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Tenth Biennial Report



OF THE

State Commission in Lunacy

FOR THE

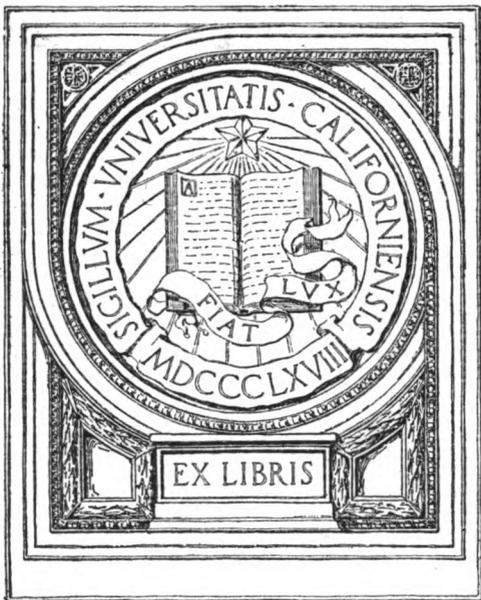
Two years ending June 30, 1916



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Tenth Biennial Report

OF THE

State Commission in Lunacy

FOR THE

Two years ending June 30, 1916

UNIVERSITY OF
CALIFORNIA



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SACRAMENTO

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OFFICE OF THE
STATE COMMISSION IN LUNACY.

Sacramento, December 6, 1916.

To the Legislature:

In compliance with the statute, the State Commission in Lunacy herewith presents its tenth biennial report, covering the two fiscal years beginning July 1, 1914, and ending June 30, 1916.

The report includes such facts in regard to the institutions for the insane and feeble-minded as seem necessary for your information, with the annual reports made to the commission.

Respectfully submitted.

STATE COMMISSION IN LUNACY.

REPORT OF THE GENERAL SUPERINTENDENT.

MOVEMENT OF PATIENTS.

During the two years just passed we have had a larger number of commitments of insane and inebriety cases to the state hospitals than in any previous biennial period. Our admissions in the last two years reached a total of 6,935 cases. As a result of the large number of admissions a very considerable increase in the number of cases in hospitals on June 30th is shown. The total below shows the increase in state population and increase in number of hospital cases since 1910:

Population in 1916.....	2,946,347
Population in 1910.....	2,396,379
Increase	549,968
Percentage of increase23
In hospitals and sanitariums, 1916.....	10,331
In hospitals and sanitariums, 1910.....	7,326
Increase	3,005
Percentage of increase.....	.41
Proportion of insane in 1916—one to every two hundred and eighty-five.	

PROGRESS OF THE STATE HOSPITALS.

The medical work at our hospitals is unquestionably advancing along more scientific lines. Individual examination of cases is given closer study, research of the causative factors is being more rigidly sought for, the bacteriology and pathology of disease is under constant attention, regular medical staff conferences are held with a view not only to make a closer differentiation of the different forms of mental trouble but to consider the advisability of their parole or discharge. More careful clinical examinations are made and all possible history of the patient is obtained from the family. Careful tests are made of the blood serum and spinal fluid in appropriate cases and bacteriological examinations are constantly being made. Much surgical work is being done in the hospitals for the relief of the patients.

The question of occupation of patients is being more intelligently handled and we now have classes of women working under experienced teachers doing fancy work, making rugs, towels, modeling in clay, working in brass, taking dancing lessons and calisthenics, etc. The patients in this work are often greatly benefited both mentally and physically by having something interesting to do which occupies their thoughts as well as hands and replaces dullness and sadness by ambition to do good work in their class. We give our patients a good deal of outdoor life which is to some extent responsible for their general good

health. We have been criticized for the continuance of our airing courts or back yards where certain classes of patients are kept within enclosures. Patients look better in walking parties, but the class kept in our airing courts get very much more fresh air than if limited to short daily walks.

In the last few months we have adopted a new classification for the use of the hospitals which is more complete than the one we have been working under for the past ten years.

Not alone in the immediate care of the patients have we been doing improved work but we have made many improvements in the way of new buildings and increased facilities for their accommodation. Notable among our improvements are the conversion of two old buildings at Napa into cottages for the reception and care of acute cases. With the segregation of this class of cases we are able, with an efficient corps of nurses, to give them closer and more careful attention than if they were cared for among the mixed classes.

Prof. M. E. Jaffa of the Pure Food and Drug Laboratory at the state university is making a careful study of the dietary of the state hospitals with a view of their improvement both in modes of preparation, variety, and avoidance of waste. He is visiting all of the hospitals frequently and making progress reports to the office, and will soon make his final report and recommendations. Prof. Jaffa is the foremost authority on food in California, and we may expect excellent results from his investigations.

During the present year we have had the good fortune to have a visit of several months duration from Dr. George H. Kirby, clinical psychiatrist of the Manhattan State Hospital of New York. He came to us as the representative of the National Society for Mental Hygiene for the purpose of making a survey of the methods of care of the insane in California. He spent much of his time in our hospitals, was given a cordial greeting and made to feel at home. He is a man of much experience in the work, stands high in his profession and his visit was a source of pleasure and benefit to all of us who are working among the insane. His final report has not yet been sent in but he found much to commend and not much to condemn. In his quiet way he stimulated all to renewed efforts and closer study.

Our after-care work, under charge of Dr. Eva C. Reid, is being continued and is of much value. When the time is ripe it will be advisable to enlarge the after-care work by the addition of a social worker.

The state dentist, Dr. Leo J. McMahon, is able to make more frequent visits to the hospitals by reason of the installation of local dentists at two of the hospitals. His work is not only satisfactory but very useful.

Dr. Grace L. Boalt continues to care for our Wassermann work, which grows in importance as it is kept up.

A marked improvement has been made in the dairy herds of the various state hospitals during the past two years. The selection of pure-bred sires to head the herds has resulted in the production of young stock of fine type and conformations which give promise of great producing ability. Already two of these sires, shown in the keenest competition at the California State Fair in September, 1916, were awarded first and third prizes in their respective classes. This was a remarkable showing owing to the fact that animals of such quality were developed in so short a space of time and could win in competition with the finest herds on the Pacific coast.

It is the aim of the state institutions to maintain dairies which will be models in equipment, sanitation, healthfulness of the animals and the economic and high standard of production. Equipment for the proper handling and cooling of milk has been installed and the sanitary measures employed are in strict conformity with the latest scientific, approved methods of sanitation. In order that the healthfulness of the animals be insured, regular physical examinations and tuberculin tests are made by the State Veterinarian's office at regular intervals. Scientific feeding has taken the place of the old methods and the result has been most gratifying, not only in improving the general condition of the animals but in economic production of milk and butter. Where ensilage can be grown to advantage, silos have been constructed and, as a result, corn silage has taken the place of higher priced feeds, to a great extent. In order that a high standard of production be maintained, apparatus for the weighing and testing of the milk of each individual cow has been installed and, as a result, many cows, which were not paying for the food which they consumed, have been sent to their rightful place; the beef block. Cows have been put in their places which not only pay for their feed but render a profit for their care and keeping.

Educated herdsmen have been placed in charge of the dairies and competition is keen among them to produce the highest standard products at a minimum cost of production.

The future looks most encouraging for the dairies at these institutions and a concerted effort is being made to make these dairies second to none.

EXPENSE OF HOSPITALS.

The average cost of the care of one patient in the state hospitals for the year ending June 30, 1916, was \$188.67. With the marked increase in many of our staple supplies it is probable that an increase must be expected this year in the cost of caring for patients.

NORWALK STATE HOSPITAL.

Norwalk State Hospital was opened for the reception of patients on February 15, 1916, and now has a population of 236 patients. The location, which has been criticized, will before very long show the productiveness of the land and its capabilities of making excellent surrounding for a hospital.

A great necessity exists for an additional appropriation for the construction of more buildings at this place. At present we are housing 100 patients in the space that should be used for laundry machinery. We should have at least \$300,000 for the accommodation needed for the patients that will surely have to be provided for. The power plant is now nearing completion and as soon as it can be put in operation we will have finished all construction possible under the original appropriation.

The hospital has been handicapped for lack of capacity and the superintendent has been obliged to scatter a majority of his patients in places never intended for them.

Under the conditions the management is to be congratulated for the excellent care given the inmates. As bearing on the necessity of enlargement at Norwalk it should be understood that approximately 29 per cent of admissions to state hospitals were sent from eight southern counties. Therefore, two hospitals in southern California are caring for 29 per cent of the admissions in the state and the four northern hospitals are caring for 71 per cent.

Dr. W. B. Kern, who was selected as superintendent of Norwalk, is a man of much experience and is to be commended for his management under difficult circumstances.

THE SONOMA STATE HOME.

This institution deserves more than a passing notice. It is now a place of some size and with every year of its existence continues to enlarge. On June 30th last it had as patients, 1,227, but of these 32 were on parole, leaving it with actually a population of 1,195. Two hundred and eight of the above are from southern California counties, Los Angeles having 154. In the last seven months there has been a monthly average of 22 applications for admission; many applications are necessarily refused on account of lack of room. Applications are made, they are placed on file, and the parents are notified as soon as vacancies occur. The accumulation of applications on file amounts to 291. Buildings now under construction will not give us additional capacity for more than 200 inmates. The need of an additional institution for the southern California counties is undoubted. Many residents of the south are deterred from sending their children

to Eldridge by reason of the distance from their home. They want an institution for their children nearer their home, and necessity and humanity demand that they should have it.

Much surgical work is being done at the Home and every effort is being made to promote the comfort, welfare and happiness of the inmates. During the last two years 98 tonsillectomies, 61 adenoidectomies, eight mastoidectomies and three amputations were done, besides many minor operations. The tonsil and adenoid work has seemed to improve the physical and to some extent the mental condition.

The population is composed of people with the minds of children, therefore the discipline, the occupations, the amusements, must be adapted to the minds that are dealt with.

Clinics are held every morning at which inmates are examined and given necessary treatment.

Through an appropriation made by the last legislature the Home has been provided with an educational director and psychologist. Dr. Geo. Ordahl, the gentleman selected for the position, is a man of much experience in the work in Eastern institutions and has largely increased the industrial work at the Home. Sixty-nine girls are being taught sewing and dressmaking, while fifty-three boys are being trained in tailoring. With the increases in number of teachers and training departments the necessity for special buildings for this educational and industrial work becomes more emphasized. Attention is called to the interesting report of Dr. Ordahl, which is made a part of the Medical Superintendent's report. He makes many valuable suggestions that will, if carried out, result in much benefit to the institution. In addition to his educational work Dr. Ordahl is making a close psychological study of the inmates with the idea of placing them in school according to their mental capacity. The development of this work will be interesting and profitable.

Marked improvements have been made in landscape work on the grounds and in the building of rooms. Much work is being done by the engineering department in the improvement of the heating system. The whole tendency of the institution is upward, and kindly treatment and the promotion of happiness among the children is a feature insisted upon by the management.

RETURN TO THEIR HOME STATES OF NONRESIDENTS WHO HAVE BECOME INMATES OF OUR STATE HOSPITALS.

For several years past I have made an effort to secure an appropriation for the return of nonresidents in our hospitals. Financial conditions and the great necessity for appropriations elsewhere made it impossible to secure the money. In September, 1915, the commission, with the assistance of the State Board of Control, made an effort to

see what we could do out of the resources of hospitals. To put the plan in operation, I appointed Mr. C. F. Waymire, of this office, to take the subject up with the various superintendents, to get the facts regarding the time of residence and when a patient was found who had not gained a residence in California, to obtain the consent of the state in which he lived and to take charge of his return when there was accumulation sufficiently large to make up a party. Under this method of procedure we have returned since September, 1915, 153 patients at an expense of \$14,559.85—a per capita cost of less than \$94. This very reasonable cost is only made possible by returning them in parties of twenty or thirty in a special car under the care of Mr. Waymire and attendants from the hospitals. By this method we reduce the number of caretakers and have men or women who are familiar with the patients. We have also had some assistance from the relatives of patients who desired their return home. The expense of these returns falling on hospitals has been something of a burden and caused retrenchment in other matters. I feel that we have demonstrated the necessity of an appropriation for the special purpose of returning nonresidents. With an appropriation of \$20,000 for the coming two years we will be able to save the state two or three times that amount during the period, and I earnestly recommend that the money be set aside to aid us in the work. I desire to call attention to the report of Mr. Waymire to the commission on this subject.

SOME CAUSES OF INSANITY.

Three well recognized causes of insanity are to be found in heredity, alcohol and syphilis. The extent to which syphilis exists among those committed will be understood when it is known that careful blood and spinal fluid examinations are now being made in the hospital for ascertaining its presence in those admitted. Out of 6,935 patients admitted in the last two years, 1,010 were found to be syphilitic—14.5 per cent. In not all persons admitted who are syphilitic is it possible to connect the mental trouble with the syphilitic disease, but of the 1,010 syphilitics admitted, 553, or 54 per cent, were victims of parietic dementia, a definite result of syphilis and an incurable and fatal form of mental trouble. Thus out of the 6,935 cases admitted, 553, or 8 per cent, were parietics with syphilis as the undoubted cause. Not more than 2 or 3 per cent of syphilitics develop parietic dementia, but the latter is such a hopeless and fatal form of disease that prevention of the cause is of vital importance. The statement, "no syphilis, no paresis," is generally accepted as truthful. Not alone in its production of mental disease is syphilis of great importance, but the fact that it may be transmitted to children is of grave moment. The common effect of inherited syphilis is to reduce the resistances of the body and its powers

for full development both in the general body and nervous tissues. A large proportion of the children of syphilitic parents suffer from nervous disease in some form.

HEREDITY.

Heredity, wherein the weaknesses, the disturbances of the mental and nervous systems are transmitted by parents to descendants in more or less modified form, is recognized as the most prominent cause of insanity. Descendants do not universally inherit the active troubles of their ancestors, but in many of them there is an inheritance of a weakness favorable to the development of mental or nervous trouble that does not exist in the man free from inherited traits. Because of their inherent weakness, trouble, grief, stress, strain, alcohol and drugs are not well-borne. The result of bad inheritance may not be insanity but in its stead there may be nervous disease, epilepsy, feeble-mindedness, or a condition known as the neuropathic, "wherein the equilibrium of the mental functions is very delicately established and under the influence of slight causes is lost; and further, in the fact that reaction of any kind is extremely intense and extensive." While the neuropath may never become insane he has within him the potentiality of bringing into the world those with a neuropathic taint who are badly fitted to withstand the trials and troubles of life.

The tables of the California hospitals will show that not more than 20 per cent of cases due to heredity were admitted to the hospitals, but this figure is undoubtedly below the real situation. It is exceedingly difficult to obtain knowledge of the hereditary tendencies in patients by reason of the fact that many of our patients are foreigners, single men with no family connections here and family histories are impossible to get. In similar institutions in the East, heredity is given as a cause in from 30 to 35 per cent and there is no reason to suppose that different results would be found in our own state but for the difficulty in obtaining family histories.

ALCOHOL.

Not counting those admitted as not insane (inebriates), it will be found from our statistics that not more than 15 per cent were directly due to alcohol. This may be considered as very low and probably not in accordance with the facts. Many of the inebriates committed as such are defective mentally, though not counted in the above figures. Alcohol, while the causative factor in alcoholic psychoses, has a strong contributory effect in many mental affections. Its effect primarily is that of exciting the brain to increased activity and its continuance brings about a perpetual excitement of the nervous system which is shown by great irritability, suspiciousness, and a condition is brought about favorable to the development of mental disease under all exciting

causes

What can we do to prevent the excessive use of alcohol? Personally I place my greatest hope on the proper education of the young on the dangers accompanying the use of alcohol. They should be taught to look upon it as a drug that can be used beneficially in proper cases under medical advice, harmlessly in other cases if used in moderation, but that it is a poison without which they can get along in life; that as a beverage it is always near the border line of harm; that it does not ordinarily strengthen any faculty of mind save that of imagination; that partaking of it is an acquired habit that often grows until it enslaves.

PSYCHOPATHIC HOSPITAL.

Together with the State Board of Health and others interested in the care of the insane we are very anxious to obtain a psychopathic hospital to be located in San Francisco and to be placed under the control of the regents of the state university. A psychopathic hospital has many purposes. It serves as a reception hospital, for San Francisco and the neighborhood, for the insane and those charged with insanity, looks out for temporary and voluntary cases, retains those for treatment and study whose cases look favorable and advises the commitment of those who should be sent to state hospitals. As an observation hospital it will hold selected cases for research and treatment until recovered. A very important part of the hospital will be the laboratory department which will be conducted on scientific methods and result in closer study of cases. In connection with the hospital there will be an out-patient department where advice can be given and cases followed up after discharge. One of the great advantages will be the early treatment of cases without commitment to a state hospital. A close study will be made of cases, indeed scientific research will be one of the principal factors. In this work which will be under charge of professors from the state university much knowledge may be obtained as to causes bringing about insanity and mental defectiveness. The creation of such a hospital with its intensive study by skilled men who will take advantage of all scientific advances can not but result in good.

It is the purpose of the hospital to try to make itself useful to all parts of the state in the investigation and study of cases. Its out-patient department will be able to get in touch with probation officers and others interested in the work and to assist them as far as possible. Field workers should be attached to the hospital who will look up the family history of cases, a work that will take them to all parts of the state. They will thus be of state-wide benefit and will undoubtedly by their counsel and advice be able to keep a certain number out of hospitals for the insane and to make better care for them at home.

STERILIZATION.

The sterilization law and the prevention of insanity work is proceeding at all of the state hospitals and at the Sonoma State Home. During the two years ending June 30th last 291 sterilizations were done—161 men and 130 women. Those operated upon were classified under the following forms of mental disease, viz:

Manic depressive -----	149
Dementia praecox -----	68
Epileptic -----	27
Imbecility -----	14
Drugs and alcohol -----	19
Other forms -----	14
	291

The operation on women is almost uniformly a salpingectomy, except where there is organic trouble of the ovaries when one or both may be removed. Ovariectomy is occasionally done in hysteria or epilepsy with marked erotic tendencies. In the men vasectomy is the one operation, as the law does not permit us to castrate. We seldom operate upon a woman without getting the consent of her nearest relative, and that people are beginning to realize the advisability of cutting off the power of bringing children into the world by those who have become insane through inherited weaknesses is shown by the readiness with which they ordinarily give consent when the operation and its purposes are explained to them. It is not uncommon for the hospitals to have requests from patients or former patients to have sterilization done upon them. Many of our female patients who have been sterilized at the hospitals have expressed their appreciation of the work done upon them by reason of their knowledge of danger of bad inheritance in child-bearing. Among the men where there are relatives who can be found we try to obtain consent—if relatives can not be found we decide upon the work according to the history of the case, its class and the general character of the individual. While the results following vasectomy are by some considered negligible, it is beyond a question of doubt in many cases that there is a marked improvement both mentally and physically within thirty days after the operation, which persists until the patient is in condition to be discharged. No ill effects have followed either salpingectomy or vasectomy upon the physiological functions. That sterilization in appropriate cases should be done is undoubted. The influence of heredity, the engrafting of the weaknesses of parents upon children, perhaps in modified form, is so well established that there is no room for argument. An answer might be made that those where sterilization seemed urgent should never be discharged from the hospital but should be kept there through life; but it is easy to realize

what the result would be. We would be overcrowded with the class of cases who are unfit to bring children into the world. A majority of the public would be maintaining a minority of the unfit by reason of their possession of procreative powers. Sterilization prevents the transmission of their weaknesses to children, the public is protected, and the sterilized individual can be a breadwinner but not a producer of his kind.

OPERATIONS UNDER THE INEBRIETY LAW FOR THE TWO YEARS ENDING JUNE 30, 1916.

In the two years ending June 30th last we have admitted to our state hospitals 1,516 patients as inebriety cases. There were 1,062 committed as cases due to alcoholism, and 454 due to drugs. Remaining in the hospitals on June 30th there were 344 cases. What has become of the nearly 1,200 who were discharged? Between 13 and 14 per cent of them have been returned to the hospitals by recommitment. As bearing on the question of recovery or reformation, Dr. Eva C. Reid, our after-care physician, attempted a study of 100 discharged inebriates; of this number 29 could not be located or treated and in the remaining 71 there were thirteen recoveries or reformations, a percentage of eighteen. The hospital superintendents find it difficult to agree upon a standard of recovery of inebriety cases, so great is the danger of relapse. Experience has taught us that a very large proportion of the inebriates sent to our care have reached a point before commitment where there is little hope of successful treatment. The long continued use of alcohol has brought a change in the nutrition of the brain cells that renders entire restoration impossible. With the occasional or accidental drunkard who has not been a constant drinker, who has some self-respect left, very much can be done for them for they will cooperate with the hospital physicians and have a real desire to abstain. The chronic alcoholic and the drug habit cases who have become so through association with their class do not, as a rule, cooperate and return to their habits very soon after liberation or elopement. The association of inebriate and the insane is not good for either class and is especially harmful to the insane. There are a lot of good inebriates, good fellows, good instincts, helpful to those of weaker minds, but there is a class among the inebriety cases who take advantage of the weaknesses of the insane to pester and annoy them, to involve them in conspiracies to escape, and to generally exert a harmful influence. On June 30th last there were 344 inebriety cases in the hospitals, an average of 68 in each hospital. Our hospitals are all overcrowded and we should be relieved of the necessity of caring for the inebriates. Under the present law they can be sentenced up to two years, but it is simply impossible to detain them up to the full time on account of overcrowding. After

preliminary treatment we try to engage them on outside work as the best way to build them up. That they do not appreciate the real benefit of the liberty that must be given them with outside employment, but take advantage of it to escape, is shown by the statement that 397 inebriates escaped during the two years ending June 30th last. Many of these escapes were recaptured and returned to the hospital, but the figures show how little they really wanted to reform. In view of the fact that the inebriates as a class are a source of trouble to the insane, both by reason of overcrowding and association, it is a pertinent question to know how we can best take care of them. The most modern way is through a farm and industrial colony. This plan is in successful operation in Massachusetts and is the result of a legislative investigation of the subject. The plan in brief is the purchase of a tract of land of about a thousand acres, if possible, or at least sufficient for agricultural purposes, for workshops and industrial training, and for a segregation of the various types. This plan embraces, first, a colony for hopeful incipient inebriate cases; second, a colony for more advanced male cases who are in need of custodial care; third, a colony for refractory male cases—men who do not lend themselves to ordinary methods of treatment, and who require more or less restraint; fourth, a colony for inebriate women. The method adopted is to construct cottages each accommodating not more than 25 patients and located in groups or colonies of three or four, distributed over the tract of land, so located as to favor the needs of the respective patients. In addition, there should be a group of buildings to serve as administration or receiving buildings, in which treatment must be given patients to relieve them of the deplorable condition in which many of them are received. In a word, they are mental and physical wrecks and need close attention and medical care. At this receiving hospital careful examination should be made of the physical condition, for at least 16 per cent of all alcoholics suffer from physical disease directly due to alcohol. The physical troubles involve heart, lungs, liver, arteries and nervous system, and must be given the necessary study and treatment to do the patient justice. In fact they must have hospital scientific investigation and treatment; farm work, shop and industrial work to be made a part of the system. Enlargement can be made by building additional cottages. With a plan of this kind and with additional after-care service to follow up, encourage and help discharged patients, we certainly can improve our care of inebriates. Other features, such as an out-patient department, clinics for incipient cases of inebriety, should be added after we secure the colony.

At a meeting of all the superintendents held at the Napa State Hospital on September 20th and 21st, a large portion of the time was given

to a discussion on the question of inebriety and as a result the following resolution was adopted unanimously, viz:

“Whereas the present method of committing alcohol and drug inebriates to the state hospitals for the insane has proven to be harmful to the insane and of doubtful value to the great majority of inebriates: therefore be it

“*Resolved*, That we favor a law creating a farm and industrial colony to which inebriety cases as such may be committed.”

Pending an appropriation for the completion of the farm colony it is my opinion that the inebriety law should be so amended that no person who has previously been committed under the inebriety law as an intemperate user of alcoholic stimulants and who has been discharged or who has escaped shall be again committed to any state hospital as an inebriate unless permission be obtained from the medical superintendent thereof. The purpose of the amendment is to keep the hospitals from being loaded up with inebriates who are incorrigible, who have no desire to reform, who go to drinking as soon as they leave the hospitals, and who have been committed from two to four times as inebriates.

It should be understood that a considerable percentage of alcoholics are defective mentally and that in many of them inebriety is but the manifestation of their mental condition. They do not have the intelligence to refrain from any passion to which they are subjected.

Another large class of our inebriates are chronic alcoholics whose reformation is practically impossible. It is an injustice to the more hopeful class to allow the incorrigible cases to be detained to occupy the space that should be given to the more curable patients.

In closing this short article I desire to call attention to articles on the treatment of inebriety in state hospitals by Dr. F. P. Clark, superintendent of the Stockton State Hospital, and Dr. A. C. Matthews, first assistant physician, Napa State Hospital.

F. W. HATCH,
General Superintendent.

TREATMENT OF DRUG AND ALCOHOLIC ADDICTIONS.

DR. A. C. MATTHEWS.

That the subject of treatment of the unfortunate alcoholic and the drug habitue has been a neglected one, I think every one who is somewhat familiar with the facts will admit. The delay in taking action with the view of doing something for those individuals is due, in a large measure, to the hopelessness of such a large majority of the cases from the very beginning. That there is, however, a certain per cent of the addicts that deserve the assistance of the medical profession, there is no doubt.

I will not consider in this paper the great question of prevention, involving, as it does, so many factors, that it is simply out of the question to discuss it in a paper of this kind. So long as opium and its derivatives, veronal, chloral, and other drugs are on the market, and just so long as society countenances the sale of intoxicating liquors, we will have this unfortunate class to deal with. I will endeavor to confine myself to the assistance we may be able to render these individuals on their admission to the hospital. But in order that I might have some knowledge as to what was being done for such cases at the present time, and particularly to find out what line of medical treatment was most prevalent, I addressed communications to a few state institutions that care for such cases, and to many of the Eastern private hospitals for drug and liquor cases.

Some of the public institutions give practically no treatment, and express the idea that we should allow the subjects to suffer from the effects of withdrawal in order that they may more fully realize what the habit means to them. The majority, however, of the public and private hospitals follow the gradual withdrawal system. Only a few private institutions use hyoscin, and a larger number, especially some of the larger Eastern municipalities, such as Boston, New York, Philadelphia, follow the Lambert, or Towns-Lambert method. Some of the private institutions have a so-called system of their own. There seems to be no consensus of opinion regarding the care of chronic inebriates, that is, hopeless cases, and the derelict of the drug addiction. Some believe in colonization for these incurables; others in commitment to workshops, penal institutions, etc.

The views which I shall express later regarding the initial, medicinal treatment at the time of admission and withdrawal of liquor and drugs are, I want it understood, entirely personal, and come not from hearsay or journal articles, but from my personal experiences with the treatment here subsequently to the passage of the Intemperance law.

It is probably known to all of you that the Intemperance enactment became a law under constitutional provisions without the Governor's approval. This law was amended by the legislature in 1915, so as to provide that, before a person shall be committed, satisfactory evidence shall be submitted to the trial judge showing that the person to be committed is not of bad repute or bad character, apart from his or her habit for which the commitment is made; and that there is reasonable ground for believing that the person committed will be permanently benefited by treatment; and, providing further, that no intemperate user of narcotics who has once been discharged or escaped shall again be committed without permission for such recommitment be first obtained from the medical superintendent. It is the question of the character of many of the intemperate cases sent to us that I particularly wish to emphasize, and to which I will refer later in taking up the consideration of the class of cases that may be benefited by treatment.

Years ago, alcoholism and drug addiction were almost universally regarded as a mere moral perversion, a bad habit entered into and continued because of moral degeneracy. Numerous efforts have been made to reclaim and reform them. Almost all of these consisted in an appeal to the moral and emotional nature of the men, and some were thus influenced to abandon the poison, but a large majority were unreached by these methods. In more recent years, the wretched condition of these men has appealed strongly to scientific men, who were students of human nature, and the causes or influences which lead such men to enter on and continue the use of alcohol and drugs have been studied and discussed from every viewpoint. I will quote from Dr. Reid's paper about to be published, "The Chronic Alcoholic as a State Problem." It says: "With all due respect to statistics and research, the fact remains and is patent to every thoughtful observer, that alcoholism is closely associated with crime, pauperism, feeble-mindedness, the epilepsies and the insanities; that a chronic alcoholic is a menace to the community in which he lives, a social blight and a financial burden." If I were to place one factor above all others in the list of causes, it would be environment. The youth who associates with wild companions, with free access to the saloon, stands a very good chance of later becoming an alcoholic. Dr. Reid quotes Dr. Lambert, who made an investigation of 259 cases of alcoholism at Bellevue Hospital, New York City, and who found 70 per cent formed the drinking habit before twenty-one years of age. Partridge, in the study of 65 cases, found that 63 began drinking in a social way. Physical disorders contribute their influences in many cases as organic brain diseases, injuries, chronic diseases, etc.

THE INCURABLE.

To cure a disease, the cause must be ascertained and removed. Where the cause is known and can not be removed, what have you to hope for? What can we expect in the way of cure or assistance from hospital treatment with the "rounders" who are constantly returned to us; those who, though they may make pledges, have no idea of carrying them out; those who, after having recovered from the immediate effects of drugs or liquors, declare, as has occurred in this hospital, that they will "get drunk" as soon as released; those who show deterioration, feeble-mindedness, degeneracy, criminal tendencies and desire for the red-light district. These are the cases that are returned to us again and again at an enormous expense to the state, and with little, if any, hope of reward for our labor with them. They are a menace to society and the sooner they are confined in some colony or other suitable place and made to work for their maintenance, the better and safer will it be for the community. Allow me to quote from Dr. Reid's paper again regarding the cost of commitment, transportation charges, and cost of maintenance for one of these cases: "Cost of examination by Lunacy Commission, ten dollars; cost of transportation to state hospital (average estimated by former deputy sheriff of San Francisco), fifteen dollars; maintenance at fifteen dollars per month for four months (estimated average length of detention), sixty dollars; total, eighty-five dollars." This is aside from the cost to the state in the work of the medical staffs of the hospitals, and when we consider that these cases cause us more trouble than the insane, it means a heavy tax upon the physician's time. The law says that aside from the alcohol and drug habit, the intemperance case shall not be of bad repute, or of bad character. But, upon referring to our histories, how often do we find that this part of the law has been taken little notice of? In most instances, I believe that the superior judges are misinformed, as we find in many cases of prostitution that come to us the occupation given as clerks, waitresses, etc. It is my experience that if a case, say of alcoholism, is committed a second time, he will sooner or later return a third, fourth, or more times. When a case has been committed to a state hospital once, has received careful treatment and remains for a reasonable length of time, say four months, I do not see what one can hope for in the way of benefiting that individual by a second, third, fourth commitment. In such cases there is something fundamentally wrong with the individual, and, in most cases, it is incurable. I think that few cases deserve second consideration.

