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Statistical Report of the

DEPARTMENT
of
INSTITUTIONS
STATE OF CALIFORNIA

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STATISTICAL REPORT
DEPARTMENT
OF
INSTITUTIONS
STATE OF CALIFORNIA



YEAR ENDING JUNE 30, 1945

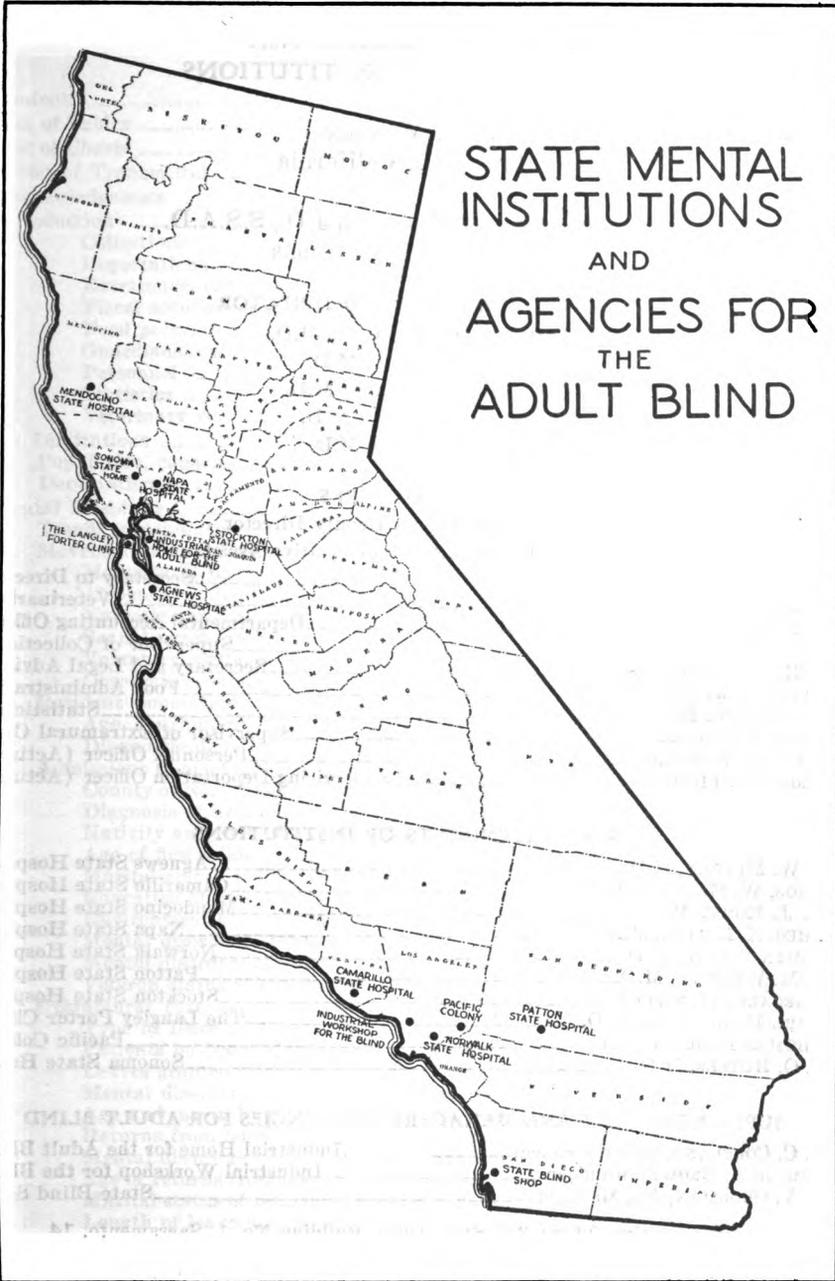
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CHART I



STATE OF CALIFORNIA
DEPARTMENT OF INSTITUTIONS

EARL WARREN
Governor of California

DORA SHAW HEFFNER, J.D., S.S.A.D.
Director of Institutions

MEDICAL ADVISERS TO DIRECTOR

BENJAMIN W. BLACK, M.D.
GEORGE JOHNSON, M.D.
CLIFFORD W. MACK, M.D.
EDWIN E. MCNIEL, M.D.
GLENN E. MYERS, M.D.

STAFF OFFICERS

CARL E. APPEGATE, Deputy Director
DOROTHEA KUHLMAN, Administrative Assistant

HELEN AMICK Secretary to Director
F. J. BOLENDER, D.V.M. Veterinarian
R. E. CONAHAN Departmental Accounting Officer
PAUL DOWNARD Supervisor of Collections
A. EDWARD NICHOLS Secretary and Legal Advisor
LAVERN OWENS Food Administrator
MARIE VIDA RYAN Statistician
NATHAN SLOATE Supervisor of Extramural Care
MARIE R. SHOULDERS Personnel Officer (Acting)
FLORENCE THOMPSON Supervising Deportation Officer (Acting)

SUPERINTENDENTS OF INSTITUTIONS

E. W. MULLEN, M.D. Agnews State Hospital
THOS. W. HAGERTY, M.D. Camarillo State Hospital
M. J. ROWE, M.D. Mendocino State Hospital
THEO. K. MILLER, M.D. Napa State Hospital
EDWIN WAYTE, M.D. Norwalk State Hospital
G. M. WEBSTER, M.D. Patton State Hospital
MARGARET H. SMYTH, M.D. Stockton State Hospital
KARL M. BOWMAN, M.D. The Langley Porter Clinic
THOMAS F. JOYCE, M.D. Pacific Colony
F. O. BUTLER, M.D. Sonoma State Home

SUPERINTENDENT AND MANAGERS OF AGENCIES FOR ADULT BLIND

E. C. COPELAND, Superintendent Industrial Home for the Adult Blind
GEORGE A. BROWN, Manager Industrial Workshop for the Blind
R. V. GOODMAN, JR., Manager State Blind Shop

Administrative Office: 343 State Office Building No. 1, Sacramento, 14

Branch Offices: 311 South Spring Street, Los Angeles, 13
121 East 11th Street, Oakland, 6
995 Market Street, San Francisco, 3

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LETTER OF TRANSMITTAL

Sacramento, May 15, 1947

**Honorable Earl Warren
Governor of California**

SIR: I have the honor to transmit the annual Statistical Report of the Department of Institutions for the year beginning July 1, 1944, and ending June 30, 1945.

Respectfully submitted,

Dora Shaw Heffner

Director of Institutions

ACKNOWLEDGMENTS

The statistical tables pertaining to the patient population in the seven mental hospitals and in the Langley Porter Clinic were prepared under the direction of Miss Marie Vida Ryan, who served as departmental statistician until her transfer to the Department of Corrections in November, 1945. The tables relating to outpatients at the Langley Porter Clinic and to the patient population at Pacific Colony and Sonoma State Home were compiled at these respective institutions; and the tables relating to the three agencies for the adult blind and to the financial administration of the department were prepared under the direction of Mr. R. E. Conahan, the fiscal accounting officer. Much of the narrative material describing specific activities at the various institutions was based on information submitted by the staff officers of the institutions. The balance of the report was compiled and the report as a whole was edited and published under the direction of Mr. R. D. Morgan, who joined the department as statistical research officer in March, 1946.

DEPARTMENT OF INSTITUTIONS

INTRODUCTION

Responsibility for the mental health of the citizens of the State of California is vested in the Department of Institutions. Under the provisions of the Welfare and Institutions Code, the department administers 10 institutions for the care and treatment of the mentally ill and mentally defective, maintains clinics for the diagnosis and early treatment of mental disorders, carries on research and the training of professional personnel in cooperation with colleges and universities, and carries on a statewide program for the general dissemination of information on the nature, prevention, and treatment of mental disorders. The department also administers the three state agencies for the adult blind. Detailed information regarding the operation of the various institutions and the administrative program of the department for each fiscal year is furnished in an annual report to the State of California, the Governor, and the Legislature.

This is the report for the Ninety-sixth Fiscal Year ending June 30, 1945. With the exception of minor changes in content, its general arrangement follows the plan of last year's report. In the introduction, major administrative developments for the year are reviewed, together with a brief summary of the principal activities of the administrative staff. The body of the report analyzes the current growth of the patient population, and discusses in detail the activities of each of the four types of institutions. The appendix to the report includes fiscal statistics for the department, a list of the boards of trustees, professional personnel, and staff members of each institution, and a section containing general information.

Largely because of adverse wartime conditions, less than the desired amount of progress has been made during the year in raising the standards of care and treatment of patients. Overcrowding in all mental institutions has increased as a result of the marked increase in the population in the State and the necessary deferment of all new construction; and a serious shortage exists in professional and other personnel directly concerned with care and treatment. The ratio of doctors and nurses to patients in California state mental institutions is below the national average, and considerably less than the minimum standards recommended by the American Psychiatric Association. It is hoped that with the return of normal postwar conditions the department will be able to improve this situation by filling all authorized positions, and by inaugurating the building program discussed in last year's report.

However, much has been accomplished in the field of general administration. In order that the resources of the department may be concentrated in the field of mental health, arrangements have been made and approved by the Legislature for the transfer of the three state agencies for the adult blind to the Department of Education. Moreover, since the department is concerned with all aspects of mental health, and not with institutional care alone, its name is being changed by legislative enactment to the Department of Mental Hygiene. The Legislature has also provided for an additional outpatient clinic in Los Angeles, and has approved an educational program for the general dissemination of information regarding the diagnosis, prevention, and treatment of mental illness.

Authorization has also been granted for the establishment of the position of deputy medical director. This staff officer will assist the director by furnishing experienced leadership in the medical and psychiatric activities of the department and its institutions. Provision has also been made for a medical inspector whose chief function will be to inspect the private institutions licensed by the department.

The sum of \$207,000 has also been appropriated for the placement of mentally deficient patients in family care homes during the next biennium. Although a similar provision has been in effect for many years for the family care placement of mentally ill patients, this is the first time that this type of extramural supervision has been made available to mentally deficient patients. It will reduce overcrowding, provide more suitable care for these patients, and reduce the overall cost of their period of treatment.

In line with the department's increased emphasis on prevention and early treatment, a neuropsychiatric hospital is planned for the Los Angeles area, the Legislature having appropriated \$100,000 for the purchase of a site. The proposed hospital will have facilities for education, research and treatment similar to the Langley Porter Clinic in San Francisco. The sum of \$20,000 has also been appropriated for additional land for the Langley Porter Clinic.

Appropriations in the 1945 legislative budget also include \$4,182,870 for wartime construction, \$500,000 of which is for minor construction and repairs. This will increase the normal capacity of the institutions by 3,275 patients and will materially reduce overcrowding.

In general, the department's plans for the future call for personnel and facilities sufficient to meet accepted minimum medical standards for inpatient care, especially in the postwar period, for a statewide educational program in the nature, prevention, and treatment of mental illness, and for the establishment of outpatient clinics in all major population centers of the State, to provide preventive measures and early treatment for mental illness before it reaches the chronic stage with consequent lengthy, expensive hospitalization.

Collections. Care and maintenance costs are borne entirely by the State for three out of every four patients in state mental hospitals. For the remaining one-fourth, the State receives partial reimbursement from the estate of the patient, or from those relatives who are determined upon investigation to be legally responsible and able to pay. Reimbursement for certain types of charges is also made by a number of public

agencies including the counties, the United States Veterans Administration, the War Relocation Authority, the War Food Administration, and several other federal agencies.

For each incoming patient, data relating to the patient's estate and the financial responsibility of relatives are obtained by the hospital authorities and submitted to the collections section for review. On the basis of this information, this office assigns financial responsibility and fixes the amount of the charge (which to date has not exceeded \$40 per month) in terms of ability to pay. The accounts for these pay patients are then maintained by the accounting offices at the hospitals. All questions involving changes in rate or failure to pay are referred to Sacramento for suitable action.

This program, which was expanded in 1943, has resulted in an annual increase in the amount of income from both current and delinquent accounts and a corresponding increase, from 17 percent in 1942 to 24 percent in 1945, in the percentage of pay patients.

TABLE I
COLLECTIONS
YEARS ENDING JUNE 30, 1942-1945

Item	Year ending June 30			
	1942	1943	1944	1945
Collections:				
Total.....	\$915,992	\$1,096,021	\$1,362,655	\$1,751,919
Monthly average.....	76,333	91,335	113,555	145,993
Delinquent.....	208,443	252,066	294,800	296,867
Monthly average.....	17,370	21,006	24,567	24,739
Increase in collection over previous year:				
Total.....		180,029	266,634	389,264
Monthly average.....		15,002	22,220	32,439
Delinquent.....		43,623	42,734	2,067
Monthly average.....		3,635	3,561	172
Percent of pay patients.....	16.9	18.5	21.5	23.8

Deportations. Inasmuch as the California statutes deny permanent state hospitalization to persons who have not established legal residence in California, the deportation section carefully checks the resident status of each patient at admission, deporting nonresident patients whenever possible to their state of legal residence for further treatment. Although the expense of such transfers is borne by California, the net saving as compared with hospitalization is considerable, being estimated in excess of \$800,000 for the current fiscal year. This program also helps to reduce overcrowding in state mental institutions, the number of deportations in 1944-45 being equal to 11 percent of the excess population at the end of the fiscal year. Detailed comparative statistics on deportations are furnished later in connection with the discussion of the population and capacity of all institutions.

Extramural Care. For the sake of greater operating efficiency, certain administrative features of the extramural care programs of the seven state mental hospitals have been centralized in the Bureau of Extramural

Care, with offices in San Francisco, Los Angeles, and Sacramento. In spite of the shortage of personnel and other adverse wartime conditions, this section has been able to maintain many of the gains accomplished since this reorganization was effected in 1939, in carrying on an active leave of absence program which not only benefits the patient and speeds his recovery, but also affords some relief to overcrowding in state hospitals and reduces the gross cost of inpatient treatment.

The subject of extramural care, as well as this section's activities in licensing private institutions, is discussed in detail under these titles in the body of the report.

Fiscal Accounting. The Fiscal Accounting Section is charged with the preparation of the departmental budget and the disbursement of appropriations from the California State Legislature for the support and maintenance of the 13 institutions under the administrative control of the department. The section is also responsible for limiting actual expenditures to the funds so appropriated and the additional moneys available to the department from special emergency funds for increased commodity costs and war emergency special salary adjustments. Financial statistics for agencies for the adult blind are furnished under a separate title in this report; and financial statistics for the mental hospitals and the institutions for the mentally defective are reported at length in the appendix. It will be noted that total actual expenditures for all agencies under the jurisdiction of the department for the fiscal year amounted to \$11,959,879 for support and \$496,880 for construction and improvement.

The duties of the Accounting Section include not only the budgetary and accounting work outlined above but also such related activities as the supervision of the manufacturing revolving fund for the three agencies for the adult blind, the maintenance of patients' board charge accounts, and the settlement of sheriffs' claims in connection with the transportation of patients to state mental institutions.

Food Program. The food program, under the direction of the food administrator, has for its main purpose the maintenance of a properly balanced diet, nutritionally adequate for the needs of the individual patient. The basic diet meets the standards set up by the Food and Nutrition Board of the National Research Council, providing 70 grams of protein and 2,800 calories daily, while working patients and patients with a physical illness receive additional food as their cases require. Meals are prepared in the central kitchen at each institution under the direction of a supervising cook, who is also charged with ordering raw food from the storerooms and local production units in terms of the rations set up by the food control plan. The prepared food is delivered by motorized truck to the various wards and cottages, where the ward attendants serve the patients by tray or table service, or in cafeteria style.

Of the food consumed at the institutions, a considerable proportion (including dairy products, eggs, pork, and fresh or canned fruits and vegetables) is locally produced by trained state employees assisted by working patients. The food administrator supplements local production by placing quarterly estimates for raw food requirements with the State

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Bureau of Purchases, facilitating the proper budgeting of food funds and the inter-institutional distribution of food in terms of accepted dietetic standards by means of this controlled ordering. More detailed statistical data respecting financial expenditures and the number of meals served during the year are set forth in Table 95 of the appendix. It will be noted that the average cost per meal, excluding feeding salaries and utilities but including the estimated value of local production, was \$0.1126 for the last fiscal year, as compared with \$0.1084 for 1943-44.

Guardianships. Under the provisions of the Welfare and Institutions Code, the department may act as the guardian of the estate of any patient when there are assets that warrant guardianship and when the patient does not have a friend or relative available for this purpose. The secretary of the department undertakes the guardianship function in these cases, his duties being similar to those of any private guardian, with all proceedings subject to and under the control of the superior court of the county in which the estate is pending. In this capacity the secretary and his assistants obtain the requisite information and take all necessary steps to protect the patient's interests and conserve his assets, in order that funds may be available for his use while in the hospital and after his release. In so doing, the State not only protects the patient financially, but also lessens the strain of readjustment for a released patient by having thus kept his financial affairs in good order. This function has likewise been instrumental in many instances in obtaining reimbursement to the State for hospital care.

TABLE II
DEPARTMENTAL GUARDIANSHIP ACTIVITIES
JULY 1, 1942-JUNE 30, 1945

Item	Year ending June 30		
	1943	1944	1945
Cases administered during year.....	421	514	472
Active cases at end of year.....	392	409	422
Total cash receipts during year.....	\$142,053	\$242,279	\$228,536
Total cash disbursements during year.....	84,506	162,350	218,854
Assets on hand, end of year.....	182,802	276,634	330,236
Disbursements for boarding home charges.....	\$19,447	\$19,475	\$16,912
Number of paying patients under departmental guardianship.....	70	56	43
Disbursements to state hospitals and to counties for board charges of inpatients.....	\$18,333	\$37,779	\$52,263
Number of paying cases under departmental guardianship.....	72	118	164

During 1944-45, 472 guardianship cases were administered by the department. There were 63 new cases undertaken during the year and 50 cases closed, leaving 422 active guardianship cases at the end of the year. Assets on hand in the guardianship accounts totaled \$330,236 at the end of the year, of which \$135,000 were in Series E war bonds. Total assets have shown an increase of 19 percent. During the current fiscal year, the departmental guardian also disbursed \$52,263 in payment to the hospitals and the various counties for patients' board charges,

an increase of 38 percent over the preceding year, while \$9,156 was turned over to the state hospitals for the personal use of patients upon termination of guardianship.

Personnel. On June 30, 1945, there were 4,288 established positions approved in the budget of the department and its agencies, of which 574 or 13 percent were unfilled because of the general shortage of manpower throughout the State. The situation shows some improvement over the personnel picture for the previous year, when 16 percent of the total number of budgeted positions were unfilled, but is still serious, since a large number of the vacancies occur in the hospital attendant classification. In order to help correct this acute condition, which directly affects the care and treatment of patients, authorization had been granted for a 72-hour week with pay for 196 hospital attendants as of June 30, 1945, a slight increase over the number of overtime authorizations in force one year previous.

Since pay scales for state employees are relatively difficult to adjust, the various institutions have not been able to compete successfully with private industry, particularly in the professional and the maintenance classifications. The institutions have been authorized to pay the maximum of the state salary scale in many classifications, but in some instances this maximum is still less than the prevailing rate. The housing shortage and the arduous nature of the work under current conditions have also discouraged applications. As a result many positions have remained vacant for long periods, making the operation of the institutions considerably more difficult. In fact, the institutions have frequently found it necessary to recruit their personnel directly because the number of applicants for civil service examinations was insufficient for the needs of the State.

Statistics. Alphabetical files of approximately 200,000 past and current admissions to state mental institutions are maintained in the Statistical Section, for reference in connection with queries submitted by other sections in the department and by persons outside the department with an official interest. All current records for patients in the mental hospitals and in the Langley Porter Clinic are maintained on punched cards, which include considerable socio-economic and medical information respecting each patient. The files for patients in the two institutions for the mentally defective, however, have not yet been converted to the punched-card system, and the information available in Sacramento on each patient is less detailed.

On the basis of the reports for individual patients, the Statistical Section compiles the several population-movement tables supplementing the department's monthly report. The section is also charged with the preparation of the annual statistical report of the department, and with the preparation and submittal of the annual report to the U. S. Bureau of the Census. At the request of departmental and other state officers, research workers, welfare and medical groups, and others with an official interest in the field of mental hygiene or in the operation of the department, the section carries out special analyses regarding the current distribution of various salient characteristics of the patient population, together with estimates of future changes.

This office also performs a small number of routine administrative duties related to its major activities, such as verifying and processing documents relating to the transfer, discharge, and recovery of patients, and handling correspondence regarding the identification or the present status of patients in the various state mental institutions.

Veterinary Service. The departmental veterinarian is charged with keeping all institution livestock in as healthy and profitable a condition as possible. This official, assisted by hospital personnel, maintains an active testing and vaccination program for livestock diseases and treats for these diseases when they are encountered. Livestock injuries, digestive troubles, and breeding and parturition difficulties are also cared for.

Other functions of the veterinarian include the sanitary inspection of all livestock enclosures, the examination and inspection of all livestock purchased or sold, the supervision of breeds and breeding, and the general management of livestock operations in all institutions, instruction and advice being furnished when necessary to the institution dairymen, hog ranch operators, and other livestock employees. The veterinarian also represents the department at meetings and conventions connected with the livestock industry.

TABLE III
LIVESTOCK OF DEPARTMENT OF INSTITUTIONS
JUNE 30, 1945

Type	Number	Valuation
Cattle, dairy.....	2,241	\$255,720 00
Swine.....	4,561	53,713 45
Horses and mules.....	166	26,570 33
Poultry.....	47,399	34,242 20
Sheep.....	15	70 50
Total.....		\$374,316 48

The total valuation of all livestock at the institutions, \$374,000, is approximately the same as for last year. Of this total, 68 percent is represented by the value of dairy cattle. It should be noted that since the over-all amount is determined by a fixed inventory valuation for each type of animal, the actual market value is considerably higher, and estimated to be in excess of \$500,000. Constant effort is being made to improve all livestock by the purchase and transfer of breeding stock; and the department hopes to convert to 100 percent purebred animals within the next few years.

ALL INSTITUTIONS

POPULATION, CAPACITY, AND EXCESS POPULATION

During the fiscal year ending June 30, 1945, the resident population of the various institutions under the jurisdiction of the department has increased by 1,057 patients, or 3.5 percent of the population at the beginning of the year, and now totals 30,951 patients. The greater part of this increase occurred in the population of the seven mental hospitals, where 907 were added to the inpatient total. The percentage excess over normal capacity has increased from 16.1 percent in 1943 to 21.1 percent in 1944, and 22.7 percent in 1945. This latter figure would be much higher, except for the fact that the normal or standard capacity of the hospitals was augmented by 2.3 percent during 1944-45 through the conversion of various facilities to temporary ward use. At the end of the fiscal year female patients were 27.7 percent overcrowded as compared with 18.4 percent for male patients. Among the separate hospitals, Agnews shows the highest percentage of overcrowding, both for male patients (31.9 percent) and female patients (47.7 percent).

TABLE 1
POPULATION, NORMAL CAPACITY, AND EXCESS POPULATION, ALL INSTITUTIONS
JUNE 30, 1945

Institution	Resident population			Normal capacity			Excess population			Overcrowding in per cent of capacity		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All institutions	30,951	15,393	15,558	25,281	13,048	12,233						
Mental hospitals	25,810	12,813	13,197	21,031	10,657	10,374	4,779	1,956	2,823	22.7	18.4	27.2
Agnews	3,818	1,592	2,226	2,714	1,307	1,507	1,104	385	719	40.7	31.9	47.7
Camarillo	4,274	1,852	2,422	3,986	1,847	2,139	288	5	283	7.2	0.3	13.2
Mendocino	2,891	1,791	1,100	2,397	1,426	971	494	365	129	20.6	26.6	13.3
Napa	3,965	1,857	2,108	3,042	1,425	1,617	923	432	491	30.3	30.3	30.4
Norwalk	2,454	1,040	1,414	1,885	840	1,045	569	200	369	30.2	23.8	35.3
Patton	4,055	1,898	2,157	3,428	1,691	1,737	627	207	420	18.3	12.2	24.2
Stockton	4,353	2,583	1,770	3,579	2,221	1,358	774	362	412	21.6	16.3	30.3
Mental defectives	4,999	2,899	2,300	4,038	2,275	1,763	961	424	537	23.8	18.6	30.5
Pacific Colony	1,591	879	712	1,533	872	661	58	7	51	3.8	0.8	7.7
Sonoma	3,408	1,820	1,588	2,505	1,403	1,102	903	417	486	36.0	29.7	44.1
Other	142	81	61	212	116	96						
Adult Blind	106	62	44	115	68	47						
Langley Porter Clinic	36	19	17	97	48	49						

CHART II

POPULATION AND CAPACITY CALIFORNIA INSTITUTIONS

JUNE 30, 1944 VS JUNE 30, 1945

PATIENTS

5000

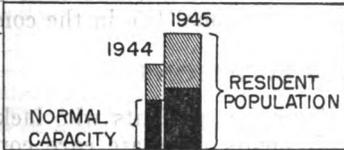
4000

3000

2000

1000

0



AGNEWS CAMARILLO MENDOCINO NAPA NORWALK PATTON STOCKTON PACIFIC COLONY SONOMA

* EXCESS CAPACITY OF 12 BEDS

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In the two institutions for the mentally deficient, the resident population has increased by 154 patients or 3.2 percent, while normal capacity has remained unchanged. Overcrowding in these institutions has now risen to 23.8 percent, as compared with 20.0 percent last year, and 9.2 percent two years ago.

Needless to say, overcrowding and the shortage of personnel make effective treatment very difficult to carry out at present and thus tend to increase the duration and cost of hospitalization. As the department's postwar building program is put into effect and as the hospital staffs are brought up to normal strength, it will become possible to offer adequate care under more favorable conditions, and thus return patients more quickly to their families and normal life in the community.

DEPORTATIONS

The active program of deporting patients who lack the necessary citizenship or residence requirements for state care continues to save the State considerable expense. Although there were only five federal deportations this last year, deportations at state expense numbered 529, with the total of 534 greater than for any previous year. Since 1905, 11,693 persons have been deported, of which 2,264 or 19 percent were aliens. In 1945, as in previous years, the greatest number (139, or 26 percent of the total) were deported from Patton.

During 1944-45 the department has authorized the reciprocal return of 132 legal residents from other states. Many of these patients did not actually enter a state mental institution upon their return to California but were cared for by their families or in private institutions.

TABLE 2
DEPORTATIONS FROM STATE MENTAL INSTITUTIONS
YEARS ENDING JUNE 30, 1941-1945

Institution	Year ending June 30				
	1941	1942	1943	1944	1945
All institutions.....	233	352	230	357	534
Mental hospitals.....	229	346	228	346	511
Agnews.....	14	12	13	22	28
Camarillo.....	27	73	33	40	78
Mendocino.....	26	23	22	19	72
Napa.....	15	33	31	63	69
Norwalk.....	29	34	21	44	36
Patton.....	73	103	71	105	139
Stockton.....	45	68	37	53	84
Mental defectives.....	4	6	2	11	23
Pacific Colony.....	3		1	2	4
Sonoma State Home.....	1	6	1	9	19

TABLE 3
ESTIMATED SAVINGS EFFECTED BY DEPORTATION OF ALIENS AND NON-RESIDENTS
FROM STATE MENTAL INSTITUTIONS
JULY 1, 1905 TO JUNE 30, 1945

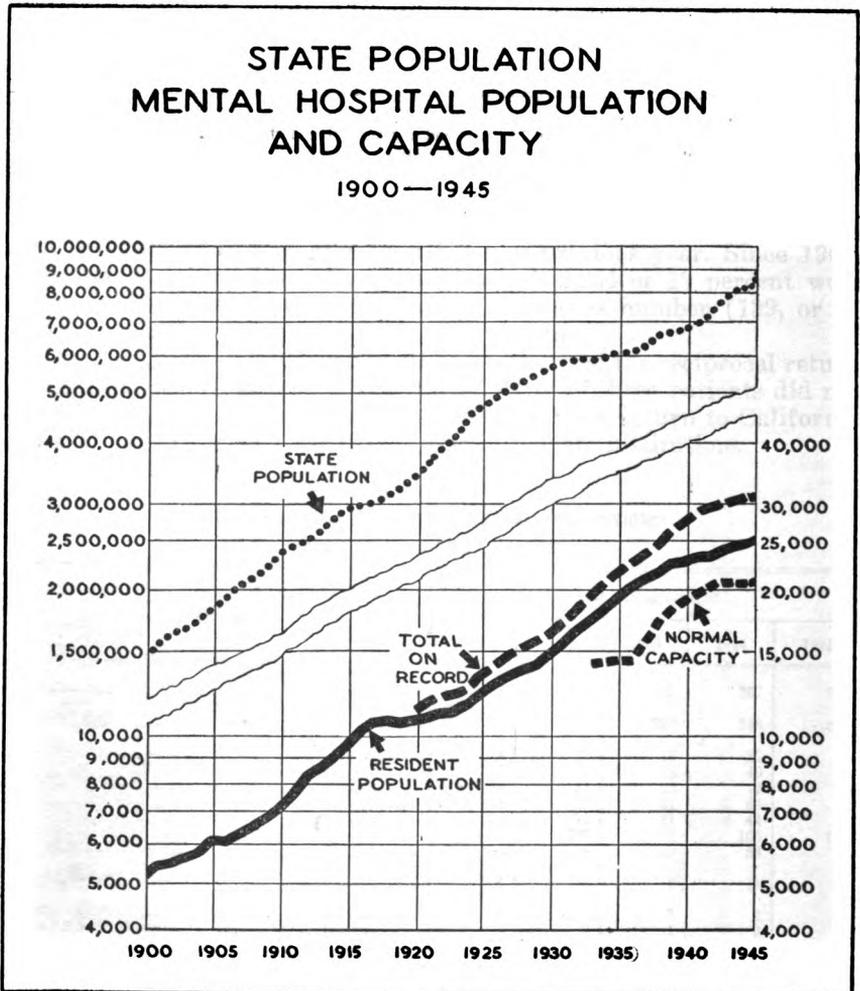
	July 1, 1944, to June 30, 1945	Total,* July 1, 1905, June 30, 1945
Aliens deported and non-residents returned.....	534†	11,693
Per capita cost of maintenance.....	\$360 21	
Savings based on cost of maintenance.....	192,352 14	\$4,675,980 52
Per capita cost for construction, furnishings, etc.....	1,300 00	
Savings based on cost of construction, etc.....	694,200 00	11,271,150 00
Total savings based on cost of maintenance, construction, etc.....	\$886,552 14	15,947,130 52
Expense of deportation.....	64,279 04	1,083,438 94
Net savings to State.....	822,273 10	14,863,691 58

* Includes deportations from correctional schools to Aug. 3, 1943.

† Comprises 529 deports from mental hospitals and 5 deports from institutions for mental defectives (for which per capita costs are similar to those for mental hospitals).

MENTAL HOSPITALS

CHART III



SOURCE: California population estimates are taken from The Tax Digest, Vol. 19, No. 1, Sec. 2, p. 19 (January, 1941), and Vol. 24, No. 10, p. 331 (October, 1946).

TRENDS IN POPULATION

The resident patient population of California state mental hospitals has shown an absolute increase of 907 patients, or 3.64 percent, over the previous year, the greatest percentage increase since 1935. However, the population of the State as a whole has increased at an even faster rate, with the result that the ratio of hospitalized patients has continued to decline from a maximum of 335 per 100,000 general population in 1939 to the present ratio of 289 per 100,000. Improved methods of care and treatment have contributed to this reduction, and other causes probably lie in the State's wartime prosperity. For the period 1900-1945, the average (weighted mean) ratio is 308 patients per 100,000 general population.

CHART IV

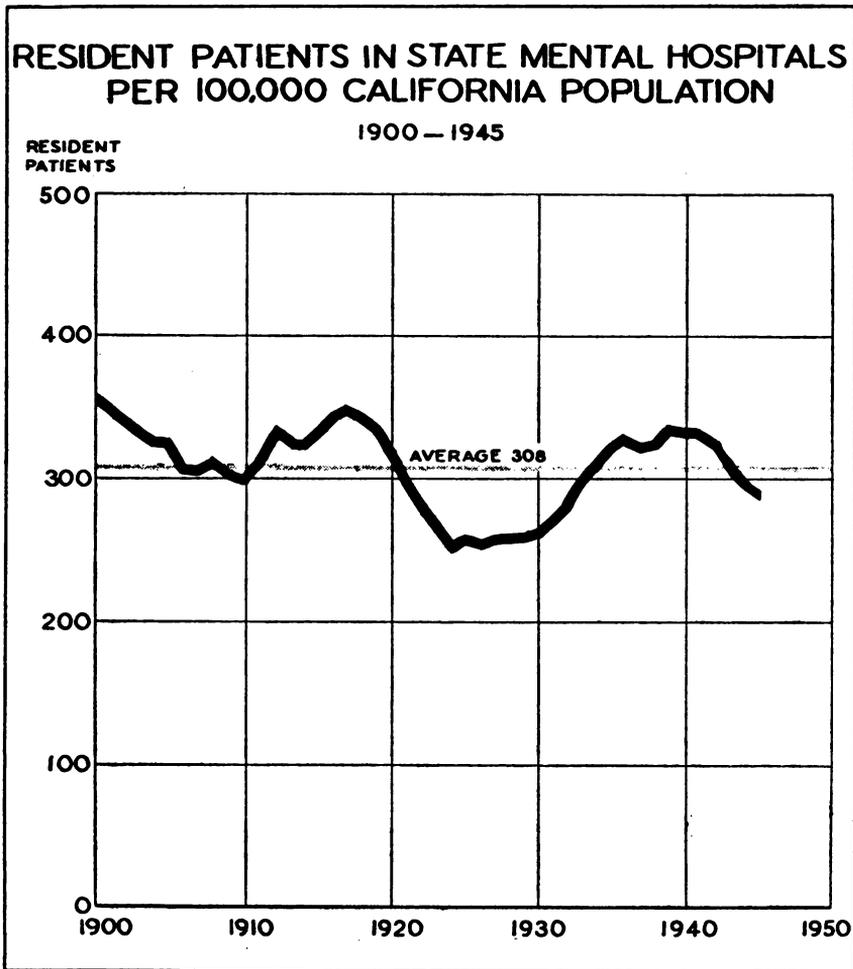


TABLE 4
RESIDENT POPULATION OF STATE MENTAL HOSPITALS
JUNE 30, 1851-1945

June 30	All mental hospitals	Agnews	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton
1851	6							6
1852	62							62
1853	102							102
1854	135							135
1855	162							162
1856	172							172
1857	188							188
1858	273							273
1859	370							370
1860	417							417
1861	416							416
1862	499							499
1863	583							583
1864	581							581
1865	632							632
1866	693							693
1867	769							769
1868	853							853
1869	920							920
1870	1,047							1,047
1871	1,090							1,090
1872	1,123							1,123
1873	1,156							1,156
1874	1,224							1,224
1875	1,302							1,302
1876	1,412				208			1,204
1877	1,590				395			1,196
1878	1,730				528			1,202
1879	1,841				714			1,127
1880	1,955				839			1,116
1881	2,123				1,021			1,102
1882	2,267				1,172			1,095
1883	2,403				1,219			1,184
1884	2,534				1,319			1,215
1885	2,788				1,409			1,379
1886	2,922				1,436			1,486
1887	3,007				1,454			1,553
1888	3,115				1,469			1,646
1889	3,294	365			1,349			1,580
1890	3,459	527			1,344			1,588
1891	3,630	651			1,406			1,573
1892	3,821	801			1,414			1,606
1893	4,004	902			1,445			1,657
1894	4,180	886		215	1,335		221	1,523
1895	4,407	905		296	1,353		360	1,493
1896	4,618	933		355	1,404		454	1,472
1897	4,802	900		410	1,434		537	1,521
1898	5,000	926		477	1,466		575	1,556
1899	5,253	1,013		518	1,522		622	1,578
1900	5,276	1,004		556	1,507		616	1,593
1901	5,420	1,009		611	1,514		663	1,623
1902	5,503	1,025		611	1,526		733	1,608
1903	5,611	1,047		620	1,506		794	1,644
1904	5,745	1,058		629	1,506		880	1,672
1905	6,056	1,101		689	1,533		951	1,782
1906	6,002	856		712	1,593		945	1,896
1907	6,223	785		768	1,689		1,052	1,929
1908	6,558	769		846	1,838		1,114	1,991
1909	6,787	758		885	1,903		1,247	1,994
1910	7,137	760		927	1,974		1,396	2,080
1911	7,600	846		978	2,063		1,507	2,216
1912	8,484	1,007		1,098	2,203		1,849	2,337
1913	8,600	1,144		1,090	2,090		1,929	2,377
1914	9,048	1,382		1,072	2,262		2,063	2,249

TABLE 4—Continued
RESIDENT POPULATION OF STATE MENTAL HOSPITALS
JUNE 30, 1851-1945

June 30	All mental hospitals	Agnews	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton
1915	9,797	1,576		1,134	2,377		2,366	2,344
1916	10,318	1,662		1,200	2,493	104	2,416	2,443
1917	10,613	1,696		1,167	2,503	255	2,391	2,601
1918	10,880	1,727		1,141	2,702	265	2,412	2,633
1919	10,771	1,734		1,175	2,599	614	2,128	2,521
1920	10,887	1,695		1,304	2,619	577	2,195	2,497
1921	10,983	1,722		1,264	2,526	584	2,374	2,513
1922	11,291	1,777		1,233	2,555	640	2,490	2,596
1923	11,238	1,780		1,066	2,554	680	2,545	2,673
1924	11,637	1,808		1,085	2,667	971	2,299	2,807
1925	12,281	1,840		1,102	2,734	1,151	2,459	2,995
1926	12,712	1,846		1,126	2,845	1,246	2,632	3,017
1927	13,299	1,905		1,173	2,888	1,511	2,727	3,095
1928	13,797	1,988		1,296	2,874	1,639	2,850	3,150
1929	14,176	2,062		1,462	2,781	1,773	2,972	3,126
1930	14,906	2,057		1,550	2,874	1,975	3,226	3,224
1931	15,799	2,178		1,855	2,988	2,112	3,361	3,325
1932	16,754	2,362		1,941	3,130	2,258	3,600	3,463
1933	17,693	2,798		2,407	3,122	2,262	3,634	3,470
1934	18,546	3,061		2,664	3,281	2,276	3,768	3,496
1935	19,437*	3,241		2,669	3,361	2,483	3,959	3,624
1936	20,105*	3,373		2,750	3,456	2,559	4,084	3,782
1937	20,737	3,396	1,082	2,759	2,465	2,382	3,853	3,800
1938	21,884	3,499	2,008	2,786	3,605	2,435	3,572	3,979
1939	22,608	3,526	2,353	2,790	3,639	2,327	3,843	4,130
1940	22,953	3,552	2,508	2,712	3,574	2,305	3,913	4,389
1941	23,345	3,488	2,778	2,722	3,465	2,344	3,988	4,560
1942	23,617	3,458	3,627	2,643	3,753	2,108	3,613	4,415
1943	24,240	3,552	3,829	2,908	3,826	2,257	3,667	4,201
1944	24,903	3,627	4,015	2,891	3,890	2,407	3,800	4,273
1945	25,810	3,818	4,274	2,891	3,965	2,454	4,055	4,353

* Includes 100 patients in 1935 and 101 in 1936 on parole from other mental hospitals to Camarillo during its construction.

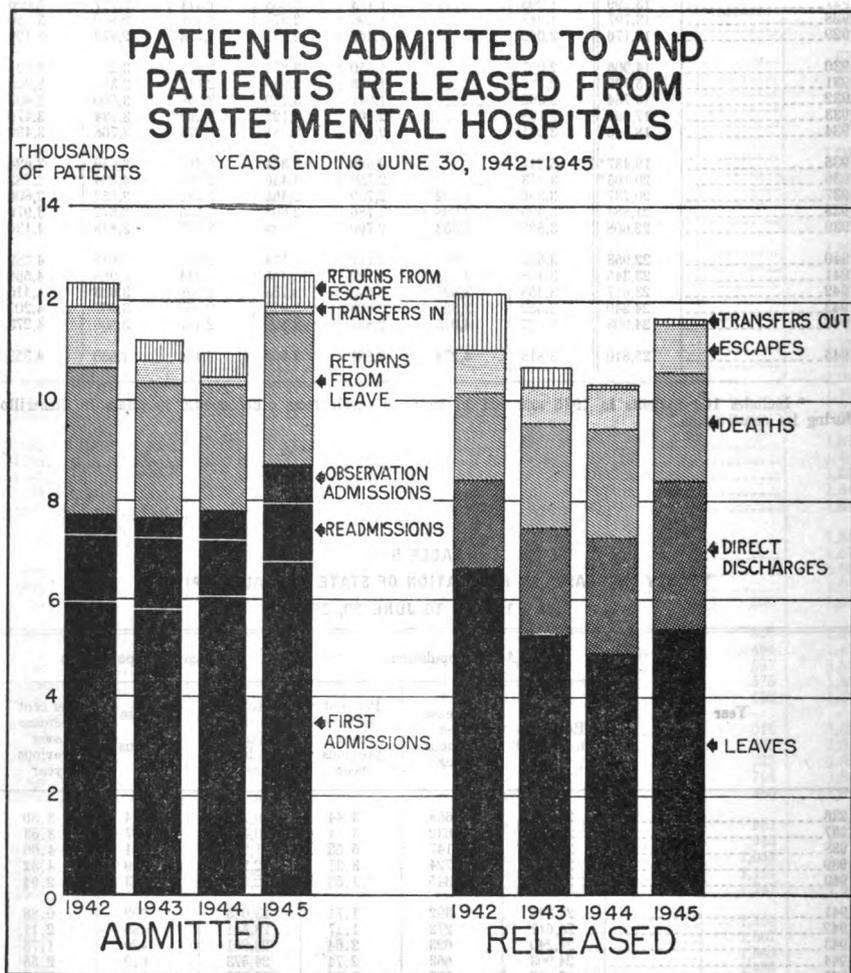
TABLE 5
YEARLY INCREASES IN POPULATION OF STATE MENTAL HOSPITALS
JULY 1, 1935 TO JUNE 30, 1945

Year	Actual population			Average daily population		
	Resident on June 30	Increase over previous year	Per cent increase over previous year	Resident during year ending June 30	Increase over previous year	Per cent increase over previous year
1936	20,105	668	3.44	19,753	724	3.80
1937	20,737	632	3.14	20,450	697	3.53
1938	21,884	1,147	5.53	21,281	831	4.06
1939	22,608	724	3.31	22,200	919	4.32
1940	22,953	345	1.53	22,853	653	2.94
1941	23,345	392	1.71	23,055	202	0.88
1942	23,617	272	1.17	23,541	486	2.11
1943	24,240	623	2.64	23,961	420	1.78
1944	24,903	663	2.74	24,573	612	2.55
1945	25,810	907	3.64	25,385	812	3.30

MOVEMENT OF POPULATION

On June 30, 1945, a total of 30,949 patients were being carried on the active records of the seven state mental hospitals. House patients constituted 83 percent of this total, the remainder representing patients on leave of absence or escape. During this last fiscal year, 8,853 patients were added to the records (as compared with 7,957 for 1943-44), of which 6,723 or 76 percent were first admissions, approximately the same percentage as in 1943-44. Additions to the records equal 28.6 percent of the total number on record on June 30, 1945. For the individual hospitals this ratio was highest for Camarillo, where additions equalled 34.8 percent of the total on record at the end of the fiscal year.

CHART V



The ratio of female patients to total patients continues to increase at the rate of about one percent per year, rising from 48.3 percent to 51.1 percent in the last three years. Although 379 more males than females were added to the records, 1,108 more males than females were removed from the records, repeating the situation which obtained in 1943-44.

First admissions numbered 6,723, or 641 more than last year, this increase being made up of 478 female patients and only 163 male patients. As in 1943-44, Camarillo had the greatest number of first admissions, which during the current year constituted 1,503 or 22 percent of the total.

During 1944-45, 5,397 leaves of absence (including brief visits of three days or less) were granted to patients, representing an increase of 6 per cent over the previous year. Of the total number, Agnews granted 21 percent and Camarillo 26 per cent, with the remaining 53 per cent distributed among the other five mental hospitals.

Discharges direct from hospital were 23 percent greater than last year's figure. Discharges from leave of absence or escape showed an increase of 18 percent over last year, while deaths of patients in the institutions increased 6 percent. As might be expected, the greater proportion of deaths occurred in those institutions which have been in operation over a period of several decades and have a larger proportion of aged patients.

Stockton remains the largest state hospital, with 4,353 or 16.9 percent of the total number of inpatients on June 30, 1945. Camarillo is second with 4,263 or 16.5 percent of the total, while Norwalk has the smallest patient population, 9.5 percent of the total.

Movement of Mentally Ill Patients. During the fiscal year 1944-45, the resident population of patients committed as mentally ill increased by 733 patients, or 3.0 percent of the total number in the institutions at the start of the year. Of this increase of 733, 86.9 percent were female patients. This sex group made up 51.3 percent of first admissions and 52.7 percent of readmissions, but constituted only 27.5 percent of the total number of direct discharges and 46.5 percent of the deaths, thus resulting in a relative increase in the female population. Female patients also outnumbered males with respect to net separations, but not sufficiently so to offset this increase. During the year the female inpatient population increased from 50.3 to 51.6 percent.

First admissions of the mentally ill in 1944-45 increased by 8.1 percent over the previous year. Leaves of absence granted increased by 10.2 percent, while discharges of patients on leave decreased by 11.3 percent. However, returns from leave showed an increase of 24.4 percent, resulting in a decrease of 4.1 percent in the number on leave. There was a considerable percentage increase, 55.6 percent, in the number of direct discharges, but relatively little change in the number of deaths as compared with the number for 1943-44.

Mentally ill patients constituted 95.3 percent of the total resident patient population on June 30, 1945, but only 89.4 percent of the total number of patients on leave of absence as of that date. At the end of the 1944-45 fiscal year, 14 out of every 100 mentally-ill patients on our active records were on leave of absence, the ratio for other types of commitments being much higher.

