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Fiftieth Biennial Report of the Mississippi State Hospital, Whitfield, Mississippi, from July 1, 1953 to June 30, 1955

W. L. Jaquith M.D.

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Jaquith, W. L. M.D., "Fiftieth Biennial Report of the Mississippi State Hospital, Whitfield, Mississippi, from July 1, 1953 to June 30, 1955" (1955). *East Mississippi and Mississippi State Hospitals*. 9.
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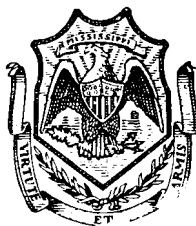
FIFTIETH BIENNIAL REPORT
OF THE
Mississippi State Hospital

WHITFIELD, MISSISSIPPI

FROM JULY 1, 1953

TO

JUNE 30, 1955



CENTENNIAL NUMBER
1855-1955

One Hundred Years Of Service To
The Mentally Ill of Mississippi

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

BOARD OF TRUSTEES OF MENTAL INSTITUTIONS
JUNE 30, 1954

R. C. Stovall, Chairman
Dr. J. K. Avent, Vice Chairman
Dr. R. B. Caldwell
Bishop Duncan Gray
Mrs. F. A. Parker
C. S. Hudspeth, Executive Secretary

PHYSICIANS

JUNE 30, 1954

Dr. W. L. Jaquith
Dr. John J. Head
Dr. Ruth Dean Pitchford
Dr. A. J. Santangelo
Dr. B. J. Marshall
Dr. P. B. Williamson
Dr. Modena H. Peterson
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Dr. Nolan W. Fulton, Jr.
Dr. R. C. Mathewson
Dr. R. P. White
Dr. C. L. Busby
Dr. Albert L. Meena

DENTISTS

Dr. R. W. McDonald
Dr. Paul Flood
Dr. Steve Loper

CONSULTANTS

Dr. George Gillespie
Dr. Cyrus Johnson
Dr. J. Manning Hudson
Dr. William G. McPheron
Dr. Rush Netterville
Dr. George D. Purvis
Dr. Charles W. Caccamise
Dr. Wm. P. Featherstone

**MISSISSIPPI STATE HOSPITAL
ADMINISTRATIVE STAFF**

For the Year Ending June 30, 1954

Class of Officers and Employees	Actually in service at end of the year:	
	Male	Female
Directors	1	---
Office Managers	1	---
Bookkeepers and Assistants	---	2
Physicians (Staff)	13	3
Physicians (Consulting)	8	---
Externs	6	---
Dentists and Assistants	3	3
Pharmacists	1	---
Technicians	2	3
Graduate Nurses	---	25
Occupational Therapists	6	23
Practical Nurses	2	28
Attendants	214	302
Veterinarians	---	---
Supervisors and Assistants (Ward)	6	5
Dietitians	1	---
Farming Supervisors and Employees	36	3
Industrial Supervisors and Employees	68	16
Social Workers	---	4
Clerical Employees—Stenographers, Clerks	10	35
Telephone Operators	---	4
Guard Patrol	---	9
Housekeeping Supervisor and Employees	3	20
Beauty and Barber Shops	8	6
Recreation	4	5
Total Officers and Employees	460	547
TOTAL	460	1007

REPORT OF THE DIRECTOR

To the Board of Trustees of Mental Institutions:

Gentlemen:

As Director of the Mississippi State Hospital, I have the honor to herewith submit the fiftieth biennial report of this institution. This report covers the period of July 1, 1953, through June 30, 1955.

The writing of this, the fiftieth biennial report, represents one-hundred years of service to the State of Mississippi by this institution. The institution was opened January 8, 1855. It had been delayed many years because of lack of funds and lack of public support for its construction. The hospital presented a historical pageant this year commemorating this centennial. This centennial was put on through the cooperation of the Hinds County Mental Health Association. It was a fitting tribute to the early founders of the hospital and the members of the Legislature who struggled so long and hard to give the mentally ill of Mississippi their first institution. We look with a great deal of pride on the accomplishments of the past and trust that the mental health program in this state in the next one-hundred years will progress still further.

I wish to take this opportunity to express my deepest gratitude to Governor Hugh L. White, the members of the Mississippi Legislature, and the Board of Trustees Of Mental Institutions for the support and understanding they have given me in my effort to bring a better day to the mentally ill of Mississippi. All of these gentlemen have had a great deal of understanding in the problems which confront us in this institution and during the past biennium. Had it not been for their support it would have been an impossibility to serve the ever increasing number of mentally ill who are seeking treatment in our institutions.

I wish to express my deep appreciation and gratitude to all the members of the hospital staff. Their love of the patients and love of their work and their understanding have made it possible for the hospital to carry on the work of serving the mentally ill of this state. All of the hospital employees have worked long hours under trying conditions at all times. They are due every commendation and credit.

BUDGET

During the past biennium, the hospital has operated on a budget of \$5,016,850.00. This was the same budget allowed for the '52-'54 biennium. Since the budget was not increased during the past biennium, the hospital has had some difficulty main-

taining its financial equilibrium but has done this without too much difficulty. With the present economy at an all time high, hospital costs have risen proportionately.

During the past biennium the hospital has expanded in many fields. Due to new construction, new buildings have been opened and personnel to staff these buildings have been employed. Many of these new personnel were not contemplated at our '52-'54 budget and therefore a hardship was worked on the institution. It was only through wise and judicious spending of our state supported funds that we were able to meet many of our obligations. Due to the extreme tightness of our financial situation, on some occasions it was necessary to defer salary increases for worthy employees for a prolonged period of time. When we saw our budget would not permit these increases, we had no other alternative but to deny them and ask our loyal employees to await salary increase until such time as moneys were available.

During the past biennium, a new building for white employees was opened. By opening this employees' dormitory we were able to return two large buildings on the colored side to colored patients. Many hospital beds were being occupied by white employees and had been occupied for many years. With the opening of the new dormitory and a rearrangement of the living spaces for white employees, we were able to return some two-hundred beds to the colored patients. On the white side of the institution, approximately sixty beds were returned to patient care by the removal of employees from patients' beds. A new cold storage unit was put into operation and also with the new employees' dormitory a proportionate rise in the cost of utilities was seen. These are only a few of the factors that came into our budgetary situation.

As a humane thing to do, the hospital went on a forty-four-hour work week during the past biennium. Prior to this, our employees worked two shifts of twelve hours each with only a day or two off per week. These long working hours did not help employee morale at all. When the hospital was able to go on a forty-four-hour week through wise and judicious use of budgetary funds, we immediately increased the morale of our hospital employees. A better class of employee applied to the institution. In the case of ward attendants, the forty-four-hour week was immediately reflected in patient care. It is almost an impossibility for one man or woman to work on a psychiatric ward twelve hours and give good patient care. With the advent of the forty-four-hour week, we were able to see a marked improvement in general patient care and general employee morale. To go on the forty-four-hour week which necessitated three shifts in the hospital, it was necessary to add approximately one-hundred and

forty new employees. We are one of the few institutions in the southern states on a forty-four-hour week for employees. We look forward to the day when the hospital may make the necessary adjustments and place all of its employees on a forty-hour week.

The cost of utilities, especially gas and electricity, has gone up within the past few years. The electrical rate has not been increased but due to the increase in buildings at this institution plus the addition of several other buildings during the past biennium, we have noted a marked increase in the utility rate. The hospital did have a gas rate increase during the past biennium. This of course did not assist our budget. We feel that the Legislature should give the utility rate some study and that the institution should be given some consideration as a large commercial user. Cost of utilities for an institution of this size at times runs in excess of \$15,000.00 per month, depending on weather conditions. This is a heavy blow to our limited funds.

At the present time, the hospital still sees an increase in the admission rate yearly. More and more Mississippians suffering from mental illnesses and emotional disorders are appealing to this institution for help in their difficulties. With the increase in admission rate it has been necessary to step up our treatment facilities on the active and intensive treatment services of the Receiving Wards. This treatment takes personnel and necessary personnel have been added. At the present time, the hospital operates with approximately 1,050 employees. This is approximately 150 employees more than the budget will really tolerate. We feel that wise and judicious spending throughout this biennium has enabled the hospital to maintain its high standard of treatment.

During the past bienniums, we have always recommended that a minimum salary scale of \$100.00 per month for attendants be maintained. We have been unable to meet this minimum in spite of budgetary increases over the past few years. At the present time, our attendants are the lowest paid of any hospital in the United States. While it is true they have had small salary raises over the past few years, this has not been in keeping with our national economy or with the amount of responsibility placed on our attendants. In many cases, hospital employees are retiring from the service of the institution. These employees have never been maintained on the \$100.00 minimum allowed for State Retirement benefits. The type and quality of our personnel could be markedly improved if we were able to meet the \$100.00 minimum which has been recommended in past biennial reports. At times, some of our critics have felt that the number of employees the hospital has at this time is excessive. We do not agree with

these critics because the number of employees have been carefully and wisely selected. To run an active and intensive treatment hospital and to rehabilitate our mentally ill, good personnel in sufficient quantities is needed. The members of the Legislature must remember that this institution is charged with all therapeutic programs directed towards curing of our mentally ill. It is a known fact that active treatment and therapy costs a great deal of money. We therefore enlist the aid of the members of the Legislature in continuing the present hospital program even though it demands an increase in budget when revenues are at an all-time high. Health and mental happiness are our most precious possessions and cannot be purchased at any cost.

COLLECTION

During the 1952 session of the Legislature and in our 1951-1953 biennial report, we requested that the Legislature give some attention to the financial responsibility laws of other states. At this writing, some 4,200 patients are residents of this institution. The hospital collects from approximately 200 families. Our collections at this time are in the neighborhood of \$8000.00 per month. This is less than \$2.00 per month per patient. Following the publication of our 1951-1953 biennial report, several interested members of the Legislature had a committee meeting relative to a collections law for this state. When they were told it would be wise to make the counties of the state share some responsibility for the mentally ill in this institution as is done in other states, they lost interest in this matter. I believe the Legislature should put some strength into the present collection laws whereby the counties and the families are forced to make some contribution no matter how small to the cost of treatment. If such a collection law were placed on the statute books of this state, I am sure the monetary demands of this institution to the Legislature would decrease proportionately. The Executive Secretary of the Board of Trustees of Mental Institutions, Mr. C. S. Hudspeth, and myself have available the collection laws from other states and will be glad to meet with interested members of the Legislature relative to making a collection law in Mississippi.

As the situation now exists, it falls the hospital's lot to furnish the vast majority of patients with every type of highly specialized and expensive care. We must also clothe these patients, furnish them tobacco, find various specialized medical devices, glasses, teeth and other items which are expensive. Many of the families are financially able to pay board and to assume the responsibilities for their loved ones in this institution, but as tax payers of this state, they refuse to do so.

During our present budgetary studies before the Budget Commission, we made this recommendation to the members of the Budget Commission. They showed a great deal of interest in our program. I recommend very strongly that some study be given a means of collection and that families be made to assume financial responsibility for the patients admitted to our institution. If these families are not able to financially contribute to the upkeep of the patients in the institution, then some county board should be made to give some contribution to the institution. I am sure in this way many of the patients admitted to our institution would not be brought here at all. The counties and other communities would screen them carefully because if they were given some financial responsibility they would not be in a hurry to admit many patients. Our experience shows wherein there is no financial responsibility placed at the county or family level, the counties and families are quick to admit almost every form of human derelict. I strongly recommend that some collection law be placed on our statute books. Unless this is done within the near future, I am sure the budgetary demands of this institution will increase proportionately as the demands for our service increase. I am sure with a good collection law that the tax payers of this state could be saved many millions of dollars per biennium. It has been done in other states, and I am sure can be done in Mississippi. Many of our states have rigid collection laws as well as collection agents or legal aids to assist in this matter. This is one of my strongest recommendations to the members of the Legislature.

ADMISSION AND DISCHARGE RATE

Few people in the State of Mississippi, even the vast majority of the members of the Legislature, have any idea of the problem of mental health as it affects the State of Mississippi. The fiscal year of 1953, the hospital admitted 2,932 patients. In 1954, 2,792 patients, and during the fiscal year 1955, closing June 30, the hospital admitted 3,343 patients.

Psychiatric care at private level is costly and the vast majority of our citizens must look to the state institutions for help and assistance. It is not wise with the high admission rate that we maintain a poor hospital. To get these people well and back into society at a very small cost to the taxpayer, it is necessary that the hospital have excellent therapeutic facilities. If these therapeutic facilities were not available, the vast majority of our mentally ill would have no chance for rehabilitation.

