MINUTES OF THE QUARTERLY CONFERENCE

MARCH 20, 1928

The Quarterly Conference of the State institution visitors and superintendents with the Commissioner of Mental Hygiene was held at the Capitol, Albany, N. Y., March 20, 1928.

Present—

FREDERICK W. PARSONS, M. D., Commissioner of Mental Hygiene.

SANGER BROWN, 2nd, M. D., Assistant Commissioner, Department of Mental Hygiene.

LEWIS M. FARRINGTON, Secretary, Department of Mental Hygiene.

HORATIO M. POLLOCK, Ph. D., Director, Statistical Bureau, Department of Mental Hygiene.

T. E. MCGARR, Treasurer, Department of Mental Hygiene.

JAMES L. TOWER, M. D., Psychiatrist, Department of Mental Hygiene.

HELEN A. COBB, Assistant Secretary, Department of Mental Hygiene.

JOHN F. O'BRIEN, Counsel, Department of Mental Hygiene.

CHARLES B. DUNHAM, Jr., Assistant Auditor, Department of Mental Hygiene.

Dr. SPENCER L. DAWES, Medical Examiner, Department of Mental Hygiene.

Dr. PHILIP SMITH, Medical Inspector, Department of Mental Hygiene.

Mrs. ELEANOR CLARKE SLAGLE, Director of Occupational Therapy, Department of Mental Hygiene.

Miss HARRIET A. ROBESON, Assistant Director of Occupational Therapy, Department of Mental Hygiene.

Dr. GEORGE H. KIRBY, Director, Psychiatric Institute, Ward's Island, New York City.

Dr. WM. C. GARVIN, Superintendent, Binghamton State Hospital.

Mrs. ANNIE D. MILLS, Visitor, Binghamton State Hospital.

Dr. GEORGE W. MILLS, Superintendent, Brooklyn State Hospital.

HELEN V. CLUNE, R. N., Principal, School of Nursing, Brooklyn State Hospital.

Dr. I. J. FURMAN, Superintendent, Buffalo State Hospital.

Dr. H. G. GIBSON, First Assistant Physician, Central Islip State Hospital.

Mrs. E. E. HICKS, Visitor, Central Islip State Hospital.

Dr. EARLE V. GRAY, Superintendent, Gowanda State Hospital.
Dr. JOHN R. ROSS, Superintendent, Harlem Valley State Hospital.
Dr. ROBERT F. SHEEHAN, Visitor, Harlem Valley State Hospital.
Dr. CLARENCE O. CHENEY, Superintendent, Hudson River State Hospital.
Mrs. R. MCKINNEY, Visitor, Hudson River State Hospital.
Dr. R. E. BLAISDELL, First Assistant Physician, Kings Park State Hospital.
Mr. M. I. HOGAN, Steward, Kings Park State Hospital.
Dr. C. FLOYD HAVILAND, Superintendent, Manhattan State Hospital.
Dr. ROBERT WOODMAN, Superintendent, Middletown State Homeopathic Hospital.
Dr. J. L. VAN DE MARK, Superintendent, Rochester State Hospital.
Mr. M. BRUCE POTTER, Visitor, Rochester State Hospital.
Dr. P. G. TADDIKEN, Superintendent, St. Lawrence State Hospital.
Mrs. E. P. GOODALE, Visitor, St. Lawrence State Hospital.
Mr. R. J. DONAHUE, Visitor, St. Lawrence State Hospital.
Dr. R. H. HUTCHINGS, Superintendent, Utica State Hospital.
Mrs. F. S. KELLOGG, Visitor, Utica State Hospital.
Dr. ROBERT M. ELLIOTT, Superintendent, Willard State Hospital.
Mr. F. J. MANRO, Visitor, Willard State Hospital.
Mrs. ANNA A. HORTON, Visitor, Willard State Hospital.
Mr. THOMAS J. CLARY, Visitor, Willard State Hospital.
Dr. CHARLES M. BURDICK, Superintendent, Dannemora State Hospital.
Dr. JOSEPH W. MOORE, Acting Superintendent, Matteawan State Hospital.
Dr. CHARLES S. LITTLE, Superintendent, Letchworth Village.
Dr. WALTER N. THAYER, Jr., Superintendent, Institution for Defective Delinquents.
Dr. ETHAN A. NEVIN, Superintendent, Newark State School.
Mrs. EDNA E. LAMPERT, Visitor, Newark State School.
Mrs. MARY D. KANE, Visitor, Newark State School.
Mr. GEORGE H. WATSON, Visitor, Newark State School.
Dr. CHARLES BERNSTEIN, Superintendent, Rome State School.
Mrs. ANNA D. RAYLAND, Visitor, Rome State School.
Dr. O. H. COBB, Superintendent, Syracuse State School.
Mr. MELVIN Z. HAVEN, Visitor, Syracuse State School.
Mr. WM. ALLEN DYER, Visitor, Syracuse State School.
Dr. WM. T. SHANAHAN, Superintendent, Craig Colony.

Mrs. CHARLOTTE GLENNY, Visitor, Craig Colony.

Dr. GEORGE K. BUTTERFIELD, Medical Director, Marshall Sanitarium, Troy, N. Y.

Dr. RAYMOND F. C. KIEB, Commissioner of Correction, Albany, N. Y.

Dr. V. C. BRANHAM, Medical Director, State Committee on Mental Hygiene, New York City.

Dr. FRANKLIN W. BARROWS, State Department of Education, Albany, N. Y.

Mr. FREDERICK J. MERRIMAN, Assistant Attorney-General, Albany, N. Y.

Mr. ARLEIGH D. RICHARDSON, Ilion, N. Y.

Mrs. HORATIO M. POLLOCK, Albany, N. Y.

Mrs. FREDERICK D. COLSON, Albany, N. Y.

MORNING SESSION

Dr. Parsons in the Chair.

The CHAIRMAN: Will the Conference please come to order? At an Albany Conference, unfortunately, there is no member of a Board of Visitors to make a welcoming speech. It falls upon me on this occasion to say that the Department is glad to see so many present and I hope that the Conference will be a satisfactory and informative occasion.

We will proceed at once with the program. The first number, we will modify the order somewhat, is a statement of "Legislative Matters of Interest to the Department" by Mr. Lewis M. Farrington, Secretary of the Department.

(Mr. Farrington's paper appears in THE PSYCHIATRIC QUARTERLY for April, 1928.)

The CHAIRMAN: Is there any discussion on Mr. Farrington's statement of pending legislation or any questions that you desire to ask?

It had not appeared to me that this year the Department was harassed by unfortunate legislation to the extent that it has been in other years, but with Mr. Farrington's rather imposing list of modifications of laws which do affect the Department, it would seem to be necessary to modify that view somewhat.

Although not threatened seriously in any direction, perhaps the worst bill so far as the operation of the institutions is concerned is the civil service bill which requires all applicants for positions to be citizens of the United States. It would work a very serious hardship on the metropolitan institutions, on the border institutions, such as St. Lawrence, Buffalo and Rochester, and perhaps to a minor degree, on all institutions. This bill in its original form, sponsored by the American Legion and declared to have meritorious

features, was one which would hamper the institutions. It was thought undesirable to permit it to pass in its original form and an amendment was made, suggested by the interested legislators and drawn by us, which in a measure obviates very serious difficulty. It is not perfect by any means and not a satisfactory arrangement, but it is better than it was before because I am quite sure that if we had to confine all the appointments in institutions to citizens of the United States there would be very many vacancies, both on the medical staffs and in the lower grades.

Dr. ELLIOTT: I would like to ask if that bill will apply to those who are not citizens and are already in the service? There are at the present time a number of physicians in the service who are not citizens, to say nothing of many employees.

The CHAIRMAN: I should not think so, Dr. Elliott. I would say "no person shall be appointed" only applies to future appointments. I have only considered it to apply to future appointments.*

Are there any other questions to be asked Mr. Farrington in reference to legislative matters pending or already settled in this legislative session? There apparently being none we will pass to the second number on the program which is a paper entitled, "Increase of Patients in the Civil State Hospitals" by Dr. Horatio M. Pollock, Director, Bureau of Statistics.

(Dr. Pollock's paper appears in THE PSYCHIATRIC QUARTERLY for April, 1928.)

The CHAIRMAN: Dr. Pollock's very interesting paper, full of information as it is, is now before you for discussion. I am sure it is a subject in which you are all greatly interested and upon which you have views which will be very helpful to the Statistical Bureau as well as to the entire Department of Mental Hygiene. The question of the rapid increase in the insane is of course something which disquiets all, and I know it disturbs many of the superintendents, as well as everyone who thinks about it. If you have any information to transmit to the Department it will be most gratefully received. I hope the discussion on Dr. Pollock's paper will be free.

Dr. HUTCHINGS: I think Dr. Pollock has contributed one of the most valuable papers that we have listened to at any conference since I have been privileged to attend them. His handling of the very things that we need to know more about has, I am sure, left us all with a better idea of just what our problem is.