TABLE 6. MOVEMENT OF PATIENTS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1945

Status	All mental hospitals						Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Total	Male		Female		Total	Male		Female		Total	Male		Female		Total	Male		Female	
		Male	Female	Male	Female		Male	Female	Male	Female		Male	Female	Male	Female		Male	Female	Male	Female
On records June 30, 1944.....	80,284	15,149	15,149	2,087	2,604	2,272	1,956	1,195	2,423	2,138	1,232	1,631	2,349	2,333	1,947	2,440	2,333	2,349	2,333	2,349
In institution.....	24,903	12,459	12,459	1,555	2,072	1,509	1,774	1,117	2,423	1,815	1,053	1,354	1,853	1,853	1,354	1,853	1,853	1,853	1,853	1,853
On parole.....	4,787	2,642	2,642	407	522	402	496	145	246	246	136	277	399	399	277	399	399	399	399	399
On escape.....	594	546	48	125	10	61	20	37	77	77	43	43	81	81	43	81	81	81	81	81
Entered institution.....	12,536	6,347	6,189	963	1,326	1,505	1,380	476	141	951	929	360	531	1,009	1,011	1,083	1,083	1,083	1,083	871
Total added to records.....	8,853*	4,616*	4,237	674	796	935	914	429	120	659*	560	270	409	791	790	858	858	858	858	648
Observation.....	602	390	302	102	124	42	29	7	1	76	55	22	33	63	63	63	63	63	63	63
First admissions.....	6,723	3,487	3,236	491	561	753	296	87	486	420	223	320	663	644	644	663	663	663	663	446
Readmissions.....	1,287	648	639	72	102	123	115	103	28	80	75	47	89	112	126	111	111	111	111	104
Transfers in.....	150	90	60	9	9	20	17	23	4	16	10	16	16	16	16	16	16	16	16	6
Total returns from temporary separations.....	3,684	1,732	1,952	289	530	570	466	47	21	293	369	90	122	218	221	221	218	218	218	223
Return from parole.....	3,069	1,226	1,843	266	525	402	417	35	21	193	329	58	121	150	150	150	150	150	150	215
Return from escape.....	615	506	109	23	5	168	49	12	-----	100	40	32	1	68	6	68	68	68	68	103
Separated from institution.....	11,629	6,178	5,451	926	1,172	1,462	1,164	459	158	909	896	373	471	964	801	964	964	964	964	789
Residents removed from records.....	5,253	3,157	2,096	475	409	529	370	335	93	436	319	196	194	493	336	493	493	493	493	375
Death.....	2,190	1,172	1,018	218	195	109	116	89	45	186	185	104	147	218	188	218	218	218	218	248
Discharges, direct.....	2,981	1,941	1,040	250	213	413	246	239	38	243	129	92	47	265	138	265	265	265	265	229
Transfers, direct.....	82	44	38	7	1	7	8	7	10	7	5	5	5	10	10	10	10	10	10	4
Temporary separations from institution.....	6,376	3,021	3,355	451	763	933	794	124	65	473	577	177	277	471	465	471	471	471	471	414
Parole.....	5,397	2,199	3,198	395	756	700	725	85	65	310	521	126	276	347	310	347	347	347	347	449
Escape.....	979	822	157	56	7	233	69	39	-----	163	56	51	1	124	16	124	124	124	124	8
Removed from records.....	8,188	4,643	3,540	584	557	844	685	429	131	695	588	314	393	759	525	759	759	759	759	661
Removed from records while absent.....	2,935	1,491	1,444	109	148	315	315	94	38	259	269	118	199	266	189	266	266	266	266	286
Paroles discharged.....	2,524	1,144	1,380	88	144	249	290	78	38	176	250	84	196	236	181	236	236	236	236	281
Escapes discharged.....	355	317	38	20	2	53	16	15	-----	78	15	32	24	4	4	4	4	4	4	95
Paroles transferred.....	38	18	20	1	1	8	6	6	1	3	3	3	3	3	3	3	3	3	3	1
Escapes transferred.....	18	12	6	-----	-----	5	3	-----	-----	2	1	1	-----	-----	-----	-----	-----	-----	-----	1
On records June 30, 1944.....	30,284	15,135	15,149	2,087	2,604	2,272	1,956	1,195	2,423	2,138	1,232	1,631	2,349	2,333	1,947	2,349	2,333	2,349	2,333	2,349
Total added to records.....	8,853	4,616	4,237	674	796	935	914	429	120	659	560	270	409	791	790	858	858	858	858	648
Total removed from records.....	8,188	4,643	3,540	584	557	844	685	429	131	695	588	314	393	759	525	759	759	759	759	611
On records June 30, 1945.....	30,949	15,103	15,846	2,177	2,843	2,363	2,951	1,956	1,184	2,102	2,395	1,188	1,647	2,395	2,614	2,395	2,614	2,395	2,614	2,212
In institution.....	25,810	12,613	13,197	1,592	2,226	1,852	2,422	1,791	1,100	1,857	2,108	1,040	1,414	1,898	2,157	1,898	2,157	1,898	2,157	1,770
On parole.....	4,553	1,956	2,597	447	608	443	608	116	84	184	278	119	233	357	448	357	448	448	448	488
On escape.....	586*	534*	52	138	9	68	21	49	-----	61*	9	29	-----	110	-----	110	110	110	79	4

Year	Total	Male	Female	Parole	Escape	Transfers	Deaths	Discharges	Escapes	Paroles	Transfers	Deaths	Discharges	Escapes	Paroles	Transfers	Deaths	Discharges	Escapes	Paroles
1944	80,284	40,142	40,142	2,087	2,604	2,272	1,956	1,195	2,423	2,138	1,232	1,631	2,349	2,333	1,947	2,349	2,333	2,349	2,333	2,349
1945	30,949	15,474	15,474	2,177	2,843	2,363	2,951	1,956	1,184	2,102	2,395	1,188	1,647	2,395	2,614	2,395	2,614	2,395	2,614	2,212

TABLE 6a. MOVEMENT OF MENTALLY ILL PATIENTS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1945

Status	All mental hospitals		Agnew		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton		
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
On records June 30, 1944.....	28,631	14,159	14,472	1,929	2,450	2,090	2,565†	1,766	1,144	2,034	2,337	1,222	1,632	2,197	2,974	3,001	2,079
In institution.....	26,555	11,852	12,003	1,434	1,956	1,686	2,119†	1,665	1,089	1,753	2,010	1,044	1,246	1,597	2,507	2,508	1,577
On parole.....	4,244	1,816	2,428	377	486	282	429	78	35	222	310	136	277	388	374	378	497
On escape.....	552	491	41	118	8	42	17	28	8	69	42	42	72	72	5	120	5
Entered institution.....	9,580	4,578	5,002	611	985	956	1,072	329	84	729	737	341	521	837	931	775	672
Total added to records.....	6,363*	3,103*	3,265	378	536	496	654	294	70	479*	417	253	399	642	722	561	467
First admissions.....	5,301	2,581	2,720	334	460	406	556	207	52	410	349	211	318	545	600	468	385
Readmissions.....	920	435	485	35	67	71	81	64	14	53	58	42	81	83	107	87	77
Transfers in.....	146	86	60	9	9	19	17	23	4	15	10	-----	-----	14	15	6	5
Total returns from temporary separations.....	3,213	1,476	1,737	233	449	460	418	35	14	251	320	88	122	195	209	214	205
Return from parole.....	2,701	1,050	1,651	213	444	331	378	26	14	176	294	58	121	132	176	114	197
Return from escape.....	512	426	86	20	5	129	40	9	-----	75	26	30	1	63	6	100	8
Separated from institution.....	8,847	4,518	4,329	583	849	959	880	341	109	693	718	357	457	810	726	775	590
Residents removed from records.....	3,474	2,105	1,369	246	202	239	178	277	72	309	224	182	180	418	297	434	216
Death.....	2,072	1,104	968	191	181	102	107	83	45	177	176	103	145	209	184	239	130
Discharges, direct.....	1,322	959	363	48	20	130	63	187	17	126	43	79	35	200	103	189	82
Transfers, direct.....	80	42	38	7	1	7	8	7	10	6	5	-----	-----	9	10	6	4
Temporary separations from institution.....	5,373	2,413	2,960	337	647	720	702	64	37	354	494	175	277	392	429	341	374
Parole.....	4,610	1,768	2,842	295	640	549	649	44	37	299	461	126	276	284	413	201	396
Escape.....	763	645	118	42	7	171	53	20	-----	115	33	49	1	108	16	140	8
Removed from records.....	5,836	3,227	2,609	314	322	439	431	302	81	518	451	300	379	636	469	718	476
Removed from records while absent.....	2,362	1,122	1,240	68	120	200	263	25	9	209	227	118	199	218	172	284	260
Paroles discharged.....	2,046	855	1,191	59	118	157	202	20	9	145	216	84	196	163	165	197	265
Escapes discharged.....	262	239	23	8	31	31	12	4	-----	60	7	32	-----	19	3	85	1
Paroles transferred.....	37	17	20	1	-----	8	6	1	-----	2	3	1	-----	3	3	4	4
Escapes transferred.....	17	11	6	-----	1	4	3	-----	-----	2	1	-----	-----	3	1	-----	-----
On records June 30, 1944.....	28,631	14,159	14,472	1,929	2,450	2,090	2,565	1,766	1,144	2,024	2,337	1,222	1,632	2,197	2,274	3,001	2,079
Total added to records.....	6,363*	3,103*	3,265	378	536	496	654	294	70	479*	417	253	399	642	722	561	467
Total removed from records.....	5,836	3,227	2,609	314	322	439	431	302	81	518	451	300	379	636	469	718	476
On records June 30, 1945.....	29,168	14,035	15,128	1,993	2,664	2,077	2,788	1,753	1,133	1,985	2,303	1,175	1,643	2,263	2,527	2,844	2,070
In institution.....	24,488	11,912	12,676	1,462	2,092	1,683	2,311	1,653	1,064	1,769	2,038	1,028	1,410	1,814	2,102	2,503	1,659
On parole.....	4,076	1,662	2,408	399	563	345	462	70	69	188	253	119	233	294	416	267	407
On escape.....	503	461*	44	132	9	49	15	35	-----	48*	7	28	-----	95	74	-----	4

† Corrected 1943-1944 figures.
* Adjusted by addition of one male patient on escape.

TABLE 6B. MOVEMENT OF ALCOHOLIC PATIENTS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1945

Status	All mental hospitals		Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
On records June 30, 1944.....	516	359	157	27	18	112	47	90	35	30	19	5	73	21	22	12
In institution.....	173	112	61	9	8	29	12	26	18	13	4	5	18	9	11	5
On parole.....	316	223	93	15	9	74	34	58	17	14	14	5	51	12	11	7
On escape.....	27	24	3	3	1	9	1	6	---	3	1	---	3	---	---	---
Entered institution.....	853	608	245	87	47	145	59	109	49	54	34	4	125	28	71	24
Total added to records.....	724	523	201	80	39	106	47	100	42	48	25	4	105	21	68	23
First admissions.....	577	415	162	65	32	87	42	71	30	34	19	2	87	18	59	19
Readmissions.....	144	105	39	15	7	18	5	29	12	14	6	2	16	3	9	4
Transfers in.....	3	3	---	---	---	1	---	---	---	---	---	---	2	---	---	---
Total returns from temporary separations.....	129	85	44	7	8	39	12	9	7	6	9	1	20	7	3	1
Return from parole.....	99	59	40	6	8	24	10	9	7	2	7	---	17	7	1	1
Return from escape.....	30	26	4	1	---	15	2	---	---	4	2	---	3	---	2	---
Separated from institution.....	726	513	213	72	39	131	62	72	37	55	28	8	104	25	66	24
Residents removed from records.....	222	159	63	20	13	16	8	30	10	12	5	8	40	9	29	10
Death.....	21	14	7	3	2	3	---	---	---	1	---	---	5	---	2	2
Discharges, direct.....	200	144	56	17	11	13	7	30	10	11	4	7	34	9	27	8
Transfers, direct.....	1	1	---	---	---	---	---	---	---	---	---	---	1	---	---	---
Temporary separations from institution.....	504	354	150	52	26	115	44	42	27	43	23	1	64	16	37	14
Parole.....	405	284	141	42	26	83	38	39	27	25	20	1	51	16	24	14
Escape.....	99	90	9	10	---	32	6	3	---	18	3	---	13	---	13	---
Removed from records.....	632	455	177	51	29	102	43	94	34	49	21	8	82	18	65	24
Removed from records while absent.....	410	296	114	31	16	86	35	64	24	37	16	---	42	9	36	14
Paroles discharged.....	346	237	109	22	15	69	32	56	24	24	15	---	39	9	27	14
Escapes discharged.....	62	57	5	9	---	16	3	8	---	12	1	---	3	---	9	---
Paroles transferred.....	1	1	---	---	---	---	---	---	---	1	---	---	---	---	---	---
Escapes transferred.....	1	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---
On records June 30, 1945.....	516	359	157	27	18	112	47	90	35	30	19	5	73	21	22	12
Total added to records.....	724	523	201	80	39	106	47	100	42	48	25	4	105	21	68	23
Total removed from records.....	632	455	177	51	29	102	43	94	34	49	21	8	82	18	65	24
On records June 30, 1945.....	608	427	181	56	28	116	51	96	43	29	23	9	96	24	25	11
In institution.....	300	207	93	24	16	43	19	63	30	12	10	1	40	12	16	5
On parole.....	275	190	85	29	12	64	30	32	13	12	12	---	46	12	7	6
On escape.....	33	30	3	3	---	9	2	1	---	5	1	---	10	---	2	---

MOVEMENT OF POPULATION

TABLE 66. MOVEMENT OF NARCOTIC PATIENTS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1945

Status	All mental hospitals						Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton			
	Total		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
On records June 30, 1944.....	73†	35	38†	5	3	7	9†	9	9	1	1	1	1	1	1	1	10	14	2	2	2	2
In institution.....	30†	16	14†	2	1	2	1†	6	3	1	1	3	7	3	7	2	3	7	2	1	1	1
On parole.....	29	8	21	1	1	3	7	1	6	1	1	2	4	3	6	1	3	7	2	1	1	1
On escape.....	14	11	3	2	1	1	1	2	1	2	1	2	2	1	1	1	4	4	1	1	1	1
Entered institution.....	73	48	25	6	1	13	4	8	1	4	7	2	7	2	2	13	12	12	2	2	2	2
Total added to records.....	56	36	20	3	1	8	2	6	1	4	6	1	4	6	1	12	10	10	2	2	2	2
First admissions.....	48	28	20	1	1	6	2	5	1	4	6	1	4	6	1	10	10	10	2	2	2	2
Readmissions.....	8	8	2	2	1	2	2	1	1	2	1	2	2	2	1	2	2	2	1	1	1	1
Transfers in.....																						
Total returns from temporary separations.....	17	12	5	3	2	5	2	2	2	2	2	2	1	1	1	1	1	1	2	2	2	2
Return from parole.....	8	4	4	1	1	3	2	2	2	2	2	2	1	1	1	1	1	1	2	2	2	2
Return from escape.....	9	8	1	2	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Separated from institution.....	68	43	25	7	1	10	4	11	3	2	6	2	6	2	2	9	10	10	2	2	2	2
Residents removed from records.....	15	8	7	1	1	1	1	1	2	1	4	1	4	1	1	2	1	2	1	2	2	2
Death.....	5	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Discharges, direct.....	10	4	6	1	1	1	1	2	1	3	2	1	3	1	2	1	2	1	2	2	2	2
Transfers, direct.....																						
Temporary separations from institution.....	53	35	18	7	1	9	4	10	1	1	2	1	2	1	1	7	9	9	1	1	1	1
Parole.....	34	19	15	3	1	8	3	2	1	1	2	1	2	1	1	6	6	6	1	1	1	1
Escape.....	19	16	3	4	1	1	1	8	1	1	2	1	2	1	1	1	1	1	1	1	1	1
Removed from records.....	52	25	27	4	2	6	6	5	7	1	4	1	4	1	1	6	7	7	2	2	2	2
Removed from records while absent.....	37	17	20	4	2	5	6	4	5	6	4	5	6	4	4	4	4	6	6	1	1	1
Paroles discharged.....	25	8	17	1	1	4	5	1	5	1	5	1	5	2	2	2	2	2	1	1	1	1
Escapes discharged.....	12	9	3	3	1	1	1	3	1	1	3	1	3	2	2	2	2	1	1	1	1	1
Paroles transferred.....																						
Escapes transferred.....																						
On records June 30, 1944.....	73†	35	38†	5	3	7	9†	9	9	1	1	1	1	1	1	10	14	14	2	2	2	2
Total added to records.....	56	36	20	3	1	8	2	6	1	4	6	1	4	6	1	12	10	10	2	2	2	2
Total removed from records.....	52	25	27	4	2	6	6	5	7	1	4	1	4	1	1	6	7	7	2	2	2	2
On records June 30, 1945.....	77	46	31	4	2	9	5	10	3	4	3	1	4	1	1	16	17	17	2	2	2	2
In institution.....	35	21	14	1	1	4	1	3	1	3	2	1	3	2	2	7	9	9	2	2	2	2
On parole.....	30	15	15	2	1	5	3	2	2	2	2	2	2	1	1	7	8	8	1	1	1	1
On escape.....	12	10	2	1	1	1	1	5	1	1	1	1	1	1	1	2	2	2	1	1	1	1

† Corrected 1943-1944 figures.

TABLE 64. MOVEMENT OF PATIENTS COMMITTED AS SEXUAL PSYCHOPATHS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1945

Status	All mental hospitals		Agnews		Camarillo		Mendocino		Napa		Norwalk		Fulton		Stockton		
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	On records June 30, 1944.....	155	154	1	12		36	1	73		12				6		15
In institution.....	93	93		8		11		60		8				2		4	
On parole.....	44	44		2		18		12		1				2		9	
On escape.....	18	17	1			7	1			3				2		2	
Entered institution.....	48	48		6		13		16		8				3		2	
Total added to records.....	38	38		5		8		15		6				2		2	
First admissions.....	31	31		5		8		12		4				1		1	
Readmissions.....	7	7						3		2				1		1	
Transfers in.....																	
Total returns from temporary separations.....	10	10		1		5		1		2				1			
Return from parole.....	7	7		1		5				1				1			
Return from escape.....	3	3						1		1							
Separated from institution.....	44	44		4		9		22		5				3		1	
Residents removed from records.....	14	14						14									
Death.....	2	2															
Discharges, direct.....	12	12						12									
Transfers, direct.....																	
Temporary separations from institution.....	30	30		4		9		8		5				3		1	
Parole.....	17	17		4		9				3				1			
Escape.....	13	13						8		2				2		1	
Removed from records.....	14	14						14									
Removed from records while absent.....																	
Paroles discharged.....																	
Escapes discharged.....																	
Paroles transferred.....																	
Escapes transferred.....																	
On records June 30, 1944.....	155	154	1	12		36	1	73		12				6		15	
Total added to records.....	38	38		5		8		15		6				2		2	
Total removed from records.....	14	14						14									
On records June 30, 1945.....	179	178	1	17		44	1	74		18				8		17	
In institution.....	97	97		10		15		54		11				2		5	
On parole.....	54	54		5		22		22		5				3		9	
On escape.....	28	27	1	2		7	1	8		4				3		3	

MOVEMENT OF POPULATION

TABLE 66. MOVEMENT OF VOLUNTARY (SELF-COMMITTED) PATIENTS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1945

Status	All mental hospitals										Napa		Norwalk		Patton		Stockton	
	Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton					
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
On records June 30, 1944.....	861	469	132	95	18	7	47	60	4	3	47	40	77	132				
In institution.....	705	369	106	75	17	7	37	45	4	3	42	34	65	105				
On parole.....	154	100	26	15	1	1	9	15	1	1	5	6	12	27				
On escape.....	2	2		1			1											
Entered institution.....	1,241	643	598	323	215	7	61	80		6	31	40	70	82				
Total added to records.....	974	525	449	275	182	7	45	57		6	30	37	62	65				
First admissions.....	766	432	334	243	153	4	34	46		6	20	21	48	42				
Readmissions.....	208	63	115	32	29	2	11	11		6	10	16	14	23				
Transfers in.....																		
Total returns from temporary separations.....	267	118	149	48	33		16	23			1	3	8	17				
Return from parole.....	239	98	141	34	27		11	21			1	3	7	17				
Return from escape.....	28	20	8	14	6		5	2					1					
Separated from institution.....	1,216	636	580	302	203	7	55	77	1	6	38	40	79	82				
Residents removed from records.....	867	480	378	239	161	7	40	42	1	6	33	29	66	57				
Death.....	74	38	36	4	8	2	7	4		1	2	4	7	9				
Discharges, direct.....	793	451	342	235	153	5	33	38	1	5	31	25	59	48				
Transfers, direct.....																		
Temporary separations from institution.....	349	147	202	63	42		15	35			5	11	13	25				
Parole.....	314	122	192	51	35		9	32			5	11	11	25				
Escape.....	35	25	10	17	7		6	3					2					
Removed from records.....	978	536	442	259	182	8	48	62	1	6	35	31	76	68				
Removed from records while absent.....	111	47	64	10	20	1	8	20			2	2	10	11				
Paroles discharged.....	106	43	63	6	10	1	6	19			2	2	9	11				
Escapes discharged.....	5	4	1	1			2	1					1					
Paroles transferred.....																		
Escapes transferred.....																		
On records June 30, 1944.....	861	392	469	91	95	18	47	60	4	3	47	40	77	132				
Total added to records.....	974	525	449	275	182	7	45	57		6	30	37	62	65				
Total removed from records.....	978	536	442	259	182	8	48	62	1	6	35	31	76	68				
On records June 30, 1945.....	857	381	475	107	95	17	44	55	3	3	42	46	63	129				
In institution.....	780	343	387	96	81	17	43	48	3	3	35	34	56	105				
On parole.....	123	85	88	8	13		1	7			7	12	7	24				
On escape.....	4	3	1	3	1													

TABLE 66. MOVEMENT OF PATIENTS COMMITTED FOR OBSERVATION,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1945

Status	All mental hospitals			Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
On records June 30, 1944	48	36	12	6	1	6	5	24	6	24	6	24	6	24	6	24	6
In institution	47	35	12	6	1	6	5	23	6	23	6	23	6	23	6	23	6
On escape	1	1						1		1							
Entered institution	741	422	319	102	124	55	30	7	1	95	71					163	93
Total added to records	693	391	302	102	124	42	29	7	1	77	55					163	93
Observation	692	390	302	102	124	42	29	7	1	76	55					163	93
Transfers in	1									1							
Total returns from temporary separations	48	31	17			13	1			18	16						
Returns from parole	15	8	7			5				3	7						
Returns from escape	33	23	10			8	1			15	9						
Separated from institution	728	424	304	106	119	51	25	6	1	99	67					162	92
Residents removed from records	661	382	279	106	119	34	23	6	1	74	44					162	92
Death	16	10	6	8	2			1		1	3						
Discharges, direct	644	371	273	98	117	34	23	5	1	72	41					162	91
Transfers, direct	1									1							
Temporary separations from institution	67	42	25			17	2			25	23						
Parole	17	9	8			5				4	8						
Escape	50	33	17			12	2			21	15						
Removed from records	676	391	285	106	119	38	23	6	1	79	50					162	92
Removed from records while absent	15	9	6			4				5	6						
Paroles discharged	1	1								1	1						
Escapes discharged	14	8	6			4				4	6						
On records June 30, 1944	48	36	12	6	1	6	5	24	6	24	6					163	93
Total added to records	693	391	302	102	124	42	29	7	1	77	55					163	93
Total removed from records	676	391	285	106	119	38	23	6	1	79	50					162	92
On records June 30, 1945	65	36	29	2	6	10	11	1		22	11					1	1
In institution	60	33	27	2	6	10	10	1		19	10					1	1
On parole	1	1								1	1						
On escape	4	3	1			1	1			3							

* Includes court assistance, juvenile observation, and Youth Authority referral cases.

Movement of Alcoholic Patients. The number of alcoholic patients on active record has, for the first time in four years, shown an increase, and is now 19 percent greater than the number on June 30, 1944. The ratio of male patients to the total number has likewise reversed its trend, increasing approximately 1 percent this last year. One-half of the total number of patients committed as alcoholics are being carried on the active rolls at Camarillo and Mendocino.

Unlike mentally-ill commitments, which are indeterminate, alcoholic patients are committed for a definite term not to exceed two years. A large proportion of these patients are nonpsychotic and are able to leave the institutions after a brief hospitalization and return to the community while remaining under the general supervision of the hospital authorities. At the end of the fiscal year, 45 out of every 100 alcoholic patients on the active records were on leave of absence, while discharges of patients on leave constituted 57 percent of the total number of discharges during the year.

Movement of Narcotic Patients. State law provides for the commitment of narcotic patients to the state mental institutions for a period not exceeding two years. However, after eight months have elapsed, the patient may be granted a leave of absence or may be discharged, at the discretion of the hospital authorities.

During the last year there has been a slight increase in the number of narcotic patients on the active records and the institutions. Because of the small number of patients, the change is not statistically significant. There were 56 admissions and readmissions, while 52 patients were removed from the active records, leaving 77 patients on record, of which 45 percent were resident in the institutions. Male patients constituted 60 percent of the total number on record.

Movement of Sexual Psychopaths. Patients committed as sexual psychopaths may be granted leave after 30 days' notice has been given to the committing court and no objection has been raised, but must be carried on the active records as inpatients or under extramural supervision for at least five years after admission, unless returned to court. During 1944-45 the total number of patients increased from 155 to 179 or 16 percent, 38 patients being added to the active records (as compared with 34 for the preceding year) while 14 patients were removed from the records (as compared with 16 for last year). Of the total number of patients on the rolls at the end of the year, 54 or 30 percent were on leave and 28 or 16 percent were on escape.

Movement of Voluntary Patients. During 1944-45, 974 persons entered our state mental hospitals on a voluntary basis, an increase of 6 percent over the number of first admissions and readmissions for the preceding year. This method of admission does not involve court action of any kind and in all major respects is similar to the admission procedure for any general hospital. As a result, the public has recognized it as an acceptable means of securing treatment for mental illness of recent onset and for certain special types of disorders (notably syphilis of the central nervous system) which the various state hospitals are particularly well-equipped to treat.

Voluntary patients are most often admitted for a certain specific course of treatment, such as fever therapy, and leave when treatment is completed. As a result, the period of residence is relatively short as compared to other types of admission. Of the total number of voluntary patients on the active records, approximately 53 percent are being carried on the rolls at Agnews in the north and Camarillo in the south, inasmuch as these two institutions specialize in the administration of luetic therapies. These two institutions likewise received 70 percent of the total number of voluntary admissions.

Movement of Observation Cases. While state law provides for four types of observation cases, by June 30, 1945, only three types had been admitted to state mental hospitals: (1) court assistance observation, providing for the admission of patients for a limited period of observation prior to formal commitment or other disposition of the case; (2) juvenile court observation, providing for the admission of wards of the juvenile court for a period of observation and treatment not exceeding 90 days; and (3) Youth Authority observation, which similarly provides for the admission of wards of the California Youth Authority for 90 days. The fourth type provides for a 90-day observation period for psychopathic delinquents as a preliminary requisite to indeterminate court commitment. In all four types of observation, at the end of the observation period the case is returned with the hospital's recommendations to the committing agency for further action.

During this last fiscal year the number of observation patients in the mental hospitals increased from 47 to 60, or 28 percent, while the number of admissions increased by 18 percent. There were 50 Youth Authority and 105 juvenile court observation admissions, distributed between Napa and Camarillo, and including 2 Youth Authority observation admissions to Mendocino. These two types made up 22 percent of the total number of observation admissions in 1944-45.

RESIDENT POPULATION

On June 30, 1945, the inpatient population of the seven state mental hospitals totaled 25,810, representing an increase of 907 patients or 3.6 percent over the figure for the preceding year. Among the separate institutions, Mendocino reported no change from 1944, while Patton reported an increase of 6.7 percent, the largest relative increase for any state hospital. Closely paralleling the changing sex ratio in the state population as a whole, the percentage of male patients in the seven state mental hospitals has gradually declined from 64 percent reported in 1897 to the present ratio of 49 percent.

Age Distribution of Resident Population. In spite of the absolute increase in the number of patients at each age level during the last fiscal year, the relative proportion of aged patients continues to increase. Patients under 21 years of age constituted only 1.3 percent of the total resident patient population as compared with 1.4 percent as of June 30, 1944, while patients 60 years of age and over comprised 33.4 percent of the total population as compared with 31.7 percent a year ago, and 23.9 percent in 1936. The percentage of aged patients has thus increased at an average annual rate of 1 percent of the total hospital population, with

an annual increment of 1.7 percent for the last two years. During 1944-45, the median age of male patients has increased from 50.7 to 51.2 years and the median age for female patients has increased from 53.0 to 53.3 years.

As might be expected, the number of years in which each institution has been in operation has some bearing on the present median age of the resident population. For example, Napa State Hospital, founded in 1871, reported an inpatient median age of 55.4 years, the highest of any state hospital. The median age exceeded 50 years at all other hospitals with the exception of 46.3 years at Camarillo, founded in 1929.

The median age for patients in each of the nine largest diagnostic groups was also comparatively high. The median age was 77.1 years for patients with senile psychosis, 71.1 years for the cerebral arteriosclerotic group, 57.8 years for those with involuntional psychosis, 54.3 years for the psychotic alcoholics, 53.7 years for the manic-depressive cases, and 50.0 years for patients with syphilitic meningo-encephalitis. Only three of the nine groups reported a median age of less than 50 years: 48.1 years for cases of dementia praecox, 44.8 years for cases of psychotic mental deficiency, and 44.2 years for patients with psychotic convulsive disorders.

Diagnostic Distribution of Resident Population. Patients diagnosed as cases of dementia praecox (the largest single group) made up 53.7 percent of the resident population on June 30, 1945, while cases of cerebral arteriosclerosis comprised 9.5 percent, manic-depressive 8.1 percent, and general paresis cases 6.5 percent. These four largest diagnostic groups together accounted for 77.8 percent. Including other types of mental illness, all psychotic patients constituted 97.5 percent of the total.

The ratio between male and female patients was most marked with respect to general paresis and alcoholic psychosis. In these diagnostic groups males outnumbered females by a ratio of 3 to 1. However, female patients with senile, involuntional, and manic-depressive psychoses respectively comprised 62.5 percent, 82 percent and 67 percent of the total in each diagnostic group.

The gradual increase in the number of aged patients is particularly marked in those diagnostic groups associated with the higher age levels. The proportion of patients with cerebral arteriosclerosis has increased from 7.9 percent of the total number of resident patients in 1938 to 9.5 percent at the end of the current year, and the proportion of patients with senile psychosis has similarly increased from 3.1 percent to 4.1 percent. On the other hand, paranoid patients, for example, have decreased from 1.9 percent to 1.2 percent of the total during this seven-year period.

TABLE 7
AGE OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
JUNE 30, 1945

Mental disorder	Age at last birthday, years																					
	4 and under		5-9		10-14		15-19		20		21		22-24		25-29		30-34		35-39			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
All groups.....	25,810	12,613	13,197																			
With Psychosis.....	25,170	12,139	13,031																			
Syphilitic meningo-encephalitis (general paresis).....	1,630	1,181	449																			
With other forms of syphilis of the c. n. s.....	185	116	69																			
With epidemic encephalitis.....	19	11	8																			
With other infectious diseases.....	27	18	9																			
Alcoholic.....	715	559	179																			
Due to drugs or other exogenous poisons.....	13	102	25																			
Traumatic.....	124	102	22																			
With cerebral arteriosclerosis.....	2,390	1,175	1,210																			
With other disturbances of circulation.....	69	369	371																			
With convulsive disorders (epilepsy).....	1,022	383	630																			
Senile.....	800	144	656																			
Evolutional.....	80	43	37																			
Due to other metabolic, etc., diseases.....	11	7	4																			
Due to new growth.....	175	92	83																			
With organic changes of the nervous system.....	198	30	59																			
Psychoneuroses.....	2,041	672	1,369																			
Manic-depressive.....	13,528	6,469	7,059																			
Dementia praecox (schizophrenia).....	295	102	193																			
Paranoia and paranoid conditions.....	138	92	46																			
With psychotic personality.....	982	455	497																			
With mental deficiency.....	170	111	59																			
Undiagnosed psychoses.....	640	474	166																			
Without Psychosis.....	11	6	5																			
Epilepsy.....	250	181	78																			
Alcoholism.....	88	23	13																			
Drug addiction.....	78	46	30																			
Mental deficiency.....	1	46	11																			
Disorders of personality due to epidemic encephalitis.....	57	15	4																			
Psychopathic personality.....	48	32	16																			
Other non-psychotic diseases or conditions (not insane).....	84	84	84																			
Primary behavior disorders.....	53	45	8																			
Sexual psychopathy.....																						
Syphilis of the c. n. s.....																						

TABLE 7.—Continued
AGE OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
JUNE 30, 1945

Mental disorder	Age at last birthday, years												85 and over		Unknown							
	40-44		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85 and over		Unknown	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	1,418	1,230	1,283	1,486	1,162	1,583	1,328	1,500	1,422	1,383	1,092	1,101	750	886	472	628	221	368	117	178	31	16
With Psychosis.....	1,388	1,208	1,247	1,419	1,120	1,573	1,291	1,492	1,387	1,384	1,077	1,101	740	886	467	626	218	368	116	178	31	16
Syphilitic meningo-encephalitis (gen'l paresis).....	182	69	199	66	172	73	163	148	144	43	81	21	28	8	14	3	4	1				
With other forms of syphilis of the c. n. s.....	17	14	17	3	19	9	16	12	14	6	11	3	5	3								
With epidemic encephalitis.....	3	2	3	1	2																	
With other infectious diseases.....	3	2	2	1	2																	
Alcoholic.....	57	22	74	41	68	23	93	23	96	18	54	11	30	5	8	1	3	2	1			
Due to drugs or other exogenous poisons.....	2																					
With cerebral arteriosclerosis.....	13	2																				
With other disturbances of circulation.....	2																					
With convulsive disorders (epilepsy).....	42	32	33	26	24	38	30	44	28	28	21	18	16	6	2	4						
Senile.....																						
Involuntal.....	24	3	30	21	152	38	198	39	131	27	58	11	34	1	1							
Due to other metabolic, etc., diseases.....	1	7	4	2	8	11	6	14	8	6	5	2	3	1								
Due to new growth.....	14	10	11	9	6	14	12	4	9	6	3	6	5									
With organic changes of the nervous system.....	2	5	5																			
Psychoneuroses.....	58	140	72	163	74	190	97	108	103	160	83	116	42	68	24	33	7	12				
Manic-depressive.....	889	802	731	873	604	927	639	890	610	497	474	217	320	105	164	38	67	16	23	15	7	
Dementia praecox (schizophrenia).....	3	5	6	11	12	13	22	33	14	34	14	39	15	28	10	12	2	13	4	5		
Paranoia and paranoid conditions.....	8	5	12	5	9	4	11	2	0	4	7											
With psychopathic personality.....	53	54	40	77	51	63	41	61	39	29	25	15	11	12	7	7	1	1				
With mental deficiency.....	17	9	8	7	8	8	11	2	8	5	4	2	4									
Undiagnosed psychoses.....																						
Without Psychosis.....	80	22	36	17	42	10	37	8	35	9	15	10										
Epilepsy.....	1																					
Alcoholism.....	31	12	22	9	20	9	18	6	25	5	5											
Drug addiction.....	6	3	1	1	2	1	3	1	1	2	2											
Mental deficiency.....	4																					
Disorders of personality due to epidemic encephalitis.....																						
Psychopathic personality.....	5																					
Other non-psychotic diseases or conditions (not insane).....	1	1																				
Primary behavior disorders.....																						
Sexual psychopathy.....	17	3	4		8		9		4		5		3									
Syphilis of the c. n. s.....	15		2		4		2		3	1	1											

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TABLE 8
TYPE OF COMMITMENT OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY INSTITUTION AND SEX
JUNE 30, 1945*

Type of commitment	All mental hospitals		Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton		
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	All commitments.....	25,810	12,613	13,197	1,592	2,226	1,852	2,422	1,791	1,100	1,857	2,108	1,040	1,414	1,898	2,187	2,583	1,770
Mentally ill.....	24,688	11,912	12,676	1,462	2,092	1,633	2,311	1,653	1,064	1,769	2,038	1,028	1,410	1,814	2,102	2,503	1,659
Alcoholic.....	300	207	83	24	16	43	19	30	3	12	10	9	1	40	12	16	5
Narcotic.....	85	21	14	1	1	6	1	3	1	3	2			7	9	2	
Sexual psychopaths.....	97	97		10	10	15		54	1	11				2			
Voluntary (self-committed).....	780	343	387	93	111	96	81	17	5	43	48	3	3	35	34	68	106
Observation.....	-60	33	27	2	6	10	10	1		19	10					1	

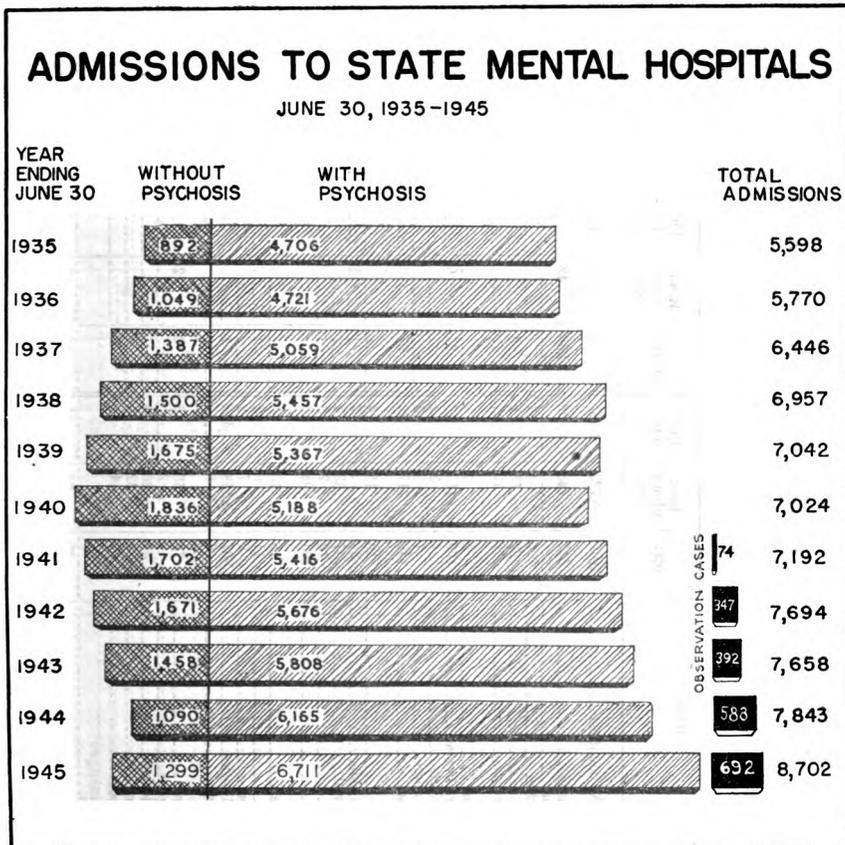
* See Table 87 for average daily resident population, July 1, 1944-June 30, 1945.

ADMISSIONS TO MENTAL HOSPITALS

During the fiscal year ending June 30, 1945, 8,702 patients were admitted to California state mental hospitals, representing an increase of 859 patients or 11 percent (a new maximum) over the number of admissions for 1944. Of the total of 8,702, 6,723 or 77 percent were first admissions (patients who had not previously received treatment in any hospital providing permanent care for the mentally ill). Readmissions numbered 1,287, or 15 percent; and the remaining 692 admissions were observation cases. Male patients comprised 51.9 percent of the total, 3 percent less than the previous year.

County of Commitment. Whereas there were 75 first admissions per 100,000 general population for the State as a whole in 1944-45, the incidence by county of residence showed considerable variation. For the eleven counties from which over 100 first admissions were made, incidence ranged from 57 to 124 per 100,000. There is no simple relationship between the magnitude of incidence and the salient characteristics of

CHART VI



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TABLE 9
COUNTY OF COMMITMENT OF FIRST ADMISSIONS AND READMISSIONS TO STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

County	All mental hospitals		Agrows		Camarillo		Mendocino		Napa		Nevada		Stockton			
	Total	First admissions	Readmissions													
																First admissions
All counties.....	8,010*	6,723	1,287	1,052	174	1,808	228	383	131	906	165	543	136	288	1,024	215
Alameda.....	517	448	68	286	42			3	4	89	11			1	69	12
Alpine.....	5	4	1	3				3	2	21	3				3	1
Amador.....	62	53	9					3							26	4
Butte.....	10	10													10	
Calaveras.....																
Colusa.....	8	7	1					7	1	7	1				14	1
Contra Costa.....	169	152	17	27	6			13	3	99	6		1			
Del Norte.....	4	3	1					3	1							
El Dorado.....	7	2	5					3		1					1	3
Fresno.....	140	117	23	31	6	4		2		1		1			78	17
Glenn.....	19	15	4							15	4					
Humboldt.....	39	32	7	1	1			31	6							
Imperial.....	37	33	4											20	4	
Inyo.....	10	7	3													
Kern.....	103	98	5					1						2		
Kings.....	25	15	10												15	4
Lake.....	11	9	2					7	1	1						1
Lassen.....	9	7	2							7	2					
Los Angeles.....	2,807	2,358	449	1		1,198	181	25	15	1	2	464	120	679	181	6
Madera.....	6	6														
Marin.....	74	68	16	2	2			3	1	52	12				1	1
Mariposa.....	2	2														
Mendocino.....	36	26	10					26	10							
Merced.....	38	32	6					1							31	6
Modoc.....	17	14	3	1				3	1	5					5	2
Mono.....																
Monterey.....	87	76	11	69	10										7	1
Napa.....	71	54	17	2				2	1	49	15				1	1
Nevada.....	16	15	1							1					14	1
Orange.....	103	83	20	1		7	2					66	14	9	3	1

Placer.....	21	18	3	1	1	1	1	1	1	1	1	11	1
Plumas.....	16	10	6	1	4	1	1	1	1	1	1	4	1
Riverdale.....	118	98	20	3	1	3	1	1	1	1	1	18	1
Sacramento.....	291	237	54	3	8	3	8	46	11	1	1	184	89
San Benito.....	13	9	4	1	4	1	1	1	1	1	1	1	1
San Bernardino.....	312	267	45	7	1	4	3	1	1	1	1	255	41
San Diego.....	310	267	43	8	3	3	2	1	1	1	1	262	37
San Francisco.....	1,120	932	188	30	182	69	69	335	51	1	1	216	48
San Joaquin.....	250	198	52	3	6	6	1	5	1	1	1	187	60
San Luis Obispo.....	47	42	5	40	4	1	1	1	1	1	1	1	1
San Mateo.....	154	136	18	15	1	1	2	4	1	1	1	1	1
Santa Barbara.....	86	77	9	76	9	1	1	1	1	1	1	1	1
Santa Clara.....	278	231	47	47	2	1	1	6	1	1	1	1	1
Santa Cruz.....	33	29	4	4	1	1	1	1	1	1	1	1	1
Shasta.....	39	34	5	1	31	4	1	1	1	1	1	1	1
Sierra.....	3	3	2	1	1	1	1	2	1	1	1	1	1
Siskiyou.....	11	9	2	1	1	1	1	6	1	1	1	2	1
Solano.....	83	71	12	8	1	1	1	68	12	1	1	1	1
Sonoma.....	65	48	17	1	12	4	4	35	3	1	1	3	1
Stanislaus.....	84	68	16	1	3	1	1	2	2	1	1	63	13
Butter.....	11	9	2	1	1	1	1	5	2	1	1	3	1
Tehama.....	6	4	1	1	1	1	1	3	1	1	1	1	1
Trinity.....	4	4	1	1	1	1	1	4	1	1	1	1	1
Tulare.....	81	70	11	12	1	5	1	1	1	1	1	2	5
Tuolumne.....	10	9	1	1	1	1	1	1	1	1	1	8	1
Ventura.....	80	54	26	1	54	23	1	23	3	1	1	2	7
Yolo.....	48	39	9	2	3	1	1	11	1	1	1	7	1
Yuba.....	15	14	1	1	1	1	1	1	1	1	1	3	1

* There were 692 observation cases, which were not considered as first admissions or readmissions and therefore were excluded from this table.

↑ 60208

each county, but it would appear that a high relative rate of first admissions is associated with the older population centers, such as San Francisco, and with those counties in which a state mental hospital is situated (such as San Bernardino and San Joaquin Counties).

Diagnosis of First Admissions. Reversing the trend of the last four years, the percentage of patients diagnosed as psychotic decreased by 0.5 percent during 1944-45, comprising 83.5 percent of the total number of first admissions. The proportion of male to female patients was approximately equal in the psychotic groups, while in the nonpsychotic category male patients comprised 69.7 percent of the total.

The diagnostic distribution has shown little change from the previous year. Of the total number of first admissions, a diagnosis of dementia praecox was made for 22 percent, psychosis with cerebral arteriosclerosis for 17 percent (an increase of 1 percent over the previous year), manic-depressive psychosis for 10 percent, senile psychosis for 8 percent, and psychosis with syphilitic meningo-encephalitis for 6 percent (a decrease of 1 percent from the figure for 1943-44). Cases of alcoholism with psychosis, 6 percent, showed an increase of 1 percent.

Patients diagnosed as cases of alcoholism without psychosis comprised 45.3 percent of the nonpsychotic group, an increase of 5.3 percent over the preceding year. Diagnoses of syphilis of the central nervous system without psychosis decreased 3.5 percent, comprising 33.8 percent of this group. Alcoholism without psychosis was the diagnosis for 7 percent of the total number of first admissions, an increase of 1 percent over 1943-44.

Nativity and Race of First Admissions. Patients born in the United States and its possessions constituted 79.6 percent of the total number of first admissions (77 percent of the male and 82 percent of the female patients being native-born). As might be expected, the majority (53 percent) of the foreign-born first admissions were from Mexico. Of the total number of foreign-born first admissions, 45.3 percent had not yet applied for United States citizenship.

Approximately 85.8 percent of first admissions during 1944-45 were Caucasian excluding Mexican, 4.6 percent were Mexican (as compared with 5.0 percent for 1943-44), and 5.8 percent were Negro (as compared with 5.2 percent for 1943-44). Patients with various other racial backgrounds comprised 2.1 percent of the total, while the patient's race was not reported in 1.7 percent of the cases.

Age of First Admissions. As in 1943-44, the median age of all first admissions was 45.0 years, whereas the median age for male first admissions was 40.5 years (a decrease of 2.8 years) and for female first admissions 45.6 years (an increase of 0.5 years). It will be noted that the age including the greatest number of cases was approximately 35 years (about 37 years for male and 32 years for female patients). Patients under 25 years of age comprised 10.6 percent of the total number of first admissions, whereas patients 65 years of age and over made up 21.6 percent of the total, an increase of 1.6 percent over the corresponding figure for 1943-44.

TABLE 10
 MENTAL DISORDERS OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY INSTITUTION AND SEX
 YEAR ENDING JUNE 30, 1945

Mental disorder	All first admissions			Agnews		Carmarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	6,723	3,487	3,236	491	561	750	753	296	87	486	420	223	320	663	649	573	446
With Psychosis.....	5,617	2,716	2,901	387	525	432	595	109	58	420	379	208	312	589	617	481	415
Syphilitic meningo-encephalitis (general paresis).....	427	311	116	35	11	40	22	15	1	41	13	22	12	90	90	68	19
With other forms of syphilis of the c. n. s.....	35	27	8	3	2	14	1	2	1	2		1	1	2	3	5	2
With epidemic encephalitis.....	1																
With other infectious diseases.....	29	13	16							6	3			7	9		2
Alcoholic.....	378	206	82	37	31	23	19	28	5	41	6	25	7	64	10	76	14
Due to drugs or other exogenous poisons.....	19	8	11	1	2	6	2			5	3	1	2	4	3	1	1
Traumatic.....	32	95	7	6	2												
With cerebral arteriosclerosis.....	1,449	609	840	141	167	43	49	31	9	115	73	60	57	140	184	79	51
With other disturbances of circulation.....	30	10	20	4	11	17	13	3		7	6	4	3	15	10	1	3
With convulsive disorders (epilepsy).....	111	60	51	8	27	33	38	23	7	39	50	29	61	20	36	78	84
Senile.....	533	280	303	10	64	10	73	3	6	8	30	10	38	1	31	4	38
Involuntarily.....	338	62	276	10	64	10	73	3	6	8	30	10	38	1	31	4	38
Due to other metabolic, etc., diseases.....	44	18	26	3	1					3	2	2	4	2	3	5	8
Due to new growth.....	7	1	6							2	2	7	2	1	2		2
With organic changes of the nervous system.....	40	18	22	6	6	4	0			2	0	2	2	1	7	6	11
Psychoneuroses.....	114	33	81	8	22	6	16			2	21	7	2	4	7	6	11
Manic-depressive.....	644	290	421	62	83	27	73	18	0	25	60	13	45	43	96	32	58
Dementia praecox (schizophrenia).....	1,454	656	798	58	93	185	249	59	15	83	51	27	58	160	211	84	91
Paranoia and paranoid conditions.....	28	21	21		2	1	5	2		2	7			2	6		1
With psychopathic personality.....	35	36	35	4	1	5	1	2		3	7	2		3	11	3	2
With mental deficiency.....	95	33	35	2	1	2	6	2		3	3	1	7	13	4	10	10
Undiagnosed psychoses.....	97	58	39	1	10	5	8	13	3	21	5	3	2	7	4	8	7
Without Psychosis.....	1,106	771	335	104	36	318	158	97	29	66	41	15	8	74	32	97	31
Epilepsy.....	10	3	7				3			3	3					1	
Alcoholism.....	501	355	146	49	29	86	41	68	26	28	19	10	1	56	12	58	18
Drug addiction.....	44	26	18	1	1	6	2	5	1	3	4			9	9	2	1
Mental deficiency.....	41	23	18	1	1	6	8	7	1	5	1	1	1	2	5	1	2
Disorders of personality due to epidemic encephalitis.....	38	2	2														
Psychopathic personality.....	32	26	26	4	4	5	3	5		8	6			2	2	2	1
Other non-psychotic diseases or conditions (not insane).....	37	20	17	1	4	3	3			4	1	3	5	2	3	7	1
Primary behavior disorders.....	42	29	13	1	1	18	6			10	7			2	2	3	1
Sexual psychopathy.....	28	28	28					11		4	4						
Syphilis of the c. n. s.....	363	259	104	43	2	183	92	1		4	4	1	1	3	1	24	8

TABLE 11
 NATIVITY OF FIRST ADMISSIONS, WITH CITIZENSHIP STATUS OF FOREIGN BORN, BY SEX
 YEAR ENDING JUNE 30, 1945

Country of birth	All first admissions			Citizenship status of foreign born							
				Second papers		First papers		Alien		Unknown	
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All countries.....	6,723	3,487	3,236	278	281	36	15	356	152	124	133
Africa.....	2	2	1	1	1			1			
Australia.....	11	3	8	2	6			1	1		1
Austria.....	32	20	12	12	8	2	1	6	2		1
Belgium.....	6	1	5		3			1			2
Canada.....	88	40	48	20	33	4		15	13	1	2
Central America.....	8	3	5		1			3	4		
China.....	28	22	6	2*	1*			18	5	2	
Czechoslovakia.....	6	4	2	3	1			1	1		
Cuba.....	1		1								1
Denmark.....	25	14	11	10	10			3	1	1	
England.....	81	34	47	23	33	1		7	9	3	5
Finland.....	8	3	5	2	1		1	1	2		1
France.....	23	13	10	6	4	1	1	5	1	1	4
Germany.....	89	42	47	28	28	3	4	7	13	4	2
Greece.....	21	20	1	10	1			10			
Holland.....	10	6	4	5	4	1					
Hungary.....	11	7	4	4	2	1		1	2	1	
India.....	4	4		1				3			
Ireland.....	70	33	37	25	29			7	5	1	3
Italy.....	111	75	36	27	17	6	3	35	13	7	3
Japan.....	18	9	9		†			9	8		
Jugoslavia.....	13	11	2	7	1	1		3	1		
Mexico.....	199	150	49	13	9	4		127	32	6	8
Norway.....	22	14	8	6	4	1	1	6	3	1	
Philippine Islands.....	48	46	2	4	2			39		3	
Poland.....	18	6	12	2	6	1		2	5	1	1
Puerto Rico.....	1	1						1			
Portugal.....	35	18	17	6	8	1		8	8	3	1
Rumania.....	5	3	2	1	2	1		1			
Russia.....	54	25	29	12	19	3	1	8	8	2	1
Scotland.....	30	13	17	6	13	1		5	2	1	2
South America.....	7	2	5		2	1		1	2		1
Spain.....	8	5	3	1				3	2	1	1
Sweden.....	56	34	22	23	17	3	1	6	2	2	2
Switzerland.....	21	11	10	7	7		1	3	1	1	1
Turkey.....	6	2	4	2	2				2		
United States.....	5,327	2,681	2,646								
United States Possessions†.....	21	12	9								
Wales.....	5		5		4				1		
West Indies.....	4	2	2	1	1			1			1
Other countries.....	19	14	5	6	1		1	8	3		
Unknown.....	171	82	89							82	89

* Two males, 1 female born in China of U. S. citizens.

† One female born in Japan of Russian parents.

‡ Puerto Rico is tabulated separately above.

The various diagnostic groups show considerable variation with respect to the median age of patients, the median for psychotic patients being 47.6 years and for nonpsychotic patients 39.1 years. First admissions diagnosed as cases of senile psychosis had a median age of 77.3 years, cerebral arteriosclerosis 69.3 years, and involuntional psychosis 51.8 years, all three groups showing little change from the corresponding medians for 1943-44. In the diagnostic groups associated with the lower age levels, the median for dementia praecox cases was 32.2 years, for cases of syphilis of the central nervous system 36.7 years, and for manic-depressives 38.8 years.

