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Statistical Report
of the
DEPARTMENT of
MENTAL HYGIENE

STATE OF CALIFORNIA

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Year Ending June 30, 1946

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STATISTICAL REPORT

DEPARTMENT
OF
MENTAL HYGIENE

STATE OF CALIFORNIA



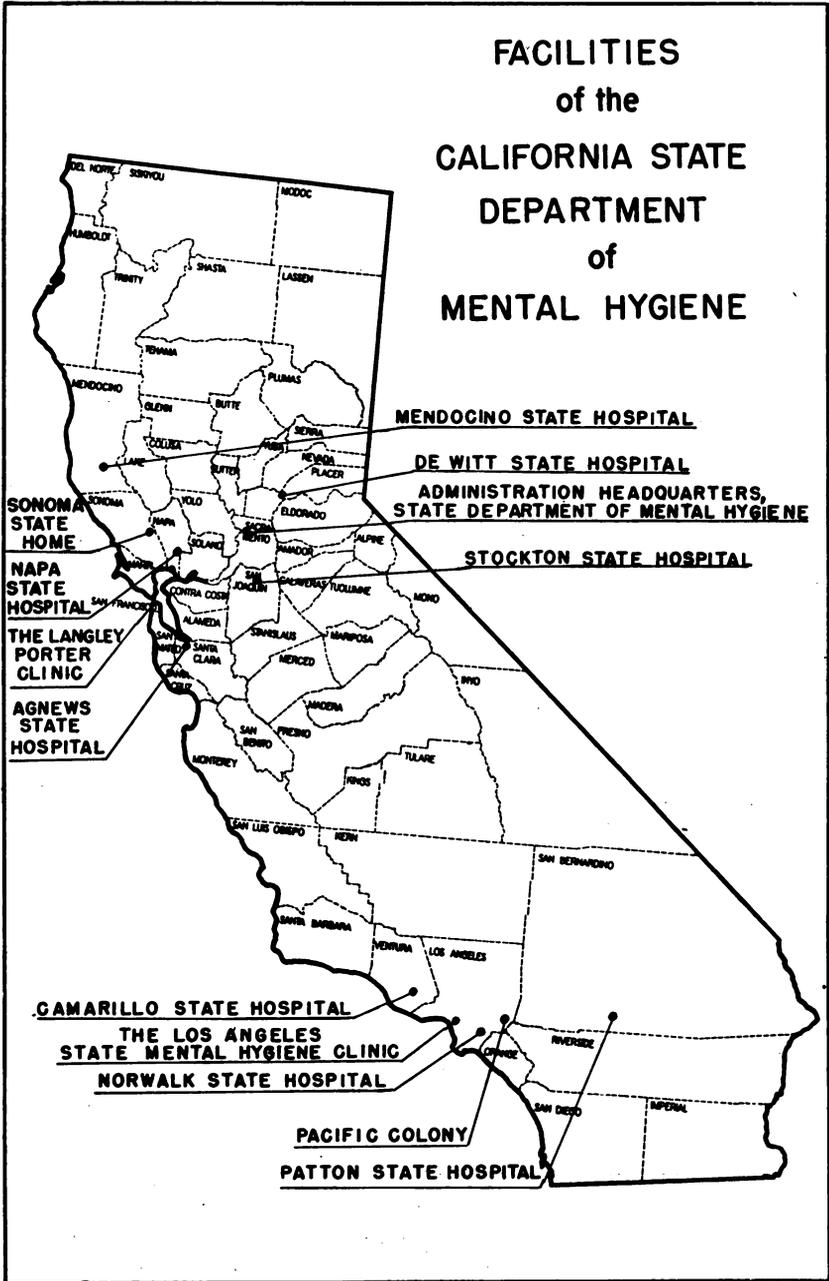
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CHART I

FACILITIES
of the
CALIFORNIA STATE
DEPARTMENT
of
MENTAL HYGIENE



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STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

EARL WARREN
Governor of California

DORA SHAW HEFFNER, J.D., S.S.A.D.
Director of Mental Hygiene

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. APPELGATE, Deputy Director
LAWRENCE KOLB, M.D., Deputy Director, Medical
DOBOTHEA 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
LOUIS JOSEPHS, M.D.....Medical Inspector, Private Institutions
RALPH LITTLESTONE.....Personnel Officer
RICHARD D. MORGAN.....Statistical Research Officer
A. EDWARD NICHOLS.....Secretary and Legal Adviser
LAVERN OWENS.....Food Administrator
NATHAN SLOATE.....Supervisor of Extramural Care
CHARLES WINTERBOWER.....Supervising Deportation Officer

SUPERINTENDENTS OF INSTITUTIONS

E. W. MULLEN, M.D.....Agnews State Hospital
THOS. W. HAGERTY, M.D.....Camarillo State Hospital
WALTER RAPAPORT, M.D.....Mendocino State Hospital
THEO. K. MILLER, M.D.....Napa State Hospital
M. J. ROWE, M.D.....Norwalk State Hospital
G. M. WEBSTER, M.D.....Patton State Hospital
R. B. TOLLER, M.D.....Stockton State Hospital
ROBERT E. WYERS, M.D.....Pacific Colony
F. O. BUTLER, M.D.....Sonoma State Home

SUPERINTENDENT OF TREATMENT, TEACHING, AND
RESEARCH CENTER

KARL M. BOWMAN, M.D.....The Langley Porter Clinic

PHYSICIAN IN CHARGE OF OUTPATIENT CLINIC

S. J. CONRAD, M.D.....The Los Angeles State Mental Hygiene Clinic

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, December 28, 1948

Honorable Earl Warren
Governor of California

SIR: I have the honor to transmit the annual Statistical Report of the Department of Mental Hygiene for the year beginning July 1, 1945, and ending June 30, 1946.

Respectfully submitted,

Dora Shaw Heffner

Director of Mental Hygiene

ACKNOWLEDGMENTS

The statistical tables describing the patient population at Pacific Colony and Sonoma State Home were compiled at these two institutions, and the tables furnishing financial statistics for the department were prepared under the direction of the departmental accounting officer. The remainder of the report was compiled and the report as a whole was edited by the staff of the Statistical Research Bureau.

In a larger sense this report represents the cooperative effort of all personnel in the department. Much of the narrative material describing specific activities at the various institutions is based on information submitted by institution staff officers, whose assistance is appreciated. Moreover, the general reliability of the statistical tables, which play an important part in the formulation of departmental policy and the prosecution of medical research, is dependent entirely upon the diligence with which accurate and complete primary data are collected and submitted by the institutions. The fulfillment of this obligation by the staff physicians, social workers, record room employees, and other institution personnel is gratefully acknowledged.

DEPARTMENT OF MENTAL HYGIENE

INTRODUCTION

Responsibility for the mental health of the citizens of California is vested by the State in the Department of Mental Hygiene, which, under the provisions of the Welfare and Institutions Code, has jurisdiction over seven mental hospitals, two institutions for the mentally deficient, a mental hygiene outpatient clinic, and a treatment, teaching, and research center which is operated in collaboration with the University of California School of Medicine. The department also carries on research and training activities in cooperation with other colleges and universities; it licenses and inspects all privately-operated mental institutions in California; and it administers a general educational program for the dissemination of information on the nature, prevention, and treatment of mental disorders, advising public officials and organizations interested in the mental health of the people, and conducting educational work which will tend to encourage and develop mental hygiene facilities throughout the State. Detailed information regarding the operation of the various institutions and the administrative program of the department for each fiscal year is furnished in a statistical report to the Governor, the Legislature, and the citizens of the State.

This is the report for the Ninety-seventh Fiscal Year ending June 30, 1946. Although there have been several important additions and deletions in content, the general arrangement follows last year's report. This introduction briefly describes the present administrative organization of the department, the year's major administrative developments, and the department's progress in carrying out its mental hygiene program. The body of the report opens with a preliminary section discussing trends in the inpatient population for all institutions, followed by a detailed statistical description of population characteristics in each of the three types of mental institutions under the jurisdiction of the department. The appendix to the report furnishes financial statistics relating to the current operations of the department, a roster of the trustees, professional personnel, and staff members of each institution, and a section containing general information.

By legislative action effective September 15, 1945, the name of the department was changed from the Department of Institutions to the Department of Mental Hygiene. On the same date the industrial home for the adult blind in Oakland and the workshops for the blind in Los Angeles and San Diego were transferred to the jurisdiction of the Department of Education, whose administrative program is more in harmony with the

purpose of these agencies. Thus all activities of the department now relate exclusively to mental hygiene, and the department is concerned, in name and in fact, solely with the mental health of the people of California.

The **central administrative office** of the department is located in Sacramento. This office exercises general supervision over the activities of all institutions. It acts as a coordinating agency for the various institutions, establishes and enforces uniform operating policies, and acts as an approving agency for documents issued by the institutions and transactions affecting their operation. In addition to these staff functions, the Sacramento office also performs certain line functions, for the sake of greater operating efficiency. Of the various sections which have been established to carry out the foregoing activities, those relating to fiscal accounting and budget control, collection procedures for patients' board accounts, personnel, deportation activities, veterinary service, and guardianship functions are under the administrative supervision of the Deputy Director of the department. The sections relating to food administration, extramural care activities, the licensing and inspection of private institutions, and the collection and analysis of statistical data have been placed under the direction of a new administrative officer, the Deputy Director, Medical. This officer also will be generally responsible for developing and coordinating a medical program to raise institution standards of treatment to the highest possible level and a community mental health program to facilitate early diagnosis and treatment by means of outpatient clinics. The department has been fortunate in securing Dr. Lawrence Kolb, formerly Chief of the Mental Hygiene Division of the U. S. Public Health Service, to fill this position.

Other changes in the administrative staff during 1945-46 include the creation of the position of inspector of private institutions, since this function now merits the full-time attention of a medical officer. The positions of personnel officer and statistical research officer have been raised to a professional level commensurate with their increased responsibility. The supervising deportation officer, a man with long experience in the department, was welcomed back from war service early in 1946.

A general description of the functions of the various sections has been omitted from the present report, since this information was furnished in the department's annual report for 1944-45. However, current data on the activities of the guardianship, deportations, collections, and veterinary sections are presented in Part I of the Appendix, together with financial data relating to all activities of the department.

Excluding DeWitt State Hospital (which was not yet activated), and excluding the Langley Porter Clinic with its limited inpatient facilities, the department operated nine **institutions for inpatient treatment and care** on June 30, 1946. All of the seven state hospitals (four in the northern and three in the southern half of the State) receive patients committed by the county superior courts for mental illness, alcoholism, drug addiction, and psychopathic or behavior disorders. Voluntary patients are also admitted; and mentally-ill prisoners are received from the Department of Corrections. For greater operating efficiency and more effective treatment, certain classes of patients tend to be sent to selected institutions. For example, special units for wards of the juvenile courts and the Youth Authority and for other juvenile patients are maintained at Camarillo and Napa State Hospitals; the

majority of the criminally insane and other dangerous patients are hospitalized in the maximum-security unit at Mendocino State Hospital; the most serious tuberculosis cases are treated in special wards at Napa and Patton State Hospitals; and Camarillo and Agnews State Hospitals have special wards for nonpsychotic patients with syphilis of the central nervous system.

Sonoma State Home in the north and Pacific Colony in the south are authorized to care for mentally deficient and for epileptic patients as well as for defective or psychopathic delinquents. Segregated care is furnished for the various types of patients by sex, age, and mental level. School facilities and vocational training are provided for those patients who will profit from such instruction.

The return of a number of medical officers from the armed forces has permitted the retirement of three institution superintendents during the spring of this year, after several decades of meritorious service. Dr. Margaret H. Smyth was succeeded by Dr. R. B. Toller at Stockton State Hospital, Dr. Edwin Wayte was succeeded by Dr. Melvin J. Rowe at Norwalk State Hospital, and Dr. Thomas F. Joyce was succeeded by Dr. Robert E. Wyers at Pacific Colony. Dr. Walter Rapaport returned from war service to resume his duties as Superintendent of Mendocino State Hospital. The new superintendents have had many years' experience in hospital administration.

In spite of the progress of demobilization, however, the department's therapeutic program continues to be hampered by the war-created **shortage of personnel**. A large proportion of positions are unfilled, even though the number of authorized positions in the professional, nursing, and attendant classifications falls far below the minimum standards recommended by the American Psychiatric Association. At Stockton State Hospital, for example, only 288 out of 314 authorized attendant positions, 9 out of 17 nursing positions, and 7 out of 12 physician positions were filled on June 30, 1946. With the gradual return of normal conditions and an intensified national program for the training of professional personnel, together with the legislative authorization of additional positions, it is hoped that the present low ratio of doctors and nurses to patients may ultimately be raised to the point where the department's program of early, intensive treatment can be put into full effect.

Overcrowding in the institutions is a second major obstacle to effective treatment and humane standards of care. The last significant appropriation for new construction was made in 1937, which only partially accommodated the normal increase in population, and failed to provide for the replacement of condemned units. With the marked increase in the population of the State and the complete cessation of all construction during the war, overcrowding has steadily increased to the point where the resident patient population of the mental hospitals exceeded normal capacity by 25 percent on June 30, 1946. Overcrowding in Pacific Colony and Sonoma State Home has increased to 27 percent, and these two institutions also have a waiting list of urgent cases equal to approximately 40 percent of their normal capacity. To meet the immediate emergency, the State Legislature has provided \$3,300,000 for the acquisition of temporary hospitals constructed by the Federal Government during the war and no longer needed by the armed services, and

for the conversion of these facilities into **temporary state mental institutions**. The purchase of Hammond Hospital at Modesto was being negotiated at the end of the fiscal year, while De Witt Hospital at Auburn was purchased on June 25, 1946. These two institutions will receive mentally ill and mentally deficient patients (principally ambulatory custodial cases) by transfer from other state mental institutions, up to the limit of their combined normal capacity of 5,800 patients. The mass transfer, which will probably be completed late in 1947, should reduce overcrowding in all institutions by one-third.

Of greater long-term importance was the legislative appropriation of \$57,500,000, the largest in the history of the department, for new construction and for the replacement of condemned structures. This appropriation includes funds for four **permanent new institutions**: a hospital for the mentally ill, an institution for patients suffering from convulsive disorders and now hospitalized primarily at Pacific Colony and Sonoma State Home, a maximum-security institution for the criminally insane and other cases requiring close custody, and a treatment, teaching, and research center in Los Angeles. Including construction of new units at existing institutions, this appropriation will provide additional standard capacity equivalent to 14,526 new beds and 3,305 replacements, sufficient for the current excess population and for the anticipated increase in population through 1950. However, legislative approval was withheld on the department's request for a new institution for mental defectives and for two new mental hospitals.

The current shortage of inpatient facilities is very serious, and must be met; yet the fact remains that new construction of itself will succeed merely in providing for the custodial care of an increasing number of chronic patients. Admittedly there will always be a certain proportion of patients with incurable mental disorder to be cared for; on the other hand, advances in medical science in the last few decades have disclosed effective methods of preventing the onset of many psychotic conditions, and of achieving complete clinical recovery or arresting the further development of mental illness when the means are available for intensive treatment. The department's major objective lies in the prevention and cure of mental illness, rather than in the mere expansion of facilities for custodial care, which at best encourages chronic symptoms and lifetime hospitalization.

It is worth noting that, notwithstanding the shortage of medical personnel and the degree of overcrowding, a number of promising **therapeutic programs** such as electroshock treatment, group psychotherapy, and mass X-rays for tuberculosis have been initiated, reestablished, or expanded in the mental hospitals during this last year. Special units for the intensive treatment of new admissions and other patients with early, acute mental disorders are to be built at five mental hospitals with funds from the department's \$57,500,000 appropriation. A major change has also been made in the administration of extramural care activities, which were integrated on a department-wide rather than a hospital-wide basis in March of 1946, leading to more effective social service for patients on leave. The legislative increase in the department's maximum allotment toward the support of patients in private boarding homes (and its extension to include mentally deficient as well as mentally ill patients) should also make extramural care available for a

larger proportion of those patients for whom full inpatient hospitalization is no longer advisable and whose convalescent or custodial care can be managed better away from the institution environment. These and other developments serving to shorten hospitalization and improve the patient's physical and mental condition are more fully described in the body of the report.

To further the department's general mental hygiene program and to help meet the need for trained psychiatric personnel, the Langley Porter Clinic, a **treatment, teaching, and research center**, was established in 1943, adjacent to the Medical Center of the University of California in San Francisco. Largely through the assistance of the University Medical School (working in a consultative relationship) the clinic carries on three interrelated functions: early, intensive treatment of mental illness and pre-psychotic personality disorders for a limited number of inpatients and for several hundred outpatients; training in psychiatry for medical students from the University as well as internships in related professions, and the holding of annual refresher courses in psychiatry for physicians in state and private practice; and research in psychiatric medicine, financed by the department, the University, and the Federal Government. The department's appropriation for new construction includes the establishment of a similar center to serve the Los Angeles area. Like the Langley Porter Clinic, this new center will offer preventive treatment and intensive therapy to selected inpatients and to a large outpatient caseload, will train psychiatric personnel, and through its research activities will contribute toward a better understanding of the causes and cure of mental disorder.

Complementing the outpatient work of the Langley Porter Clinic in the department's intensified program for prevention and early treatment of mental illness and pre-psychotic disorders within the community, a **state mental hygiene clinic** in Los Angeles was authorized by legislative statute in 1945 and opened in May of 1946. The clinic at present is limited to one psychiatric team, comprising two psychiatrists, one psychologist, three psychiatric social workers, and clerical personnel, and receives outpatients on a voluntary basis from the Southern California area.

The department regards a state-wide system of outpatient clinics as a vital element in the ultimate solution of the problem of mental illness in California, and it is hoped that the establishment of additional mental hygiene clinics in San Diego, Fresno, and Sacramento, deferred by the 1945 Legislature, will be approved in the near future. In most of the communities in the State today there is no facility to which a person may turn for guidance and treatment in the earlier stages of mental illness, although it is precisely at this period that the most good can be done. It is only when the tragedy of a mental breakdown occurs that arrangements are made for treatment, and the patient must then be removed from the community to a state hospital. Nearly all the money allotted to the department is for the care and treatment of mental patients who are considered so psychotic as to require full hospitalization, most of these patients being committed by the courts in a comparatively late stage in their illness. Yet medical experience throughout the country demonstrates the value of preventive measures and adequate,

intensive outpatient therapy. These are expensive procedures; but they will prove to be the most economical solution, in terms of the State's resources and in terms of human life.

The problem of mental illness is not merely state-wide; it is national in scope. Largely through the efforts of our present Deputy Director, Medical, its importance was recognized by Congress through the enactment of the **National Mental Health Act** at the close of this fiscal year. This legislation applies to the states' mental health programs the same general pattern of federal-state cooperation that was undertaken in the Social Security Act of 1935 for general public health work and subsequently extended to include other programs such as tuberculosis control. The act has a four-fold purpose; to conduct research and demonstrations relating to the cause, diagnosis, and treatment of psychiatric disorders; to assist and foster such research activities in public and private agencies; to train personnel in matters relating to mental health; and to develop and assist the states in the use of the most effective methods of prevention, diagnosis, and treatment of mental disorders. All Federal resources made available through this legislation will be utilized to the fullest in the advancement of the department's program for training professional personnel, and for developing and applying improved methods of prevention and treatment.

Much remains to be done before the department's over-all program for improving mental health in California can be fully carried out. Yet encouraging progress has been made; and, with the continued support of the people, even more may be accomplished toward the solution of a problem which, in its economic and social aspects, and in terms of common humanity, affects every community and every citizen of this State.

ALL INSTITUTIONS

POPULATION, CAPACITY, AND EXCESS POPULATION

During the fiscal year ending June 30, 1946, the resident population of the 10 mental institutions under the jurisdiction of the department increased by 717 patients, or 2.27 percent, and now totals 31,562 patients. The greater part of this increase occurred in the seven mental hospitals, where the inpatient population was increased by 578 patients or 2.24 percent during the year to its present total of 26,388 patients. The percentage of overcrowding in state mental hospitals has now reached 24.5 percent (expressed in terms of the standard or normal capacity of the institutions), having increased steadily from the 1942 figure of 15.0 percent because of the complete cessation of new construction during the war. Overcrowding for female patients (28.5 percent) is more serious than for male patients (20.6 percent). Among the separate hospitals, the greatest degree of overcrowding exists at Napa (35.6 percent), Norwalk (33.5 percent), and Agnews (32.9 percent).

TABLE 1
POPULATION, NORMAL CAPACITY, AND EXCESS POPULATION, ALL INSTITUTIONS
YEAR ENDING JUNE 30, 1946

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.....	31,562	15,649	15,913	25,322	12,969	12,353	-----	-----	-----	-----	-----	-----
Mental hospitals.....	26,388	12,839	13,549	21,187	10,646	10,541	5,201	2,193	3,008	24.5	20.6	28.5
Agnews.....	3,607	1,548	2,059	2,714	1,207	1,507	893	341	552	32.9	28.3	36.6
Camarillo.....	4,451	1,917	2,534	4,065	1,847	2,218	386	70	316	9.5	3.8	14.2
Mendocino.....	2,997	1,778	1,219	2,397	1,426	971	600	352	248	25.0	24.7	25.5
Napa.....	4,097	1,891	2,206	3,022	1,373	1,649	1,075	518	557	35.6	37.7	33.8
Norwalk.....	2,517	1,081	1,436	1,885	840	1,045	632	241	391	33.5	28.7	37.4
Patton.....	4,319	2,057	2,262	3,525	1,732	1,793	794	325	469	22.5	18.8	26.2
Stockton.....	4,400	2,567	1,833	3,579	2,221	1,358	821	346	475	22.9	15.6	35.0
Mental defectives.....	5,124	2,791	2,333	4,038	2,275	1,763	1,086	516	570	26.9	22.7	32.3
Pacific Colony.....	1,641	931	710	1,533	872	661	108	59	49	7.0	6.8	7.4
Sonoma.....	3,483	1,860	1,623	2,505	1,403	1,102	978	457	521	39.0	32.6	47.3
The Langley Porter Clinic.....	50	19	31	97	48	49	-----	-----	-----	-----	-----	-----

TABLE 2
RESIDENT POPULATION, NORMAL CAPACITY, AND PERCENT OVERCROWDING, ALL INSTITUTIONS *
JUNE 30, 1937-1946

Year ending, June 30	Average daily population		Actual population, June 30		Normal capacity, June 30		Overcrowding in percent of capacity, June 30
	Patients	Annual percent increase	Patients	Annual percent increase	Patients	Annual percent increase	
Mental hospitals:							
1937.....	20,450	3.53	20,737	3.14	15,460	7.12	34.1
1938.....	21,281	4.06	21,894	5.53	17,229	11.44	27.0
1939.....	22,200	4.32	22,608	3.31	18,035	4.68	25.3
1940.....	22,853	2.94	22,953	1.53	19,029	5.51	20.6
1941.....	23,055	0.88	23,345	1.71	19,739	3.73	18.3
1942.....	23,541	2.11	23,617	1.17	20,541	4.06	15.0
1943.....	23,961	1.78	24,240	2.64	20,609	0.33	17.6
1944.....	24,573	2.55	24,903	2.74	**20,558	-.25	21.1
1945.....	25,385	3.30	25,810	3.64	21,031	2.30	22.7
1946.....	26,092	2.79	26,388	2.24	21,187	0.74	24.5
Institutions for mentally defective:							
1937.....	3,535	2.02	3,568	3.63	2,887	0.0	23.6
1938.....	3,723	5.32	3,763	5.47	2,887	.0	30.3
1939.....	3,840	3.14	3,874	2.95	2,887	.0	34.2
1940.....	3,950	2.86	4,076	5.21	3,842	33.08	6.1
1941.....	4,279	8.32	4,404	8.05	4,189	9.03	5.1
1942.....	4,547	6.26	4,641	5.38	4,407	5.20	5.3
1943.....	4,738	4.20	4,728	1.87	4,330	-1.75	9.2
1944.....	4,782	0.93	4,845	2.47	**4,038	-6.74	20.0
1945.....	4,951	3.53	4,999	3.18	4,038	0.0	23.8
1946.....	5,078	2.57	5,124	2.50	4,038	.0	26.9

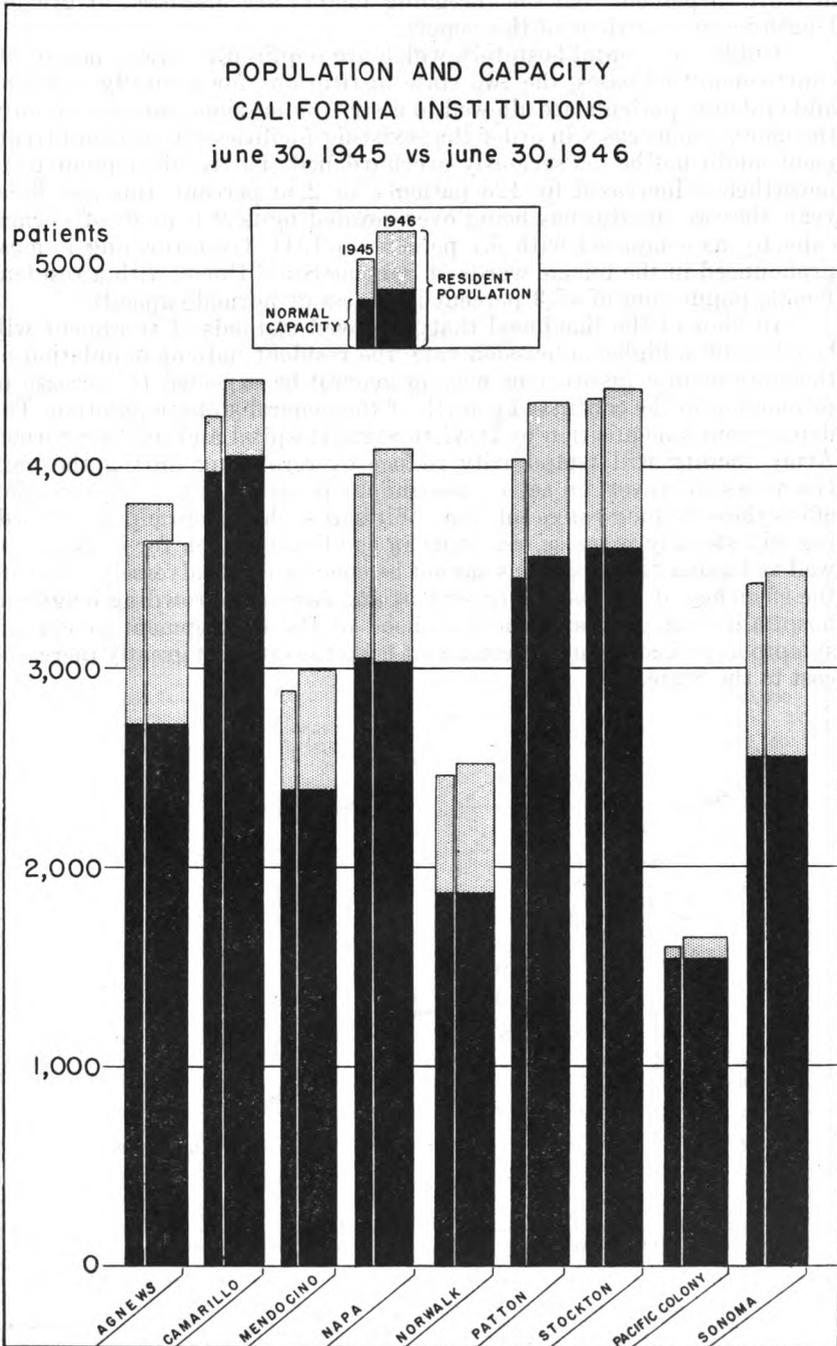
* Excluding the Langley Porter Clinic.

** Following conferences with the U. S. Public Health Service, the U. S. Veterans Administration, and other agencies, capacities of the state hospitals and institutions for the mentally defective were revised in February, 1944, to conform to the following standards: 40 square feet of dormitory floor area per patient for children in cribs, 50 square feet for general ambulatory patients, 60 square feet for infirm, bedridden, or hospital cases, and 70 square feet for tubercular cases. Adoption of these standards on that date resulted in an over-all decrease in normal capacity from 20,795 to 20,558 patients for mental hospitals, and from 4,311 to 4,038 patients for institutions for mentally defective.

Overcrowding in the state mental hospitals would be even more serious, were it not for the intensification of several aspects of the department's program for releasing patients. The expansion of extramural care activities during this last year resulted in the release of 11.1 patients per 100 resident patients through net leaves of absence (leaves less returns), as compared with a rate of 9.2 in 1944-45. Also, during this last year, the department's program for deporting patients to hospital facilities in their states of legal residence reduced the resident patient population by a net total of 268 patients, and the transfer of 128 patients with veteran status to federal neuropsychiatric hospitals in California effected a further reduction. Improvement in methods of treatment and care also accomplished an indirect reduction in the patient population by shortening the median length of hospitalization from 5.6 to 5.2 months.

Favorable economic conditions in California are likewise an important factor. Although the State's economic level has encouraged in-migration during this decade, resulting in a marked increase in the population of the State, these same conditions, as in similar prosperous periods in the past, have led to low rate of hospitalization in comparison with the State's population. It may conversely be observed that reversion to a

CHART II



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depression economy would probably increase the hospital population by at least 15 percent. All the foregoing factors are discussed at greater length in later sections of this report.

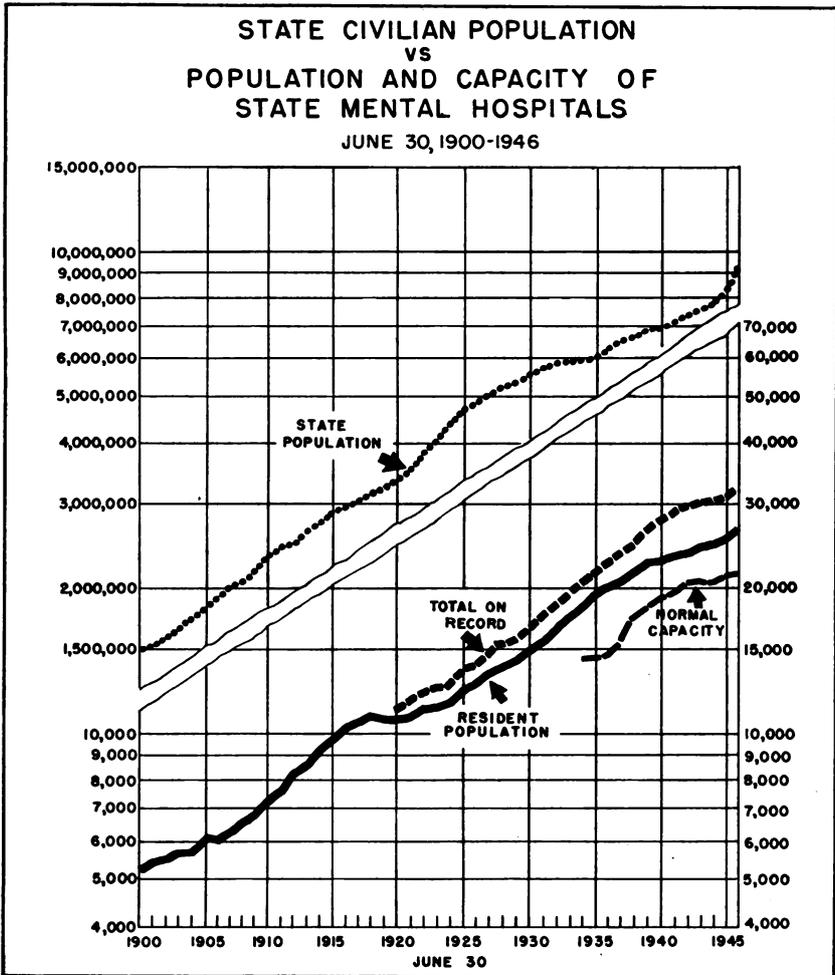
Unlike the mental hospitals, which are required by law to accept all court-committed cases, the two state institutions for mentally deficient and epileptic patients are allowed to restrict admissions, and accept only the more serious cases in order that existing facilities for care and treatment might not be too seriously overburdened. The resident population nevertheless increased by 125 patients, or 2.50 percent, this last fiscal year, the two institutions being overcrowded by 26.9 percent of normal capacity as compared with 5.1 percent in 1941. Overcrowding is most pronounced in the female wards at Sonoma State Home, with a resident female population of 47.3 percent in excess of normal capacity.

In view of the likelihood that improved methods of treatment will be offset by a higher admission rate, the resident patient population of the state mental institutions may in general be expected to increase in proportion to the continued growth of the general state population. The department's acquisition of DeWitt State Hospital and another former Army facility will temporarily reduce overcrowding during the next two years; however, an active, continuous program of new construction offers the only long-range solution. Without such a program, overcrowding will steadily increase, resulting in conditions which for economic as well as humanitarian reasons cannot be condoned. In adversely affecting the efficiency of methods of treatment and care, overcrowding lengthens hospitalization, increases the likelihood of the development of chronic symptoms and consequent permanent hospitalization at greatly increased cost to the State.

MENTAL HOSPITALS

TRENDS IN POPULATION

CHART III

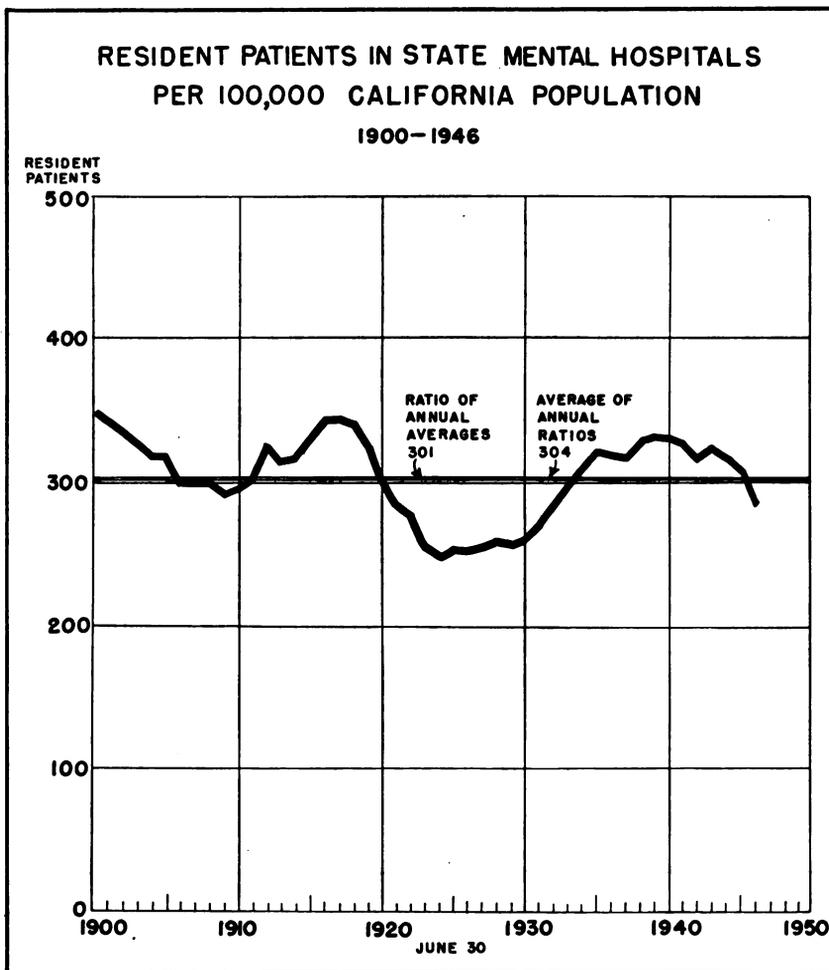


SOURCES: Estimates for the California civilian population, adjusted to June 30th, are taken from *The Tax Digest*, Vol. 19, No. 1, Sec. 2, p. 19 (January, 1941) for 1900-1939, and from the Current Population Reports of the U. S. Bureau of the Census, Series P-25, No. 2 (August 15, 1947) and No. 4 (October 12, 1947) for 1940-1946.

Ratio of Patients to State Population. On June 30, 1946, there were 26,388 patients under treatment in the seven California state mental hospitals, representing an increase of 2.24 percent in the resident population during the fiscal year. In comparison with this percentage increase in hospital population, which (as table 4 indicates) was the fourth lowest annual percentage increase since 1930, the year's growth in the general population of California has been very high, exceeding 11 percent. As a result, the ratio of resident patients to state population has declined sharply this last year, from 308 to 282 patients per 100,000 population.

As indicated in chart III, a period of prosperity is, generally speaking, accompanied by a high annual rate of increase in the State's population and by a correspondingly low rate of increase in the population of the state mental hospitals. The annual ratio of hospital population to state population (chart IV) reflects the combined effect of these two

CHART IV



phenomena, the ratio being very low during a prosperous period and very high during a period of depression. Over the last 47 years this ratio has ranged between the two extremes of 346 and 248 resident patients per 100,000 population. With respect to a general average ratio for the period 1900-1946, either of two averages may be used, depending on the particular use intended. The ratio of the average annual hospital population to the average annual state population (308 per 100,000) is weighted in favor of the years with the higher population figures, i.e., the later years in the period. This ratio should be employed when emphasis on prevalence rates during the more recent years is considered desirable. On the other hand, if a ratio is first taken for each year, the factor of population growth can be held constant in the computation of the simple average of these 47 annual ratios (304 per 100,000), equal weight being given to each year's prevalence rate. This latter ratio will be preferred for most purposes.

It is probably safe to assume that the cyclic pattern shown in chart IV will continue, although the amplitude of the cycle and the direction of the secular trend will be modified to some extent by a number of possible developments, such as the establishment of a system of state mental hygiene clinics and the parallel growth of psychiatric counseling services in the school and the community. The likelihood of a gradual long-term increase in the ratio may also be inferred from the experience of older states along the Atlantic seaboard, whose higher hospitalization rates appear to be associated with, if not caused by, a greater degree of urbanization.

The 1946 ratio of 282 patients per 100,000 general population refers, of course, only to the patient population in state mental hospitals, and thus understates the true prevalence of mental disorders in the civilian

TABLE 3
RESIDENT POPULATION OF STATE MENTAL HOSPITALS
JUNE 30, 1930-1946 *

June 30	Resident population, all hospitals			Resident population, by hospital						
	Total	Male	Female	Agnews	Cam-arillo	Men-docino	Napa	Nor-walk	Patton	Stock-ton
1930.....	14,906	8,353	6,553	2,057	-----	1,550	2,874	1,975	3,226	3,224
1931.....	15,799	8,750	7,049	2,178	-----	1,835	2,988	2,112	3,361	3,325
1932.....	16,754	9,222	7,532	2,362	-----	1,941	3,130	2,258	3,900	3,463
1933.....	17,693	9,617	8,076	2,798	-----	2,407	3,122	2,262	3,634	3,470
1934.....	18,546	9,966	8,581	3,061	-----	2,664	3,281	2,276	3,768	3,496
1935.....	†19,437	†10,536	8,901	3,241	†100	2,669	3,361	2,483	3,959	3,624
1936.....	†20,105	†10,915	9,190	3,373	†101	2,750	3,456	2,559	4,084	3,782
1937.....	20,737	11,167	9,570	3,396	1,082	2,759	3,465	2,382	3,853	3,800
1938.....	21,884	11,677	10,207	3,499	2,008	2,786	3,605	2,435	3,572	3,979
1939.....	22,608	12,023	10,585	3,526	2,353	2,790	3,639	2,327	3,843	4,130
1940.....	22,953	12,138	10,815	3,552	2,508	2,712	3,574	2,305	3,913	4,389
1941.....	23,345	12,143	11,202	3,488	2,778	2,722	3,465	2,344	3,988	4,560
1942.....	23,617	12,206	11,412	3,458	3,627	2,643	3,753	2,108	3,613	4,415
1943.....	24,240	12,372	11,868	3,552	3,829	2,908	3,826	2,267	3,667	4,201
1944.....	24,903	12,444	12,459	3,627	4,015	2,891	3,890	2,457	3,907	4,273
1945.....	25,810	12,613	13,197	3,818	4,274	2,891	3,965	2,454	4,055	4,353
1946.....	26,388	12,839	13,549	3,607	4,451	2,997	4,097	2,517	4,319	4,400

* For data prior to 1930, see Statistical Report of the California State Department of Institutions, 1945, Table 4, pp. 30-31.

† Includes 100 male patients in 1935 and 101 male patients in 1936 on leave from other mental hospitals to Camarillo during its construction. See also footnote to Table 5.

population of California. Estimates for the latter, including patients in private sanitarium and in federal neuropsychiatric hospitals are furnished later in the section dealing with resident hospital population.

Trends in Sex and Age Composition. Over the years the proportion of male patients in the resident state hospital population has steadily increased, from 63.0 percent in 1900 to 62.0 percent in 1910, 57.5 percent in 1920, 56.0 percent in 1930, and 52.9 percent in 1940. In 1944 the proportion of male patients dropped to 50.0 percent, and comprised only 48.7 percent of the resident patient population on June 30, 1946. This decrease may be attributed to the decreasing admission-rate for cases of advanced syphilis of the central nervous system, to the expansion of federal neuropsychiatric facilities for veteran patients in California, to the long-term decrease in the proportion of males in the state population as a whole, and to other broad changes in the socio-economic structure of the State.

During the 11-year period for which data are available on the age distribution of the resident hospital population, the median age of this population has increased from 48.4 years in 1936 to its present figure of 52.1 years (50.8 years for male patients and 53.1 years for female patients). Table 4 shows in greater detail the nature of this gradual shift in population toward the older age groups. Although the actual number of resident patients in each age group has (with the exception of those from 20 to 29 years of age) increased from year to year, the relative percentage that each group bears to the total resident population has steadily decreased over the 11-year period for all groups under 60 years of age. On the other hand, patients over 60 years of age, who made up 23.7 percent of the total resident population in 1936, now constitute 34.2 percent; and the actual number of patients 80 years of age and over has more than tripled this last 11 years.

TABLE 4
PERCENTAGE AGE DISTRIBUTION AND MEDIAN AGE OF RESIDENT POPULATION,
STATE MENTAL HOSPITALS
JUNE 30, 1936-1946

June 30	Total patients (100 percent)	Percent distribution, by age in years at last birthday										Median age in years
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80 and over	Un-known	
1936*	20,105		1.1	9.2	18.5	23.5	23.3	15.2	7.0	1.5	0.7	48.4
1937	20,737		0.8	8.3	18.0	22.9	24.2	15.7	7.6	1.9	.6	49.4
1938	21,884		.8	8.5	18.0	22.2	24.5	16.0	7.6	1.9	.5	49.6
1939	22,608		.6	7.9	18.1	21.9	24.7	16.5	7.8	1.9	.6	50.0
1940	22,953		.6	7.6	17.5	21.7	24.6	17.1	7.9	2.2	.8	50.4
1941	23,345		.7	7.8	17.4	21.6	24.4	17.3	8.3	2.2	.3	50.4
1942	23,617		.8	8.1	17.5	21.3	23.9	17.4	8.5	2.3	.2	50.5
1943	24,240		.8	7.1	17.1	21.8	23.0	17.7	9.2	3.0	.3	50.8
1944	24,903	0.1	1.0	6.8	16.9	20.7	22.6	18.8	9.9	2.9	.3	51.4
1945	25,810		1.0	6.5	16.5	20.8	21.6	19.4	10.6	3.4	.2	51.9
1946	26,388		1.2	6.2	16.1	20.9	21.2	19.4	11.0	3.8	.2	52.1

* Percent distribution by age for 1936 is based on resident population as of September 30, 1936. (This is the first year for which the age distribution of the resident population is available.)

Several reasons may be advanced to explain this shift in age distribution. It probably reflects a similar shift in the age distribution of the population of the State as a whole, although annual data for the latter are not available to confirm this. In addition, as existing city and county facilities for the care of seniles become more overburdened, a larger proportion of these custodial cases are being referred by the counties to the state mental hospital system.

MOVEMENT OF POPULATION

Trends in Population Change. A detailed description of the annual movement of the state hospital population over the last 10 years is furnished in Table 5 for the first time in this report, to facilitate inter-year comparisons for budget purposes and for general convenience of reference. It will be noted that for the current fiscal year ending June 30, 1946, 9,484 new case numbers were added to the active records of the seven state mental hospitals, representing an increase of 7.1 percent over last year's figure. Of these 9,484 cases, first admissions comprised 71 percent, readmissions comprised 18 percent, observation cases (comprising court emergency and assistance, juvenile court, Youth Authority, and psychopathic delinquent observation cases) totaled 8 percent, and patients transferred from other state mental institutions in California comprised 3 per cent. As compared with last year, first admissions increased by only 1 percent, while readmissions increased 35 percent.

Temporary separations from the hospitals in 1945-46 included 7,083 leaves of absence (brief visits and extended leaves) granted during the year (an increase of 31 percent over last year's figure), and 1,049 escapes (an increase of 7 percent). During the year there were 4,184 returns from leave of absence (a 36-percent increase), and 666 returns from escape (an 8-percent increase). Net leaves (i.e., leaves less returns from leave) totaled 2,899, representing a 24-percent increase over last year.

Resident cases removed from the records included 2,925 patients discharged directly from the hospitals (a decrease of 2 percent), and 2,498 patients whose death occurred in the hospitals (an increase of 14 percent). Patients removed from the active records while absent from the hospitals included 2,303 patients who were discharged while on leave of absence (a decrease of 9 percent), and 258 patients discharged while on escape (a decrease of 27 percent).

