

## REPORT OF MEDICAL SUPERINTENDENT MENDOCINO STATE HOSPITAL.

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*To the honorable Board of Managers, Mendocino State Hospital.*

GENTLEMEN: I submit herewith, for your consideration, the following annual report for the fiscal year ending June 30, 1913:

In the table of movement of patients we have discharged thirty-six of the eloped patients, condition unknown, they having been absent from the hospital since its foundation up to two years ago, consequently we have had no knowledge of their whereabouts and condition. We have also dropped fifty-one of the paroled patients. Since these paroled cases have been able to maintain themselves outside of the hospital they were discharged as recovered. The removal of fifty-one names from the roll has caused an apparent decrease in population of twenty-eight, whereas the actual population has increased twenty-three.

### *Personnel.*

Dr. G. W. Marvin, first assistant physician, resigned on December 10, 1912, after nearly thirteen years' continuous service. He desired to take a prolonged rest and visit Europe. It is to be regretted that he felt the necessity for this step.

Dr. F. E. Allen, second assistant physician, was appointed acting first assistant physician, and Dr. D. R. Smith was appointed acting second assistant physician, as previously reported.

Dr. L. R. Tyler, woman physician, resigned February 2, 1913, to take up another line of medical work.

Dr. Eva C. Reid from the Government Hospital for the Insane, Washington, D. C., was appointed third assistant physician February 6, 1913, and has very efficiently managed the female service since that date.

### *Buildings.*

The male Farm Cottage, with a capacity of fifty, is nearing completion, and together with possible enlargements of Ward 7, will take care of our increase in population the coming year. The new mattress and furniture shop provides additional occupation for the male patients. With the increase in size of Ward 7, it has been found necessary to increase the dining room seating capacity by twenty-five, which has been done by adding a new wing to the present dining room.

All the dining rooms and pantries have been thoroughly screened to prevent flies gaining access to the food. A large reinforced concrete manure pit, additional concrete pavement at the kitchen, to insure further cleanliness, and other measures have been provided to prevent the breeding of flies. As a result of the work already done the number of flies has been very small this summer.

In a thickly settled community, such as this, there is constant danger of typhoid fever somewhere near the hospital and flies are common carriers of this infection.

#### *Religious services.*

It has been arranged that in turn the various Protestant denominations of Ukiah shall hold religious service each Sunday afternoon for the benefit of the patients. As hitherto, Father Sebastian visits the Catholic patients each week and says mass once a month.

#### *Occupational and re-educational work.*

We have succeeded in the past year in employing forty per cent of our patients in some form of actual work. In addition to work purely for the benefit of the hospital the women have made a great many fancy articles that have found a ready sale. The proceeds of the sale are divided as follows:

33½ per cent to cover cost of materials used.

33½ per cent credited to patients' personal accounts.

33½ per cent placed to the credit of an amusement fund.

Since November, 1912, the amusement fund from this source has grown approximately \$60. But the especially important point is the beneficial therapeutic effect. Many patients, who were otherwise excited and destructive, became fairly quiet and efficient when occupied. Other patients volunteered to work and manifested unexpected skill when given the opportunity. The interest of the patients has not flagged in the least. The practical efficiency of this work is mainly due to the watchful direction of the matron and the female attendants under her.

#### *Tuberculosis.*

A testing of the Moro skin reaction of all the admissions for six months showed that the larger percentage of acute reactions were found among the recently admitted, which would tend to indicate that the conditions in the hospital were against the development of tuberculosis. However, the danger of overlooking active tuberculosis in the mental cases was evident when Dr. Reid in going over the female service found in the fifteen to twenty cases active physical signs which had been overlooked. These were promptly placed out of doors on the porches at the female cottage and have since that improved. The

danger of such cases in our larger wards and the need of frequent examinations is evident.

*Ground parole.*

As rapidly and as much as possible patients are being placed in the open air and given ground parole. Many quite chronic cases are adapted to this method of treatment. Gradually in the past six months D Ward has been made an open ward for women and the women come and go as they please during the day. All of this has resulted in an improvement, not only in the physical condition, but also to an even greater degree in the mental condition.