Marital Status of First Admissions. Approximately 28 percent of all first admissions during 1944-45 were single, 41 percent married, 16 percent widowed, and 16 percent separated or divorced. The percentage of unmarried male patients (36.6 percent) was over twice as great as for female patients (17.7 percent). On the other hand, more than twice as many female patients as male patients were widowed. There were no significant sex differences in the ratio of male patients to female patients in either the married or the divorced group.

Widowed patients comprised 16 percent of the psychotic group and only 5 percent of all first admissions without psychosis, whereas divorced and separated patients comprised a larger percentage of the nonpsychotic group than of the psychotic group.

There was also wide variation in the marital status of first admissions in the various diagnostic categories. Dementia praecox cases, occurring at the lower age levels, were approximately 50 percent single, whereas the larger proportion of married and widowed patients were found in the senile psychoses and in the group diagnosed as cases of cerebral arteriosclerosis. The percentage of patients divorced or separated was highest in the diagnostic categories of paresis and alcoholism (psychotic and nonpsychotic).

Education of First Admissions. The degree of education was reported for approximately 93 percent of all first admissions during 1944-45. In the group of 6,280 cases for which these data were available, 11.7 percent had less than 8 years of schooling and 48.4 percent had a grade school education, while 31.4 percent had the equivalent of a high school education.

Patients reporting less than 8 years of school comprised 40.1 percent of the total number of psychotic first admissions and only 8.3 percent of the total number of nonpsychotic admissions. Patients with a grade school education comprised roughly 50 percent of the total number of first admissions, while illiterate patients and patients with two years or more of college composed a relatively small proportion of the total.

Inasmuch as a diagnosis of nonpsychosis was made for 15 percent of the first admissions reporting less than 8 years of grade school, for 17 percent of the patients with a grammar school education, and for 19 percent of the patients reporting a high school education, there is some evidence of correlation between the amount of education and the degree of mental stability. On the other hand, only 16 percent of the patients with a college education were classified as nonpsychotic, although this last percentage is unreliable because of the small number of cases.

TABLE 12
AGE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All first admissions		Age at last birthday, years																
	Total	Male	Female	4 and under		5-9		10-14		15-19		20-24		25-29		30-34		35-39	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	6,723	3,487	3,236	-----	-----	7	8	35	23	121	87	207	223	252	279	315	349	430	312
With Psychosis.....	5,617	2,716	2,901	-----	-----	2	1	9	14	94	70	182	204	202	247	222	281	279	251
Syphilitic meningoenephalitis (general paresis).....	427	311	116	-----	-----	-----	-----	1	-----	-----	-----	-----	-----	-----	-----	24	20	57	13
With other forms of syphilis of the c. n. s.....	35	27	8	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	3	3	4	-----
With epidemic enephalitis.....	5	1	4	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With other infectious diseases.....	378	296	82	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Alcoholic.....	19	8	11	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Due to drugs or other exogenous poisons.....	32	25	7	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Traumatic.....	1,149	609	540	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With cerebral arteriosclerosis.....	30	10	20	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With other disturbances of circulation.....	111	60	51	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With convulsive disorders (epilepsy).....	533	230	303	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Senile.....	338	62	276	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Involutional.....	44	18	26	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Due to other metabolic, etc., diseases.....	7	1	6	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Due to new growth.....	40	18	22	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With organic changes of the nervous system.....	114	33	81	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Psychoneuroses.....	644	220	424	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Manic-depressives.....	1,454	656	798	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Dementia praecox (schizophrenia).....	28	7	21	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Paranoia and paranoid conditions.....	35	20	15	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With psychopathic personality.....	68	33	35	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With mental deficiency.....	97	58	39	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Undiagnosed psychoses.....	1,106	771	335	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Without Psychosis.....	10	3	7	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Epilepsy.....	501	355	146	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Alcoholism.....	44	26	18	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Drug addiction.....	41	23	18	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Mental deficiency.....	2	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Disorders of personality due to epidemic enephalitis.....	2	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Psychopathic personality.....	38	26	12	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Other non-psychotic diseases or conditions (not insane).....	37	20	17	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Primary behavior disorders.....	42	29	13	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Sexual psychopathy.....	28	28	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Syphilis of the c. n. s.....	363	259	104	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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TABLE 12—Continued
 AGE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
 YEAR ENDING JUNE 30, 1945

Mental disorder	Age at last birthday, years												85 and over		Unknown							
	40-44		45-49		50-54		55-59		60-64		65-69		70-74			75-79		80-84				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F			
All groups.....	405	304	269	274	252	246	225	205	244	188	214	179	175	179	153	184	118	128	57	66	8	2
With Psychosis.....	278	252	177	246	171	280	187	192	211	180	202	179	168	177	152	182	115	128	57	65	8	2
Syphilitic meningoenephalitis (general paresis).....	73	18	43	39	32	17	30	7	22	6	12	1	4	2	2	4	1	1	1	1	1	1
With other forms of syphilis of the c. n. s.....	4	3	4	4	3	4	2	2	3	3	1	1	1	1	1	1	1	1	1	1	1	1
With epileptic encephalitis.....	1	2	2	2	1	1	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	68	15	43	15	29	5	29	5	14	2	7	1	3	1	1	1	1	1	1	1	1	1
Alcoholic.....	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to drugs or other exogenous poisons.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	4	2	5	8	25	23	50	51	118	70	139	108	97	88	82	105	62	59	23	23	3	2
With other disturbances of circulation.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With convulsive disorders (epilepsy).....	5	3	2	3	3	5	2	1	1	4	4	23	30	55	75	64	73	50	69	32	40	1
Senile.....	2	35	9	55	12	86	21	51	13	29	4	7	1	1	1	1	1	1	1	1	1	1
Involutional.....	2	5	1	4	3	3	3	3	2	2	3	1	2	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	2	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	3	3	2	3	3	3	4	2	3	4	3	2	2	2	2	2	2	2	2	2	2	2
With organic changes of the nervous system.....	3	12	2	4	3	5	4	2	3	4	3	2	2	2	2	2	2	2	2	2	2	2
Psychoneuroses.....	37	50	21	51	14	27	18	25	10	25	7	6	2	1	2	1	1	1	1	1	1	1
Manic-depressive.....	64	90	30	64	29	46	11	22	10	9	3	8	1	1	1	1	1	1	1	1	1	1
Dementia praecox (schizophrenia).....	2	2	2	2	1	3	3	7	1	2	2	3	1	1	1	1	1	1	1	1	1	1
Paranoia and paranoid conditions.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	3	4	2	5	1	4	1	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses.....	3	4	2	5	1	4	1	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1
Without Psychosis.....	127	52	92	28	81	16	38	13	33	8	12	7	7	2	1	2	3	3	1	1	1	1
Epilepsy.....	67	29	51	15	47	11	25	7	22	4	8	3	3	1	1	1	1	1	1	1	1	1
Alcoholism.....	3	3	3	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drug addiction.....	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency.....	3	3	3	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	3	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic personality.....	3	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insane).....	5	4	4	4	3	3	3	2	3	3	3	2	2	2	2	2	2	2	2	2	2	2
Primary behavior disorders.....	47	18	32	9	25	3	10	1	6	1	2	1	1	1	1	1	1	1	1	1	1	1
Sexual psychopathy.....	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

TABLE 13
MARITAL STATUS OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All first admissions			Marital status											
	Total	Male		Single		Married		Widowed		Divorced		Separated		Unknown	
			Male	Female	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	6,723	3,487	3,236	1,271	572	1,322	1,428	328	720	375	314	173	196	18	6
With Psychosis.....	5,617	2,716	2,901	1,046	512	980	1,255	298	695	274	290	120	173	18	6
Syphilitic meningo-encephalitis (general paresis).....	427	351	116	69	8	102	61	18	19	38	15	21	12	3	1
With other forms of syphilis of the c. n. s.....	35	27	8	5	1	14	4	3	2	2	1	3	2		
With epidemic encephalitis.....	5	13	4	4	3	2	2	4	1			1	3		
With other infectious diseases.....	29	13	16	3	3	3	4	20	13	62	12	21	6	2	
Alcoholic.....	378	296	82	93	3	98	46	20	3	1		1	1		
Due to drugs or other exogenous poisons.....	19	8	11	1	1	1	7	2	3	1		1	1		
Traumatic.....	32	25	7	9	1	18	5	2	2	1		1	1		
With cerebral arteriosclerosis.....	1,149	608	540	134	62	259	154	140	268	56	28	17	26	6	2
With other disturbances of circulation.....	130	10	20	4	1	3	10	3	7	6	9	2	1		
With convulsive disorders (epilepsy).....	533	280	253	66	31	70	42	68	202	16	9	7	7	3	
Senile.....	383	62	278	12	20	36	149	9	58	2	35	2	13	1	
Involutional.....	4	18	6	1	1	1	20	3	4	1	1				
Due to other metabolic, etc., diseases.....	7	18	6	4	4	1	10	5	5	3	2		1		
Due to new growth.....	40	33	7	14	13	14	54	1	4	2	6	2	1		
Psychoneuroses.....	114	64	50	20	5	11	26	3	4	9	6	2	6		
Manic-depressive.....	424	220	204	69	51	113	256	6	50	26	35	6	32	1	
Bipolar type.....	1,454	657	797	439	251	132	368	6	46	48	82	29	59	2	3
Paranoid and paranoid conditions.....	25	21	4	11	4	5	7	2	6	2	2	1	1		
With psychopathic personality.....	68	33	35	20	10	2	13	2	1	3	2	2	2		
With mental deficiency.....	97	58	39	26	11	19	19	6	4	5	3	1	1		
Undiagnosed psychoses.....	1,106	771	335	225	60	362	173	30	25	101	54	53	23		
Without Psychosis.....	10	3	7	3	4	2	2	18	11	66	28	30	14		
Epilepsy.....	501	355	146	61	11	180	82	12	14	5	4	3	3		
Alcoholism.....	41	23	18	21	12	10	7	2	4	1	1	1	1		
Drug addiction.....	4	2	2	1	1	1	5	1	1	1	1	1	1		
Mental deficiency.....	2	2	2	1	1	1	1	1	1	1	1	1	1		
Disorders of personality due to epidemic encephalitis.....	38	26	12	17	4	5	5	1	1	2	2	3	3		
Psychopathic personality.....	37	20	17	9	3	9	8	4	4	2	2	2	2		
Other non-psychotic diseases or conditions (not insane).....	42	20	13	29	13	11	11	1	1	2	2	2	2		
Primary behavior disorders.....	28	28	104	63	11	146	64	8	6	25	16	17	7		
Sexual psychopathy.....	363	259	104	63	11	146	64	8	6	25	16	17	7		
Syphilis of the c. n. s.....															

TABLE 14
EDUCATION OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All first admissions			Education											
	Total	Male	Female	College		High school		Grade school		Reads and writes		Illiterate		Unknown	
				M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	6,723	3,487	3,236	256	275	861	1,112	1,626	1,413	323	173	161	80	260	183
With Psychosis.....	5,617	2,716	2,901	198	249	625	973	1,239	1,280	272	147	131	74	251	178
Syphilitic meningo-encephalitis (general paresis).....	427	311	116	15	4	59	30	148	65	36	8	16	1	27	8
With other forms of syphilis of the c. n. s.....	35	27	8	1	1	6	6	15	6	2	1	1	1	3	1
With epidemic encephalitis.....	5	1	4	1	1	2	6	3	3	2	2	1	1	4	2
With other infectious diseases.....	378	296	82	14	11	80	30	147	36	25	2	19	2	11	2
Alcoholic.....	19	8	11	1	3	5	5	2	2	1	1	1	1	1	2
Due to drugs or other exogenous poisons.....	32	25	7	2	2	8	2	9	5	3	3	3	3	3	56
Traumatic.....	1,149	609	540	41	31	71	82	296	319	74	33	39	19	88	3
With cerebral arteriosclerosis.....	30	10	20	1	1	5	5	6	10	1	1	1	1	2	3
With other disturbances of circulation.....	111	60	51	2	4	16	22	29	16	10	4	1	3	2	2
With convulsive disorders (epilepsy).....	533	230	303	14	21	12	53	111	147	30	22	17	11	46	49
Senile.....	338	62	276	5	27	11	73	37	144	4	14	1	8	4	10
Involuntional.....	44	18	26	1	1	2	11	10	10	3	3	1	1	3	1
Due to other metabolic, etc., diseases.....	7	1	6	1	1	1	3	1	1	1	1	1	1	1	1
Due to new growth.....	40	18	22	4	10	16	40	12	30	1	1	1	1	2	2
With organic changes of the nervous system.....	114	33	81	4	10	16	40	12	30	1	1	1	1	2	2
Psychoneuroses.....	644	220	424	33	50	79	173	69	165	18	16	5	7	16	13
Manic-depressive.....	1,454	656	798	55	76	223	387	292	268	43	30	20	13	23	24
Dementia praecox (schizophrenia).....	28	7	21	2	2	9	7	5	5	2	2	1	1	1	1
Paranoia and paranoid conditions.....	35	20	15	2	2	9	7	7	5	2	2	1	1	1	1
With psychopathic personality.....	68	33	35	4	6	15	13	11	13	9	8	7	6	3	2
With mental deficiency.....	97	58	39	4	6	15	19	24	13	6	6	3	1	6	2
Undiagnosed psychoses.....	1,106	771	335	58	26	236	139	387	133	51	26	30	6	9	5
Without Psychosis.....	501	355	146	34	13	129	69	172	53	13	8	3	1	4	3
Epilepsy.....	44	26	18	4	3	7	2	9	13	5	1	1	1	1	1
Alcoholism.....	41	23	18	2	2	9	2	10	6	1	5	10	3	1	2
Drug addiction.....	2	2	12	4	2	10	7	12	3	3	2	1	2	1	1
Mental deficiency.....	38	26	12	4	2	10	7	12	3	3	2	1	2	1	1
Disorders of personality due to epidemic encephalitis.....	37	20	17	1	2	6	6	8	5	3	2	1	2	1	1
Psychopathic personality.....	42	29	13	4	4	5	3	22	6	5	4	1	1	1	1
Other non-psychotic diseases or conditions (not insane).....	28	28	104	4	6	74	43	17	49	1	6	1	1	3	3
Primary behavior disorders.....	363	259	104	11	6	43	43	129	49	27	6	15	1	3	3
Sexual psychopathy.....															
Syphilis of the c. n. s.....															

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Environment and Economic Status of First Admissions. Approximately 87 percent of male first admissions and 93 percent of female first admissions during 1944-45 entered state mental hospitals from an urban environment (i.e., an area with a population of 2,500 or over).

For statistical purposes a patient's economic status is determined by the financial condition of his immediate family as a whole, and not by the patient's degree of dependence upon other members of his family for support. Thus a patient is considered dependent if, at the time of his admission, his family is lacking in the necessities of life or is receiving financial aid from outside sources. His economic status is marginal if he and his family have been living on their daily earnings but saving little, and is defined as comfortable if sufficient resources have been accumulated to maintain his family for at least four months.

TABLE 15
ENVIRONMENT OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS,
BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All first admissions			Environment					
				Urban		Rural		Unknown	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
All groups.....	6,723	3,487	3,236	3,056	3,009	417	220	14	7
With Psychosis	5,617	2,716	2,901	2,342	2,683	361	211	13	7
Syphilitic meningo-encephalitis (general paresis).....	427	311	116	269	110	41	6	1	
With other forms of syphilis of the c. n. s.	35	27	8	25	7	2	1		
With epidemic encephalitis.....	5	1	4	1	3		1		
With other infectious diseases.....	29	13	16	13	14		2		
Alcoholic.....	378	296	82	252	79	44	3		
Due to drugs or other exogenous poisons.....	19	8	11	8	11				
Traumatic.....	32	25	7	19	7	6			
With cerebral arteriosclerosis.....	1,149	609	540	510	500	92	40	7	
With other disturbances of circulation.....	30	10	20	8	20	2			
With convulsive disorders (epilepsy).....	111	60	51	51	49	9	2		
Senile.....	533	230	303	179	273	49	27	2	3
Involutional.....	338	62	276	58	251	4	25		
Due to other metabolic, etc., diseases.....	44	18	26	16	25	2	1		
Due to new growth.....	7	1	6	1	5		1		
With organic changes of the nervous system.....	40	18	22	17	22	1			
Psychoneuroses.....	114	33	81	28	73	5	8		
Manic-depressive.....	644	220	424	193	387	22	34		3
Dementia praecox (schizophrenia).....	1,454	656	798	591	749	63	48	2	1
Paranoia and paranoid conditions.....	28	7	21	7	20		1		
With psychopathic personality.....	35	20	15	18	14	2	1		
With mental deficiency.....	68	33	35	25	29	8	6		
Undiagnosed psychoses.....	97	58	39	48	35	9	4	1	
Without Psychosis	1,106	771	335	714	326	56	9	1	
Epilepsy.....	10	3	7	3	5		2		
Alcoholism.....	501	355	146	323	143	32	3		
Drug addiction.....	44	26	18	24	18	2			
Mental deficiency.....	41	23	18	18	15	5	3		
Disorders of personality due to epidemic encephalitis.....	2	2		2					
Psychopathic personality.....	38	26	12	25	12	1			
Other non-psychotic diseases or conditions (not insane).....	37	20	17	17	17	3			
Primary behavior disorders.....	42	29	13	29	18				
Sexual psychopathy.....	28	28		25		3			
Syphilis of the c. n. s.....	363	259	104	248	108	10	1	1	

On this basis 9 percent of the total number of first admissions were classified as dependent, 76 percent as marginal, and 14 percent as comfortable, while the economic status was not ascertainable for 1 percent. Of the total number of dependent first admissions, 93 percent were diagnosed as psychotic. A diagnosis of psychosis was made for 90 percent of the patients in comfortable circumstances, while only 81 percent of the patients at the marginal economic level were reported as psychotic.

TABLE 16
ECONOMIC STATUS OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS,
BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All first admissions			Economic status							
				Dependent		Marginal		Comfortable*		Unknown	
	Total	Male	Female	M	F	M	F	M	F	M	F
All groups.....	6,723	3,487	3,236	284	294	2,803	2,338	373	581	27	23
With Psychosis.....	5,617	2,716	2,901	252	287	2,123	2,049	315	542	26	23
Syphilitic meningo-encephalitis (general paresis).....	427	311	116	23	5	259	94	28	16	2	1
With other forms of syphilis of the c. n. s.....	35	27	8	3	---	24	8	---	---	---	---
With epidemic encephalitis.....	5	1	4	---	1	1	2	---	1	---	---
With other infectious diseases.....	29	13	16	2	5	10	8	1	3	---	---
Alcoholic.....	378	296	82	10	1	262	62	24	19	---	---
Due to drugs or other exogenous poisons.....	19	8	11	---	---	7	9	1	2	---	---
Traumatic.....	32	25	7	---	1	19	5	5	1	1	---
With cerebral arteriosclerosis.....	1,149	609	540	87	84	396	298	117	156	9	2
With other disturbances of circulation.....	30	10	20	---	4	8	13	2	2	---	1
With convulsive disorders (epilepsy).....	111	60	51	4	9	48	35	8	7	---	---
Senile.....	533	230	303	66	90	147	168	10	36	7	9
Involutional.....	338	62	276	4	11	46	199	11	66	1	---
Due to other metabolic, etc., diseases.....	44	18	26	3	3	14	18	1	5	---	---
Due to new growth.....	7	1	6	---	---	1	6	---	---	---	---
With organic changes of the nervous system.....	40	18	22	4	1	14	17	---	4	---	---
Psychoneuroses.....	114	33	81	4	4	31	59	2	18	---	---
Manic-depressive.....	644	220	424	2	16	167	321	50	84	1	3
Dementia praecox (schizophrenia).....	1,454	656	798	32	43	577	642	43	108	4	5
Paranoia and paranoid conditions.....	28	7	21	---	---	6	18	1	3	---	---
With psychopathic personality.....	35	20	15	---	1	16	11	4	2	---	1
With mental deficiency.....	68	33	35	8	7	23	27	2	---	---	1
Undiagnosed psychoses.....	97	58	39	5	1	47	29	5	9	1	---
Without Psychosis.....	1,106	771	335	32	7	680	289	58	39	1	---
Epilepsy.....	10	3	7	---	---	3	7	---	---	---	---
Alcoholism.....	501	355	146	13	---	299	117	42	29	1	---
Drug addiction.....	44	26	18	1	2	23	11	2	5	---	---
Mental deficiency.....	41	23	18	3	2	20	15	---	1	---	---
Disorders of personality due to epidemic encephalitis.....	2	2	---	1	---	1	---	---	---	---	---
Psychopathic personality.....	38	26	12	3	---	21	11	2	1	---	---
Other non-psychotic diseases or conditions (not insane).....	37	20	17	1	1	18	14	1	2	---	---
Primary behavior disorders.....	42	29	13	3	1	26	12	---	---	---	---
Sexual psychopathy.....	28	28	---	3	---	24	---	1	---	---	---
Syphilis of the c. n. s.....	363	259	104	4	1	245	102	10	1	---	---

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TABLE 17
 MENTAL DISORDERS OF READMISSIONS TO STATE MENTAL HOSPITALS, BY INSTITUTION AND SEX
 YEAR ENDING JUNE 30, 1945

Mental disorders	All readmissions		Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton		
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	1,287	648	639	72	102	123	115	103	28	80	75	47	89	112	126	111	104
With Psychosis.....	1,094	508	586	61	95	92	100	55	18	63	68	43	86	99	120	95	99
Syphilitic meningo-encephalitis (general paresis).....	42	32	10	3	2	7	3	6	2	3	2	4	4	5	3	4	4
With other forms of syphilis of the c. n. s.....	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	96	73	23	10	2	9	5	14	4	9	3	4	2	13	3	14	4
Due to drugs or other exogenous poisons.....	1	3	1	1	1	2	2	1	1	5	4	3	6	7	8	18	5
Traumatic.....	3	44	31	6	5	4	2	1	1	5	4	3	6	7	8	18	5
With cerebral arteriosclerosis.....	1	17	13	2	1	3	3	1	1	2	2	3	1	3	4	5	1
With other disturbances of circulation.....	18	10	8	2	2	2	3	1	1	3	1	2	1	2	3	5	1
With convulsive disorders (epilepsy).....	46	8	38	4	11	1	6	1	1	1	2	1	9	2	1	8	1
Senile.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involuntional.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	1	4	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	5	9	8	5	1	2	1	1	1	2	2	2	1	1	1	2	1
With organic changes of the nervous system.....	17	85	232	16	42	11	23	5	7	8	24	13	43	21	49	11	44
Psychoneuroses.....	317	182	186	15	24	43	47	19	3	24	20	10	20	41	41	30	31
Manic-depressive.....	4	1	3	1	1	2	3	3	1	3	1	2	2	1	2	1	1
Dementia praecox (schizophrenia).....	20	12	8	1	1	2	3	3	1	3	1	2	1	3	3	4	2
Paranoia and paranoid conditions.....	25	12	13	1	1	2	4	1	1	4	2	1	1	3	3	4	2
With psychopathic personality.....	17	11	6	2	2	2	2	4	1	4	2	1	1	1	1	1	1
With mental deficiency.....	17	11	6	2	2	2	2	4	1	4	2	1	1	1	1	1	1
Undiagnosed psychoses.....	17	11	6	2	2	2	2	4	1	4	2	1	1	1	1	1	1
Without Psychosis.....	163	140	53	11	7	31	15	48	10	17	7	4	3	13	6	10	5
Epilepsy.....	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	123	89	34	8	6	18	5	29	9	12	4	3	2	8	3	11	5
Drug addiction.....	8	8	5	2	2	2	1	1	1	2	1	1	1	2	1	2	2
Mental deficiency.....	13	8	5	1	3	1	3	2	2	2	2	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disorders of personality.....	10	12	4	4	1	1	1	10	1	1	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insane).....	2	3	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Primary behavior disorders.....	4	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Sexual psychopathy.....	4	3	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	17	11	6	1	1	6	5	5	1	2	1	1	1	1	1	2	2

* Including one psychopathic delinquent.

TABLE 18
MENTAL DISORDERS OF VOLUNTARY ADMISSIONS TO STATE MENTAL HOSPITALS, BY INSTITUTION AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All voluntary admissions			Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	974	595	449	106	96	275	182	7	6	45	57	6	6	30	37	82	65
With Psychosis.....	510	201	309	57	92	58	74	4	6	28	44	6	6	26	33	28	54
Syphilitic meningoenzephalitis (general paresis).....	4	4	16	8	3	5	4	2	2	4	1	1	1	7	4	6	4
With other forms of syphilis of the c. n. s.....	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis.....	3	3	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	3	7	1	1	1	2	1	1	1	1	1	1	1	1	1	2	2
Alcoholic.....	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to drugs or other exogenous poisons.....	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With cerebral arteriosclerosis.....	42	15	27	5	8	4	2	3	3	1	3	3	3	3	3	3	3
With other disturbances of circulation.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With convulsive disorders (epilepsy).....	9	6	3	2	2	4	2	2	2	1	2	2	2	2	2	2	2
Senile.....	10	2	8	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Involuntional.....	45	4	41	1	19	1	9	1	1	2	4	1	1	3	3	3	3
Due to other metabolic, etc., diseases.....	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Psychoneuroses.....	71	21	50	10	13	5	12	1	1	2	12	1	1	2	4	2	8
Manic-depressive.....	127	32	95	16	34	2	17	1	1	3	10	6	6	6	11	4	16
Dementia praecox (schizophrenia).....	104	53	51	10	11	23	21	1	1	5	6	1	1	10	4	5	9
Paranoia and paranoid conditions.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	6	3	3	3	3	3	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	4	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses.....	16	12	4	1	1	5	2	1	1	6	1	1	1	1	1	1	1
Without Psychosis.....	464	324	140	49	4	217	108	3	3	17	13	4	4	4	4	34	11
Epilepsy.....	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drug addiction.....	9	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency.....	8	2	6	2	2	2	4	2	2	2	2	2	2	2	2	2	2
Disorders of personality due to epidemic encephalitis.....	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic personality.....	16	10	6	3	3	3	1	3	3	3	3	3	3	3	3	3	3
Other non-psychotic diseases or conditions (not insane).....	17	13	4	1	1	3	1	1	1	1	1	1	1	2	1	6	1
Primary behavior disorders.....	40	27	13	1	1	17	5	1	1	9	7	1	1	2	1	1	1
Sexual psychopathy.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Epyhlis of the c. n. s.....	368	260	108	43	3	188	96	1	1	3	3	2	2	2	1	24	8

Mental Disorders of Readmissions. Readmissions to state mental hospitals numbered 1,287 during 1944-45, an increase of 10 percent over the corresponding figure for the preceding year. There were 19 readmissions for every 100 first admissions during 1944-45 (the rate being unchanged from the preceding year), while the rate of psychotic first admissions was also 19 per 100 (as compared with 17 per 100 in 1943-44). The decline in the rate of discharge during 1944-45, particularly with respect to patients on parole, partly accounts for the relatively low ratio of readmissions to first admissions.

Among the various diagnostic groups, patients with manic-depressive psychosis showed the highest readmission rate (49 per 100 first admissions), and the second highest ratio was reported for patients diagnosed as cases of dementia praecox (25 readmissions per 100 first admissions). Although there has been no increase in the foregoing ratios since the preceding year, the ratio of dementia praecox cases to total psychotic readmissions has increased, accounting for 34 percent of the total number. Diagnostic groups with a comparatively low ratio of readmissions to first admissions were cases of senile psychosis and cerebral arteriosclerosis and cases involving syphilis of the central nervous system.

Mental Disorders of Voluntary Admissions. Voluntary first admissions and readmissions during 1944-45 numbered 974, representing an increase of 6 percent over the corresponding figure for the preceding year. Of the total 79 percent were first admissions. The ratio of voluntary admissions to all admissions during this period was 12.2 percent, slightly under the ratio for 1943-44. Psychotic voluntary admissions constituted only 52 percent of the total number of voluntary admissions, whereas the percentage of psychotics in all types of commitment was 73 percent.

Cases of dementia praecox and manic-depressive psychosis comprised approximately one-half of the total number of psychotic voluntary admissions; in the nonpsychotic group, a diagnosis of syphilis of the central nervous system without psychosis was applied to 79 percent of the total. Inasmuch as the voluntary admission procedure is particularly suited to persons seeking fever treatment for syphilitic disorders of the central nervous system, it is not surprising to find that this condition appears in the diagnoses of approximately 43 percent of all voluntary admissions during 1944-45.

Veteran Status of Admissions. At least 652 patients, or 8 percent of the total number of first admissions and readmissions during 1944-45, were veterans (persons known to have served in the armed forces of the United States). During this fiscal year 299 veteran patients were transferred to neuropsychiatric hospitals under the jurisdiction of the Veterans Administration; thus, for every 100 admissions of veterans, 46 patients were transferred to federal jurisdiction. Of the total number of veteran patients admitted, 85 percent were first admissions. There were 17 admissions (all first admissions) of female patients with veteran status, comprising 2.6 percent of the total.

EXTRAMURAL CARE

The extramural care program of the Department of Institutions has, since its inauguration several years ago, continued to serve as a therapeutic device contributing to the improvement or recovery of a considerable portion of the total number of patients under treatment. The administrative machinery for the program is gradually being centralized in the more densely populated areas of the State under the general control of a departmental staff officer for the sake of greater operating efficiency; but the program remains primarily an extension of psychotherapeutic measures initiated during the patient's stay in the hospital, which are carried out by properly trained psychiatric social workers under the medical guidance of the various hospital staffs.

All the statistical evidence for the period preceding and the period following the extension of extramural care in 1939 indicates that a larger number of adjustments to normal life have resulted from combining the social therapy of life in the community with continued supervision during the period of convalescence. Thus during the last seven years there has been a significant increase in the number of leaves of absence granted and in the number of patients on leave of absence at any one time, as well as a corresponding increase in the number of patients on leave who have improved or recovered to the point where follow-up care is no longer indicated. It will also be noted that admissions for the fiscal year just ended show an increase of 25 percent over admissions for 1938, whereas the number of patients on leave of absence has increased by 47 percent.

TABLE 19
MOVEMENT OF PAROLED PATIENTS* IN RELATION TO OTHER POPULATION MOVEMENT DATA
STATE MENTAL HOSPITALS
JULY 1, 1936—JUNE 30, 1945

Year ending June 30	Total for year						On June 30			
	Admissions	Paroles	Paroles in per cent of admissions	Paroles returned	Returns in per cent of paroles	Discharges from parole	Total on records†	Resident population	Patients on parole	On parole in per cent of total on records
1937	6,446	3,348	51.9	1,148	34.3	2,191	23,604	20,737	2,432	10.3
1938	6,957	3,238	46.5	1,143	35.3	2,032	24,781	21,884	2,474	10.0
1939	7,042	4,027	57.2	1,296	32.2	1,805	26,485	22,608	3,390	12.8
1940	7,024	4,835	68.8	1,793	37.1	2,160	27,761	22,953	4,247	15.3
1941	7,192	5,656	78.6	2,212	39.1	2,479	29,026	23,345	5,161	17.8
1942	7,694	6,643	86.3	3,033	45.7	3,100	29,925	23,617	5,630	18.8
1943	7,658	5,601	73.1	2,727	48.7	3,152	30,108	24,240	5,309	17.6
1944	7,843	5,072	64.7	2,544	50.2	3,020	30,284	24,903	4,787	15.8
1945	8,703	5,397	62.0	3,069	56.9	2,524	30,949	25,810	4,553	14.7

* Including patients on brief visits.

† Including patients on escape.

Wartime conditions naturally have had an adverse effect on all aspects of hospital administration, including the extramural care program. During 1944-45, the continuing shortage of qualified personnel, together with the steady increase in the hospital population, has resulted in a decline in the relative number of leaves granted and in the number of discharges of patients on leave. Wartime stresses in the patient's family environment, and the reduction in the number of suitable homes for family care because of the housing shortage, have also discouraged the full utilization of the extramural care program. In spite of these obstacles it has been possible during the past few years to maintain some of the gains made prior to the war: the number of patients on leave on June 30, 1945, while slightly less than the corresponding figure for 1944, is nevertheless almost twice as great as the number on leave in 1938, the year preceding the reorganization of the extramural care program.

TABLE 20
MOVEMENT OF PATIENTS ON PAROLE, EXCLUDING VISITS, COMPARED WITH OTHER
POPULATION MOVEMENT DATA, STATE MENTAL HOSPITALS
JULY 1, 1942—JUNE 30, 1945

Year ending June 30	Admissions	Paroles	Paroles in per cent of admissions	Paroles returned	Returns in per cent of paroles	Average daily resident popula- tion	Paroles in per cent of resi- dents
1943.....	7,658	5,058	66.1	2,245	44.4	23,961	21.1
1944.....	7,843	4,366	55.6	1,921	44.0	24,573	17.8
1945.....	8,703	4,201	48.3	1,940	46.2	25,385	16.5

In last year's report reference was made to the local reorganization of the social work divisions of Camarillo and Patton state hospitals on a geographical and functional rather than on a hospital basis, by shifting the emphasis of social work activity from the hospital to the community, particularly for those workers in the Los Angeles Office. It was found that the elimination of overlapping districts greatly increased the workers' efficiency and output, and other advantages to the community and to the hospitals have become evident. Supervision has been simplified, making it possible to render more systematic service to the community. This reorganization, initiated as an experiment to ascertain the advantages of more centralized administration, has now proved its usefulness and has been officially confirmed as a permanent development of departmental administration. Although limited at present to the social work staffs of Patton and Camarillo state hospitals, this administrative procedure will be gradually extended during the ensuing fiscal year to include the remaining state mental institutions under the jurisdiction of the department.

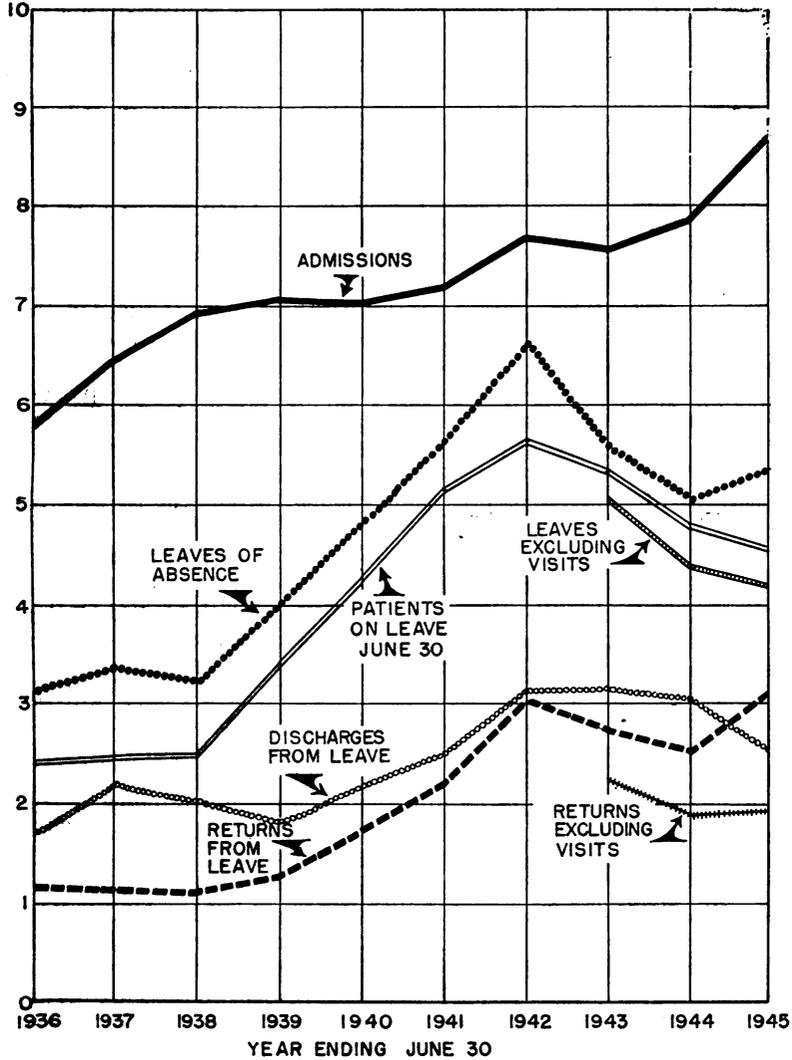
From the financial standpoint, the most effective measure of the benefit of the extramural program is the elimination of maintenance and construction costs for patients who would otherwise have remained in the hospitals, the average cost of extramural supervision being estimated at only one-twelfth the cost of maintaining a patient in a state mental institution.

CHART VII

ADMISSIONS AND LEAVES OF ABSENCE STATE MENTAL HOSPITALS

1936-1945

NUMBER IN
THOUSANDS



5-60208

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Type of Leave. Leaves of absence granted to patients may be grouped into three main classes: home parole, family care, and work parole. The length and type of leave, and the degree and nature of extramural supervision are determined by the hospital staff for each patient on the basis of the patient's condition, home environment, and other pertinent factors.

Home parole refers to the placing of patients in the homes of relatives or friends who will accept responsibility for his supervision and well-being, and if necessary will bear the cost of his maintenance. In its larger sense this type of leave also includes "visits" of three days or less. Visits are granted to improved patients primarily to allow them to spend brief periods with their families, especially during the Thanksgiving and Christmas holidays, and the patients are ordinarily expected to return to the hospital within three days unless they show an unusual degree of improvement while on leave. This class of leave has accordingly been differentiated or eliminated in several of the accompanying tables describing the effectiveness of the extramural program. Not including visits, home paroles comprise 89 percent of the total number of leaves of absence granted, making this type of leave by far the most prevalent. This type also has the lowest rate of return, 43 percent. There has been little change in this rate for the last few years.

Family care refers to the placement of patients in homes not their own, where their care and maintenance is financed either from their own estates, by relatives, by old age assistance, or by the Department of Institutions. Although the maximum monthly family care allotment from state funds has been increased to \$35 per month, and additional funds have also been provided to meet the incidental needs of patients on leave of absence, this amount has been found insufficient to counteract the effect of higher living costs and the current housing shortage. Nevertheless, 123 patients were placed on family care during 1944-45, a decrease of only 38 percent from the corresponding figure for the previous year.

The care and treatment of patients placed in family care is closely supervised. The homes in which these patients are placed are licensed by the department without a fee, and are generally to be found in the rural sections of the State. On June 30, 1945, there were 81 homes licensed to care for a capacity of 317 patients, whereas the actual population of patients on family care on that date was 251. Only those patients are placed in family care who, in the opinion of the medical staff, will gain considerable benefit by the placement and are sufficiently tractable for outside care.

Work paroles constituted 8 percent of the total number of leaves of absence (excluding visits) granted during the last fiscal year. This type of leave refers to placement in which the patient is furnished employment as well as 24-hour supervision. Patients on work parole, of course, make up only a small fraction of all the patients on leave of absence who are working, inasmuch as patients granted home parole with relatives or friends usually return to some form of employment at the same time. The department maintains a strict policy with respect to the maximum hours of work and the suitability of working conditions for patients placed on work parole, and in other respects observes all necessary precautions to guard against the patient's exploitation. As soon as a patient on work

TABLE 21
TYPE OF LEAVE OF PAROLES AND RETURNS FROM PAROLE, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

Type of leave	Number						Per cent of total						Per cent of total excluding visits		Returns from parole in per cent of paroles
	Paroles			Returns from parole			Paroles			Returns from parole			Paroles	Returns from parole	
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female			
All leaves, exclusive of visit*-----	4,201	1,711	2,490	1,940	771	1,169							100.0	100.0	46.2
Family care-----	123	58	65	117	54	63							2.9	6.0	95.1
Receives maintenance only-----	1		1										0.0	0.0	
Relatives bear expense-----	41	15	26	30	10	20							1.0	1.5	73.2
Department bears expense-----	67	37	30	69	36	33							1.6	3.6	103.0
Receives old age assistance-----	14	6	8	18	8	10							0.3	0.9	128.5
Week parole-----	323	157	166	215	120	95							7.7	11.1	66.6
On farm-----	217	107	110	143	83	60							5.2	7.4	65.0
In home-----	41	40	1	30	30								1.0	1.5	73.2
-----	66	10	55	42	7	35							1.5	2.2	64.6
Home parole, less visit-----	3,755	1,496	2,259	1,808	597	1,011							80.4	82.9	42.8
With relatives-----	3,693	1,361	2,132	1,616	553	963							83.1	78.1	43.4
With friends-----	293	176	117	83	39	44							5.7	4.3	34.7
Other agency assistance-----	23	13	10	9	4	4							0.5	0.5	39.1
Visit*-----	1,196	488	708	1,129	455	674							28.5	58.2	94.4
Home parole, including visit-----	4,951	1,984	2,967	2,737	1,052	1,685							89.2	85.8	55.3
All leaves, including visit-----	5,397	2,199	3,198	3,069	1,226	1,843							100.0	100.0	56.9

* Visits comprise temporary leaves of absence from which the patient is expected to return within three days.

parole has improved to the extent that he may be considered for outside employment, a different and more suitable type of placement is obtained for him.

Patients on Leave of Absence. On June 30, 1945, there were 4,553 patients on leave of absence from the state mental hospitals, equal to 14.7 percent of the total number of patients on the active records. Although this total was 5 percent less than the number on leave at the end of the preceding fiscal year, it was still 84 percent higher than the number of patients on leave of absence on June 30, 1938, the close of the fiscal year immediately preceding the expansion of the extramural care program.

The percentage of male patients on leave has decreased steadily for the last four years: On June 30, 1942, 48 percent of the total number on leave of absence were male patients, as compared with 43 percent at the end of the current fiscal year. Of the psychotic patients on leave of absence, 41 percent were male as compared with 43 percent for the preceding year, while the percentage of male patients in the nonpsychotic group remained unchanged at roughly 70 percent.

TABLE 22
PATIENTS ON PAROLE AND ON ESCAPE FROM STATE MENTAL HOSPITALS,
BY MENTAL DISORDER AND SEX
JUNE 30, 1945

Mental disorder	On parole			On escape		
	Total	Male	Female	Total	Male	Female
All groups.....	4,553	1,956	2,597	586	534	52
With Psychosis.....	4,195	1,706	2,489	503	458	45
Syphilitic meningo-encephalitis (general paresis).....	230	153	77	25	24	1
With other forms of syphilis of the c. n. s.....	30	20	10	9	9	—
With epidemic encephalitis.....	4	3	1	2	2	—
With other infectious diseases.....	6	4	2	2	2	—
Alcoholic.....	274	180	94	66	60	6
Due to drugs or other exogenous poisons.....	12	8	4	—	—	—
Traumatic.....	40	35	5	7	7	—
With cerebral arteriosclerosis.....	367	172	195	26	26	—
With other disturbances of circulation.....	10	2	8	—	—	—
With convulsive disorders (epilepsy).....	121	56	65	11	9	2
Senile.....	77	19	58	5	5	—
Involuntional.....	305	51	254	2	1	1
Due to other metabolic, etc., diseases.....	39	13	26	1	1	—
Due to new growth.....	3	2	1	1	1	—
With organic changes of the nervous system.....	24	14	10	1	1	—
Psychoneuroses.....	71	18	53	3	3	—
Manic-depressive.....	850	245	605	43	34	9
Dementia praecox (schizophrenia).....	1,609	624	885	231	211	20
Paranoia and paranoid conditions.....	37	8	29	4	4	—
With psychopathic personality.....	49	21	28	32	29	3
With mental deficiency.....	117	44	73	21	20	1
Undiagnosed psychoses.....	20	14	6	11	9	2
Without Psychosis.....	358	250	108	83	76	7
Epilepsy.....	1	—	1	—	—	—
Alcoholism.....	248	166	82	27	25	2
Drug addiction.....	29	14	15	11	9	2
Mental deficiency.....	4	2	2	4	4	—
Disorders of personality due to epidemic encephalitis.....	3	2	1	—	—	—
Psychopathic personality.....	10	6	4	3	2	1
Other non-psychotic diseases or conditions (not insane).....	4	2	2	7	7	—
Primary behavior disorders.....	5	4	1	2	1	1
Sexual psychopathy.....	50	50	—	27	26	1
Syphilis of the c. n. s.....	4	4	—	2	2	—

Patients diagnosed as psychotic at time of admission comprised 92 percent of the total number on leave of absence at the end of the current fiscal year. Of the 4,195 psychotic patients on leave of absence, 36 percent had been diagnosed as cases of dementia praecox and 20 percent as cases of manic-depressive psychosis. These two diagnoses also constitute a large proportion of the inpatient population. Cases of alcoholic psychosis make up an even larger element (7 percent) of the patients on leave than they do of the resident population. Among the 358 non-psychotic patients on leave of absence at the end of the current fiscal year, 69 percent were cases of alcoholism, as compared with 77 percent for the preceding year. As a rule nonpsychotic alcoholic patients gain little benefit from residence in state mental hospitals after a brief initial period of medical treatment, and it is thus to the patient's and the institution's advantage to prescribe extramural supervision for the majority of these cases. Thus 46 percent of the total number of nonpsychotic alcoholics on the active records on June 30, 1945, were on leave of absence. In general, patients on leave are more evenly distributed with respect to diagnostic classification than are the patients resident in the mental hospitals.

For patients on leave on June 30, 1945, the median length of time on leave, 10.2 months, remains unchanged from last year, while the mean length of time has increased from 16.7 to 18.3 months, indicating that relatively less effort is being made to clear the records of leaves of absence of long standing. Among the various hospitals, the median length of time on leave has decreased since 1944 for three of the seven institutions. In comparison with the data for 1942, however, all hospitals except Napa have shown an increase. Stockton is the only state hospital to report a decrease in the mean length of time on leave of absence as compared with 1944, while all seven hospitals with the exception of Napa have shown an increase in the mean as compared with 1942. For patients on leave of absence on June 30, 1945, Agnews reported a median of 20.4 months and a mean of 28.3 months, the highest for all hospitals.

It is the general policy of the department to discharge patients after they have been on leave of absence for one year unless special circumstances warrant the extension of this type of therapy. Admittedly there are many patients on leave from other institutions as well as Agnews who are suitable for discharge and will be cleared from the records as soon as the recruitment of additional psychiatric social workers makes the time available for routine terminal interviews. Meanwhile most patients on these extended leaves have for all practical purposes completed their adjustment to the community.

Leaves Granted During Current Fiscal Year. Leaves of absence were granted on 5,397 occasions during the fiscal year just ended, an increase of 6 percent over the total for the preceding fiscal year, but 19 percent under the all-time maximum of 6,643 leaves granted during the year ending June 30, 1942. Excluding visits of three days or less, 4,201 leaves of absence were granted during the current year, representing a ratio of 48 leaves per 100 admissions as compared with a ratio of 66 leaves per 100 admissions in 1943, the first year for which these data are available.

Mental Disorders of Patients Granted Leave. Of the 4,201 leaves (excluding visits) granted during the current fiscal year, 90 percent were taken by patients who had been diagnosed as psychotic. In this latter group of 3,777 leaves, 35 percent were granted to cases of dementia praecox, 21 percent to cases of manic-depressive psychosis, and 8 percent to cases of cerebral arteriosclerosis with psychosis, the three largest groups in this category. Of the 424 leaves granted to patients without psychosis, 77 percent were granted to cases of alcoholism. In the psychotic group, only 38 percent of the leaves were granted to male patients, whereas in the nonpsychotic group 64 percent of the leaves were granted to male patients.

TABLE 23
NUMBER OF PAROLES AND RETURNS FROM PAROLE, NET PAROLES, AND RATIO OF RETURN
FROM PAROLE TO PAROLES, BY MENTAL DISORDER
STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

Mental disorder	Paroles*			Returns from parole*			Net paroles	Returns from parole in per cent of paroles
	Total	M	F	Total	M	F		
All groups	4,201	1,711	2,490	1,940	771	1,169	2,261	46.2
With Psychosis	3,777	1,441	2,336	1,822	695	1,127	1,955	48.2
Syphilitic meningo-encephalitis (general paresis).....	192	130	62	85	57	28	107	44.3
With other forms of syphilis of the c. n. s.	25	17	8	8	6	2	17	32.0
With epidemic encephalitis.....	5	3	2	3	2	1	2	60.0
With other infectious diseases.....	10	7	3	5	5	—	5	50.0
Alcoholic.....	242	158	84	80	44	36	162	33.1
Due to drugs or other exogenous poisons.....	10	5	5	1	—	1	9	10.0
Traumatic.....	23	20	3	11	9	2	12	47.8
With cerebral arteriosclerosis.....	320	146	174	171	86	85	149	53.4
With other disturbances of circulation.....	11	5	6	4	3	1	7	36.4
With convulsive disorders (epilepsy).....	127	56	71	66	34	32	61	52.0
Senile.....	80	21	59	53	17	36	27	66.3
Involuntional.....	279	43	236	101	13	88	178	36.2
Due to other metabolic, etc., diseases.....	20	4	16	7	—	7	13	35.0
Due to new growth.....	5	4	1	3	3	—	2	60.0
With organic changes of the nervous system.....	29	11	18	19	5	14	10	65.5
Psychoneuroses.....	59	13	46	27	7	20	32	45.8
Manic-depressive.....	808	192	616	364	82	282	444	45.0
Dementia praecox (schizophrenia).....	1,330	515	815	700	263	437	630	52.6
Paranoia and paranoid conditions.....	31	11	20	9	5	4	22	29.0
With psychopathic personality.....	56	26	30	31	14	17	25	55.4
With mental deficiency.....	91	41	50	67	35	32	24	73.6
Undiagnosed psychoses.....	24	13	11	7	5	2	17	29.2
Without Psychosis	424	270	154	118	76	42	306	27.8
Epilepsy.....	3	2	1	1	—	1	2	33.3
Alcoholism.....	326	208	118	76	49	27	250	23.3
Drug addiction.....	27	12	15	4	—	4	23	14.8
Mental deficiency.....	6	3	3	7	4	3	—	116.7
Disorders of personality due to epidemic encephalitis.....	1	1	—	—	—	—	1	—
Psychopathic personality.....	14	8	6	4	3	1	10	28.6
Other non-psychotic diseases or conditions (not insane).....	4	1	3	1	—	1	3	25.0
Primary behavior disorders.....	15	8	7	8	4	4	7	53.3
Sexual psychopathy.....	11	11	—	2	2	—	9	18.2
Syphilis of the c. n. s.	17	16	1	15	14	1	2	8.8

* Visits of 3 days or less are excluded; see Table 21.