One must finish with the chronic and hopeless alcoholic promptly and conclusively. It is important for a case of this kind to learn that

at a certain point society will have had enough of him. Fathers and mothers must break with alcoholic children; wives and husbands must be freed from alcoholic mates; charitable institutions must be rid of alcoholic derelicts; society, itself, must be rid of this waste material after it has ascertained that the cases are hopeless, and have provided comfortable sequestration for them with employment; while they are at large they should be sterilized.

THE DRUNKARD AND DRUG ADDICT WHO CAN BE SAVED.

Now, let us turn to the vast army of people who are worth while, but who, nevertheless, have, through mistakes common to our society, become victims to the habit. To be a subject worthy of our attention and careful treatment, he should conform to the following:

1. He must be an occasional or accidental drunkard, not a habitual drunkard for years past.

2. He must be a man who realizes his abnormal mental state while drinking, and wants to reform.

3. He must be a person who assumes without subterfuge or hesitancy full responsibility for his intemperate acts.

4. He must be a man with some ideal and not handicapped with the many conditions found in the chronic and incurable drug and alcoholic addicts.

5. As a rule, he must have achieved something up to the point where he has become addicted to the excessive use of liquor or drugs.

6. He must realize that he can only build up a strong will power by daily self-denial; never by giving away to every impulse that may come to him.

7. He must cooperate with his physician, and be appreciative of the efforts made in his behalf.

8. He must decide for once and all times to absolutely refuse to take a drop of liquor or a shot of morphine; if he does, as a rule, he is doomed.

It has been estimated by competent observers that about 20 to 25 per cent of alcoholics of all classes, and a larger percentage of drug cases, can be reformed. When a case of this kind is committed for treatment, what shall we do for him?

TREATMENT OF THE HOPEFUL ALCOHOLIC AND DRUG ADDICTS.

The Alcoholic: The ordinary alcoholic case will be relieved of any desire for liquor in from five to twenty days without any treatment, but he can be relieved of the immediate effects of liquor and the system rid of the toxic products contained therein more quickly by stimulating the eliminative function; that is, by free purgation, diuretics and diaphoretics (as the hot blanket packs and steam baths). As a routine

procedure here, we have used for a long time the Lambert treatment. That this method possesses real virtue, beyond the free catharsis produced, I am quite positive. From my observation on women alcoholics, it can be said that they regain their equilibrium much more quickly with the treatment than without it. (Method will be given with the drug cases.) The hyoscin treatment I will speak of at length also with the drug cases. Dr. Reid, previously quoted, says she has found out that the hyoscin treatment is absolutely worthless in the cure of liquor cases. We all know that there is no absolute cure for either of these addictions.

THE DRUG HABITUE AND HIS RELIEF.

The recognized lines of treatment for such cases are essentially three:

1. The gradual withdrawal method.
2. The hyoscin treatment.
3. The Lambert or Towns-Lambert method.

The Gradual Withdrawal Method: If we were to adopt as our standard of treatment that method which has the greatest following, we would unhesitatingly accept this method, for I find that most of the private institutions of the country adhere to this system. It is true that I have seen some cases suffer very little by this method, but, as a rule, they were cases which had been without the drug for some days previous to admission, or had been using it but a short time, and in small doses. But the average case of chronic drug addiction who has been using from five to twenty grains of morphine or other drugs, proportionately, will suffer immensely by this method, provided his mind is sufficiently clear to recognize his symptoms. After personally comparing this method, which is slow and attended with such agony, with the Lambert treatment, I have entirely discarded it.

The Hyoscin Treatment: This method is little used. It has few adherents. I am probably incompetent to criticize or judge of its merits from lack of experience with it, but the rationality of it does not appeal to me. In 1902, Dr. Lott, of Cameron, Texas, published an article in the "Therapeutic Gazette," in which he advocated the hyoscin-hydrobromate treatment. It received some consideration at the time from the profession from the fact that it was endorsed by Dr. Hobart A. Hare, of Philadelphia, and it is still recommended by him in the last edition of his therapeutics. It possesses, to my mind, no advantage over the Lambert treatment, and many decided disadvantages. The method is essentially as follows: There are three periods:

1. One week of elimination by diaphoretics, diuretics, and cathartics. During this time, the subject is given the drug with an attempt at reducing the amount.

2. The patient is rendered immune to pain by becoming mentally unbalanced from a dose of hyoscin; then withdraw morphine and all drugs completely; keep the patient in this condition for nearly two days. "Secure the mild physiological action of hyoscin, indicated by redness of the face, dryness of the throat, dilatation of the pupils, and mild hallucinations. During this second period the patient is restless; tries to get out of bed and move about; talks at random; has many delusions and illusions." Who would complain of pain in such a befogged condition? With cocaine patients "It is at times necessary to restrain them," and again to quote, "It is imperative that a competent nurse attend the patient constantly during the administration of hyoscin."

3. The period of convalescence: This depends upon the patient's recuperative powers, and will extend over a period of three to five weeks, thus requiring a total of from six to eight weeks in a sanitarium.

The Lambert or Towns-Lambert Treatment. History: This treatment should preferably be called Towns and not Lambert, though Mr. Towns is not an M. D.; but the so-called specific was obtained from him and given to the medical profession through Dr. Alexander Lambert in an article appearing in the journal of the "A.M.A.," September 25, 1909. Some narrow-minded physicians opposed the treatment because Mr. Towns is not a physician. Such should remember cinchona was given to the world by a layman; hydrotherapy by an ignorant peasant; "how to cut for stone" by a friar; "how to treat gout" from a soldier; "how to keep off scurvy" from a sailor; "how to sound the Eustachian tube" from a postmaster; "how to catch the itch insect" from an old market woman; we borrowed acupuncture from a Japanese heathen, and the use of lobelia from the American savage. If the treatment is undeniably successful, its parentage is of no consequence whatsoever. Mr. Towns probably knows more about drug addiction, its history, prevalence, and treatment than any other living being. He has been the spokesman in state and federal legislatures upon this subject, and has traveled extensively in the Orient and Europe, studying the whole question. He was recognized by Taft when he was President, who sent him cases for treatment under the government officials' supervision, and he represented the national government at the first opium international congress held at Shanghai, March, 1909. He opened three hospitals in China; one at Peking, one at Tientsin and one at Shanghai; and during his residence there of eleven months treated 4,000 Chinese without a fatality and with marked success in every way. Hospitals carrying out this line of treatment have been established in many of the larger municipalities of the East, and at his own hospital in New York City during the year 1915 there

were treated 900 patients, 326 of whom were drug addicts. Mr. Towns' method has been accepted by some of the leading men of our profession. Dr. Lambert, visiting physician at Bellevue Hospital, and professor of clinical medicine at Cornell, has been mentioned. Dr. Richard C. Cabot, of Boston, whose work on "Diagnosis" we all know about, has investigated the method most carefully and has, without the slightest reservation, put the seal of his unqualified approval upon the treatment of such cases by the method. Dozens of others of national reputation could be mentioned.

The Method: The treatment consists in the most energetic, drastic cathartic medication to obtain desired elimination, and at the same time, after the bowels have moved thoroughly, we begin the administration of the mixture, which consists of tincture of belladonna, 15 per cent (ounces two); fluid extract xanthoxylum, and fluid extract hyoscyamus; of each, ounces one.

The Cathartic Medication: Give an enema of soapsuds and five C.C. pills and five grains of blue mass. The cathartics are repeated after ten hours of treatment and then at intervals of 16 or 18 hours until the green stools appear, when the treatment is ended by an administration of an ounce or more of castor oil. It is essential that all cathartics should act promptly. The bowels must be kept thoroughly open or the patient is liable to begin to vomit and the distressing symptoms of the narcotic withdrawal will come out.

The Specific Medication: After the bowels have moved thoroughly, begin with six drops of the specific mixture every hour and increase by two drops every six hours until 16 drops are reached. Do not go beyond 16 drops. Continue these every hour until the green stool is obtained, at which time give the castor oil and the treatment ends.

Drug Administration: The regular treatment recommends, or rather specifies, that there should be given with the first dose of the specific about one-half of the total daily dose of morphine or other drugs. Divide this amount into three doses and give at one-half hour intervals by mouth or hypodermics, as the patient is accustomed to take it. Usually about two more doses (smaller) of morphine are required. After the case has been under treatment 24 or 30 hours, there is usually need of cardiac stimulation. Strychnine grains $.1/60$ th to $.1/30$ th every three hours, or digitalis, tend to overcome the relaxation of the vascular system, which in these patients often produces the feeling of exhaustion. We have to give very little morphine in our work here at this hospital. In only two or three cases during the past year have I had to give the drug. The reason for this, I think, is that most of the cases have been without the drug for a short time at the emergency hospital.

The Food: During the treatment, patients are given a regular diet of easily-digested food, such as eggs, cereals, bread and butter, vegetables, coffee and tea, if they desire it. Many of the patients have a good appetite throughout and eat abundantly. Some, of course, do not, and being in a poor physical condition do not eat heartily until the treatment is ended. I forgot to say that the specific treatment lasts anywhere from 36 to 50 or 60 hours.

Disadvantages: The only drawback to the treatment is found in certain idiosyncracies to belladonna poisoning, which, in my experience with drug cases during the past four years or more, amounts to about 5 per cent, and a little larger per cent of the liquor cases. We always watch for the symptoms of belladonna intoxication, such as dilated pupils, dryness of the throat, red rash, or rapidity and incisiveness of speech, or sometimes a beginning delirium. If such develop, stop the specific and when the symptoms subside begin with smaller doses. Rarely will a case go on to active delirium, if the symptoms are watched carefully and free catharsis produced.

To a person who is not familiar with this method of treatment, from personal experience, skepticism would naturally arise, but a trial only is needed to convince the doubtful. I do not approve of the gradual withdrawal method, and, therefore, shall compare the Lambert method and the hyosein. In the hyosein method, you have:

1. Suffering during the week of gradual withdrawal at time of cathartic medication.
2. A patient who can not complain of pain because he is "put down and out" by hyosein. This state is often characterized by resistance, delusions, illusions, and delirium. Restraint is necessary at times.
3. A subject who requires constant supervision by a nurse.
4. A method of treatment which is objectionable, because in the process of such treatment the subject is usually made temporarily insane.
5. A treatment lasting about nine days.

On the other hand, with the Lambert treatment we find:

1. A patient who, excepting in rare instances, can cooperate with the nurse throughout the course.
2. A patient who can tell you of his feelings and understands fully the method.
3. A patient who does not require constant supervision. One nurse can attend to many cases.
4. A patient who presents a clear mentality throughout.
5. A treatment lasting only from two to three days.
6. A treatment appreciated by the cooperating patients and generally commented upon as they know they have passed through the ordeal with the minimum degree of discomfort.

HYDROTHERAPY IN THE TREATMENT OF INEBRIETY.

By FRED P. CLARK, M.D., Medical Superintendent, Stockton State Hospital.

The treatment of the inebriety cases committed to the state hospitals has been a source of considerable discussion at various times among those to whom the care of these unfortunates has been entrusted.

We have tried numerous methods advocated for the treatment of the morphine habit and alcoholism with varied success, at this hospital, but for the quickest relief, with least prostration to the patient, rapid gain in strength and weight—the most rapid restitution to the normal state of well-being—we have given hydrotherapy the preference to any of the other methods of treatment.

This treatment produces the rapid elimination of the poisons without reducing the patient and obviates the disagreeable symptoms such as delirium, restlessness, drying up the secretions, etc., from the use of belladonna and hyoscin.

The usual dose of calomel, followed by salines, is given the patient on admission until the bowels are thoroughly evacuated. It is necessary in some cases to give small doses of morphine— $\frac{1}{4}$ to $\frac{1}{2}$ grain at intervals for the first two days. Larger doses we do not advocate—the custom of giving a large fraction of the amount the patient states he has been taking, we consider a dangerous one, as the statement made by the patient as to this fact is seldom reliable.

The continuous bath at 98 degrees given for a period of several hours, affords relief from restlessness, muscular and abdominal cramps, the patient becoming comfortable and frequently going to sleep in the bath. Should patients become wakeful and restless during the night, cold sheet packs quiet him and induce sleep. After a few days of baths, packs and sprays, the patient shows a very marked improvement in appearance, the appetite is improved—the patient having as great a craving for food as he formerly had for morphine—gains in weight rapidly and there is a marked change for the better in his physical condition. The packs and sprays are kept up for some weeks for tonic effect. Patients are kept in bed during the first week of treatment.

ALCOHOLISM.

The same treatment is carried out in cases of patients committed to this institution suffering from alcoholism. We find that alcoholics require a longer time to regain their normal physical condition on account of the irritation that their excessive drinking produces in the stomach and alimentary canal. The continuous baths and packs affords wonderful relief for nervous symptoms and restlessness and it requires only a few days for these symptoms to subside.

Concerning other forms of treatment, I can not help but feel that they must have originated with some one who was so situated that he was not able to give his patients the benefit of hydrotherapy as above described. We all realize there is no known drug which will so change a person's mental attitude that he will be able to withstand the inclination to drink should the desire come to him—then why add belladonna and other drugs which will have to be eliminated by the means of severe catharsis which is such an important factor in the medical treatment of inebriates.

When the patients are discharged from this hospital we feel that they have been practically cured of their desire to continue the use of alcohol and morphine, but we also know and feel that they should have supervision for several months after leaving the hospital, for with any illness, disappointment, business or family worries, they will, unless encouraged, return to the use of the drug or stimulant that gives relief.

REPORT OF SECRETARY.

June 30, 1916.

California State Commission in Lunacy, Sacramento, California.

GENTLEMEN: I respectfully submit to your honorable commission the following report for the sixty-sixth and sixty-seventh fiscal years.

The collections for the contingent funds of the various state hospitals for this biennial period show a satisfactory increase over the preceding two years, and are the greatest in the history of this commission. The collections for the period were:

Sixty-sixth fiscal year.....	\$228,863.70
Sixty-seventh fiscal year.....	233,595.69
	\$462,459.39

showing an increase over the preceding two years of \$66,415.08.

The collections for the state of charges for transportation of the insane to the several state hospitals also show a material gain over previous years.

Your favorable attention should be called to the work done by the general superintendent, Dr. F. W. Hatch, along the lines of after-care, psychopathic, and hospital dietary, and his cooperation with New York and other states in the study of eugenics as it bears on the subject of insanity, inebriety and epilepsy.

The work of the attorney for the commission has been extremely gratifying. Through his efforts collections have materially increased in cases where all other methods were of no avail, and his counsel and legal advice have been frequently called for, not only by the office of the commission, but by the officials of the various state hospitals.

The commission, through Mr. Charles F. Waymire, who has had this matter in charge, has made a decided saving to the state through the deportation of nonresident insane who are not properly charges on this state to their various states of residence. I would suggest that the commission consider the matter of carrying the work forward to greater results by taking the subject before the Board of Control and the state legislature.

While stress has been laid on the matter of increased revenues to the state through collections in both board and transportation accounts, your secretary has endeavored to exercise a very considerable degree of

leniency in cases where an evident hardship would be worked if collections were enforced. Feeling that it is not the policy of this commission or the state of California to work hardships, many charges and accounts have been canceled where proper cause has been shown.

Following will be found tables showing collections at the state hospitals during the last two biennial periods, movement of patients, nativity, statement of contingent fund, etc.

Respectfully,

E. S. BIRDSALL,
Secretary.

MONTHLY RECEIPTS AT THE FIVE STATE HOSPITALS.

From July 1, 1912, to June 30, 1913.

Months	Stockton	Napa	Agnews	Mendocino	Southern California	Total
1912—July -----	\$2,401 17	\$2,942 57	\$2,656 50	\$2,240 38	\$7,154 36	\$17,394 98
August -----	2,185 89	3,061 50	3,440 75	1,218 37	5,220 34	15,726 85
September -----	2,542 00	3,770 23	2,456 86	1,395 00	4,890 39	15,054 48
October -----	1,424 25	3,979 07	2,653 15	1,179 00	6,703 02	15,938 49
November -----	2,020 60	3,787 77	2,475 02	1,441 50	3,559 65	13,284 54
December -----	2,051 02	3,894 67	3,916 49	1,238 00	6,192 70	17,292 88
1913—January -----	2,222 80	4,568 71	3,047 19	2,485 85	4,939 18	17,233 73
February -----	3,592 73	4,696 00	2,526 60	1,079 55	4,277 89	16,172 77
March -----	3,090 14	4,424 03	2,910 91	887 68	4,919 27	16,232 03
April -----	2,116 46	4,126 25	3,082 27	2,293 00	5,739 32	17,357 30
May -----	2,524 85	4,578 24	3,363 75	1,208 50	4,787 49	16,457 83
June -----	1,973 26	4,361 84	3,182 44	976 00	3,532 66	14,026 20
Totals -----	\$28,145 17	\$48,790 88	\$35,711 93	\$17,637 83	\$61,916 27	\$192,202 08

From July 1, 1913, to June 30, 1914.

1913—July -----	\$2,607 92	\$4,544 34	\$3,419 61	\$2,325 95	\$4,143 82	\$17,041 64
August -----	1,933 54	4,847 87	3,859 98	763 25	3,647 88	15,052 52
September -----	2,474 79	4,634 36	3,930 72	748 60	4,675 32	16,463 79
October -----	3,921 77	6,676 53	3,848 26	1,997 09	4,111 40	20,555 05
November -----	2,749 00	4,313 65	2,805 63	1,424 50	4,831 23	16,124 01
December -----	1,415 85	4,009 32	3,847 95	1,128 00	3,767 18	14,168 30
1914—January -----	2,145 14	5,399 21	4,218 85	1,450 25	4,425 46	17,638 91
February -----	1,902 29	5,314 66	4,048 85	1,093 00	4,605 90	16,959 70
March -----	2,757 51	5,033 42	3,586 51	1,429 50	4,172 30	16,979 24
April -----	2,803 02	5,068 15	4,617 43	1,669 00	5,247 41	19,405 01
May -----	2,101 64	4,717 94	3,714 33	1,200 18	3,720 71	15,454 80
June -----	2,847 22	5,740 94	3,510 65	1,075 50	4,824 95	17,999 26
Totals -----	\$29,659 69	\$60,300 39	\$45,403 77	\$16,304 82	\$52,173 56	\$203,842 23

MONTHLY RECEIPTS AT THE FIVE STATE HOSPITALS—Continued.

From July 1, 1914, to June 30, 1915.

Months	Stockton	Napa	Agnews	Mendocino	Southern California	Total
1914—July -----	\$4,312 29	\$6,695 97	\$4,112 32	\$1,722 75	\$6,841 15	\$23,684 48
August -----	3,839 01	4,070 67	3,851 00	1,047 25	3,255 13	16,063 06
September -----	5,019 81	3,844 61	4,102 28	878 50	3,553 13	17,397 83
October -----	5,139 35	5,656 53	5,130 98	1,571 50	5,243 45	22,141 81
November -----	1,469 17	5,070 05	4,060 76	1,403 00	3,588 54	15,591 52
December -----	3,900 04	4,250 66	4,909 33	1,022 06	3,901 18	17,983 27
1915—January -----	3,209 93	3,938 90	4,714 48	2,280 13	5,101 71	19,245 15
February -----	2,237 18	5,474 50	4,028 68	1,353 50	4,816 70	17,940 56
March -----	2,625 63	5,840 51	6,146 88	1,437 12	3,918 69	19,968 83
April -----	3,037 70	5,206 97	4,076 60	1,743 00	5,290 01	19,354 28
May -----	1,782 63	6,022 84	6,745 65	1,827 65	3,931 75	20,320 52
June -----	3,873 55	4,486 20	4,616 50	986 00	5,210 14	19,172 39
Totals -----	\$40,445 79	\$59,968 41	\$56,495 46	\$17,272 46	\$54,681 58	\$228,863 70

From July 1, 1915, to June 30, 1916.

Months	Stockton	Napa	Agnews	Mendocino	Southern California	Norwalk	Total
1915—July -----	\$2,672 55	\$5,474 12	\$4,753 14	\$2,040 51	\$5,529 89	-----	\$20,470 21
August -----	1,530 62	4,631 01	6,185 60	2,934 99	4,072 33	-----	19,354 55
September -----	2,315 39	4,734 40	4,562 66	756 33	3,724 95	-----	16,093 73
October -----	4,442 24	6,065 64	4,421 57	2,517 50	5,248 90	-----	22,695 75
November -----	3,588 89	3,519 04	4,041 78	1,964 82	4,084 30	-----	17,147 83
December -----	2,384 97	4,950 83	5,259 55	1,043 44	4,751 90	-----	18,390 69
1916—January -----	3,573 51	7,568 54	4,195 88	2,043 50	4,350 22	-----	21,736 60
February -----	3,617 09	5,405 23	3,681 10	1,517 50	6,539 43	-----	20,760 35
March -----	2,840 25	4,403 80	6,100 65	964 20	5,211 82	\$273 65	19,794 37
April -----	2,410 31	3,815 35	4,662 40	1,726 50	5,347 02	115 10	18,076 68
May -----	2,959 25	4,235 62	4,352 86	1,044 10	5,368 62	88 75	18,049 20
June -----	2,985 04	5,412 70	5,643 78	1,353 17	4,743 64	885 40	21,025 73
Totals -----	\$35,319 61	\$60,216 28	\$57,860 92	\$19,913 06	\$58,922 92	\$1,362 90	\$233,595 69

REPORT OF THE ATTORNEY FOR STATE COMMISSION IN LUNACY.

November 17, 1916.

As illustrative of the varied activities of the attorney for your commission, I herewith set forth the facts of one particular case, which has been handled, with many hundreds of others, during the past two years.

A San Francisco woman was committed to one of the state hospitals, and in her possession was found a bank book, showing a deposit of \$1,000 and a contract entered into between her and a certain Home, wherein the Home, in consideration of the payment of \$3,000 in advance, which sum was paid by the woman, agreed to provide a home for the party during the remainder of her life; but, the contract also provided, that should she develop insanity, or be judicially declared insane, the Home would not be responsible for any expenses of her maintenance thereafter, and the contract also provided that it could only be terminated by the mutual consent of the parties. The woman in question had been taken care of by the Home for a period of sixteen months, when she was committed to a state hospital. As her condition was such as to warrant the belief that she would have to remain in the state hospital for a long time, I decided that the Home ought to pay for her maintenance out of the \$3,000 at the rate of at least \$15 per month. Accordingly I had Senator Birdsall appointed her guardian, and then took the matter up with the Home on behalf of Senator Birdsall as guardian. I was referred by the Home to their attorney, and after considerable correspondence succeeded in persuading the Home to agree to pay the hospital \$15 a month for the maintenance of the lady, and \$2.50 a month for extras.

I could recite many other interesting cases where I have finally prevailed upon various parties to pay for the support of their relatives in the state hospitals, but it would make this report too lengthy. We have, however, used discretion in the matter, and in a number of instances where we started to enforce collection, we have finally wound up by cancelling the monthly charge when we found the payment of the same was more than could be reasonably expected of the parties responsible.

During the past two fiscal years over \$12,000 has been personally collected by me and passed through this office to the State Commission in Lunacy. I do not hesitate to state that indirectly this office has been responsible for the payment of a much larger sum to the hospitals direct during the two year period, as in many instances the remittances are made direct to the hospitals.

I have been called upon for numerous opinions, not only by the State Commission in Lunacy, but by the various hospitals, and I have made it a point to respond promptly.

A great many consultations have been had with attorneys for guardians of insane persons, concerning the care and management of the property of insane patients—while writing this particular report I was interrupted by the attorney for the husband of an insane wife; a piece of mortgaged community property stands of record in both their names. The husband is desirous of beginning an action to quiet title in his own name, so that he can renew the mortgage, or dispose of the land alone. I am insisting that a guardian be appointed for the wife and have her join in the mortgage of sale of the property, and thus more securely protect her interests in the same.

I have attended a number of hearings before various boards and courts of the state. One of the most important cases decided during the period covered by this report being the application of Jeremiah C. O'Connor, an inmate of the Napa State Hospital, committed under section 2185c, for release through habeas corpus proceedings. He first applied for a writ to the Superior Court in Napa County, and after a hearing the writ was denied. Later on he applied to the Appellate Court at Sacramento, and that court denied his petition in an interesting opinion in which they sustained the constitutionality of section 2185c, of the Political Code. Later on he applied to the United States District Court at San Francisco for a writ, but before it was heard he was discharged by the medical superintendent as recovered.

Recently I have been informed by some of the medical superintendents that in several instances relatives or friends of patients have enticed, or assisted, them to escape from the hospital. There does not seem to be any provision in the law whereby we can adequately punish people who commit acts of this nature, and it is my intention to add a proper provision to the Penal Code, making such acts a misdemeanor.

The attorneys of the state generally are cooperating with the commission, and in very few instances during the past few years have I experienced any difficulty from attorneys attempting to conceal the facts, or misrepresent the actual value of the estates of the various insane patients.

I have acknowledged service of hundreds of copies of accounts, petitions and inventories, etc., as required by law, and by prompt attention to this matter alone have in that way secured the good will and cooperation of the numerous attorneys in the state who are representing guardians.

I have been visited by many people who have relatives or friends in the hospitals, and almost without exception they have had no complaint to make of the treatment and service furnished by the state; on the contrary, many have been fulsome in their praises of the management of the various institutions.

My work, while somewhat tedious on account of the detail involved, has been pleasant and congenial, due largely to the cheerful cooperation and help, not only of the Commission in Lunacy, but of the medical superintendents and the hospital employees in general.

Respectfully submitted.

EDW. J. TYRRELL.

REPORT OF DENTAL SURGEON.

SAN FRANCISCO, CALIFORNIA, September 5, 1916.

To the COMMISSION IN LUNACY,
Sacramento, California.

GENTLEMEN: Permit me to submit to your honorable commission the following report from the office of State Dental Surgeon of services rendered to the various state hospitals and the Sonoma State Home as required by an act of the legislature, approved April 16, 1909, entitled "An act to create the office of State Dental Surgeon; prescribing his duties; fix his manner of appointment, salary and term of office, and to make an appropriation for expenses of his office."

During the two years covered by this report, I have visited all of the state hospitals, and also the Sonoma State Home in compliance with the above-mentioned act, performing all necessary dental surgery upon all of those patients requiring the same.

It is gratifying for me to be able to report that during the past two years the general condition of teeth among the patients has greatly improved, owing to the fact that through the cooperation of your commission and the Board of Control, I have been able to awaken enthusiasm to a certain degree among its patients concerning the care of their teeth.

At present I have the assistance of a resident dentist at the Patton and Stockton state hospitals which has been a material aid in my general plan of stimulating and encouraging among patients interest in the caretaking of their teeth. At the Sonoma State Home, it is my intention shortly of inaugurating a drill among the children, the purpose of which will be to teach or get them into the habit of properly using the toothbrush which, I feel sure, can be done with a very beneficial effect.

Greater progress could be made if better equipment were furnished in some of the hospitals; also the location of the dental office with regard to light, etc., in some cases might be changed to advantage. The system I am applying, and which is working out well, might be extended to the state penitentiaries by placing the resident dentists under the supervision of the State Dental Surgeon. A vast amount of good can be accomplished in this way at these institutions.

Permit me to extend to your honorable commission my sincere thanks for the cooperation you have accorded me. With a continuation of the

same it is my hope to raise the efficiency of the State Dental Surgeon Department to a standard second to none in the United States.

The following is a statistical statement of work performed through this office during the period above mentioned:

Teeth extracted -----	6,676
Fillings inserted -----	3,823
Dentures cleaned and sealed -----	1,143
Vulcanite plates repaired -----	14
Simple fractures of mandible reduced -----	4
Acute fistulas treated -----	2
Necrossed areas curetted -----	7
Repaired crowns (gold and Logan) -----	22
Gold bridges (removed and replaced) -----	26
Pyorrhea alveolaris treated -----	36
Pulps and abscessed teeth treated -----	120
Neuralgia treated -----	9

Respectfully submitted.

LEO J. McMAHON,
State Dental Surgeon.

REPORT OF AUDITOR.

To the State Commission in Lunacy.

GENTLEMEN: I respectfully submit the following report on the deportation of alien insane and the removal of nonresidents. In September, 1915, under the direction of the general superintendent of state hospitals, Dr. F. W. Hatch, I initiated the enforcement of the provisions of section 2191, Political Code. Cases were investigated, relatives and friends of patients located and corresponded with, and results have proved most satisfactory. During the nine months ended July 31, 1916, 153 nonresidents have been returned to their homes in other states and countries. Of this number ten patients paid the expense of their removal, either in whole or in part. On a basis of eight years as the average institutional life of the patients, and the average per capita cost for the sixty-seventh fiscal year, the removal of the 153 patients has resulted in a saving of \$205,974.88; deducting from this amount the cost of the movement we have a net saving of \$191,415.03.

Soon after the initiation of this work we came in contact with the officials of other states working along the same lines. The state of New York has for some time been actively engaged in relieving itself of the unjust burden of caring for alien and nonresident insane. The officials of New York submitted, for our consideration, a reciprocal agreement for the exchange of nonresidents. Realizing this to be the most humanitarian method of handling the problem, we entered into the agreement with New York.

Since then we have been successful in negotiating similar agreements with the states of Oregon, Illinois, Ohio and Massachusetts. It is our wish and hope that the time is not far distant when the other states of the Union will see the light and enter the fold of the progressive pioneers in this work.

Under the terms of the reciprocal agreement the state desiring the return of a nonresident must submit proof that the patient is a resident of the state to which he is to be returned. The case is investigated and if the evidence is substantiated permission is granted for the return of the patient. The patients are handled by competent attendants and delivered to an institution or to the proper county officials.