There are several points of interest that occur to me, although I shall be brief. First is the increase in the admissions to hospitals. The mental hospitals are only sharing the popularity that has come to hospitals generally in recent years. People are seeking hospital treatment in preference to home treatment. I do not suppose there is a general hospital in a populous

* The bill was vetoed by the Governor.

city that is not crowded. New hospitals are being erected and people are seeking hospital care. This is particularly true of the mental hospitals of the present day as compared with thirty years ago. I myself can see a change in the character of the admissions. There are fewer emergency admissions than formerly. We do not receive as many disturbed or suicidal patients in proportion to the number of admissions as we did in earlier periods. On the contrary we are receiving such conditions as arteriosclerosis, psychopathic personalities, psychoneuroses and forms of mental disorders where the treatment, whether it be at home or at the hospital, is perhaps selective. There is no doubt to my mind that the improvements in our institutions, the advertisement that the hospitals have received, the efforts on our part to draw attention to the curability of mental disorders have all worked to increase the number of admissions to institutions. We have made ourselves a little too popular for our convenience, and we are suffering now the inconvenience of having to receive a great many people who years ago would not have come to the hospital at all. But on the other hand that is a desirable thing to bring about. If we are going to make any impression on the mental health of the community we must be prepared to face our problem. We must encourage the bringing of curable mental patients to the hospital for treatment and I think that after we have passed through this difficult period the millennium may yet be possible or certainly a very much better situation with reference to the mental health of the community as a whole.

I was interested in the statement of Dr. Pollock as to the increase in certain forms of mental disorder and decrease in others. That is possibly explainable on the ground of a better understanding of what constitutes the essential features of certain disorders. I notice that the rate of dementia præcox shows a tendency to decrease and manic-depressives to remain about stationary. It is very difficult sometimes to distinguish between those two conditions. Probably more errors are made in diagnosing cases of manic-depressives and dementia præcox than in any other form. The tendency has been to be somewhat optimistic; the prognosis in a manic-depressive is good and in a dementia præcox unfavorable, and I think that an optimistic attitude on the part of the staff has caused them sometimes to diagnose a case to be the more hopeful form where the symptoms were pretty evenly balanced. It has shown itself in the increase of manic-depressives remaining uncured in the hospital, that shows a steady increase and probably in nearly all those cases it represents an error in diagnosis but I think that error should be corrected when it is discovered. It is difficult to explain in any other way how it is that a large number of manic-depressives remain permanently in an institution.

The arteriosclerotics are also increasing, partly because patients in that condition are now better understood and appreciated. It is not so many years ago that they were first separated from the senile group. Now we have little difficulty in distinguishing between them and the result is that the arteriosclerotics are increasing and the seniles are remaining stationary, whereas if that error was not the explanation they would both be increasing.

The CHAIRMAN: Thank you, Dr. Hutchings. Are there any other comments on Dr. Pollock's paper?

Dr. DAWES: No one can fail always to be interested and impressed by what Dr. Pollock has to say. While I do not consider myself competent to discuss his paper very much, there is one part I am particularly interested in and which I would like to speak about, that is the foreign-born first admissions. I want to put in an addendum to that. The so-called Johnson Act or Quota Law limiting the number of aliens coming into the United States was supposed at the same time to better the class and quality of the immigrants coming in and to give the doctors at the ports of entry a better opportunity for examination, therefore, the supposition was that we would exclude a great many more of the undesirable aliens. As a matter of fact since this Quota Act went into effect there has been a steady rise in the number of undesirable aliens coming to the attention of the Bureau of Special Examination. I do not know why it is, certainly there are fewer immigrants coming in but more deports are being seen every year. In one day a representative of the Bureau of Special Examination saw 16 deportable aliens, in one morning, they were new cases all in Bellevue Psychopathic Ward, everyone of them in this country less than five years. It is no unusual thing for Dr. Barton to see six or seven in one visit. Why it is there are more I do not know. Our Department has removed, since the first day of July, over 60 deportable aliens at their own expense and sent them to Europe in care of competent attendants rather than take a chance and wait for the Federal Government to lay down on the job. I would like to have Dr. Pollock give me an explanation why there seems to be so many more deportable aliens now when we should see fewer. I would like to know why it is.

The CHAIRMAN: Dr. Bernstein, we will be glad to hear from you.

Dr. BERNSTEIN: I think there is a very marked sociological aspect presented by the discussion of Dr. Pollock's paper. Because of the fact that just now industrial depression is so prevalent, larger numbers of admissions through a given period have been brought to our attention. Dr. Pollock shows us that a large proportion of these admissions came from our cities rather than from our rural districts. Due to our present industrial depression a great many people who are out of a job and more or less despondent and maladjusted become depressed, poorly nourished and break under such conditions of stress and maladjustment.

Possibly the enlarged clinic activities are a considerable factor in hastening some admissions. As patients appear at our clinics they are more carefully diagnosed and many conditions are recognized as tendencies towards a breakdown.

In Rome at the present time the industrial situation is very acute. One large industry employs 2,500 men; they are opening a plant which is entirely new and put on a modern basis of automatic machinery, etc. They intended to move into this new plant January 1, but because of the present industrial depression they did not move as such action would have caused the lay-off of from one-third to one-half of the men. Such changes in plants have occurred in other places which employ a large number of people, and with the present industrial state they do not know where to turn for work and they are more or less deprived of social and economic satisfaction and of a healthy environment in which to live. More careful consideration should be given to the medical problems and more consideration to hygiene principles as applying to all poorly, socially and economically adjusted persons. One point brought out in the discussion is that the foreign-born people are living more or less under great stress, they are put under greater stress when out of employment and a number of them appear as social problems without proper nutrition and environment and thus more are going to appear at our clinics and hospitals as mental cases.

The CHAIRMAN: Are there any other comments?

Dr. ELLIOTT: I endorse what Dr. Hutchings has said regarding the value and excellence of Dr. Pollock's paper. About two years ago Dr. George Robertson, Superintendent of Morningside Mental Hospital at Edinburgh, read a paper in London under the auspices of the British Medio-Psychological Association. The title of the paper was "Mental Hygiene" and he explained in connection with it that he was using the statistics published by the New York State Hospital Commission, which, of course, were prepared by Dr. Pollock. The president of the association in commenting on the paper and complimenting Dr. Robertson concluded by saying he was sorry that he had been obliged to go to America for his statistics. I think the Department is fortunate in having Dr. Pollock in his capacity as statistician.

We have looked into the matter of admissions from the Willard district covering a period of twenty years and find that from the nine counties comprising our district, exclusive of Onondaga County which contains the city of Syracuse and which was added to our district only some five or six years ago, there has been no increase in the admission rate. These nine counties are rural in character, Auburn being the largest city with a population of about 34,000; the next largest cities being Geneva, Ithaca, Corning and Hornell with populations of about 16,000 each. The population of these

nine counties has remained about stationary for the past 20 years and there has been no change to speak of in the admission rate, which bears out Dr. Pollock's statement that the increase in the past two years has been chiefly in metropolitan districts.

Dr. Pollock in concluding his paper referred to the apparent ineffectiveness thus far of mental hygiene, in that the admission rate has been steadily increasing in the State as a whole. We must all admit however, that much progress has been made in general hygiene, particularly in industrial life, and in sanitation, which has doubtless accomplished much to lessen the prevalence of physical disease, and what improves the physical health should have beneficial effect upon mental health, but the latter is not apparent. Dr. Hutchings spoke of home conditions as important factors in the production of certain mental disorders, especially dementia præcox and manic-depressive psychoses, but we have to admit that these disorders develop in families where the home conditions are all that could be desired. It is not the fashion these days to refer to the influence of heredity as an etiological factor, but, nevertheless, I firmly believe that this plays, if not the chief roll, a very important roll in the production of these two types of disorder which make up about forty per cent of the admissions.

The CHAIRMAN: This meeting started out in a proper tone but so far it seems to be resulting in the apotheosis of Dr. Pollock. In order that the Department may be on record, I am glad to approve of what Dr. Elliott has said of Dr. Pollock. The Department considers itself very fortunate in having at the head of its statistical bureau a person as respected and well known as Dr. Pollock. I think we are safe in saying that the State has in Dr. Pollock the outstanding statistician in mental disorders in this country.

Dr. SHEEHAN: As regards the increase in patients in our State hospitals, the point made by Dr. Hutchings that the general public is becoming more educated to the advantages of hospitals is a good one. I find that there is much less difficulty in persuading people to consent to the admission of their relatives to the State hospitals. There seems to be quite an appreciable difference in the attitude toward the hospitalization of patients in State hospitals. I believe that in itself is a very great factor in accounting for the increase in the hospital population.

Dr. WOODMAN: I arise to say something to the credit of the Department as a whole. Several years ago there was published in the reports of the Department, a map which showed the distribution of cases by counties and it was characteristic of that map that the ratio per hundred thousand of patients and the admission rate per hundred thousand of the counties was very closely in accord with the accessibility of the particular neighborhood to a State institution for the insane. To put it a little differently, the people

who could easily get to a hospital and easily visit and knew most about it were the people who sent their relatives to the State hospitals, and those who lived in districts far away where it was hard to get to a hospital, where their knowledge was limited, had few patients in State hospitals. It is inconceivable that insanity is contagious or that there is really higher rate of mental disease in the counties close to the institutions. It is due to a better knowledge of the work of the hospitals and the sending to the hospitals of a larger number of people who need care. So long as that condition prevails and so long as a very considerable number of people who can profit by our attention remain in the community and whose families can profit by having their mentally diseased members removed from their midst, so long I think we will have to expect patients to increase, as our facilities increase and improve. That is to the credit of the Department and shows there is a wider appreciation of its work.

The CHAIRMAN: Are there further comments?

Dr. HAVILAND: It is Dr. Pollock's own fault in presenting such an interesting paper that he has been obliged to hear such laudatory remarks about himself. Under the circumstances he is bound to have encomiums heaped upon his devoted head.