Age and Marital Status of Patients Granted Leave. The median age of patients to whom leaves were granted during the last fiscal year was 42.8 years (42.4 years for male patients and 43.0 years for female patients). This figure is much lower than the corresponding median ages for inpatients on June 30, 1945 (51 years for male patients and 53 years for female patients). It will be noted that patients 55 years of age and over were granted only 25 percent of the total of 4,201 leaves.

TABLE 24
MARITAL STATUS OF PAROLED PATIENTS, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

Marital status	Paroles			Returns from parole			Returns from parole in per cent of paroles		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All groups.....	4,201	1,711	2,490	1,940	771	1,169	46.2	45.1	46.9
Single.....	1,220	740	480	697	418	279	57.1	56.5	58.1
Married.....	1,996	660	1,336	752	215	537	37.7	32.6	40.2
Widowed.....	361	76	285	178	41	137	49.3	53.9	48.1
Divorced.....	417	168	249	205	66	139	49.3	39.3	55.8
Separated.....	195	59	136	98	22	76	50.3	37.3	55.9
Unknown.....	12	8	4	10	9	1	83.3	112.5	25.0

In those cases in which the marital status of the patient was ascertainable, 29 percent of the total number of leaves were granted to single patients and 48 percent to married patients. Aside from the fact that married patients are the more likely to evolve a leave of absence into complete recovery, it happens that married female patients outnumber single female patients in general by a ratio of over two to one, and also that leaves of absence are granted more frequently to female patients than male patients. Of the total number of leaves granted male patients, 43 percent were granted to single patients and 39 percent to married patients, whereas with respect to leaves granted to female patients, 18 percent were granted to single patients, and 54 percent to married patients. The fact that single male patients outnumbered married male patients with respect to leaves granted may be accounted for partly by the relatively high proportion of single male patients in those diagnostic groups (e.g., nonpsychotic alcoholism) for which extramural care was particularly suitable.

Returns From Leave for Current Fiscal Year. Two common measures for gauging the success of an extramural care program are the relative number of returns in terms of leaves granted, and the relative number of patients discharged from leave in terms of leaves granted. The ratio of returns to leaves (excluding visits) was 46 percent, a slight increase over the figure of 44 percent for the preceding year. On the other hand, the ratio of patients discharged while on leave to the number of leaves granted during 1944-45 has decreased from 69 percent to 60 percent. The ratio of net leaves (leaves minus returns, excluding visits) to the average daily resident population has also decreased, from 11.7 percent in 1942-43 to 8.9 percent in 1944-45.

Mental Disorders of Returns From Leave. Excluding visits, the rate of return from leave for psychotic patients (48 percent) is much higher than the rate of return for nonpsychotic patients (28 percent). With respect to the various diagnostic groups, the rate of return was highest for cases of senile psychosis and psychosis with mental deficiency. For manic-depressive and dementia praecox cases, the two largest diagnostic groups, the rate of return was respectively 45 percent and 53 percent, whereas for cases of alcoholism without psychosis, the largest nonpsychotic diagnostic group, the rate of return was 23 percent.

TABLE 25
AGE AT PAROLE OF PATIENTS PAROLED, AND AGE AT RETURN OF PATIENTS RETURNED
FROM PAROLE, BY SEX
STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

Age in years	Number						Per cent					
	Total		Male		Female		Total		Male		Female	
	Paroles	Returns from parole	Paroles	Returns from parole	Paroles	Returns from parole	Paroles	Returns from parole	Paroles	Returns from parole	Paroles	Returns from parole
Total.....	4,201*	1,940*	1,711	771	2,490	1,169	-----	-----	-----	-----	-----	-----
Unknown.....	3	3	1	1	2	2	-----	-----	-----	-----	-----	-----
Known.....	4,198	1,937	1,710	770	2,488	1,167	100.0	100.0	100.0	100.0	100.0	100.0
14 and under....	14	6	9	3	5	3	0.3	0.3	0.5	0.4	0.2	0.3
15-19.....	123	34	73	24	50	10	2.9	1.8	4.3	3.1	2.0	0.9
20-24.....	224	97	105	41	119	56	5.3	5.0	6.1	5.3	4.8	4.8
25-29.....	364	169	118	65	246	104	8.7	8.7	6.9	8.4	9.9	8.9
30-34.....	481	210	175	94	306	116	11.5	10.8	10.2	12.2	12.3	9.9
35-39.....	604	277	268	115	338	162	14.4	14.3	15.6	14.9	13.6	13.9
40-44.....	521	220	235	85	286	135	12.4	11.4	13.7	11.0	11.5	11.6
45-49.....	447	193	169	66	278	127	10.6	10.0	9.9	8.6	11.2	10.9
50-54.....	390	182	142	55	248	127	9.3	9.4	8.3	7.1	10.0	10.9
55-59.....	312	147	123	53	189	94	7.4	7.6	7.2	6.9	7.6	8.1
60-64.....	294	137	116	49	178	88	7.0	7.1	6.8	6.4	7.2	7.5
65-69.....	185	93	75	37	110	56	4.4	4.8	4.4	4.8	4.4	4.8
70-74.....	128	86	59	43	69	43	3.0	4.4	3.5	5.6	2.8	3.7
75-79.....	71	51	35	26	36	25	1.7	2.6	2.0	3.4	1.4	2.1
80-84.....	25	23	5	7	20	16	0.6	1.2	0.3	0.9	0.8	1.4
85 and over....	15	12	5	7	10	5	0.4	0.6	0.3	0.9	0.4	0.4
Median age....	42.77	43.98	42.34	42.53	43.15	44.90	-----	-----	-----	-----	-----	-----

* Excluding visits of 3 days or less; see Table 21.

Age of Returns From Leave. For the patient population in general, the median age of patients returning from leave increased slightly during the current fiscal year to 41.3 years for male patients and 44.9 years for female patients. The modal age group for leaves and returns (for both male and female patients) was 35-39 years, for which the rate of return was 46 percent. In the age group 15-19 years, the rate of return was 27.6 percent, the lowest for any group involving more than 100 leaves of absence during the current fiscal year.

Marital Status of Returns From Leave. For both male and female patients, the rate of return was lowest for married patients and highest for single patients, ranging between these two extremes for widowed, divorced and separated patients. Male patients showed a lower rate of return than female patients for all types of marital status, with the exception of widowed patients.

Length of Leave and Return. For the six diagnostic groups involving the largest number of returns (exclusive of visits) during the last fiscal year, 28 percent terminated leaves of less than one month, with 32 percent ranging from one to six months, and 19 percent from six months to one year. Only 8 percent of the returns terminated leaves of two years or longer. The average length of time on leave varies considerably among the different diagnostic groups. For example, 36 percent of the total number of patients with general paresis who returned from leave of absence during the last fiscal year had been on leave for less than one month, as compared with only 15 percent for cases of alcoholism without psychosis. On the other hand, only 4 percent of the returns in the general paresis group terminated leaves of over two years' duration, whereas 9 percent of the returned dementia praecox cases had been on leave two years or longer. This type of information may be used in estimating the probable length of time on leave prior to return. For example, the chances are equal that a nonpsychotic alcoholic will return to the hospital in less than five months, if he returns at all. In general, the likelihood of a patient's successful readjustment outside the hospital should be ascertainable during the first few months of his leave of absence.

TABLE 26

CUMULATIVE PERCENTAGE OF TIME ON PAROLE FOR RETURNS FROM PAROLE, BY SELECTED DIAGNOSES*—STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

Time out on parole	Total, selected diagnoses	General paresis	Alcoholism without psychosis	Psychosis with cerebral arterio-sclerosis	Involuntional psychosis	Manic-depressive psychosis	Dementia praecox
Less than 1 day†-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 2 days-----	98.9	98.8	100.0	99.4	100.0	96.7	99.5
Less than 3 days-----	95.0	91.8	100.0	95.9	94.1	93.1	95.7
Less than 15 days-----	91.7	88.2	100.0	94.1	92.1	89.6	91.7
Less than 1 month-----	71.8	63.5	85.0	70.2	62.4	68.1	74.8
Less than 2 months-----	65.6	61.2	80.0	63.1	54.5	63.2	68.0
Less than 3 months-----	55.9	52.9	67.5	51.5	51.5	53.0	58.1
Less than 4 months-----	49.6	48.2	62.5	47.4	42.6	47.3	51.0
Less than 5 months-----	43.8	42.4	50.0	43.3	36.6	43.7	44.6
Less than 6 months-----	40.2	42.4	46.3	39.2	32.7	39.6	41.0
Less than 7 months-----	35.5	40.0	33.8	33.3	28.7	35.2	36.8
Less than 8 months-----	31.6	34.1	32.5	28.7	25.7	30.2	33.4
Less than 9 months-----	29.0	32.9	27.5	25.1	23.8	28.0	30.8
Less than 10 months-----	26.0	29.4	26.3	22.2	18.8	25.8	27.6
Less than 11 months-----	23.9	28.2	25.0	20.5	18.8	23.1	25.3
Less than 1 year-----	21.1	25.9	21.3	17.0	14.9	20.9	23.6
Less than 1½ years-----	18.7	23.5	17.5	15.8	12.9	19.0	19.6
Less than 2 years-----	12.4	14.1	6.3	11.1	5.0	13.2	13.9
Two years and over-----	8.1	3.5	5.0	8.2	4.0	8.8	9.3
Actual number of returns from parole	1,501	85	80	171	101	364	700

* Diagnosis groups including 80 or more returns from parole during the fiscal year.

† Refers to patients leaving hospital one day and returning the next.

Discharges From Leave. A patient on leave of absence is suitable for discharge when he is considered to be no longer in need of follow-up care and is ready to reassume the stresses and responsibilities of normal life. During the fiscal year just ended, there were 2,524 discharges from leave, as compared with 3,020 for 1943-44, a decline of 16 percent. The length of time on leave prior to discharge has increased since 1943-44, for both relatively short and relatively long leaves. Over 17.4 percent of the total number of discharges followed a leave of absence of less than six months, for the current fiscal year, as compared with 16.5 percent for 1943-44; and 18.1 percent had been carried on leave of absence for at least two years, as compared with only 11.7 percent for 1943-44.

TABLE 27
TIME ON PAROLE BEFORE DISCHARGE FROM PAROLE, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

Time on parole directly preceding discharge	Number of patients							
	Total	Agnews	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton
Total.....	2,524	232	539	116	426	280	417	514
1 day.....	6		2				2	2
2 days.....	7	1			2	1	2	1
3-14 days.....	46	9	7	4	6	6	6	8
15-29 days.....	41	6	13	1	5	1	5	10
1 but less than 2 months.....	79	19	12	5	14	3	12	14
2 but less than 3 months.....	74	17	19	2	8	5	6	17
3 but less than 4 months.....	62	17	11	3	5	10	1	15
4 but less than 5 months.....	59	10	11	6	6	2	10	14
5 but less than 6 months.....	66	10	14	2	15	7	6	12
6 but less than 7 months.....	80	22	19	4	6	8	12	9
7 but less than 8 months.....	68	5	12	17	12	3	9	10
8 but less than 9 months.....	70	11	17	12	17	3	5	5
9 but less than 10 months.....	60	13	13	4	13	4	6	7
10 but less than 11 months.....	51	3	11		12	10	10	5
11 months but less than 1 year.....	137	6	27	1	24	31	39	9
1 but less than 1½ years.....	881	18	207	23	165	162	238	68
1½ but less than 2 years.....	281	12	85	24	46	7	36	71
2 years and over.....	456	53	59	8	70	17	12	237

TABLE 28
 PERCENTAGE DISTRIBUTION OF LENGTH OF TIME ON PAROLE BEFORE DISCHARGE FROM PAROLE
 STATE MENTAL HOSPITALS
 YEAR ENDING JUNE 30, 1945

Time on parole directly preceding discharge	Number of patients			
	Number	Per cent	Cumulative	
			Number	Per cent
Total.....	2,524	100.0		
1 day.....	6	0.2	6	0.2
2 days.....	7	0.3	13	0.5
3-14 days.....	46	1.8	59	2.3
15-29 days.....	41	1.7	100	4.0
1 but less than 2 months.....	79	3.1	179	7.1
2 but less than 3 months.....	74	2.9	253	10.0
3 but less than 4 months.....	62	2.5	315	12.5
4 but less than 5 months.....	59	2.3	374	14.8
5 but less than 6 months.....	66	2.6	440	17.4
6 but less than 7 months.....	80	3.2	520	20.6
7 but less than 8 months.....	68	2.7	588	23.3
8 but less than 9 months.....	70	2.8	658	26.1
9 but less than 10 months.....	60	2.4	718	28.5
10 but less than 11 months.....	51	2.0	769	30.5
11 months but less than 1 year.....	137	5.4	906	35.9
1 but less than 1½ years.....	881	34.9	1,787	70.8
1½ but less than 2 years.....	281	11.1	2,068	81.9
2 years and over.....	456	18.1	2,524	100.0

PATIENTS ON ESCAPE

Reversing the trend of the last few years, the number of patients on escape has shown a slight decrease during 1944-45. Patients on escape for two years or longer constituted 37 percent of the total on escape, since it is illegal to discharge patients on escape for certain types of commitment. Of the total number of patients on escape, 86 percent had been diagnosed as psychotic. Male patients made up 91 percent of the total number on escape.

There were 979 escapes during 1944-45, an increase of 25 percent (22 percent for males and 43 percent for females) over 1943-44. The rate of return has also increased slightly, from 61 percent to 63 percent of the total number of escapes during the year.

On those rare occasions when a dangerous patient escapes, the sheriffs' offices and various police departments in the area are immediately notified, and every effort is made to apprehend the patient as quickly as possible, for his own welfare and protection as well as the community's. However, it should be clearly understood that the great majority of patients who are technically on escape are completely harmless and law-abiding. Many improved patients in preparation for their return to normal life are given the freedom of the hospital grounds, and subsequently leave the hospital somewhat ahead of schedule. In these instances the department's psychiatric social workers in cooperation with the sheriffs' offices attempt to reestablish contact with the patient. If his adjustment to normal community life is not progressing satisfactorily, he is returned to the hospital for further care and treatment.

More frequently, however, the patient's progress warrants changing his status from escape to terminal leave, or completely discharging his case from the active hospital records. Escaped patients who cannot be found after a period of several months also have been discharged from the records, since their adjustment apparently was successful. During 1944-45, 355 patients were discharged from escape.

Of the total number of returns from escape during 1944-45, 29 percent terminated a period of absence of less than one day, whereas 84 percent of the cases had been absent without leave for less than one month. Only 3 percent of the total number of returns from escape had been absent for over six months.

PRIVATE INSTITUTIONS

The department's program relating to private institutions for the mentally ill, the feeble-minded and other incompetent persons has a threefold purpose: (1) supervision of those institutions already licensed, (2) inspection of institutions making their first application for a license, and (3) investigation of complaints concerning unlicensed institutions to ascertain whether they should be brought under the licensing provisions of the department.

During the year ending June 30, 1945, every institution licensed by the department was inspected at least once, while some, particularly those which had failed to comply with the rules and regulations of the department, were visited several times. A fire safety clearance is required from the State Fire Marshal's Office for each establishment whose license is pending renewal; and as a result of the activities of that agency fire safety facilities were improved in a number of the institutions during the year. Cooperation is also received from other agencies such as the local health departments, which are frequently called upon to give health clearance when any question arises as to cleanliness or sanitation.

The difficulties faced by the private institutions are similar to those with which the state institutions are confronted: scarcity of competent help, difficulties in maintaining present facilities in good condition, and public pressure to accept more patients than their capacity will allow. There were 100 private institutions licensed for a capacity of 4,101 patients on June 30, 1945. Many of these institutions cared for more than one type of patient; thus 64 private institutions were licensed to care for the mentally ill, 43 for alcoholics, 65 for mental defectives and 52 for epileptics. Present trends in the number of applications indicate a decided increase in institutions of this type, which are particularly needed for the care of the mentally ill and mentally deficient. Complaints are frequently received concerning establishments that are caring for mentally ill or other incompetent persons without the authority of a license from this department. All of these complaints are investigated to secure conformance with the law. Those found to be caring for such persons must either apply for and obtain a license or have the patients removed.

TABLE 29
PRIVATE INSTITUTIONS UNDER LICENSE BY DEPARTMENT OF INSTITUTIONS
ON JUNE 30, 1945

Name	Location	Popu- lation June 30, 1945	Licensed capacity June 30, 1945	Type of cases cared for				
				Mental	Alcoholic	mentally defective	Epileptic	Drug addict
Adams Boarding Home*†	622 West 141st Street, Hawthorne...	6	6			x	x	
Adams School for Backward Children‡	2662 Ellendale Place, Los Angeles	54	28			x	x	
Alexander Sanitarium, Inc.	Ralston Blvd. P.O. Box 27, Belmont	75	75	x	x			x
Alhambra Sanatorium	1047 S. Rosemead Blvd., Rosemead	19	20	x	x	x	x	x
Altadena Lodge Sanitarium‡	2735 E. New York Ave., Altadena	53	31	x	x			
Baldy View Sanitarium*	701 Hill Drive, San Gabriel	85	85	x				
Dr. C. Beeman Sanitarium	2751 E. Telegraph Rd., Whittier	46	47	x	x	x	x	
Blake-Hammond Manor‡	P.O. Box 234, Ben Lomond	30	25			x	x	
Bobby Dean Rancho	3954 Pomona Blvd., Walnut	41	41			x	x	
Boyle School for Exceptional Children	3764 S. Main St., Los Angeles	15	15			x	x	
Calistoga Hospital	Spring and Myrtle Sts., Calistoga	1	1	x				
Casa Del Mar Sanitarium	11929 Venice Blvd., Los Angeles	86	86	x	x	x	x	
Helene Catalain Country Home†	423 N. Temple Ave., Temple City	5	6			x		
The Cedars Development School†	Bolinas at Upper Road, Ross	54	146			x		
Chaminade Memorial School	Rt. 1, Box 105, Paul Sweet Lane, Santa Cruz	75	75			x	x	
Charter Oak Lodge**	1153 E. Covina Blvd., Covina	57	57	x	x	x	x	
Clear View Lodge Sanitarium**	1127 Gould Lane, Manhattan Beach	40	40	x	x	x	x	
Clearview Sanitarium	15913 S. Western Ave., Gardena	90	96	x	x	x	x	
Compton Sanitarium	820 Compton Blvd. W., Compton	88	131	x	x	x	x	x
Connelley Liquor Cure	5112 Foothill Blvd., Oakland	2	2		x			
The Ida M. Davis School†	2736 Grande Vista Ave., Oakland	9	15			x		
Harriet Dedrick's Sunshine Home†	1047 Madera St., Encanto	8	12					
Del Rio Gardens Sanitarium**	7004 E. Gage Ave., Bell	70	71	x				
Hester Dunn Home	2230 N. Main St., Napa	2	3	x				
Jane Edling Home**	1464 S. Rosemead Blvd., Rivera	19	20	x				
Eitarich-Ballard School for Girls**†§	1760 N. Fair Oaks Blvd., Pasadena	12	6			x	x	
El Encanto Sanitarium	600 W. Valley Blvd., Puente	143	141	x	x			
Garden Grove Sanitarium	801 W. Garden Grove Blvd., Garden Grove	76	159	x	x	x	x	x
Mrs. Gattton's Home	3335 Over St., Oakland	1	3			x		
Grace Sanitarium	1518 E. Imperial Highway, Willow- brook	34	34	x		x	x	
Grand View Sanitarium	1826 Workman Mill Rd., Whittier	25	44	x	x			
Grande Vista Sanitarium	7010 Park Ave., Richmond	3	3	x				
The Halco Treatment	5538 Telegraph Ave., Oakland	4	10		x			
Herman Rest Home**	977 Plummer Ave., San Jose	16	18	x				
Hillcrest Manor	1899 National Ave., National City	50	50	x	x			
Hill Crest Sanitarium	601 Steiner St., San Francisco	13	13	x	x			
Hillside Acres†	Reed and Ethel Sts., Mill Valley	2	6			x	x	
The Hillwell Sanitarium	P.O. Box 125, Belmont	35	35	x				
Miss Jeanne L. Houghton Home	Box 85, Ojai	6	6			x		
Mrs. Margaret Houghton Home	Box 85, Ojai	6	6			x		
Hygeia Sanatorium	437 N. Vermont Ave., Los Angeles	4	8		x			
Hygeia Sanatorium	108 Ivy St., San Diego	6	20	x				
Jackson Ranch Home	1731 S. Second Ave., Arcadia	1	6			x		
Joslin Sanatorium	R.F.D. 1, Box 6, Lincoln	4	15	x	x			
Keeley Institute of Los Angeles‡	2400 W. Pico Blvd., Los Angeles	15	6		x			
Kimball Sanitarium	2647 Foothill Blvd., La Crescenta	25	48	x	x	x	x	x
Lady Bristol Sanatorium	Saratoga, California	25	120	x				
Lakewood Sanitarium	723 S. Lakewood Blvd., Downey		38	x		x		
Las Encinas Sanitarium	2900 Blanche St., Pasadena	50	50	x	x		x	x
Las Palmas Rest Home**	11461 West Pico Blvd., Los Angeles	19	20	x				
Laura Francis Home-School	1619 Second St., Hayward	16	20			x	x	
Ruth Lipps School for Boys*†	950 3rd Ave., Chula Vista	25	30			x	x	
Little Country School†	2308 Longdon Ave., Temple City	6	6			x		
Livermore Sanitarium	954 So. L St., Livermore	91	112	x	x		x	x
Los Alamitos Sanitarium	Los Alamitos	101	115	x	x	x	x	

* For male cases only.
** For female cases only.
† For children only.
‡ Capacity increase license pending.
§ Day patients also accepted.

TABLE 29—Continued
PRIVATE INSTITUTIONS UNDER LICENSE BY DEPARTMENT OF INSTITUTIONS
ON JUNE 30, 1945

Name	Location	Popu- lation June 30, 1945	Licensed capacity June 30, 1945	Type of cases cared for				
				Mental	Alcoholic	Mentally defective	Epileptic	Drug addict
Los Angeles Neurological Institute§	5227 Santa Monica Blvd., Los Angeles 27	19	25	x	x	x	x	x
Helen S. Lucas School	Lafayette	18	18	x	x	x	x	x
Mrs. Ruth Mangels Home	18502 Malibu Rd., Pacific Palisades	6	6			x	x	
Manor Hall Rest Home**	1245 S. Manhattan Pl., Los Angeles 6	52	53	x				
Marshall Manor Sanitarium	3995 East Blvd., Culver City	22	24	x		x		
Mar Vista Sanitarium	3966 West Blvd., Culver City	65	65	x	x			
Jean G. McCracken Home	404 W. Hellman Ave., Wilmar	50	52	x	x			
Merrill Neuropsychiatric Sanitarium	4600 Centinela Blvd., Venice	30	50	x	x		x	x
Mission Lodge Sanitarium**	824 Gladys Ave., San Gabriel	68	68	x	x	x	x	
Mission Sanitarium	4525 San Fernando Rd., Glendale	111	125	x	x	x	x	
Monrovia Rest Home**	2408 S. Mountain Ave., Monrovia	6	6	x				
Monterey Sanitarium**	3701 S. San Gabriel Blvd., San Gabriel	60	60	x	x	x	x	
Mt. Gleason Sanitarium**	11203 Mt. Gleason Ave., Sunland	40	40	x				
Murray Sanitarium	8021 S. Vermont Ave., Los Angeles	25	25	x	x	x	x	
New Wonga§	525 Oak St., El Cerrito	6	4				x	x
Palm Grove Sanatorium**	2335 S. Mountain Ave., Duarte	52	55	x			x	x
Park Sanitarium	1500 Page St., San Francisco	25	38	x	x	x	x	x
Pasadena Sanitarium	1625 Meridian Ave., So. Pasadena	46	75	x	x	x	x	x
Patterson Sanitarium	1440 168th Ave., San Leandro	29	40	x	x	x	x	x
Pioneer Sanitarium	2815 S. Pioneer Blvd., Artesia	49	53	x				
Mrs. Pugh's Boarding Home†	1031 W. Vernon Ave., Los Angeles 37	6	6				x	x
Resthaven**	765 College St., Los Angeles	37	45	x				
Rockhaven Sanitarium**	2713 Honolulu Ave., Verdugo City	97	104	x				
Rosemead Lodge Sanitarium	1050 S. Rosemead Blvd., Rosemead	25	50	x	x		x	
Ross General Hospital	Ross	2	2			x		
St. Erne Sanitarium*	527 W. Regent St., Inglewood	200	200	x	x	x	x	x
St. Vincent's School	P.O. Box 629, Santa Barbara	150	150			x		
Samaritan Institution	3350 Wilshire Blvd., Los Angeles 5	15	26		x			
Samaritan Institution	238 Foothill Blvd., Oakland	3	6	x				
San Marino Sanitarium	1002 N. Oak Ave., San Gabriel	29	75	x	x			
Santa Monica Rest Home**	2828 Pico Blvd., Santa Monica	54	55	x				
School of Concentrated Thought	5979 Telegraph Ave., Oakland	3	3			x		
Seeman School*†	841 Lester Lane, El Monte	74	78				x	x
Sierra Lodge Sanitarium**	1744 Puente Ave., Baldwin Park	37	37	x				
Southern California Sanitarium	3261 Overland Ave., Los Angeles 34	29	33	x				
The Anita Sporup Home†	Rt. 1, Box 753, Brancifore Drive, Santa Cruz	11	12	x				
Stagg Manor	Box 216, Danville	20	21				x	x
Star View§†	987 S. Gramercy Pl., Los Angeles	10	10				x	x
Stylianou School§†	2255 W. Adams Blvd., Los Angeles	12	12				x	x
Sunridge Ranch†	R. F. D., Agoura	5	5				x	x
Sunny Crest School*†	3440 Manning Ave., Culver City	42	50				x	x
Tapley Sanitarium**	9961 National Blvd., Los Angeles 34	22	28	x				
Twentieth Century Sanitarium	5055 Novgorod St., Los Angeles 32	45	45	x	x			
Twin Pines, Inc.	1065 Ralston Ave., Belmont	43	50	x	x	x		
Verdugo Hills Sanitarium**	10244 Plainview Ave., Tujunga	7	8	x		x		
Villa Shaw Rest Home**	657 W. Milford St., Glendale	25	25	x				
Wann Home**	2208 Tockey St., Napa	5	5	x				
The Wikisal Children's Home†	1249 W. Grand Ave., Pomona	6	6				x	x
The Wilhelmine Home	605 E. 14th St., National City	22	26	x	x	x	x	
The Williams School for Handicapped Children†	449 N. Madison Ave., Pasadena 4	17	20				x	x
Wittman Home for Retarded Children	3951 East Blvd., Mar Vista	35	35				x	x
The Edythe Wood Home	694 Wesley Ave., Oakland	6	6				x	
Cora Wright Home†	Rt. 1, Box 98, Palm City	6	6				x	
Total, 100 private institutions.		3,723	4,101	64	43	65	52	10

* For male cases only.

** For female cases only.

† For children only.

‡ Capacity increase license pending.

§ Day patients also accepted.

PATIENTS DISCHARGED FROM MENTAL HOSPITALS

A patient may be discharged from a state mental hospital (or, if on leave of absence or escape, from the active records of the hospital) for any of a number of reasons, depending upon the type of commitment and the nature of his mental disorder. If the patient has been committed as mentally ill, his condition usually furnishes the basis for his discharge, and he is discharged as not insane or as recovered or improved. In the case of patients committed as alcoholics or drug addicts, the committing court sets a maximum limit to the period of commitment, the expiration of which is the basis for discharge. Again, the court may request custody of the patient; or the patient may be transferred to a veterans' hospital or to a state hospital in another state, in which instances the reason for discharge is based on administrative requirements rather than on the patient's condition. Death of the patient while on leave of absence or escape is another basis for administrative discharge.

During 1944-45, 5,860 patients were discharged either directly from the hospital (51 percent), or while on leave of absence (43 percent) or escape (6 percent). Excluding the discharge of 659 patients admitted for observation and 97 patients removed from the active records because of death while on leave of absence or escape, there were 5,104 discharges during the year, suitable for statistical analysis in the accompanying tables. This figure represents an increase of 1 percent over the corresponding figure for the preceding year. Male patients constituted 58 percent of the total number in this group. The rate of discharge per 1,000 patients under treatment has continued to decline from the maximum of 165.5 reached in 1942-43 to the present figure of 154.5.

Condition at Discharge. Of the group of 5,104 patients discharged during 1944-45, 31 percent were classified as recovered from the mental disorder which occasioned their admission to the hospital, 48 percent were classified as improved sufficiently to maintain their place in society without the need of further hospital supervision, and 8 percent were classified as unimproved at the time of discharge, but were released for various administrative reasons. The remaining 13 percent represent patients diagnosed as not insane (e.g., as nonpsychotic luetics, alcoholics, and psychoneurotics), for whom the degree of improvement or recovery (in terms of the clinical diagnosis) is not available. These four percentages show little change from the corresponding figure for 1943-44, in which year the percentage of patients discharged as recovered (32 percent) or as not insane (13 percent) was the highest for the eight-year period for which these data have been collected. Among the various diagnostic groups, 25 percent of the discharged dementia praecox cases, 62 percent of the discharged manic-depressive cases, and 55 percent of the discharged cases with alcoholic psychosis were released as recovered. These percentages are significantly less than the corresponding figures (32 percent, 68 percent, and 65 percent) for 1943-44.

Diagnosis of Patients Discharged. Of the group of 5,104 patients discharged during the current fiscal year, 76.7 percent had been diagnosed as psychotic, as compared with 70.1 percent for 1943-44. Patients diagnosed as cases of dementia praecox increased from 24 percent to 27 percent of the total number of discharges, while cases of alcoholism without psychosis decreased from 18 percent to 11 percent during this period.

TABLE 30
DISCHARGES FROM STATE MENTAL HOSPITALS, BY CONDITION AT DISCHARGE,
MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All discharges			Condition at discharge							
				Recovered		Improved		Unimproved		Not insane	
	Total	Male	Female	M	F	M	F	M	F	M	F
All groups.....	*5,104	*2,976	*2,128	717	843	1,520	950	300	127	439	208
With Psychosis.....	3,914	2,161	1,753	706	840	1,177	794	274	117	4	2
Syphilitic meningo-encephalitis (general paresis).....	243	191	52	45	14	126	32	20	6		
With other forms of syphilis of the c. n. s.....	32	24	8	5	2	16	6	2		†1	
With epidemic encephalitis.....	4	2	2	1	1	1	1				
With other infectious diseases.....	15	8	7	5	4	3	2		1		
Alcoholic.....	412	332	80	180	46	134	34	18			
Due to drugs or other exogenous poisons.....	22	9	13	7	11	2	2				
Traumatic.....	34	30	4	12	1	15	3	3			
With cerebral arteriosclerosis.....	225	116	109	34	32	69	70	13	7		
With other disturbances of circulation.....	9	4	5	1	3	3	2				
With convulsive disorders (epilepsy).....	103	71	32	11	6	44	20	16	6		
Senile.....	49	19	30	3	9	12	16	4	5		
Involuntal.....	218	39	179	19	116	19	56	1	7		
Due to other metabolic, etc., diseases.....	20	11	9	6	8	4	1	1			
Due to new growth.....	3		3		1		1		1		
With organic changes of the nervous system.....	19	11	8	3	3	5	3	3	2		
Psychoneuroses.....	122	43	79	18	28	18	43	4	6	3	2
Manic-depressive.....	813	300	513	155	347	128	148	17	18		
Dementia praecox (schizophrenia).....	1,374	837	537	158	183	524	306	155	48		
Paranoia and paranoid conditions.....	38	19	19	4	4	10	12	5	3		
With psychopathic personality.....	62	43	19	21	5	17	12	5	2		
With mental deficiency.....	63	30	33	7	12	18	18	5	3		
Undiagnosed psychoses.....	34	22	12	11	4	9	6	2	2		
Without Psychosis.....	1,190	815	375	11	3	343	156	26	10	435	206
Epilepsy.....	12	6	6			2	2			4	4
Alcoholism.....	562	401	161	7		297	119	7	3	90	39
Drug addiction.....	44	20	24	1		15	22	2		2	2
Mental deficiency.....	50	25	25			1		2	4	22	21
Disorders of personality due to epidemic encephalitis.....	5	4	1			2				2	1
Psychopathic personality.....	67	47	20		2	7	6	3		37	12
Other non-psychotic diseases or conditions (not insane).....	44	28	16			2		1		25	16
Primary behavior disorders.....	40	23	17	1		9	5	4		9	12
Sexual psychopathy.....	10	10				2		4		4	
Syphilis of the c. n. s.....	356	251	105	2	1	6	2	3	3	240	99

* Excluding 659 discharges from observation commitment and 97 patients (46 male, 51 female) who died while on parole or escape. (Of the deaths on parole or escape, 81 cases (33 male, 48 female) were diagnosed as psychotic.)

† Discharged by court order.

In this report, the rate of discharge is based upon the ratio between the number of patients discharged and the number under treatment during the year (i.e., the year-end resident population plus discharges and deaths during the year). Observation cases and deaths on parole and escape are excluded. Rates of discharge per 1,000 patients under treatment for 1944-45 have been calculated on this basis for several selected diagnoses: 274 for manic-depressive psychosis, 90 for dementia praecox, 203 for involuntional psychosis, 349 for alcoholic psychosis, and 675 for alcoholism without psychosis. The rate of discharge per 1,000 patients under treatment has decreased this last year for cases of involuntional psychosis, and especially for cases of alcoholism without psychosis, which had a discharge rate of 836 for 1943-44. The rate of discharge for all diagnostic groups combined was 154 per 1,000, unchanged from 1943-44. Since 1936 the over-all rate of discharge has fluctuated from 134 during 1935-36 to 166 during 1942-43.

Age of Patients at Discharge. Although the average age of patients under treatment in the hospitals has steadily increased from year to year, the average age of patients discharged during 1944-45 remains unchanged from the preceding year, at 41 years. Patients between 30 and 50 years of age comprised 51 percent of the total number discharged during the year. The average age at discharge for cases of dementia praecox remains at 34 years, while the average age for the second largest diagnostic group, manic-depressive, is 41 years.

Duration of Hospital Residence. The duration of hospital residence prior to discharge (including not only residence for the current admission but also all known previous periods of residence in any state or federal mental hospital in the United States) has increased slightly over the preceding year. During 1944-45 only 33 percent of the total number of discharges had received hospital treatment for a period of three months or less, whereas 28 percent had received treatment for at least one year and 15 percent for at least two years, as compared with 26 percent and 13 percent respectively for 1943-44.

Among the various diagnostic classifications, only 1 percent of the cases of nonpsychotic syphilis of the central nervous system had undergone treatment for more than one year prior to discharge. For nonpsychotic alcoholics, 13 percent had received more than one year of hospital treatment, while 38 percent of the cases of general paresis and 41 percent of the dementia praecox cases discharged during 1944-45 had received hospital treatment of one year or longer prior to discharge.

Of the patients discharged as recovered during 1944-45, 29 percent were released within three months of admission, while 30 percent had received at least one year of inpatient treatment, 15 percent had received at least two years and 2 percent at least 10 years of treatment. Of those patients discharged as improved, 29 percent had received not over three months of hospital treatment, while 32 percent had received treatment for at least one year.

TABLE 31
DISCHARGES FROM STATE MENTAL HOSPITALS, BY AGE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All discharges			Age at last birthday, years															
	Total	Male	Female	14 and under		15-19		20-24		25-29		30-34		35-39		40-44		45-49	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	5,104*	2,976*	2,128*	33	28	88	56	202	153	286	229	353	312	407	274	426	293	327	207
With Psychosis.....	3,914	2,161	1,753	6	5	59	33	179	130	212	195	256	243	278	207	293	232	298	174
Syphilitic meningo-encephalitis (general paresis).....	243	191	52	1	3	1	1	4	3	2	1	16	9	29	14	50	33	33	5
With other forms of syphilis of the c. n. s.....	32	24	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis.....	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	15	8	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	412	332	80	1	1	1	1	1	1	13	7	35	10	57	12	67	13	57	17
Due to drugs or other exogenous poisons.....	22	9	13	1	1	1	1	1	1	10	1	2	1	3	1	2	2	2	2
Traumatic.....	34	30	4	1	1	1	1	1	1	10	1	2	1	3	1	1	1	1	1
With cerebral arteriosclerosis.....	225	116	109	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other disturbances of circulation.....	9	4	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With convulsive disorders (epilepsy).....	103	71	32	3	3	4	1	9	6	13	7	8	7	6	2	8	7	7	5
Senile.....	49	19	30	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involuntary.....	218	39	179	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	20	11	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	19	11	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses.....	122	43	79	1	2	4	6	2	4	2	7	8	9	9	1	2	2	2	2
Manic-depressive.....	813	300	513	1	3	21	33	29	67	33	29	33	80	38	75	45	74	30	57
Dementia praecox (schizophrenia).....	1,374	837	537	2	35	11	124	67	133	90	131	116	116	124	63	80	76	72	39
Paranoia and paranoid conditions.....	38	19	19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	62	43	19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	63	30	33	1	2	3	6	7	4	3	2	11	3	4	1	2	1	3	3
Undiagnosed psychoses.....	34	22	12	1	2	2	3	6	7	4	8	4	2	3	4	4	3	3	1
Without Psychosis.....	1,190	815	375	27	23	29	23	23	23	54	34	97	69	129	67	133	61	101	33
Epilepsy.....	12	6	6	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	562	401	161	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drug addiction.....	44	20	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency.....	50	25	25	2	4	5	5	2	6	7	1	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	5	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic personality.....	67	47	20	3	1	12	7	4	4	2	3	12	1	3	2	2	2	2	1
Other non-psychotic diseases or conditions (not insane).....	44	28	16	3	1	2	3	1	1	1	1	5	3	1	3	2	2	2	2
Primary behavior disorders.....	40	23	17	15	8	8	8	1	1	1	1	1	1	1	1	1	1	1	1
Sexual psychopathy.....	10	10	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	356	251	105	1	6	1	2	7	4	20	13	42	20	60	22	45	17	37	12

* Excluding 659 discharges from observation commitment and 97 patients (46 male, 51 female) who died while on parole or escape, 81 cases (93

TABLE 31—Continued
 DISCHARGES FROM STATE MENTAL HOSPITALS, BY AGE, MENTAL DISORDER, AND SEX
 YEAR ENDING JUNE 30, 1945

Mental disorder	Age at last birthday, years												85 and over		Unknown			
	50-54		55-59		60-64		65-69		70-74		75-79		80-84		85 and over		Unknown	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	330	178	294	138	144	124	98	70	50	40	16	13	6	7	3	6	3	3
With Psychosis.....	228	165	168	129	114	81	65	43	37	15	5	7	2	6	3	3	3	3
With other forms of syphilis of the c. n. s.....	24	5	17	3	13	3	8	2	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis.....	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	42	8	33	8	12	1	7	1	3	1	1	1	1	1	1	1	1	1
Due to drugs or other exogenous poisons.....	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	7	10	18	20	26	23	30	24	22	20	7	4	3	4	3	3	1	1
With other disturbances of circulation.....	1	3	2	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With convulsive disorders (epilepsy).....	7	2	4	4	1	1	3	3	5	7	7	5	2	3	1	3	1	3
Senile.....	1	3	2	4	1	1	3	3	8	5	7	5	2	3	1	3	1	3
Involuntary.....	16	55	8	20	6	24	1	7	1	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	1	1	3	3	6	6	24	1	2	2	2	2	2	2	2	2	2	2
Due to new growth.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses.....	3	5	5	5	1	6	1	1	1	1	1	1	1	1	1	1	1	1
Manic-depressive.....	39	43	30	30	17	34	11	9	4	8	4	4	4	4	4	4	4	4
Dementia praecox (schizophrenia).....	65	26	33	24	21	10	12	12	12	4	1	1	1	1	1	1	1	1
Paranoia and paranoid conditions.....	1	2	8	3	2	4	2	2	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses.....	1	2	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Without Psychosis.....	102	13	56	9	37	10	17	5	7	3	1	2	1	1	1	1	1	1
Epilepsy.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Alcoholism.....	66	8	43	7	28	7	13	2	5	1	1	1	1	1	1	1	1	1
Drug addiction.....	2	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Mental deficiency.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic personality.....	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insured).....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Primary behavior disorders.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Sexual psychopathy.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	24	3	8	3	3	3	2	2	1	1	1	1	1	1	1	1	1	1

Reasons for Discharge. The patient's recovery from his mental disorder was given as the reason for discharge in 29 percent of the 5,104 discharges covered by the descriptive tables, while the patient's improvement was the basis for discharge in 19 percent of the cases, and 3 percent were discharged as not insane. Administrative discharges included deportations (9 percent), transfers to federal hospitals under the control of the Veterans Administration (6 percent, as compared with only 2 percent for the preceding year), and expiration of a definite term of commitment (6 percent).

TABLE 32
DISCHARGES FROM STATE MENTAL HOSPITALS, BY DURATION OF HOSPITAL RESIDENCE,
MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All discharges			Duration of hospital residence*											
				Less than 1 month		1-3 months		4-6 months		7-11 months		1 year			
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F		
All groups.....	5,104†	2,976†	2,128†	62	61	991	679	611	461	429	356	403	280		
With Psychosis.....	3,914	2,161	1,753	35	40	540	491	451	385	349	306	340	256		
Syphilitic meningo-encephalitis (general paresis).....	243	191	52	---	2	28	7	52	15	36	10	26	4		
With other forms of syphilis of the c. n. s.	32	24	8	1	---	3	1	6	1	5	1	3	2		
With epidemic encephalitis.....	4	2	2	---	---	---	---	1	---	---	2	---	---		
With other infectious diseases.....	15	8	7	---	2	3	2	1	2	---	---	2	---		
Alcoholic.....	412	332	80	4	---	118	20	80	24	52	18	47	11		
Due to drugs or other exogenous poisons.....	22	9	13	---	---	6	8	---	---	2	3	---	1		
Traumatic.....	34	30	4	---	---	8	2	4	1	11	---	2	---		
With cerebral arteriosclerosis.....	225	116	109	1	5	38	42	25	26	16	13	16	13		
With other disturbances of circulation.....	9	4	5	---	---	2	---	---	3	1	1	1	---		
With convulsive disorders (epilepsy).....	103	71	32	1	---	27	10	9	3	10	7	13	3		
Senile.....	49	19	30	1	1	4	10	3	5	4	6	2	4		
Involutional.....	218	39	179	---	2	11	61	10	54	10	25	4	19		
Due to other metabolic, etc., diseases.....	20	11	9	1	---	2	4	3	3	2	1	---	---		
Due to new growth.....	3	---	3	---	1	---	1	---	1	---	---	---	---		
With organic changes of the nervous system.....	19	11	8	---	---	2	2	3	1	1	2	1	1		
Psychoneuroses.....	122	43	79	4	14	22	47	4	7	6	6	3	4		
Manic-depressive.....	813	300	513	6	5	90	135	63	104	33	97	62	88		
Dementia praecox (schizophrenia).....	1,374	837	537	11	3	154	121	164	122	138	102	141	90		
Paranoia and paranoid conditions.....	38	19	19	---	---	5	5	4	1	3	4	4	2		
With psychopathic personality.....	62	43	19	1	1	6	4	7	2	9	4	6	5		
With mental deficiency.....	63	20	33	---	---	1	5	5	5	6	4	4	8		
Undiagnosed psychoses.....	34	22	12	4	3	6	3	5	5	3	---	3	1		
Without Psychosis.....	1,190	815	375	27	21	451	188	160	76	80	50	63	24		
Epilepsy.....	12	6	6	---	2	2	2	1	---	3	2	---	---		
Alcoholism.....	582	401	181	4	---	180	67	118	53	48	21	35	12		
Drug addiction.....	44	20	24	---	---	5	2	2	3	7	13	6	3		
Mental deficiency.....	50	25	25	1	2	7	12	5	6	2	3	4	1		
Disorders of personality due to epidemic encephalitis.....	5	4	1	1	---	1	---	1	---	1	1	---	---		
Psychopathic personality.....	67	47	20	1	4	13	2	11	6	9	2	6	4		
Other non-psychotic diseases or conditions (not insane).....	44	28	16	6	5	14	8	4	1	1	---	3	2		
Primary behavior disorders.....	40	23	17	---	---	9	4	6	3	6	6	2	2		
Sexual psychopathy.....	10	10	---	1	---	---	---	---	---	---	---	5	---		
Syphilis of the c. n. s.....	356	251	105	13	8	220	91	12	4	3	2	2	---		

* Comprising total duration of residence during present and prior admissions to any state mental hospital.

† In addition to the patients recorded above, 659 patients committed for observation and 97 patients (46 male, 51 female) who died on parole or escape were discharged. Of the death on parole or escape 81 cases, 33 males and 48 females, were diagnosed as psychotic.

Death on Leave of Absence or Escape. During 1944-45, 97 patients died while on leave of absence or escape from state hospitals, approximately the same number as for 1943-44. Female patients constituted 53 percent of the total number. While these deaths are counted with other discharges on leave or escape in the population movement tables, they have been appropriately excluded from the descriptive tables of discharges and of deaths within the institution.

TABLE 32—Continued
DISCHARGES FROM STATE MENTAL HOSPITALS, BY DURATION OF HOSPITAL RESIDENCE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	Duration of hospital residence*											
	2 years		3-4 years		5-9 years		10-14 years		15-19 years		20 years and over	
	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	167	98	105	104	124	63	43	17	24	5	17	4
With Psychosis.....	146	88	99	99	118	62	42	17	24	5	17	4
Syphilitic meningo-encephalitis (general paresis).....	17	5	17	6	7	2	5	1	3			
With other forms of syphilis of the c. n. s.....	2	1	1	2	3							
With epidemic encephalitis.....					1							
With other infectious diseases.....		1	1									
Alcoholic.....	15	4	8	2	6		1	1			1	
Due to drugs or other exogenous poisons.....		1			1							
Traumatic.....	2		2	1	1							
With cerebral arteriosclerosis.....	10	4	6	1	4	4				1		
With other disturbances of circulation.....		1			1							
With convulsive disorders (epilepsy).....	3	3	1	4	6	2	1					
Senile.....	1	3	3	1	1							
Involutional.....	2	5	1	6		5	2	1				
Due to other metabolic, etc., diseases.....				1	2		1					
Due to new growth.....				1	1							
With organic changes of the nervous system.....	1			1	1		1		1			
Psychoneuroses.....	2		2	1								
Manic-depressive.....	14	31	11	29	13	19	4	2	4	2		1
Dementia praecox (schizophrenia).....	67	24	41	37	64	23	27	10	15	2	15	3
Paranoia and paranoid conditions.....	2	1		3	1	2		1				
With psychopathic personality.....	5	1	3	2	4		2					
With mental deficiency.....	3	3	2	2	2	5					1	
Undiagnosed psychoses.....					1							
Without Psychosis.....	21	10	6	5	6	1	1					
Epilepsy.....												
Alcoholism.....	12	5	3	3	1							
Drug addiction.....		3										
Mental deficiency.....	2			1	3		1					
Disorders of personality due to epidemic encephalitis.....												
Psychopathic personality.....	3	1	3	1	1							
Other non-psychotic diseases or conditions (not insane).....												
Primary behavior disorders.....		1				1						
Sexual psychopathy.....	4											
Syphilis of the c. n. s.....					1							

* Comprising total duration of residence during present and prior admissions to any state mental hospital.

DEATHS IN MENTAL HOSPITALS

During the year ending June 30, 1945, there were 2,174 deaths in state mental hospitals, not including the deaths of 16 patients admitted for observation. This figure corresponds to a death rate of 66 per 1,000 patients under treatment during the year, slightly under the rate for the preceding period. The death rate for the fifteen-year interval for which these data are available has proved to be very irregular, ranging from a maximum of 72 in 1932 to 52 in 1940, with an unweighted annual average rate of 62. For 1944-45, the male death rate was 70 and the female death rate 62, as compared with 76 and 57 respectively for 1943-44. Although male patients comprised only 51 percent of the total number of patients, male deaths constituted 53 percent of the total of 2,174, a decrease from last year's figure of 59 percent. Since the ratio of male patients to the total resident population is steadily decreasing, the percentage of males in the older age groups is naturally higher than it is for the resident population as a whole.

Age at Death. During the 10-year period for which the median age of patients dying in mental hospitals has been available, this figure has shown a uniform annual increase from 60 years (in 1935-36) to the current figure of 67 years. The median age for female patients at death (70 years in 1944-45) has tended to be higher than the median age for male patients (66 years). Patients 75 years of age and over comprised 29 percent of the total number of deaths in 1944-45, as compared with 26 percent in 1942-43.

Duration of Hospital Residence. During the current year, the average length of residence prior to death was 11 months, the lowest average for any year in the 11-year interval for which this information is available. The average length of hospital life has decreased steadily since 1940-41, in which period hospitalization prior to death was 1 year and 11 months.

Of the patients whose deaths occurred during 1944-45, 51 percent had received hospital treatment of less than one year, while 18 percent had undergone treatment for 10 years or longer. The average period of treatment prior to death ranged from six months for patients with cerebral arteriosclerosis, senile psychosis, and general paresis, to 14 years for patients diagnosed as cases of dementia praecox.

Mental Disorders of Patients Dying. Deaths of patients with cerebral arteriosclerosis or senile psychosis comprised 51 percent of all deaths during 1944-45, the highest percentage for the last 11 years. Patients diagnosed as cases of dementia praecox accounted for 16 percent of the total number of deaths in the current year, while patients with general paresis made up 10 percent.

Cause of Death. In the accompanying tables, the primary causes of death have been tabulated in accordance with the procedures established by the United States Bureau of the Census. It should be understood that the primary cause is not necessarily identical with the immediate cause of death, nor with the diagnosis of the patient's mental disorder.