A more detailed description of the movement of population for the fiscal year just ended, by sex, institution, and type of admission, is set forth in Tables 6 through 6g. It will be noted that patients committed as mentally ill under the Welfare and Institutions Code and the Penal Code (Table 6a) are fairly evenly distributed among the various institutions in proportion to their population, although a relatively large number of Penal Code commitments are cared for at Mendocino because of the facilities for maximum security offered at that institution. Tables 6b-6g clearly illustrate the department's policy of assigning certain classes of patients to specific hospitals; for example, alcoholic commitments are sent most often to Camarillo, Mendocino, and Patton, whereas narcotic commitments are assigned primarily to Mendocino and Patton, and sexual psychopaths are admitted to Camarillo and Mendocino. Voluntary

TABLE 5. MOVEMENT OF PATIENTS, STATE MENTAL HOSPITALS, YEARS ENDING JUNE 30, 1937-1946

Status	1937			1938			1939			1940			1941		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
On records at beginning of year.....	22,821	12,280	10,541	23,604	12,668	10,936	24,781	13,181	11,600	26,485	14,068	12,417	27,761	14,716	13,045
In institution.....	\$20,004	10,814	9,190	20,737	11,167	9,570	21,884	11,907	10,207	23,608	12,023	10,565	22,953	12,139	10,814
On leave.....	2,423	1,083	1,340	2,432	1,083	1,349	2,474	1,100	1,374	3,390	1,580	1,810	4,247	2,038	2,209
On escape.....	394	383	11	435	418	17	423	404	19	487	465	22	561	759	122
Entered institution.....	9,127	5,485	3,642	9,119	4,976	4,143	8,878	5,150	3,728	9,562	5,698	3,864	10,079	5,640	4,439
Total added to records.....	7,651	4,716	2,935	7,643	4,226	3,417	7,194	4,296	2,898	7,350	4,517	2,833	7,441	4,254	3,187
Observation*.....	5,129	3,115	2,014	5,657	3,355	2,302	5,678	3,485	2,193	5,723	3,592	2,131	5,759	3,337	2,422
First admissions.....	1,317	742	575	1,300	693	607	1,364	760	604	1,301	734	567	1,359	753	606
Readmissions.....	1,205	859	346	686	178	508	152	51	101	326	191	135	249	123	126
Transfers in**.....	1,476	769	707	1,476	750	726	1,684	854	830	2,212	1,181	1,031	2,638	1,386	1,252
Total returns from temporary separations.....	1,148	478	670	1,143	444	699	1,296	511	785	1,793	795	998	2,212	977	1,235
Return from leave.....	328	291	37	333	306	27	388	343	45	419	386	33	426	409	17
Return from escape.....	8,394	5,132	3,262	7,972	4,466	3,506	8,154	4,804	3,350	9,217	5,533	3,634	9,687	5,636	4,051
Separated from institution.....	4,043	2,279	1,764	3,901	2,096	1,805	4,780	2,647	2,133	5,722	3,259	2,463	6,402	3,553	2,849
Temporary separations from institution.....	3,348	1,638	1,710	3,238	1,474	1,764	4,027	1,956	2,071	4,835	2,421	2,414	5,656	2,834	2,822
Leave of absence.....	695	641	54	663	622	41	753	691	62	887	838	49	746	719	27
Escape.....	4,351	2,853	1,498	4,071	2,370	1,701	3,374	2,157	1,217	3,495	2,324	1,171	3,285	2,063	1,202
Residents removed from records.....	1,812	1,068	744	1,659	960	699	1,597	935	662	1,488	824	604	1,674	996	678
Deaths.....	1,367	941	426	1,767	1,237	530	1,659	1,177	482	1,721	1,264	457	1,462	1,014	448
Discharges, direct.....	1,172	844	328	645	173	472	118	45	73	286	176	110	149	73	76
Transfers, direct.....	6,868	4,328	2,540	6,466	3,713	2,753	5,490	3,409	2,081	6,074	3,869	2,205	6,176	3,855	2,321
Removed from records.....	2,517	1,475	1,042	2,395	1,343	1,052	2,116	1,252	864	2,579	1,545	1,034	2,891	1,772	1,119
Removed from records while absent.....	2,191	1,160	1,031	2,032	1,008	1,024	1,805	961	844	2,160	1,158	1,002	2,479	1,303	1,070
Discharged from escape.....	326	315	11	336	324	12	295	282	13	386	370	16	349	339	10
Discharged from leave.....	.....	.....	.....	6	5	1	10	6	25	10	15	51	20	31	20
Transferred from leave.....	.....	.....	.....	6	5	1	6	5	1	8	7	1	12	10	2
Transferred from escape.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
On records beginning of year.....	22,821	12,280	10,541	23,604	12,668	10,936	24,781	13,181	11,600	26,485	14,068	12,417	27,761	14,716	13,045
Total added to records.....	7,651	4,716	2,935	7,643	4,226	3,417	7,194	4,296	2,898	7,350	4,517	2,833	7,441	4,254	3,187
Total removed from records.....	6,868	4,328	2,540	6,466	3,713	2,753	5,490	3,409	2,081	6,074	3,869	2,205	6,176	3,855	2,321
On records at end of year.....	23,604	12,668	10,936	24,781	13,181	11,600	26,485	14,068	12,417	27,761	14,716	13,045	29,026	15,115	13,911
In institution.....	20,737	11,167	9,570	21,884	11,677	10,207	22,908	12,023	10,585	23,608	12,138	10,815	23,345	12,143	11,202
On leave.....	2,432	1,083	1,349	2,474	1,100	1,374	2,497	1,150	1,310	3,390	1,580	1,810	4,247	2,066	2,209
On escape.....	435	418	17	423	404	19	487	465	22	561	540	21	520	506	14

§ Excluding 101 patients resident at Camarillo during its construction but officially reported as on leave status from other hospitals.

* Minor adjustments made since June 30, 1940, to correct cumulative errors.

† Comprising court observations, juvenile court observations, and psychopathic-delinquent observations.

** A small unrecorded number of special observation cases were admitted to the hospitals during 1940 although this means of admissions was not used extensively until the following year.

*** Including patients transferred from Pacific Colony and Sonoma State Home.

TABLE 5. MOVEMENT OF PATIENTS, STATE MENTAL HOSPITALS, YEARS ENDING JUNE 30, 1937-1946—Continued

Status	1942			1943			1944			1945			1946		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
On records at beginning of year.....	29,026	15,115	13,911	29,025	15,538	14,387	30,108	15,294	14,814	30,284	15,135	15,149	30,949	15,103	15,846
In institution.....	23,345	12,143	11,202	23,617	12,205	11,412	24,240	12,372	11,868	24,903	12,444	12,459	25,810	12,613	13,197
On leave.....	5,161	2,466	2,695	5,309	2,679	2,951	5,309	2,391	2,918	4,787	2,145	2,642	4,583	1,956	2,597
On escape.....	520	506	14	678	654	24	559	531	28	594	546	48	586	534	52
Entered institution.....	12,379	6,505	5,874	11,267	5,836	5,431	10,982	5,735	5,247	12,536	6,347	6,189	14,334	7,007	7,327
Total added to records.....	8,880	4,785	4,095	8,152	4,378	3,774	7,957	4,329	3,628	8,553	4,616	4,287	9,484	5,009	4,475
Observation*.....	347	224	123	398	251	141	398	361	227	692	390	302	735	450	285
First admissions.....	5,072	3,450	2,522	5,815	3,295	2,519	6,082	3,324	2,758	6,723	3,487	3,256	6,771	3,587	3,184
Readmissions.....	1,375	759	616	1,473	733	733	1,173	579	594	1,287	648	639	1,733	903	830
Transfers in**.....	1,186	352	884	494	113	381	114	65	49	150	99	60	245	69	176
Total returns from temporary separations.....	3,499	1,720	1,779	3,115	1,458	1,657	3,025	1,406	1,619	3,684	1,732	1,652	4,850	1,998	2,852
Return from leave.....	3,033	1,291	1,742	2,727	1,106	1,621	2,544	991	1,553	3,069	1,226	1,843	4,184	1,453	2,731
Return from escape.....	466	429	37	388	352	36	481	415	66	615	506	109	666	545	121
Separated from institution.....	12,107	6,443	5,664	10,944	5,969	4,975	10,319	5,663	4,656	11,629	6,178	5,451	13,756	6,781	6,975
Temporary separations from institution.....	7,525	3,952	3,573	6,318	3,136	3,182	5,854	2,879	2,975	6,376	3,021	3,355	8,182	3,588	4,544
Leave of absence.....	6,643	3,124	3,519	5,601	2,476	3,125	5,072	2,207	2,865	5,397	2,199	3,198	7,083	2,708	4,375
Escape.....	882	828	54	717	660	57	782	672	110	979	822	157	1,049	880	169
Residents removed from records.....	4,652	2,491	2,091	4,326	2,533	1,793	4,465	2,784	1,681	5,253	3,157	2,096	5,624	3,193	2,431
Deaths.....	1,668	953	715	1,849	1,069	780	2,146	1,263	883	2,190	1,172	1,018	2,498	1,363	1,135
Discharges, direct.....	1,785	1,220	565	2,055	1,353	682	2,261	1,491	770	2,981	1,941	1,040	2,925	1,784	1,141
Transfers, direct.....	1,129	318	811	412	81	331	58	30	28	82	44	38	201	46	155
Removed from records.....	7,981	4,362	3,619	7,969	4,622	3,347	7,781	4,488	3,293	8,188	4,648	3,540	8,218	4,403	3,815
Removed from records while absent.....	3,399	1,871	1,528	3,643	2,059	1,554	3,316	1,704	1,612	2,935	1,491	1,444	2,594	1,210	1,384
Discharged from leave.....	3,100	1,602	1,498	3,152	1,642	1,510	3,020	1,449	1,571	2,524	1,144	1,380	2,303	966	1,337
Discharged from escape.....	242	237	5	438	421	17	252	231	21	355	317	38	258	224	34
Transferred from leave.....	41	18	23	43	16	27	30	13	17	38	18	20	21	9	12
Transferred from escape.....	16	14	2	10	10	-----	14	11	3	18	12	6	12	11	1
On records at beginning of year.....	29,026	15,115	13,911	29,025	15,538	14,387	30,108	15,294	14,814	30,284	15,135	15,149	30,949	15,103	15,846
Total added to records.....	8,880	4,785	4,095	8,152	4,378	3,774	7,957	4,329	3,628	8,553	4,616	4,287	9,484	5,009	4,475
Total removed from records.....	7,981	4,362	3,619	7,969	4,622	3,347	7,781	4,488	3,293	8,188	4,648	3,540	8,218	4,403	3,815
On records at end of year.....	29,925	15,538	14,387	30,108	15,294	14,814	30,284	15,135	15,149	30,949	15,103	15,846	32,215	15,709	16,506
In institution.....	23,617	12,205	11,412	24,240	12,372	11,868	24,903	12,444	12,459	25,810	12,613	13,197	26,388	12,839	13,549
On leave.....	5,630	2,679	2,951	5,309	2,391	2,918	4,787	2,145	2,642	4,583	1,956	2,597	5,128	2,336	2,862
On escape.....	678	654	24	559	531	28	594	546	48	586	534	52	699	634	65

* Comprising court observations, juvenile court observations, Youth Authority observations, and psychopathic-delinquent observations.
 ** A small unrecorded number of special observation cases were admitted to the hospitals during 1940 although this means of admissions was not used extensively until the following year.
 *** Including patients transferred from Pacific Colony and Sonoma State Home.
 † Adjusted by addition of one male patient on escape.

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TABLE 6. MOVEMENT OF PATIENTS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1946

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, 1945.....	30,949	15,193	15,846	2,177	2,843	2,363	2,951	1,956	1,184	2,102	2,395	1,647	2,365	2,614	2,952	2,212
In institution.....	25,810	12,613	13,197	1,982	2,228	1,852	2,422	1,791	1,100	1,857	2,108	1,414	1,888	2,157	2,583	1,770	
On leave.....	4,563	1,996	2,567	447	608	443	608	116	84	184	278	119	357	448	290	438	
On escape.....	586	354	52	138	9	68	21	49	61	61	9	29	110	9	79	4	
Entered institution.....	14,334	7,007	7,327	986	1,355	1,606	1,778	594	305	1,249	1,375	374	1,109	1,086	1,089	898	
Total added to records.....	9,484	5,009	4,475	614	680	951	934	542	278	825	684	308	871	840	898	701	
Observations*.....	7,735	4,450	3,285	107	111	61	98	11	12	102	80	237	674	624	605	94	
First admissions.....	6,771	3,587	3,184	47	400	718	738	380	121	888	460	89	89	89	468	468	
Readmissions.....	1,733	968	800	35	18	155	162	174	28	118	120	69	165	200	117	180	
Transfers in**.....	245	69	176	5	8	17	6	7	127	19	4	2	12	16	7	9	
Total returns from temporary separations.....	4,850	1,998	2,852	372	675	655	844	52	27	424	741	66	238	246	191	197	
Return from leave.....	4,184	1,483	2,701	340	671	483	799	32	27	302	668	40	147	232	109	190	
Return from escape.....	666	545	121	32	4	172	45	20	122	122	48	26	91	14	82	7	
Separated from institution.....	13,756	6,781	6,975	1,030	1,522	1,841	1,666	607	186	1,215	1,277	333	980	981	1,105	835	
Temporary separations from institution.....	8,132	3,588	4,544	585	971	1,056	1,280	216	98	645	914	144	513	580	429	450	
Leave of absence.....	7,083	2,798	4,275	526	962	911	1,218	181	96	458	861	99	364	562	299	469	
Escape.....	1,049	880	169	89	9	245	62	55	2	187	68	45	189	13	130	11	
Residents removed from records.....	5,624	3,193	2,431	445	551	485	386	391	88	570	363	189	437	401	676	365	
Deaths.....	2,498	1,363	1,135	221	211	118	118	86	48	287	210	201	210	214	283	142	
Discharges direct.....	2,925	1,784	1,141	220	212	330	259	288	36	276	197	56	222	182	366	241	
Transfers direct.....	201	46	155	4	128	9	9	17	6	7	6	1	6	9	7	2	
Removed from records.....	8,218	4,408	3,815	570	767	759	712	492	148	766	538	280	673	688	863	581	
Removed from records while absent.....	2,594	1,210	1,384	125	208	276	326	101	60	196	175	91	236	287	187	196	
Discharged from leave.....	2,303	966	1,337	110	200	234	304	86	56	145	163	166	198	266	106	192	
Discharged from escape.....	258	224	34	13	4	34	14	15	10	48	10	7	3	1	73	4	
Transferred from leave.....	21	9	12	2	2	1	1	1	1	2	2	1	2	2	2	2	
Transferred from escape.....	12	11	1	2	2	3	1	1	1	1	1	1	2	2	2	2	
On records June 30, 1945.....	30,949	15,193	15,846	2,177	2,873	2,363	2,951	1,956	1,184	2,102	2,395	1,647	2,365	2,614	2,952	2,212	
Total added to records.....	9,484	5,009	4,475	614	680	951	934	542	278	825	684	308	871	840	898	701	
Total removed from records.....	8,218	4,403	3,815	570	757	759	712	492	148	766	538	280	673	688	863	581	
On records June 30, 1946.....	32,215	15,709	16,506	2,221	2,768	2,555	3,173	2,006	1,314	2,161	2,491	1,634	2,563	2,796	2,957	2,332	
In institution.....	26,388	12,839	13,549	1,548	2,059	1,917	2,534	1,778	1,210	1,981	2,206	1,081	2,057	2,292	2,567	1,932	
On leave.....	5,128	2,236	2,892	523	697	634	616	169	93	193	271	95	364	522	368	495	
On escape.....	699	634	65	160	10	104	23	89	2	77	14	40	142	12	52	4	

* Comprising court observations, juvenile court observations, Youth Authority observations, and one psychopathic-delinquent observation.
 ** Including patients transferred from Pacific Colony and Sonoma State Home.

TABLE 6a. MOVEMENT OF MENTALLY ILL PATIENTS,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1946

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	Female		Female		Female		Female		Female		Female		Female	
On records June 30, 1945.....	29,163	14,695	15,128	1,993	2,664	2,077	2,788	1,758	1,133	2,303	1,643	2,203	2,527	2,844	2,070	2,503
In institution.....	24,588	11,912	12,676	1,462	2,092	1,663	2,311	1,653	1,084	1,789	1,228	1,814	2,102	2,503	1,659	2,070
On leave.....	4,070	1,662	2,408	399	563	345	462	70	69	168	119	283	416	267	407	4
On escape.....	505	461	44	132	9	49	15	36	-----	48	28	-----	9	74	-----	4
Entered institution.....	10,752	4,842	5,910	647	1,020	981	1,387	361	222	856	345	518	881	789	674	674
Total added to records.....	6,662	3,245	3,417	338	452	461	698	333	202	566	282	396	685	580	500	500
First admissions.....	5,131	2,530	2,601	290	377	349	519	196	60	470	217	305	522	477	396	396
Readmissions.....	1,294	653	641	43	67	96	119	130	15	72	63	85	175	97	96	96
Transfers in.....	237	62	175	5	8	16	6	7	127	15	2	6	11	6	8	8
Total returns from temporary separations.....	4,090	1,597	2,493	309	568	520	757	28	30	290	63	122	208	179	174	174
Return from leave.....	3,570	1,169	2,401	287	564	386	718	18	20	210	38	119	129	101	167	167
Return from escape.....	520	428	92	22	4	134	33	10	-----	80	25	3	79	78	7	7
Separated from institution.....	10,662	4,754	5,618	663	1,174	984	1,292	378	116	851	309	500	761	808	617	617
Temporary separations from institution.....	6,572	2,635	3,937	449	817	767	1,128	61	48	446	136	251	408	368	399	399
Leave of absence.....	5,800	1,988	3,812	410	809	588	1,093	38	46	324	94	247	280	284	389	389
Escape.....	772	647	125	39	8	179	45	23	2	122	42	4	128	114	10	10
Residents removed from records.....	3,799	2,118	1,681	244	357	187	164	317	68	405	173	247	353	439	218	218
Deaths.....	2,397	1,294	1,103	203	199	180	112	81	46	271	132	201	202	274	135	135
Discharges, direct.....	1,207	784	423	37	37	53	43	222	17	129	68	40	142	137	81	81
Transfers, direct.....	195	40	155	4	128	4	9	14	5	5	1	1	5	7	2	2
Removed from records.....	5,806	2,976	2,830	308	494	372	439	347	99	571	263	413	531	583	384	384
Removed from records while absent.....	2,007	858	1,149	64	137	185	275	30	31	166	90	164	178	145	166	166
Discharged from leave.....	1,797	863	1,114	54	131	165	261	27	30	126	83	163	150	78	162	162
Transferred from leave.....	179	156	23	8	4	16	7	3	-----	37	6	1	25	61	4	4
Transferred from leave.....	21	9	12	2	2	1	7	-----	1	2	2	-----	1	-----	-----	-----
Transferred from escape.....	10	10	-----	2	-----	3	-----	-----	-----	1	-----	-----	1	-----	-----	-----
On records June 30, 1945.....	29,163	14,695	15,128	1,993	2,664	2,077	2,788	1,758	1,133	2,303	1,643	2,203	2,527	2,844	2,070	2,503
Total added to records.....	6,662	3,245	3,417	338	452	461	698	333	202	566	282	396	685	580	500	500
Total removed from records.....	5,806	2,976	2,830	308	494	372	439	347	99	571	263	413	531	583	384	384
On records June 30, 1946.....	30,019	14,304	15,715	2,023	2,622	2,166	2,985	1,744	1,236	1,980	1,194	1,626	2,357	2,967	2,840	2,186
In institution.....	24,969	12,001	12,968	1,416	1,938	1,710	2,406	1,636	1,170	1,774	1,104	1,428	1,946	2,198	1,716	1,716
On leave.....	4,482	1,789	2,693	468	675	381	559	63	64	154	92	198	213	469	398	467
On escape.....	568	514	54	139	9	75	20	45	2	52	10	38	118	47	3	3

* Comprising patients committed under Welfare and Institutions Code Sections 6100 and 7068, and Penal Code Sections 1026, 1201, 1370, 3704, and 2684.

TABLE 6b. MOVEMENT OF ALCOHOLIC PATIENTS,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1946

Status	All mental hospitals		Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Total	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	On records June 30, 1945.....	608	181	56	28	116	51	96	43	29	23	9	1	96	24	25	11
In institution.....	300	207	24	16	43	19	63	30	12	10	9	1	40	12	16	5
On leave.....	275	190	85	12	64	30	32	13	12	12	0	0	46	12	7	6
On escape.....	33	30	3	0	9	2	1	0	5	1	0	0	10	0	2	0
Entered institution.....	1,225	891	334	40	196	70	183	73	121	56	25	8	173	49	81	38
Total added to records.....	1,002	740	262	88	151	48	164	67	94	36	23	8	144	42	76	33
First admissions.....	836	623	213	72	20	135	42	128	55	74	20	7	128	38	66	24
Readmissions.....	165	117	48	8	16	6	36	12	20	9	3	1	16	4	10	8
Transfers in.....	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total returns from temporary separations.....	223	151	72	12	45	22	19	6	27	20	2	0	29	7	5	5
Return from leave.....	169	103	66	16	33	20	14	6	18	16	2	0	18	7	2	2
Return from escape.....	54	48	8	0	12	2	5	0	9	4	0	0	11	0	3	3
Separated from institution.....	1,078	782	296	108	178	63	170	61	91	54	21	3	147	39	67	30
Temporary separations from institution.....	849	608	241	91	162	52	135	49	71	40	6	0	92	26	51	24
Leave of absence.....	704	476	228	73	123	49	115	49	55	41	5	0	67	25	38	24
Escape.....	145	132	13	18	39	3	20	0	16	8	1	0	25	1	13	0
Residents removed from records.....	229	174	55	17	16	11	35	12	20	5	15	3	55	13	16	6
Deaths.....	23	19	4	1	6	1	3	1	5	1	0	0	2	1	2	0
Discharges, direct.....	206	155	51	16	10	10	32	11	15	4	15	3	55	12	14	6
Transfers, direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Removed from records.....	664	476	188	72	88	39	101	40	42	25	15	3	102	24	56	25
Removed from records while absent.....	435	302	133	55	72	28	66	28	22	20	0	0	47	11	40	19
Discharged from leave.....	381	253	128	50	58	25	56	28	18	18	0	0	41	11	30	19
Discharged from escape.....	53	49	4	5	14	2	10	0	4	2	0	0	6	0	10	0
Transferred from leave.....	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transferred from escape.....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
On records June 30, 1946.....	608	427	181	56	116	51	96	43	29	23	9	1	96	24	25	11
Total added to records.....	1,002	740	262	88	151	48	164	67	94	36	23	8	144	42	76	33
Total removed from records.....	664	476	188	72	88	39	101	40	42	25	15	3	102	24	56	25
On records June 30, 1946.....	946	691	255	72	179	60	189	70	81	34	17	6	138	42	45	19
In institution.....	447	316	131	28	61	26	76	42	42	12	13	6	66	22	30	13
On leave.....	429	310	119	36	96	34	77	28	31	19	3	0	54	31	19	6
On escape.....	70	65	5	8	22	0	6	0	8	3	1	0	18	1	2	0

* Comprising patients committed under Welfare and Institutions Code Section 5404.

TABLE 6c. MOVEMENT OF NARCOTIC PATIENTS,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1946

Status	All mental hospitals						Agnwau		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Total	Male		Female		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
		Male	Female	Male	Female															Male
On records June 30, 1945.....	77	46	31	4	2	5	3	10	3	4	3	4	3	2	1	16	17	10	2	1
In institution.....	35	21	14	1	1	5	3	1	3	1	3	3	2	1	7	9	7	2	2	1
On leave.....	30	15	15	2	1	4	2	5	2	1	2	1	1	1	7	8	7	1	1	1
On escape.....	12	10	2	1	1	1	1	5	1	1	1	1	1	1	2	2	2	1	1	1
Entered institution.....	75	42	33	3	3	8	8	10	4	4	4	4	8	3	10	12	12	4	4	1
Total added to records.....	52	31	21	3	3	3	3	9	3	3	3	7	7	2	10	7	7	4	4	1
First admissions.....	44	25	19	3	3	3	3	9	3	1	7	1	7	2	9	6	6	3	3	1
Readmissions.....	7	5	2	1	1	1	1	2	2	2	2	2	2	1	1	1	1	1	1	1
Transfers in.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total returns from temporary separations.....	23	11	12	3	3	5	5	1	1	1	1	1	1	1	1	1	1	1	1	1
Return from leave.....	14	5	9	1	1	4	5	1	1	1	1	1	1	1	1	1	1	1	1	1
Return from escape.....	9	6	3	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Separated from institution.....	78	46	32	4	1	13	7	6	3	7	5	2	2	2	11	15	15	3	3	3
Temporary separations from institution.....	56	31	25	3	3	7	7	6	1	4	3	2	2	2	8	14	14	1	1	1
Leave of absence.....	38	16	20	2	2	6	7	3	1	3	2	2	2	2	3	11	11	1	1	1
Escape.....	20	15	5	1	1	1	1	3	3	3	2	2	2	2	5	3	3	1	1	1
Residents removed from records.....	22	15	7	1	1	6	6	2	2	3	2	2	2	2	3	3	3	1	2	1
Deaths.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Discharges, direct.....	20	14	6	1	1	5	5	1	1	3	2	2	2	2	3	3	3	1	2	1
Transfers, direct.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Removed from records.....	55	31	24	2	2	8	6	4	3	4	3	4	3	1	10	8	8	2	2	2
Removed from records while absent.....	33	16	17	1	1	2	6	4	1	1	1	1	1	1	7	7	7	1	1	1
Discharged from leave.....	24	9	15	1	1	2	5	2	1	1	1	1	1	1	3	3	3	1	1	1
Discharged from escape.....	8	6	2	1	1	1	1	2	2	2	2	2	2	1	3	3	3	1	1	1
Transferred from leave.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Transferred from escape.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
On records June 30, 1946.....	77	46	31	4	2	9	5	10	3	4	3	4	3	1	16	17	17	2	2	1
Total added to records.....	52	31	21	3	3	3	3	9	3	3	3	7	7	2	10	7	7	4	4	1
Total removed from records.....	55	31	24	2	2	8	6	4	3	4	3	4	3	1	10	8	8	2	2	2
On records June 30, 1946.....	74	46	28	2	2	4	2	15	3	3	7	3	7	2	18	16	16	4	4	2
In institution.....	32	17	15	2	2	4	2	7	2	2	5	2	5	1	6	6	6	3	3	1
On leave.....	28	17	11	1	1	3	3	3	1	3	1	3	1	1	7	9	7	1	1	1
On escape.....	14	12	2	1	1	4	5	5	1	3	1	3	1	1	3	3	3	1	1	1

* Comprising patients committed under Welfare and Institutions Code Section 6355.

MENTAL HOSPITALS

TABLE 64. MOVEMENT OF PATIENTS COMMITTED AS SEXUAL PSYCHOPATHS,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1946

Status	All mental hospitals						Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton	
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	Total		Total		Total		Total		Total		Total		Total		Total		Total		Total	
On records June 30, 1945.....	179	178	1	1	17	17	44	1	74	74	18	18	8	8	17	17	8	8	17	17
In institution.....	97	97			10	15	15		54	11	11	11	2	2	5	5	2	2	5	5
On leave.....	28	54			5	22	7	1	12	3	3	4	3	3	9	9	3	3	3	3
On escape.....	28	27	1	1	2	7	1		8	4	4		3	3			3	3		
Entered institution.....	65	65			5	22	22		23	7	7		5	5	3	3	5	5	3	3
Total added to records.....	41	41			5	8	8		19	3	3		4	4	2	2	4	4	2	2
First admissions.....	34	34			5	7	7		16	1	1		3	3	2	2	3	3	2	2
Readmissions.....	3	3							3											
Transfers in.....	4	4				1	1		2		2		1	1			1	1		
Total returns from temporary separations.....	24	24				14	14		4	4	4		1	1	1	1	1	1	1	1
Return from leave.....	6	6				6	6													
Return from escape.....	18	18				8	8		4	4	4		3	3	2	2	1	1	1	1
Separated from institution.....	71	71			5	33	33		18	10	10		3	3	2	2	3	3	2	2
Temporary separations from institution.....	47	47			5	19	19		14	6	6		2	2	1	1	2	2	1	1
Leave of absence.....	24	24			4	12	12		5	1	1		1	1	1	1	1	1	1	1
Escape.....	23	23			1	7	7		9	5	5		1	1			1	1		
Residents removed from records.....	25	25			1	2	2		21	1	1		1	1			1	1		
Deaths.....	2	2			1				2											
Discharges, direct.....	19	19				1	1		18											
Transfers, direct.....	4	4				1	1		3											
Removed from records.....	28	28			1	4	4		22	1	1		1	1			1	1		
Removed from records while absent.....	3	3				2	2		1											
Discharged from leave.....	3	3				2	2		1											
Discharged from escape.....																				
Transferred from leave.....																				
Transferred from escape.....																				
On records June 30, 1945.....	179	178	1	1	17	44	44	1	74	18	18		8	8	17	17	8	8	17	17
Total added to records.....	41	41			5	8	8		19	3	3		4	4	2	2	4	4	2	2
Total removed from records.....	28	28			1	4	4		22	1	1		1	1			1	1		
On records June 30, 1946.....	192	191	1	1	21	48	48	1	71	20	20		12	12	19	19	12	12	19	19
In institution.....	90	90			9	16	16		42	11	11		5	5	7	7	5	5	7	7
On leave.....	69	69			9	26	26		16	4	4		4	4	4	4	4	4	4	4
On escape.....	33	32	1	1	3	6	6	1	13	5	5		3	3	2	2	3	3	2	2

* Comprising patients committed under Welfare and Institutions Code Section 5502.

TABLE 66. MOVEMENT OF VOLUNTARY (SELF-ADMITTED) PATIENTS,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1946

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, 1945.....	857	381	476	105	143	107	95	17	5	44	55	3	3	42	46	63	129
In institution.....	730	343	387	83	111	96	81	17	5	43	48	3	3	35	34	56	105
On leave.....	123	35	88	12	32	8	13	---	---	1	7	---	---	7	12	7	24
On escape.....	4	3	1	---	---	3	1	---	---	---	---	---	---	---	---	---	---
Entered institution.....	1,403	664	739	112	184	322	278	6	4	122	134	1	4	28	44	73	91
Total added to records.....	990	500	490	76	89	267	219	6	4	55	63	1	4	28	38	67	73
First admissions.....	726	375	351	50	63	224	178	1	3	31	40	---	---	12	18	57	48
Readmissions.....	264	125	139	26	26	43	41	5	1	24	23	1	3	16	20	10	25
Transfers in.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total returns from temporary separations.....	413	164	249	36	95	55	59	---	---	67	71	---	---	---	---	6	18
Return from leave.....	387	148	239	36	95	44	54	---	---	62	66	---	---	---	---	6	18
Return from escape.....	26	16	10	---	---	11	5	---	---	5	5	---	---	---	---	---	---
Separated from institution.....	1,361	643	718	113	187	310	288	7	4	124	119	1	5	29	42	59	93
Temporary separations from institution.....	521	208	313	37	113	84	84	---	---	76	79	---	---	3	10	8	27
Leave of absence.....	480	181	299	37	113	71	77	---	---	65	73	---	---	3	10	5	26
Escape.....	41	27	14	---	---	13	7	---	---	11	6	---	---	---	---	3	1
Residents removed from records.....	841	436	405	76	74	226	184	7	4	48	40	1	5	26	32	52	66
Deaths.....	57	37	20	9	7	7	7	2	2	8	8	---	---	5	5	6	7
Discharges, direct.....	784	399	385	67	67	219	179	5	4	40	39	1	5	21	32	46	59
Transfers, direct.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Removed from records.....	948	462	486	81	115	238	198	7	4	51	45	1	5	30	43	54	76
Removed from records while absent.....	107	26	81	5	41	12	14	---	---	3	5	---	---	4	11	2	10
Discharged from leave.....	96	17	79	5	41	8	13	---	---	---	---	---	---	4	11	---	---
Discharged from escape.....	11	9	2	---	---	4	1	---	---	3	1	---	---	---	---	---	---
Transferred from leave.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Transferred from escape.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Total added to records.....	857	381	476	105	143	107	95	17	5	44	55	3	3	42	46	63	129
On records June 30, 1945.....	990	500	490	76	89	267	219	6	4	55	63	1	4	28	38	67	73
Total removed from records.....	948	462	486	81	115	238	198	7	4	51	45	1	5	30	43	54	76
On records June 30, 1946.....	899	419	480	100	117	136	116	16	5	48	43	3	2	40	41	76	126
In institution.....	771	363	408	62	108	108	91	16	5	41	63	3	2	34	36	69	103
On leave.....	120	51	69	8	9	27	23	---	---	4	10	---	---	6	5	6	22
On escape.....	8	5	3	---	---	1	2	---	---	3	3	---	---	---	---	1	1

* Comprising patients admitted under Welfare and Institutions Code Section 6602.

TABLE 6F. MOVEMENT OF PATIENTS ADMITTED FOR COURT OBSERVATION,* YEAR ENDING JUNE 30, 1946

Status	All mental hospitals			Agnew		Camarillo		Mendocino		Napa		Stockton	
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
On records June 30, 1945.....	19	8	11	2	6					5	2	1	1
In institution.....	16	6	10	2	6					3	1	1	1
On leave.....	1		1										
On escape.....	2									2			
Entered institution.....	562	323	239	107	111	10	2	28	30	28	26	169	94
Total added to records as observation admissions.....	557	322	235	107	111	9	2	**9	2	28	26	169	94
Total returns from temporary separations.....	5	1	4			1					4		
Return from leave.....	4		4								4		
Return from escape.....	1					1							
Separated from institution.....	560	320	240	106	114	9	4	8	2	30	26	167	94
Temporary separations from institution.....	5	1	4			1					4		
Leave of absence.....	4		4								4		
Escape.....	1					1							
Residents removed from records.....	555	319	236	106	114	8	4	8	2	30	22	167	94
Deaths.....	17	10	7	7	5					2	2	1	
Discharges, direct.....	538	309	229	99	109	8	4	8	2	28	20	166	94
Removed from records.....	558	321	237	106	114	8	4	8	2	32	23	167	94
Removed from records while absent.....	3	2	1							2	1		
Discharged from leave.....	1		1										
Discharged from escape.....	2									2			
On records June 30, 1945.....	19	8	11	2	6		2			5	2	1	1
Total added to records.....	557	322	235	107	111	9	2	9	2	28	26	169	94
Total removed from records.....	558	321	237	106	114	8	4	8	2	32	23	167	94
On records June 30, 1946 and in institution.....	18	9	9	3	3	1	**1	**1	2	1	5	3	1

* Comprising patients committed under Welfare and Institutions Code Section 5050, and one patient under Section 7058.
 ** Including one patient admitted as a psychopathic-delinquent observation.

MOVEMENT OF POPULATION

TABLE 66. MOVEMENT OF PATIENTS ADMITTED FOR JUVENILE COURT OBSERVATION AND YOUTH AUTHORITY OBSERVATION, YEAR ENDING JUNE 30, 1946

Status	Juvenile court observation*						Youth Authority observation**									
	All mental hospitals			Camarillo		Napa		All mental hospitals			Camarillo		Mendocino		Napa	
	Total	Male	Female	Male	Female	Male	Female	Total	Male	Female	Male	Female	Male	Female	Male	Female
On records June 30, 1945.....	34	22	12	7	5	7	15	7	6	3	4	1	2	2	2	2
In institution.....	33	22	11	7	4	7	15	7	5	3	3	1	1	1	1	2
On leave.....	1		1					2	1		1					
On escape.....																
Entered institution.....	153	119	34	53	14	66	20	70	38	14	18	2	22	14		
Total added to records.....	121	94	27	40	13	54	14	59	36	23	12	2	22	10		
First admissions.....	114	83	26	39	13	49	13	51	32	19	10	2	20	8		
Readmissions.....	5	1	1	1		3	1	8	4	2	2		2	2		
Transfers in.....	2					2										
Total returns from temporary separations.....	32	25	7	13	1	12	6	11	2	9	2	5		4		
Return from leave.....	29	22	7	10	1	12	6	4	4	4	2	2		4		
Return from escape.....	3	3		3				7	2	5	2	5		4		
Separated from institution.....	161	127	34	46	12	81	22	74	37	10	20	3	24	17		
Temporary separations from institution.....	54	46	8	14	1	32	7	28	12	16	2	8	10	8		
Leave of absence.....	30	23	7	11	1	12	6	5	5	5	1	1		4		
Escape.....	24	23	1	3		20	1	23	12	11	7		10	4		
Residents removed from records.....	107	81	26	32	11	49	15	46	25	21	8	3	14	9		
Discharges, direct.....	105	79	26	32	11	47	15	46	25	21	8	3	14	9		
Transfers, direct.....	2	2				2										
Removed from records.....	110	83	27	33	12	50	15	49	26	23	8	14	15	9		
Removed from records while absent.....	3	2	1	1	1	1	1	3	1	2		2	1	1		
Discharged from leave.....	1	1		1												
Discharged from escape.....	2	1	1	1		1		3	1	2		2	1	1		
On records June 30, 1945.....	34	22	12	17	5	15	7	12	6	6	3	4	2	2		
Total added to records.....	121	94	27	40	13	54	14	59	36	23	12	13	22	10		
Total removed from records.....	110	83	27	33	12	50	15	49	26	23	8	14	15	9		
On records June 30, 1946.....	45	33	12	14	6	19	6	22	16	6	7	3	9	3		
In institution.....	42	30	12	14	6	16	6	19	13	6	7	3	6	3		
On escape.....	3	3		3		3		3	3				3			

* Patients admitted under Welfare and Institutions Code Section 740.5.
 ** Patients admitted under Welfare and Institutions Code Section 1753.

admissions apply primarily to Agnews and Camarillo (where special facilities are provided for the treatment of nonpsychotic luetics), a smaller number being received also at Stockton and Napa. Court observation admissions have been received at all hospitals with the exception of Norwalk and Patton, being admitted principally to Stockton, Agnews, and Napa. Juvenile court and Youth Authority observations are sent to Camarillo and Napa, and a small number of Youth Authority observations are also accepted at Mendocino. Although this policy of specialization is followed as a general rule, at least a few patients have been admitted this last year to all seven hospitals under all of the foregoing types of admission procedure, with the exception of observation cases.

Indices of Population Change. The table of indices of population movement, also included for the first time in this report (Table 7), permits a rough analysis of the effect of the various types of change in status on the size of the resident population, particularly with respect to the increasing proportion of female patients under treatment in the

TABLE 7
INDICES OF POPULATION MOVEMENT, BY SEX AND INSTITUTION, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1946

	All mental hospitals			Agnews			Camarillo			Mendocino		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Per 100 first admissions and readmissions*:												
First admissions	79.9	80.3	79.5	82.5	82.6	82.0	82.6	82.9	82.3	70.1	66.9	81.2
Court observation admissions	6.4	7.0	5.8	20.5	21.3	19.8	.6	1.0	.2	1.6	1.7	1.3
Leaves taken	81.6	58.6	107.7	140.0	104.8	171.5	109.6	87.7	131.5	38.1	30.6	64.4
Net leaves**	33.4	27.2	40.5	44.8	37.1	51.9	40.4	35.5	45.4	29.3	24.5	46.3
Net escapes	4.4	7.3	1.2	3.0	5.4	.8	4.9	7.9	1.8	5.5	6.7	1.3
Direct discharges	27.5	31.9	22.4	21.1	24.1	18.4	31.5	35.5	27.5	46.4	53.2	22.2
Deaths	28.6	29.3	27.8	39.5	42.6	36.7	14.2	15.5	12.7	19.8	16.3	32.2
Total net releases	93.9	95.7	91.8	108.4	109.2	107.8	90.8	94.4	87.4	101.0	100.7	102.0
Returns from leave per 100 leaves	59.1	53.7	62.4	67.9	64.6	69.8	63.2	59.6	65.6	23.0	19.9	28.1
Returns from escape per 100 escapes	63.5	61.9	71.6	52.9	54.2	44.4	70.7	70.2	72.6	35.1	36.4	0.0
Per 100 total net releases:												
Net leaves	35.6	28.4	44.1	41.4	33.9	48.1	44.4	37.6	51.8	29.0	24.3	45.4
Net escapes	4.7	7.6	1.3	2.8	4.9	.8	5.3	8.4	2.1	5.4	6.6	1.3
Direct discharges	29.3	33.4	24.4	19.4	22.1	17.0	34.7	37.6	31.5	45.9	52.9	21.7
Deaths	30.4	30.6	30.2	36.4	39.1	34.1	15.6	16.4	14.6	19.7	16.2	31.6
Per 100 patients under treatment† during year:												
First admissions and readmissions	25.2	26.8	23.5	22.1	24.0	20.6	30.2	33.2	27.7	18.6	22.7	11.4
Leaves taken	20.5	15.7	25.3	30.9	25.1	35.3	33.1	29.1	36.4	7.1	7.0	7.3
Escapes	3.0	5.1	1.0	1.4	2.8	.3	5.0	9.8	1.9	1.6	2.4	.2
Net leaves	8.4	7.3	9.5	9.9	8.9	10.6	12.1	11.7	12.5	5.5	5.6	5.2
Net escapes	1.1	1.9	.3	.7	1.3	.2	1.5	2.6	.6	1.0	1.5	.2
Direct discharges	6.9	8.6	5.3	4.6	5.8	3.8	9.5	11.8	7.6	8.6	12.1	2.5
Deaths	7.2	7.8	6.5	8.7	10.2	7.6	4.3	5.2	3.5	3.7	3.7	3.7
Total net releases	23.6	25.6	21.6	23.9	26.2	22.2	27.4	31.3	24.2	18.8	22.9	11.6

* Unless indicated otherwise, all figures exclude court assistance observations, court emergency observations, and psychopathic-delinquent observations, but include juvenile court and Youth Authority observations.

** Leaves taken, less returns from leave (including brief visits).

† Comprising the resident population on June 30, 1946, plus net releases for the year (net leaves, net escapes, direct discharges, and deaths), plus one-half of direct transfers-out and minus one-half of transfers-in.

TABLE 7—Continued
 INDICES OF POPULATION MOVEMENT, BY SEX AND INSTITUTION, STATE MENTAL HOSPITALS
 YEAR ENDING JUNE 30, 1946

	Napa			Norwalk			Patton			Stockton		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Per 100 first admissions and readmissions*:												
First admissions.....	82.2	84.2	79.6	77.7	77.5	77.9	77.1	78.5	75.7	81.3	83.8	78.3
Court observation admissions.....	3.9	3.6	4.3	48.9	32.4	61.4	54.4	41.2	68.2	19.9	23.4	15.7
Leaves taken.....	94.7	58.9	140.9							55.9	41.4	73.4
Net leaves**.....	22.7	20.0	26.2	26.4	19.3	31.8	31.9	24.1	40.0	33.3	26.3	41.6
Net escapes.....	5.8	8.4	2.5	2.8	6.2	.3	4.3	7.9	.5	3.9	6.6	.7
Direct discharges.....	27.9	31.9	22.7	15.7	18.3	13.7	24.0	25.8	22.1	27.8	30.5	24.6
Deaths.....	35.0	36.6	32.9	47.0	43.1	50.0	25.2	24.5	26.0	32.1	39.1	23.7
Total net releases.....	91.4	96.9	84.3	91.9	86.9	95.8	85.4	82.3	88.6	97.1	102.5	90.6
Returns from leave per 100 leaves.....	76.0	65.9	81.4	45.4	40.4	48.2	41.4	41.5	41.3	40.5	36.5	43.3
Returns from escape per 100 escapes.....	68.0	65.2	76.2	59.2	57.8	75.0	59.3	57.2	77.8	63.1	63.1	63.6
Per 100 total net releases:												
Net leaves.....	24.9	20.7	31.1	28.7	22.2	33.2	37.4	29.3	45.2	34.2	25.7	45.9
Net escapes.....	6.3	8.6	2.9	3.1	7.1	.3	5.0	9.6	.6	4.1	6.5	.7
Direct discharges.....	30.5	32.9	26.9	17.1	21.1	14.3	28.1	31.4	24.9	28.6	29.7	27.2
Deaths.....	38.3	37.8	39.1	51.1	49.6	52.2	29.5	29.7	29.3	33.1	38.1	26.2
Per 100 patients under treatment† during year:												
First admissions and readmissions.....	25.8	29.5	22.2	22.4	22.7	22.1	29.3	31.1	27.6	23.2	21.8	25.2
Leaves taken.....	24.4	17.4	31.3	10.9	7.3	13.6	15.9	12.8	18.8	13.0	9.0	18.5
Escapes.....	4.7	7.1	2.3	1.5	3.3	.2	3.1	5.8	.6	2.5	3.9	.5
Net leaves.....	5.9	5.9	5.8	5.9	4.4	7.0	9.3	7.5	11.0	7.7	5.7	10.4
Net escapes.....	1.5	2.5	.5	.6	1.4	.1	1.3	2.5	.1	.9	1.5	.2
Direct discharges.....	7.2	9.4	5.0	3.5	4.2	3.0	7.0	8.0	6.1	6.5	6.7	6.2
Deaths.....	9.0	10.8	7.4	10.6	9.7	11.1	7.4	7.6	7.2	7.5	8.5	6.0
Total net releases.....	23.6	28.6	18.7	20.6	19.7	21.2	25.0	25.6	24.4	22.6	22.4	22.8

* Unless indicated otherwise, all figures exclude court assistance observations, court emergency observations, and psychopathic-delinquent observations, but include juvenile court and Youth Authority observations.

** Leaves taken, less returns from leave (including brief visits).

† Comprising the resident population on June 30, 1946, plus net releases for the year (net leaves, net escapes, direct discharges, and deaths), plus one-half of direct transfers-out and minus one-half of transfers-in.

hospitals. It will be observed, for example, that for every 100 male first admissions and readmissions, the resident population was reduced by 95.7 patients (through net leaves and escapes, direct discharges, and deaths) whereas for every 100 female admissions, there were only 91.8 such releases. In terms of admissions, more male than female patients were discharged directly or died in the hospitals; the rate for net escapes was also higher for male patients. However, this difference is partly offset by the relatively greater number of female patients separated from the institutions as net leaves (leaves of absence less returns from leaves).

The indices for the individual hospitals in Table 7 also show considerable variation between institutions. To a large extent however, this is merely a reflection of inter-hospital differences in age distribution, the assignment of specific classes and types of patients to specific institutions, and variation in staff opinion respecting the comparative efficacy of different methods of treatment and care (such as the relative merit of extramural care for convalescent patients as against inpatient care followed by direct discharge).

RESIDENT POPULATION

On June 30, 1946, the resident population of the seven state mental hospitals totaled 26,388, an increase of 2.2 percent over the figure for the preceding year. Among the separate institutions, Agnews reported a decrease of 5.5 percent in its resident population during the year, while the remaining six institutions all reported increases ranging up to 6.1 percent for Patton. Napa, with an increase of 3.2 percent in its resident population, now is overcrowded by 35.6 percent, the largest percentage of overcrowding for any one institution. Stockton, overcrowded by 22.9 percent, reported a resident population of 4,400 patients on June 30th, the largest for any one hospital.

The average daily resident population for the fiscal year is furnished for each institution in Part I of the appendix to this report.

Diagnostic Distribution. Supplementing Table 4, a detailed description of the resident patient population in terms of sex, age, and diagnosis is furnished in table 8. Here it will be noted that patients diagnosed as cases of dementia praecox composed 53.8 percent of the total number of psychotic patients under treatment on June 30, 1946, while psychotic patients with cerebral arteriosclerosis comprised 9.5 percent, manic depressives 7.9 percent, and cases of general paresis 6.3 percent. These four largest diagnostic groups together accounted for 77.5 percent of the total number of psychotic patients. As might be expected, male patients outnumbered female patients with respect to diagnoses of general paresis, alcoholic psychosis, and psychosis with psychopathic personality, while female patients predominated with respect to diagnoses of senile psychosis, involuntal psychosis, manic-depressive psychosis, and paranoia.

Although nonpsychotic patients comprised 20.9 percent of all admissions for the fiscal year, this group made up only 3.1 percent of the total under treatment on June 30th. In the nonpsychotic group of 808 patients, male patients were predominant in each diagnostic classification, constituting 72 percent of the entire group.

Age Distribution. A number of significant differences may be pointed out in the age distribution of admissions for the fiscal year (Tables 14 and 21) and the year-end age distribution of the resident population (Table 8). The large proportion of chronic patients in the latter group accentuates the older age levels; thus patients under 25 years of age comprised 12.6 percent of all first admissions, but only 3.3 percent of the resident population on June 30th. Likewise, the median age was 45.0 years for first admissions and 43.7 years for readmissions; for the resident population it was 52.1 years.

