Weinreb, M.D. Later in the year two additional psychiatrists were utilized. The personnel was supplied jointly be the Worcester State Hospital and the Worcester Youth Guidance Center.

Service was given to 16 towns in our area as listed in the following table:

School Clinic Cases for Year Ending June 1953

Town	Total Number of Cases
Berlin	2
Boylston	14
Charlton	2
Clinton	2
Holden	94
Jefferson	2
Northboro	1
Oxford	1
Paxton	3
Rutland	3
Southbridge	2
Southboro	1
Spencer	13
Sterling	1
Webster	4
West Brookfield	1

It was decided to concentrate our efforts in several given communities and to give emergency service where needed. This was made necessary because our staff could only devote two days a week to this particular work and the area to be covered was large.

Our plan of procedure was as follows: Prior to going to a given community the superintendant of schools of that area was contacted and a time set for an interview. At this time the type of service which we could give and its limitations were fully discussed. The superintendant in conjunction with the teachers and school nurse then arranged a schedule of interviews for the period we were there. All cases were treated in the same manner as a diagnostic study is handled at the Worcester Youth Guidance Center, except that the teachers were usually consulted before any child was seen. The psychiatrist, and when necessary the psychologist, saw the child while the social worker usually saw the parents. When all information was obtained from those sources, the team then held a conference of its own during which time the evaluation and recommendations were discussed. There then followed a second conference with the teacher and key people in the school at which time information was given to them which we felt would have a positive effect on the over-all teacher-pupil problems. The emphasis was in a sense upon consultation to the school. However, when we felt that the problems were such that outside help was necessary the parents were again seen and were referred to other agencies. On occasion when it was felt that a second or third contact with a child would be therapeutic this was also arranged.

In general the discussions with the teachers centered around the positive influence they could have on children with emotional problems and the ways in which this might be facilitated. In

this regard we can honestly say that we often learned as much, if not more, than we taught. There was also some emphasis placed upon the use of ancillary community resources such as the Boy Scouts, Y.W.C.A., Y.M.C.A., camps, etc. Some of the dynamic aspects of learning problems were clarified and through our diagnostic study we were able to differentiate for them the truly mentally deficient from those who had the capacity to learn, but were greatly inhibited by their emotional problems.

The direct help to the children was usually effected through favorably influencing poor environmental situations, by giving needed information (with the permission of the parents) and by correcting misinformation. Some children were referred for psychotherapy.

Finally and most important of all, we hope that the schools came to look upon us, not as interferring, critical "Know-it-alls" but as sincere interested friends.

STEWARD'S DEPARTMENT

The books for the fiscal year 1958 were closed in good order with low inventories and the appropriation balances which were reverted were exceedingly small. A few years back the Comptroller's Department of the Commonwealth installed a Budgetary Control System. This system is adequate and is functioning satisfactorily.

During the current year a system was devised in which all institutions within the Department of Mental Health would submit requisitions covering their needs to the Purchasing Bureau periodically. Also, under the supervision of the Purchasing Bureau, patients' clothing was displayed for several days at the State House. Prior to this display, institutions had noted their needs on questionnaires supplied by the Purchasing Bureau. Vendors submitted merchandise along the lines requested in this questionnaire. During the period this clothing was on display, Clothing Supervisors, Nursing Supervisors, Stewards, Housekeepers, and other interested personnel of the institution visited the State House and noted their choice on forms supplied by the Purchasing Bureau. Purchases were made as recommended on these forms. What appealed to many was that they saw the actual clothing on display, that the Purchasing Bureau was vitally interested in supplying the needs of the institution, and the price was only one factor, and not the dominating one in making the choice. This manner of purchasing clothing, together with periodic requisitions, was a vast improvement over the manner in which goods were procured previously.

