

REPORT OF MEDICAL SUPERINTENDENT, MENDOCINO STATE HOSPITAL.

To the Honorable Board of Managers.

Mendocino State Hospital.

The general physical health of the Mendocino State Hospital patients has remained good for the past biennial period. There were no epidemics. The death rate remained the same, 5.89 per cent. The causes of death may be divided into the usual six classes, which comprise 82.6 per cent of all the deaths, as follows:

Paresis	22.6 per cent
Pulmonary tuberculosis	18 per cent
Pneumonia	12 per cent
Nephritis	11 per cent
Arteriosclerosis	10 per cent
Organic heart disease.....	9 per cent

With the exception of some of the cases of pneumonia these were all persons in advanced years and it can safely be said therefore that the chances as to physical life are better inside a state hospital than outside a state hospital.

From the mental standpoint state hospitals vary in the general types of cases received according to the sources of admission. During the past biennium this hospital again received 66 per cent of its patients from the San Francisco Bay section. It is interesting that while 85 per cent of the inebriates were from that section only 55 per cent of the insane were from that section. Thirty-five per cent of the admissions were foreign born as against the general average in the state of 24 per cent. Our general population shows 28 per cent women, but our admissions show only 21 per cent women. The general average in the United States is about 33 per cent women in state hospitals. Evidently we have less than the average number of women and the number tends to decrease rather than increase. Again 97.6 per cent are over 20 years of age and 72 per cent are unmarried. Evidently we have chiefly unmarried foreign-born men of adult life to deal with.

The general classes of mental diseases among those admitted again show some marked differences from the average state hospital admission experience. Of the insane:

Dementia præcox	31.3 per cent
Alcoholic psychoses	13.4 per cent
Psychoses of advanced life.....	13.0 per cent
Manic depressive insanity.....	12.3 per cent
Neurosyphilis conditions	10.3 per cent
Mental defectiveness with psychoses.....	6.3 per cent

This makes a total of these psychoses of 86.6 per cent. The inebriety cases were 40.4 per cent of all our admissions. Again the percentages of women in these groups show some remarkable variations. While there were 21 per cent women among those admitted, manic depressive insanity showed 55 per cent women, dementia præcox 12 per cent women, neurosyphilis 12 per cent and alcoholic psychoses 5.6 per cent women. Among the inebriety cases there were 19 per cent women.

It would seem manifest that we are vitally interested in the source from which our patients chiefly come and to which they return. We are interested therefore in "out patient clinics" and psychopathic hospitals that will give early treatment and aftercare to the end that state hospital residence may be as short as possible and the expense of treatment thereby as small as possible. Again and again we find that the mental disease existed in a form more easily treated prior to its admission and on recovery will require social and medical treatment after leaving the hospital. Out-patient clinics and psychopathic hospitals with their medical treatment and social service work supply this need and we are never meeting fully the mental problems of the state until the means of treatment are supplied. It is as reasonable to say that a tuberculosis case can not be treated until it faints from the exhaustion of a pulmonary hemorrhage, or that a tuberculosis case can not occupy any useful position in the community after the diagnosis is made, as to say that a mental disease can not be treated until it is socially dangerous and can never occupy any useful position in the community after it is once diagnosed. Especially is this latter statement absurd when general experience and observation anywhere in any community will show the toleration and usefulness of a large percentage of unrecognized, undiagnosed mental abnormalities and mental diseases. These facts are regarded as axiomatic and economically important in many states and especially in those states with as large an admission rate as California, such as New York and Massachusetts. The prolonged duration of mental diseases makes it an important economical factor that the admission be prevented and that they be maintained outside the state hospital as far as possible so that the state expense may be as small as possible.

While state hospitals always show the smallest per capita expense of any hospitals in the country (15 per cent to 25 per cent of the expenses of the average hospital) still they have continuously a large population that in the biennial period ending June 30, 1916, cost California about \$2,000,000 a year. The population of state hospitals, whatever may be the cause, is steadily increasing. The physical condition of the state hospitals is as good as possible. The medical management is being cared for and will be improved by the responsible medical authorities. Manifestly then our still untried chance of keeping this expense within reasonable bounds is in limiting the admissions and

increasing as well as hastening the discharges. Fortunately, in this instance, economical and humanitarian necessities are the same. As we meet the whole mental problem we save money by offering medical help to mental cases when the best results may be obtained instead of waiting for them to be socially dangerous, and we give humanitarian consideration to those at present uncared for by affording social aftercare with medical treatment so that they may be discharged earlier. Both of these aims are met in psychopathic hospitals and out-patient clinics. Only as we know and recognize the whole mental problem and do not confine our efforts to the middle state hospital portion can we intelligently and economically meet the duties imposed upon us by the mentally abnormal and the mentally diseased.