The age distribution by principal diagnoses has not changed significantly from the distribution described at length in the department's annual report for 1944-45.

Racial Distribution. Analysis of a 10-percent sample of the resident hospital population discloses that approximately 5 percent (7 percent of the male and 3 percent of the female patients) were Mexican-Indian and 4 percent were Negro (4 percent male and 4 percent female). Other non-Caucasian races were not represented to any extent in the female population; however, the male population included 1 percent Chinese, 1 percent Japanese, and 1 percent Filipino patients. Patients of the Caucasian race thus comprised approximately 91 percent of the total (90 percent male and 93 percent female). Patients are not segregated by race.

Type of Admission. Of the total number of patients under treatment in the seven mental hospitals on June 30, 1946, by far the greatest proportion (94.6 percent) were committed as mentally ill (Table 9). The next largest group, in terms of the resident population, consisted of voluntary admissions (2.9 percent). In order of size, the remainder was composed of alcoholic commitments (1.7 percent), sexual psychopathic commitments (0.4 percent), juvenile court and Youth Authority observations (0.2 percent), court observations (0.1 percent), and narcotic commitments (0.1 percent).

Prevalence Rates. In the preceding discussion of population trends, it was noted that the resident hospital population of 26,388 patients, divided by an estimated population of 9,342,000 for the State as a whole, results in a hospitalization ratio of 282 patients per 100,000 general population. However, 3,246 additional patients were being cared for in private institutions licensed by the department on June 30, 1946, of whom approximately 2,450 patients were under treatment for mental illness, alcoholism, drug addiction, and such related disorders as would justify their being placed in the category of mentally-ill patients. In addition, a resident patient population of 2,971 patients was reported on June 30th by the two federal neuropsychiatric hospitals operated by the United States Veterans Administration in California. Thus there were at least 31,800 patients under treatment and care for mental illness and related disorders on June 30, 1946, in federal, state, and private institutions in California, with a corresponding prevalence rate of 341 patients per 100,000 population. This ratio, of course, remains conservative, since it does not take into account those patients with mild mental illness not requiring formal hospitalization, who consequently were under treatment in the outpatient department of The Langley Porter Clinic (659) and of the United States Veterans Administration in California (688), or were under extramural supervision by the Department of Mental Hygiene (approximately 4,100, excluding those in family care or on work parole), or were being cared for in their own homes, with or without the assistance of a physician or psychiatrist. Patients under care and treatment primarily for mental deficiency or convulsive disorders are also excluded.

TABLE 8
AGE OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
JUNE 30, 1946

Mental disorder	All resident patients												Age at last birthday, in years											
	Total		Male		Female		5-9		10-14		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	M	F	M	F	M	F	M	F
All groups.....	26,388	12,839	13,549	3	4	36	18	157	96	295	282	540	547	922	950	1,273	1,113	1,504	1,274	1,504	1,274	1,362	1,386	
With psychosis.....	25,540	12,233	13,307	1	8	6	109	67	263	237	516	533	877	919	1,210	1,087	1,403	1,231	1,293	1,370	1,293	1,370		
Syphilitic meningio-encephalitis (general paresis).....	1,617	1,170	447	6	1	4	5	7	9	31	24	116	53	195	75	190	57	190	75	190	57	190	57	
With other forms of syphilis of the c. n. s.....	188	121	67	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
With epidemic encephalitis.....	23	17	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With other infectious diseases.....	28	21	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Alcoholic.....	785	592	193	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.....	15	6	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Traumatic.....	142	121	21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With cerebral arteriosclerosis.....	2,421	1,189	1,232	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With other disturbances of circulation.....	34	17	17	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With convulsive disorders (epilepsy).....	693	354	339	2	2	5	8	18	10	40	28	39	45	47	42	48	33	29	33	29	33	29	33	
Senile.....	1,099	413	686	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Involuntal.....	829	153	676	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Due to other metabolic, etc., diseases.....	93	43	50	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Due to new growth.....	11	10	1	1	1	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.....	175	83	92	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychoneuroses.....	2,013	1,023	990	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Manic-depressive.....	1,375	674	701	3	3	70	36	177	159	375	375	654	669	848	732	894	831	769	872	894	831	769	872	
Dementia praecox (schizophrenia).....	302	110	192	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Paranoia and paranoid conditions.....	159	92	67	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With psychopathic personality.....	965	490	505	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With mental deficiency.....	90	50	40	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Undiagnosed psychoses.....	808	585	223	3	3	27	11	46	26	31	12	23	14	44	31	62	26	96	41	68	14	68	14	
Without psychosis.....	18	15	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Epilepsy.....	385	268	117	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Alcoholism.....	33	19	14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Drug addiction.....	82	44	38	1	1	1	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	1	1	1	1	1	1	
Disorders of personality due to epidemic encephalitis.....	59	48	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Psychopathic personality.....	22	17	5	4	4	2	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).....	74	48	26	2	2	19	10	27	13	3	3	7	2	1	5	3	8	2	11	2	8	1	2	
Primary behavior disorders.....	77	77	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Sexual psychopathy.....	57	48	9	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.....	40	21	19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diagnosis deferred.....																								

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TABLE 5—Continued
AGE OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
JUNE 30, 1946

Mental disorder	Age at last birthday, in years														Unknown			
	50-54		55-59		60-64		65-69		70-74		75-79		80-84		85 and over		M	F
	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
All groups.....	1,221	1,566	1,272	1,531	1,451	1,423	1,094	1,143	821	925	497	671	249	410	114	218	28	22
With psychosis.....	1,164	1,542	1,231	1,510	1,416	1,415	1,084	1,142	806	923	493	668	244	409	112	218	24	20
Syphilitic meningoenephalitis (general paresis).....	188	68	147	62	194	51	79	19	35	13	12	2	0	0	0	0	0	0
With other forms of syphilis of the c. n. s.....	21	9	15	11	14	6	10	3	7	3	1	1	1	1	1	1	1	1
With epidemic encephalitis.....	1	3	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	82	20	94	24	102	18	55	16	27	8	16	2	3	2	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
Traumatic.....	12	3	17	1	15	3	9	3	7	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	29	35	83	70	225	159	260	258	267	206	181	246	95	141	41	63	1	4
With other disturbances of circulation.....	1	5	3	3	4	3	1	1	1	2	1	2	2	2	1	1	1	1
With convulsive disorders (epilepsy).....	25	33	34	45	28	24	19	20	12	6	4	3	2	2	1	1	1	1
Senile.....	2	2	3	6	11	28	32	76	104	140	121	163	84	162	54	115	1	4
Involuntal.....	21	161	41	137	38	136	28	59	14	38	6	15	5	5	1	1	1	1
Due to other metabolic, etc., diseases.....	9	11	4	15	10	4	5	2	3	1	2	1	1	1	1	1	1	1
Due to new growth.....	1	1	1	3	12	6	3	1	3	2	2	1	1	1	1	1	1	1
With organic changes of the nervous system.....	8	17	9	3	12	6	3	4	2	2	2	2	1	1	1	1	1	1
Psychoneuroses.....	3	2	1	6	6	5	4	3	2	2	2	2	1	1	1	1	1	1
Manic-depressive.....	81	176	81	189	110	173	84	116	48	79	20	39	13	11	7	3	2	2
Dementia praecox (schizophrenia).....	618	900	613	836	614	728	431	506	242	314	110	175	38	79	12	27	15	8
Paranoia and paranoid conditions.....	10	16	21	27	18	33	13	34	19	34	8	9	2	13	3	5	1	1
With psychopathic personality.....	7	6	10	2	5	2	5	2	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	38	65	45	60	44	30	21	15	14	14	6	7	1	3	1	1	1	1
Undiagnosed psychoses.....	4	7	6	2	4	4	2	4	1	1	1	1	1	1	1	1	1	1
Without psychosis.....	57	21	39	11	35	7	30	1	15	2	4	2	4	1	1	1	1	2
Epilepsy.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	37	17	21	10	24	5	22	1	5	1	1	1	1	1	1	1	1	1
Drug addiction.....	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency.....	5	2	6	2	2	2	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	1
Psychopathic personality.....	2	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).....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Primary behavior disorders.....	9	6	6	1	4	4	3	3	8	8	2	2	2	2	1	1	1	1
Sexual psychopathy.....	2	2	2	2	3	3	2	2	2	2	2	2	2	2	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
Diagnosis deferred.....	3	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2

MENTAL HOSPITALS

TABLE 9
TYPE OF ADMISSION OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY INSTITUTION AND SEX
JUNE 30, 1946

Type of admission*	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 types.....	26,388	12,839	13,549	1,548	2,089	1,917	2,534	1,778	1,219	1,891	2,206	1,081	1,436	2,057	2,262	2,587	1,833
Mentally ill.....	24,969	12,001	12,968	1,416	1,838	1,710	2,408	1,636	1,170	1,774	2,112	1,064	1,428	1,946	2,198	2,455	1,716
Alcoholic.....	447	316	131	28	10	61	26	76	42	42	12	13	6	68	22	30	13
Narcotic.....	32	17	15	9	16	2	2	7	2	11	5	1	---	6	6	3	---
Sexual psychopathic.....	90	80	10	42	16	16	2	42	2	42	5	---	---	6	6	7	---
Voluntary (self-admitted).....	771	364	408	92	108	108	91	16	5	41	63	3	2	34	36	69	103
Observation.....	79	52	27	3	3	22	9	1	---	23	14	---	---	---	---	3	1
Court assistance.....	17	8	9	3	3	1	---	---	---	1	5	---	---	---	---	3	1
Juvenile court.....	42	30	12	---	---	14	6	---	---	16	6	---	---	---	---	---	---
Youth Authority.....	19	13	6	---	---	7	3	---	---	6	3	---	---	---	---	---	---
Psychopathic delinquent.....	1	1	---	---	---	---	---	1	---	---	---	---	---	---	---	---	---

* See footnotes to Tables 6-8g for relevant Welfare and Institutions Code or Penal Code sections.

ADMISSIONS TO MENTAL HOSPITALS

Exclusive of transfers between institutions, admissions to California state mental hospitals during the fiscal year ending June 30, 1946, numbered 9,239, representing an increase of 537 admissions or 6.2 percent over the preceding year. Of this total, 6,771 patients or 73.2 percent were first admissions, 1,733 patients or 18.8 percent were readmissions, and the remaining 735 admissions (8.0 percent) were court observation, juvenile court observation, and Youth Authority observation cases (Table 6). Male patients constituted 53.5 percent of the total number admitted, as compared with 51.9 percent for the preceding fiscal year. Admissions at any one hospital during the fiscal year ranged from 686 at Mendocino to 1,862 at Camarillo. These two institutions also reported corresponding extremes in the number of admissions (excluding court observations) per 100 patients under treatment during the year, i.e., 18.6 for Mendocino and 30.2 for Camarillo (Table 7).

Figures for first admissions and readmissions in the following descriptive tables and narrative comment exclude court assistance and emergency observation cases, which are usually limited to a few days' duration. If the observation is followed by permanent commitment (as is usually the case), the patient is then counted as a first admission or readmission (depending on whether he has previously received treatment for mental disorder in addition to the observation). On the other hand, juvenile court and Youth Authority observation cases are admitted for a three-months' period which is often extended for three or six additional months, and is rarely followed by permanent commitment; these latter types of observation have accordingly been included in the figures for first admissions and readmissions.

County of Residence and Geographical Incidence Rates. First admissions and readmissions by counties in 1945-46 are set forth in Table 10. As might be expected, admissions were made most frequently from Los Angeles, San Francisco, and Alameda Counties, while no admissions were made from Alpine and Mono Counties. Patients are ordinarily assigned to a state hospital in the general locality, for the convenience of relatives in visiting the patients and for facilitating leaves of absence, as well as to reduce transportation costs. Overcrowding in a particular institution or the need for specialized care and treatment, however, may require sending the patient to a hospital in another part of the State.

For the fiscal year ending June 30, 1946, the rate of first admissions to state mental hospitals for the State as a whole was 74 per 100,000 general population (Table 11). For the 10 major economic areas of the State, the rate of first admissions ranged from 47 per 100,000 for the San Diego area, to 89 per 100,000 for the adjoining Southern California area. However, for the 14 counties from which 100 or more first admissions were made during this last year, the incidence or rate of first admissions per 100,000 ranged from 47 in San Diego County to 125 per 100,000 in the City and County of San Francisco.

In very general terms, the older areas (in the central part of the State) show a higher rate of incidence. However, other factors such as population density, the stability of the population, the national and racial origin of the population, the distance to the nearest state hospital

TABLE 10
COUNTY OF COMMITMENT OF FIRST ADMISSIONS AND READMISSIONS TO STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1946

County	All mental hospitals		Agnews		Camarillo		Mendocino		Napa		Norwalk		Patton		Stockton		
	Total	First admissions	Readmissions														
All counties.....	8,703	*6,951	**1,752	877	186	1,529	322	478	204	1,137	247	583	189	1,304	387	1,073	247
Alameda.....	517	448	69	246	33			21		98	20					83	16
Alpine.....	5	3	2					1		1						1	
Amador.....	93	81	12	6	1			17		34	6		2			24	5
Butte.....	11	8	3													8	3
Calaveras.....	11	10	1					1		9	1						
Colusa.....	178	147	31	22	3			17	3	93	18					15	7
Contra Costa.....	3	3						1		1						1	
Del Norte.....	5	3	2					3		3							2
El Dorado.....	131	116	15	43	3			3		8	1					59	11
Fresno.....	16	11	5					1	1	9	4						
Glenn.....	33	29	4					27	4	2							1
Humboldt.....	38	30	8					1								15	6
Imperial.....	3	2	1														
Inyo.....	128	102	26					2		1						3	2
Kern.....	25	23	2														
Kings.....	9	9						6		3							2
Lake.....	6	5	1							3							
Lassen.....	2,943	2,351	592	2	2	1,158	233	29	9	14	3	455	140	690	205	3	
Los Angeles.....	5	5		1													
Madera.....	94	72	22					2	2	67	19						1
Marin.....	2	2															2
Mariposa.....	139	39	100					37	100	2							2
Mendocino.....	42	39	3	2						1							3
Merced.....	11	10	1	2				1		3						4	1
Modoc.....																	
Mono.....	77	65	12	60	10			1		4							1
Monterey.....	80	96	24	1				4		51	24						4
Napa.....	9	5	4														
Nevada.....	138	111	27					3				81	15	13	8		4
Orange.....																	

ADMISSIONS TO MENTAL HOSPITALS

Placer.....	37	8	1	1	4	4	4	4	25	2
Plumas.....	13	1			12	1			1	
Riverdale.....	136	27	1	1	30	6	1	102	24	49
Sacramento.....	266	57	1	5						
San Benito.....	21	3	18	2						
San Bernardino.....	363	89		1	8	1	2	1	263	85
San Diego.....	327	72	1	25	13	3	3	6	217	57
San Francisco.....	1,049	264	107	33		67	225	96	1	238
San Joaquin.....	263	201	53	4		4	7	5	190	47
San Luis Obispo.....	99	9	1		49	8	1			
San Mateo.....	165	32	122	27		6	3	5		1
Santa Barbara.....	83	14			83	13	1			
Santa Clara.....	280	58	201	52	1	3	10	3	2	2
Santa Cruz.....	37	9	27	9						
Shasta.....	41	33	8	2		28	4	3	2	2
Sierra.....	1	1								1
Siskiyou.....	7	7				1		4		1
Solano.....	79	61	18	3				60	15	1
Sonoma.....	73	62	11	1		19	3	42	8	
Stanislaus.....	69	53	16	1			1	7	3	45
Sutter.....	18	18						14		4
Tehama.....	5	2	1					2		1
Trinity.....	2	1						1		
Tulare.....	96	83	16	9	2	3	1	5	65	14
Tuolumne.....	12	10	2				1		9	2
Ventura.....	98	77	21	1		76	21	25	2	1
Yolo.....	44	40	4	1			3	10	6	1
Yuba.....	50	2					1			

* Including 114 juvenile court observation cases, 61 Youth Authority observation cases, and 15 transfers from Pacific Colony and Sonoma State Home without previous residence in a state hospital for the mentally ill.
 ** Including five juvenile court observation cases, eight Youth Authority observation cases, and six transfers from Pacific Colony and Sonoma State Home with previous residence in a state hospital.

TABLE 11
RATE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY ECONOMIC
AREA AND BY SELECTED COUNTIES
YEAR ENDING JUNE 30, 1946

Area	Civilian population in 1,000s, Jan. 1, 1946	First admissions	
		Total	Per 100,000 population
State totals.....	9,396	6,951	73.9
Economic area:			
1. North Coast Area (Del Norte, Humboldt, Lake, Mendocino, Napa and Sonoma counties).....	237	198	83.7
2. Sacramento Valley Area (Butte, Colusa, Glenn, Sacramento, Shasta, Solano, Sutter, Tehama, Yolo and Yuba counties).....	584	512	87.6
3. North Mountain Area (Amador, El Dorado, Lassen, Modoc, Nevada, Placer, Plumas, Sierra and Siskiyou counties).....	154	76	49.5
4. San Francisco Bay Area (Alameda, Contra Costa, Marin, San Francisco and San Mateo counties).....	2,119	1,849	87.2
5. Central Coast Area (Monterey, San Benito, San Luis Obispo, Santa Clara and Santa Cruz counties).....	461	383	83.1
6. San Joaquin Valley Area (Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare counties).....	977	622	63.7
7. Southern Sierra Area (Alpine, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties).....	35	22	62.1
8. Los Angeles county.....	3,517	2,351	66.8
9. San Diego county.....	542	255	47.0
10. Southern California other than Los Angeles and San Diego counties (Imperial, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties).....	770	683	88.7
County*:			
Alameda.....	730	448	61.4
Contra Costa.....	292	147	50.0
Fresno.....	230	116	50.3
Kern.....	183	102	55.7
Los Angeles.....	3,517	2,351	66.8
Orange.....	165	111	67.3
Riverside.....	143	108	75.5
Sacramento.....	224	238	106.5
San Bernardino.....	236	274	116.1
San Diego.....	542	255	47.0
San Francisco.....	842	1,049	124.5
San Joaquin.....	193	201	104.1
San Mateo.....	183	133	72.6
Santa Clara.....	240	222	92.7

* Data limited to the 14 counties with over 100 first admissions each for the fiscal year.

SOURCES: Geographical distribution by economic area follows recommendation of California State Inter-departmental Research Coordinating Committee; for source of census data see footnote to Chart III.

and the number of private institutions in the locality all bear on the incidence of hospitalization in any particular area, and should be taken into account before any valid conclusions can be drawn.

First Admissions, by Type of Admission. Of the total number of 6,951 first admissions to state mental hospitals during this last fiscal year (Table 12), 74.2 percent were committed as mentally ill, 12.1 percent were committed as alcoholics, and 10.4 percent were admitted as voluntary patients, while the remaining 3.3 percent comprised narcotic and sexual psychopathic commitments, and juvenile court and Youth Authority observation admissions.

Of first admissions committed as mentally ill, 97.4 percent were diagnosed as psychotic. For first admissions committed for alcoholism, only 13.3 percent were diagnosed as psychotic (14.3 percent male and 10.1

percent female). (In passing, it may also be noted that alcoholism was not mentioned in the primary diagnosis of 3.7 percent of the first admissions committed as alcoholics.) For voluntary first admissions, 47.8 percent were diagnosed as psychotic (35.2 percent male and 61.3 percent female), syphilis being the major etiological factor in the diagnosis of 44.0 percent of voluntary first admissions. Twenty percent of the first admissions of Youth Authority observation cases were diagnosed as truly psychotic and 20 percent as psychoneurotic; for juvenile court observations, 14 percent were diagnosed as psychotic and 5 percent as psychoneurotic.

Diagnosis of First Admissions. The percentage of psychotic first admissions again decreased this last year to 79.1 percent of all first admissions as compared with 83.5 percent in 1944-45. In the psychotic group, the ratio of male to female patients was approximately equal, whereas in the nonpsychotic category male patients outnumbered female patients by approximately 5 to 2, principally because of the large proportion of male nonpsychotic alcoholics and luetics. The two ratios show little change from last year.

As in the preceding year, dementia praecox was still the most frequent mental disorder among first admissions (accounting for 19.7 percent of the total number of psychotic and nonpsychotic first admissions), followed by psychosis with cerebral arteriosclerosis (16.3 percent), nonpsychotic alcoholism (10.6 percent), senile psychosis (8.2 percent), manic depressive psychosis (6.9 percent), and alcoholic psychosis (6.7 percent). Particular interest attaches to admission trends in mental disorders associated with syphilis and with alcoholism. Continuing the downward trend of the last several years, first admissions diagnosed as cases of psychotic syphilitic meningo-encephalitis decreased from 6.4 percent of all first admissions in 1944-45 to 5.3 percent in 1945-46; cases of nonpsychotic syphilis of the central nervous system similarly decreased from 5.4 percent to 4.3 percent of total first admissions and from 33.8 percent to 21.1 percent of all nonpsychotic first admissions. (Further comment on this diagnostic category is made in the section on hospital therapeutic activities.)

The opposite trend is found for alcoholic disorders. During the war years the proportion of patients with alcoholic diagnoses in first admissions declined to a 1944 minimum of 6.0 percent in the psychotic group and 40.1 percent in the nonpsychotic group, but increased in 1945 and again in 1946, comprising 8.5 percent of psychotic and 52.4 percent of nonpsychotic first admissions for the current fiscal year. In actual numbers, first admissions of nonpsychotic alcoholics increased by over 47 percent over the number admitted in 1944-45, as compared with an increase of only 3.4 percent in first admissions of all types, including juvenile court and Youth Authority observation cases.

The diagnostic distribution of first admissions by hospitals is shown in table 13. The distribution is fairly uniform, with the exception of those diagnoses associated with special admission-groups in which certain hospitals tend to specialize (as previously mentioned in connection with tables 6-6g).

TABLE 12
FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY DIAGNOSIS AND TYPE OF ADMISSION
YEAR ENDING JUNE 30, 1946

Mental disorder	All types*			Voluntary		Mentally ill		Alcoholic		Narcotic		Sexual psychopath		Juvenile court observation		Youth Authority observation	
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	6,951	3,714	3,237	375	351	2,537	2,609	623	213	25	19	34	88	27	32	18	
With psychosis.....	5,496	2,681	2,815	132	215	2,424	2,560	89	21	3	6	4	13	9	16	4	
Syphilitic meningio-encephalitis (general paresis).....	367	263	104	20	5	241	98	2	1								
With other forms of syphilis of the c. n. s.....	35	26	9	2		24	9								1		
With epidemic encephalitis.....	1																
With other infectious diseases.....	13	9	4			9	3										
Alcoholic.....	465	360	105	6	1	277	16	77	16	3	5						
Due to drugs or other exogenous poisons.....	32	10	22			7	6						1				
Traumatic.....	52	45	7	3	1	41											
With cerebral arteriosclerosis.....	1,133	587	546	12	15	571	530	2	1			2					
With other disturbances of circulation.....	116	21	95	3		17	15	1									
With convulsive disorders (epilepsy).....	116	67	49	3	4	64	45										
Senile.....	570	244	326	10	34	242	323	1				1					
Involuntal.....	327	65	262	10	34	54	228	1									
Due to other metabolic, etc., diseases.....	30	10	20	3	10	17											
Due to new growth.....	4	3	1	1		2											
With organic changes of the nervous system.....	36	18	18	2	1	16	17										
Psychoneuroses.....	148	60	88	24	43	26	39						3	3	7	3	
Mania-depressive.....	479	172	307	21	32	150	274	1						1			
Dementia praecox (schizophrenia).....	1,370	577	793	15	65	543	720	3	2				9	5	7	1	
Paranoia and paranoid conditions.....	35	20	15			20	14										
With psychopathic personality.....	44	25	19			19						1					
With mental deficiency.....	90	37	53	1	5	35	52				1				1		
Undiagnosed psychoses.....	113	61	52	9	5	51	46										
Without psychosis.....	1,407	1,005	402	240	131	94	41	534	191	22	13	27	74	16	14	10	
Epilepsy.....	14	12	2	2		4		2					4				
Alcoholism.....	737	541	196	1	2	15	7	525	187								
Drug addiction.....	38	24	14	1	1	1		1									
Mental deficiency.....	55	37	18	4	2	18	14					1	11	1	3	1	
Disorders of personality due to epidemic encephalitis.....	2			1	1												
Psychopathic personality.....	68	53	15	7	1	24	7	6	3		1	2	10		4	3	
Other non-psychotic diseases or conditions (not insane).....	57	39	18	8	8	24	9						6		1	1	
Primary behavior disorders.....	115	79	36	26	13	4	3						43	15	6	5	
Sexual psychopathy.....	24	24										24					
Syphilis of the c. n. s.....	297	195	102	102		5											
Diagnosis deferred.....	48	28	20	3	5	19	8		1			3	1	2	2	4	

* See footnotes to Tables 6a-6g for relevant statistics.

ADMISSIONS TO MENTAL HOSPITALS

TABLE 13
 MENTAL DISORDERS OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY INSTITUTION AND SEX
 YEAR ENDING JUNE 30, 1946

Mental disorder	All first 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.....	6,951	3,714	3,237	417	460	707	762	356	122	656	481	237	316	676	628	605	468		
With psychosis.....	5,496	2,681	2,815	335	428	399	590	159	65	522	418	210	307	556	584	500	423			
Syphilitic meningo-encephalitis (general paresis).....	367	293	104	21	5	49	29	18	3	28	6	17	10	70	37	60	14			
With other forms of syphilis of the c. n. s.....	35	26	9	1	1	3	2	2	1	1	1	2	1			11	3			
With epidemic encephalitis.....	1																			
With other infectious diseases.....	13	9	4																	
Alcoholic.....	465	360	105	40	15	44	12	15	6	73	14	23	6	88	36	77	16			
Due to drugs or other exogenous poisons.....	32	10	22	3	4	7	4	3	1	1	1	1	3	1	3	3	6			
Traumatic.....	52	45	7	6	1	10	4	3						10						
With cerebral arteriosclerosis.....	1,133	587	546	128	127	49	66	11	7	139	95	46	64	143	134	71	53			
With other disturbances of circulation.....	36	21	15	2	1	1	1	1		8	2	2	4	5	5	5	4			
With convulsive disorders (epilepsy).....	116	67	49	6	1	19	11	1	1	8	2	8	10	17	20	8	4			
Senile.....	570	244	326	15	33	31	32	10	10	52	69	37	79	17	38	82	65			
With other mental diseases.....	327	65	262	19	61	12	76	2	2	5	27	11	34	8	23	8	39			
Due to other metabolic, etc., diseases.....	30	10	20	1						2	1	1	3	2	2	5	6			
Due to new growth.....	4	3	1																	
With organic changes of the nervous system.....	36	18	18	6	4	2	4	1	1	2	2	3	3	1	2	3	3			
Psychoneuroses.....	148	60	88	10	12	7	24	2	2	27	29	1	4	1	4	12	10			
Manic-depressive.....	479	172	307	32	69	25	38	15	10	28	47	10	35	26	46	36	58			
Dementia praecox (schizophrenia).....	1,370	577	793	48	91	109	239	55	17	116	92	26	35	140	205	83	114			
Paranoia and paranoid conditions.....	35	20	15							6	3			5	6	2	2			
With psychopathic personality.....	44	25	19							2	1		7	2	8	9	2			
With mental deficiency.....	90	37	53							2	1		4	3	11	13	10			
Undiagnosed psychoses.....	113	61	52							1	16	13	3	1	6	14	3			
Without psychosis.....	1,407	1,005	402	82	27	362	164	176	54	134	59	27	9	120	44	104	45			
Epilepsy.....	14	12	2	1		5	1	1	1	3										
Alcoholism.....	737	541	196	54	16	127	41	127	9	67	30	16	6	86	26	64	27			
Drug addiction.....	38	24	14	1		1				2	1			5	4	1				
Mental deficiency.....	55	37	18	1		10	3	5	1	12	6	2	1	4	3	3	4			
Disorders of personality due to epidemic encephalitis.....	2	1																		
Psychopathic personality.....	68	53	15	2	2	8	3	11		17	1	3		9	7	3	2			
Other non-psychotic diseases or conditions (not insane).....	57	39	18	1	1	8	8	10	1	6	4	5	2	8	1	1	1			
Primary behavior disorders.....	115	79	36			50	24	2		25	11			1	1	1				
Sexual psychopathy.....	24	24		4		7		11		1				1						
Syphilis of the c. n. s.....	297	195	102	18	8	145	7	83		2	1	1		1		28	9			
Diagnosis deferred.....	48	28	20			6	8	21	3		4					1				

* Including 88 male and 27 female juvenile court observation cases; 82 male and 18 female Youth Authority observation cases; and 7 male and 8 female transfers from Pacific Colony and Sonoma State Home without previous residence in state mental hospitals.

TABLE 14
AGE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	All first admissions		Age at last birthday, in years																				
	Total	Male	Female	4 and under		5-9		10-14		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	M	F	M	F
All groups	6,951	3,714	3,237			13	4	84	36	215	130	191	202	222	274	281	354	375	349	453	281	335	252
With psychosis	5,496	2,681	2,815			2	1	17	12	135	89	152	181	173	229	177	281	221	279	281	224	216	218
Syphilitic meningo-encephalitis (general paresis)	367	263	104					2		1	1	2	6	1	5	18	8	8	23	71	13	42	13
With other forms of syphilis of the c. n. s.	35	26	9																				
With epidemic encephalitis	1	1						1		1													
With other infectious diseases	13	9	4					1		1													
Alcoholic	465	360	105							1		7	1	17	0	28	11	55	18	70	26	63	11
Due to drugs or other exogenous poisons	32	10	22							2		1	1	2	3	2	1	1	1	1	5	2	1
Traumatic	52	45	7					2		2		1	1	3	1	2		6	1	11		3	0
With cerebral arteriosclerosis	1,133	587	546																				
With other disturbances of circulation	36	21	15					2		2		4	6	16	9	6	7	4	3	8	5	7	8
With convulsive disorders (epilepsy)	116	67	49					2		2		4	13	6	16	9	6	7	4	3	8	5	7
Senile	570	244	326																				
Involuntional	327	65	262																				
Due to other metabolic, etc., diseases	30	10	20																				
Due to new growth	4	3	1																				
With organic changes of the nervous system	36	18	18																				
Psychoneuroses	148	60	88					1		15	10	8	7	8	13	3	1	5	18	4	15	5	6
Manic-depressive	479	172	307					1		10	12	33	17	33	17	39	20	51	25	48	26	30	21
Dementia praecox (schizophrenia)	1,370	577	793					8		93	52	91	100	95	129	77	187	62	140	63	78	34	46
Paranoia and paranoid conditions	35	20	15							3		3	7	6	3	4	4	4	7	4	2	3	4
With psychopathic personality	44	25	19							3		2	7	6	3	4	7	4	4	3	4	4	2
With mental deficiency	90	37	53							1		4	2	2	2	5	7	6	10	9	6	6	4
Undiagnosed psychoses	113	61	52							1		4	2	4	2	2	2	2	2	2	2	2	1
Without psychosis	1,407	1,005	402					3		65	23	35	21	47	45	101	72	153	68	169	56	119	33
Epilepsy	14	12	2							5		2	6	12	16	58	46	93	36	116	34	91	22
Alcoholism	737	541	196							1		5	6	4	5	2	2	4	3	4	2	5	3
Drug addiction	38	24	14									1	1	3	1	1							
Mental deficiency	55	37	18							2		5	9	4	3	1	2						
Disorders of personality due to epidemic encephalitis	2	1	1							10		2	4	3	10	3	5	3	3	1	3	1	2
Psychopathic personality	68	53	15							6		3	6	3	10	3	5	3	3	1	3	1	2
Other non-psychotic diseases or conditions (not insane)	57	39	18							6		1	6	3	2	1	3	3	1	2	3	1	
Primary behavior disorders	115	79	36							2		4	17	32	15	1	1	2	2	1	1	2	2
Sexual psychopathy	24	24								1		3	6	4	16	18	30	18	50	25	40	17	8
Syphilis of the c. n. s.	297	195	102							1		2	5	6	4	16	18	30	18	50	25	40	17
Diagnosis deferred	48	28	20							2		1	4	2	2	3	1	1	2	3	1	2	1

TABLE 14—Continued
AGE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	Age at last birthday, in years												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.....	280	219	267	189	219	162	237	166	178	185	174	184	119	144	62	91	9	15
With psychosis.....	180	102	204	179	178	157	207	165	170	180	170	184	119	143	62	89	8	12
Syphilitic meningi-encephalitis (general paresis).....	36	10	21	14	19	8	8	2	3	1	1		1				1	
With other forms of syphilis of the c. n. s.....	3	1	4	1	2		4	1										
With epidemic encephalitis.....																		
With other infectious diseases.....	46	11	41	8	21	6	7	2	2	1	2						2	
Alcoholic.....	7	3	2	1	4		2		1									
Due to drugs or other exogenous poisons.....																		
Traumatic.....	20	20	53	40	82	71	130	95	111	98	93	104	57	66	31	35	3	5
With cerebral arteriosclerosis.....	1	4	6	4	2	1	4	2	2	1	1							
With other disturbances of circulation.....	1	1	3	2	4	4	2	4	2	1	2							
With convulsive disorders (epilepsy).....	1	1	1	3	4	14	28	33	48	68	71	75	61	76	31	54		2
Senile.....	18	72	20	62	0	23	4	11	1	1	1							1
Involutional.....	1	4	1	1	3	1	1	1	1									
Due to other metabolic, etc., diseases.....																		
Due to new growth.....	4	4	7	1	2	4	1	1	1									
With organic changes of the nervous system.....	4	3	5	1	5	2	2	1	1									
Psychoneuroses.....	20	20	8	12	10	12	8	6	1	3		1						2
Manic-depressive.....	20	32	23	25	9	0	3	6	2	2		1				1	1	
Dementia praecox (schizophrenia).....	1	2	1	2	3													
Paranoia and paranoid conditions.....																		
With psychopathic personality.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	8	4	4	1	2	3	4	3	1	3	2	1						
Undiagnosed psychoses.....																		
Without psychosis.....	89	25	61	10	39	5	29	1	8	4	3			1			1	1
Epilepsy.....	1																	
Alcoholism.....	59	19	48	9	33	5	21		4	2								
Drug addiction.....	5		1		1		1											
Mental deficiency.....	2																	
Disorders of personality due to epidemic encephalitis.....																		
Psychopathic personality.....	2						1											
Other non-psychotic diseases or conditions (not insane).....	3	1	4				3			2	2			1				1
Primary behavior disorders.....	2						2			4								
Sexual psychopathy.....	15	5	7		4		1											
Syphilis of the c. n. s.....																		
Diagnosis deferred.....	2	2	2		2		1		1	1	1					2		2

Age of First Admissions. As compared with the figures for the preceding year, there has been little change in the age distribution of first admissions (table 14). The median age of all first admissions remains unchanged at 45.0 years; for male first admissions the median is 45.3 years (an increase of 0.7 years) and for female first admissions is 44.7 years (a decrease of 0.9 years). The modal or most frequently occurring age is 40 years (42 years for male and 35 years for female first admissions). The percentage of relatively young and the percentage of relatively old patients have both increased slightly as compared with first admissions for 1944-45, patients under 25 years of age comprising 12.6 percent of the total, and patients 65 years of age and over comprising 22.2 percent of the total. The median ages for first admissions in the various diagnostic groups also have shown no significant change from those listed in the annual report for 1944-45.

Nativity and Race of First Admissions. Patients born neither in the United States nor its possessions constituted 17.7 percent of the total number of first admissions (20.6 percent of male and 14.3 percent of female first admissions) whose place of birth was known (table 15). Of these 1,196 first admissions, the group of 215 patients born in Mexico was largest, comprising 18.1 percent of the total. Citizenship had not been applied for by 41.3 percent of the foreign-born first admissions.

Non-Caucasian first admissions totaled 909 patients, or 13.1 percent of the 6,951 first admissions during 1945-46 (table 16). As might be expected from the increasing Negro population in the State, first admissions of Negroes have increased as a percentage of total first admissions, from 5.2 percent in 1943-44 to 5.8 percent in 1944-45 and 6.4 percent in 1945-46. Mexican-Indians, the second largest racial group, accounted for 4.7 percent of all first admissions (as compared with 4.6 percent in 1944-45), and other non-Caucasian races made up the remaining 2.0 percent.

Education of First Admissions. The degree of education was reported for 92.3 percent of all first admissions during 1945-46 (table 17). Of the 6,412 patients for which this information was available, 11.0 percent had less than five years of formal education, 49.1 percent had a grade-school education (from the fifth through the ninth grade), 32.2 percent had a high-school education (from the tenth grade through the first year of college), and 7.7 percent had a college education (two years or more of college).

With the increase in opportunities for higher education with each succeeding generation, the diagnostic classifications in which the younger age-groups predominate also include a relatively large proportion of high-school and college graduates, and it is therefore unsafe to infer any direct relationship between the degree of education and the incidence of any particular mental disorder. From table 17 it may be noted, for example, that dementia praecox cases constitute only 8.2 percent of the illiterate first admissions, and 24.3 percent of college-educated first admissions, and that manic depressives constitute 3.5 percent in the illiterate

TABLE 15
NATIVITY OF FIRST ADMISSIONS, WITH CITIZENSHIP STATUS OF FOREIGN BORN, BY SEX
YEAR ENDING JUNE 30, 1946

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.....	6,951	3,714	3,237	310	250	43	7	345	147	158	145
Africa.....	1	1								1	
Australia.....	6	4	2	1	1			2	1	1	
Austria.....	21	15	6	5	5	3		5		2	1
Belgium.....	5	2	3	2	2				1		
Canada.....	104	51	53	32	35	4		9	14	6	4
Central America.....	10	3	7		1	1	1	2	5		
China.....	23	21	2	7	1			11	1	3	
Czechoslovakia.....	8	3	5	1	4	1	1	1			
Cuba.....	2	1	1		1						
Denmark.....	18	14	4	9	3			5			1
England.....	77	27	50	16	33	2	1	7	7	2	9
Finland.....	16	10	6	6	3			3	1	1	2
France.....	21	9	12	4	10			4		1	2
Germany.....	85	48	37	34	28	2	1	8	5	4	3
Greece.....	5	5		2				3			
Holland.....	10	4	6	3	3			1	1		2
Hungary.....	10	3	7	1	6			2	1		
India.....	9	8	1					7	1	1	
Ireland.....	70	36	34	25	26	3		5	5	3	3
Italy.....	113	82	31	48	13	6		21	16	7	2
Japan.....	22	18	4	1				15	4	2	
Jugoslavia.....	16	10	6	7	4			3	2		
Mexico.....	215	163	52	17	7	6	2	137	40	3	3
Norway.....	22	12	10	8	7	1		2	1	1	2
Philippine Islands.....	47	42	5	3	2	1		37	3	1	
Poland.....	17	9	8	5	3	1		2	4	1	1
Puerto Rico.....	6	5	1								
Portugal.....	44	23	21	8	5	2		12	13	1	3
Rumania.....	5	3	2	2	2			1	1		
Russia.....	40	24	16	11	8	5	1	8	7		
Scotland.....	27	15	12	12	9	1		2	3		
South America.....	6	4	2	1				3	1		1
Spain.....	13	9	4	3				5	3	1	1
Sweden.....	58	37	21	21	18	4		10	1	2	2
Switzerland.....	25	14	11	6	7			6	1	2	3
Turkey.....	6	2	4		1			2	3		
United States.....	5,525	2,945	2,680								
United States possessions*	18	11	7								
Wales.....	3	3		3							
West Indies.....	3	2	1	1				1	1		
Other.....	7	4	3	2	2			2	1		
Unknown.....	212	112	100							112	100

* Puerto Rico is tabulated separately above.

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TABLE 16
 RACE OF NON-CAUCASIAN FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
 YEAR ENDING JUNE 30, 1946

Mental disorder	Total			Negro		Indian (Mexican)		Indian (U.S.)		Chinese		Japanese		Filipino		Malay	
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	909	582	327	255	187	223	106	4	2	29	3	28	19	43	9	1	
With psychosis	735	440	296	199	160	164	92	3	2	26	3	26	19	31	9	1	
Syphilitic meningio-encephalitis (general paresis).....	101	72	29	38	16	14	10	1		5	4	4	1	10	2		
With other forms of syphilis of the c. n. s.	5	3		3		1								1			
With epidemic encephalitis.....	6		3		2		1										
With other infectious diseases.....	80	66	14	26	12	38	2	1						1			
Alcoholic.....	4	4		1													
Due to drugs or other exogenous poisons.....	13	12	1	5	1	5	1										
Traumatic.....	43	43	33	14	25	15	6			3		8	1	3	1		
With cerebral arteriosclerosis.....	76	4		1		1						1		1			
With other disturbances of circulation.....	26	11	0	2	3	8	4			1		1		1			
With convulsive disorders (epilepsy).....	29	13	0	7	7	2	2			1		3					
Senile.....	13	6	7	2	3	4	4										
Involutional.....	1	1															
Due to other metabolic, etc., diseases.....																	
Due to new growth.....	3	1	2			1	2										
With organic changes of the nervous system.....	7	5	2	3	1												
Psychoneuroses.....	53	23	30	6	14	10	11			2							
Manic-depressive.....	270	150	120	78	65	50	35	1	1	7	2	8	14	5	3		1
Dementia praecox (schizophrenia).....	4	3	1	1						1				6	3		
Paranoia and paranoid conditions.....	6	3	3	1	1	2	1										
With psychopathic personality.....	21	9	12	5	5	2	7										
With mental deficiency.....	25	15	10	5	4	8	4			2	1			2			
Undiagnosed psychoses.....																	
Without psychosis	169	129	40	54	26	57	14	1		3		2		12			
Epilepsy.....	2	2															
Alcoholism.....	42	29	13	10	7	19	6										
Drug addiction.....	6	4	2	1						2							
Mental deficiency.....	4	5		3		2	1										
Disorders of personality due to epidemic encephalitis.....	4	3	1			3											
Disorders of personality.....	12	8	4	3	4	3	1										
Other neuropsychotic diseases or conditions (not insane).....	11	5	6	2	4	3	2							2			
Primary behavior disorders.....																	
Sexual psychopathy.....																	
Syphilis of the c. n. s.	88	73	15	35	11	25	4			1		2		10			
Diagnosis deferred	5	4	1	2	1	2											

TABLE 17
EDUCATION OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

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.....	6,951	3,714	3,237	228	266	920	1,142	1,812	1,341	358	174	108	63	288	251
With psychosis.....	5,496	2,681	2,815	153	243	588	989	1,313	1,151	290	161	89	55	258	236
Syphilitic meningo-encephalitis (general paresis).....	367	104	263	12	2	74	32	121	49	20	9	9	3	27	9
With other forms of syphilis of the c. n. s.....	35	26	9	1	1	3	3	14	6	3	3	3	3	3	3
With epidemic encephalitis.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	13	9	4	1	1	1	1	5	2	2	2	1	1	1	1
Alcoholic.....	465	360	105	17	7	87	38	181	52	45	4	13	1	17	3
Due to drugs or other exogenous poisons.....	32	10	22	2	5	5	2	5	2	2	2	2	1	1	1
Traumatic.....	52	45	7	2	2	5	2	23	2	8	3	3	1	4	1
With cerebral arteriosclerosis.....	1,133	587	546	37	33	55	99	314	268	73	34	26	18	82	94
With other disturbances of circulation.....	36	21	15	2	3	3	2	12	7	1	1	2	4	4	2
With convulsive disorders (epilepsy).....	116	67	49	1	2	28	19	36	19	5	5	2	4	4	2
Senile.....	570	244	326	13	25	23	60	110	139	36	31	8	9	54	62
With mental deficiency.....	327	65	262	3	25	10	69	40	134	8	21	2	6	2	7
Involuntional.....	30	10	20	1	2	2	10	2	7	3	1	2	2	2	2
Due to other metabolic, etc., diseases.....	4	3	1	2	2	2	2	1	1	1	1	1	1	2	2
Due to new growth.....	36	18	18	2	5	5	3	9	9	3	3	1	1	5	5
With organic changes of the nervous system.....	148	60	88	7	8	20	47	26	30	1	1	1	1	1	1
Psychoneuroses.....	479	172	307	17	33	46	135	83	111	15	13	3	3	8	12
Manic-depressive.....	1,370	577	793	34	86	185	401	276	255	38	20	10	4	34	27
Dementia praecox (schizophrenia).....	35	20	15	2	4	4	8	9	3	4	4	1	1	2	2
Paranoia and paranoid conditions.....	44	25	19	2	1	12	9	9	7	2	2	5	4	4	1
With psychopathic personality.....	90	37	53	1	3	4	13	28	12	15	5	4	1	7	13
With mental deficiency.....	113	61	52	3	3	16	14	26	17	7	4	2	1	7	13
Undiagnosed psychoses.....	1,407	1,005	402	74	23	327	169	484	178	77	13	18	7	25	12
Without psychosis.....	14	12	2	1	1	2	2	9	2	1	1	1	1	14	5
Epilepsy.....	737	541	196	57	11	198	96	244	77	27	6	1	1	14	5
Alcoholism.....	38	24	14	3	5	6	6	12	3	2	2	1	1	1	1
Drug addiction.....	55	37	18	4	3	4	3	17	6	8	3	6	5	2	1
Mental deficiency.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	68	53	15	4	1	19	5	25	9	6	1	2	2	2	3
Psychopathic personality.....	57	39	18	2	2	14	7	16	5	6	1	1	1	5	3
Other non-psychotic diseases or conditions (not insane).....	115	79	36	1	1	10	8	56	23	7	1	1	1	5	3
Primary behavior disorders.....	24	24	2	1	1	7	7	16	1	7	1	1	1	2	2
Sexual psychopathy.....	297	195	102	8	3	66	44	89	52	25	3	5	1	5	3
Syphilis of the c. n. s.....	48	28	20	1	1	5	4	15	12	1	1	1	1	5	3
Diagnosis deferred.....															

group as compared with 10.1 percent at the college level, while on the other hand patients with senile psychosis and psychosis with cerebral arteriosclerosis are found with greater relative frequency in the groups with less education. The fact that the first two diagnoses are associated with the younger age groups, while the latter two are associated with the older admissions, partly explains this difference. Another illustration is found in the data for psychotic and nonpsychotic alcoholics, in which the higher educational average of the latter group may partly be due to the lower average age at admission.

Other Characteristics of First Admissions. With respect to marital status, 29.0 percent of the 6,951 first admissions of all ages were reported as single, 38.9 percent were married, 15.3 percent widowed, and 16.0 percent divorced or separated (table 18). In all other major respects, the relationships between marital status and other group characteristics such as sex and diagnostic classification closely follow the relationships found in the preceding fiscal year and described in the annual report for 1944-45.

The percentage of first admissions from an urban environment (cities and towns with a population of 2,500 and over) remains unchanged from last year, comprising 89 percent of male first admissions and 92 percent of female first admissions (table 19). Certain factors inherent in the method of reporting this item of information suggest, however, that the true percentage of urban admissions is probably somewhat lower.