For a few years the Department of Mental Health has been

experimenting with a Master Menu. One could say that during this fiscal year this Master Menu had worked with extreme satisfaction. It is the consensus that this experiment gave greater variety of food, to the patients, at a lower cost. Of course, the psychological effect on the patients that the entire hospital staff was eating the same food, cooked in the same manner as the patients should not be overlooked. Satisfactory recipes which are the basis of this Master Menu have been the means of improving the food. The Master Menu also has been the real basis of the budgetary request. In other words, the daily cost per eater was established, and this cost projected to the number of eaters, and funds for the food account were appropriated on this basis. It has now been definitely established that budgetary requests in the Clothing (05), Furnishings (06), Travel and Transportation (10), Repairs, Alterations and Additions (12) are based on formulae established by the Department. The funds received under this set-up have been adequate. In fact with proper control at the institution level, there should be adequate clothing and an adequate amount of all types of supplies.

Since 1938, each report has discussed the Storeroom situation. This essential department's quarters are a series of basement rooms, which are entirely inadequate, and expensive to operate. The time allotted to control supplies is considerably greater than needed, if quarters were adequate.

The Laundry during this current period has functioned very satisfactorily. The same may be said of the Dry Cleaning Plant.

During this current fiscal year, we have done the dry cleaning for this institution, Grafton State Hospital, Westboro State Hospital, some dry cleaning for Medfield State Hospital, and a considerable amount for Walter E. Fernald School, and Myles Standish.

In the Main Cafeteria we have a quota of nineteen (19) dining room attendants. Unfortunately, we have experienced the same condition this year as in previous years. During this current fiscal year, sixteen (16) dining room attendants terminated their services. This is a tremendous turn-over, and it is extremely difficult to train personnel under this condition. It is felt that the reason for this turn-over is that the salary is inadequate, and the work rather hard and difficult, and lastly, that the ward attendants receive a higher salary than a dining room attendant.

FARM REPORT

The operation of an institution farm is a challenging undertaking with many real problems. Management of 400 - 500 acres of land requires a great deal of skill and know-how, plus equipment and labor. The growing of vegetables demands many weeders and long hours of work. Our patients perform much of the manual labor, which is considered good therapy. However, baseball, athletics and special projects continue to drain the work forces.

The vegetable program fits in well with our other projects. Crops should be rotated every three or four years. By turning under our forage crop sods and alternating with vegetables, we not only obtain higher yields but also maintain sound conservation practice. Rainfall is always a controlling factor in vegetable production and this year gave us below average rainfall during July and August. Some surplus vegetables were sold to other institutions, while surplus beans, cucumbers and tomatoes were sent to the institution cannery. A total of 180,341 lbs. of farm products were canned.

The production of cattle forage requires good weather, equipment and labor. Quality forage is a must in the maintenance of good health and high production of our herd of 70 milking cows and 50 replacement young stock. With the life expectancy of a cow approximately three lactations, it becomes worthwhile to work towards a well-fed and healthy herd. This has been a good milk production year with the cows hitting a new high record of 15500 lbs. of milk per animal and a butterfat of 581 lbs. The

real problem is to plan a program which keeps the cows calving out on the average of 12-14 months, thus insuring an even flow of milk throughout the year.

Growing hogs has been a profitable venture on this farm. Plenty of garbage, plus grain for the finishing stages, gives us about 50,000 lbs. of pork available for institution consumption. Our sows have averaged 7-8 pigs per litter, nearly double the national average.

The orchard does its bit towards our institution diets. Although our 18-year old orchard is considered young, over 50,000 lbs. of fruits were harvested. Weather again is a determining factor with heavy rainfalls early in the spring necessitating 10-15 spray applications. The crop this year was outstanding from a fancy viewpoint. We were presented a 90% fancy apple certificate from the Massachusetts Apple Grower Institute for qualifying under their strict rules.

Maintaining the grounds requires constant supervision. During the winter months, much sanding was done on roads and walks and considerable snow plowed to keep the roads open. Summer care of lawns and flower gardens is classified a major project.