In this connection I wish to invite your attention to the economical conclusions of a study of the possibilities and results of discharging patients from the Mendocino State Hospital the past biennium as made by First Assistant Physician Dr. M. J. Rowe.

One hundred and one patients left the hospital to resume their former social relations. Of these 83 were considered recovered from the conditions which led to their admissions and 18 were sufficiently free from mental symptoms to become self-supporting under such supervision as relatives or friends could provide after an average hospital residence of 6.19 months. In addition, 18 patients who are on parole will undoubtedly recover. Their hospital residence averages 10.92 months.

	Males	Females	Total
Discharged recovered	38	10	48
Discharged recovered—from parole.....	11	7	18
Eloped while under observation and while awaiting discharge.....	10		10
Discharged recovered from elopement on investigation.....	7		7
Discharged improved	14	1	15
Discharged improved—from parole.....	1	2	3
Probable recoveries now on parole.....	10	8	18
Totals	91	28	119

The average hospital residence of these was 6.905 months.

Average cost of a social recovery, \$113.10.

Total cost to hospital of the cases recovering, \$13,459.36.

The financial value of the parole system is shown by the following table:

	Number	Average duration, of parole months.	Hospital saving
Discharged	21	5.8	\$1,995 08
Returned	22	5.56	2,003 80
Parole continued	32	8.64	4,528 74
Total saving			\$8,527 42

This could no doubt be increased if greater means of supervision were provided with proper aftercare.

One of the main efforts on the physical side of the hospital the past year has been greater conservation and economy in the foodstuffs. On the economical side, with the hearty co-operation of employees and chiefly by daily reports from each ward and general dining room, we have reduced wastage or table leavings to one-half as much as the Food Administration says is reasonable. In other words, on the women's wards where the wastage is more, our average per patient per day is $2\frac{1}{2}$ ounces as against the 4 to 5 ounces established as reasonable by the Food Administration. In common with the other California state hospitals our bread contains 40 per cent substitute flour and we use 6 pounds wheat flour or wheat product per patient per month. We have the same restriction of 2 pounds of sugar per patient per month. Our butter consumption corresponds to the state ration and in the employees dining room has been reduced 30 per cent. Our total beef consumption is one-half of what it was. We have two fish days a week. A careful survey of weight records and physical condition does not show any serious weight decrease and no reduction in the physical condition of patients. Neither do the patients complain of the quality or quantity of the food. But they do watch their allowance carefully. There is no margin in the quantity of supplies. On some wards there are practically no table leavings. Apparently out of our abundance we have made the necessary saving, and even with the increases in cost of foodstuffs of $33\frac{1}{3}$ per cent we have so far (August, 1918) met our expenses out of the amounts considered necessary for us in 1916-17.

Our inebriety problem has apparently been reduced more than one-half. In 1917 we received 181 and in 1918 only 88 inebriety patients. Since we usually receive more than our proportion of inebriety cases this indicates a general reduction all over the state. Increasing dry territory hardly accounts for this since the bulk of the cases come from San Francisco. Rather is it probable that the war with increased occupational opportunities and higher wages has caused the reduction.

The usual religious services have been regularly held the past biennium. Especially would I mention the Catholic priest who has visited the Catholic patients two or three times each week regularly.

Socially we have had regularly the weekly moving pictures and various picnics for patients, and social dances and social recreation room for employees. Aside from the industrial occupations of men and women patients previously reported and contributing largely to the low cost of maintenance, the women patients have worked faithfully in the Red Cross work. During the past year they have knitted 135 sweaters and 200 pairs of socks, made dolls for street fair and aided in every way possible.

The clinical laboratory under Dr. D. R. Smith, second assistant physician, has the following record of clinical examinations:

Urine analysis	737
Sputa analysis	26
Blood analysis	35
Throat cultures	3
Examination of stool	2
Vaginal smears	14
Urethral discharge (male)	10
Cerebrospinal fluid	37
Urine culture	1

As heretofore all patients have a blood Wassermann examination and when in any way indicated a spinal fluid examination. Of the total admissions for the biennium the Wassermann test showed 13.8 per cent of the patients admitted as positive.

Of the number of patients who died during this period 55 per cent were autopsied.

