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Hillside Hospital the 29th Annual Report 1956

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JANUARY 1, 1956—DECEMBER 31, 1956

HILLSIDE HOSPITAL

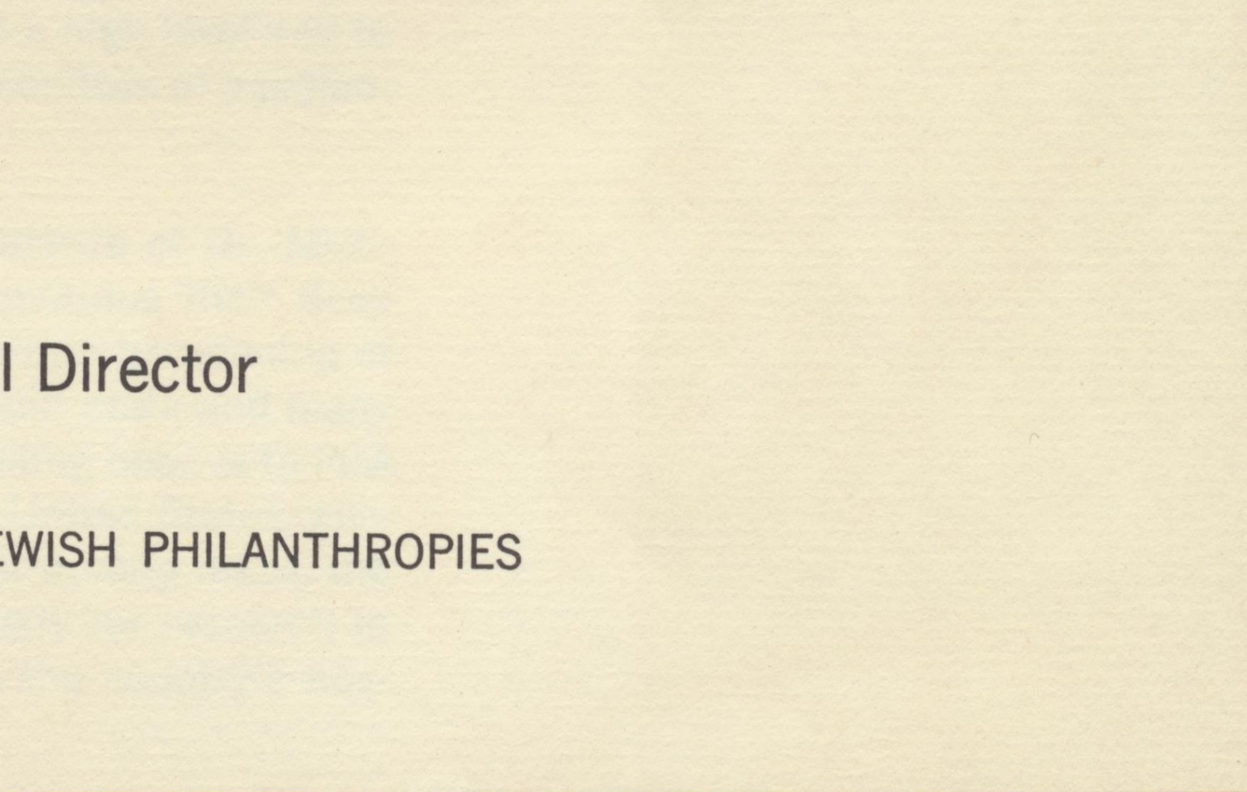
Glen Oaks, Queens

FOUNDED 1927

Joseph S. A. Miller, M. D., Medical Director

AN AFFILIATE OF THE FEDERATION OF JEWISH PHILANTHROPIES

OF NEW YORK



Hillside Hospital is a non-profit, non-sectarian mental hospital for the treatment of voluntary patients suffering from early and curable mental symptoms. Patients are admitted regardless of their ability to pay.

Hillside provides training for physicians in post-graduate psychiatry and psychotherapy and puts major emphasis on research in all phases of treatment. The hospital considers itself a pilot institution, pioneering in the human and efficacious application of psychiatry to the mentally ill.

The hospital is licensed in the New York State Department of Mental Hygiene. It is approved for a two-year residency in psychiatry by the Council on Medical Education of the American Medical Association, the American Board of Psychiatry and Neurology and the American College of Surgeons. The Dental Department is certified by the American Dental Association as an approved hospital department.

Hillside Hospital is an affiliate of the Federation of Jewish Philanthropies and a participant of the United Hospital Fund and the Greater New York Fund.

HOSPITAL

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REPORT OF THE PRESIDENT OF THE BOARD OF DIRECTORS

1956 has been a year of "shakedown" for Hillside during which its Board and Executive Officers have experienced the first full year of operation without the supporting advice of its founder, Dr. Israel Strauss, who died during 1955. In view of the change throughout the organization of the hospital, it has been a year of consolidation and improvement.

We are indebted to Dr. Dudley D. Shoenfeld, our Vice President, for his invaluable counsel in helping to reorganize the staff planning in the hospital. He was greatly assisted in this work by Dr. Joseph S. A. Miller, Dr. Simon Kwalwasser and Maurice Bachrach.

It has frequently been necessary for the Governing Board to ask advice and guidance from the Medical Board. We have had splendid cooperation from them. The two presidents of the Medical Board serving through the calendar year, Dr. Samuel Atkin and Dr. David Epstein, have been particularly helpful.

During 1956, the hospital has been able to expand its services in the Out-Patient Department through the use of funds made available by the State Mental Health Authority through the N. Y. State Department of Mental Hygiene, and funds from the City of New York through the New York City Community Mental Health Board. Further funds from the City of New York for indigent mentally ill persons have enabled the hospital to maintain its services at a high level and to serve that segment of the community which most needs the services of a philanthropic hospital.

The research program, conducted at Hillside under the guidance of Dr. Maximilian Fink, has made excellent progress. The directors continue their deep interest in all areas of psychiatric research and anticipate further broadening of these activities. Psychiatry as a science still is in a rather fluid state and many new avenues of exploration offer hope and ideas. The compelling need is to look intensely for new information. At long last, throughout the United States, substantial organizations have become cognizant of these needs. Among these, the great Ford Foundation has allocated many millions specifically for research in psychiatry. In addition, large sums have been allocated to the country's hospitals. In 1956, Hillside received a grant of $104,000.

At Hillside we bring a sympathetic attitude to our patients, solace and encouragement to their families and decided improvement to a large proportion of the persons we treat. We make judicious use of all modern therapies available in the field and our record of improvement is excellent. We can be proud of it. But we aspire to find new and better techniques that will send more patients out of the hospital completely "recovered" rather than "improved"; new methods that will permit release of patients in a far shorter time than is now required.

It is to these goals that we at Hillside are dedicated and we firmly believe that, as elsewhere in medicine, these aims can only be achieved by means of widespread and continued research.

Alvin E. Coleman

REPORT OF THE MEDICAL DIRECTOR

During 1956, Hillside Hospital completed almost thirty years of continuous operation, rendering high-level psychiatric services to the community. During these three decades, the Hospital increased its bed capacity for inpatients five-fold, established a ranking place as a therapeutic center for both inpatients and outpatients, became a notable hospital for resident training in the field of psychiatry and, in the past few years, developed an important research department. For over eight years, it has been a proud member of the family of the Federation of Jewish Philanthropies and, in conjunction with other agencies in Federation, it has developed and rendered meaningful aftercare and rehabilitative services.

During the past year, there was an improvement in the coordination of professional services rendered in both the adult and adolescent inpatient departments. There was considerable expansion in our outpatient service with improvement of procedures and treatment in the aftercare clinic. Our practical experience with the Adolescent Pavilion and our attempts to augment our research programs have pointed up the need for expansion, both in personnel and in space.

Every few years the advent of some special form of physical treatment—shock, surgery, and now new drugs—has reopened the debate concerning so-called specific versus non-specific treatments, short-term versus long-term hospitalization and therapy, treatment of many patients or clients rather than a few. All of these can really be related to the general question of the importance of quality versus quantity. One of the distinguishing features of American medicine is its goal and also, I think, its practice of rendering qualitatively better medical services, as opposed to mere quantification.

Hillside Hospital has developed a distinctive philosophy which has led to the creation of a unique structure to implement its philosophy. Since the field of psychiatry is still in its developmental stages, it is characterized by frequent and rapid changes in all phases of its thinking and practice. Each change is a challenge to the Hospital's established structures and points of view and we must continually decide whether a psychotherapy-centered, multi-disciplined treatment program such as ours delivers the best service that can be devised for the relatively long-term curable patient.

How is a mental patient best served by a psychiatric hospital? This, of course, will depend on the type of mental patient. Some patients are easily treated by a consultation or two, by a course of shock treatment, or with tranquilizing drugs, or with a rest or vacation. Some need only a course of physical treatment with return within a month or two to their homes, to continue whatever treatment they may need in a clinic or with a private psychiatrist. Others, and these are the ones that Hillside has more experience with, require hospitalization of at least six to twelve months. These are patients who cannot or should not remain at home or in the community, and cannot therefore benefit from either a single psychiatrist's or clinic's ministrations but rather need the hospital milieu or therapeutic environment of a team of professionals working with the patient, with

a psychiatrist at the center to emotionally re-educate the patient. Such emotional re-education through the process of properly understood and related in-living experiences lead to a patient becoming aware of emotional aspects that he did not suspect he had before and to recognize that there are more people who care rather than so many who are hostile to him. If at the same time, as at Hillside, important relatives, especially the nearest of kin are worked with by a professional trained in that field, the psychiatric social worker, the family's attitudes concerning the patient and his illness are changed for the better; and if this happens, the patient now has not only regained much of his lost esteem and self-confidence, but the very family environment has been improved and guarantees that the patient may continue and even enlarge upon gains initially made in the hospital. Thus, not only a single patient has been treated, but there has been complete reorientation of an entire family.

Authorities in dynamic psychiatry, in child welfare and development, in community welfare, in the field of geriatrics, all agree that the most important ingredient in the total treatment of emotional problems at any age, is the psychological understanding and the meaning of the symptoms, even the physical ones, as various ways of attempting to meet the problems of anxiety and emotional crises. Of the various psychological and dynamic approaches to the problems of behavior, none have contributed as much as psychoanalysis. Hence the practice of hospital psychoanalytic psychiatry at Hillside. This is by no means to lessen the importance of the adjunctive services and especially of the medical and physical agents. The physical symptoms are often parallel or concomitant expressions of certain types of emotional distress and emotional disorder; and physical agents like drugs, are often very effective in shortening periods of acute panic or distress and thus allowing for earlier or more meaningful participation in psychotherapy. Since the problems of emotional disorder are mainly interpersonal ones, problems of getting along properly or happily with other people, psychotherapy whether in or out of a hospital is in our opinion the basis of all therapy of persons with severe emotional disturbances.

The past year has been characterized by a rapid growth of psychiatric services in general hospitals. These, by their very nature, deal with more acute physical and mental disorders, while special psychiatric hospitals treat those psychiatric problems which specifically require more extensive hospitalization, removal from home and community for a long enough period to afford an opportunity for re-education and resocialization of the patient. It is therefore clear that the two types of hospitals deal with different problems and have different basic principles, precisely because they deal with different types of patients. The growth of the general hospital practice of psychiatry is therefore not a factor toward the displacement of the special hospital but rather for the widening and enrichment of the total constellation of treatment services available to psychiatry, so that the general and special hospitals enhance and reinforce each other for the benefit of all patients.

Joseph S. A. Miller, M.D.

ADOLESCENT PAVILION

Age range of patients

The Israel Strauss Adolescent Pavilion is now in its second year. It is a dramatic example of the kind of pioneering Hillside Hospital does.

The Pavilion provides a treatment program for emotionally disturbed girls between the ages of 12 and 16. It is an unusual experiment in tackling a major problem of our society . . . the rehabilitation of girls who are unable to live and function successfully in the community.

Practical aspects of treatment

Grave concern with the number of severely disturbed young people in our country has not resulted in enough practical work. The Adolescent Pavilion is a brave attempt to deal with this problem, using all the facilities and experience in psychiatric therapy of the Hillside Hospital in a treatment program oriented to the special needs of these patients. The number of girls who can be treated is very small compared to the need. But the knowledge to be gained from experience with them should prove immensely valuable.

Flexibility of program

The Adolescent Pavilion has its own, specially-designed living quarters and treatment facilities, and a separate staff. Its program is necessarily fluid and flexible enough to allow the constant adjustments necessary in a new and untried field. Some changes from original plans became necessary as work progressed this year. Twenty patients were admitted in 1956 and 25 discharged. Capacity of the Pavilion was reduced to 16 since it proved impossible to work successfully with the 20 originally planned.

Basic treatment philosophy

The basic treatment philosophy remains the same. The aim is to provide a wholesome living experience within the Pavilion with as intensive psychotherapy as seems advisable for the individual patient. But the concept of such a wholesome experience has gradually, step by step, taken in more areas, personnel and facilities beyond the Pavilion's confines. As soon as girls are able, they are encouraged to use recreational and planned activities at the main hospital, to make contacts with the other staff there and to socialize with adult patients. As they are able, the girls are permitted to go to the nearby public high school and out into the community. A basic concern is to try to help with those aspects of the personality that are ill while never forgetting to encourage and develop those that remain healthy.

Family or family-type relationships

Work with parents or parent substitutes is intensive and a very important part of the treatment. When they are able, the girls are permitted and encouraged to spend time with family or friends. Some girls, unfortunately, have no family to go to. The use of volunteer help to fill this vacuum is being further explored.

After-care and follow-up

Another important need is the provision of after-care and follow-up. Unlike the mature patient, the Pavilion deals with personalities not yet fully formed. Their potential is unknown. It takes time to find out how fruitful the work will be. It had been hoped that close follow-up would be possible by providing after-care

for all the girls in the Hillside Out-Patient Clinic. This proved impractical because it interfered too much with the ordinary pursuits of young people who, in most cases, lived at great distances from the hospital. For those girls who cannot conveniently use the Clinic, a variety of good treatment facilities elsewhere are recommended.

Prognosis for the future

It is encouraging to report that referrals to the Pavilion have come this year from more widespread sources, including a variety of family and social agencies, schools, treatment centers, private physicians and girls' residence clubs. It is also encouraging to report that, while it is too soon to reach any conclusions from the work in progress, the hospital does feel the work of the Adolescent Pavilion is becoming increasingly helpful.



THE PATIENT

ADMISSIONS AND DISCHARGES

Number of patients: admissions and re-admissions . . . length of treatment . . . patients discharged

In 1956, Hillside treated 561 patients, 170 males and 391 females, for a total of 70,189 hospital days. The average daily census at the hospital was 192 patients. Of the total treated, 365 patients were admitted to the hospital in 1956 and of these, 142 were first admissions and 108, re-admissions. However, only 27% of the re-admissions were former Hillside patients. By the end of the year, 371 patients had been discharged after an average stay of 189 days.

Evaluation of discharged patients

In any evaluation of discharges it is important to realize that the terms used to denote mental condition at the time of discharge only signify a comparison between the patient's condition and behavior when he came to the hospital and when he left. This is a relatively short period and unfortunately, very little has been done in the way of long term follow-up necessary to determine or clarify the eventual outcome of treatment.

The following comparisons use terms are defined as follows. **Unimproved** means there has been no change; **improved** means that symptoms or problems have been somewhat helped but still persist to an appreciable extent; **much improved** means that symptoms have disappeared and the patient seemed in good condition at the hospital, but there is no certainty of how he will function when he gets back into his own social and working community; **recovered** means that, in addition to what has been said for **much improved,** there is reasonable expectation that the patient will be able to return to his community and function as well, or better than he did before he became ill.

Diagnosis	No. of Patients	% of Whole	% Shock Therapy	% Insulin Coma Therapy	State at Discharge: % Recovered	% Much Impr.	% Impr.	% Unimpr.
Psychoneurosis	75	20	12		6	40	40	6
Manic Psychosis	78	21	42		27	36	30	6
Involutional Psychosis	64	17	51		26	39	31	5
Schizophrenia	135	36	18	10	5	22	42	30
Others	19	5			10	5	26	26
Totals	371				14	31	37	15

All percentages are approximate.

AND THE HOSPITAL



PSYCHOTHERAPY AND MEDICAL SERVICES

Major process of hospital treatment

Psychotherapy continues to be the major emphasis and the core of treatment at Hillside Hospital. Other forms of therapy, each in its own way very important to the patient's progress, are all part of the treatment program and are prescribed according to the patient's particular needs. However, one of the main criteria for accepting patients at the hospital is their ability to participate profitably in psychotherapy.

Analysis of hospital treatment "team"

Patients are seen individually by well-qualified psychiatrists for psychoanalytically oriented treatment three or four times a week. Each patient is assigned to a specific psychiatrist who remains "his doctor" for the length of his stay. The psychiatrist is the leader of the hospital "team" that plans and supervises the patient's day-to-day treatment. The other members of the team are a psychiatric social worker, a psychologist, professional representatives of the adjunctive services — Occupational Therapy, Group Activities and Creative Therapy — and the Nursing Department.

Types of therapy in use, including new drug therapies . . . facilities for treating the "whole" patient: physically and psychotherapeutically

Group therapy continues to be used for selected patients. The hospital continues the use of electroshock therapy for about one-third of patients, especially those suffering from more severe emotional disorders. The extent to which it is used has, in many cases, been modified in accordance with the results of research conducted by the Department of Experimental Psychiatry. During 1956, as a result of a controlled research study, Chlorpromazine was substituted for insulin coma in certain patients. It had been found safer, easier to administer, and to have fewer side effects. For certain other patients at the hospital, insulin coma is still the treatment of choice. Chlorpromazine has now been added to the drug formulary of the hospital and made part of the regular therapeutic procedures. There is continuing work and interest at Hillside in Reserpine and the other newly developed drug therapies.

Growth of non-psychiatric medical services

The Intra-mural Clinic

The Intra-mural Clinic and allied medical services of the hospital are concerned with the non-psychiatric, physical problems of the patient. Close cooperation between the medical staff and the psychiatric staff has brought the hospital nearer its goal of "treating the whole patient."

The continued cooperation of a large visiting staff in all the various branches of medicine, made it possible for the clinic to see 411 patients for a total of 11,844 visits this year.

The Dental Department

The Dental Department, newly certified by the American Dental Association as a qualified hospital dental department, anticipates adding a dental intern to the staff. New equipment and a newly decorated interior have done much to facilitate and improve treatment. The dental clinic treated 736 patients this year, an increase of almost 25% over 1955.



The Psychology Department

The Psychology Department, in response to increased demand for psychological examinations, added one full-time psychologist this year and provided for the addition of two more early in 1957. Almost twice as many tests were administered this year as last.

The department has been accepted and used as an integral member of the hospital team. Its services have been called for in pre-testing hospital personnel, and in connection with vocational counselling and rehabilitation plans worked out by the Social Service Department.

The Nursing Department

The Nursing Department continues to pioneer in training nurses and aides in the special skills required for proper care of the mentally ill. The nurse fulfills a unique position in being in direct contact with the patient for long period of time. And yet the only training she generally receives in psychiatry is a brief three-month period during student training. This department has organized two special training programs, one for psychiatric aides and one for nurses, which enable them to perform more effectively and with more understanding as working members of the hospital team.

In addition, members of the professional nurse staff participated in trips to various private and state psychiatric hospitals to observe new methods and techniques.

During the past year, students from Central Islip continued visits to Hillside as part of their psychiatric training. This year, Hillside became the affiliating institution for basic psychiatric experience for student nurses at Queens College. The hospital was fortunate in acquiring for its own staff 10% of the college's first graduating class.

ADJUNCTIVE SERVICES

Three departments of the hospital, make an essential contribution to each patient's therapy. Each has a specific function and each is prescribed as a regular part of treatment planned in cooperation with the psychiatric staff.

Group Activities Department

The **Group Activities Department** organizes meaningful social, educational and work activities that draw patients into groups where they will have opportunities to form relationships with other patients and deal with situations that mirror community life.

Each member of the department's staff of professional social group workers is assigned as a member of a psychiatric team which plans a program designed to meet a patient's specific problems. The group worker reports on the patient's performance and reactions to group and social situations.

Under the guidance of the staff, patients participate in self-government groups, special interest classes, a choral group, athletic activities, and current events discussions; they publish a newspaper, operate a patients' library and engage in club activities suited to various age levels. In addition, they plan and take part in social functions, attend religious services and enjoy a varied program of evening entertainments which frequently include appearances by outstanding celebrities who generously give their time and talent.

This year has seen the development of an adult education program, in conjunction with Adelphi College, which, in a ten-week course, offers popular subjects similar to those offered by the extension programs of universities and the New York City Board of Higher Education.

Occupational Therapy Department

In **Occupational Therapy** the patient works in various crafts such as ceramics, wood, metal, leather, jewelry making, weaving and needlework. They offer him a creative outlet that increases his self-confidence, helps him to discover new skills and has therapeutic value in relieving tensions. By observing the way a patient reacts to tools and materials, how he copes with success or failure and how he carries out instructions and responds to authority, the staff is able to gauge his problems and his progress.

In 1956 two registered therapists were added to the staff, bringing the total to six. Each therapist is part of the hospital team that plans the occupational program for each patient according to the patient's needs.

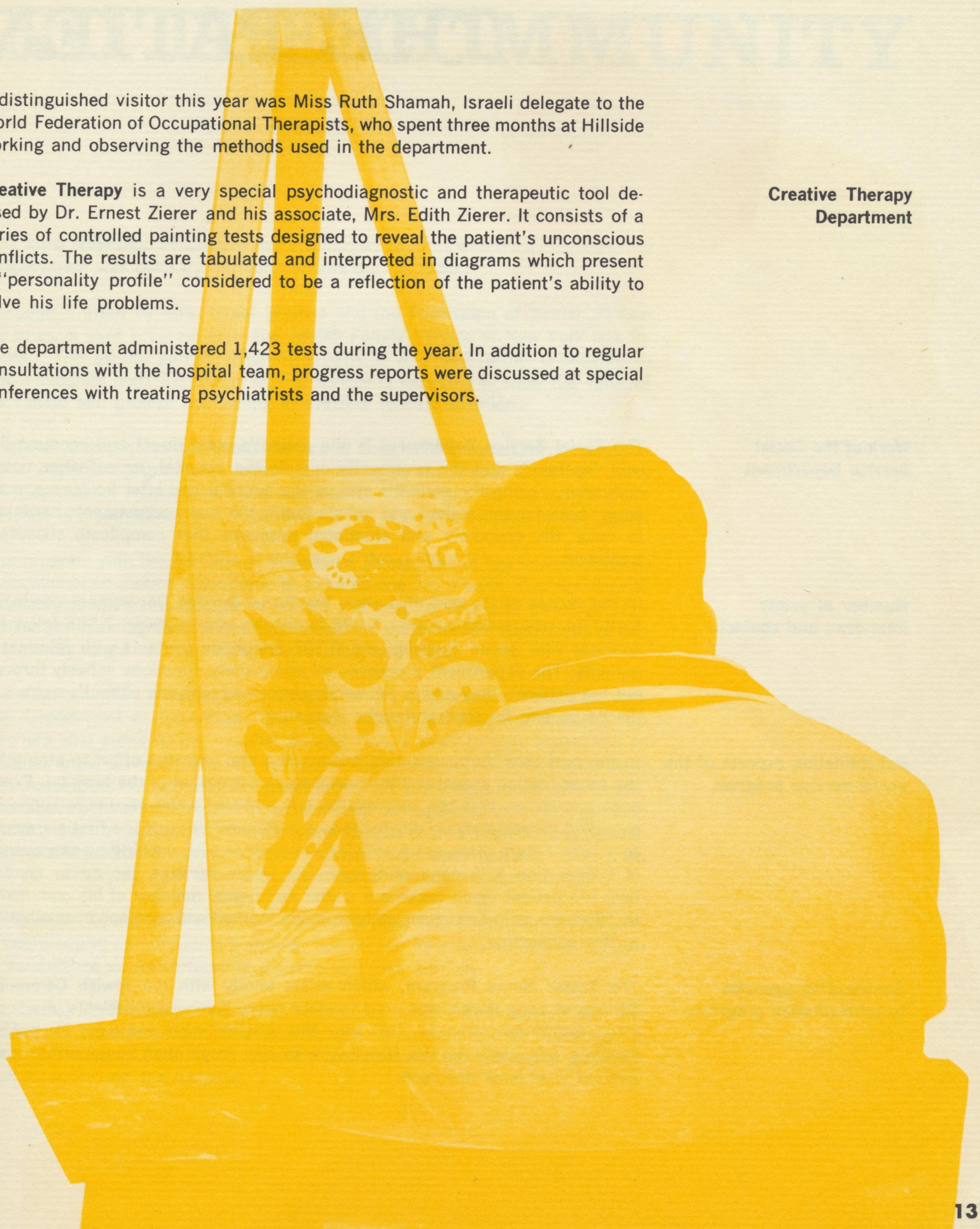
This year, for the first time, craft classes were scheduled which offer patients interested in particular crafts an opportunity for more intensive and specialized instruction. Another innovation was that the Commissary, a patient-run store, was brought under the direction of this department and patients were assigned there by doctor's prescription as a form of vocational training.

A distinguished visitor this year was Miss Ruth Shamah, Israeli delegate to the World Federation of Occupational Therapists, who spent three months at Hillside working and observing the methods used in the department.

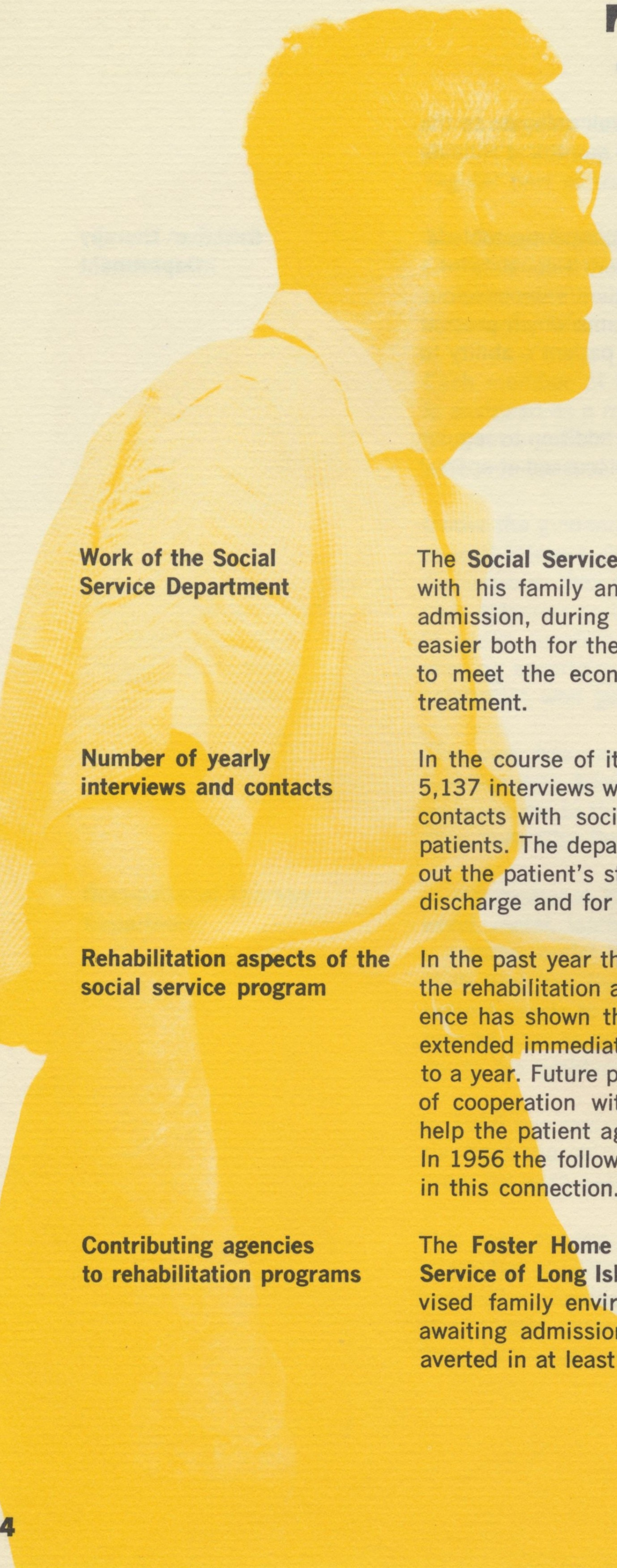
Creative Therapy is a very special psychodiagnostic and therapeutic tool devised by Dr. Ernest Zierer and his associate, Mrs. Edith Zierer. It consists of a series of controlled painting tests designed to reveal the patient's unconscious conflicts. The results are tabulated and interpreted in diagrams which present a "personality profile" considered to be a reflection of the patient's ability to solve his life problems.

Creative Therapy Department

The department administered 1,423 tests during the year. In addition to regular consultations with the hospital team, progress reports were discussed at special conferences with treating psychiatrists and the supervisors.



THE PATIENT



Work of the Social Service Department

The **Social Service Department** is the patient's most direct and constant link with his family and the community outside the hospital. Its activities before admission, during the patient's stay at the hospital and after he leaves, make easier both for the patient and for his family the many adjustments necessary to meet the economic and emotional problems that complicate successful treatment.

Number of yearly interviews and contacts

In the course of its work this year, the Social Service Department conducted 5,137 interviews with patients, 5,095 interviews with relatives, 7,555 telephone contacts with social agencies and 6,701 telephone contacts with relatives of patients. The department processes all admissions, functions actively throughout the patient's stay and is intimately concerned with the patient's welfare on discharge and for several months thereafter.

Rehabilitation aspects of the social service program

In the past year the department has made a concentrated effort to strengthen the rehabilitation aspects of the social service program of the hospital. Experience has shown that the best results are achieved when maximum support is extended immediately on discharge and continued through the first six months to a year. Future plans are particularly concerned with opening up new avenues of cooperation with community agencies whose services can do so much to help the patient again become a useful and happy member of his community. In 1956 the following agencies have made marked and increased contributions in this connection.

Contributing agencies to rehabilitation programs

The **Foster Home Program,** which exists jointly with the **Jewish Community Service of Long Island,** was used to place newly discharged patients in a supervised family environment. This year the program also was used for patients awaiting admission to the hospital, with the result that hospitalization was averted in at least one case.

AND THE COMMUNITY

The **Altro Workshop** which provides discharged patients with transitional gainful employment was used by thirteen patients during 1956.

Through a grant by **Mrs. Israel Strauss** and the **Federation of Jewish Philanthropies,** a joint program with the **Jewish Family Service of New York** was initiated. This service permits discharged patients who need further counseling to get immediate help. Expansion of this service is expected to show the value of continued and prompt counseling in averting rehospitalization.

Together with the **Jewish Family Service of Long Island,** the department developed a special program that helps keep the home intact when a mother has to be hospitalized. Homemakers are assigned to fill the gap during the mother's absence and sometimes even after the mother returns, if this seems necessary.

The program with the **Division of Vocational Rehabilitation** has been expanded. A vocational counselor is available to patients one day a week. Vocational guidance begins while the patient is still in the hospital and may continue after discharge. Training facilities are provided for those whose adjustment to the community might be made easier by learning new skills.

The department is especially appreciative of the cooperation of the **New York City Department of Education.** The **Home Instruction Program** provides two teachers who come to the hospital several days a week to give instruction to patients under 21 who have not completed high school. The results have been very successful; 40 patients received instruction this year and six were graduated. During the coming year the program will be expanded to include patients over 21, who, on completing the work, will be able to take High School Equivalency examinations. Follow-up reports indicate that many patients develop an interest in carrying their education further after leaving the hospital.

The **Casework Program** started last year in the **After-Care Clinic,** for the purpose of coordinating rehabilitative planning, has proven its effectiveness and is now an established service offered to patients and their families.

The Social Service Department has continued to work very closely with the **Federation Employment and Guidance Service.** Their excellent facilities make it possible for many patients to receive job placement and vocational guidance soon after leaving the hospital.

HILLSIDE LEAGUE

The Hillside League and the work of "The Bridge"

The **Hillside League** is an organization of former patients of Hillside Hospital. After facing almost certain extinction in 1954 and having an encouraging revival in 1955, it has made astonishing strides in the past year. That many of its planned goals have been achieved is due, in large measure, to the untiring and selfless efforts of **"The Bridge, Inc.",** a group of women and their husbands who conducted a successful fund raising drive and who continue in their whole-hearted devotion to the League.

Activities at Bridge headquarters

In 1956, the Hillside League moved to new quarters (supplied by "The Bridge") at 231 West 83rd Street, in Manhattan. Here, in an area many times the size of its original rooms, members enjoy a comfortable, newly furnished lounge, equipped with a phonograph, television, table games and cards. The area is flexible enough to provide for large groups as well as intimate gatherings. The League is open every evening from Monday through Friday and one week-end a month for large social functions.

Help with personal welfare problems

A Hillside psychiatric social worker has been assigned as a full-time director of the League and is available for individual consultation and for referral service with regard to housing, employment, further treatment and other personal welfare problems. Thanks again to the efforts of "The Bridge," the volunteer staff of the League has grown to meet the needs of a much larger membership.

Membership

From a low of 38 in 1954, the active membership has grown to almost 200, and in addition the League draws upon an active mailing list of almost 500. A club program, with membership arranged according to age group and interest has been an important development made possible by the increased membership and staff.