*Restraint.*

Restraint of any kind has been made use of during the past year only on the physician's written order, except that in an emergency it could be temporarily authorized by the supervisor or matron. An individual study of chronic cases in restraint has in each case either reduced the amount of restraint or demonstrated that it was unnecessary. For example, a little over a year ago there were between 20 and 30 usually in restraint in the female violent ward and now there are only two; one part of the time and one all the time. In general restraint has become necessary only, or chiefly, because of the large wards and the small number of attendants (1 to 19 patients).

*Clinics.*

During the year a more complete study and record of cases, in addition to the state blanks, has been established with the result that there are fewer unclear cases. Because the cases are better understood they are necessarily more intelligently treated. Even with this additional work we average 12 to 14 cases each week in our clinical conferences and an additional clinical stenographer has been found necessary.

*Records.*

All of the case histories, correspondence, autopsy reports, etc., since the establishment of the hospital twenty years ago have been segregated, classified, card indexed and so filed in filing cabinets that they are readily available. This has meant a great deal of extra work for the secretary and stenographers, but otherwise this information was unavailable unless many boxes of papers were searched.

In conclusion it gives me great pleasure to state that in my experience the officers and employees of the hospital are uniformly actuated by a hearty spirit of cooperation and that the success of the hospital is the chief aim and object of each one.

Respectfully submitted.

ROBERT L. RICHARDS,  
Medical Superintendent.

## REPORT OF MEDICAL SUPERINTENDENT MENDOCINO STATE HOSPITAL.

TALMAGE, CAL., July 1, 1914.

*To the honorable Board of Managers, Mendocino State Hospital:*

GENTLEMEN: I submit herewith for your consideration the following annual report for the fiscal year ending June 30, 1914:

It is seen from the table of movement of patients that our net increase of population this year is only 12 (number of patients remaining June 30, 1913, is 1,060 and number of patients remaining June 30, 1914, is 1,072). Our admissions increased 21 this year, hence it must be explained by the fact that by a careful study of the individual cases we have been able to discharge a larger number than could be provided for outside of the hospital. This may be taken generally as a good index of healthy medical activity in a hospital. In addition to thus providing a residence outside of the hospital for a larger number we have a larger increase of those voluntarily seeking early treatment for mental disease. We had one voluntary patient last year and have had eight additional voluntary patients the past year.

In attacking the problem presented by mental disease the two main points are the early, and hence more successful, treatment of such disorders and the making possible the existence of patients outside of the hospital so that the accumulation of chronic cases in the hospital may be reduced to a minimum. Always the largest part of the population of such a hospital is chronic cases.

### *Personnel.*

Dr. F. E. Allen was regularly appointed first assistant physician and Dr. D. R. Smith, second assistant physician on November 15, 1913.

Dr. L. O. W. Moore was appointed interne on December 13, 1913, and upon the resignation of Dr. Eva C. Reid was appointed acting third assistant physician, pending the permanent filling of that position.

Dr. Eva C. Reid resigned her position as third assistant physician June 5, 1914, and accepted the position of After-Care Physician at San Francisco.

### *Inebriety.*

The separation of mental and inebriety cases in this year's report is most desirable and shows that we are receiving a very large number

of inebriety cases. The reports of the different hospitals on June 30, 1914, show that Stockton and Mendocino state hospitals have on hand about twice as many inebriety cases as the other northern California hospitals. This has, however, given us a chance to study the problem more carefully and briefly we have come to the following conclusions:

*First*—The condition is after all largely one of mental make up of the individual. Approximately 85 per cent of the inebriety cases admitted show a mental age according to the Binet scale of not to exceed twelve years. In this estimate we have endeavored to rule out all cases showing previous efficiency and deterioration coincident with excessive indulgence in alcohol. In general the 85 per cent show poor or fair progress in school, a lack of steady or efficient occupation after school and frequently an indulgence in drugs or drinks or both, thus indicating unstable characters and an attempt to find compensation or relief outside of themselves. Consequently, we have come to feel that the treatment is firstly physical, and in this regard nearly always successful, but secondly mental which is much more prolonged and difficult. They are usually forty or more years of age and re-education is most difficult at that age. It is also more liable to be followed by a relapsing into their former manner of thinking and doing.