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

1. Laundry and bakery completely remodeled and partly newly equipped.
2. New cottage for men completed.
3. Two new boilers purchased and being installed.
4. Water softening plant being installed.
5. An auxiliary water supply provided.
6. Ward 7 rearranged about a central court and covered passage ways built, together with overhauling and renewing all service and sewer lines.
7. The electric system changes completed and rendered safe, but no ground lighting improvements as yet for economical reasons.
8. Head farmer's cottage remodeled.
9. Dairyman's cottage provided for.
10. One hundred acres (Ruddick estate) adjoining the hospital property have been rented, cleared and adapted to ranges, etc., for the pigs and dairy herd. We have cut our own wood therefrom and raised enough grain to alone pay for the rental.

Personnel Changes.

Dr. A. C. Eaton resigned and Dr. A. J. Feldkamp succeeded her as interne July 14, 1917. Dr. Feldkamp subsequently qualified as third assistant physician.

Up to June 30, 1918, this hospital had been assigned the intensive training in neuropsychiatry of First Lieut. K. W. Kinney, M.R.C. and First Lieut. C. U. Snider, M.R.C. Both successfully completed the course and are assigned to special neuropsychiatric work. Three others are under orders to report for similar course. This hospital has been designated for military cases on or near the Pacific coast. In addition, with the state's permission, the Medical Superintendent has been available for special neuropsychiatric work in connection with the various cantonments, etc., in this area and has made repeated trips aiding in establishing neuropsychiatric boards at Camp Kearny, Camp Fremont,

Presidio of San Francisco in California, and Camp Lewis and Vancouver Barracks in Washington.

The following is recommended for consideration in recommendations by your board as to forming the budget for the biennial period of 1919-1920:

<i>Salaries</i> (not taking into consideration any prospective change in working hours of attendants) (present increase in salaries 14.47 per cent. Ward 10 and night watches still to provide for)—twenty per cent increase over last appropriation, or----	\$239,904 00
<i>Support</i> —Increase of 1917 in expenditures was 10 per cent, which was met by contingent fund and economy. Believed total increase over pre-war experience 33 per cent in next biennium, but contingent fund and economy can reduce this to 23 per cent. Twenty-three per cent increase, or-----	327,770 40
<hr/>	
<i>Special Appropriations.</i>	
1. Employees' living quarters-----	\$45,000 00
2. Parole ground shelter for women similar to men's parole ground shelter, consisting of concrete walks, shingle roof, etc.----	5,000 00
3. Replacing condemned buildings on Ward 7 to provide space for housing prospective increase in army and navy patients, and also to provide proper facilities to care for tubercular men patients and an infirmary for Ward 7-----	5,000 00
4. Needed dairy improvements:	
(a) A cooling room and necessary changes----	\$2,000 00
(b) Concrete sump with pumping equipment to be used to transfer liquid manure to orchard and gardens, and changes in feed troughs, both for legal sanitary requirements and economy-----	2,500 00
5. Changes in steam distributing system recommended by the State Engineering Department and Fuel Administration to conserve fuel-----	5,000 00
Total -----	\$64,500 00

Employees' living quarters is an economical question in view of the allowance now in force of \$300 per month or \$3,600 per year for rooms for employees.

Parole ground shelter for women means protection from the sun in summer and the rains in winter, which at present the men have and the women have not. Because of the lack of shelter the women must at times be kept on the ward. These are chronic cases that can not go on the front parole or in the free parole cottage.

Ward 7 has been now arranged in an orderly fashion and given proper sewer and steam lines, but the buildings are primitive and inadequate, and in the rearrangement there is no proper provision for bed patients and tubercular patients. On account of the last fact a number of quiescent men tubercular patients are cared for in the main buildings. This would also provide more space in the main buildings.

There is a milk collecting room of small dimensions in the dairy. It is intended to increase this and provide milk cooling room with certain necessary changes incident thereto.

At present manure is collected too near the dairy barn and the liquid and watery portions can not be transferred to where it would be of great economical value.

The steam distribution now provides for only a limited return of water of condensation, supplies steam at some points under 25 pounds pressure when 2 pounds would be sufficient, and, in some instances, the supply line is too small for the use to which it is now necessarily put.

These specific changes recommended are the result of a survey by the State Engineering Department and with our changes in the power house will enable us to conform to the requirements of the Fuel Administration.

Better classification and early intensive treatment can not be secured in this hospital without a special treatment receiving hospital as demonstrated by practical experience the past six years. We can exist because we have existed, but the increased hospital cost and the possibility of an eight-hour day, both making probable reduction of the proportionate number of attendants at any one time to the number of patients make this more an economical question. While this is not submitted for economical war reasons at this time, the need remains and should be mentioned.

The exceptional team work of all concerned has made possible the above report of progress during the past two years and the hearty co-operation and unselfish devotion of your board has made it all possible.

Respectfully submitted.

ROBERT LEWIS RICHARDS,
Medical Superintendent.