The Hillside League looks forward to the next year as one in which it will be well equipped to fulfill a vital function in helping patients continue the progress made at the hospital.

QUEENS OUT-PATIENT CLINIC

Hillside Hospital believes that in the **Queens Out-Patient Clinic** it has developed a pilot unit that demonstrates the highest level of clinical functioning and serves as a center for stimulating interest and training in psychiatry.

Work of the clinic

The Clinic offers psychotherapy on a twice-a-week basis, up to a year's duration, to residents of Queens, Nassau and Suffolk Counties, who require treatment but

are unable to pay for private care. For a family with an average income psychiatric service can become a severe economic burden. The Clinic meets an urgent need in a community rapidly growing in population but relatively lacking in out-patient psychiatric facilities. The Clinic setting, in addition, offers the advantage of psychiatric social work consultation for members of the patient's family.

Goal of the clinic's treatment program

Intensive screening, by means of psychological tests and pre-admission consultation, make it easier for the treating psychiatrist to make early plans for the patient's treatment program. In contrast to the usual lengthy course of psychiatric treatment, the Clinic has developed a philosophy of attempting to accomplish limited goals. Often, by relieving his symptoms, the Clinic frees a patient to continue on with his life, with the strengths he utilized before he became ill.

Number of patients and staff members

The Clinic treated 271 patients in 1956, the average length of treatment being eight months. Thirty psychiatrists, accepted after very careful selection, work on a part-time basis to make this extensive program possible. Permanent staff members of the Hospital are always available for consultation.

In 1956, the Clinic initiated a separate service for administering electroshock therapy on an out-patient basis. Recovery, on the whole, was dramatic, rapid and tremendously appreciated by the patient and family since it meant avoiding hospitalization.

MANHATTAN AFTER-CARE CLINIC

Function of the clinic

The **Manhattan After-Care Clinic** serves Hillside patients as a link between their hospital stay and the resumption of community life. This is often a very trying time because the patient may suddenly be subjected again to old family stresses, job strains and social difficulties. The Clinic, conveniently located at Mt. Sinai Hospital, is open five nights a week and the average course of treatment is twice-a-week for a period of three months.

Accomplishment of goals

Successful accomplishment of the Clinic's goals depends in good measure on cooperation between Clinical Assistants and Social Service Caseworkers. The Clinic takes this opportunity to acknowledge the extent to which that cooperation exists and functions.

THE HOSPITAL

RESEARCH

As in any other field of medicine, progress in the treatment of the mentally ill depends on intensive research . . . on a better understanding of why people become mentally ill and a surer knowledge of how treatment effects improvement. Hope for this rests with a wide variety of professional research workers in the many disciplines concerned with human behavior.

Research and progress

Research in mental illness is spurred on by the grave and immediate need for new insights and is complicated by the fact that the field of exploration is limited, almost entirely, to human beings, rather than lower animals. Hillside's hope is to include every possible approach. Work continues along those lines that seem to offer the most promise.

Areas of basic study

Psychotherapy remains the area of basic study and treatment. But because past experience has amply demonstrated that electroshock therapy is, for certain conditions, the most valuable of the known physical therapies, the hospital has devoted a major effort this year to study and further elaboration of its use and effects. Three other studies whose purpose was to devise more clearly objective methods of evaluating progress in therapy were developed, and a control study of Chlorpromazine-insulin coma was completed.

Department of Experimental Psychiatry

This year, the Research Service was redesignated as the Department of Experimental Psychiatry, indicating its continued growth and anticipating the addition of a Department of Clinical (Psychodynamic) Research. Two new members were added to the staff in 1956. Support for the program came from contributions of the Board of Directors, from the renewal, for three years, of the Electroshock Study Program of the National Institute of Mental Health of the U. S. Department of Health, Education and Welfare, and from the Kaufman Foundation of New York.

Departmental research in Medicine and Biochemistry

Research in the **Department of Medicine** concentrated chiefly on a study of new drug therapies. The **Department of Biochemistry** continued work on studies of hormonal balance and undertook a study of the relationship between certain physiological defects and schizophrenia. Funds for the latter were provided by the National Institutes of Health.

AND THE COMMUNITY

Publications and Presentations

During the year, increased recognition of the staff and work of the hospital came from a large number of lay and professional publications. The hospital is keenly aware of the value of this public interest because greater attention by the general public to the field of mental health will lead to greater support by government and private agencies, foundations and institutions.

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TEACHING AND TRAINING

The Resident Training Program

The **Resident Training Program** at Hillside continues to emphasize the interrelation between the training program and the treatment program. Each resident carries a case load of about 15 patients under the supervision of staff and visiting instructors, and attends lecture conferences conducted by the medical directors. Lecture seminars in the fields of psychopathology and psychotherapy, and reading seminars, are conducted by special instructors chosen from the hospital staff. Qualified residents are assigned to the department of Experimental Psychiatry for clinical and other psychiatrical research projects. During the year there were 18 residents in training.

Training for other staff members

The hospital training program extends also to Clinical Assistants in the Outpatient and After-care clinics and on-the-job training of personnel. Regular lectures and conferences are scheduled for nurses and attendants, social workers, members of the various adjunctive services and for affiliating students from other educational institutions.

Sunday Clinical Conferences

The **Sunday Clinical Conferences,** open to and attended by psychiatrists and other professional personnel and by outstanding visiting physicians, are part of the resident training program and are based on cases prepared by the residents. They continue to make a significant contribution to the training picture on the New York Psychiatric scene.

Israel Strauss Lecture

The **Annual Israel Strauss Lecture,** established in 1955 in honor of Hillside's founder and late president, was delivered this year on April 8th. The speaker was William Malamud, M.D., Professor and Chairman of the Department of Psychiatry and Neurology of the Boston University of School of Medicine. His subject was "Current trends in basic psychiatric research."

Community Education

Hillside's **Committee on Community Education** continues active and its program of lectures to the laity promote interest and understanding of mental hygiene problems in the community.

Medical Library

The **Medical Library,** considerably enlarged by the acquisition of the entire medical library of the late Dr. Israel Strauss, was able this year to increase its services and usefulness to the staff by the employment of a full-time librarian.

Journal of the Hillside Hospital

The **Journal of the Hillside Hospital** again showed an increase in the number of its subscribers, an indication of the prestige and general acceptance it enjoys. A 504 page Israel Strauss Memorial Volume containing articles by psychiatrists and other friends of Dr. Strauss, was published in 1956.

REPORT OF THE ADMINISTRATOR

Deficits

While the cost of running the Hospital increased again, from $1,175,635 to $1,326,454, the deficit this year has been substantially reduced because the City of New York increased its contribution toward the care of the indigent mentally ill from $14 to $16 a day.

The average number of patients per day, 192, remained the same as last year —97% of capacity. However the length of stay increased somewhat and the total number of patients treated was 561 this year compared to 575 in 1955.

Comparison of costs: 1955-1956 . . .

	1955	1956
Salaries	$732,977	$797,805
Food	106,397	113,428
Maintenance and Grounds	50,551	59,436
Administrative Expenses	67,017	82,608
Medical Supplies	28,130	23,950
Repairs and Replacements	25,279	35,105
Clinics	165,284	214,122
Total	$1,175,635	$1,326,454
Total No. Patients	575	561
Total Patient Days	69,903	70,189
Average income per patient day	$14.45	$15.44
Average cost per patient day	$15.34	$15.84
Average loss per patient per day	$ .89	$ .40

Costs of expanded out-patient services

It should be noted that the largest portion of the $150,819 increase was used for expansion of the Out-patient service. This increase was entirely offset by grants from the New York City Community Mental Health Board, the State Mental Health Authority, and increased subvensions from the Federation of Jewish Philanthropies. Increases in salaries reflect a rise in salaries and salary rates rather than an increase in personnel. Other increases reflect the general pattern of rising costs for goods and services.

Costs of the Israel Strauss Adolescent Pavilion

In 1956 it was decided to compute the costs of running the Israel Strauss Adolescent Pavilion separately from those of the main hospital. While the pavilion operates as an integral part of the hospital, it is a new and costly experiment, which, if included, somewhat distorts the general operating picture.

The operation of the Adolescent Pavilion showed a deficit of $37,752, an increase of 13% over 1955. The difference is entirely accounted for by salaries for additional personnel found necessary for successful operation.

Maurice Bachrach

SOCIETY OF THE HILLSIDE HOSPITAL

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*Executive Committee Members
†Deceased in 1956
‡Elected in 1956

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Joseph S. A. Miller, M.D.

Associate Medical Director
Simon Kwalwasser, M.D.

Administrator, Maurice Bachrach, B.S.

Supervising Psychiatrists

George Yessin, M.D.
Jack H. Tabor, M.D.
Gerhard Schauer, M.D.
Martin A. Green, M.D.
Robert Navarre, M.D.
Eugene Glynn, M.D.

Supervising Psychiatrist
Israel Strauss Adolescent Pavilion
Alice Slater Stahl, M.D.

Director of Out-Patient Services
Robert R. Luttrell, M.D.

Director of Research in Experimental Psychiatry
Maximilian Fink, M.D.

Internist, Arnold Blumberg, M.D.

Director of Laboratories, Harry Goldenberg, Ph.D.

Resident Staff

Ruth Adams, M.D.*
Stanley Brodsky, M.D.
Frederick Coleman, M.D.
Warren Cox, M.D.
Ilhan Ermutlu, M.D.
Harold Esecover, M.D.
Stefano Fajrajzen, M.D.
Marie Friedman, M.D.
Stanley M. Friedman, M.D.
Ruth Fuchs, M.D.
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Robert S. Gilbert, M.D.
Eugene D. Glynn, M.D.*
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George E. Gross, M.D.*
Peter Guggenheim, M.D.†
A. Russell Lee, M.D.
Leon Lefer, M.D.
Joel Markowitz, M.D.*
Robert Nodine, M.D.
Paul Pressman, M.D.
Arthur Root, M.D.
Jack R. Royce, M.D.*
Robert Shaw, M.D.*
Charles G. Silverman, M.D.*
Myron Stein, M.D.
Morton Wachspress, M.D.

Other Professional Staff Heads

Nathalie Burbach, R.N., M.A. Director of Nursing
Abraham Lurie, M.S.S.W. Director of Social Service
Abraham Levine, Ph.D. Director of Psychology
Ernest Zierer, Ph.D. Director of Creative Therapy
Eileen P. Fisher, B.S. Director of Occupational Therapy
Zetta Putter, M.S. Director of Group Activities
Angelina Canavan, B.A. Dietician

Department Heads

Dorothy Croghan Accounting Supervisor
Lillian Dailey Office Manager
Thomas R. Lumley Superintendent of Buildings & Grounds
Sarah Travers Executive Housekeeper

*Completed residency in 1956
†In military service

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Isidor Silbermann, M.D.*
Otto Sperling, M.D.
Sidney Tarachow, M.D.*

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Community Education and Public Relations
Robert A. Savitt, M.D.

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Credentials Committee for Non-Psychiatric Staff and Promotions
David Warshaw, M.D.

Credentials Committee for Resident Staff
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Education of Resident Staff
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Group Psychotherapy
Samuel Z. Orgel, M.D.

Manhattan After-Care Clinic
Sarah R. Kelman, M.D.

Queens Out-Patient Clinic
William Karliner, M.D.

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Hyman L. Rachlin, M.D.

Publications Committee
I. Peter Glauber, M.D.

Journal Sub-Committee
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*Ex-officio

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Sandor Lorand, M.D.
Nathaniel S. Selby, M.D.
Dudley D. Shoenfeld, M.D.

Medicine

Alfred Angrist, M.D.
Morris S. Bender, M.D.
Oscar Levin, M.D.
I. Jesse Levy, M.D.

Neurology

A. M. Rabiner, M.D.
Hans Strauss, M.D.
I. S. Wechsler, M.D.

Dentistry

Morris Fierstein, D.D.S.

Attending Psychiatrists

Samuel Atkin, M.D.
Arnold Eisendorfer, M.D.
M. David Epstein, M.D.
Margaret E. Fries, M.D.
I. Peter Glauber, M.D.
George S. Goldman, M.D.
Sidney L. Green, M.D.
William Karliner, M.D.
Sylvan Keiser, M.D.
Sarah R. Kelman, M.D.
Emanuel Klein, M.D.
Sidney Klein, M.D.
Samuel Z. Orgel, M.D.
Hyman L. Rachlin, M.D.
Lawrence J. Roose, M.D.
Robert A. Savitt, M.D.
Martin Schreiber, M.D.
Isidor Silbermann, M.D.
Otto Sperling, M.D.
Sidney Tarachow, M.D.

Associate Attending Psychiatrists

Frank Berchenko, M.D.
Cornelius Beukenkamp, M.D.
Mark L. Gerstle, Jr.†
Soll Goodman, M.D.
Attilio Laguardia, M.D.
Samuel R. Lehrman, M.D.
Abraham S. Lenzner, M.D.
Martin H. Orens, M.D.

Adjunct Attending Psychiatrists

Edward R. Adelson, M.D.
Renato J. Almansi, M.D.
Herman S. Alpert, M.D.
Irving L. Bauer, M.D.
Milton M. Berger, M.D.
Lionel H. Blackman, M.D.
Isadore H. Cohn, M.D.
Alexander J. Friedman, M.D.
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Albert Harrison, M.D.
Thomas Hora, M.D.
Abraham Kaplan, M.D.
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Bruce Kendall, M.D.
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Peter Laderman, M.D.
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Samuel Tabbat, M.D.
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Leonard Weinroth, M.D.
Herbert Wieder, M.D.
Arthur Zitrin, M.D.†

†Resigned in 1956

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Visiting Physician George Sabrin, M.D.
Visiting Physician L. Rosenblum, M.D.
Visiting Physician A. Blumberg, M.D.
Associate Physician M. Kalkstein, M.D.
Associate Physician J. Weinstein, M.D.

Medicine

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Adjunct Physician W. B. Brett, M.D.
Visiting Dermatologist C. Stritzler, M.D.
Associate Dermatologist Joel Schweig, M.D.
Adjunct Dermatologist N. Goldfarb, M.D.

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Associate Neurologist Kurt Adler, M.D.
Adjunct Neurologist Harry Harter, M.D.

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Director David Warshaw, M.D.
Visiting Surgeon Sidney Hirsch, M.D.
Visiting Neurosurgeon Joseph Siris, M.D.
Visiting Urologist L. G. Goldberg, M.D.
Adjunct Urologist Albert Sutton, M.D.
Visiting Orthopedist A. H. Lewert, M.D.
Associate Orthopedist J. Schneiderman, M.D.
Visiting Proctologist B. Warner, M.D.
Visiting Ophthalmologist E. Seretan, M.D.
Associate Ophthalmologist A. Minsky, M.D.
Visiting Otolaryngologist S. Clayton, M.D.
Visiting Anesthesiologist Georges Bean, M.D.

Gynecology

Director Julius Jarcho, M.D.
Visiting Gynecologist M. Warner, M.D.
Visiting Gynecologist H. Dubrow, M.D.
Associate Gynecologist Jack Cohen, M.D.
Associate Gynecologist B. Greenblat, M.D.
Adjunct Gynecologist Eugene Streim, M.D.

Radiology

Visiting Radiologist Bernard Epstein, M.D.

Dentistry

Director Paul Scheman, D.D.S.
Associate Director J. G. Rubin, D.D.S.
Associate Stanley Spiro, D.D.S.
Associate Dentist B. Schwaid, D.D.S.
Adjunct Dentist B. Lebow, D.D.S.
Adjunct Dentist H. Lewis, D.D.S.
Adjunct Dentist H. Adler, D.D.S.
Adjunct Dentist J. Goldberg, D.D.S.
Adjunct Dentist S. Platt, D.D.S.
Adjunct Dentist S. Plotnick, D.D.S.
Adjunct Dentist E. Friedman, D.D.S.
Adjunct Dentist M. Protell, D.D.S.

Optometry

Staff Optometrist Edward L. Steinberg, O.D.

Podiatry

Staff Podiatrist Sam Sokolov, Pod. D.

Clinical Assistants in Manhattan and Queens Clinics

Lester I. Abend, M.D.
Ruth Adams, M.D.
Romano Antonelli, M.D.
Howard Boskey, M.D.
Paul Bradlow, M.D.
Arline Caldwell, M.D.
Mischa Caplan, M.D.
Dominick J. Carlisi, M.D.
Lionel Chertoff, M.D.
Rita M. Chalef, M.D.
Gloria Chung, M.D.
Julius Colantuono, M.D.
Fred Dalton, M.D.
Edward Einhorn, M.D.†
Joseph Feldman, M.D.†
Philip Friedland, M.D.†
Hans Freymuth, M.D.†
Arthur Gillman, M.D.†
Harry Gonda, M.D.
David Graubert, M.D.
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Gabriel Rubin, M.D.
Herman Tannor, M.D.
Leon Tec, M.D.
Clara Torda, M.D.
Morton Wachspress, M.D.
Irving Waitzel, M.D.†

†Resigned 1956

BEQUESTS AND LEGACIES TO THE HOSPITAL

(No precise words are necessary to a valid legacy to the Society. The following form, however, may be suggested.)

I give to the Society of the Hillside Hospital, for the use of the Hillside Hospital, the sum of $_____(if land or any specific property, such as bonds, stocks, etcetera, is given, a brief description of the property should be inserted instead of the words "the sum of $_____").


FEDERATION
OF JEWISH PHILANTHROPIES OF NEW YORK



30th Annual Report—1957 Hillside Hospital

Glen Oaks, Queens, New York

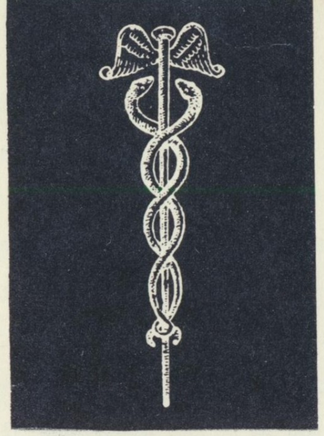
Hillside Hospital is a non-profit, non-sectarian mental hospital for the treatment of voluntary patients suffering from early and curable mental symptoms. Patients are admitted regardless of their ability to pay. ■ *Hillside provides training for physicians in post-graduate psychiatry and psychotherapy and puts major emphasis on research in all phases of treatment. The hospital considers itself a pilot institution, pioneering in the human and efficacious application of psychiatry to the mentally ill.* ■ *The hospital is licensed in the New York State Department of Mental Hygiene. It is approved for a two-year residency in psychiatry by the Council on Medical Education of the American Medical Association, The American Board of Psychiatry and Neurology and the American College of Surgeons. The Dental Department is certified by the American Dental Association as an approved hospital department.* ■ *Hillside Hospital is an affiliate of the Federation of Jewish Philanthropies and a participant of the United Hospital Fund and the Greater New York Fund.*

Report of the President of the Medical Board

M. DAVID EPSTEIN, M.D.

■ The responsibilities and functions of the Medical Board fall roughly into two broad categories: 1. It is a consultative and advisory body to the Medical Director and the Board of Directors in all matters pertaining to medical functioning of the Hospital. In this capacity, it assists materially in the formulation of basic policy, and in the establishment of both short-range and long-range plans, directions and goals ■ 2. In addition, it performs duties relative to the implementation of these plans and policies and plays an active role in the practical day-to-day operations and needs of the hospital, whether this be in terms of active supervision of the junior members of the staff, supervision of the Out Patient Clinic or the After-Care Clinic, careful and methodical screening of all candidates for positions on the professional staff, either House or Visiting, or working with other departments within the hospital, such as Psychology or Social Work ■ It is not possible to report on all the activities of the Medical Board since the last report was rendered. However, some of the more important areas of Board activity are worthy of individual mention ■ During the past year, the Liaison Committee of the Medical Board, working with the Medical Director and Lay Board, has been able, after long and delicate negotiations, to bring to a successful culmination the question of the establishment of a Psychiatric Service at our neighbor institution, the Long Island Jewish Hospital. One of Hillside's Attending Psychiatrists will organize a staff at Long Island Jewish Hospital and will maintain liaison with Hillside Hospital. We will be glad to continue to render whatever assistance we can, and we look forward to a productive, progressive collaboration between the two institutions ■ The Journal of the Hillside Hospital, under its able editor, has continued to grow and is achieving ever wider recognition in the professional world. The caliber and standards of the publication have remained consistently high. In the field of publication a new project has been recommended and will shortly be carried out, viz. a series of monographs on important psychiatric subjects to be issued under the imprimatur of Hillside Hospital ■ The Adolescent Pavilion, a pilot project established several years ago, and a rather unique undertaking, has taken a great deal of time and work. It has gone through a variety of growing pains in its early exploratory and experimental period, but it is now an established and important aspect of the Board's interest and efforts. Although it continues to present problems, or better, because it does, much is being learned about problems of adolescent psychopathology and their treatment and a sizable body of knowledge is being accumulated which will no doubt lead to advances in understanding and to important research results. In addition, the Pavilion continues to serve as an important training facility ■ After much careful study and planning, the Medical Board has set the machinery in motion to establish a new project. This is to be a Child Therapy Unit, for the intensive treatment of a selected group of children and their parents where necessary, to be operated as part of the Out Patient Department. Such a unit would be a most valuable adjunct to our training program and will also help in filling an urgent need in the community. The basic set-up is ready to start functioning as soon as one or two remaining obstacles are overcome, and it is ardently hoped that this plan will be brought to fruition in the very near future ■ Possibly two of the most important functions of the Medical Board are the organization and supervision of the Educational and Research Divisions of the Hospital. Under the guiding hand of the Educational Committee, our Resident Training Program continues to operate most successfully and the program of formal and didactic training and supervision is more than adequate. The Committee is constantly studying and re-evaluating the educational program, always seeking ways and means of refining and improving teaching methods at the Resident level, a universal problem with which every training hospital has to cope. Currently, the Committee is exploring ways of expanding and rounding out the training program, with a view to having Hillside accredited for a three-year residency, possibly with the aid of affiliations with other institutions. Such a development would be eminently desirable ■ In the area of Research, much has been accomplished and the Committee or the Board charged with this responsibility has functioned most actively. In collaboration with the Directors of the various research divisions, a large number of projects have been studied and evaluated. In addition, several members of the Board and Attending staff are engaged in individual research projects of great interest and promise. The Board is still seeking ways of expanding the Research Program, broadening it to make it more inclusive and comprehensive by adding a Research Division devoted to the more purely psychological aspects of mental disorders. Unfortunately, our efforts thus far have not been successful, but the search for a suitable and available person to head such a program goes on actively. It is with profound regret that we are compelled to note the loss through retirement of two of our oldest and most respected Board members — Doctors Julius Jarcho and David Warshaw, both of whom have become Consultant Physicians, from which lofty eminence we trust their invaluable advice and experience will continue to be available to us ■ A closing word now about our view of the future. We have no doubt that Hillside Hospital now stands at a critical point in its historical development and evolution. Great and important changes can be expected and far-reaching decisions will have to be made. These changes are made necessary by the need to expand and to be prepared to meet the exigencies of a rapidly expanding science of Psychiatry and even more rapidly growing community needs for service and for trained personnel. We must gear ourselves and plan with foresight for these changes. Hillside can and should become a vital element in the psychiatric world and an important training and research center. To make it such will require vision, courage, perhaps even daring, and cooperation on the part of all who are associated with it.

Report of the Medical Director



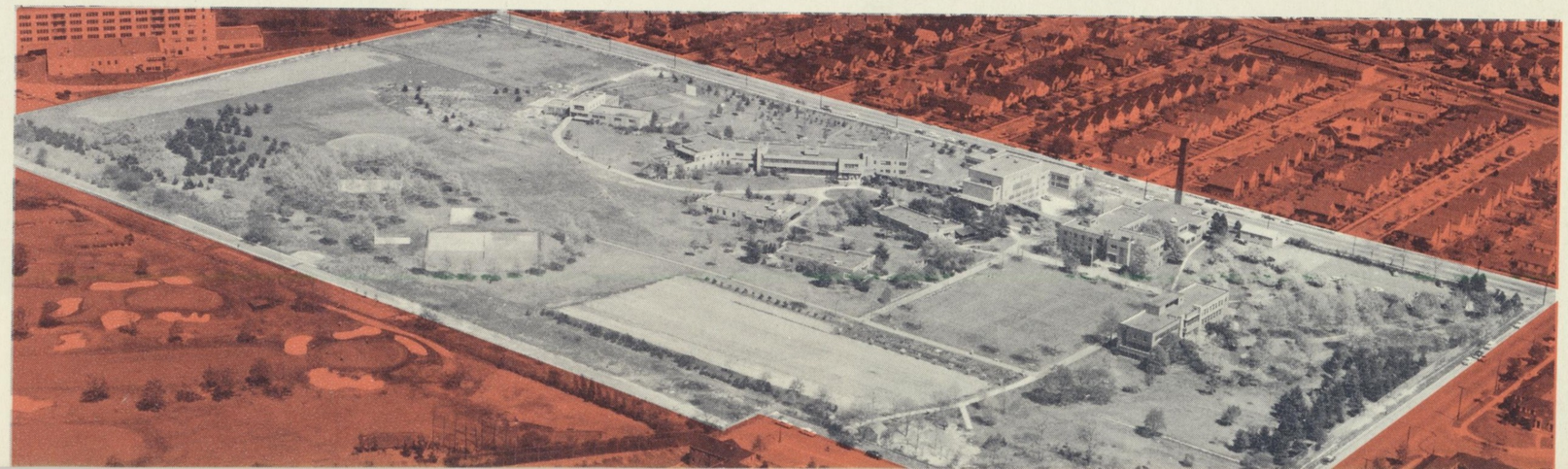
■ In 1957, Hillside saw many changes, some obvious, some not yet evaluated, in attitude and treatment, in financial status, in acceptance in the eyes of the community ■ For these constructive signs of progress, I am happy to commend our staff, the professional and non-professional personnel, the Medical Board and the ever-ready help and unselfish interests of the Board of Directors ■ As a non-profit, non-sectarian hospital for the treatment of voluntary patients suffering from early and curable mental symptoms, the function of Hillside as a teaching and research center has enabled it to pioneer in many forms of therapy. To help in this area, an unusual number of grants were awarded to Hillside in 1957. Some $256,400 were allocated for research and non-operating purposes. Of the contributions making up the grants, the largest was $104,800 from The Ford Foundation. Other sums were: Max Einhorn Estate, $50,000, Hillside Hospital Board of Directors, $50,000, and the U.S. Public Health, Institute of Mental Health, $35,000 ■ Increasing attention from the nation's press is being focused on the research, training and therapy programs of leading mental hospitals. We believe this is of great help to everyone in the field of mental health. No small share of this publicity was directed at Hillside Hospital during 1957 ■ However successful this side of Hillside's program was in 1957, the emphasis still remained on the patient. At Hillside, the first person a patient sees is his doctor. The large medical staff is concerned with various aspects of his recovery, but the doctor assigned to each patient is the most important person to look to for treatment, consultation, advice and help. The social worker assigned to help with the problems of the patient outside the hospital, as well as within its walls, stays with him as long as needed. The nurses and attendants offer to the patient the understanding of special training and constant association ■ A new booklet dealing with these aspects of a patient's relationship with the staff, and endeavoring to answer his questions and allay his doubts, has been written and made available to patients and their doctors, as well as consultants and interested researchers ■ In 1957, the three alternate ways of dealing with Hillside's patients and their varied needs evolved more strongly. A patient is helped to rejoin his family and the community not only by Hillside but by the various private and state employment groups, interested voluntary organizations, as well as the family which ideally gained new insight and understanding under the guidance of the social service worker ■ He may need the continued attention of a social service worker, sometimes for as long as eight months. A continuous relationship such as this gives anchorage and stability to the patient. Should further psychotherapy be needed, he is referred to the After-Care Clinic, the Jewish Family Service, or other organizations ■ When the discharged patient cannot be sent back home, because the original environment is not suitable to maintaining recovery he is placed in private residence care through our liaison with the Jewish Community Services of Long Island. Happily settled in newer, more sympathetic surrounding, the patient then can be seen in therapy for six to eight months. This time limit is arbitrarily set in the belief that the patient can be moved to a dynamic effort to recover more quickly ■ With the entire emphasis of Hillside on an "open hospital," the tendency more and more is to treat and hold the patient so far as possible in his normal environment. Carrying this a step further, Hillside now believes that its future lies not in enlarging the hospital's facilities, but in expanding the pre-hospital guidance, and Out Patient Service ■ The main orientation, therefore, of the patients and staff at Hillside is to the inevitable return to the community and useful citizenship. The goal of the hospital's treatment services. both at the in patient and out patient levels, is to provide the best qualitative treatment for our patients, so that the result, ideally, is not merely an improved or recovered individual, but an improved or reclaimed family unit or small segment of the present and future community.

Joseph S. A. Miller, M.D.

Report of the President of the Board of Directors

■ 1957 was a good year for Hillside Hospital, and no apparent recession set in, with regard to the work of the hospital, or the demands made upon it were concerned. During the year, new ideas were presented and developed, such as the training of registered nurses in psychiatry at Hillside, in collaboration with the Queens Medical College. This plan inured to the benefit of the hospital in that some of the nurses remained to practice with us. Additional funds secured from the New York City Community Mental Health Board and the Nassau County Mental Health Board permitted the further expansion of services in the Out Patient Clinic where, at the end of 1957, we were treating 205 patients each week ■ We suffered a great loss through the death of our long time Treasurer, Alfred Levinger, who had been one of the original founders of the institution. During 1957, the Board of Directors created the new position of Honorary Director, and the first Director so honored was Mrs. Israel Strauss, the wife of the founder of our institution. Saul Blickman, one of our directors of long standing, was similarly honored ■ One of the most important events of the year was the appointment of Dr. Lewis L. Robbins as Director of Professional Services. Dr. Robbins, a nationally known psychiatrist, who has been with the Menninger Foundation for 18 years, will join the Hillside staff in July 1958 ■ Our research work has continued and expanded through the financial aid of several government organizations and private foundations, as well as donations of the Hillside Board of Directors. During 1957, the staff of the Department of Experimental Psychiatry extended our knowledge of the way various treatments affect our patients and have clarified our understanding of electroshock, insulin coma, and the newer tranquilizers. Their studies have been presented before national and local psychiatric and psychologic societies, and eight reports have been published during the year. Three reports were presented at the International Congress of Psychiatry in Zurich and of Psychology in Brussels during the summer ■ The need for greater research efforts is apparent to all who are even casually interested in this field of health, and it does seem incumbent upon the governments of the United States and of each state, as well as private funds, to offer more generous support for these efforts. But surely, within the foreseeable future, progress will be made and we, at Hillside, are not alone in believing this. At the 1957 convention of the American Hospital Association, Dr. Julian P. Price, Chairman of the Joint Commission on Accreditation of Hospitals of the American Medical Association said: "The chemical nature of certain mental diseases will be discovered and their control brought about through the giving of drugs." Recognizing the tremendous human values this will have, not to mention the enormous dollar savings, let us try our best to hasten this day with our own efforts and money.

ALVIN E. COLEMAN



The Patient and the Hospital



Admissions and Discharges—In 1957, Hillside treated a total of 545 patients, with an average daily census of 192. New admissions totalled 81 and readmissions totalled 32. By the end of the year, 351 patients had been discharged after an average stay of 182 days. This data is similar to the statistical summaries of recent years.

Chart 1

CLASSIFICATION OF ADMISSIONS IN 1957

AGE	SINGLE		MARRIED		WIDOWED		DIVORCED & SEPARATED	
	M	F	M	F	M	F	M	F
13-19	23	41	1					
20-29	29	47	5	16			2	3
30-39	7	6	9	25			1	5
40-49	3	7	14	32		1		5
50-59	3		8	25	1	6		7
60 plus		2	6	6		8	1	

Chart 2

THREE YEAR COMPARISON OF ADMISSIONS

		1957	1956	1955
No. of patients treated		545	561	575
Sex	Males	171	170	181
	Females	374	391	394
Admission Age	13-19	65	57	58
	20-29	102	90	103
	30-39	53	67	69
	40-49	62	72	76
	50-59	49	56	57
	60 plus	24	23	30
No. of patients admitted		315	365	379
Average no. days hospitalized (adults)		182	189	176

■ In any evaluation of discharges, it is important to realize that the terms used to denote mental condition at the time of discharge only signify a comparison between the patient's condition and behavior when he came to the hospital and when he left, a relatively short period

■ The following comparisons use terms which are defined as follows. *Unimproved* means there has been no change; *improved* means that symptoms or problems have been somewhat helped but still persist to an appreciable extent; *much improved* means that symptoms have disappeared and the patient seemed in good condition at the hospital, but there is no certainty of how he will function when he gets back into his own social and working community; *recovered* means that in addition to what has been said for *much improved*, there is reasonable expectation that the patient will be able to return to his community and function as well, or better than he did before he became ill.