Six acres of usable land was carved out of the Hillside Pine Meadows swamp, and approximately the same acreage was sold to the D.P.W. to establish a building and storage yard. The main hospital avenue was re-surfaced with bituminous concrete type I, which should make repairs unnecessary for a period of twenty years. Considerable tractor and manpower was provided for the new main hospital front parking area.

<u>Production statistics for the year 1952</u>

Milk	1036341 lbs.
Pork	50650 lbs.
Vegetables	646837 lbs.
Fruit	52248 lbs.

ENGINEER'S DEPARTMENT

A. Main Hospital

1. Personnel. Warren G. Proctor served as Chief Power Plant Engineer throughout the year. Sven Nilsson, Machinist, retired after 20 years of service.

2. Fuel Consumption

Bituminous Coal	171.5	tons
Anthracite Coal	80.25	tons
Bunker C Oil	1,310,943	gals.
No. 2 Fuel Oil	47,306	gals.
Electric Power Generator	1,544,900	K.W.H.
Water Used	18,500,000	c.g.

3. Electrical Works. The electricians serviced all electrical apparatus throughout the hospital regularly. Over 250 motors were oiled and cleaned. A new electric motor (10 H.P.) and hayloading apparatus were installed at the Hay Barn. They removed old light fixtures from several offices and a few selected wards and replaced them with fluorescent lights, substantially reducing the amount of electric current used and improving illumination. All fire alarm batteries were checked weekly and fire alarm gongs twice monthly.

4. Steamfitters and Plumbers. The old steam return line between the Avenue Cottages and Hale Nurses Home was renewed. About 120 feet of old water pipe beneath Quimby building was replaced with copper tubing. All sprinkler systems were inspected twice weekly. Compressors and refrigeration units were inspected twice weekly and serviced when necessary. Many items of broken machinery and piping were welded. Pipe tables and stands were

made for ward use. A new boiler was installed at Prospect Cottage.

Cast iron soil pipe under the Tin Room in Kitchen was replaced and vented. A new dental chair was installed and the old dental chair relocated. Sinks were put in at Wheeler Cottage and in two apartments at the Farm House. The water main beneath the Farm House was replaced. The Hydro Cafeteria dishwasher was overhauled and renovated.

Emergency service was maintained for plugged toilets, wash bowls, floor drains, etc. Two areas of sewer line were freed of obstructions.

5. Machinist. The machinist serviced machinery throughout the Main Hospital including sewing room, mending room, laundry, kitchen, bakery, and three elevators. Likewise, oil burners were maintained in working order.

6. Engine and Boiler Room Repairs. The Ames Engine was overhauled and repaired. Number 2 and number 3 boiler feed pumps were overhauled as was number 1 vacuum pump. Four boilers in the Main power plant, one boiler at the Farm House, one at the Dairy Building and two at Hillside Annex were prepared for inspection by representatives of the Department of Public Safety. Six air tanks were also prepared for such inspection. All boiler and pump appliances were checked and repaired if indicated.

7. Fire Protection. Weekly fire drills, attended by patients and employees, were held. Weekly fire inspections of the hospital were made by the Engineer's Department and frequent inspection visits were made by Worcester firemen.

All fire extinguishers were recharged or checked as to their condition. A new rubber-lined fire hose was purchased for Hillside and over-age hose was replaced at the hospital.

Sprinkler systems were checked twice weekly. Ward personnel were questioned regarding knowledge of fire rules and precaution. Registers and ventilators were checked regularly to prevent collection of combustible material.

B. Summer Street Department

1. Personnel. As stated elsewhere in this report, Farrand H. Van Dyck resigned as Chief Engineer on September 13, 1952 and Newell H. Gordon was promoted to succeed him on September 15, 1954.

2. Fuel Consumption

Coal, Bituminous	1,189.5	tons
Coal, Screenings	50.5	tons
Gas	341,900	c.c.f.
Electric Power Purchased	252,400	K.W.H.
Water Used	5,368,700	c.f.