With respect to economic status (table 20), a significant shift has occurred this last year toward the lower economic levels. The percentage of first admissions classified as dependent increased from 8.6 percent in 1944-45 to 13.2 percent in 1945-46, while patients whose economic status was marginal decreased from 76.4 to 73.2 percent, and patients classified as comfortable decreased from 14.2 percent to 11.8 percent of the total first admissions. As in 1944-45, a larger proportion of psychotic patients were found in the two extreme groups classified either as dependent or as comfortable.

Mental Disorders of Readmissions. Patients readmitted to state mental hospitals during 1945-46 numbered 1,752, an increase of 36.1 percent over the preceding year. For every 100 first admissions during the fiscal year, there were 25 readmissions, representing an appreciable increase over the 1944-45 rate of 19 per 100. The rate for psychotic readmissions was 27 per 100 first admissions, while that for nonpsychotic readmissions was 19 per 100 first admissions.

In the various diagnostic groups, the readmission rate per 100 first admissions was highest for cases of psychopathic personality, with 89 readmissions per 100 first admissions, and was also high for manic-depressive cases (75 per 100), and dementia praecox cases (44 per 100). These latter two rates are much higher than the corresponding rates for the preceding year (49 and 25 per 100, respectively). Patients with senile psychosis (5 readmissions per 100 first admissions) and psychosis

TABLE 18
MARITAL STATUS OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

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.....	6,951	3,714	3,237	1,384	633	1,346	1,355	347	718	404	333	195	183	38	15
With psychosis.....	5,496	2,681	2,815	1,007	545	938	1,168	302	677	293	270	135	143	36	12
Syphilitic meningo-encephalitis (general paresis).....	367	263	104	69	11	129	61	11	14	32	11	17	4	5	3
With other forms of syphilis of the c. n. s.....	35	26	9	7	1	11	4	3	2	4	2		1	1	
With epidemic encephalitis.....	1	1		1											
With other infectious diseases.....	13	9	4	5	2	3	1								
Alcoholic.....	465	360	105	105	8	118	36	27	14	76	28	32	18	2	1
Due to drugs or other exogenous poisons.....	32	10	22	2	4	16	13								
Traumatic.....	52	45	7	17	4	16		4	2	6				2	
With cerebral arteriosclerosis.....	1,133	587	546	129	53	233	148	139	296	59	36	17	11	10	2
With other disturbances of circulation.....	36	21	15	5	1	8	8	4	4	1	1	2	2	1	
With convulsive disorders (epilepsy).....	116	67	49	44	21	14	15	2	5	1	2	2	2		
Senile.....	570	244	326	61	41	76	53	85	209	11	16	6	5	5	2
Involuntal.....	327	65	262	12	23	41	151	7	48	4	28	1	12		
Due to other metabolic, etc., diseases.....	30	10	20	2	3	6	13	1	3						
Due to new growth.....	4	3	1			2		1	1						
With organic changes of the nervous system.....	34	18	18	6	5	8		3	3	4	1				
Psychoneuroses.....	148	60	88	20	22	22	57	1	1	4	0	4	2		
Manic-depressive.....	479	172	307	45	45	89	192	5	23	14	32	19	13		
Dementia praecox (schizophrenia).....	1,370	577	793	386	249	118	352	4	42	34	85	27	63	8	2
Paranoia and paranoid conditions.....	35	20	15	6	3	10	9	1	1	1	2	1		1	
With psychopathic personality.....	44	25	19	13	3	4	7			1	1	1	5		
With mental deficiency.....	90	37	53	29	37	4	11			2	2	2	4	1	
Undiagnosed psychoses.....	113	61	52	28	10	18	29	7	5	4	4	4	4		
Without psychosis.....	1,407	1,005	402	360	80	405	182	40	36	140	62	58	40	2	2
Epilepsy.....	14	12	2	10	2	1				1					
Alcoholism.....	737	541	196	100	10	254	93	30	29	110	39	45	24	2	1
Drug addiction.....	38	24	14	12	1	4	6	1		6	4	1	3		
Mental deficiency.....	55	37	18	36	14	1	1				2		1		
Disorders of personality due to epidemic encephalitis.....	2	1	1	1	1										
Psychopathic personality.....	68	53	15	40	4	8	6	1		2	4	2	1		
Other non-psychotic diseases or conditions (not insane).....	57	39	18	25	6	8	6		1	5	3	1	1		1
Primary behavior disorders.....	115	79	36	78	34	1	1			1	1	1			
Sexual psychopathy.....	24	24	9	24	9			3							
Syphilis of the c. n. s.....	297	195	102	49	8	117	69	5	6	15	9	9	10		
Diagnosis deferred.....	48	28	20	17	8	3	5	5	5	1	1	2			1

TABLE 19
 ENVIRONMENT OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS,
 BY MENTAL DISORDER AND SEX
 YEAR ENDING JUNE 30, 1946

Mental disorder	All first admissions			Environment					
				Urban*		Rural		Unknown	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
All groups.....	6,951	3,714	3,237	3,235	2,971	408	245	71	21
With psychosis.....	5,496	2,681	2,815	2,291	2,573	330	226	60	16
Syphilitic meningo-encephalitis (general paresis).....	367	263	104	230	99	29	4	4	1
With other forms of syphilis of the c. n. s.....	35	26	9	22	9	4			
With epidemic encephalitis.....	1	1		1					
With other infectious diseases.....	13	9	4	8	4	1			
Alcoholic.....	465	360	105	310	98	40	6	10	1
Due to drugs or other exogenous poisons.....	32	10	22	10	22				
Traumatic.....	52	45	7	40	7	4		1	
With cerebral arteriosclerosis.....	1,133	587	546	493	510	82	30	12	6
With other disturbances of circulation.....	36	21	15	17	10	4	5		
With convulsive disorders (epilepsy).....	116	67	49	60	43	6	6	1	
Senile.....	570	244	326	202	295	36	29	6	2
Involuntal.....	327	65	262	60	240	5	22		
Due to other metabolic, etc., diseases.....	30	10	20	8	20	2			
Due to new growth.....	4	3	1	3			1		
With organic changes of the nervous system.....	36	18	18	18	14	4			
Psychoneuroses.....	148	60	88	55	77	3	10	2	1
Manic-depressive.....	479	172	307	146	278	24	28	2	1
Dementia praecox (schizophrenia).....	1,370	577	793	492	729	70	62	15	2
Paranoia and paranoid conditions.....	35	20	15	13	12	6	3	1	
With psychopathic personality.....	44	25	19	23	18	1	1	1	
With mental deficiency.....	90	37	53	29	46	7	6	1	1
Undiagnosed psychoses.....	113	61	52	51	42	6	9	4	1
Without psychosis.....	1,407	1,005	402	919	380	75	18	11	4
Epilepsy.....	14	12	2	12	2				
Alcoholism.....	737	541	196	486	186	51	9	4	1
Drug addiction.....	38	24	14	20	14	2	2	2	
Mental deficiency.....	55	37	18	29	13	5	4	3	1
Disorders of personality due to epidemic encephalitis.....	2	1	1	1	1				
Psychopathic personality.....	68	53	15	49	11	3	3	1	1
Other non-psychotic diseases or conditions (not insane).....	57	39	18	36	18	3			
Primary behavior disorders.....	115	79	36	77	35	2			1
Sexual psychopathy.....	24	24		19		5		2	
Syphilis of the c. n. s.....	297	195	102	190	100	4	2	1	
Diagnosis deferred.....	48	28	20	25	18	3	1		1

* I.e., with residence in population centers of 2,500 or more.

with cerebral arteriosclerosis (7 per 100) were included among the lowest rates. Thus a high readmission rate is more likely to be found in those diagnostic groups which are associated with patients in the younger age groups; in fact, the median age for readmissions as a whole (43.7 years) is lower than for first admissions (45.0 years). The mental disorders characteristic of the older age groups (as shown in table 21) are more likely to be chronic in nature, and to be terminated by death in the institution, resulting in relatively fewer readmissions.

TABLE 20
ECONOMIC STATUS OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS,
BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	All first admissions			Economic status*							
				Dependent		Marginal		Comfortable		Unknown	
	Total	Male	Female	M	F	M	F	M	F	M	F
All groups	6,951	3,714	3,237	393	516	2,806	2,272	417	403	98	46
With psychosis	5,496	2,681	2,815	322	478	1,927	1,932	345	367	87	40
Syphilitic meningo-encephalitis (general paresis).....	367	263	104	14	9	217	98	26	5	6	2
With other forms of syphilis of the c. n. s.	35	26	9	1	1	19	7	4	1	2	.....
With epidemic encephalitis.....	1	1	.....	.....	.....	1	.....	.....	.....	.....	.....
With other infectious diseases.....	13	9	4	2	.....	7	4	.....	.....	.....	.....
Alcoholic.....	465	360	105	16	11	300	79	34	14	10	1
Due to drugs or other exogenous poisons.....	32	10	22	.....	2	10	15	.....	5	.....	.....
Traumatic.....	52	45	7	5	.....	32	6	7	1	1	.....
With cerebral arteriosclerosis.....	1,133	587	546	119	156	332	264	115	115	21	11
With other disturbances of circulation.....	36	21	15	2	2	12	12	5	.....	2	1
With convulsive disorders (epilepsy).....	116	67	49	9	10	51	37	7	2	.....	.....
Senile.....	570	244	326	60	110	136	164	34	45	14	7
Involuntal.....	327	65	262	1	14	50	191	14	56	.....	1
Due to other metabolic, etc., diseases.....	30	10	20	2	.....	7	19	1	.....	.....	1
Due to new growth.....	4	3	1	.....	.....	2	.....	1	1	.....	.....
With organic changes of the nervous system.....	36	18	18	4	3	11	12	3	2	.....	1
Psycho-neuroses.....	148	60	88	8	2	46	78	4	6	2	2
Manic-depressive.....	479	172	307	5	28	142	231	23	45	2	3
Dementia praecox (schizophrenia).....	1,370	577	793	56	99	441	625	59	62	21	7
Paranoia and paranoid conditions.....	35	20	15	1	1	15	14	3	.....	1	.....
With psychopathic personality.....	44	25	19	4	3	19	13	1	3	1	.....
With mental deficiency.....	90	37	53	7	15	29	35	2	2	1	1
Undiagnosed psychoses.....	113	61	52	6	10	48	38	4	2	3	2
Without psychosis	1,407	1,005	402	70	38	852	329	72	30	11	5
Epilepsy.....	14	12	2	2	1	9	1	1	.....	.....	.....
Alcoholism.....	737	541	196	30	7	447	163	59	23	5	3
Drug addiction.....	38	24	14	3	.....	22	9	.....	2	2	.....
Mental deficiency.....	55	37	18	7	8	27	10	.....	.....	3	.....
Disorders of personality due to epidemic encephalitis.....	2	1	1	.....	.....	1	1	.....	.....	.....	.....
Psychopathic personality.....	68	53	15	3	4	47	8	2	2	1	1
Other non-psychotic diseases or conditions (not insane).....	57	39	18	6	3	32	14	1	1	.....	.....
Primary behavior disorders.....	115	79	36	14	8	63	27	2	.....	.....	1
Sexual psychopathy.....	24	24	.....	2	.....	19	.....	3	.....	.....	.....
Syphilis of the c. n. s.	297	195	102	6	4	185	96	4	2	.....	.....
Diagnosis deferred	48	28	20	1	2	27	11	.....	6	.....	1

* I.e., of the patient's immediate family group:

Dependent: Lacking in the necessities of life, or receiving outside aid.

Marginal: Living on earnings, but accumulating little.

Comfortable: Having accumulated resources sufficient to maintain family for at least four months.

Voluntary Admissions. The total number of voluntary first admissions and readmissions increased by 1.6 percent as compared with last year; however, the ratio of voluntary admissions to admissions of all types during the year decreased from 12.2 percent to 10.7 percent, in spite of the high rate of readmissions (26.7 percent of all voluntary admissions). Of the total number of voluntary first admissions and readmissions for 1945-46, 56.3 percent were diagnosed as psychotic, as compared with the psychotic diagnosis of 80.1 percent for all types of admission.

TABLE 21
AGE OF READMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	All readmissions*		Age at last birthday, in years												80 & over		Unknown						
	Total	Male	Female	9 & under		10-19		20-29		30-39		40-49		50-59		60-69		70-79		80 & over		Unknown	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	1,752	914	838	1	68	39	111	105	243	227	222	205	144	148	93	84	31	24	5	1			
With psychosis.....	1,477	716	761	1	33	25	94	97	216	210	163	182	101	137	79	81	30	23	5	1			
Syphilitic meningo-encephalitis (general paresis)	52	44	8						8	5	17	1	14	1	3	1							
With other forms of syphilis of the c. n. s.	11	9	2						3	1	3		2		1								
With epidemic encephalitis.....	5	5							1	3													
With other infectious diseases.....	2	1	1																				
Alcoholic.....	95	77	18						14	6	25	5	21	3	12	4	3						
Due to drugs or other exogenous poisons.....	4	1	3																				
Traumatic.....	4	4																					
With cerebral arteriosclerosis.....	75	33	42																				
With other disturbances of circulation.....	1																						
With convulsive disorders (epilepsy).....	42	25	17						11	3	7	4	2	2	2	2	7	8					
Senile.....	26	12	14						1														
Involuntal.....	4	2	2																				
Due to new growth.....	2	1	1																				
Due to other metabolic, etc., diseases.....	11	8	3																				
With organic changes of the nervous system.....	39	17	22																				
Psychoneuroses.....	381	108	273						4	4	24	4	9	3	1	3							
Manic-depressive.....	608	324	284						16	16	60	58	129	101	74	59	26	40	11	9	7	1	
Dementia praecox (schizophrenia)	4	2	2																				
Paranoia and paranoid conditions.....	39	18	21						3	0	10	2	2	2	1	1							
With psychopathic personality.....	26	14	12						7	4	0	4	1	1	1								
With mental deficiency.....	14	8	6						6	1	1	1	2	1	1	1							
Undiagnosed psychoses.....	265	103	162																				
Without psychosis.....	2	2																					
Epilepsy.....	165	110	55																				
Alcoholism.....	6	4	2																				
Drug addiction.....	15	4	11																				
Mental deficiency.....	28	24	4																				
Disorders of personality due to epidemic encephalitis.....	2	2																					
Psychopathic personality.....	8	2	6																				
Other non-psychotic diseases or conditions (not insane).....	5	3	2																				
Primary behavior disorders.....	32	25	7																				
Sexual psychopathy.....	7	7																					
Syphilis of the c. n. s.....	7	7																					
Diagnosis deferred.....	10	5	5																				

* Including 4 male and 1 female juvenile observation cases; 4 male and 4 female Youth Authority observation cases; and 3 male and 3 female transfers from Pacific Colony and Sonoma State Home with previous residence in state mental hospitals.

TABLE 22
AGE OF VOLUNTARY ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	All voluntary admissions*		Age at last birthday, in years												Unknown									
	Total	Male	Female	9 & under		10-19		20-29		30-39		40-49		50-59		60-69		70-79		80 & over				
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
All groups.....	990	500	490	4	4	104	68	48	87	124	127	113	101	65	57	33	35	8	7	3	1	1		
With psychosis.....	557	216	341	1	2	32	30	21	58	42	82	46	74	35	50	30	35	8	7	3	1	1		
Syphilitic meningo-encephalitis (general paresis).....	36	29	7			2																		
With other forms of syphilis of the c. n. s.....	3	2	1																					
With epidemic encephalitis.....	2	1	1																					
With other infectious diseases.....	15	13	2																					
Alcoholic.....	1		1																					
Due to drugs or other exogenous poisons.....	4	3	1																					
Traumatic.....	34	16	18																					
With cerebral arteriosclerosis.....	3	3																						
With other disturbances of circulation.....	9	5	4																					
With convulsive disorders (epilepsy).....	5		5																					
Senile.....	55	10	45																					
Involuntal.....	4	1	3																					
Due to other metabolic, etc., diseases.....	1		1																					
Due to new growth.....	3	2	1																					
With organic changes of the nervous system.....	96	36	60																					
Psychoneuroses.....	123	38	85																					
Manic-depressive.....	133	38	95																					
Dementia praecox (schizophrenia).....	1		1																					
Paranoia and paranoid conditions.....	5	2	3																					
With psychopathic personality.....	2	1	1																					
With mental deficiency.....	21	14	7																					
Undiagnosed psychoses.....	424	280	144	3	2	68	35	27	29	82	45	67	27	30	5	3							1	
Without psychosis.....	3	2	1																					
Epilepsy.....	9	7	2																					
Alcoholism.....	2	1	1																					
Drug addiction.....	12	4	8																					
Mental deficiency.....	2		2																					
Depressors of personality due to epidemic encephalitis.....	19	15	4																					
Psychopathic personality.....	18	9	9																					
Other non-psychotic diseases or conditions (not insane).....	61	45	16																					
Primary behavior disorders.....	297	195	102	1		0	7	23	22	79	43	60	25	23	5	3								
Sexual psychopathy.....																								
Syphilis of the c. n. s.....																								
Diagnosis deferred.....	9	4	5																					

* Comprising first admissions and readmissions.

TABLE 23
COUNTY OF RESIDENCE OF PATIENTS ADMITTED FOR COURT EMERGENCY AND
COURT ASSISTANCE OBSERVATION, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1946

County	Total	Male	Female
Total, 14 counties.....	557	322	235
Lake.....	1	1	-----
Los Angeles.....	1	1	-----
Mendocino.....	8	6	2
Napa.....	51	27	24
Placer.....	*15	*12	3
San Joaquin.....	223	139	84
San Luis Obispo.....	1	1	-----
San Mateo.....	1	1	-----
Santa Clara.....	218	106	112
Shasta.....	1	1	-----
Solano.....	2	1	1
Stanislaus.....	25	19	6
Tuolumne.....	1	-----	1
Ventura.....	9	7	2

* Including one male psychopathic-delinquent observation.

Cases of dementia praecox and manic-depressive psychosis together comprised almost one-half of the total number of psychotic voluntary admissions, while a diagnosis of syphilis of the central nervous system was made for 70 percent of the total number of nonpsychotic voluntary admissions (table 22). As compared with a median age of 44.3 years for first admissions and readmissions of all types during the year, the median age for voluntary admissions was 37.2 years. This difference, of course, is reflected in a corresponding difference in the diagnostic distribution.

Voluntary patients with syphilitic disorders of the central nervous system (both psychotic and nonpsychotic) comprised 33.9 percent of the total number of voluntary admissions in 1945-46, as compared with 43.1 percent for the previous year. This difference would suggest not only that the prevalence of cases of advanced syphilis is decreasing, but also that the voluntary admissions procedure is being increasingly accepted by the general public as a satisfactory means of securing treatment for mental disorders in general, in addition to those with an etiology of syphilis.

Court Observation Admissions. A total of 557 patients were admitted for court assistance and emergency observation admission during 1945-46 (table 23). Of this total, 492 were admitted from only three counties: Napa (51 patients), San Joaquin (223 patients), and Santa Clara (218 patients).

The low rate of admission for counties such as Los Angeles may be explained by the fact that the state hospitals located in the above three counties offer this convenient diagnostic service to the local area, whereas the larger centers of population maintain their own diagnostic facilities. Altogether, only 14 of the State's 58 counties sent patients to state hospitals for court observation during this fiscal year.

EXTRAMURAL CARE

One of the major features of the department's medical and administrative program is the policy of granting leaves of absence from the hospital for limited or for indefinite periods, whenever such action is warranted by the patient's diagnosis and condition, and by the environment in which leave will be taken. The primary purpose of extramural care is to expedite the patient's improvement or recovery by restoring his contact with a normal environment for periods ranging from a few days (as over the Christmas holiday season) to many months (e.g., during the period of terminal convalescence). Leaves are also granted for an indefinite number of years, as in the family-care placement of patients with chronic harmless mental illness. Secondly, this program, by reducing overcrowding within the hospitals, makes it possible to offer better treatment to the resident patients. The program also effects a considerable saving to the State, the average cost of extramural supervision being estimated at only one-twelfth the cost of maintaining a patient in a state mental hospital.

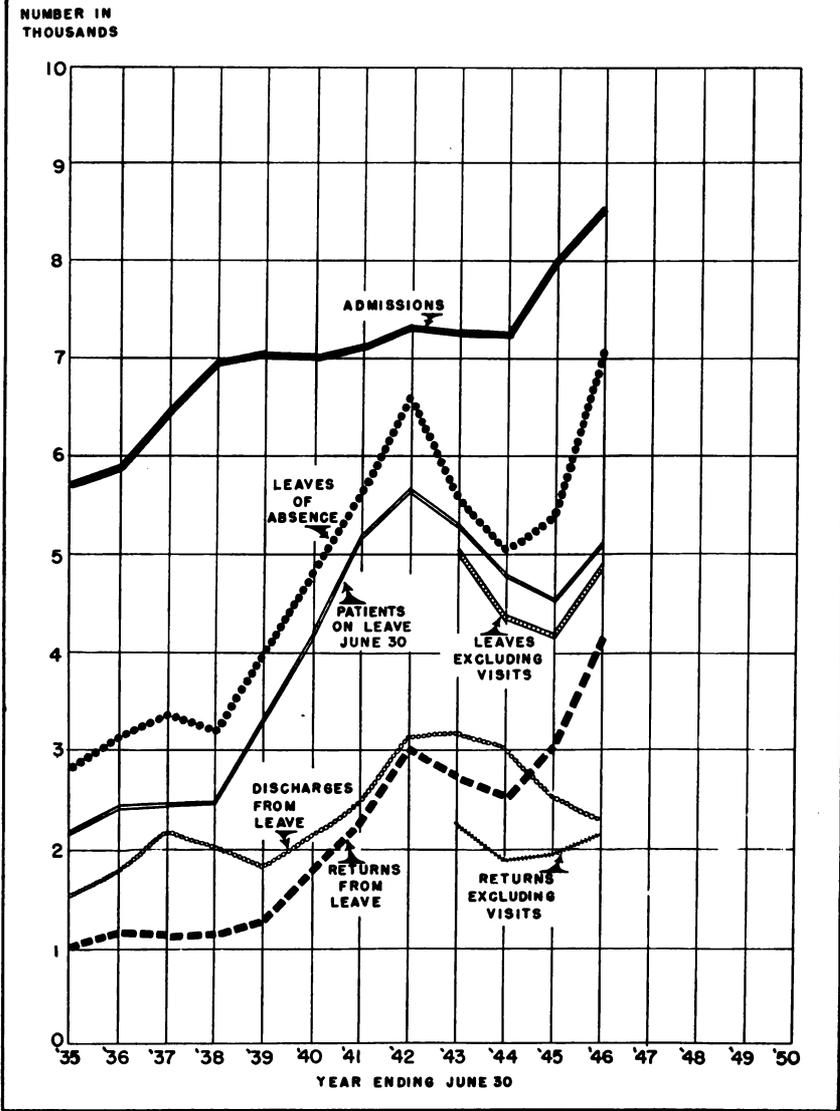
Wartime conditions, of course, have adversely affected the extramural care program along with other phases of hospital administration. The shortage of qualified professional personnel, the steady increase in the hospital population, continuing stresses in the patient's home environment which contraindicate granting leaves with relatives, and the reduction in the number of suitable homes for family care because of the housing shortage, have all resulted in an absolute as well as a relative decrease in the number of leaves of absence granted during the war years, as shown in Table 24. In spite of these adverse conditions, however, it has been possible to maintain some of the gains made immediately prior to the war, following the administrative reorganization of extramural care in 1939; and the postwar trend toward a more effective program may now be observed in Chart V and in the figures for the current year set forth in Tables 24 and 25.

The Bureau of Social Work now exercises administrative direction over the social workers stationed in Los Angeles, and also operates the departmental field offices in San Francisco, Oakland, and Fresno, in order that patients on extended leave who are residing in or near these population centers might receive effective and economical supervision from psychiatric social workers stationed in the immediate area. Patients granted leave of absence for only a limited period usually remain under the supervision of the psychiatric social workers stationed at the various hospitals. In either case the program remains primarily an extension of psychotherapeutic measures initiated during the patient's stay at the hospital, which are then carried out by properly trained psychiatric social workers under the medical guidance of the various hospital staffs.

Patients on Leave of Absence. On June 30, 1946, there were 5,128 patients on leave of absence from the state mental hospitals, equal to 15.9 percent of the total number of patients on the active records. This total is 15 percent greater than the number on leave at the end of the preceding fiscal year, and 107 percent greater than the number of patients on leave

CHART V

ADMISSIONS AND LEAVES OF ABSENCE
STATE MENTAL HOSPITALS
1935-1950



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of absence on June 30, 1938, the year immediately preceding the expansion of the extramural care program. Among the individual hospitals, patients on leave in percent of the total number on the records ranged from 7.6 percent at Mendocino to 24.5 percent at Agnews (Table 6).

Of these 5,128 patients on leave on June 30th, only 1.2 percent were absent on limited visits of three days or less, 78.6 percent had been placed on home leave with relatives or friends, 4.9 percent had been placed in

TABLE 24
LEAVES GRANTED IN RELATION TO OTHER POPULATION DATA—STATE MENTAL HOSPITALS
YEARS ENDING JUNE 30, 1937-1946

Year ending June 30	Admissions*	Average daily resident population	Leaves granted	Returns from leave	Net leaves	Discharges from leave	Leaves granted		Net leaves		Returns in percent of leaves granted
							In percent of admissions	In percent of resident population	In percent of admissions	In percent of resident population	
Including visits**											
1937	6,446	20,450	3,348	1,148	2,200	2,191	51.9	16.4	34.1	10.8	34.3
1938	6,957	21,281	3,238	1,143	2,095	2,032	46.5	15.2	30.1	9.8	35.3
1939	7,042	22,200	4,027	1,296	2,731	1,805	57.2	18.1	38.8	12.3	32.2
1940	7,024	22,853	4,835	1,793	3,042	2,160	68.8	21.2	43.3	13.3	37.1
1941	7,118	23,055	5,656	2,212	3,444	2,479	79.5	24.5	48.4	14.9	39.1
1942	7,347	23,541	6,643	3,033	3,610	3,100	90.4	28.2	49.1	15.3	45.7
1943	7,266	23,961	5,601	2,727	2,874	3,152	77.1	23.4	39.6	12.0	48.7
1944	7,255	24,573	5,072	2,544	2,528	3,020	69.9	20.7	34.8	10.3	50.2
1945	8,010	25,385	5,397	3,069	2,328	2,524	67.4	21.3	29.1	9.2	56.9
1946	8,504	26,092	7,083	4,184	2,899	2,303	83.3	27.1	34.1	11.1	59.1
Excluding visits**											
1943	7,266	23,961	5,058	2,245	2,813	-----	69.6	21.1	38.7	11.7	44.4
1944	7,255	24,573	4,366	1,921	2,445	-----	60.2	17.8	33.7	9.9	44.0
1945	8,010	25,385	4,201	1,940	2,261	-----	52.4	16.5	28.2	8.9	46.2
1946	8,504	26,092	4,908	2,118	2,790	-----	57.7	18.8	32.8	10.7	43.2

* Excluding observation admissions of all types.

** Visits and returns from visit refer to temporary leaves of absence from which the patient is expected to return within three days.

TABLE 25
PATIENTS ON LEAVE, IN RELATION TO OTHER POPULATION DATA—STATE MENTAL HOSPITALS
JUNE 30, 1937-1946

June 30	On leave	Resident population	Total on active records*	On leave	
				In percent of resident population	In percent of total on records
1937	2,432	20,737	23,604	11.7	10.3
1938	2,474	21,984	24,781	11.3	10.0
1939	3,390	22,608	26,485	15.0	12.8
1940	4,247	22,953	27,761	18.5	15.3
1941	5,161	23,345	29,026	22.1	17.8
1942	5,630	23,617	29,925	23.8	18.8
1943	5,309	24,240	30,108	21.9	17.6
1944	4,787	24,903	30,294	19.2	15.8
1945	4,553	25,810	30,949	17.6	14.7
1946	5,128	26,388	32,215	19.4	15.9

* Including resident patients and patients on leave and on escape.

family care, 5.5 percent were on work leave, and the remaining 9.8 percent were placed on leave prior to 1943 and thus cannot be classified by type of leave.

Family care leave refers to placement of a patient in a home other than his own where his care and maintenance is financed either from his estate, by relatives, by Old Age Assistance, or by the Department of Mental Hygiene. Although the maximum monthly family care allotment from state funds was increased this year to \$45 per month, and additional funds have also been provided to meet the incidental expenses of patients on this type of leave, the total has still proved insufficient to meet rising living costs, with the result that the family care program has been somewhat hampered by a shortage of suitable homes for placement. Patients on work leave are also kept under 24-hour supervision, but in addition are furnished part-time or full-time employment which will partly compensate for their maintenance. For a more complete description of the various types of leaves of absence, the reader is referred to the department's annual report for the year ending June 30, 1945.

By type of admission (Tables 6a-6g), the ratio of the number of patients on leave of absence to the total number on the active rolls on June 30, 1946, ranged from 45.4 percent for alcoholic commitments to 13.3 percent for voluntary admissions. The ratio for drug addict commitments and sexual-psychopath commitments was relatively high, 37.8 and 35.9 percent, respectively, whereas the ratio for mentally-ill commitments, 14.9 percent, was only slightly above that for voluntary patients.

Of the total on leave, 2,236 or 44 percent were male patients, of whom 43 percent were single, 39 percent married, and 18 percent widowed, divorced, or separated. Female patients, comprising 56 percent of the total, consisted of 20 percent single, 52 percent married, and 28 percent widowed, divorced, or separated.

No difference was found between male and female patients with respect to the age distribution of patients on leave. For both sex groups a median age of 44 years (as of June 30, 1946) was found, with the first quartile at 34 years and third quartile at 56 years. Comparison with the median age for admissions and for the resident population indicates that the younger patients are the more likely to be placed on leave.

For patients on leave of absence at the end of the fiscal year, the length of time elapsing from date of leave ranged from one day to 15 years. Of the total number on leave, 54 percent had been on leave for less than one year, and 76 percent had been on leave for two years or less. For the entire group, the mean length of time on leave was 18 months (ranging from a mean of 11 months for patients from Patton to 29 months for patients from Agnews), while the median length of time on leave was 11 months (ranging from seven months for patients from Mendocino to 18 months for patients from Agnews).

Patients diagnosed as psychotic at time of admission comprised 90 percent of the 5,128 patients on leave on June 30th (Table 26). Of this group of 4,618 patients, 37 percent had been diagnosed as dementia praecox cases, 20 percent as manic-depressives, 9 percent as cases of psychotic cerebral arteriosclerosis, and 7 percent as psychotic alcoholics, the remaining 27 percent representing other psychotic diagnoses. A diagnosis of nonpsychotic alcoholism had been made for 381 or 75 percent of the 508 nonpsychotic patients on leave.

TABLE 26
 PATIENTS ON LEAVE AND ON ESCAPE FROM STATE MENTAL HOSPITALS,
 BY MENTAL DISORDER AND SEX
 JUNE 30, 1946

Mental disorder	On leave			On escape		
	Total	Male	Female	Total	Male	Female
All groups	5,128	2,236	2,892	699	634	65
With psychoses	4,618	1,855	2,763	559	504	55
Syphilitic meningo-encephalitis (general paresis).....	234	153	81	32	30	2
With other forms of syphilis of the c. n. s.	31	17	14	10	10	-----
With epidemic encephalitis.....	4	3	1	2	2	-----
With other infectious diseases.....	6	4	2	1	1	-----
Alcoholic.....	317	212	105	71	69	2
Due to drugs or other exogenous poisons.....	27	10	17	1	1	-----
Traumatic.....	40	34	6	8	8	-----
With cerebral arteriosclerosis.....	413	192	221	33	32	1
With other disturbances of circulation.....	14	4	10	-----	-----	-----
With convulsive disorders (epilepsy).....	134	72	62	11	10	1
Senile.....	88	30	58	4	3	1
Involutional.....	339	50	289	3	2	1
Due to other metabolic, etc., diseases.....	42	12	30	-----	-----	-----
Due to new growth.....	6	2	4	1	1	-----
With organic changes of the nervous system.....	26	17	9	1	1	-----
Psychoneuroses.....	77	23	54	5	4	1
Manic-depressive.....	903	272	631	57	47	10
Dementia praecox (schizophrenia).....	1,697	665	1,032	253	223	30
Paranoia and paranoid conditions.....	28	6	22	5	4	1
With psychopathic personality.....	47	26	21	34	32	2
With mental deficiency.....	118	39	79	19	18	1
Undiagnosed psychoses.....	27	12	15	8	6	2
Without psychoses	508	379	129	139	129	10
Epilepsy.....	1	-----	1	1	1	-----
Alcoholism.....	381	273	108	65	61	4
Drug addiction.....	25	16	9	13	11	2
Mental deficiency.....	6	3	3	4	4	-----
Disorders of personality due to epidemic encephalitis.....	2	2	-----	-----	-----	-----
Psychopathic personality.....	10	6	4	10	8	2
Other non-psychotic diseases or conditions (not insane).....	4	2	2	8	8	-----
Primary behavior disorders.....	13	11	2	6	5	1
Sexual psychopathy.....	63	63	-----	31	30	1
Syphilis of the c. n. s.	3	3	-----	1	1	-----
Diagnosis deferred	2	2	-----	1	1	-----

Leaves and Returns During Year. As in previous years, the number of leaves granted to female patients significantly outnumbered the leaves granted to male patients, in absolute figures and also with respect to admissions and to the number of patients under treatment during the year. As shown in Table 7, 59 leaves were granted to male patients per 100 admissions, whereas 108 leaves were so granted to female patients. A similar sex difference may be noted in the ratio of net leaves to admissions, where net leaves (leaves granted less returns from leave) represent the reduction in the hospital population accomplished through the leave of absence program: there were 27 net leaves for every 100 male admissions and 41 net leaves for every 100 female admissions during the year.

Table 7 also discloses considerable interhospital variation with respect to the number of net leaves per 100 patients admitted, released, and under treatment. In general, it may be observed that the leave ratios are comparatively low in those institutions with a relatively high death rate (resulting from a high proportion of aged patients in admissions and in the resident population), and in those institutions which stress continued inpatient treatment during convalescence in preference to treatment under extramural care and thus have a relatively high rate of direct discharges.

MENTAL HOSPITALS

TABLE 27
LEAVES GRANTED AND RETURNS FROM LEAVE, BY TYPE OF LEAVE, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1946

Type of leave	Number						Percent of total						Percent of total excluding visits		Returns from leave in percent of leaves granted
	Leaves granted			Returns from leave			Leaves granted			Returns from leave			Leaves granted	Returns from leave	
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female			
All leaves, exclusive of visit*	4,908	2,006	2,902	2,118	793	1,325							100.0	100.0	43.2
Family care.....	103	51	52	97	52	45							2.1	4.6	94.2
Receives maintenance only.....	35	16	19	33	8	15							1.1	1.1	65.7
Relatives bear expense.....	55	29	26	53	31	22							1.1	2.5	96.4
Department bears expense.....	13	6	7	21	13	8							.3	1.0	161.5
Receives old age assistance.....															
Work leave.....	288	123	165	164	64	100							5.9	7.7	56.9
In industry.....	201	85	116	113	45	68							4.1	5.3	56.2
On farm.....	33	31	2	18	18								1.7	1.8	54.5
In home.....	54	7	47	33	1	32							1.1	1.6	61.1
Home leave, less visit.....	4,517	1,832	2,685	1,857	677	1,180							44.4	46.6	43.2
With relatives.....	4,202	1,670	2,532	1,761	641	1,120							42.1	44.1	41.0
With friends.....	206	151	145	85	34	51							2.0	1.9	6.0
Other agency assistance.....	19	11	8	11	2	9							.3	.4	.5
Visits*.....	2,175	702	1,473	2,066	660	1,406							33.7	45.4	51.5
Home leave, including visit.....	6,602	2,534	4,158	3,923	1,337	2,586							93.8	92.0	94.7
All leaves, including visit.....	7,083	2,708	4,375	4,184	1,453	2,731							100.0	100.0	59.1

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

By type of leave, the distribution of leaves taken during the year differs considerably from the distribution of patients on leave on June 30th, as described above. Brief visits, for example, constituted 2,175 or 31 percent of the 7,083 leaves of absence granted during the year (Table 27), while (as noted previously) only 1 percent of the number of patients on leave at the end of the year were absent on visit. Excluding the 2,175 visits, home leaves comprised 92 percent, and family care leaves and work leaves 8 percent of the 4,908 leaves granted during the year, whereas patients on leave on June 30th, exclusive of patients on visit, included 80 percent on home leave, and 20 percent on family care and work leave.

The rate of return, in percent of leaves granted, was highest for brief visits (95 percent). The rate of return for patients placed in family care (94 percent) was almost as high, with a much lower rate of return for work leaves (57 percent) and particularly for home leaves exclusive of visits (41 percent). Thus, home leave with friends or relatives is not only the most common type of extended extramural care, but also shows the

TABLE 28
NUMBER OF LEAVES GRANTED AND RETURNS FROM LEAVE, NET LEAVES, AND RATIO OF
RETURN FROM LEAVES TO LEAVES GRANTED, BY MENTAL DISORDER
YEAR ENDING JUNE 30, 1946

Mental disorder	Leaves granted*			Returns from leave			Net leaves	Returns from leave in percent of leaves granted
	Total	M	F	Total	M	F		
All groups	4,908	2,006	2,902	2,118	793	1,325	2,790	43.2
With psychosis	4,191	1,525	2,666	1,940	687	1,253	2,251	46.3
Syphilitic meningo-encephalitis (general paresis).....	192	116	76	77	52	25	115	40.1
With other forms of syphilis of the c. n. s.	17	7	10	6	3	3	11	35.3
With epidemic encephalitis.....	1	1	.....	1	1	.....	.....	100.0
With other infectious diseases.....	6	3	3	2	1	1	4	33.3
Alcoholic.....	282	181	101	91	54	37	191	32.3
Due to drugs or other exogenous poisons.....	23	7	16	4	2	2	19	17.4
Traumatic.....	37	30	7	17	15	2	20	45.9
With cerebral arteriosclerosis.....	315	147	168	135	57	78	180	42.9
With other disturbances of circulation.....	13	6	7	3	3	.....	10	23.1
With convulsive disorders (epilepsy).....	138	72	66	87	40	47	51	63.0
Senile.....	95	41	54	45	16	29	50	47.4
Involuntal.....	341	43	298	120	17	103	221	35.2
Due to other metabolic, etc., diseases.....	21	4	17	4	.....	4	17	19.0
Due to new growth.....	7	2	5	6	4	2	1	85.7
With organic changes of the nervous system.....	24	8	16	23	4	19	1	95.8
Psychoneuroses.....	78	21	57	32	8	24	46	41.0
Manic-depressive.....	865	215	650	391	78	313	474	45.2
Dementia praecox (schizophrenia).....	1,523	535	988	763	273	490	760	50.1
Paranoia and paranoid conditions.....	24	8	16	17	6	11	7	70.8
With psychopathic personality.....	51	22	29	29	10	19	22	56.9
With mental deficiency.....	101	43	58	75	40	35	26	74.3
Undiagnosed psychoses.....	37	13	24	12	3	9	25	32.4
Without psychosis	701	474	227	176	106	70	525	25.1
Epilepsy.....	1	.....	1	.....	.....	.....	1	.....
Alcoholism.....	604	414	190	136	84	52	468	22.5
Drug addiction.....	25	12	13	5	1	4	20	20.0
Mental deficiency.....	9	3	6	6	2	4	3	66.7
Disorders of personality due to epidemic encephalitis.....	1	1	.....	1	1	.....	.....	100.0
Psychopathic personality.....	9	3	6	2	1	1	7	22.2
Other nonpsychotic diseases or conditions (not insane).....	4	2	2	3	1	2	1	75.0
Primary behavior disorders.....	26	20	6	17	13	4	9	65.4
Sexual psychopathy.....	18	18	.....	2	2	.....	16	11.1
Syphilis of the c. n. s.	4	1	3	4	1	3	.....	100.0
Diagnosis deferred	16	7	9	2	.....	2	14	12.5

* Visits of three days or less are excluded; see table 27.

lowest rate of return. The difference in rates, of course, arises from a corresponding difference in the kind of patient placed on each type of leave; patients in family care and on work leave include a large percentage of senile and chronic cases, whereas patients who are well on the road to recovery are more appropriately placed on home leave. For the same reason it may also be noted that in comparison with returns from home leave, a relatively large proportion of the patients returning from work leave and family care leave had been on leave for one or more years.

Diagnostic Distribution of Leaves and Returns. For those diagnostic groups in which over 100 leaves were granted during the year (excluding visits; see Table 28), nonpsychotic alcoholics showed the lowest rate of return (22.5 percent). The rate of return, in percent of leaves granted, for psychotic alcoholics was 32.3 percent, for involuntal psychoses 35.2 percent, for cases of general paresis 40.1 percent, for patients with psychotic cerebral arteriosclerosis 42.9 percent, for manic-depressives 45.2 percent, for schizophrenics 50.1 percent, and for psychotic epileptics 63.0 percent.

TABLE 29
AGE AT LEAVE OF PATIENTS GRANTED LEAVE, AND AGE AT RETURN OF
PATIENTS RETURNED FROM LEAVE, BY SEX
YEAR ENDING JUNE 30, 1946

Age in years	Number						Leaves granted by age group in percent of total leaves granted			Returns from leave in percent of leaves granted, by age group		
	Total		Male		Female		Total	Male	Female	Total	Male	Female
	Leaves granted	Returns from leave	Leaves granted	Returns from leave	Leaves granted	Returns from leave						
Totals	4,908	2,118	2,006	793	2,902	1,325						
Unknown	8		3		5							
Known	4,900	2,118	2,003	793	2,897	1,325	100.0	100.0	100.0	43.2	39.5	45.7
14 and under	48	35	27	20	21	15	1.0	1.3	.7	72.9	74.1	71.4
15-19	238	122	136	67	102	55	4.9	6.8	3.5	51.2	49.3	53.9
20-24	375	198	161	93	214	105	7.7	8.0	7.4	52.8	57.7	49.1
25-29	506	257	185	89	321	168	10.3	9.2	11.1	50.8	48.1	52.3
30-34	621	246	205	74	416	172	12.7	10.2	14.4	39.6	36.1	41.3
35-39	621	257	253	100	368	157	12.7	12.6	12.7	41.4	39.5	42.7
40-44	608	222	256	81	352	141	12.4	12.8	12.2	36.5	31.6	41.1
45-49	521	207	203	73	318	134	10.5	10.1	11.0	39.7	35.9	42.1
50-54	428	171	159	53	269	118	8.7	8.0	9.3	40.0	33.3	43.8
55-59	359	157	139	48	220	109	7.3	7.0	7.5	43.7	34.5	49.5
60-64	256	87	127	34	129	53	5.2	6.4	4.5	34.0	26.7	41.1
65-69	160	74	77	30	83	44	3.3	3.9	2.9	46.3	40.0	53.0
70-74	78	40	36	12	42	28	1.6	1.8	1.4	51.3	33.3	66.7
75-79	53	33	26	15	27	18	1.1	1.3	.9	62.3	57.7	66.7
80-84	20	8	8	2	12	6	.4	.4	.4	40.0	25.0	50.0
85 and over	8	4	5	2	3	2	.2	.2	.1	50.0	40.0	66.7
Median age	40.3	38.9	40.7	37.7	40.1	39.7						

Age and Marital Status of Leaves and Returns. The median age of patients to whom leaves were granted during the last fiscal year was 40.3 years (40.7 years for male patients and 40.1 years for female patients), as shown in Table 29. Thus, in spite of the continued annual increase in the median age of the resident population, the median age of patients to whom leaves were granted has continued to decline over the last two

years; it would therefore appear that the current expansion in the extramural care program (exclusive of brief visits) has occurred principally in the younger age groups. It may also be noted that the median age for returns from leave (38.9 years) is somewhat lower than the median age of patients granted leave, indicating a higher proportion of returns in the younger age groups. In terms of leaves granted, the rate of return was highest for the very young and the very old, and lowest for patients 30 to 50 years of age.

TABLE 30
MARITAL STATUS OF PATIENTS GRANTED LEAVE, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1946

Marital status	Leaves granted			Returns from leave			Returns from leave in percent of leaves granted		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All groups.....	4,908	2,006	2,902	2,118	793	1,325	43.2	39.5	45.7
Single.....	1,419	826	593	774	439	335	54.5	53.1	56.5
Married.....	2,237	761	1,476	836	227	609	37.4	29.8	41.3
Widowed.....	436	112	324	188	39	149	43.1	34.8	45.9
Divorced.....	565	219	346	239	67	172	42.3	30.6	49.7
Separated.....	240	83	157	80	20	60	33.3	24.1	38.2
Unknown.....	11	5	6	1	1	-----	9.1	20.0	-----

TABLE 31
RETURNS FROM LEAVE BY LENGTH OF LEAVE, IN CUMULATIVE PERCENT OF TOTAL RETURNS, FOR SELECTED DIAGNOSTIC GROUPS
YEAR ENDING JUNE 30, 1946

Time spent on leave	All returns from leave* (psychotic and nonpsychotic)	All psychotic returns from leave	Returns for selected psychoses**					
			Dementia praecox	Manic-depressive	With cerebral arteriosclerosis	Involuntional	Alcoholic	With convulsive disorders
Total (overnight, or longer).....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1 day, or longer.....	99.2	99.3	99.5	99.2	100.0	98.3	100.0	100.0
2 days, or longer.....	94.8	94.6	93.6	94.6	97.8	92.5	98.9	98.9
3 days, or longer.....	91.7	91.3	89.9	91.6	95.6	85.0	98.9	95.4
15 days, or longer.....	67.2	66.6	66.2	66.5	73.3	55.0	85.7	69.0
1 month, or longer.....	58.4	58.2	57.9	56.5	63.7	50.0	79.1	58.6
2 months, or longer.....	48.9	49.4	50.2	46.8	51.1	45.0	64.8	57.5
3 months, or longer.....	42.5	43.3	44.7	41.9	47.4	33.3	54.9	43.7
4 months, or longer.....	37.0	38.0	39.2	37.1	43.7	26.7	47.3	39.1
5 months, or longer.....	32.3	33.7	34.7	33.0	39.3	25.0	39.6	32.2
6 months, or longer.....	27.7	29.0	28.7	29.9	35.6	20.8	36.3	28.7
7 months, or longer.....	24.8	26.1	26.0	27.6	31.9	17.5	29.7	25.3
8 months, or longer.....	22.0	23.2	23.3	23.8	30.4	12.5	25.3	23.0
9 months, or longer.....	19.8	20.9	21.1	22.3	26.7	9.2	22.0	21.8
10 months, or longer.....	17.6	18.6	18.9	19.2	24.4	7.5	18.7	19.5
11 months, or longer.....	15.3	16.2	17.4	15.3	19.3	6.7	15.4	13.8
1 year, or longer.....	13.9	14.7	15.9	14.1	18.5	5.8	13.2	13.8
1½ years, or longer.....	8.5	9.2	9.0	10.0	14.1	4.2	8.8	9.2
2 years, or longer.....	5.7	6.2	5.5	6.4	10.4	4.2	4.4	4.6
Median length of leave, in months.....	1.88	1.93	2.04	1.67	2.30	1.00	3.65	2.54
Actual number of returns from leave.....	2,118	1,940	763	391	135	120	91	87

* Excluding brief visits.