If the hospital remained as a custodial situation, cost to the taxpayer in new buildings and maintenance would be staggering.

During the past several years, the hospital's discharge rate has risen in proportion with the betterment of the staff, nursing

personnel, and better facilities in general. This is reflected in the hospital's very high discharge rate. This has been done through the efforts of the Legislature and the fact that they made the necessary money for good therapy available. The hospital also maintains a very low national death rate. During the past several years, the hospital death rate has been cut from well over 400 to 253 during the past year.

With the admission rate such as it is, we have no other alternative if we serve the mentally ill of our state but to continue our present active treatment program. This cannot be done without financial support.

SENILES

In 1949, in 1951 and in 1953, when writing the hospital biennial report, the hospital director called the attention of the members of the Legislature to the ever increasing number of seniles being brought to the institution. You were told at that time that some action should be taken at once to alleviate this problem. In spite of our request, no concrete action has been taken. One bill was introduced in the House of Representatives during the past session. This bill passed the House but was not passed out of Senate Committee. We are now faced with a disgraceful and tragic situation since we are completely neglecting to care for our aged citizens. Few of us realize that many of them are pioneers of Mississippi and have been responsible for the growth and progress of this State. We now desert them in their time of greatest need.

This institution has a responsibility to the aged person who suffers from a mental disorder. We are more than ready to assume the responsibility for these and these alone. We must emphasize that we do not have a responsibility to the elderly people who are seeking shelter in the twilight of life. Many counties and communities have no homes for the aged. These people become a community problem because there is no one to take care of them. They seek to have them admitted to our institution.

The problem of the aged is one of national importance. Since 1935, the number of people over the age of 65 has increased 58 per cent. Since 1935, the number of people over the age of 65, seeking admission to mental institutions has increased 95 per cent. This is a known medical and statistical fact. Every state institution in every state is laboring long and hard with the problem of what to do with our aging citizens. We have no concrete answer, but we have drawn up certain recommendations which will be submitted to the members of the Legislature for their study and action.

Shortly after the 1951 biennial report was written, in August of that year to be exact, it was necessary for the institution to set up a rigid screening process relative to the admission of seniles. We stated at that time that no person over the age of 65 would be admitted unless a bed was available. We have religiously pursued this course for the past several years. The demands and the pressure grow daily. At the present time, there are some 200 applications in the institution's files for seniles awaiting admission. The hospital has been criticized and condemned for this action, but we had no other alternative. If we were to take every person over the age of 65 and those suffering from simple senility and not mental illness, the hospital would soon be crowded to the bursting point, and there would be no beds available for the treatment of the mentally ill. The treatment of the mentally ill is the responsibility of this institution. We cannot turn it into a custodial home for the aged. Our investment here is too great. Our medical staff which has been recruited with a great deal of difficulty would not work in a custodial institution and would soon leave our institution to seek employment elsewhere.

My recommendations would be for an immediate broad study of this problem. Some simple facilities should be constructed in the State for the care of those who suffer only from a lack of family security and the necessities of life. As stated before, these recommendations have been made in the Board of Trustees Report which will be given to the Legislature at the proper time.

MENTAL DEFECTIVES

At the present time, there are approximately 600 mental defectives in the institution. Many of these defectives have been admitted to this institution because there are no other facilities available in the State. The Ellisville State School at Ellisville, Mississippi, has a long waiting list. If some facilities were built for these defectives, they could be transferred to that facility and approximately 600 treatment beds for the mentally ill would be available.

For the most part, mental defectives only require custodial care. If they are maintained in a therapeutic situation such as exists at this hospital, the cost is greater to the taxpayer. It would be wise economy to find other accommodations for the mental defectives now in our institution.

EMOTIONALLY DISTURBED CHILDREN

During the 1952 session of the Legislature, the Director was approached by interested Legislators relative to a unit for emotionally disturbed children. He made certain recommendations to them relative to this problem. Evidently the study was lost

in the legislative law jam. The hospital has had many requests during the past biennium for the care and treatment of emotionally disturbed children. We have no facilities in this institution for the treatment of children under the age of 16. It is the feeling of those in psychiatry that to admit a young child to an adult institution such as ours that we do more harm than good. The Childrens Code Commission of this State has made a detail study of this problem and will present it to the Legislature at the proper time. We have given them certain information relative to the problem and feel that a unit for emotionally disturbed children is one that is sorely needed in this State.

In keeping with previous paragraphs written on the need for the Seniles, it is rather tragic that this State offers no facilities for those and the young and the elder groups. We feel it would be wise for the Legislature to give this situation serious study as the problem is one which will increase as time goes on.

CITIZENSHIP REQUIREMENTS

The hospital finds an ever increasing number of patients who are admitted to the institution who are not citizens of this State. Since the hospital enjoys a fairly good reputation, many citizens of our State go to other states in the United States and bring their mentally ill relatives home for treatment in this institution. On many occasions, Mississippians who have been living in other states for many years are returned to the State by their families and friends to seek treatment in our institution. We feel that this is an injustice to the Mississippi taxpayer and is an unneeded expense. We feel that the Legislature should give some consideration to the fact that some citizenship requirements should be set up relative to treatment in a mental institution.

In the Alcoholic and Narcotic Unit of the institution, many out-of-state patients are treated. They come into the state and readily get commitments to this unit. The Mississippi taxpayer of course must pay the burden of the treatment. The hospital can give interested committees of the Legislature documented proof that this is not a rare practice. We find that many people as before stated who have left the State and have been gone for years are now coming back to the hospital for treatment of their mental illness. Many states have rigid citizenship laws, and when they find that these people are not citizens and eligible for treatment in their institution, they are discharged or deported back to the home state.

This institution through the generosity of the Legislature for the past six years has deported many patients back to their native states. Of the original \$5000.00 grant given for this during

the 1950 session of the Legislature, the hospital has approximately \$3000.00 left. The \$2000.00 spent for the deportation fund has been wisely spent, because many chronic custodial patients of other states have been returned to their state where that state will bear the burden and expense of their prolonged care.

We strongly recommend that the Legislature make some study of the citizenship requirements. This would probably entail a simple law. We feel that we are admitting and treating too many out-of-state residents. Many of our patients are Mississippians who gave up their citizenship in this state many years ago and who now return to our institution for treatment at the taxpayers expense. The vast majority of these people pay absolutely nothing for the care and treatment given here.

CRIMINAL PSYCHIATRY

During the past several years, there has been a marked increase in the number of criminals processed by this institution. During this biennium, the criminally insane building was completed and will be occupied within the next few weeks. This has been a crying need. The hospital's high escape rate speaks for itself. Prior to the completion of the criminally insane building, the hospital had absolutely no security. At the present time, several dangerous murderers are still at large due to the fact we had no security to keep them in over the past years.

Many lawyers and judges over the state are well aware of the fact that there needs to be some legislation relative to a plea of insanity by criminals. At the present time, the laws relative to plea of insanity are quite archaic.

The hospital Director as well as the Clinical Director spend many days in court testifying in criminal cases. We travel many miles each year assisting the courts in this matter. At the present time, approximately 200 criminals per year are processed by the institution. Prior to 1950, we processed about 10 per year. Close cooperation with the State Penitentiary and the Parole Board, the hospital assists in the treatment of all mentally ill convicts as well as screens those people who are eligible for parole and have committed some crime of violence.

We strongly recommend that the members of the Legislature give the laws relative to a plea of insanity by criminal cases in this state close scrutiny. As before stated, many of the judges and district attorneys in this state have openly stated that they are interested in some form of legislation to bring our present laws relative to the plea of insanity in criminal cases up to date. If it is at all feasible, the hospital would like to present several cases which are rather strange in the annals of justice. We feel

with a good law relative to the plea of insanity that many of our present difficulties with the courts could be eliminated.

BUILDING NEEDS

During the past biennium, the hospital has completed the construction of many new projects which were given to us through the generosity of the past Legislature as well as the Building Commission.

Some study must be given to the alleviation of the crowded conditions that exist in the Negro section of this institution. At this writing, 2,440 of our patients are Negroes. The crowded conditions on these wards are not complimentary to the institution. There has been no new construction for Negro patients since the institution was opened in 1935. A study of the Negro section of the institution should be made and plans for additional patients' building should be brought forth during this session of the Legislature, if we are to continue our present service to our Negro population.

The colored employees are in dire need of a cafeteria. At the present time, with approximately 400 colored employees, these employees occupy a portion of the patients' Dining Hall. It is necessary that the patients be fed in shifts. The Dining Hall assigned to colored employees is so small they also must be fed in shifts. We need this space in the Dining Hall urgently for patient care. For the sum of \$40,000.00 we believe that a now empty space in the institution could be converted into a colored employees' dining hall, and we make this recommendation.

Due to the limitation of funds, it was not possible to complete the Nurses Home. The hospital affiliate training program has never been started due to the fact we lack the necessary space and personnel in the Nurses Home. The present Nurses Home has only 49 beds and these are occupied largely by the hospital's graduate nurse staff. We would make a recommendation that the sum of \$200,000.00 be allocated to this institution to complete our present Nurses Home.

At the present time, this hospital is more than 30 years old. It was started in 1925 and many of the buildings were completed and stood idle for several years awaiting more funds. When the hospital was finally opened in 1935, some of the buildings had already been severely weather damaged. At the present time, the institution is in dire need of a complete water proofing job to the exterior of the building. Many of the mortar joints in the buildings are now leaking. This water leaks into the buildings and makes maintenance quite difficult. We have had a large water proofing company in the state make a survey of the

institution. They feel that a minimum of \$200,000.00 would bring the buildings up to good maintenance standards.

As we paint the building yearly and also repair plaster, it is a losing proposition. We no sooner complete the beautification of a building than the water leaks in through the poor mortar joints. This of course ruins the new plaster and paint and makes the maintenance problem more costly and continual. I strongly recommend that the Building Commission or the Legislature give the subject of a complete water proofing job in the institution serious study. This is good preventive maintenance.

The Director has no other recommendations relative to the institution's building needs. I might say here and very strongly that the institution at this time has grown to such large proportions that it is now an administrative problem. The Legislature should give some study to the placement of any buildings now being built at other institutions in the state. If the present capacity of this institution is increased any more, it will necessitate a great deal of expense in revising our present boiler plant. The boiler plant at the present time is operating at capacity, and the addition of larger buildings would only necessitate the construction of new boilers. This would be a very costly situation. It is a known fact that a hospital that exceeds 1500 beds is a problem of administration. The hospital at Whitfield now totals 4,810 beds and no further construction other than recommended above should be contemplated in this institution.

THE STATE BUILDING COMMISSION

The Director of this hospital and the Board of Trustees are deeply indebted to the State Building Commission for the many grants they have given during the past biennium to assist us in new construction and over-all maintenance. The hospital has spent \$100,000.00 for the replacement of old windows. Due to poor maintenance, many of the steel windows had completely rusted out. This problem has been corrected. Another \$100,000.00 grant will bring the hospital's water supply and reservoir system up to date. This was an urgent need and was readily granted by the members of the Legislature.

The members of the Building Commission have always been generous and given us their full cooperation and understanding. Without their help, it would have been impossible to plan the over-all needs of the institution. Good maintenance and preservation of the State's property could not have been maintained without the farsighted persistence of the gentlemen of the Building Commission. To them, our gratitude.

CONCLUSION

The hospital director wishes to take this opportunity to thank Governor White, the members of the Legislature, the Building Commission and the members of the Board of Trustees of Mental Institutions for their understanding and support throughout the past biennium.

The hospital has made many great strides. We have been able to assist in the research of many of the new basic drugs. Many of the hospital staff members have attended national conferences and conventions relative to the use of the new drugs. Our discharge rate and active intensive treatment program has continued at a high and satisfactory rate. It was only through the understanding and support of the gentlemen mentioned above that the hospital was able to maintain such a good service for the mentally ill in Mississippi. We now have completed our first one-hundred years of service. We look forward with a great deal of hope that the next hundred years will bring better days for the mentally ill of our state.