Chart 3

COMPARISON OF DIAGNOSTIC CATEGORIES AND CONDITION OF DISCHARGED PATIENTS IN 1957

DIAGNOSIS	ADULTS	ADOLESCENTS	TOTAL NO. OF PATIENTS	% OF WHOLE	SHOCK THERAPY	INSULIN COMA THERAPY	% RECOVERED	% MUCH IMPROVED	IMPROVED	UNIMPROVED
Psychoneurosis	63	3	66	19%	12%		10%	46%	40%	4%
Manic depressive psychosis	84	1	85	24%	34%		27%	43%	27%	3%
Involutional psychosis	63		63	18%	39%		22%	49%	20%	9%
Schizophrenia	118	9	127	36%	11%	14%	8%	26%	50%	16%
Others	8	2	10	3%				40%	20%	40%
Totals	336	15	351	100%	76%	18%	13%	39%	36%	12%

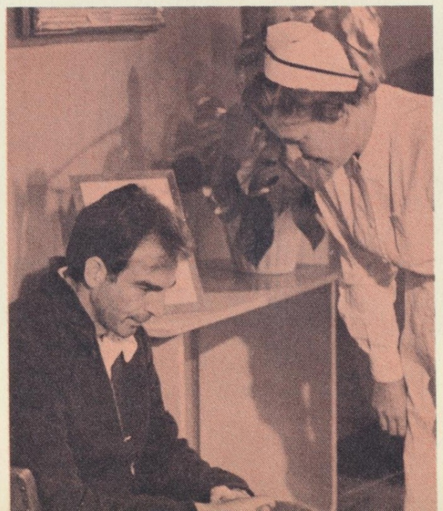
Psychotherapy and Medical Services



■ One of the main criteria for accepting patients at Hillside is their ability to participate profitably in psychotherapy. Patients are seen individually three times a week for psychoanalytically oriented treatment by their assigned psychiatrists. The psychiatrist is the leader of the hospital "team" that plans and supervises the patient's day-to-day treatment. The other members of the team are a psychiatric social worker, a psychologist, professional representatives of the adjunctive services—Occupational Therapy, Group Activities and Creative Therapy—and the Nursing Department ■ At Hillside, the staff is much larger in proportion to the number of patients than in other mental hospitals. Thus, Hillside's emphasis is entirely on the patient as an individual. Although all the latest physical and pharmaceutical techniques are used as needed, such as electroshock, insulin, Serpasil, treatment does not revolve primarily around these techniques since they are only supplementary to the psychotherapeutic approach. All departments bring into play the tools of treatment, prescribed according to the patient's particular needs, and all aimed not only at relieving him of symptoms, but getting at the causes as well, so that he may be returned to full usefulness as a human being.

The Psychology Department, under the direction of Dr. Abraham Levine, continued to expand both in staff and services. In addition to six new staff appointments, Hillside provided a year's diagnostic training for Dr. Uma Chowdhury, a cultural anthropologist from India ■ The Vocational Counselling Program was expanded through the addition of staff members. The Department conducted 222 new adult patient examinations, 21 examinations for the adolescent patients and 248 Out Patient examinations. 117 psychological discharge examinations were administered for In Patient adults, 8 for adolescents, and 19 for Out Patients.

The Nursing Department, under the direction of Mrs. Nathalie Burbach, participated in all initial presentations, discharge conferences and team meetings, enabling them to offer more understanding and knowledgeable nursing care. 36 Psychiatric Aides were trained, and 57 student nurses from Queens College received psychiatric nursing experience. Central Islip School of Nursing continued to send student nurses for semi-weekly visits to compare operation of state and private hospitals, and student nurses and nursing personnel from St. Vincent's Psychiatric Unit in Manhattan visited to obtain information generally helpful in the preparation of patients transferring from St. Vincent's to Hillside ■ **The Intramural Clinic** has continued to handle all major physical problems arising during the course of patients' hospitalization. An overall supervision of the effect of the drugs used in psychotherapy was conducted with special emphasis on Chlorpromazine and Meprobamate. 1756 examinations were conducted for treatment in such specialized fields as Dermatology, Gynecology, Medicine, Neurology, Ophthalmology, Orthopedics, Otolaryngology, Podiatry, Proctology, Radiology, Surgery and Urology ■ The Dental Department made 1123 examinations including restorations,



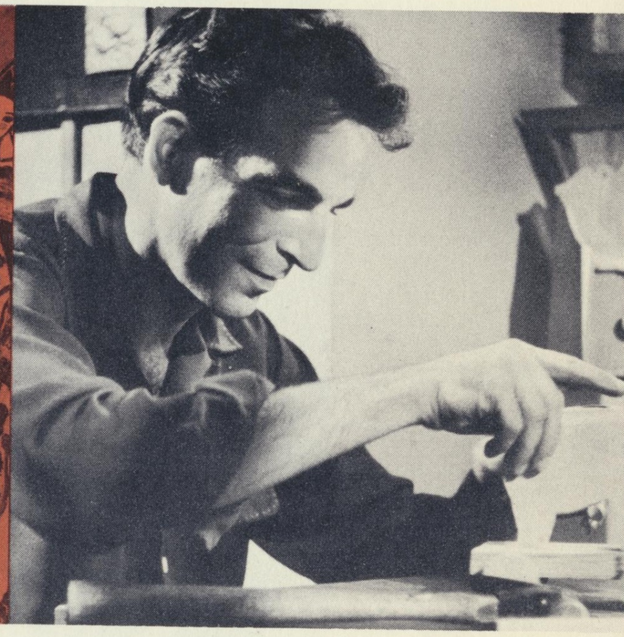
extractions, prosthetic treatments, and X-rays. Under the direction of Dr. Paul Scheman, a staff of 12 visiting dentists continued to adapt consultation and treatment procedures to the special needs of the mental patient. The department, certified by the American Dental Association, presented a series of lectures for dentists who treat "problem patients".

Adjunctive Services

The Occupational Therapy Department, under the direction of Eileen P. Fisher, in order to give more intense individual treatment, registered no more than 45 patients at a session. No therapist has more than twelve patients to work with at a time. Though the Department treated fewer patients per month, the average daily attendance remained the same, since there was a closer follow-up on all patients and a closer relationship with individual doctors. The Department works closely with all members of the psychiatric team, particularly the social workers. A special class program was organized on a selective basis, offering individual instruction in ceramics, jewelry and sewing. A student training program is being planned as a result of approval as an affiliating center for students from New York University ■ Lectures on the principles and uses of Occupational Therapy in a psychiatric hospital were given to student nurses, new personnel and visitors.

The Creative Therapy Department, under the direction of Dr. Ernest Zierer and his associate, Mrs. Edith Zierer, continued experiments with con-





trolled painting tests, designed as a psychodiagnostic tool to stimulate the patient into projecting his unconscious conflicts by painting. An average of 42 patients were treated daily. A total of 4,509 paintings were analyzed and a total of 1,593 tests administered ■ A new questionnaire form of tests was added to help the patient gain insight into his actions and reactions. The patients are encouraged in regularly scheduled individual sessions to give verbal interpretations of their paintings within the framework of the situation, also tied in with the test results ■ Lectures were given to visiting psychiatrists, social workers and students.





The Patient and the Community

■ Hillside Hospital believes in treating the mental patient within the community, rather than in isolation, away from family and familiar surroundings. Directly responsible for improving communications between the patient, his family and his community is Hillside's **Department of Social Services.** Under the direction of Abraham Lurie, the Department works to help the patient keep his place in society, and return to it a better, more useful citizen ■ In 1957, the Department was reorganized to include the Group Work Division. The Department, therefore, now consists of two divisions: The Casework Division, directed by Louise Pinsky, an assistant director of the Department, and the Group Work Division, directed by Arnold Eisen, also an assistant director of the Department ■ As a result of this merger of staffs, there have been several improvements and developments in the program offered patients, and it is believed that the goal of integrating the patient with his family and the community is closer through these changes.

The Casework Division, with the knowing cooperation of the patients and their families, works to maintain and strengthen family ties, and to solve, with the patients, their individual problems of rehabilitation. Through the Division, the hospital reaches out from the patient to the family to the community. This link is established and maintained before the patient enters Hillside and continues for as long after the patient has left the hospital as seems necessary. In dealing with the realities of the home and the community situations that have contributed to the problems of the patient, the Division is concerned with such specifics as working opportunities, living arrangements, care of children, care of aged and interim financial support ■ Last year, a total of 1,566 applications for admission to the hospital were received. The majority of referrals (89%) came from the New York City area, but applications were received from every geographic section in this country and also as far away as Brazil ■ As in previous years, twice as many female applicants as male applicants sought admission. Patients were referred by psychiatrists, social agencies, hospitals, churches, synagogues, courts, schools, trade unions, as well as by communities, ex-patients, and through publicity. Of particular significance was the fact that the percentage of patients not found suitable for admittance was 19.2%, as compared with 25% the previous year and 26% in 1955. Thus, the trend, started two years ago, after the establishment of an Intake Service, continues to demonstrate the effectiveness of pre-screening applications ■ The activity of the casework division is reflected in the following statistics:

Interviews with patients, including Out Patient Dept. and Adolescent Unit	5,110
Interviews with relatives, including Out Patient Dept. and Adolescent Unit	5,860
Collateral Interviews	186
Interviews with discharged patients	253
Interviews with relatives of discharged patients	256
Telephone contacts with social agencies	5,425
Telephone contacts with relatives of patients	10,077

The Group Work Division is concerned with

providing a milieu in which patients can form social relationships, assume responsibilities, develop new interests and learn new skills and so begin to find places, first in the hospital community, and then in the outside community ■ Among important developments this year was an orientation and intake program designed so that the new patient, helped by the social group worker, quickly learns the social structure of the hospital, and examines some of the groups available to him. With help, he makes preliminary choices based on previous experience as well as current social interest and need ■ As part of the trip program, another new development, patients go to bowling alleys, ice and roller skating rinks, and restaurants. Some patients undertake longer trips to museums, the United Nations, or other places. Since this requires planning, it is a measure of the group's ability to unite in a common goal and to sustain interest in the activity ■ These new developments supplement the program which is the patient's most direct link with the community he has voluntarily left behind. With a group worker assigned as advisor, all patients meet regularly in democratic self-government. They work





to solve their problems in living together, assume some responsibility for group discipline, and plan their social life. Many activities are carried out by delegated members who serve on planning committees to choose books and records, plan parties and dances, and other social activities ■ An important aspect of life at Hillside is the chronological grouping based on age and similarity of interest. There are currently clubs serving all ages and giving each patient a chance to be a member of a social unit of his choice. The Library Group, for example, selects new books and magazines for patients from a practically unlimited list. The Newspaper Group is responsible for the writing and production of a monthly literary magazine, "Inside Hillside" and other publications ■ In addition to these self-chosen activities, all patients participate in a series of current events discussion groups, in order to keep informed about daily events in the community they hope to rejoin. Patients are encouraged to assume leadership in all matters—and share their skills with each other. As a result, at varying intervals during the year, there have been patient-conducted groups in such varied activities as tennis,

bridge, play reading, and theatrical production ■ The Group Work Division operates with a director, supervisor, four social group workers, two graduate social work trainees, eleven undergraduate field work students, two part-time musical teachers, and 25 part-time volunteer workers ■ Last year, ten graduate social workers were placed at Hillside for specialized training. The Division works closely with two outside organizations, *The Bridge*, a group of women who help recently discharged patients to re-establish themselves socially, to find jobs, and to maintain themselves financially while doing so, and *The Hillside League*, a club for ex-patients of Hillside. Located in quarters maintained by *The Bridge*, at 231 West 83 Street in Manhattan, the League offers social club privileges to members, including games, TV and meeting space, and, in addition, provides special help in finding housing, employment, further treatment, and solving other personal problems in readjustment ■ **The Queens Out Patient Clinic,** located at the Hospital, provides psychotherapy for residents of Queens, Nassau and Suffolk Counties who are unable to afford a private psychiatrist. Directed by Dr. Robert R. Luttrell, the Out Patient Clinic insures the availability of qualified specialists who focus on early treatment and prevention of emotional illness. The geographical location of the hospital's clinic, in a corner of Queens, bordering on Nassau County, makes a resource for psychiatric care available to one of the country's fastest growing population areas ■ In 1957, the clinic treated 316 patients in individual psychotherapy. Of these, 134 cases were carried over from 1956 and 182 were started in treatment. 163 were discharged during the year from individual psychotherapy. Group therapy, a new development in 1957, has resulted in six discharged of the 23 patients in the group. Eight patients received electroshock therapy and 67 patients were seen in continuous casework. 267 psychological tests were performed and 285 patients were evaluated by the "intake" team.



Diagnoses of discharged patients were:

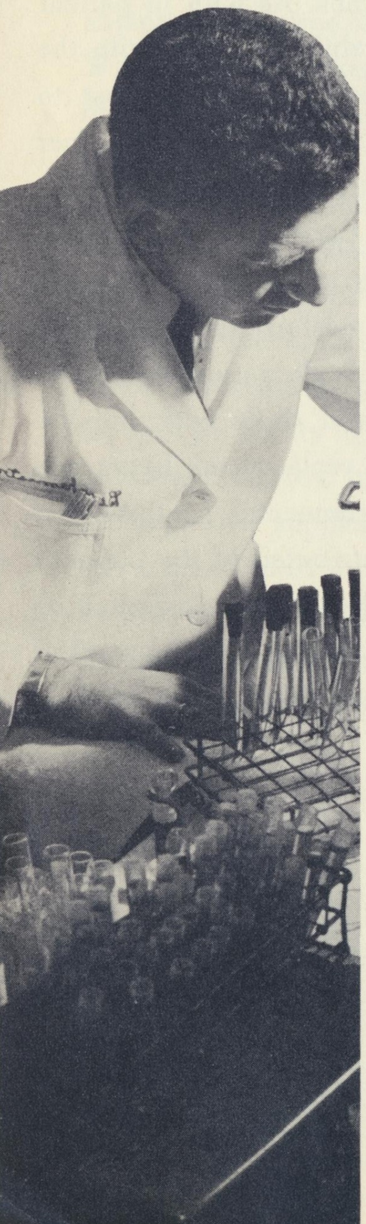
Psychoneurosis	53
Schizophrenia and manic depressive	46
Involutional melancholia	9
Character disorder	55



Conditions at discharge were:

Improved	114
Much improved	20
Not improved	29

■ Average length of treatment at the clinic was about nine months. Because the clinic is an out patient facility, families remained intact and there was little or no loss of jobs. As with in patient care, fees are based on ability to pay, with the average fee about $6 per week. (The cost to provide this service is approximately $30 per week.) ■ Another out patient service provided by the Hospital is the *After Care Clinic* which operates five evenings a week at Mt. Sinai Hospital, a convenient location for most patients. The Clinic assists the discharged Hillside patient to resume his community status, and deals with the immediate problems of job replacement, living and resumption of old environmental contacts that may have originally contributed to the patient's illness ■ Group psychotherapy was instituted on a trial basis in this clinic during 1957 in an effort to meet some of the continuing needs of these patients.



Research. When one out of ten adults is hospitalized for mental illness every year, it is obvious that much is still to be learned about why people become mentally ill. As much as has been learned about the care of the mentally ill in the past 20 years, there are still new areas to be studied, such as blood chemistry and the delayed effects of the electroshock treatment ■ Hillside believes that in addition to treating mental patients, it is obligated to undertake research. So advanced is the hospital's outlook that it is one of the few mental hospitals with a biochemistry laboratory. Although the amount of current research on the subject of mental illness is infinitesimally small, Hillside employs a staff of scientists and trained researchers seeking the answer to why people become mentally ill and a surer knowledge of how treatment effects the improvement of mental patients ■ **The Department of Experimental Psychiatry,** during 1957, under the direction of Dr. Max Fink, completed the first phase of its studies on the mechanism and effects of therapeutic techniques presently employed. Following the elucidation of the neurophysiologic and psychologic bases of the process of convulsive therapy, a control convulsive-subconvulsive study was undertaken in 1956 and completed in 1957. This study clearly demonstrated the changes in brain function which are the necessary prerequisites for change in behavior; and the psychologic, sociologic and language aspects which are fundamental to "improvement" after convulsive therapy ■ In concurrent studies, the equivalence of chlorpromazine therapy for insulin coma, and the advantages of newer drug therapies were demonstrated in a chlorpromazine-insulin coma control study. Consequent upon these observations, an hypothesis of the mode of action of tranquilizers was described and a program of be-

The Hospital and the Community



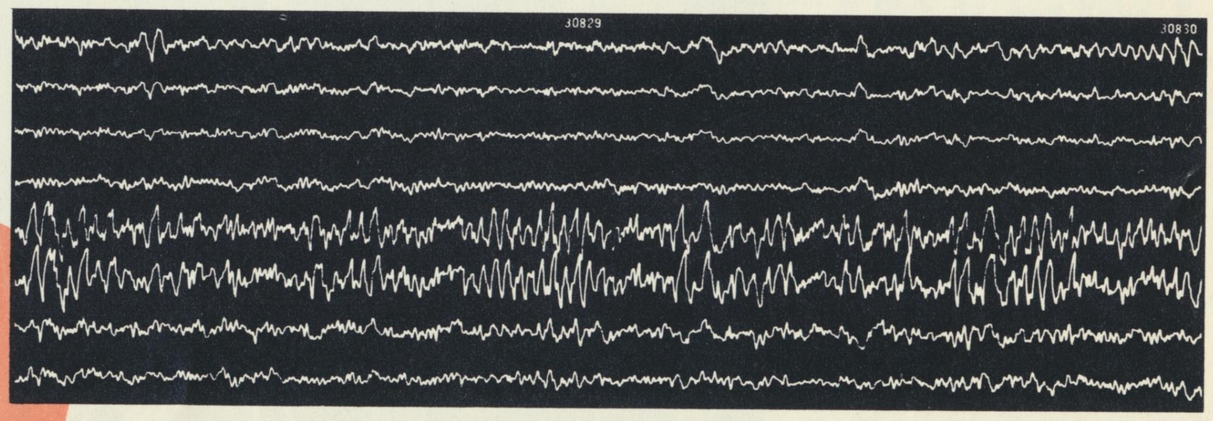
havioral assay of new drugs undertaken ■ Basic studies into patterns of communication continued. By applying new techniques of psycholinguistics, objective methods of evaluating behavioral change and "improvement" were described and are now being tested. Studies in tactile and visual perception, neurophysiologic and psychologic bases for individual differences in response to drugs and convulsive therapy, and biochemical changes in spinal fluid after induced convusions continued ■ Support for this program increased through grants from the Foundation's Fund for Research in Psychiatry, the National



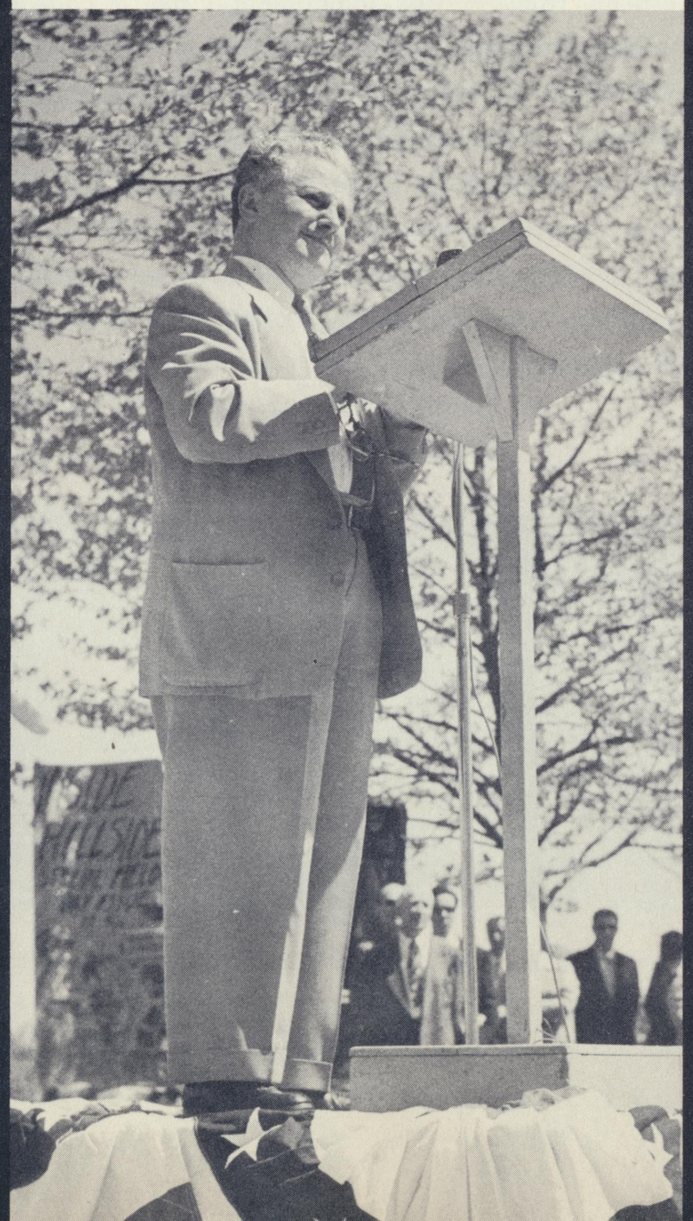
Institute of Mental Health, and the Psychopharmacology Center of the National Institute of Health. A research grant of $31,700 was awarded to Hillside by the Foundation's Fund for Research in Psychiatry. The grant was given to Dr. Joseph Jaffe of the hospital's Department of Experimental Psychiatry for research in the nature of the psychiatric interview.

The Biochemistry Department was concerned principally with blood enzyme levels in the hospital patients and with their urinary alkaloid excretion patterns. Results of a third study flatly contradicted European reports of a blood test for schizophrenia. Under the direction of Dr. Harry Goldenberg, laboratory co-workers determined that serum cholinesterase levels in patients receiving electroshock therapy vary according to sex, with female patients generally higher. Work with rats suggests that these findings may be related to an abnormal adrenal metabolism ■ Preliminary studies on the more acutely ill mental patients revealed an excessive excretion of aromatic metabolites in the urine, in agreement with the reports of other workers. It is not yet known whether this phenomenon has a causal relationship to schizophrenia ■ European claims of a blood test for schizophrenia which is based on serum oxidase (ceruloplasmin) assay were unsubstantiated. Positive tests were obtained in various conditions other than mental disease (pregnancy, upper respiratory infections, cancer), while many well-fed patients gave negative tests. It was concluded that the European patients who were studied probably were suffering from a Vitamin C deficiency.

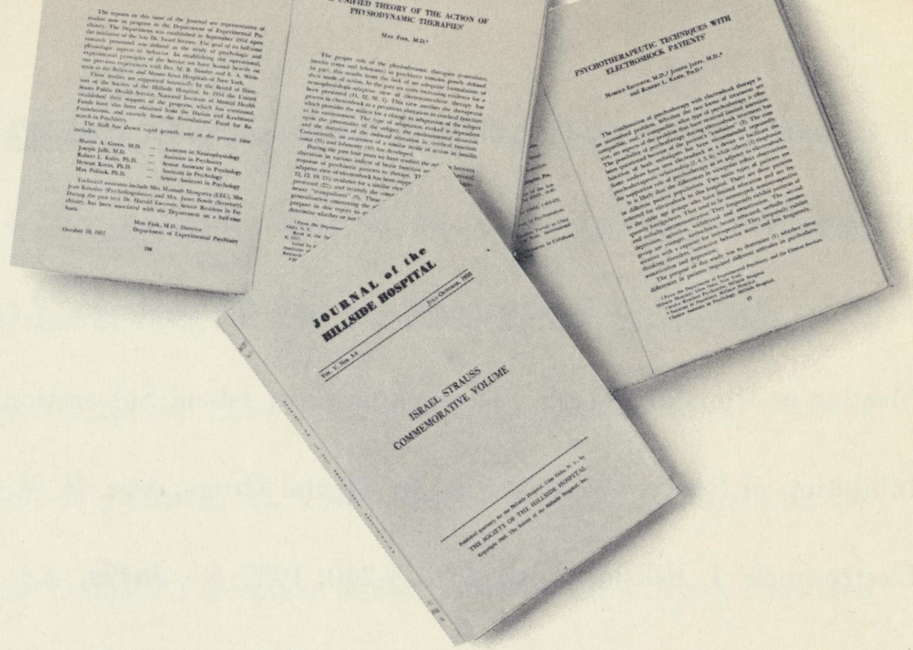




The Staff Speaks

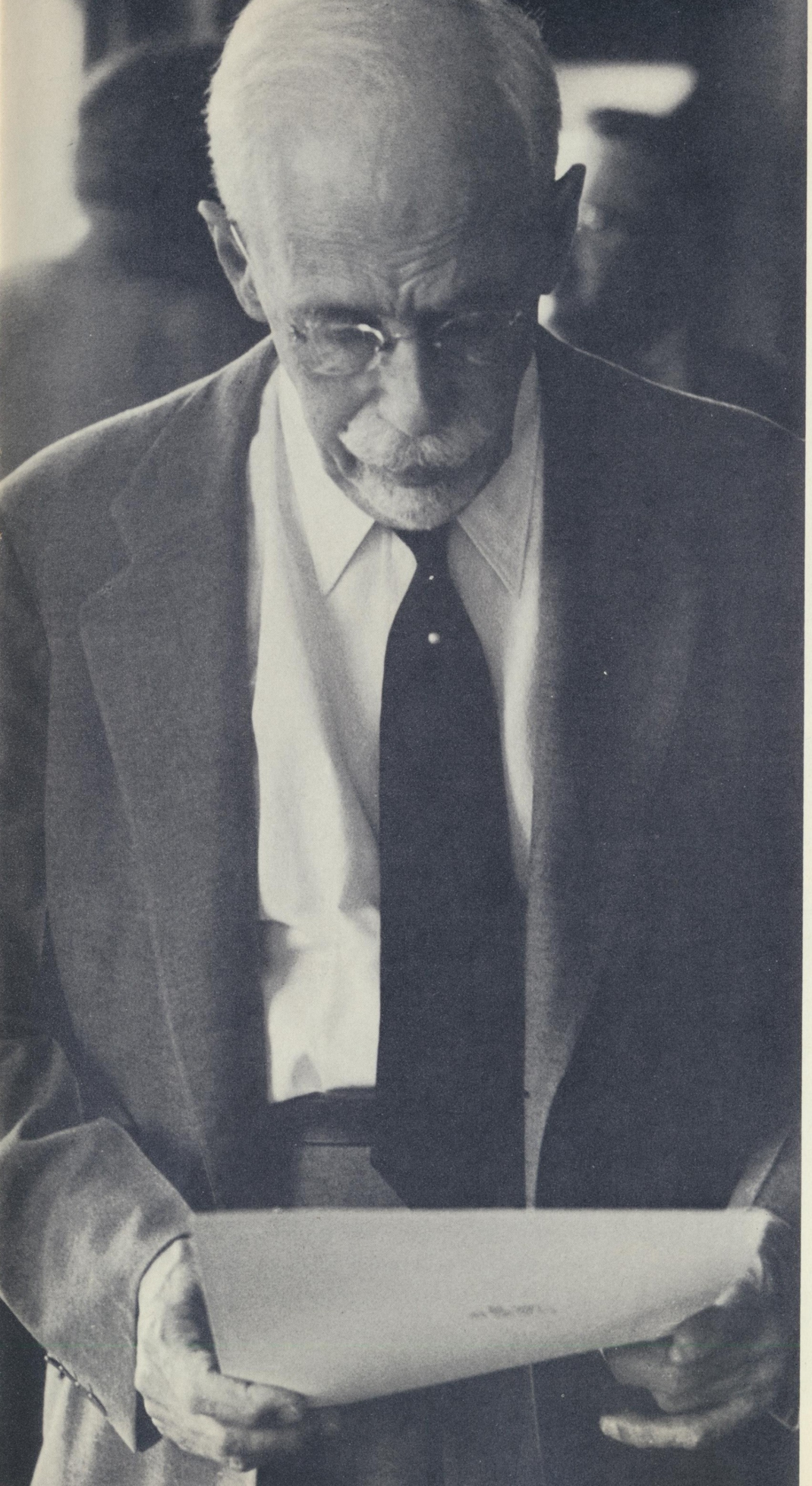


■ During 1957, members of Hillside's staff were much in demand as guest lecturers and convention speakers. As the hospital continues to prove its value as a pioneer in the "open hospital" philosophy, more and more demands are made on the staff for intensive training courses, lectures and publications. Staff members spoke at meetings of national organizations including the American Psychiatric Association, and the National Conference of Jewish Communal Service, state groups including the New York State Society for Mental Health, and local groups including the North Queens Mental Hygiene Association and the Queens County Mental Health Society ■ Staff members reported on therapy and research and other results in a large number of professional publications, The Journal of the Hillside Hospital, edited by Dr. Sidney Tarachow, included articles by staff members and also outside contributors.



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Battersby, W. S. and Bender, M. B.): Defects in Visual Perception in Brain Tumor Patients. Presented before Int. Congress of Psychol., Brussels, July 1957 ■ **Pollack M. (with Battersby, W. S. and Bender, M. B.):** Visual Deficit After Brain Damage in Man as Measured with Rapidly-Exposed Chromatic Stimuli. Presented at Amer. Psychol. Assoc., New York, Sept. 1957 ■ **Pollack, M. (with Goldfarb, A.):** Cultural and Environmental Factors Affecting Complex Perception in the Institutionalized Aged. Presented at the Gerontological Society, Cleveland, Oct. 1957 ■ **Pollack, M.:** Brain Damage, Mental Retardation and Childhood Schizophrenia. Presented at New York Divisional Meeting, A.P.A. Nov. 1957 ■ **Pollack, M. (with Goldfarb, W.):** Face-Hand Test in Schizophrenic Children, A.M.A. Arch. Neurol. & Psychiat. 77: 635-642, 1957 ■ **Pollack, M. (with Goldfarb, W.):** Patterns of Orientation in Children in Residential Treatment for Severe Behavior Disorders, Amer. J. Orthopsychiat. 27: 3, 538-552, 1957 ■ **Pollack, M. (with Battersby, W. S. and Bender, M. B.):** Tachistoscopic Identification of Contour in Patients with Brain Damage, J. Comp. Physiol. Psychol. 50: 3, 220-227, 1957 ■ **Pollack, M. (with Battersby, W. S. and Bender, M. B.):** Visual Deficit After Brain Damage in Man as Measured with Rapidly-Exposed Chromatic Stimuli, Amer. Psychol. 12: 7, 468, 1957 ■ **Pollack, M. (with Goldfarb, W.):** Cultural and Environmental Factors Affecting Complex Perception in the Institutionalized Aged, J. Gerontol., 12: 4, 437-438, 1957 ■ **Zierer, E. (with Zierer, Edith):** Leonardo Da Vinci's Artistic Proclivity and Creative Sterility, The American Imago, Vol. 14, No. 4, 1957.

Each publication is a tribute to the vision of the hospital's founder, the late Dr. Israel Strauss.

Teaching and Training



The Resident Training Program at Hillside continues to emphasize the interrelation between the training program and the treatment program. Each Resident carries a case load of about 15 patients under the supervision of staff and visiting instructors, and attends lecture conferences conducted by the medical director. Lecture seminars in the fields of psychopathology and psychotherapy, and reading seminars, are conducted by special instructors chosen from the hospital staff. Qualified Residents are assigned to the Department of Experimental Psychiatry for clinical and other psychiatric research projects. During the year there were 18 Residents in training, 15 in the adult in patient service and three in the Israel Strauss Adolescent Pavilion ■ The hospital training program extends also to Clinical Assistants in the Out Patient and After-Care Clinics and on-the-job training of personnel. Regular lectures and conferences are scheduled for nurses and attendants, social workers, members of the various adjunctive services and for affiliating students from other educational institutions. Included in the latter was the establishment of a very important affiliated training program for student nurses from Queens College ■ **The Sunday Clinical Conferences,** open to and attended by psychiatrists and other professional personnel and by outstanding visiting physicians, are part of the Resident training program and are based on cases prepared by the Residents. They continue to make a significant contribution to the training picture on the New York psychiatric scene ■ The third annual Israel Strauss Lecture, established in 1955 in honor of Hillside's founder and late president, was delivered this year on May 5th. The speaker was Norman Reider, M.D., Chairman, Education Committee of the San Francisco Psychoanalytic Institute. The topic of his lecture was "Transference Psychosis" ■ As anticipated, the Medical Library has become a very important feature of the teaching and research activities of the hospital ■ **The Journal of the Hillside Hospital** again showed an increase in the number of its subscribers and an indication of its greater influence and wider acceptance in the field. Thus the Journal has met the expectations with which it was launched in 1952.





Special Reports



The Israel Strauss Adolescent Pavilion, in its third year, continues as a resident treatment center for a selected group of emotionally ill girls between the ages of 13 and 17. Due to the experimental nature of work with adolescents, only a limited number of applicants are accepted. Because of the intensiveness of the program, adolescent girls are kept at the Pavilion under treatment for a much longer period of time than the adult patients. In 1957, the average period of hospitalization for the adolescents was 300 days, as compared to 192 days for the adults ■ Although there have been recurring problems with shortages of trained personnel, the pilot program of the Adolescent Pavilion has proceeded as planned, and many new discoveries have been made ■ The seventeen girls who were admitted in 1957 were afforded the opportunity for intensive psychotherapy and a well-structured living experience. In an atmosphere reminiscent of a girls' boarding school, a professional team has worked to make this unique program succeed. The team, under the direction of Dr. Alice Slater Stahl, includes three psychiatrists, a psychologist, nurses, teachers, an occupational therapist, a group activity worker, plus the non-professional help of nurses' aides, members of the housekeeping and kitchen departments and volunteers. A two story building includes all therapy facilities as well as dining and lounging areas. The semi-private rooms are furnished to allow for the fact that disturbed adolescents are often more destructive than adult patients ■ It is

believed that if Hillside can work out techniques for treating emotionally ill adolescent girls, much can be learned about the problems of child guidance and juvenile delinquency. Certainly much of what has been learned in the past year can be applied to adult treatment. During the year, it was discovered that the original plan for isolating the girls did not work out as well as integrating certain aspects of the program with adult activities. It has also been found that certain adolescents made more rapid recovery when transferred to adult cottages. The plan to let the girls attend school in the outside community was abandoned in favor of school inside the Hospital, though separate from the Pavilion since the experience of "going to school" is important to the youngsters ■ The girls became interested in sewing and put on two fashion shows of their handiwork. One of these fashion shows was the highlight of the 10th Annual Hillside Hospital Field Day. They also made the drapes for the dining and recreation rooms in the Pavilion. In addition, unusual work has been done in ceramics, painting and metals ■ Of the 120 applications received during the year, 26 patients were screened and 17 were admitted. An attempt was made to evaluate each applicant to determine suitability based not only on the criteria of illness, but upon the patient's ability to benefit from the hospital's facilities, as well as the existing group composition at the time. There was an average waiting period of three months after acceptance ■ A grant of $52,400 from The Ford Foundation was used to expand the research, training and patient facilities, including extensions and improvements of the Adolescent Girls Pavilion ■ During the year, the Out Patient Clinic of the Adolescent Unit provided treatment for 22 girls. Four doctors worked to provide a total of almost 450 psychotherapeutic sessions. Two social workers continued their casework and counselling services with the families, and helped with vocational planning, schooling, job hunting and social problems ■ The After Care program has provided short term aid in the transition period between the hospital and community life, as well as longer term psychotherapy.