** Diagnostic groups with more than 80 returns from leave during the year.

TABLE 32
PERCENTAGE DISTRIBUTION OF LENGTH OF TIME ON LEAVE BEFORE DISCHARGE
FROM LEAVE, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1946

Time on leave directly preceding discharge	Number of patients			
	Number*	Percent	Cumulative	
			Number	Percent
Total.....	2,303	100.0		
1 day.....	1	-----	1	100.0
2 days.....	4	.2	5	100.0
3-14 days.....	78	3.4	83	99.8
15-29 days.....	77	3.3	160	96.4
1 but less than 2 months.....	80	3.5	240	93.1
2 but less than 3 months.....	73	3.2	313	89.6
3 but less than 4 months.....	82	3.6	395	86.4
4 but less than 5 months.....	61	2.6	456	82.8
5 but less than 6 months.....	76	3.3	532	80.2
6 but less than 7 months.....	63	2.7	595	76.9
7 but less than 8 months.....	72	3.2	667	74.2
8 but less than 9 months.....	94	4.1	761	71.0
9 but less than 10 months.....	77	3.3	838	66.9
10 but less than 11 months.....	66	2.9	904	63.6
11 months but less than 1 year.....	88	3.8	992	60.7
1 but less than 1½ years.....	812	35.3	1,804	56.9
1½ but less than 2 years.....	222	9.6	2,026	21.6
2 years and over.....	277	12.0	2,303	12.0

* Including 40 male and 36 female patients who died on leave of absence.

The marital status of patients granted leave and returning from leave is shown in Table 30. Here it will be noted that the over-all decline in the percentage of returns in terms of leaves granted (Table 24) is reflected in all classes. The fact that this decrease in the rate of return is most marked for widowed, divorced, and separated patients would suggest that extramural care has operated more effectively this last year in facilitating the relatively difficult social readjustment of these three classes of patients.

Length of Time Spent on Leave Prior to Return. The percentage distribution of returns from leave (exclusive of visits) by length of time on leave is set forth in Table 31. The median length of time on leave for all diagnoses was 1.88 months, and for psychotic diagnoses alone was 1.93 months. For the six psychotic groups with a significantly large number of returns from leave, the median length of leave ranged from 1.00 months for patients with involuntal psychosis to 3.65 months for psychotic alcoholics; however, extended leaves of one year or longer occurred with greatest relative frequency in the group of patients with psychotic cerebral arteriosclerosis. For all returns, 13.9 percent terminated leaves of one year or longer, and 5.7 percent terminated leaves of two years or longer.

Discharges From Leave. A patient on leave of absence is suitable for discharge from the active records when he is considered to be no longer in need of follow-up care and is ready to reassume the responsibilities of

normal life in the community. There were 2,303 discharges from leave during the fiscal year just ended, a decline of 9 percent from the number of discharges for 1944-45. These discharges are included with direct discharges and discharges from escape, in the tables describing discharges in a later section of this report.

The median length of time on leave prior to discharge was 13.2 months, as compared with 14.4 months for discharges during 1944-45. For the current fiscal year, 56.9 percent of all discharges from leave terminated leaves of one year or longer, compared with 64.1 percent in the preceding year. The distribution of discharges from leave by length of leave is shown in Table 32.

PATIENTS ON ESCAPE

On June 30, 1946, 699 patients were on escape (Table 26), representing an increase of 19 percent (11 percent for psychotic patients and 68 percent for nonpsychotic patients) over the number on escape on June 30, 1945. The number of nonpsychotic alcoholics on escape increased from 27 to 65, an increase of 141 percent, the largest for any one diagnostic group.

Escapes during this last year, 1,049 in all, have shown a 7-percent increase over the number for last year. However, returns from escape have increased in almost the same proportion, and the rate of return remains unchanged at 63 percent.

As might be expected, males outnumbered females both in the absolute and the relative number of escapes taken. During this last fiscal year, for every 100 male admissions there were 7.3 net escapes (escapes less returns), whereas for 100 female admissions, there were only 1.2 net escapes, as shown in Table 7. Among the different institutions, the ratio of net escapes to admissions during the year ranged from 5.8 net escapes per 100 admissions at Napa and 5.5 net escapes at Mendocino, to a minimum of 2.8 net escapes at Norwalk. This difference in ratios is a reflection primarily of fundamental differences in the nature of the patient population at each institution.

PRIVATE INSTITUTIONS

The department's program relating to the inspection of private institutions for the mentally ill, mentally deficient, and other incompetent persons includes the periodic inspection of licensed institutions for the purpose of maintaining the minimum standards established by the department for the maintenance, care and welfare of patients, evaluating institutions making their first application for a license, and investigating unlicensed institutions to ascertain whether they should either be brought under the licensing provisions of the department or prohibited from accepting the above classes of patients. Inspection of these institutions is carried out in cooperation with local jurisdictions, particularly the county health and fire departments.

TABLE 33
PRIVATE INSTITUTIONS UNDER LICENSE BY THE DEPARTMENT OF MENTAL HYGIENE
ON JUNE 30, 1946

Name	Location	Popu- lation June 30, 1946	Licensed capacity June 30, 1946	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	46	28			x	x	
Alexander Sanitarium, Inc.	Rakston Blvd., P.O. Box 27, Belmont	75	85	x	x	x	x	x
Alhambra Sanitarium	1047 S. Rosemead Blvd., Rosemead	18	20	x	x	x	x	x
Altadena Lodge Sanitarium	2735 E. New York Ave., Altadena	40	60	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	
Casa Del Mar Sanitarium	11929 Venice Blvd., Los Angeles	87	86	x	x	x	x	
Helene Catalina Country Home†	423 N. Temple Ave., Temple City	6	6			x	x	
The Cedars Development School†	Bolinas at Upper Road, Ross	61	54			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	95	96	x	x	x	x	x
Compton Sanitarium	820 Compton St., Compton	89	123	x	x	x	x	x
Connelley Liquor Cure	5112 Foothill Blvd., Oakland	2	2		x			
Glen Dawson Home	18502 Malibu Rd., Pacific Palisades	4	4			x	x	
Del Rio Gardens Sanitarium**	7004 E. Gage Ave., Bell	2	71	x				
Hester Dunn Home**	2230 N. Main St., Napa	1	3		x			
Jane Edling Home**	1464 S. Rosemead Blvd., Rivers	19	20	x				
Elterich-Ballard School for Girls**†‡	1760 N. Fair Oaks Blvd., Pasadena	6	6			x	x	
El Encanto Sanitarium	600 W. Valley Blvd., Puente	146	146	x	x			x
Garden Grove Sanitarium	801 W. Garden Grove Blvd., Garden Grove	101	59	x	x	x	x	x
Grand View Sanitarium	1826 Workman Mill Rd., Whittier	26	44	x	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	15	18	x		x		
Hillcrest Manor	1889 National Ave., National City	45	50	x				
Hill Crest Sanitarium	601 Steiner St., San Francisco	11	13	x	x			
Hillside Acres†	Reed and Ethel Sts., Mill Valley	2	2			x	x	
Hygeia Sanitarium	437 N. Vermont Ave., Los Angeles	5	9		x			
Hygeia Sanitarium	108 Iry St., San Diego	9	20		x			
Jackson Ranch Home	1731 S. Second Ave., Arcadia	1	2			x		
Joslin Sanitarium	R.F.D. 1, Box 6, Lincoln	5	15	x	x			
Keeley Institute of Los Angeles‡	2400 W. Pico Blvd., Los Angeles	6	6			x	x	
Kimball Sanitarium	2647 Foothill Blvd., La Crescenta	31	48	x	x	x	x	x
Lady Bristol Sanitarium	Saratoga	28	28	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	20	20	x				
Laura Francis Home-School	1619 Second St., Hayward	14	20			x	x	
Ruth Lipps-Sunny Crest School**†	3440 Manning Ave., Culver City	35	50			x	x	
Little Country School†	2308 Longdon Ave., Temple City	6	6			x		
Livermore Sanitarium	954 S. L St., Livermore	102	112	x	x	x	x	x
Los Alamitos Sanitarium	Los Alamitos	123	115	x	x	x	x	x
Los Angeles Neurological Institute‡	5227 Santa Monica Blvd., Los Angeles 27	11	25		x	x	x	
Helen S. Lucas School†	Lafayette	21	18			x		
Manor Hall Rest Home**	1245 S. Manhattan Pl., Los Angeles 6	53	53	x				
Marshall Manor Sanitarium	3995 East Blvd., Culver City	24	24			x		
Mar Vista Sanitarium	3966 West Blvd., Culver City	65	65	x	x			
Mar G. McCracken Home	404 W. Hellman Ave., Wilmar	41	52	x	x			
Merrill Neuropsychiatric Sanitarium	4800 Centinela Blvd., Venice	20	50	x	x		x	x
Mission Lodge Sanitarium**	824 Gladys Ave., San Gabriel	68	68	x		x	x	
Mission Sanitarium	4525 San Fernando Rd., Glendale	110	140	x	x	x	x	
Monrovia Rest Home**	2408 S. Mountain Ave., Monrovia	4	6	x				

* For male cases only.

** For female cases only.

† For children only.

‡ Day patients also accepted.

TABLE 33—Continued
PRIVATE INSTITUTIONS UNDER LICENSE BY THE DEPARTMENT OF MENTAL HYGIENE
ON JUNE 30, 1946

Name	Location	Popu- lation June 30, 1946	Licensed capacity June 30, 1946	Type of cases cared for				
				Mental	Alcoholic	Mentally defective	Epileptic	Drug addict
Monterey Sanitarium**	3701 S. San Gabriel Blvd., San Gabriel	60	61	x	x	x	x	x
Murray Sanitarium	8021 S. Vermont Ave., Los Angeles	76	25	x	x	x	x	
New Wonga§	525 Oak St., El Cerrito	5	6			x	x	
Palm Grove Sanatorium**	2335 S. Mountain Ave., Duarte	51	55	x		x	x	
Park Sanitarium	1500 Page St., San Francisco	29	38	x	x	x	x	x
Pasadena Sanitarium	1625 Meridian Ave., So. Pasadena	42	75	x	x	x	x	x
Patterson Sanitarium	1440 16th Ave., San Leandro	25	28	x	x	x	x	x
Pioneer Sanitarium	2815 S. Pioneer Blvd., Artesia	51	53	x		x	x	
Mrs. Pugh's Boarding Home†	1031 W. Vernon Ave., Los Angeles	37	6			x	x	
Resthaven**	765 College St., Los Angeles	38	45	x				
Rockhaven Sanitarium**	2713 Honolulu Ave., Verdugo City	93	104	x				
Rosemead Lodge Sanitarium	1050 S. Rosemead Blvd., Rosemead	28	50	x	x		x	
St. Erne Sanitarium*	527 W. Regent St., Inglewood	198	200	x	x	x	x	x
Samaritan Institution	3350 Wilshire Blvd., Los Angeles	5	26		x			
Samaritan Institution	238 Foothill Blvd., Oakland	5	6		x			
San Marino Sanitarium	1002 N. Oak Ave., San Gabriel	28	75	x	x			
Santa Monica Rest Home**	2828 Pico Blvd., Santa Monica	45	55	x				
School of Concentrated Thought	5336 Shafter Ave., Oakland	6	6			x		
Seeman School†	841 Lester Lane, El Monte	78	78			x	x	
Sierra Lodge Sanitarium**	1744 Puente Ave., Baldwin Park	56	40	x				
Southern California Sanitarium	3261 Overland Ave., Los Angeles	34	26	33	x			
Stylanou School‡	2255 W. Adams Blvd., Los Angeles	12	12			x	x	
Sunridge Ranch†	R. F. D., Agoura	6	5			x	x	
Twentieth Century Sanitarium	5055 Novorod St., Los Angeles	32	45	x	x			
Twin Pines, Inc.	1065 Ralston Ave., Belmont	46	50	x	x	x		
Verdugo Hills Sanitarium**	10244 Plainview Ave., Tujunga	8	8	x		x		
Villa Shaw Rest Home**	657 W. Milford St., Glendale	25	25	x				
Wann Home**	2208 Tockey St., Napa	6	5	x				
The Wikialis Children's Home†	1249 W. Grand Ave., Pomona	6	6			x	x	
The Wilhelmine Home	005 E. 14th St., National City	26	26	x	x	x	x	x
The Williams School for Handicapped Children†	449 N. Madison Ave., Pasadena	4	13	20		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	
Total, 86 private institutions.		3,246	3,554	54	40	47	42	16

* For male cases only.
 ** For female cases only.
 † For children only.
 ‡ Day patients also accepted.

On June 30, 1946, there were 86 private institutions under departmental license, as compared with 100 at the end of the preceding fiscal year. This reduction is due in part to the fact that the wartime difficulties experienced by the institutions during the last few years (scarcity of competent help, lack of building supplies and other materials for proper maintenance, public pressure for the acceptance of patients in excess of licensed capacity) have not yet been alleviated. In addition, the fact that a full-time medical inspector was not available for this program until the last two months of the fiscal year delayed the inspection and licensing of a number of qualified institutions until after June 30th.

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It will be noted from Table 33 that many of the private institutions under license on June 30, 1946, cared for more than one type of patient. Thus, out of a total of 86 institutions, 54 offered care for mentally-ill patients, 40 for alcoholic patients, 47 for mentally-defective patients, 42 for patients with convulsive disorders, and 16 for patients suffering from narcotic addiction. The total licensed capacity was 3,554 patients, with an actual population of 3,246 patients on June 30th. Of this latter total, approximately 75 percent were under treatment for mental illness and related disorders, while 25 percent were being cared for as epileptic or mentally deficient patients.

PATIENTS DISCHARGED FROM MENTAL HOSPITALS

Of the 5,497 patients (excluding transfers-out and deaths in hospital) who were removed from the active hospital records during 1945-46, 53.4 percent were discharged directly from the hospitals while 41.9 percent were discharged while on leave of absence and 4.7 percent while on escape (Table 6). From this total the group of 541 patients discharged from brief court or emergency observation and the group of 85 patients removed from the active records because of death while on leave or escape may properly be excluded, and 11 patients transferred to Sonoma and Pacific Colony may be included, leaving a net total of 4,871 discharges suitable for analysis and comparison in the descriptive tables which follow (Tables 36-38). This figure is 4.6 percent less than the corresponding figure for the preceding year, the rate of discharge per 1,000 patients under treatment having decreased from 158.1 per 1,000 in 1944-45 to 141.1 per 1,000 in 1945-46.

Reason for Discharge. The reason assigned for discharging a patient from the active records may have either a medical or an administrative basis, depending on the patient's diagnosis and condition and also upon the type of admission. As shown in Table 34, the medical evaluation of the patient's condition at discharge was given as the reason for discharge for 70 percent of the total number of 5,497 cases. With respect to patients committed as mentally ill and discharged as recovered or as not insane, it may be noted that the department files a certified copy of the certificate of discharge with the county clerk of the committing county, which serves to overcome the factual presumption of mental incapacity, and, in those cases in which a guardian has been appointed, serves as the basis for a court order of restoration to capacity. Patients discharged as improved and unimproved include those who are harmlessly mentally ill, patients removed to other states by relatives, voluntary patients requesting discharge, and those whose treatment has progressed to the point where release is justified.

Patients discharged for various legal and statutory reasons comprised 10 percent of the total. These include patients discharged by court order, and also include those alcoholics, drug addicts, and juvenile observation cases whose period of hospitalization had reached the statutory limit set at time of commitment. A small number of patients in this latter group required further hospitalization, and were immediately recommitted as mentally ill.

TABLE 34
DISCHARGES FROM STATE MENTAL HOSPITALS, BY TYPE OF COMMITMENT AND REASON FOR DISCHARGE
YEAR ENDING JUNE 30, 1946

Reason for discharge	Type of commitment									
	Mentally ill	Alcoholic	Drug addict	Sexual psychopath	Psychopathic delinquent	Voluntary admission	Juvenile court observation	Youth Authority observation	Court observation	
All discharges										
Total, all discharges.....	5,497	640	52	22	5	891	108	49	541	
Total, excluding court observation cases and deaths on leave or escape.....	4,871	635	50	21	5	889	108	49		
Discharged on medical grounds.....	3,837	326	16	14	2	887	44	28		
Recovered.....	1,428		3	1		219				
Improved.....	1,279		3			89				
Unimproved.....	787									
Not insane.....	191	2	2				5	1		
Net insane.....	875	5					4	4		
Further treatment not beneficial.....	328	319	8	13	2	434	35	23		
Discharged for legal and statutory reasons.....	560	307	34	7	3		64	21		
Court order.....	100	35	2	3	3		41	9		
Term expired.....	462	303	26	7	3		23	12		
Illegal commitment.....	8	2	5							
Discharged by transfer to facilities outside department.....	474	2								
Discharged to U. S. Veterans Administration facilities.....	128	1								
Deported to state or country of legal residence.....	346	1								
Discharged from court observation.....	541					2				
Case dismissed.....	141					1				
Permanent commitment.....	396					1				
Readmitted for further observation.....	4									
Discharged following death on leave or escape.....	85	5	2	1		2				

* Including 11 patients transferred to Sonoma and Pacific Colony as mental defectives.

Patients discharged by transfer to mental hospitals outside the department comprised 9 percent of the total, and included 128 patients discharged to the two United States Veterans Administration hospitals in California (as described in a later section on veteran patients) and 346 mentally-ill patients deported at state or federal expense to their state of legal residence or country of citizenship.

The group of 541 discharges from brief court observation (of whom 396 were subsequently committed as mentally ill) accounted for 10 percent of the total, and 85 patients discharged from the records because of death while on leave or escape accounted for the remaining 1 percent.

TABLE 35
DEPORTATIONS FROM STATE MENTAL INSTITUTIONS
YEARS ENDING JUNE 30, 1942-1946

Institution	Year ending June 30				
	1942	1943	1944	1945	1946
All institutions.....	352	230	357	534	408
Mental hospitals.....	346	228	346	511	382
Agnews.....	12	13	22	28	39
Camarillo.....	73	33	40	78	38
Mendocino.....	23	22	19	72	42
Napa.....	33	31	63	69	46
Norwalk.....	34	21	44	36	40
Patton.....	103	71	105	139	118
Stockton.....	68	37	53	84	59
Mental defectives.....	6	2	11	23	26
Pacific Colony.....		1	2	4	2
Sonoma State Home.....	6	1	9	19	24

Deportations. In addition to the 346 mentally-ill patients deported at state or federal expense (mentioned above), 36 mentally-ill patients were deported under departmental supervision at their own or their relatives' expense. Deportations from the two state institutions for mentally defective totaled 26 for the year. Thus, as shown in Table 35, 408 mentally ill and mentally defective patients were removed from the records in 1945-46 by deportation. This figure includes 406 deportations to other states and two federal deportations to foreign countries.

The total of 408, less 140 mentally-ill California residents returned by other states to state mental institutions or to private care in California, resulted in a net reduction of 268 cases in the resident patient population through interstate deportation activities. The majority of these being chronic cases, without a deportations program the year's increase of 611 patients in the resident hospital population would have been greater by one-third; the program thus effects a significant saving in badly-needed ward space and in the cost of care and treatment.

Diagnoses of Patients Discharged. Of the group of 4,871 discharged patients included in table 36, 72.9 percent were diagnosed as psychotic as compared with 76.7 percent for 1944-45. Among the various diagnostic groups, the percentage of patients diagnosed as cases of dementia praecox

decreased from 26.9 percent to 24.8 percent of the total number of discharges. Patients whose diagnosis included syphilis as an etiological factor decreased also from 12.4 percent of the total discharged in 1944-45 to 10.3 percent in the current year, in line with the decrease in syphilitic admissions. Psychotic and nonpsychotic alcoholic patients comprised 19.5 percent of the total number discharged in 1945-46, slightly higher than the percentage of 19.1 reported for 1944-45. This increase is less than might be expected, considering the large proportional increase in the number of alcoholic admissions this last year.

As might be expected, there was considerable variation between diagnostic groups in the rate of discharge per 1,000 patients under treatment during the year. The rate for patients with a diagnosis of dementia praecox was 79 discharges per 1,000 dementia praecox cases under treatment (as compared with 90 per 1,000 for 1944-45), while the discharge rate for nonpsychotic alcoholics was 594 per 1,000 (as compared with 675 per 1,000 in 1944-45). Other diagnostic groups showed rates varying between these two extremes: the rate for involuntal psychotics was 236 (203 in 1944-45), manic-depressives 252 (274 in 1944-45), and alcoholic psychotics 302 (349 in 1944-45).

Age of Patients at Discharge. The slight increase this last year in the median age at discharge for patients in the two largest diagnostic groups (from 34.1 years in 1944-45 to 34.3 years in 1945-46 for dementia praecox cases and from 40.6 to 41.2 years for manic-depressives), was more than offset by decreases in other diagnostic groups, resulting in a decrease in the median age at discharge for all patients from 40.6 years in 1944-45 to 40.1 years in 1945-46. The data of Table 36 indicate that patients between 30 and 50 years of age comprised 50 percent of the total number discharged during the year.

It is interesting to note that while the median age of the resident population and the median age at admission have both steadily increased during the six years for which age data have been calculated, the median age of patients discharged annually from the state mental hospitals has remained fairly constant.

Condition at Discharge. Of the 3,552 psychotic patients who were discharged during 1945-46 (Table 37), 40 percent were classified as recovered from the mental disorders which occasioned their admission to the hospital, 48 percent were classified as improved, and 12 percent were classified as unimproved, being released for various administrative reasons. With respect to the 1,312 nonpsychotic discharges, the patient's condition at discharge was available for 647 or 49 percent, of whom 5 percent were discharged as recovered, 84 percent as improved, and 11 percent as unimproved.

There was a marked difference between the sexes in the condition at discharge for psychotic patients, 45 percent of the female patients being discharged as recovered as compared with 34 percent of the male patients. This sex difference is particularly notable with respect to dementia praecox cases, 32 percent of the female and only 19 percent of the male patients being discharged as recovered.

The percentages of recovery among the diagnostic groups also varied greatly. For example, in the group of 709 manic-depressives discharged in 1945-46, 62 percent were released as recovered, and in the group of

TABLE 36
DISCHARGES FROM STATE MENTAL HOSPITALS, BY AGE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorders	All discharges*		Age at last birthday, in years																		
	Total	Male	Female	5-9		10-14		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	M	F
All groups.....	4,871	2,622	2,249	10	3	73	21	180	119	153	163	204	189	286	293	369	296	353	269	277	274
With psychosis.....	3,552	1,714	1,838	2	1	9	5	89	59	120	143	152	151	200	235	222	227	311	205	185	238
Syphilitic meningitis-encephalitis (general paresis).....	184	124	60																		
With other forms of syphilis of the c. n. s.....	24	19	5																		
With epidemic encephalitis.....	1	1																			
With other infectious diseases.....	10	5	5																		
Alcoholic.....	365	279	86																		
Due to drugs or other exogenous poisons.....	17	7	10																		
Traumatic.....	30	25	5																		
With cerebral arteriosclerosis.....	200	107	93																		
With other disturbances of circulation.....	11	5	6																		
With convulsive disorders (epilepsy).....	77	44	33																		
Senile.....	56	21	35																		
Involuntal.....	268	44	224																		
Due to other metabolic, etc., diseases.....	29	11	18																		
Due to new growth.....	12	9	3																		
With organic changes of the nervous system.....	167	64	103																		
Psychoneuroses.....	709	212	497																		
Manic-depressive.....	1,208	642	566																		
Dementia praecox (schizophrenia).....	28	11	17																		
Paranoia and paranoid conditions.....	54	27	27																		
With psychopathic personality.....	64	31	33																		
With mental deficiency.....	38	26	12																		
Undiagnosed psychoses.....	1,312	905	407																		
Without psychosis.....	113	9	4																		
Epilepsy.....	586	417	169																		
Alcoholism.....	66	23	43																		
Drug addiction.....	67	40	27																		
Mental deficiency.....	3	1	2																		
Disorders of personality due to epidemic encephalitis.....	99	76	23																		
Psychopathic personality.....	59	40	19																		
Other non-psychotic diseases or conditions (not insane).....	125	86	39																		
Primary behavior disorders.....	20	90	70																		
Sexual psychopathy.....	284	183	101																		
Syphilis of the c. n. s.....	7	3	4																		
Diagnosis deferred.....																					

* See footnote to table 37.

TABLE 36—Continued
DISCHARGES FROM STATE MENTAL HOSPITALS, BY AGE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorders	Age at last birthday, in years														Unknown			
	50-54		55-59		60-64		65-69		70-74		75-79		80-84		85 and over		M	F
	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
All groups.....	223	204	199	148	134	130	89	74	38	26	25	26	7	7	1	6	1	1
With psychosis.....	148	175	137	141	103	122	72	72	33	25	22	26	7	7	1	6	1	
Syphilitic meningoenephalitis (general paresis).....	13	10	8	4	10	1	8	1	1									
With other forms of syphilis of the c. n. s.....	3		2		2													
With epidemic encephalitis.....																		
With other infectious diseases.....																		
Alcoholic.....	44	12	32	3	18	1	8	1	2	1							1	
Due to drugs or other exogenous poisons.....	2		2		3													
Traumatic.....	4		2		1		2											
With cerebral arteriosclerosis.....	5	6	16	13	26	24	30	22	14	11	10	8	4	2				4
With other disturbances of circulation.....	1	1	2	2														
With convulsive disorders (epilepsy).....	2	4	1	2			1	1										
Senile.....							4	3	6	8	8	10	2	4	1	2		
Involuntal.....	9	55	14	53	9	29	3	10	1	2								
Due to other metabolic, etc., diseases.....	1	2	1	2	1	3		1										
Due to new growth.....																		
With organic changes of the nervous system.....	1	4					1											
Psychoses.....	4	4	3	4	2	5	1	1				1						
Manic-depressive.....	17	42	22	32	15	32	7	19	4	3	1	3						
Dementia praecox (schizophrenia).....	36	32	20	20	16	12	7	6	5	5	3	3	1	1				
Paranoia and paranoid conditions.....	2	2	2	4	1	3	1	1										
With psychopathic personality.....	1	3	1	1		1												
With mental deficiency.....	5	1	2				1	1			1							
Undiagnosed psychoses.....																		
Without psychosis.....	74	28	62	7	31	8	17	2	5	1	3							1
Epilepsy.....	1																	
Alcoholism.....	44	17	46	7	26	7	13	1	3		1							
Drug addiction.....	2	3	2															
Mental deficiency.....	2																	
Disorders of personality due to epidemic encephalitis.....																		
Disorders of personality.....	3	1	1	1	1		1	1										
Psychopathic personality.....	3	2	3				2	2			2							1
Other non-psychotic diseases or conditions (not insane).....																		
Primary behavior disorders.....	1		1				1				1							
Sexual psychopathy.....	18	5	9		2	1												
Syphilis of the c. n. s.....																		
Diagnosis deferred.....	1	1																

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TABLE 37
DISCHARGES FROM STATE MENTAL HOSPITALS, BY CONDITION AT DISCHARGE,
MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

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	4,871	2,622	2,249	611	848	1,218	1,015	340	154	453	232
With psychosis	3,552	1,714	1,838	590	834	825	864	288	132	11	8
Syphilitic meningo-encephalitis (general paresis)	184	124	60	26	12	82	44	16	4		
With other forms of syphilis of the c. n. s.	24	19	5	3	1	9	3	7	1		
With epidemic encephalitis	1	1				1					
With other infectious diseases	10	5	5		3	3	1	2	1		
Alcoholic	365	279	86	172	48	91	36	16	2		
Due to drugs or other exogenous poisons	17	7	10	3	7	2	2	2	1		
Traumatic	30	25	5	10	2	15	3				
With cerebral arteriosclerosis	200	107	93	31	35	63	50	12	8	†1	
With other disturbances of circulation	11	5	6	3	3	2	3				
With convulsive disorders (epilepsy)	77	44	33	7	6	31	24	6	3		
Senile	56	21	35	4	9	14	19	3	7		
Involutional	268	44	224	26	121	18	92		11		
Due to other metabolic, etc., diseases	29	11	18	5	14	5	3	1	1		
Due to new growth											
With organic changes of the nervous system	12	9	3	1		6	2	2	1		
Psychoneuroses	167	64	103	17	44	29	42	10	11	‡8	‡6
Manic-depressive	709	212	497	126	313	76	168	10	16		
Dementia praecox (schizophrenia)	1,208	642	566	122	181	340	333	178	50	‡2	‡2
Paranoia and paranoid conditions	28	11	17	2	9	7	8	2			
With psychopathic personality	54	27	27	13	11	11	13	3	3		
With mental deficiency	64	31	33	8	11	14	16	9	6		
Undiagnosed psychoses	38	26	12	11	4	6	2	9	6		
Without psychosis	1,312	905	407	20	13	393	150	51	20	441	224
Epilepsy	13	9	4			1	1			8	3
Alcoholism	586	417	169	14	6	326	122	8	7	69	34
Drug addiction	46	23	23	1	3	17	15	2	1	3	4
Mental deficiency	67	40	27		1	2	1	7		31	25
Disorders of personality due to epidemic encephalitis	3	1	2						1	1	1
Psychopathic personality	99	76	23	4	1	9	1	7	3	56	18
Other non-psychotic diseases or conditions (not insane)	59	40	19			2	1	3	2	35	16
Primary behavior disorders	125	86	39		1	21	6	14	4	51	28
Sexual psychopathy	20	20		1	10			7		2	
Syphilis of the c. n. s.	294	193	101		1	5	3	3	2	185	95
Diagnosis deferred	7	3	4	1	1		1	1	2	1	

* Including seven male and four female patients transferred to institutions for mentally deficient, and all discharges direct from hospital or while on leave of absence or escape, with the exception of 311 male and 230 female patients discharged from court observation (W. & I. Code Secs. 5050, 5050.3, and 7058), and 48 male and 37 female patients who died while on leave of absence or escape. In this last group, 43 male and 34 female patients had been diagnosed as psychotic at admission.

† Discharged by court order.

‡ Diagnosed as psychoneurotic without psychosis.

discharged alcoholic psychotics 60 percent were released as recovered; but only 25 percent were reported as recovered in the group of schizophrenic discharges.

Duration of Hospital Residence. The median duration of total hospital residence prior to discharge (including residence following the current admission and also all known previous periods of residence in any state

or federal mental hospital) decreased during the year from 5.6 months in 1944-45 to 5.2 months in 1945-46. The most frequent (or modal) length of residence, however, was approximately 3.2 months, this being the usual length of residence for nonpsychotic patients, particularly those with syphilis of the central nervous system who entered the hospitals for fever therapy treatment. Hospitalization of three months or less was reported for 29.9 percent of the psychotic patients and for 59.2 percent of the nonpsychotic patients discharged in 1945-46. For both groups combined, 37.9 percent were hospitalized for three months or less, 35.4 percent for 3 to 12 months, and 26.7 percent for 12 months or longer.

TABLE 38
DISCHARGES FROM STATE MENTAL HOSPITALS, BY DURATION OF HOSPITAL
RESIDENCE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

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.....	4,871	2,622	2,249	49	61	994	741	524	503	336	360	272	286		
With psychosis.....	3,552	1,714	1,838	36	46	461	519	354	426	246	302	218	261		
Syphilitic meningo-encephalitis (general paresis).....	184	124	60	1	1	19	6	27	16	19	15	18	11		
With other forms of syphilis of the c. n. s.	24	19	5	1	---	---	---	3	2	5	1	3	2		
With epidemic encephalitis.....	1	1	---	---	---	1	---	---	---	---	---	---	---		
With other infectious diseases.....	10	5	5	---	1	---	---	3	2	---	---	---	1		
Alcoholic.....	365	279	86	5	1	104	26	76	23	47	20	25	13		
Due to drugs or other exogenous poisons.....	17	7	10	---	1	6	5	1	1	---	1	---	1		
Traumatic.....	30	25	5	---	---	8	---	5	1	5	3	1	1		
With cerebral arteriosclerosis.....	200	107	93	4	3	36	25	18	22	15	16	15	12		
With other disturbances of circulation.....	11	5	6	---	---	2	3	1	1	---	1	---	1		
With convulsive disorders (epilepsy).....	77	44	33	1	1	11	8	12	8	9	4	9	9		
Senile.....	56	21	35	---	1	5	11	3	6	3	5	4	5		
Involutional.....	268	44	224	1	7	17	79	8	60	5	34	4	17		
Due to other metabolic, etc., diseases.....	29	11	18	---	---	1	3	8	5	4	---	2	1		
Due to new growth.....	---	---	---	---	---	---	---	---	---	---	---	---	---		
With organic changes of the nervous system.....	12	9	3	---	---	2	2	2	---	3	1	---	---		
Psychoneuroses.....	167	64	103	7	15	30	57	12	8	10	14	3	3		
Manic-depressive.....	709	212	497	5	3	63	139	50	105	27	77	30	91		
Dementia praecox (schizophrenia).....	1,208	642	566	6	6	125	126	107	156	90	92	94	78		
Paranoia and paranoid conditions.....	28	11	17	---	---	4	7	2	4	1	2	---	1		
With psychopathic personality.....	54	27	27	---	---	10	4	5	3	1	7	5	5		
With mental deficiency.....	64	31	33	1	---	3	7	9	4	4	7	3	7		
Undiagnosed psychoses.....	38	26	12	4	5	12	6	5	---	2	---	3	1		
Without psychosis.....	1,312	905	407	12	15	531	219	170	77	89	57	54	25		
Epilepsy.....	13	9	4	---	---	4	2	1	1	---	1	1	---		
Alcoholism.....	586	417	169	4	4	206	65	122	52	46	29	26	14		
Drug addiction.....	46	23	23	1	2	7	2	3	---	10	14	1	3		
Mental deficiency.....	67	40	27	2	1	21	15	7	4	2	---	3	2		
Disorders of personality due to epidemic encephalitis.....	3	1	2	---	---	---	---	---	1	---	1	1	---		
Psychopathic personality.....	99	76	23	1	1	36	8	8	5	9	5	10	2		
Other non-psychotic diseases or conditions (not insane).....	59	40	19	2	3	30	12	4	2	1	---	---	2		
Primary behavior disorders.....	125	86	39	---	---	43	22	21	9	14	7	6	1		
Sexual psychopathy.....	20	20	---	---	---	---	---	2	---	2	---	6	---		
Syphilis of the c. n. s.	294	193	101	2	4	184	93	2	3	5	---	---	1		
Diagnosis deferred.....	7	3	4	1	---	1	3	---	---	1	1	---	1		

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

TABLE 38—Continued
DISCHARGES FROM STATE MENTAL HOSPITALS, BY DURATION OF HOSPITAL
RESIDENCE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

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.....	118	115	129	87	119	64	58	19	16	4	7	9
With psychosis.....	95	106	112	85	112	61	56	19	16	4	7	9
Syphilitic meningo-encephalitis (general paresis).....	12	6	10	2	11	1	7	2				
With other forms of syphilis of the c. n. s.					4		2					
With epidemic encephalitis.....	2	1										
With other infectious diseases.....	6	2	9	1	6		1					
Alcoholic.....		1										
Due to drugs or other exogenous poisons.....	1											
Traumatic.....	5	5	3		2							
With cerebral arteriosclerosis.....			5	6	6	4	3					
With other disturbances of circulation.....			2									
With convulsive disorders (epilepsy).....			1		1	3						
Senile.....	4	2	1	2	1	3						
Involuntal.....	3	10	4	9	2	8						
Due to other metabolic, etc., diseases.....	1	1			1							
Due to new growth.....												
With organic changes of the nervous system.....					1		1					
Psychoneuroses.....	1	3	1	3								
Manic-depressive.....	12	34	12	26	6	12	4	8	3	1		1
Dementia praecox (schizophrenia).....	41	35	61	32	67	21	34	9	11	3	6	8
Paranoia and paranoid conditions.....	1	1			2	2	1					
With psychopathic personality.....	4	3	1	2	3						1	
With mental deficiency.....	2	2	2	2	2	4	3		2			
Undiagnosed psychoses.....												
Without psychosis.....	23	9	17	2	7	3	2					
Epilepsy.....	2				1							
Alcoholism.....	10	4	3	1								
Drug addiction.....	1	2										
Mental deficiency.....	2	2	1	1	2	2						
Disorders of personality due to epidemic encephalitis.....												
Psychopathic personality.....	2	1	7		1	1	2					
Other non-psychotic diseases or conditions (not insane).....	1		1		1							
Primary behavior disorders.....	2											
Sexual psychopathy.....	3		5		2							
Syphilis of the c. n. s.												
Diagnosis deferred.....												

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

Of the total number discharged in each of the principal diagnostic classifications, discharges were granted after three months or less of hospitalization to 96.3 percent of the nonpsychotic patients with syphilis of the central nervous system, 47.6 percent of the nonpsychotic alcoholics, 37.3 percent of the psychotic alcoholics, 29.6 percent of the manic-depressives, and 21.8 percent of the dementia praecox cases. Dementia praecox cases, on the other hand, accounted for 62.8 percent of all patients discharged after 10 years or more of hospital treatment.

DEATHS IN MENTAL HOSPITALS

During the year ending June 30, 1946, there were 2,481 deaths in state mental hospitals, not including the deaths of 17 court observation patients. This represents a hospital death rate of 72 per 1,000 patients under treatment during the year. It may be noted that the annual death

rate has gradually increased during the last seven years from the rate of 50 per 1,000 reported in 1939-40, in line with a corresponding increase in the average age of the resident population and particularly in the proportion of aged patients. The median age at death has also increased over this same period.

The 1945-46 death rate for male patients was 78 per 1,000 male patients under treatment and, for female patients, 65 per 1,000. Death rates for the various hospitals (both sexes combined) ranged from a minimum of 37 per 1,000 patients under treatment at Mendocino to 106 per 1,000 at Norwalk (Table 7), the variation being due principally to relative differences in the age distribution of admissions and of the resident population.

Age at Death. Since 1936, the earliest year for which this figure is available, the median age of patients dying in state hospitals has increased steadily from 60 years in 1935-36 to the current figure of 69 years. The median age at death for female patients (71 years), continues to exceed the median age at death for male patients (67 years). As evidenced by the age distribution in table 39, patients 75 years of age and over at time of death comprised 33.6 percent of the total number of deaths, as compared with 29 percent in 1935-36.

Mental Disorders of Patients Dying. Deaths of patients diagnosed as cases of cerebral arteriosclerosis with psychosis and as cases of senile psychosis comprised 54.3 percent of all deaths during 1945-46, the highest percentage in the past 12 years. Cases diagnosed as dementia praecox accounted for 15.9 percent of the total deaths, while patients with general paresis made up 9.3 percent. It may be noted that these three groups respectively represented elderly patients nearing the end of their normal life span, patients with chronic mental disorder requiring lifetime hospitalization, and patients with acute somatic disease.

Duration of Hospital Residence. The median length of hospitalization prior to death, which was 11 months in 1944-45, has increased this last year to 14.6 months. The most frequent number of deaths occurred after approximately 1.8 months of residence, this low modal figure being determined largely by the great number of deaths of senile, arteriosclerotic, and syphilitic patients following brief hospitalization, and reflecting the advanced age or poor physical condition of these patients at admission.

Of the patients whose deaths occurred during 1945-46, 47.4 percent had received hospital treatment of less than one year, while 18.2 percent had undergone treatment for 10 years or longer. The median duration of residence prior to death ranged from 6.1 months for patients with cerebral arteriosclerosis and senile psychosis to 13.0 years for patients diagnosed as cases of dementia praecox (Table 40).

Cause of Death. The term "cause of death" as used in the tables and text of this report refers to the primary cause of death, which, when death is ascribed to more than one cause, is assigned in accordance with procedures recommended by the United States Bureau of the Census. It should be noted that the primary cause of death is not necessarily identical with the immediate cause of death, nor with the diagnosis of the patient's mental disorder.

TABLE 39
DEATHS IN STATE MENTAL HOSPITALS, BY AGE AT DEATH, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	Age at last birthday, in years																
	10-14		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.....	*2,481	1,353	1,128	1	5	2	19	11	26	19	15	41	34	81	30	72	42
With psychosis.....	2,433	1,317	1,116		3	2	19	11	25	18	15	40	34	72	29	70	41
Syphilitic meningo-encephalitis (general paresis).....	230	183	47				1	1	2	2	1	9	4	32	3	33	8
With other forms of syphilis of the c. n. s.....	10	14	2									2		2		1	
With epidemic encephalitis.....	2	2	2														
With other infectious diseases.....	4	2	2														
Alcoholic.....	57	46	11				1					4	1	2		2	1
Due to drugs or other exogenous poisons.....	1	1															
Traumatic.....	8	6	2				1										
With cerebral arteriosclerosis.....	888	467	421									1				4	6
With other disturbances of circulation.....	26	16	10									1		2		2	
With convulsive disorders (epilepsy).....	72	40	32		1	1	2	1	6	1	3	2	4	5	4	4	1
Senile.....	453	203	255														
Involuntal.....	41	10	31														
Due to other metabolic, etc., diseases.....	11	6	5				1							1		1	3
Due to new growth.....	3	15	21														
With organic changes of the nervous system.....	30	15	21											1	4	1	1
Psychoneuroses.....	4	4	2														
Manic-depressive.....	94	36	58														
Dementia praecox (schizophrenia).....	394	217	177		2	1	2	3	1	2	2	2	4	4	2	2	6
Paranoia and paranoid conditions.....	18	7	11				9	5	13	7	10	9	10	18	10	18	11
With psychopathic personality.....	8	6	2														
With mental deficiency.....	33	24	14				1	1	1	2	2	2	2	1	2	1	1
Undiagnosed psychoses.....	24	12	12				1			1	2	1	1	1	4	2	1
Without psychosis.....	35	28	7							1		1		7	1	2	1
Epilepsy.....	5	2															
Alcoholism.....	12	12	3											3	1		
Drug addiction.....	1	1															
Mental deficiency.....	4	3	1				1										
Disturbances of personality due to epidemic encephalitis.....																	
Psychopathic personality.....	1		1														
Other non-psychotic diseases or conditions (not insane).....	2	1	1														
Primary behavior disorders.....	1	1															
Sexual psychopathy.....	9	8	1											3		1	1
Syphilis of the c. n. s.....												1					
Diagnosis deferred.....	13	8	5				1							2			

* Excluding 17 patients (10 male and 7 female) dying in hospital while on court observation.

TABLE 39—Continued
 DEATHS IN STATE MENTAL HOSPITALS, BY AGE AT DEATH, MENTAL DISORDER, AND SEX
 YEAR ENDING JUNE 30, 1946

Mental disorder	Age at last birthday, in 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.....	80	63	104	85	140	100	192	129	176	161	186	184	121	139	90	114		
With psychosis.....	75	63	101	83	135	98	190	129	174	160	183	183	121	138	90	112		
Syphilitic meningoenzephalitis (general paresis).....	27	9	26	9	21	5	19	5	7	1	2	1	1	1				
With other forms of syphilis of the c. n. s.....	2	2	2	1	2		3	1										
With epidemic enzephalitis.....																		
With other infectious diseases.....	5	1	4	4	13	1	9	1	4		2	2						
Alcoholic.....																		
Due to drugs or other exogenous poisons.....																		
Traumatic.....	1				3					1								
With cerebral arteriosclerosis.....	8	9	21	17	44		90	72	96	77	98	94	62	56	44	42		
With other disturbances of circulation.....		2	6	1	4		4			1	1	1		1				
With convulsive disorders (epilepsy).....	5	2	4	5	2	1	4	5	4	2	5	1						
Senile.....		1	1	1	2	4	17	10	35	51	58	62	50	66	40	60		
Involutional.....	1	2	2	2	5	9	2	5	2	5		1						
Due to other metabolic, etc., diseases.....																		
Due to new growth.....																		
With organic changes of the nervous system.....		3	2	1	1	3	1	2	2		2							
Psychoneuroses.....																		
Manic-depressive.....	4	4	2	6	4	5	7	1	3									
Dementia praecox (schizophrenia).....	18	22	19	25	30	20	26	19	19	18	14	13	8	7	4	6		
Paranoia and paranoid conditions.....		1	1		1	1	1				2	4		2	2	1		
With psychopathic personality.....	1																	
With mental deficiency.....	2	3	4	3	4		2	2	1		1							
Undiagnosed psychoses.....	1	1	1	1	2		4	1	1									
Without psychosis.....	4		3	2	3	1	2		1		2			1				
Epilepsy.....																		
Alcoholism.....	3		1	1	1	1	1		1		2							
Drug addiction.....																		
Mental deficiency.....																		
Disorders of personality due to epidemic enzephalitis.....																		
Psychopathic personality.....							1							1				
Other non-psychotic diseases or conditions (not insane).....																		
Primary behavior disorders.....																		
Sexual psychopathy.....	1																	
Syphilis of the c. n. s.....					2													
Diagnosis deferred.....	1				2	1			1	1	1	1				2		

TABLE 40
DEATHS IN STATE MENTAL HOSPITALS, BY DURATION OF STATE HOSPITAL
RESIDENCE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

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.....	2,481	1,353	1,128	148	102	313	223	108	88	96	99	129	117
With psychosis.....	2,433	1,317	1,116	140	99	303	217	107	87	92	97	123	117
Syphilitic meningo-encephalitis (general paresis).....	230	183	47	10	5	57	9	13	2	14	4	12	3
With other forms of syphilis of the c. n. s.....	16	14	2	1	1	4	1	1	1	2	1	1	1
With epidemic encephalitis.....	2	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	4	2	2	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	57	46	11	7	1	6	3	2	2	4	2	3	2
Due to drugs or other exogenous poisons.....	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	8	6	2	1	1	2	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	888	467	421	66	51	135	109	52	45	44	43	62	48
With other disturbances of circulation.....	26	16	10	5	4	5	3	2	1	1	2	1	1
With convulsive disorders (epilepsy).....	72	40	32	2	1	2	1	1	1	1	1	1	2
Senile.....	458	203	255	25	16	75	66	25	26	19	29	26	45
Involutional.....	41	10	31	2	2	2	5	1	1	2	1	1	4
Due to other metabolic, etc., diseases.....	11	6	5	1	1	1	1	3	1	1	1	1	1
Due to new growth.....	3	1	2	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	36	15	21	2	1	4	1	1	1	2	4	2	2
Psychoneuroses.....	6	4	2	1	1	2	1	1	1	1	1	1	1
Manic-depressive.....	94	36	58	5	6	7	4	2	1	1	4	4	3
Dementia praecox (schizophrenia).....	394	217	177	7	4	3	8	4	6	1	3	9	4
Paranoia and paranoid conditions.....	18	7	11	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	6	6	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	38	24	14	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses.....	24	12	12	4	8	2	3	1	1	1	1	1	1
Without psychosis.....	35	28	7	3	1	8	3	1	1	4	2	6	---
Epilepsy.....	2	2	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	15	12	3	1	1	4	1	1	1	1	1	3	---
Drug addiction.....	1	1	1	1	1	1	1	1	1	1	1	1	---
Mental deficiency.....	4	3	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	---
Psychopathic personality.....	1	1	1	1	1	1	1	1	1	1	1	1	---
Other non-psychotic diseases or conditions (not insane).....	2	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	---
Sexual psychopathy.....	1	1	1	1	1	1	1	1	1	1	1	1	---
Syphilis of the c. n. s.....	9	8	1	1	1	4	1	1	1	1	1	1	---
Diagnosis deferred.....	13	8	5	5	2	2	3	---	---	---	---	1	---

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

As in the past, diseases of the circulatory system constituted the most frequent primary cause of death, accounting for 46.5 percent of the total number of deaths in 1945-46 (Table 41). Infectious and parasitic diseases (including tuberculosis and syphilis) were the second most common cause of death, comprising 18.7 percent of the year's total. The third most frequent cause, diseases of the nervous system and sense organs, accounted for 11.6 percent of the total.