It seems to me it would be most desirable to have such a paper as Dr. Pollock has presented at least once a year, thus allowing us to take stock of the situation with which we are confronted. While the statistical data he has presented indicates a serious situation, it is, as has been pointed out, perhaps not so alarming as would at first appear. The rates of total first admissions and of patient population have not shown a corresponding increase. The latter indicates that efforts must be unremitting in seeking increased physical facilities for the treatment of patients, but we must be no less constant in our efforts to maintain the high standards of medical efficiency which in such large part accounts for the increased number of patients for whom we are obliged to care.

The CHAIRMAN: Are there any other remarks? Have members of the various boards any comments to make?

Dr. GARVIN: Dr. Pollock deserves a lot of credit for his painstaking piece of work. His figures as to the number of excess patients admitted during the last fiscal year is alarming and would be more so were it not for his reassurance that the rate itself is not so much on the increase. Our hospitals are now used much earlier and more extensively than formerly. The prejudice against them is gradually breaking down. Such is the case with respect to general hospitals which have multiplied enormously and are admitting more patients than ever. I can recall the time when there were only a few hospitals in New York City, and people preferred to die in their beds rather than go to Bellevue, fearing the black bottle or being cut up.

This fear has largely disappeared. What our hospitals need is more and better provisions for mild psychotic and borderline cases. At the present time, at Binghamton, we are obliged to lodge these types of patients with the manifestly insane. When voluntary cases do come to us, they are apt to remain only a short time, not liking their surroundings.

Mr. FARRINGTON: I wish to refer very briefly to the circular letter which went out to the hospitals last fall covering the first months of this current fiscal year. I think most of the superintendents will recognize that their suggestions have been very good indicators of the current trends as brought out by Dr. Pollock's study. The replies that were received from the superintendents at that time were considered by Dr. Pollock in part in establishing the basis of this study.

One thing I would like to refer to is the increased rate in urban communities as compared with the rural communities. So far as I am aware no really careful study has been made, but many of you will realize that in the past decade there has been a positive revolution in the manner of life in many rural communities. The improved roads, the automobile, the tractor snowplow, the radio, the extension of telephone service, the extension of electric power lines and the installation of modern heating and plumbing systems, have literally brought about a revolution in rural life that may very well be a factor in this incidence of mental disease. I believe that may be partly responsible for the decrease because of the greater entertainment, the removal of isolation and the easier life for the rural dweller of both sexes; in contrast with that has there been any such marked change in the life of the urban dweller of the past decade? It would be very interesting if a study could be made of that.

Of course we know that some of the secluded rural sections are nests of feeblemindedness; they get along under primitive conditions but cannot get along in urban centers. That applies to certain cases of mental disease, the less fortunate drift to the cities or else drift off to the more primitive sections and lead a simple existence, but in the normal life of people throughout the rural parts of the State, even in the Adirondacks, there has been nothing less than a revolution in the past decade in the manner of living, entertainment, opportunities for contact with others and ability to have and enjoy what we call the more modern improvements.

The CHAIRMAN: Are there any further remarks? If not, I call on Dr. Pollock to close the discussion.

Dr. POLLOCK: I certainly appreciate the kind words of the members of the Conference. We enjoy a little praise whether we deserve it or not.

I wish to call your attention to one point which I think is not entirely clear; namely, that a uniform rate of first admissions may mean large addi-

tions to our hospital population. Our hospital population is increasing at a faster rate than our first admissions. I can illustrate the point by referring to the growth of the general population.

We all know that our general population is increasing while our birth rate is declining. The birth rate has been declining for a long time but at the same time our death rate has been declining faster. The ratio between the incoming and outgoing groups determines the growth of the population. We have a similar condition in our State hospitals. Although the first admissions are not rapidly increasing, the patients are continuously coming into the hospitals faster than going out. So long as they do that our hospital population is going to increase.

I agree with practically everything that has been said in the discussion; still, I am quite convinced of the fact that there is an actual increase in mental disorders in large cities. The stresses of the great city, together with syphilis and alcoholism, are proving too severe for an increasing proportion of the population.

The CHAIRMAN: It seems proper that from time to time the Department should give an account of itself to the Quarterly Conference. I like to think of the Department not as being an autocracy with an office in Albany. The Department of Mental Hygiene is a department which is spread over the entire State. In various communities there are institutions which report to the Department and to the institutions there are avenues and arteries of information and interest which extend both ways. I feel that from time to time the Department ought to give an account of its stewardship to the superintendents, to the members of the Boards of Visitors and to the responsible public. The Department is responsible to the institutions and they to the Department.

The Department is comprised of institutions and an Albany office. Without the institutions we would have no occasion for a department. If the institutions do not function well we do not have a satisfactory department. If they do function well and we do our work then we have a department in which all can take considerable satisfaction. In order to give you some account of things in general we have had this meeting today.

Mr. Farrington spoke of legislation, preceding Dr. Pollock's statement of population conditions.

The Department is, I am glad to say, at peace with the world. When presidents, and kings report on affairs of the state, they include a statement of their relations with their neighbors. With the various departments in Albany, we are in a state of accord and I know of no direction from which we are being menaced.

I am glad to say that all the institutions are in a very comfortable state. In no institution in the Department are investigations pending nor are

there questionable conditions. Each institution in its community bears an excellent reputation, which probably has much to do with what Dr. Pollock has had to say about the increase in patients. The reputation which the institution has in its immediate vicinity has much to do with the rate of admission. People will send their relatives to an institution in which they believe patients are well treated. I am glad to say that aside from minor criticisms, largely from poorly-informed individuals, no institution in the State is under attack.

We are happily situated financially. In no institution is there any discomfort by reason of inadequate appropriations. This year a somewhat different budget method was followed. At the request of the Director of the Budget, who was convalescing from a serious illness, it was thought desirable to have budget hearings which could be terminated at any time when he felt so disposed. He asked if I could not represent the various institutions at budget hearings. That arrangement was entered into and I hope that it meets with the satisfaction of the group. If we look back upon other years one is justified in thinking that the presence of the superintendent did not always help. When we reviewed the outcome of the hearings we found that the Department as a whole had satisfactory results. I do not know what the plan will be next year. We may continue what was begun this year or the presence of the superintendents may be desired. The finances of the hospitals are apparently adequate, they are getting through with a satisfactory maintenance balance except in those institutions which have abnormally high populations. In those we had no difficulty in getting deficiency appropriations.

One question which is now pending is the time service for employees in the State schools and Craig Colony. Chapter 515 of the Laws of 1927 gave the older employees of the State hospitals $350,000. An employee who had been in service for three, five, ten or fifteen years received a $3.00 per month increase for each of these periods completed. Apparently it was a satisfactory arrangment. It compensated the old employees who were valuable to the hospitals and it is highly desirable to extend that practice to the schools and to Craig Colony. It has been impossible to get a determination on that question in the last few weeks. The gentlemen of the Legislature are so harassed by other matters during the closing days of the legislative session that it does not seem quite fair to burden them now. We have until next June when the schedule is filed and we hope to persuade the chairmen of the finance committees and the Director of the Budget to allow time service for the schools and Craig Colony similar to that which is enjoyed by the employees of the State hospitals.

The Department recently made two important promotions by the appoint-

ment of Dr. Isaac J. Furman to fill the vacancy in the position of superintendent at Buffalo, and by the appointment of Dr. Philip Smith to fill the vacancy in the position of medical inspector. This latter appointment brings up a question of policy. In the past the Department appointed medical inspectors from the superintendent's list. That practice had certain desirable features. It gave a person who was shortly to be made a superintendent the advantage of having an opportunity to go about the State and see the good and bad things in all the institutions. While it was good for the candidate it was not a particular desirable thing for the Department because we frequently found that the medical inspector was being changed too often to result in satisfactory inspections. The position of medical inspector was conceived with the idea of having inspections of the institutions rather than for the education of the inspector. Particularly in licensed institutions for private patients there are many matters constantly pending. It is somewhat embarrassing to change the medical inspector too often and find that the recently appointed inspector is not familiar enough with the situation to settle at the time minor matters in private insitutions.

A suggestion has been made by Dr. Smith that we might appoint as deputy medical inspector a first assistant, detailing him for a period, of perhaps a year, allowing him to live in his institution during his detail as deputy medical inspector. I imagine there are certain hospitals which might be able to allow the first assistant to be absent from the institution for the period of one year. It would be a desirable thing because then we could educate the deputy medical inspector and preserve the uniformity which we need in the inspection division. I submit that feature to you and ask that you discuss it. As I said before, it seems desirable that the experience and information of this group flow into this office. I would like to have the benefit of your experience.

There has been talk of overcrowding, increased admissions and the increased number of paroles. The question of paroles is one in which I have been personally interested in the last year and a half. I think it is highly desirable that we do not deceive ourselves by the number home on parole. We should have a uniform practice in the matter of re-paroles. The high percentage in some hospitals may be due to the practice of re-paroling individuals. It is very proper for the institutions to parole patients who can get along outside and that type of parole is most desirable. It is beneficial to the individual and of course it is helpful to the institution. To take pride in a high percentage of patients home on parole and to keep it high by the re-parole of patients who should be discharged at the end of the trial period is not a practice to be recommended. I do not like to say no patient should be re-paroled. Sometimes it is warranted but

I think it should be permitted in very, very few instances. Because relatives feel more comfortable if patients are on parole is not a satisfactory reason for re-parole.