Work With Other Organizations. No organization dealing with patients can operate in a completely isolated manner. Hillside's emphasis on treatment of the patient as a whole, with particular regard to the family, pre-admission care, and post discharge care and follow-up, has resulted in working relationship with the following agencies whose invaluable cooperation has made these programs possible:

ALTRO WORKSHOP

FEDERATION EMPLOYMENT AND GUIDANCE SERVICE

DEPARTMENT OF PSYCHOLOGY OF COLUMBIA UNIVERSITY

JEWISH COMMUNITY SERVICES OF LONG ISLAND

JEWISH FAMILY SERVICE OF NEW YORK

NEW YORK ASSOCIATION FOR NEW AMERICANS

Report of the Administrator

This Annual Report has given a great deal of data regarding service to patients, treatment facilities and research. It has summed up a large complex organization's work on behalf of the mentally ill, their families and the community which surrounds them. A most significant aspect of our work is the extent to which we have been able to mobilize financial support from many sources. Perhaps the most concrete and rigorous index of the adequacy of a philanthropic organization's performance can be gleaned from the way in which it is supported in the realistic world of finance. It is therefore significant that we passed this rigorous test quite successfully during 1957. Our work received excellent support from the City of New York, through its contributions toward the care of the medically-indigent, mentally-ill patient. The Federation of Jewish Philanthropies of New York gave substantial help in deficit financing. Without Federation's tremendous interest, its constant readiness to give advice and assistance, and its careful and generous consideration of our financial requirements, Hillside could not have developed the excellent and challenging programs described in this report. Our research programs, started only a few years ago, have begun to command increasing attention in the psychiatric world and significant attention—support-wise—in the community at large. More than fifty percent of our research expenditures were met by outside sources, such as the United States Public Health Service and various foundations. The total research deficit was met by contributions from our Board of Directors and their friends ■ Our chief items of expense are for treatment and training programs. The table below gives the comparative total cost of these programs for 1956 and 1957.

The In Patient Service continued to operate at 97% of capacity, while—at the same time—the average income per patient day followed the trend established several years ago of rising each year, in this case by 13c per day. The average cost per patient day, however, rose by $1.53. Therefore, the average loss per patient day in the In Patient Service rose from 40c to $1.80. These changes rise out of the whole complex of increasing cost of operation. In 1956, total expenses of $1,326,454. represented a rise of 12.82% over the previous year; in 1957, with expenditures rising by $169,238, the percentage increase was virtually the same—13%. It is interesting to note the extent to which this year's increase is related to inflationary forces in the community, or to actual improvement or changes in services rendered. It is therefore significant that those aspects of expense which are most stable and most clearly related to the price index—Salaries, Food, and Maintenance and Grounds—rose by 7%, 5% and 5% respectively, while the following items more clearly related to quality and quantity of service rendered rose as follows:

Administrative Expense	20%
Medical Supplies	24%
Repairs and Replacements	39%
Clinics (Out Patient Service)	30%

Again, as in the past several years, the Out Patient Clinic Services accounted for the largest item of increase, reflecting the continued expansion of our preventative programs. This expansion was made possible entirely by grants from the New York City Community Mental Health Board, the State Mental Health Authority, the Federation of Jewish Philanthropies of New York and, during 1957 — for the first time — by the participation of the Nassau County Mental Health Board. Included in the increased cost of Out Patient Services was the expansion of the Foster Home Care Program for discharged patients, carried jointly with the Jewish Community Services of Long Island and made possible by the Federation of Jewish Philanthropies.

MAURICE BACHRACH

COMPARISON OF COSTS 1956 - 1957

	1956	1957
Salaries	$ 797,805.	$ 855,848.
Food	113,428.	119,350.
Maintenance and Grounds	59,436.	62,654.
Administrative Expenses	82,608.	98,952.
Medical Supplies	23,950.	29,811.
Repairs and Replacements	35,105.	49,021.
Clinics	214,122.	280,056.
Total	**1,326,454.**	**1,495,692.**
Total No. Patients	561	545
Total Patient Days	70,189	69,987
Average Income per patient day	$ 15.44	$ 15.57
Average cost per patient day	15.84	17.37
Average loss per patient per day	$ .40	$ 1.80

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VISITING PHYSICIAN—A. Blumberg, M.D.
ASSOCIATE PHYSICIAN—M. Kalkstein, M.D.
ASSOCIATE PHYSICIAN—J. Weinstein, M.D.
ADJUNCT PHYSICIAN—A. L. Berger, M.D.
ADJUNCT PHYSICIAN—W. B. Brett, M.D.
VISITING DERMATOLOGIST—C. Stritzler, M.D.
ASSOCIATE DERMATOLOGIST—Joel Schweig, M.D.
ADJUNCT DERMATOLOGIST—N. Goldfarb, M.D.

Neurology

VISITING NEUROLOGIST—Morris B. Bender, M.D.†
ASSOCIATE NEUROLOGIST—Kurt Adler, M.D.
ADJUNCT NEUROLOGIST—Harry Harter, M.D.‡

Surgery

VISITING SURGEON—Sidney Hirsch, M.D.
VISITING NEUROSURGEON—Joseph Siris, M.D.
VISITING UROLOGIST—L. G. Goldberg, M.D.†
VISITING UROLOGIST—Daniel Kaufman, M.D.
ADJUNCT UROLOGIST—Albert Sutton, M.D.
VISITING ORTHOPEDIST—A. H. Lewert, M.D.
ASSOCIATE ORTHOPEDIST—J. Schneiderman, M.D.
VISITING PROCTOLOGIST—B. Warner, M.D.
VISITING OPHTHALMOLOGIST—E. Seretan, M.D.
ASSOCIATE OPHTHALMOLOGIST—A. Minsky, M.D.
VISITING OTOLARYNGOLOGIST—S. Clayton, M.D.
VISITING ANESTHESIOLOGIST—Georges Bean, M.D.

Gynecology

VISITING GYNECOLOGIST—M. Warner, M.D.
VISITING GYNECOLOGIST—H. Dubrow, M.D.
ASSOCIATE GYNECOLOGIST—Jack Cohen, M.D.
ASSOCIATE GYNECOLOGIST—Bernard Greenblat, M.D.
ADJUNCT GYNECOLOGIST—Eugene Streim, M.D.

Radiology

VISITING RADIOLOGIST—Bernard Epstein, M.D.

Dentistry

DIRECTOR—Paul Scheman, D.D.S.
ASSOCIATE DIRECTOR—J. G. Rubin, D.D.S.
ASSOCIATE DENTIST—B. Schwaid, D.D.S.
ASSOCIATE DENTIST—B. Lebow, D.D.S.
ADJUNCT DENTIST—H. Lewis, D.D.S.
ADJUNCT DENTIST—H. Adler, D.D.S.†
ADJUNCT DENTIST—S. Plotnick, D.D.S.
ADJUNCT DENTIST—E. Friedman, D.D.S.
ADJUNCT DENTIST—M. Protell, D.D.S.
ADJUNCT DENTIST—L. Basson, D.D.S.

Optometry

STAFF OPTOMETRIST—Edward L. Steinberg, O.D.
STAFF OPTOMETRIST—Bernard Attinson, O.D.

Podiatry

STAFF PODIATRIST—Sam Sokolov, Pod.O.

† *Resigned 1957*
‡ *Deceased 1957*

Clinical Assistants in Manhattan and Queens Clinics

Lester I. Abend, M.D.
Ruth Adams, M.D.*
Romano Antonelli, M.D.
Howard Boskey, M.D.
Paul Bradlow, M.D.
Stanley Brodsky, M.D.
Arline Caldwell, M.D.
Mischa Caplan, M.D.
Daniel Chansky, M.D.
Lionel Chertoff, M.D.
Rita M. Chalef, M.D.
Gloria Chung, M.D.*
Ralph W. Clemments, M.D.
Julius Colantuono, M.D.*
Frances Colonna, M.D.
Fred Dalton, M.D.*
Irving J. Farber, M.D.
Robert D. Ferrell, M.D.
Philip Friedland, M.D.
Harvey Goldey, M.D.
Victor Goldin, M.D.
Sumner I. Goldstein, M.D.
Clara Gonda, M.D.
Harry Gonda, M.D.
David Graubert, M.D.
Howard Hess, M.D.*
Martin Hurvitz, M. D.
Gunthar Jacob, M.D.
Wilbur Jarvis, M.D.
Peritz Levinson, M.D.
Buck Luria, M.D.
Daniel Miller, M.D.
Meyer Monchek, M.D.
Beatrice Nachtigal, M.D.
Iris Orens, M.D.*
Edward Pinney, Jr., M.D.
Joshua Ramot, M.D.*
William Roosen, M.D.
Phoebe Rosen, M.D.
Joseph D. Rosen, M.D.
Henry Rosberger, M.D.
Jehuda Rozanski, M.D.
Gabriel Rubin, M.D.
Charles Silberman, M.D.
Herman Tannor, M.D.*
Leon Tec, M.D.
David M. Tillim, M.D.
Clara Torda, M.D.
Aimee Wiggers, M.D.

** Resigned 1957*

Hillside Hospital is a member of:

AMERICAN HOSPITAL ASSOCIATION
AMERICAN PSYCHIATRIC ASSOCIATION
FEDERATION OF JEWISH PHILANTHROPIES
GREATER NEW YORK HOSPITAL ASSOCIATION
HOSPITAL ASSOCIATION OF NEW YORK STATE
NATIONAL CONFERENCE OF JEWISH COMMUNAL SERVICE
NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE
NEW YORK STATE DEPARTMENT OF SOCIAL WELFARE
NEW YORK STATE WELFARE CONFERENCE
QUEENSBORO COUNCIL FOR SOCIAL WELFARE
UNITED HOSPITAL FUND
WELFARE AND HEALTH COUNCIL OF NEW YORK CITY

We are fully accredited by:

JOINT COMMISSION ON ACCREDITATION OF HOSPITALS
OF THE UNITED STATES AND CANADA

We are approved for resident training by:

AMERICAN MEDICAL ASSOCIATION
AMERICAN DENTAL ASSOCIATION

We carry joint programs in which specific services to patients are administered by the hospital and paid for by tax-supported public agencies:

NASSAU COUNTY MENTAL HEALTH BOARD
NEW YORK CITY COMMUNITY MENTAL HEALTH BOARD
NEW YORK STATE MENTAL HEALTH AUTHORITY
NEW YORK CITY DEPARTMENT OF HOSPITALS
DIVISION OF VOCATIONAL REHABILITATION, NEW YORK STATE DEPARTMENT OF EDUCATION
NEW YORK CITY, BOARD OF EDUCATION
UNITED STATES PUBLIC HEALTH SERVICE, INSTITUTES OF MENTAL HEALTH

We have established programs of community education and community mental hygiene with:

QUEENS COUNTY MENTAL HEALTH SOCIETY
NASSAU COUNTY MENTAL HEALTH SOCIETY



Bequests and Legacies to the Hospital

(No precise words are necessary to a valid legacy to the Society. The following form, however, may be suggested.)

I give to the Society of the Hillside Hospital, for the use of the Hillside Hospital, the sum of $_____ (if land or any specific property, such as bonds, stocks, etcetera, is given, a brief description of the property should be inserted instead of the words "the sum of $_____").

Hillside Hospital

An affiliate of the Federation of Jewish Philanthropies of New York

FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK

LOOK-ING AHEAD

31st
ANNUAL REPORT
FOR THE YEAR
1958
HILLSIDE HOSPITAL
GLEN OAKS, QUEENS, N. Y.

HILLSIDE HOSPITAL

FOUNDED 1927

MEMBER OF THE

FEDERATION OF JEWISH PHILANTHROPIES

OF NEW YORK

FACTS

Hillside Hospital is a nonprofit, nonsectarian mental hospital for the treatment of voluntary patients, suffering from early and curable mental symptoms and admitted regardless of ability to pay. / The hospital is a pilot institution, pioneering in and advancing the scientific frontiers of the human and efficacious application of psychiatry to the mentally ill. / Hillside provides organized teaching and training for physicians in postgraduate psychiatry and psychotherapy. / Major emphasis is placed on advanced research in all phases of treatment. / The hospital is licensed by the New York State Department of Mental Hygiene. It is approved for a two-year residency in psychiatry by the Council on Medical Education of the American Medical Association, the American Board of Psychiatry and Neurology and the American College of Surgeons. The Dental Department is certified by the American Dental Association. / Hillside is a member of the Philanthropies and United Hospital New York Fund.

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LOOKING

report of the director of professional services

LEWIS L. ROBBINS, M.D.

As a very new member of the staff of Hillside Hospital, I should like to look ahead rather than participate in a review of the past year.

A forward-looking plan for the future development of Hillside Hospital is essential if it is to serve best the needs of the community today and tomorrow.

The three main areas of activity at Hillside today are clinical service, education and research. We will never lose sight of our primary day-to-day service, which is the treatment of the mentally ill. Yet to consider enlarging the capacity of Hillside — to help more of the people who are psychiatrically ill — is not the answer for the future. Experience of larger institutions indicates the weakness of this approach.

When the capacity of a psychiatric hospital is expanded beyond a certain point, individualized treatment of patients gives way to regimentation. The result is that the quality of clinical service falls.

It is more probable that Hillside can best serve the community by striving to advance our knowledge of psychiatry for the greater good of everyone, whether or not he is ever a patient at Hillside Hospital; and by training professional personnel who will later make use of what they have learned here in other institutions throughout the country.

The main shortage in psychiatry today is knowledge. Although there have been tremendous advances in the past 50 years, much remains to be learned. And while much has been spent in the development of all types of psychiatric facilities, relatively little financial support has been given to psychiatric research.

It is therefore recommended that the excellent facilities of Hillside Hospital and its present and potential relationships with other institutions in the area be utilized primarily for the advancement of psychiatric knowledge.

A unique and productive approach would be the long-range goal of an Institute for Advanced Psychiatric Studies established at Hillside. Although there exists today an excellent research program at Hillside, it represents but a small fraction of the many types of research that could be successfully conducted here.

The clinical program of the hospital provides a great variety of clinical problems, as well as opportunity for thorough observation. The forward-looking philosophy of Hillside Hospital, along with its utilization of personnel from many different disciplines, constitute an excellent foundation for the development of a broad research program.

Such a research program would develop spontaneously if personnel were adequate—both qualitatively and quantitatively—to take care of our clinical responsibilities. A staff must be developed who are not only good clinicians but who also possess an interest in and capacity for both teaching and research.

The need for trained personnel in psychiatry is urgent. Hillside already has accepted education as one of its principal functions; and this function could very well be expanded without detracting from the research objectives which may be established.

Hillside Hospital thus will continue to be a pilot institution providing the best psychiatric treatment currently available, constantly striving to develop newer and better methods, and sharing its experience with others for the welfare of the general community. Its future is limited only by the imagination of its staff, the leadership of its Board, and the support of its community.

AHEAD

report of the medical director

JOSEPH S. A. MILLER, M.D.

This will be my last Annual Report as Medical Director of Hillside Hospital. When I came to Hillside in 1947, there was a one-half time Assistant Medical Director, six Residents, one and a half social workers, no psychologists, and only a fair complement of nurses and attendants. There were eighty-eight patients. There was no out-patient department, and only the beginnings of an after-care program. There was no organized research. The teaching was carried on by the Medical Director and by members of the Medical Board.

From about 1948 on, the services and facilities of the hospital began to grow. The new Lowenstein Pavilion was opened in 1949 and practically doubled the bed capacity. The number of Residents was increased to twelve and, in addition to a full-time Associate Medical Director, Staff or Supervising Psychiatrists were added. More attention was now paid to the discharge and rehabilitation plans and, with the interest and support of the Federation of Jewish Philanthropies, with whom we had just become affiliated, we enlarged our Social Service Department. In 1951, we began a small out-patient clinic and also improved the services of our after-care clinic. With the construction of the Elizabeth Sloman Lowenstein Building in 1954, the small out-patient clinic was developed into a service able to treat some two hundred patients twice weekly. That year, also, the Israel Strauss Pavilion for Adolescent Girls was established. Supervised clinical training and teaching of the Residents was enhanced; teaching in basic clinical psychiatry, clinical diagnosis and psychotherapy was extended; regular stated clinical, diagnostic and discharge conferences were instituted; and we appointed special instructors to give didactic instruction in psychopathology and psychotherapy.

1951 saw the beginning of organized research at Hillside with a biochemistry research laboratory set up under Dr. Werbin. He was succeeded in 1954 by Dr. Harry Goldenberg, who now heads our Bio-chemical Research Department and who has made some original contributions which have been recognized and supported by grants from the United States Public Health Service and by funds from our own Board of Trustees.

The largest contributions in the field of organized research were made in the area of experimental psychiatry, especially electroshock therapy and tranquilizers, headed since 1954 by Dr. Maximilian Fink.

There have been other significant changes and trends. First of all there has been a change in the type of mental patient coming to the hospital. Our patients now are of the borderline-psychotic type, although they still fall generally within the qualifications for voluntary admission. There has been a definite drop in the average age of the patients from the mid-thirties to the mid-twenties. Significant, this year was the replacement of the insulin coma treatment by the tranquilizer, chlorpromazine. We also improved and enlarged our occupational therapy and group activity services, and, under the able direction of Dr. Aaron Stein, our group psychotherapy programs. Our out-patient services, ably directed by Dr. Robert Luttrell, and our community mental health clinics, with support from the New York City and Nassau County Mental Health Boards, have been regarded as models of clinic operation. Our attending psychiatrists, notably Drs. Martin Orens and Abraham Lenzner, have contributed greatly to the teaching and clinic conferences. At the close of the year a well-defined program for the out-patient treatment of school age children was completed.

The Israel Strauss Adolescent Pavilion completed 4 years of operation. The experiences gained there will mean not only an improved teaching and treatment program, but also, in the not too distant future, a worth-while research program.

Our Resident Training Program has maintained its high standards, but has pointed up the need for more in-hospital or on-the-premises teaching and clinical supervision. This in turn has called for a larger number of better qualified supervising or staff psychiatrists, a call we have begun to meet.

We have been aided to a generous extent by National Institutes of Mental Health in receiving a number of training grants for our Residents and teaching grants for our special instructors. There is a need for a more comprehensive research program involving projects which will deal, in a more integrated fashion, with the physical, mental and ecological factors in development and treatment of emotional disorders.

The Journal of Hillside Hospital has, under the able direction of its editor-in-chief, Dr. Sidney Tarachow, achieved a national reputation in scientific circles.

In the decade since Hillside joined the family of Federation, we have benefited not only from their planning and other special committees, but even more from the association with Federation's hospitals and agencies in common purposes. Mt. Sinai Hospital provided us with space for processing and interviewing patients in our after-care clinic for discharged patients. Since 1950, we have had a rich and fruitful liaison with the Jewish Community Services of Long Island, through which we have been able to establish supervised psychiatric services as well as a very worth-while family care or foster home program for our discharged mental patients. This program resulted in our winning the Milton Weil Award from Federation in 1955. As soon as the Long Island Jewish Hospital had begun its operations, we helped establish their psychiatric service. We are indebted to them for their outstanding help. Mention ought to be made here too of our help from the Federation Employment Service, and our dual participation in a vocational rehabilitation program with the Altro workshops. I want to mention also, our ever-friendly relations with the Jewish Family Service, who have not only provided office space for our Social Services Department in Manhattan, but have also been cooperating with us in a long-range case work guidance program for our discharged patients.

In these days of the "open hospital" and the establishment of psychiatric services and out-patient clinics in general hospitals, the question arises about the future of the separate or special mental hospital. The answer is that there will always be patients who will require in-resident therapy in a controlled therapeutic environment. The small psychiatric hospital need not be separated—indeed it should work in close relationship with the community and its hospitals, institutions and agencies. Hillside will become more and more of an open hospital in the modern sense, depending largely upon the education of, and acceptance by, the community. However, within the framework of its special treatment, teaching, and research services, it ought to remain as far as possible, autonomous. The mental hospital provides the essentials for the emotional re-educative process in which the patient is able to re-live and review his earlier and unsuccessful relationships. He learns to become a better functioning part of the new and smaller society of the hospital, and this in turn fits him for better or improved adjustment in the larger society outside. The small mental hospital employs facilities for more individualized treatment—where he may be observed in his behavior toward others and taught how to live with them, and how to exploit his own personality assets.

Fortunately for Hillside, my successor, Dr. Lewis L. Robbins, has a rich background of professional experience in teaching, treatment, research and administrative ability. His views and attitudes in regard to the special mental hospital—the types of psychiatric and other professional personnel needed, the hospital environment and the various adjunctive needs of the patients—are salutory and knowing.

I close my final report on Hillside with the utmost confidence in the future that awaits this great institution. I am proud of the many achievements made during my stewardship. It is needless to state that this could not have been done except with the help of a marvelous staff as well as the cooperation of the Medical Board and the Board of Trustees. My thanks to all the professional staffs and employees of the hospital, and especially the heads of departments. And I want especially to thank my two "Chief Lieutenants" who worked with me for the good of the hospital and contributed so much to its success during the past decade: Dr. Simon Kwalwasser, Associate Medical Director and Mr. Maurice Bachrach, able and talented Administrator. I greet Dr. Lewis L. Robbins, with whom it is a pleasure to have been thus briefly associated in the common venture at Hillside, and who, I am sure, will raise the hospital standards and services to even greater heights.

Although this is my last Report on the Hospital as Medical Director it is not really a "bill of divorcement". I am happy and proud to have been asked to continue as a general consultant to the Hospital, and as a special instructor to the Residents. I cannot close on a better note than by greeting the more than a hundred Residents who trained under me during these past 12 years. Hillside can well be proud of them, scattered as they are over the United States, and contributing, wherever they are, to the treatment, teaching and research aspects in the field of psychiatry based on their early training and treatment experiences of their Alma Mater—Hillside.

report of the President of the Medical Board

ROBERT A. SAVITT, M.D.

During the past year the Medical Board has continued to function actively in its role as an advisory and consultative group to the Medical Director and the Board of Directors. Through its standing committees which are comprised of the various echelons of the attending staff, the Board is directly involved in all of the medical activities of the hospital.

The Credentials Committee for the Supervising and Resident Staff under the chairmanship of Dr. Roose, has spent countless hours interviewing and processing applicants for psychiatric residency training. Over a period of years information is being collected on the method of choosing residents. It is expected that when this is collated and correlated, it will yield valuable guide posts in determining criteria for the choice of psychiatric personnel.

As in previous years the residency training program continues to be a major interest of the Medical Board. In this connection Dr. Arnold Eisendorfer's committee has held periodic conferences with Dr. Miller, the Medical Director, in order to further advance the means whereby Hillside will become accredited for a three year residency. One of the important recent advances in resident education and training has come by way of the revised group psychotherapy program. This is expertly directed by Dr. Aaron Stein and coordinated by Dr. Samuel Orgel's committee.

Better liaison has been established between the psychiatric attending staff and the hospital's adjunctive services. Dr. I. Peter Glauber and his colleagues are formulating a series of conferences and lectures which will increase the mutual exchange of educational and scientific information with the Psychology and Social Service Departments.

Under the superb guidance of its editor, Dr. Sidney Tarachow, the Journal of the Hillside Hospital has expanded its circulation and widened its scientific achievement in this country and abroad. Currently, several manuscripts are being carefully considered by the Publications Committee for selection in the projected Hillside Hospital Monograph Series.

On the basis of liaison agreements entered into during the past year with our neighbor, Long Island Jewish Hospital, a Psychiatric Service has been established at that hospital. It is being administered by Dr. Samuel Lehrman of our Board in collaboration with a number of additional psychiatrists from our attending staff.

The Adolescent Pavilion has raised many provocative questions and problems which are gradually approaching resolution. It is expected that our experiences will serve as points of orientation and enlightenment for other psychiatric facilities dealing with the treatment of adolescents. Dr. Margaret Fries and her co-workers are elaborating a method of organizing clinical data which will be of great value in the study of adolescents, is expected to find a place in the total resident educational program throughout the hospital.

The Medical Board activities also reach out into the community of which Hillside is an integral part. Many of its attending psychiatrists render valuable service to the Queens Out-Patient Clinic and the Manhattan After-Care Clinic in terms of training and supervision of younger colleagues, and in the presentation of periodic clinical conferences. The Israel Strauss Memorial Lecture has become a notable yearly medical event which attracts a large audience from the psychiatric and related scientific professions. The annual Hilda Strauss Mental Health Lecture has also reached deeply into the local community's stream of mental hygiene activities.

It is with deep regret that the Board reports the loss of its beloved member, Dr. Sidney Klein. He died in August 1958, and left behind a legacy which exemplified his love and loyalty to Hillside. Under the terms of his will this is to be devoted to special studies in child and adolescent psychiatry. A suitable memorial in his honor is being planned.

I wish to express my deepest appreciation to my many colleagues on the attending staff, to the Medical Director, the Director of Professional Services, to the Board of Directors and those too numerous to mention, for their cooperation and devotion to Hillside Hospital.

report of the President of the Board of Trustees

ALVIN E. COLEMAN

A milestone in the 31 year history of Hillside Hospital was the appointment of the internationally known psychiatrist, Dr. Lewis L. Robbins, as Director of Professional Services. At the same time that Dr. Robbins is helping us to look ahead, he has helped to put the current program of the hospital in a significant perspective. Our prime object is the continued improvement of the quality of the treatment available to our patients, and the scope and value of the knowledge that we are able to impart under our teaching and research programs.

Each year it seems more evident that the future of the treatment of mental disease rests in the ability to conduct extensive research in order to learn entirely new methods. We are fortunate to have on our staff capable and far-seeing men who are leading us along challenging pathways to the future.

During 1958, a Department of Medicine, headed by Dr. Arnold Blumberg, was added to the research program. The Department of Experimental Psychiatry, headed by Dr. Maximilian Fink, did some outstanding work in the field of electroshock and tranquilizer drug effects upon the patients' personality and behavior. The U. S. Public Health Service allocated a 5 year grant of $268,000 for this department and appointed Dr. Fink to serve as a consultant to the Council of the National Institute of Mental Health, which itself passes upon applications for grants from those working in this field. Four pharmaceutical houses, Bristol Laboratories, Wyeth Laboratories, Smith, Kline & French, and Geigy Chemical Company, provide financial grants for further detailed study of how the new psychotropic drugs affect human behavior.

The general use of insulin as a mode of treatment was discontinued because it has proven to be too hazardous for results obtained and that the same or similar results are now apparently available through the use of new drugs.

The Department of Biochemistry, headed by Dr. Harry Goldenberg, made substantial progress in further studies based upon the premise that mental illness is accompanied by metabolic and other biochemical defects which can be detected. Dr. Goldenberg's work, too, has received considerable recognition by the U. S. Public Health Service in the form of substantial public grants.

Further plans for the modification of the building and the treatment program are now being studied. Six new offices were added to the pavilion for adolescent girls at a cost of $35,000.

A joint psychiatric service with Long Island Jewish Hospital, our neighbor, was established through the appointment as Chief of this service of Dr. Samuel Lehrman, Attending Psychiatrist of Hillside and a member of our Medical Board.

Through the aid and encouragement of the Nassau County Mental Health Board, it was decided to open a Child Therapy Unit in April, 1959. This will be 50% supported by funds from Nassau County.

During 1958, Hillside received a number of important bequests including the balance of the funds left to it under the will of the late Edwin Elson, our former Trustee; the total of this bequest was $52,000. We also received $20,000 from the estate of Dr. S. Klein, who had for many years been a valued member of our Medical Board; and $37,950 from the estate of Wilhelm Levinger, brother of our beloved former Trustee, Alfred Levinger, who had been one of the founders of this hospital. We were awarded a grant by the U. S. Public Health Service of $150,000 toward the minimum required sum of $300,000 for the construction of a building to be used solely for research in mental health. One of our ever-loyal and generous trustees, Mr. Si Scheuer, made it possible for us to promptly qualify and accept this munificent grant by himself giving us $50,000 towards the construction of this building, which will be known as the Scheuer Building for Research.

A 75th birthday was celebrated by one of our most distinguished trustees who has done so much for the Hospital by making possible the magnificent facilities it now enjoys, namely our Honorary Chairman, Leon Lowenstein. We all wish him many more happy birthday anniversaries.

THE PATIENT AND THE

IN 1958, there were 342 patients who had voluntarily admitted themselves to Hillside Hospital for treatment. Of this number, 211 were new admissions, and 131 were readmitted patients of whom 27 had previously received treatment at Hillside.

Of the 342 patients, 106 were males, 236 females. Included in the female total are the 23 girls admitted to and treated in the Adolescent Pavilion.

The average daily census of patients was 195; and the average stay of each patient was for 196 days.

Upon discharge from the hospital, a patient's condition is evaluated on a comparative basis: the difference in his status and mental behavior when he entered the hospital, and when he left.

The five categories are listed below, (figures in parentheses indicate the number of patients who left Hillside in 1958)

Unimproved (41): no change in condition.

Improved (137): symptoms or problems have been alleviated but still persist to an appreciable extent.

Much improved (134): symptoms have disappeared and the patient seemed in good condition while hospitalized; however there is no certainty as to his behavior when he returns to his normal environment at home and at work outside of the hospital.

Recovered (24): the prognosis is that the patient will be able to return to his social and working community and function as well, or better than he did before he became ill.

Without Mental disorder (5) Died (1)

HOSPITAL

STAFF EXECUTIVES

Abraham Levine, Ph.D.	*Director, Psychology Dept.*
Sylvia Markham, M.A.	*Associate Psychologist*
Leonette Vanderhost, M.A.	*Senior Psychologist*

treatment

psychotherapy and medical services

The center and core of the treatment program at Hillside is psychotherapy. The ability of the patient to benefit considerably from psychotherapeutic treatment in this area is one of the main criteria for admission. The patient must voluntarily admit himself and be in an early and incipient stage of mental illness. (The long-term, chronic case, requiring custodial care, is referred to other institutions.)

The Hillside patient has thus been selectively admitted, receives psychotherapy a minimum of three times a week. In addition, patients participate in group therapy, and all of the other accepted modern therapies, activity therapy, occupational, creative and recreational, drug therapy, and milieu therapy.



Each team of psychiatric, nursing, social service and other professional personnel of Hillside Hospital meets regularly to pool its knowledge to help its patient along the road to mental health.

In the concept of milieu therapy, the whole life of the patient in the hospital, including associations and activities are designed to facilitate his treatment. The therapeutic program thus changes as the patient changes.

To conduct this extensive program, Hillside utilizes a "team" approach integrating the skills of the specialists on its staff, under the general supervision of the medical director.

Leader of the team is the psychiatrist who is assigned to a patient upon admission, and who remains in charge of the patient for the duration of his stay. Working closely with the psychiatrist, and coordinating the efforts toward the mental health and welfare of the patient are consulting psychiatrists, psychologists, psychiatric nurses, occupational and creative therapists, psychiatric social workers and psychiatric attendants.

The team concept is a broad one, and under it conferences are held at which are presented initial diagnosis of newly admitted patient; periodic reports on status of patient and his response to treatment; pre-discharge consultation and rehabilitation, or after-care plans.

psychology department

The department continued to make its contribution to the understanding of a patient's strengths, weaknesses, and highly complex psychic states by means of psycho-diagnostic examinations.

Objective results obtained through these tests have been helpful to the hospital staff in delineating a history of conflicts, defenses, personality. The tests help to reconstruct and chart the patient's life to show what forces were at work to bring him to the hospital. They provide much informative material needed to plan treatment.

Psychological tests are administered upon admission and before separation from the hospital. Last year 541 tests were administered to hospitalized patients and out-patients.

Expansion of the department has made possible the inclusion of a vocational counseling program. This program has been especially helpful in developing a placement program within the hospital where a patient may acquire work experience that helps prepare him for the future when he leaves the hospital and returns to his community.

In 1958, a doctoral candidate from the Department of Psychological Foundations and Services at Teachers College, Columbia University participated in the psychological counseling program.