Sex differences in the distribution of deaths by cause of death were most marked for deaths due to infectious and parasitic diseases, this group of diseases being responsible for 23.3 percent of the male deaths and only 13.1 percent of the female deaths. The percentage of female deaths ascribed to cancer and other tumors and to diseases of the nervous system and sense organs was somewhat greater than that for male patients.

TABLE 40—Continued
DEATHS IN STATE MENTAL HOSPITALS, BY DURATION OF STATE HOSPITAL
RESIDENCE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

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.....	74	89	98	98	131	116	89	70	51	37	116	89
With psychosis	71	89	96	98	131	116	89	70	51	37	115	89
Syphilitic meningo-encephalitis (general paresis).....	11	4	19	3	23	7	15	5	7	4	2	1
With other forms of syphilis of the c. n. s.	2	.....	2	.....	.....	.....	.....	1	3	1	.....	.....
With epidemic encephalitis.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
With other infectious diseases.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Alcoholic.....	3	1	7	.....	4	.....	4	.....	2	.....	4	.....
Due to drugs or other exogenous poisons.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Traumatic.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1	.....
With cerebral arteriosclerosis.....	30	37	28	40	30	33	14	11	5	4	1	.....
With other disturbances of circulation.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
With convulsive disorders (epilepsy).....	5	2	4	3	7	4	8	7	6	1	7	8
Senile.....	9	24	9	27	10	14	3	6	1	1	1	1
Involuntional.....	.....	3	1	3	1	6	.....	4	1	1	1	1
Due to other metabolic, etc., diseases.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Due to new growth.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
With organic changes of the nervous system.....	1	2	1	3	3	4	2	1	.....	1	1	.....
Psychoneuroses.....	1	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Manic-depressive.....	2	4	.....	6	8	9	1	6	3	2	3	13
Dementia praecox (schizophrenia).....	6	10	15	11	38	28	32	26	22	19	80	58
Paranoia and paranoid conditions.....	.....	.....	.....	.....	.....	.....	2	2	.....	2	4	5
With psychopathic personality.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	1	.....
With mental deficiency.....	1	1	3	.....	2	8	7	1	1	1	8	2
Undiagnosed psychoses.....	.....	.....	2	.....	2	.....	1	.....	.....	.....	.....	.....
Without psychosis	3	.....	2	.....	.....	.....	.....	.....	.....	.....	1	.....
Epilepsy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....
Alcoholism.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Drug addiction.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mental deficiency.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
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.	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diagnosis deferred.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

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

Postmortem Examinations. The continuing shortage of staff physicians has delayed the development of a satisfactory program of postmortem examinations at many of the hospitals, although certain institutions have reported progress in this activity during the year. At Camarillo 76 autopsies were performed (equal to 29 percent of the total number of deaths during the year), and Mendocino reported 28 autopsies (21 percent of the deaths). Postmortem examinations were attended by as many of the staff physicians as could be spared from their regular duties, and the results were discussed at staff conferences whenever time permitted as a means of improving diagnostic techniques through the identification of somatic changes associated with various types of mental illness. The clinical pathologist of the Langley Porter Clinic facilitated these studies at various institutions by the preparation of tissue sections and slides,

TABLE 41.—DEATHS IN STATE MENTAL HOSPITALS, BY CAUSE OF DEATH, MENTAL DISORDER, AND SEX, YEAR ENDING JUNE 30, 1946

Mental disorder	All deaths			Cause of death*													
	Total	Male		Infectious, parasitic		Cancer and other tumors		Other general†		Blood-forming organs		Chronic poisoning, intoxication		Nervous system, sense organs		Circulatory system	
			Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups**	2,481	1,353	1,128	315	148	34	47	4	13	5	8	2	131	157	607	546	
With Psychosis	2,433	1,317	1,116	302	145	32	46	4	13	5	8	2	127	154	596	543	
Syphilitic meningo-encephalitis (general paresis)	230	183	47	162	41	1	2	2	2	1	1	1	1	1	7	1	
With other forms of syphilis of the c. n. s.	16	14	2	10	1	1	1	1	1	1	1	1	1	1	2	1	
With epidemic encephalitis	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
With other infectious diseases	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Alcoholic	57	46	11	6	3	1	1	1	1	1	7	2	6	1	13	2	
Due to drugs or other exogenous poisons	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Traumatic	8	6	2	2	1	1	1	1	1	1	1	1	1	1	1	1	
With cerebral arterio-sclerosis	888	467	421	20	18	10	15	4	4	1	1	1	41	63	338	260	
With other disturbances of circulation	26	16	10	1	1	2	2	2	2	2	2	2	20	14	4	6	
With convulsive disorders (epilepsy)	72	40	32	6	2	4	2	4	4	4	4	4	8	19	104	144	
Senile	458	203	255	9	17	4	8	2	4	2	2	2	2	2	2	6	
Involuntary	41	10	31	2	1	1	4	1	1	1	1	1	1	1	2	1	
Due to other metabolic, etc., diseases	11	6	5	1	1	1	1	1	1	1	1	1	1	1	1	1	
Due to new growth	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
With organic changes of the nervous system	36	15	21	4	1	1	2	1	1	1	1	1	3	13	5	2	
Psychoneuroses	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Manic-depressive	6	4	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
Dementia praecox (schizophrenia)	94	36	58	6	10	3	3	3	1	1	1	1	11	14	12	21	
Paranoia and paranoid conditions	334	217	177	64	42	9	5	2	2	1	1	1	26	23	73	67	
With psychopathic personality	18	7	11	3	2	1	1	1	1	1	1	1	1	1	1	1	
With mental deficiency	6	6	14	2	2	1	1	1	1	1	1	1	5	2	11	5	
With mental deficiency	38	24	14	4	3	3	3	1	1	1	1	1	5	2	11	5	
Undiagnosed psychoses	24	12	12	2	1	1	1	1	1	1	1	1	2	2	5	6	
Without psychosis	35	28	7	11	3	2	1	1	1	1	1	1	2	2	7	1	
Epilepsy	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
Alcoholism	15	12	3	2	2	1	1	1	1	1	1	1	1	1	2	5	
Drug addiction	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Mental deficiency	4	3	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	
Psychopathic personality	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other non-psychotic diseases or conditions (not insane)	2	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	
Sexual psychopathy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Syphilis of the c. n. s.	9	8	1	8	1	1	1	1	1	1	1	1	1	1	1	1	
Diagnosis deferred	13	8	5	2	2	1	1	1	1	1	1	1	2	1	4	2	

* Classified in terms of the major groups 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 17 deaths of patients committed for observation (10 male and 7 female).

TABLE 41—Continued
DEATHS IN STATE MENTAL HOSPITALS, BY CAUSE OF DEATH, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

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.....	124	100	24	24	16	20	2	2	39	41	49	21		4
With psychosis.....														
Syphilitic meningo-encephalitis (general paresis).....														
With other forms of syphilis of the c. n. s.....	121	99	22	24	16	19	2	2	39	41	48	21		4
With epidemic encephalitis.....	7	1		1					1		1			1
With other infectious diseases.....														
Alcoholic.....	1	6		5	2						1			
Due to drugs or other exogenous poisons.....											1			
Traumatic.....											1			
With cerebral arteriosclerosis.....	39	40	3	2	2	5			3	4	10	9		
With other disturbances of circulation.....	2		1		3	6	1				4			
With convulsive disorders (epilepsy).....	5	4		2							3			
Senile.....	27	20	1	1	4	3			32	32	12	6		1
Involutional.....														
Due to other metabolic, etc., diseases.....														
Due to new growth.....														
With organic changes of the nervous system.....	3	3												
Psychoneuroses.....														
Manic-depressive.....	4	7												
Dementia praecox (schizophrenia).....	23	18	9	9	2	3			3	2	8	3		2
Paranoia and paranoid conditions.....			1	1										
With psychopathic personality.....			1	1										
With mental deficiency.....	2	1	1	1							2			
Undiagnosed psychoses.....	2				1	1								
Without psychoses.....	3		2								1			
Epilepsy.....														
Alcoholism.....														
Drug addiction.....	3		1											
Mental deficiency.....											1			
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.....														
Diagnosis deferred.....		1				1								

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TABLE 41—DEATHS IN STATE MENTAL HOSPITALS, BY CAUSE OF DEATH, MENTAL DISORDER, AND SEX, YEAR ENDING JUNE 30, 1946

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**	2,481	1,353	1,128	315	148	34	47	4	13	5	8	2	131	157	607	546	
With Psychosis	2,433	1,317	1,116	302	145	32	46	4	13	5	8	2	127	154	598	543	
Syphilitic meningitis-encephalitis (general paresis)	230	183	47	162	41	1	2						1		2	1	
With other forms of syphilis of the c. n. s.	16	14	2	10	1												
With epidemic encephalitis	2	2	2														
With other infectious diseases	57	46	11	6	3		1					7	6	1	13	2	
Alcoholic	1	1															
Due to drugs or other exogenous poisons	8	6	2														
Traumatic	888	467	421	20	18	10	15	4					41	63	338	260	
With cerebral arterio-sclerosis	29	16	10	1											8	4	
With other disturbances of circulation	72	40	32	6	2	2	2						28	14	4	6	
Senile	458	203	255	9	17	4	8	2	4				8	10	104	144	
With convulsive disorders (epilepsy)	41	10	31	2	1		4						2	2	6	10	
Involuntary	3	6	5	1				1	1				1		2	1	
Due to other metabolic, etc., diseases	3	1	2														
With organic changes of the nervous system	36	15	21	4	1	1	1						3	13	5	2	
Psychoneuroses	6	4	2											1	2	1	
Manic-depressive	94	36	58	6	10	3	3	1					11	14	12	21	
Dementia praecox (schizophrenia)	304	217	177	64	42	9	5	2					26	23	73	67	
Paranoia and paralytic conditions	18	7	11	3	2								1	1	2	6	
With psychopathic personality	6	1	5	2													
With mental deficiency	38	24	14	4	3		3						5	2	11	5	
Undiagnosed psychoses	24	12	12	2	1	1	1							2	5	6	
Without psychosis	35	28	7	11	3	2	1						2	2	7	1	
Epilepsy	2	2												1			
Alcoholism	15	12	3	2									1	2	5	1	
Drug addiction	1	1															
Mental deficiency	4	3		1	1		1								1		
Disorders of personality due to epidemic encephalitis	1	1															
Psychopathic personality	2	1	1														
Other non-psychotic diseases or conditions (not insane)	1	1					1										
Primary behavior disorders	1	1															
Sexual psychopathy	1	1															
Syphilis of the c. n. s.	9	8	1	8	1										1		
Diagnosis deferred	13	8	5	2									2	1	4	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 17 deaths of patients committed for observation (10 male and 7 female).

TABLE 41.—Continued
DEATHS IN STATE MENTAL HOSPITALS, BY CAUSE OF DEATH, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	Cause of death													
	Respiratory system		Digestive system		Genito-urinary system		Skin, cellular tissue		Semility		Violent or accidental deaths		Ill-defined, unknown causes	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All groups	124	100	24	24	16	20	2		39	41	49	21		4
With psychosis	121	99	22	24	16	19	2		39	41	48	21		4
Syphilitic meningoenzephalitis (general paresis)	7	1					1		1		1			1
With other forms of syphilis of the c. n. s.														
With epidemic encephalitis														
With other infectious diseases	1													
Alcoholic	6		5	1	2						1			
Due to drugs or other exogenous poisons											1			
Traumatic											1			
With cerebral arteriosclerosis	39	40	3	2	2	5	1		3	4	10	9		
With other disturbances of circulation	2		1		3	6					1			
With convulsive disorders (epilepsy)	5	4			2						3			
Senile	27	20	1	1	4	3			32	32	12	6		1
Involuntal		3				5								
Due to other metabolic, etc., diseases		1												
Due to new growth														
With organic changes of the nervous system	3	3												
Psychoneuroses		1												
Manic-depressive	4	7			1						2			
Dementia praecox (schizophrenia)	23	18	9	9	2	3			3	2	8	3		2
Paranoia and paranoid conditions			1	1										
With psychopathic personality			1	1							2			
With mental deficiency	2	1			1	1								
Undiagnosed psychoses	2													
Without psychosis	3		2								1			
Epilepsy														
Alcoholism														
Drug addiction	3		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.														
Diagnosis deferred		1				1								

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and histological reports on selected specimens. With the return of normal conditions following the war, the medical staffs of the various hospitals look forward to the greatly increased use of postmortem examinations, as a valuable type of inservice training.

PATIENTS WITH VETERAN STATUS

Section 164.5 of the Welfare and Institutions Code requires the Department of Mental Hygiene to furnish the State Department of Veterans Affairs with an annual list of all veteran patients on the active records, i. e., patients who are known to have served in the armed forces of the United States, either in peacetime or in wartime. The preparation of this list for June 30, 1946, disclosed a total of 1,203 veterans on the rolls of the seven state hospitals and the inpatient department of the Langley Porter Clinic. Of this total, 886 veterans or 74 percent were under treatment within the institutions on June 30, whereas 82 percent of all male patients (veteran and nonveteran) were hospitalized on that date. This and later comparisons are limited to the male portion of the general hospital population, since the veteran population is predominantly male (male veterans comprising 98 percent of the 1,203 veterans on the active records).

By type of admission, 79 percent of the veterans had been committed as mentally ill, 14 percent as alcoholics, and 4 percent as drug addicts, sexual psychopaths, and court observation cases, while 3 percent were voluntary admissions; for the entire male population, 91 percent had been committed as mentally ill, 4 percent as alcoholics, and 2 percent for other reasons, while 3 percent were voluntary admissions. It will be observed that the percentage of alcoholic commitments is three times as great for veterans as it is for the male population as a whole. An even higher rate of alcoholism was found in the diagnostic distribution of the veteran group, alcoholism with or without psychosis being the diagnosis of 22 percent of the 1,203 veterans on record (10 percent of the psychotic veterans and 69 percent of the nonpsychotic veterans).

The median age for veteran patients was 46 years, 49 percent being born before 1900, 42 percent during 1900-1919, and 9 percent in and after 1920. With respect to marital status at time of admission, 47 percent were single, 26 percent married, and 27 percent widowed, divorced, or separated.

On June 30, 1946, there were also 3,383 veterans (of whom 84 percent were psychotic) under treatment in the two federal neuropsychiatric hospitals operated by the U. S. Veterans Administration at Palo Alto and West Los Angeles. The 886 known veterans hospitalized in state mental hospitals thus comprised 21 percent of the total of 4,269 veterans within state and federal mental institutions in California at the end of the fiscal year. In this connection it may be noted that the federal hospitals, unlike the state hospitals, are not required by law to accept court-committed patients, and therefore limit admissions to the normal capacity of the institutions; thus, during this fiscal year the U. S. Veterans Administration accepted only 128 veteran patients by transfer from state hospitals, equal in number to 11 percent of the number of veterans on state hospital records on June 30. During the preceding fiscal year, 299 patients were thus transferred.

It may also be observed that California has more military discharge or separation centers than any other state, and as a result an unusually large number of service men, many of whom have legal residence elsewhere, are being discharged in California. The two federal neuropsychiatric hospitals of the U. S. Veterans Administration will accept only honorably-discharged service men and women whose disability is not due to their own misconduct, and then only within the limits of normal ward capacity, as noted above. As a result many veterans eligible for federal hospitalization as well as all ineligible veterans are treated in state mental hospitals. These include many veterans without legal residence in California, since their states of legal residence in most instances refuse to accept them on transfer from California state hospitals.

STERILIZATIONS

For the fiscal year just ended, 199 sterilization operations were performed in the seven state mental hospitals, with a to-date total of 10,998 operations since 1909, when the program was enacted into law (table 42). The year's total is thus 33 percent less than the 37-year annual average of 297 cases per year. Female patients made up 80 percent of this year's cases, while comprising only 47 percent of the total to date. By diagnostic classification, schizophrenic patients constituted 65 percent, manic-depressive patients 20 percent, and patients with other diagnoses 15 percent of the 199 cases sterilized this year. These percentages show little change from 1944-1945.

TABLE 42
STERILIZATION OPERATIONS PERFORMED IN STATE MENTAL HOSPITALS
APRIL 26, 1909 TO JUNE 30, 1946

Institution	Year ending June 30, 1946			Cumulative totals, 1909-1946		
	Total	Male	Female	Total	Male	Female
Total.....	199	39	160	10,998	5,840	5,158
Agnews.....	10	1	9	665	227	438
Camarillo.....	3		3	39	4	35
Mendocino.....	1		1	361	230	131
Napa.....	40	13	27	1,766	768	998
Norwalk.....	31	6	25	1,089	485	604
Patton.....	95	19	76	4,449	2,800	1,649
Stockton.....	19		19	2,629	1,526	1,103

THERAPEUTIC ACTIVITIES

The state mental hospitals offer a number of types of therapy of recognized value in the care and treatment of mentally-ill patients, including shock therapy, fever therapy, psychotherapy, physiotherapy, hydrotherapy, occupational therapy, industrial therapy, and other activities of therapeutic value involving recreational activities, music, the library, and the beauty shop, which through their effect on the patient's emotional outlook contribute materially to his adjustment in the institution and ultimate cure. Under ideal conditions as many forms of therapy should be made available to a patient as his type of mental disorder and his condition may indicate. In actual practice, however, the full application of such a "total push" program offering optimum care and treatment is at present still limited by insufficient trained personnel and facilities.

Psychotherapy. Individual psychotherapy of a formal nature has been carried on at the various hospitals with good results; but this treatment has been severely limited by the shortage of physicians. Several hospitals have also been experimenting in group psychotherapy, with varying degrees of success. Napa State Hospital reports an interesting project in informal occupational therapy, in which the introverted behavior of a selected "Development Group" of withdrawn patients is being favorably modified through active group participation in landscape gardening and other outside activities, under the guidance of attendants who have been especially trained to foster each patient's feeling of identification with the group.

Electroshock Treatment. Electric shock therapy has now been in use for several years. Although it is still in process of further development, the results to date are very encouraging. At Napa State Hospital, for example, of the 92 patients who completed treatment during the year 30 percent showed marked improvement or recovery, 33 percent showed moderate improvement, and 37 percent were not improved. Almost half (48 percent) of these 92 patients were subsequently discharged or placed on leave. Similar results are reported for 162 of the 341 patients treated during the year at Stockton State Hospital, with 41 percent reported as recovered or as showing marked improvement, 35 percent as improved, and 24 percent as unimproved. The evaluation furnished by Camarillo State Hospital is more detailed: out of 487 first admissions who had completed a course of shock treatments, 69 percent had recovered or improved sufficiently to be discharged or placed on indefinite leave, 20 percent had shown definite improvement, and 11 percent had not improved; and of 442 selected custodial-type cases in whom little or no improvement had previously been observed during a long period of hospitalization, 7 percent were improved sufficiently for leave of absence, 58 percent showed some amelioration of symptoms and made a better adjustment on the wards, and 35 percent showed no improvement. It must be realized, of course, that electroshock treatment is most effective only with certain psychoses of recent onset, which unfortunately represent only a small proportion of the total number of hospitalized patients.

Fever Therapy. Fever therapy is defined as the treatment of disease by inducing a rise in body temperature. In connection with the treatment of syphilitic disorders of the central nervous system it is administered at all seven state mental hospitals, usually through malaria inoculation followed by chemotherapy (such as the administration of tryparsamide or bismuth with penicillin). In advanced cases of general paresis the most that can be hoped for in this or any treatment is to arrest the usual course of the disease; and lifetime hospitalization may still be required because of the mental deterioration which has occurred previous to treatment. In less advanced cases (and particularly in those of recent onset) there is more likelihood of social recovery or relief of all symptoms. Thus, of 33 paretics admitted to Napa during this last fiscal year, eight died within three months of admission and seven more cases will probably

remain in the hospital for lifetime custodial care; on the other hand, eight others have already been released as improved and 10 will be released soon.

The importance of early treatment is even more forcefully illustrated by the ratio of deaths to discharges for paretics, for other psychotic syphilitics, and for nonpsychotic syphilitics respectively. Among cases of general paresis removed from the records during the year, deaths outnumbered discharges in the ratio of 5 to 4 (as shown by the data in Tables 36 and 39). For cases of other syphilis of the central nervous system with psychosis, the ratio of deaths to discharges was 2 to 3; and for cases of nonpsychotic syphilis of the central nervous system (the least aggravated of the three diagnostic classifications), the death-discharge ratio was only 1 to 33.

TABLE 43
PATIENTS TREATED BY FEVER THERAPY, BY INSTITUTION AND TYPE OF ADMISSION,
STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1946

Status	Total	Agnews	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton
Patients with neurosyphilis admitted.....	701	54	347	23	43	38	21	175
Committed.....	362	25	105	23	42	37	16	114
Voluntary.....	326	29	242		1	1	4	49
Outpatient.....	13						1	12
Patients given fever therapy.....	788	48	397	26	38	24	104	151
Committed.....	336	19	56	23	22	23	94	99
Voluntary.....	428	29	341	2	5	1	10	40
Outpatient.....	24			1	11			12
Patients released after fever therapy.....	465	29	254	6	11	17	4	144
Committed.....	167	11	40	5		17	4	90
Voluntary.....	275	18	214	1				42
Outpatient.....	23				11			12

NOTE: Malarial blood was supplied to outside agencies (hospitals or private physicians) on 61 occasions during the year.

TABLE 44
GENERAL PARESIS ADMISSIONS, ALL PSYCHOTIC ADMISSIONS,
AND CALIFORNIA CIVILIAN POPULATION
YEARS ENDING JUNE 30, 1936-1946

Year ending June 30	First admissions		California population in 1,000s as of Jan. 1*	Rate of general paresis admissions	
	General paresis	All psychotics		Per 100 psychotic admissions	Per 100,000 California population
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	6,807	9.8	5.9
1941.....	410	4,297	7,090	9.5	5.8
1942.....	451	4,588	7,318	9.8	6.2
1943.....	389	4,598	7,485	8.5	5.2
1944.....	446	5,135	7,717	8.7	5.8
1945.....	427	5,617	8,150	7.6	5.2
1946.....	367	5,496	8,867	6.7	4.1

* SOURCE: California population estimates for 1937-1939 are taken from *The Tax Digest*, Vol. 19, No. 1, Sec. 2, p. 19 (January, 1941); estimates for 1940-1947 are first-of-year averages of mid-year figures in *Current Population Reports of the U. S. Bureau of the Census*, Series P-25, No. 2 (August 15, 1947) and No. 4 (October 12, 1947).

All the state hospitals encourage patients with early syphilis to report voluntarily for treatment as soon as possible, special wards being set aside at Agnews and Camarillo state hospitals for the treatment of nonpsychotic cases of syphilis of the central nervous system. As a result of this program, voluntary admissions comprised 54 percent of the 788 syphilitic inpatients to whom fever therapy was administered during the year (Table 43). Referrals are made principally by county health departments, private sanatoria, and private physicians, any necessary further treatment following discharge being taken over by the referring agency or physician.

The beneficial effect of the long-term attack on syphilitic disorders by local, state, and federal public health agencies is reflected in the steady annual decrease in paretic first admissions (Table 44). In this connection it is important to note that first admissions with nonpsychotic syphilis of the central nervous system increased from 100 in 1941 to 365 in 1945, followed by a decrease of 297 in 1946. These figures suggest a rise in the incidence of syphilis during the war years, as well as a growing appreciation on the part of the referring organizations of the importance of early diagnosis and treatment of syphilis of the central nervous system.

General Medical and Surgical Treatment. In addition to the medical therapies developed for specific mental disorders, the hospitals administer the full range of medical and surgical treatment found in any large general hospital for the treatment of somatic diseases and conditions. The state mental hospitals are concerned with the patient's physical health for its own sake as well as for its relation to mental disease, which is often shown to be a secondary symptom of physical illness.

Stockton State Hospital, for example, received two such cases this last year with a preliminary diagnosis of acute alcoholic hallucinosis. These were proved to be cases of psychosis due respectively to beri-beri heart disease and to bronchiectasis, and the psychotic manifestations disappeared when the diseases were brought under control.

Typical of all the institutions, the facilities of the medical and surgical service at Napa State Hospital are seriously overcrowded. However, even under these conditions, and with a minimal increase in attendant personnel, the service at Napa has been able to care for 773 different bed patients and 4,083 outpatients. Diseases of an infectious nature account for most of the bed patients, although the surgical department has also been quite active. In spite of the fact that a larger proportion of this year's cases were terminal or near terminal, the mortality rate for all infirmary admissions has declined.

Tuberculosis Survey. The tuberculosis survey program offers an outstanding example of the department's efforts toward improved care and treatment. This program, carried on under the joint auspices of the Department of Mental Hygiene and the Department of Public Health, involves an annual survey of all patients and personnel at each institution by trained technicians and medical specialists from the Bureau of Tuberculosis in the latter department, using modern X-ray film equipment. Although the war-imposed shortage of suitable mobile X-ray units has hampered the program, surveys at Camarillo, Napa, and Patton State Hospitals and at Sonoma State Home during 1942-1944 pointed to

a high tuberculosis rate in all state mental institutions. With the delivery of a mobile unit in December, 1945, the program was accelerated, and by the end of the fiscal year surveys had been completed at Pacific Colony and at Norwalk and Stockton State Hospitals. At Norwalk State Hospital, 7.1 percent of the patients and 3.7 percent of the employees were found to be actively tubercular, and at Stockton State Hospital active infection was discovered in 11.2 percent of the patients and 4.4 percent of the employees. Segregation was recommended for approximately 85 percent of the active cases. It must be remembered that the mental disorders of a large proportion of the patients are such as to predispose them to poor health habits and a lack of interest in their own physical well-being; this situation, combined with the serious overcrowding in the institutions and the lack of sufficient personnel, readily explains the alarmingly high prevalence of tuberculosis found in the surveys. With periodic surveys, with sufficient trained personnel, and with the necessary additional facilities for segregation, it is expected that the incidence of new cases will decrease.

Juvenile Units. An intensive treatment program is being carried on in the juvenile units at Napa and Camarillo State Hospitals. There were approximately 150 patients under treatment in the two units on June 30, the majority being wards of the juvenile courts or the California State Youth Authority who were sent to the hospitals for 90-day observation and diagnosis. Most of these children have never learned how to get along well with their fellows, and this factor is related to their behavior problems and other difficulties. The juvenile units therefore stress group activities in school and on the playground, in hikes and picnics, in juvenile dances and other entertainment, and in projects sponsored by the children themselves. Cases are discussed and the program is integrated at weekly staff conferences attended by the psychiatrists, psychologist, social workers, teachers, occupational and recreational therapists, and charge attendants assigned to the unit. These meetings are also frequently attended by county probation officers for the purpose of gaining better insight into the psychiatric problems of children in general and their own charges in particular.

Although juvenile court and Youth Authority observation cases are admitted primarily for diagnostic purposes, the state hospitals do not neglect the opportunity thus offered for treatment. Results vary with the individual case; some children are greatly improved in their social attitude while others obtain little or no apparent benefit from the brief program of treatment.

Other organized departmental facilities for the diagnosis and treatment of children include the children's inpatient department and the outpatient service of the Langley Porter Clinic, the outpatient clinics of the various state institutions (notably the Community Service Clinic of Sonoma State Home), and the Los Angeles State Mental Hygiene Clinic. Other state mental hygiene clinics to be established shortly by legislative action will also offer psychiatric service to children.

Other Types of Therapy. A number of other therapeutic programs of recognized value in the treatment of mental disorders are in effect in the state mental hospitals, and are utilized to the limit of the institutions'

facilities and personnel. For the detailed description of these therapies the reader is referred to the department's annual report for 1944-45.

In general, it may be observed that the modern mental hospital is not regarded as merely an asylum for the lifetime custodial care of the mentally ill: its primary function is to bring about recovery or improvement in the patient's condition sufficient to restore him as soon as possible to his family and to the community as an active, responsible member of our society. This concept calls for the full utilization of all forms of therapy which may serve to hasten the patient's improvement and subsequent release from the hospital.

HOSPITAL OUTPATIENT CLINICS

All California state mental hospitals offer some form of outpatient clinic service for former patients and patients on leave in the area adjacent to the hospital. Within the limits of each clinic's resources, the clinics also see patients from the community who have not had previous hospitalization. The table titled "Staff Conferences and Clinics of State Institutions" in Part IV of the Appendix to this report lists the locations and visiting hours for these clinics. For a gross measure of the service rendered to the community by the clinics, reports from some of the state hospitals may be cited. Camarillo State Hospital, for example, conducted 21 clinic sessions for patients on leave during the year, principally in Los Angeles, but also in six other cities as far north as Bakersfield and Santa Barbara. A total of 277 patients were seen in addition to family members accompanying the patients. Patton State Hospital has held similar clinic sessions in Los Angeles and in the cities to the east and south, and reports that most of the patients are grateful for the opportunity to talk over their problems and review their progress. Clinic attendance at Norwalk State Hospital was very low during the first half of the fiscal year, but showed a marked increase during the latter half of the year. For the year as a whole, 35 patients were seen on 100 clinic visits. Stockton State Hospital reports that in addition to clinic interviews with patients on leave from the institutions, 75 persons from the community were seen by its clinic for examination and treatment during the year, either through referral by county probation officers, schools, and private physicians, or on their own volition.

One of the major accomplishments of these clinics has been the interpretation of the nature of mental illness and the department's procedures and program to the community, particularly with respect to extramural care. The superintendents in general credit these clinics with the growing feeling of confidence and friendliness in their immediate areas, toward the institutions and also toward patients who have resumed their normal place in the community after a period of hospitalization. This increased general recognition of the value of clinic service in the community has in turn led to an increased demand for the extension of the State's system of outpatient mental hygiene clinics, which are specifically designed for this type of service.

STAFF ACTIVITIES

Because of the increase in caseload and the continued shortage of staff physicians, little time was available for research at the state hospitals. However, a number of projects were nevertheless undertaken and completed. One of the more interesting studies, completed at Norwalk State Hospital, measured the effectiveness of flourine and Vitamin D, in the inhibition of dental caries. Oral dosage, in bone meal tablets, was varied experimentally under carefully controlled conditions; and it was found that a daily intake of fluorine equivalent to that supplied by one part per million in drinking water provided 80-percent control over increase in cavitation and 100-percent prevention of new caries, in addition to improvement in gum conditions. Follow-up studies to date have been very encouraging. At Stockton State Hospital the clinical laboratory has undertaken an investigation to determine the number and types of intestinal parasites found in mental hospital patients. The results of the research indicate that one in every three male patients and one in every five female patients are thus infected. At Napa State Hospital the dental staff has been carrying on research relative to nutrition and dental conditions in mental patients. One article on the neuropathologic manifestations of oral tissues has already been published, and a second paper on the same subject is now being edited.

Nearly all of the institutions are engaged in teaching activities, either independently or in cooperation with colleges and universities. Several of the institutions now offer apprentice training in certain types of therapy. Camarillo State Hospital, for example, has trained 10 occupational-therapy students during the year, of whom eight were from the University of Southern California. Regular classes in music therapy have been held at Stockton State Hospital under the auspices of the College of the Pacific. Napa State Hospital has been granted temporary recognition by the American Medical Association as a hospital approved for training in psychiatry.

In addition to the favorable publicity afforded through their teaching activities and through the maintenance of outpatient clinics, the hospital staffs have put forth considerable direct effort to enlist the support and good will of the community by serving as centers of medical activity and instruction in their respective areas. Stockton State Hospital, for example, conducted seminars in mental hygiene and arranged tours through the institution for 474 persons from six colleges and high schools in the vicinity during the year; and one of the staff physicians gave a series of 15 lectures on psychiatry to nurses of the San Joaquin County Hospital. Napa State Hospital has enlisted the interest of various service clubs and the probation officers' associations of neighboring counties in its juvenile unit. Napa State Hospital also acted as host to the Northern California Occupational Therapists Association in May; and the quarterly meeting of the Mendocino-Lake County Medical Society was held at Mendocino State Hospital in April, 1946.

THE LANGLEY PORTER CLINIC

This is the fourth annual report of the Langley Porter Clinic, a treatment, teaching, and research center for mental disorders operated jointly by the University of California and the Department of Mental Hygiene. The clinic is situated in the Medical Center of the University of California in San Francisco. It was established by the California Statutes of 1941 as a hospital for the inpatient and outpatient treatment of mental illness, and has been designated by the American Medical Association and the American College of Surgeons as an approved psychiatric hospital. The clinic has also been approved by the American Board of Psychiatry and Neurology for the training of residents in psychiatry.

Although the treatment, teaching, and research functions of the clinic are described as separate topics in the following sections, these are not dissociated in actual practice, but are integrated in a single three-fold approach toward optimum methods of care and prevention of mental illness. Research based on the careful study of all patients under treatment leads to the further improvement of standard therapies and the development of new and more effective types of treatment; and instruction in the clinic includes the first-hand observation of cases under the guidance of highly-trained specialists and thus promotes the more exact diagnosis and more intensive treatment of each individual case. It is now generally conceded that hospitals with a program of teaching and research are able to offer better care and treatment to their patients.

During this last year all three phases of clinic activity have been steadily increased in spite of the continuing shortage of nursing personnel, and the fact that certain plant facilities (including the kitchen, the physiotherapy department, and the morgue) have not yet been completed. In common with other hospitals in the area, the clinic has been unable to fill all nursing positions, and as a result two of the six inpatient wards (including the neurosurgical ward) have not been activated. The remaining four wards have carried an average complement of 49 patients during the year.

On the other hand, the outpatient department is operating at full capacity, carrying approximately 600 patients on the active records and discharging about 100 patients each month. With additional facilities a considerably greater number of outpatients could be seen, the services of the clinic being in great demand in the area. However, outpatient admissions are at present necessarily limited to acute cases, to cases whose recency of onset or other characteristics suggest a favorable prognosis, and to cases of unusual medical interest.

Noteworthy developments in the expansion of the clinic during this last year include the appointment of a full-time neuropathologist and director of laboratories in October, 1945, under whose experienced guidance the activities of the neuropathological laboratory have been con-

siderably expanded and intensified. The laboratory has carried on an active teaching and research program in close collaboration with the University of California Medical School and Hospital and with the State Hospital System, and it is hoped that the laboratory will ultimately serve as a neuropathological center for state institutions in Northern California. An active autopsy service has been developed at Agnews and Napa State Hospitals and at Sonoma State Home, and similar arrangements are being made with Stockton and Mendocino State Hospitals and with San Quentin Prison. The neuropathologist has also held frequent clinico-pathological conferences with the medical staffs of all these institutions and, whenever necessary, has performed autopsies attended by the staffs. These pathological studies, besides confirming the clinical diagnosis or establishing the type of mental disorder in undiagnosed cases, have been of value in investigating the nature and causes of certain mental diseases which are as yet poorly understood. A general summary of the activities of the neuropathological laboratory for the fiscal year is presented in Table 45, together with data on the activities of the clinical laboratory and the electroencephalography laboratory.

The appointment of a full-time trained librarian in November, 1945, has increased the scope and value of the library in all phases of clinic operation. From 40 to 50 people use the library daily, which now has a card catalogue of more than 2,000 cards. In addition to the professional books and journals maintained for the staff, a section of carefully-selected books is kept available for clinic patients. Twenty bibliographies were compiled this last year for research purposes by the librarian and staff members.

Treatment. The major types of therapy described at some length in the report for 1944-45 have been carried on through the current year. Psychotherapy, of course, comprises the basic method of treatment, being supplemented by the treatment and correction of somatic disorders when indicated, by hydrotherapy and similar established techniques, and whenever possible by physiotherapy, occupational therapy, recreational therapy, and other techniques of recent development; the clinic personnel in these latter fields, however, is still too limited to permit their maximum effective utilization.

Clinic activities in a number of specialized forms of treatment during the year may be mentioned briefly. Treatment and research are being continued with electric shock, electronarcosis, and insulin shock, and the administration of electric shock therapy on an outpatient basis has been further extended, thus decreasing the cost of treatment and increasing the number of cases treated by available clinic facilities. During the year 145 patients were given 1,579 electric shock treatments, 15 patients were treated on 132 occasions by electronarcosis, and 45 patients were given 1,856 insulin shock treatments.

Other specialized therapies include the use of both diathermy and malaria in the fever treatment of general paresis, and further work in the conditioned reflex treatment of alcoholism. Results with the latter, however, have not been encouraging, and this particular therapy has largely been discontinued.

Special work in individual music therapy this last year has been made possible through the voluntary services of a well-known concert

TABLE 45
 CLINICAL, ELECTROENCEPHALOGRAPHY, AND NEUROPATHOLOGY LABORATORY ACTIVITIES
 THE LANGLEY PORTER CLINIC, YEAR ENDING JUNE 30, 1946

Type of procedure	Number of tests, examinations, and analyses completed		
	Total	Inpatient	Outpatient
Clinical laboratory—total number of tests	6,262	4,385	1,879
Hematology, total.....	728	496	232
Complete blood counts.....	597	393	204
Other examinations.....	131	103	28
Blood chemistry, total	3,025	2,297	728
Dextrose (single examinations).....	835	512	323
Dextrose (295 tolerance tests).....	1,866	1,643	223
Cevitamic acid.....	102	74	28
Cholesterol.....	91	49	42
Non-protein nitrogen.....	66	56	10
Total protein.....	19	18	1
Albumen-globulin ratio.....	9	9	0
Bromides.....	13	11	2
Other.....	25	25	0
Urinalyses, total	979	755	224
Routine.....	654	449	205
Chemistries, quantitative.....	34	24	10
Other tests.....	291	282	9
Serological tests, total	880	322	558
Presumptive Kahns.....	802	284	518
*Diagnostic Kahns.....	54	24	30
Agglutination tests.....	15	6	9
Other.....	9	8	1
Spinal fluid analyses, total	107	76	31
**Routine.....	63	44	19
Chemistries.....	34	32	2
Colloidal gold test only.....	10	0	10
Cultures	101	98	3
Examination of smears.....	77	64	13
Sputum examinations.....	15	5	10
Stool examinations.....	47	38	9
Gastric analyses.....	291	220	71
Liver function tests.....	12	12	0
Electroencephalography laboratory—total number of tests	597	405	192
Basal metabolic rate.....	95	35	60
Specific dynamic action of protein.....	183	183	0
Electrocardiograms.....	174	96	78
Electroencephalograms.....	145	91	54
Neuropathology laboratory—total examinations	163	163	0
Autopsies, total.....	123	123	0
Napa State Hospital.....	42	42	0
University of California Hospital.....	30	30	0
Sonoma State Home.....	23	23	0
Agnew's State Hospital.....	14	14	0
San Quentin Prison.....	5	5	0
Army Institute of Pathology.....	5	5	0
Other institutions.....	4	4	0
Brain specimens, total	15	15	0
Camarillo State Hospital.....	14	14	0
Army Institute of Pathology.....	1	1	0
Surgical biopsies, total	25	25	0
Napa State Hospital.....	18	18	0
Stockton State Hospital.....	4	4	0
Other institutions.....	3	3	0
Neuropathology laboratory—total slides stained	3,724	3,724	0
Hematoxylin and Eosin.....	2,048	2,048	0
Scarlet Red for Fat.....	108	108	0
Nissl.....	255	255	0
Hematoxylin Van Gieson.....	193	193	0
Braunmuhl for Nerve Fibers.....	70	70	0
Weil for Myelin Sheaths.....	360	360	0
Hortega for Microglia.....	99	99	0
Azan.....	75	75	0
Other procedures.....	516	516	0

* Also sent to the State Public Health Laboratory for additional tests.
 ** Sent to the State Public Health Laboratory for Wassermann tests.

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pianist and teacher in San Francisco. This therapy has expedited the readjustment of a number of patients, indicating that individual treatment in this field is often of great value. The assignment of a full-time school teacher by the City and County of San Francisco has enabled the clinic to add formal school instruction to the program on the children's ward, as a valuable adjunct to other types of treatment.

The following inpatient and outpatient case summaries are offered to illustrate the problems with which the clinic deals and the types of service which the clinic is performing for the community:

Case No. 1: This case furnishes a good example of the psychosomatic factors so often found in disorders whose surface manifestations are strictly physical. On admission the patient, a 36-year-old housewife, complained of blindness in the left eye, beginning of loss of vision in the right eye, headaches, and loss of sleep. The patient had been blind in the left eye since the age of eight. She regained the sight of this eye for a five-year period, which lasted until a year ago when she again lost sight in it within a three weeks' period. Since physical examination showed no abnormality of the eye, the patient was given narco-hypnotic treatment permitting her to release her unconscious inhibitions and to talk freely about her emotional problems. Within two weeks, with increasing self-perception of these problems, her eyesight returned and her headaches disappeared.

Case No. 2: An instance of an essentially normal person securing psychiatric help concerns a man of 67 years who had been treated in the University of California Hospital medical clinic for mild rheumatism. He asked to be seen by the psychiatrist because he feared that his forgetfulness and trouble in concentrating meant that his mind was failing him. After a mental examination the psychiatrist was able to reassure this worried and slightly depressed man that there was nothing unusual about his troublesome memory and concentration. The patient was not losing his mind, but was merely unusually concerned about those changes which may occur with advancing years and which, as in his case, become greatly exaggerated when accompanied by overconcern and discouragement or depression.

Case No. 3: Although there are many different causes for epilepsy, only a few cases can be entirely relieved by psychiatric treatment. Some patients, however, can be helped considerably by psychotherapy, as in the case of a 27-year-old woman who became completely disabled by her epilepsy after the birth of her first child. Spending most of each day in bed, she was despondent over her inability to take care of her baby. Under psychiatric guidance and treatment in the outpatient clinic she has already become quite active, her attitude and outlook have improved, and she is leading a practically normal life as a housewife and mother despite the fact that her epilepsy has only been modified and not cured. In this, as in so many physical diseases, attitude and state of mind are of great importance in treatment and can be much improved with proper therapy.

Case No. 4: Just as physical illness may disclose psychosomatic complications, mental disorders in turn occasionally are found to have a previously unsuspected physical origin. A 13-year-old girl was admitted to the Langley Porter Clinic on referral from a social agency because of increasing withdrawal, confusion, and inability to think, these symp-

toms being of one month's duration. Her mother had deserted the family one year ago, and the onset of her symptoms occurred at the time of her father's remarriage. Although the circumstances of the case as well as the patient's appearance suggested a form of mental illness known as catatonic dementia praecox, examination revealed evidence of a brain tumor. Following the removal of the tumor, the patient has displayed marked improvement in her symptoms.

Teaching. The teaching function of the Langley Porter Clinic has been expanded considerably this last fiscal year, particularly in the field of residency training. Although the resident staff of the clinic was originally planned to include 12 residents and two senior residents, the great demand for psychiatric training, particularly by returning veterans, has led to the expansion of this program to its present total of 25 doctors in training. These include, in addition to the regular staff of 14, two assistant residents (in medicine and in pediatrics) rotating from the University of California Hospital, two medical officers from the Navy and from the Army Air Force, two doctors from the residency staff of the United States Veterans Administration Hospital at Palo Alto, and five veterans assigned as resident fellows from the University of California Medical School.

In January, 1946, a 12-week refresher course in psychiatry was conducted by the clinic staff under the auspices of the University of California Extension Division. The course, which covered 420 hours, was attended by a number of doctors from the state hospitals, as well as a large group of veterans. There is considerable demand for the repetition of this course in the fall.

Under a plan approved by the American Board of Psychiatry and Neurology, training for regular residents at the Langley Porter Clinic has now been set up on a three-year basis. The first year will be spent working in the inpatient department of the clinic, each quarter of the second year will be spent respectively at the San Francisco County Hospital, Napa State Hospital, Sonoma State Home, and San Quentin Prison, and the third year will again be spent at the clinic, in the outpatient department. During the three-year period of training, special opportunities will be presented for experience in neuropathology, electroencephalography, and child psychiatry, in addition to the standard psychiatric training. In connection with proposals for increasing the residency staff from 12 to 16 doctors, it is hoped that the clinic may be able to accept eight new residents each year (in addition to the short-term residents mentioned in the preceding paragraph), in order that 16 first-year and third-year residents might be on duty at the clinic, with two second-year residents on duty at each of the four state and county institutions listed above. Training of this nature, in addition to its intrinsic merit, will furnish residents with an opportunity to consider the advantages of state service as a lifetime professional career.

Training is also being furnished in a number of related professional fields. Four fellowships in psychology have been filled throughout the year, and two additional graduate students in psychology have spent considerable time working with children at the clinic. The University of California School of Social Welfare has continued to rotate some of its students through the clinic for field work. During this past year 14

student social workers have spent three days per week at the clinic, while others have been turned away because of the clinic's limited facilities. An eight-weeks' training course in psychiatric nursing has been given this last year to 112 undergraduate nurses from the University of California School of Nursing and to three undergraduates from the Mount Zion School of Nursing. Occupational therapy students from San Jose State College and from the University of Southern California and student X-ray technicians from the University of California Hospital have also received instruction at the clinic.

Research. A great deal of research (much of it in connection with the war effort) has been carried on in the various departments of the clinic this last year. Two major projects financed by the National Research Council were completed by the department of psychiatry; one of these, an investigation of the effects of head injuries, was carried out in cooperation with the departments of psychology and neuropathology, and has resulted in some 10 published articles. The second study concerned chronic invalidism as manifested in patients with duodenal ulcer and patients operated on for hyperthyroidism, and was carried out with the assistance of the department of psychology. Several articles based on this study will appear shortly, and a monograph by Dr. Ruesch, who has been in charge of these two projects, is also to be published. These projects are related to two long-term research programs which the clinic will continue to work on for several years, namely, the influence of social and cultural factors in medicine, and the development of satisfactory methods for brief psychotherapy which will utilize social situations and group therapy as well as individual interviews.

The study of the various shock therapies is continuing, and considerable new material is being accumulated for publication. The effect of shock treatment on the various ketosteroid excretions, and upon blood sugar, blood cholesterol, and glucose and insulin tolerance, is being measured. Other investigations concerning the relative therapeutic efficacy of various shock treatments on specific constellations of symptoms and the prediction of the patient's response are being conducted jointly by the departments of psychiatry and psychology. The relationship between the electroencephalogram and the clinical change in the treatment of mental disorder by electronarcosis is also under investigation.

Studies completed independently by the department of neuropathology included the investigation of cerebral changes occurring in fatal cases of insulin shock therapy at other hospitals, and the investigation of pathoanatomic factors which might serve to distinguish endogenous from exogenous types of mental deficiency. Other research included the pathoanatomic study of the brain of Robert Ley (the former Nazi leader), and the evaluation through post-mortem investigation of the reliability of various diagnostic techniques.