The Department hopes to do something with the colony plan. In three institutions steps have been taken in this respect. We have legislative approval in the shape of an appropriation for $10,000. I did not want the Department to be put in the position of being criticised for embarking on a colony plan concerning which the Legislature had no information. Now they have stamped it with the seal of their approval. I hope that we will be able to see in the next twelve months a moderate number of patients in colonies. I would like to see colonies started by enthusiastic individuals. I would like to see it gone into in a small way. I would be satisfied at the expiration of twelve months if there were 200 patients in colonies. That is a number, reasonable and of possible attainment. I have no doubt in my own mind that patients may be colonized to the benefit of a small portion of the hospital population. If asked what the policy of the Department is, I would say, it is prepared to give considerable latitude. Perhaps out of the variety of the experiments which I hope will take place this year there will be experience upon which we can base a definite policy but until we have had that experience I am inclined to give considerable scope. The Department's rules which hamper the gainful employment of patients will be set aside for this experiment.

In the near future the United States Veterans' Bureau will open its Northport institution. Northport will be licensed by the Department as a private institution just as United States Veterans' Hospital No. 81 is at the present time and the Veterans' Bureau will probably desire to have transferred to their care at Northport ex-service bureau beneficiaries in our institutions. It will be highly desirable to have the Federal Government take care of all these patients. I do not think all of the Veterans' Bureau beneficiaries can be taken into the hospital at Northport. First of all its capacity with not permit. There will be a number whose transfer to the Veterans' Hospital will be obtained with great difficulty. I do not imagine there are many up-State patients whose relatives will consent to their transfer to Northport, Long Island. It is necessary to remember that the Veterans' Bureau cannot order their wards transferred on their own motion but upon receipt of word that the transfer of an individual to Northport is acceptable to the friends and to the Veterans' Bureau, the Department will very gladly issue the necessary order authorizing the transfer of the patient. I think the various superintendents ought to urge transfers,—not insist upon them, —but gently urge, perhaps succeeding in persuading relatives to consent to a transfer to Northport who otherwise would object. They will take no

ex-service men who are not bureau beneficiaries. In the various institutions there are many men who are ex-service men whose disability is not recognized and accepted by the United States Government. They are ex-service men but they are not Veterans' Bureau beneficiaries. In Northport, as in No. 81, only patients for whom the Veterans' Bureau accepts the responsibility are eligible. There will be enough ex-service men for the unit at Kings Park, to function as a veterans' unit. They can be transferred there from other institutions. This unit at Kings Park is in use now and accommodations for an additional 100 patients are available at the present time. That will put into use the entire Veterans' Unit at Kings Park.

The greatly overcrowded condition of the hospitals is of course something in which the Department is concerned and which it would be very glad to see relieved. In looking forward to relief from the overcrowding the Department is establishing a new hospital. We have had very great difficulty in finding a suitable site. It was easy to buy land in small parcels but large acreage near New York City is not easily acquired. To find a desirable piece of property in the vicinity of New York at a price within our purse was an extremely difficult thing. A site was found and it consists of 1,000 acres, is 40 miles from New York and 4 miles west of Central Islip, the nearest village being Brentwood. It is in one piece, one person owns it and he is willing to sell for a reasonable price. The land is flat with the same soil as Central Islip. There are no water difficulties in connection with it nor sewage disposal difficulties. It is approximately one mile from the railroad. The land has been purchased and we will probably take title to it the first of April. What is the best thing to do with it? We need 10,000 additional beds in the metropolitan district. Hospitals are not made in a day. If we start a hospital it is years before we have a completed institution. If we need 10,000 beds, is it better to have five 2,000-bed hospitals, two 5,000-bed hospitals or one of 10,000 beds? I know we will not all agree on this matter. We will have to compromise between what is ideal and what is possible.

From studies prepared by the State Architect, we learn that we can build two 5,000-patient hospitals for $30,000,000, and we can build one 10,000,-patient hospital for $23,000,000. That means the State can save $7,000,000. Are we rich enough to afford to throw away $7,000,000? I do not think we are. I am in favor of a large hospital for I believe a 10,000-patient hospital can be developed on Long Island, and a plan has been prepared, which will be administered with very much greater ease than some of our larger hospitals at the present time. A 10,000-patient hospital will be symmetrical and close-coupled and will be administered far more easily than Ward's Island or Central Islip, or even Hudson River with its buildings widely spread, three miles from one end to the other. It can be administered and it can be economically run without great detriment to the patient. The plan is merely

on paper and is not a settled scheme by any means. It looks forward to the establishment of a 1,000-patient admission service, four groups of four buildings each with 500 patients centered around a dining-room for 2,000 patients and with provision for tubercular patients. The entire layout with ample space between the buildings covers but three hundred acres. In addition to the very great structural saving of $7,000,000 the studies show that if the personnel for one 5,000 unit is represented by the figure 100, the personnel for a 10,000-bed hospital is represented by the figure 160. In other words, with 60 per cent increase in the personnel we get 100 per cent increase in population. That means that the institution can be run and 10,000 patients can be cared for at an annual saving in personal service of $555,000. I hope you will study the charts which have been carefully prepared and the analysis. I think you will find the figures to be correct and I believe the layout we have in mind is feasible. Instead of one 10,000-patient hospital we might plan two 5,000-patient hospitals with a joint admission service, with a joint tubercular service, with a joint laundry, bakery, power house and electric light service. There is no objection to having some of these services used jointly. Before the Conference closes I hope there will be serious thought given to the questions I have raised.

For the guidance of the Department, perhaps the question of the deputy medical inspectorship might be debated now.

Dr. SMITH: I am in favor of this proposed plan which Dr. Parsons has outlined in regard to appointing a deputy medical inspector from one of the first assistants in the State hospitals.

The positions of medical inspector and deputy medical inspector should be filled by men who have some standing, experience and prestige in the State hospital service. The medical inspector in the past has been selected from the eligible list for superintendent and usually was appointed to the next vacancy as superintendent, although a number of superintendents have been appointed who have not held the position of medical inspector.

The position of deputy medical inspector was created several years ago and I was the first incumbent of that position. The position ranks with that of a first assistant physician and appointments are made from the list of senior assistant physicians who are on the eligible list. Some objection might be raised to have a man who has only recently been a senior assistant physician come into a hospital and decide questions or make recommendations. The attitude would be different toward a man who already is a first assistant in a hospital and has had considerable administrative experience. His judgment and opinions would carry more weight than in the case of a man who has only had the experience of a senior assistant physician.

If a first assistant physician were selected from a hospital to fill the posi-

tion for a year or perhaps a little longer, it would give such a man the opportunity to observe the management and operations of the different State hospitals. It would not only be of great advantage to the man himself but would be of benefit to the institution on his return, in putting into operation other ideas which have come under his observation; he also would be better fitted to become a superintendent than if he had not obtained this insight into the management of the different institutions.

During the absence of such a first assistant, one of the men in the grade of senior assistant physician could be detailed to be the acting first assistant and in that way could obtain the experience which otherwise may not be possible. During this period an additional physician could be assigned to the hospital to fill one of the subordinate positions.

I have mentioned this plan to several superintendents and the opinion has been expressed that it seems to be a good idea and that no doubt it would serve as added training and experience for the first assistant physician, so detailed as a deputy medical inspector, and on his return the institution would be benefited by his wider knowledge and experience.

I hope that some way can be seen in the future to place such a plan in operation.

The CHAIRMAN: I shall be very glad to have expressions of opinion from the various superintendents in reference to Dr. Smith's suggestion. What do you men think about it?

Dr. GARVIN: Dr. Smith talked over this plan when in Binghamton last week, and it seemed to have many good features. I believe the physician of first assistant rank assigned to the position for a year or so should be permitted to retain his present quarters and maintain his family at the hospital, otherwise he would be out of pocket by making the change.

I think the majority of progressive first assistants would be glad of the opportunity of visiting the various hospitals in the Department in order to see what they were doing along administrative and medical lines. They would prove of greater value to the Department by reason of their experience than is the case under the present system, and would return to their respective hospitals after their period of service much better equipped to carry on their work, and eventually to assume higher positions in the service. I am certain, also, that they would be in a position to suggest to their superintendents a number of new ideas gleaned during their period of service. It is by visiting other institutions and observing the work and learning the experience of other men working along similar lines as ourselves, that we pick up many valuable ideas which we can with advantage use in our own hospitals.

Dr. Smith has been in the service a great many years and when he offers

a criticism or suggestion, we accept it and endeavor to put it into practice. The young physician detailed to the work without any administrative experience or with but limited clinical ability is not very apt to be listened to seriously by a superintendent, nor is the young man prone to offer suggestions. I would be in favor of giving the plan a trial.

The CHAIRMAN: The detail would be made only with the approval of the superintendent. We would have to find a superintendent who is willing to spare his first assistant for the experience, and I think it would be proper to detail to that position only men who are ambitious and likely to obtain high places on the lists of those eligible for the position of superintendent.

Dr. ELLIOTT: This plan is worth trying and it can be discontinued at any time if it does not prove to be satisfactory. In view of what Dr. Garvin has said that some of the first assistants who are married and have families may not want to undertake this work, it might be possible to select some one who is a bachelor and who would have no home ties.

Dr. ROSS: There is another side to this question which should be considered. Not only will the individual who is appointed deputy medical inspector be benefited by the experience he will gain, but the Department, as a whole, will be benefited by the information which he will obtain and disseminate in other institutions.