Diseases of the circulatory system constituted the primary cause of death in 43 percent of the total during 1944-45, as compared with 47 percent in 1943-44. Infectious and parasitic diseases were the second most frequent cause, responsible for 18 percent of the total number of deaths (24 percent of the male and 12 percent of the female deaths). This classification includes tuberculosis (relatively prevalent among patients who, being mentally ill, are irresponsible or otherwise unable to care properly for themselves) and syphilis, which as a cause of mental illness would naturally have a higher relative frequency among mental patients. Diseases of the nervous system and sense organs, the third most frequent cause, accounted for 12 percent of the total number of deaths during 1944-45.

Postmortem Examinations. A total of 217 postmortem examinations were carried out at the various state hospitals during 1944-45, being attended on many occasions by several staff members as well as the pathologist making the examinations. Tissue sections were prepared from a variety of areas, including the brain and spinal cord; and slides prepared from these sections were introduced at a number of the staff conferences, forming a basis for general discussion along with the findings of the pathologist. Some of the conditions discovered during examination had been previously determined in the admission diagnosis, while others were entirely unsuspected. The postmortem examinations of brain tissue were particularly instructive: atrophic areas and sclerotic vessels were encountered on several occasions, and one gliosis was discovered at Napa State Hospital. Camarillo State Hospital reported two postmortem examinations of considerable medical interest. One autopsy revealed that death was caused by the spontaneous rupture of a congenital aplastic aorta. The complete absence of secondary sex characteristics in this patient, who was 47 years old at time of admission, had discouraged a diagnosis of involuntional melancholia, and psychosis with cerebral arteriosclerosis consequently was decided on. Electric shock treatment had accordingly been instituted without benefit and, fortunately, without causing symptoms or death. The patient died more than three years following the electric shock treatment. Congenital aplasia of the aorta obviously contraindicates shock therapy; however, direct diagnosis of an aplastic aorta by X-ray or otherwise is not possible. It is interesting to note, in connection with the patient's psychotic diagnosis, that general hypoplasias of the vascular system are fairly common in dementia praecox cases, whereas congenital aplasia of the aorta has been reported most often in children whose mothers had measles during pregnancy. This case thus furnishes another instance of the likelihood of appearance of congenital malformations of all sorts under these circumstances, and lends further support to the view that therapeutic abortion should be performed in every such case. The second postmortem examination revealed that death was caused by traumatic rupture of the pancreas, the fifteenth case of this kind ever to be reported in medical literature.

With the return of normal postwar conditions, the medical staffs of the various hospitals look forward to the greatly increased use of postmortem examinations as a means of improving diagnostic procedures and conducting much-needed research in the somatic and traumatic causes of mental illness and the most effective methods of care and treatment.

TABLE 33
 DEATHS IN STATE MENTAL HOSPITALS, BY AGE AT DEATH, MENTAL DISORDER AND SEX
 YEAR ENDING JUNE 30, 1945

Mental disorder	Age at last birthday, years																
	14 and under		15-19		20-24		25-29		30-34		35-39		40-44		45-49		
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	2,174*	1,162*	1,012*	5	3	15	6	17	21	23	23	39	29	71	40	53	46
With Psychosis.....	2,146	1,142	1,004	5	3	14	6	17	21	23	23	38	27	68	38	49	46
Syphilitic meningo-encephalitis (general paresis).....	222	175	47	1	1	1	1	2	4	3	4	13	2	33	3	23	8
With other forms of syphilis of the c. n. s.....	18	12	6	1	1	1	1	1	1	1	1	2	2	1	2	1	1
With epidemic encephalitis.....	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1
With other infectious diseases.....	19	11	8	1	1	1	1	1	2	2	4	2	2	4	3	3	1
Alcoholic.....	53	40	13	1	1	1	1	2	2	2	4	4	2	4	3	3	1
Due to drugs or other exogenous poisons.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	7	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	720	394	326	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other disturbances of circulation.....	20	7	13	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With convulsive disorders (epilepsy).....	43	31	12	1	1	8	4	3	4	3	3	3	1	1	1	1	1
Senile.....	397	169	228	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involuntal.....	58	17	41	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	18	9	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	5	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	27	18	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses.....	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Manic-depressive.....	113	42	71	1	1	2	2	4	1	1	2	4	7	1	6	1	5
Dementia praecox (schizophrenia).....	356	176	180	1	1	3	3	6	8	10	12	11	10	22	14	9	12
Paranoia and paranoid conditions.....	13	5	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	27	12	15	1	1	1	1	1	1	2	1	2	2	1	4	1	2
Undiagnosed psychoses.....	23	13	10	1	1	1	1	2	1	1	1	1	1	2	2	1	2
Without Psychosis.....	28	20	8	1	1	1	1	1	1	1	1	1	2	3	2	4	4
Epilepsy.....	11	8	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	4	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drug addiction.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic personality.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insano).....	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Primary behavior disorders.....	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Sexual psychopathy.....	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	6	6	2	1	1	1	1	1	1	1	1	1	1	2	1	1	1

* Excluding 16 deaths of patients committed for observation (10 male and 6 female).

TABLE 33—Continued
DEATHS IN STATE MENTAL HOSPITALS, BY AGE AT DEATH, MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	Age at last birthday, years												85 and over		Unknown			
	50-54		55-59		60-64		65-69		70-74		75-79		80-84		85 and over		Unknown	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	72	63	113	75	154	92	165	119	154	114	144	114	124	55	73			
With Psychosis.....	69	62	111	73	153	92	161	119	151	114	144	114	124	55	72			
With other forms of syphilis of the c. n. s.....	23	10	22	5	27	8	16	2	6	1	4	1						
With epidemic encephalitis.....	1		1	1			2		2	2	1							
With other infectious diseases.....	1		2		2		1		1	1	2							
Alcoholic.....	3		10	4	6		4		3	1	1							
Due to drugs or other exogenous poisons.....						1												
Traumatic.....			1		2		2		2									
With cerebral arteriosclerosis.....	7	10	23	17	62	39	85	54	85	64	51	70	46	23	25			
With other disturbances of circulation.....		2	3		3		1		1	4								
With convulsive disorders (epilepsy).....	4	1	2	1	5	3	1		1	1	1							
Senile.....		1		2	1	2	18	16	32	46	40	56	65	29	42			
Involuntional.....	1	10	5	10	4	4	4	5	1	3								
Due to other metabolic, etc., diseases.....	2	3		1	1	2	1		1									
Due to new growth.....			2	4	2	5	1		1									
With organic changes of the nervous system.....	2	2	4	2	5	1			1									
Psychoneuroses.....																		
Manic-depressive.....	3	7	4	4	10	7	6	13	2	8	3	3	2	2	1			
Dementia praecox (schizophrenia).....	18	16	26	21	24	20	18	21	15	21	10	12	7	7	2			
Paranoia and paranoid conditions.....			3		1		2		2	3								
With psychopathic personality.....									1	1								
With mental deficiency.....	1		1	3	1	1	1	1	1	1	1	1	1					
Undiagnosed psychoses.....	1		4	1	2	1	2	1	1	1	1	1	1					
Without Psychosis.....	3	1	2	2	1		4		1									
Alcoholism.....																		
Drug addiction.....	2	1	1				1		1									
Mental deficiency.....																		
Disorders of personality due to epidemic encephalitis.....																		
Psychopathic personality.....																		
Other non-psychotic diseases or conditions (not insane).....																		
Primary behavior disorders.....																		
Sexual psychopathy.....							2											
Syphilis of the c. n. s.....	1		1	1	1													

TABLE 34
DEATHS IN STATE MENTAL HOSPITALS, BY DURATION OF STATE HOSPITAL RESIDENCE,
MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1945

Mental disorder	All deaths			Duration of hospital residence*									
				Less than 1 month		1-3 months		4-6 months		7-11 months		1 year	
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F
All groups.....	2,174†	1,162†	1,012†	154	99	295	216	89	84	101	73	89	109
With Psychosis.....	2,146	1,142	1,004	153	95	287	215	87	82	98	72	85	109
Syphilitic meningo-encephalitis (general paresis).....	222	175	47	12	5	62	17	19	5	16	5	17	2
With other forms of syphilis of the c. n. s.	18	12	6	---	1	2	---	2	---	---	---	---	1
With epidemic encephalitis.....	1	1	---	1	---	---	---	---	---	---	---	---	---
With other infectious diseases.....	19	11	8	6	2	1	2	2	---	---	---	---	---
Alcoholic.....	53	40	13	4	3	9	4	1	---	4	1	6	2
Due to drugs or other exogenous poisons.....	1	1	---	---	---	---	---	---	---	---	---	---	---
Traumatic.....	7	6	1	3	1	1	1	---	---	---	---	---	---
With cerebral arteriosclerosis.....	720	394	326	74	32	115	99	35	35	49	33	30	42
With other disturbances of circulation.....	20	7	13	3	3	---	6	3	2	---	---	---	1
With convulsive disorders (epilepsy).....	43	31	12	2	1	1	---	1	---	2	---	1	---
Senile.....	397	169	228	26	17	60	57	16	25	17	23	17	40
Involutional.....	58	17	41	1	3	10	10	1	3	1	2	---	6
Due to other metabolic, etc., diseases.....	18	9	9	2	2	5	---	---	---	1	3	---	1
Due to new growth.....	5	2	3	---	1	1	2	---	---	1	---	---	---
With organic changes of the nervous system.....	27	18	9	2	1	3	2	1	---	1	1	2	---
Psychoneuroses.....	2	---	2	---	---	---	1	---	---	---	---	---	---
Manic-depressive.....	113	42	71	9	12	3	6	1	4	---	2	6	5
Dementia praecox (schizophrenia).....	356	176	180	---	6	5	7	4	4	6	2	4	6
Paranoia and paranoid conditions.....	13	5	8	---	---	1	---	---	---	---	---	1	---
With psychopathic personality.....	3	2	1	---	---	1	---	---	---	---	---	---	---
With mental deficiency.....	27	12	15	2	---	---	---	---	---	---	---	1	2
Undiagnosed psychoses.....	23	13	10	6	5	7	1	---	2	---	---	---	1
Without Psychosis.....	28	20	8	1	4	8	1	2	2	3	1	4	---
Epilepsy.....	---	---	---	---	---	---	---	---	---	---	---	---	---
Alcoholism.....	11	8	3	1	1	3	---	---	2	1	---	3	---
Drug addiction.....	4	3	1	---	1	2	---	---	---	1	---	---	---
Mental deficiency.....	1	1	---	---	---	---	---	1	---	---	---	---	---
Disorders of personality due to epidemic encephalitis.....	---	---	---	---	---	---	---	---	---	---	---	---	---
Psychopathic personality.....	---	---	---	---	---	---	---	---	---	---	---	---	---
Other non-psychotic diseases or conditions (not insane).....	2	---	2	---	1	---	1	---	---	---	---	---	---
Primary behavior disorders.....	---	---	---	---	---	---	---	---	---	---	---	---	---
Sexual psychopathy.....	2	2	---	---	---	---	---	1	---	---	---	---	---
Syphilis of the c. n. s.....	8	6	2	---	1	3	---	---	---	1	1	1	---

* Comprising total duration of residence during present and prior admissions to any state mental hospital.
 † Excluding 16 deaths of patients committed for observation (10 male and 6 female).

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TABLE 34—Continued
 DEATHS IN STATE MENTAL HOSPITALS, BY DURATION OF STATE HOSPITAL RESIDENCE,
 MENTAL DISORDER AND SEX
 YEAR ENDING JUNE 30, 1945

Mental disorder	Duration of hospital residence*											
	2 years		3-4 years		5-9 years		10-14 years		15-19 years		20 years and over	
	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	63	72	62	70	96	112	81	63	43	36	89	78
With Psychosis.....	62	72	61	70	96	112	81	63	43	36	89	78
Syphilitic meningo-encephalitis (general paresis).....	8	2	10	2	15	6	9	2	6	1	1	1
With other forms of syphilis of the c. n. s.....	2	.....	.....	1	1	1	3	1	1	1	1	.....
With epidemic encephalitis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
With other infectious diseases.....	1	1	.....	1	1	.....	.....	.....	.....	.....	.....	.....
Alcoholic.....	3	1	3	1	3	1	3	.....	2	.....	2	.....
Due to drugs or other exogenous poison.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Traumatic.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
With cerebral arteriosclerosis.....	27	25	21	28	24	22	13	8	4	2	2	.....
With other disturbances of circulation.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
With convulsive disorders (epilepsy).....	1	2	5	1	4	1	6	3	3	2	5	2
Senile.....	9	23	4	13	11	17	7	10	1	1	1	.....
Involutional.....	.....	1	.....	6	3	6	.....	.....	1	1	.....	2
Due to other metabolic, etc., diseases.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Due to new growth.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
With organic changes of the nervous system.....	3	1	2	1	3	1	.....	2	1	.....	.....	.....
Psychoneuroses.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Manic-depressive.....	1	2	3	3	7	16	6	9	3	3	3	9
Dementia praecox (schizophrenia).....	7	8	11	11	21	33	31	23	21	22	66	53
Paranoia and paranoid conditions.....	.....	1	.....	.....	.....	2	.....	2	.....	.....	3	3
With psychopathic personality.....	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
With mental deficiency.....	.....	.....	2	1	1	5	2	2	.....	4	4	1
Undiagnosed psychoses.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Without Psychosis.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Alcoholism.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Drug addiction.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mental deficiency.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disorders of personality due to epidemic encephalitis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Psychopathic personality.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other non-psychotic diseases or conditions (not insane).....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Primary behavior disorders.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sexual psychopathy.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Syphilis of the c. n. s.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....

* Comprising total duration of residence during present and prior admissions to any state mental hospital.

TABLE 35—DEATHS IN STATE MENTAL HOSPITALS, BY CAUSE OF DEATH, MENTAL DISORDER AND SEX—YEAR ENDING JUNE 30, 1945

Mental disorder	All deaths			Cause of death*													
	Total	Male	Female	Infectious, parasitic		Cancer and other tumors		Other general†		Blood-forming organs		Chronic poisoning, intoxication		Nervous system, sense organs		Circulatory system	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	2,174‡	1,102‡	1,012‡	278	194	28	53	14	9	1	3	4	7	121	140	460	476
With Psychosis.....	2,146	1,142	1,004	270	122	26	53	13	9	1	3	4	7	119	139	457	474
Syphilitic meningo-encephalitis (general paresis).....	222	175	47	156	41	1	1	1	1	1	1	1	1	3	3	4	4
With other forms of syphilis of the c. n. s.....	18	12	6	10	3	1	1	1	1	1	1	1	1	3	3	1	1
With epidemic encephalitis.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	19	11	8	8	7	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	53	40	13	8	1	2	1	1	1	1	1	1	1	3	3	11	5
Due to drugs or other exogenous poisons.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	7	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	720	394	326	19	4	1	10	5	4	1	1	1	1	2	1	1	218
With other disturbances of circulation.....	20	7	13	3	2	1	1	1	1	1	1	1	1	1	1	1	4
With convulsive disorders (epilepsy).....	43	31	12	3	2	1	1	1	1	1	1	1	1	1	1	1	6
Senile.....	397	169	228	6	7	5	7	1	2	1	1	1	1	5	6	68	119
Involuntal.....	58	17	41	1	4	1	3	3	1	1	1	1	1	1	1	1	17
Due to other metabolic, etc., diseases.....	18	9	9	3	2	1	1	2	1	1	1	1	1	1	1	1	1
Due to new growth.....	5	2	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	27	18	9	1	2	1	1	1	1	1	1	1	1	5	2	9	3
Psychoneuroses.....	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mani-depressive.....	113	42	71	2	5	2	4	2	2	1	1	1	1	11	16	17	29
Dementia praecox (schizophrenia).....	356	176	180	44	39	10	18	4	4	1	2	1	1	18	26	65	62
Paranoia and paranoid conditions.....	13	5	8	1	1	1	1	1	1	1	1	1	1	1	1	1	3
With psychopathic personality.....	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	27	12	15	1	3	2	2	1	1	1	1	1	1	2	1	1	5
Undiagnosed psychoses.....	23	13	10	4	1	1	1	1	1	1	1	1	1	2	1	2	4
Without Psychosis.....	28	20	8	8	2	2	2	1	1	1	1	1	1	2	1	3	2
Epilepsy.....	11	8	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	4	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drug addiction.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Psychopathic personality.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Other non-psychotic diseases or conditions (not insane).....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Primary behavior disorders.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sexual psychopathy.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Syphilis of the c. n. s.....	6	6	2	6	2	2	2	2	2	2	2	2	2	2	2	2	2

* Classified in terms of the International List of Causes of Death (1938 revision) and Manual of Joint Causes of Death (1939). (No deaths were caused by diseases of pregnancy, childbirth and the puerperium, bones or organs of movement, congenital malformations, or diseases peculiar to the first year of life.)
 † Including rheumatism, diseases of nutrition and of the endocrine glands, other general diseases, and avitaminoses.
 ‡ Excluding 16 deaths of patients committed for observation (10 male and 6 female).

TABLE 35—Continued—DEATHS IN STATE MENTAL HOSPITALS, BY CAUSE OF DEATH, MENTAL DISORDER AND SEX.—YEAR ENDING JUNE 30, 1945

Mental disorder	Cause of death													
	Respiratory system		Digestive system		Genito-urinary system		Skin, cellular tissue		Senility		Violent or accidental deaths		Ill-defined, unknown causes	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All groups.....	133	89	23	9	20	28	1	1	42	36	38	31	6	6
With Psychosis.....	132	88	22	8	19	27	1	1	42	36	37	31	6	6
Syphilitic meningo-encephalitis (general paresis).....	5	1	1	1	1	1			1	1	4			1
With other forms of syphilis of the c. n. s.....	1	1												
With epidemic encephalitis.....	4	1												1
With other infectious diseases.....	1	5				1			1		2			
Alcoholic.....	4	1							1					
Due to drugs or other exogenous poisons.....	2	1												
Traumatic.....	2	1												
With cerebral arteriosclerosis.....	44	23	5	1	8	4			3	3	5	6		4
With other disturbances of circulation.....	1	2			1	3								
With convulsive disorders (epilepsy).....	2	2	1	1	1	1								
Senile.....	41	24	1	1	5	3	1	1	33	27	4	11		
Involuntional.....	2	6			1	2			2	1	2	1		
Due to other metabolic, etc., diseases.....	2	1			1	2								
Due to new growth.....	2	1							1					
With organic changes of the nervous system.....	2	1												
Psychoneuroses.....	5	8	1	1										
Manic-depressive.....	17	14	6	2	2	7				3	4	3		1
Dementia praecox (schizophrenia).....	1	1									10	8		
Paranoia and paranoid conditions.....	1	1									1	2		
With psychopathic personality.....	8	1												
With mental deficiency.....	1	1	2	2	1	1					2	1		
Undiagnosed psychoses.....	1	1												
Without Psychosis.....	1	1	1	1	1	1								
Epilepsy.....														
Alcoholism.....														
Drug addiction.....	1	1	1	1	1	1								
Mental deficiency.....														
Disorders of personality due to epidemic encephalitis.....														
Psychopathic personality.....														
Other non-psychotic diseases or conditions (not insane).....														
Primary behavior disorders.....														
Sexual psychopathy.....														
Syphilis of the c. n. s.....														

STERILIZATION OPERATIONS

During 1944-45, 156 sterilization operations were performed in state mental hospitals, 12 percent less than the number for the preceding year. To date a total of 10,799 sterilizations have been performed.

Of the total of 156, 22 percent were performed on manic-depressive cases and 56 percent on cases of dementia praecox. Male patients made up 24 percent of the total.

TABLE 36
STERILIZATION OPERATIONS PERFORMED IN STATE MENTAL HOSPITALS
JUNE 30, 1945

Institution	Year ending June 30, 1945			Cumulative totals through June 30, 1945		
	Total	Male	Female	Total	Male	Female
Total.....	156	37	119	10,799	5,801	4,998
Agnews.....	2		2	655	226	429
Camarillo.....	9	1	8	36	4	32
Mendocino.....	2	1	1	360	230	130
Napa.....	12	3	9	1,726	765	971
Norwalk.....	17	3	14	1,058	479	579
Patton.....	67	17	50	4,354	2,581	1,773
Stockton.....	47	12	35	2,610	1,526	1,084

THERAPEUTIC ACTIVITIES

A number of different types of therapy of value in the care and treatment of mentally ill patients are available in California state mental hospitals, including shock therapy and fever therapy, which entail considerable medical training and experience; psychotherapy, which requires a background in psychiatric techniques; physiotherapy and hydrotherapy, which involve training in specialized branches of medicine; and bibliotherapy, occupational therapy, and recreational therapy, the administration of which requires special training in these particular nonmedical fields. Ideally, as many forms of therapy should be made available in the care and treatment of a patient as his mental disorder and his condition at the time indicate. In practice, however, the administration of the various therapeutic measures is limited to a certain extent by inadequate personnel and facilities.

In addition to the wide variety of medical and surgical services offered in any well equipped general hospital, the state mental hospitals administer specialized medical therapies of particular value to patients with certain types of mental disorder. These include electric shock, electronarcosis, insulin shock, and fever therapy, which, because of the very encouraging results obtained, have attracted considerable attention not only in professional circles but also among the general public. Electric shock and fever therapy have been utilized for several years in mental hospitals throughout the nation, and are now firmly established as standard techniques. Insulin shock likewise has been accepted as

an indicated therapeutic measure for certain mental disorders, although the additional nursing care required for its administration has tended to discourage its use except in training centers such as The Langley Porter Clinic. Electronarcosis, also in use at The Langley Porter Clinic, is a comparatively new technique which shows considerable promise.

The administration of typhoid vaccine to quiet maniacal patients is another form of medical therapy which deserves special mention. Norwalk State Hospital reports satisfactory results in 95 percent of the cases, with lasting effects in three cases out of four. Many of the patients appreciate the quieting effect of the vaccine and ask for it voluntarily.

Fever Therapy. The techniques for combating disease by inducing a rise in body temperature are of particular value in the treatment of certain diseases of the central nervous system, and general paresis especially. These techniques are now employed at all seven state mental hospitals. Treatment is most effective when given during the early stages of the disease, the California statute permitting voluntary admission to state hospitals without the formality of court commitment having proved especially useful in encouraging the admission of persons with syphilis and neurosyphilis to state hospitals for early fever therapy treatment. If given in time, this treatment usually arrests the course of the disease, preventing permanent hospitalization or death at a more advanced stage. In order to further encourage voluntary admissions for this purpose, Agnews and Camarillo state hospitals have set aside wards for the fever therapy treatment of nonpsychotic voluntary patients. The value of this service is demonstrated by the fact that 28 percent of the 974 voluntary admissions to state hospitals in 1944-45 were diagnosed as cases of syphilis of the central nervous system without psychosis, while an additional 5 percent were diagnosed as cases of general paresis, the percentages being unchanged from last year. During 1944-45, 842 patients were given fever therapy treatment (an increase of 10 percent over last year), of which 505 were voluntary patients (an increase of 13 percent over the number of voluntary patients treated last year). Ninety percent of the total number of patients treated at Camarillo during 1944-45 were voluntary admissions.

TABLE 37
FEVER THERAPY BY INSTITUTION, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1945

Status	Total	Agnews	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton
Patients with neurosyphilis admitted.....	805	100	362	30	66	41	30	176
Committed.....	400	40	72	29	60	41	25	133
Voluntary.....	398	60	290	1	6			41
Outpatient.....	7						5	2
Patients given fever therapy.....	842	80	448	12	41	40	139	82
Committed.....	328	25	45	12	33	40	128	45
Voluntary.....	505	55	403		6		6	35
Outpatient.....	9				2		5	2
Patients released after fever therapy.....	510	57	277	14	2	29	12	119
Committed.....	157	9	27	13		29	6	73
Voluntary.....	343	48	250	1				44
Outpatient.....	10				2		6	2

NOTE: Malarial blood was supplied to outside agencies (hospitals or private physicians) on 81 occasions during the year.

Malaria inoculation was utilized as the inducing agent at all seven mental hospitals. In addition, Agnews State Hospital also used the electric inductotherm to administer a form of fever therapy referred to as inducto-pyrexia, particularly for patients who failed to develop malarial symptoms following inoculation, giving 25 such treatments during 1944-45.

The long-term decrease in the percentage of first admissions with general paresis is worth noting. In 1934-35, 11.3 percent of all psychotic first admissions were cases of general paresis, the percentage decreasing steadily over the succeeding 10 years to the present figure of 7.6 percent. A similar trend is indicated in the rate of admission of nonpsychotic patients with syphilis of the central nervous system, although the circumstances are somewhat different. In 1940-41, the first year for which data on this class of patients were available, nonpsychotic patients with syphilis of the central nervous system comprised 1.7 percent of the total number of first admissions, and 2.5 percent in 1941-42. In the following year, with the establishment of special wards at Agnews and Camarillo to encourage the admission of nonpsychotic patients, the percentage increased to 5.8 percent of the total. However, during the succeeding two years, this figure has decreased to 5.4 percent. The annual number of admissions of cases of general paresis and of cases of nonpsychotic syphilis of the central nervous system has also shown a year-by-year decrease with respect to the general population of California.

TABLE 38
GENERAL PARESIS ADMISSIONS, ALL PSYCHOTIC ADMISSIONS, AND CALIFORNIA POPULATION *
YEARS ENDING JUNE 30, 1936-1945

Year ending June 30	First admissions		California population in 1,000s	Rate of general paresis admissions per	
	General paresis	All psychotics		100 psychotic admissions	100,000 Calif. population
1936.....	403	2,794	6,135	10.6	6.6
1937.....	409	3,984	6,453	10.3	6.3
1938.....	399	4,381	6,687	9.1	6.0
1939.....	417	4,249	6,755	9.8	6.2
1940.....	406	4,140	6,907	9.8	5.9
1941.....	410	4,297	7,070	9.5	5.8
1942.....	451	4,588	7,425	9.8	6.1
1943.....	389	4,598	7,795	8.5	5.0
1944.....	446	5,135	8,373	8.7	5.3
1945.....	427	5,617	8,917	7.6	4.8

* Source: Population data are taken from The Tax Digest, Vol. 24, No. 10, October, 1946, p. 331, and represent population as of January 1st.

It is difficult to assess the degree of credit which can be claimed by fever therapy in bringing about this reduction in the incidence and prevalence of syphilis, because a large number of medical and social agencies have shared in the attack on this disease. However, fever therapy has undoubtedly been influential; by arresting the damage to the brain, the treatment is estimated to have restored one-third of the treated patients to complete usefulness in the community and another third to usefulness under hospital supervision.

Electric Shock Therapy. Electric shock treatment is now a standard procedure at all state mental hospitals for certain indicated types of mental disorders, including dementia praecox, involuntional psychosis, and manic-depressive psychosis. It has been of particular value in the treatment of depressed and agitated cases, regardless of age, and has also been used to a limited extent with chronic disturbed patients, promoting a more satisfactory adjustment to nursing care in the hospital. In cases of recent onset without contraindicating physical disorders, rapid improvement usually occurs, followed in many instances by complete recovery and the return of the patient to the community. Since the special equipment for this type of therapy was not developed and installed in all hospitals until 1942-43, the full potentiality of this type of therapy is still being explored; but the results to date have been very encouraging. During the last year the use of curare has permitted the extension of this type of treatment to a greater number of patients in middle age and in the senile group.

The following two case histories submitted by Norwalk State Hospital illustrate the efficacy of this type of treatment:

Case No. 1. The patient, a 31-year-old housewife, weighed only 92 pounds at admission on January 22, and was "very dull, depressed, had ideas of persecution, had threatened to take her own life, refused to talk, took but little food, and was totally disoriented with many auditory hallucinations." Electric shock treatments were started on February 9, 1945, up to which time little progress had been made in the condition of this patient. After the first treatment improvement was noted. She slept much better, was less delusional and, from a mental standpoint, showed improvement in all symptoms presented at admission. By February 28, the patient's weight had increased to 115 pounds, and she was well oriented, with no delusions whatever. She was returned to her home on March 7. The diagnosis in this case was manic-depressive psychosis, depressed type.

Case No. 2. This patient was admitted on December 1, at which time she "was emaciated and very dull, paid no attention to her personal appearance, was greatly agitated, very fearful, had many delusions and believed she was a burden to all her friends and neighbors." On admission her weight was 94 pounds. Electric shock treatments were instituted and within 48 hours improvement was noted in all symptoms. She was much less agitated and depressed, her fears were diminishing, insight was improving, and she was increasing the amount of food she was taking. Steady improvement was noted during the course of 12 treatments. By February 28, the patient's weight had increased to 106 pounds, and she

was sleeping well. She was released from the hospital on March 15. The diagnosis in this case was involuntal melancholia.

During the current fiscal year, approximately 2,000 electric shock treatments were administered in the seven state hospitals, with an average of 300 patients under treatment at any one time. Roughly 50 percent or more of the total number of cases were improved upon completion of the treatment. However, evaluation of the effectiveness of this therapy is difficult, not only because the method of selecting cases suitable for treatment and the administrative techniques are still being developed, but also because the percentage of remissions is determined to a large extent by selection between early and chronic cases. As noted earlier, the duration of the mental disorder as well as the type of disorder has considerable bearing upon the efficacy of the treatment.

Psychotherapy. In the general meaning of the term, psychotherapy is involved in all phases of the care of mentally ill patients, for it can easily be seen that intelligent medical treatment, and even the general environment of a well-conducted mental hospital, will have psychotherapeutic values. Psychotherapy includes psychiatric and related professional techniques which are directed specifically toward helping the patient to gain better self-understanding, to face his difficulties and to cope with them in a more adequate manner. This treatment is most likely to benefit the patient when there is no organic involvement, and when the patient is sufficiently alert to be capable of developing insight into his condition and is accessible enough to make rapport possible. The time spent on psychotherapy varies from one or two hours for some patients to a great many hours with others. Considerable time is usually spent with the patient at the beginning of treatment, the interviews being spaced more widely as the patient improves.

A project in group psychotherapy at Camarillo State Hospital deserves special mention because of its continuing success. Organized in September, 1944, the group consists of some 15 or 20 male patients who are undergoing or have just completed a course of electric shock treatments. Under the skilled direction of a staff physician who acts as moderator, the group (known as the Ward Eleven Club) meet to discuss topics of general interest, to listen to talks by invited guests, to talk over their own difficulties (particularly those which led to hospitalization), and even on occasion to pass ex officio judgment on the eligibility of fellow members for leave of absence or discharge. Of the 80 patients who have joined the Ward Eleven Club during this year, 53 have left the hospital after an average residence of three to four months. The club has been recognized as a positive means of reorienting the individual patient and of integrating his energies. Members show better rapport with the hospital staff and are more fully prepared for the difficult adjustments to be made following their return to the community. Plans are now being made for the formation of a club of former patients in Los Angeles, along similar lines.

Hydrotherapy. In addition to its general value in care and treatment, hydrotherapy has continued to be the most effective and humane means of quieting disturbed patients, and is employed in all hospitals to the extent of the available facilities. At Agnews State Hospital, for example, 124,440 hydrotherapy treatments were administered during 1944-45.

Needle-sprays and douches comprised 36 percent of this total, compresses 18 percent, continuous baths 17 percent, and electric-light cabinet treatments 16 percent. Dr. E. W. Mullen, the Superintendent of Agnews State Hospital, points out that "It is only through an active hydrotherapeutic department that patients can be handled without restraint."

Other Therapeutic Activities. Occupational and industrial therapy is now generally recognized as a valuable means of keeping the minds and bodies of patients occupied and thereby promoting more rapid rehabilitation. Applications of these two related forms of therapy include supervised assistance in the routine maintenance of the institution (gardening, farming, grounds maintenance, and work in the kitchens, on the wards, and in the administrative offices). In addition to its therapeutic value, this program has contributed greatly to the smooth functioning of the institution as a whole, during the wartime shortage of personnel. Dr. G. M. Webster, the Superintendent of Patton State Hospital, reports that fully half of the patients in his institution have been productively employed. Without their assistance it would not have been possible to maintain the institution in a clean and sanitary condition because of the acute employment problem. The occupational therapist at Camarillo reports a higher percentage of recovery among patients who received occupational therapy. On those chronic and custodial wards where occupational and recreational therapy is given, the patients were found to be quieter, more alert, more cheerful, less destructive, and in general tended to have better habits and higher morale.

Formal projects in occupational therapy are also carried out at several of the institutions under the direction of trained therapists. These activities have included (among others), fancy work, rug making, book binding, and oil painting at Agnews; shoe repair and the manufacture of reed furniture at Norwalk; making articles of clothing for the Red Cross, mural painting, and publication of a hospital quarterly magazine (*The Pulse*) at Camarillo; and block printing, puppetry, and the publication of the *Imola News* at Napa. These activities also enable many patients to acquire various occupational skills which are put to good use after their return to the community. At Camarillo it was found that one out of every four patients employed in the shoe repair shop was able to carry on in this trade after leaving the institution.

Recreational therapy takes a variety of forms in the state mental hospitals, including picnics, dances, Christmas plays, field meets, motion pictures, singing around the piano, folk dancing, and similar activities. This form of therapy is recognized as a valuable means of reorienting the patient to a normal outlook on life, and thus shortening the period of his hospitalization. Libraries of books and magazines for the use of the patients are available at all of the institutions, while at several hospitals bibliotherapy is supplemented in various ways by ward libraries, story hours, and related activities. Various organizations and individuals have assisted in stocking these libraries, which are maintained by patients trained in bookbinding and book repair.

The librarian at Camarillo State Hospital reports a library of 5,900 books for the patients' use, in addition to 47 books in the medical library and 39 professional books for employees. Of the total, 22 percent were on loan to patients on June 30, 1945; while during the year 13,400

books had been lent to patients, representing a turnover of over 200 percent. In addition, 5,900 magazines had been received by donation and 360 by subscription during the year. Twenty-four patients had assisted in the maintenance of this library.

Religious services are held every Sunday at all institutions. The various religious denominations of the State have shown a very active interest in reaching the patients, who are deeply appreciative of this spiritual comfort in their time of trouble. Institutional life at best is artificial; and religious services are for many of the older patients the only remaining tie with the normal lives they have left.

STAFF CONFERENCES AND OTHER PROFESSIONAL ACTIVITIES

In addition to the regular semiweekly staff conferences held at all hospitals for purposes of clinical diagnosis and the determination of choice of treatment, special periodic staff meetings were held at Camarillo and Napa state hospitals during this last year for the discussion of interesting pathological material and its correlation with the physical findings and mental histories of selected cases, the discussion of the diagnoses, treatment, and progress of certain cases of particular interest, and the discussion of the characteristics, differentiation, and therapy of various diseases associated with mental illness, including the anemias, syphilis, pulmonary disease, and cerebral arteriosclerosis. Although the high ratio of patients to physicians and the shortage of professional personnel (many professional positions were vacant throughout the year) prevented the holding of similar scientific staff conferences at most of the hospitals, it should be pointed out that with suitable preparation and competent guidance the discussion at clinical conferences frequently includes matters of general professional interest following the disposition of the particular cases at hand.

In spite of wartime conditions, several of the hospitals have been able to carry on special instruction in various professional fields related to the study and treatment of mental disorders, along with a general program of public education in matters of mental hygiene and the State's objectives in this field. For example, Agnews State Hospital has provided clinics and a series of semiweekly lectures for medical and psychology students, police officers, and other interested persons. An extension course was also given in the rehabilitation of returning psychoneurotic veterans under the auspices of the University of California; and Agnews has likewise supplied the teaching facilities for a course in occupational therapy given by San Jose State College. The Santa Clara County Medical Society holds an annual meeting at Agnews State Hospital, those cases being selected for demonstration which present problems of interest to the physician in general practice.

THE LANGLEY PORTER CLINIC

The Langley Porter Clinic is located in the Medical Center of the University of California Hospital in San Francisco. It was established by the California Statutes of 1941 as a neuropsychiatric hospital for the treatment of acute and early cases of mental illness, with provision for inpatient and outpatient care, and has been designated an approved psychiatric hospital by the American Medical Association and the American College of Surgeons. Although the clinic is an integral part of the state mental hospital system, it is also closely affiliated with the University of California. The Department of Institutions may utilize clinic facilities for research and for employee-training; with this exception, the University has exclusive use of the clinic for teaching and research purposes.

The Langley Porter Clinic thus has three main functions: **Treatment, teaching, and research.** In actual practice these are not dissociated, but constitute three simultaneous activities in the care and prevention of mental illness. Research based on the careful study of all patients under treatment is used as a basis for further improvement in standard therapies, as well as for the development of promising new methods. Instruction in the clinic is based on first-hand observation of cases under treatment, under the guidance of highly-trained specialists in this field of medicine. It is now generally accepted that patients in teaching hospitals receive more careful study and more effective treatment than do patients in hospitals that do not emphasize teaching and research. These latter functions not only foster the over-all program of improving methods and techniques, but also contribute to better treatment for each individual case.

The essence of psychiatric treatment of inpatients lies in the 24-hour management of the patient's life plus appropriate psychotherapy administered by the psychiatrist and other trained personnel. For certain types of mental disorders, routine psychotherapy is supplemented by special methods of treatment, including insulin and electric shock, electro-narcosis, the conditioned reflex treatment for alcoholism, and fever therapy of syphilitic disorders of the brain. Physical therapy and hydrotherapy treatments are routinely employed; and occupational and recreational therapies, which serve to keep the patient's mind healthily occupied, are utilized to the limit of the clinic's resources. The various methods of treatment complement one another, and achieve their maximum effect when all the techniques indicated for each particular case are integrated in the patient's therapeutic program. However, since adequate nursing care is essential in the application of these methods, their full utilization at present is consequently limited by the continuing shortage of nursing personnel.

In many cases the physician must also spend considerable time with the patient, in order to establish a suitable relationship under which it becomes possible to discuss the patient's problems freely and intelligently. The situation or conditions leading to the patient's mental illness, which usually are not recognized as such by the patient, can thus be identified and explained. Once the patient has been given insight and understanding into the causes of his condition, his improvement and release can then be expedited and plans for his future developed. It can be seen that effective psychiatric treatment is often long drawn out and expensive. There is no possible way to secure treatment which is both cheap and satisfactory; in fact, cheap treatment is generally the most expensive in the long run, both for the patient and the community.

In addition to a very active outpatient department for patients who do not require full-time hospitalization, the clinic's facilities include clinical and research laboratories (with X-ray and electroencephalographic equipment), an operating room in connection with neurosurgery, and an inpatient department with a potential capacity of 97 beds in six wards. At present two wards and the operating room have not yet been opened, primarily because of the shortage of nurses and attendants. Once an adequate hospital staff has been recruited, it will be possible to perform neurosurgery and to open all the wards, adding about 50 percent to the inpatient capacity.

In spite of the shortage of nurses and the inability of the clinic to open two wards, the clinic is already crowded for space. It was found necessary to finish a basement section for the psychology department in order to make special facilities available for a child guidance clinic, which was opened in December of 1944. The outpatient department is badly overcrowded, its admission rate having increased by 15 percent over last year, with an increase of 31 percent in the active case-load. No increase in the inpatient case-load was possible during the fiscal year 1944-45.

With the exception of a small number of cases transferred from other state mental institutions, all admissions to the Langley Porter Clinic are made on a voluntary basis without court action, the admission procedure being very similar to that for any general-hospital clinic. However, because of crowded conditions and the shortage of personnel, extreme care must be exercised in the choice of patients most suitable for treatment and study. With the exception of a small number of chronic patients who are accepted in order to round out the clinic's teaching and research programs, in general admissions are limited to patients who will benefit most by the clinic's special facilities for early intensive treatment. Since early cases show the greatest likelihood of rapid and complete recovery, the clinic is thus able to treat the maximum number of patients within the limits of its facilities, to utilize its personnel and equipment most effectively, and to arrest the development of mental illness in a large proportion of cases before the condition has become chronic and less susceptible of cure.

Social Service. This department's functions include case-work service, assistance in psychotherapy, and the review of all applications for admission (inpatient and outpatient). The department has charge of the intake desk, where a full-time social worker interviews prospective

patients, reviews the applications with the physicians in charge of the inpatient and outpatient departments, and arranges for the admission of the more suitable patients. The intake desk also schedules the rate of admission for the various departments, secures supplementary information from private physicians and welfare agencies, arranges for the emergency admission of critical cases, and, as occasion requires, explains why a particular application is necessarily rejected. The intake desk thus serves as the principal contact or liaison between the staff of the clinic and the community. A total of 1,711 intake interviews, of which 81 percent were outpatient, were held during the year ending June 30, 1945.

Case-work interviews for the 1944-45 fiscal year totaled 2,593, of which 1,739, or 67 percent, concerned outpatient cases. During this period the social work for the adult and children's outpatient departments has necessarily been handled by the staff on a part-time basis, and there is more need than ever for full-time workers. In addition to securing collateral histories, the department offers case-work service to family members of the patients, such as interpreting the patient's mental disorder and furnishing reports of his progress, offering direct therapeutic assistance to family members with emotional problems related to the patient's illness, and even arranging for child care when a mother comes in for treatment. Direct therapy in selected cases is also undertaken by the social worker, following joint approval of methods by the worker, the psychiatric consultant, and the case-work supervisor. In the children's outpatient department, the social workers on occasion deal directly with the children, in consultation with the child psychiatrist directing the department. With most cases, however, the work consists entirely of direct treatment interviews with parents, for the purpose of uncovering any difficulties in the parent-child relationship or tension in the home.

At the close of the year the inpatient wards were well covered by the social service department, with one full-time worker assigned to the adult wards and another to the children's ward; as a result, complete case-work services were offered during the latter half of the year. These social workers obtain useful data on the patient's illness and background, and also furnish the patient's relatives (or the referring welfare agency) with a better understanding of his illness together with advice on how he should be treated after discharge. The transfer of patients from inpatient to outpatient status also is handled by the social service department, with follow-up work after final discharge when time permits.

Field-work training during the year was provided for 12 student psychiatric social workers from the University of California School of Social Welfare, who spent three days a week at the clinic. Under supervision the students held conferences with relatives of patients, and also worked with the patients themselves, with a psychiatrist available for consultation. As part of the over-all teaching program of the clinic, the social service department presented 74 lectures to medical students and nurses during the year. In the field of research, the department has participated in a number of studies carried on by the clinic, particularly in the phenomena surrounding delayed recovery and in electric shock, and is cooperating in the experimental work initiated the preceding year on group psychotherapy of children.

Psychology. The personnel of this department, which has remained unchanged since 1943-44, consists of a full time Lecturer in Medical Psychology and four advanced students in half-time fellowships, supported entirely from University funds. However, the State Legislature has authorized two positions, not yet filled, for Senior Clinical Psychologist.

During 1944-45, 1,230 patients (both inpatient and outpatient) were seen in interviews. Examinations included differential diagnoses by special diagnostic methods, the elaboration of personality factors in patients scheduled for psychotherapy, the evaluation of probable response to psychotherapy, insulin therapy, and electric shock, and the evaluation of suspected cases of mental deficiency. Some work was also carried out, for patients suffering only minor psychiatric involvement, in vocational guidance and rehabilitation after treatment. The results were very encouraging and it is hoped that this phase of the department's activities may be expanded.

In addition to the usual instruction offered to medical students, social workers, and student nurses, special supervision and instruction are given to the four fellows in the department. In the field of research, studies in which the department has participated include investigations in the therapeutic success of the conditioned reflex treatment for alcoholism, and in the evaluation of the attitudes of psychiatric patients toward medicine and doctors. This latter project included the services of a full-time research worker sponsored by the Office of Scientific Research and Development.

Nursing. Because of the continuing shortage of nursing personnel, two inpatient wards in the clinic are still unopened. The nursing service is functioning smoothly on the other four wards, where all the usual nursing techniques of a psychiatric hospital are employed, including assistance in the administration of insulin, metrazol, electric-shock, and electronarcosis treatments. Hydrotherapy treatments (the continuous bath, cold wet sheet pack) and ultraviolet and infrared ray applications are utilized as part of the nursing routine. The nursing staff has also carried on a large part of the clinic's program in occupational and recreational therapy, particularly in the children's ward, where the nurses furnished several hours of grade school instruction every day and supervised weekly outings to the beach or to Golden Gate Park. The staff also shared in planning Saturday evening parties for the adult patients, and in enlisting their interest in useful occupational therapy such as the making of dressings for the University of California Hospital.

During the year 1944-45, a total of nine nurses have been employed as assistant graduate nurses. In addition to rotation of service on each ward under the supervision of experienced graduate nurses, they have been given formal instruction in a series of conferences and classes. Several of these nurses have now completed their year's training and are employed at the Clinic as psychiatric nurses, while others have taken similar positions with the Army or Navy.

All student nurses enrolled in the University of California School of Nursing are assigned to the Langley Porter Clinic nursing service for eight weeks of practical and theoretical instruction in psychiatric nursing and in assisting with the care of patients. During the year 94 student

nurses served at the clinic, all of whom had completed at least one year of training in nursing, while 30 percent had completed two years. Conferences, instruction, and planned observation were also afforded to medical students from other institutions in the area.

Occupational Therapy. During the last fiscal year, the clinic's program of occupational therapy has been very active, in spite of inadequate facilities and a shortage of personnel. Nurses and student nurses have assisted in this work, and occupational therapy students from San Jose State College and the University of Southern California have undertaken clinical training in occupational therapy with psychotic patients at the clinic. These students have fortunately made it possible to reach nearly all of the inpatients, as well as a number of outpatients for whom such treatment was especially advisable.

In the occupational therapy shop, the "beauty parlor" is especially popular with the women patients. Among the more formal crafts, leather working continues to be most favored, although clay-modeling, pottery work, drawing, furniture repair, and similar projects are also undertaken. Working with clay would become a major therapeutic activity of the patients if a kiln could be set up on the grounds of the clinic for baking the articles made by the patients. A gymnasium is also badly needed, to provide the more active patients with an opportunity for exercise, especially during inclement weather.

Laboratories. The laboratories at the Langley Porter Clinic are well-equipped for all standard routine medical procedures, as well as for special research in the fields of bio-chemistry, metabolism, and neurophysiology. Since there is little evidence at present that bacterial infection plays an important role in the majority of mental disorders, only a limited amount of bacteriological work is carried out at the clinic; and studies in this field requiring additional equipment are ordinarily referred to the University of California Hospital. The work of the general laboratory at the clinic is especially noteworthy for the large number of physiologic tolerance tests made.

The laboratory in neuropathology is well-equipped, and employs the services of a full-time technician. Permission for post-mortem examination was granted for two deaths at the Langley Porter Clinic during this last year, autopsies being carried out at the University of California Hospital, with subsequent examination of the brains in the laboratory. One patient who had died of incurable cancer of the breast was found to have dissemination of the cancer throughout the left chest wall, lungs, liver, pericardial sac and other organs. The other patient died of heart failure resulting from two separate diseases: (a) progressively rising blood pressure with resultant enlargement and weakening of the heart, degeneration of the kidneys, and edema of the brain (hypertensive encephalopathy), and (b) scarring and narrowing of the heart valves as a result of rheumatic fever earlier in life. Both cases represented psychoses resulting from interference in the metabolism of brain cells by incurable diseases of the other organs, and thus were not primarily problems in psychiatric therapy. Seventy brains were also received for examination and diagnosis from medical schools, the various state hospitals, and other outside sources during 1944-45, in connection with the

clinic's diagnostic service. While the findings of the laboratory usually agreed with the original diagnoses, on occasion they differed considerably and were therefore very instructive. Several of the less common diseases were encountered, including Huntington's chorea, gargoylism (at present the subject of special research by the clinic), and developmental abnormalities in the brain of an infant whose mother had German measles early in pregnancy.

TABLE 39
CLINICAL LABORATORY ACTIVITIES
LANGLEY PORTER CLINIC
YEAR ENDING JUNE 30, 1945

Type of procedure	Total	Inpatient	Outpatient
Total	5,508	3,906	1,602
Haematologic	634	489	145
Complete blood counts.....	487	368	119
Other haematologic examinations.....	147	121	26
Blood chemistry	1,944	1,565	379
Cholesterol.....	431	350	81
Glucose.....	740	669	71
Nonprotein nitrogen.....	52	47	5
Bromide.....	43	39	4
Alcohol.....	62	62	
Lactic acid.....	298	276	22
Chloride.....	6	6	
Calcium.....	2	1	1
Total protein.....	10	9	1
Blood pH.....	62	2	60
Sedimentation rate.....	49	40	9
CO-2 tests.....	138	16	122
Others.....	51	48	3
Biochemical and physiologic tolerance tests	*296	283	13
Urinalyses	870	724	146
Routine.....	668	525	143
Others.....	202	199	3
Serological tests	842	414	428
Blood Kahns.....	109	41	68
Blood and spinal fluid Wassermanns.....	†702	367	335
Other serological tests.....	31	6	25
Spinal fluid analyses	317	237	80
Examination of smears.....	56	49	7
Cultures.....	51	51	
Gastric analyses.....	15	4	11
Sputum examinations.....	7	5	2
Stool examinations.....	24	23	1
Alveolar gas determinations.....	377	10	367
Basal metabolic rate tests.....	75	52	23

* Figure represents 1,680 individual laboratory determinations.

† Wassermann specimens are collected at the Langley Porter Clinic and sent to the State Department of Public Health for analysis and report.

During the last fiscal year, the neuropathology laboratory stained a total of 3,203 slides (an increase of 45 percent over the preceding year), using 23 different methods. The laboratory has also been engaged in the preparation of kodachrome photographs of sections of brain tissue and 20 sets of slides to supplement instruction in neuropathology at the Langley Porter Clinic and the University of California Hospital. With a full-time neuropathologist and adequate secretarial help and with a more rapid flow of materials from outside sources, all phases of the work of this laboratory could easily be increased five-fold.

The electro-encephalography laboratory has two electrically-shielded rooms available for making studies with equipment including a six-channel Grass machine, which is considered the finest available. Electro-encephalograms were prepared during this last year for 81 inpatients and 65 outpatients, involving 209 tests. Special apparatus for electrocardiograms is also at hand, 211 electrocardiograms being made for 109 inpatients and 70 outpatients during 1944-45.