3. Electrical Work. Nine electric fly catchers and an electric clock were installed in the kitchen. The R.C.A. radio speaker was repaired on three occasions. A new electric line was installed for the coffee vending machine in the Center Building. The wiring and light fixtures in the boiler room were renewed as was all wiring to irons in the laundry. Service was maintained to all light fixtures, switches, outlets, and hand iron cords for the laundry building.

4. Plumbing and Steamfitting. A new sink and garbage table were installed in the female cafeteria. New double faucets were

put in the kitchen. Service was given to thermostatic water control valves, water faucets, water closets, showers, water lines, steam lines, radiators, etc. The three inch iron pipe cold water supply line to the boiler room and hot water heater was replaced with three inch copper tubing. Forty-five feet of the high pressure steam line to the kitchen was replaced with two inch iron pipe, and repair work was done on other parts of the line. Emergency service was rendered for plugged toilets, wash bowls, floor drains, etc.

5. Machinist. Kitchen, laundry, and sewing room machinery was serviced weekly and repaired where necessary. Boilers were cleaned, washed, and inspected. New feed pipe bushing and pipe for the number 2 boiler was installed. Feed pipe to number 3 boiler was repaired.

6. Fire Prevention. Fire drills involving entire patient-employee population were held each week. Five inspections of the hospital were made by representatives of the Worcester Fire Department. The sprinkler system and fire alarm system were tested at weekly intervals. All fire extinguishers were rechecked and Soda Acid extinguishers were refilled.

MAINTENANCE DEPARTMENT

The ordinary maintenance and repair work has been carried on as usual during the past year, plus many other projects.

Renovation of the following has been completed by our own personnel:

Washburn Building 2 and 3. Repaired windows and frames; puttied and painted.

Salisbury 1 and 3. Washed ceilings and walls; repaired all broken plaster, window frames and sash, doors and door jambs. Ceilings whitened; wall and woodwork painted two coats. Aluminumed all radiators and pipes.

Folsom Porch 1 and 2. Washed and cleaned both porches and necessary repairs made. Calsomined ceilings. Walls given two coats of paint.

Hydro Cafeteria. Washed ceilings; repairs made and ceiling calsomined. Dining room, kitchen and two halls completely renovated and given two coats of paint. This represented the final work on this cafeteria which had previously been enlarged and rearranged by contract project.

Thayer Diet Kitchen. Ceilings and walls washed, repaired and given two coats of paint. Floor cleaned and shellacked.

Dairy Group, which consists of Cow Barn, Hay Barn, Bull Pen and Manure Pit. Necessary repairs made to all wood work; sanded bad spots; puttied and caulked all holes. Buildings given two coats of paint, including screens. Broken glass re-set.

Vegetable Barn. Replaced all broken and split clapboards. Sanded and puttied and painted entire building two coats.

Maple Cottage. Necessary repairs made to all woodwork and shingles in preparation for staining; trim and porches all given two coats.

Farm Cottage. Broken clapboards replaced; new bulkhead. Renovated part of front porch; caulked and puttied holes. Entire building given two coats of paint.

Farm Garages. Seven stalls. Doors repaired; broken glass replaced and two coats of paint applied.

Elm Cottage. Outside completely renovated and two coats of paint applied. Elm Cottage B. Apartment. Ceiling and walls in kitchen and bathroom washed. Ceiling calsomined. Walls and woodwork given two coats of paint. All floors cleaned and shellacked.

Wheeler Cottage. Necessary repairs to clapboards and trim made. Sanded and scraped loose paint. Puttied and caulked all holes. Entire building given two coats of paint.

Avenue Cottage 1-2-3-4. Outside repairing of all woodwork. Caulked and puttied all holes. Two coats of paint applied.

Quonset Huts. The last two huts were erected with concrete floors and double doors front and rear. The completed unit now consists of four huts. All were completely painted with two coats to metal and woodwork. Work was begun on a long, truck tail-board level loading platform at the rear of these huts which are located behind the Straw Barn.

Two Stall Garage. Erected to house new farm truck and bus. This consisted of a brick addition, with roof and overhead doors, to the open stalls adjacent to the Main Garage.