My experience as a medical inspector leads me to believe that all the bright ideas in the Department of Mental Hygiene are not located in one hospital. I came to the opinion that each superintendent had about one bright idea and used it to the limit. When the medical inspector comes in contact with the superintendent, he gains valuable information and when appointed to a superintendency of a hospital himself, he utilizes the various ideas he has gained to the advantage of the institution over which he has control.

It must be remembered that the salary of the deputy medical inspector would represent less than the salary and maintenance of an assistant physician in the service. It would be impossible to obtain a suitable physician who could occupy that position permanently at the salary paid. If a physician was designated to fill the position for a period of time and have maintenance in his institution, it would be possible to carry on this work to the advantage of the physician and the service.

I think we are moving in the right direction and I believe that the benefit to the Department, as a whole, would more than compensate for the disadvantages that the hospital might undergo during the absence of the physician.

Dr. TADDIKEN: Except for the one-idea statement, I agree with Dr. Ross. I realize if we were to lose our first assistant physician it would mean more work for the superintendent and the remaining members of the medical

staff, but I think most of us would be quite willing to do the additional work. I believe that the two first assistant physicians at St. Lawrence would willingly accept such an appointment, if offered, and it would be entirely agreeable to me. I am convinced that the new ideas they would develop as a result of these visits to other hospitals would be of benefit to St. Lawrence.

The CHAIRMAN: Is there any further discussion on this subject? If not, we will pass on to the next topic, i. e., number of patients home on parole.

Dr. GARVIN: In order to establish uniformity in the practice of paroling patients, all the hospitals should follow the instructions of the Department, and discharge all patients at the end of one year's parole, unless there is some outstanding reason for re-paroling the patient for a second year. If the practice of re-paroling for an additional year is continued too liberally, by one of the hospitals, this adds to the number on parole and affects, of course, the comparative parole figures of the several hospitals. Binghamton is now re-paroling patients only in exceptional instances.

Dr. HUTCHINGS: This is one topic that has escaped the eagle eye of the statistician. Why not get the figures? Let's see who is re-paroling patients. I suggest we get some information as to just how many on parole have been out more than a year.

The CHAIRMAN: That can be done by circularizing the institutions.

Are there any further remarks regarding the number of patients home on parole?

Are there any remarks regarding the colony situation as applied to the State hospitals for the insane?

Dr. GARVIN: Mr. Graney, our steward, Dr. Smith and myself have recently been looking up the matter of renting a desirable farm for the purpose of establishing a farm colony, within two or three miles of the hospital. A few could be utilized for the purpose, while the majority offered us could not. We would need a dwelling house to accommodate at least 20 patients, the necessary employees, a barn for some cows and horses, a satisfactory water supply for drinking, cooking and bathing purposes, and sufficient acreage of land suitable for cultivation so that the patients may be employed. The hospital would of necessity have to expend some money for equipment; provide a spray bath, some lavatories and simple toilet facilities. The employee personnel we would be obliged to detail from our present ward allotment, as we have no special items available for the purpose. We should not forget that we have standards for the care for even this group of patients, and that the relief of the overcrowding is not the whole question.

The CHAIRMAN: I do not think a five-year lease desirable. I should like to see provided means for the occupation of patients in the community. The important factor is relief of overcrowding, but if we should provide oppor-

tunities for the patients to make money and to contribute to their own support, I believe that should be our aim. I think it would be splendid if the patients could put themselves on a partly sustaining basis. Let them work outside; let them save some money and contribute small sums toward their maintenance.

Is there anything more to be said?

Any questions arising concerning the Northport situation?

Dr. TADDIKEN: In reference to the transfer of these United States Veterans' Bureau Beneficiaries to the Northport Hospital, should the consent be obtained from the family or the committee?

The CHAIRMAN: I believe we should have the consent of the committee.

Dr. ELLIOTT: We have at Willard two ex-service men, both of whom have the same committee. He has been notified by the Veterans' Bureau that they want these two patients transferred to the Northport institution. One of these patients has no relatives and the relatives of the other live on Long Island. There is no reason why these two patients could not be transferred, and I assume it is the business of the Veterans' Bureau to pay the expenses of the transfer.

The CHAIRMAN: I think the Veterans' Bureau are willing to pay the expenses of the transfer and pay a per diem rate for an employee off hospital duty. I believe the per diem rate is $5.00.

Dr. HAVILAND: I would like to ask if the central office of the U. S. Veterans' Bureau is to be consulted in regard to the transfer of ex-service patients between the different State hospitals. I received a communication this week regarding the recent transfer of 50 ex-service patients from the Manhattan State Hospital to the Kings Park State Hospital in which it was implied that the central office should have been notified before the transfer was effected. While I can understand that the U. S. Veterans' Bureau may have certain jurisdiction in the matter so far as compensable cases are concerned it would not seem that they have any authority in regard to non-compensable cases, and as a matter of fact I doubt if the authorities of the Veterans' Bureau intend to assume any regarding the latter.

The CHAIRMAN: The U. S. Veterans' Bureau has no right to order the transfer of patients, but the Department will approve any arrangement made between the Veterans' Bureau, the patient's friends and the respective superintendents.

We have had nearly a three-hour session and we have rather a short program for this afternoon. I suggest that we adjourn now and reconvene at two o'clock.

The meeting stands adjourned until two o'clock.

AFTERNOON SESSION

The CHAIRMAN: If the Conference will please come to order, we will continue the discussion by speaking of the new hospital. Are there any ladies or gentlemen present who have views which they care to express, for the guidance of the Department, on the size of a hospital?

In order to start the discussion, I call upon Dr. Taddiken.

Dr. TADDIKEN: The first reaction would be in opposition to a hospital larger than possibly, 3,000 beds, but from the facts you have given us, I cannot see how we could properly spend so much more money in building several separate institutions when under suitable administration, one large institution could be managed with less expenditure and with equal care and treatment of the patients. It would seem to me under the conditions as outlined, I would be in favor of the larger hospital.

The CHAIRMAN: I would like to suggest that some of the men from smaller hospitals speak first.

Dr. Moore, have you any thoughts about the size of the hospital which you care to express?

Dr. MOORE: I cannot conceive of a 10,000-bed hospital although I have spent four years with Dr. Smith who has talked 10,000-bed hospital for ten years and I know very well he would say: "I told you so."

I, personally, would be against a large hospital. The only compromise I can think of would be two 5,000-bed hospitals or three 3,000-bed hospitals run as entirely separate units but perhaps, sharing the service section and facilities, but each one run entirely separate with its own superintendent and perhaps a general superintendent over all. It is especially inconceivable for one man to run a 10,000-bed hospital and know the first thing about anything that goes on in his hospital. Whether two or three smaller units banded together under a general hospital head could still be run much more cheaply than three separate hospitals in different places, I am not sure.

The CHAIRMAN: Will some of the other men give expression of their views regarding the desirability and undesirability of a large hospital?

Dr. GRAY: I have always taken great satisfaction in having an intimate contact with all the patients in our hospital, for I feel it means a good deal to the individual patient. A hospital with a population greater than 2,500 would be beyond the possibilities of this intimate contact. This point however may be overlooked in a State-wide policy of erecting larger hospitals. Once, several years ago, while the superintendent was away Dr. James visited the hospital in the interest of the Hospital Development Commission and spent three or four hours inspecting various parts of the grounds. He quizzed me on my ideas of 3,000, 5,000 and 10,000-bed hospitals. At that

time I was not interested in the larger institutions, but from what was said by the Commissioner this morning the question has been raised in my mind whether it would be a good policy to continue the smaller-sized institutions.

I would be inclined toward the larger hospitals from the economic standpoint, but there is a great deal to be said from the individual patient's point of view and I believe he is more apt to lose his identity in the super-hospital and not be returned to his family and former occupation as soon as he would from the smaller hospital where he can the better appreciate his relationship with all the resident officers, employees and patients.

The CHAIRMAN: Dr. Hutchings, you represent a moderate sized hospital. Have you anything to say?

Dr. HUTCHINGS: Since coming to Albany and since hearing Dr. Pollock's paper this morning, I am conscious of a change in my point of view in regard to one aspect of the problem, aside from what you have said yourself, i. e., that we have before us the problem of providing accommodations for the rapidly increasing admissions in the metropolitan district which is a compact district, comprising Long Island and Manhattan, and we have to provide institutions convenient for them. If the old ideas of small hospitals were carried out, it would be necessary to build a line of eight or ten State hospitals somewhere on Long Island which would be separated perhaps, by only a few miles, and I can conceive how these could be pushed up closer together and made a continuous institution with some advantages in overhead. The only thing that must be done in order to establish this large institution which will provide adequately for the needs of that part of the State, is to have an organization which will be the equivalent of ten small hospitals, i. e., the arrangement of the buildings which has already been suggested by the State Architect, in groups so that they can each be administered by a first assistant physician or assistant superintendent, and they can be considered as almost a separate institution under one general supervision of the superintendent himself. It will require some readjustments on the part of some of us who have thought they had a certain responsibility in seeing the patients and knowing what treatment they were getting, but I am conscious of the fact that since I have had oversight of Marcy, that has not been possible to any extent there, yet I see the work goes on there as well as if I were in closer contact with the individual patients. I think it can be worked if the structural arrangements and internal organisms are provided in a way to subdivide responsibility and yet have the general benefits from the larger organizations. The first assistant must take a greater responsibility.

Dr. GARVIN: The Department is confronted with a difficult situation, viz., making provision as far as possible to relieve the present great overcrowding

in the metropolitan district hospitals, to take care of the annual increasing number of admissions in that section, and to provide accommodations for the patients at Manhattan, as it is eventually the intention of the City of New York to take over Ward's Island for a city park.