PASTORAL DEPARTMENT

The Protestant Resident Chaplain has completed a three-year graduate course beyond his A.B. degree to secure his B.D. degree at an accredited theological school. The Chaplain is ordained and has entered this work with the approval of his denomination. He has received clinical training in a psychiatric hospital and in a general hospital according to accepted national standards. The hospital has a Catholic Chaplain and a Colored Chaplain who serve part time. The following Chaplaincy services are rendered at Mississippi State Hospital:

1. Worship:

Corporate worship services are held weekly. The worship services provide a group religious experience which helps to alleviate personal isolation. Religious resources that comfort, encourage and support are provided. A vesper service is conducted each week for the hospital employees. Religious articles are prepared monthly for the Whit.

2. Pastoral Care:

The Chaplain's pastoral work involves a religious ministry to all patients. This ministry is rendered at every level or phase of the hospitalization of the patient according to the resources available to the Chaplain. The Chaplain ministers to new patients, chronic patients, physically ill patients, and critically ill patients.

3. Pastoral Counseling:

The Chaplain has brief pastoral counseling interviews with specific patients as indicated. Such patients are often referred to the Chaplain by the Hospital Staff and other Departments of the hospital. The Chaplain seeks to provide a listening and supportive religious ministry for families that are particularly upset over the hospitalization of a relative.

4. Inter-Professional Cooperation:

The Chaplain attends Staff Conferences and often makes "rounds" with the Doctors. The Chaplain's participation on such occasions is limited primarily to getting acquainted with the patients. The Chaplain attempts to plan and coordinate his work with the work of other Departments of the hospital.

5. Church and Community:

The Chaplain attends state denominational conventions and local ministerial association meetings. He visits churches in the vicinity and gets acquainted with the pastors and members. The Chaplain often supplies in the pulpit for pastors in their absence. The Chaplain speaks to church groups and leads church study courses. The Chaplain conducts church groups on tours of the hospital and carefully supervises any parties such groups give for patients. From time to time the Chaplain appears on radio and television programs.

6. Administrative Responsibilities:

The Chaplain has the responsibility of planning the Chaplaincy program of the Pastoral Department with the Director and the Clinical Director of the hospital. The hospital intends to provide space for a chapel soon. Plans are being made for the clinical education of ministers and seminary students, and for the supervised orientation of lay church groups.

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

NURSING DEPARTMENT

July 1953 a graduate nurse was appointed Night Supervisor and graduate nurses were placed on all shifts in the White Hospital. For the first time there was graduate nursing service around the clock.

In the early fall of 1953 lectures were started for the graduate nursing staff. A large part of these lectures were given by physicians regarding the cause and treatment of mental illness.

Speakers from other fields also participated in the staff program. Classes were started for the attendant staff in the care of the psychiatric patient, nursing procedures and ward house-keeping. This field of teaching has not been as extensive as it should be because of lack of nurses and teachers to instruct as large a group as the attendants comprise.

The graduate group attended several work-shops given by the University of Mississippi in the nursing and hospital fields. The Director of Nursing attended both the American Nurses Association and the National League of Nursing's Bi-Annual meeting. Also an institute for Directors of Nursing given by the American Hospital Association.

A new Central Supply Room which serves the entire hospital was established under Miss Bess Mosely, R.N., Surgical Supervisor, which provided an adequate supply of all medical and surgical supplies and equipment.

Early in 1954, Miss Elsie C. Ogilvie, R.N., Nursing Consultant, American Psychiatric Association, surveyed the hospital to consider the fitness of the hospital to have an affiliate program in psychiatric nursing, also for reorganizing the Nursing Department. She stated that the hospital was well facilitated to develop an affiliate program; that an Educational Director be secured and the program be started when the Educational Director was secured; that the present staff work with her towards the establishment of such a program, also that the Nursing Staff should be developed so it can assist in such a program. A psychiatric affiliation is most needed in the state of Mississippi because at the present time there is no place for the students of Mississippi to obtain such a course and are all sent out of the state for their psychiatric affiliation.

Miss Ogilvie made a number of other most helpful recommendations for the improvement of patient care and the attendant education.

Miss Frances Alexander, R.N., who served ably as Director of Nursing from April, 1953, resigned in February 1955 and Miss Albertine Sinclair was appointed to succeed her.

All nursing personnel are now working on an eight hour shift and a forty-four hour week which gives the patient better service than under the previous twelve hour day.

Our future plans are to enlarge the staff education program so the patient care will be improved. Also to increase the number of graduate nurses and practical nurses in order to achieve this goal.

PSYCHOLOGY DEPARTMENT

I. Personnel:

This department is headed by a chief psychologist with the aid of an assistant psychologist.

Chief Psychologist..... James L. Sartin

August 15, 1952, to date

Assistant Psychologist..... James E. Stary

December 18, 1953, to date

Secretary..... Stella Broadus

November 24, 1952, to December 31, 1953

Secretary..... Mrs. Gloria Lively

January 5, 1954, to March 31, 1954

II. Professional Affiliations:

1. American Psychological Association
2. American Association For The Advancement of Science
3. American Personnel and Guidance Association
4. Southeastern Psychological Association

III. Professional Services:

1. White patients tested.....	328
2. Colored patients tested.....	71
3. Ellisville and other outpatients tested.....	110
4. Total patients tested.....	509
5. Number of psychological tests administered.....	1319

IV. Community Relations:

1. Talks to professional groups.....	12
2. Talks to visiting groups.....	22
3. Tours conducted through hospital.....	23

V. Hospital Projects:

The Whit, the patient's monthly publication, was under the supervision of this department until March 30, 1954, at which time it was transferred to the supervision of the Occupational Therapy Department.

VI. Comments:

This department has as its primary function the administration and interpretation of psychological tests. These tests are requested by the various members of the medical staff to supplement the case material which they have gathered. The department has all of the standard psychological tests available for use. However, most of the tests administered are of the individual type, requiring from 2 to 4 hours for administration.

In addition to receiving referrals from the medical staff, the department also classifies the mental status of the persons who have been accepted for admission to the Ellisville State School and children, referred by the various welfare agencies throughout the state, being placed in orphanages, foster homes, and up for adoption.

This department has been affiliated with the Mississippi Southern College for the purpose of providing psychological externships to those students who plan professional careers in psychology. A program of training agreeable to both institutions has been worked out and is now being employed.

OCCUPATIONAL THERAPY DEPARTMENT

The Occupational Therapy Department, since the last Biennial Report, has expanded on wards with work shops where patients cannot come out to the three buildings designated for that work.

They include: The Occupational Therapy Building for men, Occupational Therapy Building for women, and Colored Occupational Therapy Building.

White F. Rec. Building has two workers morning and afternoons.

W. Male Receiving has one worker in afternoons in the Orientation Center and one worker in the shut-in Elopers Ward.

W. Male Cottage #3 and Cottage A has a work shop each day, White Female Cottage A, F. Cottage, E. and F. Cottage #1 also each day has a shop period.

A shop with worker and patient workers mends approximately 700 sheets per month for the Laundry. All activities are prescribed by the Doctors in these work shops. Thus, 28 workers are able to give a two-and-one-half-hour work period to an average of 700 patients per month. This does not include the men, Colored and White, that work the lawns, laundry, maids, gardens, dairy and fields.

Whether the work activities is for the upkeep of the Hospital and the Patient's happiness and comfort, it is all done as a therapeutic treatment toward a recovery.

The improvements of types of crafts are being made each year with teachers taking courses in weaving and pottery. The use of potter's wheels and washing and using native clays, as well as making molds, is finding high interest in all the shops.

A full time worker keeps groups of men and women doing garden Therapy, beautifying the grounds around their work shops.

Women's Garden Clubs meet each month and keep flowers in their dining rooms and for Chapel Services.

Each Occupational Therapy Shop sponsors a party with refreshments twice per month, since the Recreational Department has so few in personnel.

Much time in every type of shop helps the Industrial shops mend, alter and sew clothes for the Hospital. An average of 5000 yards per month is cut and sewed. These are requisitioned for various Departments of the Hospital.

The looms are weaving materials used in various ways, such as screens, upholstery rugs, and draperies for the Hospital.

An average of 500 chairs per month are repaired, painted, upholstered, and many recaned.

The Occupational Therapy Department edits the Hospital paper, "The Whit." A Literary Club is held each week in connection with their activities. The club sponsors a noon luncheon each month for fifty patients. Outside speakers are used as well as patient participation.

This activity has met the needs of professional types of patients as well as college students.

A file is kept of each patient and their activity and can be used as referral to avocations that could be used by Vocational Rehabilitation.

If not, men and women could return to society with delightful hobbies, as well as beneficial hobbies.

RECREATIONAL DEPARTMENT

With a full time Director and seven assistants the recreation department endeavors to make patients' leisure life here at the hospital as normal and enjoyable as possible. The department offers and directs games and activities of both low and high organization to both small and large groups. These games or activities are bingo, golf, softball, walks, volleyball, movies, dancing both folk and modern, picnics, cards, checkers, billiard, ping pong and many others. Parties of many descriptions are held. All holidays are celebrated with colorful costumes, decorations and activities.

Recreation is a therapy and holds an important part in the treatment of the mentally ill. Its specific aim is to relieve the monotony of institutional life and the physical and mental tensions that are built up on the wards. This type of therapy tends to adjust the normalcy of the patient to the structural and prescribed medication with a more willingness and hope, thereby

making such medication most effective. It also brings about a feeling of belongingness to a group that is enjoying a pleasant and wholesome activity.

Of the ancillary therapies, recreation has a unique position. It is unique in that it encompasses the best of the therapeutic ingredients, the human touch. There is a disarming, impersonal method which invites participation. The patient tends to move out of his small realm of security because the therapy kindles motivation and lessens fear and apprehension. Without motivation we can achieve little. With motivation, a force that can not be measured because of its intangibility, recreational therapy becomes effective.

DIETARY DEPARTMENT

The Dietary Department consists of Employees and Patients Kitchens and Dining Halls where meals are prepared and served to 1,058 Employees and 4,370 Patients.

White Patients' Kitchen and Dining Hall where meals are prepared and served in Dining Hall to 855 Patients and additional Food sent out and served to 826 Patients on Wards;

Colored Patients' Kitchen and Dining Hall where meals are prepared and served in Dining Hall to 379 Employees, 1,341 Patients and additional food sent out and served to 1,056 Patients on Wards;

Employees Kitchen and Dining Hall where meals are prepared and served in Dining Hall to 679 day and night Employees and Personnel;

White Female Receiving Ward which is equipped with Kitchen and Dining Hall where meals are prepared and served in Dining Hall to 149 Patients;

White T. B. Hospital is equipped with Kitchen and Dining Hall where meals are prepared and served in Dining Hall to 53 Patients;

Colored T. B. Hospital is equipped with Kitchen and Dining Hall where meals are prepared and served in Dining Hall to 90 Patients;

Both White and Colored Hospitals are sufficiently equipped with diet Kitchens to take care of Patients while in Hospital.

The total number of Hospital Patients and Personnel served by this Department is 5,428, and the total number of meals served daily is 16,258.

We thank the Board of Trustees and Building Commission for our new Cold Storage Plant which was very badly needed. And other equipment, such as sterilizers and dishwashers, which was also very badly needed.

At the present time the Dietary Department has 116 Employees.

In addition it will take twenty-five employees necessary to staff the Maximum Security Kitchen and colored employees Kitchen and Dining Room for the next two years.

BUILDINGS AND GROUNDS DEPARTMENT

This department, often referred to as the Maintenance Department, was created in June 1947 by the Board of Trustees of Mental Institutions. It operates under a maintenance superintendent who is under the direction of the Director of the institution. The responsibility of this department is to properly maintain all buildings, equipment, and grounds; to furnish and distribute all utilities, such as water, gas, heat and electricity; to supply transportation; to enforce traffic and other rules and regulations of the institution, and to supervise any new building or repair financed by the Building Commission.

The department consists of the following crafts and trades:

Carpentry	Mechanical
Electrical	Office and Supply
Guard Patrol	Painting
Horticulture	Plumbing and Steam-Fitting
Labor Supervision	Power Plant Operation
Locksmith	Sewage Disposal Plant
Lumbering	Transportation
Masonry	Welding

Each of the above listed sub-departments have a foreman or person responsible for supervision and outlining work for the workmen. The foremen receive their orders from the superintendent, who in turn receives his orders from the Director. At the present time, the department has seventy-seven (77) employees and use approximately seventy-five (75) patients who have volunteered their services to be used in a form of occupational therapy.

All work is requested by the person in charge of the building, or unit, through the department's office. Each request is recorded on a work request form and all labor and material expended is charged to each building or unit.