STAFF EXECUTIVES

Mrs. Goldie Krupa	*Director of Nurses*
Miss Nancy Jeffries	*Assistant Director of Nurses*
Miss Jean Hendry	*Nursing Instructress*
Miss Helen Schippincase	*Day Supervisor*
Miss Eleanor MacPhillips	*Afternoon Supervisor*
Miss Flora McCortney	*Night Supervisor*
Mrs. Alice McDonough	*Intra-Mural Clinic Nurse*
Mrs. Edna Telesca	*Departmental Secretary*

nursing department

Last year an In-Service Training Program for registered nurses was instituted. The program, which consists of lectures by psychiatric supervisors and doctors, has been of tremendous value to the nursing staff. Knowledge gained and shared has enabled the nurses to perform more effectively to the benefit of the patients and the hospital.

The policy of conducting field trips through the hospital for students from Central Islip and St. Vincent's Schools of Nursing was continued.

In addition, during 1958, for the third consecutive year student nurses from Queens College received their psychiatric nursing experience at Hillside. Forty-four students participated in the teaching-working program.

The training program for psychiatric aides was recognized by the Queens County Mental Health Society, which presented awards and certificates of honorable mention to four aides trained by the Nursing Department. The awards were made to focus public attention on the important role played by the indispensable psychiatric aides, who contribute so much to the patient through their interest, kindness, attention and skill.

intramural clinic

This department maintains the patient's physical health and cares for his non-psychiatric medical needs. Frequent consultations are held between Hillside's staff and the Intramural Clinic's specialists to integrate the mental and physical treatment programs.

Under the direction of Hillside internist, Dr. Arnold C. Blumberg, the Intramural Clinic handled 2184 patient visits in 1958. The greatest number of patient referrals to Clinic specialists, were in the fields of Internal Medicine, closely followed by Opthamology, Dermatology and Gynecology.

Important services also were rendered in Orthopedics, Otolaryngology, Proctology, Surgery, Urology, Neurology, Podiatry and Radiology. Plans have been made for the Intramural Clinic specialists to take an active part in a psychiatric training program for non-psychiatric physicians.

department of dentistry

Approved by the American Dental Association, it is the oldest intramural department in the hospital. Its staff of 10 dentists, directed by Dr. Paul Scheman, last year received 1112 visits and rendered professional services in orthodontia, periodontia, restorative dentistry and oral surgery and X-ray.

New dental equipment acquired in 1958 made it possible to vastly improve the dental care to patients.

Members of the department frequently appeared before dental organizations to read papers and give lectures on methods of treating dental patients with emotional problems.

O. T. STAFF EXECUTIVES

Eileen P. Fisher	*Director*
Joseph C. Chase	*Senior Occupational Therapist Adult-Section*
Esther Burack	*Senior Occupational Therapist Adolescent Pavilion*

C. T. STAFF EXECUTIVES

Dr. Ernest Zierer	*Director Creative Therapy*
Edith Zierer	*Associate Director*

occupational and creative therapy

Two adjunctive services at Hillside, which make an important contribution to the patient and staff are the Occupational and the Creative Therapy departments. Each of these departments has a specific function, and each is prescribed as a regular part of treatment in cooperation with the psychiatric staff.

The OCCUPATIONAL THERAPY department, which is a member of the treatment team, performs a dual function. It provides a program under which a patient can work in various handicrafts, which offer a creative outlet that increases his self-confidence. It also helps the psychiatric staff by reporting on the patient's attitudes and reactions while he is so engaged.

From these reports, which detail responses to success or failure with a project such as weaving, jewelry making, ceramics, the psychotherapist gains further insight to his patient not only at work, but also in his relationship with others in the group.



In 1958, the department had maintained a close association with the hospital team. Occupational therapists attended meetings three times a week to contribute their knowledge of a patient, and also submitted regular progress reports to the psychiatric staff.

The addition of one therapist to the staff during the year made possible the initiation of an occupational therapy program right in the patient's room. This enables the therapist to reach a more disturbed patient more quickly and to give him more individual attention.

At year's end, a new prescription form was devised to effect an even closer working relationship between the doctor and the occupational therapist. The form contains pertinent information which provides a direct guidance line and a higher degree of integration between the psychiatrist and the occupational therapist, indicating areas of concentration that will be most helpful to the patient.

CREATIVE THERAPY at Hillside is a specialized form of art therapy devised and developed by Dr. Ernest Zierer, Department Director and his associate, Mrs. Edith Zierer.

This therapeutic and psychodiagnostic tool involves the administration of a series of painting tests that reveal a visual expression of the patient's attitudes toward recurrent life situations.

This unique program furnishes a "personality profile" of the patient. This profile supplies the psychiatric staff with documented findings delineating the patient's stress and frustration tolerances, strength of motification, actual and potential functional capacity and his ability to "integrate" into the societal structure.

During the year, an average of 49 patients took part in the program daily and a total of 1640 tests were administered.

adolescent pavilion

STAFF EXECUTIVES

Dr. Alice Stahl, *Director*
Dr. Zenos M. Linnell, *Supervisor*
Dr. Eugene Glynn, *Director of After-Care Clinic*
Dr. Sidney L. Green, *Consultant*
Mrs. Kathleen Cliggett, *Head of Nursing*
Mrs. Sylvia Riback, *Senior Social Worker*

The Israel Strauss Adolescent Pavilion, now in its fifth year, was a pioneering venture of Hillside Hospital. It was

set up to treat and rehabilitate adolescent girls who need hospitalization for emotional problems during a most crucial transistory period of their lives.

Hillside Hospital, in venturing into this hitherto neglected field, recognized that adolescence is an ideal time to employ the knowledge and skill of modern psychiatric care to help young people when help can be decisive.

The Pavilion provides individual psychotherapy, milieu therapy, a school program, a group activities program and nursing care for girls between the ages of 13 and 17. It also conducts an intensive social work program with the families of all patients to create a healthier climate and better understanding at home, of the girls' problems.

The 23 patients admitted to the Pavilion in 1958 remained in the hospital for an average of 315 days, as compared to the 182 days for adults. The conditions range from transient behavior problems to the major psychoses.

The staff includes a supervisor, three resident physicians, three registered nurses, two social workers, two school teachers, a group activity worker, an occupational therapist and 16 psychiatric aides.

The patients live in a two-story building that includes all therapy facilities, studio-type bedrooms for two girls, dining rooms, lounge and recreation areas.

The girls, however, attend school classes in another building to simulate as much as possible the atmosphere of "going to school". As soon as they are able to, girls are encouraged to join in recreational activities outside their own group in the Pavilion.

There have been two notable advances during the year. The first is a more structured and individualized program. Under this program the group work department offers a variety of activities and each patient is required to sign up for two of those activities. The structured program helps the patient to do what she cannot do for herself.

The second advance has been to use the concept of individual and group responsibility to foster growth. Housekeeping duties have been assigned to girls and the relationship between various privileges and the patients' readiness to exercise self control has been stressed.



As the Pavilion gains wider recognition among members of the psychiatric profession, greater numbers of referrals continue to come in from distant parts of the country.

However, to maintain its high standard of individual attention, the Pavilion restricts its patients to 16 at any given time.

The operation of the Adolescent Pavilion is in conformance with the basic thesis of Hillside Hospital; early treatment for those mentally ill patients who can benefit in a relatively short period of time. Even though the adolescent years are directly related to the Hillside orientation, it was obvious at the time the Pavilion was set up, that the adolescent years are the "difficult years." This period of greatest individual change also is the period about which relatively little is known to the psychiatrist.

Five years of treatment of adolescent girls have resulted not only in the improvement of the patients involved but also have led to insights and approaches to modified and new treatment concepts. These results already have been applied to adolescents, as well as young adults.

Follow-up studies of discharged adolescent patients presently are being conducted. In summary, the operation of the Adolescent Pavilion has provided an exciting area for a combined treatment and research project.

CASEWORK DIVISION EXECUTIVES

Abraham Lurie	*Director, Dept. of Social Services*
Louise Pinsky	*Assistant Director, in charge of Casework*
Sylvia Solovey	*Supervisor*
Sylvia Riback	*Supervisor*
Seymour Silverberg	*Executive Director of the "Bridge"*

Social Service Department

casework division

The Social Service Department is the hospital's most direct link between the patient and his family.

The department's function is to help the patient and his family cope with the personal, social and economic problems caused by the illness.

It helps a patient come into the hospital, to stay in the hospital by working with the family members in an effort to relieve pressures on the patient, and finally, to leave the hospital, and return to a good home climate. This is accomplished by participating directly and actively in the planning that concerns the patient.

To accomplish this, in the course of 1958, the Casework Division of the Social Service Department conducted 11,593 interviews with patients, (including those in the Adolescent Pavilion and the Out-Patient Department) and their families. There were, in addition, 10,517 telephone contacts with relatives of patients.

This represents an increase over last year's figures because a drop in median age of patients, to include many more teenagers, made it necessary for social workers to spend more time with patients and their families. About 35% of the adult patients admitted in 1958 to the hospital are between the ages of 17 and 25. This is due to two principal factors: the policy of selecting patients in the early stages of mental illness, and also the fact that young people are more likely to seek hospital help when they are mentally ill. (Older people frequently reflect social taboos concerning this type of hospitalization.) The preponderance of young people has changed the social structure of the hospital in many ways including such things as the types of group activities.

In 1958, a more intensive effort was also made to screen the 790 male and 1220 female applicants to determine those who could best benefit from the treatment of the hospital, prior to their screening at the clinic.

Collaborative relationships with social agencies were continued. One of the most active joint programs was with the *Jewish Family Service,* which permits discharged patients who need further counseling to get immediate help. At the close of the year, 18 patients (and their families) were receiving aid. Though still a pilot project, this two year old program offers considerable promise for further expansion.

Nineteen patients were placed during the year through the *Foster Home Program,* conducted jointly with the *Jewish Community Services of Long Island.* This extremely active and important program benefits those patients who, upon discharge have no home to which to return, or who should not, for their well-being return to the same environment in which they lived before admission to the hospital.

An invaluable service, which, on occasion, makes possible the hospitalization of a mother, is the *Homemaker Service,* conducted with the cooperation of the two aforementioned Jewish agencies. This service, supplied to temporarily motherless children, enables the mother-patient to derive maximum benefit from therapy by freeing her from worry about the care of her children. In 1958, 10 families were helped over this particularly difficult time through this program.

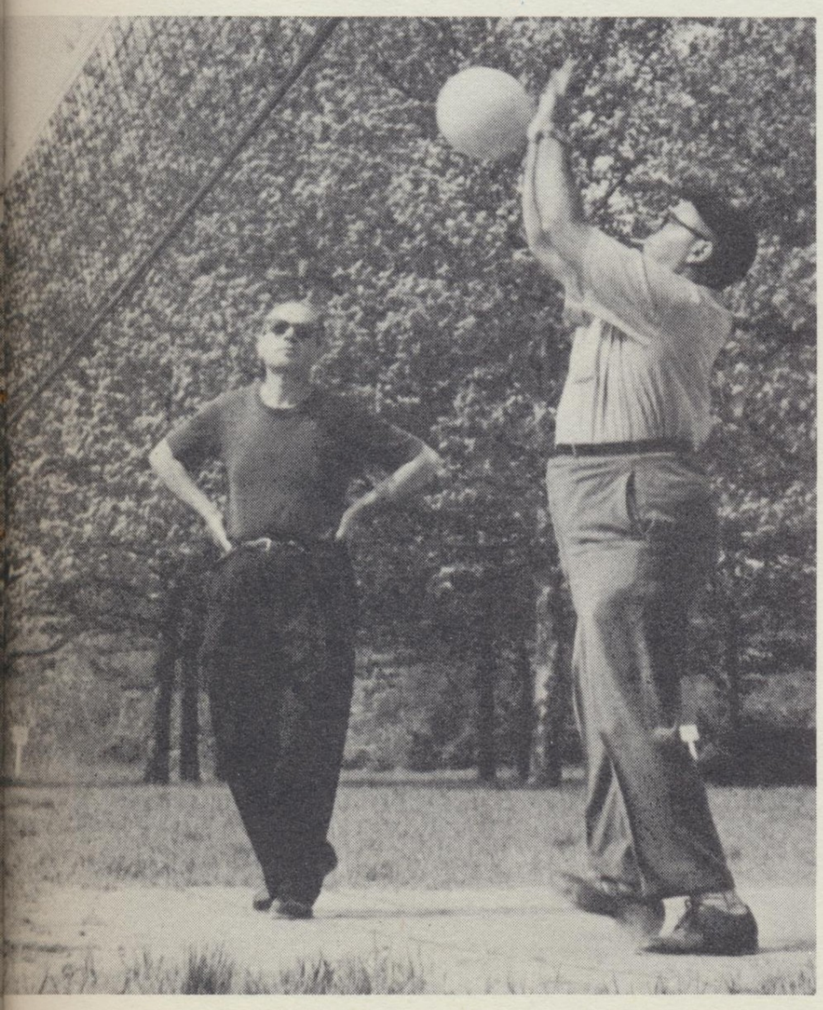
The Altro Workshop, in the East Bronx provides transitional employment to discharged patients and was used by 13 patients during 1958. The program, by providing gainful work in a protective shop where each employee works at a rate of speed that does not tax him, makes it easier for the



ex-patient to eventually resume normal employement in the community.

The *Federation Employment and Guidance Service*, the *New York State Employment Service* and the *Division of Vocational Rehabilitation* have continued to cooperate to the fullest in helping patients secure job placement soon after leaving the hospital.

The school program provided by the New York City Board of Education was particularly significant in 1958 because of the large number of young patients. Sixty-two patients under the age of 21, who had not yet completed their high school educations were enrolled; 17 were graduated, and six patients passed their high school equivalency examinations.



The mental patient, unlike the general hospital patient, usually requires longer care and long-time follow-up after discharge. These social service programs indicate Hillside's recognition of this fact, and the hospital's community responsibility to provide leadership and coordination of other agencies who could help in the continued care of mental patients during, and after hospitalization. Thus, dozens of private agencies (particularly those affiliated with the Federation of Jewish Philanthropies) and public agencies are able to pool their resources.

group work division

The Group Work Division, under the direction of Arnold Eisen, focuses on the re-socialization of the patient, re-orienting him to group living. The patient is helped to function in an improved manner with his family, friends, employer, fellow-employees and the community in general.

A major change in 1958 has been the increased development of community links and a closer coordination with the Casework Division.

During the year this division developed a number of new services, programs, ideas and approaches:

The New Patients Orientation Group, formed to soften the impact of hospitalization on a new arrival and to supply factual, comforting information to help alleviate fears.

Development of Community Program Resources, under which community agencies open their doors to patients on specified occasions. Trips have been made to YMHA, YWHA, YWCA and YMCA branches in Manhattan, Jamaica and North Hills.

Special Cooperative Services with Community Agencies:
In cooperation with the Federation Employment and Guidance Service, *Group Vocational Guidance* sessions were held to discuss the job market, stimulating patient interest in the post-discharge period. Under the *Discharge Plan* ex-patients returned to the hospital to tell patients of their experiences at the post-discharge social rehabilitation center, the Hillside League. This has been most effective in relieving separation anxiety.

Joint Patient-Family Programming is an outgrowth of Field Days, at which both visitors and patients participate in recreational activities. As an experiment, patients were permitted to invite members of their families to a dance at the hospital. The success of this social event has resulted in planning of other joint events in the future.

Internal Programming in 1958 was responsible for establishing several additional lounges, dance therapy, English lessons for foreign-language speaking patients, and other similar programs. A weekly newspaper, edited and published by the patients is now available in addition to their quarterly literary magazine.



SURROUNDING THE PATIENTS

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Psychiatric Hospital Service • Adolescent Pavilion

Experimental Psychiatry

Bio-Chemistry

Internal Medicine

Adjunctive Therapies

Nursing

Clinical Psychology

Social Services

Out-Patient Clinic

Supervisors • Residents • Additional Treatment Program For Hospitalized Adults and Adolescents

Drug Therapy • Psycho-Linguistics • Social Science Studies

Toxological Tests • Metabolic Defects • Vitamin Metabolism

Intra-Mural Clinic • X-Ray • Medical Research

Occupational Therapy • Creative Therapy

Nursing Care • In Training Programs

Psycho-Diagnostic Testing • Vocational Counseling • Research

Case Work • Group Work • Post Therapy Service

Psychotherapy Child Guidance Clinic • After-care Clinic • Post Residency Training

Consultants • Adolescent Pavilion

Residents • Research Associates • Librarian

Biochemists • Laboratory Technicians • Research Fellows

Nurses • Clinical Laboratory

Therapists • Artisans • Shop Workers

Graduate Nurses • Student Nurses • Psychiatric Aides

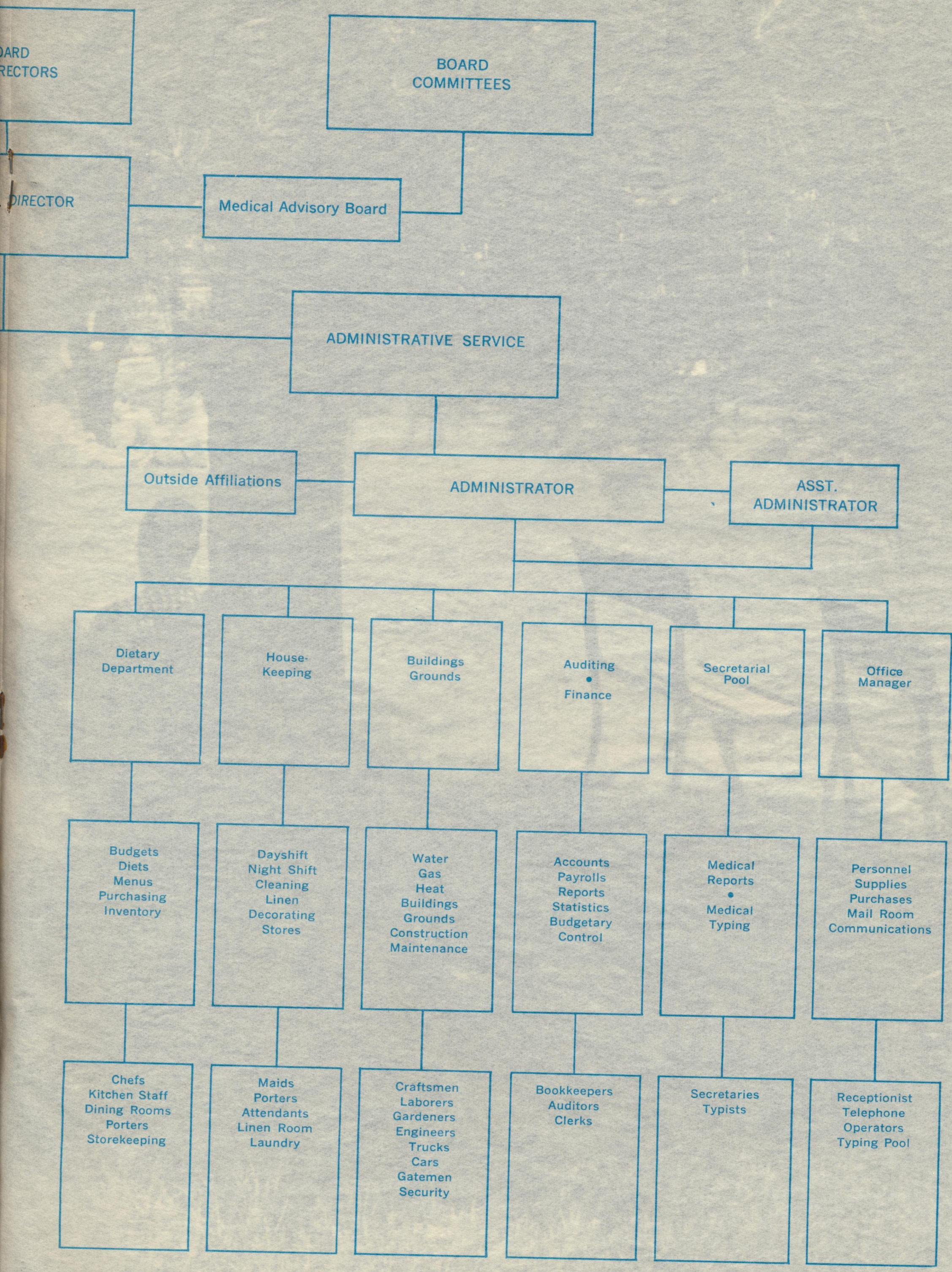
Psychologists • Students

Social Workers • Students • Recreational Programs

Supervisors • Residents • Social Workers

367 People Organized and Dedicated

S WITH SKILLS AND SERVICES



to Hillside Hospital and Its Patients



STAFF EXECUTIVES

Robert R. Luttrell, M.D.	*Director of Out-Patient Services*
Robert Navarre, M.D.	*Assistant Director of Out-Patient Services*
Miss Sylvia Solovey	*Supervising Social Worker*
Mrs. Joan Weisman	*Staff Psychologist*
Mrs. Anne Wexler	*Caseworker*
Mrs. Ida Baumstein	*Caseworker*
Mrs. Estelle Pitts	*Caseworker*

Manhattan after-care clinic

The Manhattan After-Care Clinic, open five nights a week, is located at Mt. Sinai Hospital, a convenient location for most discharged patients. It assists the Hillside discharged patient to resume his role in the community and to deal with the immediate problems of job adjustment and resumption of old environmental contacts.

Approximately 30 patients are seen twice weekly in an effort to bridge their adjustment from the hospital setting to the community setting. The treatment is intense but brief.

The importance of this Clinic cannot be underestimated because this helps people who come to the clinic to avoid readmission to the hospital. If they can be helped during the first few months, their chances of adjustment in the community are greatly improved. Group or individual therapy is provided, depending on the needs of the patient.

Israel and Hilda Strauss League

The Israel and Hilda Strauss League is an organization maintained for the social rehabilitation of former patients of Hillside Hospital.

Situated in quarters at 231 West 83rd Street, Manhattan, the League furnishes a meeting place for social and recreational purposes. A lounge is equipped with a record player, radio, television, magazines and table games.

Its existence is made possible through the devotion and unflagging efforts of a group of women volunteers from the community who sponsor the League by raising funds and by offering personal services. The group name "The Bridge", is symbolic of the purpose of this volunteer organization; $30,000 was raised last year by "The Bridge" for the League.

A former Hillside psychiatric social worker, Seymour Silverberg, is assigned as a full-time director of the League. He is available for individual consultation and referral service relating to housing, employment, further treatment and other personal welfare problems.

Active membership in the League is now 366, an impressive growth compared to its start in 1954 with 38 members. Devoted volunteer participation has kept pace with the membership.

Queens out-patient service

The Queens Out-Patient Service was established to help the emotionally disturbed person before his mental health problems grow and require hospitalization.

Psychotherapy is offered to residents of Queens, Nassau and Suffolk Counties who require treatment but cannot assume the economic burden of private care. Selection is made on the same basis as that for in-patients: patients suffering from acute emotional illness are selected after careful screening to determine their likelihood of responding to intensive treatment of a year or less, based on twice-a-week visits.

In 1958, 33 psychotherapists worked on a part-time basis to treat 306 patients in individual psychotherapy and 30 patients in group therapy sessions. Usual length of treatment consisted of eleven months. Of the 306 patients treated, 156 were patients admitted to the Clinic in the previous year, and 150 were new patients. To select the 150, 222 patients were fully screened by social workers, through psychological tests and interviews with psychiatrists.

Statistics, however, do little to reveal the amount of anguish and tension successfully resolved. They must be translated into the numbers of families kept together, the jobs saved, the fears allayed.

Training programs

Hillside's Resident Training Program continues to emphasize the interrelation between the training program and the treatment program.

In 1958, there were 20 Residents in training. Each Resident carried a case load of about 15 patients under the supervision of staff and visiting instructors. In addition, he atttended lecture conferences conducted by the medical director.

Instructors from the Medical Board conducted lecture and reading seminars in the fields of psychopathology and psychotherapy.

Qualified Residents were assigned to the Department of Experimental Psychiatry for clinical and other psychiatric research projects. Seven student case workers from three schools of Social Work were assigned to the Casework Division of the Social Services Department; and six graduate students received training in the Group Work Division of the Department.

The training programs extend to Clinical Assistants in the Out-Patient and After-Care Clinics and on-the-job training of personnel. Regular lectures and conferences are scheduled for psychologists, nurses and attendants, social workers and members of the various adjunctive services.

Sunday clinical conferences

The Sunday Clinical Conferences, open to and attended by psychiatrists and other professional personnel and by outstanding visiting physicians are part of the Resident Training Program and are based on cases prepared by the Residents. They make a significant contribution to the training programs in the field of psychiatry in the metropolitan area.

Israel Strauss lecture

The Annual Israel Strauss Lecture, established in 1955 in honor of the founder and late President of Hillside, was delivered in 1958 on April 20. The speaker was Dr. Paul H. Hoch, Commissioner of New York State Department of Mental Hygiene. His subject was *The Open Hospital.*

Medical library

The Arany Lorand Memorial Library with Miss Rosalind Lazarus as Librarian continued its rapid expansion program. During the year, 470 books and monographs were added, and 110 periodicals subscribed to. The personal library of the late Dr. Sidney Klein was incorporated. A generous bequest of Joseph Meyer was applied to the psychiatric collection. A gift in the name of Dr. Attlio Laguardia was used to augment the teaching collection.

HILLSIDE

RESEARCH

is a multi-disciplined combined approach of biochemists, chemists, physicists, psychologists, psychiatrists, sociologists and statisticians. Even though the treatment program at Hillside is psychoanalytically oriented, the hospital recognizes that every approach must be explored and utilized in order to increase knowledge and improve the therapy of mental patients.

Serious mental illness, with all its disruptive influences, today touches one family in three, since one person in 10 requires hospital treatment for a psychiatric disorder at some time during his life.

Hillside believes that the mental health problem requires a total approach, and that progress in the treatment of the mentally ill depends vitally on a program of intensive, never-ending research.

A staff of scientists and trained researchers is constantly engaged in the laboratories, in a program of test-tube probing into the mental health program.

Research goes on at Hillside on three fronts: in the Department of Experimental Psychiatry, in the Department of Biochemistry and in the Department of Medicine.

RESEARCH

STAFF EXECUTIVES

Max Fink, M.D.	*Director*
Joseph Jaffe, M.D.	*Research Associate (Psychiatry)*
Donald F. Klein, M.D.	*Research Associate (Psychiatry)*
Robert L. Kahn, Ph.D.	*Sr. Research Associate (Experimental Psychology)*
Max Pollack, Ph.D.	*Research Associate (Experimental Psychology)*
Nathaniel Siegel, Ph.D.	*Research Associate (Sociology)*
Eric Karp, B.A.	*Research Assistant (Experimental Psychology)*
Martin A. Green, M.D.	*Associate in Research (Neurophysiology)*
Abraham A. Kaplan, M.D.	*Associate in Research (Psychiatry)*
Barre Alan, M.D.	*Fellow (1957-58)*
Henry Lefkowitz, M.D.	*Fellow (1958-59)*
TECHNICAL STAFF	Mrs. Janet Bowie
	Jean Kolodny
	Hannah Mosquera
	Blanche Zaitz

experimental psychiatry

During 1958, the major emphasis of the staff of the Department of Experimental Psychiatry shifted from the evaluation of convulsive therapy to systematic investigations of newer drug therapies.

These investigations were based on the theories developed in the Department in 1957, which derived from the successful evaluation of the mode of action of convulsive therapy. Studies were conducted on measures of speech behavior developed in the Department during 1956 and 1957. In an extension of the communication studies, the language indices were applied to drug therapy.

The evaluation of convulsive therapies was continued in 1958, by comparing the effects of indoklon, an inhalant convulsant, with electroconvulsive therapy. Results indicated that while the indoklon worked, it was a poor substitute for ECT. The study was important because it illustrated graphically that the convulsion was the important factor, not the electrical stimulus.

Investigations into the relations of sociologic factors to the selection of therapies at the hospital showed that not only were the factors of age, education and birthplace significantly related to the choice of therapy, but these factors were also related to the results of therapy, the diagnosis and the duration of hospitalization.

Similar studies of the population of other primarily psychotherapeutic hospitals, and the Hillside Out-Patient Clinic were also undertaken. A grant from the Mental Health Board of Nassau County helped support and augment these studies.

The acute drug interviews were but one aspect of the continuing evaluation of the biochemistry of convulsive therapy.

Other research projects during the year consisted of perceptual studies in patients receiving psychodynamic therapies; the inter-relation of psychotherapy with physiodynamic therapy; and the inter-personal factors in therapists, as well as patients, leading to the referral for physiodynamic therapies.

Three members were added to the staff during the year, and the department received support through continuing grants of the Foundations' Fund for Research in Psychiatry, the National Institute of Mental Health, the Psychopharmacology Service Center of the National Institutes of Mental Health, the Mental Health Board of Nassau County; and from Bristol; Geigy; Smith, Kline & French; and Wyeth Laboratories.

Staff members were honored with two awards: Dr. Maximilian Fink received the first annual A. E. Bennett Psychiatric Research Award of the Society of Biologic Psychiatry for his report on the effects of anticholinergic agents on EEG and behavior; Dr. Joseph Jaffe received the Gralnick annual award for his report on the application of analysis of changes in formal aspects of speech in psychotherapy.

department of biochemistry

The Department of Biochemistry, headed by Dr. Harry Goldenberg as Director and Dr. Vivian Fishman as Senior Biochemist showed a major growth during 1958, with the assistance of three research grant awards from the National Institutes of Mental Health. The laboratory staff was increased to seven members to make possible more intensive fundamental biochemical studies as well as the initiation of several collaborative clinical projects.

The change in the hospital treatment program from shock therapy to chemotherapy introduced new problems which required laboratory assistance.

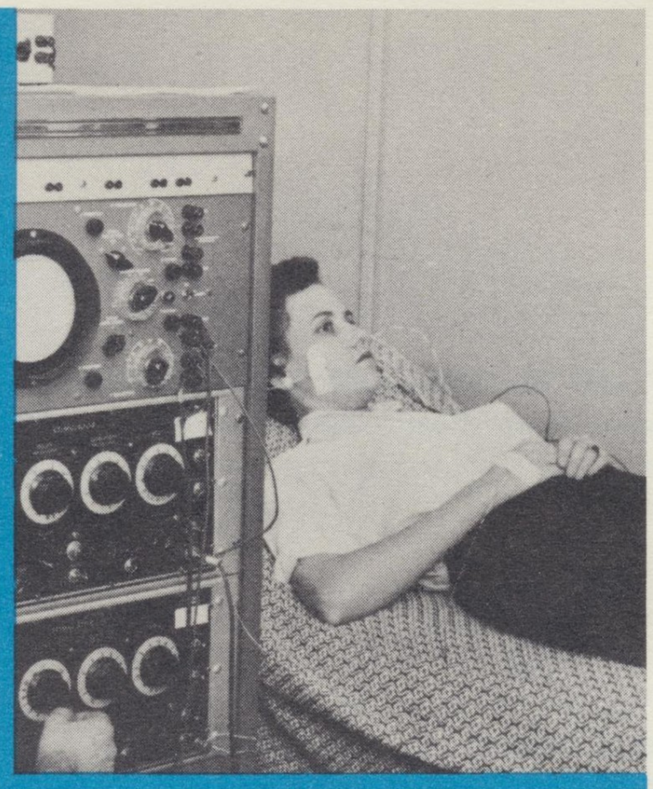
As an aid to the drug therapy program, toxicological tests were set up to detect various pharmaceutical preparations in body fluids. The laboratory was called upon periodically during the year to confirm suspected drug intoxication.

A chemical study was carried out with Dr. Arnold Blumberg, of the Department of Medicine to assess the prognostic significance of the physiological response to mecholyl. While this study was in progress, it was noted that mecholyl triggers the release of adrenaline in the urine, as well as smaller amounts of related substances. In connection with adrenaline studies it was observed that preferential excretion of adrenaline occurred in normal subjects in the laboratory following the induction of a stress reaction with the drug LSD.

Major emphasis in the laboratory continued on the premise that mental disease is accompanied by detectable chemical changes in the body. Blood and urine studies were undertaken to determine whether there is any correlation between body chemistry and the various psychiatric disorders.

Studies were also continued on enzyme systems concerned with the elimination of toxic substances from the body.







Intensive studies were also made to demonstrate metabolic defect in the liver whereby toxic substances are formed but not eliminated at a sufficient rate to maintain sanity.

At Hillside, it is felt that a balanced biochemical program, involving both chemical and other fundamental studies will best serve the present and future welfare of the hospital. Inter-departmental clinical studies help to bind the various hospital activities into one fabric; and the theoretical studies provide more lasting insight into the physical aspects of mental disease, whose corrective treatment offers a more lasting support to psychotherapy.

medical department

As new drugs are introduced into the treatment of emotional disorders, studies of the basic physiology open new vistas in the understanding of the pathology of mental disease.

During 1958, the Medical Department under the direction of Dr. Arnold C. Blumberg collaborated with the Department of Biochemistry on studies of the inter-relation of the adrenaline system and emotional disease.

All patients on drug therapies were screened and medically controlled by the Medical Department. Toxic reactions to the drugs were carefully scrutinized and a report on the hypotensive response to toxic doses of meprobamate were submitted for publication.

Alterations in liver function with the phenothiazine derivatives were also observed in cooperative studies with the Department of Biochemistry.

Hillside publications

During 1958, the Hillside Hospital Staff made numerous appearances as guest lecturers and speakers at conventions in this country and abroad.

They appeared before major national professional societies, as well as before lay groups.