Since I attended the last meeting of the Committee on Construction, I have heard rumors of the plan to erect a 10,000-bed hospital on a site not too far distant from New York. The thought of such a huge institution is, I am sure, appalling to all of us, as it savors too much of factory methods. In our work we are dealing with human beings, not with inanimate materials.

The statistics which Dr. Pollock has given us, viz.: That, during the fiscal year ending June 30, 1927, there was an increase in the patient population in our 14 State hospitals of 1,891, of which 1,419 represent the accretions in the metropolitan district, cause alarm, and naturally some food for thought. The problem of overcrowding, as shown by these figures, concerns itself chiefly with the New York district. The four hospitals in this section draws its patients from a population of about 7,000,000, which has a higher admission rate for various reasons than the up-State institutions. The population of the metropolitan district is growing by leaps and bounds and in time the city will undoubtedly take in wider areas of population. Dr. Parsons has pointed out that the State cannot very well go on erecting smaller hospitals here and there within comparatively easy access of the city, to take care of present and future needs, both on account of its inability to secure suitable sites, and the high cost of establishing smaller individual unit hospitals as compared with fewer and larger institutions.

The State Architect states that a 10,000-bed hospital would effect a saving of $7,000,000 in construction and also considerable economies in personnel and administration. Whether it will mean better service in so far as the patients are concerned, is another matter. From the psychiatric point of view I have my doubts.

Some twenty years ago the leaders in psychiatric work believed that a 2,500-bed hospital should be the maximum, though the superintendents of the larger metropolitan institutions thought otherwise and contended that a 5,000-bed hospital could be administered as successfully for the benefit of the patients as the smaller ones. I have had experience as superintendent of both 5,000 and 2,800-bed institutions. In so far as keeping in touch with what is going on in the hospital and personally directing the activities, the comparison is all in favor of the smaller hospital.

After all the problem to be solved concerns itself with not what we would like to have, but with the best way of meeting the situation with respect to relieving as quickly as possible the present overcrowing, and making provision for the future reception of patients. This involves a compromise

between what is ideal and what funds we can actually secure for the purpose. This is an era of big business consolidations. Whether modern business methods can be applied to the solution of the problem of rehabilitating mentally afflicted human beings, a trial coupled with well thought-out organization and administration can only decide.

A 1,000-bed reception service is a hospital in itself. This appears to me too large a unit in which to apply the intensive therapy necessary in the case of the more recoverable type of patients. A number of the units would have to be duplicated on account of admitting the two sexes, so there would be no economy in that respect. I think the far better plan, as Dr. Hutchings does, would be to provide a central service unit for two adjacent hospitals, one for male and one for female patients, each to have its own reception unit and wards for the respective sexes; also each hospital to have its own superintendent.

Dr. LITTLE: Whenever I have opportunity, I want to register a protest against large institutions. In the first place I don't believe any medical man when he first studied medicine intended to go into institutional work. He just drifted into it for various reasons. Men who study medicine may become good executives. A few of them are; a good many are not. We are always fighting laymen, legislators and politicians to keep our institutions under medical supervision. Very recently here in Albany one of the important men in the present organization said to me, that if he had his way he would put every institution in New York State with one or two exceptions, under laymen. When you come to the administration of an institution of 10,000 people it is a big executive job and I doubt if we are going to be able to produce the medical man who can handle that job in the right kind of way.

We have all been assistants at one time or another, and we all know perfectly well that we are about one-half as capable assistants as we are superintendents. We know perfectly well when we are assistants that no matter what we do, we are not responsible. The responsibility lies in the superintendent. You cannot get into the heads of those assistants the feeling of responsibility, they would have if they were absolutely responsible for the group.

It is not a business proposition in any way. The running of institutions for the insane or mental defectives, is a human problem. Institutions should be built so that they can be handled as human problems.

Dr. MILLS: I am sorry that I cannot agree with my good friend, Dr. Little. I was brought up in a large institution and have not so much fear of them. At Central Islip some years ago when 1,500-bed hospitals were discussed as the limit, we were approaching 5,000, and we felt that a 5,000-

one could be administered just as well as the 1,500-one. From my experience there and at Brooklyn and observations made while inspector, the main difficulty that I see in the metropolitan district is the admission rate—not those under continued treatment. I believe I would just as soon, or rather, administer a 10,000-bed hospital having proper admission facilities and a reasonable admission rate, than one with only 1,680 beds and a 1,400 admission rate as at Brooklyn. New admissions make most of our work and they are the ones requiring the individual attention; and one needs considerable classification possibilities in the background to assimilate them. While inspector I considered the admission rate at Ward's Island their greatest handicap.

Dr. GIBSON: I certainly agree with Dr. Mills. My experience has always been in large institutions, at Manhattan and Central Islip. As Dr. Mills has said, some years ago the maximum was supposed to have been 1,500, or 2,000, but gradually the number has increased, and I think I am quoting Dr. Smith when I say I would rather have a 10,000-patient hospital with that capacity than 6,000 patients with a capacity of 4,000. It is the great overcrowding that causes all the trouble. If we could have a hospital with 10,000 population with a capacity of 10,000, I think the problem would be very simple to handle. The executive head is personally responsible for the hospital. Dr. MacDonald's wonderful personality extended throughout the hospital.

I was personally interested in what Dr. Little and Dr. Gray said about individual attention of patients and that it would not stand with a hospital with a population of 10,000 but I believe, with competent assistants anything of importance can be called to the attention of the superintendent.

As Dr. Mills stated, the admission rate is our great trouble. We are receiving over 2,000 a year and to hospitalize these people requires a great deal of work. The ones already in the hospital are not the problem. The problem is the ones admitted, and the superintendent's attention could be, of course, called to these new patients and his contact established with them, and not with the ones in continued treatment.

I am very much in favor, and Dr. Smith is also, of course with this proposition of the large hospital. My experience has been that the administrative part can be as well carried on in large institutions as it is in the smaller ones.

The CHAIRMAN: I call on Dr. Haviland to continue the discussion.

Dr. HAVILAND: I am sure nobody considers a 10,000-bed hospital desirable from a theoretical standpoint, and such an institution would not be under consideration today were it not for the existing overcrowding in the State hospitals and the increased admission rate during recent months. In such connection it would appear desirable to bear in mind the point empha-

sized by Dr. Pollock in closing, i. e.: That while there has been a decided increase in the number of admissions to the hospitals the rate of incidence of mental disease per 100,000 of the population has not materially increased.

While, of course, we are confronted with a tremendous problem with respect to inadequate and insufficient hospital facilities, yet, after all, other factors aside from mere increased number of patients must be considered. We know that for years the State failed to provide hospital facilities proportionate to the number of patients admitted to the State hospitals, so there was a constant increase of overcrowding for many years. The distressing situation was materially intensified during the war period when new construction practically ceased, and hence today we are confronted with an abnormal degree of overcrowding which should and must be relieved. However, because the present situation is extreme is no reason for a departure from established principles of procedure unless it can be definitely shown that the interests of the patients will not thereby be prejudiced.

I have been in large hospitals throughout practically my whole official life. Except for a few years when in a hospital with a census of 2,700 patients. I have never been in a hospital with less than 4,500 to 7,500 patients, and hence I feel that my practical experience has been such as to permit me to evaluate the relative advantages and disadvantages of large institutions. At present the census of Manhattan State Hospital is nearly 7,500 patients, and after excluding paroled patients there are nearly 7,000 patients in residence. While it may be admitted that the administrative difficulties at the Manhattan State Hospital are greater than need be anticipated in a properly developed modern hospital of 10,000 beds, yet I do not believe that it is possible to effect an organization in a 10,000-bed hospital which will assure the individual patient that amount of individual care and attention to which he is reasonably entitled. It is obvious that in a huge hospital organization administration must be largely through delegated authority, and even when there is a fair average of competent persons filling so-called "key" positions the larger the organization the greater will be the number of persons who will not do their best work except as they are personally supervised and directed. Furthermore, the very volume of the work implied by a large hospital population is such that I feel safe in asserting that it is inevitable that at least a certain percentage of patients will fail to receive sufficient personal attention.

As illustrative of the volume of work resulting from large aggregations of patients I might mention the matter of correspondence which should, of course, be carried on over the superintendent's signature. At Manhattan State Hospital there are on an average 125 letters a day sent out from the medical department with an average of 75 letters additional from the business office. Certainly no superintendent can read and sign an average of 200

letters a day and do very much else, and, again, to properly conduct correspondence responsibility must be placed upon subordinates who not infrequently fail to carry on correspondence as the superintendent would do himself and as he deems desirable. Yet despite such fact he of necessity must remain responsible.

It is, of course, impossible, as has been pointed out, for the superintendent to have much knowledge or acquaintance with individual patients in a large institution. While it is not to be expected that any superintendent will know all patients in his hospital it should be possible for patients to have a personal interview with the superintendent on request or for friends to do so. It is not so much the superintendent as an individual who should be available for interviews to patients and visitors, but it is the superintendent as the official representing the supreme authority in the hospital organization. He represents to both patients and visitors the source of authoritative information and he cannot delegate to any subordinate the power to satisfy some patients and visitors who are necessarily denied the privilege of personal interviews with the superintendent who in a large hospital could consume his entire day in interviews.