The investigation of these cases, together with those who are constantly coming to California, especially southern California, firmly convinces us of the necessity of the creation of a bureau of deportation with an officer to handle the work.

I most earnestly recommend that the Lunacy Commission urge upon the State Board of Control the necessity of providing funds to carry on this work. I would suggest a budget allowance of \$10,000 per year, as the minimum. At present, and in the past, the hospitals have been called upon to meet this expense from current accounts, while the benefit to be derived is spread over a period of eight years. With an appropriation of \$10,000 per year I am satisfied I can get results which will more than justify the allowance.

Dr. John A. Reily, medical superintendent of the Southern California State Hospital, was quick to see the benefit to be derived by the removal of nonresidents, and it is owing to his hearty cooperation and untiring efforts we are able to report such successful results.

I regret to report a decided falling off in the number of aliens deported by the federal government, which, no doubt, is due to the war in Europe.

For more detailed information your attention is respectfully called to the accompanying tables.

Respectfully submitted,

CHAS. F. WAYMIRE,
Auditor.

TABLE NO. 1.

Nativity of aliens deported between July 1, 1914, and June 30, 1916.

Australia -----	1	New Zealand -----	1
Azores Islands -----	1	Norway -----	1
China -----	1	Portugal -----	1
Canada -----	2	Russia -----	2
Denmark -----	1	Scotland -----	1
England -----	4	Spain -----	2
Greece -----	1	Switzerland -----	1
Ireland -----	12		
Jamaica -----	1	Total -----	35
Mexico -----	2		

TABLE NO. 2.

Time in the United States of those deported on United States Government Warrants.
July 1, 1914, to June 30, 1916.

1 to 3 months -----	1	18 to 21 months -----	5
3 to 6 months -----	2	21 to 24 months -----	6
6 to 9 months -----	3	24 to 30 months -----	4
9 to 12 months -----	2	30 to 36 months -----	2
12 to 15 months -----	5		
15 to 18 months -----	5	Total -----	35

TABLE NO. 3.

July 1, 1914, to June 30, 1916.

Deported on United States Government warrants -----	35
Deported by friends and relatives -----	5
Deported by commission -----	162
Verified, but Immigration Department refused to deport -----	3
Cases held pending settlement of war -----	24
Cases with negative results -----	164
Total -----	393

STATE COMMISSION IN LUNACY.

TABLE 4.
Showing the Financial Benefit Derived by the State Through the Efforts of the State Commission in Lunacy.

	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	Total
Aliens deported and nonresidents returned.	10	15	8	15	27	63	44	39	146	27	175	632	
Per capita cost for maintenance, etc. ---	\$156 37	\$150 35	\$162 32	\$165 06	\$163 03	\$180 02	\$175 14	\$190 63	\$196 70	\$192 06	\$186 52		
Saving based on cost for maintenance ---	1,563 70	2,255 25	1,298 56	2,476 20	4,401 81	11,341 26	12,102 93	7,434 57	28,718 20	5,185 02	32,640 90	\$117,125 16	
Per capita cost for construction, furnishing, etc. -----	550 00	550 00	550 00	550 00	750 00	750 00	750 00	750 00	750 00	750 00	750 00	750 00	
Saving based on cost for construction, etc.	5,500 00	8,250 00	4,400 00	8,250 00	20,250 00	47,250 00	33,000 00	29,250 00	109,500 00	20,250 00	131,250 00	464,400 00	
Total based on cost for maintenance, construction, etc.	\$7,063 70	\$10,505 25	\$5,688 56	\$10,826 20	\$24,651 81	\$58,596 26	\$40,706 16	\$36,674 57	\$138,218 20	\$25,435 02	\$163,890 90	\$381,525 16	
Expense of State Commission in Lunacy ---	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	1,200 00	14,400 00
Net saving to the state through the State Commission in Lunacy -----	\$5,863 70	\$9,305 75	\$4,488 56	\$9,626 20	\$23,451 81	\$57,396 26	\$38,152 93	\$25,474 57	\$137,018 00	\$24,235 02	\$162,690 90	\$367,125 16	

FINANCIAL STATEMENT.

**Amount expended by the State Commission in Lunacy.
Sixty-sixth fiscal year.**

Appropriation for salaries.....	\$18,000 00
Unexpended balance sixty-fifth fiscal year.....	8 35
	<hr/>
	\$18,008 35
Amount expended	17,117 76
	<hr/>
Unexpended balance	\$890 59
Appropriation for traveling and contingent.....	\$2,500 00
Unexpended balance sixty-fifth fiscal year.....	281 68
	<hr/>
	\$2,781 68
Amount expended	1,748 98
	<hr/>
Unexpended balance	\$1,032 70
Appropriation for printing	\$3,000 00
Unexpended balance sixty-fifth fiscal year.....	74
	<hr/>
	\$3,000 74
Amount expended	3,000 74

Sixty-seventh fiscal year.

Appropriation for salaries.....	\$18,000 00
Amount expended	17,997 45
	<hr/>
Unexpended balance	\$2 55
Appropriation for traveling and contingent.....	\$2,500 00
Amount expended	1,946 91
	<hr/>
Unexpended balance	\$553 09
Appropriation for printing.....	\$4,000 00
Amount expended	3,647 05
	<hr/>
Unexpended balance	\$352 95

STATE OF CALIFORNIA, }
County of Sacramento. } ss.

Chas. F. Waymire, auditor of the State Commission in Lunacy, being first duly sworn, deposes and says that the above financial statement is correct.

CHAS. F. WAYMIRE,
Auditor State Commission in Lunacy.

Subscribed and sworn to before me this 1st day of November, 1916.

E. G. TWOGOOD,
Notary Public in and for the County of Sacramento, State of California.

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STATE COMMISSION IN LUNACY.

DISBURSEMENTS OF THE STATE HOSPITALS FROM THE CONTINGENT FUND FROM THE TIME SAID FUND WAS CREATED BY LAW.

	Stockton	Napa	Agnews	Mendocino	Southern California	Sonoma
	From July 1, 1883 to June 30, 1916	From July 1, 1883 to June 30, 1916	From July 1, 1886 to June 30, 1916	From July 1, 1894 to June 30, 1916	From July 1, 1894 to June 30, 1916	From July 1, 1902 to June 30, 1916
Salaries, wages and labor.....	\$48,287 67	\$106,408 90	\$88,164 94	\$1,514 17	\$86,224 67	\$21,394 32
Provisions	3,286 84	7,442 19	2,746 50	17 50	2,196 67	40 73
Stores	145 00	145 00	845 75			
Improvements and repairs	135,658 75	140,495 23	81,709 87	40,729 13	47,677 01	44,456 19
Farm and grounds.....	84,770 96	100,649 60	31,973 21	7,710 95	60,164 86	5,687 16
Clothing and dry goods.....	2,031 03	1,867 83	440 00		380 60	2 00
Furniture and bedding.....	62,544 92	73,137 22	44,994 99	6,886 02	36,464 62	517 39
Books and stationery.....	422 65	3,400 89	562 73	33 00	111 73	
Sewerage, water, light and heat.....	46,466 08	78,691 36	70,513 40	46,412 22	117,988 66	28,051 48
Refunded board and discharged patients.....	9,527 72	4,995 72	1,933 59	4,882 92	8,069 85	70 98
Miscellaneous	16,066 83	13,131 49	16,033 82	2,943 80	20,702 35	1,085 80
Medical and surgical supplies.....	4,208 25	6,681 24	4,097 81	1,649 29	1,421 04	
Buildings	80,587 21	115,969 65	154,693 99	54,160 74	136,400 98	31,899 41
Machinery and hardware.....	19,740 61	34,784 34	1,954 27	2,128 61	21,586 69	4,098 05
Ret of land and purchase of real estate.....	33,252 79	38,705 07	7,185 75	300 00	3,556 00	5 00
Interest and exchange.....	13,489 44	9,714 00	81 81	16 05	21 92	
Entertainment and religious exercises.....	3,159 01	5,293 83	247 25	195 03	2,084 75	
Traveling expenses	4,626 65	2,409 20	1,234 70	198 65	2,129 21	
Fire protection	3,771 28	13,773 97	7,134 64	1,078 99	9,252 18	695 97
Live stock	13,062 21	6,175 50	1,138 00	121 82	2,011 50	
Auto and repairs.....	10,951 02	9,268 63	1,427 00		6,288 60	
Replumbing buildings.....	10,472 63	53,560 13	8,649 01	642 17	687 90	
Advertising and printing.....	758 99	354 47	609 25	142 80	360 86	171 50
Boiler insurance	1,845 95	1,548 76	411 65		368 00	350 00
Attorney fees	688 25	1,680 20	57 50	112 90	541 60	

MOVEMENT OF PATIENTS (INSANE) FOR THE YEAR ENDING JUNE 30, 1915.

	Stockton			Napa			Agnews			Mendocino			Southern California			Totals		
	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals
Number of patients June 30, 1914.....	1358	865	2163	1272	932	2204	775	610	1385	687	298	985	1273	784	2057	5365	3120	8794
Number returned escapes.....	91	57	150	59	10	69	10	10	20	12	12	24	82	2	84	232	4	236
Number admitted to June 30, 1915.....	885	185	570	294	168	432	311	198	509	162	48	210	466	270	736	1588	869	2457
Number under care and treatment.....	1884	990	2824	1593	1102	2695	1066	808	1904	861	346	1207	1821	1056	2877	7205	4302	11507
Number discharged, recovered.....	207	56	263	37	18	55	52	59	111	27	11	38	84	56	140	407	240	607
Number discharged, improved.....	12	12	24	30	14	53	23	22	45	16	2	18	68	18	86	158	56	214
Number discharged, unimproved.....	30	1	31	4	41	45	11	2	13	10	10	6	1	7	61	61	43	104
Number discharged, not insane.....	3	2	5	2	2	4	4	4	8	4	4	4	2	2	4	11	2	13
Number discharged, order of court.....	1	2	3	1	2	3	1	1	2	1	1	1	3	2	5	7	7	14
Number transferred.....	167	63	230	109	55	164	120	81	201	47	16	63	150	71	221	593	286	879
Number died.....	57	1	58	79	2	81	38	38	76	17	17	34	77	2	79	268	5	273
Number escaped.....	477	125	602	271	132	403	246	165	411	122	29	151	390	150	540	1506	601	2107
Total died, discharged and escaped.....	1357	865	2222	1822	970	2292	850	643	1493	739	317	1056	1481	906	2337	5699	3701	9400
Number remaining June 30, 1915.....	24	40	64	103	70	173	34	27	61	10	9	19	18	65	83	189	211	400
Number on parole June 30, 1915.....	1333	825	2158	1219	900	2119	816	616	1432	729	308	1037	1413	841	2254	3510	3490	9000
Number actually in hospitals June 30, 1915.....																		

VOLUNTARY PATIENTS.

Number of patients June 30, 1914.....	3	1	4	5	12	17	10	8	18	2	3	5	14	12	26	34	36	70
Number admitted to June 30, 1915.....	13	9	22	9	21	30	29	14	43	8	3	11	35	20	55	96	67	161
Number returned escapes.....	2																	2
Number under care and treatment.....	18	10	28	14	33	47	39	22	61	10	6	16	49	32	81	130	103	233
Number discharged.....	10	5	15	6	17	23	26	12	38	7	3	10	29	16	45	78	53	131
Number died.....																		3
Number escaped.....	1		1															1
Discharged, died and escaped.....	11	5	16	7	19	26	26	12	38	7	3	10	29	16	45	80	55	135

Number remaining June 30, 1915.....	7	5	12	7	14	21	13	10	23	3	3	6	20	16	36	50	48	98
Number on parole June 30, 1915.....		2	2		1	1												3
Number actually in hospital June 30, 1915.....	7	3	10	7	13	20	13	10	23	3	3	6	20	16	36	50	45	95

MOVEMENT OF PATIENTS (INEBRIATES) FOR THE YEAR ENDING JUNE 30, 1915.

	Stockton			Napa			Agnews			Mendocino			Southern California			Totals		
	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals
Number of patients June 30, 1914.....	65	21	86	38	21	59	30	9	39	63	19	82	59	8	67	255	78	333
Number admitted to June 30, 1915.....	146	36	182	83	33	116	59	21	80	129	31	160	139	35	174	556	156	712
Number returned escapes.....	49		49	23	2	25	11		11	28		28	37		37	148	2	150
Number under care and treatment.....	260	57	317	144	56	200	100	30	130	220	50	270	235	43	278	959	236	1195
Number discharged, recovered.....				1		1	1	1	2	49	8	57	19	2	21	70	11	81
Number discharged, term expired.....	68	14	82	72	20	92	14	4	18	32	8	40	9	5	44	175	51	226
Number discharged, further treatment not beneficial.....	40	8	48	22	6	28	28	7	35	11	1	12	95	7	102	196	29	225
Number discharged, illegal commitment.....	6	3	9							3		3				9	3	12
Number discharged by order of court.....																		
Number transferred to other hospitals.....																		
Number died.....	2	3	5	2	4	6												
Number escaped.....	51		51	28	1	29	15		15	36		36	42	2	42	172	1	173
Discharged, died and escaped.....	167	28	195	105	31	136	98	12	70	133	19	152	169	16	183	632	106	738
Number remaining June 30, 1915.....	93	20	113	22	30	52	64	42	18	60	87	31	118	66	83	327	130	457
Number on parole June 30, 1915.....	32	16	48	8	7	15	14	5	19	22	5	27	8	9	17	84	42	126
Number actually in hospitals June 30, 1915.....	61	13	74	31	18	49	28	13	41	65	26	91	58	18	76	243	88	331

RECAPITULATION.

Insane.....	1333	825	2158	1219	900	2119	816	616	1432	720	308	1037	1413	841	2254	5510	3490	9000
Inebriates.....	61	13	74	31	18	49	28	13	41	65	26	91	58	18	76	243	88	331
Voluntary.....	7	3	10	7	13	20	13	10	23	3	3	6	20	16	36	50	45	95
Total actual number in hospitals June 30, 1915.....	1401	841	2242	1257	931	2188	857	639	1496	797	337	1134	1491	875	2366	5803	3623	9426

MOVEMENT OF PATIENTS (INSANE) FOR THE YEAR ENDING JUNE 30, 1916.

	Stockton			Napa			Agnews			Mendocino			Southern California			Norwalk			Totals						
	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals				
Number of patients June 30, 1915	1357	865	2222	1922	970	2292	850	613	1463	739	317	1056	1431	906	2337						5699	3701	9400		
Number returned escapes	118	1	119	147	10	157	65	17	82	16	1	17	58	2	60	2					406	14	420		
Number admitted to June 30, 1916	431	193	624	251	185	436	327	201	528	169	63	233	438	275	713	*108					108	1715	917	2632	
Number under care and treatment	1906	1059	2965	1720	1165	2885	1242	844	2086	915	381	1296	1927	1183	3110	110					110	7820	4632	12452	
Number discharged, recovered	184	76	260	27	11	38	82	43	125	16	8	24	131	101	232							440	239	679	
Number discharged, improved	26	8	34	69	24	93	64	33	97	9	5	14	70	36	106							238	106	344	
Number discharged, unimproved	11	11	22	102	6	108	19	13	32	22	2	24	18	5	23							139	28	167	
Number discharged, not insane		1	1	2		2	3		3	1		1		1								6	2	8	
Number discharged, order court		4	4		2	4	1		1	4	4	8	104		104							113	10	123	
Number transferred	165	65	230	137	60	197	122	61	183	44	21	65	142	75	217	1						611	252	863	
Number escaped	89		89	69	3	72	61		61	22	1	23	59	3	62	3						303	7	310	
Total died, discharged, escaped	477	154	631	408	108	516	339	130	469	118	41	159	524	221	745	4						1870	674	2544	
Number remaining June 30, 1916	1429	905	2334	1312	1637	2949	903	694	1597	797	340	1137	1403	962	2365	106						106	5950	3968	9908
Number on parole June 30, 1916	40	55	95	99	93	192	28	35	64	19	25	44	26	48	74	2						2	214	257	471
Number actually in hospitals June 30, 1916	1389	850	2239	1213	961	2174	875	658	1533	778	315	1093	1377	914	2261	104						104	5736	3701	9437

*164 Transferred from Southern California.

†Transferred to Norwalk.

VOLUNTARY PATIENTS.

Number of patients June 30, 1915	7	5	12	7	14	21	13	10	23	3	8	6	20	16	36							50	48	98	
Number admitted to June 30, 1916	17	6	23	18	23	41	30	20	50	2	4	6	32	15	47	2						2	102	68	169
Number returned escapes	1		1																						1
Number under care and treatment	25	11	36	25	37	62	43	30	73	5	7	12	52	31	83	2						2	152	116	268
Number discharged	11	5	16	11	16	27	27	21	48	3	4	7	*32	11	43								84	57	141
Number died	1		1	3	2	5	1	1	2					1	2								6	5	11
Number escaped	1		1	2		2																	3		3
Discharged, died and escaped	13	5	18	16	18	31	28	22	50	3	4	7	33	13	46								93	62	155
Number remaining June 30, 1916	12	6	18	9	19	28	15	8	23	2	3	5	19	18	37	2						2	59	54	113
Number on parole June 30, 1916	2	1	3	1	2	3			1		1	1	1		1								3	4	7

Number actually in hospitals June 30, 1916..... 10 5 15 8 17 25 15 8 23 2 4 19 18 37 2 ----- 2 56 50 106

*Includes 1 transferred to Norwalk.

MOVEMENT OF PATIENTS (INEBRIATES), FOR THE YEAR ENDING JUNE 30, 1916.

	Stockton			Napa			Agnews			Mendocino			Southern California			Norwalk			Totals		
	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals
Number of patients June 30, 1915	93	29	122	39	25	64	42	18	60	87	31	118	66	27	93				327	130	457
Number admitted to June 30, 1916	133	32	165	131	37	168	100	21	121	133	21	154	174	21	195	1			672	132	804
Number returned escapes.....	64	1	65	46	1	47	39		30	34		34	40		40			214	2	216	
Number under care and treatment	290	62	352	216	63	279	172	39	211	251	52	306	280	48	328	1			1213	264	1477
Number discharged, recovered.....										17	3	20	79	27	106				96	30	126
Number discharged, term expired	66	20	86	56	25	81	24	7	31	66	14	80	8	2	10				220	68	288
Number discharged, further treatment not beneficial.....	95	2	97	31	4	35	84	25	109	13	3	16	56	6	62				279	40	319
Number discharged, illegal commitment	2	1	3																2	1	3
Number discharged by order of court																					
Number transferred to other hospitals										2		2							2		2
Number died	2	1	3	3		3	3		3	4		4	2		2				14	1	15
Number escaped	53	1	54	62	2	64	25		26	42		42	38		38				221	3	224
Discharged, died and escaped.....	218	25	243	172	31	183	137	32	169	114	20	164	183	35	218				834	143	977
Number remaining June 30, 1916.....	72	37	109	64	32	96	35	7	42	110	32	142	97	13	110	1			379	121	500
Number on parole June 30, 1916.....	35	16	51	28	15	43	1		1	30	9	39	18	4	22				112	44	156
Number actually in hospitals June 30, 1916.....	37	21	58	36	17	53	34	7	41	80	23	103	79	9	88	1			267	77	344

RECAPITULATION.

In sane	1389	850	2239	1213	934	2177	875	658	1533	778	315	1693	1377	914	2291	104			5736	3701	9437
Inebriates	37	21	58	36	17	53	31	7	41	80	23	103	79	9	88	1			267	77	344
Voluntary	10	5	15	8	17	25	15	8	23	2	2	4	19	18	37	2			56	50	106
Total actual number in hospital June 30, 1916.....	1436	876	2312	1257	968	2255	924	673	1597	860	340	1290	1475	941	2416	107			6039	3828	9867

RECEIPTS AND DISBURSEMENTS OF FARM, GARDEN AND DAIRY FOR THE SIXTY-SIXTH AND SIXTY-SEVENTH FISCAL YEARS.

Hospitals	Sixty-sixth fiscal year			Sixty-seventh fiscal year		
	Receipts	Disbursements	Excess receipts	Receipts	Disbursements	Excess receipts
Stockton -----	\$40,416 52	\$23,293 86	\$17,122 66	\$39,333 24	\$23,869 12	\$15,464 12
Napa -----	52,346 01	40,301 37	12,044 64	55,156 26	33,816 68	21,339 58
Agnews -----	15,896 36	13,133 32	2,763 04	13,631 56	11,073 97	2,557 59
Mendocino -----	27,552 06	20,065 13	7,486 93	25,541 42	15,242 43	10,296 99
Southern California-----	57,209 00	23,533 24	33,675 76	48,503 82	29,083 49	19,420 33
Sonoma State Home-----	21,982 99	20,975 40	1,007 59	21,382 93	24,119 56	*2,736 63
Norwalk -----				3,094 43	791 90	2,302 53
Totals -----	\$215,402 94	\$141,302 32	\$74,100 62	\$206,643 66	\$137,997 15	\$68,646 51

*Disbursements exceed receipts.

VALUE OF FOOD AND FARM PRODUCTS AND PER CAPITA OF FOOD PRODUCTS BASED ON SAME.

Hospitals	Sixty-sixth fiscal year			Sixty-seventh fiscal year		
	Food supplies	Hay and grain	Per capita food supplies	Food supplies	Hay and grain	Per capita food supplies
Stockton -----	\$29,002 11	\$11,460 10	\$0.04	\$34,507 71	\$4,778 04	\$0.04
Napa -----	51,383 79	2,077 97	.06	42,803 59	5,142 31	.05
Agnews -----	14,835 03	472 50	.03	12,719 04	320 00	.02
Mendocino -----	22,394 39	2,676 00	.06	19,079 54	5,175 90	.04
Southern California-----	49,277 14	4,630 81	.06	40,207 60	3,698 82	.05
Sonoma State Home-----	20,346 99	1,320 00	.05	20,389 90	840 03	.05
Norwalk -----				579 40	2,156 73	.016
Totals -----	\$187,239 45	\$22,637 38	\$0.30	\$170,286 78	\$22,111 83	\$0.266

TOTAL COST OF STATE HOSPITALS, WITH AVERAGE NUMBER OF PATIENTS AND PER CAPITA COST FOR THE TWO YEARS ENDING JUNE 30, 1916.

Sixty-sixth Fiscal Year.

Hospital	Salaries appropriation	Support appropriation	Salaries contingent	Support contingent	Permanent Improvements contingent	Miscellaneous contingent	Total	Per capita	Number of patients
Stockton	\$166,910 40	\$206,181 57	\$6,449 41	\$15,028 98	\$6,135 82	-----	\$403,726 18	\$183 29	2,169
Napa	154,834 81	190,297 78	20,812 28	17,132 24	29,981 20	-----	413,058 31	178 59	2,145
Agnews	111,517 87	171,704 41	15,833 63	2,214 76	37,989 63	-----	339,279 80	209 85	1,435
Mendocino	93,358 00	122,922 24	1,338 51	1,338 51	12,379 16	-----	229,397 91	200 73	1,084
Southern California	132,686 80	229,085 84	21,790 12	10,437 18	30,301 64	\$3,004 17	444,655 75	187 74	2,191
Sonoma State Home	101,220 70	122,172 42	9,317 84	2,879 13	7,438 38	-----	243,248 47	220 89	1,068
Totals	\$759,878 06	\$1,032,364 26	\$85,423 28	\$49,050 80	\$124,245 83	\$3,004 17	\$2,073,966 42	\$196 86	10,992

Sixty-seventh Fiscal Year.

Stockton	\$167,964 44	\$296,973 12	\$13,186 31	\$19,349 65	-----	\$307 50	\$407,781 02	\$179 27	2,273
Napa	167,463 12	194,532 03	14,640 93	27,521 08	\$12,362 95	-----	416,320 11	182 25	2,218
Agnews	124,231 39	162,342 84	8,837 18	25,666 21	7,459 21	-----	328,676 83	206 71	1,554
Mendocino	91,723 21	114,789 39	-----	266 56	12,904 27	-----	219,683 43	178 87	1,136
Southern California	142,000 63	228,440 27	27,245 09	24,114 98	6,673 61	386 54	428,861 12	175 99	2,399
Sonoma State Home	108,468 39	124,495 46	4,687 08	4,090 22	1,174 49	-----	242,915 59	208 97	1,154
Norwalk	10,562 92	8,950 55	-----	-----	-----	-----	19,513 47	187 63	104
Totals	\$812,534 10	\$1,040,523 66	\$68,616 54	\$101,068 70	\$40,574 53	\$631 04	\$2,063,951 57	\$188 53	10,858

Note.—Per capita is based on salaries and support—appropriation and contingent.

NATIVITY OF PATIENTS IN THE SIX STATE HOSPITALS JULY 1, 1916.

	Stockton-----	Napa-----	Agrona-----	Mendocino-----	Southern California-----	Norwalk-----	Total-----
Africa	1	1	1		2		5
Alaska		1	3				4
Australia	1	25	2	2	7		37
Austro-Hungary	78	58	62	48	35	5	286
Belgium	2		2	3	6		13
Canada	53	30	25	30	79	3	220
Chill	1	5	2	2	1		11
China	46	26	6	19	11		108
Denmark	31	13	21	19	21		105
England	65	72	65	38	82	6	328
France	41	34	29	18	35	1	158
Germany	187	203	109	93	158	8	758
Greece	11	16	3	8	5		43
Guatemala		1					1
Holland	6	3	2		2		13
India	1	2			2		7
Ireland	167	235	126	129	81	1	739
Italy	113	70	64	65	46	2	360
Japan	30	13	5	3	29		80
Mexico	37	13	9	11	104	10	184
New Zealand		4	1	1	1		7
Norway and Sweden	90	87	46	55	76		354
Peru	1	2					3
Portugal	20	27	21	11	10		89
Philippine Islands	1	5		6	2		14
Russia	74	60	40	75	65	3	317
Sandwich Islands	3	3	3		1		10
Scotland	13	27	7	11	16		74
South America	4	5	5		1		15
Spain	23	7	13	8	5		56
Switzerland	27	28	23	25	18		121
Turkey	19	3	3	3	9		37
Wales		3	5		5		13
West Indies	12	4	1	3	5	1	26
Western Islands	13	3	8	5			29
Totals	1,171	1,089	714	691	920	40	4,625
United States	1,173	1,264	924	563	1,523	67	5,514
Unknown	117	140	24	30	69	2	382
Grand totals	2,461	2,493	1,662	1,284	2,512	109	10,521

REPORT OF MEDICAL SUPERINTENDENT, STOCKTON STATE HOSPITAL.

STOCKTON, CALIFORNIA, March 25, 1916.

*To The Honorable Board of Managers,
Stockton State Hospital,
Stockton, California.*

GENTLEMEN: I hereby submit to you my annual report of the movement of patients, moneys received and expended and other business transacted at this hospital.

The last session of the legislature granted us the following appropriations for improvements, which when completed will add materially to the comfort of the patients and the convenience of those connected with the hospital.

A convalescent cottage for women where those whose improved mental condition makes it possible for them to be amid surroundings that are more congenial and free from any indication of restraint, and where they will be separated from others whose actions and words are often distressing and depressing, will be a much needed addition to the hospital.

A working men's cottage where those who are employed in our various industrial departments can be cared for will add much to the comfort of this class of patients.

Cottages for physicians. Two cottages to accommodate additional members of our medical staff were provided for and are about to be constructed.

A lighting system which provides for 140 electroliers about the grounds and the placing of high power and other electrical lines under ground, will add to the safety of those about the hospital and at the same time not only illuminate the premises as they should be, but also add much to the appearance of the grounds. The electroliers are of solid concrete, surmounted by a single frosted globe and will be very neat and attractive in appearance.

A 250 horsepower boiler is being installed which will provide us with sufficient heat and relieve the overload on our battery of boilers during the winter months.

Hay and feed barn. Seven thousand dollars was appropriated for the erection of a hay and feed barn at the Farm. This with our present facilities will give us ample room to care for all of our farm

products, thereby not only protecting the farm products from the weather, but will also be a great convenience in feeding our dairy stock.

Sterilizations. The results in our surgical and hydrotherapy departments have been very gratifying the past year. We have continued our work of sterilizing all patients under 45 or 50 years of age committed to the hospital. Among the women only those who have recovered, or improved to such an extent that they are able to leave the hospital, are sterilized. All the young and middle-aged men are sterilized, unless they are suffering from paresis, or some other form of dementia.

The operations for both vasectomy and tubectomy are comparatively simple, requiring but a short time to perform. The vasectomies are done in four or five minutes under local anaesthesia; the tubectomies, when there are no complications, in less than fifteen minutes.

Vasectomies are performed in the scrotum, the vas being picked up by the thumb and forefinger and rolled away from the tissues of the cord and fixed to the skin by tenaculum forceps. An incision is made 1 c.m. in length through the skin and sheath. The vas is drawn out and a section 1 c.m. in length is taken out. There is no bleeding and no sutures are needed except for the incision in the skin which is closed with one stitch. By this interruption in the continuity of the vas, the testicular secretion is absorbed. Since performing these operations we are led to believe, by the improvement in general and mental health, that there is a distinct beneficial result from the absorption of the testicular secretion.

The first attempts to consciously utilize the internal secretion of the testicles were made, as is well known, by Brown-Séquard, who experimented with testicular extracts in 1889. He reported a remarkable result from the subcutaneous injection of testicular extracts. They were said to increase bodily and mental vigor, etc. Many of the results claimed were evidently due to suggestion. However, since beginning these sterilization operations, we are led to believe that by the improvement in mental and general health that there is a definite beneficial effect from this operation and may lead to important findings as an organo therapeutic agent.

The cases suffering from depression, inability to concentrate and extreme nervousness are those who are principally benefited. Men who responded to no other form of treatment, in from two to three weeks after the operation have shown marked improvement both mentally and physically and later have been discharged from the hospital in their normal mental condition and in excellent physical health. The women are benefited only by the fact that they are protected from the recurrence of their mental trouble through the nervous strain inci-

dental to child-bearing and also the worry that they might again become pregnant, which would more than likely mean their return to the hospital, perhaps to make it their permanent home. The most important feature in these cases is that the state will not have their children, their grandchildren or their great-grandchildren to care for.