In the field of child psychiatry, research interest has been focused this last year on two major problems. The first involves exploring the attitudes of the nursing personnel and their effect upon the emotional condition and rate of recovery of mentally ill children. Tentative results indicate that more precise participation by the nursing staff in the therapeutic process will often contribute greatly to the patients' progress. The second problem concerns the markedly withdrawn, schizophrenic child

and the significant interpersonal relationships in his family situation. It is hoped that this study, which has been under way for some months in collaboration with other child psychiatric clinics in the area, will contribute materially to the better understanding of the causation and psychopathology of this malignant mental disease.

A list of publications by staff members is furnished at the end of this section. This list, of course, does not include studies which were still incomplete or were in press at the end of the year.

INPATIENT DEPARTMENT

During this last fiscal year 364 patients were received in the inpatient department of the Langley Porter Clinic as first admissions, readmissions, and transfers-in, while 352 patients were discharged or transferred to a state mental hospital, leaving 61 inpatients on the active records (Table 46). Of these, 50 patients were under treatment in the

TABLE 46
MOVEMENT OF POPULATION, THE LANGLEY PORTER CLINIC, INPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1946

Status	Total	Male	Female
On records June 30, 1945.....	49	24	25
In institution.....	36	19	17
On leave of absence.....	13	5	8
On escape.....			
Entered institution.....	605	320	285
Total added to records.....	364	195	169
First admissions.....	310	171	139
Readmissions.....	48	20	28
Transfers in.....	6	4	2
Total returns from temporary separations.....	241	125	116
Returns from leave.....	239	124	115
Returns from escape.....	2	1	1
Separated from institution.....	591	320	271
Temporary separations from institutions.....	290	149	141
Leaves of absence.....	286	146	140
Escapes.....	4	3	1
Residents removed from records.....	301	171	130
Deaths.....	2		2
Discharges, direct.....	294	167	127
Transfers, direct.....	5	4	1
Removed from records.....	352	196	156
Removed from records while absent.....	51	25	26
Discharged from leave.....	47	23	24
Discharged from escape.....	2	2	
Transferred from leave.....	2		2
Transferred from escape.....			
On records June 30, 1945.....	49	24	25
Total added to records.....	364	195	169
Total removed from records.....	352	196	156
On records June 30, 1946.....	61	23	38
In institution.....	50	19	31
On leave of absence.....	11	4	7
On escape.....			

clinic on June 30, 1946, while 11 were on leave of absence. From the time the inpatient department was opened in February of 1943, 1,173 inpatients have been received at the clinic. As noted previously, two of the clinic's six wards have not been activated. This has necessarily limited the size of the inpatient population and the number of patients received.

Staff psychologists conducted 663 interviews and examinations with inpatients during the year, and psychiatric social workers held 1,376 interviews (240 intake interviews and 1,136 casework interviews) with inpatients and their families (Table 47). Inasmuch as inpatients are,

TABLE 47
PATIENT INTERVIEWS, THE LANGLEY PORTER CLINIC
YEAR ENDING JUNE 30, 1946

Interviewer	Interviews		
	Total	Outpatient	Inpatient
Psychiatrists	*	10,246	*
Psychologists	†1,592	929	663
Adults	1,089	629	460
Adolescents	200	147	53
Children	303	153	150
Social workers	4,989	3,613	1,376
Intake interviews	1,562	1,322	240
Adults	1,190	998	192
Adolescents	148	127	21
Children	224	197	27
Case work interviews	3,427	2,291	1,136
Adults	1,642	1,130	512
Adolescents	636	449	187
Children	1,149	712	437

* Data not available.

† Not including 191 consultations at the University of California.

in effect, under the continuous care of psychiatrists, no attempt is made to keep a formal record of the number of psychiatric interviews and visits during ward rounds.

The 50 patients under treatment on June 30th comprised 19 male and 31 female patients (as compared with 19 male and 17 female inpatients one year previous). These patients ranged in age from 5 to 69 years, with 27.0 years as the median age. Cases of psychoneurosis (11 patients) and of dementia praecox (16 patients) together comprised more than half the total number of house patients.

Exclusive of six patients who were transferred for treatment from other California state mental institutions, the clinic received 310 inpatient first admissions and 48 readmissions during the year. All admissions were made on a voluntary basis, since state law does not permit court commitment directly to the clinic. The 310 first admissions ranged in age from 4 to 69 years (Table 48), with a median age of 29.3 years for male patients and 30.4 years for female patients. The median age for psychotic and psychoneurotic first admissions was 32.0 years, and for nonpsychotic first admissions 23.9 years. As indicated in Table 13, 38 percent of these first admissions were diagnosed as truly psychotic, 32

TABLE 48
AGE OF FIRST ADMISSIONS TO THE LANGLEY PORTER CLINIC, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	All first admissions		Age at last birthday, years																							
	Total		4 and under		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59	
	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	310	171	5	2	13	6	11	8	11	14	31	15	17	23	29	20	19	21	13	8	6	9	9	4	5	6
With psychosis.....	216	95	121		3	1	4	6	8	13	15	15	7	21	18	20	12	17	8	8	5	8	8	3	5	6
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.....	2	1	1																							
Due to drugs or other exogenous poisons.....	1	1																								
Traumatic.....	3	2	1																							
With cerebral arteriosclerosis.....	1	1																								
With other disturbances of circulation.....	1	1																								
With convulsive disorders (epilepsy).....	1	1																								
Senile.....	9	3	6																							
Involuntional.....	1	1																								
Due to other metabolic, etc., diseases.....	1	1																								
Due to new growth.....	8	3	5																							
With organic changes of the nervous system.....	97	46	51		1	1	3	2	6	6	4	2	6	14	10	8	10	6	4	1	3	3	1	2	1	3
Psychoneurosis.....	21	6	15																							
Manic-depressive.....	48	21	27																							
Dementia praecox (schizophrenia).....	2	1	1																							
Paranoia and paranoid conditions.....	2	1	1																							
With psychopathic personality.....	2	2																								
With mental deficiency.....	14	3	11																							
Undiagnosed psychoses.....	94	76	18		5	2	10	5	7	2	3	1	16	10	2	11	7	4	5	1	1	1	1	1	1	
Without psychosis.....	4	3	1																							
Epilepsy.....	6	2	4																							
Alcoholism.....	2	1	1																							
Drug addiction.....	2	1	1																							
Mental deficiency.....	1	1																								
Disorders of personality due to epidemic encephalitis.....	5	4	1																							
Psychopathic personality.....	48	45	3		1	2	10	4	6	2	1	1	15	10	11	6	1	2								
Other non-psychotic diseases or conditions (not insane).....	28	21	7		4	10	4	6	2	1	1															
Primary behavior disorders.....																										
Sexual psychopathy.....																										
Syphilis of the c. n. s.....																										

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TABLE 48—Continued
AGE OF FIRST ADMISSIONS TO THE LANGLEY PORTER CLINIC, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1946

Mental disorder	Age at last birthday, years			
	60-64		65-69	
	M	F	M	F
All groups.....	2	1		2
With psychosis.....	2	1		2
Syphilitic meningo-encephalitis (general paresis).....				
With other forms of syphilis of the c. n. s.				
With epidemic encephalitis.....				
With other infectious diseases.....				
Alcoholic.....				
Due to drugs or other exogenous poisons.....				
Traumatic.....				
With cerebral arteriosclerosis.....	1			
With other disturbances of circulation.....				
With convulsive disorders (epilepsy).....				
Senile.....				
Involuntal.....		1		
Due to other metabolic, etc., diseases.....				
Due to new growth.....				
With organic changes of the nervous system.....				
Psychoneuroses.....	1			1
Manic-depressive.....				1
Dementia praecox (schizophrenia).....				
Paranoia and paranoid conditions.....				
With psychopathic personality.....				
With mental deficiency.....				
Undiagnosed psychoses.....				
Without psychosis.....				
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.....				
Syphilis of the c. n. s.				

percent as psychoneurotic, and 30 percent as nonpsychotic. Male patients, as usual, outnumbered female patients only in the nonpsychotic classification.

Brief visits and indefinite leaves of absence were taken by inpatients on 286 occasions during the year. Since returns from leave numbered 239, there were 47 net leaves for the year. Both the number of leaves granted and the number of net leaves have decreased from last year's count of 402 leaves and 78 net leaves, in spite of the increase in admissions and in the resident population. The number of patients discharged from leave has also decreased.

Of the 343 inpatients discharged from the clinic this last year, 294 patients or 86 percent were discharged directly, 47 patients or 14 percent were discharged while on leave of absence, and 2 patients were discharged while on escape, whereas in 1944-45 direct discharges comprised 77 percent and discharges from leave comprised 23 percent of the total.

Of the 101 psychoneurotic discharges, 6 percent were discharged as recovered, 54 percent as improved, and 40 percent as unimproved (Table 49). In the group of 52 male psychoneurotics, 4 percent had

TABLE 49
DISCHARGES BY MENTAL DISORDER AND CONDITION AT DISCHARGE
THE LANGLEY PORTER CLINIC, INPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1946

Mental disorder	All discharges*			Recovered		Improved		Unimproved		Not insane	
	Total	Male	Female	M	F	M	F	M	F	M	F
All groups	350	197	153	21	34	37	58	53	40	86	21
With psychosis	243	111	132	21	34	37	58	53	40		
Syphilitic meningo-encephalitis (general paresis)	4	4				1		3			
With other forms of syphilis of the c. n. s.	1	1						1			
With epidemic encephalitis											
With other infectious diseases	1	1		1							
Alcoholic	2	1	1	1					1		
Due to drugs or other exogenous poisons											
Traumatic	1	1						1			
With cerebral arteriosclerosis	2	1	1					1	1		
With other disturbances of circulation											
With convulsive disorders (epilepsy)	1	1				1					
Senile											
Involuntal	9	3	6	2	2	1	2		2		
Due to other metabolic, etc., diseases	1	1				1					
Due to new growth	1		1				1				
With organic changes of the nervous system	8	5	3	1			1	4	2		
Psychoneuroses	101	52	49	2	4	26	29	24	16		
Manic-depressive	30	10	20	6	12	3	6	1	2		
Dementia praecox (schizophrenia)	67	25	42	7	15	3	14	15	13		
Paranoia and paranoid conditions											
With psychopathic personality	1	1						1			
With mental deficiency											
Undiagnosed psychoses	13	4	9	1	1	1	5	2	3		
Without psychosis	107	86	21							86	21
Epilepsy	4	3	1							3	1
Alcoholism	8	5	3							5	3
Drug addiction	2	1	1							1	1
Mental deficiency											
Disorders of personality due to epidemic encephalitis											
Psychopathic personality	5	4	1							4	1
Other non-psychotic diseases or conditions (not insane)	55	47	8							47	8
Primary behavior disorders	33	26	7							26	7
Sexual psychopathy											
Syphilis of the c. n. s.											

* Including 7 patients transferred to state mental institutions (see Table 46).

recovered and 50 percent were improved at time of discharge; for the 49 female psychoneurotics, 8 percent had recovered and 59 percent were improved.

Of the 142 psychotic patients discharged (excluding psychoneurotics), 35 percent were discharged as recovered, 28 percent as improved, and 37 percent as unimproved. Here again the results of treatment were more favorable for female patients, in that 36 percent of the female group had recovered and 35 percent were improved, whereas in the male group 32 percent had recovered and 19 percent were improved.

Inpatient board charges for the year amounted to \$37,868, these charges being determined by the clinic in accordance with each patient's ability to pay.

THE AARON J. ROSANOFF OUTPATIENT DEPARTMENT

Of all patients seen at the Langley Porter Clinic, the great majority are treated on an outpatient basis. During the 1945-46 Fiscal Year, 1,496 cases were opened or reopened (Table 50) while 1,435 cases were dis-

TABLE 50
MOVEMENT OF POPULATION, THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1946

Status	Total	Male				Female			
		Total	Adult	Adolescent*	Children	Total	Adult	Adolescent*	Children
On records June 30, 1945.....	598	254	†170	41	43	344	305	28	11
Admissions.....	1,496	616	460	59	97	880	778	62	40
First admissions.....	1,258	528	384	57	85	732	643	53	36
Readmissions.....	238	90	76	2	12	148	135	9	4
Discharges.....	1,435	586	436	67	83	849	756	59	34
Of first admissions.....	1,210	496	364	62	70	714	632	51	31
Of readmissions.....	225	90	72	5	13	135	124	8	3
On records June 30, 1946.....	659	284	194	33	57	375	327	31	17

* Adolescents comprise patients aged 12 to 17, inclusive.

† Adjusted from 1944-45 annual report.

charged. The caseload averaged 636 outpatients during the year, with 659 patients on the active records on June 30. Outpatient fees for the year amounted to \$11,903, or one-fourth of the total collections from inpatients and outpatients.

Methods of Treatment. These cases varied widely in type and age level (ranging from behavior problems in children to the psychoses of senile patients), and their management correspondingly embraced a number of therapies to which the psychiatrist, internist, clinical psychologist, and psychiatric social worker all contributed. Psychotherapeutic interviews comprised the great majority of interviews of all types, since psychotherapy forms the major basis for treatment once a tentative diagnosis has been made. During the Fiscal Year, 10,246 interviews were given by psychiatrists, 929 by psychologists, and 3,613 by psychiatric social workers (Table 47). These totals include interviews with parents and other relatives, particularly when the patients are children. In addition to the mental examination of the patient, the basis for final diagnosis includes a complete physical, neurological, and serological examination (with special laboratory tests as indicated) leading to the occasional discovery of abnormal physical conditions. In such cases general medical treatment is prescribed in addition to the routine therapies.

The clinic has found that electroshock therapy may be administered on an outpatient basis, if suitable precautions (including X-rays and electrocardiograms) are taken. During this fiscal year, 81 cases were treated by electroshock therapy on an outpatient basis. Since practically all of these patients were suffering from severe psychotic depressions and could not have afforded private treatment, it would otherwise have been necessary to treat them on the inpatient wards of the clinic (which are

filled to capacity with other urgent cases) or in the state mental hospitals (which are already seriously overcrowded).

Other forms of outpatient therapy included group psychotherapy, which was carried on for a brief period by a staff member prior to his departure from the clinic early in the fiscal year. Results were promising, and it is hoped that a number of such groups might be established in the near future. Occupational therapy and physiotherapy have also been offered to outpatients; however, the inpatient department has first call on the clinic's limited personnel, and the outpatient department has therefore been forced to utilize the community's resources in this field wherever possible. It is quite apparent that many outpatients would have been benefited if greater facilities had been available. Counseling on vocational problems should also be mentioned; this is handled by the clinical psychologists in cooperation with the State Bureau of Rehabilitation and similar public agencies.

Of the 59 outpatients who became inpatients during the year, 35 were referred to the inpatient department immediately following diagnosis, whereas 24 actually began treatment as outpatients and continued it on the wards. Conversely, 66 inpatients were released from the wards for further psychotherapy on an outpatient basis. In some instances the outpatient treatment included electroshock therapy which had been initiated on the wards.

Source of Referral. Of the 1,210 first admissions who were discharged during this last fiscal year, 31 percent had been referred to the outpatient department by private physicians, 24 percent by relatives and by self-referral, 14 percent by the University of California Hospital, and 12 percent by social agencies and other public organizations, while the remaining 19 percent were referred by miscellaneous other sources (Table 51). Referrals by physicians occurred with greatest relative fre-

TABLE 51
SOURCE OF REFERRAL OF PATIENTS DISCHARGED
THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1946

Source of referral	Discharges*			
	Total	Adults	Adolescents	Children
Total	1,210	996	113	101
Private physicians	376	329	25	22
University of California Hospital	169	148	16	5
Agencies—social, etc.	144	114	10	20
Self, family, relations	291	246	23	22
Courts	41	20	14	7
Other hospitals	38	31	5	2
Langley Porter Clinic former inpatients	66	56	7	3
Schools	32	2	10	20
University of California health service	22	21	1	.....
United States Marine Hospital	11	11	.....	.....
State mental institutions	10	8	2	.....
United States Army	8	8	.....	.....
United States Navy	2	2	.....	.....

* First admissions discharged during 1945-46.

quency in the adult group (33 percent of the group total), whereas referrals by social agencies were relatively most frequent for children (20 percent of the group total).

It may be noted further that referrals by private physicians, the University of California Hospital, and social agencies have shown an absolute as well as a relative decrease from the preceding year, while referrals by self, family, and relations and by other sources have increased. This would seem to indicate the more general recognition of the clinic's function in the community.

Evaluation of Program. Of the 1,435 outpatient cases (first admissions and readmissions) closed during the 1945-46 Fiscal Year, 852 patients received planned treatment following diagnosis. In 353 additional cases a diagnosis was made but for one reason or another the patient did not return for treatment; and in the remaining 230 cases neither diagnosis nor treatment was effected. Of the 852 patients who were discharged following prescribed treatment, 409 patients or 48 percent were discharged as improved (Table 52), these patients having largely or wholly

TABLE 52
OUTPATIENTS DISCHARGED, BY SEX, AGE GROUP, AND CONDITION AT DISCHARGE
THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1946

Admission status and condition at discharge	Total	Adults		Adolescents		Children	
		Male	Female	Male	Female	Male	Female
Total discharged	1,435	436	756	67	59	83	34
First admissions discharged	1,210	364	632	62	51	70	31
With psychosis	732	230	468	16	15	2	1
Recovered	59	14	43		2		
Improved	251	87	150	8	5	1	
Unimproved	422	129	275	8	8	1	1
Without psychosis	478	134	164	46	36	68	30
Recovered	3		2	1			
Improved	66	10	15	5	7	20	9
Unimproved	409	124	147	40	29	48	21
Readmissions discharged	225	72	124	5	8	13	3
With psychosis	177	60	109	2	3	2	1
Recovered	32	6	24	1	1		
Improved	72	26	41	1	1	2	1
Unimproved	73	28	44		1		
Without psychosis	48	12	15	3	5	11	2
Recovered	8	1	6		1		
Improved	20	4	3	2	1	8	2
Unimproved	20	7	6	1	3	3	

lost the presenting symptoms, with good social recovery. A second group of 102 patients (12 percent) were discharged as recovered, these patients showing no detectable mental or psychological impairment and (with the possible exception of manic-depressive reactions) little likelihood of the recurrence of symptoms. A third group of 341 treated patients (40 percent) were discharged as unimproved. In short, amelioration of the condition for which the patient sought help was achieved in 60 percent of the treated cases. This is a conservative estimate, in view of the clinic's rather strict criteria for improvement and recovery.

In this connection certain general factors may be mentioned which adversely affect the percentage of recoveries in any group of mental patients under treatment. Some mental disorders are of such a nature that no amount of therapy would bring, any real improvement. Other cases require several hundred hours of psychotherapy, which is seldom possible in a public clinic with a large waiting list. Certain patients in whom little improvement can be expected are nevertheless given supportive therapy to aid them in maintaining a satisfactory social adjustment and to prevent or postpone further deterioration and full hospitalization. Situational factors prevent some patients from completing treatment even when the prognosis is favorable. And, finally, there is still much to be learned about the causes and treatment of all psychiatric disorders.

TABLE 53
DISCHARGES OF FIRST ADMISSIONS BY SEX, MENTAL DISORDER, AND AGE GROUP
THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1946

Mental disorder	Total			Age group					
	Total	Male	Female	Adults		Adolescents		Children	
				M	F	M	F	M	F
All groups	1,210	496	714	364	632	62	51	70	31
With psychosis	732	248	484	230	468	16	15	2	1
Syphilitic meningo-encephalitis (general paresis).....	1	1		1					
With other forms of syphilis of the c. n. s.....									
With epidemic encephalitis.....									
With other infectious diseases.....									
Alcoholic.....	1		1		1				
Due to drugs or other exogenous poisons.....	2		2		2				
Traumatic.....									
With cerebral arteriosclerosis.....	8	1	7	1	7				
With other disturbances of circulation.....									
With convulsive disorders (epilepsy).....	2	1	1		1	1			
Senile.....	1		1		1				
Involuntional.....	18	5	13	5	13				
Due to other metabolic, etc., diseases.....									
Due to new growth.....									
With organic changes of the nervous system.....	2		2		2				
Psychoneuroses.....	494	171	323	161	311	9	12	1	
Manic-depressive.....	58	17	41	17	41				
Dementia praecox (schizophrenia).....	110	40	70	34	68	6	2		
Paranoia and paranoid conditions.....	6	3	3	3	3				
With psychopathic personality.....	3	3		3					
With mental deficiency.....	2		2		1				1
Undiagnosed psychoses.....	24	6	18	5	17		1	1	
Without psychosis	478	248	230	134	164	46	36	68	30
Epilepsy.....	11	6	5	4	5	1		1	
Alcoholism.....	16	9	7	9	7				
Drug addiction.....	2	2		2					
Mental deficiency.....	16	9	7	5	2	2	4	2	1
Disorders of personality due to epidemic encephalitis.....									
Psychopathic personality.....	30	21	9	21	6		3		
Other non-psychotic diseases or conditions (not insane).....	26	14	12	7	7			7	5
Primary behavior disorders (unspecified).....	18	6	12	4	12	2			
Primary behavior disorders—habit disturbance.....	6	5	1			4		1	
Primary behavior disorders—conduct disturbance.....	35	20	15			7	6	13	9
Primary behavior disorders—neurotic traits.....	52	38	14			10	8	28	6
Diagnosis deferred or unavailable.....	266	118	148	82	125	20	15	16	8

A striking feature of the outpatient group as a whole was the large number of extremely severe or psychotic conditions that were treated by the clinic on an outpatient basis. The psychoneuroses made up the largest diagnostic group, the next largest group being the major psychoses, while the smallest group included all those conditions reported as "without psychoses." The diagnostic distribution is illustrated in detail, for first admissions only, by Table 53. In effect, 65 percent of the outpatients discharged during the fiscal year had requested treatment for mental disorders for which full-time hospitalization might well have been advocated, if outpatient care at the Langley Porter Clinic had not been available.

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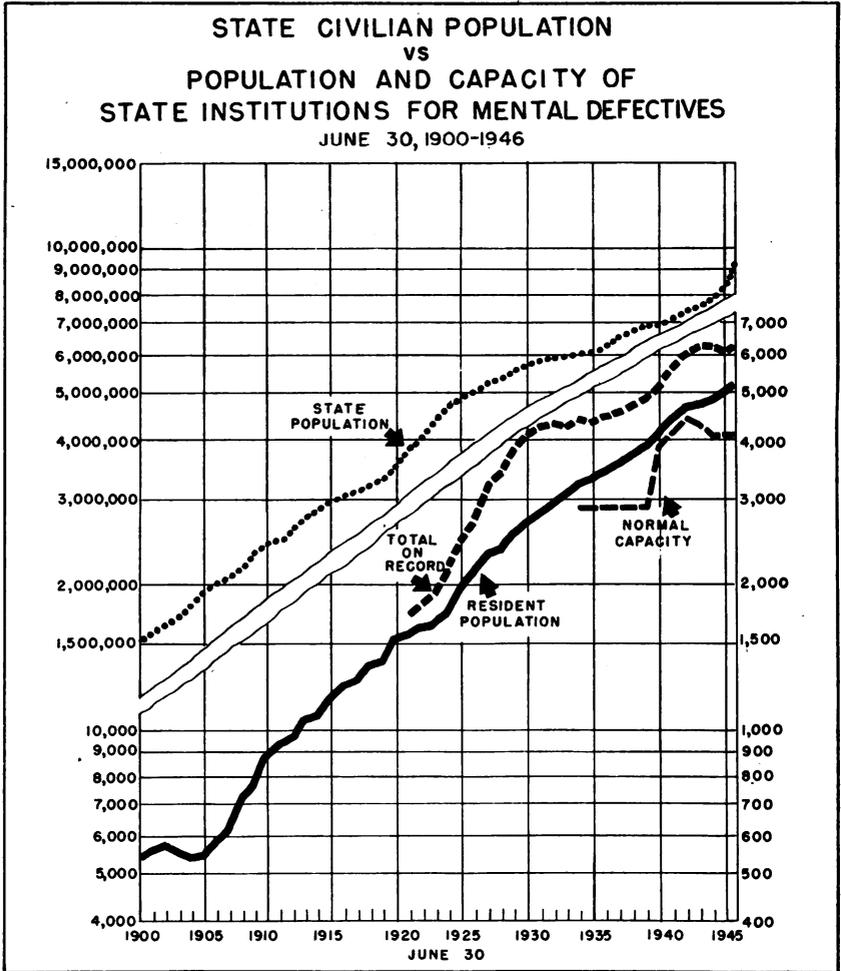
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INSTITUTIONS FOR MENTAL DEFECTIVES

CHART VI



SOURCES: See footnote to Chart III.

PATIENTS ON RECORDS

Two state institutions, Pacific Colony in Los Angeles County and Sonoma State Home in Sonoma County, are maintained by the Department of Mental Hygiene for the inpatient care and treatment of mental defective and epileptic patients. A small number of patients committed as psychopathic or defective delinquents are also cared for at Sonoma State Home.

Trends in Population. During the fiscal year ending June 30, 1946, the average daily population of these two institutions totaled 5,078 patients, of whom 3,443 patients or 68 percent were in Sonoma State Home and 1,635 patients or 32 percent were in Pacific Colony (Table 54). A total

TABLE 54
RESIDENT POPULATION AND ANNUAL INCREASES, INSTITUTIONS FOR MENTAL DEFECTIVES,
JUNE 30, 1930-1946 *

June 30	Total	Increase over previous year		By sex		By institution	
		Patients	Percent	Male	Female	Pacific Colony	Sonoma State Home
1930	2,715	143	5.6	1,433	1,282	332	2,383
1931	2,814	99	3.6	1,465	1,349	421	2,393
1932	2,981	167	5.9	1,553	1,428	499	2,482
1933	3,113	132	4.4	1,640	1,473	670	2,443
1934	3,263	150	4.8	1,726	1,537	724	2,539
1935	3,325	62	1.9	1,731	1,594	784	2,541
1936	3,443	118	3.5	1,790	1,653	832	2,611
1937	3,568	125	3.6	1,874	1,694	882	2,686
1938	3,763	195	5.5	2,011	1,752	932	2,831
1939	3,874	111	2.9	2,053	1,821	941	2,933
1940	4,076	202	5.2	2,189	1,887	1,089	2,987
1941	4,404	328	8.0	2,360	2,044	1,369	3,035
1942	4,641	237	5.4	2,510	2,131	1,474	3,167
1943	4,728	87	1.9	2,552	2,176	1,520	3,208
1944	4,845	117	2.5	2,636	2,209	1,521	3,324
1945	4,999	154	3.2	2,699	2,300	1,591	3,408
1946	5,124	125	2.5	2,791	2,333	1,641	3,483

* For data prior to June 30, 1930, see "Statistical Report of the Department of Institutions," State of California, year ending June 30, 1945, Table 4, p. 30.

of 5,124 patients were under treatment in the two institutions on June 30, 1946, the inpatient population having increased by 2.5 percent during the year. Because of the complete absence of new construction during the year, the normal capacity of these two institutions has remained unchanged at 4,038 patients. As a result, overcrowding has increased during the year from 23.8 to 26.9 percent of normal capacity (22.7 percent for male patients and 32.3 percent for female patients).

During the year the hospitalization ratio for mental defectives and epileptics decreased from 59.6 to 54.8 patients per 100,000 general population. This must not be taken as a true prevalence figure, however, since it does not include 1,093 patients absent on leave from the two institutions, plus at least 1,700 potential cases on the waiting lists for admission, plus 800 patients under care in licensed private institutions, plus an unknown number under care in their own homes or under equivalent supervision. These figures suggest that at least 0.09 percent of the population of California (90 per 100,000) need hospitalization for mental deficiency or epilepsy.

Unlike the mental hospitals, the state institutions for mentally defective have the legal authority to limit the rate of admission, and are at present accepting only the more urgent cases from the waiting lists maintained by the various counties so as to keep the degree of overcrowding within reasonable bounds.

Movement of Population. The movement of the patient population as a whole is summarized in Table 55, with descriptive data on admissions, discharges, and deaths appearing in Tables 56-66 inclusive. Admissions, leaves, returns from leave, and deaths increased by 10 to 12 percent in comparison with last year, escapes decreased by 5 percent, and direct discharges increased by 33 percent, with an increase of 2.5 percent in the resident population during the year, as noted above.

For U. S. Census purposes, each patient on the rolls of Pacific Colony and Sonoma State Home is classified as primarily mentally defective, as primarily epileptic, or as neither mentally defective nor epileptic. The population movement of each of these three categories for the year is summarized in Tables 55a, 55b, and 55c respectively.

TABLE 55
MOVEMENT OF POPULATION, INSTITUTIONS FOR MENTAL DEFECTIVES
YEAR ENDING JUNE 30, 1946

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1945.....	6,100	3,258	2,842	1,084	877	2,174	1,965
In institution.....	4,597	2,699	2,300	879	712	1,820	1,588
On leave.....	965	464	501	166	147	298	354
On escape.....	136	95	41	39	18	56	23
Entered institution.....	2,111	1,250	861	565	391	685	470
Total added to records.....	728	429	299	159	104	270	190
Observation cases.....	78	55	23	4	4	51	19
First admissions.....	604	351	253	147	97	204	156
Readmissions.....	25	15	10	6	3	9	7
Transfers from institution for mental defectives.....	10	1	9	1	4	-----	5
Transfers from mental hospital*.....	11	7	4	1	1	6	3
Total returns from temporary separations.....	1,383	821	562	406	282	415	280
Returns from leave.....	1,237	715	522	365	258	350	264
Returns from escape.....	146	106	40	41	24	65	16
Separated from institution.....	1,986	1,158	828	513	393	645	435
Residents removed from records.....	319	180	139	61	46	119	93
Deaths.....	146	73	73	26	18	47	55
Discharges, direct.....	149	97	52	32	19	65	33
Transfers to institution for mental defectives.....	3	-----	3	-----	-----	-----	3
Transfers to mental hospital.....	21	10	11	3	9	7	2
Temporary separations from institution.....	1,667	978	689	452	347	526	342
Leaves of absence.....	1,457	847	610	399	297	448	313
Escapes.....	210	131	79	53	50	78	29
Removed from records.....	606	331	275	116	100	215	175
Removed from records while absent.....	287	151	136	55	54	96	82
Leaves discharged†.....	218	108	110	38	38	70	72
Escapes discharged†.....	61	41	20	17	11	24	9
Leaves transferred‡.....	4	1	3	-----	2	1	1
Escapes transferred‡.....	4	1	3	-----	3	1	-----
On records June 30, 1945.....	6,100	3,258	2,842	1,084	877	2,174	1,965
Total added to records.....	728	429	299	159	109	270	190
Total removed from records.....	606	331	275	116	100	215	175
On records June 30, 1946.....	6,222	3,356	2,866	1,127	886	2,229	1,980
In institution.....	5,124	2,791	2,333	931	710	1,860	1,623
On leave.....	963	487	476	162	146	325	330
On escape.....	135	78	57	34	30	44	27

* Included in descriptive tables as one male and one female first admission, and six male and three female readmissions.

† Including deaths of one male and four female patients on leave, and one male patient on escape.

‡ No patients on leave or escape were transferred to mental hospitals.

TABLE 55a
MOVEMENT OF MENTALLY DEFECTIVE POPULATION,* INSTITUTIONS FOR MENTAL DEFECTIVES
YEAR ENDING JUNE 30, 1946

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1945†	5,186	2,770	2,416	1,002	784	1,768	1,632
In institution†	4,207	2,283	1,924	822	643	1,461	1,281
On leave†	859	406	453	148	125	258	328
On escape†	120	81	39	32	16	49	23
Entered institution	1,833	1,072	761	510	341	562	420
Total added to records	606	347	259	131	85	216	174
Observation cases	34	20	14	2		18	14
First admissions	536	310	226	125	80	185	146
Readmissions	20	12	8	3	2	9	6
Transfers from institution for mental defectives	8		8		3		5
Transfers from mental hospital‡	8	5	3	1		4	3
Total returns from temporary separations	1,227	725	502	379	256	346	246
Returns from leave	1,098	634	464	345	234	289	230
Returns from escape	129	91	38	34	22	57	16
Separated from institution	1,703	982	721	462	336	520	385
Residents removed from records	229	125	104	41	29	84	75
Deaths	121	63	58	24	16	39	42
Discharges, direct	90	55	35	14	7	41	28
Transfers to institution for mental defectives	3		3				3
Transfers to mental hospital	15	7	8	3	6	4	2
Temporary separations from institution	1,474	857	617	421	307	436	310
Leaves of absence	1,295	750	545	376	264	374	281
Escapes	179	107	72	45	43	62	29
Removed from records	486	259	227	89	76	170	151
Removed from records while absent	257	134	123	48	47	86	76
Leaves discharged #	192	94	98	32	32	62	66
Escapes discharged #	57	38	19	16	10	22	9
Leaves transferred	4	1	3		2	1	1
Escapes transferred	4	1	3		3	1	
On records June 30, 1945	5,186	2,770	2,416	1,002	784	1,768	1,632
Total added to records	606	347	259	131	85	216	174
Total removed from records	486	259	227	89	76	170	151
On records June 30, 1946	5,306	2,858	2,448	1,044	793	1,814	1,655
In institution	4,337	2,373	1,964	870	648	1,503	1,316
On leave	860	427	433	147	121	280	312
On escape	109	58	51	27	24	31	27

* As determined by institution diagnosis (irrespective of type of commitment).

† Disagreement with 1944-45 figures due to reclassification of patients after retests.

‡ Included in descriptive tables as one male and one female first admissions and four male and two female readmissions.

Including deaths of three female patients on leave and one male patient on escape.

TABLE 55b
 MOVEMENT OF EPILEPTIC POPULATION,* INSTITUTIONS FOR MENTAL DEFECTIVES
 YEAR ENDING JUNE 30, 1946

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1945†.....	792	407	385	50	53	357	332
In institution†.....	704	355	349	34	43	321	306
On leave.....	83	47	36	13	10	34	26
On escape.....	5	5		3		2	
Entered institution.....	176	107	69	29	24	78	45
Total added to records.....	41	26	15	11	4	15	11
Observation cases.....	2	2		1		1	
First admissions.....	35	21	14	9	4	12	10
Readmissions.....	2	1	1	1			1
Transfers from mental hospital‡.....	2	2				2	
Total returns from temporary separations.....	135	81	54	18	20	63	34
Returns from leave.....	127	74	53	15	19	59	34
Returns from escape.....	8	7	1	3	1	4	
Separated from institution.....	173	102	71	21	23	81	48
Residents removed from records.....	31	13	18	3	2	10	16
Deaths.....	25	10	15	2	2	8	13
Discharges, direct.....	6	3	3	1		2	3
Temporary separations from institution.....	142	89	53	18	21	71	32
Leaves of absence.....	130	78	52	16	20	62	32
Escapes.....	12	11	1	2	1	9	
Removed from records.....	53	26	27	8	5	18	22
Removed from records while absent.....	22	13	9	5	3	8	6
Leaves discharged #.....	20	11	9	4	3	7	6
Escapes discharged.....	2	2		1		1	
On records June 30, 1945.....	792	407	385	50	53	357	332
Total added to records.....	41	26	15	11	4	15	11
Total removed from records.....	53	26	27	8	5	18	22
On records June 30, 1946.....	780	407	373	53	52	354	321
In institution.....	707	360	347	42	44	318	303
On leave.....	66	40	26	10	8	30	18
On escape.....	7	7		1		6	

* As determined by institution diagnosis (irrespective of type of commitment).

† Disagreement with 1944-45 figures due to reclassification of patients after retests.

‡ Included in descriptive tables as two male readmissions.

Including deaths of one male and one female patient on leave.

TABLE 55c
 MOVEMENT OF POPULATION NEITHER MENTALLY DEFECTIVE NOR EPILEPTIC *
 INSTITUTIONS FOR MENTAL DEFECTIVES
 YEAR ENDING JUNE 30, 1946

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1945†.....	122	81	41	32	40	49	1
In institution‡.....	88	61	27	23	26	38	1
On leave.....	23	11	12	5	12	6	-----
On escape.....	11	9	2	4	2	5	-----
Entered institution.....	102	71	31	26	26	45	5
Total added to records.....	81	56	25	17	20	39	5
Observation cases.....	42	33	9	1	4	32	5
First admissions.....	33	20	13	13	13	7	-----
Readmissions.....	3	2	1	2	1	-----	-----
Transfers from institution for mental defectives.....	2	1	1	1	1	-----	-----
Transfers from mental hospital‡.....	1	-----	1	-----	1	-----	-----
Total returns from temporary separations.....	21	15	6	9	6	6	-----
Returns from leave.....	12	7	5	5	5	2	-----
Returns from escape.....	9	8	1	4	1	4	-----
Separated from institution.....	110	74	36	30	34	44	2
Residents removed from records.....	59	42	17	17	15	25	2
Deaths.....	-----	-----	-----	-----	-----	-----	-----
Discharges, direct.....	53	39	14	17	12	22	2
Transfers to mental hospital.....	6	3	3	-----	3	3	-----
Temporary separations from institution.....	51	32	19	13	19	19	-----
Leaves of absence.....	32	19	13	7	13	12	-----
Escapes.....	19	13	6	6	6	7	-----
Removed from records.....	67	46	21	19	19	27	2
Removed from records while absent.....	8	4	4	2	4	2	-----
Leaves discharged.....	6	3	3	2	3	1	-----
Escapes discharged.....	2	1	1	-----	1	1	-----
On records June 30, 1945.....	122	81	41	32	40	49	1
Total added to records.....	81	56	25	17	20	39	5
Total removed from records.....	67	46	21	19	19	27	2
On records June 30, 1946.....	136	91	45	30	41	61	4
In institution.....	80	58	22	19	18	39	4
On leave.....	37	20	17	5	17	15	-----
On escape.....	19	13	6	6	6	7	-----

* As determined by institution diagnosis (irrespective of type of commitment).
 † Disagreement with 1944-45 figures due to reclassification of patients after retests.
 ‡ Included in descriptive tables as one female readmission.

Patients classified as mentally defective comprised 84.5 percent of the total resident population on June 30, 1946. Epileptic patients (the majority of whom also had a secondary diagnosis of mental deficiency) comprise 13.8 percent of the total; and patients neither mentally defective nor epileptic (namely, psychopathic delinquent cases and observation cases) made up 1.7 percent of the total. Descriptive data for mental defectives are furnished in Tables 57-71, and for epileptics in Tables 72-75.

County of Residence of Admissions. Patients were admitted to Pacific Colony and Sonoma State Home from 38 of the 58 counties of California in 1945-46 (Table 56), nine fewer counties than in the previous year.

TABLE 56
COUNTY OF RESIDENCE OF FIRST ADMISSIONS AND READMISSIONS, BY INSTITUTION
YEAR ENDING JUNE 30, 1946

County	Total			Pacific Colony			Sonoma State Home		
	Total	First admissions	Readmissions	Total	First admissions	Readmissions	Total	First admissions	Readmissions
Total.....	640	*606	†34	255	244	11	385	362	23
Alameda.....	79	73	6				79	73	6
Amador.....	1	1					1	1	
Colusa.....	2	1	1				2	1	1
Contra Costa.....	29	29					29	29	
Del Norte.....	1	1					1	1	
El Dorado.....	1	1					1	1	
Fresno.....	16	15	1				16	15	1
Imperial.....	8	7	1	7	7		1		1
Inyo.....	2	2		2	2				
Kern.....	14	13	1				14	13	1
Kings.....	2	2					2	2	
Lassen.....	2	2					2	2	
Los Angeles.....	161	154	7	158	152	6	3	2	1
Madera.....	1	1					1	1	
Marin.....	9	9					9	9	
Merced.....	2	2					2	2	
Monterey.....	8	7	1				8	7	1
Napa.....	1	1					1	1	
Orange.....	12	11	1	10	9	1	2	2	
Riverside.....	5	5		5	5				
Sacramento.....	14	13	1				14	13	1
San Bernardino.....	18	17	1	17	16	1	1	1	
San Diego.....	38	36	2	38	36	2			
San Francisco.....	106	100	6	2	1	1	104	99	5
San Joaquin.....	19	19					19	19	
San Luis Obispo.....	4	3	1				4	3	1
San Mateo.....	5	5					5	5	
Santa Barbara.....	7	7		1	1		6	6	
Santa Clara.....	19	17	2	1	1		18	16	2
Santa Cruz.....	2	2					2	2	
Shasta.....	2	2					2	2	
Solano.....	9	9					9	9	
Sonoma.....	8	8					8	8	
Stanislaus.....	13	12	1	4	4		9	8	1
Sutter.....	1	1					1	1	
Tehama.....	1	1					1	1	
Tulare.....	8	7	1				8	7	1
Ventura.....	10	10		10	10				

* Including two transfers from mental hospitals without previous residence in an institution for mentally defective; excluding observation cases.

† Including nine transfers from mental hospitals with previous residence in an institution for mentally defective; excluding observation cases.

Pacific Colony received patients from 12 counties during the year (including several counties of central and northern California) as compared with admissions from eight counties last year, whereas the counties represented in admissions to Sonoma State Home decreased from 44 to 34. Los Angeles County contributed 62 percent of the first admissions to Pacific Colony, while the City and County of San Francisco

contributed 27 percent and Alameda County 20 percent of the first admissions to Sonoma State Home.

Thus the counties of Alameda, Los Angeles, and San Francisco, containing about 54 percent of the State's population, were also the source of 54 percent of the year's first admissions to Sonoma State Home and Pacific Colony. However, the rate of first admissions per 100,000 of county population varies markedly among these three counties, the highest rate being 11.9 for San Francisco and the lowest 4.4 for Los Angeles, with a rate of 10.0 for Alameda. The variation in rate is due in part to the policy of limiting admissions because of insufficient facilities. The rate for the three counties combined, and for the entire State, was 6.4 per 100,000 general population.

First Admissions. The 606 first admissions for 1945-46 showed a decrease of 2 percent from last year's total. First admissions to Sonoma State Home decreased by 14 percent, while first admissions to Pacific Colony increased by 21 percent over last year's figure and constituted 40 percent of the total admitted to both institutions.

Of the total of 606 first admissions, 538 patients or 89 percent were classified for census purposes as primarily mentally defective, while 35 patients or 6 percent were classified as primarily epileptic (although most of these patients were also mentally deficient), and 33 patients or 5 percent were classified as neither mentally deficient nor epileptic.

The distribution of first admissions by mental status (Table 57) shows little significant change from 1944-45. The median IQ for all first admissions was 52.3 points. The fact that 20 percent of the first admissions were of borderline intelligence or higher is in part explained by the occasional commitment of psychopathic delinquents and epileptics of normal or superior intelligence.

TABLE 57
INTELLIGENCE OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Classification	IQ	Total			Pacific Colony			Sonoma State Home		
		Total	M	F	Total	M	F	Total	M	F
Total		606	352	254	244	147	97	362	205	157
Normal or superior.....	90 and over.....	21	14	7	4	2	2	17	12	5
Low average.....	80-89.....	29	18	11	4	3	1	25	15	10
Borderline defective.....	70-79.....	70	41	29	25	14	11	45	27	18
Mentally defective:										
Moron.....	50-69.....	199	113	86	75	48	27	124	65	59
Imbecile.....	20-49.....	179	107	72	77	47	30	102	60	42
Idiot.....	19 and under.....	95	55	40	59	33	26	36	22	14
Unknown		13	4	9				13	4	9

For all first admissions (and coincidentally for male and female first admissions considered separately), 24 percent were under 10 years of age at time of admission, 59 percent were between 10 and 19 years of age, and 17 percent were 20 years of age and older (Table 58). The median

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age at admission was 15.2 years for all patients, 14.8 years for male patients and 15.7 years for female patients. The median age of first admissions for the preceding year was 15.7 years.

TABLE 58
AGE OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Age at last birthday, in years	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total*.....	606	352	254	244	147	97	362	205	157
Under 5.....	83	42	41	21	12	9	62	30	32
5-9.....	60	41	19	36	24	12	24	17	7
10-14.....	150	97	53	84	58	26	66	39	27
15-19.....	208	112	96	82	43	39	126	69	57
20-24.....	47	31	16	10	6	4	37	25	12
25-29.....	23	12	11	6	3	3	17	9	8
30-39.....	15	7	8	3	-----	3	12	7	5
40-49.....	10	4	6	1	-----	1	9	4	5
50-59.....	8	4	4	-----	-----	-----	8	4	4
60 and over.....	1	1	-----	-----	-----	-----	1	1	-----
Unknown.....	1	1	-----	1	1	-----	-----	-----	-----

* Including one male and one female transfer-in from mental hospitals; excluding observation cases.

TABLE 59
NATIVITY OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Country of birth	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	606	352	254	244	147	97	362	205	157
Canada.....	1	1	-----	-----	-----	-----	1	1	-----
England.....	1	-----	1	-----	-----	-----	1	-----	1
Ireland.....	1	1	-----	1	1	-----	-----	-----	-----
Italy.....	1	1	-----	1	1	-----	-----	-----	-----
Mexico.....	1	-----	1	-----	-----	-----	1	-----	1
Scotland.....	1	-----	1	1	-----	1	-----	-----	-----
United States.....	585	337	248	237	141	96	348	196	152
United States possessions.....	5	4	1	3	3	-----	2	1	1
Unknown.....	10	8	2	1	1	-----	9	7	2

TABLE 60
MARITAL STATUS OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Marital status	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	606	352	254	244	147	97	362	205	157
Single.....	587	350	237	242	147	95	345	203	142
Married.....	14	1	13	2	-----	2	2	1	11
Widowed.....	2	-----	2	-----	-----	-----	2	-----	2
Divorced.....	2	1	1	-----	-----	-----	2	1	1
Separated.....	1	-----	1	-----	-----	-----	1	-----	1

TABLE 61
ENVIRONMENT OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Environment	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	606	352	254	244	147	97	362	205	157
Urban*.....	461	273	188	167	105	62	294	168	126
Rural.....	143	77	66	75	40	35	68	37	31
Unknown.....	2	2	-----	2	2	-----	-----	-----	-----

* Places with a population of 2,500 or more.

TABLE 62
ECONOMIC STATUS OF FAMILIES OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Economic status*	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	606	352	254	244	147	97	362	205	157
Dependent.....	231	132	99	29	16	13	202	116	86
Marginal.....	204	125	79	175	104	71	29	21	8
Comfortable.....	169	95	74	38	27	11	131	68	63
Unknown.....	2	-----	2	2	-----	2	-----	-----	-----

* Dependent: Lacking in the necessities of life, or receiving outside aid. Marginal: Living on earnings, but accumulating little. Comfortable: Having accumulated resources sufficient to maintain family for at least four months.

There has been little change since last year in the distribution of first admissions with respect to country of birth, marital status, urban-rural environment, or economic status (Tables 59-62). By race, non-Caucasians comprised 24.4 percent of all first admissions (25.9 percent of all male and 22.5 percent of all female first admissions). Mexican-Indian patients comprised 16 percent of male first admissions and 10 percent of female first admissions; and Negro patients comprised 7 percent of male and 9 percent of female first admissions (Table 63).