In fact, we are dealing mainly with that large class of defectives, who exceed the actively insane in numbers, and who are the most neglected and the most vital problem facing this generation from a medical or sociological standpoint. There has been a general erroneous idea among these patients and their friends that inebriety cases were rendered liable to insanity by associating with mental cases.

*Second*—The table given below, indicating the alcoholic drinks made use of by these patients, shows that they especially indulged in distilled liquors which are known (in contradistinction to fermented alcoholic drinks) to be especially associated with alcoholic mental diseases. Hence we have especially to do with the results of distilled alcoholic drinks.

Kind of liquor used by patients committed for alcoholism during the fiscal year ending June 30, 1914.

	Female	Male	Total	Percentage
Wine.....	1	4	5	5 per cent
Wine and whisky.....	1	3	4	4 per cent
Wine, whisky and beer.....	1	3	4	4 per cent
Wine and beer.....	1	0	1	1 per cent
Wine, brandy and whisky.....	1	2	3	3 per cent
Whisky.....	8	34	42	42 per cent
Whisky and beer.....	1	17	18	18 per cent
Whisky and brandy.....	0	1	1	1 per cent
Beer.....	2	2	4	4 per cent
Mixed.....	0	18	18	18 per cent
Totals.....	16	84	100	100 per cent

In the large number of inebriety cases (431) that this hospital has so far treated no evidence has occurred to indicate any damaging effect from associating with mental cases. On the contrary, in many instances, it has aroused patients to the realization that continued excessive alcoholic indulgence leads many times to mental disease and hence has been a potent factor in insuring their subsequent temperance.

#### *Religious services.*

Sunday services have been maintained the past year with a fair degree of regularity. Owing to sickness of the ministers and unusual weather a few Sundays have passed without religious services. The patients' interest, however, has remained the same.

#### *Occupational and re-educational work.*

The same standard has been maintained, but the percentage of employed (40 per cent) should be increased and more occupation for men would seem the best method of approaching this problem. An exhibition in Ukiah of the needlework department last fall attracted a great deal of favorable attention and the demand for this work has continued large. The balance now in the amusement fund is \$127.76.

#### *Tuberculosis.*

Since the insane tubercular patients rarely complain and cough so little that in that way they do not attract attention, we have found it necessary to make a tubercular survey of the wards at intervals. Generally they rapidly improve when placed on the special tubercular wards. Some of them with positive skin reactions (mentioned in last year's report) and with no active physical signs have since died and shown healed tubercular lesions. Hence the test seems to be of little value as to determining the stage of the tubercular process.

#### *Clinics and records.*

These have been maintained at the same degree of efficiency and made possible the segregation and study of the cases given in the following tables as well as enabled us to more intelligently treat and dispense of the individual case.

Selected cases for the biennial period 1912-1914 that had no record of previous mental attacks and gave prospect of recovering in a reasonable time after admission (157 cases):

	Recovered	Improved	Unim- proved	Died	Totals
Outbreaks in abnormal make up.....	17	2	0	0	19
Manic depressive insanity .....	24	7	0	1 (suicide)	32
Dementia praecox .....	17	24	12	1 (tubercular)	54
Alcoholic psychoses .....	49	1	1	1 (Brights)	52
Percentage .....	197	34	13	3	157
	68.1	21.6	8.2	1.9	99.8

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## STATE COMMISSION IN LUNACY.

## For the year 1912-1913 (61 cases).

	Recovered	Improved	Unim- proved	Died	Totals
Outbreaks in abnormal make up.....	10	1	0	0	11
Manic-depressive insanity .....	14	3	0	1	18
Dementia præcox .....	11	3	1	0	20
Alcoholic psychoses .....	12	0	0	0	12
Percentage .....	47	12	1	1	61
	77.0	19.6	1.6	1.6	99.8

## For the year 1913-1914 (96 cases).

	Recovered	Improved	Unim- proved	Died	Totals
Outbreaks in abnormal make up.....	7	1	0	0	8
Manic-depressive insanity .....	10	4	0	0	14
Dementia præcox .....	6	16	11	1	34
Alcoholic psychoses .....	37	1	*1	1	40
Percentage .....	60	22	12	2	96
*Korsakow.	62.5	22.9	12.5	2	99.8