For the tubectomy, an incision is made low down in the median line of the abdomen so that the slight scar left is covered with pubic hair and is not noticed by the patient. The incision is made only large enough to insert the first and second fingers. The tube is then withdrawn by the fingers, a small incision is made in the isthmus (or restricted portion) of the tube, and 1 or 2 c.m. of the tube is resected. The serous covering is then sutured over with fine catgut, the tube dropped back in the abdominal cavity and the external incision closed. Patients are able to be up within three or four days after the operation. Should any pelvic disease be found present, the incision is lengthened and the condition remedied at the time of the operation.

To my mind California—through the enactment of this law, and seeing that its provisions are carried out—is leading the world in providing that the patients committed to her various state institutions are receiving the benefits of sterilization—not alone for its curative effects—but to prevent the filling of her institutions in the future, from the offsprings of the insane who recover or partially recover and are permitted to again go out into the world and reproduce their like—a large percentage of whom through inheritance and under unfavorable environments or dissipation, at length take the places of their ancestors in the institutions for the insane throughout the state.

If the insane who are capable of reproducing are not sterilized before leaving the hospital, it naturally follows that we will have an ever-increasing, endless chain of insane and defective wards to care for.

I made the rather broad statement that California was leading the world in this very important procedure. In doing so I am well aware there are several other states in which this operation is authorized, but from statistics which I have been able to gather, I feel that we, in this state, are doing more of this work than is being done elsewhere.

I would like to see the law made broader whereby those addicted to the use of alcohol or drugs could be sterilized upon their second commitment to an insane hospital.

Work therapy. We have added a third teacher to our staff for the further advancement of the system of work therapy.

This work, as those who are familiar with it know, is a very important factor in the treatment of the insane. Our work along these lines is varied to the extent that the patients do not become fatigued and lose interest or become so familiar with all its branches that they simply

automatically carry on their work or play without the necessity of thinking what they are doing.

The mistake is oftentimes made in allowing patients to continue performing the same character of work from day to day until they mechanically perform their duties. When such a condition exists they simply become machines, and the original object—that of benefiting their mental condition—is defeated.

Dietitian. We have recently added a dietitian to our hospital staff and through her efforts the patients now have a varied and well-balanced diet, which not alone adds much to their general welfare but effects quite a saving in the kitchen supplies.

The Board of Control and Lunacy Commission have ever been willing and anxious to aid us in every way possible to add to the improvement of conditions at the hospital whereby the patients might receive additional comforts and attentions.

The medical staff and the employees in all departments have done their utmost to assist in seeing that the patients were well cared for and that they receive every possible attention.

I wish to thank you gentlemen of the Board of Managers for your hearty cooperation with me in the management of the affairs of the hospital.

STOCKTON, CALIFORNIA, December 6, 1916.

*Honorable Board of Managers,
Stockton State Hospital,
Stockton, California.*

GENTLEMEN: I hereby submit to you my biennial report of the movement of patients, moneys received and expended and other business transacted at this hospital.

The work at the hospital has progressed very favorably since my last report and nothing of unusual interest has developed.

We have continued our work of sterilization, and the more we do along these lines the more impressed we are with the feeling that sterilization in the cases where there is a prospect of recovery should be made compulsory in all state institutions throughout the country, not alone to prevent the propagation of undesirables but for the benefit derived by the patient himself.

Our work in re-education and work therapy has shown a marked increase both in the number of patients employed and the benefit derived by them. Our classes are now engaged in the manufacture of pottery ware, baskets, rugs, toweling and different articles of arts and crafts.

Dr. Norman E. Williamson, our pathologist, has made some valuable additions to the Wassermann and Noguchi methods. A report of his work along these lines follows.

I wish to extend to the Board of Managers my expression of thanks for the hearty cooperation which they have extended to me during the past year.

Yours truly,

FRED P. CLARK,
Medical Superintendent.

REPORT OF LABORATORY.

For Year From July 1, 1915, to June 30, 1916.

Urinalysis -----	1,608	Spinal fluid examination-----	166
Sputum -----	50	Gastric analysis -----	10
Feces -----	9	Tissue section -----	15
Bloods -----	99	Salvarsan -----	15
Discharges -----	13	Mercurialized serum (spinal)-----	20
Complement fixation—		Post mortems -----	33
Serum -----	855	Throat smears -----	60
Spinal -----	166		

Dr. Edgerton reports as follows on his work here :

In 50 examinations of blood and spinal fluid in cases of paresis the per cent of positive reactions was 48.

Twelve cases of paresis were given mercurialized serum—some of the cases having four injections without any mental or laboratory improvement. That is the Wassermann and butyric acid test were still strongly positive, but in some cases the cell count was lowered. Mercury was used in some of these cases—also salvarsan.

The first five cases were given 1-50 of a grain of mercuric chloride—in solution in salt solution and blood serum. Later I increased this dose to as high as 1-6 of a grain. The last five cases were also given 10 m. of a saturated solution of potassium iodide in the serum preparation. In no case were there any untoward effects. For a short time after the injection the temperature went subnormal—and in a few hours an elevated temperature presented itself. Temperature became normal again in about a day and in three cases the temperature remained elevated for nearly three days. In one case there was slight vomiting after the injection. Aspirin and phenacetin was used freely to control headache and in two cases morphine was used to control the patient. Pulse in some cases indicated stimulating and 1-50 grains atropine was used.

As far as preparation of the patient was concerned, a laxative of some kind was given the night before and breakfast denied in the morning. After the injection, liquid food was given until the temperature was normal. After the injection they were put to bed with the foot of the bed elevated about six inches. They remained in this posture for about two hours. Kept in bed until temperature was normal and headache gone. In most cases they were permitted to get out of bed in 24 hours.

The patients were bled the night before—usually about twenty c.c. of blood—and after the serum had separated, it was placed in the ice box overnight. In the morning 10 c.c. of serum was removed and this was mixed with a solution of mercuric chloride containing 1-50 of a grain of mercury. Then enough sterile salt solution was added to bring the total amount up to about 18 or

20 c.c. This was then inactivated in a water bath for one-half hour at 56 degrees centigrade. Sterile glassware used throughout.

The patient was then placed on the table, preferably lying on the right side with the legs and knees drawn up as far as possible and the head and shoulders flexed forward. With ordinary aseptic precautions—skin iodized, a puncture was made. Blood pressure was taken and spinal fluid was permitted to flow until there had been a drop of blood pressure usually about 15 or 20 degrees. Then the amount of serum was injected very slowly, usually about one c.c. per minute. I used a 20 c.c. Luer syringe for this, instead of the gravity method devised by Byrnes of Johns-Hopkins.

Some of the work since the close of the fiscal year will receive an advance comment. On July 13th a case of diphtheria was reported by Dr. Tuggle in Ward 21. The patient was immediately isolated and given 10,000 units of antitoxin on a positive smear from the throat. His culture the next day was also positive. Cultures were taken from the throats of all immediate contacts and a carrier found who was isolated. The Shick test was given to the 85 patients and two attendants in the ward, 61 of whom were found to possess native antitoxin. Subsequent cultures were made of all susceptible individuals and proven negative.

No prophylactic antitoxin was given except to the attendant who took care of the patients in isolation. The use of prophylactic antitoxin would have prevented any results from the Shick reaction. Cultures and Shick reaction thus gave us good control of the disease in the ward. The patient and the carrier continued positive until after four negative cultures each. One was returned to the ward August 23d and the other August 31st.

Properly diluted toxin for the Shick test was shipped in a thermos bottle from the Cutter Laboratory, Berkeley.

A SIMPLIFIED COMPLEMENT FIXATION TEST.

By NORMAN E. WILLIAMSON, M.D.,
Pathologist, State Hospital, Stockton, California.

The following method is a modification of Noguchi's test, but is much simpler and quicker.

Capillary pipettes are drawn out of small glass tubing. With a light touch of a file a mark is made at the point which 0.03 c.c. of mercury reaches from the end of the capillary tubing. The entire length of the pipette is 12 cm. Blood is drawn from the ear to the mark for each tube of the test. This will contain approximately 0.02 c.c. of serum as used in the Noguchi test, in addition to cells.

Place the small tubes in the rack used for complement fixation and add to each tube 1 c.c. of citrated salt solution. The salt solution is the usual 0.9 per cent. The citrate is added in the proportion of three

parts to 10,000. It is convenient to keep on hand salt solution containing 1 per cent sodium citrate. Three c.c. of this and 97 c.c. of salt solution will make the right proportion for the tubes. This will prevent the clotting of the 0.03 c.c. of blood used, and does not in any way interfere with the reaction. Straight salt solution may be used with good results, but the slight clot which forms detracts from the accuracy of the test.

Three-hundredths c.c. of blood is put in the front and back tubes which are immediately shaken. The blood is blown out of the pipette, using the mouthpiece of a blood commuting pipette, and can be immediately refilled from the same patient for the control tube. It is then washed with salt solution, water, alcohol, ether and dried in the flame of a Bunsen burner. It is now ready for the next patient. Blood is taken from known positive and negative cases for control.

Add 0.1 c.c. of properly diluted Noguchi antigen to the front row of tubes and 0.1 c.c. of salt solution to the back row.

Add 0.1 c.c. of 40 per cent complement to all tubes. Shake.

Place in water bath at 37 degrees C. for $\frac{1}{2}$ hour.

Remove and add two units of antihuman amboceptor in 1 c.c. of salt solution. (A unit of amboceptor has the same meaning as usual, *i. e.*, the quantity which will hemolyze 1 c.c. of 1 per cent suspension of washed human red cells in one hour with one unit of complement.)

Place in water bath at 37 degrees C. for one hour.

Compare each front tube with *its* corresponding back tube. Complete inhibition of hemolysis in the front tube with an average amount in the back tube would be + +. Less than this but more than 50 per cent inhibition would be +. More accurate readings can be made with a colorimeter, using a standard in the wedge and comparing each tube with the standard. Tubes must either be allowed to settle after incubation or they can be at once centrifugated and read.

The amount of red cells used in this test is about equal to 1 c.c. of 3 per cent suspension or three times that used in the Noguchi test. This is not a disadvantage, as no more will be hemolyzed than the unfixed complement can manage. The hemolysin is always the same, as none is added with the patient's serum. This might occur if serum and cells came from individuals of different groups, unless the cells belonged to group 4 of Moss, as I mentioned in a former contribution.

The advantages of this method are obvious. The blood taking is very simple and relieves the patient of much discomfort. No time is lost in getting clear serum. There is no washing of blood except for standardization of reagents. The test can be completed in two hours from the time the blood is taken.

I have found the test to be accurate. I have checked it by both Wassermann and Noguchi results.

FURTHER NOTES ON A MODIFICATION OF THE NOGUCHI TEST.

NORMAN E. WILLIAMSON, M.D., from the State Hospital, Stockton, California.

The results of 142 tests by the short method advocated in a recent article follow:

Clinical diagnosis	Author's modification of Noguchi	Noguchi or Wassermann	Number
Negative -----	Negative -----	Negative -----	86
Negative -----	Negative -----	Negative -----	35
Negative -----	Negative -----	Weakly positive (+) -----	1
Negative -----	Suspicious ± -----	Noguchi negative -----	5
Syphilitic -----	+ + -----	+ + -----	5
Syphilitic -----	+ + -----	+ + -----	2
Syphilitic -----	+ + -----	Negative -----	2
Syphilitic -----	+ + -----	± -----	1
Syphilitic -----	± -----	Negative -----	2
Syphilitic -----	± -----	± -----	1
Syphilitic -----	Negative -----	Negative -----	2

For Noguchi and Wassermann tests the serum was inactivated. Acetone insoluble fraction was used as antigen. Sach's antigen would have made a better showing, but positives must be checked by a less sensitive antigen.

Noguchi antigen can be used with cholestrin and makes an exceedingly sensitive antigen which can be used with active blood in my modification. It is not more hemolytic or anticomplementary than the antigen from which it is derived. I use 0.5 c.c. of 1 per cent cholestrin in absolute ethyl alcohol added to 1 c.c. of the methyl alcohol solution of the acetone in soluble fraction. One part of this to nine parts of salt solution makes the emulsion. I used 0.1 c.c. of this in 11 tests and had one positive (+ +) reaction that was negative by Noguchi antigen. This case gave a syphilitic history. I consider that negatives with this antigen have a decided value; positives require investigation.

I now use test tube racks with four rows of holes. I obtain 0.12 c.c. of blood from the ear and add it to 3.88 c.c. of the salt solution, containing four parts per 10,000 of sodium citrate, in a wide test tube. This facilitates shaking; 1 c.c. is added to each of the four tubes. In the front row use Noguchi antigen with cholestrin; in the next Noguchi antigen; the third contains the anticomplementary control; the fourth contains nothing during the first incubation to determine fragility of cells; later three units of amboceptor are added as in the other tubes as a measure of human complement.

When such fresh blood is used I was unable to detect complementary action in 18 cases, in the presence of one and one-half units of amboceptor. When three units are used there is a faint tinge of hemolysis in about 20 per cent of the cases. If a tube with antigen shows no

more color than the fourth tube complete inhibition of the guinea pig complement can be recorded. So far I have not seen a case in which the human complement is a factor of any moment.

Tcherngubou used sodium citrate and utilized the human complement to hemolyze the patient's cells, as in this test. This can not be an accurate gauge of the amount of complement fixed, and required an enormous amount of amboceptor. The action of the sodium citrate on amboceptor seems to have been overlooked. This I will refer to again.

Von Dungern defibrinated blood, which of itself would produce some hemolysis. He used the patient's cells and disregarded human complement. He used an alcoholic extract as antigen which would give non-specific proteotropic reactions. He used 0.1 c.c. of blood which is a large amount for active blood, and which would moreover occasionally contain an appreciable amount of complement.

I was convinced by my original experiments that sodium citrate did not affect the substance in syphilitic blood that was responsible in the presence of antigen for the complement fixation or absorption, and the results here tabulated show that this observation is correct. It was necessary to determine the action of the citrate on the other factors in the test. That cells are not affected has been shown by daily experience in obtaining them for complement fixation. Guinea pig serum 14 hours old was titrated as follows: to one portion was added four parts of salt solution; to another portion was added two parts of salt solution and two parts of 1 per cent citrate salt solution. This makes about the proportion of citrate which would have been added to the whole blood to prevent clotting. There is this difference, however, that the calcium has been used in the clotting of the blood and the citrate is an excess. The two portions of 20 per cent complement were titrated in parallel rows in the usual way with one unit of amboceptor and 1 c.c. of 1 per cent suspension of washed human cells. 0.01 c.c. was the interval between tubes. The salt solution complement showed a unit of 0.08 c.c. The citrated complement reached maximum hemolysis at the same point, the hemolysis being almost but not quite complete. There were just a few more cells in the tubes containing more complement. This showed that there was no effect on the complement, but did suggest a deleterious action on amboceptor.

Fresh guinea-pig blood was added to an equal quantity of 1 per cent sodium citrate, centrifugated and decanted. It was at once tested for complement. It was present but not strong. The next day the complement was strong. Just enough 1 per cent calcium chloride was then added to a portion to produce clotting. On separation of the clot the complement was found to be unaffected. Calcium chloride in excess of this amount was anticomplementary, as is known. It may be pos-

sible that excess of calcium is one of the factors concerned in the anti-complementary action of some sera. None of the bloods used in the test in question have appeared to have a marked anticomplementary action. This may, however, be due to the freshness of the material.

Adding measured amounts of 1 per cent sodium citrate in making the dilution of amboceptor, it was found that one unit of amboceptor was destroyed by 0.2 c.c. of 1 per cent citrate salt solution. That this was not caused by change in osmotic tension was shown by adding salt solution in the same concentration. It took 0.5 c.c. to have the slightest detrimental effect on the reaction. The citrate used in the test has united with calcium and very little is free. The extra unit of amboceptor found to be of advantage in this test is to overcome the anti-hemolysin present in many bloods for the patient's own cells; to produce a quick reaction for early reading; to anticipate by such early reading the strengthening of the human complement. I believe, moreover, it assists in eliminating false positions. Patients showing suspicious reactions should be made the subject of thorough investigation. Five out of seven were shown by careful study, including examination of spinal fluid, to be in all probability free from syphilis.

After the tubes have stood for many hours a clot forms in each tube. This suggests the possibility of a chemical union of citrate and amboceptor, by which the calcium is set free. If it were due to calcium in excess in the guinea-pig serum added, the action should be more prompt.

All patients admitted to this hospital by 10 a.m. on Mondays and Thursdays are examined by this method and a report made to the clinic at 2 p.m. of those days. Strong positives and decided negatives have a great value in the study of the case. The possible effect of alcohol in producing a negative is eliminated by a subsequent test a few days later. Venipuncture is a severe shock to many nervous cases, though it is still done for the sake of comparison. This test, supplemented with spinal puncture, may prove to give all the information obtainable.

BIENNIAL REPORT OF THE BOARD OF MANAGERS, NAPA STATE HOSPITAL.

To the State Commission in Lunacy:

GENTLEMEN: In addition to the reports of the medical superintendent and the secretary-treasurer, the board of managers of the Napa State Hospital begs to submit to you its biennial report for the period ending June 30, 1916.

The board held its regular monthly meetings, which were well attended at all times, including several special meetings called by the president of the board.

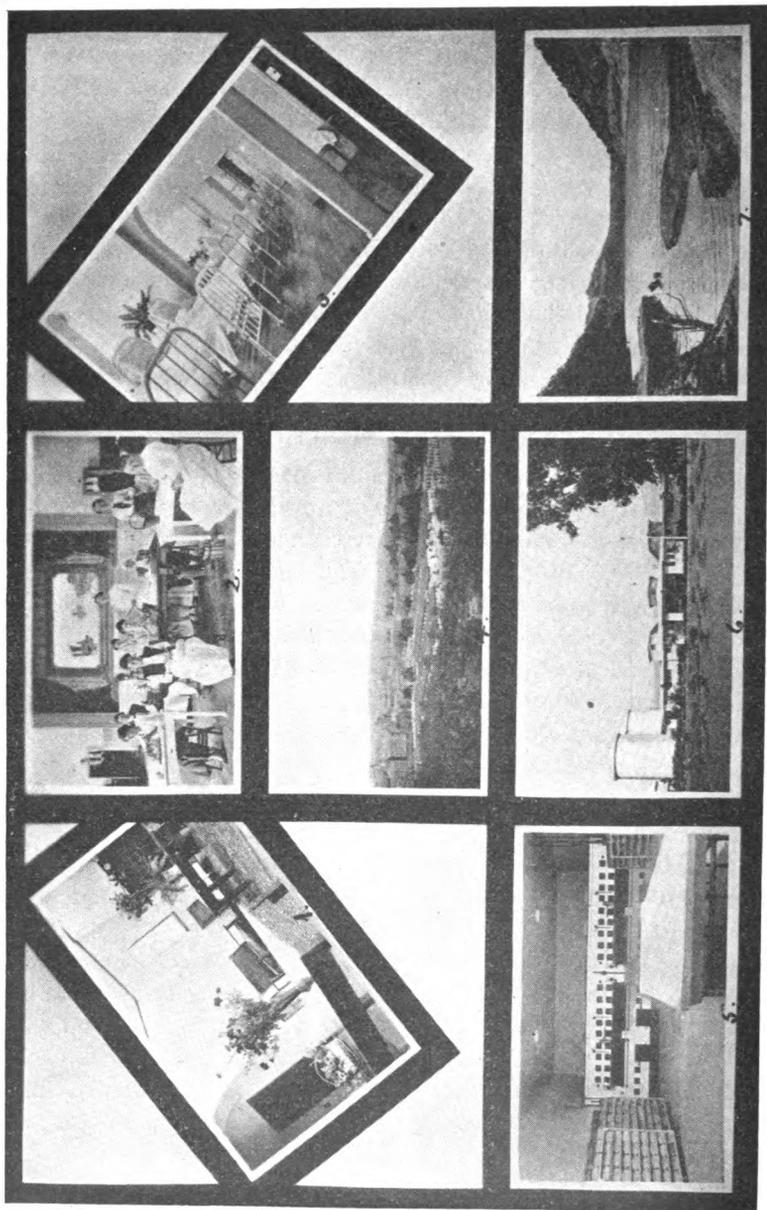
The members of the board have manifested a personal interest in all the affairs of the hospital, visiting it at times between the regular monthly meetings to familiarize themselves more fully with its conditions. The minutes of each monthly and called meetings have been forwarded to your honorable commission. We respectfully refer to them, and desire the same to constitute a part of this report.

During the past two years, a great deal of work has been executed, some of it in remodeling old buildings to be used for other purposes than they were formerly built for, these changes being recommended by the present medical superintendent.

An additional 250-horsepower boiler has been installed in the power house to guarantee the effective use of steam in heating the Administration Building and all the several other buildings on the hospital grounds, including the residences of the medical superintendent and staff officers.

The steam heating system which was being reconstructed and augmented when the last report was made by the managers has now been completed and is a satisfactory addition to the hospital and other different buildings on the grounds, all being heated from one central point, the power house, eliminating the several heating systems in the different buildings as formerly, and is a great saving of fuel and attendance. The danger of fire is almost an impossibility.

The new overhead steam piping and valves are now being installed in the power house, as the old steam piping had been condemned as being unsafe. This work is paid for out of an appropriation granted



1.—Sitting room for the acute quiet. 2.—Occupational treatment in Recreation Hall. 3.—Acute disturbed cottage.
4.—Detached cottages (18). 5.—Hospital dairy. 6.—Hospital building. 7.—Drinking water reservoir.

by the last legislature, but an additional \$6,000 will be required to finish the work in the power house. More machines are required and the power house roof needs to be partly remodeled. The board hopes to get the above appropriation for this work so much needed; \$2,500 for renewing the roof where necessary and \$3,500 for additional pumps and fittings.

The appropriation for the Farm Workers' Dormitories on the Smith-Brown ranch, granted by the last legislature, has not been fully utilized up to this time, but the board of managers is hopeful that the structure will be completed in the near future, giving the employees and workers more comfortable quarters than they now enjoy.

The hospital for invalids and physical diseases for both sexes—the appropriation which was granted by the last legislature: The buildings were commenced three months ago and the board of managers is assured they will be completed by the end of this year, and they will be then occupied by patients, relieving the overcrowded condition of other parts of the hospital.

Remodeling the North Pay Cottage has been finished at a cost of \$10,000, money appropriated by the 1913 legislature. This building remodeled is now used for the acute disturbed male patients. An X-ray apparatus has been installed here at a cost of \$1,250. This machine is of the latest improved type and has proven of invaluable aid in the diagnosis and treatment of several cases, such as fractures, tuberculosis of bone, foreign bodies in abdomen, etc. The \$10,000 appropriated was not sufficient to finish the building and \$2,500 with consent of the Board of Control was used out of the contingent fund to complete the work.

The South Pay Cottage is being remodeled and added to at an expense of \$15,000, to be used and equipped for acute disturbed female patients. This is a building very much needed as part of the hospital equipment for female patients.

The new dairy barn, silos, and dormitory buildings have been finished and are a great credit to the state; are indeed examples for any state or private individual to copy, as they are models of their kind. The appropriation of \$20,000 for dairy barn and silos, and \$10,000 for barn dormitories, fittings and sheds for the cattle, were granted by the 1913 legislature.

A new bakery has been remodeled out of the old laundry, including a new brick chimney which has been built. The bakery has been furnished and equipped with the latest, most up-to-date ovens and all necessary machinery for the saving of manual labor, the baking of bread being a more sanitary process.

A new laundry building has been satisfactorily completed; money was appropriated by the last legislature, but sufficient funds were not allowed for the full equipment of the laundry and additional money should be asked for to finish and make the laundry more serviceable for the institution.

Three connected cottages, called the Chambers cottages, were built for parole men. They are models in their equipment and are in the neighborhood of the Phillips cottages. The appropriation was made by the last legislature.

Three new cottages were added to the Dozier cottages with additional sitting and dining rooms, all heated from the central station—the power house—removing the heating furnace originally installed there and eliminating the danger of fire.

The Kruse ranch, so much needed by this hospital on account of its watershed and to keep the present water supply free from contamination, was purchased for \$7,500—money granted by the last legislature. This augmented the area of our dairy herd holdings, and if we could secure enough money from the incoming legislature to build another dam west of the present dam in the same ravine, but about one-half mile further down, to catch and retain all the water which overflows and runs to waste in winter, this would put the hospital beyond the danger of all droughts to come in the future. About \$60,000 will be needed.

For reclaiming the low tide lands of the Smith-Brown ranch, west of the hospital, which has been a great success thus far, there are about 350 acres which have been not quite wholly reclaimed. The money appropriated by the last legislature, \$10,000, was not sufficient to do all the necessary work, and an additional \$694 was, with the consent of the Board of Control, used out of the contingent fund, and almost finished the levees; \$1,000 was also used out of the contingent fund to pay Mr. Juarez for his land taken in the reclamation plan. About \$5,000 more will be needed to make a complete reclaim of this fine farm, worth \$300 to \$500 an acre, when this overflowed land is restored to cultivation.

A new bungalow consisting of six rooms, bath and also two sleeping porches, has been built this year for Doctor Ogden of the hospital staff with money furnished out of the contingent fund with the consent of the Board of Control, costing about \$3,000. The bungalow has been completely furnished with new fittings, carpets and furniture. It is built on the line of the avenue in the staff row and is now occupied by Doctor Ogden.

A roof is about to be erected on the central tower to be about 40 feet

high, planned by the state architect's staff and approved by the board of managers, to cost \$2,300. This will make a finish to the present unsightly appearance of the tower—the money to be taken out of the contingent fund.

No single agency affords more widespread interest or exerts greater beneficial influence at the Sacramento State Fair than the stock exhibits, which are believed to excel those of the Exposition recently held in San Francisco. The exhibit of live stock this year especially surpassed that of all former years. The Napa State Hospital's exhibit of Holsteins received deserved commendation and consideration, and in the future fairs it is hoped to send a larger number of fine animals to compete for prizes. For the past few years, the hospital has been endeavoring to increase the number of registered animals, both in cattle and hogs; has been disposing of quite a number of fine stock which could be spared to other state institutions in order to secure funds for purchasing registered animals with the money obtained. Ten head of registered Holstein cattle were sent to the State Fair, where they made the most creditable showing, being the only state institution exhibiting and competing for prizes with private individual exhibitors. The result was that the Napa State Hospital animals secured one first prize and one third prize, all of which was received with great satisfaction, and with encouragement given for a more complete exhibit in coming years. The same stock was also exhibited September 12th, 13th and 14th at the Napa County Farm Bureau Fair, where they were greatly admired by many people.

The hospital is also improving the breed of hogs which will form the foundation of a registered herd to be placed on exhibition in the future years at state and county fairs.

The poultry farm is receiving careful attention also, and is a satisfactory asset of the hospital property. Some of the best breeds of turkeys, ducks and chickens (the latter principally of the Leghorn variety) are being raised, and the hospital is thus enabled to supply all eggs and poultry for the needs of its inmates, as well as turkeys for the Thanksgiving and Christmas dinners.

The board of managers desires to express its thanks to your honorable commission for the courteous treatment invariably received, and also for the kindly and considerate cooperation which the Board of Control has afforded us on all occasions. With the harmony prevailing in the board and the efficient work of our medical superintendent, Doctor Hoisholt, and the staff officers and corps of employees, the coming year's work looks most favorable.

The board of managers recommends that the following appropriations be asked for by the next legislature:

- \$20,000 for pathological laboratory and autopsy rooms, with equipment.
- \$50,000 for nurses' home.
- \$15,000 for a convalescent cottage for female patients.
- \$8,000 for a two-story staff officers building, to house and furnish same for two staff officers.
- \$6,000 additional to fully complete the new laundry.
- \$60,000 for new dam on the Kruse ranch for additional water supply.
- \$6,000 to finish power house, for additional machinery.
- \$5,000 to complete the reclamation of low lands—Smith-Brown ranch.
- \$6,000 electric elevators.
- \$10,000 main sewer line.

The problem of supplying the Napa State Hospital with sufficient water for all purposes is a most serious one at this time and deserves attention from the next legislature looking to relieve this condition permanently. It has been estimated by the state engineering department that a dam across the ravine situated below the present dam impounding 100,000,000 gallons of water at Lake Marie, could be constructed for the sum of \$60,000. Sufficient water now going to waste during the freshet periods could be conserved to adequately supply the needs of the hospital in all seasons, and the expenditure of \$60,000 for the purpose of impounding this waste water would be in the interest of economy and efficiency at this institution. At the present time it is necessary to operate deep-well pumps to furnish the hospital with water, in addition to that which is taken from Lake Marie, which is now rapidly nearing the point of exhaustion. This method is both expensive and quite unsatisfactory, and should be discontinued at the very earliest day. It is uncertain and should not be relied upon even as an emergency source of supply for the hospital. It has been our experience in the past that water needed for irrigation could not be procured at certain seasons of the year. This unfortunate condition caused neglect to the grounds and shrubbery, which was distressing to the management of this institution, as surroundings and environment should be as attractive as possible for the happiness and comfort of the patients committed here.

The present elevator system in operation from the basement to the several floors of the building is obsolete and grossly wasteful in the use of water necessary to their action. It will require an appropria-

tion of \$6,000 to install modern electric elevators in place of the slow-moving and expensive-operating hydraulic system. The electric energy supplied at the hospital is contracted for at a very low rate, and the operation of these elevators by electric power would be a saving in every direction.

Respectfully submitted.

EMMETT PHILLIPS, *President*.
DAVID RUTHERFORD.
CHAS. E. PERRY.

REPORT OF THE MEDICAL SUPERINTENDENT, NAPA STATE HOSPITAL.

To the Honorable Board of Managers, Napa State Hospital.

GENTLEMEN: I have the honor to present herewith the twenty-first biennial report of the hospital for the period ending July 1, 1916.

During the last two years the various improvements allowed for by legislative appropriation, or sums set aside from the contingent fund, have been carried forward to completion, or are now under construction. Among the former are the cottages for acute disturbed men, the cottages for convalescing male cases, the new dairy barn, with stalls for 200 cows, and the adjoining milk house, feed sheds, etc., the reclamation of about 300 acres of river bottom land of excellent quality and the leveling and strengthening of levees along the river front, the purchase of the Kruse ranch of 160 acres, which makes the lands of the institution continuous, with the exception of the three and a half mile distant fruit orchards of the Spencer ranch. At the present time the female cottage for acute disturbed patients is under construction, being in part a remodeling of the old South Pay Cottage. It will be a watch-ward with connecting isolation rooms and alcoves, hydrotherapy equipment, etc. The infirmary for men and women, a stucco structure erected near the hospital for acute quiet men and women, the former Receiving Building, is about half finished. The cottage for farm workers, to be located on the Smith-Brown place, adjoining the lowlands and about one and a half miles from the hospital center, has been commenced. This will remove about forty male chronic or convalescent patients from the immediate environments of the main institution.