BUILDING COMMISSION FUNDS

Projects financed by the State Building Commission:
Built through the Maintenance Department.

Extention to File Room.....	\$ 2,500.00*
Extention to Bookkeeping Office.....	2,500.00*
Extention to Telephone Office.....	1,000.00*
1 Duplex Doctor's Home.....	8,323.00*
PROJECT NO. 11-4-1C (Repairs as listed below) \$20,878.40	
Radiator Guards Replaced.....	2,052.00
Commodos Replaced.....	1,448.40
Plywood.....	271.35
Termite Control (6 doctors' residences) (Contracted).....	546.00
Mortar Mix.....	78.00
Well Repair Work.....	435.85
Felt.....	78.00
Lumber and Drop-Siding.....	555.73
17 Hours Dragline Rental.....	170.00
Range Hood and Ducts (Contracted).....	935.00
Rock Lath.....	207.50
Outside White Wall Paint.....	263.00
Plumbing Supplies.....	2,020.38
Concrete.....	142.45
Detention Screens and Doors.....	2,338.00
Steel.....	115.91
Concrete.....	323.75
Tile (Doctor's Residence) (Contracted).....	144.00
Steel.....	144.42
Shingles and Felt.....	389.95
Concrete.....	339.94
	<hr/>
AMOUNT SPENT.....	\$ 18,284.63*
AMOUNT NOT SPENT.....	2,593.77
	<hr/>
	\$ 20,878.40

Projects financed by the State Building Commission:
Built through Contractors.

Cold Storage Building.....	\$ 85,400.00*
Maximum Security Building.....	422,753.42*
New Windows and Repairs of Windows.....	74,640.00*

GENERAL SUPPORT FUNDS

Central Supply Room (Col. Hospital).....	\$ 3,500.00
2 Doctors Residences (1 not completed).....	11,505.57
9 new Vehicles (Less Trade-in).....	13,485.24
Gasoline from July 1953 thru May 1955.....	9,418.57
Farmall Super C. Tractor (Less Trade-in).....	1,423.50
Welder (Less Trade-in).....	878.60
Ammonia Compressor.....	2,420.00

ADMISSIONS

The personnel of the Admitting Office examines the commitment papers of all patients who are brought to the hospital, evaluating the legal process. A ward card is written, specifying the ward to which the patient is sent; and information for the basis of the case file is placed in the file room.

General directions are given the officer or relatives who accompany the patient and a special effort is made to quiet the fears of those who may be coming to the hospital for the first time. Relatives are directed to the Social Service Office, where detailed information is given and a social history is obtained.

All inquiries concerning the admission of patients are directed to the Admitting Office.

When a diagnosis of the patient has been determined by the Staff, a report is sent to the Chancery Clerk of the county in which the patient resides.

SOCIAL SERVICE DEPARTMENT

The Social Service Department serves as a link between the mentally ill patient and his family and the community. When any relative or friend comes with a patient being admitted to the hospital, he is sent to social service for interview. A social history is obtained on the patient and an explanation given to the relative of the services offered by the hospital and the routine procedure for new patients. We feel that in this interview we are able also to allay some of the many fears and anxieties naturally felt by families who must bring their people to a mental hospital.

This department shops for the patients; takes patients to town for personal shopping; makes appointments for services not furnished by the hospital, such as with the ophthalmologist for glasses and treatment—all at the request of the medical staff. Our workers regularly visit the wards, giving the patients an opportunity to discuss their individual needs and problems, particularly with reference to lack of interest of their families, personal funds and clothes. We then write the family explaining the importance of these things to the patient. All money sent the patient through hospital authorities is deposited in the Business Office, and this department writes a letter of appreciation, enclosing a receipt for the money. We give many other services to the patient and his family which cannot be described in a brief report. We return all money and personal belongings of patients who leave the hospital.

We have an excellent working relationship with the Department of Public Welfare, and these workers obtain needed in-

formation for us in selected cases as requested by the medical staff. The Child Welfare Department works with social service to make plans for release and suitable placement of the children which circumstances sometime make it necessary to admit to this hospital, even though we are not equipped to adequately treat the mentally disturbed child. This department has the responsibility of preparing all case summaries requested by other hospitals, Veterans Administration and all recognized social agencies. We also obtain information from these same sources with reference to our own patients.

This department remains on duty 365 days of the year as our heaviest visiting of families is on the week-ends and holidays. This gives them an opportunity to give and obtain needed information about their patients. It also gives relatives an opportunity to talk with social service about any complaints, misunderstanding of hospital policy, and many other matters which sometime trouble the families until they have had an opportunity to discuss these things with someone able to give the needed answers and explanations.

FARM DEPARTMENT (General Farm)

There has been 130 acres of woodland cleared for pasture for beef cattle. One hundred ten acres of which has been sowed down in Fescue Grass, Ladino, White Dutch and Crimson Clover. This program has been carried out by the farm along with producing \$125,639.50 worth of corn, oats, silage and hay which has been consumed by the dairy and hog farm.

The farm maintains a well rounded temporary grazing program for the dairy cows and hog farm. All pastures are clipped as needed.

Engineering practice has been carried on such as, terracing, draining, leveling and built one Stock Pond, approximately three acres.

The purchase of some new equipment has made this program more progressive. However, we are still in need of replacing some of the old equipment.

FARM DEPARTMENT (Dairy Department)

This department has made very good progress in its aim to make it the highest producing herd in Mississippi. We are culling the lower producers and using a good breeding program.

There have been 495,955 gallons of milk produced and consumed by the Hospital in the last two years. This is valued at \$421,561.75. We have killed 119,151 pounds of beef from cull cows, valued at \$49,663.77.

At the present time we have 409 head of dairy cattle and 140 head of beef cattle. We have a very promising beef herd growing. We are all proud of this fine herd.

FARM DEPARTMENT (Garden Department)

This department has very little overhead expense. There have been one Irrigation System purchased recently. The drought has curtailed the vegetable crop very much in the past two years. However, there have been \$74,741.93 worth of vegetables produced in the past two years.

At the present time there are 134 acres in the Garden.

FARM DEPARTMENT (Hog Farm)

This department has shown good progress in the past two years. Sixty-two additional acres have been mineralized and resown in Fescue, Ladino, White Dutch and Crimson Clover. Forty acres have been cleared and added to the Hog Farm for additional grazing.

We are proud of the Garbage Cooker that we have mounted on our Truck. The garbage is cooked with steam.

This department has very little overhead expense, therefore giving it a very large profit.

The production for the past two years have been 263,692 pounds of Pork, valued at \$92,292.20, and 2,602 pounds of liver, valued at \$290.87.

The herd is kept around 900 head including all ages.

LAUNDRY DEPARTMENT

Cleanliness is the first requirement of a good institution. The laundry here at the hospital serves this need for patients and employees. When one considers this hospital is actually a community of 5000 people or better, the task facing the laundry assumes staggering proportions. When one further considers that 4200 members of our community are patients, and a good portion of this number are physically sick, the laundry duties become extremely difficult. The following facts and figures will give some idea of the work accomplished:

The operation of this plant requires a personnel of twenty-one employees and forty patients for such work as checkers, mangle operators, extractor, pressers, both machine and hand, tumbler man, truck drivers and washman, plus a supervisor. Twenty-one tons dryweight, or 46,000 items, which include 15,000 sheets, are turned out each week. Laundry work is done for

patients, all hospital departments, staff members and other employees of the institution.

BUSINESS OFFICE

It is the responsibility of the Business Office to handle and properly account for all the funds of the institution. The chief task in connection with the handling of these funds is to insure the proper disbursement of the funds. The largest item of expenditure that is handled is the payroll which amounts to approximately \$110,000 per month.

The books are closed out at the end of each month, all accounts being paid in full monthly.

This department makes all the numerous small purchases of the institution and must account for the proper receipt of all merchandise by the department for which it was intended.

As a service to patients, this department also handles deposits sent in by families and friends. These funds are withdrawn for the benefit of the patient.

The personnel of the business office consists of five people, headed by the Business Manager of the institution.

PERSONNEL OFFICE

The primary purpose and function of the Personnel Office of this hospital is to process and approve all prospective employees for any department of the institution.

A large part of the Personnel Office time is given to the department heads as to the suitability of prospective applicants' qualifications for a particular job to be done.

Every employee in this institution is here primarily in the interest of the patients' welfare and the actions and attitude of every employee will reflect directly or indirectly on the hospital operation, and this over-all operation will ultimately reflect on the welfare of the patients.

MEDICAL LIBRARY

The hospital has a Medical Library adequate to meet the needs of our medical staff. A Librarian is employed to give full time to the details of cataloguing, classifying, filing, lending material and doing reference and research work. The Medical Library is a member of the Medical Library Association. This altruistic organization fosters the exchange of medical literature among its members. The Library subscribes to more than fifty of the outstanding medical periodicals, and of that group, thirty are bound. Back numbers of the bound volumes have been

secured from 1945 to the present date. Over 1500 books, with particular emphasis on Psychiatry and related therapies, are shelved in an attractive room. The Library is open during regular hours and is easily accessible. The Medical Library is one of the technical and scientific advancements which have kept pace with the progress of the institution.

BARBER AND BEAUTY SHOPS

Barber and beauty service is afforded every patient in the institution. At the present time there are five beauty shops in operation, one of these being located on the colored service.

The hospital operates six barber shops, which include the white and colored services. These factors are beneficial to the patients' mental attitude, and the beauty and barber services are considered a good form of therapy.

GUARD PATROL

The Guard Patrol was set up in September, 1950, with a chief guard at its head, who is deputized to make arrests on the hospital grounds, should such become necessary. There are eleven guards employed whose duties are to protect the hospital grounds and properties and to guard the entrances to the hospital grounds, checking each car that enters and leaves the grounds.

STORE ROOM

The store room, as the name implies, is the place where stores are kept. Here at the Mississippi State Hospital, the following items are received, checked and stored until requisitioned by the various wards or other departments:

1. Food, clothing, shoes, linens, blankets, laundry and janitor supplies.
2. Some farm supplies.
3. Some furniture.

The average tonnage per working day is approximately six tons. Quite frequently forty to fifty tons are handled in one day.

COLD STORAGE AND BAKERY

The cold storage plant is used to store meats, perishable foods and vegetables. The bakery prepares the rolls, breads and other confections for patients and employees. Each department has at its head a manager or baker.

GENERAL STORE OR CONFECTIONARY

There is a general store or confectionary located on the hospital grounds which serves the needs of the patients, employees

and patients' families. General merchandise, canned goods, food, drinks, fruit and groceries are sold at this store. It serves as a meeting place for patients and their families and friends.

PATIENTS' LIBRARY

This department attracts a large number of patients each day who like to read. Various civic and church organizations have been very kind to donate much reading material in the way of magazines, periodicals and books.

HORTICULTURE

The work done by this department is primarily the beautification of the entire hospital grounds and property. Flowers are sent from this department to the different buildings, the dining rooms, the dormitories and the hospitals.

The work in this department is largely done by patients, and it gives them wholesome and satisfactory employment.

FIRE DEPARTMENT

A modern and well-equipped fire engine adequately protects the hospital buildings in case of fires.

HOUSEKEEPING DEPARTMENT

The Housekeeping Department is composed of a Housekeeping Supervisor in addition to eight white matrons and two colored matrons. Each matron is furnished with the services of a hired maid and some patient help. This department is directly responsible for the general cleaning of dormitories, assigning of quarters, checking dormitory laundry, property, etc.

MEDICAL SERVICE

The Medical Service is composed of the Director, Clinical Director and seventeen full-time physicians. Of these seventeen, four are certified by the American Board of Psychiatry. Although some of our physicians are not certified as such, they are well orientated in the field of psychiatry and have had many years experience which is of great importance in the therapeutic approach to our patients' problems. Our staff of physicians is augmented by three full-time dentists.

Our staff is further supplemented by nine Jackson specialists who are certified in the fields of Dermatology, Orthopedics, Internal Medicine, Radiology, Surgery (two), Pathology, Urology and Neurosurgery. These specialists devote one day to the institution per week and are available for any emergency call in their specialty.

METHODS OF TREATMENT

In the matter of treatment, the institution offers every known type of psychiatric assistance. There is electroshock treatment, insulin shock, psychotherapy, group therapy and a consulting neurosurgeon who performs the famous prefrontal brain operation for the change of personality. Medical and surgical forms of treatment are the best known to medical science. A large occupational therapy department keeps the patients busy with various sorts of crafts, and the recreational therapy department cares for around five thousand patients each week with various shows, dances, parties, picnics and special events.