## Outbreaks in abnormal makeup.

	1912-1913		1913-1914	
Recovered .....	10	90.9 per cent	7	87.5 per cent
Improved .....	1 (Transferred)	9.0 per cent	1 (Transferred)	12.5 per cent
	11 cases	99.9 per cent	8 cases	100 per cent

## Manic-depressive insanity.

	1912-1913		1913-1914	
Recovered .....	14	77.7 per cent	10	71.4 per cent
Improved .....	3	16.0 per cent	4	28.5 per cent
Died .....	1	5.5 per cent	0	0.0 per cent
	18 cases	99.2 per cent	14 cases	99.9 per cent

## Dementia præcox.

	1912-1913		1913-1914	
Recovered .....	11	55.0 per cent	6	17.6 per cent
Improved .....	8	40.0 per cent	16	47.0 per cent
Unimproved .....	1	5.0 per cent	11	32.0 per cent
Died .....	0	0.0 per cent	1	2.9 per cent
	20 cases	100 per cent	34 cases	99.5 per cent

## Alcoholic psychoses.

	1912-1913		1913-1914	
Recovered .....	12	100 per cent	37	92.5 per cent
Improved .....	0		1 (Too soon)	2.5 per cent
Unimproved .....	0		1 (Korsakow)	2.5 per cent
Died .....	0		1 (Brights)	2.5 per cent
	12 cases	100 per cent	40 cases	100 per cent

These are such cases as would probably go to a hospital for acute mental diseases or a sanatorium. In addition they include some cases so disturbed that they would on that account, if not for financial reasons, have been sent to a state hospital. The general percentage of recoveries is surprisingly high as compared with our general average of percentage of recoveries to admissions (32.52%). Also a study of the different classes mentioned shows a range in recovery percentages from 31 per cent to 100 per cent.

This illustrates forcibly that we must learn to speak of mental diseases and not insanity as a whole. It would be just as sensible to speak of stomach disease and of lung disease as when speaking of mental disease to speak of insanity as one form of affliction. This mistake is one of the causes for the fact that mental diseases are not treated early enough and are usually placed in the hands of psychiatrists only when they are chronic asocial and less hopeful.

With a few exceptions there has been an admirable spirit of cooperation among the hospital employees and attendants and the therapeutic as opposed to the purely custodial care of patients has infused a new spirit into the work. Almost all realize that it is a special work requiring special skill and training and bringing its own important and special rewards.

#### *Buildings.*

The farm cottage is completed and nearly ready for occupancy. A new female tuberculosis cottage, with a capacity of thirty patients, is being erected. With its cottages and out of door life, which have proven so successful in handling debilitated and senile, as well as tubercular cases, Ward 7 outgrew its original purpose and a portion of these grounds has been completely separated and is used for tubercular patients only. Thus we are now fully equipped for the proper care of both male and female tubercular cases. The "mission corridor" in the men's rear parole grounds is practically completed and has exceeded in beauty and practicability even our anticipation.

The dam for the storage reservoir is nearing completion and the gas plant will be completed in a few months.

Our measures to prevent flies as noted in last year's report, have been carried forward even more successfully this year.

The usual repair work of various sorts has been carefully attended to and Wards 5 and 6 have been entirely repainted and renovated.

#### *Special appropriations recommended.*

(1) Our present large wards of 75 to 115 patients make it impossible to segregate patients satisfactorily. It seems impossible to, in any way, divide any of the present wards. This is especially necessary

with the acute recoverable and disturbed cases. Hence, for this reason and the benefits of early special treatment, we again recommend a new receiving building and equipment.

(2) Our food elevators are old, out of date and liable to break at any time. We should have three new electric elevators.

(3) The main pipe line has repeatedly broken the past year and wasted water we could ill afford to spare as well as damaged property. It is a thin steel pipe line and should be heavy cast iron if greater durability is desired.

(4) Our attendants work long hours (twelve hours or more) and should have some chance to get away from their surroundings. Besides we have not rooms enough on the wards to accommodate all the attendants and what rooms we have should be used as single rooms for patients. This change is especially necessary for the night watch force who must sleep in the daytime, hence a new nurses' home and a new night watch home are recommended.

These are the most important necessities recommended for your consideration. Below is statement of special appropriation desired and their estimated amounts.