The Napa State Hospital has during recent years tried to improve the medical care and system of the medical service. In its present state of equipment it can not accomplish all that is desirable and requisite, but a continuation of the progress made will in time, we hope, place the service in the treatment buildings fairly well on a parallel with that of a psychopathic hospital worthy of the name.

The medical service has five divisions, three for the male side containing 1,257 patients (June 30, 1916), and two for the female side with a total of 998 patients. A resident assistant physician is in charge of each division, and is assisted to some extent by an interne, of which there are two for the entire institution. The medical officers have had experience in mental medicine; the internes are graduates in medicine who rotate in services of the San Francisco and Lane hospitals of

the Stanford University. We receive, on an average, 53 patients monthly, of which about four, on an average, have been cases admitted under a voluntary commitment. There has been a steady increase in this form of commitment of late. The new admissions are received by the medical officer on duty, who goes over the case physically in a superficial way, attends to the patient's immediate needs and sends him or her in the care of the supervisor or matron to the admission or clearing-house ward, where he is examined as to possible injuries, and given a bath. If there are any marks of injury or evidence of serious illness, a record of which is kept, the superintendent is notified, and information of such serious condition is telephoned or telegraphed to relatives, when a relative did not escort the patient. The receiving medical officer endeavors to get all information possible from the patient's escorts and especially from the relatives who frequently accompany him. This information, including the address of relatives or friends, together with the commitment paper, is handed to the physician who next in rotation is to make the mental examination. This physician, to whose service the patient has been assigned, investigates the case along carefully planned lines, sending specimens of urine, blood, etc., to the laboratory where the examination includes a Wassermann test in every case, which, if positive or doubtful (or if the clinical symptoms are "suspicious"), makes the pathologist send the patient's name to the officer in charge of the making of lumbar punctures, who forwards the spinal fluid specimen to the laboratory for the quadruple tests. As soon as the physical and mental examinations have been completed, and a correspondence with relatives, family physician and hospital, general or mental, where the patient may have been an inmate, has brought out as complete a family and personal history as possible, the name of the patient is added to the list for consideration at conference. The patient appears three to four weeks after admission before the conference of the staff on Tuesday and Thursday afternoons, between 2.30 and 4.45 p.m. At the conference room, connected with the recreation hall, where examination and discussion is away from and undisturbed by institutional life, the clinical history is read, after which the patient is brought before the medical staff and the case is demonstrated by the physician who studied the patient, the other physicians joining in the mental examination. The discussion and conclusions as to the nature of the case are entered into by the staff after the patient has left the room. The case is reconsidered after a month whenever the diagnosis is in doubt or the case is of unusual importance, and it is then again brought before the staff meeting during the same hours on Wednesday afternoons when patients thought to be in condition for parole, leave of absence, discharge, etc., are reexamined and discussed. During the favorable or

unfavorable course of the mental case, the patient's transfer from ward to ward is taken up with the superintendent by the physician of each service, and no transfer is made until a blank, signed by the transferring and receiving physician, and giving the main features of the mental symptoms, has been countersigned in approval by the superintendent. Daily clinical notations are made in all new cases for one or more months, according to the circumstances of the case. Tube feedings are always made by the physicians, the internes doing a limited number of them.

Besides doing urinalysis, making other clinical tests and serological studies, the pathologist, Dr. Harrison, whose report is herewith appended, has made blood cultures in a number of cases belonging in a special group of infection psychoses, the results of which have been published by Dr. Harrison and the superintendent in connection with certain clinical aspects of these cases. A certain germ was isolated and identified as present in the blood stream in half of the eight cases reported.

The laboratory work has up to this time been accomplished in unsatisfactory quarters, located in the basement of the Receiving Building. This locality has many drawbacks. The rooms are too moist at certain times of the year for thorough laboratory work, the ventilation being very poor, and is further hampered by the fly nuisance on account of the proximity to the kitchen of the hospital, which is situated just over these rooms. I, therefore, hope that the legislature will favor the Napa State Hospital with provision for a new laboratory and autopsy rooms, located above ground. This equipment is the most important and the most absolutely essential to the advancement of the medical service of the hospital.

The work-therapy department is in charge of Miss E. Mabie, who conducts classes in directed muscular activities, and who especially endeavors to have the patient's attention centered upon body position in standing and walking, marching in varied directions, etc., which classes have a total of about 50 male and 150 female patients, who practice twice a week, *i. e.*, on four mornings weekly between nine and eleven, at the recreation hall and in the sitting rooms of the Dozier cottages. She also has classes in all kinds of basket making, tooled leather, brass, copper and clay pottery, in addition to the usual fancy work. The department is laboring under difficulties in its present quarters, but expects to be located in the remodeled chapel at the end of the year. Miss Mabie takes her classes out on picnics and entertains them at tea parties every week or two.

Drs. Aaron S. and Louis D. Green, with Dr. Henry Horn, of San Francisco, have visited the hospital on an average of every five to six

weeks on Sundays, giving gratuitous expert attention and treatment in the line of their specialties of eye and ear, nose and throat diseases, respectively. They have been most skilful, diligent and devoted in their lines of charity. During the past year (between August 15, 1915, and August 15, 1916), they have performed twenty-four operations on tonsils, adenoids, cataracts, iridectomies, pterygiums, etc. They treated 125 eye cases: conjunctivitis, refraction, corneal ulcers, blephoritis, etc., and 125 ear, nose and throat cases, making in all 214 patients treated during the year.

At the present time the old chapel of the institution is being remodeled to afford accommodations for the work-therapy department and as recitation and demonstrating rooms for the training school for nurses, which will be inaugurated at the end of this year. In the third story over these rooms accommodations will be given to a limited number of trained nurses from leading general hospitals around the bay, who will be received here as pupils for training in mental nursing, such opportunity being extended in return for a like opportunity afforded Napa Hospital nurses for instructions in general nursing at the hospitals from which such nurses come.

The hospital has much appreciated contributions of magazines and periodicals which it, during the past year, has received from various sources. It is also indebted to Mrs. E. L. Peltret, of San Francisco, for a contribution of \$90 toward the purchase of books for inmates, in appreciation of kindness shown a patient here. This money, together with a balance allowed from the contingent fund to make \$150, is at present being used for the purchase of books that will make a considerable addition to the patients' library.

The board of managers of this hospital have in their report requested a certain number of special appropriations. Of these, I will lay especial stress upon those more or less directly essential to the medical service of the institution.

The first and foremost is a pathological laboratory with autopsy rooms, with equipment, to cost about \$20,000;

A nurses' home to accommodate about 40 single women and ten married couples, all employed as nurses and attendants, to cost \$50,000;

A convalescent cottage for women patients, to cost \$15,000;

One cottage to accommodate resident pathologist, to cost, with furnishings, \$4,000;

Equipment in washing and drying facilities of the laundry building, to cost \$6,000;

A new 12-inch sewer line extending from the Chambers Cottage along a line in the rear of the new buildings going up, past the Receiving Building to the river, to cost \$10,000.

With regard to the nurses' home, I can say that this equipment would lead to marked improvement in the service of the nurses, by removing from their field of work things that are more or less distracting from the care of the patients. At the present time their private quarters are off the corridors. If accommodations are given to 60 attendants in the nurses' home, we would be able to accommodate in all about 128 additional patients, according to an estimate made by Mr. Deane, of the engineering department, who has looked over these attendants' quarters with me. He estimates that the cost of such quarters as have recently been allowed for the extension of bed capacity would cost the state for the 128 patients about \$35,000 to \$40,000, so that the \$50,000 requested for the nurses' home will cost but \$10,000 to \$15,000 in excess of the value of the increased bed capacity for patients.

I wish to express my appreciation of the cooperative efforts manifest among the members of the medical staff and other officers and employees of the institution.

In conclusion, I thank you gentlemen of the board of managers, for your cordial support and encouragement.

Respectfully submitted.

A. W. HOISHOLT,
Medical Superintendent Napa State Hospital.

REPORT OF PATHOLOGICAL LABORATORY.

To the Medical Superintendent of the Napa State Hospital:

Following is a report of the Pathological Laboratory for the biennial period ending June 30, 1916.

A total of 5,166 clinicopathological examinations has been made during this period, as follows:

	Fiscal year 1914-15	Fiscal year 1915-16
Autopsies	75	121
Blood serum (Wassermann reaction).....	727	1,086
Cerebrospinal fluid, including Wassermann, globulin, colloidal gold reaction and cytology	101	135
Widal reaction	12	16
Blood examinations (morphology, cell count).....	146	185
Throat cultures	86	24
Transudates and exudates.....	36	27
Sputum examinations	83	113
Feces	37	24
Urinalyses	662	1,323
Stomach contents	10	14
Blood cultures	5	18
Milk examinations (bacteriologic).....	41	51
Vaccines	2	2
Animal inoculations	1	3
Totals	2,024	3,142

During this period autopsies have been performed in all cases in which permission could be obtained. Such permission has been granted in 196 instances, which is 53.9 per cent of all deaths occurring in the institution. During the first half of the period, the percentage of autopsies to deaths was 47.7 per cent, and during the last half, the percentage was 60.2. Accurate records of the gross findings of these examinations are filed with the clinical case histories.

Routine Wassermann reactions are made in all new admissions. The results have shown that for the first half of the period 81 or 14.2 per cent, and for the last half, 91 or 14.3 per cent of patients show positive reactions. Examinations of the blood in the relatives of patients with lues of the nervous system is being done whenever possible.

Work with Abderalden's Sero-diagnosis is being undertaken, but a report of results is not yet available.

In cooperation with the health board of the city of Napa, the laboratory has made a regular bacteriological examination of the city milk supply.

Respectfully.

W. T. HARRISON, M.D.,
Pathologist.

REPORT OF THE MEDICAL SUPERINTENDENT, AGNEWS STATE HOSPITAL.

To the Board of Managers, Agnews State Hospital, Agnew, California.

GENTLEMEN: I again submit to you statistical reports showing the transactions of this hospital, both medical and financial, for another biennial period closing June 30, 1916.

With the general management, policy and affairs of the hospital you are familiar because of the close touch constantly maintained between your board and the executive head. Together we have earnestly sought the welfare of the patients with due regard for economy and the interests of the state.

We have continued our liberal policy of open wards with unscreened windows and unlocked doors, giving a greater personal liberty to our patients than is usually accorded mental cases; and in addition have abolished all physical restraint within the buildings. With over 1,600 patients not one is in restraint nor has been for many months.

Of course this means greater attention on the part of all concerned in the care of patients; a better understanding and relation between patients and employees; more personal care; more active treatment to relieve great nervous tension, and greatly lessens the possibility of unkind treatment or abuse.

The efficiency of the medical staff has also been improved by more and better organized staff meetings, more careful examination and study of each case by some member of the staff before presenting it for consideration by the whole staff, and more complete and better clinical records.

Our limited medical staff is doing excellent work, but will do still better with a larger, well-balanced staff, which we expect soon to have.

Dr. Margaret Cutting and Dr. C. W. Mack have resigned since my last report. Dr. Agnes E. Hansen and Dr. Glenn E. Myers have succeeded them. Dr. Myers has been appointed clinical director, for which position his training in the New York Psychiatric Institute under Dr. August Hoch has especially fitted him.

Our greatly overcrowded condition renders the best possible work and nonrestraint more difficult. We hope this may be remedied by

liberal appropriations to increase capacity beyond the regular normal increase of population.

Also, an executive head of a hospital of this kind, if he is progressive, with policies and methods out of the ordinary born of experience, more liberal and advanced, in which he has faith and desires to make practical, must have a free hand in selecting his assistants of every class and grade according to his ideas of their temperament, fitness and adaptability, that he may have a well-balanced and rounded-out service with confidence in him and faith in his methods. This service the head must dominate in a manner to create enthusiasm and loyal cooperation, tolerating no inefficiency or even inadaptability. This is the only way anything radical or original can be inaugurated and carried to successful conclusion.

I wish to reiterate what I have said in two previous reports in opposition to the law permitting inebriates and drug addicts to be sent to the mental hospitals. With increased experience, I believe more strongly than ever that it is wrong to the mentally sick, decidedly demoralizing to hospital management and discipline, and little benefit to the intemperates. I hope the next legislature will find a way to relieve the hospitals of this objectionable class in a manner to benefit all.

We have made a greater effort the past year to crowd out of the hospital all those who might possibly get along safely outside, whether entirely recovered or not, if they could not be benefited by longer residence. Though our admissions have been large, yet due to this policy our actual increase has been smaller as shown by the tables of movement of population.

I am of the opinion that patients are sent to the state hospitals who should be cared for in county hospitals, almshouses, or their homes. There are many senile and physically infirm, with mild consequent mental aberration, and others with harmless mental defects whom the state hospitals can not benefit and should not be burdened with. Some counties send those fatally ill and who live but a few days after being received.

Referring to our needed appropriations for the next biennial period, I have estimated for such number of patients as I believe we will have to care for, judging the future by the past, and at such a per capita cost as the present and probable continued increase in costs render necessary. I estimate for

Support	-----	\$463,360 00
Salaries	-----	333,040 00

Your board has heretofore considered special appropriations and recommended the following, which I have forwarded to the State Board of Control:

Workers' Cottage for men -----	\$50,000 00
Furnishing -----	7,000 00
Convalescent Cottage for men -----	42,000 00
Furnishing -----	4,000 00
Staff House for physicians -----	22,500 00
Furnishing -----	4,500 00
Nurses' Home for men -----	45,000 00
Furnishing -----	6,500 00
Lighting grounds -----	15,000 00
Dairy barn, 150 cows, milk house, silos, feed room, sheds, etc., complete with equipment -----	32,000 00
Dairy herd -----	10,000 00
Additional land (quantity and price not yet determined).	

The above recommended construction is to complete the hospital as originally planned, and it is to be hoped that appropriations for the purpose can be allowed. I would strongly recommend that any further extension be made by colonizing on a separate body of land to be secured.

In closing I wish to remark it is only by good understanding, harmonious cooperation, working altogether with a settled policy, that the managing board and the executive head can accomplish satisfactory results. This is the condition that has existed between us and in our efforts we have had the ready support of the State Board of Control and all state administrative offices.

For the loyal and harmonious support given me by officers and employees and for your confidence, counsel and consideration, as well as that of every branch of the state administration, I am very grateful.

Respectfully submitted.

LEONARD STOCKING,
Medical Superintendent.

**ANNUAL REPORT OF BOARD OF MANAGERS OF THE
MENDOCINO STATE HOSPITAL.**

TALMAGE, CALIFORNIA, August 1, 1916.

*To the State Commission in Lunacy,
Sacramento, California.*

The Board of Managers of the Mendocino State Hospital herewith submits its annual report for the year ending June 30, 1916.

VISITS AND INSPECTIONS.

A majority of the Board of Managers has visited the hospital monthly during the fiscal year commencing July 1, 1915, and ending June 30, 1916. We have found the inmates well housed, clothed and cared for, and due attention given to their physical and mental welfare. We have found, with few exceptions, that the officers and employees of the institution have been attentive to their duties and have exerted every endeavor to carry out the purposes of the hospital.

We have supervised the repair and alterations of old buildings, the installation of new plumbing and electrical system and the construction of new buildings, all of which more fully appears in detail in the report of the Medical Superintendent herewith transmitted to you. Notably, we call your attention to the completion of the large storage dam and reservoir. We have carefully examined the monthly reports and the suggestions therein contained which we have found to be satisfactory.

APPROPRIATIONS.

We recommend an appropriation for the support of hospital for the fiscal years 1917-1918 and 1918 and 1919 in the sum of \$289,220; for salaries for the above period, \$209,000.

SPECIAL APPROPRIATIONS.

Water softening plant -----	\$7,500 00
Converting second floor of Administration Building into a ward for patients -----	7,500 00
Reconstruction of Ward 5 and converting present laundry and bakery into a ward -----	20,000 00
Constructing new laundry and bakery and installation of new machinery -----	28,000 00
Nurses' home -----	25,000 00
Construction new steam heating distribution system for administration and ward buildings -----	5,000 00
Installation two 150-horsepower boilers to replace three condemned 75-horsepower boilers -----	18,000 00

Remodeling mechanics-farm hands' lodgings	2,000 00
Reconstruction of Ward 7	10,000 00
Plumbing repairs	5,000 00
Renewal of old floors in wards	2,500 00
Repairs and improvements at dairy	2,500 00
Installation heating plant to heat two physicians' cottages, business manager's cottage and residence of medical superintendent and the Manor House	10,000 00
Construction of cloister in back yard for the female patients	5,000 00
New Manor House for board of managers.....	6,500 00
Furnishings for Manor House	1,750 00
Additions to Ward D for female patients	20,000 00
Remodeling Ward 8 for male patients	5,000 00
Enlargements of operating room, etc.	3,000 00
Purchase of land for pasturage, piggery, etc.....	20,000 00

WATER SOFTENING PLANT.

We recommend the appropriation by the legislature of the sum of \$7,500 for the purpose of meeting the cost of installing a water softening plant at the Mendocino State Hospital. This is absolutely necessary, and should be considered an emergency appropriation because of the rapid destruction of pipes caused by the alkaline condition of the water.

CONVERTING SECOND FLOOR OF ADMINISTRATION BUILDING.

We believe that the second floor of the Administration Building, which has been occupied by the board of managers and the officers of the institution who have been given living quarters elsewhere, can be converted by the expenditure of the sum of \$7,500 into accommodations for at least 80 patients and possibly 90 patients. The hospital is at present greatly overcrowded and the work of securing this extra space should be prosecuted with the greatest expedition to relieve the congestion.

RECONSTRUCTION OF WARD 5.

The arrangement of Ward 5, accommodating at present 107 patients, is very poor and is very much in need of reconstruction. Below this floor is the laundry and bakery which makes the quarters above very uncomfortable. We recommend the removal of the laundry and bakery and the converting of the space thus obtained into sleeping quarters for patients now overcrowding the second floor. We estimate the cost of rearranging the two floors will be \$20,000 and ask that immediate attention be given to this as we regard it as a matter of great emergency. The foregoing will necessitate the construction of a building for the laundry and bakery which we estimate will cost \$2,000. We further recommend an appropriation to cover the cost of removing the laundry and bakery and the installation of new laundry and bakery machinery in the sum of \$8,000.

NURSES HOME.

An appropriation of \$25,000 is recommended for the purpose of constructing a home to accommodate female attendants, married couples employed as attendants, female stenographer, etc., said home to have a capacity of 34 rooms, two living rooms and necessary bath rooms, toilets, lavatories and other required conveniences. The necessity for this new construction is fully set forth in the Medical Superintendent's report.

REMODELING MECHANICS AND FARM HANDS LODGING HOUSE.

We recommend an appropriation in the sum of \$2,000 to be used for the purpose of remodeling the present workingmen's lodging house which in its present condition is badly in need of remodeling.

RECONSTRUCTION OF WARD 7.

We deem it of great necessity and therefore recommend an appropriation in the sum of \$10,000 to cover the cost of reconstructing Ward No. 7. This ward at present consists of temporary shacks of wood and in use to house 105 patients. This ward is on the cottage plan and it is contemplated that the reconstruction should follow the same plan.

PLUMBING REPAIRS.

We earnestly request an appropriation in the sum of \$5,000, for plumbing repairs, water pipes, upkeep of sewers, etc.

RENEWAL OF OLD FLOORS IN WARDS AND REPAIRS AND IMPROVEMENTS AT DAIRY.

An appropriation of \$2,500 is requested to cover the cost of renewal of old floors in wards and \$2,500 for the repairs and improvements at the dairy, all of which work is very essential.

INSTALLATION OF PLANT TO HEAT OFFICERS' RESIDENCES.

We recommend the appropriation in the sum of \$10,000 to cover the cost of installing a plant for heating the cottages of the two physicians, business manager, and medical superintendent residence.

CONSTRUCTION OF CLOISTER IN YARD FOR FEMALE PATIENTS.

An appropriation of \$5,000 is recommended for the purpose of constructing a cloister in the yard for the female patients. There is at present such a cloister in the yard for male patients and has proven a great benefit to patients by enabling them to go out of doors during the winter months and is also a protection against the heat of the summer.

STEAM HEATING DISTRIBUTION SYSTEM.

The board recommends an appropriation in the sum of \$5,000 for the installation of a new steam heating distributing system in the Administration and Ward Buildings.

NEW BOILERS.

We recommend that the three old 75-horsepower boilers which have been condemned by the boiler inspector of the Industrial Accident Board, as per correspondence on file in this office, be replaced by two 150-horsepower boilers at a cost of \$18,000.

NEW MANOR HOUSE FOR THE BOARD OF MANAGERS.

We recommend that the Manor House now built, but not yet occupied by the board of managers, be utilized for the accommodation of the secretary to the medical superintendent and guests at the Hospital and that a new Manor House be constructed at a cost of \$6,500; said Manor House to be built according to plans to be submitted to the board for its approval.

ADDITION TO WARD D—FEMALE PATIENTS.

We further recommend that an appropriation of \$20,000 be made for the purpose of adding accommodations for female patients to the number of at least 75 in that one floor be added to Ward D.

REMODELING WARD 8—MALE PATIENTS.

An appropriation of \$5,000 is recommended to cover the cost of remodeling Ward 8.

ENLARGEMENT OF OPERATING ROOM, ETC.

We recommend that an appropriation of \$3,000 to cover the cost of enlarging the operating room and necessary adjuncts such as anaesthetic room, dressing room, etc.

PURCHASE OF LAND FOR PIGGERY, PASTURAGE, ETC.

We earnestly recommend the appropriation of \$20,000 with which to purchase additional land for pasturage and the piggery, and also for the watershed tributary to the hospital.

RECEIVING HOSPITAL.

We recommend that the question of a receiving hospital be held in abeyance.

ENDORSE HOSPITAL ADMINISTRATION.

In conclusion this board of managers earnestly endorses the excellent work of the medical superintendent in handling the affairs of the hospital during the fiscal year and we are pleased to note the spirit of harmony that prevails throughout the institution.

Respectfully submitted.

BOARD OF MANAGERS,
ALFRED GREENEBAUM, *Chairman.*
THOMAS P. BOYD.
A. J. MAYFIELD.
BEN J. PATOCCHI.
ADOLPH UHL.

Attest · JOHN F. GALVIN

REPORT OF THE MEDICAL SUPERINTENDENT, MENDOCINO STATE HOSPITAL.

TALMAGE, CALIFORNIA, July 1, 1915.

The Honorable Board of Managers, Mendocino State Hospital.

GENTLEMEN: I herewith present to you my annual report for the sixty-sixth fiscal year ending June 30, 1915.

Our net increase in population for the past year is 62, as compared with a net increase of 12 the previous year, and 23 the year before that. Since the hospital had already exceeded its reasonable accommodations this makes imperative that increased accommodations for patients be provided. The proposed plan of utilizing the second floor of the Administration Building as an additional ward will, therefore, not more than meet our present necessities. It will be noted that the inebriety admissions constitute 42 per cent and the mental admissions 58 per cent of our total admissions the past year. Since this condition will remain until the state makes some other provision for inebriety cases, it would be wise to have this in view in making the plans for increasing the capacity of the hospital.

In general, the admissions were 80 per cent males and 20 per cent females, and 75.6 per cent came from the San Francisco Bay section. The foreign born admissions were 18.2 per cent, while the proportion of foreign born population in the United States is 14.5 per cent. In other words, there is among those admitted, one female to every four males, and one foreign born to every native born, and three times as many admissions from the San Francisco Bay section as from other portions of the state. We have to do, therefore, in the work of this hospital, chiefly with men from San Francisco and the foreign born population is more largely represented among our admissions than in the general population. It is interesting to note that the foreign countries are represented as follows:

Ireland -----	31 per cent
England -----	14 per cent
Scotland -----	10 per cent
Belgium -----	10 per cent
Sweden -----	10 per cent
Other countries -----	25 per cent

INEBRIETY.

We have separated our inebriety cases from the mental cases in our 381 admissions and note some interesting differences; 79.6 per cent of the mental cases and 87 per cent of the inebriety cases are first admissions; 27 per cent of the mental and only 18 per cent of the inebriety cases were less than 30 years old; while 24.3 per cent of the mental cases and 35.8 per cent of the inebriety cases were between 30 and 40 years of age; 40 per cent of the mental cases were noted as married and 49 per cent of the inebriety cases were married. In other words, readmissions were 8 per cent less common among the inebriety cases, and the inebriety cases were predominantly between 30 and 40 years of age and 9 per cent more of them were married. Drug addiction was represented by 27.5 per cent and alcoholism by 72.5 per cent, but when the two sexes are separated we find among those with drug addiction 45 per cent of the women and only 23 per cent of the men, and among the alcoholics 55 per cent of the women and 77 per cent of the men. This is probably explained by the two facts that alcoholism is less common among the women and that drug addiction is not only more easily hidden, but is found more among the lower social classes of women.

The experience of this hospital with 591 inebriety cases has led to certain rather clearly defined conclusions, viz:

First. A state institution with complete control of the patient for at least six months is essential. I know of nothing else that will take its place. Our patients frequently tell us that wherever else they may have been they have, in some manner, secured some amount of drugs or drink. The knowledge of the impossibility of securing any drug or drink reduces markedly the discomfort associated with withdrawal. In this connection it is interesting that gradual withdrawal is usually associated with distress at the end of the withdrawal period nearly, if not quite, as great as the distress of abrupt withdrawal. The knowledge that the withdrawal at the beginning is complete and that the distress is at its height seems to introduce a hopeful element into the case. There is also a complete change of environment.

Second. A thorough physical and mental study of the case is essential in order that the treatment of that individual case may be intelligently carried out. The previous history as given by the patient naturally presents everything in the most favorable light, but the main facts can generally be relied upon. The type of person and his mental equipment give you a good basis on which to estimate the possibilities of the patient.

Third. There is a distinct separation in the physical and mental

treatment of any case. The physical condition can, as a rule, be adjusted to as nearly the normal as possible within three months. The mental adjustment is a matter of re-educating as far as possible. Since these cases are generally between 35 and 40 years of age, the possible re-education can not, even in a favorable case, be accomplished in a shorter period than six months. With the adjustment of the physical condition there is usually a period of unrest and impatience which is particularly dangerous and frequently leads to relapse if restraint is removed. This three-months period has been noted by all who have had to do with chronic alcoholics. When this period is passed the mental treatment progresses as satisfactorily as the type of person will permit. Many of these patients do not know that they can be comfortable without drugs or drink. The realization of this fact is usually the beginning of the cooperation of the patient with the mental treatment.

Suggestion with occupational therapeutic efforts, a hopeful atmosphere and a realization of the principles involved in recovery comprise, in brief, the outline of treatment that we have found most successful. The alcoholic is fortunately unusually suggestible, but herein unfortunately lies the great difficulty as to permanent recovery and the great difficulty in treatment therefor. The massive suggestion of hypodermatic medication producing a distaste for alcoholic drinks fails ordinarily in this regard and hence is less often used. The limit of two years for institutional treatment seems wise and cases not relieved in that time will require permanent supervision in some industrial colony. The mental defective offers a special problem, and having determined his mental age he can not be expected to do more than that age would indicate.

Institutional treatment must be followed by after-care work and the parole system, so that the patient may be not only helped in the new environment but also returned for additional treatment if necessary. The number of cures is really in direct proportion to the amount and removability of the psychopathic abnormalities in each individual. It is variously estimated at from 30 to 70 per cent. As soon as we recognize the mental factor in the question of alcoholism, the whole problem assumes a different aspect. We do not ineffectually punish the defective individual or expect that the removal of alcohol will remove his inherent defect. We sympathetically and wisely treat the individual and secure the best result that is humanely possible.

PERSONNEL.

Dr. L. O. W. Moore resigned as interne on account of sickness September 13, 1914.

Dr. Isabel C. Boerke was appointed interne September 23, 1915.

Mr. F. C. Handy resigned as steward December 31, 1914, and accepted a business opening in San Francisco. Mr. Handy had been connected with this hospital nearly all the time since its establishment in 1893.

Mr. N. S. Burge was appointed steward to succeed Mr. Handy on January 15, 1915. He has had unusual experience in large construction work and the handling of men. He is a graduate of Stanford University 1907.

Dr. F. E. Allen resigned his position as first assistant physician January 26, 1915. He had been connected with the hospital medical staff since 1904.

Dr. M. J. Rowe, of the civil service eligible list, was appointed first assistant physician February 26, 1915. Dr. Rowe has had an unusually wide psychiatric experience in Worcester, Mass., Ann Arbor, Mich., and Kalamazoo, Mich. He had been living in Monrovia, California.

RELIGIOUS SERVICES.

The patients maintain a continued interest in the Catholic and Protestant religious services. Attendance is entirely optional with the patients and averages about 75 at each service. They also seem to manifest an especial interest in remarks that have to do with every day living.

OCCUPATIONAL AND RE-EDUCATIONAL WORK.

The class of work done by the patients is better than in any institution I know and has received a great deal of praise. Some of their work was on display in the California Building at the Panama-Pacific International Exposition and the beautiful character of the work has attracted especial attention. It is proving more and more true that the high value of the work is an especial incentive to the patients and develops especial care and effort. Thus the character of the work advances as the patient proves more competent and we are securing better results. As before we find that individualizing with patients develops more skill and often arouses a chronic case into a state of efficiency. The balance on hand in the fund is \$94.71. We have purchased during the year a good second-hand Steinway piano at \$100, and now have a piano on each of the female wards except the violent ward.

TUBERCULOSIS.

We have had 15 deaths from tuberculosis, 15 deaths from general paralysis of the insane and 10 deaths from nephritis. Sixty per cent of our mortality is due to these three diseases therefore. We have had uniform success in the discovered tubercular cases, but still find that our only aid to this diagnosis in mental cases is physical signs. Any loss in weight leads to physical examination and our weight records

are carefully and punctually made therefor. All tubercular garbage is immediately removed and cremated in an especially constructed crematory.

The new female tubercular cottage attracts favorable comment from every one, and patients placed there uniformly improve.

CLINICS AND RECORDS.