Summer Street Department. Third floor-Center, complete renovation. Floors sanded and refinished; ceilings washed and whitened; walls papered. Kitchen remodeled; new cabinets installed, inlaid linoleum laid on floor. Engineer's office - ceilings and walls washed and calsomined. Walls and woodwork given two coats of paint.

Ward 5 and Ward 11 were completely renovated; regular maintenance to the buildings included windows, glass, plastering and painting.

Sargent Building. Rooms 29-42. Ceilings and walls washed. Ceilings calsomined. Walls and woodwork given two coats of paint.

E.B. 4 and 5. Ten rooms renovated. Ceilings washed and calsomined. Walls and woodwork given two coats of paint. Floors cleaned and shellacked.

Radio Room Area. Rooms and stairway renovated. Woodwork and plaster repairs made. Ceiling whitened. Walls and woodwork given two coats of paint.

A large amount of repair work was done to the slate roofs, both at the Main Hospital and Summer Street Department.

The window screen repair work has continued to be a large project. Approximately 600 new screens were made.

The usual carpenter repair work has been done on all windows, such as new box casings, new parting beads and window cords. This work is necessary to all windows throughout the hospital.

The patching and plastering of walls and ceilings in wards and cottages is a continuous necessity for proper upkeep.

The replacing of window glass is again tremendous. Over 3800 panes of glass, 3000 feet of window cord and 1300 lbs. of putty used.

A continuous amount of lock repairing, such as resetting, installing and key making, was carried on throughout the year.

The following major projects were carried on by contract:

Farm House. Work was begun on March 9, 1953, by I. Tepper & Son on a project to renovate and remodel two floors of this building, providing us with five apartments for personnel. The project was well advanced as the year closed.

Kitchen Area. Kessell and Morse Co. completed a tiling project. The side walls and floor of the Tin Washing Room were tiled. The floor of the Ice Cream Making Room was tiled. The area leading from the Kitchen to the Scullery had its side walls and floor tiled.

New Male Bathing Unit. Peabody Construction Company. This new unit is located against Appleton and Lincoln buildings, and incorporated into the basement of those buildings. Work was begun in the previous year on January 30, 1952, and dragged on during the current year without completion.

Executive Building. A. Belanger and Sons. Repointing of masonry and caulking of window frames was done on the east side of this building.

Cannery Roof. This was covered with asbestos shingles by outside labor, supervised by the Maintenance Department. Three metal roof ventilators were installed.

MATRON'S DEPARTMENT

This department has functioned well under the leadership of Lillian G. Carr.

The Sewing Room fabricated over 39,000 new articles. These included sheets, pillow slips, patient's hospital jackets, all types of towels, "strong blankets", curtains, soft slippers, men's shirts, bathrobes, "strong dresses", etc.

The Mending Room has serviced clothing and linen needs for repair of home fabricated articles, purchased goods and patient clothing worn by patients here. Over 61,000 items were repaired this year.

The Marking Room applied identifying mark or stamped name to nearly 18,000 articles. This figure would be much greater, were it not for the fact that much of the marking is done on these in the clothing offices and linen rooms which serve as control centers.

The Matron's Department served as a distributing and control center for household supplies issued to some 29 units throughout the hospital

The Industrial Therapy Shops, headed by Frank R. Proctor, gave occupation to an average of 45 patients daily during the year and performed a variety of services useful to the hospital. Among these the more numerous items were:

Mimeograph copies made	186,10
Men's outer clothing repaired and pressed . .	2,971

Articles of furniture repaired	1,014
Chair seats repaired	98
Furniture reupholstered.	26
Window shades made	259
New pillows made	136
New mattresses made.	183
Bed frames repaired and painted.	322
Bed springs repaired	133
Shoes half-soled and healed (prs.) . . .	659
New Men's coats made	407
New Men's pants made	297
Ediphone cylinders shaved.	2,046
Rag rugs made.	281
Toweling woven (yds.).	1,559

WOMAN'S AUXILIARY

The Woman's Auxiliary, which began as a group of staff wives in 1930, has expanded and is now a large enthusiastic organization composed of both women from the general community and of hospital employee's wives. It holds regular monthly meetings from October through June each year and has been of significant assistance to the therapeutic efforts of the hospital.