DRUG DEPARTMENT

Unlike the corner drug store in your home town our drug store does not serve sodas and malted milks. However, it more than amply makes up for this deficiency by filling more than 4000 prescriptions and drug requisitions and carrying a constant inventory of from \$15,000 to \$20,000 worth of drugs. A registered pharmacist is in constant attendance to serve the needs of the hospital. Prescriptions are routinely filled from 8:00 to 5:00 daily, but the pharmacist must constantly be available to fill emergency needs at any time during the day or night. In conjunction with professional compounding of prescriptions the pharmacist also issues medical, surgical, orthopedic and personal hygiene supplies.

CLINICAL PATHOLOGICAL LABORATORIES

Every patient on admission is given laboratory examinations.

The minimum routines on each patient are urinalysis and serological examinations.

Should the clinical picture indicate additional procedures, the laboratory tests available include the following:

Liver Function	Gastric Analysis
Hematology	Spinal Routines
Blood Chemistry	Urinary 17-Ketosteroids
Miscellaneous Urinalysis	Protein Bound Iodine
Parasitology	ECG
Bacteriology	Blood Matching and Typing

All tubercular patients and employees who have any part in the preparation of food or cleaning of utensils are given a quarterly check which consists of a series of cultures to exclude their having any communicable diseases.

The laboratory averages 2600 tests per month. There is a chief laboratory technician and two assistant medical technicians

doing the work of the laboratory. The chief technician and one assistant are registered.

X-RAY DEPARTMENT

The purpose of this department is to aid the doctors in their diagnosis of every patient. Routine chest roentgrams are taken on every patient admitted, done chiefly to control tuberculosis and to discover any other chest abnormality. During this biennium 20,000 X-rays were taken, including X-ray of practically every portion of the body.

Daily greater demands are being made of this department due to the increase of staff members and the number of patients admitted.

The personnel of this department consists of a consultant roentgenologist, a registered technician and one secretary. The technician is on call at all times for emergencies.

MISSISSIPPI STATE HOSPITAL

Whitfield, Mississippi

FINANCIAL STATEMENT

Year Ending June 30, 1954

INCOME :

State Appropriations	\$2,780,562.57	
Inmate Fees	66,130.40	
Farm Produce Consumer	385,215.36	
All Other Sources	47,406.29	
TOTAL INCOME		\$3,279,314.62
Cash on Hand Beginning of Period.....		64,226.66
GRAND TOTAL		\$3,343,541.28

DISBURSEMENTS :

Salaries	\$1,154,180.31	
Food	1,083,461.54	
Fuel & Lights	108,801.78	
All Other Expen- ditures for Maintenance ..	674,551.68	\$3,020,995.31
Expenditures for New Equipment	\$ 201,513.82	
TOTAL EXPENDITURES		\$3,222,509.13
Cash on Hand Ending of Period.....		121,032.15
GRAND TOTAL		\$3,343,541.28

FOR YEAR ENDING JUNE 30, 1954

PATIENTS ON BOOKS AT BEGINNING OF YEAR:

No.	ITEM	Total	Male	Female
1.	Residents in hospital.....	4191	1885	2306
2.	In family care	-----	-----	-----
3.	On leave or otherwise absent but still carried on books	1559	768	791
4.	TOTAL ON BOOKS AT BEGINNING OF YEAR (Sum of Items 1, 2 and 3).....	5750	2653	3097

ADMISSIONS DURING YEAR:

5.	First admissions	1850	1090	760
6.	Readmissions	921	540	381
7.	Transfers from other hospitals for mental disease within the state	21	16	5
8.	TOTAL ADMISSIONS (Sum of Items 5, 6 and 7)	2792	1646	1146
9.	Sum of Items 4 and 8	8542	4299	4243

SEPARATIONS DURING YEAR:

10.	Discharges direct from hospital.....	535	384	151
11.	Discharges while on leave or otherwise absent from hospital	1678	970	708
12.	TOTAL DISCHARGES	2212	1354	859
13.	Transfers to other hospitals for mental disease within the state	23	17	6
14.	Deaths in hospital	219	139	80
15.	Deaths of patients on leave or otherwise absent from hospital	-----	-----	-----
16.	TOTAL SEPARATIONS (Sum of Items 12, 13, 14 and 15)	2455	1510	945

PATIENTS ON BOOKS AT

END OF YEAR:

17.	Resident in hospital	4388	1990	2398
18.	In family care	-----	-----	-----
19.	On leave or otherwise absent but still carried on books	1699	799	900
20.	TOTAL ON BOOKS AT END OF YEAR (Sum of Items 17, 18 and 19)	6087	2789	3298
21.	Sum of Items 16 and 20	8542	4299	4243
22.	Average daily patient population in hospital during year	4275.58		
23.	Rated capacity of hospital	3500		

DISCHARGES FOR MALE AND FEMALE — For Year Ending June 30, 1954

Item No.	MENTAL DISORDERS	TOTAL DISCHARGES		Recovered		CONDITION ON DISCHARGE				Unclassified		
		Total	Male	Female	Male	Female	Male	Female	Improved	Unimproved	Male	Female
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol intoxication	43	34	9	34	9	—	—	—	—	—	—
2.	Drug or poison intoxication (except alcohol)	—	—	—	—	—	—	—	—	—	—	—
3.	Convulsive disorder	2	—	2	—	2	—	—	—	—	—	—
4.	All other conditions	3	1	2	1	2	—	—	—	—	—	—
5.	TOTAL ACUTE BRAIN SYNDROMES	48	35	13	35	13	—	—	—	—	—	—
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to prenatal (constititional) influence	1	—	1	—	—	—	1	—	—	—	—
7.	Meningoencephalitic syphilis	32	23	9	—	—	23	9	—	—	—	—
8.	Other CNS syphilis	1	1	—	—	—	1	—	—	—	—	—
9.	Epidemic encephalitis	4	2	2	—	—	2	2	—	—	—	—
10.	Other intracranial infections	2	1	1	—	—	1	1	—	—	—	—
11.	Alcohol intoxication	21	18	3	—	—	18	3	—	—	—	—
12.	Drug or poison intoxication (except alcohol)	1	—	1	—	—	—	1	—	—	—	—
13.	Birth trauma	4	4	—	—	—	4	—	—	—	—	—
14.	Other trauma	—	—	—	—	—	—	—	—	—	—	—
15.	Cerebral arteriosclerosis	111	52	59	—	—	52	59	—	—	—	—
16.	Other circulatory disturbance	4	1	3	—	—	1	3	—	—	—	—
17.	Convulsive disorder	50	31	19	—	—	31	19	—	—	—	—
18.	Senile brain disease	41	26	15	—	—	26	15	—	—	—	—
19.	Other disturbance of metabolism, growth, and nutrition	4	4	—	—	—	4	—	—	—	—	—
20.	Intracranial neoplasm	—	—	—	—	—	—	—	—	—	—	—
21.	Diseases of unknown and uncertain cause	2	1	1	—	—	1	1	—	—	—	—
22.	Chronic brain syndrome of unknown cause	1	—	1	—	—	—	1	—	—	—	—
23.	TOTAL CHRONIC BRAIN SYNDROMES	279	164	115	—	—	164	115	—	—	—	—

DISCHARGES FOR MALE AND FEMALE — (Continued)

Item No.	MENTAL DISORDERS	TOTAL DISCHARGES			Recovered		CONDITION ON DISCHARGE				Unclassified	
		Total	Male	Female	Male	Female	Improved Male	Improved Female	Unimproved Male	Unimproved Female	Male	Female
PSYCHOTIC DISORDERS:												
24.	Involuntional psychotic reaction	24	17	7	-----	-----	17	7	-----	-----	-----	-----
25.	Manic-depressive reaction	252	74	178	-----	-----	74	178	-----	-----	-----	-----
26.	Psychotic depressive reaction	14	13	1	-----	-----	13	1	-----	-----	-----	-----
27.	Schizophrenic reactions	409	144	265	-----	-----	144	265	-----	-----	-----	-----
28.	Paranoid reactions	20	15	5	-----	-----	15	5	-----	-----	-----	-----
29.	Other	43	22	21	-----	-----	22	21	-----	-----	-----	-----
30.	TOTAL PSYCHOTIC DISORDERS	762	285	477	-----	-----	285	477	-----	-----	-----	-----
31.	PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	2	2	-----	-----	-----	-----	-----	-----	-----	2	-----
32.	PSYCHONEUROTIC REACTIONS	42	29	13	-----	-----	-----	-----	-----	-----	29	13
PERSONALITY DISORDERS:												
33.	Personality pattern disturbance	6	6	-----	-----	-----	-----	-----	-----	-----	-----	-----
34.	Personality trait disturbance	3	2	1	-----	-----	-----	-----	-----	-----	-----	-----
35.	Antisocial reaction	5	5	-----	-----	-----	-----	-----	-----	-----	-----	-----
36.	Dyssocial reaction	2	2	-----	-----	-----	-----	-----	-----	-----	-----	-----
37.	Sexual deviation	4	4	-----	-----	-----	-----	-----	-----	-----	-----	-----
38.	Alcoholism (addiction)	604	535	69	-----	-----	-----	-----	-----	-----	-----	-----
39.	Drug addiction	147	100	47	-----	-----	-----	-----	-----	-----	-----	-----
40.	Special symptom reaction	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
41.	TOTAL PERSONALITY DISORDERS	771	654	117	-----	-----	-----	-----	-----	-----	-----	-----
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
43.	MENTAL DEFICIENCY	36	23	13	-----	-----	-----	-----	-----	-----	-----	-----
44.	MENTAL DISORDER, UNDIAGNOSED	53	31	22	-----	-----	-----	-----	-----	-----	-----	-----
45.	WITHOUT MENTAL DISORDER	220	131	89	-----	-----	-----	-----	-----	-----	-----	-----
46.	GRAND TOTAL	2213	1354	859	-----	-----	-----	-----	-----	-----	-----	-----

FIRST ADMISSIONS—FEMALE—For Year Ending June 30, 1954

Item No.	MENTAL DISORDERS	Total	AGE (IN YEARS)													85 & Age Un- Over known	
			Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74		75-79
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:																	
1.	Alcohol intoxication	10	---	3	---	---	---	2	3	1	---	1	---	---	---	---	---
2.	Drug or poison intoxication	1	---	---	---	---	---	---	---	---	---	1	---	---	---	---	---
3.	Convulsive disorder	3	1	---	---	---	---	1	---	---	---	1	---	---	---	---	---
4.	All other conditions	3	---	---	---	---	---	---	1	---	1	---	---	---	---	---	1
5.	TOTAL ACUTE BRAIN SYNDROMES	17	1	3	---	---	---	3	4	1	1	3	---	---	---	---	1
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:																	
6.	Diseases and conditions due to pre-natal (constitutional) influence	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
7.	Meningoencephalitic syphilis	5	---	1	---	---	---	---	1	---	2	1	---	---	---	---	---
8.	Other CNS syphilis	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
9.	Epidemic encephalitis	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
10.	Other intracranial infections	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
11.	Alcohol intoxication	2	---	1	---	---	---	---	---	---	---	---	1	---	---	---	---
12.	Drug or poison intoxication (except alcohol)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
13.	Birth trauma	4	---	1	1	---	1	---	1	---	---	---	---	---	---	---	---
14.	Other trauma	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
15.	Cerebral arteriosclerosis	56	---	---	---	---	---	---	---	11	15	12	12	3	1	1	1
16.	Other circulatory disturbance	3	---	---	---	---	---	---	---	1	1	1	1	---	---	---	---
17.	Convulsive disorder	20	---	3	2	3	3	4	2	1	1	1	---	---	---	---	---
18.	Senile brain disease	9	---	---	---	---	---	---	---	---	---	2	3	1	3	---	---
19.	Other disturbance of metabolism, growth, and nutrition	3	---	---	---	---	---	---	---	---	1	1	1	---	---	---	---
20.	Intracranial neoplasm	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
21.	Diseases of unknown and uncertain cause	1	---	---	---	---	---	---	---	---	1	---	---	---	---	---	---
22.	Chronic brain syndrome of unknown cause	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
23.	TOTAL CHRONIC BRAIN SYNDROMES	103	---	6	3	3	4	4	4	12	21	18	18	4	4	1	1
PSYCHOTIC DISORDERS:																	
24.	Involuntional psychotic reaction	22	---	---	---	---	---	---	3	5	5	3	5	---	---	---	1
25.	Manic-depressive reaction	14	---	---	1	1	1	1	5	1	2	---	1	---	---	---	---
26.	Psychotic depressive reaction	21	---	---	5	1	2	1	5	4	3	---	---	---	---	---	---
27.	Schizophrenic reactions	242	---	17	34	49	46	40	19	16	16	3	1	---	---	---	1
28.	Paranoid reactions	5	---	---	---	---	2	---	---	1	2	---	---	---	---	---	---