Five hundred fifty-five cases have been considered in conference. The especial value to the patient is seen in the clarifying of diagnosis and in the different viewpoints and reasons for the same in discharging and paroling patients. A study of old cases has also shown possibilities in increasing efficiency. Patients are not now as excited by a conference as some of them were formerly and we have frequent requests for conference consideration. We have established also the past year an index of diagnoses with cross references. Consequently the study of any mental disease is greatly facilitated. The main difficulty in dealing with mental cases is the lack of available data and commitments are usually inadequate and obscure.

Three hundred eighty-one Wassermann examinations have been made in the admission cases. This includes all the current admissions. A few older cases have also been examined. The percentage of positive reactions was 10.4 per cent (males 8.9 per cent; females 1.5 per cent).

Our percentage of recoveries to admissions is lower than last year (27.65 vs. 32.52). I can, however, see no value in this percentage at any time because the prospect of recovery depends upon the form of mental disease involved. The relatively larger number of women with manic depressive insanity (whole population 20 per cent women, manic depressive insanity, 43 per cent women), and the relatively insignificant number of women among the paresis cases (10 per cent versus 20 per cent), are interesting facts.

BUILDINGS.

The ranch cottage was occupied in October, 1914, and has proven very successful. It has a very homelike atmosphere and the men have free parole. Any cases becoming disturbed are returned to the main building. There have been no escapes.

The female tubercular cottage is proving most satisfactory and comfortable, all of which is reflected in the conduct of the patients. It was opened March 5, 1915. This was built from the contingent fund.

The "Mission Corridor" enabled the men to be out of doors during the rainy part of the winter and also has made the parole ground comfortable in summer. This was also built from the contingent fund.

A new cottage on Ward 7 with steam heat and separate bath was built out of the contingent fund and occupied June 15, 1915. It

increased our capacity by 20 beds and was very much needed for those patients sick in bed.

The earth reinforcement on Dam No. 2 was washed away by the winter floods. Out of the contingent fund we have placed a new concrete toe wall, a rock fill and a concrete apron to carry away the storm water overflow. We have also very much enlarged the spillway. This will, we hope, make this overtaxed dam entirely safe. The finishing of Dam No. 3 and the cleaning of the storage basin will be completed by next winter.

The survey for the new main pipe line has been completed and bids asked for the 10-inch main wooden pipe line decided upon by the state engineering department.

We have in contemplation, with the contingent fund available, the building of a new guest or manor house, a new steward's cottage, the reconstruction of the second floor of the Administration Building into an additional ward, the changing of the steward's department accommodations so as to give adequate storage facilities and to concentrate the ice plant and cold storage plant, the enlargement of the laundry and a better housing of the electric transformers and switch board.

The hospital has been exceedingly fortunate in not only the hearty cooperation of the officers and employees in the work of the past year, but also in the untiring efforts and enthusiasm of the new board of managers as well as the long faithful service of the retiring board of managers. The outlook is therefore unusually promising.

On June 30, 1916, our population reached 1,200, which is the largest in the history of the hospital and 10 per cent in excess of our capacity. At present our most important problem is to secure adequate accommodations for not only our present excess, but the probable increase of the next two years. Fortunately this offers an opportunity to remedy the structural defect of our present type of hospital and balance the large wards of the main hospital with a receiving hospital and a number of cottages, thus making more segregation possible.

The character of our population remains practically the same as outlined in the last report and means still that we have a larger foreign population (total 38.3 per cent; mental 53.7 per cent; alcoholic 16 per cent), and that 66 per cent of our admissions are from the San Francisco Bay section. It means that we are vitally interested in the proposed San Francisco psychopathic hospital because of the early and therefore preventative treatment of mental disease possible in such a hospital, as well as a more complete study of cases so that commitments may be restricted to well defined mental diseases instead of including, as now, dream states, temporary upsets in defective makeups,

and a certain number of delirium tremens cases that could as well be treated in a psychopathic hospital.

This means that we are also vitally interested in the proper mental examination of incoming immigrants since we, in common with other northern state hospitals, have a foreign population 14 per cent greater than the state foreign population and 24 per cent greater than the general United States foreign born population.

The fallacy of publishing any tables showing percentages of recoveries to admissions (whatever this term might be supposed to mean), is evident for the following reasons:

First. "Insanity" includes many mental diseases with the additional fact that mental diseases have a general bodily relation as well as social and legal relations.

Second. The cases admitted bear slight relationship to the cases discharged and first attacks are not prognostically comparable with subsequent attacks. Any notation of recovery is also to a large degree contingent upon the after-care or treatment that can be given for a period.

Third. Our 1916 record shows 80 alcoholic cases discharged as term expired, and only time can tell where they ought to be classed, although the fulfillment of the term of commitment might presume recovery, *i. e.*, if alcoholic cases were included.

Fourth. We have four cases transferred for the convenience of families, of which I feel sure three are now recovered, but we can not claim recovery in these cases. Besides two others are social recoveries of paranoid states, but could not be called medical recoveries.

Fifth. We also transfer to Washington, D. C., each fall, 15 to 20 naval cases, and a good percentage of these would reach a recoverable status if retained the usual length of time.

Manifestly then any percentage of recoveries to admissions, means nothing of value; has at least in Pennsylvania been used against state service, and is capable of varied treatment by different hospitals. The 1914 report of this hospital showed the recovery rate probably recoverable cases of mental disease and this ranged from 17 per cent to 100 per cent depending upon the mental disease considered.

The question of inebriates and drug users is becoming more and more urgent. We are receiving mainly those classed as police cases and the treatment of which previously has frequently been unsuccessfully attempted by the various agencies combating inebriety in San Francisco. In other words, our cases are, as a rule, last resort cases and often received from the police. However, they are no criterion as to what could be done with the general class of inebriates. Starting

with such a class of material it is surprising that we have as many permanent recoveries as we have. We should expect that the return to the average environment would be associated with great danger of relapsing and that several courses of treatment would be necessary. Hence, we have placed more than 50 per cent under parole so that we might have some control of them outside of the hospital during the period of treatment allowed by law. This has proven more successful, although from lack of personal checking of the family reports we would not class them as recovered. It does indicate, however, that besides a special industrial state institution for these cases, we should have an after-care organization and an indeterminate sentence.

The chief point developed in our study of these cases, however, is that they are largely mental deviation problems and in need of mental treatment. These mental deviations are both qualitative and quantitative, *i. e.*, we have to do with mental disease and mental defect.

Goddard says, in concluding the subject of alcoholism and feeble-mindedness, "Everything seems to indicate that alcoholism is only a symptom; that it for the most part occurs in families where there is some form of neurotic taint, especially feeble-mindedness. The percentage of our alcoholics that are feeble-minded is very great. Indeed, one may say without fear of dispute, that more people are alcoholic because they are feeble-minded than vice versa." To gain any idea, therefore, of the importance of alcoholism, we must study the origin of the man, his general adaptability to life, and the effect of alcoholism on the individual whose conduct has claimed our attention so much.

In our experience at the Mendocino State Hospital, with 745 cases received since the passage of the inebriety law in California in 1911, we have come to certain conclusions as to alcoholic types of patients from what might more properly be called the psychobiological point of view. These types might be summarized as follows:

First. An unstable emotional or manic depressive type, with or without mental defect. They give a previous history of unusually hopeful periods, and unusually hopeless periods; of moderate elation, but more marked depression. Their drinking is more often associated with the depressed period; and, having once found relief in alcohol, they flee to that refuge whenever slightly depressed. The temporary relief from alcohol is followed by the usual reaction following drinking, and they become continuous excessive drinkers with rare periods of abstinence or normal emotional poise. They are periodic drinkers only in the sense that they have periods of abstinence which are interrupted without adequate external cause. If they can be taught the untrustworthiness and changeable character of their emotional life, they may pass through these periods of depression without recourse to alcohol.

Second. There is a group that seems to suffer periods of nervous explosion, with a craving for liquor that suggests very strongly epileptic equivalents. For no reason, after a period of relatively exemplary behavior, a tense restlessness seizes them, accompanied by an intense craving for alcohol. These prodromal symptoms resemble the aura in epilepsy. The higher type individual will have to recognize this stage, and place himself in some condition where he can fight the attack, or remain in the control of others. The defective lower-grade type has no such conception, and drinks to the point of intolerance. A young woman ran away from this hospital when her outlook was much improved, drank to excess for three days, and was then found and returned because she was physically unable to go farther and drink more. No other conduct disorder was discovered. She complained of a great craving, and was restless before she ran away.

Third. The mentally defective type is the largest with which we have to deal, and constitutes about 75 per cent of our cases. This may be partly due to the fact that at least two-thirds of our cases come from larger centers of population where the stress is greater, and have usually been out of employment. Their previous histories show a low grade of effectiveness. Their frequent changes of occupation might be due to alcoholism, but their grade of employment does not show any marked efficiency. There was nearly always a complete failure from a financial standpoint and from a marital standpoint. To develop this question a study was made of 100 practically consecutive cases without any choice of individuals, and after several weeks or months had elapsed to avoid the immediate effects of alcoholism noted in our earlier experiences with various intelligence tests. This work was done under as nearly the same conditions as possible, and largely by one member of the staff. The Binet-Simon tests revealed that the mental ages ranged as low as seven years, and that only 25 per cent were graded as of 15 years or more of mental age. One was seven years mentally; two were eight years; six were nine years; 14 were ten years; 23 eleven years, and 29 twelve years; while only 16 were 15 years, and nine other cases came between 12 and 15 years, hence were counted as adult mentality. If the generally accepted estimate that 50 per cent or more of the inhabitants of our almshouses, prisons and houses of prostitution are mental defectives is correct, then from our experience it would appear that the alcoholics and the drug cases, show a possibly higher percentage of mental defectives, and our problem becomes 75 per cent that of the mental defectives. Industrial segregation or sterilization, with supervision, would seem imperative in these cases. It is also evident that one could not expect greater efficiency than their mental age would indicate.

Physically the following improvements have been made during the past year:

1. Main water pipe line replaced by a new line.
2. The storage reservoir with a capacity of 30,000,000 gallons has been completed and filled.
3. The entire electric system, which was pronounced inefficient, wasteful and dangerous, is being made over.
4. The steam system has been surveyed and the necessary changes will be recommended in the budget.
5. New electric elevators for food service have been installed.
6. The commissary department has been completely changed, adequate storage facilities supplied and a new automatic refrigerating plant installed.
7. Two new cottages for the Board of Managers and the Business Manager have been built.
8. The gas service has been extended to the officers' houses.
9. All the lavatory sinks have been replaced and many necessary changes made in the plumbing.
10. The high pressure fire system has been completely replaced and rendered fully efficient.

PERSONNEL.

Dr. I. C. Boerke resigned September 16, 1915.

Dr. A. C. Eaton was appointed September 17, 1916, as interne and qualified in the examination for assistant physician. Dr. Eaton left the hospital, however, to take up special work at the University of California.

Dr. C. H. Spalding succeeded Dr. Eaton as interne, August 2, 1916.

Mr. C. E. Wilson resigned as secretary to the medical superintendent December 1, 1915, after many years service, to take up ranching in San Joaquin County.

Our needs for the coming biennial period are necessarily larger since the special appropriations for this hospital at the last session of the legislature were very small. Summarized they are as follows:

Receiving hospital	\$100,000 00
New boiler plant and steam distributing system	55,000 00
Water softening plant	5,000 00
Repairs and improvements—Ward 7 reconstruction, plumbing, laundry, ward floors, dairy, etc.	25,000 00
Nurses' home	40,000 00
Men's cottage	25,000 00
Purchase of additional land, watershed protection, dairy needs, etc.	15,000 00

RECEIVING HOSPITAL.

This hospital is the only California state hospital without a receiving hospital. Early effective treatment and segregation are essential. Because of the large wards and impossibility of adequate separation of cases as the hospital now stands this is doubly important. For the third time we are asking therefore, first of all, for this necessity.

STEAM PLANT.

Seventy-five per cent of our boiler plant is under suspicion and renewal recommended by the Industrial Accident Commission. The engineering department states that the present plant is improperly placed on high ground and should be on low ground for a gravity return of hot water, and more centrally located for supplying all buildings, including officers' residences, with central steam heating. Evidently, then, this is essential and now is the time when this change should be made.

Several varied, but essential, needs have been included under this head.

Water softening plant.

Our water tested at various points shows a uniform hardness index of 200. Since chemically this consists chiefly of sulphite of magnesium and carbonate of lime, it is evident that these salts are thrown out wherever the water is warm and seriously damage the entire hot water system causing many repairs and loss of servicableity. It is estimated that a water softening plant will obviate this.

REPAIRS AND IMPROVEMENTS.

Central heating. This has been found more economical and safer. Hence with the reorganization of our steam plant it is desirable to make the service complete.

Dairy, barn, laundry, ward floors, ward 7 and plumbing are also manifestly in need of additional expenditures to place them in good condition.

Nurses' home. There is no provision made for nurses except rooms on the wards, and many are renting rooms therefor outside the hospital grounds. This need was presented and recognized in the preparation of the last budget.

Men's cottage. Ward 5 (109 patients) is uncomfortable in the summer and inadequate at all times for the working patients. Besides the laundry is in need of this accommodation for proper work.

Ward 6 (87 patients) is on the third floor of the Administration Building, which fact promises potential danger in the event of earthquake, and besides has inadequate stairways for escape in case of fire.

This space could readily be used in housing employees. Thus it is seen that the need of a men's cottage, of the Patton type (128 patients), would not provide for patients already on hand who ought to be better cared for. Its advantage in the proper segregation of cases is also evident. The necessity for this has already been mentioned.

Our dairy needs call for additional land for pasturing and the piggery must be separately and adequately provided for. Hence the purchase of approximately 100 adjoining acres of land is urgently advised. The hospital, in providing for a water system and watershed, did not purchase 200 acres of land now held as camping sites. The recent contamination of our water supply indicates that the purchase of this additional land is essential.

In conclusion, I beg to express my appreciation of the hearty cooperation of our present hospital force of employees and the unusual amount of personal time given to the hospital by the Board of Managers at the expense of their own interests.

Respectfully submitted.

ROBERT LEWIS RICHARDS,
Medical Superintendent.

REPORT OF THE BOARD OF MANAGERS OF THE SOUTHERN CALIFORNIA STATE HOSPITAL.

PATTON, CALIFORNIA, October 5, 1916.

To The State Commission in Lunacy:

GENTLEMEN: The board of managers of the Southern California State Hospital respectfully submit to your honorable body their biennial report together with the report of their medical superintendent for the biennial period, ending June 30, 1916.

During this period the board of managers has held 24 regular meetings and one special meeting. They have made frequent inspections of the buildings and grounds while keeping in close touch with the various activities of the institution.

The buildings, with the exception of the west wing of the main building, are in good condition.

The orange trees give promise of a good crop this season. The trees have improved a great deal since the severe pruning of last summer. They will undoubtedly repay many times the extra expense in care, which has been given them during this biennial period. And it should be several years before so much expense will again be necessary.

The institution, during this biennial period, has consumed over 2,000 tons of produce from our farm and garden. This has been produced almost entirely by patient labor. And in this connection, we wish to call your attention to our request for an appropriation of \$40,000 to purchase more land for farming and gardening purposes. We urge this, not only in the interest of economy, but also that more of our patients may be benefited by the pleasant and healthful employment which it will afford.

Our dairy, chicken, and pig industries are all in excellent condition, and we feel that this has been one of the most successful biennial periods in the history of the institution.

The report of our medical superintendent contains detailed information regarding our patients, institutional activities, etc., and the recommendations made therein meet with our hearty approval.

Respectfully submitted.

H. McPHEE.
E. W. BURKE.
JAS. E. CRAM.
E. C. MAYFIELD.
GEO. D. CUNNINGHAM.

**REPORT OF THE MEDICAL SUPERINTENDENT OF THE
SOUTHERN CALIFORNIA STATE HOSPITAL.**

September 11, 1916.

*To the Honorable Board of Managers,
Southern California State Hospital,
Patton, California.*

GENTLEMEN: I have the honor to submit herewith the following biennial report of the Southern California State Hospital, covering the period ending June 30, 1916.

A synopsis and analysis of some of the more important tables which are appended hereto will bring to your attention the movement of population and the needs of the institution, and I respectfully ask your recommendations to the legislature and the Governor, that appropriations asked for be granted.

During the period there were 1,920 patients admitted to this hospital; of these 369 were inebriates. The net increase in population for the year ending June 30, 1915, was 306, while the net increase in population for the year ending June 30, 1916, was 49.

DEPORTATIONS AND TRANSFERS.

During the last half of the biennium an energetic systematic effort was made to remove the nonresident insane to their native states, and as a result 125 patients were sent to their homes or to state institutions in other states. Of this number only one has returned to California. It will readily occur to you what a great advantage this work has been to the hospital and without this effort what a condition of congestion would have obtained in the institution. Estimating the average annual per capita cost of maintenance at \$200 and the average residence in the institution of each patient to be seven years, we calculate that the state saves \$1,400 per patient deported, less the cost of deportation. The cost in this undertaking will average about \$100 per capita. Therefore, if each patient remains out of the state six months the saving will offset the cost of deportation. If he remains out permanently the state saves \$1,300 net, per patient. This work has been very ably conducted by Mr. Charles Waymire of the State Lunacy Commission, and I would respectfully recommend that an appropriation be made to carry on this work in order that the contingent resources of the hospital will not be compelled to bear the burden of its initial cost.

Besides the removal of these patients to their native states there have been 104 patients transferred to the Norwalk State Hospital.

These deportations and transfers account for the fact that our increase in population for the last half of this biennial period was only 49 patients, whereas the increase for the first half was 306.

INEBRIATES.

Of the 369 inebriates admitted to the hospital during the biennial period, according to the best information obtainable with our meager facilities, only a very small per cent have shown a permanent recovery. The majority remain sober for a period varying from a few days to a few months, but it is only in very rare instances they have remained free from further indulgence in alcoholic stimulants or drugs. The alcoholics show a better result than the narcotics; the latter showing, perhaps, less than 3 per cent of permanent recoveries. These patients have become a great burden upon the hospital and in many instances have made it more difficult to care for the insane who are intrusted to our care. Many of these inebriates are criminally inclined and in numerous instances are committed to our care with criminal charges against them, thus being sent to the state hospital instead of being sentenced to jail or prison.

This naturally brings us to the conclusion that it is probably unwise to continue our present method of caring for the inebriate and that it is unjust to the insane to compel them to associate with this unstable class of drug users and alcoholics. I would respectfully recommend that this class of inebriates be provided for by the creation of a farm colony for inebriates, or else return to the former method in vogue of leaving this vexing problem to the ingenuity of the county authorities. In either case the state hospitals would be relieved of the disturbing influence of this class of human delinquents and the work of caring for the insane, which was the original aim in the creation of state hospitals, would proceed without hindrance toward a perfect scientific solution of the various problems involved in the proper care and treatment of the insane.

HEALTH, EMPLOYMENT AND ENTERTAINMENT.

The excellent condition of health of patients and employees throughout this biennial period has been a source of gratification to all those directly responsible for the general welfare and comfort of our large household, and while our wards have been crowded beyond their normal capacity we have been spared in large measure the many annoyances and even dangers, which are so possible by reason of the crowded conditions which prevail in the institution. That we have been so fortunate is again attributable to the earnest thought and oversight exercised

over their daily lives by our efficient corps of officers and employees, providing the patients with a large degree of outdoor life and wholesome employment, in some useful and selected diversional occupation. The good resulting from the systematic employment, even though trivial in its demands upon the mental resources of some, is amply shown in the improved condition of so many, the restoration to health of others and the quiet and contentment, it may be said, of the entire household. Associated with employment as a therapeutic agent in caring for the insane, are those means suggested for their amusement; these two agencies being the most potent factors in promoting improvement and recoveries in this unfortunate class of human defectives.

The manufacturing departments have accomplished a great amount of work during the year. Besides making all of our own bed linen, mattresses, pillows, shoes, slippers, shirts, overalls, etc., we have made up a full equipment of the above mentioned articles for the new hospital at Norwalk. In addition to the economical advantages resulting from this industrial effort, the benefit of such employment upon the patients thus employed fully compensates for all expense incurred in such industries.

IMPROVEMENTS.

The laundry building, which was under process of construction at the close of the last biennium, has been completed and occupied. Additional equipment has been purchased and installed to meet the needs of our constantly increasing population.

The old laundry building has been remodelled to accommodate the carpenter shop, paint shop and cement shop.

The new power plant has been completed and occupied, and the steam mains have been connected to all departments of the hospital.

The old power house has been remodelled for a commissary which was greatly needed, while the original commissary has been equipped for a nurses' dining room.

Two new patients cottages, with a population of 85 patients each, have been completed and occupied. These cottages cost less than \$20,000 each and make an ideal inexpensive home for the patients.

A new well has been drilled and tested, and found to produce a flow exceeding 100 inches with a lift of approximately 130 feet. To complete the equipment, including pump, water mains, etc., an additional appropriation of \$3,000 will be asked of the next legislature.

APPROPRIATIONS.

All expenditures from appropriations have been made with due regard to legitimate economy but with a full appreciation of the responsibility imposed in the care and treatment of the insane. Due to the

great increase in price of all articles of food, fabrics, tableware, hardware, etc., together with the normal increase in population, the estimate for support is materially higher for the next biennial period.

The addition of two physicians to our medical staff, together with the increase in the number of attendants and nurses, will necessitate a substantial increase in our pay roll appropriation. I would, therefore, respectfully ask your approval of the following recommendations to the Governor and legislature for appropriations for the next biennial period:

Salaries	\$375,000 00
Support	507,000 00
One cottage for disturbed patients	45,000 00
One hospital cottage	45,000 00
One nurses' home	40,000 00
100 acres of land, more or less, at \$400 per acre.....	40,000 00
Cottage and equipment farm colony	35,000 00
Pump, motor and connections, new well	3,000 00
New wiring old building and grounds	8,000 00
250-horsepower boiler	8,000 00

The above estimate, of salaries and support, is made on a per capita basis of \$15.00 per month, which is a very conservative estimate and in view of the fact that our contingent resources have been entirely exhausted in the construction of a patients' cottage, to relieve the congested condition, the entire amount above asked for should be appropriated.

ACKNOWLEDGMENTS.

With the addition of two new members to our medical staff my associates remain the same as during the last period. And, again, I would renew my expression of my appreciation of their loyalty, their efficiency, and the good work they have accomplished.

To the members of your honorable board, individually and collectively, I am indebted for your able assistance, wise counsel and encouragement in sharing the responsibilities and in solving the many problems that arise in the management of a large institution.

Respectfully submitted.

JOHN A. REILY,
Medical Superintendent.

REPORT OF THE BOARD OF MANAGERS OF THE NORWALK STATE HOSPITAL.

To the State Commission in Lunacy:

GENTLEMEN: We have the honor to present herein the first annual report of the board of managers of the Norwalk State Hospital, for the fiscal year ending June 30, 1916, together with the reports of the medical superintendent and the secretary-treasurer of said institution.

The first board of managers of said state hospital were appointed by Governor Hiram W. Johnson in September, 1915, consisting of the following persons, to wit: Dr. H. G. Brainerd and Sidney A. Butler, of Los Angeles, Mrs. Florence Collins Porter, of South Pasadena, Dr. G. D. Jennings, of Covina, Los Angeles County and John N. Anderson, of Santa Ana, Orange County.

Upon the organization of said board of managers Sidney A. Butler was elected president, John N. Anderson, vice president and John Beatty, of Santa Ana, secretary-treasurer.

Several applications for the position of medical superintendent were considered by the board of managers, resulting in the unanimous choice of W. B. Kern, M.D., of Los Angeles, who had been for twelve and one-half years connected with the Nebraska State Hospital, serving in the capacity of medical superintendent for the last ten years.

The board has found in Dr. Kern a man of exceptional executive and professional ability, and that, together with his pleasing personality and courtesy, has made a most satisfactory official; and in his official report to the board of managers will be found interesting details of the founding and growth of this new state hospital.

It is with great regret and with a sense of personal loss that we record the death, on June 2, 1916, of Sidney A. Butler, president of the board, who gave much time and valuable service to the said hospital during his short term in office. Mr. Butler was a man of noble character and lofty ideals and a very wide business experience. At the time of submitting this report the vacancy on the board occasioned by his death has not been filled.

We also record with regret the death of John Beatty, our first secretary-treasurer, who died in January, 1916. Mrs. Florence Collins Porter was unanimously chosen by the board to succeed him as secretary-treasurer following her resignation as a member of the board of

managers, and Mr. W. S. James, of Los Angeles, was appointed to fill the vacancy caused by her resignation.

The treasurer reports all moneys received up to and including June 30, 1916, as follows:

Warrants from State Controller.....	\$40,968 05
Collections on account patients' board.....	296 37
Collections on account contingent fund.....	1,066 53
Amount returned to credit of appropriation.....	1 33
	\$42,332 28

Checks drawn covering all warrants are \$40,968.05 received from the State Controller, and on June 30th the unpaid checks in the First National Bank of Los Angeles amounted to \$1,492.59; balance to credit of contingent fund in hands of State Treasurer, \$447.50; balance in Bank of Norwalk as credit to contingent fund, June 30, 1916, \$885.40.

Regular monthly meetings of the board have been held at the hospital since its opening, and alternate meetings each month in the state executive offices, Union League Building, Los Angeles.

Under the present conditions at the Norwalk Hospital it has been possible to receive and care for only the chronic male insane transferred from the state hospital at Patton; and in order to enable the institution to fill its purpose for the curative care and treatment of the insane and to fill a most urgent demand in the southern end of the state, it will be necessary to provide for the erection of the buildings which are suggested in the superintendent's report, and we most urgently urge that provision be made to that end.

In submitting this report we desire to express to your honorable commission and the State Board of Control, our earnest appreciation of your kind cooperation and your courteous assistance in our efforts to promote the welfare of this new institution.

Respectfully submitted.

JOHN N. ANDERSON, *Vice President*,
 H. G. BRAINERD,
 W. S. JAMES,
 G. D. JENNINGS,

Board of Managers.

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REPORT OF THE MEDICAL SUPERINTENDENT OF THE NORWALK STATE HOSPITAL.

NORWALK, CALIFORNIA, July 1, 1916.

To the Honorable Board of Managers:

GENTLEMEN: I have the honor of submitting for your consideration the first report of the Norwalk State Hospital, being for the fiscal year ending June 30, 1916, this including the receipt and expenditure of money received from various sources, as well as the movement of patient population, together with a summary of the necessary additions and improvements for the biennial period ending June 30, 1918.

The bill creating the Norwalk State Hospital, and appropriating the necessary funds therefor, was approved by the Governor June 7, 1913, the same carrying an appropriation of \$250,000. An additional bill appropriating \$195,000 received the Governor's approval May 18, 1915, making a total appropriation of \$445,000.

The original bill provided for a commission to select and purchase a site as a location for this new hospital, this commission being composed of Governor Hiram W. Johnson, Lieutenant Governor A. J. Wallace, State Engineer W. F. McClure, General Superintendent of State Hospitals Dr. F. W. Hatch, and a member of the Los Angeles Psychopathic Association, from which organization Dr. H. G. Brainerd was chosen, the location agreed upon being midway between the villages of Norwalk and Santa Fe Springs, and a distance approximately 18 miles south and east from the government building in the city of Los Angeles, and also approximately 14 miles from the sea, and at a point where climatic conditions are indeed most favorable. A tract of land composed of 306 acres was selected, and purchased at a total cost of \$90,000.

Four buildings have been erected as follows: A commissary building at a cost of \$58,300; male patients' cottage, \$47,200; power plant building, \$16,200; and a laundry building costing approximately \$18,000. In addition to these, two deep wells were installed at an expense of \$4,350; an excellent modern septic tank installed at a cost of \$8,250; water tower supporting a 30,000-gallon tank at a cost of \$2,500; in addition to a complete sewer system, the installation of gas and water mains, grading, driveways, roads, steam-line conduits, and in addition thereto, a large number of minor yet very important and necessary permanent improvements.

Of the total sum appropriated, \$100,000 was set aside for the department of engineering for the purpose of carrying out plans for buildings and equipment, leaving a total of \$95,000 as a fund for support and salaries in maintaining the institution. Upon an order issued by the Board of Control under date of March 30, 1916, and in harmony with our request, \$10,000 was returned to our support and salary fund from that part of the original fund previously set aside for the department of engineering, making an available fund for support and salaries of \$105,000. During this period we have been able to create a contingent fund amounting to \$1,362.90, in addition to which \$1.33 was returned to our fund, all of which, added to the above, makes a total available balance of \$106,364.23. Of this amount, \$40,968.05 has been expended for support and salaries, and necessary minor improvements, repairs, and equipment, leaving an available balance June 30, 1916, of \$65,396.18.

The first board of managers was composed of Hon. Sidney A. Butler, Dr. H. G. Brainerd, Mrs. Florence Collins Porter, Dr. George D. Jennings and Senator John N. Anderson, being appointed by the Governor in September, 1915, and at their first meeting held September 29, 1915, for the purpose of organizing, the Hon. Sidney A. Butler was elected president, Senator John N. Anderson, vice president, and Mrs. Florence Collins Porter, temporary secretary. At the second meeting, held October 25, 1915, John Beatty, of Santa Ana, was chosen as secretary-treasurer of the board, and served in that capacity up to the time of his death, which occurred January 22, 1916, following which Mrs. Florence Collins Porter was selected as his successor, resigning her position as a member of the board of managers, and assuming her duties as secretary-treasurer February 24, 1916, the vacancy thus created being filled by the appointment of Mr. W. S. James, March 13, 1916.

On June 2d we sustained a very serious loss in the death of the president of the board of managers, Hon. Sidney A. Butler, whose successor up to the present time has not been appointed.

Mr. Charles C. Dorr was regularly appointed business manager, and assumed his duties January 1, 1916.

Dr. Charles E. Sisson was selected assistant physician, and entered the service February 15, 1916.

All remaining positions were readily filled, and by very acceptable individuals, these coming through state civil service channels, and the completion of the organization was effected in a very satisfactory way.

The institution was opened for the admission of patients February 15, 1916, at which time we received from the Southern California State Hospital at Patton ninety (90) male patients as a nucleus for the

opening of the institution. Additional admissions, mostly from Los Angeles County, have increased our patient population, June 30, 1916, to a total of 108.