Perhaps one can best sense the spirit of this group by inclusion of a portion of the report submitted by the president, Mrs. Clayton L. Jenks, to its annual meeting in June, 1953.

"Members of the Auxiliary and Guests:

Our Constitution states that the object of the Woman's Auxiliary to the Worcester State Hospital shall be to aid the Board of Trustees and the Superintendent of the hospital in carrying out the purpose and functions of the hospital. These are primarily:

A. To interpret the hospital to the community.
B. To help support financially, and otherwise, the preventive work carried on by the hospital.

We have made a conscious effort to interpret the hospital to the community. To this end, each month, invitations were sent to each member of one of the large women's college clubs of Worcester to be our guests at our regular monthly meeting. Thus, we invited the members of the Smith, Vassar, Mt. Holyoke and Simmons College Clubs and the members of the Clark University Faculty Woman's Club. Each time a dozen, more or less, accepted and came to our meeting. It was satisfying to know that these

college women had been personally told that there was a Woman's Auxiliary at the Worcester State Hospital, and that our members were earnestly striving to learn the fundamentals regarding emotional problems and mental health.

Also, our superintendent's wife, Mrs. Bardwell H. Flower, as well as your president, has addressed during the year several church groups and Women's Clubs telling them something about the hospital and the patients and especially about the work of the Woman's Auxiliary.

Before the Fashion Show which we gave for the patients, Lyda Flanders gave me ten minutes of radio time on her fifteen-minute program, The Modern Kitchen. I thus had time not only to ask for donations of good used clothing suitable for a Fashion Show but also to explain that the patients were people with the same feelings of pride, pleasure and discontent that we feel. Immediately after the broadcast, people began to leave bundles of clothing at Mrs. Flanders' office. I wish there were time to repeat here the messages they left with their bundles. Several said they were happy to give clothes they would have continued to wear, if in so doing, they could make the sick people happy at Worcester State. One woman wept as she brought in a carload of beautiful clothes, explaining that they belonged to her recently deceased sister who had been a patient at Worcester State, discharged quite well and normal, had married and had had many happy years as a wife and mother. Her gratitude to Worcester State could hardly be repaid by these clothes, she wept.

All of this shows that the public is not indifferent and will become interested and anxious to help if the Auxiliary will but point the way.

The Fashion Show itself was wonderful. If fine feathers make fine birds, certainly the transformation was spectacular. Depressed and rather bedraggled women in their cotton dresses were transformed into radiant fashion plates. After each had had her hair dressed, make-up applied, and gotten into her beautiful outfit complete with nylon stockings, hat, bag and other accessories, she certainly looked like a million dollars. They gazed at themselves in the mirror, and said incredulously, "Is that ME?" It is a pleasure to recall the poise and confidence with which each walked alone across the stage to music pivoting slowly as the commentator described her costume. Since each kept her outfit, the stimulus lasted, and the next day, the "models" staged an impromptu fashion parade of their own throughout the hospital.

The Open House definitely comes under the heading of interpreting the hospital to the community. We mailed 800 invitations and secured newspaper and radio publicity. We served a delightful tea to our guests in E.S. 2. At the ceremony in Sargent Hall, we were happy to assist the hospital by furnishing the awards to the two runners-up in the Attendant-of-the-Year contest. We gave Mr. Thunberg from the male side and Mrs. Rennault from the female side identical mahogany self-winding electric clocks with illuminated face.