FIRST ADMISSIONS—FEMALE—For Year Ending June 30, 1954

Item No.	MENTAL DISORDERS	Total	AGE (IN YEARS)													85 & Age Un- Over known			
			Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74		75-79	80-84	
29.	Other	25	---	5	1	6	7	4	---	---	1	1	---	---	---	---	---	---	
30.	TOTAL PSYCHOTIC DISORDERS	329	---	22	36	61	57	47	28	28	30	10	7	1	---	---	---	---	2
31.	PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	3	---	---	---	---	---	2	---	---	1	---	---	---	---	---	---	---	---
32.	PSYCHONEUROTIC REACTIONS PERSONALITY DISORDERS:	25	---	1	2	3	8	1	3	2	2	1	1	---	---	---	---	---	1
33.	Personality pattern disturbance	4	---	---	1	---	---	1	1	---	1	---	---	---	---	---	---	---	---
34.	Personality trait disturbance	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
35.	Antisocial reaction	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
36.	Dyssocial reaction	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
37.	Sexual deviation	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
38.	Alcoholism (addiction)	30	---	---	2	3	7	6	6	3	1	1	---	---	---	---	---	---	1
39.	Drug addiction	24	---	---	2	3	4	5	5	1	2	1	---	---	---	---	1	---	---
40.	Special symptom reaction	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
41.	TOTAL PERSONALITY DISORDERS	58	---	---	5	6	11	12	12	4	4	2	---	---	---	1	---	---	1
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	---	---	---	---	---	---	---	---	---	---	---	1	---	---	---	---	---	---
43.	MENTAL DEFICIENCY	17	---	4	3	2	1	3	2	1	---	---	---	---	---	---	---	---	---
44.	MENTAL DISORDER, UNDIAGNOSED	78	1	8	8	15	9	9	9	11	3	3	1	---	1	---	---	---	---
45.	WITHOUT MENTAL DISORDER	130	---	2	2	1	1	1	3	1	1	1	1	---	---	---	---	---	116
46.	GRAND TOTAL	760	2	46	59	91	92	82	65	60	63	37	29	5	5	2	1	---	121

FIRST ADMISSIONS—MALE—For Year Ending June 30, 1954

Item No.	MENTAL DISORDERS	Total	AGE (IN YEARS)													85 & Age Over	Un-known		
			Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74			75-79	80-84
	ACUTE BRAIN SYNDROMES ASSOCIATED WITH:																		
1.	Alcohol intoxication	28	---	---	2	7	2	4	6	4	2	1	---	---	---	---	---	---	---
2.	Drug or poison intoxication (except alcohol)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
3.	Convulsive disorder	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
4.	All other conditions	2	---	---	---	---	---	1	1	---	---	---	---	---	---	---	---	---	---
5.	TOTAL ACUTE BRAIN SYNDROMES	30	---	---	2	7	2	4	7	5	2	1	---	---	---	---	---	---	---
	CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:																		
6.	Diseases and conditions due to pre-natal (constitutional) influence	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
7.	Meningoencephalitic syphilis	18	---	1	---	---	1	1	6	---	2	3	3	1	---	---	---	---	---
8.	Other CNS syphilis	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
9.	Epidemic encephalitis	2	---	---	---	---	---	---	1	---	1	---	---	---	---	---	---	---	---
10.	Other intracranial infections	2	---	1	---	---	---	---	---	---	---	1	---	---	---	---	---	---	---
11.	Alcohol intoxication	23	---	1	1	5	1	3	3	4	4	---	1	---	---	---	---	---	---
12.	Drug or poison intoxication (except alcohol)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
13.	Birth trauma	4	---	---	1	---	---	1	---	---	---	1	---	---	---	---	---	---	---
14.	Other trauma	1	---	---	---	---	---	---	---	1	---	---	---	---	---	---	---	---	---
15.	Cerebral arteriosclerosis	87	---	---	---	---	---	---	---	4	15	17	21	12	8	6	1	1	2
16.	Other circulatory disturbance	5	---	---	---	---	---	1	---	2	1	---	1	---	---	---	---	---	---
17.	Convulsive disorder	24	---	3	2	5	3	1	1	2	3	1	2	1	---	---	---	---	---
18.	Senile brain disease	11	---	---	---	---	---	---	---	---	---	---	2	2	3	4	---	---	---
19.	Other disturbance of metabolism, growth and nutrition	5	---	---	---	---	---	1	---	1	1	1	1	---	1	---	---	---	---
20.	Intracranial neoplasm	1	---	---	---	---	---	---	1	---	---	---	---	---	---	---	---	---	---
21.	Diseases of unknown and uncertain cause	1	---	---	---	---	---	---	---	---	---	---	1	---	---	---	---	---	---
22.	Chronic brain syndrome of unknown cause	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
23.	TOTAL CHRONIC BRAIN SYNDROMES	184	---	6	4	10	5	6	14	12	28	25	31	17	12	10	1	1	2
	PSYCHOTIC DISORDERS:																		
24.	Involuntary psychotic reaction	6	---	---	---	---	---	1	1	2	1	1	---	---	---	---	---	---	---
25.	Manic-depressive reaction	15	---	---	1	2	1	---	2	1	2	3	1	---	---	---	---	---	2
26.	Psychotic depressive reaction	23	---	---	---	---	1	8	6	3	1	1	2	1	---	---	---	---	---
27.	Schizophrenic reactions	205	---	15	26	39	37	34	19	16	6	8	---	1	---	---	---	---	5

FIRST ADMISSIONS—MALE—For Year Ending June 30, 1954

Item No.	MENTAL DISORDERS	Total	AGE (IN YEARS)											85 & Age Un- Over known				
			Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64		65-69	70-74	75-79	80-84
28.	Paranoid reactions	5	---	---	---	---	---	1	1	1	1	1	---	---	---	---	---	---
29.	Other	22	1	3	1	3	1	1	2	3	1	3	1	---	---	---	---	---
30.	TOTAL PSYCHOTIC DISORDERS	276	1	18	28	44	40	43	30	25	13	17	6	2	---	---	---	---
31.	PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	1	---	---	---	---	---	---	---	---	1	---	---	---	---	---	---	---
32.	PSYCHONEUROTIC REACTIONS PERSONALITY DISORDERS:	25	---	1	2	2	1	3	4	8	3	---	1	---	---	---	---	---
33.	Personality pattern disturbance ..	3	---	---	---	---	2	1	---	---	---	---	---	---	---	---	---	---
34.	Personality trait disturbance	3	---	---	1	1	---	---	---	---	---	---	---	---	---	---	---	1
35.	Antisocial reaction	5	---	---	1	1	1	1	---	---	---	---	---	---	---	---	---	1
36.	Dyssocial reaction	3	---	---	---	1	1	1	---	---	---	---	---	---	---	---	---	---
37.	Sexual deviation	1	---	---	---	---	1	---	---	---	---	---	---	---	---	---	---	---
38.	Alcoholism (addiction)	278	---	---	1	20	40	57	55	45	35	11	8	2	---	---	---	4
39.	Drug addiction	37	---	---	2	3	4	3	7	5	5	4	1	3	---	---	---	---
40.	Special symptom reaction	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
41.	TOTAL PERSONALITY DISORDERS	330	---	---	5	26	48	64	62	50	40	15	9	5	---	---	---	6
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
43.	MENTAL DEFICIENCY	33	2	9	1	5	3	1	6	2	1	2	---	---	---	---	---	1
44.	MENTAL DISORDER, UNDIAGNOSED	96	---	14	9	9	14	1	15	9	7	7	6	3	---	1	---	1
45.	WITHOUT MENTAL DISORDER	115	---	---	---	---	2	1	2	---	1	1	---	---	---	---	---	108
46.	GRAND TOTAL	1090	3	48	51	103	115	123	140	111	95	68	54	27	12	11	1	127

OFFICERS OF THE HOSPITAL

June 30, 1955

BOARD OF TRUSTEES OF MENTAL INSTITUTIONS

R. C. Stovall, Chairman

Dr. J. K. Avent, Vice Chairman

Dr. R. B. Caldwell

Mrs. F. A. Parker

S. A. Lawrence

C. S. Hudspeth, Executive Secretary

PHYSICIANS

June 30, 1955

Dr. W. L. Jaquith

Dr. John J. Head

Dr. Ruth Dean Pitchford

Dr. V. M. Pennington

Dr. L. E. Pennington

Dr. R. C. Mathewson

Dr. Carroll Lee Busby

Dr. Nolan Wayne Fulton, Jr.

Dr. R. P. White

Dr. David E. Davidson

Dr. Grace F. Thomas

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Dr. Wm. G. McPheron

Dr. Rush E. Netterville

Dr. George E. Purvis

DENTISTS

Dr. R. W. McDonald

Dr. Steve T. Loper

Dr. Darrell I. Jobe

**MISSISSIPPI STATE HOSPITAL
ADMINISTRATIVE STAFF**

For the year ending June 30, 1955

Class of Officers and Employees:	Actually in service at end of the year:	
	Male	Female
Directors	1	----
Office Managers	1	----
Bookkeepers and Assistants	----	2
Physicians (Staff)	8	4
Physicians (Consulting)	6	----
Externs	8	----
Dentists and Assistants	3	3
Pharmacists	1	----
Technicians	2	3
Graduate Nurses	----	18
Occupational Therapists	4	23
Practical Nurses	3	35
Attendants	238	329
Veterinarians	----	----
Supervisors and Assistants (Ward).....	7	8
Dietitians	1	----
Dietary Supervisors and Employees.....	55	59
Industrial Supervisors and Employees.....	74	18
Farming Supervisors and Employees.....	32	3
Social Workers	----	4
Clerical Employees - Stenographers, Clerks...	10	32
Telephone Operators	----	4
Guard Patrol	9	----
Housekeeping Supervisor and Employees.....	3	20
Beauty and Barber Shops.....	8	6
Recreation	6	4
	<hr/>	<hr/>
Total Officers and Employees.....	480	585
TOTAL		1055

FINANCIAL STATEMENT

Year Ending June 30, 1955

Income:

State Appropriations	\$2,558,593.86	
Inmate Fees	82,750.94	
Farm Produce Consumed	358,376.70	
All other Sources	22,627.14	
Total Income	\$3,022,348.64	
Cash on Hand Beginning of Period	121,032.15	\$3,143,380.79
 GRAND TOTAL		 \$3,143,380.79

Disbursements:

Salaries	\$1,234,734.27	
Food	972,184.35	
Fuel & Lights	108,515.18	
All other Expendi- tures for main- tenance	719,672.64	\$3,035,106.44
Expenditures for new equipment	30,444.97	
Total Expenditures	\$3,065,551.41	
Cash on Hand Ending of Period	77,829.38	\$3,143,380.79
 GRAND TOTAL		 \$3,143,380.79