I believe it is a mistaken policy which tends to treat patients in the mass. I am of the opinion that in every large hospital in the State there are many so-called continued treatment cases who if sufficient personnel was available could through intensive effort be re-established in society, but who now receiving scant attention remain as burdens upon the State for indefinite periods. No matter if there is a saving in capital investment in establishing large hospitals actual extravagance eventually results if thereby any considerable number of patients remain for indefinite period in the institutions who might theoretically under other conditions be re-established in society.

While I cannot, of course, challenge the statement that a 10,000-bed hospital will represent a saving of $7,000,000 in capital investment, yet it is difficult for me to accept the statement if construction is of the same character as has heretofore characterized State hospital buildings, but even if such a saving can be made it does not constitute a very large percentage of the State's present annual budget of $230,000,000, and I do not believe it should be considered if it can be shown that the interests of patients are better served with relatively small institutions. Certainly we as State hospital officials cannot assume the position that we are willing to sacrifice patients' interests for the sake of dollars.

There is no member of this conference who believes in lay administration of medical institutions, but if through increase in the size of hospitals we magnify administrative difficulties it would appear there is considerable danger of creating a situation in which the Legislature will deem lay adminis-

trators especially trained to administer large organizations as necessary to properly conduct the institutions rather than medical administrators. Even with hospitals at their present size it has frequently been argued by legislators that physicians are incompetent to administer them in an economical manner. We, on the contrary, believe that medical administrators can and do conduct the affairs of State hospitals economically, but what is of much greater importance they conduct them as medical institutions so far as physical facilities permit.

The State has assumed the duty of caring for its mentally disabled citizens, and in the performance of that duty skilled medical treatment is of the first importance, but such treatment should be available not for a part of the patients but for all of them if theoretically possible therapeutic results are to be obtained. In the large hospitals the bulk of the medical work is properly directed to the treatment of acute, recoverable patients, but such fact in no way lessens the State's obligation to provide a reasonable degree of personal attention for all patients to the end that the largest possible number of patients may be restored to society. It is because of my conviction that in the large institution a considerable number of patients will eventually receive mere custodial care that I feel the establishment of a 10,000-bed hospital would run counter to our fundamental principles and would tend to destroy the medical character of at least a portion of the institution's work.

The CHAIRMAN: Of course, in answer to some of the questions raised by Dr. Haviland, I think we could easily point to small institutions which have 600 or 800 patients in charge of one physician. A small institution does not guarantee that large services will not take place. If a patient is on a large ward he is not necessarily lost.

Rockland is conceived on a very large and grand scale. I was a member of the Construction Committee and remember some of the discussions. The idea was that no ward should have more than 30 patients. That is a splendid conception but is there any objection to having 50 or 70 quiet patients on a ward? There is no objection to it at all. The maximum ward in Rockland now as planned is to have 50 patients. You all have in your hospitals hundreds of quiet, deteriorated, comfortable patients for whom a small ward is unnecessary. I have in my mind wards of 100 patients where they are satisfactorily supervised.

This discussion is rather fruitless. It will take years to build this hospital. Certainly few of us here will see it completed. Maybe my successor's ideas will be quite different from mine. In the course of years we are all going to think differently. It was only a little while ago when the great champion of the large hospital was bitterly opposed by men who thought no institution should be larger than 1,500 or 1,800. We all know that is too small today.

We know superintendents of institutions of that size are not profitably employed,—good men going to waste because there is not enough to do in small institutions of that type. I have quite a strong feeling that we should plan for a large hospital, but I don't expect to complete it. I do think we should visualize what will take place ten or fifteen years hence. New York City has 7,000,000 inhabitants. In a few years it may have 17,000,000. We should realize that the pressure of the situation generally will call for hospitals much larger than we ever thought would be required.

I dislike to advocate or even consider a hospital of a size which the majority of the members of this conference disapprove. Opposition to the large hospital idea comes because we fear that large hospitals cannot be administered. It would be unfortunate to have lay administered hospitals, but there are plenty of superintendents with executive ability to manage a large hospital. It is very much easier to get one man to run a 10-000-bed hospital than to get four men to run 2,500-bed hospitals.

Are there any further remarks?

There appearing to be none, we will proceed with reports of committees.

I will change the order somewhat and will call for the report of the Committee on Publicity.

REPORT OF COMMITTEE ON PUBLICITY SUBMITTED BY DR. HUTCHINGS

The Committee on Publicity is undertaking to distribute to the public reading matter in the form of pamphlets which will be educational or material relating to the prevention of mental abnormalities, particularly along lines of self-help. The committee thought there would be abundant material submitted by enthusiastic members of the Conference and that we would only have to look through the papers submitted, sorting out the best and printing them, but that has not developed. We are not getting any assistance at all with a few notable exceptions. They are leaving us the job to do almost entirely alone and the members of the committee are somewhat modest about putting out stuff of their own and I would like to make another appeal to the members of the Conference to give us articles suitable for this leaflet series. They are very much worthwhile. I am convinced that 50 per cent of the patients coming to the hospital for treatment, are there because of bad family conditions. I feel more and more that troubles in the family feed our institutions and our leaflet series has been aimed at offering suggestions for the better rearing of children, implantations of better habits of thinking and living and this is the right direction for our efforts to be directed. I would like very much if we could receive further manuscripts for these series.

The Committee has recently with the approval of the Commissioner inau-

gurated another series to be articles in pamphlet form. These will vary from four to five pages in length to almost any size that seems to be suitable. We have one to be issued now within two or three weeks and it will be available at a very low cost to the hospitals for distribution so please bear in mind we have the two series—the leaflets of about 500 words each and the other series to be in pamphlet form. The leaflets have been received with a great deal of encouragement from the public. The issue of the first three has now reached about 40,000 each and we are still printing them and have a great many calls for them.

The CHAIRMAN: You have all heard the report of the Committee on Publicity. What is your pleasure?

Dr. POLLOCK: Supplementing Dr. Hutchings' report, I would say that at the meeting of the committee in New York City in December last, it was voted to recommend the publication of four series of pamphlets, each series to be designed for one of the following groups: Physicians, social workers, teachers, parents.

The committee urges members of the Conference to cooperate in its work by sending in copy for these pamphlets.

The CHAIRMAN: Do you care to make a motion in respect to the disposal of the Report of the Publicity Committee?

Motion made and carried that the report of the Committee on Publicity be received.

The CHAIRMAN: We will pass on to the report of the Committee on Legislation.

Dr. ELLIOTT: The Committee on Legislation has no report to make.

The CHAIRMAN: We next have the report of the Committee on Construction.

Dr. HAVILAND: The Committee has held no meetings since the last Conference and has no report. As no request has been received from the State Architect for the committee to examine plans or submit recommendations, I recently took the liberty of addressing a letter to the new State Architect, Hon. Wm. E. Haugaard, informing him that the committee stood ready to examine any plans he desired to submit to it and expressing to him the hope of the committee that he would be willing to follow the previous practice of submitting plans for new construction to the Committee on Construction.

The CHAIRMAN: The time is now ripe, of course, for the study of the reception plans for Willard, St. Lawrence and Buffalo. I assume if they are satisfactory, they can be adopted as standard so that the same set of plans can be used for all three groups. You have had the set of plans, have you not, Dr. Taddiken?

Dr. TADDIKEN: We had the preliminary plans and returned them. We objected to a basement kitchen.

The CHAIRMAN: They have provided an outside kitchen for Willard which I believe you should have at St. Lawrence. If the Construction Committee has an opportunity to examine the plans, will you be good enough to invite Dr. Elliott to be present as he has some suggestions to make. I think it would be well if Dr. Taddiken were present also.

Dr. Taddiken, will you please read the report of the Committee on Nursing?

REPORT OF THE COMMITTEE OF NURSING

A meeting of the Committee on Nursing was held in the Albany office of the Department of Mental Hygiene at 9 a. m., March 20, 1928. All members were present.

At this meeting your Committee considered the proposed contract of affiliation between the Bellevue and Allied Hospitals and the State hospital schools of nursing. The contract is approved by Miss Marian Rottman, director of nursing service of Bellevue and Allied Hospitals, and Miss Harriet Bailey, R. N., secretary, State Board of Nurse Examiners, Department of Education, Albany, N. Y., and is herewith submitted for approval by the Commissioner and the Conference.

BASIS FOR CONTRACT OF AFFILIATION

Name of Hospital.....

Address.....

CONTRACT OF AFFILIATION

The Bellevue and Allied Hospitals and the.....

.....Hospital hereby mutually agree, the first-named to receive for instruction in its schools of nursing, students for a twelve months' course of instruction and experience, subdivided as follows: Surgical nursing, 3 months; medical nursing, 1 month; obstetrical nursing, 3 months; pediatric nursing, 3 months; operating room, 1 month; nutrition, 1 month.

The number of hours and content of class room instruction in each of these branches of nursing shall meet at least the minimum requirement prescribed by the Department of Education of the State of New York. Designation of the particular school to which the student is to be sent is to be left to the director of nursing service of Bellevue and Allied Hospitals.

(See explanatory note "A" not a part of the contract.)

The .....Hospital agrees to send their students to Bellevue and Allied Hospitals for affiliation on.....

.....

(See explanatory note "B" not a part of the contract.)

Students are to be replaced at the completion of the course by such number as is agreed upon by the two schools three months prior to the affiliation date.

(See explanatory note "C" not a part of the contract.)

All students are to be relieved on the regular exchange dates and returned to their home school.

Time lost in excess of the maximum allowed by the Regents Rules to be made up subsequently by the student as arranged by both schools.

(See explanatory note "D" not a part of the contract.)