Just a brief summary of the work that we did for the patients:

At Christmas as a result of our efforts, many hundreds of gifts were donated for Christmas gifts to the patients. Again, Mrs. Flanders permitted me to make a radio appeal for gifts, and again, as they were brought into her office, the donors would say that it had never occurred to them that they could help the patients at Worcester State. It was only a small group of us, at this busy time of year who spent several wearisome days Christmas wrapping these articles. A gift card attached to each present displayed the patient's name and each patient received a different and a personal gift.

Also on the Sunday evening before Christmas, we sponsored our usual carol sing throughout the Main hospital. This project has grown each year. Four years ago, when I was program chairman, I asked the Pilgrim Fellowship (young peoples group) of the Boylston Congregational Church if they would like to sing Christmas carols at the Belmont and Summer Street hospitals. A small group responded eagerly, and so great was their enthusiasm that the young minister who accompanied them discarded his prepared sermon for Christmas Sunday, and told in a simple, moving and human manner the experiences of his young people and their sincere desire to bring joy and brightness of Christmas to the State Hospital. The next Christmas (three years ago) most of the youth of Boylston were waiting on the church steps at 6 P.M. for the chartered bus which would take them to the hospital. The next Christmas (two years ago) the First Baptist Church heard of this enterprise and asked if their young people could join in the carol

singing. This worked out very well, one group taking the female side and one the male side, and then crossing over to the other side. Thus each ward had two different waves of youthful singers pass through which made it more of a party evening for each ward. This Christmas, I received a letter from Mr. Hickman, director of music at Central Congregational Church, asking if a group of their young people might sing carols through the hospital corridors or wherever directed.

Just what to do with all this wealth of material was a bit of a problem, but we gratefully told them all to come and had three groups numbering in all some 200 who trouped all over the hospital in and out of wards from the first floor to the sicker wards on the third floor. It was in one of these third floor wards that Dr. Nelson who was conducting the tour pointed out to me a woman patient sitting up in bed singing lustily with the carollers. "That is the first time she has spoken since entering the hospital," he said. Apparently some repression had been broken down by the familiar carols and the whole-hearted enthusiasm of the boys and girls.

Although these young people wanted no reward, the Auxiliary felt that it might be wise to make their final impression not a hospital ward but a social party, so in E.B.2 we regaled them with punch, sandwiches, cakes and cookies.

We also helped a man patient who was leaving the hospital to reestablish and furnish his home, giving living room furniture and sheets, pillow cases and towels. We paid for a specially built-up

shoe ordered by Mrs. Olive Dorman, head social worker, for a lame woman patient who could not walk without the special shoe.

These are a few of the high lights of the year. We could have done better and we will in time. However, we have had a busy, interesting and rewarding winter. Each of us felt we were doing something worth while."

FINANCIAL REPORT

Worcester State Hospital

1953

To the Department of Mental Health:

I respectfully submit the following report of the finances of this institution for the fiscal year ending June 30 , 1953.

STATEMENT OF EARNINGS

Board of Patients:		
Private	$ 182,687.06	
Cities and Towns		
Department of Mental Health	40,333.11	
		$ 223,020.17
Personal Services:		
Labor of Employees		
Reimbursements from Board of Retirement		
Sales and Rents:		
Food	590.15	
Clothing and Materials	1.00	
Housekeeping Supplies		
Laboratory and Medical	22.69	
Heat and other Plant Operations	24.57	
Farm and Grounds	6,267.59	
Automotive		
Advertising and Printing		
Repairs	325.66	
Special Supplies	2.25	
Office and Administrative		
Equipment		
Special Outlay		
Furnishings	37.00	
Rents - Employees	27,290.36	
Rents Others	497.88	
Meals Employees	16,251.00	
Total Sales and Rents		51,310.15
Miscellaneous:		
Interest on bank balances		
Sundry	1,781.99	
Total Miscellaneous		1,781.99

Total Cash Receipts reverting and transferred to State Treasurer		276,112.31
Total Earnings for year (page 9, Inst. Income)		276,[illegible]
Accounts Receivable outstanding July 1, 1952	143.69	
Accounts Receivable outstanding June 30, 1953	226.94	
Accounts Receivable increased		83.25