The routine laboratory activities of the clinic are listed in the accompanying table. It will be noted that the number of tests made during this last fiscal year has increased by 41 percent over the number made for the Fiscal Year 1943-44. Not included in this table are colloidal gold determinations made at frequent intervals for the State Prison at San Quentin.

X-ray. During the Fiscal Year 1944-45, the X-ray department made 739 examinations of 513 inpatients and 481 examinations of 413 outpatients. Chest examinations constituted 40 percent, spinal examinations 26 percent, and dental examinations 12 percent of the total number. The radiography for dental X-rays was done in the dental department.

In January, 1945, the X-ray department undertook a training program for student X-ray technicians in conjunction with the University of California Hospital X-ray department. The nine students now enrolled in this program will be given a total of six weeks' training at the Langley Porter Clinic in the theory of X-ray physics, as well as in practical work with the patients.

Dentistry. By arrangement with the University of California Dental School, a dental interne is assigned on a half-time basis at the Langley Porter Clinic, which has a well-equipped dental room with dental X-ray. All inpatients receive a routine dental examination, and outpatients are referred for dental examination when indicated. The amount of actual dental work done on patients is necessarily limited, although during the year 441 patients were given 895 examinations and treatments, representing an increase of 187 per cent in the number of treatments over the preceding year. Many cases are referred to the dental clinic at the University of California Hospital for more elaborate dental work.

Treatment, Research and Teaching. Satisfactory progress has been made this last year in the clinic's program of improving methods of treatment and in evaluating the effectiveness of current techniques. A total of 1,193 electric shock treatments (143 percent of the number of treatments given during 1943-44) were administered to 104 patients. The results continue to confirm the generally accepted view that this is an excellent and specific therapy for both phases of manic-depressive psychosis, and for the agitated depression of older persons. Prompt treatment of such cases has resulted in complete recovery or marked improvement in over 90 percent of the cases in less than a month's time. Such treatment also ameliorates the patient's acute mental condition (and it should be noted that the suffering of a depression is a very intense and real thing), and restores the patient more quickly to his family and community. Without electric shock treatment, a patient with these mental disorders would ordinarily require hospitalization from six months to

a year, and in some instances would remain hospitalized for several years, at great financial cost to the family and to the State. This treatment also lessens the danger of accident or injury to the patient, since it is well known that depressed patients often will not eat or take suitable care of themselves and may even be suicidal. Through the routine use of curare to weaken the muscular contractions temporarily, all electric shock treatments were administered without a single fracture, dislocation or serious accident of any sort.

Insulin shock treatment, combined with other psychiatric procedures for treating mentally sick persons, remains the best treatment for patients suffering from schizophrenia (dementia praecox). This is the most frequent type of mental disorder in our state hospitals, accounting for approximately one-fifth of all admissions and over one-half of the patient population. The treatment involves a considerable period of time, usually two to three months, as well as special nursing care, and therefore requires special facilities and additional nurses and doctors. Although many hospitals have had to discontinue insulin treatment during the war because of the nursing shortage, the clinic elected for various reasons to continue the use of this procedure, even at the sacrifice of other facilities, and has administered 1,839 insulin shock treatments to 38 patients during 1944-45, an increase of 6 percent over the preceding year. Since there was no preselection of cases of recent onset, the results do not furnish a reliable indication of the possibilities of this technique; in fact, the clinic staff has attempted by special techniques and by combining insulin and electric shock to determine if the treatment could benefit confirmed cases which would ordinarily be considered unsuitable. Insulin treatment, if given during the first six months of the disease, will produce remissions in three cases out of five; however, when the disease has existed for two or three years, the percentage of remissions declines accordingly, to 25 percent or less. For teaching purposes this work has great value, since comparatively little insulin treatment is being carried on elsewhere. Doctors, medical students, nurses, social service workers, and others with an official interest are allowed to witness the procedure, and are given instructions concerning its use.

During 1944-45 the clinic has also investigated the effectiveness of a modified treatment known as electronarcosis. This technique, recently introduced in the California state hospital system by research workers from the California Institute of Technology and the University of California, is a variation of the electric shock treatment in which the patient receives an electric charge continuously for a period of seven minutes. Since it is a more elaborate and complicated procedure than ordinary electric shock treatment, its comparative value in treating each of the various types of mental disorders is being given a thoroughgoing test prior to its acceptance as a routine technique. A total of 316 treatments have now been given to 28 patients; but the results are not yet sufficient to lead to definite conclusions. Although all types of shock treatment, including electric shock, electronarcosis and insulin shock, are complicated, difficult and somewhat dangerous, no deaths have occurred from the use of any of these procedures at the Langley Porter Clinic since the time of its opening.

Further research and treatment is being carried on with fever therapy for certain cases of syphilis of the central nervous system. Fever induced by malaria inoculation continues to show the most favorable results, and is now standard practice in the state hospital system for cases of this type. The clinic has likewise utilized fever produced by diathermy, another standard method of treatment, and also (in cooperation with the Hooper Foundation of the University of California) has made use of Dengue fever and Colorado tick fever as possible substitutes. Results for these latter two methods have been less promising.

One of the newer methods in the treatment of chronic alcoholism is the so-called conditioned reflex treatment, which involves conditioning the patient in such a way that he is made violently ill by the taste of alcohol. This method of treatment has been administered to 13 patients, who were given 98 conditioned reflex treatments. The results would indicate that the efficacy of this method has been somewhat over-rated. In selected cases, combined with other methods of treatment, it has some value; but its range of usefulness is limited.

Other research studies carried on in the clinic have already been mentioned in the preceding sections or are indicated in the list of publications by staff members which follows. Two additional projects, not immediately related to the care of clinic patients, have been financed by the National Research Council and are being carried on under clinic auspices. The first, a study of head injuries, was undertaken during the preceding fiscal year, and has now been extended to December, 1945; the second study involves the determination of the factors surrounding chronic invalidism and the probability of rehabilitation. Both projects have officially been declared vital to the war effort.

It is being generally realized that sound research in any field ultimately pays its own way, a fact which is especially true in the relatively unexplored field of mental hygiene. Even now there are many avenues of investigation which hold great promise. With sufficient equipment and qualified personnel, under the direction of the Department of Psychiatry of the University of California Medical School, the clinic could well undertake an expanded program of research which would ultimately reduce state costs and would restore a much larger proportion of the mentally ill to useful positions in society.

The clinic has continued to be an important teaching center in psychiatry and related professions throughout the year. In addition to formal and informal instruction in various departments, which has already been discussed in the preceding sections, instruction in psychiatry at the University of California Medical School has been largely carried out in the Langley Porter Clinic, both by didactic lectures and by clinical section teaching. The number of resident medical internes has increased from seven (including one part-time) to twelve (including three part-time). The daily staff conferences have been well-attended by medical students and by many professional groups outside the clinic, special permission to attend selected conferences being granted on occasion to certain judges, ministers, teachers, and other qualified persons.

INPATIENT DEPARTMENT

The inpatient department of the Langley Porter Clinic has a potential capacity of 97 patients in six wards, four of which will ultimately be assigned to adult psychiatric patients, one to children under 12, and one to neurosurgery. At the opening of the 1944-45 Fiscal Year, three wards were in operation, followed by the activation of the children's ward on August 7, 1944. A shortage of nurses and attendants has been the main reason for the delay in opening the two remaining wards, and has also led to the utilization of the neurosurgical ward as a regular psychiatric ward.

Since its opening in February, 1943, a total of 809 persons have been received in the inpatient department. During 1944-45, 325 patients were admitted, while 328 patients were discharged or transferred. Thus no significant change through the year has taken place in the number of patients on the active records of the clinic. On June 30, 1945, a total of 49 patients were being carried on the active records, of which 36 were house patients, and 13 on leave of absence.

TABLE 40
PATIENT INTERVIEWS, LANGLEY PORTER CLINIC
YEAR ENDING JUNE 30, 1945

Interviewer	Interviews	
	Outpatient	Inpatient
Psychiatrists.....	9,782	*
Psychologists.....	867	714
Social workers.....	3,129	1,175
Intake interviews.....	1,390	321
Case work interviews.....	1,739	854

* Figure not available.

House Patients. There were 19 male and 17 female patients in the clinic on June 30, 1945, ranging in age from 5 to 54 years, with 28 years as the median age. In the group of 29 psychotic patients, the two most common diagnostic classifications were psychoneurosis (10 patients) and dementia praecox (12 patients).

First Admissions. All first admissions are patients who voluntarily enter the clinic for treatment, since state law does not permit the courts to commit patients to Langley Porter Clinic. Of the 286 first admissions during the Fiscal Year 1944-45, 105 or 37 percent were residents of the City and County of San Francisco, with a total of 174 or 61 percent from the five Bay area counties, a decline of 7 percent from last year's figure. Altogether, 37 of the 58 counties of California were represented by first admissions to the clinic during 1944-45.

First admissions ranged in age from 4 to 69 years, with a median age of 29.8 years for male patients and 27.0 years for female patients. The median age for psychotic patients was 30.5 years and for non-psychotics 19.0 years, although the latter group included patients up to the age of 64 years of age. Patients under 21 years of age comprised 22 percent of psychotic and 50 percent of nonpsychotic first admissions.

With respect to diagnostic classification, 77 percent of the first admissions were psychotic and 23 percent nonpsychotic. In the psychotic group, 53 percent were diagnosed as psychoneurotic (the largest single group), dementia praecox being the diagnosis of the next largest group. The less frequent types of mental illness were fairly well represented among the remaining cases. In the nonpsychotic group, the most common diagnosis has shifted this year from "other nonpsychotic diseases or conditions" to "primary behavior disorders," accounting for 42 percent of the 67 first admissions diagnosed as nonpsychotic in 1944-45. There was a marked difference between the sexes in the general diagnostic distribution: male patients comprised only 41 percent of the 219 psychotic first admissions, but constituted 63 percent of the nonpsychotic admissions. The trend toward a preponderance of female psychotic admissions, which has already been noted in the data for first admissions to state mental hospitals, may be accounted for partly by wartime conditions and partly by obvious sex differences in environmental factors predisposing to mental illness. The male preponderance in nonpsychotic admissions can be more readily explained by the relatively large number of alcoholics and drug addicts.

TABLE 41
MOVEMENT OF POPULATION, THE LANGLEY PORTER CLINIC, INPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1945

Status	Total	Male	Female
On records June 30, 1944.....	*52	*23	29
In institution.....	37	16	21
On parole.....	*15	*7	8
On escape.....			
Entered institution.....	652	300	352
Total added to records.....	325	155	170
First admissions.....	286	131	155
Readmissions.....	30	19	11
Transfers in.....	9	5	4
Total returns from temporary separations.....	327	145	182
Return from parole.....	324	143	181
Return from escape.....	3	2	1
Separated from institution.....	653	297	356
Residents removed from records.....	246	121	125
Deaths.....	3	1	2
Discharges, direct.....	241	118	123
Transfers, direct.....	2	2	
Temporary separations from institution.....	407	176	231
Parole.....	402	173	229
Escape.....	5	3	2
Removed from records.....	328	154	174
Removed from records while absent.....	82	33	49
Paroles discharged.....	74	30	44
Escapes discharged.....	1		1
Paroles transferred.....	6	2	4
Escapes transferred.....	1	1	
On records June 30, 1944.....	*52	*23	29
Total added to records.....	325	155	170
Total removed from records.....	328	154	174
On records June 30, 1945.....	49	24	25
In institution.....	36	19	17
On parole.....	13	5	8
On escape.....			

* Revision of figures reported for 1943-1944.

Other statistical information on first admissions to the Langley Porter Clinic during 1944-45 indicates that 20 patients (7 percent of the total) were born outside the United States. With respect to economic status, 8 percent of the first admissions were classified as marginal, and the remainder as dependent. The majority of the first admissions (93 percent) came from an urban environment.

TABLE 42
FIRST ADMISSIONS BY MENTAL DISORDER, LANGLEY PORTER CLINIC, INPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1945

Mental disorder	First admissions		
	Total	Male	Female
All groups	286	131	155
With Psychosis	219	89	130
Syphilitic meningo-encephalitis (general paresis).....	2	2	
With other forms of syphilis of the c. n. s.			
With epidemic encephalitis.....			
With other infectious diseases.....			
Alcoholic.....	1	1	
Due to drugs or other exogenous poisons.....	2		2
Traumatic.....			
With cerebral arteriosclerosis.....	2	2	
With other disturbances of circulation.....	1		1
With convulsive disorders (epilepsy).....	2		2
Senile.....			
Involuntional.....	5		5
Due to other metabolic, etc., diseases.....	1		1
Due to new growth.....			
With organic changes of the nervous system.....	1	1	
Psychoneuroses.....	115	51	64
Manic-depressive.....	26	7	19
Dementia praecox (schizophrenia).....	51	22	29
Paranoia and paranoid conditions.....	1		1
With psychopathic personality.....			
With mental deficiency.....			
Undiagnosed psychoses.....	9	3	6
Without Psychosis	67	42	25
Epilepsy.....	2		2
Alcoholism.....	13	10	3
Drug addiction.....	6	5	1
Mental deficiency.....	3	2	1
Disorders of personality due to epidemic encephalitis.....			
Psychopathic personality.....	6	6	
Other non-psychotic diseases or conditions (not insane).....	9	3	6
Primary behavior disorders.....	28	16	12
Sexual psychopathy.....			
Syphilis of the c. n. s.			

Of the total number of psychotic first admissions, 102 or 47 percent (54 percent for females and 36 percent for males) had a high-school education; and 19 percent (22 percent for females and 15 percent for males) had completed two years or more of college. In the nonpsychotic group, composed largely of children, 24 percent had a high-school education and 16 percent a college education.

Of the 131 male first admissions, 58 percent were single and 34 percent married, with the opposite ratio (37 percent and 51 percent) for the 155 female admissions. The remainder were listed as widowed, divorced, or separated.

Leaves of Absence. During 1944-45, inpatients at the Langley Porter Clinic took 402 leaves of absence, including 42 brief "visits," 353 leaves of absence with relatives, and seven leaves of various types. The majority of these leaves were granted for definite periods, usually for two weeks or less. Of the 74 patients discharged while on leave of absence during 1944-45, 42 percent had been on leave less than one month and none had been on leave for more than nine months. The median length of time on leave was 1.3 months.

Discharges. During 1944-45, 241 patients were discharged directly from the clinic, 74 were discharged while on leave of absence, and one patient was discharged while on escape. A total of 237 psychotic patients were discharged during 1944-45, including 98 male and 139 female patients. Twelve percent of the male patients were discharged as recovered and 52 percent as improved; for female patients, 14 percent were discharged as recovered and 58 percent as improved. The over-all median length of residence prior to discharge was 2.3 months.

THE AARON J. ROSANOFF OUTPATIENT DEPARTMENT

Patients who are able to live in the community and who do not require full-time hospitalization are cared for by the outpatient department. While many cases are referred by doctors and social agencies merely for diagnosis and consultation rather than treatment, the chief purpose of this department is the treatment on an outpatient basis of as many patients as possible, thus saving the inpatient beds for such cases as require full hospitalization. The clinic also follows the policy of discharging inpatients to the community as soon as possible, continuing their treatment on an outpatient basis, and has thus been able to reduce the cost of treatment per patient. The clinic has also been able to handle a larger case-load and to offer hospitalization to a greater number of inpatients than would otherwise be possible.

TABLE 43
MOVEMENT OF POPULATION, LANGLEY PORTER CLINIC
THE AARON J. ROSANOFF OUTPATIENT DEPARTMENT, YEAR ENDING JUNE 30, 1945

Status	Total	Male			Female		
		Total	Adult	Children*	Total	Adult	Children*
On records June 30, 1944.....	453	197	134	63	256	198	58
Admissions.....	1,500	642	474	168	867	784	83
First admissions.....	1,319	568	419	149	751	678	73
Readmissions.....	190	74	55	19	116	106	10
Discharges.....	1,370	591	444	147	779	677	102
On records June 30, 1945.....	592	248	164	84	344	305	39

* Patients less than 18 years of age.

During the Fiscal Year 1944-45, 1,509 persons were admitted to the outpatient department for treatment, either from the community or by transfer from the inpatient department. Of this number, 1,319 or 87 percent were first admissions, and the balance readmissions. Of the total number admitted, 867 or 57 percent were female patients. Patients classified as children (i.e., under 18 years of age) made up 17 percent of the total.

TABLE 44
DISCHARGES OF FIRST ADMISSIONS, BY MENTAL DISORDER, LANGLEY PORTER CLINIC,
THE AARON J. ROSANOFF OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1945

Mental disorder	Discharges			
	Total	Adults	Adolescents*	Children
All groups.....	1,310	1,092	108	110
With Psychosis.....	770	714	36	20
Syphilitic meningo-encephalitis (general paresis).....	1	1		
With other forms of syphilis of the c. n. s.	1	1		
With epidemic encephalitis.....	1	1		
With other infectious diseases.....	1	1		
Alcoholic.....	1	1		
Due to drugs or other exogenous poisons.....	4	4		
Traumatic.....	14	14		
With cerebral arteriosclerosis.....	14	14		
With other disturbances of circulation.....	3	3		
With convulsive disorders (epilepsy).....	2	2		
Senile.....	13	13		
Involuntal.....	4			
Due to other metabolic, etc., diseases.....	4	2		2
Due to new growth.....	514	474	23	17
With organic changes of the nervous system.....	50	57	2	
Psychoneuroses.....	59	57	2	
Manic-depressive.....	109	101	8	
Dementia praecox (schizophrenia).....	13	13		
Paranoia and paranoid conditions.....	4	3	1	
With psychopathic personality.....	28	25	2	1
With mental deficiency.....	3	3		
Undiagnosed psychoses.....	4	2	2	1
Without Psychosis.....	540	378	72	90
Epilepsy.....	14	12	2	
Alcoholism.....	21	21		
Drug addiction.....	1	1		
Mental deficiency.....	22	9	3	10
Disorders of personality due to epidemic encephalitis.....	49	47	1	1
Psychopathic personality.....	28	25	2	1
Other non-psychotic diseases or conditions (not insane).....	23	22		1
For diagnosis.....	34	31	3	
Primary behavior disorders.....	4			4
Habit disturbance.....	38		16	22
Conduct disturbance.....	40		11	29
Neurotic traits.....	265	210	34	21
Diagnosis deferred.....				
Sexual psychopathy.....				
Without mental disorder.....	1			1

*Patients aged 12 to 17, inclusive.

There were 1,370 discharges, of which 57 percent were female patients, and 18 percent were children. The active case-load (592 patients on June 30, 1945) has thus shown an increase of 31 percent during this fiscal year, accounted for largely by the proportionately greater number of readmissions on the active records at the end of the year. During the year, 9,782 interviews were given by psychiatrists to 1,925 patients, an average of 5.1 interviews per patient. Psychotherapy was also carried out by psychiatric social workers and psychologists.

Of the 1,310 first admissions who were discharged during the year, 770 or 59 percent were diagnosed as psychotic. Psychoneurotics comprised 67 percent of the psychotic group (as compared with 80 percent for the last year), and dementia praecox cases 14 percent, the second largest. Diagnosis was deferred for 265 first admissions discharged during 1944-45, while nonpsychotic diagnoses were made for 252 discharges. In the latter group, 76 patients or 30 per cent were diagnosed as cases of primary behavior disorder, with 49 patients or 19 percent diagnosed as cases of psychopathic personality.

TABLE 45
SOURCE OF REFERRAL OF PATIENTS DISCHARGED, LANGLEY PORTER CLINIC
THE AARON J. ROSANOFF OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1945

Source of referral	Discharges*			
	Total	Adults	Adolescents†	Children
Total.....	1,310	1,092	108	110
Private physicians.....	468	414	28	26
University of California Hospital.....	195	177	11	7
Agencies—social, etc.....	172	120	20	32
Self, family, relations.....	265	233	14	18
Courts.....	42	21	13	8
Other hospitals.....	31	28	1	2
Langley Porter Clinic former inpatients.....	48	37	8	3
Schools.....	33	7	12	14
Health service.....	23	23	-----	-----
United States Marine Hospital.....	16	16	-----	-----
State hospitals.....	4	3	1	-----
United States Army.....	9	9	-----	-----
United States Navy.....	4	4	-----	-----

* First admissions discharged during 1944-45.

† Patients aged 12 to 17 inclusive.

Of the total number of first admissions discharged during this last fiscal year, the largest number (36 per cent) were referred by private physicians. Referral by self, family, or relations ranked second, making up 20 percent of the total number. For children alone, the largest group of referrals came from social agencies.

An estimate of the proportion of patients recovered or improved has been derived on the basis of follow-up studies of the 104 new outpatients admitted in March, 1945. At the end of the calendar year, 59 patients or 57 percent of these first admissions had actually received treatment, whereas six patients failed to appear for treatment after the intake interview, and 39 patients had been admitted to the clinic only for diagnosis. Of the 59 patients actually receiving treatment, 17 percent were reported at the end of the year as recovering or recovered; 66 percent were reported improving or discharged as improved; and the remaining 17 percent were reported unimproved or stationary. For 54 of the 59 cases, treatment included psychotherapy in the outpatient department, averaging 13 interviews per patient.

CHILDREN'S PSYCHIATRIC DIVISION

The children's division, which has charge of all outpatients and inpatients under 12 years of age, has increased its activities considerably during 1944-45. The outpatient program for children, which during the previous year was of necessity scattered throughout the clinic, was finally centralized in a Child Guidance Outpatient Clinic on January 7, 1945. Treatment is now being carried on under conditions more appropriate for children, but the space allotted is still too restrictive for this age group, and other improvements in present facilities are also needed. The outpatient case load is now in excess of 100 cases.

The children's inpatient ward, with a normal capacity of 18, offers all the standard therapeutic services discussed in previous sections of this report. On the whole, the facilities for inpatient children are adequate, with the exception of instruction for children of school age. For therapeutic and other reasons the services of a full-time teacher are needed, if the children's ward is to provide a well-rounded 24-hour program of inpatient treatment and rehabilitation. Although instruction in school subjects was offered in the children's ward by the nursing staff for a few hours each day, this is not a satisfactory long-range solution.

The clinic's intake policy for children has been to accept cases widely distributed over the State (ranging last year from Yreka to Los Angeles), and particularly from areas that have no local psychiatric services available. The social workers assigned to this department are often called on to arrange for hotel space for patients' families, in the vicinity of the clinic, during the concentrated study of outpatient children from localities outside the Bay area. A definite effort is also made to schedule the series of psychotherapeutic interviews and special tests for these patients so that appointments will be concentrated into a period of a few days, the patient's family being advised in advance regarding the probable length of treatment. However, no practical solution has yet been found for non-local patients who require psychiatric treatment at regular weekly intervals over a long period. A traveling clinic might best overcome this difficulty, especially for patients living in rural areas.

Inpatients in the adolescent age group present another problem which has not yet been satisfactorily solved. Depending upon the nature of each case, these patients are now assigned to the adult ward or to the children's ward, but they do not fit well into either group. A special program and special facilities designed for adolescents remain the only practical answer.

The expansion of the department's activities in offering formal and informal instruction to professional groups in the clinic has continued throughout the year. Particular emphasis is laid on the training of psychiatrists, in order that sufficient qualified personnel will be available for psychiatric services to the community, with the gradual expansion of clinic centers throughout the State. Other teaching services during the year included a course of eight lectures given to personnel of the San Francisco School Department by the director of the children's division. Consultation and advice was also furnished on the activation and maintenance of a child guidance clinic in San Luis Obispo. Special research projects, including the study in group therapy which has been carried on for the last six months in the children's ward, have already been mentioned.

PUBLICATIONS

BOWMAN, KARL M., M.D.

"Pre- and Post-traumatic Personality in Head Injuries," with J. Ruesch, M.D., and R. E. Harris, Ph.D. Research Publications, Association for Research in Nervous and Mental Disease, 1945, 24 :507-544.

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INSTITUTIONS FOR MENTAL DEFECTIVES

CHART VIII

STATE POPULATION INSTITUTIONS FOR MENTAL DEFECTIVES POPULATION AND CAPACITY

1900—1945

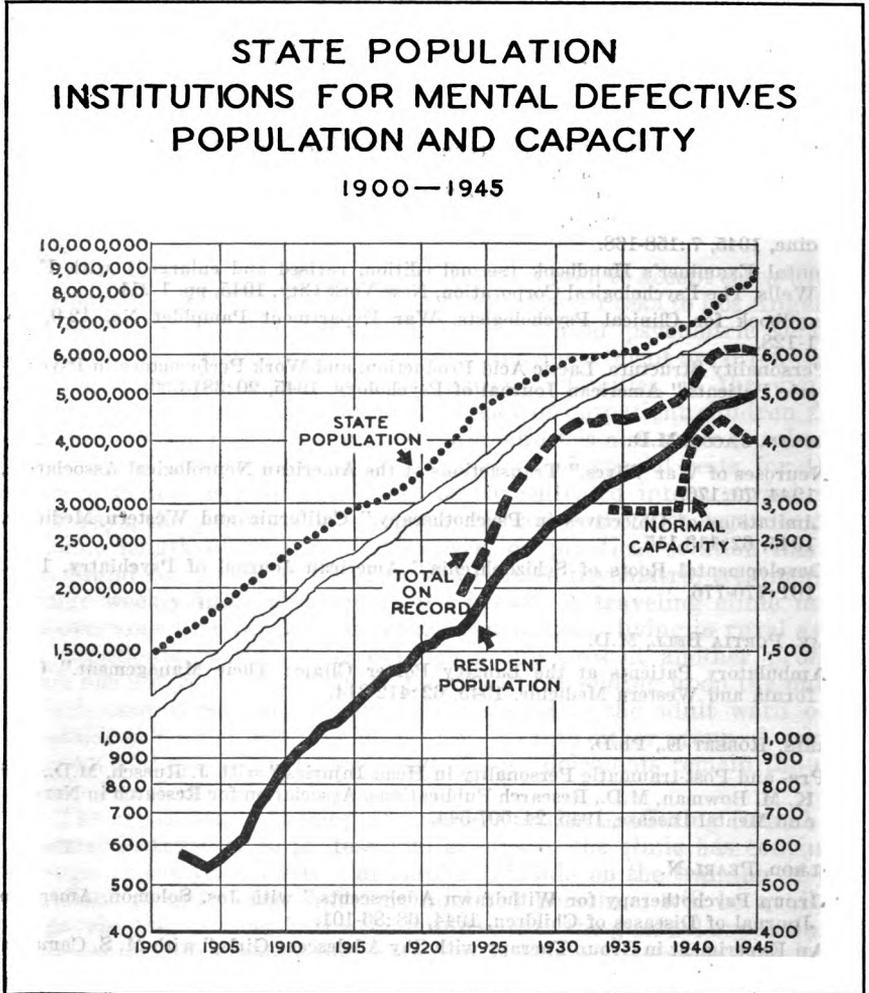


TABLE 46
RESIDENT POPULATION OF INSTITUTIONS FOR MENTAL DEFECTIVES
JUNE 30, 1886-1945

June 30	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1886	69	37	32				69*	37*	32*
1887	73	43	30				73	43	30
1888	93	50	43				93	50	43
1889	114	66	48				114	66	48
1890	117	69	48				117	69	48
1891	145	82	63				145	82	63
1892	237	129	108				237	129	108
1893	289	161	128				289	161	128
1894	303	176	127				303	176	127
1895	384	212	172				384	212	172
1896	443	235	208				443	235	208
1897	468	245	223				468	245	223
1898	521	280	241				521	280	241
1899	†	†	†				†	†	†
1900	†	†	†				†	†	†
1901	†	†	†				†	†	†
1902	573	321	252				573	321	252
1903	554	309	245				554	309	245
1904	540	302	238				540	302	238
1905	554	302	252				554	302	252
1906	594	327	267				594	327	267
1907	626	350	276				626	350	276
1908	729	413	316				729	413	316
1909	771	428	343				771	428	343
1910	883	493	390				883	493	390
1911	945	531	414				945	531	414
1912	965	536	429				965	536	429
1913	1,044	569	475				1,044	569	475
1914	1,067	571	496				1,067	571	496
1915	1,144	639	505				1,144	639	505
1916	1,227	667	560				1,227	667	560
1917	1,260	675	585				1,260	675	585
1918	1,358	735	623				1,358	735	623
1919	1,394	717	677				1,394	717	677
1920	1,537	794	743				1,537	794	743
1921	1,553	793	760	29	29		1,524	764	760
1922	1,611	832	779	41	41		1,570	791	779
1923	1,621	831	790				1,621	831	790
1924	1,758	893	865				1,758	893	865
1925	1,961	995	966				1,961	995	966
1926	2,113	1,115	998				2,113	1,115	998
1927	2,309	1,178	1,131	61	24	37	2,248	1,154	1,094
1928	2,364	1,225	1,139	104	57	57	2,260	1,178	1,082
1929	2,572	1,359	1,213	278	148	130	2,294	1,211	1,083
1930	2,715	1,433	1,282	332	181	151	2,383	1,252	1,131
1931	2,814	1,465	1,349	421	213	208	2,393	1,252	1,141
1932	2,981	1,553	1,428	499	249	250	2,482	1,304	1,178
1933	3,113	1,640	1,473	670	365	305	2,443	1,275	1,168
1934	3,263	1,726	1,537	724	392	332	2,539	1,334	1,205
1935	3,325	1,731	1,594	784	399	385	2,541	1,332	1,209
1936	3,443	1,790	1,653	832	433	399	2,611	1,357	1,254
1937	3,568	1,874	1,694	882	471	411	2,686	1,403	1,283
1938	3,763	2,011	1,752	932	501	431	2,821	1,510	1,321
1939	3,874	2,053	1,821	941	505	436	2,933	1,548	1,385
1940	4,076	2,189	1,887	1,089	626	463	2,987	1,563	1,424
1941	4,404	2,360	2,044	1,369	773	596	3,035	1,587	1,448
1942	4,641	2,510	2,131	1,474	845	629	3,167	1,665	1,502
1943	4,728	2,552	2,176	1,520	861	659	3,208	1,691	1,517
1944	4,845	2,636	2,209	1,521	859	662	3,324	1,777	1,547
1945	4,999	2,699	2,300	1,591	879	712	3,408	1,820	1,588

* October 1, 1886.

† Figures not available. No reports were published for these years.

TRENDS IN POPULATION

Under the jurisdiction of the Department of Institutions, two state institutions are maintained in California for the care and treatment of mental defectives, epileptics, and a small number of patients committed as psychopathic delinquents. Pacific Colony, situated in Los Angeles County, receives patients from the southern part of the State, and Sonoma State Home, in Sonoma County, cares for patients from central and northern California.

The total number of patients on the active records of these two institutions decreased by 1.6 percent during 1944-45, to a year-end figure of 6,100 patients. During the same period, the number of inpatients increased from 4,845 to 4,999 or 3.2 percent, while overcrowding in terms of the normal capacities of these two institutions increased from 20.0 percent to 23.8 percent (18.6 percent for male patients and 30.5 percent for female patients). The ratio of inpatients to the general population has dropped from 56.05 to 55.13 per 100,000 at the close of this fiscal year; however, this decrease should not be interpreted as a decrease in the prevalence of mental deficiency and epilepsy in the general population: it is due rather to the marked increase in the population of California during this last year and to the complete absence of new construction to accommodate this increase. As a result these two institutions in their present overcrowded condition are forced to limit admission to the more extreme cases. The waiting list of patients for admission on June 30, 1945, was in excess of 1,700 cases, equal to 34 percent of the resident population and 42 percent of the normal capacity at the end of the year.

The average daily population for these two institutions during 1944-45 was 4,951, of which 3,380 or 68 percent were under treatment at Sonoma State Home. Patients classified primarily as mentally deficient numbered 4,185 or 85 percent of the total average daily population. Of these patients, 65 percent were under treatment at Sonoma. The daily average population of epileptic patients was 613 for Sonoma and 84 for Pacific Colony.

Male patients constituted approximately 53 percent of the total number of patients on the rolls and also 53 percent of the cases under active treatment.

MOVEMENT OF POPULATION

The accompanying tables frequently distinguish between patients classified primarily as mentally deficient, those classified as epileptic, and a third category of patients neither mentally deficient nor epileptic, including psychopathic delinquent commitments. For the reader's convenience in interpreting the data on the first two categories of patients, the following standard classifications are furnished:

MENTALLY DEFICIENT

1. *Idiot*—A mentally defective person usually having a mental age of less than three years, or, if a child, an intelligence quotient of less than 20.
2. *Imbecile*—A mentally defective person usually having a mental age of three to seven years, inclusive, or, if a child, an intelligence quotient of from 20 to 49, inclusive.
3. *Moron*—A mentally defective person usually having a mental age of eight to eleven years, or, if a child, an intelligence quotient of 50 or more. As a rule, the upper limit for a diagnosis of mental deficiency should be an intelligence quotient of 69.

(American Association on Mental Deficiency)

TABLE 47
MOVEMENT OF POPULATION, INSTITUTIONS FOR MENTAL DEFECTIVES
YEAR ENDING JUNE 30, 1945

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1944.....	6,200	3,337	2,863	1,097	843	2,240	2,020
In institution.....	4,845	2,636	2,209	859	662	1,777	1,547
On parole.....	1,170	567	603	190	157	377	446
On escape.....	185	134	51	48	24	86	27
Entered institution.....	1,963	1,124	839	500	389	624	450
Total added to records.....	704	366	338	122	119	244	219
Observation.....	31	20	11	-----	-----	20	11
First admissions.....	585	305	280	108	94	197	186
Readmissions.....	42	27	15	9	7	18	8
Transfers from institution for mental defectives.....	32	11	21	5	18	6	8
Transfers from mental hospital.....	14	3	11	-----	-----	3*	11*
Total returns from temporary separations.....	1,259	758	501	378	270	380	321
Return from parole.....	1,086	607	479	315	262	292	217
Return from escape.....	173	151	22	63	8	88	14
Separated from institution.....	1,809	1,061	748	480	339	661	409
Residents removed from records.....	275	158	117	50	28	108	89
Death.....	131	70	61	23	12	47	49
Discharges, direct.....	110	68	42	26	13	42	29
Transfers to institution for mental defectives.....	9	1	8	1	-----	-----	7
Transfers to mental hospital.....	25	19	6	-----	2	19	4
Temporary separations from institution.....	1,534	903	631	430	311	473	320
Parole.....	1,313	717	596	355	303	362	293
Escape.....	221	186	35	75	8	111	27
Removed from records.....	804	445	359	135	85	310	274
Removed from records while absent.....	529	287	242	85	57	202	185
Paroles discharged.....	415	208	207	63	49	145	158
Escapes discharged.....	91	69	22	17	6	52	16
Paroles transferred.....	17	5	12	1	2	4	10
Escapes transferred.....	6	5	1	4	-----	1	1
On records June 30, 1945.....	6,200	3,337	2,863	1,097	843	2,240	2,020
Total added to records.....	704	366	338	122	119	244	219
Total removed from records.....	804	445	359	135	85	310	274
On records June 30, 1945.....	6,100	3,258	2,842	1,084	877	2,174	1,965
In institution.....	4,999	2,699	2,300	879	712	1,820	1,588
On parole.....	965	464	501	166	147	298	354
On escape.....	136	95	41	39	18	56	23

*Two cases without previous residence in institution for mental defectives, tabulated with first admissions in descriptive tables.

EPILEPTIC

1. *Symptomatic epilepsy*—Epilepsy associated with a disease process, toxic condition, or structural defect.
2. *Idiopathic epilepsy*—Epilepsy not associated with a disease process, toxic condition, or structural defect.
3. *Unclassified epilepsy*—Epilepsy for which the presence or absence of an association with a disease process, toxic condition, or structural defect cannot be determined.

(National Association for the Study of Epilepsy)

TABLE 47a
MOVEMENT OF MENTALLY DEFECTIVE POPULATION, INSTITUTIONS FOR MENTAL DEFECTIVES
YEAR ENDING JUNE 30, 1945

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1944.....	5,284*	2,840*	2,444*	1,000*	766*	1,840*	1,678*
In institution.....	4,090*	2,232*	1,858*	802*	604*	1,430*	1,254*
On parole.....	1,033*	494*	539*	170*	141	324*	398*
On escape.....	161*	114*	47*	28*	21	86*	26*
Entered institution.....	1,692	961	731	437	332	524	399
Total added to records.....	581	294	287	97	87	197	200
Observation.....	26	16	10			16	10
First admissions.....	492	244	248	84	78	160	170
Readmissions.....	39	26	13	8	5	18	8
Transfers from institution for mental defectives.....	12	5	7	5	4		3
Transfers from mental hospital.....	12**	3**	9**			3**	9**
Total returns from temporary separations.....	1,111	667	444	340	245	327	199
Return from parole.....	959	536	423	291	238	245	185
Return from escape.....	152	131	21	49	7	82	14
Separated from institution.....	1,552	897	655	419	293	478	362
Residents removed from records.....	186	103	83	33	18	70	65
Death.....	100	57	43	22	10	35	33
Discharges, direct.....	79	45	34	11	6	34	28
Transfers to institution for mental defectives.....							
Transfers to mental hospital.....	7	1	6		2	1	4
Temporary separations from institution.....	1,366	794	572	386	275	408	297
Parole.....	1,177	638	539	324	269	314	270
Escape.....	189	156	33	62	6	94	27
Removed from records.....	656	351	305	97	69	254	236
Removed from records while absent.....	470	248	222	64	51	184	171
Paroles discharged.....	382	186	196	55	46	131	150
Escapes discharged.....	77	57	20	9	4	48	16
Paroles transferred.....	10	4	6		1	4	5
Escapes transferred.....	1	1				1	
On records June 30, 1944.....	5,284	2,840	2,444	1,000	766	1,840	1,678
Total added to records.....	581	294	287	97	87	197	200
Total removed from records.....	656	351	305	97	69	254	236
On records June 30, 1945.....	5,209	2,783	2,426	1,000	784	1,783	1,642
In institution.....	4,230	2,296	1,934	820	643	1,476	1,291
On parole.....	859	406	453	148	125	258	328
On escape.....	120	81	39	32	16	49	23

* Disagreement with 1943-1944 figures due to reclassification of patients after retesta.

** Two cases without previous residence in institution for mental defectives are tabulated with first admission in descriptive tables.

The first of the accompanying population movement tables considers the patient population as a whole, while the three following tables deal with the three principal categories of patients. It will be noted that

mental defectives constituted 84 percent of the total number of first admissions and the same percentage of the resident population, whereas epileptics made up 7 percent of the first admissions and 14 percent of the population, and patients neither mentally defective nor epileptic constituted 9 percent of the first admissions but only 2 percent of the resident population. Male patients as a whole comprised 52 percent of the first admissions and 54 percent of the patient population on June 30, 1945. Readmissions during the year numbered 42 (including 39 mentally defective patients) as compared with last year's total of 28.

Both Sonoma and Pacific Colony follow an active leave of absence policy resulting in considerable benefit to the patients and financial saving to the State. As in the case of mental hospital patients, patients are granted limited or terminal leaves of absence with relatives or for employment under carefully supervised conditions or for family care in private homes. During 1944-45, 1,313 leaves of absence were granted, as compared

TABLE 47b
MOVEMENT OF EPILEPTIC POPULATION, INSTITUTIONS FOR MENTAL DEFECTIVES
YEAR ENDING JUNE 30, 1945

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1944.....	802*	416*	386*	49*	53	367*	333*
In institution.....	691*	356*	335*	37*	44	319*	291*
On parole.....	110	59	51	11	9	48	42
On escape.....	1	1	1	1			
Entered institution.....	156	92	64	22	20	70	44
Total added to records.....	44	27	17	6	3	21	14
Observation.....	1	1				1	
First admissions.....	43	26	17	6	3	20	14
Readmissions.....							
Transfers from institution for mental defectives.....							
Transfers from mental hospital.....							
Total returns from temporary separations.....	112	65	47	16	17	49	30
Return from parole.....	109	62	47	16	17	46	30
Return from escape.....	3	3				3	
Separated from institution.....	157	97	60	25	21	72	39
Residents removed from records.....	42	23	19	2	2	21	17
Death.....	31	13	18	1	2	12	16
Discharges, direct.....	7	6	1	1		5	1
Transfers to institution for mental defectives.....							
Transfers to mental hospital.....	4	4				4	
Temporary separations from institution.....	115	74	41	23	19	51	22
Parole.....	105	64	41	21	19	43	22
Escape.....	10	10		2		8	
Removed from records.....	68	40	28	5	3	35	25
Removed from records while absent.....	26	17	9	3	1	14	8
Paroles discharged.....	23	14	9	3	1	11	8
Escapes discharged.....	3	3				3	
Paroles transferred.....							
Escapes transferred.....							
On records June 30, 1944.....	802	416	386	49	53	367	333
Total added to records.....	44	27	17	6	3	21	14
Total removed from records.....	83	40	28	5	3	35	25
On records June 30, 1945.....	778	403	375	50	53	353	322
In institution.....	680	351	329	34	43	317	296
On parole.....	83	47	36	13	10	34	26
On escape.....	5	5		3		2	

* Disagreement with 1943-1944 figures due to reclassification of patients after retests.

with 1,086 returns from leave and 415 discharges while on leave. All three figures represent an increase over the preceding year. In spite of the fact that 23 epileptic patients were discharged while on leave of absence, the number of returns from leave (109) for this class of patients outnumbered the number of leaves of absence granted (105). On June 30, 1945, there were 965 patients on leave, a decrease of 18 percent from last year's figure.

A total of 616 patients were discharged direct from the institutions or while on leave of absence or escape during 1944-45, representing an increase of 40 percent over last year's figure. The number of patients dying in the institutions decreased by 7 percent. Although male deaths still outnumbered female, the proportionate difference between the sexes has continued to decrease.

TABLE 47c
MOVEMENT OF POPULATION NEITHER MENTALLY DEFECTIVE NOR EPILEPTIC
INSTITUTIONS FOR MENTAL DEFECTIVES
YEAR ENDING JUNE 30, 1945

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1944.....	114*	81*	33*	48*	24*	33*	9*
In institution.....	64*	48*	16*	20	14*	23*	2*
On parole.....	27*	14*	13*	9*	7	5*	6*
On escape.....	23*	19*	4*	19*	3	0*	1*
Entered institution.....	115	71	44	41	37	30	7
Total added to records.....	79	45	34	19	29	26	5
Observation.....	4	3	1			3	1
First admissions.....	50	35	15	18	13	17	2
Readmissions.....	8	1	2	1	2		
Transfers from institution for mental defectives.....	20	6	14		14	6	
Transfers from mental hospital.....	2		2				2
Total returns from temporary separations.....	36	26	10	22	8	4	2
Return from parole.....	18	9	9	8	7	1	2
Return from escape.....	18	17	1	14	1	3	
Separated from institution.....	100	67	33	36	25	31	8
Residents removed from records.....	47	32	15	15	8	17	7
Death.....	24	17	7	14	7	3	
Discharges, direct.....	9	1	8	1	1		7
Transfers to institution for mental defectives.....	14	14				14	
Transfers to mental hospital.....							
Temporary separations from institution.....	53	35	18	21	17	14	1
Parole.....	31	15	16	10	15	5	1
Escape.....	22	20	2	11	2	9	
Removed from records.....	80	54	26	33	13	21	13
Removed from records while absent.....	33	22	11	18	5	4	6
Paroles discharged.....	10	8	2	5	2	3	
Escapes discharged.....	11	9	2	8	2	1	
Paroles transferred.....	7	1	6	1	1		5
Escapes transferred.....	5	4	1	4			1
On records June 30, 1944.....	114	81	33	48	24	33	9
Total added to records.....	79	45	34	19	29	26	5
Total removed from records.....	80	54	26	33	13	21	13
On records June 30, 1945.....	113	72	41	34	40	38	1
In institution.....	79	52	27	25	26	27	1
On parole.....	23	11	12	5	12	6	
On escape.....	11	9	2	4	2	5	

* Disagreement with 1943-1944 figures due to reclassification of patients after retests.

COUNTY OF COMMITMENT

As in the preceding year, 47 of the 58 counties of California committed patients to institutions for the mentally deficient in 1944-45. Commitment from the seven counties south and east of Ventura County accounted for 201 of the 202 first admissions to Pacific Colony; in addition, 19 of the 416 admissions to Sonoma State Home were committed from this same area. The rate for first admissions to Pacific

TABLE 48
COUNTY OF COMMITMENT OF FIRST ADMISSIONS AND READMISSIONS, BY INSTITUTION
YEAR ENDING JUNE 30, 1945

County	Total			Pacific Colony			Sonoma State Home		
	Total	First admissions	Readmissions	Total	First admissions	Readmissions	Total	First admissions	Readmissions
Total.....	672	618	54	218	202	16	454	416	38
Alameda.....	69	60	9				69	60	9
Amador.....	2	2					2	2	
Butte.....	4	4					4	4	
Colusa.....	1	1					1	1	
Contra Costa.....	16	13	3				16	13	3
El Dorado.....	2	2					2	2	
Fresno.....	17	13	4				17	13	4
Glenn.....	1	1					1	1	
Humboldt.....	6	6					6	6	
Imperial.....	3	2	1	3	2	1			
Kern.....	15	14	1				15	14	1
Kings.....	3	3					3	3	
Lake.....	3	2	1				3	2	1
Lassen.....	1	1					1	1	
Los Angeles.....	151	139	12	142	130	12	9	9	
Madera.....	1	1					1	1	
Marin.....	6	6					6	6	
Mendocino.....	4	4					4	4	
Merced.....	5	5					5	5	
Monterey.....	13	13					13	13	
Napa.....	2	1	1				2	1	1
Nevada.....	1	1					1	1	
Orange.....	7	7		6	6		1	1	
Placer.....	2	2					2	2	
Plumas.....	2	1	1				2	1	1
Riverside.....	8	8		7	7		1	1	
Sacramento.....	21	20	1				21	20	1
San Bernardino.....	12	12		12	12				
San Diego.....	45	40	5	36	33	3	9	7	2
San Francisco.....	107	103	4	1	1		106	102	4
San Joaquin.....	24	21	3				24	21	3
San Luis Obispo.....	2	2					2	2	
San Mateo.....	11	10	1				11	10	1
Santa Barbara.....	12	12					12	12	
Santa Clara.....	11	10	1				11	10	1
Santa Cruz.....	6	6					6	6	
Shasta.....	2	2					2	2	
Siskiyou.....	5	5					5	5	
Solano.....	12	9	3				12	9	3
Sonoma.....	13	13					13	13	
Stanislaus.....	11	11					11	11	
Sutter.....	4	2	2				4	2	2
Tulare.....	8	7	1				8	7	1
Tuolumne.....	5	5					5	5	
Ventura.....	11	11		11	11				
Yolo.....	3	3					3	3	
Yuba.....	2	2					2	2	

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Colony and Sonoma from Los Angeles County per 100,000 general population was 4.0 during 1944-45, as compared with a rate of 67.7 for first admissions to state mental hospitals. For San Diego County the rate of institutionalization was 8.5 for Pacific Colony and Sonoma State Home, and 57.1 for the state hospitals. The rate of institutionalization for Alameda County was 8.2 and 61.0 respectively and, for the City and County of San Francisco, 13.7 and 124.3, the highest rate for any county with a large urban population. For the State as a whole, the rate of first admissions per 100,000 general population was 6.9 for the mentally defective, and 75.4 for the mentally ill.

It may be noted that the counties of Los Angeles, Alameda, and San Francisco comprised 56 percent of the total population of the State of California during the current fiscal year, and also 56 percent of the total number of first admissions to state mental hospitals. However, first admissions to Pacific Colony and Sonoma State Home during 1944-45 from these three counties made up only 49 percent of the total.

ADMISSIONS

Figures for first admissions in the accompanying descriptive tables include patients transferred-in from state mental hospitals who have not previously received care and treatment in state institutions for the mentally defective, while observation admissions, as well as transfers between Pacific Colony and Sonoma State Home, are excluded. First admissions for 1944-45 increased by 17 percent over the previous year. Of the total of 618 first admissions, 53 percent were male patients. Pacific Colony received 33 percent of the total.

Intelligence of First Admissions. Of the total number of ascertained cases, 12 percent of the first admissions during 1944-45 were classified as idiots, 33 percent as imbeciles, 32 percent morons, and 23 percent as patients of borderline intelligence and higher. The median IQ of first admissions (calculated from the rough approximations of the accompanying tables) was 51.5 (53.5 for male and 51.0 for female patients). Except for a slight increase in the moron-imbecile group, these figures are approximately unchanged from last year.

TABLE 49
INTELLIGENCE OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Classification	IQ	Total			Pacific Colony			Sonoma State Home		
		Total	M	F	Total	M	F	Total	M	F
Total.....		618	326	292	202	108	94	416	218	198
Normal or superior.....	90 and over...	32	21	11	4	2	2	28	19	9
Low average.....	80-89.....	33	21	12	4	4		29	17	12
Borderline defective.....	70-79.....	75	38	37	25	14	11	50	24	26
Mentally defective:										
Moron.....	50-69.....	192	99	93	77	41	36	115	58	57
Imbecile.....	20-49.....	200	104	96	58	31	27	142	73	69
Idiot.....	19 and under.....	71	37	34	34	16	18	37	21	16
Unknown.....		15	6	9				15	6	9

The large percentage of cases with borderline intelligence or higher is explained by the commitment of psychopathic delinquents and epileptics of normal or superior intelligence. This element in the population also explains to some extent the higher median IQ for male patients.

TABLE 50
NATIVITY OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Country of birth	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	618	326	292	202	108	94	416	218	198
Canada.....	3	1	2	2	1	1	1	-----	1
Porto Rico.....	1	-----	1	-----	-----	-----	1	-----	1
United States.....	599	314	285	200	107	93	399	207	192
Hawaii.....	6	2	4	-----	-----	-----	6	2	4
Unknown.....	9	9	-----	-----	-----	-----	9	9	-----

Age of First Admissions. Of the total number of first admissions, 79 percent (84 percent of the male and 73 percent of the female patients) were under 20 years of age, while 56 percent of the total were between 10 and 20 years of age, at time of admission. The median age at admission was 15.2 years for all patients (14.5 years for male and 16.0 years for female patients), an over-all increase of approximately 0.9 years over the figures for 1943-44. Since male patients at this age level are physically stronger and less tractable than female patients, they tend to be committed at an earlier age.