New receiving building and equipment.....	\$100,000 00
Three electric elevators.....	7,500 00
New main pipe line.....	25,000 00
Nurses' home.....	20,000 00
Night watches' home.....	5,000 00
Necessary plumbing repairs.....	5,000 00
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	\$162,500 00
Estimate for salaries.....	207,833 00
Estimate for support.....	273,907 00

In conclusion, I beg to express my appreciation of the devotion to this hospital of the Board of Managers, who have for many years given generously time and thought from their own large and varied interests.

Respectfully submitted.

ROBERT LEWIS RICHARDS,  
Medical Superintendent.

MENDOCINO STATE HOSPITAL. WASSERMAN TESTS.

From April 1, 1913, to July 1, 1913. (Last quarter of the sixty-fourth fiscal year.)

Total number of patients tested, 53: male, 34; female, 19.

	Male			Female			Total of patients		
	Pos- itive	Neg- ative	Total	Pos- itive	Neg- ative	Total	Pos- itive	Neg- ative	Per cent positive
Paranoid state .....									
Manic-depressive insanity .....									
General paresis .....	6	4	10	4	6	4	10	4	71.43
Dementia praecox .....	0	12	12	1	4	5	1	16	5.88
Involuntional melancholia .....									
Senile psychosis .....									
Autotoxic, infective and exhaustive psychosis .....					1	1		1	
Psychosis due to intoxication .....	1		1		1	1	1	1	50
Psychosis with more or less definite brain disease .....		3	3		7	7		10	
Psychosis belonging to definite neurosis of constitution .....									
Alcohol and drugs .....	1	3	4	1		1	2	3	40
Constitutional inferiority and abnormal makeup, etc. ....	1	1	2				1	1	50
Idiocy and imbecility .....									
Not classified .....									
Not insane .....	1	1	2				1	1	50
	10	24	34	6	13	19	16	37	30.48

From July 1, 1913, to July 1, 1914. (Sixty-fifth fiscal year.)

Total number of patients tested, 395: male, 284; female, 111.

	Male			Female			Total of patients		
	Pos- itive	Neg- ative	Total	Pos- itive	Neg- ative	Total	Pos- itive	Neg- ative	Per cent positive
Paranoid state .....		4	4		1	1		5	
Manic-depressive insanity .....	1	8	9		7	7	1	15	6.25
General paresis .....	16	11	27	1	2	3	17	13	56.61
Dementia praecox .....	7	71	78	2	47	49	9	118	7.07
Involuntional melancholia .....					1	1		1	
Senile psychosis .....	1	10	11	1	12	13	2	22	8.25
Autotoxic, infective and exhaustive psychosis .....									
Psychosis due to intoxication .....	4	23	27	1	2	3	5	25	16.66
Psychosis with more or less definite brain disease .....	1	21	22		9	9	1	30	3.22
Psychosis belonging to definite neurosis of constitution .....		2	2					2	
Alcohol and drugs .....	10	81	91	3	16	19	13	97	12.50
Constitutional inferiority and abnormal makeup, etc. ....	1	4	5		3	3	1	7	12.5
Idiocy and imbecility .....					2	2		2	
Not classified .....									
Not insane .....	1	7	8		1	1	1	8	11.11
	42	242	284	8	103	111	50	345	12.66

From July 1, 1914, to September 1, 1914. (The first two months of the sixty-sixth fiscal year.)

Total number of patients tested, 60: male, 47; female, 13.

	Male		Female			Total of patients		Per cent positive
	Pos- itive	Neg- ative	Total	Pos- itive	Neg- ative	Total	Pos- itive	
Paranoid state								
Manic-depressive insanity		2	2		2		4	
General paresis	4	1	5				1	80
Dementia praecox		8	8		2	2	10	
Involitional melancholia								
Senile psychosis		1	4		1	1	5	
Autotoxic, infective and exhaustive psychosis								
Psychosis due to intoxication	1	1	2		2	2	1	3
Psychosis with more or less definite brain disease		2	2				2	
Psychosis belonging to definite neurosis of constitution		1	1				1	
Alcohol and drugs	1	21	22	2	4	6	3	26
Constitutional inferiority and abnormal makeup, etc.								
Idiocy and imbecility								
Not classified								
Not insane		1	1				1	
	6	41	47	2	11	13	8	52
								13.28