MAINTENANCE APPROPRIATION

Appropriation, current year	3,008,711.41	
Total		3,008,711.41
Expenditures as Follows:		
01. Salaries, Permanent	1,972,948.73	
02. Salaries, Other	38,833.02	
03. Services - Non-employees	23,700.00	
04. Food for Persons	415,751.64	
05. Clothing	59,013.81	
06. Housekeeping Supplies and Expenses	71,726.19	
07. Laboratory, Medical and General Care	47,947.79	
08. Heat and Other Plant Operation	136,311.75	
09. Farm and Grounds	42,319.28	
10. Travel and Automotive Expenses	5,286.39	
11. Advertising and Printing	375.22	
12. Repairs, Alterations and Additions	62,615.78	
13. Special Supplies and Expenses	61.68	
14. Office and Administrative Expenses	11,231.01	
15. Equipment	22,688.51	
16. Rentals	487.50	
18. Special Outlay		
Total Maintenance Expenditures		2,911,298.30
Balance of Maintenance Appropriation, June 30, 1953		97,413.11

SPECIAL APPROPRIATIONS AND SPECIAL OUTLAY

Balance July 1, 1952, brought forward	None
Appropriations for current year	None
Total	None
Expended during the year	
Reverting to Treasury of Commonwealth	None
Balance June 30, 1953, carried to next year	None

PER CAPITA

1.	During the year the average number of patients has been		2788
2.	Total cost of maintenance	2,911,298.30	
3.	Equal to a weekly per capita cost of (52 weeks to year)	20.08	
4.	Total receipts for the year	276,112.31	
5.	Equal to a weekly per capita of	1.90	
6.	Total net cost of Maintenance for year (Total Maintenance less total receipts)		2,635,185.99
7.	Net weekly per capita	18.18	

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Respectfully submitted,

/s/ Paul P. Foran
Treasurer

FINANCIAL STATEMENT VERIFIED
(Under Requirements of C. 7, S 19 GL)

Date: October 29, 1953

By /s/ Joseph A. Premney
For the Comptroller

Approved for Publishing

/s/ Ralph E. Houghton
Acting Comptroller

MOVEMENT OF POPULATION

July 1, 1952 to June 30, 1953.

	Total	Male	Female
Patients On Books At Beginning Of Year			
1. In Hospital	2831	1316	1515
2. In Family Care (Public Hospitals Only)	47	9	38
3. On Visit Or Otherwise Absent But Still Carried On Books	397	158	239
4. Total On Books At Beginning Of Year (Sum Items 1,2,3)	3275	1483	1792
Admissions During Year (Exclusive Of Those Returned From Visit, Escape, etc.)			
5. First Admissions	629	324	305
6. Readmissions	209	103	106
7. Transfers From Other Hospitals For Mental Disease Within State	26	11	15
8. Total Admissions	864	438	426
9. Sum of Items 4 and 8 (For checking)	4139	1921	2218
Separations During Year			
Discharges			
10. Discharges Direct From Hospital	231	161	70
11. Discharges While On Visit, Escape, Etc.	308	115	193
12. Total Discharges	539	276	263
13. Transfers To Other Hospitals For Mental Disease Within State	114	58	56
14. Deaths In Hospital	283	144	139
15. Deaths Of Patients On Visit Or Otherwise Absent From Hospital	3	2	1
16. Total Separations (Sum. Items 12,13,14,15)	939	480	459
Patients On Books At End Of Year			
17. Resident In Hospital At End Of Year	2745	1257	1488
18. In Family Care	54	10	44
19. On Visit Or Otherwise Absent But Still Carried On Books	401	174	227
20. Total On Books At End Of Year (Sum Items 17,18,19)	3200	1441	1759
21. Sum of Items 16 and 20 (Should Equal Item 9 if all entries are correct)	4139	1921	2218
22. Average Daily Patient Population In Hospital During Year	2777.42	1287.67	1489.75
23. Rated Capacity Of Hospital	2356		