In addition to national and local societies, reports on hospital programs were presented at conferences in Rome and Montreal.

Staff members reported on therapy and research in a large number of professional publications, and in the Journal of the Hillside Hospital.

FINK, M.: Lateral Gaze Nystagmus as an Index of Sedation Threshold, EEG. Clin. Neurophysiol. 10: 162-163.

FINK, M.: Effect of Diethazine on EEG and Significance for Theory of Convulsive Therapy, EEG. Clin. Neurophysiol. 10: 207-208 (Abst.).

FINK, M.: Effect of Anticholinergic Agent, Diethazine, on EEG and Behavior, A.M.A. Arch. Neurol. & Psych. 80: 380-388.

FINK, M.: Effects of Anticholinergic Agent, Diethazine, on EEG and Behavior: Significance for Theory of Convulsive Therapy. Presented at the Society of Biological Psychiatry, May, 1958 in San Francisco.

FINK, M.: Role of EEG Frequency Shift in Behavioral Effects of Drugs. Presented at Section on Neurol. & Psychiat., Queens County Medical Society, June, 1958 in New York.

FINK, M.: Effect of Anticholinergic Compounds on Post Convulsive EEG and Behavior. Presented at the American EEG Society, June, 1958 in Atlantic City.

FINK, M.: EEG and Behavioral Effects of Psychopharmacologic Agents. Presented at Collegium Internationale Neuro-Psycho Pharmacologicum, September, 1958 in Rome; and also at the Eastern Association of Electroencephalographers, December, 1958 in New York.

FINK, M., GREEN, M. A.: EEG Correlates of the Electroshock Process. Presented at the Eastern Psychiatric Research Association, February, 1958 in New York.

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FINK, M., JAFFE, J.: Drug Induced Changes in Interview Patterns. Presented at the Conference on Psychodynamic, Psychoanalytic, and Sociologic Aspects of the Neuroleptic (tranquilizing) Drugs in Psychiatry, April, 1958 in Montreal.

FINK, M., KAHN, R. L., GREEN, M. A.: Experimental Studies of Convulsive and Drug Therapies in Psychiatry: Theoretical Implications. Presented at the Neurological Society and New York Society of Clinical Psychiatry, March, 1958 in New York.

FINK, M., KAHN, R. L., POLLACK, M.: Psychological Factors Affecting Individual Differences in Behavioral Response to Convulsive Therapy. Presented at the American Psychiatric Association, May, 1958 in San Francisco.

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FINK, M., SHAW, R., GROSS, G., COLEMAN, F.C.: Comparative Study of Chlorpromazine and Insulin Coma Therapy of Psychosis, J.A.M.A. 166: 1846-1850.

GREEN, M., FINK, M.: Clinical and EEG. Effects of Megimide in Patients without Cerebral Disease, Neurology 8: 682-685.

GREEN, M. A.: Significance of Individual Variability in EEG Changes During Electroshock Therapy. Presented at the Eastern Association of Electroencephalographers, March, 1958 in Montreal.

GREEN, M. A.: Relationship between Seizure Threshold and Duration of Seizures to EEG Change During Electroshock. Presented at the Eastern Association of Electroencephalographers, December, 1958 in New York.

GOLDENBERG, H.: Chairman of Symposium on Catechol Amines. Held at the New York Academy of Sciences, October, 1958.

GOLDENBERG, H.: Biochemical Aspects of Mental Disease. Presented at the Jewish Chronic Diseases Hospital, Brooklyn, New York in February, 1958.

GOLDENBERG, H.: New Analytical Procedures Based on Dye Partition Analysis. Presented at the Long Island Jewish Hospital, New Hyde Park, New York in March, 1958.

GOLDENBERG, H., BLUMBERG, A. G., GOLDENBERG, V.: Influence of LSD and Vasotonic Drugs on Urinary Excretion Patterns. Presented at the 125th Meeting of the American Association for the Advancement of Science, Washington, D.C., December, 1958.

GOLDENBERG, H., GOLDENBERG, V.: Urinary Excretion of Aromatic Metabolites in Mental Disease. Presented at the 125th Meeting of the American Association for the Advancement of Science, Washington, D.C., December, 1958.

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KAHN, R. L., POLLACK, M.: Socio-Psychological Aspects of Diagnosis and Treatment: Theoretical Implications. Presented at the Symposium—Eastern Psychological Association, April, 1958 in Philadelphia.

KAHN, R. L., POLLACK, M.: Social Factors in Selection of Therapy in a Voluntary Mental Hospital. Presented at the American Psychiatric Association, May, 1958 in San Francisco.

KAHN, R. L., POLLACK, M.: Prognostic Application of Psychological Techniques in Convulsive Therapy. Presented at the Eastern Psychiatric Research Association, October, 1958 in New York.

KORIN, H.: Intensity of Stimulation and Perception of Simultaneous Stimuli in Cerebral Dysfunction. Presented at the Eastern Psychological Association, April, Philadelphia.

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POLLACK, M., KRIEGER, H. P.: Oculomotor and Postural Patterns in Schizophrenic Children, A.M.A. Arch. Neurol. & Psychiat. 79: 720-726.

SIEGEL, N.: Predictions of Outcome, in Youthful Offenders at Highfields, Weeks, H. Ashley, Ed. U. of Michigan Press, Ann Arbor.

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Hillside Journal

The Journal of the Hillside Hospital showed once again an increase in the number of its subscribers as an indication of its greater influence and wider acceptance in the psychiatric and related fields. In this country and throughout the world about 1200 copies are subscribed for by medical schools, training hospitals, social service agencies and many institutions in other countries, particularly Israel.

In 1958, 15 major articles by members of the Hillside staff and by other professional contributors, were published in four issues. Contributions come from various parts of the U.S. and especially the West Coast.

The Journal offers an unusual feature by reporting clinical conferences in full including the entire discussions. Now in its 7th year the Journal is still under the able leadership of Dr. Sidney Tarachow.

The Editorial Advisory Board consists of Morris B. Bender, M.D., Dudley D. Schoenfeld, M.D., and Sandor Lorand, M.D.

The Associate Editors are Renato Almansi, M.D., Abraham S. Lenzner, M.D., Samuel R. Lehrman, M.D., Joseph S. A. Miller, M.D., Aaron Stein, M.D.

Grants and Awards Received 1958

U. S. Public Health Service.....$74,460
Foundations Fund for Research
in Psychiatry 16,250



report of the administrator

MAURICE BACHRACH

The 1958 Annual Report strikes a new note which reflects the tremendous strides that are being made in the field of mental health. The hospital's operations during 1958 were effected by the profound changes which came with the introduction of the psychotropic drugs. Chemotherapy has enabled us to entirely discontinue Insulin Shock Therapy and is reducing the use of Electro Shock Treatment to a point where it may soon be eliminated. These changes produced certain changes in our expense picture, in that the cost of giving the physical therapies, which are being abandoned, is reduced. But, there are attendant increases in costs for drugs and, more importantly, a need for expansion of personnel in the adjunctive and activities therapies.

Another profound influence is introduced by the Professional Department program which our Director of Professional Services, Dr. Lewis L. Robbins, had recommended at the end of 1958. It is almost certain that the implementation of these recommendations including, as they do, a considerable increase in the number of full time Staff Psychiatrists, as well as expansion of the Social Service, Occupational Therapy, Psychological and Group Activities Staffs, will change our expense picture considerably, although they may have no impact on the 1958 experience as such.

Comparison of Costs 1957-1958

	1957	1958
Salaries	$855,848	$936,330
Food	119,350	127,142
Maintenance and Grounds	62,654	72,049
Administrative Expenses	98,952	108,693
Medical Supplies	29,811	31,997
Repairs and Replacements	49,021	48,101
Clinics	280,056	337,712
Total	$1,495,692	$1,662,024

The above table shows that the total cost for the entire Hillside Hospital complex increased by 11% during 1958. One-half of this total increase occurred in salaries which increased by 9%. This is in keeping with our experience for the past ten years, where salaries have been increasing steadily at the rate of seven to ten percent per annum due largely to the need of the Hospital to keep pace with the increasing cost of living. Very little, if any, of this increase during 1958 can be ascribed to additional staff. The largest percentage increase, 21%, was in the cost of Out-Patient Services. This reflected a combination of increased costs and continued expansion of clinical work from Out-Patient Services, but this should be contrasted with the 30% increase in the cost of Out-Patient Services during 1957. This indicates that although our Out-Patient Services are still expanding, the rate of expansion is slowing down. The other items, food, maintenance and grounds, administrative, medical supplies and repairs and replacements, increased by varying amounts, but they are all in keeping with the general picture of roughly 10% increase for all expenses.

Service Statistics

	1957	1958
Total Number of Patients	545	536
Total Patient Days	69,987	70,691
Average Income per Patient Day	$15.57	$16.58
Average cost per Patient Day	$17.37	$18.73
Average loss per Patient Day	$ 1.80	$ 2.15

The data given in the above table refer to In-Patients only.

The total number of patients treated and the number of patient days show no significant change over 1957. The average income per patient day as well as average cost per patient day increased with costs rising faster than income, so that the average loss per patient day rose from $1.80 to $2.15, an increase of 16%. The reason for this increase in the average loss per patient was that, although there was a slight increase in average income per patient day, all of this increase coming from fees paid by patients or the patient's family, the per diem rate paid by the City of New York remained the same during 1958, in spite of increased costs.

Our research programs continued to expand with a concurrent increase in cost; but these increases were almost entirely absorbed by increased support by the National Institutes of Mental Health, so that deficits arising out of research operations were held to a relatively modest figure, $35,000, which was made up by the Board of Trustees of Hillside Hospital.

Financial Support Picture

Hillside Hospital has been fortunate over the years in the support it has received from the Federation of Jewish Philanthropies. Year after year, since 1948, the Federation has carefully reviewed the Hospital's fees and supplied a grant which was always consonant with the Hospital's deficit requirements. Our gratitude to the Federation of Jewish Philanthropies is profound and we hope that we will continue to deserve the support of the Jewish Community, as it is expressed through the Federation.

We have received legacies from time to time, and as our reputation and tradition grows, these are becoming increasingly more. The following is a list of legacies received by the Society of the Hillside Hospital from 1948 to 1958. It is interesting to see that each year the number and amounts of these legacies is growing. We hope that a larger and larger number of persons who desire to benefit humanity and especially to bring about some amelioration of the suffering of the mentally ill, will find it possible to name Hillside Hospital as a beneficiary in their Wills.

	Amount	Year
Simon Lefcort	$ 2,000	1948
Leonora Solinger Baum	23,317 (A)	1949-1958
Florence Tim	1,000	1949
Rose Simon	456	1949
Max Richter	5,000	1950
Solomon Rothfeld	10,000	1950
Harry T. Epstein	8,835	1952
Beatrice S. Bowman	250	1953
Aaron C. Horn	3,000	1953
Flora Haas	60,000 (B)	
Dora Monness Shapiro	250	1954
Robert L. Leeds	2,500	1955
Charles Benoff	380	1956
Max Einhorn	77,155	1956
Julius Grossman	897	1957
Hermenia Goodman	2,000	1957
Christine King	1,058	1958
Wilhelm Levinger	37,950	1958
Joseph Meyers	2,500 (C)	1958

Notes: (A) Approximately $2,300 per year in perpetuity
(B) Restricted for care of Adolescent Girls
(C) Restricted for Medical Library

During 1958, the following persons other than Trustees made gifts to the Hospital as noted below:

	Amount
Bernard M. Baruch, Jr.	$ 500.00
Bristol Laboratories	2,500.00
Grand Street Boys Foundation	675.00
Jack Bleibtreu	185.00
Wyeth Laboratories	1,500.00
Lightolier	1,000.00
Susan Greenwall Foundation	200.00
Smith, Kline & French Laboratories	2,500.00
Gustave Levy	100.00
Edward Goldberger	500.00
Alfred Hazan	100.00
J. A. Samuels	100.00
Gaisman Foundation	100.00
Laurence Alexander	150.00
William J. Hammerslaugh	500.00
Henry Homes	1,000.00
I.M.M. Charities	500.00
Carol B. Loeb Foundation	1,000.00
Blanche Ittleson	100.00
Blanche Freeman	100.00
Sylvia Krohn	100.00
Arabel Foundation	1,000.00
Eugene Blum	4,000.00
Edward L. Fabian	5,000.00
Geigy Chemical Corp	5,000.00
Lawrence Mark	100.00
Louis Neiweg	1,049.00
Samuel Silverman	200.00

Our gratitude to these benefactors is of course profound. It is our hope that as our work becomes known to a larger and larger circle of interested individuals, they will send us gifts for the support of our work.



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††—deceased 1959

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Staff Optometrist
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**—Resigned in 1958*

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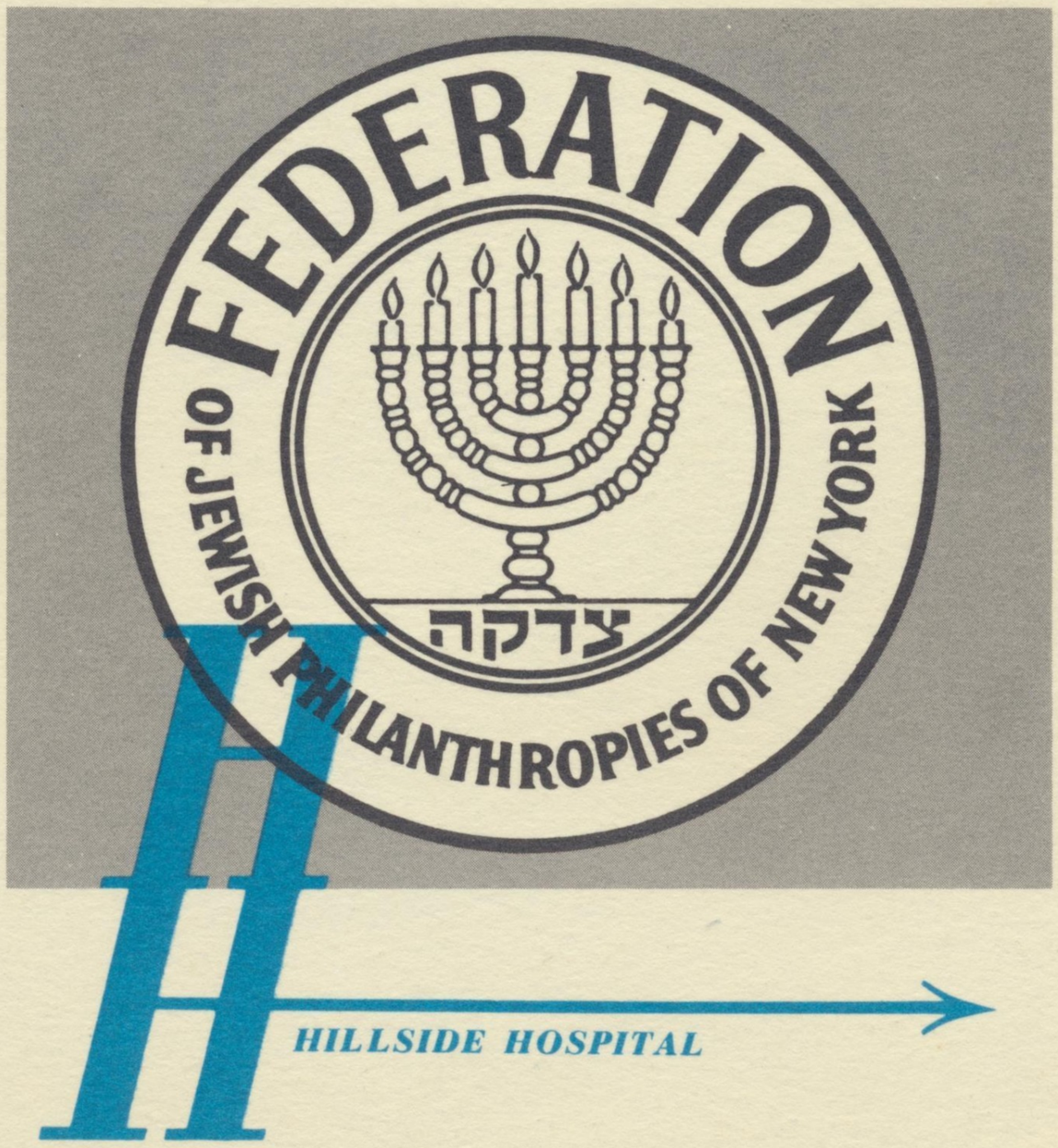
**—Resigned in 1958*

Bequests & Legacies to Hillside Hospital—
While no precise form is essential for making a valid bequest to Hillside Hospital, the following may be used: I give to the Society of the Hillside Hospital, for the use of Hillside Hospital, the sum of

$_____.

(If land or any specific property, such as bonds, stocks, etcetera, is given, a brief description of the property should be inserted instead of the phrase "the sum of

$_____.")


FEDERATION
OF JEWISH PHILANTHROPIES OF NEW YORK
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HILLSIDE HOSPITAL



HILLSIDE HOSPITAL

a report of PROGRESS 1960/'61

"Professional services, education and research move together in medicine insofar as they center on or relate to patients. Indeed, it is impossible to separate the patients who must be cared for from the persons who must be trained to care for them, and it is impossible to separate either patients or professional personnel from the search for new knowledge of vital concern to both."

Report of the Joint Commission
on Mental Illness and Health, 1961.

JANUARY 1, 1960—JUNE 30, 1961

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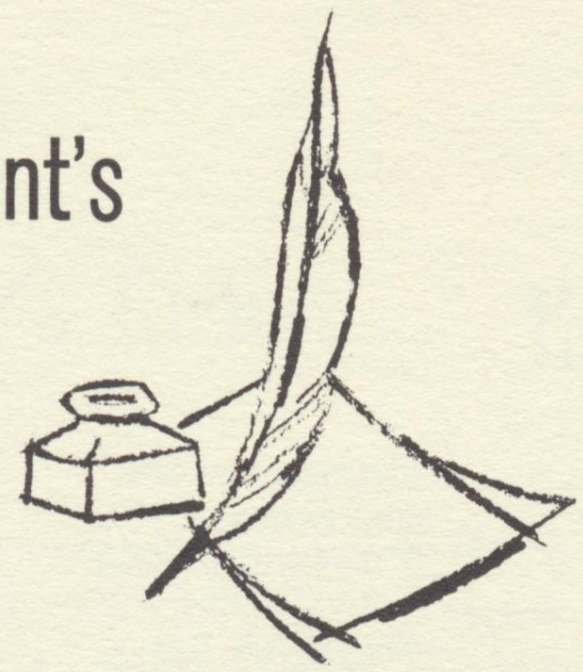
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President's Report



Hillside Hospital was founded in 1927 by Dr. Israel Strauss and his colleagues of the Committee of Jews for Mental Health, whose objective was to provide good psychiatric care to those who could not afford to pay for the service. Today's Hillside Hospital is one of the few voluntary, non-profit psychiatric hospitals in the United States. In 1958, the Board of Trustees determined to establish new goals for their hospital.

Our physical size and personnel resources anticipated recent recommendations of the Joint Commission on Mental Illness. We endorse these recommendations and wish to participate in the solution of this major health problem by continuing our treatment program, by seeking an improved quality of patient care, and by providing outstanding professional training for doctors, nurses, social workers and other professionals. To accomplish these goals and to broaden the treatment program as a basis for fundamental research in mental illness, Dr. Lewis L. Robbins assumed the responsibilities of Medical Director.

Dedicated lay members of the Board of Trustees together with the staff and the distinguished physicians who served on the Medical Board, have been continually reviewing the ever-changing approach to the treatment of mental illness and evaluating new concepts of care. The character of Hillside Hospital as a pilot institution seeking to broaden the frontiers of understanding mental illness is now well integrated.

The years 1960 and 1961 saw the planning of a new building program designed to provide the physical facilities for current concepts of treatment, professional development and research. An activities therapy building is needed to house the manifold creative, occupational, athletic and social activities which we know are so vital in the treatment of our patients. Equally important, offices, conference rooms and working areas must be created for the broader research program which will include, in addition to biochemical research and experimental psychiatry, a comprehensive effort in dynamic psychiatry. Adequate residence facilities are necessary to house our staff members. Funds toward the cost of these physical improvements are substantially in prospect and it is entirely possible to contemplate that construction can begin during 1962.

In this progress report of today's Hillside, I take great pleasure in the accomplishment of the first and major phase of progress toward the long range goals we have set. The efforts, wisdom and material support of the trustees of the Society and the Federation of Jewish Philanthropies, and the informed and dynamic leadership which Dr. Robbins provides, instills great confidence that the image of tomorrow's Hillside will shine even brighter than today's.

D. HERBERT BESKIND
President, Society of
the Hillside Hospital

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Medical Director's Report

When one considers that there are hundreds of thousands of patients in public and private hospitals in the United States, one is forced to the conclusion that this represents a tremendous waste of human lives and community resources.

The majority of these patients are in large public hospitals which have been viewed by the Joint Commission on Mental Illness as too large to provide the necessary individualization of treatment and the therapeutic relationships which are so important. Hillside Hospital with its 375 admissions and discharges per year does provide the type of treatment needed, but the service we can give is but a mere drop of water in the vast ocean of human misery. It would take us forty-five years to treat as many patients as are currently in just one of the nearby public institutions. The solution to the problem of mental illness does not lie in the expanding of treatment facilities as much as it does in finding better answers to the causes and treatment of emotional disorders, and in passing on our knowledge to all those who are needed to treat the mentally ill.

In accordance with these principles, Hillside Hospital has chosen to make research and training its primary goals. As always, it continues to be a pilot institution providing the best psychiatric treatment that is currently available, and is constantly trying to develop new knowledge and to share what we learn with others.

The development of research and education are never any better than the clinical programs on which they are based. Conversely clinical programs which do not include educational and research activities become sterile.

During these past three years, our emphasis has been on further improving our clinical services and concomitantly expanding the psychiatric residency training program.

Although there has been much progress in the several on-going research programs, the improvements in our clinical and educational activities should provide opportunities for considerable new effort in this important area.

This report treats of our progress in connection with the restated goals of our hospital. The problems in finding solutions to the questions of mental illness are enormous, but we are taking steps towards assisting in the finding of needed answers. The work, the effort, support and dedication of our trustees and staff augur well for the future.

LEWIS L. ROBBINS, M.D.
Medical Director



Progress Toward Our Stated Goals

Goals are quoted from the survey and report made by Dr. Robbins in late 1958.

TREATMENT and TRAINING

"The psychiatric hospital should be thought of primarily in terms of its staff and of the facilities for occupational therapy, recreational therapy, educational therapy, group living experiences and the like; as a total community in which the bed is used only to sleep in at night. A psychiatric hospital should be a therapeutic community in which every aspect of the patient's stay is designed to meet his therapeutic needs. To insure the best possible results includes not only the prescription of the specific treatment procedures mentioned ...and the type of therapy best suited to meet the needs . . . but also the 'emotional atmosphere' in which they are to be carried out."

- Patient care has been much more individualized.
- Our treatment staff has been reorganized and treatment teams established. Led by a full time senior staff psychiatrist the team is composed of staff psychiatrists, psychiatric residents, social caseworkers, group workers, psychologists, nurses, and activities therapists.
- In order to stabilize patients in relation to staff, patients now remain on the same living unit, rather than move from closed to open units as was previously the practice.
- An open hospital has been established. Doors are rarely locked.
- The therapeutic activities now constitute the major part of the patients' program.
- The treatment program has been approved by the Joint Commission on Hospital Accreditation.
- A children's outpatient clinic has been opened.

"The patients admitted to Hillside Hospital fall into the groups of those patients with severe psychoneuroses, early or incipient psychoses, and rather severe character disorders. Such patients require the optimum of psychiatric talent for help and one should be able to bring to bear in their treatment the best skills that are available. Even the most experienced psychiatrists need to have the participating skill of an adequate staff both qualitatively and quantitatively in all the areas of psychology, psychiatric social work, psychiatric nursing and the adjunctive therapies."

- An Activities Therapy department has been established.
- The Occupational Therapy staff has been increased.
- The Recreational Therapy staff has been increased.
- A patient work program has been initiated.
- Occupational therapy activities are related to work and to treatment rather than just to arts and crafts training.
- A pilot vocational rehabilitation program has been established with Altro Workshops.
- A program in which volunteers plan and lead patient activities has been established.

"One fact which seems to work against the success of the admission policy is the accumulation of a waiting list for admission."

- The patient waiting list has been eliminated.
- The admission screening process has been improved.

"The main shortage in psychiatry today is knowledge...One of the major responsibilities of every psychiatric facility is not only to provide the best possible service to patients, but also to train personnel. Psychiatry like all other branches of medicine, is best learned by intimate contact with patients and with one's teachers, rather than in the classroom. Thus, the clinical staff is simultaneously a faculty working in close day to day personal contact with the students The resident...can only meet the clinical needs of the patients in his care if he is given adequate supervision by more experienced teachers. The resident psychiatrist is a very busy person having on an average twelve patients at a time and admitting a new patient approximately every ten days. It is not possible to add some very necessary experiences (such as outpatient psychotherapy) to the residency program because of their already very heavy schedules. It would be desirable to increase the number of residents, not only to provide training for more doctors, but also to decrease the caseload for each resident. There has long been a desire to develop a full three year residency training program at Hillside Hospital. Experience again has demonstrated that it is better for residents to obtain all of their psychiatric training in one place rather than to move from place to





place. This provides them with a more integrated three year educational experience. Specialized experience in certain areas, such as psychosomatic medicine, geriatrics and neurology can be developed through liaison with other nearby institutions. It is, therefore, recommended that the excellent facilites of Hillside Hospital and its actual as well as potential relationships with other institutions be used primarily for the advancement of psychiatric knowledge.

- The full time psychiatric staff has been greatly enlarged.
- The number of psychiatric residents has been increased.
- The number of patients per doctor, and the number of residents per supervisor has been reduced.
- The quality of supervision has improved.
- Residency training in psychiatry has been approved by the American Medical Association for three years.
- Applicants for psychiatric residency training has increased qualitatively and quantitatively.
- The number of grants from the United States Public Health Service for training has been increased.
- Clinical training has been extended into the Adult and Children's Out-Patient clinics.
- Formal classroom training has been improved and increased.
- Educational function of voluntary non-paid attending staff increased.
- Training affiliations for psychiatric residents established with Creedmoor, Long Island Jewish Hospital, Montefiore Hospital and Meadowbrook Hospital.
- Graduate and undergraduate training in psychiatric nursing in affiliation with Queens College and Adelphi College.
- Inservice training program for nursing personnel established.
- Graduate training in Psychiatric Social Work and Group Work in affiliation with Adelphi College, Columbia University, Yeshiva and New York University.

RESEARCH

"Although millions and millions of dollars have been spent in development of all kinds of psychiatric facilities, only a small amount of money has been spent in the important area of psychiatric research . . . Far greater sums of money are being spent for research and other illnesses which have a much smaller incidence than do psychiatric disorders . . . Research is developed in most hopitals, as a derivative of the clinical and educational activities in the institution . . . investigations which must go forward on many fronts simultaneously; physiological, psychological and social. Because man is a biological, psychological and social being, the ultimate answers in respect to psychiatric illness will not be found in any one area alone even though from time to time one may seem more promising than the others. Therefore, it is also encumbent upon every psychiatric institution not only to treat patients as well as our present knowledge permits and to educate psychiatric personnel, but also to continue to investigate the nature of psychiatric illnesses in order to eliminate many gaps in our knowledge."

- The research programs in experimental psychiatry, biochemistry and medicine have been in existence for many years under the re-

spective leadership of Dr. Max Fink, Dr. Harry Goldenberg and Dr. Arnold Blumberg. These programs have continued to produce valuable achievements, some of which are reported below. It is hoped that the next few years will see even greater emphasis on the research aspects of the goals for Hillside Hospital.

- Eight percent of the total Hillside Hospital budget is currently devoted to research.
- National recognition of the research work done at Hillside Hospital. Dr. Donald Klein was appointed as a United States Public Health Service career investigator. Dr. Max Fink was appointed to the committee on Clinical Psychopharmacology of the National Institutes of Mental Health, who sponsor a national program for the screening of new drugs in the treatment of mental illness, joining Dr. Lewis L. Robbins, who has continued as Consultant to the Review Committee in Mental Health Research; and the sponsorship of the first International Conference on the EEG and Human Psychopharmocology, at the World Congress of Psychiatry, Montreal, June 1961 by the Department of Experimental Psychiatry.

Dr. Harry Goldenberg, was honored by appointment as Chairman of the Van Slyke Awards Committee, Chairman of the divisional meeting of the American Association for the Advancement of Science, and panel member of the Eastern Analytical Symposium. Dr. Vivian Fishman's drug research studies were recognized by the National Institutes of Health with an invitation to present her findings before the Psychopharmacology Round Table in Atlantic City.

EXPERIMENTAL PSYCHIATRY

- Dr. Fink and his staff completed their survey of forty psychotropic compounds and showed the electroencephalogram (EEG) to be the best available measure of psychotropic drug activity.
- Typologies of patient response to two major psychotropic compounds—chlorpromazine and imipramine were defined. This work enables psychiatrists to determine the best drug for each patient.

BIOCHEMISTRY

- Dr. Goldenberg and his staff investigated the chemical changes which occur in chlorpromazine due to glandular activity. Animal trials led to the discovery that two products ("metabolites") derived from chlorpromazine may be equivalent or superior to the parent drug.
- Other animal studies were carried out in the laboratory dealing with the stress phenomenon; these experiments have led to observations that may be significant to the solution of the problems of senile psychosis and atherosclerosis.

MEDICAL RESEARCH

- Dr. Blumberg in his program of medical research has developed a firm basis for the mecholyl test. He has demonstrated the stability and the reliability of this test in chemical use. It is now used as an effective medical screening device to determine the patients receptivity to somatic psychiatric treatment.

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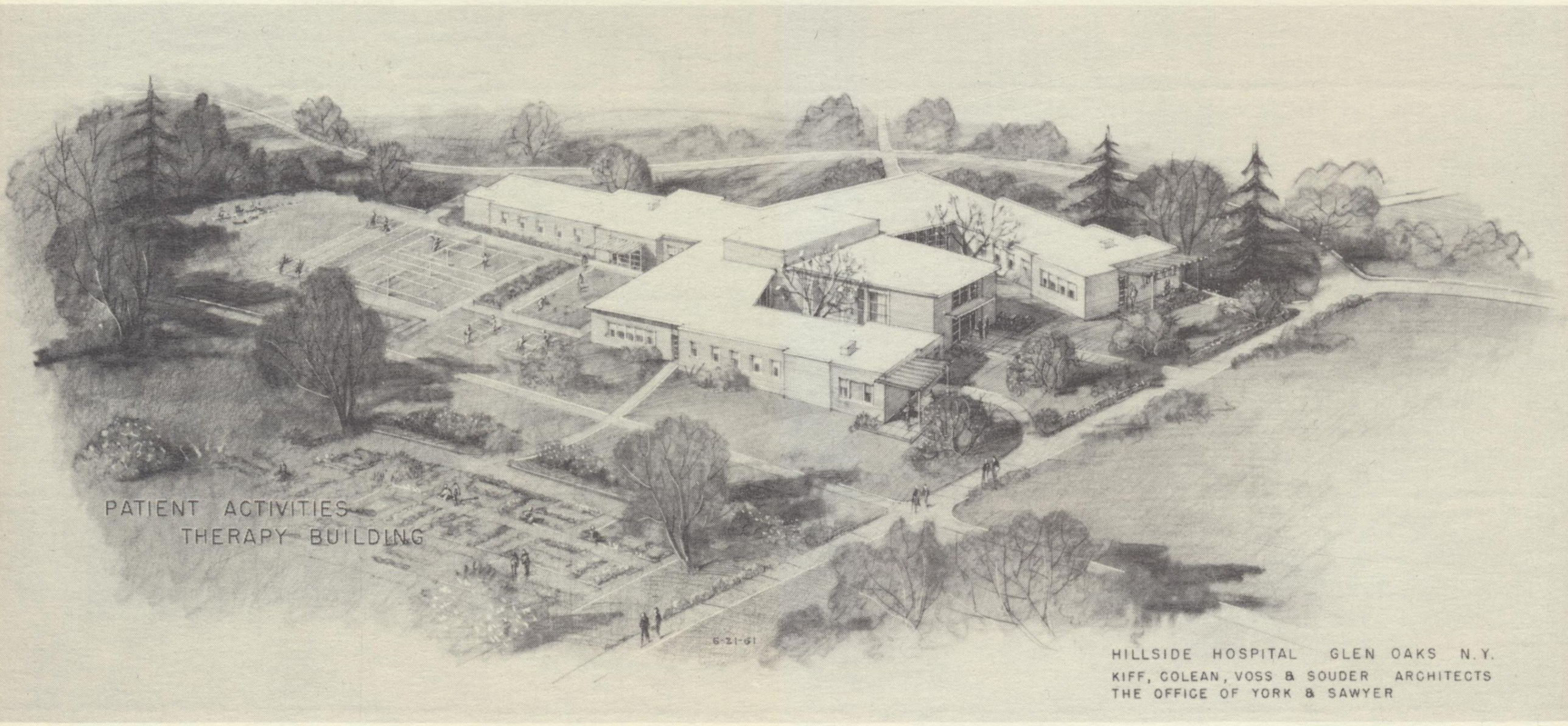


Administration and Finance

"The extent of future development of Hillside Hospital will depend upon the readiness of the community to support its program. At this point it is not possible to project our budget for five or ten years in the future, but it is possible to choose a course of development and to have some general awareness of the fact that expansion of Hillside's program . . . could easily double . . . the current budget. In addition to the staff augmentation, there will, of course, have to be a concomitant increase in housekeeping, administrative personnel and it is evident already that additional facilities, not only for staff but also for patients, are required. The current dining facilities are already overtaxed and the areas for occupational, educational and recreational activities are much too limited and inadequate. Consideration must be given, therefore, to construction not only of a research building, but also more adequate facilities for patient activities, staff meeting rooms, library and dining rooms."