TABLE 51
AGE OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Age at last birthday, years	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	618	326	292	202	108	94	416	218	198
Under 5.....	67	37	30	11	5	6	56	32	24
5-9.....	74	36	38	26	14	12	48	22	26
10-14.....	140	91	49	49	32	17	91	59	32
15-19.....	207	111	96	83	47	36	124	64	60
20-24.....	51	22	29	20	7	13	31	15	16
25-29.....	33	12	21	7	-----	7	26	12	14
30-39.....	32	10	22	5	2	3	27	8	19
40-49.....	7	4	3	1	1	-----	6	3	3
50-59.....	5	2	3	-----	-----	-----	5	2	3
60 and over.....	2	1	1	-----	-----	-----	2	1	1

Marital Status of First Admissions. Although patients admitted to Pacific Colony and Sonoma during 1944-45 were, as in preceding years, predominantly single, the percentage of single patients has decreased to 93 percent as compared with last year's figure of 97 percent.

TABLE 52
MARITAL STATUS OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Marital status	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	618	326	292	202	108	94	416	218	198
Single.....	577	321	256	198	107	91	379	214	165
Married.....	24	4	20	2	1	1	22	3	19
Widowed.....	2		2				2		2
Divorced.....	8	1	7				8	1	7
Separated.....	7		7	2		2	5		5

Environment and Economic Status of First Admissions. Urban communities (areas with over 2,500 population) contributed 82 percent of the total number of first admissions. This figure is 5 percent less than last year's, but is equal to the percentage for 1942-43.

The economic status of patients is determined by the status of the patient's immediate family, under a procedure similar to that adopted for the economic classification of mentally ill patients. During the current fiscal year, the percentage of first admissions classified as dependent decreased to 35 percent, as compared with 40 percent for 1943-44, with a corresponding increase in the percentage of admissions in marginal and comfortable circumstances. The increase in the proportion of patients in the latter group may be accounted for partly by the overcrowded conditions of private institutions.

TABLE 53
ENVIRONMENT OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Environment	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	618	326	292	202	108	94	416	218	198
Urban.....	510	273	237	143	83	60	367	190	177
Rural.....	103	50	53	58	25	33	45	25	20
Unknown.....	5	3	2	1		1	4	3	1

TABLE 54
ECONOMIC STATUS OF FAMILIES OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Economic status	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	618	326	292	202	108	94	416	218	198
Dependent.....	219	107	112	23	14	9	196	93	103
Marginal.....	193	106	87	161	84	77	32	22	10
Comfortable.....	198	108	90	15	8	7	183	100	83
Unknown.....	8	5	3	3	2	1	5	3	2

DISCHARGES FROM INSTITUTIONS FOR MENTAL DEFECTIVES

The figures in the descriptive tables comprise patients discharged direct from the institutions as well as those discharged while on leave of absence or escape. The distribution by age group shows little change from the preceding year: of the total number of patients discharged, 24 percent were between 20 and 24 years of age, while the median age at discharge for male patients was 22.4 years, for female patients 23.7 years, and for both sexes 22.9 years.

TABLE 55
DISCHARGES, BY AGE AT DISCHARGE, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Age at last birthday, years	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages.....	641	364	277	176	106*	70	465	258*	207*
Under 5.....	4	2	1	—	—	—	4	3	1
5-9.....	6	5	1	1	1	—	5	4	1
10-14.....	40	29	11	9	8	1	31	21	10
15-19.....	144	88	56	71	46	25	73	42	31
20-24.....	216	121	95	54	30	24	162	91	71
25-29.....	111	60	51	20	11	9	91	49	42
30-39.....	86	42	44	18	9	9	68	33	35
40-49.....	27	14	13	3	1	2	24	13	11
50-59.....	4	1	3	—	—	—	4	1	3
60 and over.....	3	1	2	—	—	—	3	1	2

* Two male and 5 female patients from Sonoma, and 2 male patients from Pacific Colony, died on parole.

DEATHS IN INSTITUTIONS FOR MENTAL DEFECTIVES

Age at Death. The mortality rate per 1,000 patients under treatment in 1944-45 was 22.7, considerably under the figures of 26.0 for 1943-44 and 27.1 for the preceding year. The number of male deaths as a percentage of the total has shown a consistent decrease from 64 percent to 53 percent during the last two years. Of the total number of patients dying, approximately 48 percent (51 percent for male patients and 44 percent for female patients) were under 20 years of age, the median age at death being 20.7 years compared with 19.2 years in 1943-44.

TABLE 56
DEATHS, BY AGE AT DEATH, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Age at last birthday, years	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages.....	131	70	61	35	23	12	96	47	49
Under 5.....	25	12	13	—	—	—	25	12	13
5-9.....	7	2	5	5	2	3	2	—	2
10-14.....	12	9	3	6	5	1	6	4	2
15-19.....	19	13	6	9	7	2	10	6	4
20-24.....	18	9	9	6	2	4	12	7	5
25-29.....	10	5	5	2	2	—	8	3	5
30-39.....	12	6	6	6	4	2	6	2	4
40-49.....	12	7	5	1	1	—	11	6	5
50-59.....	11	5	6	—	—	—	11	5	6
60 and over.....	5	2	3	—	—	—	5	2	3

Cause of Death. Diseases of the respiratory system, which accounted for only 50 percent of the total number of deaths in 1942-43, were the primary cause of 73 percent of the total number of deaths during the current year. Diseases of the circulatory system and of the nervous system and sense organs were second and third in importance, together accounting for 17 percent of the total.

During 1944-45, 54 autopsies were performed at Sonoma State Home and six at Pacific Colony. A number of these postmortem examinations were of considerable clinical interest, and included cases of gargoylism, agenesis of brain, atrophy of brain, microgyria, hydrocephalus, and one interesting case of mesenteric thrombosis. Although in an ordinary person this latter condition would be excruciatingly painful, the patient in question reported no discomfort and followed her usual daily routine. As this case illustrates, mentally deficient patients show a characteristic subnormal reaction to pain, which makes their medical care relatively difficult.

TABLE 57
DEATHS, BY CAUSE OF DEATH, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Cause of death	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	131	70	61	35	23	12	96	47	49
Infectious and parasitic diseases									
Cancer and other tumors.....									
Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminosis.....	4	1	3				4	1	3
Diseases of the blood and blood-forming organs.....	1		1				1		1
Chronic poisoning and intoxication.....									
Diseases of the nervous system and sense organs.....	7	5	2	4	3	1	3	2	1
Diseases of the circulatory system.....	15	9	6	6	3	3	9	6	3
Diseases of the respiratory system.....	96	49	47	21	14	7	75	35	40
Diseases of the digestive system.....									
Diseases of the genito-urinary system.....	2	1	1	2	1	1			
Diseases of pregnancy, childbirth and the puerperium.....									
Diseases of the skin and cellular tissue.....	1	1		1	1				
Diseases of the bones and organs of movement.....	1		1				1		1
Congenital malformations.....									
Diseases peculiar to the first year of life.....									
Senility.....									
Violent or accidental deaths.....	3	3		1	1		2	2	
Ill-defined and unknown causes.....	1	1					1	1	

MENTAL DEFECTIVES

Of the total of 437 mental-defective first admissions during 1944-45 for whom diagnoses were completed, 17 percent were classified as idiots, 41 percent as imbeciles, and 42 percent as morons. There were no ascertainable sex differences between groups.

Clinical diagnoses were made for 474 or 91 percent of first admissions classified as mentally defective. Of this group 165 or 35 percent were clinically undifferentiated, as compared with 28 percent in 1943-44. Mongolism, the second largest clinical diagnosis, accounted for 8 percent of the total, while post-traumatic and postinfectious cases each accounted for 6.5 percent. As noted in the previous annual report, undifferentiated types and familial types appear to be associated with the moron level, and post-traumatic, epileptic, and mongoloid cases with the imbecile level.

Of the total number of mentally defective first admissions, 161 or 31 percent were between 15 and 19 years of age, while patients between 10 and 14 years of age comprised only 22 percent of the total as compared with 29 percent for last year. First admissions under five years of age dropped from 16 percent to 12 percent for the current year; and only two patients out of the total of 520 were over 60 years of age. The median age was 15.6 years for all patients (as compared with 13.5 years for first admissions during 1943-44), with a median age of 14.9 years for male and 16.3 years for female patients. The median age for idiot first admissions was 9.3 years, for imbeciles 15.1 years, and for morons 16.0 years.

There were 49 mentally defective readmissions during the current fiscal year, as compared with 20 in 1943-44. Of the total, four were idiots, 21 imbeciles, and 13 morons, while 11 were unclassified as to mental status. Roughly one-third of the readmissions were familial types and another third were undifferentiated types.

The mental status was not determined for approximately 26 percent of the 545 mentally defective patients discharged during 1944-45. Of the remaining 403 patients, 76 percent were classified as morons, 21 percent as imbeciles, and 3 percent as idiots. As in the preceding year, approximately 93 percent of all patients discharged were over 15 years of age. In this latter group of 502 cases, the condition at discharge was not ascertained for 14 patients; of the remainder 21 percent were considered incapable of productive work, 34 percent capable of partial self-support, and 45 percent capable of self-support, whereas 53 percent were considered capable of self-support in 1943-44.

The median duration of institutional residence prior to death, for the 100 mentally deficient patients dying during 1944-45, was 5.7 years as compared with 10.3 years for the preceding period. A reliable figure for the median duration of institutional life prior to death cannot be determined for each individual mental classification because of the small number of cases involved. However, it will be noted from the table that the longer periods of institutional life are in general associated with the higher mental levels.

TABLE 58
 CLINICAL DIAGNOSIS OF MENTAL DEFECTIVE FIRST ADMISSIONS BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1945

Clinical diagnosis	Total				Pacific Colony										Sonoma State Home											
	Total		Un- classified		Total mentally defective		Idiot		Imbecile		Moron		Un- classified		Total mentally defective		Idiot		Imbecile		Moron		Un- classified			
	M	F	M	F	Total	M	F	M	F	M	F	M	F	M	F	Total	M	F	M	F	M	F	M	F		
Total.....	520	261	259	162	84	78	13	18	30	24	41	36	---	---	---	358	177	181	22	21	61	65	54	52	40	43
Familial.....	115	47	68	38	13	25	---	2	3	0	10	17	---	---	---	77	34	43	2	1	6	15	18	17	8	10
Mongolism.....	37	23	14	10	5	5	1	1	4	4	---	---	---	---	---	27	18	9	5	1	13	8	---	---	---	---
With developmental cranial anomalies.....	26	8	18	2	---	2	---	2	---	---	---	---	---	---	---	24	8	16	1	2	5	13	2	---	---	1
With congenital cerebral spastic infantile paralysis.....	29	9	20	15	6	9	2	3	1	5	3	1	---	---	---	29	9	20	6	7	---	8	2	4	1	1
Post-infectious.....	30	11	19	24	13	11	3	3	6	3	4	5	---	---	---	15	5	10	1	2	3	5	---	---	2	1
Post-traumatic.....	32	18	14	20	15	5	6	2	8	2	1	1	---	---	---	8	5	3	1	---	2	2	1	1	1	
With epilepsy.....	20	15	5	2	2	2	---	2	---	---	---	---	---	---	---	3	2	1	1	---	---	---	---	---	---	---
With endocrine disorder.....	5	2	3	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With familial amaurosis.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With tubercular sclerosis.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With other organic nervous disease.....	5	2	3	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other forms.....	10	6	4	38	23	15	1	2	7	4	15	9	---	---	---	10	6	4	---	---	2	4	2	2	1	---
Undifferentiated.....	165	91	74	38	23	15	1	2	7	4	15	9	---	---	---	127	68	59	4	6	23	10	24	22	16	21
Unknown.....	46	29	17	13	9	4	---	1	1	---	8	3	---	---	---	33	20	13	---	---	3	2	4	2	13	9

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TABLE 59
 CLINICAL DIAGNOSIS OF MENTAL DEFECTIVE READMISSIONS BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1945

Clinical diagnosis	Total			Pacific Colony						Sonoma State Home						Un-classified		
	Total	M	F	Total mentally defective			Idiot			Imbecile			Moron			M	F	
				M	F	Total	M	F	Total	M	F	Total	M	F	Total			
Total	90	40	50	36	16	20	3	4	3	2	5	2	2	6	8	1	6	5
Familial	49	28	21	13	8	5	3	4	5	1	1	3	4	5	1	1	6	5
Mongolism	16	8	8	5	3	2	1	1	3	1	1	3	1	3	1	1	3	2
With developmental cranial anomalies	1	1																
With congenital cerebral spastic infantile paralysis	4	1	3	1														
Post-infectious	3	2	1	1														
Post-traumatic	1	1																
With epilepsy	1	1																
With endocrine disorder	1	1																
With familial amaurosis																		
With tuberculous sclerosis																		
With other organic nervous disease																		
Other forms	15	3	12	3	2	1	2	1	2	1	1	2	1	2	1	1	2	3
Undifferentiated	8	7	1	3	3													
Unknown	3	3		3	3			1	2					2				3

TABLE 61
 CONDITION ON DISCHARGE OF MENTAL DEFECTIVES BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1945

Condition on discharge	Total						Pacific Colony												Sonoma State Home											
	Total		Total mentally defective		Idiot		Imbecile		Moron		Un-classified		Total mentally defective		Idiot		Imbecile		Moron		Un-classified									
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F								
	Total		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
Grand total.....	845	289	183	75*	58	2	4	15	12	58	42	---	---	412	214*	198*	4	3	31	27	112	98	67	75						
Over 15 years of age.....	502	258	244	127	69	58	1	4	14	12	54	42	---	375	189	186	1	1	28	24	103	91	57	70						
Capable of self-support.....	220	129	91	48	33	16	---	1	3	31	14	---	---	172	97	75	---	---	1	---	58	37	38	38						
Capable of partial self-support.....	164	77	87	45	23	22	---	2	3	21	19	---	---	119	54	65	---	---	4	2	36	38	14	25						
Incapable of productive work.....	104	46	58	34	14	20	1	4	11	7	2	9	---	70	32	38	1	---	23	22	7	13	1	3						
Unknown.....	14	6	8	---	---	---	---	---	---	---	---	---	---	14	6	8	---	---	---	---	2	3	4	4						
Under 15 years of age.....	41	29	12	4	4	---	---	1	---	---	2	---	---	37	25	12	3	2	3	3	9	2	10	5						
Unknown age.....	2	2	2	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---						

* One male and 3 female patients from Sonoma, and one male patient from Pacific Colony, died on parole.

TABLE 62
DEATHS OF MENTAL DEFECTIVES BY DURATION OF INSTITUTIONAL RESIDENCE,
MENTAL STATUS, SEX, AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Total duration of institutional life	Total			Pacific Colony						Sonoma State Home													
	Total		F	Total mentally defective		Idiot		Imbecile		Moron		Un-classified		Total mentally defective		Idiot		Imbecile		Moron		Un-classified	
	M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total.....	100	57	43	32	22	10	7	6	9	2	6	2	6	2	68	35	33	10	9	16	8	8	1
Less than 1 month.....	7	5	2	1	1	1	1	1	1	1	1	1	1	1	6	4	2	4	2	2	2	2	2
1-3 months.....	10	4	6	1	1	1	1	1	1	1	1	1	1	1	9	8	6	2	3	4	4	4	4
4-6 months.....	5	2	3	2	1	1	1	1	1	1	1	1	1	1	3	1	2	1	1	1	1	1	1
7-11 months.....	7	2	5	2	1	1	1	1	1	1	1	1	1	1	5	1	4	1	1	3	1	1	1
1 year.....	4	4	0	3	3	0	1	1	3	1	2	1	2	1	1	1	1	2	1	1	1	1	1
2 years.....	8	6	2	5	3	2	2	1	3	1	1	1	1	1	2	3	1	2	1	1	1	1	1
3-4 years.....	7	3	4	5	2	3	2	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1
5-6 years.....	6	2	4	1	1	1	1	1	1	1	1	1	1	1	5	2	3	1	2	2	2	1	1
7-9 years.....	9	6	3	2	2	1	1	1	1	1	1	1	1	1	7	4	3	1	3	1	2	1	1
10-14 years.....	16	11	5	10	8	2	2	2	3	3	3	3	3	3	6	3	3	2	2	2	2	2	2
15-19 years.....	5	5	0	4	1	1	1	1	1	1	1	1	1	1	5	4	1	2	2	2	2	2	2
20 years and over.....	16	8	8	16	8	8	1	1	1	1	1	1	1	1	16	8	8	1	1	4	3	3	1

EPILEPTICS

Of the total of 44 epileptic first admissions, 77 percent were under 20 years of age at time of admission. One half of the total were clinically diagnosed as symptomatic and one half as idiopathic; of the 21 symptomatic cases, 18 were due to definite brain diseases. The ratio of male patients to female patients diagnosed as symptomatic was approximately two to one.

Of the 37 epileptic patients discharged during 1944-45, 70 percent were discharged as improved and 30 percent as unimproved. Out of every four epileptic discharges, one had been diagnosed as symptomatic and two as idiopathic.

TABLE 63
CLINICAL DIAGNOSIS OF EPILEPTIC FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Clinical diagnosis	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	M	F	Total	M	F
Grand total.....	44	27	17	9	6	3	35	21	14
Symptomatic.....	21	15	6	5	5	---	16	10	6
Toxic, exogenous.....	---	---	---	---	---	---	---	---	---
Toxic, endogenous.....	3	2	1	---	---	---	3	2	1
Renal.....	---	---	---	---	---	---	---	---	---
Pregnancy and puerperal disorders.....	---	---	---	---	---	---	---	---	---
Endocrinopathic disorders.....	2	1	1	---	---	---	2	1	1
Metabolic disorders.....	1	1	---	---	---	---	1	1	---
Unknown.....	---	---	---	---	---	---	---	---	---
Due to definite brain diseases.....	18	13	5	5	5	---	13	8	5
Cardiovascular.....	---	---	---	---	---	---	---	---	---
Syphilitic.....	1	1	---	---	---	---	1	1	---
Meningo-encephalitic.....	4	3	1	1	1	---	3	2	1
Neoplastic.....	---	---	---	---	---	---	---	---	---
Traumatic.....	6	5	1	4	4	---	2	1	1
Agencies.....	7	4	3	---	---	---	7	4	3
Idiopathic.....	21	12	9	4	1	3	17	11	6
With psychogenic factors.....	3	3	---	---	---	---	3	3	---
Other, undifferentiated, and unknown.....	18	9	9	4	1	3	14	8	6
Unclassified.....	2	---	2	---	---	---	2	---	2

TABLE 64
AGE OF EPILEPTIC FIRST ADMISSIONS BY CLINICAL DIAGNOSIS, SEX, AND INSTITUTION
YEAR ENDING JUNE 30, 1945

Age	Total			Pacific Colony						Sonoma State Home														
	Total	Male	Female	Total epileptic			Symptomatic			Idiopathic			Total epileptic			Symptomatic			Idiopathic			Unclassified		
				Total	M	F	Tox- emic	Due to brain diseases		M	F	M	F	M	F	M	F	M	F	M	F	M	F	
								M	F															M
Total.....	44	27	17	9	6	3	5	1	3	1	3	21	14	2	1	8	5	11	6	2	2	2	2	
Under 5 years..	4	3	1	1	1	1	1	1	1	1	1	3	3	2	3	3	2	3	1	1	1	1	1	
5 to 9 years..	12	7	5	6	4	2	3	1	2	1	2	3	3	2	1	1	1	3	1	1	1	1	1	
10 to 14 years..	8	6	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	3	1	1	1	1	1	
15 to 19 years..	10	6	4	2	2	2	2	2	2	2	2	4	4	2	1	1	2	3	2	2	2	2	2	
20 to 24 years..	4	1	3	4	1	3	4	1	3	1	3	1	3	2	1	2	2	1	1	1	1	1	1	
25 to 29 years..	3	2	1	3	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	
30 to 39 years..	3	2	1	3	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	

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TABLE 66
DEATHS OF EPILEPTICS IN STATE INSTITUTIONS FOR MENTAL DEFECTIVES BY DURATION OF
INSTITUTIONAL RESIDENCE, CLINICAL DIAGNOSIS, AND SEX
YEAR ENDING JUNE 30, 1945

Total duration of institution life	Total epileptic			Symptomatic				Idiopathic		Unclassified		
				Tox-emic	Due to brain diseases		Unknown					
	Total	Male	Female		Male	Female	Male	Female	Male	Female	Male	Female
Total.....	31*	13*	18*		3	4		1	10*	12*		1
Less than 1 month.....	4	2	2		1	1		1				
1 to 3 months.....	1	1							1			
4 to 6 months.....	3*		3*							3*		
7 to 11 months.....												
1 year.....												
2 years.....												
3 to 4 years.....	1*	1*							1*			
5 to 6 years.....	3	1	2			1			1	1		
7 to 9 years.....	2	2			1				1			
10 to 14 years.....	2	1	1						1			1
15 to 19 years.....	7	4	3		1	1			3	2		
20 years and over.....	8	1	7			1			1	6		
Unknown.....												

* Including one male and 2 female deaths at Pacific Colony.

TABLE 67
STERILIZATION OPERATIONS PERFORMED IN STATE INSTITUTIONS FOR MENTAL DEFECTIVES
JUNE 30, 1945

Institution	Year ending June 30, 1945			Cumulative totals through June 30, 1945		
	Total	Male	Female	Total	Male	Female
Total.....	252	127	125	6,126	2,750	3,376
Pacific Colony.....	73	35	38	1,474	718	756
Sonoma State Home.....	179	92	87	4,652	2,032	2,620

THERAPEUTIC ACTIVITIES

Psychotherapeutic measures at Pacific Colony and Sonoma State Home are as a rule directed mainly toward those patients with low normal or better intellectual capacities whose admission into the institutions or to the outpatient clinics has been occasioned by behavior difficulties or by more serious social maladjustment, rather than by simple mental deficiency. Treatment consists of interviews with the patient or members of his family. When time permits psychotherapeutic interviews between doctor and patient, they generally average about two hours in length, supplemented by a variety of psychometric tests of mental age, personality, aptitudes, and other factors.

Physiotherapeutic treatments consist mainly of ultraviolet ray, deep therapy light, and diathermy. Pacific Colony, for example, reports approximately 500 treatments per month, of which 15 percent were administered on the wards. The physiotherapy department at Sonoma State Home also conducts a daily one-hour educational class for spastic children employing the Carlson Method of training. All of the 22 children in the class have made definite progress in muscle and speech training, and in overcoming their fear of failure, although the program has been seriously hampered by insufficient space and equipment. Hydrotherapy is widely used at both institutions; and a swimming pool is available at Pacific Colony for spastics and other patients.

Activities in occupational therapy are very similar to the program in the mental hospitals. Pacific Colony reports an average of 300 patients employed on the wards and another group of 220 patients employed off the wards in housekeeping and maintenance activities, equal to about one-third of the total inpatient population. Approximately 40 percent of the total number of patients so employed were women.

Animal husbandry and care of poultry, farming, gardening, dairy work, and care of playgrounds are included in outdoor projects, while indoor activities contributing to the general welfare of the institutions include sewing, janitor work, painting, domestic duties, carpentering, mattress making and repair, and similar duties. The sewing classes make many of the articles used throughout the institutions, such as the garments worn by patients, hospital gowns for doctors and laboratory technicians, table cloths, curtains, towels, sheets, and numerous other items of equipment. In the parole classes, patients are trained in the various skills necessary for successful job performance on industrial parole. Girls are taught to do general housework, and each girl also makes an outfit of clothing to take with her when she is granted leave of absence. Boys are offered outdoor work which trains them in gardening, upkeep of grounds, and the care of animals.

Recreational therapy at these two institutions includes dances, parties, and special holiday programs. Church services are well attended by the patients and the institutional personnel.

STATE COMMUNITY SERVICE CLINIC

In addition to psychotherapy for inpatients, Sonoma State Home maintains a consulting psychological service known as State Community Service Clinic. The clinic operates at its headquarters at Eldridge, where its services are available to patients from surrounding communities on appointed days during each month, and also functions as a traveling unit, accepting patients within the 23 counties north of and including San Francisco City and County in the west and Sacramento and El Dorado Counties in the east. Because of a shortage of personnel, the clinic was in operation for only five months in 1944-45, during which period visits were made to 36 communities and 20 counties.

TABLE 68
AREAS SERVED BY STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME
YEAR ENDING JUNE 30, 1945

County	Town or school	Visits by clinic	Cases examined	County	Town or school	Visits by clinic	Cases examined
Total	-----	54	276	Nevada	Grass Valley	1	1
Alameda	Oakland	1	2		Nevada City	1	3
Butte	Chico	2	10	Sacramento	Arden	1	5
Colusa	Arbuckle	1	2		Sacramento	4	27
	Colusa	1	2		*Sonoma State Home		3
	Maxwell	1	2	San Francisco	*Sonoma State Home		1
	Williams	1	2	Shasta	Keswick	1	1
	*Sonoma State Home		1		Redding	1	6
Contra Costa	*Sonoma State Home		12	Siskiyou	Dorris	1	3
El Dorado	Placerville	1	4		Happy Camp	1	7
Humboldt	Eureka	1	9		MacDoel	1	1
	Fortuna	1	3		Montague	1	3
Lassen	Susanville	1	4		Tule Lake	1	6
	Westwood	1	5		Winema Elementary School	1	2
Marin	Kentfield	1	1		Yreka	1	1
	Meadow Park School	2	4	Solano	Vallejo	2	9
	Novato	1	1		*Sonoma State Home		22
	Stinson Beach	1	1	Sonoma	Lytton School	4	12
	Tiburon	2	2		Petaluma	1	7
	*Sonoma State Home		11		Santa Rosa	3	11
Mendocino	Ukiah	2	7		*Sonoma State Home		25
Napa	Napa	4	18	Sutter	Yuba City	1	4
	*Sonoma State Home		3	Yolo	Woodland	1	6
				Yuba	Marysville	1	4

* Patients seen at the Outpatient Clinic at Sonoma State Home.

The clinic accepts any case which constitutes a problem to the individual concerned, his family, or the referring agency. This varied group of referrals presents a wide range of difficulties including personality problems, school adjustment problems, and unacceptable social behavior in general. Referrals were made by private physicians, parents or guardians, schools, social welfare departments, probation departments, county health departments, private institutions, hospitals, and other state services.

Since the clinic serves a number of communities, its contacts with many of the patients are necessarily brief, and much of the work is therefore accomplished through the instrumentality of the agency which refers the case. This is in line with the established policy of the clinic, which has been not to accept a case for treatment in the strict sense, but rather to offer to participate with the referring agency in a joint study of the problem being considered. The clinic thus has encouraged community agencies and workers toward increasing degrees of autonomy and independence in handling the problems of their own communities.

TABLE 69
DISTRIBUTION OF COMMUNITY SERVICE CLINIC CASES, SONOMA STATE HOME
BY REASON FOR REFERRAL
YEAR ENDING JUNE 30, 1945

Problem	Number			Percent		
	Total	Male	Female	Total	Male	Female
Total.....	276	182	94	100.0	100.0	100.0
Delinquency.....	19	13	6	6.9	7.1	6.4
Pre-delinquency.....	9	6	3	3.3	3.3	3.2
Behavior problem.....	51	40	11	18.5	22.0	11.7
Personality problem.....	32	21	11	11.6	11.5	11.7
Neuro-psychiatric problem.....	5	4	1	1.8	2.2	1.1
Guidance.....	56	35	21	20.3	19.2	22.4
School subject matter difficulty.....	51	32	19	18.5	17.5	20.2
Mental deficiency.....	44	26	18	15.8	14.5	19.1
Unclassified.....	9	5	4	3.3	2.7	4.2

TABLE 70
MEAN IQ OF COMMUNITY SERVICE CLINIC CASES, SONOMA STATE HOME, BY REASON FOR REFERRAL
YEAR ENDING JUNE 30, 1945

Problem	Mean IQ		
	Total	Male	Female
Total.....	82.3	86.0	78.1
Delinquency.....	88.3	91.2	82.5
Pre-delinquency.....	84.0	85.6	83.1
Behavior problem.....	92.0	91.8	92.8
Personality problem.....	98.4	98.5	98.2
Neuro-psychiatric problem.....	96.0	96.0	96.0
Guidance.....	80.1	81.7	77.9
School subject matter difficulty.....	85.7	89.2	80.2
Mental deficiency.....	56.0	59.6	52.0
Unclassified.....			

TABLE 71
SOURCE OF REFERRAL TO STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME
YEAR ENDING JUNE 30, 1945

Referral	Cases referred					
	Number			Percent		
	Total	Male	Female	Total	Male	Female
Total.....	276	182	94	100.0	100.0	100.0
School.....	109	72	37	39.5	39.5	39.4
Teacher or principal.....	29	17	12	10.5	9.3	12.8
Supervisor or superintendent.....	45	34	11	16.2	18.7	11.7
Nurse or physician.....	27	16	11	9.8	8.8	11.7
Counselor.....	5	2	3	1.8	1.1	3.2
Attendance officer.....	3	3		1.1	1.6	
Other public agencies.....	123	83	40	44.6	45.7	42.5
Probation department.....	56	38	18	20.3	21.0	19.1
County health department.....	27	23	4	9.8	12.6	4.3
State or county institution.....	11	8	3	4.0	4.4	3.2
County welfare department.....	27	13	14	9.8	7.1	14.8
United States Indian agency.....	2	1	1	0.7	0.6	1.1
Private referrals.....	44	27	17	15.9	14.8	18.1
Private physician.....	2	1	1	0.7	0.6	1.1
Parents.....	15	7	8	5.4	3.8	8.5
Private institutions.....	27	19	8	9.8	10.4	8.5

TABLE 72
AGE OF PERSONS REFERRED TO STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME
YEAR ENDING JUNE 30, 1945

Age in years	Number			Percent		
	Total	Male	Female	Total	Male	Female
Total.....	276	182	94	100.0	100.0	100.0
Under 5.....	8	7	1	2.9	3.9	1.1
5-9.....	95	58	37	34.4	32.0	39.2
10-14.....	120	84	36	43.4	46.1	38.3
15-19.....	43	29	14	15.6	15.9	14.9
20-24.....	2	1	1	0.7	0.5	1.1
25-29.....	1		1	0.4		1.1
30-34.....	1		1	0.4		1.1
Age not determined.....	6	3	3	2.2	1.6	3.2
Mean age in years.....	11.7	11.7	11.8			
Median age in years.....	11.4	11.5	10.8			

TABLE 73
INTELLIGENCE OF PERSONS REFERRED TO STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME
YEAR ENDING JUNE 30, 1945

Classification	IQ	Cases referred					
		Number			Percent		
		Total	Male	Female	Total	Male	Female
Total.....		276	182	94	100.0	100.0	100.0
Very superior.....	140 and above.....	1	1		0.4	0.5	
Superior.....	120-139.....	7	6	1	2.6	3.2	1.1
High average.....	110-119.....	14	9	5	5.1	4.9	5.3
Normal or average.....	90-109.....	89	61	28	32.1	33.7	29.8
Low average.....	80-89.....	45	30	15	16.3	16.6	16.0
Borderline defective.....	70-79.....	34	24	10	12.3	13.2	10.6
Mental defective:							
Moron.....	50-69.....	38	24	14	13.8	13.1	14.9
Imbecile.....	20-49.....	25	11	14	9.1	6.0	14.9
Idiot.....	0-19.....						
Not determined.....		23	16	7	8.3	8.8	7.4
Mean IQ.....		82.3	86.0	78.1			
Median IQ.....		86.7	88.0	83.3			

PROFESSIONAL ACTIVITIES

As with the mental hospitals, the war-time shortage of professional personnel has limited the time available for research and scientific staff meetings at Pacific Colony and Sonoma State Home. However, both institutions continue to serve as important demonstration centers for students in medicine and related professions. During 1944-45, demonstration clinics were held for student nurses for various county and city hospitals, for psychology classes from universities and colleges, for county social welfare workers, and for students from teachers colleges, high schools, and other educational institutions.

The staffs of these two institutions have also taken an important part in organizing community interest in mental illness and mental deficiency.

AGENCIES FOR THE ADULT BLIND

The Department of Institutions maintains three agencies for the adult blind: the Industrial Home for the Blind in Oakland, the State Blind Shop in San Diego, and the Industrial Workshop for the Blind in Los Angeles. These facilities were established for the purpose of training and assisting blind adults, most of whom once had their sight, to produce handicraft commodities and thus become self-supporting members of society. Newcomers without previous experience are first taught simple manual skills. When they have acquired sufficient precision and self-confidence they are permitted to take over more difficult operations, each worker being encouraged to specialize in those lines in which he and the instructor feel he is best fitted. Payment on a piecework basis motivates the worker to develop his skill as quickly as possible, while adhering to commercial standards of quality.

Prior to the war, production consisted mainly of reed and wood articles, rugs, brooms, linens, and leather work; at present, however, the shops also are working on several large government contracts for mops, pillowcases, and other mass-produced items. A considerable number of trained workers have been placed in private industry, where they are successfully competing on equal terms with sighted workers in certain selected occupations which emphasize manual rather than visual skills.

Industrial Home for the Adult Blind in Oakland. This home, the only one of its kind in California, provides cheerful residential quarters for over 100 blind or partially blind persons, together with shop facilities in the same location for learning and following a trade. The shops also offer work opportunities for blind persons who live elsewhere in the community. The total blind labor force in the shops (resident and nonresident workers) averaged 133 for the year.

Total sales amounted to \$611,130 for the year ending June 30, 1945, an increase of 17 percent over the previous high record for 1943-44. In fact, sales for the past two years have exceeded total sales for the preceding eleven years, while the net profit for the past two years has exceeded the total net profit for the period 1885-1943 inclusive, resulting in the highest average monthly income per worker to date. The sale of brooms and of clothing (chiefly under government contract) accounted for five-sixths of total gross sales during 1944-45.

The field-work service centers established in Sacramento and San Jose during the preceding year have continued to hold classes, and are also finding work opportunities for the employable blind in these areas, raising the income of some of the workers from \$10 or less to as much as \$125 per month.

Industrial Workshop for the Blind in Los Angeles. At the end of the fiscal year this facility was moved to new quarters occupying the major portion of an eight-story state-owned building. The workshop has continued to produce a wide variety of items, including sheets, aprons, towels, napkins, ironing board pads, nurses' caps, mattresses, chenille and woven rugs, cushion spring units, brushes and brooms, baskets, shopping carts, and ironing boards; the shop also renovates mattresses and assembles vending machines. In addition, a large proportion of the 95 workers are engaged in the manufacture of pillowcases for the Army and Navy. Although gross sales have dropped from last year's figure because of cutbacks in government contracts, the net factory income has nevertheless increased by 218 percent for the same period.

The average monthly earnings of blind workers was \$77 for the current fiscal year, as compared with \$70 for the preceding year. The Los Angeles County Department of Social Welfare estimates that for the calendar year 1944 the income of workers in the shop and in private industry as a result of shop vocational placement has saved the local, state, and federal governments approximately \$35,000 in blind aid over and above the total cost of production and support.

In cooperation with the United States Employment Service and the Bureau of Rehabilitation, State Department of Education, the workshop has placed approximately 150 blind workers in private industry. With the return of peacetime competition, a large proportion of these will necessarily return to the workshop. However, industry has meanwhile learned that certain jobs can be handled more effectively by blind people, and a net gain over the prewar period is therefore anticipated.

The State Blind Shop in San Diego. This is the most recently established of the three facilities, having been created by legislative enactment in 1937. Like the others, it has been moved into larger quarters on several occasions, and in May of 1945 was established in a building which had been completely remodeled by the State into a manufacturing establishment, including a salesroom for products made by the workers in the shop and in their homes.

Production of rugs, reed articles, and leather work still continues to some extent, but the major activity of the shop since 1941 has been the manufacture of mops for the Army and Navy. Gross sales for the year just ended increased by 23 percent over 1943-44, while the average monthly earnings per worker, \$182, increased by 18 percent. During 1944-45 the shop's production consisted of 1,934,000 items (sufficient to fill 94 freight cars), including cotton mop heads, deck swabs, mop holders, chenille bedspreads, leather articles, wood packing crates, and textile packing bags.

TABLE 74
MOVEMENT OF POPULATION, INDUSTRIAL HOME FOR THE ADULT BLIND
YEAR ENDING JUNE 30, 1945

Status	Total	Male	Female
On records June 30, 1944*.....	109	68	41
Entered institution and added to records.....	16	9	7
Separated from institution and removed from records.....	19	15	4
Deaths.....	4	3	1
Discharge.....	15	12	3
On records June 30, 1945*.....	106	62	44

* In the institution.

TABLE 75
FACTORY PRODUCTION
INDUSTRIAL HOME FOR THE ADULT BLIND
YEAR ENDING JUNE 30, 1945

Brooms, regular types.....	64,937
Brooms, per government specifications.....	341,098
Whisk and toy brooms.....	26,736
Pillowcases, per government specifications.....	204,311
Clothing:	
Blue denim overalls, various types, and jumpers.....	16,797
Coats, whipcord.....	241
Trousers, whipcord.....	752
Trousers, twill.....	264
Trousers, khaki.....	143
Pajama sets, processed and packed.....	43,166
Skirts and belts processed.....	198,668
Broom bags.....	26,285
Tool bags.....	23,266
Cookie nests assembled.....	935,008
Dish towels.....	3,725
Grommets.....	1,056,739
Rugs.....	6,961

TABLE 76
STATEMENT OF FACTORY OPERATIONS
INDUSTRIAL HOME FOR THE ADULT BLIND
YEAR ENDING JUNE 30, 1945

Gross sales:		
Broom department.....	\$371,361	31
Clothing department.....	127,501	32
Pillowcase department.....	83,807	55
Grommet department.....	8,542	90
Rug department.....	13,372	30
Cookie nests.....	4,993	08
Miscellaneous.....	121	62
Direct sales.....	1,489	47
		\$611,129 86
Manufacturing costs.....		486,210 25
Gross profit.....		\$124,919 61
Less:		
Administration.....	\$25,232	92
Selling expense.....	9,454	59
Delivery expense.....	9,706	67
Equipment, repairs and replacements.....	3,011	70
		47,405 88
Net operating profit.....		\$77,513 7

TABLE 79
ANALYSIS OF COST OF GOODS SOLD
INDUSTRIAL WORKSHOP FOR THE BLIND
YEAR ENDING JUNE 30, 1945

Item	Total	Department							Rubber
		Reed	Sewing	Rug	Brush and broom	Mattress	Leather	Rubber	
Inventory, finished goods, July 1, 1944.....	\$16,512 94	\$510 95	\$8,845 74	\$2,770 32	-	\$3,694 72	\$169 21	\$2 28	
Inventory, work in process, July 1, 1944.....	5,755 02	723 72	2,518 74	443 15	1,385 56	584 06	100 80		
Total inventory, July 1, 1944.....	22,267 96	1,234 67	11,364 48	3,213 47	2,965 28	3,218 77	270 01	2 28	
Manufacturing expense.....	311,391 72	7,022 56	188,621 20	38,756 70	25,453 00	40,478 76	10,204 73	865 77	
Total beginning inventory and direct expense.....	333,659 68	8,257 23	199,985 68	41,969 17	28,417 28	43,697 53	10,474 74	858 05	
Deduct:									
Inventory, finished goods, June 30, 1945.....	18,952 67	378 89	5,653 44	2,519 30	4,183 29	718 61	5,193 15	303 79	
Inventory, work in process, June 30, 1945.....	5,122 89	597 87	487 06	1,027 49	2,043 43	512 96	43 30	410 86	
Total inventory, June 30, 1945.....	24,075 56	976 76	6,140 50	3,546 79	6,226 72	1,231 77	5,236 35	714 67	
Cost of goods sold.....	\$309,684 12	\$7,280 47	\$193,845 18	\$38,423 38	\$22,190 56	\$42,465 76	\$5,236 39	\$143 38	

TABLE 80
ANALYSIS OF COST OF GOODS SOLD
STATE BLIND SHOP
YEAR ENDING JUNE 30, 1945

Item	Total	Department						Repair
		Mop	Broom	Reed	Rug	Leather	Repair	
Cost of major items of materials used and direct labor.....	\$868,181 42	\$854,647 20	\$5,495 94	\$1,011 07	\$4,462 56	\$2,251 02	\$314 23	
Operating costs:								
Indirect labor.....	11,214 42	10,483 47	715 39	16 56				
Miscellaneous materials and supplies.....	19,941 34	11 81	1	32 65	71 99	4 19		
Service and expense items.....	21,538 81	21,783 52	1 80	15 10	88 39			
Total operating costs.....	53,069 41	52,207 33	728 50	-99	130 38	4 19		
Cost of goods sold.....	\$921,240 83	\$906,854 53	\$6,223 94	\$1,010 06	\$4,592 94	\$2,255 21	\$314 23	

TABLE 81
STATEMENT OF EARNINGS OF WORKERS
INDUSTRIAL HOME FOR THE ADULT BLIND
YEAR ENDING JUNE 30, 1945

Average number of blind factory workers.....		133
Average number of blind home workers.....		34
Wages paid blind factory workers.....	\$107,923 54	
Wages paid blind home workers.....	7,819 96	
Wages paid sighted workers.....	20,373 00	
Commissions paid blind salesmen.....	0 00	
Total wages paid.....		\$136,117 40
Average monthly earnings of blind factory workers.....		81 18
Average monthly earnings of blind home workers.....		23 00

TABLE 82
STATEMENT OF EARNINGS OF WORKERS
INDUSTRIAL WORKSHOP FOR THE BLIND
YEAR ENDING JUNE 30, 1945

Average number of blind workers.....		.05
Wages paid blind workers.....	\$83,123 76	
Commissions paid blind salesmen.....	4,924 13	
Average monthly earnings of blind workers.....	77 24	
Wages paid sighted workers.....	29,259 29	

TABLE 83
STATEMENT OF EARNINGS OF WORKERS
STATE BLIND SHOP
YEAR ENDING JUNE 30, 1945

Average number of blind workers.....		41
Wages paid blind workers.....	\$89,381 01	
Commissions paid blind salesmen.....	0 00	
Average monthly earnings of blind workers.....	181 67	
Wages paid sighted workers.....	16,358 28	

TABLE 84
STATEMENT OF ACCOUNTABILITY FOR MANUFACTURING FUND
INDUSTRIAL HOME FOR THE ADULT BLIND
JUNE 30, 1945

Cash balance.....		\$59,409 03
Accounts receivable.....	\$84,674 44	
Less: Reserve for delinquent accounts.....	10 24	
		84,664 20
Warrants receivable.....	\$20,728 68	
Less: Claims payable filed.....	20,728 68	
		0 00
Purchased stores.....		67,667 02
Produced stores.....		8,079 35
Materials in process.....		27,369 09
Property and equipment.....	\$12,779 17	
Less: Reserve for depreciation.....	2,517 23	
		10,261 94
Total resources, June 30, 1945.....		\$257,450 63
Less: Liability for stores invoices pending.....	\$21 68	
Liability for accrued expenses.....	4,554 86	
		4,576 54
Total net resources, June 30, 1945.....		\$252,874 09
Accountability for:		
Manufacturing fund (Chapter 40, Statutes of 1943).....	\$100,000 00	
Executive Order E-1307 (funds loaned).....	50,000 00	
		150,000 00
Accumulated excess income to June 30, 1945.....		\$102,874 09

TABLE 85
STATEMENT OF ACCOUNTABILITY FOR MANUFACTURING FUND
INDUSTRIAL WORKSHOP FOR THE BLIND
JUNE 30, 1945

Cash balance.....		\$119,521 81
Accounts receivable.....	\$24,702 41	
Less reserve for delinquent accounts.....	621 45	
		24,080 96
Purchased stores.....		51,941 01
Produced stores.....		18,952 67
Materials in process.....		5,122 89
Prepaid expense.....		70 50
Total resources, June 30, 1945.....		\$219,689 84
Less liability for:		
Claims payable filed.....	\$19,885 49	
Stores invoices pending.....	669 72	
Accrued expenses.....	600 91	
		21,156 12
Total net resources, June 30, 1945.....		\$198,533 72
Accountability for Manufacturing Fund (Chapter 41, Statutes of 1943).....		140,000 00
Accumulated excess income, June 30, 1945.....		\$58,533 72

TABLE 86
STATEMENT OF ACCOUNTABILITY FOR MANUFACTURING FUND
STATE BLIND SHOP
JUNE 30, 1945

Cash balance.....		\$118,466 01
Accounts receivable.....	\$8,697 17	
Less reserve for delinquent accounts.....	1,524 16	
		87,173 01
Purchased stores.....		102,625 61
Produced stores.....		7,831 92
Materials in process.....		987 55
Property and equipment.....	\$7,237 97	
Less reserve for depreciation.....	3,610 16	
		3,627 81
Total resources, June 30, 1945.....		\$320,711 91
Less liability for:		
Claims payable filed.....	\$31,414 74	
Stores invoices pending.....	6,249 05	
Factory payroll payable.....	9,785 78	
Accrued expenses.....	5,561 18	
		53,010 75
Total net resources, June 30, 1945.....		\$267,701 16
Accountability for:		
Manufacturing Fund (Chapter 42, Statutes of 1943).....	\$120,000 00	
State's investment in capital assets.....	3,627 81	
		123,627 81
Accumulated excess income, June 30, 1945.....		\$144,073 35

APPENDIX

Part I. Financial statistics.

Part II. Positions, by classification and activities of employees.

Part III. Staff members and other professional workers at state institutions as of June 30, 1945.

Part IV. General information.

PART I
TABLE 87
EXPENDITURES AND REVENUE
YEAR ENDING JUNE 30, 1945
Based on Direct Expenditures from Appropriations and Cash Remitted to the State General Fund

Institution	Average daily population	Expenditures for salaries	Other support expenditures	Total support expenditures	Expenditures for additions and betterments	Grand total all expenditures	Revenue*	Net expenditures by State for support	Net total all expenditures by State
Agnes State Hospital.....	3,736	\$849,804 88	\$449,228 23	\$1,299,133 11	\$86,453 65	\$1,385,586 76	\$395,197 31	\$903,935 80	\$1,000,389 45
Camarillo State Hospital.....	4,172	877,641 70	567,917 29	1,445,558 99	93,400 00	1,538,958 99	316,131 44	1,222,827 55	1,222,827 55
Mendocino State Hospital.....	2,895	695,376 88	372,616 13	1,067,992 99	56,582 43	1,124,575 42	112,289 18	956,703 81	1,013,256 24
Napa State Hospital.....	3,941	942,205 66	512,263 34	1,454,469 00	8,534 05	1,463,003 05	314,944 01	1,138,058 94	1,148,489 04
Norwalk State Hospital.....	2,408	714,121 99	296,351 96	1,010,473 92	69,794 78	1,079,238 70	161,063 64	858,350 28	928,185 06
Parkton State Hospital.....	3,904	832,510 79	496,283 17	1,428,793 96	27,940 42	1,456,654 38	272,785 86	1,158,968 20	1,183,558 52
Stockton State Hospital.....	4,329	1,066,571 59	486,360 15	1,551,921 74	55,675 03	1,607,596 77	306,422 49	1,261,499 25	1,307,174 28
Total—Mental hospitals.....	25,385	6,078,333 44	3,180,010 27	9,258,343 71	408,650 36	9,666,994 07	1,863,863 93	7,398,479 78	7,804,130 14
Pacific Colony.....	1,571	435,121 44	291,900 94	717,022 38	6,222 08	723,245 36	379,432 97	337,589 41	843,912 39
Sonoma State Home.....	3,380	869,641 11	447,869 59	1,317,510 70	26,532 75	1,344,043 45	810,862 45	506,918 25	633,451 00
Total—Institutions for mental defectives.....	4,951	1,304,762 55	739,770 53	2,034,533 08	33,055 73	2,067,588 81	1,190,325 42	844,207 66	877,263 39
Industrial Home for the Adult Blind	107	85,912 41	45,886 47	131,798 88	20,311 93	152,110 81	1,281 89	130,516 99	150,928 92
Field instruction and rehabilitation	.....	16,226 67	5,941 24	21,167 91	.....	27,107 01	.....	21,167 91	21,167 91
Industrial Workshop for the Blind†	.....	29,259 28	10,089 08	39,348 37	.....	39,348 37	.....	39,348 37	39,348 37
State Blind Shop†.....	.....	11,025 10	6,129 21	17,154 37	.....	17,154 37	.....	17,154 37	17,154 37
Total—Agencies for the blind.....	.....	141,423 53	68,046 00	209,469 53	20,311 93	229,781 46	1,281 89	208,187 64	228,499 67
Langley Porter Clinic†.....	43	138,595 76	76,946 58	215,542 34	34,862 78	250,405 12	42,032 56	173,489 78	208,352 56
Department of Institutions (Administrative Office)†.....	.....	113,094 43	70,808 40	183,902 83	.....	183,902 83	23,070 54†	160,832 29	160,832 29
Transportation of patients†.....	.....	.....	58,087 56	58,087 56	.....	58,087 56	.....	58,087 56	58,087 56
Total—Resident institutions**	30,443	7,469,008 40	3,965,667 27	11,424,675 67	462,018 02	11,886,693 69	3,064,471 24	8,370,204 43	8,332,222 45
Grand total.....	30,486	\$7,776,209 71	\$4,183,689 34	\$11,959,879 05	\$496,880 80	\$12,456,759 85	\$3,119,594 34	\$8,940,264 71	\$9,337,165 51

* See Table 92 for detail of revenue.
 † Not included in totals for resident institutions.
 ‡ Including \$15,000 for sale of Sonoma property.
 ** See Table 88 for further details of resident institutions.