MISSISSIPPI STATE HOSPITAL

43

For the Year Ending June 30, 1955

No.	ITEM	Total	Male	Female
PATIENTS ON BOOKS AT BEGINNING OF YEAR:				
1.	Resident in hospital.....	4388	1990	2398
2.	In family care.....	-----	-----	-----
3.	On leave or otherwise absent but still carried on books.....	1699	799	900
4.	TOTAL ON BOOKS AT BEGINNING OF YEAR (Sum of Items 1, 2 and 3).....	6087	2789	3298
ADMISSIONS DURING YEAR:				
5.	First admissions	1792	1048	744
6.	Readmissions	1540	857	683
7.	Transfers from other hospitals for mental disease within the state.....	11	6	5
8.	TOTAL ADMISSIONS (Sum of Items 5, 6 and 7)	3343	1911	1432
9.	SUM OF ITEMS 4 AND 8.....	9430	4700	4730
10.	Discharges direct from hospital.....	545	357	188
11.	Discharges while on leave or otherwise absent from hospital	1787	930	857
12.	TOTAL DISCHARGES	2332	1287	1045
13.	Transfers to other hospitals for mental disease within the state	25	14	11
14.	Deaths in hospital	253	117	136
15.	Deaths of patients on leave or otherwise absent from hospital	-----	-----	-----
16.	TOTAL SEPARATIONS (Sum of Items 12, 13, 14 and 15)	2610	1418	1192
PATIENTS ON BOOKS AT END OF YEAR:				
17.	Resident in hospital	4371	2059	2312
18.	In family care	-----	-----	-----
19.	On leave or otherwise absent but still carried on books.....	2449	1223	1226
20.	TOTAL ON BOOKS AT END OF YEAR (Sum of Items 17, 18 and 19).....	6820	3282	3538
21.	SUM OF ITEMS 16 AND 20.....	9430	4700	4730
22.	Average daily patient population in hospital during year	4293	-----	-----
23.	Rate capacity of hospital.....	3500	-----	-----

DISCHARGES FOR MALE AND FEMALE — For Year Ending June 30, 1955

Item No.	MENTAL DISORDERS	TOTAL DISCHARGES				CONDITION ON DISCHARGE				Unclassified		
		Total	Male	Female	Recovered Male	Recovered Female	Improved Male	Improved Female	Unimproved Male	Unimproved Female	Male	Female
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:												
1.	Alcohol intoxication	39	34	5	34	5	-----	-----	-----	-----	-----	-----
2.	Drug or poison intoxication (except alcohol)	7	6	1	6	1	-----	-----	-----	-----	-----	-----
3.	Convulsive disorder	21	5	16	5	16	-----	-----	-----	-----	-----	-----
4.	All other conditions											
5.	TOTAL ACUTE BRAIN SYNDROMES	67	45	22	45	22	-----	-----	-----	-----	-----	-----
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:												
6.	Diseases and conditions due to pre-natal (constitutional) influence											
7.	Meningoencephalitic syphilis	28	17	11			17	11				
8.	Other CNS syphilis	5	3	2			3	2				
9.	Epidemic encephalitis	3	1	2			1	2				
10.	Other intracranial infections	3	3				3					
11.	Alcohol intoxication	15	15				15					
12.	Drug or poison intoxication except alcohol)	1	1	1			1					
13.	Birth trauma	7	4	3			4	3				
14.	Other trauma	1	1				1					
15.	Cerebral arteriosclerosis	79	37	42			37	42				
16.	Other circulatory disturbance	9	3	6			3	6				
17.	Convulsive disorder	40	21	19			21	19				
18.	Senile brain disease	13	8	5			8	5				
19.	Other disturbance of metabolism, growth, and nutrition	4	1	3			1	3				
20.	Intracranial neoplasm											
21.	Diseases of unknown and uncertain cause	3	1	2			1	2				
22.	Chronic brain syndrome of unknown cause											
23.	TOTAL CHRONIC BRAIN SYNDROMES	211	116	95			116	95				

DISCHARGES FOR MALE AND FEMALE — (Continued)

Item No.	MENTAL DISORDERS	TOTAL DISCHARGES			Recovered		CONDITION ON DISCHARGE				Unclassified	
		Total	Male	Female	Male	Female	Improved	Unimproved	Unimproved	Unimproved	Male	Female
							Male	Female	Male	Female	Male	Female
PSYCHOTIC DISORDERS:												
24.	Involuntional psychotic reaction	68	14	54	-----	-----	14	54	-----	-----	-----	-----
25.	Manic-depressive reaction	138	51	87	-----	-----	51	87	-----	-----	-----	-----
26.	Psychotic depressive reaction	54	34	20	-----	-----	34	20	-----	-----	-----	-----
27.	Schizophrenic reactions	543	199	344	-----	-----	199	344	-----	-----	-----	-----
28.	Paranoid reactions	15	4	11	-----	-----	4	11	-----	-----	-----	-----
29.	Other	47	22	25	-----	-----	22	25	-----	-----	-----	-----
30.	TOTAL PSYCHOTIC DISORDERS	865	324	541	-----	-----	324	541	-----	-----	-----	-----
31.	PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	5	4	1	-----	-----	-----	-----	-----	-----	4	1
32.	PSYCHONEUROTIC REACTIONS	67	24	43	-----	-----	-----	-----	-----	-----	24	43
PERSONAL DISORDERS:												
33.	Personality pattern disturbance	1	1	-----	-----	-----	-----	-----	-----	-----	-----	-----
34.	Personality trait disturbance	4	4	-----	-----	-----	-----	-----	-----	-----	-----	-----
35.	Antisocial reaction	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
36.	Dyssocial reaction	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
37.	Sexual deviation	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
38.	Alcoholism (addiction)	598	520	78	-----	-----	-----	-----	-----	-----	-----	-----
39.	Drug addiction	124	65	59	-----	-----	-----	-----	-----	-----	-----	-----
40.	Special symptom reaction	3	3	-----	-----	-----	-----	-----	-----	-----	-----	-----
41.	TOTAL PERSONALITY DISORDERS	730	593	137	-----	-----	-----	-----	-----	-----	-----	-----
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
43.	MENTAL DEFICIENCY	66	35	31	-----	-----	-----	-----	-----	-----	-----	-----
44.	MENTAL DISORDER, UNDIAGNOSED	103	31	72	-----	-----	-----	-----	-----	-----	-----	-----
45.	WITHOUT MENTAL DISORDER	218	115	103	-----	-----	-----	-----	-----	-----	-----	-----
46.	GRAND TOTAL	2332	1287	1045	-----	-----	-----	-----	-----	-----	-----	-----

FIRST ADMISSIONS — FEMALE — For Year Ending June 30, 1955

Item No.	MENTAL DISORDERS	AGE (IN YEARS)														85 & Age Un- Over known	
		Total	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74		75-79
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:																	
1.	Alcohol intoxication	4				1	1							2			
2.	Drug or poison intoxication (except alcohol)																
3.	Convulsive disorder																
4.	All other conditions	4		1	1			1					1				
5.	TOTAL ACUTE BRAIN SYNDROMES	8		1	1	1	1	1					1	2			
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:																	
6.	Diseases and conditions due to pre-natal (constitutional) influence									4	2						
7.	Meningoencephalitic syphilis	8		1				1									
8.	Other CNS syphilis																
9.	Epidemic encephalitis	1						1									
10.	Other intracranial infections																
11.	Alcohol intoxication	1					1										
12.	Drug or poison intoxication (except alcohol)																
13.	Birth trauma	1							1								
14.	Other trauma																
15.	Cerebral arteriosclerosis	46						1	4	2	6	15	13	3	2		
16.	Other circulatory disturbance	8									3	2	1	2			
17.	Convulsive disorder	21			3	7	5	1	1	1		2	1				
18.	Senile brain disease	7										1	2	1		2	1
19.	Other disturbance of metabolism, growth, and nutrition	1									1						
20.	Intracranial neoplasm	1										1					
21.	Diseases of unknown and uncertain cause	5					1			2	2						
22.	Chronic brain syndrome of unknown cause																
23.	TOTAL CHRONIC BRAIN SYNDROMES	100		1	3	7	7	4	6	9	14	21	17	6	2	2	1

FIRST ADMISSIONS — FEMALE — (Continued)

Item No.	MENTAL DISORDERS	AGE (IN YEARS)													85 & Age Un- Over known		
		Total	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69		70-74	75-79
PSYCHOTIC DISORDERS:																	
24.	Involuntional psychotic reaction	10	—	—	—	—	—	3	6	1	—	—	—	—	—	—	—
25.	Manic-depressive reaction	34	—	—	—	—	1	3	2	13	11	3	1	—	—	—	—
26.	Psychotic depressive reaction	47	—	—	—	1	6	7	17	6	4	3	3	—	—	—	—
27.	Schizophrenic reactions	257	—	21	33	52	50	40	30	16	5	7	2	1	—	—	—
28.	Paranoid reactions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29.	Other	22	—	3	5	3	3	3	1	2	—	2	—	—	—	—	—
30.	TOTAL PSYCHOTIC DISORDERS	370	—	24	38	56	60	53	53	43	21	15	6	1	—	—	—
31. PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS																	
31.	PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS	4	—	—	—	2	—	1	1	—	—	—	—	—	—	—	—
32. PSYCHONEUROTIC REACTIONS																	
32.	PSYCHONEUROTIC REACTIONS	5	—	1	1	1	—	—	—	—	—	1	—	—	1	—	—
PERSONALITY DISORDERS:																	
33.	Personality pattern disturbance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
34.	Personality trait disturbance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35.	Antisocial reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36.	Dyssocial reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
37.	Sexual deviation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
38.	Alcoholism (addiction)	31	—	—	2	3	4	5	7	6	4	—	—	—	—	—	—
39.	Drug addiction	22	—	—	1	4	4	4	2	3	2	—	1	1	—	—	—
40.	Special symptom reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
41.	TOTAL PERSONALITY DISORDERS	53	—	—	3	7	8	9	9	6	—	—	1	1	—	—	—
42. TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.																	
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43. MENTAL DEFICIENCY																	
43.	MENTAL DEFICIENCY	11	—	1	1	1	1	2	2	1	1	1	—	—	—	—	—
44. MENTAL DISORDER, UNDIAGNOSED																	
44.	MENTAL DISORDER, UNDIAGNOSED	122	—	2	2	5	4	2	1	2	2	1	—	—	—	—	101
45. WITHOUT MENTAL DISORDER																	
45.	WITHOUT MENTAL DISORDER	71	—	7	10	19	9	10	6	7	3	—	1	—	—	—	—
46. GRAND TOTAL																	
46.	GRAND TOTAL	744	—	37	59	98	90	82	78	71	47	40	27	8	3	2	1 101

FIRST ADMISSIONS—MALE—FOR YEAR ENDING JUNE 30, 1955

Item No.	MENTAL DISORDERS	AGE (IN YEARS)															85 & Age Un- Over known	
		Total	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79		80-84
ACUTE BRAIN SYNDROMES ASSOCIATED WITH:																		
1.	Alcohol intoxication	29	---	2	2	2	4	4	7	5	2	---	---	1	---	---	---	
2.	Drug or poison intoxication (except alcohol)	2	---	---	---	---	---	---	1	---	1	---	---	---	---	---	---	
3.	Convulsive disorder	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	
4.	All other conditions	7	---	---	1	1	---	1	2	---	---	---	1	1	---	---	---	
5.	TOTAL ACUTE SYNDROMES	38	---	2	3	3	4	5	10	5	3	1	1	1	---	---	---	
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:																		
6.	Diseases and conditions due to pre-natal (constitutional) influence	12	---	---	1	---	---	2	1	2	4	1	1	---	---	---	---	
7.	Meningoencephalitic syphilis	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	
8.	Other CNS syphilis	1	---	---	---	---	1	---	---	---	---	---	---	---	---	---	---	
9.	Epidemic encephalitis	1	---	---	---	---	1	---	---	---	---	---	---	---	---	---	---	
10.	Other intracranial infections	1	---	---	---	---	---	1	---	---	---	---	---	---	---	---	---	
11.	Alcohol intoxication	13	---	---	---	1	3	1	2	1	1	2	---	1	---	---	1	
12.	Drug or poison intoxication (except alcohol)	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	
13.	Birth trauma	7	---	---	---	1	2	1	---	1	1	---	1	---	---	---	---	
14.	Other trauma	3	---	---	---	1	1	---	---	1	---	---	---	---	---	---	---	
15.	Cerebral arteriosclerosis	47	---	---	---	---	---	---	4	7	12	14	2	5	1	2	---	
16.	Other circulatory disturbance	5	---	---	---	---	1	1	1	1	1	---	---	---	---	---	---	
17.	Convulsive disorder	16	---	4	4	1	1	1	1	---	1	1	2	---	---	---	---	
18.	Senile brain disease	6	---	---	---	---	---	---	---	---	---	2	2	1	1	---	---	
19.	Other disturbance of metabolism, growth, and nutrition	1	---	---	---	---	---	---	---	---	1	---	---	---	---	---	---	
20.	Intracranial neoplasm	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	
21.	Diseases of unknown and uncertain cause	2	---	---	---	---	---	---	---	1	1	---	---	---	---	---	---	
22.	Chronic brain syndrome of unknown cause	1	---	---	---	---	---	---	---	---	---	---	---	1	---	---	---	
23.	TOTAL CHRONIC BRAIN SYNDROMES	116	---	4	5	4	7	8	6	10	16	21	20	4	7	1	2	1