The charts graphically illustrate the financial operation of our hospital during the fiscal year ended June 30, 1961. Sizable deficits were incurred in our in-patient and out-patient services because of the increase in the quality of patient care. As we continue to make progress and as we continue to improve wages and salaries, we believe that these deficits will increase if we are to continue to meet our stated objectives. Without the financial assistance of the Federation of Jewish Philanthropies and our Board of Trustees, the progress of which this report treats, would have been impossible.

The professional development program has required corresponding expansion and improvement of administrative services. Housekeeping and Maintenance services have been enhanced through the application of industrial management techniques.



Work measurement, preventative maintenance, a planned painting program and modern equipment have been emphasized. These programs have resulted in significant improvements in hospital appearance and services so important to the *"therapeutic community."*

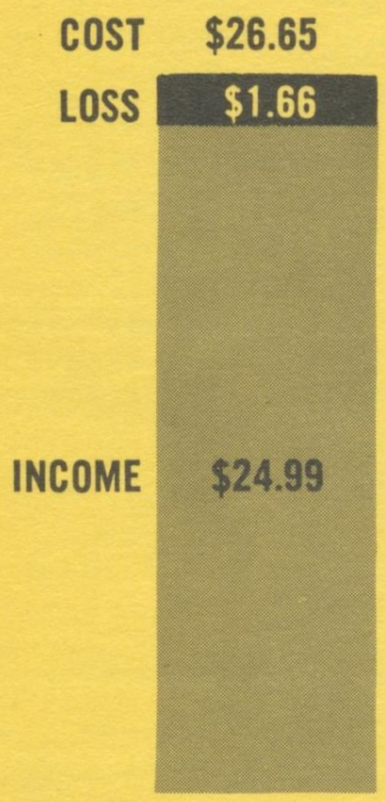
To provide the base for effective organization to achieve stated goals of our hospital, an intensive personnel management program has been planned and implemented. Personnel policies have been developed, consolidated, and published, job analyses have been performed, a job grading program has been established, a merit evaluation program has been implemented, and salary scales were increased for professional and service staff. The results of these efforts have been an increasingly stable and efficient employee group of high morale.

Our most immediate need is for the space which will express the professional development program in physical terms. Psychiatrists' office space is inadequate, teaching facilities including our Medical Library are limited, Activities Therapies areas are widely dispersed and insufficient, and Research space does not meet current needs. To meet our space needs, we have developed a master plan for future construction. Our plans provide for construction of an Activities Therapies building, additional research facilities, and a staff housing project. Following construction of these buildings, we will reconstruct presently existing facilities so that they too, may meet present and future space needs.

MAURICE BACHRACH
Administrator

SERVICE COSTS

In-Patient Service*

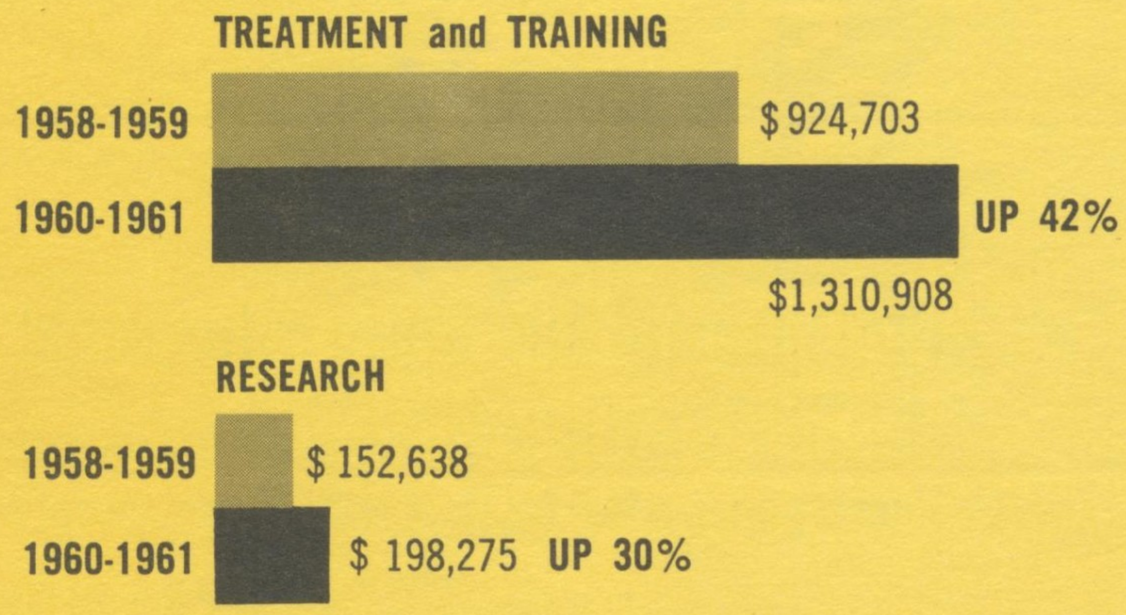


*Average per patient-day

SERVICE STATISTICS

In-Patient days	69,947
Number of in-patients treated	539
Number of out-patients treated	659
Number of out visits	14,674

INCREASE IN EXPENDITURES



TOTALS **1958-1959** $ 1,806,936 **1960-1961** $ 2,414,046

*Includes Administration, Accounting, Food Service, Housekeeping, Maintenance, Office Services and Medical Records.

Attending Psychiatric Staff

ATTENDING PSYCHIATRISTS
Samuel Atkin, M.D.*
Frank Berchenko, M.D.
Isidor Bernstein, M.D.
Arnold Eisendorfer, M.D.*
M. David Epstein, M.D.*
Margaret E. Fries, M.D.*†
I. Peter Glauber, M.D.*
George S. Goldman, M.D.*†
Paul Goolker, M.D.*
Sidney L. Green, M.D.*
William Karliner, M.D.*
Sylvan Keiser, M.D.
Sarah R. Kelman, M.D.*
Emanuel Klein, M.D.
Simon Kwalwasser, M.D.
Samuel R. Lehrman, M.D.*
Abraham S. Lenzner, M.D.
Joseph S. A. Miller, M.D.*
Martin H. Orens, M.D.‡
Samuel Z. Orgel, M.D.*
Hyman L. Rachlin, M.D.*
Lawrence J. Roose, M.D.*
Robert A. Savitt, M.D.*
Martin Schreiber, M.D.*
Isidor Silbermann, M.D.*
Otto Sperling, M.D.†
Aaron Stein, M.D.*
Sidney Tarachow, M.D.*

ASSOCIATE ATTENDING PSYCHIATRISTS
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Alexander J. Friedman, M.D.
Soll Goodman, M.D.
Abraham I. Kaplan, M.D.
Louis Kaywin, M.D.
Bruce Kendall, M.D.
Geraldine Pederson-Krag, M.D.
William W. Pike, M.D.
Jay Stanton, M.D.

ADJUNCT ATTENDING PHYCHIATRISTS
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Herman S. Alpert, M.D.
Alvin B. Balaban, M.D.
Irving L. Bauer, M.D.
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Julius Belinkoff, M.D.
Milton M. Berger, M.D.
Lionel H. Blackman, M.D.
Rita M. Chalef, M.D.
Isadore H. Cohn, M.D.
Irving J. Crain, M.D.
Joseph H. Feldman, M.D.
Jules Glenn, M.D.
Albert E. Goldberg, M.D.
Michael Gould, M.D.
Lebert Harris, M.D.
Albert Harrison, M.D.
Thomas Hora, M.D.
Martin Hurvitz, M.D.
Wilbur Jarvis, M.D.
Eugene H. Kaplan, M.D.
Paul Kay, M.D.
George R. Krupp, M.D.
Peter Laderman, M.D.
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Helene Papanek, M.D.
Henry Rosner, M.D.
Irving Salan, M.D.
Fred U. Tate, M.D.
B. Frank Vogel, M.D.
Leonard Weinroth, M.D.
Herbert Wieder, M.D.

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MEDICINE
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George Sabrin, M.D.
Louis Rosenblum, M.D.
Jerome Weinstein, M.D.
Wilbur B. Brett, M.D.
Arnold L. Berger, M.D.

DERMATOLOGY
Joel Schweig, M.D.
Norman Goldfarb, M.D.
Eugene L. Bodian, M.D.

NEUROLOGY
Kurt Adler, M.D.
Joseph Siris, M.D.
Martin Green, M.D.

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Stephen Deckoff, M.D.

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Albert Sutton, M.D.

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Julius Schneiderman, M.D.

PROCTOLOGY
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Robert Jampel, M.D.

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Samuel Henken, M.D.

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Bernard Greenblat, M.D.
Jack Cohen, M.D.

RADIOLOGY
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Paul Steinhorn, M.D.

PODIATRY
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Bernard Lebow, D.D.S.
Adjunct Dentists
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Carl Blacharsh, D.D.S.
Herbert Forman, D.D.S.
Elsa Friedman, D.D.S.
Henry Lewis, D.D.S.
Martin Protell, D.D.S.

OPTOMETRY SERVICE
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We wish to express our appreciation to the following professional and non-professional employees, who helped make our progress possible.

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Felix Steiner, Ph.D.
Leonette Vanderhost
Florence Volkman

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Audre Heaton
Michael Rabinowitz
Daniel White

**Formerly Member of the Medical Board* *†Resigned* *‡Deceased*

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Hanna Mosquera
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Ida Pulliam
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Henrietta Strachan
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Martha Welch
Hazel White
Leona Willett
Lawrence Williams
Anna Wolfberg
Leon Wolfberg
Clarence Young
Edgar Zephyrine

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HILLSIDE HOSPITAL

...is licensed by
the New York State Department of Mental Hygiene.

...is approved for resident training by
Council on Medical Education, American Medical Association.
American Board of Psychiatry and Neurology.

...is accredited by
American Psychiatric Association.
Joint Commission on Accreditation of Hospitals.

...is a member of
American Hospital Association.
Hospital Association of New York State.
Greater New York Hospital Association.
Greater New York Fund.
United Hospital Fund.
Welfare and Health Council of New York City.
National Conference of Jewish Communal Services.

...cooperates with
Adelphi College.
Altro Workshops.
Federation Employment and Guidance Service.
Jewish Community Service of Long Island.
Jewish Family Service of New York.
Long Island Jewish Hospital.
New York City Board of Education.
New York State Employment Service.
New York State Department of Vocational Rehabilitation.
Queens College of the City of New York.
The Educational Alliance

...is a participating hospital
in Master Plan for Hospitals and Related Facilities
for The Hospital Council of Greater New York.

Hillside Hospital is a constituent agency of the Federation of Jewish Philanthropies of New York

BEQUESTS AND LEGACIES TO HILLSIDE HOSPITAL

■ While no precise form is essential for making a valid bequest to Hillside Hospital, the following may be used: I give to the Society of the Hillside Hospital, the sum of $_____

■ If land or any specific property, such as bonds, stocks, etcetera, is given, a brief description of the property should be inserted instead of the phrase "the sum of $_____."

for
psychiatric treatment,
training
and
research

HILLSIDE HOSPITAL / *75-59 263rd Street, Glen Oaks, New York* / *Fieldstone 3-7800*

January 19, 1962

Dear Fellow Employee:

Attached to this letter is a copy of the Hillside Hospital's Progress Report for the fiscal year 1960/61. As you and your family read this Report, you will be reminded of the progress that we have made toward the establishment of Hillside as a leading hospital for psychiatric treatment, training and research.

The progress, of which this Report speaks, would not have been possible without the dedication, loyalty and effort which you and your fellow employees have shown during the last few years. For this, we would like to extend our thanks.

Cordially,

Lewis L. Robbins, M.D.
Lewis L. Robbins, M. D.
Medical Director

Maurice Bachrach
Maurice Bachrach
Administrator

LLR/MB/SD/mb

FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK

1958 **1959** 1960

32nd Annual Report
HILLSIDE HOSPITAL
Glen Oaks, Queens, N.Y.

Hillside Hospital is a nonprofit, nonsectarian mental hospital for the treatment of voluntary patients, suffering from early and curable mental symptoms and admitted regardless of ability to pay. The Hospital is a pilot institution, pioneering in and advancing the scientific frontiers of the human and efficacious application of psychiatry to the mentally ill. Hillside provides organized training for physicians in postgraduate psychiatry and psychotherapy. Major emphasis is placed on advanced research in all phases of treatment.



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1958 **1959** 1960

32nd Annual Report
HILLSIDE HOSPITAL
Glen Oaks, Queens, N.Y.

REPORT OF THE PRESIDENT OF THE HOSPITAL

Alvin E. Coleman

This is my fifth and last annual report as President of the Board of Trustees of Hillside Hospital, and I am happy indeed to be able to state that during this last year of my service, Dr. Lewis L. Robbins has become Medical Director of the Hospital. His broad gauged plans have been submitted to our Board, and accepted for the future development and general planning of the treatment, teaching and research programs of the Hospital.

There have been many changes here at Hillside since the death of our founder, Dr. Israel Strauss in 1955, and my election as the second president. I am confident that the original ambitions of our founder to improve treatment, to instruct as many as we can, and above all to attempt to really learn the "why" and "what" of mental illness have been furthered. I believe that my able successor, D. Herbert Beskind, will follow these same general pathways.

During this past year, among other interesting incidents, may be mentioned the adoption by Hillside of the personnel policy of the Greater New York Hospital Association, the conversion of our insulin recovery dormitory into offices and conference rooms for research, and the raising of the basic rate of compensation by New York City from $16.00 to $20.00 per day. Costs continue their unbroken upward course, and the day of the "low-cost" hospital seems doomed. Adequate service combined with low cost appears to be a paradox.

The need for additional buildings is, of course, generally present with most progressive hospitals, and we are no exception. During this year it has become apparent that we simply must have an Activities Therapy Building, since we just do not have enough room for our patients in the present quarters; and a specialized research building is really necessary since research is so obviously demanded to improve treatment results. Both of these buildings will, hopefully, begin construction in 1960. We have been granted $125,000 from the estate of our former Trustee, Edwin Elson, for the Activities Therapy Building; and we have been able to match this amount with a grant of $150,000 from the United States Public Health Service, for a research building. An incidental, but most important effect of the construction of these buildings will be to create space which may be used for critically needed living-in quarters for our personnel. Such quarters will improve the well-being of our staff, something which has always been of great importance to us.

Dr. Joseph S. A. Miller, our former Medical Director, resigned during 1959 with plans to enter private practice; he continues, fortunately, to serve the hospital as a consultant and teacher. We all wish him every success in the years to come.

In closing this, my last report, I wish to refer to two principles affecting community activities which to me seem important. One that has guided me in my own decisions, is that it is important to rotate top board officers. Such action not only affords opportunity to more individuals to serve, more variety in ideas, but probably, more efficiency, on the basis of the old adage that "a new broom sweeps clean"!

The second principle is possibly more important since it refers to the motivation of why "we seek to serve." Laymen who donate their time and thought to community affairs do so, of course, to be of service to those less fortunate than themselves. However, an important additional motive is the gain of ego gratification from having a controlling part in decisions vital to their institution. Such emotions bring satisfaction to us, and are no doubt an important part of the broader life. It is this drive which makes the boards of organizations so effective, and I believe that the autonomy of each board of each organization is absolutely essential to maintain this effectiveness. It seems to me that any serious interference with this autonomy would greatly weaken organizational actions, would make board memberships a mere fiction, and would soon cause board members to lose interest and drop active participation in institutional activities. This would be calamitous.

It is with mixed emotions that I pass along the gavel of leadership. Mine is not only a sense of great satisfaction and pride in having been able to serve such an outstanding institution, but also is a feeling of humility at the vastness of the horizon and the smallness of the job accomplished thus far. May I express my deep appreciation and friendship to the professionals of the hopsital, and to the members of the Board of Trustees who have worked with me and so greatly helped me, and with whom it has been a privilege and a pleasure to serve.

OFFICERS*

President
Alvin E. Coleman

Chairman of the Board
Roy Foster

Honorary Chairman of the Board
Leon Lowenstein

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D. Herbert Beskind
George W. Galinger

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Manuel Lee Robbins

Assistant Secretaries
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M. Victor Leventritt

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Arnold S. Askin

Assistant Treasurer
Arthur Garson

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Jonas Adler
Alfred Appel
Arnold S. Askin
John M. Bendheim
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Roy Foster
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M. Victor Leventritt
Leon Lowenstein
Charles H. Meyer
Manuel Lee Robbins
S. H. Scheuer
Dudley D. Shoenfeld M.D.
Morton S. Wolf
Walter D. Yankauer

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D. Herbert Beskind

Finance Committee
Arnold S. Askin

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Walter Yankauer

Committee On Administrative Savings
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Building Committee
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George W. Galinger,

**As of November 15, 1959*

SOCIETY OF THE HILLSIDE HOSPITAL BOARD OF TRUSTEES

REPORT OF THE MEDICAL DIRECTOR

Lewis L. Robbins, M.D.

The function of an annual report is to look backward briefly in order to assess how well one is looking ahead. Much that took place during this past year indicates that Hillside Hospital has been making steady progress toward achieving the best clinical program that current knowledge permits in order to provide a base for achieving its research and training goals.

During the year, the staff was reorganized into sections consisting of members of each of the professional disciplines: phychiatry, psychology, social work, activities therapies, and psychiatric nursing—and each section was given responsibility for all the patients living in a particular ward and/or cottage. The patients are no longer being transferred from one living area to another; they now remain in contact with the same personnel throughout the length of their hospital stay. This plan permits the members of the staff assigned to each section to integrate and co-ordinate their efforts much more effectively, thus further facilitating our goal of individualizing treatment.

Through administrative changes in our intake procedures, we have eliminated our long waiting list, making it possible for many patients to enter the hospital within twenty-four to forty-eight hours. All patients who are approved are admitted within two weeks.

At the end of the year, Hillside Hospital was officially approved by the Central Inspection Board of the American Psychiatric Association and by the Joint Commission on Accreditation of Hospitals. These organizations regularly inspect psychiatric hospitals to insure the maintenance of high levels of patient care. The detailed report of their inspection indicated that, on all counts, our treatment program, staff and physical plant met their higher standards.

In April of this year the Children's Out-Patient Clinic was opened and is now in full operation. In addition to providing treatment for disturbed children and their parents, this clinic offers supervised experience in child psychiatry for psychiatrists practicing in the community, as well as for physicians in our residency training program. This additional clinical activity will also serve as an important part of future research.

Hillside Hospital has long accepted its responsibilities for training psychiatric personnel. In July, we increased the number of psychiatric residents in training from eighteen to twenty-five and have developed an educational program to teach residents in each of the three years of residency. In addition, training beyond the residency level is being added for psychiatrists in the hospital as well as in our out-patient clinics. During 1959, the Nursing Department instructed students from several hospitals and nursing schools. The Psychology Department provided instruction in Vocational Counseling; Occupational Therapy had students from Columbia University; the Department of Social Services maintained its training programs with the New York School of Social Work and with Adelphi College. The Department of Experimental Psychiatry has been providing research training in connection with the psychiatric residency. All these and other departments have been most active in many aspects of training, further details of which follow.

Above all, the staff of Hillside Hospital has continued its interest in advancing our knowledge through research. A list of numerous presentations and publications indicating research being done at Hillside is included in this report. It should be noted that it is our determined philosophy to carry out investigations in all these three areas; psychology, biology and sociology and to share our findings with others in the hope that much-needed advances in our field can be achieved. It is also gratifying to find our judgments about the value of our research activities and the competence of our research staff confirmed by several foundations and other agencies. Among those which have generously supported our research programs are the Nassau County Community Mental Health Board and the National Institutes of Mental Health.

Numerous other developments have taken place during the past year. We have altered our former insulin unit to provide class rooms, conference rooms, a one-way viewing room, and offices. We have inaugurated a careful study of all of our physical facilities in order to meet our developing needs. Our volunteer program has been considerably augmented and staff has been added in several departments to further benefit our patients. Co-operative programs with Long Island Jewish Hospital have added to both our treatment and training programs and give promise of valuable further collaborative activity.

All that has been accomplished during the past year has been based on the fine work of many people over many years. Outstanding have been the contributions of Dr. Joseph S. A. Miller, who after many years of distinguished service, retired in August from the position of Medical Director. To him, and to all the staff, past and present, the writer is indebted for providing such a solid base on which to build our future. Also, to the Medical Board and to the leadership of its President, Dr. Robert A. Savitt; and to the Board of Trustees which, under the leadership of its President, Alvin E. Coleman, has given advice and support—the writer is gratefully indebted.

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Edith Zierer, Ass't Director

Experimental Psychiatry
Maximillian Fink, M.D., Director

Internal Medicine
Arnold Blumberg, M.D., Director

Israel Strauss Pavilion for Adolescent Girls
Alice Slater Stahl, M.D., Director

Laboratories
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Child Therapy Unit

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Thomas R. Lumley

Dietary Services
Angelina Canavan, B.A.

Housekeeping
Sarah Travers

Office Services
Lillian Dailey

**Resigned 1959*



The function of the Hillside Hospital In-Patient Service is to provide treatment to patients suffering from the early and curable symptoms of mental illness. It is not the intention of Hillside Hospital to meet the overwhelming need of the community for psychiatric treatment facilities. Limitations of funds and the inability to provide an expansive treatment program compatible with the Hospital's training and research goals make limitation of the number of in-patients necessary. This must be the case if the therapeutic community is to be a real treatment modality. It is therefore our purpose to provide a treatment program which is consistent with Hillside Hospital's image of itself as a pilot institution in the field of mental health.

Basic to the treatment of patients at Hillside Hospital is a concept of the therapeutic community. The effective relationships between patients and staff, as well as those between patients themselves is a basic element of the treatment program. Moving psychiatric patients from nursing unit to nursing unit, as their conditions improved, meant changed relationships as each move was made. This structure did not provide the best therapeutic situation for our patients. Therefore, in 1959, it was decided to reorganize the treatment service on the premise that patients remain in the units to which they are admitted throughout their entire hospital stay. This arrangement provides further advantages to the treatment program. Not only are staff psychiatrists, psychiatric residents and nursing personnel able to develop sustained relationships as a therapeutic team, but the patients are also able to develop such relationships with each other, without having to face the problems associated with a constantly changing environment. Further, patient's self-government is stabilized by this arrangement. Finally, the entire administrative organization of the hospital has been facilitated by this organizational change in that sustained accountability for the total treatment program is now possible.

In connection with this reorganization, several significant changes took place within the Nursing Service during 1959. Provision of adequate nursing care within the revised organization required the restructuring of staffing patterns. A major segment of the nursing service was reassigned to provide the equal distribution of technical, semi-professional and professional nursing skills to all patient units. In the effort to improve staffing patterns, two new personnel categories were created in 1959—Counselor and Senior Psychiatric Aide.

As a result of changes in the hospital treatment program, there have been corresponding changes in the assignment of the case work staff of the Social Services Department. Two psychiatric social workers are now assigned to each administrative unit. It is now possible to co-ordinate more closely the work of the social workers with the work of other members of the team. The casework division has been making increasing use of group counselling. The group approach is now used by the case work in the Hillside Hospital After-Care Clinic. Social workers who function in connection with the In-Patient Service are supplementing individual contacts with visits with patient's relatives with group counselling.

The admissions policy of the hospital was reviewed and changed radically in 1959. By making it possible to accept appointments for patients applying for admission during any week day, the delay in accepting patients has been drastically reduced. In addition, excessive waiting lists for in-patient admission have been virtually eliminated through the efforts of the Social Work Division, and the staff psychiatrists. Assessment of patient suitability for admission and rapid processing of patients who are accepted for admission is now possible.

1959 saw further expansion of the services of the Group Work Division of the Social Services Department in the provision of additional social and recreational facilities to the in-patient group. Patient government, social clubs, service groups, special interest groups and the program for volunteers from the community were considerably expanded.

TREATMENT
TRAINING
RESEARCH

The Psychology Department in 1959 continued its program of diagnostic evaluation of the patient, in keeping with its function within the treatment team. The Vocational Counselling Unit of the Psychology Department continued to provide vocational counselling, training and placement services to our patients. The Vocational Counselling Unit joined with the Group Work Division in 1959, in the establishment of a secretarial skills program which was taught to patients by volunteers.

The Occupational Therapy Department saw marked growth in 1959. To enable this department to treat the entire patient population and to eliminate waiting lists for this service, the staff was increased from five to twelve therapists. This permitted more intensive function by occupational therapists in the therapeutic team. Further, a high level of individualized occupational therapy is now possible. An Art Therapy program was also inaugurated in 1959. The Creative Therapy Department continues to perform its dual function as a diagnostic and therapeutic unit.

Nonpsychiatric medical needs of Hillside Hospital patients are met through the Intramural Clinic. The Hospital Internist participates in initial and discharge conferences concerning patients whose physical problems are significant in the planning of the total therapeutic program. Consultants in every branch of medicine give freely of their time to the support of patient care. Further, the services and facilities of the Long Island Jewish Hospital are utilized wherever indicated. An excellent Dental Unit is also provided to meet the particular dental needs of the mentally ill patients. This latter clinic is also fully staffed by dentists who serve voluntarily.

The Hillside Hospital Out-Patient Department provides psychiatric care to residents of Queens, Nassau and Suffolk Counties who cannot pay for private psychiatric care. In 1959 an average of over one hundred persons were treated each week. In addition to individual psychotherapy, three group psychotherapy programs were established. 1959 also saw the staffing pattern of this clinic improved by the addition of more highly qualified doctors to insure the provision of a treatment program consonant with the goals of the Hospital. The out-patient selection process, too, was revised to afford immediate consultation within twenty-four to forty-eight hours for all applicants.

On April 1, 1959, the Child Therapy Unit of Hillside Hospital Out-Patient Department was opened with the help of a grant from the Nassau County Mental Health Board. A pilot project in the provision of psychotherapy for children, this clinic is further intended to provide the base for the expansion of future child care services at Hillside Hospital. The staff of the Child Therapy Unit consists of a psychiatrist in-charge, three clinical assistant psychiatrists, a psychologist and a social worker. Major emphasis is given to therapy or guidance for parents of children under treatment. Such treatment is usually focused on considering the parents' reaction to the child's problems, or the parents' role in the origin of the difficulty. In the nine months of 1959 during which this clinic was in operation, forty children plus their parents were seen in complete diagnostic evaluation. Fifteen children and their parents were accepted for treatment in this facility.

A variety of after-care services have been developed for Hillside Hospital's former patients. The Foster Home Care Project with the Jewish Community Services of Long Island; the After-Care Clinic which is part of our own Out-Patient service and is provided at Mt. Sinai Hospital; a supportive social case work service with the Jewish Family Services of New York; and a rehabilitation center, "The Bridge," which provides a resocialization program and supports the Hilda and Israel Strauss League of former patients.


Conscious
– Manifest thoughts
Re-conscious
– Fantasies
Unconscious
– Dreams
OUTLOOK

The need for well-trained personnel in the field of psychiatry cannot be overstated. Recent years have seen the developing awareness of the assistance which psychiatric knowledge can bring to the broad spectrum of human problems. All of the specialties of medicine are becoming increasingly aware of the psychiatric elements in the etiology and treatment of physical disease. In the field of public health, education, and welfare, psychiatry is playing a role of ever increasing importance. Further, public acceptance of the practice of psychiatry and the advances made in this field make mandatory the provision of sufficient personnel to meet the nation's mental health needs.

Hillside Hospital, because of its relatively small size and carefully selected patient population, is ideally suited to develop and share psychiatric knowledge. In accepting its responsibilities for the training of psychiatric personnel, Hillside Hospital is helping to meet the need not only for trained psychiatrists, but also for related professional personnel in the field of mental health.

In order to meet the increased need for psychiatrists, Hillside Hospital expanded its teaching program in 1959. The number of psychiatrists in training was increased from eighteen to twenty-five in a teaching program that is expected to require three years for completion. The residency program itself was improved by the inclusion of training in out-patient care and in research.

Historically, the In-Patient Service of Hillside Hospital has not only provided quality patient care, but has also afforded the means for the training of psychiatric staff. The reorganization of the treatment service in 1959 provided for better patient care. The development of discreet administrative patient units affords the psychiatrist in training an opportunity to develop sound therapeutic relationships with an integral patient group. Furthermore, this arrangement allows the development of equally sound relationships between resident and supervising psychiatrists, resident and nursing staff, and resident and activities therapist, thus providing not only a good therapeutic milieu, but a more salutary training milieu.

TREATMENT
TRAINING
RESEARCH

To provide for the training of psychiatric residents in the treatment of other than the hospitalized patients, the Out-Patient Department now provides the resident with a learning experience which is similar to that which the psychiatrist has in his office practice. This program, which was initiated in 1959, provides for the training of five psychiatric residents, who function part time during the third year of their psychiatric residency. Supervision by the Director of the Out-Patient Department and members of his staff obtains in planned individual and group conferences.

To provide for the development of increased knowledge and skills by practicing psychiatrists in the local community, a planned program has been developed. Clinical assistants who are actively in the practice of psychiatry, receive further training under the supervision of the Director of the Out-Patient Department and members of the attending staff.

The Child Therapy Unit which was initiated in 1959, also serves a significant additional training function for practicing psychiatrists in the community. Three clinical assistants, who spend half their time in this clinic, receive individual supervision as a function of the Director of the Child Therapy Unit and from other highly trained psychiatrists. Clinical conferences, seminars and reading conferences, team meetings, planning conferences and psychiatric staff conferences provide further for the teaching program.





Research at Hillside Hospital in 1959 was carried out not only in three departments whose function lies primarily with research, but in addition, clinical studies were carried out by individuals of various professional departments.

EXPERIMENTAL PSYCHIATRY

The study program in the Department of Experimental Psychiatry increasingly focused on the drug treatment process. Based on an extensive experience with newer drugs for mental illness, a detailed drug evaluation study was started in the fall. The selection of treatment, and behavioral, psychiatric, psychologic, neurophysiologic and sociologic aspects of change are being investigated. These examinations are undertaken to learn how drugs influence mentally ill patients, and to test a theory developed in this Department in 1956. In this theory, drugs are seen to affect behavior by changing both brain function and the psychologic attitudes of subjects.

In the experimental psychology studies, increasing emphasis has been placed on individual differences in perceptual and cognitive behavior as related to the type of behavioral response with treatment. Study of these indices as predictors of change in addition to the usual use of indices of the effects of the treatment has demonstrated significant relationships.

The introduction of an electronic frequency analyzer of the Ulett-Loeffel type in August, 1959—a device to rapidly measure the various electrical waves recorded from the brain—significantly expanded the electro-encephalographic program. An analysis of changes in the various patterns in the EEG made possible the critical and more precise determination of neurophysiologic effects of various drugs. During the year, 404 records were recorded, and of these, 59 were clinical consultation requests.

The sociologic programs undertook an analysis of the differences in patient attitude to treatment of the various staff groups, as the resident doctors, nurses, social workers, *etc.;* tolerance of the staff for different types of emotional upset and referral for somatic treatment; and changes in the Hillside Hospital patient population between 1957 and 1959. In order to understand the relation of social factors to the treatment of mental illness, an elaborate tri-hospital study comparing sociologic characteristics, treatment referral rates and discharge ratings in the Menninger Foundation, the Massachussets Mental Health Center and Hillside Hospital was begun.

In language studies—an area that is receiving increased attention in psychiatry—the staff organized and participated in a unique seminar at the New York Divisional Meeting of the American Psychiatric Association. Various psycholinguistic experts employing their individual methods of study, analyzed two tapes of an analytic treatment, and compared their results. They showed the value of combined methods in providing an objective measure of the psychotherapy process.

Eighteen reports were published during the year and eleven papers were presented before the national societies. The staff was instrumental in the organization of the New York Divisional Meeting of the American Psychiatric Association, and presented reports at four of its symposia. The staff also participated in the International Conference on Depression and Allied States that was held in March in Montreal.

Changes in staff during the year included the appointment of George Krauthamer, Ph.D. as neurophysiologist, and Donald F. Klein, M.D. as psychiatrist to the Department. Dr. Robert L. Kahn, after five years of service, left to assume the position of Head of the Section of Psychology, Division of Psychiatry of Montefiore Hospital. Dr. Joseph Jaffe, while continuing as an Associate in Research in this department, assumed the position of Faculty Member and Associate Director of Research of the William Alanson White Institute.

TREATMENT
TRAINING
RESEARCH

Continuing support for the program was obtained from the Board of Trustees, extensive program support from the National Institute of Mental Health of the United States Public Health Service, and with grants from the Mental Health Board of Nassau County.

BIOCHEMICAL RESEARCH

Biochemical research was focused on aromatic substances in the urine of psychiatric patients and on the metabolism of the newer psychotropic and hallucinogenic drugs. For many years, the possibility that psychiatric patients excrete compounds not present in normal subjects has provided the basis for special studies. This program analyzes urine samples for a wide range of chemical substances which are similar to known hormones. It attempts to determine whether psychiatric patients from Hillside Hospital and Creedmoor State Hospital differ from normal subjects.