The results of our farming and gardening have been very satisfactory indeed—far better, in fact, than we anticipated.

The demand for the admission of patients is very great, and the necessity for very liberal appropriations and a rather large number of buildings to be erected during the next biennium can not be over estimated.

ADMINISTRATION BUILDING.

The early addition of an administration building is very necessary, and it is estimated that a sum approximating \$75,000 will be necessary for this structure.

RECEIVING COTTAGES AND TREATMENT BUILDING.

Two receiving cottages, one for male and one for female patients, each with a capacity of fifty (50) beds, are very essential. The same is also true with reference to a treatment building, with the necessary modern equipment. This unit of two receiving cottages and a treatment building, all of sufficient size, can in all probability be erected for an approximate cost of \$95,000.

PATIENTS' COTTAGES.

Three male and three female patients' cottages, with a patient population of 100 each, are among the buildings which are very necessary. These, it is estimated, can be constructed at a total cost of \$300,000.

INDUSTRIAL BUILDING.

On account of the large number of patients in such an institution who are able and willing to be employed, one of the two industrial buildings included in our proposed general group should be provided during the next biennium. This, it is estimated, can be erected at a total cost of \$30,000.

OFFICERS' DINING ROOM BUILDING.

Owing to the increasing number of officers and employees in a new and growing institution, the officers' dining room building in our proposed group of buildings becomes very necessary, and it is estimated can be erected at a cost of \$40,000.

COMPLETION OF WATER SYSTEM.

A steel tower and a 125,000-gallon steel tank for the completion of our water system is one of the very necessary additions, and it is estimated may be installed at a total cost of \$10,000.

WATER TREATMENT SYSTEM.

Another addition of extreme importance is the installation of a water treatment system for the purpose of treating water before it is utilized in the boilers. This, I am advised by the department of engineering, may be installed at a total cost of \$7,500.

NURSES' HOME.

The original plan for our group of buildings includes the erection of two separate structures as nurses' homes. Such a nurses' home is a very essential part of a state hospital for the care of the insane, since nurses and attendants employed in the care of the insane, and who are continuously on duty and working long hours, require a definite amount of recreation and relief from the trying surroundings of their positions if they are to continue regularly in the work and give the best service. In addition to these very important facts, such a nurses' home serves to increase the capacity of the institution, since without such a structure, nurses and attendants are obliged to occupy apartments in the various ward buildings where patients are kept, which apartments should be occupied by patients. At least one of these two nurses' homes is very much needed, and should be provided for among our early additions, and may be erected at an estimated cost of \$35,000.

SUPERINTENDENT'S COTTAGE.

A superintendent's cottage is one of the very important smaller buildings, and should be provided for as early as possible. This building, of ample size, can in all probability be erected at a total cost of \$10,000.

ASSISTANT PHYSICIAN'S COTTAGE.

A cottage for the accommodation of the first assistant physician and his family is also one of the very important necessary additions, and it is very much hoped this may also be provided for in our next appropriation. A very creditable cottage for the accommodation of the first assistant physician can be erected and equipped at a total cost of \$4,000.

Another extremely important matter which will require early attention in the line of new buildings and equipment is our farm department. Here will be required rather a large farm cottage, sufficient in size to accommodate 35 or 40 trusty male patients who are able and willing to do a large amount of the necessary work about such a place, a dairy barn for the care of a reasonable sized dairy herd, at least one silo, a horse barn, machinery building, a department for hogs, and a poultry department. These necessary structures, all of sufficient size, it is

estimated may be erected at a total cost of approximately \$40,000, less the amount necessary, of course, for the purchase of a required dairy herd.

Another important item of expense in connection with our farm department requiring early attention, is that of the necessary amount of money to meet the cost of leveling, approximately, 100 additional acres of land, and putting it in condition to be irrigated and farmed. For this purpose at least \$5,000 should be provided.

Estimating the average population of the institution for the next biennium on the basis of 500, we will require at least \$198,000 for support, and \$98,500 for salaries during the biennium.

The excellent and efficient work being done by officers and employees, each in his or her respective department, is of the greatest assistance, and their loyalty and interest in their work is recognized, and greatly appreciated.

I desire to express to your honorable board my earnest appreciation of your many kindnesses and courtesies extended me as the medical superintendent of this hospital, and to thank you, individually and collectively, for your generous and wise counsel and support in the many trying problems necessarily arising in the course of the organization of a new institution.

Respectfully submitted.

W. B. KERN,
Medical Superintendent.

**REPORT OF BOARD OF MANAGERS OF SONOMA
STATE HOME.**

ELDRIDGE, CALIFORNIA, July 1, 1916.

*To His Excellency, HIRAM W. JOHNSON,
Governor of the State of California.*

SIR: We have the honor to submit herewith our biennial report as managers of the above-named Sonoma State Home, covering the sixty-sixth and sixty-seventh fiscal years.

We have adopted as our report that of the medical superintendent of this institution, which fully covers any and all matters of interest and importance concerning this growing state institution.

This board acknowledges its obligations to the medical superintendent and his energetic staff for many courtesies extended during the period embraced in this report. Also to the State Commission in Lunacy and its efficient superintendent. Also to the State Board of Control and the State Board of Engineering, for timely advice and helpful assistance.

Respectfully submitted.

(Signed) **ROBT. A. POPPE, *President.***
E. A. NORTON.
H. W. SLATER.
PERCY KING.
C. E. HAVEN.

Board of Managers Sonoma State Home.

F. A. CROMWELL,
Secretary Board of Managers.

REPORT OF MEDICAL SUPERINTENDENT, SONOMA STATE HOME.

*To the Honorable Board of Managers,
Sonoma State Home.*

GENTLEMEN: I hereby present my biennial report covering the two fiscal years ending June 30, 1916.

In my last report I referred to the many improvements that had taken place in the institution during the twelve years previous. I will now briefly refer to the principal improvements made during the past two years.

A fire line was laid from the lake system to Bane Cottage. Concrete work and fountain were completed at front of Administration Building. A new oil storage tank was erected.

Our old septic tank having been condemned, a new septic tank was built under the supervision of the State Engineering Department, the work being completed in the spring of 1916. An appropriation of \$5,500 was granted for this purpose by the legislature of 1913.

The drilling of a well near the Sonoma Creek was undertaken, and although the work had extended down over 600 feet, sufficient water was not obtained for practical purposes, therefore, the well was abandoned in 1916. The expense incurred was paid out of an appropriation of \$10,000 granted by the legislature of 1913 for the development of our water supply.

Concrete conduit, connecting the power house with Maple Cottage, Poppe Cottage and Laurel Hall, costing about \$3,000, was completed in September, 1914.

New cement walks have been laid, most of the work having been done by one of our inmates.

A cement floor was laid in the basement of the Administration Building.

Two reservoirs were made at the dairy and a pump and engine were installed there; also a reservoir, pump and engine at the poultry yard.

A neat stone bridge was built over Hill Creek. New floors were laid in two departments.

Bane Cottage for boys and a new night nurses' dormitory were opened in November, 1914, and Poppe Cottage for girls was opened in March, 1916. The attic of Bane Cottage was plastered, etc., and made into a dormitory, thus making room for more inmates.

We have just commenced the erection of a tubercular hospital for boys; also a cannery building.

Special appropriations of 1913 are being handled as follows:

Twelve thousand five hundred dollars for two barracks for male epileptics. Work has been started on this building.

Twenty-five thousand dollars for Girls' Nursery Building. This building is now in the course of construction.

Five thousand dollars for improvement of grounds and roads. Good roads have been made on the hill up to and around Poppe Cottage, Laurel Hall and Maple Cottage. The greater part of the above amount has been spent on the roads.

Landscape work was also developed, principally by our own people, and thousands of plants and shrubs have been set out, adding greatly to the beauty of our grounds.

Sixteen thousand seven hundred fifty dollars for water and steam piping and plumbing repairs. This appropriation is now being used.

All of these new buildings and improvements are carried out under the direction of the State Department of Engineering.

ELECTRICITY.

In May, 1915, we received outside electric current from the California Telephone and Light Company which is used by day. This has enabled us to install electric irons in the ironing room, motors on sewing machines as well as an electric fan in our basement sewing room. A new switch board was placed in the engine room for this purpose.

GENERAL HEALTH.

I am pleased to report that, on the whole, the general health of the inmates has been good, though we have had a few light epidemics of measles and chicken pox. We also had a small epidemic of scarlet fever, the first since I have been connected with the home. We had 83 cases of broncho pneumonia and 24 cases of lobar pneumonia, most of them, however, being of a mild form. During the past two years we have had a total of 73 deaths. Our population is now 1,227, with a waiting list of over 225 applicants.

SURGICAL WORK.

Much good work has been done in this line during the past two years. Following is a part record of operations performed:

Tonsillectomies -----	98
Adenoidectomies -----	61
Circumcisions -----	5
Tenotomies -----	3
Hemorrhoidectomies -----	2
Appendectomies -----	2
Herniotomies -----	6
Mastoidectomies -----	8
Amputations (1 arm; 2 toes) -----	3

Besides many minor operations. The removal of tonsils and adenoids helps to improve the physical condition of the inmates and to a slight extent the mental condition.

A clinic is conducted at the hospital every morning and cases from every department of the institution go there for clinical treatments and dressings. We average about 1,000 clinical treatments and dressings each month.

Every patient admitted is vaccinated; that is, if they have not been recently vaccinated, and a blood test is also made by "Wassermann test" on every new patient.

RESEARCH WORK.

Wassermann reactions have been made on all our patients; the results to date indicate that 5.68 per cent of all tested (1,512) were positive. Some of these have since died or been discharged and others give negative reaction since treatment, leaving 1.8 per cent of our present population (1,227) positive.

Various routine examinations have been made, including sputum, urine, stomach contents, etc.

Much valuable work has been done in the way of post mortems. It is our practice to make autopsies on all cases in which consent of friends can be obtained.

We hope to have an X-ray outfit when we have available funds.

Binet tests are being made on every new patient admitted as well as on those already here who have not been tested. This work is under the direction of the educational director and psychologist.

SCHOOL DEPARTMENT.

Geo. Ordahl, Ph.D., was appointed educational director and psychologist on March 2, 1916. A teacher of tailoring, male side, and a teacher of sewing, female side, have been added to our school department.

An exhibit of fancy work, sloyd work and school work was displayed at the Panama-Pacific International Exposition for which we received diploma and bronze medal.

Psychological examinations of inmates are well under way and preliminary classification will be completed by October 1, 1916.

Tailoring, sewing, weaving and printing have been added to the school department and all outdoor plays and physical training will be placed at the hands of a special teacher, who has already been engaged. At the beginning of the next school term, October 1, 1916, we will have a total of ten teachers.

VISITORS.

The American Association for the Study of the Feeble-Minded met in Berkeley in August, 1915; one of the sessions being held at the Home.

FARM.

Our farm work has been going along nicely. Our young orchard in the hills back of the Home is beginning to bear and the yield of fruit is satisfactory. The hay raised on our farm is baled by inmates and they deserve great credit for their untiring and faithful services.

Our dairy herd was again tested in June, 1915, by the State Veterinarian's department and only one cow reacted to the test. This cow was destroyed. We have 73 milking cows and 19 cows, dry.

AMUSEMENTS.

It is customary for our children to present, at Christmas time, a play suitable for the occasion. On the Fourth of July a big celebration is prepared for the children. Moving picture shows are given twice a month. Some of our boys gave a very creditable minstrel show in 1915 and another in 1916 which afforded great amusement to our people.

In 1915 372 of our inmates, including attendants, were taken to the Panama-Pacific International Exposition. The expense was borne by our Christmas Fund.

RELIGIOUS SERVICES.

A nonsectarian Sunday School is conducted every Sunday morning for boys and girls.

Rev. Pfeiffer of Sonoma and Rev. Price have been very kind in conducting divine services on different Sunday evenings. Father Moran of Sonoma and Father Comerford have also held services for the Catholics once a month.

LEGISLATIVE WANTS.

We expect to ask the next legislature for the following:

For support for the sixty-ninth and seventieth fiscal years,
\$331,658.

For salaries for the sixty-ninth and seventieth fiscal years,
\$284,254.

New laundry building.

New bakery building.

Remodelling and enlarging Madrona Hall for commissary.

A school building.

An industrial building.

A receiving building with wards for females and males.

A cottage for low grade adult females.

A cottage for males (barracks plan preferred).

A cottage for female epileptics.

New assembly hall.

X-ray room and kitchen (one building) at hospital, with equipment.
 Dormitory for male employees.
 Further development of grounds and roads.
 One cottage for first assistant physician.

MEDICAL STAFF.

After twelve years of good and faithful service, Dr. Edward Gray, first assistant physician, resigned his position on December 31, 1914. Dr. F. O. Butler, interne, was promoted to fill the vacancy on January 31, 1915. Dr. L. O. W. Moore was appointed second assistant physician on January 31, 1915, the position being a new one. Dr. Ernestine Von Trebra filled the position of woman physician from November 24, 1914, to February 15, 1915, when she resigned. Dr. Justina Ermentrout was appointed to fill the vacancy on February 25, 1915.

ACKNOWLEDGMENTS.

I appreciate fully the loyal cooperation of the officers and employees of the Home. The donation of money, etc., at Christmas time, by friends of the Home, is gratefully acknowledged; also the receipt of the *Santa Rosa Press-Democrat*.

The visits and advice of Dr. F. W. Hatch, general superintendent, are much appreciated.

I beg to express my thanks to you, gentlemen, for your hearty cooperation and unanimous support.

Respectfully submitted.

(Signed) WM. J. G. DAWSON,
 Medical Superintendent.

REPORT OF THE EDUCATIONAL DIRECTOR AND PSYCHOLOGIST.

For the year ending June 30, 1916, the school consisted of seven departments; grades one to five; kindergarten; fancy work; music, band; gymnastic training and sloyd. One teacher was in charge of each of these departments. At present the children are being examined by the psychologist and they will be placed in the various departments of the school according to their mental capacity.

To the above-mentioned seven departments it has been proposed to add three new ones for the coming year. This addition is made out of consideration of the most urgent needs feasible with the limited room available. If sufficient funds and adequate buildings were available other departments would have been installed.

Two departments—the sewing and dressmaking, and the tailoring department—began the work of training children on June 20th. Altogether 122 inmates are being trained in these departments—53 boys and 69 girls. The members of these classes range in chronological ages from 10 to 34, and in mentality from low-grade imbeciles to high-grade morons.

The purpose of plain sewing and dressmaking is to so train each girl that she may be able to do her own mending, and in the case of the higher grades to make their own dresses. When each girl has been taught to sew it will be possible to send better trained sewers to the general sewing room. Also, it will not then be necessary for the girls so detailed to sew the entire day throughout a number of years. There will be others to take their places and occupation can be varied.

The tailoring department has been added on much the same plan. It is expected that each boy of the imbecile and moron type shall do much of their own mending; that there shall be a number of boys on each ward who can do a part of the mending. The chief object of the department is, however, to make the clothing worn by the boys, such as overalls and shirts. Already with six weeks of training a number of boys are able to run a machine well enough to sew up overalls that have been cut out for them. Tailoring machines have been asked for. As soon as they can be installed a number of boys will be ready to keep them running. Eventually this department should make all the clothing required by the male inmates.

As soon as the sewing is well under way a small equipment will be asked for to fit up a kitchen so that a number of girls can be taught cooking. These girls, thus trained, would be useful in the different kitchens, two more of which are needed.

Up to the present time there has been but one teacher of physical training. This is not adequate for our 1,200 of this class of inmates, and the department has been divided and one instructor added. Effort is being made to secure a man to direct the gymnastics and out-of-door recreation of the boys, such as military training, baseball and track. A woman trained for the work has been engaged to take charge of gymnastics for girls. Her duties will also be to give corrective gymnastics to such of the lower grades as do not have good control of their bodily movements, and also to supervise recreational training.

In the latter part of June a small hand printing press was installed. The grade teacher is devoting extra time instructing the boys in setting type and operating the press. One of the attendants has also devoted extra time in assisting with the training. Six boys are doing very well at this work. Without any direct assistance they have furnished this office with filing cards and blanks which, if printed outside, would cost as much as the entire printing equipment. The chief object of the printing shop, however, will be to print material gotten up by the teachers for the different school departments. Much of the school material designed for normal children is not suitable for use with children of defective mentality. It needs to be written in a modified and simplified form. With the aid of the printing press we should be able to get out school material more nearly suited to the needs of the various grades of mentality found in this institution.

Three additional looms have been asked for. When they are installed the inmates will be able to weave various articles for use in the institution, such as rugs and towels.

Other industrial training should be furnished, such as broom making; brush making; knitting and a small factory added to the shoe shop would be an economical investment and at the same time would furnish much employment to inmates. A man for general carpentry and repair work added to the force of the carpenter shop would effect considerable saving to the institution. The boys who have completed the training course in sloyd could be used to much greater advantage if there were added to the carpentry force a man whose duty it should be to supervise the work of the boys thus trained in such occupations as cabinet and furniture making; chair repairing; and in such work as they could do in constructing new buildings. The duties of this man should not be so much to do the work himself, but rather to see that a number of boys are effectively and profitably employed at the work for which the

sloyd department has trained them. The sloyd teacher last May, as a matter of experiment, suspended regular instruction for three weeks and in this time made furniture conservatively valued at \$90. A department regularly equipped should do better.

Many of the industries now in operation are located in rooms entirely unfit. Mattress making, sloyd, chair repairing and band practice are all located in basement rooms, badly ventilated and poorly lighted.

The efficient and satisfactory operation of the school and the industries must await upon a school and an industrial building.

Respectfully submitted.

(Signed) GEORGE ORDAHL,
Educational Director and Psychologist.

TABLE No. 1.

Movement of Patients for the Year Ending June 30, 1915.

	Males	Females	Total
Number of patients June 30, 1914.....	571	496	1,067
Number of returned escapes.....	4		4
Number admitted to June 30, 1915.....	96	35	131
Number under care and treatment.....	671	531	1,202
Number discharged recovered.....	8	9	17
Number discharged improved.....	1		1
Number transferred insane.....	1	4	5
Number discharged by order of court.....			
Number died.....	18	13	31
Number escaped.....	4		4
Total died, discharged, escaped and transferred.....	32	26	58
Number remaining June 30, 1915.....	639	505	1,144

TABLE No. 2.

Movement of Patients for the Year Ending June 30, 1916.

	Males	Females	Total
Number of patients June 30, 1915.....	639	505	1,144
Number of returned escapes.....	14	1	15
Number admitted to June 30, 1916.....	74	84	158
Number under care and treatment.....	727	590	1,317
Number discharged recovered.....			
Number discharged improved.....	20	8	28
Number discharged unimproved.....		1	1
Number transferred insane.....	1	3	4
Number discharged by order of court.....			
Number died.....	25	17	42
Number escaped.....	14	1	15
Total died, discharged, escaped and transferred.....	60	30	90
Number remaining June 30, 1916.....	667	560	1,227

TABLE No. 3.

Showing Counties from Which the Patients were Received During the Biennial Period Ending June 30, 1916.

Counties	June 30, 1915	June 30, 1916	Counties	June 30, 1915	June 30, 1916
Alameda	15	25	Riverside	1	
Butte	2	3	Sacramento	5	5
Calaveras		1	San Bernardino		1
Colusa	1	1	San Diego	2	4
Contra Costa	1	4	San Francisco	34	34
Fresno	2	7	San Joaquin	7	3
Glenn	1		San Mateo	3	
Humboldt	1		Santa Barbara	1	1
Imperial		1	Santa Clara	6	6
Kern	1	1	Santa Cruz	2	1
Kings		1	Siskiyou	1	1
Los Angeles	21	32	Solano	2	4
Madera	1	2	Sonoma	9	8
Marin	1		Stanislaus	2	2
Mendocino	1	4	Tehama	1	
Monterey	1	2	Tulare	1	
Napa		2	Tuolumne	1	
Nevada	2	1	Yolo		2
Orange		1			
Placer	1	1	Totals	131	158
Plumas	1				

TABLE No. 4.

Nativity of Patients Admitted During the Biennial Period Ending June 30, 1916.

State or country	June 30, 1915	June 30, 1916	State or country	June 30, 1915	June 30, 1916
Arizona		1	North Carolina		1
Arkansas		2	Ohio	2	
California	87	107	Oklahoma	1	
Colorado	2	1	Oregon	4	1
Connecticut		1	Pennsylvania		2
Hawaiian Islands		3	South Dakota	1	
Idaho		1	Texas	3	2
Illinois	4	1	Washington	1	2
Indiana	1	1	Wisconsin		1
Iowa	1	2	Wyoming		1
Kansas	1	3	Foreign countries—		
Kentucky		1	Austria	1	
Maryland		1	England	1	2
Massachusetts	2	4	France	1	1
Michigan		1	Italy	1	1
Missouri	4	1	Mexico	2	1
Minnesota		1	Nova Scotia	1	
Montana	1	2	Porto Rico		1
Nebraska		1	South America	1	
Nevada	2		Turkey		1
New Jersey	1	1	Unknown	2	1
New Mexico	1				
New York	2	4	Totals	131	158

TABLE No. 5.

Showing Age at Time of Admission of Patients Admitted During the Biennial Period Ending June 30, 1916.

Age	June 30, 1915	June 30, 1916
Between 1 and 10 years.....	38	38
Between 10 and 20 years.....	55	73
Between 20 and 30 years.....	18	27
Between 30 and 40 years.....	12	14
Between 40 and 50 years.....	6	4
Between 50 and 60 years.....	1	1
Between 60 and 70 years.....	1	1
Totals	131	158

TABLE No. 6.

Showing Civil Condition of Patients Admitted During the Biennial Period Ending June 30, 1916.

Civil condition	June 30, 1915	June 30, 1916
Married	3	4
Divorced	1	1
Single	127	158
Widowed		
Totals	131	158

TABLE No. 7.

Assigned Causes of Mental Defect in the Patients Admitted During the Biennial Period Ending June 30, 1916.

Cause	1914-1915		1915-1916	
	Male	Female	Male	Female
Congenital (hereditary)	69	25	39	45
Epilepsy	9	4	8	9
Fall or injury	11	3	7	7
Alcoholism in parents	2	2		5
Vaccination		1		1
Uremic poisoning	1			
Cerebral meningitis	4	2		
Infantile paralysis	3			
Infantile convulsions	3		4	4
Cerebrospinal meningitis	1		4	1
Shock to mother	1	1	3	1
Attempted abortion	1			
Mastoiditis		1	1	
Measles	1			
Malaria	1			
Paralysis	1			
Removal of tonsils, infected tonsils	1			1
Spinal meningitis				2
Catarrh of bowels				1
Scarlet fever			2	2
Consanguinity of parents or grand parents			2	1
Whooping-cough			2	2
Little's disease (bilateral infantile spastic hemiplegia)				1
Tuberculosis in father				1
Pneumonia			1	
Syphilis, congenital			1	2
Forceps delivery			1	1
Masturbation			3	
Brain fever			1	1
Adenoids			1	1
No cause assigned			1	5
Totals	109	39	81	94
Deduct (for contributory or indirect causes)	13	4	7	10
Totals	96	35	74	84

TABLE No. 8.

Form of Defect in Patients Admitted During the Biennial Period Ending June 30, 1916.

Form of defect	1914-1915		1915-1916	
	Male	Female	Male	Female
Feeble-mindedness	27	12	19	39
Imbecility	46	14	35	36
Idiocy	14	5	17	11
Epilepsy	17	8	23	20
Paralytics	2	1	1	-----
Hydrocephalics	2	1	1	-----
Cretinism	1	1	-----	2
Totals	109	42	96	108
Deduct (for epileptics, hydrocephalics and paralytics, entered as also feeble-minded, imbecile or idiot)	13	7	22	24
Totals	96	35	74	84

TABLE No. 9.

Showing Causes of Death of Patients Who Died During the Biennial Period Ending June 30, 1916.

Cause of death	1914-1915		1915-1916	
	Male	Female	Male	Female
General pyaemia	-----	-----	-----	1
Rubella	-----	-----	2	-----
Pulmonary tuberculosis	3	-----	2	4
General miliary tuberculosis	-----	1	-----	-----
Volvulus of large intestine with acute peritonitis	1	-----	-----	-----
Erysipelas	-----	1	2	-----
Carcinoma of rectum	-----	-----	1	-----
Diabetic coma	1	-----	-----	-----
Epilepsy	4	1	3	1
Status epilepticus	-----	3	3	1
Chronic syphilitic meningitis	-----	-----	-----	1
Chronic interstitial encephalitis	-----	-----	1	-----
Subacute internal hydrocephalus	-----	-----	1	-----
Juvenile paresis (congenital)	-----	-----	1	-----
Acute dilation of heart	1	-----	-----	-----
Valvular heart disease	1	-----	2	1
Broncho-pneumonia	2	2	3	3
Lobar pneumonia	-----	2	1	1
Tuberculosis of intestines and glands	-----	1	-----	-----
Tuberculosis of lungs and intestines	-----	-----	1	3
Cholelithiasis and acute suppurative cholecystitis	-----	1	-----	-----
Peritonitis	1	-----	-----	-----
Tubercular peritonitis and enteritis	1	-----	-----	-----
Enterocolitis	-----	-----	1	-----
Acute dilation of stomach	-----	-----	-----	1
Nephritis	1	1	1	-----
Accidental drowning	1	-----	-----	-----
Accidental burns—hot water	1	-----	-----	-----
Totals	18	13	25	17

TABLE No. 10.

Showing Autopsies from July 1, 1914, to June 30, 1916.

106	July 7, 1914	M. E. T.	M.	Mitral insufficiency with hypertrophy. Cause: Same and acute dilation heart.
107	July 9, 1914	M. C. H.	F.	Tuberculosis of intestines. Cause: Same and tubercular glands.
108	July 26, 1914	W. K.	M.	Acute tuberculosis of lungs. Cause: Same.
109	Aug. 16, 1914	A. M.	M.	Acute peritonitis. Cause: Same and volvulus of large intestines.
110	Aug. 26, 1914	C. B. K.	M.	Broncho-pneumonia. Cause: Same.
111	Aug. 29, 1914	M. S.	F.	Lobar pneumonia. Cause: Lobar pneumonia and chronic endocarditis.
112	Sept. 14, 1914	A. G. S.	F.	Acute suppurative cholecystitis. Cause: Same and cholelithiasis and caseous tuberculosis of lungs.
113	Oct. 13, 1914	H. A. W.	F.	Status epilepticus. Cause: Same.
114	Nov. 7, 1914	E. C. H.	F.	Lobar pneumonia and epilepsy. Cause: Same.
115	Nov. 22, 1914	C. G. D.	F.	Status epilepticus and tuberculosis of lungs. Cause: Same.
116	Dec. 31, 1914	H. H. T.	M.	Tuberculosis of lungs and lobar pneumonia. Cause: Same.
117	Jan 12, 1915	L. G. R.	F.	Chronic parenchymatous nephritis and myxedema. Cause: Same.
118	Jan. 14, 1915	J. S.	F.	Status epilepticus. Cause: Same.
119	Jan 30, 1915	C. G. C.	M.	Serial epilepsy. Cause: Same.
120	Jan. 7, 1915	M. F. T. T.	F.	Hydrocephalis (congenital) spina bifida; broncho-pneumonia. Cause: Same.
121	Feb. 14, 1915	D. C. H.	M.	Pulmonary tuberculosis. Cause: Same.
122	Mar. 14, 1915	L. K.	M.	General peritonitis; lobar pneumonia. Cause: Same and fatty infiltration of liver and kidneys.
123	Mar. 16, 1915	J. Q.	M.	Chronic valvular heart disease with chronic cardiac dilation. Cause: Same.
124	Mar. 21, 1915	C. H.	M.	Epilepsy. Cause: Same and chronic valvular disease heart with hypertrophy.
125	Mar. 26, 1915	W. E.	M.	Diabetic coma and diabetes mellitus. Cause: Same.
126	Mar. 31, 1915	E. A. M.	F.	Acute general miliary tuberculosis. Cause: Same.
127	Apr. 13, 1915	C. W. Y.	M.	Acute parenchymatous nephritis; contributory chronic valvular heart disease. Cause: Same.
128	Apr. 15, 1915	W. W. R. D.	M.	Tubercular peritonitis and enteritis; contributory tuberculosis of lungs. Cause: Same.
129	July 7, 1915	E. J.	F.	Lobar pneumonia (bilateral). Cause: Same and fibro serous pericarditis and mediastinal tuberculosis.
130	Sept. 5, 1915	W. R. T.	M.	Aspiration broncho-pneumonia following a traumatic double compound fracture of lower jaw; contributory cardiac dilation with insufficiency. Cause: Same.
131	Sept. 8, 1915	H. E. R.	F.	Status epilepticus. Cause: Same.
132	Sept. 10, 1915	R. W. L.	M.	Serial epilepsy; contributory epilepsy.
133	Sept. 15, 1915	D. H.	F.	Chronic parenchymatous nephritis; tuberculosis of lungs and intestines. Cause: Same.
134	Sept. 22, 1915	E. D.	M.	Rubella. Cause: Same and chronic valvular heart disease.

TABLE No. 10—Continued.

Showing Autopsies from July 1, 1914, to June 30, 1916.