TABLE 86
TOTAL MAINTENANCE COSTS BY FUNCTION AND OBJECT, ALL RESIDENT INSTITUTIONS *
FOR THE NINETY-SIXTH FISCAL YEAR, JULY 1, 1944, TO JUNE 30, 1945

Function	Total expenditures (Net)†	Surplus sales and deductions	Total expenditures (Gross)	Object				
				Salaries and wages	Materials and supplies	Service and expense	Property and equipment	
Administration.....	\$695,132.12	\$7,628.29	\$705,760.41	\$556,755.66	\$43,680.03	\$7,211.15	\$17,413.57	
Support and subsistence.....	3,042,869.75	354,480.32†	3,398,343.07	687,932.69	2,654,205.65	23,414.32	32,589.81	
Care and welfare.....	5,140,549.45	201.04	5,140,743.49	5,250,638.56	153,406.43	23,500.36	9,147.34	
Maintenance and operation.....	1,160,598.56	-----	1,160,598.56	405,845.01	250,856.70	400,722.83	13,024.02	
Farming and processing.....	989,466.71	185,740.43	1,124,007.14	309,127.80	658,013.45	33,779.89	36,086.00	
Extramural care.....	142,373.08	-----	142,373.08	78,948.68	-----	63,724.43	-----	
Total.....	\$11,424,075.67	\$548,050.08	\$11,972,725.75	\$7,469,098.40	\$3,790,362.26	\$639,293.75	\$110,051.34	

* The Langley Porter Clinic is not included; see Table 87.

† Total maintenance costs, resident institutions, as in Table 87.

‡ Includes \$15,827.59 received for subsistence of U. S. Navy patients at Napa State Hospital.

TABLE 89
STATEMENT OF PER CAPITA COSTS OF MAINTAINING WARDS IN STATE INSTITUTIONS
YEAR ENDING JUNE 30, 1945

Function	Agnews State Hospital	Camarillo Hospital	Mendocino State Hospital	Napa State Hospital	Norwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony	Sonoma State Home	Industrial Home for the Adult Blind
ADMINISTRATION—										
Executive.....	\$1 47	\$1 31	\$1 67	\$1 19	\$2 29	\$1 42	\$1 23	\$3 50	\$1 68	\$37 99
General office.....	5 39	6 34	6 34	6 31	8 57	6 44	5 32	7 42	4 84	26 80
Business office.....	6 09	5 35	6 45	4 51	7 86	6 13	5 56	6 59	6 08	114 69
Telephone and telegraph.....	1 96	2 84	2 57	2 78	3 48	2 80	3 04	1 22	3 69	8 04
Postage.....	68	64	62	57	67	42	47	69	34	1 83
Automobile.....	3 64	3 66	4 97	4 48	4 07	3 05	4 67	8 33	4 76	5 47
Freight, cartage and express.....	46	1 06	1 50	84	83	74	59	1 17	86	1 51
Stores adjustments.....	1 10	1 01	—	—	—	—	16	—	10	—
Cash discounts taken.....	—	—	—	—	—	—	—	—	—	—
Total—Administration.....	18 36	20 46	23 91	20 31	27 42	20 92	20 79	38 54	27 07	195 71
SUPPORT AND SUBSISTENCE—										
Feeding—Local production.....	38 52	52 79	72 61	70 84	52 30	68 53	70 19	20 77	54 88	42
Feeding—Purchased.....	95 07	105 04	70 96	74 58	84 10	70 09	71 95	129 36	70 44	478 10
Total—Feeding.....	133 59	158 73	143 57	145 42	136 40	138 62	142 14	150 13	125 32	478 52
Clothing.....	6 47	11 37	11 54	11 52	10 02	11 69	9 60	18 90	13 46	—
Housekeeping.....	8 89	10 08	8 17	12 61	9 60	8 93	5 99	17 64	8 64	189 02
Laundry.....	4 79	5 54	6 23	5 32	5 17	5 71	5 29	8 81	4 77	72 90
Gross expenditures.....	153 74	185 73	169 51	174 87	161 19	164 95	163 02	195 48	152 19	740 44
Credit: Service deductions.....	—	—	—	—	—	—	—	—	—	—
Net total—Support and subsistence.....	143 27	172 23	161 27	168 87	146 42	155 08	152 99	181 65	143 44	709 83
CARE AND WELFARE—										
Custodial and personal care.....	150 33	129 42	152 51	157 98	202 57	161 23	153 73	143 08	140 34	82 16
Medical care.....	20 84	17 68	17 85	19 60	17 19	18 73	17 95	36 24	34 29	30 65
Education.....	90	3 29	85	1 02	1 43	70	1 19	6 06	8 19	—
Recreation.....	55	3 30	—	55	—	19	31	23	67	19
Paroles and discharges.....	—	—	—	—	—	—	—	—	—	—
Escapes.....	—	—	—	—	—	—	—	—	—	—
Burials and cremations.....	21	53	—	—	—	—	—	—	—	—
Social service.....	—	—	—	—	—	—	—	—	—	—
Total—Care and welfare.....	172 53	151 22	171 45	179 18	222 10	180 85	178 19	188 90	189 78	114 57

TABLE 90
STATEMENT OF FARMING OPERATIONS
YEAR ENDING JUNE 30, 1945

Operation	Total	Agnews State Hospital	Camarillo State Hospital	Mendocino State Hospital	Napa State Hospital	Norwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony	Sonoma State Home
FARM (FIELD CROPS)										
Value of production.....	\$180,470 38	\$2,573 91	\$57,460 74	\$24,415 56	\$18,600 00	\$11,163 91	\$10,567 45	\$52,450 72	\$3,243 49	
Less: Local products consumed.....	45,057 10	1,038 38	6,648 04	4,021 29	5,178 62	3,763 66	3,630 98	19,440 10	736 08	
Direct charges.....	110,223 63	422 29	24,224 12	13,173 68	12,827 91	9,827 76	21,789 59	26,557 25	1,401 03	
Excess production value over expense.....	25,189 65	1,113 24	26,588 58	6,620 59	3 30	-2,427 51	-14,853 12	6,453 37	1,106 43	
Per cent of excess.....	16.23	76.21	86.12	37.20	3.80	-17.86	-58.43	14.03	51.77	
DAIRY										
Value of production.....	\$761,299 02		\$122,664 43	\$110,016 55	\$116,351 98	\$93,083 31	\$106,958 26	\$149,487 54		\$86,736 95
Less: Local products consumed.....	151,050 04		35,614 38	21,419 04	17,199 45	16,997 42	14,405 32	37,713 61		7,736 82
Direct charges.....	473,175 89		51,499 01	53,050 95	70,604 72	39,897 76	69,987 00	92,247 89		95,888 57
Adjustment of livestock inventories.....	958 88		1,531 12	-800 00	-275 00	-1,825 00	1,015 00	6,500 00		-2,425 00
Excess production value over expense.....	136,078 21		37,052 17	42,346 56	28,822 81	8,013 13	21,550 94	12,726 04		-14,463 44
Per cent of excess.....	21.76		43.33	57.48	32.93	14.56	25.23	9.31		-14.29
HOG RAVERS										
Value of production.....	\$168,800 23	\$11,059 57	\$11,141 72	\$27,569 57	\$15,787 64	\$18,294 57	\$29,040 93	\$39,705 24		\$16,270 09
Less: Local products consumed.....	95,060 57	66 55	145 00	6,950 37	3,379 22	2,312 23	2,913 14	11,446 75		1,020 31
Direct charges.....	130,063 60	7,99 52	2,841 55	17,444 34	23,326 46	15,569 34	16,046 18	36,019 20		12,616 66
Adjustment of livestock inventories.....	9,455 95	72 80	400 00	960 00	-9,318 00	-1,101 50	463 60	5,540 55		441 00
Excess production value over expense.....	-14,478 01	3,860 00	7,095 17	2,463 85	399 96	-1,544 50	9,618 06	-23,301 26		2,192 12
Per cent of excess.....	9.38	53.03	223.27	9.82	2.90	-9.22	49.52	-15.09		15.57
PORCINE RAVERS										
Value of production.....	\$168,180 45			\$34,015 68	\$40,697 76	\$11,048 45	\$27,623 25	\$28,466 41		\$26,407 90
Less: Local products consumed.....	12,088 97			5,983 35	4,369 22	145 63	159 24	1,536 40		300 03
Direct charges.....	114,769 07			17,733 31	20,255 59	9,693 55	17,730 18	17,461 50		22,347 74
Adjustment of livestock inventories.....	1,466 88			43 80	350 33	-62 54	445 60	-482 01		-1,081 50
Excess production value over expense.....	-49,575 20			11,190 02	7,375 08	-1,301 81	9,158 23	9,080 52		4,141 63
Per cent of excess.....	34.21			49.02	22.12	-13.36	50.11	51.45		18.60
ORCHARD										
Value of production.....	\$153,246 28	\$23,825 49	\$22,277 44	\$10,003 12	\$24,595 18	\$12,316 74	\$12,316 74	\$13,381 19	\$3,543 55	\$38,303 57
Less: Local products consumed.....	12,212 81	3,000 67	634 79	180 08	2,345 25	1,152 29	1,152 29	2,461 68	640 98	1,395 97
Direct charges.....	144,775 62	8,497 58	3,529 49	2,709 99	6,256 61	3,734 27	3,734 27	8,753 16	1,891 12	10,004 30
Excess production value over expense.....	96,258 85	1,327 24	17,313 16	15,903 32	16,093 33	7,430 18	7,430 18	2,166 35	6,011 45	26,903 30
Per cent of excess.....	168.91	105.60	399.02	334.96	186.93	162.06	162.06	19.32	237.41	235.99

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TABLE 91
STATEMENT OF ACREAGE* IRRIGATION AND PRODUCTIVE FARM OPERATIONS, BY INSTITUTION
JUNE 30, 1945

Operation	Total	Agnews State Hospital	Camarillo State Hospital	Mendocino State Hospital	Napa State Hospital	Norwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony	Sonoma State Home
Acres										
Buildings, lawns, shrubs, etc.	1,151	140	125	30	270	86	125.5	230	64.5	80
Farm (field crops):	476.5		180	110			17	140	4.5	
Alfalfa.....	744.9	90	125	50	186	25	40	150	53	
Grain hay.....	230		41	230			74	438		
Beans (dried).....	1,000.8		20	50			20	63		
Miscellaneous farm products.....	280		3.7	5	15	8	4	32		100
Dairy.....	170.7	3		8	14	1.6	4	10		75
Hog ranch.....	112.6									
Poultry ranch.....	2						2			
Stable.....										
Orchard:	584.6	85	8	20	229.5	2.8	15	60	5.3	150
Deciduous fruit.....	52		12				24		16	
Citrus fruit.....	130.3	1	123		1.3				5	
Nuts.....	26.8	7	5	3		3.3	4		1	
Berries.....	74.8	2	3	6	10.3		3	40	2.5	8
Grapes.....	986.8**	205	150	75	125	76.7	170	60	75.1**	50
Vegetable garden.....	1,226.2	17.5	143	127	350		25	18	45.7	500
Pasturage.....										
Non-productive:	37	2		2			6	14		12
Cemeteries.....	2,013	5	123	480	784.4	2.6	23			595
Waterbeds.....	881.5†	71.7	357	10			23	15.8	404†	
Waste land.....	10,186.5	629.2	1,048.7	1,715	2,148	337.7	579.5	1,270.8	687.6	1,670
Total acreage.....										

TABLE 92
REVENUE REMITTED TO THE GENERAL FUND AND SOURCES THEREOF, DEPARTMENT OF INSTITUTIONS
YEAR ENDING JUNE 30, 1945

Institution	Total	Patients' board collected by institution	Patients' board collected from counties by Controller	Revenue from miscellaneous sales, etc.	License fees, private institutions
Agnews State Hospital	\$365,197 81	\$384,518 53	\$9,823 47	\$855 31	-----
Camarillo State Hospital	316,131 44	298,633 66	14,481 87	3,015 91	-----
Mendocino State Hospital	112,289 18	95,584 89	16,111 90	612 59	-----
Napa State Hospital	314,944 01	281,666 27	11,771 42	22,106 32	-----
Norwalk State Hospital	151,083 64	148,216 16	855 48	2,012 00	-----
Patton State Hospital	272,795 86	254,324 63	16,017 84	2,853 39	-----
Stockton State Hospital	300,422 49	288,995 33	9,010 60	2,416 56	-----
Total—Mental hospitals.....	\$1,862,863 93	\$1,751,919 27	\$77,072 58	\$33,872 08	-----
Pacific Colony.....	379,432 67	4,360 55	372,527 49	2,544 93	-----
Sonoma State Home.....	810,892 45	7,936 80	801,058 85	1,896 80	-----
Total—Institutions for mental defectives.....	1,190,325 42	12,297 35	1,173,586 34	4,441 73	-----
The Langley Porter Clinic.....	42,052 56	41,995 33	-----	57 23	-----
Industrial Home for the Adult Blind.....	1,281 89	1,155 00	-----	126 89	-----
Department of Institutions (Administrative Office).....	23,070 54*	-----	-----	19,132 21*	\$3,938 33
Total cash collections.....	\$3,119,594 34	\$1,807,366 95	\$1,250,658 92	\$57,630 14	\$3,938 33

* Includes \$15,000 for sale of Sonoma property.

TABLE 93
STATE'S INVESTMENT IN CAPITAL ASSETS, ALL INSTITUTIONS
JUNE 30, 1945

Institution	Total	Land	Improvements	Equipment
Agnews State Hospital	\$4,681,295 53	\$279,408 75	\$3,742,303 66	\$659,583 12
Camarillo State Hospital	6,863,194 81	424,182 11	5,781,002 78	658,009 92
Mendocino State Hospital	3,894,503 17	162,277 27	3,229,664 46	502,561 44
Napa State Hospital	5,115,933 46	136,041 02	4,268,833 14	711,059 30
Norwalk State Hospital	3,113,163 93	106,860 00	2,579,180 43	427,123 50
Patton State Hospital	3,604,457 25	315,970 00	2,732,279 59	556,207 66
Stockton State Hospital	5,411,926 84	301,889 19	4,248,618 24	861,419 41
Pacific Colony.....	3,509,951 98	185,050 00	2,953,752 09	371,149 89
Sonoma State Home.....	3,964,725 20	84,016 95	3,242,720 49	637,987 76
Industrial Home for the Adult Blind.....	515,666 72	17,086 61	429,869 50	68,710 61
Total—Resident institutions.....	40,674,818 89	2,012,781 90	33,208,224 38	5,453,812 61
Industrial Workshop for the Blind.....	29,308 67	-----	557 08	28,751 59
State Blind Shop.....	6,508 25	-----	-----	6,508 25
The Langley Porter Clinic.....	197,036 12	-----	59,491 84	137,544 58
Department of Institutions (Administration).....	392,564 68	-----	350,000 00	42,564 68
Grand Total.....	\$41,300,236 61	\$2,012,781 90	\$33,618,273 00	\$5,669,181 71

TABLE 94
 APPROPRIATIONS MADE BY THE LEGISLATURE FOR PURCHASE OF LAND, FOR MAJOR CONSTRUCTION, MINOR CONSTRUCTION, IMPROVEMENTS AND EQUIPMENT,
 AND P. W. A. GRANTS MADE IN CONNECTION WITH CONSTRUCTION PROJECTS
 JULY 1, 1925, TO JUNE 30, 1945, (10 BIENNIAL PERIODS—20 YEARS)

Biennial period	Total	Agnews State Hospital	Camarillo State Hospital	Mendocino State Hospital	Napa State Hospital	Norwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony State Narcotic Hospital*	Sonoma State Home	Industrial Home for the Adult Blind	The Langley Porter Clinic
77th-78th fiscal years (1925-1927)												
Land	\$125,000 00	\$425,000 00										
Construction, imp. and equipment	2,049,992 00	18,605 00		\$360,200 00	\$54,000 00	\$468,975 00	\$235,500 00	\$220,450 00	\$410,167 00	\$110,500 00	\$4,150 00	
Total	2,174,992 00	311,050 00		360,200 00	54,000 00	468,975 00	235,500 00	220,450 00	410,167 00	110,500 00	4,150 00	
79th-80th fiscal years (1927-1929)												
Land	197,500 00	97,500 00		65,000 00	35,000 00							
Construction, imp. and equipment	2,061,500 00	67,000 00		276,000 00	168,000 00	367,500 00	298,000 00	370,500 00	278,500 00§	220,000 00	16,000 00	
Total	2,259,000 00	164,500 00		341,000 00	203,000 00	367,500 00	298,000 00	370,500 00	278,500 00	220,000 00	16,000 00	
81st-82nd fiscal years (1929-1931)												
Land	466,187 75		\$456,187 75				10,000 00					
Construction, imp. and equipment	2,606,047 25	476,000 00	543,812 25	385,000 00	60,000 00	37,500 00	210,000 00	223,000 00	410,000 00§	196,500 00	64,235 00	
Total	3,072,235 00	476,000 00	1,000,000 00	385,000 00	60,000 00	37,500 00	220,000 00	223,000 00	410,000 00	196,500 00	64,235 00	
83rd-84th fiscal years (1931-1933)												
Land	35,770 00			32,650 00						3,120 00		
Construction, imp. and equipment	2,617,950 00	506,500 00	455,600 00	312,350 00	155,000 00	196,000 00	210,000 00	182,000 00	364,500 00§	216,000 00	20,000 00	
P. W. A. grants	171,500 00		171,500 00									
Total	2,825,220 00	506,500 00	627,100 00	345,000 00	155,000 00	196,000 00	210,000 00	182,000 00	364,500 00	219,120 00	20,000 00	
85th-86th fiscal years (1933-1935)												
Construction, imp. and equipment	438,500 00	22,500 00	240,000 00	25,000 00	45,000 00	20,000 00	10,000 00	33,000 00	20,000 00	20,000 00	3,000 00	
Total	438,500 00	22,500 00	240,000 00	25,000 00	45,000 00	20,000 00	10,000 00	33,000 00	20,000 00	20,000 00	3,000 00	
87th-88th fiscal years (1935-1937)												
Land	850 00									850 00		
Construction, imp. and equipment	4,062,900 00	29,400 00	1,890,000 00	345,000 00	40,000 00	154,000 00	407,000 00	1,109,500 00	15,000 00	70,000 00	3,000 00	
Total	4,063,750 00	29,400 00	1,890,000 00	345,000 00	40,000 00	154,000 00	407,000 00	1,109,500 00	15,000 00	70,850 00	3,000 00	
89th-90th fiscal years (1937-1939)												
Land	10,000 00									10,000 00		
Construction, imp. and equipment:												
Chapter 796	6,181,850 00	437,450 00	2,765,000 00	49,636 00	866,950 00	18,500 00	18,000 00	98,500 00	928,527 00	991,287 00	8,000 00	
Chapter 799	1,733,725 00	25,500 00	17,475 00	523,050 00	245,400 00	165,000 00	176,000 00	181,300 00	150,000 00		100,000 00	\$150,000 00
P. W. A. grants	1,702,840 80	290,910 76		9,970 21	351,028 39			45,900 00	524,250 00	480,783 44		
Total	9,628,415 80	753,860 76	2,782,475 00	582,656 21	1,463,378 39	183,500 00	194,000 00	325,700 00	1,602,777 00	1,482,070 44	108,000 00	150,000 00
91st-92nd fiscal years (1939-1941)												
Construction, imp. and equipment	1,219,117 00	89,650 00	6,500 00	11,500 00	19,100 00	33,900 00	66,850 00	520,000 00	40,085 00	78,032 00	3,500 00	350,000 00
Total	1,219,117 00	89,650 00	6,500 00	11,500 00	19,100 00	33,900 00	66,850 00	520,000 00	40,085 00	78,032 00	3,500 00	350,000 00
93rd-94th fiscal years (1941-1943)												
Construction, imp. and equipment	461,376 00	121,870 00	58,875 00	5,500 00		20,419 00	75,500 00	65,000 00	77,412 00		1,800 00	35,000 00
Purchase of water stock	50,000 00								50,000 00			
Total	511,376 00	121,870 00	58,875 00	5,500 00		20,419 00	75,500 00	65,000 00	127,412 00		1,800 00	35,000 00
95th-96th fiscal years (1943-1945)												
Land	33,480 00	82,500 00								980 00		
Construction, imp. and equipment	148,850 00	29,050 00		28,000 00	10,000 00	2,500 00		30,000 00	13,000 00		4,400 00	33,900 00†
Deferred maintenance and improvements	523,940 00	75,250 00	93,400 00	43,167 00	103,225 00	73,193 00	22,200 00	55,000 00		27,000 00		5,000 00†
Total	756,270 00	186,800 00	93,400 00	69,167 00	119,225 00	75,693 00	22,200 00	85,000 00	13,000 00	27,980 00	24,300 00	38,900 00
Grand totals	\$26,948,875 80	\$2,662,130 76	\$6,698,350 00	\$2,470,023 21	\$2,158,701 39	\$1,557,492 00	\$1,739,050 00	\$3,134,750 00	\$3,281,441 00	\$2,425,052 44	\$247,985 00	\$573,900 00

* Name changed to Pacific Colony by 1943 Legislature.

† These appropriations made direct to agency. Prior appropriations made to Department of Institutions.

§ Separate appropriations were made in 1927, 1929 and 1931:
 1927—Pacific Colony, \$243,500; Narcotic, \$30,000; total, \$278,500.00.
 1929—Pacific Colony, \$305,000; Narcotic, \$105,000; total, \$410,000.00.
 1931—Pacific Colony, \$277,000; Narcotic, \$87,500; total, \$364,500.00.

TABLE 95
STATEMENT OF COST OF MEALS SERVED
YEAR ENDING JUNE 30, 1945
Based on Direct Charges for Commodities and Salaries

Institution	Average daily population	Average number served each meal	Total meals served during year	Feeding materials and supplies consumed			Feeding salaries	Total feeding cost (includes salaries)	
				Purchased	Produced	Average cost per meal served		Total cost	Average cost per meal served
Agnew State Hospital.....	3,726	3,633	4,210,153	\$301,941 17	\$143,916 58	\$0.1057	\$52,733 49	\$408,691 24	\$0.1182
Camarillo State Hospital.....	4,172	4,203	4,714,290	369,032 53	230,232 76	0.1260	70,098 31	669,263 58	0.1399
Merced State Hospital.....	2,686	2,606	2,580,245	183,355 47	210,213 93	0.1164	25,987 48	414,569 88	0.1284
Napa State Hospital.....	2,643	2,643	2,450,242	249,207 67	270,187 12	0.1184	42,927 18	570,031 95	0.1281
Norwalk State Hospital.....	2,465	2,623	2,740,770	187,497 22	124,938 09	0.1071	32,077 32	\$27,513 64	0.1194
Pacote State Hospital.....	2,604	2,623	2,407,745	226,063 68	267,524 37	0.1220	44,440 66	540,957 71	0.1244
Rockton State Hospital.....	4,329	4,462	4,868,569	264,038 90	303,333 43	0.1142	55,920 46	613,792 79	0.1256
Total—Mental hospitals.....	25,285	26,208	28,693,009	1,736,036 64	1,550,876 28	0.1145	337,893 88	3,624,806 80	0.1283
Pacific Colony.....	1,671	1,629	1,783,413	170,247 28	32,626 90	0.1138	29,358 83	223,232 71	0.1302
Sonoma State Home.....	3,380	3,494	36,268,449	180,063 30	186,480 50	0.0967	53,111 28	418,645 03	0.1094
Total—Institutions for mental defectives.....	4,951	5,123	5,009,262	350,300 58	213,107 40	0.1012	82,469 76	660,877 74	0.1160
Industrial Home for the Adult Blind.....	107	121	132,831	22,646 31	45 14	0.1708	25,298 45	47,989 90	0.3613
Total.....	30,443	31,452	34,440,102	\$2,108,933 58	\$1,769,028 82	\$0.1126	\$445,662 09	\$4,328,674 44	\$0.1266

* Inmates and employees.

PART II

TABLE 96
POSITIONS,* BY CLASSIFICATION AND ACTIVITIES OF EMPLOYEES
JUNE 30, 1945

Institution	Total	Administration	Food preparation and serving	Other support and subsistence	Physicians	Dentists	Graduate nurses	Other nurses and attendants	Miscellaneous care of patients	Social service and parole work	Maintenance of plant	Farming operations
Mental Hospitals—												
Amenex.....	474	31	22	14	11	4	7	332	9	7	25	12
Camarillo.....	519	32	43	16	15	1	9	329	11	9	26	28
Mendocino.....	375	24	17	12	8	1	2	257	5	5	24	20
Napa.....	518	33	20	14	14	2	5	361	13	5	25	26
Normal.....	369	27	16	8	8	2	3	262	6	4	17	16
Patton.....	532	34	29	12	14	2	5	368	8	7	21	32
Stockton.....	586	38	28	17	15	2	12	396	8	5	29	36
Total.....	3,373	219	175	93	85	14	43	2,305	60	42	167	170
Institutions for Mental Defectives—												
Pacific Colony.....	255	23	18	10	5	1	7	157	9	2	17	6
Sonoma.....	449	26	28	16	6	2	8	286	20	5	26	24
Total.....	704	51	46	26	11	3	15	443	29	7	43	30
The Langley Porter Clinic.....	86	14	4	8	13	1	3	30	9	4		
Agencies for adult blind—												
Industrial Home for the Adult Blind.....	53	7	12	9			1	3		8	4	9†
Industrial Workshop for the Blind.....	15	7		2								6†
State Blind Shop.....	7	3		1								3†
Total.....	75	17	12	12			1	3		8	4	18
Department of Institutions (Administration)	50	50										
Total.....	4,288	351	237	159	109	18	62	2,781	98	61	214	218

* Including vacancies.
† Includes factory and sales employees.
‡ Fire fighters, and motion picture operators, employed part time, are not included in total.

PART III

STAFF MEMBERS AND OTHER PROFESSIONAL
WORKERS AT STATE INSTITUTIONS
AS OF JUNE 30, 1945

MENTAL HOSPITALS

AGNEWS STATE HOSPITAL

Superintendent
E. W. Mullen, M.D.

Board of Trustees
C. C. Cottrell
Mrs. Mary Hayward
Herbert C. Jones
Father John J. Laherty
C. C. Pomeroy

Assistant Medical Director
J. A. Cutting, M.D.

Senior Dental Interne
George D. Mallory, Jr., D.D.S.

Clinical Director
Robert P. Quirnbach, M.D.
Hyman Tucker, M.D.*

Business Manager
(Vacant)

Physicians and Surgeons
Sidney B. Bellinger, M.D.
Leonard Galton, M.D.
Kristian Johnsen, M.D.
John B. Peschau, Jr., M.D.
Harvey E. Pinto, M. D.
Benno Safer, M.D.
Joseph A. Sampson, M.D.

Secretary
Melvin C. Jensen

Senior Psychiatric Social Workers
Florence Glenn
Tillie B. McWhirter †

Dentist
B. O. Chartrand, D.D.S.

Junior Psychiatric Social Workers
Elizabeth Boynton
Iva Hood

* On military leave.
† On leave to attend university.

PART II

TABLE 96
POSITIONS,* BY CLASSIFICATION AND ACTIVITIES OF EMPLOYEES
JUNE 30, 1945

Institution	Total	Admin- istration	Food prepara- tion and serving	Other support and sub- sistence	Physi- cians	Dentists	Graduate nurses	Other nurses and attendants	Miscel- laneous care of patients	Social service and parole work	Main- tenance of plant	Farming operations
Mental Hospitals—												
Amesbury.....	474	31	22	14	11	4	7	332	9	7	25	12
Camarillo.....	519	32	43	16	15	1	9	329	11	9	26	28
Mendocino.....	375	17	12	8	8	1	2	257	5	5	24	20
Napa.....	518	33	20	14	14	2	6	361	13	6	25	26
Norwalk.....	369	27	16	8	8	2	3	262	6	4	17	16
Patton.....	532	34	29	12	14	2	6	368	8	7	21	32
Stockton.....	586	38	28	17	15	2	12	396	8	5	29	36
Total.....	3,373	219	175	93	85	14	43	2,305	60	42	167	170
Institutions for Mental Defectives—												
Pacific Colony.....	255	23	18	10	5	1	7	157	9	2	17	6
Sonoma.....	449	28	28	16	6	2	8	286	20	5	26	24
Total.....	704	51	46	26	11	3	15	443	29	7	43	30
The Langley Porter Clinic.....	86	14	4	8	13	1	3	30	9	4		
Agencies for adult blind—												
Industrial Home for the Adult Blind.....	53	7	12	9	9		1	3		8	4	9†
Industrial Workshop for the Blind.....	15	7		2								6†
State Blind Shop.....	7	3		1								3†
Total.....	75	17	12	12			1	3		8	4	18
Department of Institutions (Administration).....	50	50										
Total.....	4,288	351	287	199	100	18	62	2,781	98	61	214	218

* Including vacancies.

† Includes factory and sales employees.

‡ Fire fighters, and motion picture operators, employed part time, are not included in total.

PART III

**STAFF MEMBERS AND OTHER PROFESSIONAL
WORKERS AT STATE INSTITUTIONS
AS OF JUNE 30, 1945**

MENTAL HOSPITALS

AGNEWS STATE HOSPITAL

Superintendent
E. W. Mullen, M.D.

Board of Trustees
C. C. Cottrell
Mrs. Mary Hayward
Herbert C. Jones
Father John J. Laherty
C. C. Pomeroy

Assistant Medical Director
J. A. Cutting, M.D.

Senior Dental Interne
George D. Mallory, Jr., D.D.S.

Clinical Director
Robert P. Quirnbach, M.D.
Hyman Tucker, M.D.*

Business Manager
(Vacant)

Physicians and Surgeons
Sidney B. Bellinger, M.D.
Leonard Galton, M.D.
Kristian Johnsen, M.D.
John B. Peschau, Jr., M.D.
Harvey E. Pinto, M. D.
Benno Safier, M.D.
Joseph A. Sampson, M.D.

Secretary
Melvin C. Jensen

Senior Psychiatric Social Workers
Florence Glenn
Tillie B. McWhirter †

Dentist
B. O. Chartrand, D.D.S.

Junior Psychiatric Social Workers
Elizabeth Boynton
Iva Hood

* On military leave.
† On leave to attend university.

CAMARILLO STATE HOSPITAL

Superintendent
Thos. W. Hagerty, M.D.

Board of Trustees
W. D. Bannister
Charles F. Blackstock
Edward Henderson
Mrs. Edwin Janss
Mike Vujovich

Assistant Medical Director
Franklin H. Garrett, M.D.*
G. Dean Tipton, M.D.

Dentist
Edward M. Seaman, Jr., D.D.S.

Business Manager
B. W. Macy

Physicians and Surgeons
Alexander Augur, M.D.
Robert V. Baker, M.D.
Charles T. Batten, M.D.*
Helen Bruckman, M.D.
Emanuel Calvin, M.D.
S. J. Conrad, M.D.*
Francis W. Cutts, M.D.*
Judith T. Garber, M.D.
Benjamin Jacobs, M.D.
Jack Levitt, M.D.*
Elmer H. Lutz, M.D.
Gwen McCullough, M.D.
John M. Pope, M.D.
Roger F. Scherb, M.D.*
Arthur J. Wilkinson, M.D.

Secretary
G. D. Wallace

Senior Psychiatric Social Workers
Gertrude Blackstock
Minnie S. Hildreth
Ruth Martin
Mildred Polon
Juanita Steiner
Vivienne Williams *

Junior Psychiatric Social Workers
Sue Fanton
Mildred Irons
Harriet Lakin
Janet Weinpahl

MENDOCINO STATE HOSPITAL

Superintendents
Melvin J. Rowe, M.D.
Walter Rapaport, M.D.*
R. B. Toller, M.D.*

Board of Trustees
Paul J. Bowman, M.D.
Mrs. Jessie Hildreth
Arthur F. Moulton
Judge Allen M. Sacry
Edward P. Sailor

Assistant Medical Director
R. O. LeBaron, M.D.

Dentist
Donald A. Frost, D.D.S.

Clinical Director
F. J. Van Meter, M.D.

Business Manager
Arthur E. Spillman

Physicians and Surgeons
Robert G. Bramkamp, M.D.*
Mary V. Church, M.D.
Otto L. Gericke, M.D.*
Jacob D. Gottlieb, M.D.*
Ruth L. Green, M.D.
John D. Marsh, M.D.
Marshall E. Porter, M.D.*
Jacob Shapiro, M.D.
George S. Wrinkle, M.D.

Secretary
Gertrude Elliott

Senior Psychiatric Social Worker
Theresa Weitzenhoffer †

Junior Psychiatric Social Worker
Helen E. Anderson

* On military leave.
† On leave.

NAPA STATE HOSPITAL

Superintendent
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Board of Trustees
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Washington Mannerling
Dwight H. Murray, M.D.
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Eugene L. Webber

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Raymond Berendsen, M.D.*
George C. Esker, M.D.
M. F. Flatley, M.D.
Arthur R. Jewel, M. D.
C. A. Johnson, Jr., M.D.
Kristine B. Johnstone, M.D.
Avonia E. Kiser, M.D.
George Loye, M.D.
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A. S. Oliver, Jr., M.D.
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Frederick W. Herms, D.D.S.

Business Manager
Delbert G. Bradley

Secretary
R. E. Jeffrey

Senior Psychiatric Social Workers
Hazel Nystrom
Rose Offutt

Junior Psychiatric Social Workers
Gertrude Grey
Theresa W. Hemmerling
Anne Rich

Senior Clinical Psychologist
Walther D. Joel, Ph.D.

* On military leave.

NORWALK STATE HOSPITAL

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Board of Trustees
Lars E. Carlson
Arlie Johnson, M.D.
Glenn Myers, M.D.
Carley V. Porter
Arthur R. Timme, M.D.

Physicians and Surgeons
Ina Moore-Freshour, M.D.
Arthur L. Gagnon, M.D.
Arthur V. Gorton, M.D.
R. O. Lieuallen, M.D.
Leslie J. Seeley, M.D.
William H. Worley, M.D.

Dentist
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Senior Dental Interns
Howard L. Mamlet, D.D.S.*

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Secretary
Edward D. Pillsbury

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Lois Baker *
Myrtle C. Boslough
Julius Langsner *

Junior Psychiatric Social Worker
Hermene Goldstein

* On military leave.

PATTON STATE HOSPITAL

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Clinical Director
(Vacant)

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Harry S. Blossom, M.D.
James J. Cecil, M.D.*
Francis L. Crowley, M.D.*
Rourke E. Downey, M.D.
Joseph Perlson, M.D.
Samuel Reznick, M.D.*
Gizella W. Shannon, M.D.
R. Esmond Smith, M.D.
Chauncey M. Traver, M.D.
Thomas J. Wilkin, M.D.

* On military leave.

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Nicholas M. Duggan, D.D.S.
Vernon A. Usher, D.D.S.

Business Manager
Lewis A. Moisan

Secretary
Ida C. Moisan

Senior Psychiatric Social Worker
Belle Grossberg

Junior Psychiatric Social Workers
Aura C. Agetan
Blanche M. Ross

STOCKTON STATE HOSPITAL

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L. E. Meyers
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Fred J. Conzelmann, M.D.

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Merriman Hamblin, M.D.
Sydney S. Levine, M.D.
R. H. Maddux, Jr., M.D.
F. S. Marnell, M.D.
E. G. Meriwether, M.D.
John W. Newman, M.D.
Ione Pinney, M.D.
Julius Schreiber, M.D.*
Elizabeth W. Tock, M.D.
Isidore I. Weiss, M.D.*

* On military leave.

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Joseph A. Sansone, D.D.S.

Business Manager
Lester L. Clark

Secretary
A. M. Brown

Senior Psychiatric Social Worker
Marion E. Russell

Junior Psychiatric Social Workers
Lesley Henshaw
Mary Jane Mercer

THE LANGLEY PORTER CLINIC

Medical Superintendent

Karl M. Bowman, M.D.

Board of Trustees

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Lawrence R. Jacobus, M.D.

Z. T. Malaby, M.D.

Karl F. Meyer, M.D.

Langley Porter, M.D.

Assistant Medical Superintendent

Alexander Simon, M.D.

Director of Out Patient Clinic

Portia B. Hume, M.D.

Child Psychiatrist

Kathleen Stewart, M.D.*

Research Psychiatrist

Jurgen Ruesch, M.D.*

Attending Psychiatrists

Olga L. Bridgman, M.D.*

Douglas G. Campbell, M.D.*

S. Fischer, M.D.*

Paul A. Gliebe, M.D.*

J. Kasanin, M.D.*

D. M. Kelley, M. D. * (on military leave)

Evelyn Ott, M.D.*

R. M. Ritchey, M.D.*

Albert T. Voris, M.D.

J. B. Wheelwright, M.D.*

Attending Neurosurgeons

Robert Aird, M.D.*

E. B. Boldrey, M.D.*

Howard A. Brown, M.D.*

O. W. Jones, Jr., M.D.*

Attending Physicians

Paul M. Aggeler, M.D.¹ *John Alden, M.D.² *T. L. Althausen, M.D.³ *G. Ancona, M.D.⁴ *Evelyn Anderson, M.D.⁵ *F. C. Blake, M.D.⁶ *H. D. Brainerd, M.D.⁷ *F. L. Chamberlain, M.D.⁸ *M. E. Dailey, M.D.⁹ *J. S. Davis, M.D.⁶ *N. N. Epstein, M.D.⁹ *F. G. Evers, M.D.³ *E. H. Falconer, M.D.¹ *S. M. Farber, M.D.⁵ *John M. Graves, M.D.¹⁰ *R. W. Harvey, M.D.² *M. H. Hirschfeld, M.D.³ *H. Lissner, M.D.⁵ *S. P. Lucia, M.D.¹⁻⁷ *Stacey R. Mettier, M.D.¹⁻¹¹ *R. B. Rees, M.D.¹⁰ *Albert H. Rowe, M.D.⁴ *H. C. Shephardson, M.D.⁵ *

Attending Physicians—Continued

S. J. Shipman, M.D.⁶ *Mayo H. Soley, M.D.⁵ *Frances A. Torrey, M.D.¹⁰ *Hans Waive, M.D.¹¹ *Robert Wartenberg, M.D.² *

Attending Surgeons

L. Goldman, M.D.*

H. J. McCorkle *

Attending Radiologist

C. L. Ould, M.D.*

Attending Pediatricians

Peter Cohen, M.D.*

William C. Deamer, M.D.*

Mary B. Olney, M.D.*

Alice Potter, M.D.*

George H. Schade, M.D.*

Louise A. Yeazell, M.D.

Attending Obstetrician and Gynecologist

R. A. Lyon, M.D.*

Attending Anesthetist

Phyllis Harroun, M.D.*

Attending Otorhinolaryngologists

R. C. Martin, M.D.*

L. F. Morrison, M.D.*

Attending Orthopedic Surgeon

Verne Inman, M.D.*

Attending Urologists

John W. Schulte, M.D.*

Robert G. Weaver, M.D.*

Attending Pathologists

W. L. Bostick, M.D.*

Attending Dentist

D. Grimm, D.D.S.*

Medical Internes

Alfred Auerback, M.D.

Elizabeth Ayer, M.D.

Maleta Boatman, M.D.

William Closson, M.D.

Kenneth Colby, M.D.

Geneva Goodrich, M.D.

Julius Heuscher, M.D.

Elaine Lince, M.D.†

L. C. Patterson, M.D.

S. T. Pope, M.D.

John F. Rickard, M.D.

Milton Rose, M.D.

THE LANGLEY PORTER CLINIC—Continued

Medical Internes—Continued

Mary Alice Sarvis, M.D.
Elizabeth L. Rees, M.D.†
Walter S. Aldrich, M.D.†
J. A. Whieldon, M.D.†

Senior Dental Interne

Galen Albertson, D.D.S.
Gino Battagin, D.D.S.†

Chief Psychologist

Robert E. Harris, Ph.D.*

Secretary

Evelyn Stearns

Director of Psychiatric Social Work

Pearl Axelrod *

- † Blood.
- ‡ Neurology.
- § Gastrointestinal.
- ¶ Allergy.
- Endocrine and Metabolic.
- Chest.
- Infectious Diseases.

Senior Psychiatric Social Workers

Helen V. Byron
Frances Fisher *
Clyta Loran
Ruth Wicks

Junior Psychiatric Social Workers

Mario Casaroli (on military leave)
Helen Frostenson

Superintendent of Nurses

Corinne Parsons, R. N.

Instructress of Nurses

Margaret McMurray, R.N.*

Occupational Therapist

Mary Rixford, O.T.R.

- * Heart.
- Dermatology (Syphilology).
- ¹⁰ Dermatology.
- ¹¹ Arthritis.
- * University of California.
- † Separated from clinic prior to June 30, 1945.

CONSULTING STAFF

Anesthetist

H. R. Hathaway, M.D.*

Bacteriologist

K. F. Meyer, Ph.D.*

Dentist

W. C. Fleming, D.D.S.*

Dermatologist

H. E. Miller, M.D.*

Neurologist

M. B. Lennon, M.D.*

Obstetrician and Gynecologist

H. F. Traut, M.D.*

Ophthalmologist

F. C. Cordes, M.D.*

Orthopedic Surgeon

L. C. Abbott, M.D.*

Otorhinolaryngologist

W. B. Smith, M.D.*

* University of California.

Pathologist

J. F. Rinehart, M.D.

Pediatrician

F. S. Smyth, M.D.*

Pharmacologist

H. H. Anderson, M.D.*

Physician

W. J. Kerr, M.D.*

Psychiatrist

E. W. Twitchell, M.D.*

Radiologist

E. R. Miller, M.D.*

Surgeons

H. G. Bell, M.D.*
H. C. Naffziger, M.D.*

Urologist

F. Hinman, M.D.*

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R. V. Goodman, Jr.

PART IV
GENERAL INFORMATION

TABLE 97
LOCATION OF STATE INSTITUTIONS
JUNE 30, 1945

Institution	Post office and county	Location	Transportation facilities
Mental hospitals—			
Agnew.....	Agnew, Santa Clara	6 mi. N. of San Jose	Southern Pacific station adjoins hospital; local bus from Santa Clara and San Jose
Camarillo.....	Camarillo, Ventura	16 mi. S. of Ven- tura	Southern Pacific and Greyhound bus to Camarillo or Oxnard. Hospital bus from Oxnard and Camarillo to hospital. Taxi from Camarillo
Mendocino.....	Talmage, Mendocino	3 mi. E. of Ukiah	Northwestern Pacific and Greyhound bus to Ukiah; local bus to hospital
Napa.....	Imola, Napa	1½ mi. S. of Napa	Greyhound bus passes hospital
Norwalk.....	Norwalk, Los Angeles	16 mi. S.E. of Los Angeles	Motor Transit bus route passes hospital
Patton.....	Patton, San Bernardino	6 mi. N.E. of San Bernardino	Bus to San Bernardino; local bus from Pacific Electric Station to hospital
Stockton.....	Stockton, San Joaquin	In city of Stock- ton	Southern Pacific, Western Pacific, Santa Fe, Greyhound bus to Stockton; local bus to hospital
Institutions for mental defectives—			
Pacific Colony.....	Spadra, Los Angeles	4 mi. W. of Po- mona	Motor Transit bus passes institution
Sonoma.....	Eldridge, Sonoma	6 mi. N. of Sonoma	Greyhound bus passes institution
Agencies for the blind—			
Industrial Home for the Adult Blind.....	Oakland, Alameda	3601 Telegraph Ave.	No. 4 and 5 streetcars
Industrial Workshop for the Blind.....	Los Angeles 15, Los Angeles	1020 S. Santee St.	No. 5, 7, and 8 streetcars, and coach No. 47
State Blind Shop.....	San Diego, San Diego	1344 F St.	No. 2 streetcar to 14th St., south two blocks
Clinic—			
The Langley Porter Clinic.....	San Francisco, San Francisco	Parnassus and Arguello Aves.	No. 6 car passes door

TABLE 98
VISITING DAYS AND RESTRICTIONS ON VISITING AT STATE INSTITUTIONS
JUNE 30, 1945

Institution	Visiting days	Restrictions on visiting
Mental hospitals— Agnews.....	Relatives: Daily, 9 to 11 a.m., 2 to 4 p.m.	Relatives and friends with written permission of relatives may visit
Camarillo.....	Relatives and public: Daily, 9 to 11 a.m. 2 to 4 p.m.	Relatives and friends with written permission of relatives, but no children under 12, may visit
Mendocino.....	Relatives and public: Daily, 9 to 10:30 a.m., 12:30 to 2:30 p.m.	Relatives and friends must obtain permission from physician in charge of patient
Napa.....	Relatives and public: Wednesday and Sunday 9 to 11 a.m., 2 to 4 p.m.	Relatives and friends with written permission of relatives may visit
Norwalk.....	Relatives: Daily except Tuesday and Friday, 1 to 3:30 p.m. Public: By arrangement	Relatives and friends with written permission of relatives may visit after patient has been in hospital 30 days
Patton.....	Relatives: Daily, 10 to 11 a.m., 1 to 4 p.m. Public: Daily except Sunday, 10 to 11 a.m., 1 to 4 p.m.	Relatives and friends of patients with no relatives may visit
Stockton.....	Relatives and friends: Daily, 9 to 11 a.m., 1 to 4 p.m. Public: Daily, 2 to 4 p.m.	Relatives and friends with written permission of relatives may visit
Institutions for mental defectives— Pacific Colony.....	Relatives: Sunday, 8:30 to 10:30 a.m., 1 to 3:30 p.m.	Parents or guardians may visit; other relatives or friends may visit if accompanying parents or guardians
Sonoma.....	Relatives: Daily, 9 a.m. to 4 p.m.	Relatives and friends with written permission of relatives may visit once a month
Agencies for the blind— Industrial Home for the Adult Blind....	Public: Daily, 8 a.m. to :9 p.m.	After hours no visiting
Industrial Workshop Blind.....	Public: Daily except Saturday and Sunday 8:30 a.m. to 5 p.m.	
State Blind Shop....	Public: Weekdays, 8 a.m. to 5 p.m.	
Clinic— The Langley Porter Clinic.....	Sunday and Thursday, 2 p.m. to 3 p.m.	Relatives and friends must obtain permission from doctor in charge of patient

TABLE 99
ACREAGE AND CLIMATIC CONDITIONS OF STATE INSTITUTIONS
JUNE 30, 1945

Institution	Acres	Mean annual temperature, degrees*	Mean annual rainfall, inches*
Mental hospitals—			
Agnews.....	629.2	57	16
Camarillo.....	1,648.7	59	15
Mendocino.....	1,215.0	58	36
Napa.....	2,148.0	58	24
Norwalk.....	337.7	62	13
Patton.....	579.5	63	17
Stockton.....	1,270.8	60	14
Institutions for mental defectives—			
Pacific Colony.....	637.6	61	19
Sonoma.....	1,670.0	57	30
Agency for blind—			
Industrial Home for the Adult Blind.....	6.1	56	24
Clinic—			
The Langley Porter Clinic.....	1.4	57	22

* Average to date of January 1, 1946.

TABLE 100
STAFF CONFERENCES AND CLINICS OF STATE INSTITUTIONS
JUNE 30, 1945

Institution	Staff conferences	Clinics for patients on parole and other persons needing assistance in mental hygiene
Mental hospitals—		
Agnews.....	Daily except Saturday and Sunday; additional clinics by arrangement for other hospitals, medical schools, universities	At the hospital, Wednesday, 2 p.m.
Camarillo.....	Tuesday and Thursday.....	Cedars of Lebanon Hospital Clinic, 1334 N. Catalina Los Angeles, California, third Saturday of each month. In San Fernando, San Luis Obispo, Santa Barbara, Bakersfield and Long Beach, at frequent intervals as warranted.
Mendocino.....	Monday, Wednesday, Friday; special sessions for diagnosis of criminal insane	Traveling clinics for Mendocino County Board of Education, by arrangement
Napa.....	Monday and Tuesday, diagnosis; Wednesday, leave of absence and discharge; Thursday, Children's Unit	1st and 3rd Saturdays Langley Porter Clinic; Sacramento on appointment
Norwalk.....	Tuesday and Friday.....	Orange County Hospital, R.F.D. 2, Orange, first Wednesday of each month, 1:30 to 5 p.m.
Patton.....	Daily except Saturday and Sunday....	County Welfare Building, 340 Mt. View Ave., San Bernardino, second and fourth Thursdays of each month, 2 p.m.; Pomona by arrangement; Los Angeles once a month. Pre-parole examinations at hospital of prisoners from Southern California Institution for Men at Chino, California.
Stockton.....	Monday, Wednesday, Thursday.....	At the hospital, daily, by appointment; Fresno, Modesto, Oakland, Sacramento, San Francisco, Stockton, by arrangement.
Institutions for mental defectives—		
Pacific Colony.....	Friday.....	None.
Sonoma.....	Wednesday.....	At the institution, first and third Thursdays, 9 a.m. to 3 p.m.; traveling clinics in Northern California by arrangement.
Clinic—		
The Langley Porter Clinic.....	Daily except Saturday and Sunday....	Daily, 8:30 a.m. to 5 p.m., except Saturday afternoon and Sunday

TABLE 101
 DATES OF FOUNDING AND OPENING OF STATE INSTITUTIONS

Institution	Date founded	Authorized by statutes of	Date of first admission
Mental hospitals—			
Agnew.....	1888	1885	Oct. 26, 1888
Camarillo.....	1929	1929	Nov. 1, 1936
Mendocino.....	1893	1889	Dec. 8, 1893
Napa.....	1871-72	1871	Nov. 15, 1875
Norwalk.....	1916	1913	Feb. 16, 1916
Patton.....	1889	1889	Aug. 1, 1893
Stockton*.....	1851	1853	1851
Institutions for mental defectives—			
Pacific Colony†.....	1917	1917	Mar. 20, 1921
Sonoma.....	1885	1885	Dec. 10, 1885
Agencies for the blind—			
Industrial Home for the Adult Blind.....	1885	1885	Aug. 8, 1885
Industrial Workshop for the Blind.....	1929	1929	Jan. 14, 1930
State Blind Shop.....	1937	1937	Oct. 1, 1937
Clinic—			
The Langley Porter Clinic.....	1941	1941	Feb. 15, 1943

* Opened in 1851; authorized as a State hospital in 1853.

† Closed January 15, 1923; reopened on new site May 12, 1927.

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