FIRST ADMISSIONS—MALE—FOR YEAR ENDING JUNE 30, 1955—(Continued)

Item No.	MENTAL DISORDERS	AGE (IN YEARS)															85 & Age Un- Over known	
		Total	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79		80-84
PSYCHOTIC DISORDERS:																		
24.	Involuntary psychotic reaction	13	---	---	---	1	2	1	2	2	3	6	1	1	---	---	---	---
25.	Manic-depressive reaction	15	---	---	---	1	2	1	2	2	3	2	2	---	---	---	---	---
26.	Psychotic depressive reaction	23	---	---	---	1	2	3	4	5	2	4	1	---	1	---	---	---
27.	Schizophrenic reactions	184	---	28	23	35	34	23	23	9	3	3	---	---	---	---	---	3
28.	Paranoid reactions	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
29.	Other	29	4	3	3	4	4	2	3	2	1	---	2	---	---	---	---	1
30.	TOTAL PSYCHOTIC DISORDERS	268	4	31	26	41	42	29	32	20	12	19	6	1	1	---	---	4
PSYCHOPHYSIOLOGIC AUTONOMIC AND VISCERAL DISORDERS																		
31.		2	---	---	---	---	---	---	---	---	1	---	1	---	---	---	---	---
32.	PSYCHONEUROTIC REACTIONS	16	---	1	---	---	2	---	5	4	3	1	---	---	---	---	---	---
PERSONALITY DISORDERS:																		
33.	Personality pattern disturbance	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
34.	Personality trait disturbance	5	---	1	3	---	---	---	1	---	---	---	---	---	---	---	---	---
35.	Antisocial reaction	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
36.	Dyssocial reaction	2	---	---	---	---	1	---	---	---	1	---	---	---	---	---	---	---
37.	Sexual deviation	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
38.	Alcoholism (addiction)	330	---	---	7	19	41	58	66	71	30	17	10	8	---	---	---	3
39.	Drug addiction	29	---	---	---	2	4	2	4	6	2	4	1	1	---	---	---	3
40.	Special symptom reaction	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
41.	TOTAL PERSONALITY DISORDERS	366	---	1	10	21	46	60	71	77	33	21	11	9	---	---	---	6
42.	TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	1	---	---	---	---	---	---	1	---	---	---	---	---	---	---	---	---
43.	MENTAL DEFICIENCY	37	1	10	5	6	2	---	5	3	2	1	1	1	---	---	---	---
44.	MENTAL DISORDER, UNDIAGNOSED	105	---	1	---	1	4	2	1	2	---	---	1	---	---	---	---	93
45.	WITHOUT MENTAL DISORDER	99	1	13	9	17	7	16	11	4	3	2	2	---	---	---	---	14
46.	GRAND TOTAL	1048	6	63	58	93	114	120	142	125	73	66	43	16	8	1	2	118

**CONVENTIONS AND MEETINGS ATTENDED BY EMPLOYEES,
MISSISSIPPI STATE HOSPITAL, WHITFIELD, MISSISSIPPI,
DURING BIENNIUM, 1953 - 1955**

Date 1953	Person Attending	Meeting	Purpose of Attendance	Location	Cost
9/15	W. L. Jaquith, Director	American Hospital Association	To study latest advances in hospital administration and equipment	San Francisco, Calif.	\$ 501.50
10/24	Carr Rowe, Business Manager	American Psychiatric Assn. Mental Hospital Mental Institute	To study latest advances in Mental Hospital Administration & Therapy	Little Rock, Ark.	49.81
10/29	Francis Alexander, Director of Nurses	American Psychiatric Assn. Mental Hospital Mental Institute	To study latest advances in Mental Hospital Administration & Therapy	Little Rock, Ark.	46.22
10/29	Louise West, Psychiatric Social Worker	American Psychiatric Assn. Mental Hospital Mental Institute	To study latest advances in Mental Hospital Administration & Therapy	Little Rock, Ark.	38.74
10/29	Dr. T. L. Young, Asst. Director	American Psychiatric Assn. Mental Hospital Mental Institute	To study latest advances in Mental Hospital Administration & Therapy	Little Rock, Ark.	48.72
10/29	W. L. Jaquith, Director	American Psychiatric Assn. Mental Hospital Mental Institute	Present scientific paper and study hospital advances	Little Rock, Ark.	57.01
10/29	Dr. J. J. Head, Clinical Director	American Psychiatric Assn. Mental Hospital Mental Institute & Central Neuropsychiatric Assn.	Present scientific paper and study hospital advances	Little Rock, Ark. & Indianapolis, Ind.	164.10
11/17	Alma Clements, Asst. OT Director	National O. T. Conference	To study latest advances & Methods in Occupational Therapy	Houston, Texas	138.96
				1953 Total	\$1,045.06

Date	Person Attending	Meeting	Purpose of Attendance	Location	Cost
1954					
2/11	W. L. Jaquith, Director	Governors Conference on Mental Health	Sent as representative of Governor White by Governor White to meeting	Detroit, Michigan	\$ 293.40
3/3	L. E. Pennington	Southern V. A. Mental Seminar	To study latest treatment method of mental health	Little Rock, Ark.	33.84
3/2	R. K. Stacey, Psychiatrist	Southern V. A. Mental Seminar	To study latest treatment method of mental health	Little Rock, Ark.	81.14
3/3	A. J. Santangelo, Psychiatrist	Southern V. A. Mental Seminar	To study latest treatment method of mental health	Little Rock, Ark.	68.90
3/23	T. L. Young, Asst. Director	Regional Research Council American Psychiatric Assn.	To be moderator of panel on research in South	Little Rock, Ark.	15.60
5/19	Louise West, Psychiatric Social Worker	National Conference Social Workers	To study latest methods in Social Service	Atlantic City, N. J.	193.90
5/20	W. L. Jaquith, Director	American Psychiatric Assn.	To study latest methods of treatment of Mentally Ill	St. Louis, Mo.	160.11
5/20	J. J. Head, Clinical Director	American Psychiatric Assn.	To study latest methods of treatment of Mentally Ill	St. Louis, Mo.	96.63
10/26	W. L. Jaquith, Director	American Psychiatric Assn. Mental Hospital Institute	To study latest advances in Mental Hospital Administration & Treatment	Minneapolis, Minn.	152.65
10/26	J. J. Head, Clinical Director	American Psychiatric Assn. Mental Hospital Institute	To study latest advances in Mental Hospital Administration & Treatment	Minneapolis, Minn.	135.32

CONVENTIONS AND MEETINGS ATTENDED BY EMPLOYEES — (Continued)

Date	Person Attending	Meeting	Purpose of Attendance	Location	Cost
1954					
11/12	Albert Henry, Chaplain	Seminary Conference	Study Hospital Chaplain Procedure	New Orleans, La.	36.22
11/27	Albert Henry, Chaplain	Seminary Conference	Study Hospital Chaplain Procedure	Louisville, Ky.	99.46
12/8	C. L. Busby, Chief Medical Services	American Medical Assn. Clinical Conference	To present scientific paper and exhibit on Hospital Research	Miami, Florida	200.87
12/8	N. W. Fulton, Physician	American Medical Assn. Clinical Conference	To present scientific paper and exhibit on Hospital Research	Miami, Florida	70.18
				1954 Total	\$1,638.22
1955					
1/12	T. W. Crawley, Business Manager	American Hospital Assn. Purchasing Institute	To study latest procedures in purchasing	Chicago, Illinois	\$ 151.15
2/24	V. E. Pennington, Senior Psychiatrist	American Psychiatric Regional Research Conference	To present results of research done at this hospital	Galveston, Texas	
2/24	L. Pennington, Senior Psychiatrist	American Psychiatric Regional Research Conference		Galveston, Texas	114.55
3/16	A. Sinclair, Director of Nurses	American Hospital Assn. Seminar and Nursing Techniques	To study latest methods in nursing technique	Dallas, Texas	67.03
5/25	R. C. Mathewson, Psychiatrist	American Neurology Assn.	Study latest advances in treatment of mentally ill	Houston, Texas	119.40
5/25	A. Sinclair, Director of Nurses	American Nursing	Study latest nursing methods	St. Louis, Mo.	105.66

Date	Person Attending	Meeting	Purpose of Attendance	Location	Cost
1955					
5/30	V. Pennington, Senior Psychiatrist	American Psychiatric Assn.	To be panel Moderator & present results of reasearch at this hospital	Atlantic City, N. J.	128.20
5/30	Grace Thomas Senior Psychiatrist	American Psychiatric Assn.	To be panel Moderator & present results of reasearch at this hospital	Atlantic City, N. J.	320.44
5/15	Louise West	National Conference Social Workers	Study latest Social Workers Methods	San Francisco, Calif.	238.10
				Total 1955	\$1,244.53
				1953 - 55 GRAND TOTAL	\$3,927.81

AUTOMOTIVE TRANSPORTATION COST

	7-1-53 — 12-9-54		7-1-53 — 6-30-54	
Tag Number	S-98		S-99	
Institution Identification Number..	C-108		C-109	
Make	Chevrolet		Chevrolet	
Model	1951		1952	
Purchase Price	\$1562.33		\$1695.00	
Depreciation		\$563.28		\$845.00
Present Value	999.05		850.00	
Total Mileage	17344		15830	
Daily Mileage Average	31.3		43.3	
Monthly Mileage Average	963		1319	
Gallons Gasoline Used	950		1244.9	
Miles Per Gallon.....	17		12.7	
Cost Per Gallon of Gasoline	21.7		21.7	
Total Cost of Gasoline.....		206.15		270.14
Oil Consumption	60		40	
Cost Per Quart of Oil.....	.18		.18	
Total Cost of Oil.....		10.80		7.20
Tires and Tubes Replaced	4 tires 1 tube		4 tires 3 tubes	
Total Cost of Tires and Tubes		61.00		70.00
Wash and Grease.....	24		7	
Estimated Cost of Wash & Grease	1.50		1.50	
Total Cost of Wash & Grease.....		36.00		8.50
Repairs				
Description—License Tag	\$ 7.25		License Tag	\$ 7.50
Description—New Muffler, Battery, and Clamps	21.00		New Battery	14.63
Description—2 sets Spark Plugs	7.00		General Repairs	18.75
Description—5 quarts Anti- freeze	4.15		Tail Pipe and Muffler.....	8.00
Description—Wreck Repair	70.43		Brake Repair	2.00
Description—Tire Repair	7.00		Wheel Lined	5.00
Description—New Tail Pipe	5.52		New Muffler	3.75
Total Operating Cost.....	\$999.58		Tire Repair	1.50
Cost Per Mile.....	5.9c		Total Operating Cost.....	\$1261.97
			Cost Per Mile.....	7.9c

AUTOMOTIVE TRANSPORTATION COST

	7-1-54 — 5-31-55	12-9-54 — 5-31-55	
Tag Number	S-99	S-94	
Institution Identification Number	C-109	C-110	
Make	Chevrolet	Chevrolet	
Model	1952	1955	
Purchase Price	\$1695.00	\$1899.05	
Depreciation		\$945.00	\$199.05
Present Value	750.00	1700.00	
Total Mileage	14790	9408	
Daily Mileage Average.....	36	52	
Monthly Mileage Average.....	1232	1568	
Gallons Gasoline Used	771	572	
Miles Per Gallon	19	16	
Cost Per Gallon of Gasoline	21.7	21.7	
Total Cost of Gasoline		166.30	124.12
Oil Consumption	70	26	
Cost Per Quart of Oil.....	.18	.18	
Total Cost of Oil		12.60	4.68
Cost of Tires and Tubes	2 tires	24.18	1 tire 29.75
Wash and Grease	14	5	
Estimated Cost of Wash & Grease	1.50	1.50	
Total Cost of Wash & Grease		21.00	7.50
Description—License Tag		7.80	7.00
Description—Sign Painted on Car			14.00
Description—Repair Work; Tune Motor, New Spark Plugs, New Points, Seat Covers, Labor, etc.		30.99	
Description—Antifreeze		4.15	
New Tail Pipe		8.00	
Description Reline Front End		55.07	
Description—Repair Front Door.....		2.56	
Description—New Muffler		12.00	
Total Operating Cost		\$1239.65	\$386.10
Cost Per Mile		8.3c	3.9c