With the widespread use of new drugs in psychiatry, it has been important to determine the way these compounds affect metabolism. One program has been devoted to tracing the changes which chlorpromazine undergoes in the body. For this study, special techniques of analysis for chlorpromazine derivatives have been developed. The focus now is in relating the kinds of derivatives and the rate with which they are produced to their clinical effects.

The metabolites of adrenalin are the object of another study with the Medical Department. In patients receiving the Mecholyl Test, urine samples are analyzed before and after the test for various derivatives of adrenalin. Blood studies to determine the enzymes responsible for changing adrenalin are in progress. Recently, a special colorimetric technique for O-methyl transferase was developed.

In experimental animals, as well as in the laboratory, the metabolism of hallucinogenes has been studied. Derivatives of lysergic acid related to the vitamin B complex and have been produced and are being tested for hallucinogenic activity and metabolic pathways.

MEDICAL RESEARCH

The major efforts of medical research in 1959 continued to be directed toward an understanding of the mechanism of the Mecholyl Test. The reliability of the Mecholyl Test, using newly developed equipment for recording blood pressure, first was undertaken. These studies demonstrated that the two initial readings of the test were reliable measures. They, furthermore, established the limits of change in the test as a basis for continued studies. In addition, in co-operation with the Biochemistry Department, a study of the relation of metabolites of adrenalin to this test was begun. In the drug evaluation program, the Medical Department assumed control of new medications and of a variety of physiological tests. These included the electrocardiogram and liver and thyroid function studies, as well as the Mecholyl Test.

CLINICAL STUDIES

A study of the factors affecting the selection of somatic treatment, Drs. A. Kaplan and H. Lefkowits noted that the recommendations for special treatment were as often based on extra medical factors as on the type of behavior of the patient. They described various degrees of symptoms and tolerances for different behaviors.

In the Out-Patient Department, Dr. R. Luttrell and his staff have been interested in the prognostic factors in selecting patients for Out-Patient Department treatment.

Mr. Lurie and Miss Pinsky of the Social Service Department have done a follow-up study of Hillside Hospital patients who have been referred to The Foster Care Program. The results of this study have been gratifying in terms of the evaluation of the program and of the indication of future direction.

In clinical psychology a special study of the psychological characteristics of post-partum depressive reactions was instituted.

Toward the end of 1959, an extensive review of the Pavilion for Adolescent Girls, a pilot program in this field, was prepared for publication in the ensuing year.

STAFF PUBLICATIONS AND PRESENTATIONS

An index of the efforts of the Hillside Hospital staff in the area of research will be seen in the following listing of publications and presentations.

BLUMBERG, A.—Use of An Automatic Sphygmomanometer in the Mecholyl Test, *Journal of Hillside Hospital, Vol. 8, #3, pp 179, July, 1959*

BLUMBERG, A., ROSETT, and DOBROW, A.—Severe Hypotensive Reactions to Overdosage of Meprobamate—*The Annals of Internal Medicine, Vol 51, #3, pp 607,* September, 1959

FINK, M.—Effect of an Anticholinergic Agent, Diethazine, on EEG and Behavior; Significance for Theory of Convulsive Therapy. *Biological Psychiatry,* ed. Masserman, J., Grune and Stratton, N. Y. pp. 184-194

FINK, M.—Alteration of Brain Function in Therapy. *Psychopharmacology Frontiers,* ed. Kline, N., Little, Brown & Co., Boston, pp. 325-332

FINK, M.—Significance of EEG Pattern Changes in Psychopharmacology. *EEG Clin. Neurophysiol. 2:* 398 (abst.)

FINK, M.—Electro-encephalographic and Behavioral Effects of Tofranil. *Canad. Psych. Assoc. J. 4:* 1668-1718

FINK, M. KAHN, R.L. and POLLACK, M.—Psychological Factors Affecting Individual Differences in Behavioral Response to Convulsive Therapy, *J.N.M.D. 128:* 243-248

FINK, M. KAHN, R.L. and KORIN, H.—Effects of Diffuse Altered Brain Function on Perception. *Proc. XV Int. Cong. Psychol.,* Publ. North-Holland, Amsterdam, pp. 238-239

FINK, M. KAHN, R.L. and KORIN, H.—Therapy of Schizophrenia: Role of Alteration of Brain Function on Behavior, *Congress Reports, II Int. Cong. Psychiatry, II:* 492-493

FINK, M. KAHN, R.L. and KORIN, H.—Relation of Tests of Altered Brain Function to Behavioral Change Following Induced Convulsions, *The First International Congress of Neurological Sciences (III: EEG, Clinical Neurophysiology and Epilepsy),* Pergamon, London, pp. 613-619

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FINK, M.—Language Patterns as Measures of Behavioral and Neurophysiologic Change, American Psychiatric Association, Philadelphia

FISHMAN-GOLDENBERG, V., SPOERRI, P.E.—*Colorimetric Determination of Dicarboxylic Acid Derivatives as Hydroxamic Acids, Anal. Chem. 31:* 1735, 1959.

GOLDENBERG, H., FISHMAN, V., WHITTIER, J., BRINITZER, W. —*Urinary Aromatic Excretion Patterns in Schizophrenia* A.M.A. Arch Gen. Psychiat., in press

GOLDENBERG, H, WHITE, D.L.—*Colorimetric Determination of O-Methyl Transferase.* Presented at the 126th Meeting of the American Association for the Advancement of Science, Chicago, December 27, 1959

GOLDENBERG, H., FISHMAN, V. —*Chromatographic Studies of Chlorpromazine Metabolism in Man.* Presented at the 126th Meeting of the American Association for the Advancement of Science, Chicago, Dec. 27, 1959

GREEN, M.—Relationship of Threshold and Duration of Seizures to Degree of EEG Delta Activity Induced During Electroshock, *EEG. Clin. Neurophysiol. 2:* (Abst.)

JAFFE, J.—Communication Networks in Freud's Interview Technique, *Psych. Quat. 32:* 456-473

JAFFE, J.—Symposium on "Psycholinguistic Analysis of the Psychiatric Interview", Divisional Meeting, A.P.A. New York

JAFFE, J.—Social Background and the Doctor-Patient Relationship, Acad. Psychoanalysis, New York

KAHN, R.L. and BLACK, M.—Prognostic Application of Psychological Techniques in Convulsive Therapy, *Dis. Nerv. Sys. 20:* 180-184

KAHN, R. L., POLLACK, M., and FINK, M.—Sociopsychologic Aspects of Psychiatric Treatment in a Voluntary Mental Hospital; Duration of Hospitalization, Discharge Ratings and Diagnosis, *A.M.A. Arch. Gen. Psychiat. 1:* 565-574

KAHN, R. L., and FINK, M.—Personality Factors in Behavioral Response to Electroshock Therapy, *J. Neuropsychiatry 1:* 45-49

KAHN, R. L.—Socio-psychologic Factors Affecting Therapist-Patient Relationships, American Academy of Psychoanalysis, Philadelphia

KAHN, R. L.—Socio-psychologic Aspects of Psychiatric Treatment, Eastern Psychological Association, Atlantic City

KAHN, R. L.—Relation of Social Attitude to Psychiatric Treatment, N.Y. Divisional Meeting, A.P.A., New York

KAHN, R. L., with WEINSTEIN, E. A. and BERGMAN, P.—Effect of Electroconvulsive Therapy on Intractable Pain. *A.M.A. Arch. Neurol. and Psychiat. 81:* 37-42

KAHN, R. L., with WEINSTEIN, E. A.—Symbolic Reorganization in Brain Injuries, in *Handbook of Psychiatry, ed.* Arieti, S. Basic Books, N. Y., Vol. I, pp. 964-981

KARP, E.—Behavioral Changes with Different Methods of Induced Cerebral Dysfunction, Eastern Psychological Association, Atlantic City

KORIN, H. and FINK, M.—The role of Set in the Perception of Simultaneous Tactile Stimuli, *A. Jour. Psychol. 72:* 384-392

KRAUTHAMER, G.—Form Perception Across Sensory Modalities, *Am. Psychol. 14:* 396 (Abst.)

KRAUTKAMER, G.—Personality Correlates of EEG, Metropolitan EEG Society, New York

LEVINE, A.—A Comparative Evaluation of Latent and Overt Schizophrenic Patients with Respect to the Concept of Ego Strength. *Journal of Hillside Hospital, VIII,* No. 4, Oct. 1959, pp. 243-266

LEVINE, A.—"Appraising ego-strength from the projective test battery" —Society for Projective Techniques, New York, May 1959

LEVY, E.—The Role of the Volunteer In The Treatment Program of a Mental Hospital, *Social Work with Groups, 1959,* (New York Natl. Assoc. of Social Workers), pp 109-119

LURIE, A., HIRSCH, S.—Establishing a Hospital Social Service Department, *Journal of Social Work* (Vol. IV, No. 2—April 1959)

LURIE, A.—"Structure of Field Work Training" Workshop, Council on Social Work Education, Philadelphia, Pa., January, 1959

LURIE, A.—"The Use of Group Process Within Medical Settings". National Conference of Jewish Communal Service, Pittsburgh, Pa., May 1959

LURIE, A.—"Forecasting the Place and Role of the Aging in our Society during the next decade". Little White House Conference on Aging, sponsored by the Community Council of Greater New York, December 1959

POLLACK, M.—Effect of Induced Cerebral Dysfunction in Man on Tachistoscopic Perception of Embedded Color Figures, Eastern Psychologic Association. Atlantic City

POLLACK, M. with BENDER, M. B., and BATTERSBY, W. S.—Complex Visual Perception in Patients with Brain Tumor. *Proc. XV Int. Cong. Psychol.,* Publ. North-Holland, Amsterdam, pp. 236-237

POLLACK, M.—"Comparison of Intellectual Functioning in Childhood," Adolescent and Schizophrenics, N. Y. Divisional Meeting, A.P.A., New York

STAHL, ALICE—"The Role of the Psychiatrist in the Adolescent Pavilion." Midwinter Divisional Meeting of A.P.A.



REPORT OF THE PRESIDENT OF THE MEDICAL BOARD

Robert A. Savitt, M.D.

The past years has been one in which the Medical Board has shared in the period of transition now in progress at Hillside Hospital. Acting in an advisory and consultative capacity, the Board has aided the Medical Director and the Board of Trustees in bringing into sharp focus the aims and aspirations of Hillside Hospital: to become a leading center for psychiatric treatment, training and research.

In keeping with the current spirit of transition at Hillside Hospital, the Medical Board has done considerable soul searching in order to reappraise its role in the affairs of the hospital. The Board is comprised of people who are outstanding in the fields of psychiatry and psychoanalysis. Some of its members are training analysts on the faculties of the three Psychoanalytic Institutes in New York City. Others have achieved academic distinction as members of medical school faculties and hospital staffs. It is expected that gradual evolutionary changes will take place which will enhance the value of this reservoir of psychiatric experience and knowledge. In the past it has made major contributions to the academic development of Hillside Hospital. Together with the devoted membership of our chiefs of Medicine, Surgery and Dentistry, the Board is a source of expert advice in the major activities of the hospital.

The year has brought other changes, too. Dr. Sidney Tarachow, the first editor of the Journal of Hillside Hospital, has retired as the Journal's guiding light, after ten years of unflagging devotion. Under his direction the Journal has become an outstanding contributor to the body of scientific knowledge and literature. It is expected that in the near future an issue of the Journal will be dedicated to Dr. Tarachow, as a token of our appreciation, esteem and affection. Dr. Aaron Stein of our Board has succeeded as editor.

The various committees under the able direction of their chairmen have continued to function energetically in the many areas noted in previous years. To them and to the attending and visiting staffs I offer deepest thanks for their advice and co-operation. I particularly wish to express my compliments to Mr. Alvin E. Coleman, the President of the Board of Trustees, and to Dr. Lewis L. Robbins, the Medical Director, for their valued and rewarding relationship to the Board. Conferences with these men and their dedicated colleagues have always been stimulating, informative and constructive.

In closing, I take extreme pleasure in welcoming Dr. Sidney Tarachow to the Presidency of the Medical Board. He will give it the energetic devotion it so much deserves.

MEMBERS OF THE MEDICAL BOARD

MEDICAL BOARD

President
Robert A. Savitt, M.D.*
President-Elect
Sidney Tarachow, M.D.*
Secretary
Sidney L. Green, M.D.*
Treasurer
Paul Scheman, D.D.S.*
Ex-President
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Arnold Eisendorfer, M.D.*
M. David Epstein, M.D.*
Margaret E. Fries, M.D.
I. Peter Glauber, M.D.*
George S. Goldman, M.D.
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William Karliner, M.D.*
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Sarah R. Kelman, M.D.
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Joseph S. A. Miller, M.D.
Samuel Z. Orgel, M.D.
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Martin Schreiber, M.D.*
Isidor Silbermann, M.D.
Otto Sperling, M.D.
Sidney Tarachow, M.D.*

Non-Psychiatrists

Director of Department of Medicine
Lester Cohen, M.D.*
Director of Department of Surgery
Sidney Hirsch, M.D.*
Director of Department of Dentistry
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CHAIRMAN OF STANDING COMMITTEES

Adolescent Pavilion
Sidney L. Green, M.D.
Credentials Committee for Psychiatric Attending Staff & Promotions
Martin Schreiber, M.D.
Credentials Committee for Non-Psychiatric Visiting Staff & Promotions
Paul Scheman, D.D.S.
Education of Resident Staff
Arnold Eisendorfer, M.D.
Group Psychotherapy
Samuel Z. Orgel, M.D.
Manhattan After-Care Clinic
Sarah R. Kelman, M.D.
Queens Out-Patient Clinic
Martin H. Orens, M.D.
Sub-Committee for Child Guidance Clinic
Isidor Bernstein, M.D.
Research Committee
Sidney Tarachow, M.D.
Publications Committee
I. Peter Glauber, M.D.
Committee for Adjunctive Services
I. Peter Glauber, M.D.
Credentials Committee for Supervising Psychiatric and Resident Staff
Lawrence J. Roose, M.D.

CONSULTING, ATTENDING AND VISITING STAFFS

Consultants

Psychiatry
Leonard Blumgart, M.D.†
Sandor Lorand, M.D.
Nathaniel E. Selby, M.D.
Dudley D. Schoenfeld, M.D.
Medicine
Alfred Angrist, M.D.
Morris S. Bender, M.D.
Oscar Levin, M.D.
I. Jesse Levy, M.D.
Neurology
A. M. Rabiner, M.D.
Hans Strauss, M.D.
I. S. Wechsler, M.D.
Surgery
David Warshaw, M.D.
Gynecology
Julius Jarcho, M.D.
Dentistry
Morris Fierstein, D.D.S.

Attendings

Attending Psychiatrists
Samuel Atkin, M.D.
Frank Berchenko, M.D.
Isidor Bernstein, M.D.
Arnold Eisendorfer, M.D.
M. David Epstein, M.D.
Margaret E. Fries, M.D.
I. Peter Glauber, M.D.
George S. Goldman, M.D.
Paul Goolker, M.D.
Sidney L. Green, M.D.
William Karliner, M.D.
Sylvan Keiser, M.D.
Sarah R. Kelman, M.D.
Emanuel Klein, M.D.
Samuel R. Lehrman, M.D.
Abraham S. Lenzner, M.D.
Joseph S. A. Miller, M.D.
Martin H. Orens, M.D.
Samuel Z. Orgel, M.D.
Hyman L. Rachlin, M.D.
Lawrence J. Roose, M.D.
Robert A. Savitt, M.D.
Martin Schreiber, M.D.
Isidor Silbermann, M.D.
Otto Sperling, M.D.
Aaron Stein, M.D.
Sidney Tarachow, M.D.
Associate Attending Psychiatrists
Renato J. Almansi, M.D.
Alexander J. Friedman, M.D.
Soll Goodman, M.D.
Louis Kaywin, M.D.
Bruce Kendall, M.D.
Geraldine Pederson-Krag, M.D.
William W. Pike, M.D.
Jay Stanton, M.D.
Adjunct Attending Psychiatrists
Edward R. Adelson, M.D.
Herman S. Alpert, M.D.
Alvin B. Balaban, M.D.
Irving L. Bauer, M.D.
Benjamin J. Becker, M.D.
Julius Belinkoff, M.D.
Milton M. Berger, M.D.
Lionel H. Blackman, M.D.
Rita M. Chalef, M.D.‡
Isadore H. Cohn, M.D.
Irving J. Crain, M.D.
Joseph H. Feldman, M.D.
Jules Glenn, M.D.
Albert E. Goldberg, M.D.
Michael Gould, M.D.‡
Albert Harrison, M.D.
Thomas Hora, M.D.
Wilbur Jarvis, M.D.‡
Abraham I. Kaplan, M.D.
Eugene H. Kaplan, M.D.
George R. Krupp, M.D.
Peter Laderman, M.D.
Myer D. Mendelson, M.D.‡
David Milrod, M.D.
Helene Papanek, M.D.
Henry Rosner, M.D.‡
Irving Salan, M.D.
Frederick F. Shevin, M.D.
Fred U. Tate, M.D.
B. Frank Vogel, M.D.‡
Leonard Weinroth, M.D.
Herbert Wieder, M.D.

VISITINGS

Medicine

Director
Lester Cohen, M.D.
Visiting Physicians
George Sabrin, M.D.
Louis Rosenblum, M.D.
Arnold G. Blumberg, M.D.
Associate Physician
Jerome Weinstein, M.D.
Adjunct Physicians
Arnold L. Berger, M.D.
Wilbur B. Brett, M.D.
Associate Dermatologist
Joel Schweig, M.D.
Adjunct Dermatologists
Norman Goldfarb, M.D.
Eugene L. Bodian, M.D.

Neurology

Associate Neurologist
Kurt Adler, M.D.

Gynecology

Visiting Gynecologist
Marie P. Warner, M.D.
Associate Gynecologists
Jack Cohen, M.D.
Bernard Greenblat, M.D.

Radiology

Visiting Radiologist
Bernard Epstein, M.D.
Associate Radiologist
Paul Steinhorn, M.D.

Optometry

Staff Optometrists
Edward L. Steinberg, O.D.
Bernard Attinson, O.D.

Podiatry

Staff Podiatrist
William Reider, Pod.O.

Surgery

Director
Sidney Hirsch, M.D.
Adjunct Surgeon
Stephen Deckoff, M.D.
Visiting Neurosurgeon
Joseph Siris, M.D.
Visiting Urologist
Daniel Kaufman, M.D.
Adjunct Urologist
Albert Sutton, M.D.
Visiting Orthopedist
A. H. Lewert, M.D.
Associate Orthopedist
Julius Schneiderman, M.D.
Visiting Proctologist
Benjamin Warner, M.D.
Visiting Ophthalmologist
Edward Seretan, M.D.
Associate Ophthalmologist
Arthur Minsky, M.D.
Visiting Otolaryngologist
Sam Clayton, M.D.
Visiting Anesthesiologist
Georges Bean, M.D.

Dentistry

Director
Paul Scheman, D.D.S.
Associate Director
J. Gordon Rubin, D.D.S.
Associate Dentists
Benjamin Schwaid, D.D.S.
Bernard Lebow, D.D.S.
Adjunct Dentists
Henry Lewis, D.D.S.
Samuel Plotnick, D.D.S.
Elsa Friedman, D.D.S.
Martin Protell, D.D.S.
Leon Basson, D.D.S.
Herbert Forman, D.D.S.

**Executive Committee Member*
† Deceased 1959
‡ Appointed in 1959

The body of our Annual Report indicates that 1959 was a year in which the Professional Development Program, introduced by Dr. Lewis L. Robbins, was launched. The goals of the program have been outlined and the beginnings of its implementation have been described above. Additional personnel required by this program were initially engaged as of July, 1959, and were gradually added during the second half of the year, so that the 1959 calendar year data does not show appreciable expenditures for the Professional Development Program as such.

COMPARISON OF COSTS 1958-1959 — TOTAL OPERATION

	1958	1959	% INCREASE
Salaries	$1,241,350.	$1,442,458.	16.
Food	127,142.	131,083.	3.
Maintenance and Grounds	78,914.	72,408.	(8.)
Administration Expenses	111,300.	143,860.	29.
Medical Supplies	55,217.	49,289.	(11.)
Repairs and Replacements	48,101.	41,727.	(13.)
Total	$1,662,024.	$1,880,825.	13.

This table shows that the total expenditures for all operations increased by 13%; the percentage increase from 1957 to 1958 was 11%.

Salaries and wages increased by 16%. This is in keeping with our experience of the past ten years in which this item rose by ten to fifteen percent per year. Almost the entire rise in this figure was caused by increases in rates rather than by the addition of new positions. The chief factors in this increase were the across-the-board increase of about 13% to all nonprofessional employees and provision of time and one-half for overtime for all employees. These actions were taken by the Board of Trustees in accordance with the "Statement of Policy Regarding Personnel Practices" promulgated by the Greater New York Hospital Association and subscribed to by the Board of Trustees. Increased salaries were also provided for all categories of the professional staff. The impact of the Professional Development Program as such was hardly felt in 1959; its further implementation will produce a more appreciable impact during 1960.

Food costs increased 3% in accordance with the rise in the food price index.

Out-patient services expenses increased by only 6% as compared with 30% in 1957 and 21% in 1958. This reflects the stabilization of this operation after a period of constant growth dating back to 1954 when the large Queens Out-Patient Service was established.

The largest increase was in administration expenses which rose by $32,000, or 29%. The following were the chief components of this increase:

ITEM	INCREASE IN DOLLARS
Office Equipment	$3,500
Medical Care Prepayment for Employees	8,000
Social Security and Retirement Contributions	9,300
Personnel Expenses	6,300

Medical Care Prepayment for employees (Blue Cross and Blue Shield coverage for the employees and their families) was initiated in July, 1959 as part of our over-all improvement of personnel practices. Social Security and retirement contributions rose both as to rate and volume. Personnel expenses rose in accordance with liberalized policies as to travel and other allowances for professional staff.

SERVICE DATA: IN-PATIENTS

	1958	1959		% INCREASE
Total number of patients treated	536	537		——
Total patient days	70,691	70,219		——
Average income per patient day	$16.58	$18.83	+	13.5%
Average cost per patient day	$18.73	$21.69	+	15.8%
Average loss per patient per day	$ 2.15	$ 2.86	+	33%

REPORT OF THE ADMINISTRATOR

Maurice Bachrach

With total number of patients treated and the number of patient days virtually unchanged, average income per patient day rose by 13.5% while average cost per patient day rose by 15.8%. The average loss per patient day rose by 33% over 1958. Thus, In-Patient Service developed a gross operating deficit of $200,826 for the year in spite of an increase of $4.00 in the per diem rate paid for indigent patients by the City of New York as of July 1. Without this increase, this loss figure would have been appreciably higher, since 75% of our In-Patient Service (50,000 patient days) is assigned to indigent patients.

Most of our deficit both for In-Patient and Out-Patient Services was met by a grant from the Federation of Jewish Philanthropies of New York, while an increasingly large deficit is being met by our own trustees. Our Board of Trustees meets the operating deficit for treatment and training programs as well as for research, which is their sole responsibility. As we continue to put more and more of the Professional Development Program into action, our gross expenditures for the In-Patient Service will continue to out-run foreseeable increase in operating income. Closest integration of planning and effort between the hospital administration, our Board of Trustees and the Federation of Jewish Philanthropies of New York can lead to constructive solutions of the support problems which lie ahead during the next few years. The most potent ingredient of such integration is close agreement as to the hospital's goals as they have been expressed in the programs promulgated by Dr. Robbins in 1958 and 1959. These goals promise the provision of the highest attainable level of patient care and are so incontravertible, that they must stimulate all concerned to meet them in spite of the difficulties to be encountered.

The growth of the professional programs must be accompanied by parallel development of administrative services. Careful application of sound administrative procedures to every phase of all of our programs will tend to make these programs more effective and to introduce elements of management that can decrease cost without impairing service.

During 1959, Mr. Samuel Davis joined our staff as Assistant Administrator. We will now be able to plan for increased application of administrative processes in the professional areas. More time and effort will be available for improvement and intensification of personnel administration. An important function for administration during the next year will be to develop major projects in conjunction with Dr. Robbins and the professional staff and appropriate board committees, a master plan outlining the physical development of the hospital for at least fifteen years ahead, a survey of existing plant and buildings and a comprehensive site plan leading to the development of a research building and an activities therapy building.

The hospital's administration will continue to maintain constructive relationships with community agencies such as the Nassau County and New York City Community Mental Health Boards and the various co-operating social agencies, as well as Long Island Jewish Hospital. Efforts to intensify and improve the areas of co-operation will continue. The board has already authorized the creation of an effective public relations program which will lead to wider and more productive community participation in the life of the Hospital and greater usefullness of the hospital in the life of the community.

The task of administration during 1959 has been a great one. None of our accomplishments and none of our plans for the future would have been possible without the devoted and intelligent assistance of the department heads who worked so closely with us. It is therefore more than appropriate to state that Mrs. Angelina Canavan, Dietitian; Mrs. Dorothy Croghan, Accounting Supervisor; Mrs. Lillian Dailey, Office Manager; Mr. Thomas R. Lumley, Superintendent of Buildings and Grounds; and Mrs. Sarah Travers, Executive Housekeeper supplied the basic day-to-day services which provided an essential foundation on which professional programs are built. They worked unceasingly with sometimes inadequate staff, to meet the challenge presented by the growing Professional Development Program of the hospital.

The following professional and nonprofessional employees supported the treatment, training and research goals of the Hillside Hospital in 1959:

PROFESSIONAL

Biochemical Research
Dr. Vivian Goldenberg
Grace Kittel
Susan Rea
Dr. Bernard Searle
Daniel White

Creative Therapy
Edith Zierer

Dental Technician
Sheila Berger

Experimental Psychiatry
Romeo Cartolano
Dr. Robert Kahn
Eric Karp
Dr. Donald Klein
Jean Kolodny
Dr. George Krauthamer
Hanna Mosquera
Dr. Max Pollack
Dr. Nathaniel Siegel

Intramural Clinic
Laura Zaves

Laboratories
Theresa Midulla

Medical Librarian
Ellin Resnick

Nursing Service

Registered Nurses
Frances Anderson
Susie Mae Behlmer
Marie Cafiero
Kathleen Cliggett
Mary Cressy
Mary Ann Dalton
Ann Dispensa
Jean Hendry
Nancy Jefferies
Mary Jones
Sandra Kraner
Grace Lyons
Eleanor MacPhillips
Flora Mae McCartney
Catherine McCormick
Helen Murray
Yolande Paquet
Lorraine Schaeffer
Helen Schippicase
Rose Schulbaum
Suzanne Smith
Barbara Steinbach
Zurline Thornhill
Edith Titolo
Anna Urbach
Helen Ziegler

Licensed Practical Nurses
Alma Clinton
Mary Corrigan
Hope Fox
Theresa Howard
Alice McDonough
Isabell Pierce
Rosemary Stevenson
Gloria Swan
Catherine Wall
Delores Williams

Psychiatric Aides
Martha Adams
Olga Allen
Marion Bell
Patricia Bell
William Black, Jr.
Beatrice Blake
Annie J. Bond
Joseph Britt
Lawrence Burger
Frances Butler
Sylvester Campbell
Frederick Coley
May Conrad
Teresa Cooney
Naomi Cotter
Hugh Crocker

Catherine Eames
Annie Ervin
James Faulkner
Janie Ferguson
Marion Flood
Irish Ford
William Godett
Margaret Griller
Katherine Hammel
Mabel Harper
Linda Hart
Pauline Hawkes
George Heller
Sandra Heller
Lawrence Hood
Alberta Hopkins
Ellen Kennedy
Joan Kelley
Asalle Kirby
Carole Kornfeld
Doris Kraemer
Josephine Lafayette
Ernest Lambert
Grace Lau
Leslie Lee
Miriam Lee
Alice Leliukevicz
Ella Mae Leonard
Lillian Leslie
Anna Lewin
Georgine Lohman
Ellen Long
James Merrill
Edith Minor
Bertha Monroe
Helen Olsen
Clemmie Palmer
Elizabeth Rodriguez
Barbara Sang
Lessie Mae Scott
Samuel Scott
Mildred Shaw
Nancy Smith
Virginia Smith
Marian Thomas
August Tosi
Martha Visalli
Catherine Williams
Thomas Wolf
Anna Wolfberg
Leon Wolfberg
Edgar Zephyrine

Occupational Therapy
Karen Beutlich
Joseph Chase
Judity Conrad
Laura Dunlop
Martha Ittelson
Mona Jones
Deanna Levine
Mary Marrone
Doris Metzger
Helene Willer

Pharmacist
Robert M. Frank

Psychology
Ira Rosenblatt
Dr. Allan Sapolsky
Dr. Stanley Schiff
Charles Silver
Dr. Felix Steiner
Leonette Vanderhost
Florence Volkman

Social Services

Case Work Division
Ida Baumstein
Anne Connery
Barbara Fishman
Robert Fishman
Beatrice Freeman
Evelyn Furman
Sally Gold
Regina Goldstein
Selma Hornstein
Sarah Klionsky
Sandra Match
Anita Mehr
Sylvia Riback
Esther Sanders
Lita Schmidt
Seymour Silverberg
Sylvia Solovey
Gisela Tauber
Lewis White

Group Work Division
Aaron Beckerman
Frieda Bradlow
Denis Dryden
Judith Duffy
Edward Fitzgerald
Geraldine Lauter
Eli Saul Levy
Evelyn Mason
Naomi Miller
Holmes Morrison
William Pressman
Frances Rubinstein
Philip Schwartz
Virginia Zaremba

NONPROFESSIONAL

Accounting Department
Arline Fleischmann
Lillian Ingber
Henrietta Lyons
Ethel Siegelman
Jeanette Silver
Dorothy Strier

Buildings & Grounds
Erich Brau
Walter Foley
Frank Groene
William Hannigan
Robert Hill
George Loblein
Nero Moyd
Stanley Novak
Edward Reeder
Frank Reinlein
Walter Roland, Jr.
William Roland, Sr.
John J. Rose
Albert Schmid
Joseph Seagren
Albert Senese

Dietary Services
George Canavan
Francesco Cannetto
Emma Casamassima
Flozell Clarke
Hubert Cooke
Thomas Duncan
Arthur Dywer
Pardo Faro
Elaine Fields
George Fields
Alphonse Gross
Ella Jacobs
Fred LaBarbera
Alfred Lemaire
Gaetano Mandala
Arthur Martin
Ida Novick
Martin Novick
Gaspari Orlando
George Perreta
Arthur Pitts
Walter Rodney
Eva Schwartz
Broadie Taylor
Thomas Tucker
Ester Watkins
Leroy Watkins

Housekeeping
Cle Anderson
Betty Bruckman
James Cuozzo
George Czinczinger
Stanley Durant
William Garland
Fulgencio Gerena
Nathaniel Glover
Joseph Hope
William Hyman
Robert Jones
Harry Lewis
Charles McLeod
Richard Newton
Roosevelt Mitchell
Dorothy O'Berry
Arturo Orengo
Booker Richardson
Rafael Salazar
Agnes Schuster
General Walker
Ray Warren
Blanche White

Office Services
Irene Attinson
Celia Bernstein
John Borgner
Janet Bowie
Diane Brafman
Manuel Brown
Irene Dinkin
Claire Dubin
Regina Freedman
Lillian Freifeld
Norma Friedman
Edward Golove
Frances Gullo
Adele Harris
Sylvia Hymowitz
Joan Kase
Edna Kappes
Yetta Levitt
Inge Mai
Sylvia Marcella
Fradele Marcus
Yetta Mintz
Catherine Muff
Dorothy McClary
Margaret O'Connor
Mary Pignoni
Gloria Podrid
Frances Roth
Joseph Ryan
Dorothy Saults
Charlotte Sinovoi
Miriam Slater
Jeanette Sobel
Edna Telesca
Walter Theisen
Edna Weissman
Lotte Wollman
Blanche Zaitz

PROFESSIONAL AND NONPROFESSIONAL EMPLOYEES



BEQUESTS AND LEGACIES TO HILLSIDE HOSPITAL—

■ While no precise form is essential for making a valid bequest to Hillside Hospital, the following may be used: I give to the Society of the Hillside Hospital, the sum of $_____.

■ If land or any specific property, such as bonds, stocks, etcetera, is given, a brief description of the property should be inserted instead of the phrase "the sum of $_____."

HILLSIDE HOSPITAL

is licensed by.....

The New York State Department of Mental Hygiene.

is approved for resident training by.....

Council on Medical Education of The American Medical Association

The American Board of Psychiatry and Neurology.

is accredited by.....

The American Psychiatric Association

The Joint Commission on Accreditation of Hospitals

is a member of.....

The American Hospital Association

Hospital Association of New York State

Greater New York Hospital Association

Greater New York Fund

The United Hospital Fund

Welfare and Health Council of New York City

The National Conference of Jewish Communal Services

cooperates with.....

Adelphi College

Altro Workshops

Federation Employment and Guidance Service

Jewish Community Service of Long Island

Jewish Family Service of New York

Long Island Jewish Hospital

New York City Board of Education

New York State Employment Service

New York State Department of Vocational Rehabilitation

Queens College of the City of New York

is a participating hospital.....

in the Master Plan for Hospitals and Related Facilities for The Hospital Council of Greater New York

HILLSIDE HOSPITAL
IS A MEMBER OF
THE FEDERATION OF
JEWISH PHILANTHROPIES.

FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK

צדקה