All students coming for affiliation must have been members of the home school for at least 12 months and have completed the first year's work, including the preliminary course as outlined in the Course of Study and Syllabus for the Guidance of Nurse Training Schools.

Students must present summary record for theoretical and practical work completed in the home school. (Form 11-a Nurse, Department of Mental Hygiene.)

Students shall wear the uniform of their home school at all times. Shoes with rubber heels required.

Students to be under the discipline of the authorities of Bellevue and Allied Hospitals, subject to the rules and regulations of the school of residence during their affiliation.

The ..... Hospital will withdraw any student found by the authorities to be lacking in ability to develop qualities essential to the profession, this decision to be left to the director of nursing service of Bellevue and Allied Hospitals.

Students must be in good health when reporting for duty. Any abnormal condition must be noted on the student's slip. Typhoid vaccine, toxin-antitoxin and smallpox vaccine should be given unless special arrangements are made with the receiving hospital.

In case of illness of a serious nature, student will be returned to the home school on the advice of the attending physician at Bellevue and Allied Hospitals. If too ill to be moved, student will be cared for at Bellevue and Allied Hospitals.

The .....Hospital assumes all traveling expenses. Allowance mutually agreed upon to be paid by Bellevue and Allied Hospitals.

(See explanatory note "E" not a part of the contract.)

The Bellevue and Allied Hospitals to furnish students with maintenance during their affiliation.

A summary record of the instruction and experience which has been given is to be submitted (in duplicate) by the director of nursing service of Bellevue and Allied Hospitals to the..... Hospital for each student upon the completion of the required term of affiliation.

Either school may, at any time during the year, upon giving 3 months' notice, discontinue this contract. Such discontinuance however is not to take

effect until all of the affiliating students of the group in residence have completed the required work.

(Signed) .....
Director of Nursing Service and School of Nursing, Bellevue and Allied Hospitals.

.....
Superintendent of State Hospitals.

.....
Principal, School of Nursing.

"A"—The course has been increased from 11 months to 12 months for the reason that one month's nutrition has been added, so that all of the affiliating work will be done at Bellevue and Allied Hospitals.

The director of nursing of Bellevue and Allied Hospitals plans, as far as possible, to arrange her classes in the different schools of nursing under her direction, so that student nurses having approximately the same amount of high school work will be grouped together. This arrangement will make it much easier for the instructors and there should be decidedly less difficulty for such student to keep up with her class work.

"B"—In this paragraph we insert some date between July 1st and September 1st, which date is mutually agreed upon between the hospitals for the date on which the affiliates report at Bellevue and Allied Hospitals. At the present time all of the State hospitals do not send their affiliates to Bellevue on the same date and Miss Rottman states that it is much easier for her to have them come in groups.

"C"—Miss Rottman has difficulty in arranging for the pupils unless she knows definitely the number coming. It will be understood that the number given three months prior to the affiliation date will be the maximum number and it is possible that this number may be reduced because of students leaving the school.

"D"—All the affiliating students would leave for their home school on the same date. The Regents Rules regarding lost time are as follows: "Students affiliating for six months' service or more may not be absent for more than one month or may not lose more than two weeks in any service." "Students absent for longer periods will be required to return to the affiliating school in order to complete the course" so that any student who had lost more than the maximum allowed by the Regents Rules would have to, upon a date arranged between the two schools, return to Bellevue and Allied Hospitals and finish her affiliating work. In accordance with precedent the Committee on Nursing is of the opinion that the student nurse who must return for additional affiliating work should do so without expense to the hospital.

"E"—In this space should appear the name of the home school, and it has been the rule of the Department that there be allowed the traveling expenses to the affiliating school at the time the student starts the affiliation, and to the home school after the student has completed the affiliation. The traveling allowance is not paid unless the student completes the affiliation and returns to the home school.

In further reference to this paragraph, Miss Rottman writes: "There is possibility next year of changing the student nurses' allowance therefore I would specify that the allowance should be agreed upon by both schools so that when the change does come we will confer upon it. This, of course, is not definite but is a possibility."

The contract for men differs only from the above contract in the subjects in which instruction is to be received and the length of such period of instruction, the contract for men reading as follows:

"Genito-urinary nursing, 3 months; medical nursing, 4 months; surgical nursing, 3 months; operating room, 1 month; nutrition, 1 month."

Respectfully submitted,

P. G. TADDIKEN.

Chairman, Committee on Nursing.

The CHAIRMAN: Are there any comments on the adequacy of the contract proposed to be entered into between Bellevue and the individual hospitals.

Dr. HAVILAND: I do not think the report mentioned the matter of vacation during the twelve months' period. I would like to know the committee's recommendation regarding the matter.

Dr. TADDIKEN: My understanding is that the student nurses will be at Bellevue for one full year and while there, they will be given the same time allowance Bellevue students receive. I understand they work eight hours each day, and have one-half day off duty each Sunday and holiday.

The CHAIRMAN: It should be distinctly understood that the girls are not to accumulate the seventy-five days during the period they are at Bellevue and then take vacation when they return to the hospital.

Dr. TADDIKEN: I think in most of our hospitals when the nurses leave they resign and are reinstated when they return. They are still members of the school of nursing, but are not actually employed at the hospital.

Dr. HUTCHINGS: At Utica, the nurses take vacation just before going to Bellevue and immediately after returning. Their vacation is taken care of at the expense of the State.

The CHAIRMAN: Do I understand that the girls when they report for duty immediately start on vacation.

Dr. HUTCHINGS: They are certainly in need of vacation after twelve months of continuous duty at Bellevue and we always give it to them.

Mr. HOGAN: In the contract Dr. Taddiken has just read, he states Bellevue shall maintain the nurse and that the hospital from which she comes is to pay the traveling expenses and any other allowances she is to have. If she resigns, how can the hospital pay her traveling expenses—she would not be an employee of the hospital.

The CHAIRMAN: I believe that is covered in the contract.

Dr. TADDIKEN: When the nurse goes from the hospital to Bellevue, if she completes the entire period of training and returns to her home school, she is reimbursed for the trip down and back. The only allowance she receives is the regular allowance Bellevue Hospital gives its own student nurses.

The new contract contains the clause "allowance mutually agreed upon to be paid by Bellevue and Allied Hospitals." I have a letter from Miss Rottman which states that there is a possibility next year of changing the student nurses' allowance. I understand the allowance may be increased. I believe it is now $16 per month for women and $20 per month for men.

(Dr. Taddiken read Miss Rottman's letter.)

The CHAIRMAN: Everything seems to be settled, except the question of time off duty at the expense of the State.

Dr. TADDIKEN: That is a matter to be decided between the State hospital and Bellevue. I believe it should be understood that we do not give vacation when they return to us. At St. Lawrence we arrange so that those about to affiliate accumulate some vacation time which is given before they go to Bellevue. If after completing affiliation and before reporting for duty at our hospital, additional leave of absence is desired, the same can be arranged for and reinstatement at the hospital does not occur until such leave is completed.

The CHAIRMAN: You mean a girl may report for duty on the first of the month and start out on vacation on her own time?

Dr. HAVILAND: Do not the pupil nurses at Bellevue Hospital have a vacation during their service there?

Dr. TADDIKEN: I do not believe vacations are granted. If two weeks were given it would mean that Miss Rottman would have to rearrange her entire schedule. Students cannot miss more than two weeks in any one service or more than one month during the entire year of affiliation, and I feel certain that affiliating nurses do not receive vacation.

The CHAIRMAN: Are there any further remarks on the proposed contract to be entered into between Bellevue and the various schools of nursing. If it is acceptable to all, what is your pleasure with the report of the Committee on Nursing?

Motion made and carried to accept report.

Dr. TADDIKEN: Would you approve of my sending a copy of this contract to each superintendent with the statement that they arrange for the completion of the contract with Miss Rottman, or do you wish this matter to be handled through the Department?

The CHAIRMAN: I am perfectly willing that it be handled between the individual hospitals and Bellevue and I think it very desirable to send a copy in advance to each superintendent.

Are there any reports of other committees?

Is there anything under the head of unfinished business?

Is there anything under the head of new business?

I have a subject I would like to propose and that is the question of the rule book adopted by the Conference in 1920. The edition has been exhausted. Many changes have taken place in the intervening years, and I believe it is desirable to have it re-written. It was prepared in 1920 by a conference committee and it would seem to me unless there are objections to that procedure, that the new rule book which many hospitals find desirable to have, should be prepared by a committee of the conference.

Motion made and carried to have the rule book revised and brought up to date by a committee of the conference.

The CHAIRMAN: I had in mind at first, selecting the chairman of the various committees, but I find this would make a very unwieldy committee. I will nominate on that committee: Dr. Garvin, who inherits the task from his predecessor, Dr. Wagner; Dr. Haviland, Dr. Elliott and Dr. Little. If you think it desirable to have a member of the Board of Visitors on this committee, I will be glad to appoint one, but I believe you will find great difficulty in getting a member of the Board of Visitors who is prepared to give very much time to it. Perhaps, the visitors will not feel slighted if no one is named on that committee.

Is there anything else under the head of new business?

Dr. TADDIKEN: The Committee for the Dunlap Memorial has about completed its work. If there is anyone who has not given to the fund and desires to, we shall be glad to receive contributions in any amount up to $5. The committee will arrange for a tablet to be placed in the new Psychiatric Institute. We now have a total of $441.38.

The CHAIRMAN: Is there anything else under the head of new business?

If there is nothing, a motion to adjourn is in order.

Conference adjourned.