135	Sept. 23, 1915	J. F. R.	M.	Rubella. Cause: Same and chronic valvular heart disease.
136	Oct. 6, 1915	A. P.	F.	Tuberculosis of lungs and intestines. Cause: Same.
137	Oct. 7, 1915	E. E.	M.	Chronic intestinal nephritis, chronic projectile emesis of cerebral or gastro-intestinal origin, chronic gastritis. Cause: Chronic gastro-enteritis and chronic interstitial nephritis.
138	Oct. 31, 1915	M. F.	F.	Chronic mitral valve insufficiency. Cause: Same and fatty degeneration of liver; persistent thymus gland.
139	Nov. 2, 1915	N. W. K.	M.	Paraplegia, entero-colitis, broncho-pneumonia. Cause: Same.
140	Nov. 15, 1915	J. W.	M.	Serial epilepsy, lobar pneumonia, epilepsy. Cause: Same.
141	Nov. 27, 1915	M. M.	F.	Acute dilation of stomach; syphilis (congenital). Cause: Same and tuberculosis of lungs.
142	Dec. 18, 1915	C. M.	M.	Serial epilepsy. Cause: Same and tuberculosis of lungs.
143	Jan. 13, 1916	L. L. D.	F.	Serial epilepsy; epilepsy. Cause: Same.
144	Jan. 15, 1916	E. P.	M.	Serial epilepsy. Cause: Same and chronic mitral heart disease.
145	Jan. 20, 1916	O. A. F.	M.	None made. Cause: Subacute internal.
146	Jan. 23, 1916	M. G.	M.	Status epilepticus; epilepsy. Cause: same and broncho-pneumonia.
147	Jan. 31, 1916	L. H.	M.	Broncho-pneumonia, chronic interstitial nephritis, cardiac lesion. Cause: Broncho-pneumonia, chronic interstitial nephritis, chronic valvular heart disease; pericarditis with effusion.
148	Feb. 29, 1916	C. D.	M.	Broncho-pneumonia; epilepsy. Cause: Same.
149	Mar. 19, 1916	H. D.	M.	Tuberculosis of lungs and intestines. Cause: Same.
150	Apr. 1, 1916	E. M.	M.	Tuberculosis of lungs; epilepsy. Cause: Same.
151	Apr. 12, 1916	G. A.	F.	Tuberculosis of lungs and intestines. Cause: Same.
152	Apr. 13, 1916	E. O.	F.	General pyaemia; epilepsy. Cause: Same.
153	Apr. 21, 1916	T. W.	M.	Carcinoma of rectum, general peritonitis, chronic valvular heart disease. Cause: Same.
154	Apr. 23, 1916	L. E. G.	M.	Juvenile paresis (congenital syphilis), lobar pneumonia. Cause: Same.
155	June 23, 1916	R. N.	M.	Tuberculosis of lungs. Cause: Same.

APPENDIX

STATISTICS OF STATE HOSPITALS

TABLE A.
Showing Number of Attacks in Those Admitted During the Biennial Period Ending June 30, 1916.
Year ending June 30, 1915.

	Stockton			Napa			Agnew			Mendocino			Southern California			Norwalk			Totals		
	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals	Men	Women	Totals			
First	455	185	640	260	167	427	233	192	445	250	66	316	496	255	751				1,754	825	2,579
Second	68	30	98	48	25	73	22	37	59	44	13	57	73	27	100				255	132	387
Third	14	10	24	7	7	14	5	4	9	3	3	6	18	19	37				47	48	90
Fourth or more	7	5	12	6	8	14	10	16	26	2	2	4	17	11	28				41	37	78
Unknown				35	15	50	60	24	84				36	13	49				141	55	196
Totals	514	230	744	356	222	578	389	233	622	299	82	381	640	325	965				2,238	1,062	3,300

Year ending June 30, 1916.

First	556	223	779	290	185	475	334	133	467	245	77	322	506	226	732				2,025	944	2,969
Second	19	4	23	42	29	71	52	46	100	39	6	45	88	49	137				14	254	136
Third	3	3	6	8	10	18	11	9	20	10	3	13	18	19	37				2	62	44
Fourth or more	3	1	4	5	2	7	13	21	34	1	2	3	8	5	13				1	31	31
Unknown				55	19	74	47	31	78				24	12	36					126	62
Totals	581	231	812	400	245	645	457	242	699	295	88	383	644	311	955				111	2,486	1,117
																					8,605

TABLE B.

Showing the Counties from Which the 6,935 Patients Were Committed During the Biennial Period Ending June 30, 1916.

County	Stockton		Napa		Agnews		Mendocino		Southern California		Norwalk		Totals
	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	
Alameda	60	39	53	66	126	138	7	7		1			497
Alpine													20
Amador	12	8											73
Butte	16	21	14	20		2							9
Calaveras	6	3											21
Colusa	1	1	9	9		1							72
Contra Costa	15	9	14	11	5	7	7	4					4
Del Norte			3	1									18
El Dorado	2	9	2	4		1							161
Fresno	69	85		4		3							12
Glenn		2	5	3		1		1					54
Humboldt	1	1	19	3		2	9	19					58
Imperial	2								30	24		2	12
Inyo	1	3							4	4			73
Kern	23	29	1	2		1			10	7			22
Kings	9	9			2	2							15
Lake							9	6					8
Lassen	1	3	2	2									1,310
Los Angeles				2	3	1			610	627		67	24
Madera	11	12			1								30
Marin		2	6	9		5	5	3					11
Mariposa	5	6											58
Mendocino							31	27					38
Merced	15	22								1			3
Modoc	1	1	1										49
Mono				1	18	27	1						76
Monterey	1	1		40	33		1	2					18
Napa				3	1								106
Nevada	8	6											46
Orange									49	49		8	2
Placer	17	18	2	7			1	1					85
Plumas	1			1									267
Riverside									38	42		5	6
Sacramento	73	90	38	57	1	3	2	2		1			180
San Benito					3	3							197
San Bernardino					1				77	92		10	2,031
San Diego									108	79		10	237
San Francisco	237	218	279	307	243	275	229	240	2			1	23
San Joaquin	112	119	1	3		2							104
San Luis Obispo				1	8	13			1				44
San Mateo			2		51	51							286
Santa Barbara			1	1					21	18		3	47
Santa Clara	1	1	3	1	144	136							30
Santa Cruz	1	1			21	24							7
Shasta	1		12	17									20
Sierra	2		3	2									55
Siskiyou	5	2	8	5									95
Solano		2	17	35			1						68
Sonoma			3	6	1		42	43					10
Stanislaus	25	35	3	4						1			19
Sutter	1	4	4	1									4
Tehama	1		9	7				2					19
Trinity	1		1		1		1						4
Tulare	19	14			1				1	1			36
Tuolumne	4	18											22
Ventura					1	1			14	8		5	29
Yolo	3	7	13	1			8	1					33
Yuba	10	10	1	7									28
Folsom Prison	1	1	4	5									11
San Quentin Prison			4	2			6	4					16
U. S. Naval Station, Mare Island and Puget Sound				3			21	21					45
Totals	774	812	578	645	632	609	381	383	965	955		111	6,935

TABLE C.

Showing Those Born in the United States Admitted During the Biennial Period Ending June 30, 1916.

	Stockton		Napa		Agnews		Mendo- cino		Southern California		Norwalk		Total
	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	
Alabama	1	4	3	1	1	2	2		3	4		1	22
Arizona		1		1	1		1	1	5	4			14
Arkansas	4	8	1	2	3			3	5	1			22
America	6		14	18					138	179		8	363
California	171	178	155	177	166	210	106	112	66	67		12	1,420
Colorado	1	6	3	5	3	4	1	4	7	4			38
Connecticut	1	2		1	2	1	2	3	4	3			19
Delaware		1							1				2
District of Columbia									3	1			4
Florida		1							1	1			3
Georgia	6	7	2	2	2	4	2		5	5			35
Idaho		2	1		1				1	1			6
Illinois	27	26	19	21	12	24	11	15	48	45		7	255
Indian Territory													
Indiana	14	15	3	2	9	9	6	4	19	22		3	107
Iowa	12	17	12	2	12	7	11	5	17	23		3	121
Kansas	11	6	6	5	6	4	3	1	18	23			83
Kentucky	10	18	6	1	3	2	3	3	16	14		8	74
Louisiana	4	6	1	2	1	1	2	2	7	2		1	29
Maine	4	2	4	4	4	5	2	3	3	4			35
Maryland	8		2	2		2	1	1	2				18
Massachusetts	16	8	13	12	4	14	2	8	11	9		2	99
Michigan	12	6	11	10	5	8	2	4	22	12			92
Minnesota	1	6	3	4	1	7	5	1	9	8		1	46
Mississippi	1	1		3		2		1	5	5			18
Missouri	24	35	9	13	8	12	9	13	34	24		4	185
Montana	2		2	5				1	4				14
Nebraska	7	6	4		2	2	3		5	7		1	37
Nevada	3	2	3	3	2	3	4	4	3	1			28
New Hampshire		1	1	2	3	2			1	2			12
New Jersey		2	3	6	2	2	3	3	4	3		1	29
New Mexico	1				1	1			1	2		1	7
New York	39	29	21	27	17	37	19	16	27	41		4	277
North Carolina		1			2	1	1	1	1	1			8
North Dakota	3			1	2		2	1				1	10
Ohio	10	31	8	8	12	18	5	5	42	34		2	181
Oklahoma		2		1					2				5
Oregon	4	11	3	9	5	3	6	5	4	2		1	53
Pennsylvania	15	19	6	12	15	16	7	5	30	21		1	147
Rhode Island	3			2	1	2			2				10
South Carolina	1		1			3			1	2			8
South Dakota	3	2	2	1					3	2			13
Tennessee	7	10	1	6	4	3	4	1	4	5		2	47
Texas	6	8	3	3	6	1	6	2	18	16		1	70
United States	9	2	6	7	22	12		1	9	12		5	85
Utah	1	1	2		3	1		2	7	3			20
Vermont		4	3	1		2	2		5	4			21
Virginia	4	6		2	4	3	1	1	5	2		2	30
Washington	2	3	4	2	4	1	4	2	2	5			29
West Virginia	1	3	1	3	1		1		3	3			13
Wisconsin	12	9	4	2	7	9	3	2	22	9		3	82
Wyoming			1	6			1		1				9
Totals	473	498	344	397	359	440	243	236	651	641		70	4,355

TABLE D.

Showing Those Born in Foreign Countries Admitted During the Biennial Period Ending June 30, 1916.

	Stockton		Napa		Agnews		Mendo- cino		Southern California		Norwalk		Total
	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	
Alaska													
Africa				1			1				1		3
Australia	1	2	1	4	3	3	2	3	1				20
Austria-Hungary	14	22	17	15	11	17	8	7	9	15		5	140
Belgium						2	1	1					7
Canada	25	11	11	12	12	16	13	9	30	21		3	163
Chili	1			6									7
China	12	10	4		6	4	1	5	3	3			48
Denmark	11	6		3	7	4	3	2	5	9			50
England	16	25	21	14	14	20	9	8	38	26		6	197
France	3	3	5	5	12	10	3	2	7	4			55
Germany	37	33	26	36	35	32	17	18	34	43		8	319
Greece	8	3	7	2			2			3			25
Guatemala							2						2
Holland		1	1		1	2	1		2				8
India	2			1		1		1					6
Ireland	34	37	40	27	40	34	22	22	27	20		1	304
Italy	40	35	17	24	26	25	17	16	16	16		2	234
Japan	8	11	8	3	8	3	2	2	9	5			59
Mexico	8	17	7	1	4	4			3	42	43	10	139
New Zealand			1	2	1	1				1	1		7
Norway and Sweden	22	23	11	20	19	11	11	11	21	16			165
Philippine Islands	1	1	2	1			1	5	1				12
Peru													
Portugal	8	9	4	6	5	9	1	4		2			48
Russia	19	16	11	12	9	7	10	11	14	13		3	125
Sandwich Islands	1	1	1	2	3			1	1	1			11
Scotland	5	10	1	10	5	6	6	5	7	5			60
South America	1	1		3	2	1							8
Spain	6	3	1		4	5		2	2	3			26
Switzerland	5	10	5	4	4	6	2	6	4	1			47
Turkey	5	5	2	5		1	1		4	10			33
Wales		1			1	1			1	3			7
West Indies	2			1		1	1	3	1			1	10
Western Islands	6	7		6	5	10	1						35
Totals	301	306	205	225	237	236	138	147	279	266		40	2,380

RECAPITULATION.

	Stockton		Napa		Agnews		Mendo- cino		Southern California		Norwalk		Total
	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	
United States	473	498	344	397	359	440	243	226	651	641		70	4,355
Foreign	301	306	205	225	237	236	138	147	279	266		40	2,380
Unknown		8	26	23	36	23			35	48		1	200
Totals	774	812	578	645	632	699	381	383	965	956		111	6,935

TABLE E.

Showing Age at Time of Admission of Patients Admitted During the Biennial Period Ending June 30, 1916.

	Stockton		Napa		Agnews		Mendo- cino		Southern California		Norwalk		Total
	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	
Between 1 and 10 years.....			1										1
Between 10 and 20 years.....	15	25	13	18	14	23	10	6	23	28			2 177
Between 20 and 30 years.....	149	156	122	142	110	135	79	88	197	182			27 1,887
Between 30 and 40 years.....	210	218	162	175	165	187	110	115	260	267			27 1,896
Between 40 and 50 years.....	182	183	104	154	143	152	99	98	193	225			23 1,556
Between 50 and 60 years.....	116	98	84	74	102	103	50	41	128	133			14 943
Between 60 and 70 years.....	58	61	39	35	39	44	17	21	80	55			10 459
Between 70 and 80 years.....	22	37	17	19	26	32	10	11	41	21			2 238
Between 80 and 90 years.....	11	17	12	10	9	7	6	3	12	12			1 100
Between 90 and 100 years.....	2	2		1		1				1			7
Unknown.....	9	15	24	17	24	15			31	31			5 171
Totals.....	774	812	578	645	632	699	381	383	965	955			111 6,935

TABLE F.

Showing Civil Condition of Patients Admitted During the Biennial Period Ending June 30, 1916.

	Stockton		Napa		Agnews		Mendo- cino		Southern California		Norwalk		Total
	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	
Married.....	254	239	191	228	251	282	114	123	375	377		15	2,449
Single.....	379	400	230	247	243	258	214	220	356	367		48	2,962
Widowers.....	32	43	14	12	25	25	10	12	94	35		3	305
Widows.....	42	46	25	42	24	41	17	9	46	39			331
Divorced.....	42	57	29	33	24	19	26	19	6	56		1	312
Unknown.....	25	27	89	83	65	74			88	81		44	576
Totals.....	774	812	578	645	632	699	381	383	965	955		111	6,935

TABLE G.
Showing Assigned Causes of Insanity in Cases Admitted During the Biennial Period Ending June 30, 1916.

	Stockton				Napa				Agnews				Mendocino				Southern California				Norwalk				Totals	
	1915		1916		1915		1916		1915		1916		1915		1916		1915		1916		1915		1916		Men	Women
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women				
Moral:																										
Adverse condition (such as loss of friends, business troubles, etc.)	5	7	11	3	7	5	8	14	4	2	6	1	5	1	11	13	5	6	2				64	52		
Mental strain, worry, overwork (not included in above)	8	9	7	6	12	9	10	2	5	11	12	17	5	1	6	1	15	10	3				97	88		
Religious excitement and spiritualism	1	3	2		1	2	1	1	1	1		6			1	10	5	2	1				20	22		
Love affairs (including seduction)			1	1	1	1	2	1	1	2					1								6	4		
Physical:																										
Intemperance, alcoholism and dissipation	140	35	185	32	33	9	125	32	81	20	108	22	106	17	6	5	189	21	175	14			1105	297		
Sexual excesses	1																						4	5		
Veneral diseases	27	1	30	6	12	1	9	5	29	2	21	2	11	2	12	1	54	11	88	5			244	35		
Masturbation	11				5		8		3	1	3		5		3		11	1	6				62	2		
Stroke and overheating																							12			
Accident or injury																							79	7		
Parturition and puerperium																										
Change of life																										
Fevers	4																									
Privation and overwork																										
Epilepsy	12	7	17	4	4	4	5	6	4	6	1	4	6	1	3	1	19	7	14	2			87	15		
Diseases of skull and brain	5	2	7		2	1	1	1	1	1	3						3	1	1				23	6		
Old age	9	12	17	7	7	5	5	5	7	4	2	4	7	6	4	5	35	15	14	11			108	74		
Epidemic influenza																										
Abuse of drugs and tobacco	68	12	82	8			1	28	13	17	8	23	2	30	14	134	22	51	31	36	11		440	123		
All other bodily disorders and ill health	8	4	3	10	4	4	3	2	9	10	3	4	4	4	2	1	13	12	12	8			65	59		
Heredity	33	22	29	33	10	11	24	12	11	15	12	7	5	3	5	4	37	23	19	12			187	142		
Congenital defects	2	1	1																							
Unascertained	204	111	205	108	244	160	163	139	201	124	252	162	104	27	111	39	254	134	293	213			2078	1217		
Totals	544	230	581	231	356	222	400	245	339	233	457	242	269	82	295	88	640	325	644	311			4726	2299		

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TABLE H.
Showing Forms of Insanity in Those Admitted During the Biennial Period Ending June 30, 1916.

	Stockton				Napa				Agnews				Mendocino				Southern California				Norwalk				Totals	
	1915		9161		1915		1916		1915		1916		1915		1916		1915		1916		1915		1916		Men	Women
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Paranoid states	29	8	27	8	6	8	7	2	3	4	5	5	11	12	10	5	5	11	12	10	5	5	121	56		
Manic-depressive insanity	147	108	138	108	60	59	81	71	100	100	13	10	20	17	144	17	20	144	159	144	17	26	927	813		
General paresis	26	4	26	4	31	7	25	10	65	7	61	14	18	22	5	85	25	79	20	20	1	439	96			
Dementia praecox	24	9	49	15	31	26	27	45	105	70	83	45	65	11	52	12	85	50	62	40	42	635	523			
Involunt melancholia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	21	27			
Senile psychosis	13	18	25	22	17	14	25	10	24	18	25	31	14	11	8	4	62	38	33	33	8	254	199			
Autotoxic, infective or exhaustive psychosis	10	1	1	1	2	1	1	1	1	3	3	1	2	1	2	2	3	7	2	4	1	26	21			
Psychosis due to intoxi- cation	55	11	61	6	3	28	8	10	3	13	5	22	2	44	2	6	22	2	44	2	6	242	37			
Psychosis with more or less definite brain dis- ease	34	11	41	15	8	7	19	16	23	8	16	4	8	3	20	10	13	3	16	7	6	204	84			
Psychosis belonging to definite neurosis of constitution	21	11	38	155	9	9	4	11	13	13	8	15	3	5	2	33	12	22	9	23	2	135	71			
Alcohol and drugs	151	38	155	32	134	42	144	38	82	27	120	23	129	31	134	22	161	43	191	23	2	1403	319			
Constitutional inferiority and abnormal makeup with or without out- breaks	1	4	28	6	4	4	8	6	5	2	7	9	16	2	14	4	1	3	9	4	8	101	44			
Idiocy and imbecility	19	7	21	15	2	4	2	2	1	1	2	1	2	1	1	1	11	16	7	9	1	48	26			
Not classed	7	1	10	1	46	44	87	17	10	2	12	1	2	1	1	1	2	2	1	1	1	141	60			
Not insane	7	2	10	1	5	1	10	1	1	1	1	1	2	1	1	1	2	2	1	1	1	29	3			
Totals	544	280	581	221	356	222	400	245	399	233	457	242	299	82	295	88	640	325	644	311	111	4726	2209			

TABLE I.
Showing Causes of Death of Patients Who Died During the Biennial Period Ending June 30, 1916.

	Stockton				Napa				Agnews				Mendocino				Southern California				Norwalk				Totals	
	1915		1916		1915		1916		1915		1916		1915		1916		1915		1916		1915		1916		Men	Women
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women				
General diseases:																										
Typhoid fever	3	1	1																					4	2	
Malaria fevers and cachexia																										
Smallpox																										
Scarlet fever																										
Diphtheria																										
Influenza																										
Dysentery																								1		
Erysipelas																								3		
Purulent septicemia and infection																								6	1	
Tuberculosis	20	15	31	14	8	6	17	5	7	11	6	7	12	3	7	3	16	5	16	8			140	77		
Syphilis	1	2	4		2	1																		8	3	
Serofula																										
Cancer																								18	14	
Rheumatism																										
Diabetes and diabetic affections																								2		
Anemia, leukemia, etc.																										
Acute and chronic alcoholism	2																							2	1	
Pellagra																								10	1	
Diseases of nervous system:																								1	4	
Diseases of meninges																										
Locomotor ataxia																										
Other diseases of spinal cord																										
Organic diseases of brain (includes tumor, abscess, and other gross lesions)																										
Cerebral hemorrhage	7	2	14	9	4	1	1	2	8	11	16	23	6	3										61	50	
General paralysis	16	6	9	4	3	2	9	2	7	8	5	5	1	1	6	5	17	10	11	8				84	51	
Epilepsy	22	5	21	4	30	6	26	7	42	8	45	9	15	7	2	50	18	72	10					330	69	
Other nervous diseases	10		6	1	2	1	2	1	3	2	4		1	2		2	7	5	4	1				41	11	
	7		8													2								14	10	

TABLE J.
Showing Occupations of Those Admitted During the Biennial Period Ending June 30, 1916.

	Stockton		Napa		Aguenos		Mendocino		Southern California		Norwalk		Totals						
	1915	1916	1915	1916	1915	1916	1915	1916	1915	1916	1915		1916						
											Men	Women	Men	Women					
Professional: architects, artists, clergy, lawyers, surveyors, civil engineers, etc.	28	12	2	2	17	2	24	2	13	46	8	33	4	1	216	23			
Mercantile: merchants, accountants, clerks, salesmen, shopmen, stenographers, etc.	92	14	106	16	86	12	85	11	35	84	17	110	11	13	779	106			
Cultural and pastoral: ministers, gardeners, herdsmen, etc.	59	60	32	45	37	1	23	1	23	89	71	71	71	15	466	2			
Domestic and outdoor vocations: blacksmiths, carpenters, painters, plumbers, police, etc.	45	33	68	74	65	84	55	57	87	87	116	116	116	14	698	---			
Vocations: binders, compositors, printers, tailors, seamstresses, shoemakers, bakers, etc.	35	1	68	10	28	6	47	12	17	9	38	10	8	85	9	48	10		
Sea vocations: seamen, soldiers, fishermen, etc.	44	26	10	3	27	32	45	36	8	8	9	9	9	7	418	81			
Domestic and higher domestic duties: teachers, students, housekeepers, nurses, etc.	35	36	28	53	24	22	19	51	6	19	17	34	11	29	67	44	62		
Other: clerks, teachers, students, housekeepers, nurses, etc.	2	144	4	119	3	134	2	140	7	155	12	167	1	53	192	12	173		
Others: paupers, tramps, etc.	180	224	98	2	71	71	73	83	1	151	4	4	4	38	1,204	6	1,317		
Occupation not ascertained	17	27	10	23	11	31	18	25	6	26	12	28	6	8	17	7	16	207	
Totals	6	6	10	8	16	12	13	19	15	25	18	17	14	50	31	188	117	2,209	
Totals	544	230	581	231	356	222	400	245	399	233	457	242	299	82	295	88	644	311	4,736

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TABLE K—Continued.
Showing Number of Admissions, Discharges, Deaths, Etc., from Foundation of the Hospitals to July 1, 1916.

	MENDOCINO					SOUTHERN CALIFORNIA					NORWALK															
	Admissions	Recoveries	Improved	Unimproved	Not Insane	Transferred	Deaths	Escapes	Returned escapes	Admissions	Recoveries	Improved	Unimproved	Not Insane	Transferred	Deaths	Escapes	Returned escapes	Admissions	Recoveries	Improved	Unimproved	Not Insane	Transferred	Deaths	Escapes
1894	237	13	1	4	2	1	7	4	290	43	11	5	1	1	15	13	13	290	107	107	107	107	107	107	107	107
1895	182	63	4	1	2	1	27	4	243	62	9	5	1	1	29	29	29	243	107	107	107	107	107	107	107	107
1896	182	74	7	4	2	1	45	4	269	127	7	1	1	1	32	32	32	269	107	107	107	107	107	107	107	107
1897	219	76	12	9	1	1	66	1	262	138	2	2	2	2	40	6	6	262	107	107	107	107	107	107	107	107
1898	211	56	13	4	4	1	67	6	199	95	1	2	2	20	38	38	199	107	107	107	107	107	107	107	107	107
1899	178	59	13	3	9	1	51	5	196	63	3	1	1	22	45	16	196	107	107	107	107	107	107	107	107	107
1900	182	67	10	7	1	1	55	6	203	159	2	1	1	2	49	14	17	203	107	107	107	107	107	107	107	107
1901	180	44	10	7	1	1	64	8	193	84	1	1	1	2	45	22	20	193	107	107	107	107	107	107	107	107
1902	140	51	8	6	3	3	67	6	257	107	1	1	1	1	79	19	21	257	107	107	107	107	107	107	107	107
1903	133	46	10	6	5	2	63	6	267	113	2	5	2	3	82	42	39	267	107	107	107	107	107	107	107	107
1904	142	57	24	4	3	1	45	5	275	99	11	1	1	2	70	48	48	275	107	107	107	107	107	107	107	107
1905	218	79	14	5	1	1	48	5	349	161	33	11	1	1	83	34	34	349	107	107	107	107	107	107	107	107
1906	205	79	23	9	1	1	66	9	306	143	48	6	10	8	102	22	19	306	107	107	107	107	107	107	107	107
1907	228	87	9	4	4	1	65	18	418	147	24	6	1	2	117	22	21	418	107	107	107	107	107	107	107	107
1908	253	95	5	2	1	1	71	7	368	158	39	6	1	2	99	29	27	368	107	107	107	107	107	107	107	107
1909	272	116	23	18	3	4	70	17	496	180	48	6	1	1	112	32	32	496	107	107	107	107	107	107	107	107
1910	259	109	23	7	3	4	69	10	506	182	42	17	2	4	193	21	20	506	107	107	107	107	107	107	107	107
1911	256	97	27	13	1	1	65	14	506	141	60	18	1	4	169	35	34	506	107	107	107	107	107	107	107	107
1912	372	104	35	9	28	2	66	44	517	170	60	14	3	8	178	89	71	517	107	107	107	107	107	107	107	107
1913	316	222	31	12	3	3	62	27	73	952	229	72	17	4	173	121	95	73	952	107	107	107	107	107	107	107
1914	344	119	31	34	4	4	84	34	831	326	165	37	2	6	183	127	146	831	107	107	107	107	107	107	107	107
1915	381	105	20	11	1	1	67	53	965	306	56	7	2	2	226	79	121	965	107	107	107	107	107	107	107	107
1916	383	51	14	24	1	10	69	23	955	381	108	23	1	104	222	62	100	955	107	107	107	107	107	107	107	107
Totals	5,489	1,966	367	184	73	82	1,359	311	292	10,163	3,514	834	154	36	197	2,291	845	892	107	107	107	107	107	107	107	107

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TABLE No. 1.

Showing the Cost of the Several Departments for the Biennial Period Ending June 30, 1916, and Stock on Hand.

	Stockton		Napa	
	1914-15	1915-16	1914-15	1915-16
Salaries of resident officers.....	\$18,009 96	\$21,948 96	\$22,635 96	\$22,635 96
Wages of employees.....	159,405 39	159,769 79	153,011 68	160,268 00
Provisions	113,983 50	116,883 69	109,445 04	111,294 02
Stores	11,747 90	8,310 06	7,480 28	9,587 73
Ordinary repairs	18,584 08	16,397 09	8,241 06	14,630 71
Farm and grounds.....	4,374 97	9,576 14	10,817 11	15,762 98
Clothing, dry goods.....	17,631 51	17,897 76	17,498 97	18,993 59
Furniture and bedding.....	5,367 33	5,272 86	4,253 81	4,636 24
Books and stationery.....	856 88	807 26	999 01	1,096 92
Fuel and lights.....	25,204 24	24,500 51	18,899 60	15,822 61
Medical supplies	4,474 46	3,799 74	4,552 02	3,578 50
Manager's per diem and expenses.....	1,204 40	1,029 75	1,190 90	978 28
Miscellaneous	18,859 17	12,795 78	14,238 75	14,584 92
Totals	\$399,703 79	\$398,989 38	\$373,264 19	\$392,852 55
Stock on hand.....	6,233 72	8,745 24	6,167 40	5,287 25

	Agnews		Mendocino	
	1914-15	1915-16	1914-15	1915-16
Salaries of resident officers.....	\$14,765 96	\$15,499 36	\$15,017 13	\$14,355 96
Wages of employees.....	116,418 04	117,670 33	77,880 70	77,378 92
Provisions	94,535 34	100,098 60	58,347 38	65,807 94
Stores	8,542 18	7,578 64	9,360 60	8,817 94
Ordinary repairs	9,707 78	8,681 60	8,345 01	6,568 57
Farm and grounds.....	9,146 61	9,819 27	6,883 15	11,453 07
Clothing, dry goods.....	16,230 15	14,018 29	7,745 39	10,863 57
Furniture and bedding.....	5,564 14	5,488 02	5,798 20	3,173 85
Books and stationery.....	1,008 71	1,187 71	261 41	510 81
Fuel and lights	23,561 10	18,283 64	18,933 24	15,511 81
Medical supplies	2,278 95	2,161 02	1,181 30	1,010 72
Manager's per diem and expenses.....	1,562 14	1,458 61	1,131 95	786 58
Miscellaneous	5,444 86	8,600 13	1,648 27	1,162 21
Totals	\$298,765 96	\$310,545 22	\$212,533 73	\$217,401 82
Stock on hand.....	10,121 91	10,435 14	15,101 09	18,189 62

	Southern California		Sonoma State Home		Norwalk
	1914-15	1915-16	1914-15	1915-16	1915-16
Salaries of resident officers.....	\$20,397 96	\$30,869 40	\$14,235 96	\$15,069 07	\$4,300 94
Wages of employees.....	138,522 46	138,358 82	95,174 91	93,466 32	6,261 98
Provisions	130,984 77	132,211 65	53,655 15	52,566 61	4,370 93
Stores	8,413 58	14,897 26	4,633 47	5,681 44	428 45
Ordinary repairs	33,154 09	17,602 57	9,153 02	9,343 00	250 03
Farm and grounds.....	22,048 99	22,498 96	13,199 61	13,111 81	791 90
Clothing, dry goods.....	20,061 30	23,341 41	20,290 08	17,908 98	7 50
Furniture and bedding.....	19,303 15	6,846 61	3,983 16	3,886 32	81 00
Books and stationery.....	1,196 70	867 88	530 87	485 78	193 82
Fuel and lights.....	21,477 53	19,496 18	15,390 77	11,761 56	141 84
Medical supplies	3,514 64	3,200 02	2,572 00	3,448 00	243 65
Manager's per diem and expenses.....	1 29 61	1,094 10	1,161 85	1,239 60	942 10
Miscellaneous	6,015 39	13,428 22	8,180 09	4,482 31	1,499 33
Totals	\$426,300 42	\$424,713 08	\$242,010 94	\$232,450 80	\$19,513 47
Stock on hand.....	5,110 24	17,586 42	11,623 04	10,120 34	

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