TABLE 63
RACE OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Race	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	606	352	254	244	147	97	362	205	157
White.....	458	261	197	170	99	71	288	162	126
Mexican Indian.....	83	56	27	51	36	15	32	20	12
Negro.....	48	25	23	16	9	7	32	16	16
U. S. Indian.....	8	5	3	3	-----	3	5	5	-----
Japanese.....	6	4	2	3	2	1	3	2	1
Chinese.....	2	1	1	1	1	-----	1	-----	1
Filipino.....	1	-----	1	-----	-----	-----	1	-----	1

Patients Discharged from the Records. The age distribution at time of discharge for patients discharged from the records (Table 64) shows little change from last year. The median age at discharge was 21.9 years

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for both sexes, 21.2 years for male patients, and 24.4 years for female patients.

TABLE 64
DISCHARGES, BY AGE AT DISCHARGE, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Age at last birthday, in years	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages*.....	374	208	166	148	83	65	226	125	101
Under 5.....	5	3	2	2	1	1	3	2	1
5-9.....	5	4	1	2	1	1	3	3	3
10-14.....	24	17	7	19	15	4	5	2	3
15-19.....	101	62	39	49	30	19	52	32	20
20-24.....	137	74	63	53	27	26	84	47	37
25-29.....	50	26	24	14	7	7	36	19	17
30-39.....	32	15	17	7	2	5	25	13	12
40-49.....	14	6	8	2	-----	2	12	6	6
50-59.....	3	1	2	-----	-----	-----	3	1	2
60 and over.....	3	-----	3	-----	-----	-----	3	-----	3

* Comprising patients discharged or transferred to mental hospitals either direct from institution or while on leave of absence or escape; excluding discharges of 48 male and 27 female observation cases.

† Including two male and four female patients dying while on leave or escape.

It should be kept in mind that, whereas discharges of observation cases were included in the descriptive tables of discharges for 1945 and earlier years, these cases are excluded from the tables for the current year. As with mentally-ill observations, mentally-defective observation cases are either formally committed by court action or released to the community as not in need of care and treatment, depending on the diagnostic findings and the staff recommendation. The two types of observation differ in length, however. Mentally-ill observations usually cover only a few days, whereas mental-defective observations require a longer period, usually three months.

Deaths in Institution. The mortality rate per 1,000 patients under treatment in 1945-46 was 25.6, higher than the figure of 22.7 for 1944-45, but slightly under the figure of 26.0 for 1943-44. The median age at death was 17.6 years (Table 65). Respiratory diseases, consistently the most fre-

TABLE 65
DEATHS, BY AGE AT DEATH, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Age at last birthday, in years	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages.....	146	73	73	44	26	18	102	47	55
Under 5.....	32	11	21	4	2	2	28	9	19
5-9.....	17	7	10	7	2	5	10	5	5
10-14.....	12	6	6	5	4	1	7	2	5
15-19.....	23	14	9	12	8	4	11	6	5
20-24.....	14	9	5	5	4	1	9	5	4
25-29.....	12	8	4	5	4	1	7	4	3
30-39.....	11	5	6	4	-----	4	7	5	2
40-49.....	9	6	3	-----	-----	-----	9	6	3
50-59.....	7	4	3	1	1	-----	6	3	3
60 and over.....	9	3	6	1	1	-----	8	2	6

quent cause of death in past years, accounted for approximately two-thirds of the deaths during 1945-46, while diseases of the nervous system and of the circulatory system together accounted for one-fourth of the total (Table 66).

TABLE 66
DEATHS, BY CAUSE OF DEATH, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Cause of death*	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	146	73	73	44	26	18	102	47	55
Infectious and parasitic diseases. Cancer and other tumors.....	2		2				2		2
Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminosis.....	3	3		2	2		1	1	
Diseases of the blood and blood- forming organs.....	1		1				1		1
Chronic poisoning and intoxication.....									
Diseases of the nervous system and sense organs.....	19	8	11	9	5	4	10	3	7
Diseases of the circulatory system.....	18	12	6	3	3		15	9	6
Diseases of the respiratory system.....	97	46	51	28	15	13	69	31	38
Diseases of the digestive system.....	1		1	1		1			
Diseases of the genito-urinary system.....	3	3		1	1		2	2	
Diseases of pregnancy, child- birth and the puerperium.....									
Diseases of the skin and cellular tissue.....									
Diseases of the bones and organs of movement.....									
Congenital malformations.....									
Diseases peculiar to the first year of life.....									
Senility.....									
Violent or accidental deaths.....									
Ill-defined and unknown causes.....	2	1	1				2	1	1

* Classified in terms of the major groups of the International List of Causes of Death (1938 revision) and Manual of Joint Causes of Death (1939), issued by the United States Bureau of the Census.

During the year 39 autopsies were performed as compared with 60 for the previous year. Postmortem examinations of particular interest included findings of tuberculous sclerosis, cerebellar ataxia, amaurotic idiocy, terminal venous thrombosis and hemorrhage, Hodgkin's disease, and Alzheimer's disease. Autopsies have been well attended by the medical staffs; in addition, any unusual finding, and all gross and histological findings of the brain, are routinely discussed at staff conferences.

MENTAL DEFECTIVES

First Admissions and Readmissions. Of the 538 mentally defective first admissions, the mental level was ascertained for 460, of whom 21 percent were classified as idiots, 38 percent as imbeciles, and 41 percent as morons (Table 67). Clinical diagnoses were made for 517 first admissions, of whom 23 percent were diagnosed as cases of familial mental deficiency, 11 percent as cases of post-traumatic mental deficiency, and 10 percent as cases of mental deficiency with epilepsy. Other specific diagnostic findings accounted for 26 percent, while 30 percent were undifferentiated.

TABLE 67
 CLINICAL DIAGNOSIS OF MENTAL DEFECTIVE FIRST ADMISSIONS, BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1946

Clinical diagnosis	Total						Pacific Colony												Sonoma State Home											
	Total		Total		Total		Total		Total		Total		Total		Total		Total		Total		Total		Total							
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
Total*	538	311	227	205	125	80	30	26	47	29	48	25	333	186	147	22	22	56	41	61	53	47	31	31						
Familial	121	71	50	38	26	12	2	2	5	3	21	9	83	45	38	1	2	7	7	25	19	13	11	11						
Mongolism	32	17	15	15	7	6	2	2	5	5	5	5	17	10	7	2	2	7	5	1	1	1	1	1						
With developmental cranial anomalies	28	19	9	9	7	2	5	2	2	2	2	2	19	12	7	3	6	7	7	1	2	1	1	1						
With congenital cerebral spastic infantile paralysis	23	12	11	1	1	2	3	1	3	1	4	1	22	12	10	6	4	5	5	2	2	1	1	1						
Post-infectious	30	20	10	12	10	2	3	1	3	1	4	1	18	10	8	2	3	5	5	2	2	1	1	1						
Post-traumatic	55	34	21	46	29	17	11	11	11	5	7	1	9	5	4	2	1	3	1	1	1	1	1	1						
With epilepsy	52	34	18	32	19	13	8	6	8	4	3	3	20	15	5	1	2	5	1	4	5	2	2	2						
With endocrine disorder	4	4											4	4		1	1													
With familial amaurosis																														
With tuberculous sclerosis	2	1	1										2	1	1															
With other organic nervous disease	14	9	5										14	9	5															
Other forms																														
Undifferentiated	156	76	80	31	13	18		2	6	6	7	10	125	63	62	5	2	13	13	27	32	18	15	15						
Unknown	21	14	7	21	14	7	1	1	7	5	6	2																		

* Including one male and one female transfer-in from mental hospitals, excluding observation cases.

TABLE 68
 CLINICAL DIAGNOSIS OF MENTAL DEFECTIVE READMISSIONS BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1946

Clinical diagnosis	Total			Pacific Colony						Sonoma State Home												
	Total	M	F	Total		Idiot		Imbecile		Moron		Total		Idiot		Imbecile		Moron		Unclassified		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	
Total*	26	16	10	6	4	2																
Familial.....	6	4	2				1															
Mongolism.....	1	1																				
With developmental cranial anomalies.....																						
With congenital cerebral spastic infantile paralysis.....																						
Post-infectious.....	4	2	2	1	1	1																
Post-traumatic.....																						
With epilepsy.....	1	1		1	1																	
With endocrine disorder.....																						
With familial amaurosis.....																						
With tuberculous sclerosis.....																						
With other organic nervous disease.....																						
Other forms.....																						
Undifferentiated.....	10	6	4	1	1																	
Unknown.....	4	2	2	3	1	2																

* Including four male and two female transfers-in from mental hospitals; excluding observation cases.

The distribution of readmissions by mental level and by diagnosis (Table 68) does not differ significantly from the distribution for first admissions.

By age level, 25 percent of the mental defective first admissions were less than 10 years of age at time of admission, 25 percent were 10 to 14 years of age, 31 percent were aged 15 to 19, and 19 percent were 20 years of age and older (Table 69). The median age at admission was 14.9 years for the 538 mentally defective first admissions. The median age for idiots was 7.8 years, for imbeciles 14.1 years, and for morons 16.0 years.

Discharges. Of the 319 mentally defective patients discharged during the year, the mental level had been determined for 251, of whom 4 percent were classified as idiots, 25 percent as imbeciles, and 71 percent as morons (Table 70). As in the preceding year, approximately 93 percent of all patients discharged were 15 years of age or older at time of discharge. In this group, comprising 297 cases, the condition at discharge was ascertained for 256 patients, of whom 39 percent were considered capable of self-support, 31 percent capable of partial self-support, and 30 percent incapable of productive work. Of all mental defectives 15 years of age and older at time of discharge, the proportion considered capable of full self-support has steadily decreased from 53 percent in 1943-44 and 45 percent in 1944-45 to the present figure of 39 percent.

Deaths. For mental-defective patients dying in the two institutions during the year, the median duration of institutional residence prior to death was 2.9 years, as compared with 5.7 years in 1944-45 and 10.3 years in 1943-44. The small number of cases involved precludes the determination of reliable medians for each mental classification; however, it will be noted from Table 71 that the patients at the higher mental levels generally live longer.

TABLE 69
AGE OF MENTAL DEFECTIVE FIRST ADMISSIONS BY MENTAL STATUS, SEX, AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Age group	Total		Pacific Colony										Sonoma State Home									
	Total	M	F	Total		Idiot		Imbecile		Moron		Total		Idiot		Imbecile		Moron		Unclassified		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	
Total.....	538	311	227	205	125	80	30	26	47	29	48	25	186	147	22	22	56	41	61	53	47	31
0-4 years.....	84	42	42	20	11	9	6	5	4	4	1	1	64	31	10	14	16	16	4	3	1	3
5-9 years.....	52	25	27	21	10	12	8	6	4	7	2	1	21	16	5	6	4	2	6	4	3	1
10-14 years.....	122	67	55	40	22	18	12	8	6	4	2	1	64	36	2	3	8	4	18	13	8	8
15-19 years.....	168	86	82	72	51	21	17	11	7	13	17	7	64	38	2	3	10	10	17	23	18	14
20-24 years.....	146	80	66	63	34	29	4	3	13	13	2	13	105	55	3	3	17	17	7	17	15	9
25-29 years.....	40	23	17	10	6	4	2	2	3	2	2	1	36	23	1	1	6	6	3	2	4	2
30-39 years.....	20	12	8	5	3	2	1	2	2	1	1	1	15	9	0	0	2	2	3	2	4	2
40-49 years.....	14	7	7	2	2	2	1	1	1	1	1	1	7	5	1	1	2	1	3	3	2	1
50-59 years.....	9	4	5	1	1	1	1	1	1	1	1	1	4	4	1	1	1	1	2	1	2	2
60 years and over.....	7	4	3	1	1	1	1	1	1	1	1	1	7	4	1	1	1	1	2	1	2	2
Unknown.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

TABLE 70
 CONDITION ON DISCHARGE OF MENTAL DEFECTIVES, BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1946

Condition on discharge	Total				Pacific Colony										Sonoma State Home									
	Total		Total		Total		Idiot		Imbecile		Moron		Total		Idiot		Imbecile		Moron		Unclassified			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	Total		Total		Total		Total		Total		Total		Total		Total		Total		Total		Total			
Grand total*	319	172	147	55	1	2	18	12	44	41	201	109	92	3	3	21	13	53	40	32	36			
15 years of age and older	207	156	141	54	1	1	13	10	40	41	101	102	80	1	2	10	13	51	38	31	36			
Capable of self-support	100	47	53	14	24	1	1	1	14	23	62	33	20	1	1	1	1	20	11	13	18			
Capable of partial self-support	80	44	36	25	11	4	4	4	21	7	44	19	20	1	1	2	3	13	12	2	19			
Incapable of productive work	76	45	31	12	14	1	9	14	3	19	55	35	17	1	2	15	6	10	10	17	2			
Unknown	41	20	21	0	3	3	1	1	3	2	35	17	18	1	1	2	2	8	10	9	6			
Under 15 years of age	22	16	6	12	9	3	5	2	4	1	10	7	3	2	1	2	2	2	2	1	1			

* Comprising patients discharged, or transferred to mental hospitals, either direct from institution, or while on leave or escape; excluding discharges of 22 male and 13 female observation cases.
 † Including one male and three female patients dying on leave or escape.

TABLE 71
 DEATHS OF MENTAL DEFECTIVES, BY DURATION OF INSTITUTIONAL RESIDENCE,
 MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1946

Total duration of institution life*	Total						Pacific Colony												Sonoma State Home											
	Total		Idiot		Imbecile		Moron		Total		Idiot		Imbecile		Moron		Total		Idiot		Imbecile		Moron		Unclassified					
	M	F	M	F	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	M	F	M	F		
Total.....	121	68	40	24	16	15	6	7	6	2	4	81	39	42	11	12	18	20	6	4	4	6	4	4	6	6	6			
Less than 1 month.....	12	6	2	2	2	1	1	1	1	1	1	10	6	4	1	1	1	1	2	1	1	1	1	1	1	1	1			
1-3 months.....	13	6	6	3	3	3	3	3	3	3	3	7	3	4	2	1	1	1	1	1	1	1	1	1	1	1	1			
4-6 months.....	10	3	7	1	1	1	1	1	1	1	1	9	2	7	1	1	2	2	1	1	1	1	1	1	1	1	1			
7-11 months.....	7	2	5	3	3	1	1	2	1	1	1	4	2	2	1	1	2	2	1	1	1	1	1	1	1	1	1			
1 year.....	10	1	9	3	3	3	1	1	1	1	1	7	1	6	1	1	1	5	1	1	1	1	1	1	1	1	1			
2 years.....	10	6	4	6	5	3	1	1	1	1	1	4	1	3	1	1	2	2	1	1	1	1	1	1	1	1	1			
3-4 years.....	20	13	7	11	9	2	5	4	1	1	1	1	9	4	5	1	2	3	1	1	1	1	1	1	1	1	1			
5-6 years.....	3	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
7-9 years.....	5	3	2	1	1	1	1	1	1	1	1	1	4	3	1	1	3	1	1	1	1	1	1	1	1	1	1			
10-14 years.....	8	6	2	2	2	2	2	2	2	2	2	6	4	2	2	1	2	1	1	1	1	1	1	1	1	1	1			
15-19 years.....	9	6	3	3	3	3	3	2	2	2	2	6	3	3	4	1	2	2	1	1	1	1	1	1	1	1	1			
20 years and over.....	14	9	5	3	3	3	3	2	2	2	2	14	9	5	4	1	2	3	3	1	1	1	1	1	1	1	1			

* Excluding time spent on leave or escape.

EPILEPTICS

During 1945-46, 35 patients classified primarily as epileptics were admitted to Sonoma State Home and Pacific Colony. Exclusive of one undiagnosed admission, 59 percent were diagnosed as cases of idiopathic epilepsy and 41 percent were diagnosed as cases of symptomatic epilepsy, all due to physical disease or defect involving the brain (Table 72).

TABLE 72
CLINICAL DIAGNOSIS OF EPILEPTIC FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Clinical diagnosis	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Grand total.....	35	21	14	13	9	4	22	12	10
Symptomatic.....	14	7	7	7	5	2	7	2	5
Toxic.....									
Due to definite brain diseases.....	14	7	7	7	5	2	7	2	5
Cardiovascular.....									
Syphilitic.....									
Meningo-encephalitic.....	5	2	3	3	2	1	2		2
Neoplastic.....	1		1				1		1
Traumatic.....	4	2	2	3	2	1	1		1
Ageneas.....	2	2		1	1		1	1	
Other and unknown.....	2	1	1				2	1	1
Idiopathic.....	20	14	6	6	4	2	14	10	4
With psychogenic factors.....	1	1					1	1	
Other, undifferentiated, and unknown.....	19	13	6	6	4	2	13	9	4
Unclassified.....	1		1				1		1

Epileptics under 20 years of age at time of admission comprised 83 percent of the total (Table 73).

Of the 28 epileptic patients discharged during the year, the condition at discharge was ascertained for 25 patients, of whom 11 were discharged improved and 14 as unimproved (Table 74). Of the 26 discharged patients for whom a clinical diagnosis had been made, 16 were diagnosed as symptomatic epileptics.

There were 25 deaths for the year (Table 75), as compared with 31 in 1944-45. The median length of hospitalization prior to death was 6.3 years.

TABLE 73
AGE OF EPILEPTIC FIRST ADMISSIONS BY CLINICAL DIAGNOSIS, SEX, AND INSTITUTION
YEAR ENDING JUNE 30, 1946

Age at last birthday	Total			Pacific Colony						Sonoma State Home														
	Total	Male	Female	Total			Symptomatic			Idiopathic			Total			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.....	35	21	14	13	9	4	5	2	4	2	22	12	10	2	5	10	4	1						
0-4 years.....	1	1	1	1	1	1	1	1			2	1	1	1	1									
5-9 years.....	6	5	1	4	4		3		1		5	1	4	1	3	1								
10-14 years.....	8	2	6	3	1	2	1	1	1	1	10	7	3			7	3							
15-19 years.....	14	10	4	4	3	1	1	1	2		1	1												
20-24 years.....	1	1									1	1	1	1	1	1	1							
25-29 years.....	4	2		1						1	3	2	1	1	1	1	1							
30-39 years.....																								
40-49 years.....	1		1								1	1	1	1	1									

TABLE 74
 CONDITION ON DISCHARGE OF EPILEPTICS, BY CLINICAL DIAGNOSIS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1946

Condition on discharge	Pacific Colony						Sonoma State Home																
	Total*			Symptomatic			Idiopathic			Total			Symptomatic			Idiopathic			Unclassified				
	Total	Male	Female	Total	M	F	Due to brain diseases		M	F	Total	M	F	Tox-emic		M	F	Total	M	F	Total	M	F
							M	F						M	F								
Total	28	16	12	9	6	3	3	3	3	3	19	10	9			6	4	4	3	4	1	1	
Recovered	11	6	5	7	4	3	2	3	2	4	2	2			2	1	1			1			
Unimproved	14	8	6	2	2		1	1	1	12	6	6			12	3	3	13	3	13	1	1	
Unknown	3	2	1	2	2					3	2	1			2	2						1	

* Comprising patients discharged direct from institution, or while on leave or escape.
 † Including one male and one female patient dying on leave.

TABLE 75
DEATHS OF EPILEPTICS IN STATE INSTITUTIONS FOR MENTAL DEFECTIVES, BY DURATION OF
INSTITUTIONAL RESIDENCE, CLINICAL DIAGNOSIS, AND SEX
YEAR ENDING JUNE 30, 1946

Total duration of institution life*	Total epileptic			Symptomatic			Idiopathic		Unclassified	
				Tox- emic	Due to brain diseases					
	Total	Male	Female			Male	Female	Male	Female	Male	Female
Total.....	25	10	15		2	8	4	4	4	3
Less than 1 month.....	4	1	3		1	3				
1 to 3 months.....										
4 to 6 months.....										
7 to 11 months.....										
1 year.....										
2 years.....	2	2			1		1			
3 to 4 years.....	4	2	2			1	2	1		
5 to 6 years.....	4	2	2			1	1	1	1	
7 to 9 years.....	3		3			1				2
10 to 14 years.....	1	1							1	
15 to 19 years.....	2		2			1		1		
20 years and over.....	5	2	3			1		1	2	1

* Excluding time spent on leave or escape.

THERAPEUTIC PROGRAM; OTHER ACTIVITIES

Therapeutic activities carried on at Pacific Colony and Sonoma State Home cover a wide range, in line with the range of intellectual and physical capacities and needs of the patients. In the field of psychotherapy, the hospital program is directed primarily toward those patients whose intelligence is above the moron level, and whose admission into the institution has resulted from behavior difficulties or social maladjustment rather than from simple mental deficiency. Methods of treatment include group psychotherapy as well as interviews with the patient and with members of his family. Numerous psychometric tests, personality, aptitudes, and achievement tests are given as an aid to diagnosis.

Physiotherapy includes ultraviolet ray, deep therapy light, and diathermy treatments. For spastic children, special education classes are conducted as an adjunct to treatment. Satisfactory progress in both treatment and education for these children is reported.

Occupational therapy in these institutions, as in mental hospitals, includes work in the wards and on the grounds in housekeeping and other maintenance activities. Indoor activities include domestic duties, building and equipment maintenance and repair, janitorial work and sewing. Outdoor projects include animal husbandry, farming, gardening, poultry and dairy work, and care of the grounds. School classes and other formal training supplement these occupational activities in preparing the patients for home leave and industrial leave. This educational program increases the likelihood of satisfactory adjustment in the community, and also enables some patients to achieve partial or complete self-support after leaving the institution.

The recreational therapy program is also important in the patients' adjustment to institutional life and in preparation for their possible return to normal living in the community. Holiday activities and special parties which involve full participation by the patients, and dances which include formal instruction and also furnish practice in mingling with others without selfconsciousness, are part of the program.

TABLE 76
STERILIZATION OPERATIONS PERFORMED IN STATE INSTITUTIONS FOR MENTAL DEFECTIVES
APRIL 26, 1909-JUNE 30, 1946

Institution	Year ending June 30, 1946			Cumulative totals, 1909-1946		
	Total	Male	Female	Total	Male	Female
Total.....	238	123	115	6,364	2,873	3,491
Pacific Colony.....	58	22	36	1,532	740	792
Sonoma State Home.....	180	101	79	4,832	2,133	2,699

During the 37 years in which the State's sterilization program has been in effect, 6,364 patients have been sterilized at Pacific Colony and Sonoma State Home, with an average of 172 operations per year (Table 76). This annual average is exceeded by the 1945-46 total of 238 cases. Male patients made up 52 percent of the year's total, as compared with 45 percent of the to-date total.

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 have been available throughout the year to patients from surrounding communities on appointed days during each month. It also functions as a traveling unit within the 23 counties of north-central California, but because of a shortage of personnel the traveling clinic was able to operate for only four months during 1945-46, visiting 14 counties. Including outpatient consultation at the institution, the clinic's services were made available to 147 patients from 20 counties (Table 77).

TABLE 77
AREAS SERVED BY STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME
YEAR ENDING JUNE 30, 1946

County	Town or school	Visits by clinic	Cases examined	County	Town or school	Visits by clinic	Cases examined
Total		16	147	Nevada	Grass Valley	1	4
Butte	Chico	1	9		Nevada City	1	4
Colusa	Colusa	1	7	Sacramento	Sacramento	3	18
Contra Costa	*Sonoma State Home		8	San Francisco	*Sonoma State Home		2
El Dorado	*Sonoma State Home		1	Shasta	*Sonoma State Home		1
Glenn	Orland	1	5	Solano	*Sonoma State Home		6
Humboldt	Eureka	1	15	Sonoma	*Sonoma State Home		20
Lassen	Susanville	1	5	Sutter	†Marysville	1	5
	Westwood	1	5		*Sonoma State Home		2
Marin	*Sonoma State Home		6	Tehama	Red Bluff	1	8
Mendocino	Ukiah	1	5	Yolo	Woodland	1	2
Napa	*Sonoma State Home		3	Yuba	†Marysville	1	5

* 50 cases were seen at Sonoma State Home on the bi-monthly outpatient clinic days.

† Yuba County Clinic was held jointly with Sutter County at Marysville.

After accepting a case for referral, the clinic first reviews the case history prepared by the referring agency in accordance with specific directions furnished by the clinic. This is followed by appropriate psychometric tests, combined with interviews with the patient and with relatives, agency officials, and others directly concerned with the case. In all cases the clinic's recommendations are oriented to the various services available through local facilities, providing for a consistent follow-through by the latter agencies.

During 1945-46, approximately one-third of the 147 clinic referrals were referred for mental deficiency, while one-fourth were referred for behavior problems (Table 78). Over one-half of the referrals were made by school authorities (Table 79). The 147 referrals ranged in age from 2 to 29 years, with a mean age of 11.3 years. By sex, the mean age for male patients was 11.2 years and for female patients 11.5 years (Table 80). As in the case of inpatient admissions, the average age is lower for male than for female outpatients. A sex difference of a similar nature appears in the distribution of intelligence quotients in Table 81, with a median IQ of 85 for male patients and 65 for female patients. This difference is explained by the relatively large number of male patients who were referred for guidance or for help in personality and behavior problems.

TABLE 78
 REFERRALS TO STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME,
 BY SEX, MEAN INTELLIGENCE QUOTIENT, AND REASON FOR REFERRAL
 YEAR ENDING JUNE 30, 1946

Reason	Number			Percent			Mean IQ		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
	Total.....	147	105	42	100.0	100.0	100.0	75.3	80.3	70.4
Delinquency.....	8	7	1	5.4	6.6	2.4	94.0	93.0	97.0
Pre-delinquency.....	3	2	1	2.0	1.9	2.4	96.0	95.0	98.0
Behavior problem.....	34	26	8	23.2	24.9	19.0	90.3	92.2	86.6
Personality problem.....	26	14	6	13.6	13.3	14.3	97.3	99.0	88.0
Neuro-psychiatric problem.....	2	2	-----	1.3	1.9	-----	83.5	83.5	-----
Guidance.....	12	9	3	8.2	8.5	7.1	101.01	100.01	103.3
School subject matter difficulty.....	14	14	-----	9.5	13.3	-----	88.3	88.3	-----
Mental deficiency.....	51	29	22	34.8	27.6	52.4	58.0	59.7	56.0
Unclassified.....	3	2	1	2.0	2.0	2.4	-----	-----	-----

TABLE 79
REFERRALS TO STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME,
BY SEX AND SOURCE OF REFERRAL
YEAR ENDING JUNE 30, 1946

Referral	Cases referred					
	Number			Percent		
	Total	Male	Female	Total	Male	Female
Total	147	105	42	100.0	100.0	100.0
School	81	61	20	55.2	58.2	47.6
Teacher or principal.....	39	31	8	26.6	29.6	19.0
Supervisor or superintendent.....	22	17	5	15.0	16.2	11.9
Nurse or physician.....	16	11	5	10.9	10.5	11.9
Counselor.....	4	2	2	2.7	1.9	4.8
Other public agencies	36	25	11	24.5	23.8	26.2
Probation department.....	25	17	8	17.0	16.2	19.0
County health department.....	3	2	1	2.0	1.9	2.4
State or county institution.....	2	2	-----	1.4	1.9	-----
County welfare department.....	6	4	2	4.1	3.8	4.8
Private referrals	30	19	11	20.3	18.0	26.2
Private physician.....	1	1	-----	0.6	0.9	-----
Parents.....	7	5	2	4.7	4.7	4.8
Private institutions.....	22	13	9	15.0	12.4	21.4

TABLE 80
REFERRALS TO STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME, BY SEX AND AGE
YEAR ENDING JUNE 30, 1946

Age in years	Number			Percent		
	Total	Male	Female	Total	Male	Female
Total	147	105	42	100.0	100.0	100.0
0-4	5	3	2	3.4	2.9	4.7
5-9	45	31	14	30.6	29.5	33.3
10-14	64	50	14	43.6	47.7	33.3
15-19	26	17	9	17.7	16.1	21.5
20-24	3	2	1	2.0	1.9	2.4
25-29	1	-----	1	0.7	-----	2.4
Age not determined	3	2	1	2.0	1.9	2.4
Mean age in years	11.3	11.2	11.5			
Median age in years	11.7	11.8	11.5			

TABLE 81
REFERRALS TO STATE COMMUNITY SERVICE CLINIC, SONOMA STATE HOME,
BY SEX AND INTELLIGENCE LEVEL
YEAR ENDING JUNE 30, 1946

Classification	IQ	Cases referred					
		Number			Percent		
		Total	Male	Female	Total	Male	Female
Total		147	105	42	100.0	100.0	100.0
Very superior	140 and above						
Superior	120-139	5	4	1	3.4	3.8	2.4
High average	110-119	5	4	1	3.4	3.8	2.4
Normal or average	90-109	31	25	6	21.1	23.8	14.4
Low average	80-89	21	19	2	14.2	18.1	4.7
Borderline defective	70-79	19	15	4	13.0	14.3	9.5
Mentally defective	0-69	42	21	21	28.6	20.0	50.0
Moron	50-69	29	14	15	19.7	13.3	35.7
Imbecile	20-49	13	7	6	8.9	6.7	14.3
Idiot	0-19						
Not determined		24	17	7	16.3	16.2	16.6
Mean IQ		75.3	80.3	70.4			
Median IQ		82.0	85.0	65.0			

APPENDIX

- Part I. Financial statistics.**
- Part II. Positions, by classification and activities of employees.**
- Part III. Staff members and other professional workers at state mental institutions and clinics as of June 30, 1946.**
- Part IV. General information.**
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PART I

TABLE 82
EXPENDITURES AND REVENUE—YEAR ENDING JUNE 30, 1946
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
Agnews State Hospital.....	3,650	\$993,370 96	\$465,242 50	\$1,458,613 46	\$48,148 00	\$1,506,761 46	\$423,599 19	\$1,083,014 27	\$1,083,162 27
Camarillo State Hospital.....	4,365	1,091,497 95	603,614 56	1,695,112 51	316,681 49	2,011,794 00	363,201 08	1,331,911 43	1,645,592 92
Mendocino State Hospital.....	2,977	808,117 15	424,089 86	1,232,207 01	9,075 90	1,241,282 91	113,499 09	1,118,707 92	1,127,783 82
Napa State Hospital.....	4,054	1,093,727 10	534,093 82	1,627,820 92	19 47	1,627,840 39	311,376 86	1,316,444 06	1,316,463 53
Norwalk State Hospital.....	2,476	851,280 90	310,284 13	1,161,565 03	130,288 67	1,291,853 70	178,185 14	933,379 89	1,113,688 56
Patton State Hospital.....	4,175	1,097,357 92	549,298 42	1,646,656 34	9,056 53	1,655,712 87	296,888 58	1,349,767 76	1,358,894 29
Stockton State Hospital.....	4,395	1,241,240 78	532,970 58	1,774,211 36	1,037,540 95	2,811,752 31	325,677 08	1,448,534 28	2,806,075 23
Total—Mental hospitals.....	26,101	7,176,592 76	3,419,593 87	10,596,186 63	1,570,811 01	12,166,997 64	2,012,427 02	8,583,759 61	10,154,570 62
Pacific Colony.....	1,635	517,004 26	277,426 93	794,431 19	300,778 91	1,095,210 10	413,433 83	380,997 30	681,776 21
Sonoma State Home.....	3,443	1,036,456 07	463,109 81	1,499,565 88	99,132 89	1,598,698 77	826,034 31	673,471 57	772,604 46
Total—Institutions for mentally deficient.....	5,078	1,553,460 33	740,536 74	2,293,997 07	399,911 80	2,693,908 87	1,239,528 20	1,054,468 87	1,454,380 67
Langley Porter Clinic†.....	49	188,565 30	81,339 07	269,904 37	1,872 00	271,776 37	49,834 43	220,069 94	221,941 94
Outpatient Mental Hygiene Clinic†.....	-----	2,173 03	1,403 00	3,576 03	-----	3,576 03	-----	3,576 03	3,576 03
Dept. of Mental Hygiene (Administrative Office)†.....	-----	153,655 36	90,337 14	243,992 50	-----	243,992 50	5,142 71	238,849 79	238,849 79
Transportation of patients†.....	-----	-----	63,326 21	63,326 21	-----	63,326 21	-----	63,326 21	63,326 21
Total—Resident institutions†.....	31,179	8,730,053 09	4,160,130 61	12,890,183 70	1,970,722 81	14,860,906 51	3,251,655 22	9,638,298 48	11,608,951 23
Grand total.....	31,228	\$9,074,446 78	\$4,396,536 03	\$13,470,982 81	\$1,972,504 81	\$15,443,577 62	\$3,306,632 86	\$10,164,080 45	\$12,136,645 26

* See Table 87 for detail of revenue.
 † Not included in totals for resident institutions.
 ‡ See Table 83 for further details of resident institutions.

TABLE 83
TOTAL MAINTENANCE COSTS BY FUNCTION AND OBJECT, ALL RESIDENT INSTITUTIONS*
FOR THE NINETY-SEVENTH FISCAL YEAR, JULY 1, 1945, TO JUNE 30, 1946

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.....	\$807,642 28	\$8,720 24	\$816,362 52	\$845,179 60	\$57,528 82	\$91,085 85	\$22,567 25
Support and subsistence.....	3,225,150 61	382,134 81	3,607,285 42	801,087 42	2,755,780 68	16,873 88	83,563 44
Care and welfare.....	6,304,482 29	-----	6,304,482 29	6,090,897 96	175,748 53	24,044 87	10,791 23
Maintenance and operation.....	1,242,475 92	-----	1,242,475 92	583,268 17	259,794 98	376,395 68†	13,017 09
Farming and processing.....	1,166,615 21	97,132 80	1,263,748 01	496,264 83	682,004 25	26,678 63	49,810 00
Extramural care.....	153,817 39	-----	153,817 39	103,365 11	-----	50,452 28	-----
Total.....	\$12,890,183 70	\$487,987 85	\$13,378,171 55	\$8,730,063 09	\$3,913,838 26	\$584,631 19	\$149,749 01

* The Langley Porter Clinic is not included; see Table 82.

† Total maintenance costs, resident institutions, as in Table 82.

‡ \$15,060 received as abatement for cost of maintaining unit for U. S. Navy patients, has been deducted from the gross expenditure.

TABLE 84
STATEMENT OF PER CAPITA COSTS OF MAINTAINING WARDS IN STATE INSTITUTIONS
YEAR ENDING JUNE 30, 1946

Function	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
ADMINISTRATION—									
Executive.....	\$1 64	\$1 36	\$2 17	\$1 26	\$3 21	\$1 46	\$1 74	\$3 83	\$1 89
General office.....	5 94	7 57	9 01	7 97	11 00	7 33	7 51	9 72	6 65
Business office.....	6 58	6 49	7 74	5 80	8 72	6 71	6 25	11 84	9 02
Telephone and telegraph.....	2 73	2 97	3 22	3 03	4 01	2 78	3 44	6 39	3 80
Postage.....	6 58	5 6	61	58	60	43	50	23	29
Automobile.....	3 36	2 75	3 36	4 95	5 90	3 58	4 82	8 18	4 87
Freight, cartage and express.....	52	1 23	1 43	80	1 24	86	49	1 69	81
Stores adjustments.....	20	77	77	1 34	27	13	27	1 03	12
Cash discounts taken.....	26	33	27	27	27	21	27	39	31
Total—Administration.....	21 21	22 60	28 04	25 46	34 41	23 07	24 48	41 52	27 14
SUPPORT AND SUBSISTENCE—									
Feeding—Local production.....	46 26	53 82	78 30	82 05	59 44	65 82	73 68	22 09	60 34
Feeding—Purchased.....	101 25	112 05	78 02	68 60	80 98	75 11	77 76	133 68	76 29
Total—Feeding.....	147 51	165 87	156 32	150 65	140 42	140 93	151 44	155 77	136 63
Clothing.....	6 94	7 22	13 69	10 39	9 89	9 96	8 45	14 49	11 61
Housekeeping.....	13 31	11 55	11 22	10 95	12 00	12 81	9 61	20 76	12 50
Laundry.....	5 95	7 00	8 42	7 37	6 47	5 58	6 20	9 78	6 44
Gross expenditures.....	173 71	191 64	189 65	179 96	168 78	169 28	175 70	200 80	167 18
Credit: Service deductions.....	12 47	14 84	10 92	12 80	15 78	10 06	11 08	15 18	9 52
Net total—Support and subsistence.....	161 24	176 80	178 73	167 16	153 00	159 22	164 62	185 62	157 66
CARE AND WELFARE—									
Custodial and personal care.....	179 95	150 17	167 75	174 87	226 64	172 31	181 53	162 86	160 37
Medical care.....	23 19	19 41	17 82	22 53	22 47	23 70	19 29	41 20	38 50
Education.....	1 26	3 35	90	1 55	1 82	71	1 41	7 92	9 90
Recreation.....	72	50	49	30	44	15	42	18	70
Paroles and discharges.....	01							3 70	04
Escaps.....									72
Burials and cremations.....	17	51						20	5 10
Social service.....									
Total—Care and Welfare.....	205 30	173 94	186 96	199 25	251 37	196 87	202 65	216 06	215 33

MAINTENANCE AND OPERATION OF PLANT—										
Maintenance of structures.....	8 66	7 95	13 89	16 27	11 01	9 00	10 13	14 41	15 58	
Maintenance of grounds.....	3 05	1 78	3 62	2 40	3 68	2 24	3 88	4 08	2 88	
Light, heat, and power.....	27 79	23 83	30 47	*18 53	24 16	19 35	23 22	32 37	28 32	
Fire protection.....	51	36	1 40	54	1 37	53		71	1 10	
Water.....		1 50	10			75		5 11	74	
Total—Maintenance and operation.....	40 01	35 42	48 88	37 79	40 22	30 87	36 73	56 68	48 62	
FARMING AND PROCESSING—										
Farm, general.....	1 47	8 68	8 45	6 98	7 57	7 55	15 21	1 72	1 83	
Dairy.....		22 87	24 57	21 34	29 93	21 77	26 63		29 40	
Hog ranch.....	1 87	1 53	8 72	9 80	8 83	4 68	8 93		7 00	
Poultry ranch.....			7 45	9 52	3 94	4 00	4 54		7 00	
Orchard.....	2 41	1 46		2 35		7 6	1 65	1 27	3 65	
Vegetable garden.....	6 14	3 52	2 81	2 40	3 02	2 76	3 30	8 87	2 75	
Stable and tractor.....	5 04	2 64	2 41	4 56	2 30	2 06	2 84	2 70	2 69	
Food processing.....	11 17	1 30	10 84	13 84	1 43	9 82	5 13	20	9 57	
Gross expenditures.....	28 10	42 00	66 09	70 79	57 11	54 03	70 62	14 88	61 32	
Credit: Local production.....	—64 39	—71 68	—105 95	—101 35	—73 94	—74 56	—98 83	—28 74	—74 13	
Excess production value over expense.....	—36 29	—29 68	—39 86	—30 56	—16 83	—20 53	—28 21	—13 86	—12 81	
Less: Surplus sales uncollected.....		—1 41		—37				08	—03	
Net total—Farming and processing.....	—36 29	—29 68	—41 27	—30 93	—16 83	—20 53	—28 21	—13 78	—12 84	
Total per capita cost.....	\$391 47	\$379 08	\$401 84	\$398 73	\$462 17	\$389 50	\$400 27	\$486 10	\$485 91	
Average per capita cost, per month.....	\$32 62	\$31 59	\$33 45	\$33 23	\$38 51	\$32 46	\$33 36	\$40 51	\$36 33	
Average per capita cost, per day.....	\$1 07	\$1 04	\$1 10	\$1 09	\$1 27	\$1 07	\$1 10	\$1 33	\$1 19	
Average daily population.....	3,659	4,365	2,977	4,054	2,476	4,175	4,395	1,635	3,443	

* Includes \$3.71 per capita abatement for maintenance of unit for U. S. Navy patients.

Note: Minus sign (—) before amount, indicates credit rather than charge.

SUMMARY OF PER CAPITA COSTS

Institutions	Ninety-sixth fiscal year	Ninety-seventh fiscal year	Increase
Mental hospitals.....	\$360 21	\$408 22	\$43 01
Institutions for mental defectives.....	410 15	461 00	50 85

TABLE 85
STATEMENT OF FARMING OPERATIONS
YEAR ENDING JUNE 30, 1946

Operation	Total	Agnew's 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.....	\$160,172 39	\$6,046 62	\$47,740 89	\$23,336 25	\$12,750 55	\$14,540 53	\$10,206 65	\$41,707 83	\$3,825 07	
Less: Local products consumed.....	53,108 84	1,828 83	4,688 07	4,877 53	8,624 63	3,217 40	3,081 01	21,839 01	795 16	
Direct charges.....	141,955 36	789 66	29,598 82	21,571 33	13,652 43	14,363 43	28,107 85	24,541 07	2,196 96	
Excess production value over expense.....	-34,901 81	3,429 13	5,465 00	-2,422 61	-13,520 52	4,111 30	-20,982 21	-4,541 27	872 95	
Percent of excess.....	-17.63	131.00	21.55	-9.40	-54.88	-22.04	-67.27	-8.80	29.57	
DAIRY										
Value of production.....	\$790,513 75		\$122,096 94	\$131,474 07	\$122,857 09	\$50,358 39	\$100,123 02	\$140,323 19		\$92,280 15
Less: Local products consumed.....	134,687 65		20,744 44	22,155 40	14,155 75	18,013 53	11,189 03	35,594 42		5,253 27
Direct charges.....	510,451 63		70,663 97	51,122 02	72,314 22	55,498 00	79,949 34	85,344 94		96,569 44
Adjustment of livestock inventories.....	18,920 60		955 00	300 00	375 00	7,425 00	2,050 00	25 00		-1,240 00
Excess production value over expense.....	153,604 17		24,153 53	58,395 65	36,933 01	13,672 06	7,943 05	21,398 83		-8,282 56
Percent of excess.....	24.12		24.41	79.91	42.96	20.30	7.92	17.99		-8.25
HOG RANCH										
Value of production.....	\$194,264 55	\$10,480 95	\$10,715 14	\$25,212 82	\$38,986 50	\$25,519 04	\$31,027 08	\$34,345 54		\$18,077 28
Less: Local products consumed.....	21,627 82	6,348 85	4,629 12	4,388 50	2,698 07	2,143 48	2,586 17	7,247 03		1,113 60
Direct charges.....	150,826 67	6,111 91	6,223 04	21,371 13	36,850 67	19,727 91	16,978 91	28,721 84		14,462 25
Adjustment of livestock inventories.....	17,556 55	-453 30	1,209 60	-510 00	-1,110 00	1,094 50	-293 30	3,315 45		394 00
Excess production value over expense.....	17,353 21	4,073 39	1,820 38	-486 86	327 76	2,043 15	11,756 74	4,938 78		2,107 43
Percent of excess.....	9.80	63.58	20.47	-1.70	.85	11.55	61.01	-12.57		13.20
POVERTY RANCH										
Value of production.....	\$181,806 65			\$32,923 57	\$52,095 55	\$7,093 43	\$26,800 25	\$30,183 34		\$32,800 51
Less: Local products consumed.....	10,745 60			2,758 92	4,924 99	578 45	168 16	1,738 08		549 40
Direct charges.....	124,656 80			19,570 59	33,651 12	9,170 37	20,282 09	18,343 17		23,003 35
Adjustment of livestock inventories.....	3,368 58			949 50	678 21	622 21	-744 00	-669 24		2,475 50
Excess production value over expense.....	43,186 38			9,615 16	12,811 23	-3,277 60	7,094 00	10,771 33		6,172 26
Percent of excess.....	31.13			41.26	32.61	-31.60	36.00	55.49		23.18
ONCHAMP										
Value of production.....	\$171,898 03	\$38,048 27	\$19,791 55	\$10,463 95	\$28,110 95		\$16,395 82	\$13,046 42	\$8,149 04	\$37,892 03
Less: Local products consumed.....	43,676 43	2,207 63	1,493 43	206 55	3,087 81		1,194 21	3,663 39	589 91	1,816 20
Direct charges.....	43,218 84	6,555 43	5,009 63	2,329 67	6,447 66		2,170 11	8,002 87	1,487 18	11,430 24
Excess production value over expense.....	113,702 76	28,594 86	13,288 49	4,927 73	18,575 48		13,028 50	10,616 16	6,074 95	24,645 59
Percent of excess.....	195.38	311.63	204.34	312.85	194.80		386.48	11.64	292.90	186.05

TABLE 86
STATEMENT OF ACREAGE,* IRRIGATION, AND PRODUCTIVE FARM OPERATIONS, BY INSTITUTION
JUNE 30, 1946

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.	1,157	142	125	34	270	86	125.5	230	64.5	80
Farm (field crops):										
Alfalfa	320		164	105		30.5	16		4.5	
Grain hay	600.4	52	100	50	236	45.4	40	24	53	
Beans (dried)	220	2	218							
Miscellaneous farm products	1,315.8	39	87	243	79	72.8	75	704	16	
Dairy	122		20	5	30	7	20	30		10
Hog ranch	84	3	15	2	15	8	4	32		5
Poultry ranch	47.6			8	14	1.6	4	10		10
Stable	4			2						2
Orchard:										
Deciduous fruit	545.1	79.5	9	21	229.5	2.8	8	60	5.3	130
Citrus fruit	48		12				20		16	
Nuts	131.3	2	123		1.3				5	
Berries	25.8	7	4	3	10.3	3.3	4		1	
Grapes	75.8	1	4	6			4	40	2.5	8
Vegetable garden	973.8**	203	135	75	155	76.7	180	60	75.1**	14
Pasturage	1,474.2	17.5	143	179	350		25	51	45.7	663
Non-productive:										
Cemeteries	37	2		2						12
Watersheds	2,142	5	130	470	784.4	2.6	6	14		736
Wastelands	897.7†	74.2	369.7	10			24	15.8	40††	
Total acreage	10,210.5	629.2	1,648.7	1,215	2,178	337.7	579.5	1,270.8	687.6	1,670

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TABLE 87
REVENUE REMITTED TO THE GENERAL FUND AND SOURCES THEREOF, DEPARTMENT OF
MENTAL HYGIENE—YEAR ENDING JUNE 30, 1946

Institution	Total	Patients' board collected by institution	Patients' board collected from counties by Controller	Revenue from miscellaneous sales, etc.	Licenses fees, private institutions
Agnews State Hospital.....	\$423,599 19	\$414,472 05	\$7,289 03	\$1,838 11	-----
Camarillo State Hospital.....	363,201 08	347,481 83	13,602 03	2,117 22	-----
Mendocino State Hospital.....	113,499 09	105,093 05	7,782 38	623 66	-----
Napa State Hospital.....	311,376 86	282,909 91	11,825 29	16,641 66	-----
Norwalk State Hospital.....	178,185 14	175,359 58	842 31	1,983 25	-----
Patton State Hospital.....	296,888 58	281,423 57	14,248 73	1,216 28	-----
Stockton State Hospital.....	325,677 08	311,689 96	7,568 90	6,428 22	-----
Total—Mental hospitals.....	\$2,012,427 02	\$1,918,429 95	\$63,148 67	\$30,848 40	-----
Pacific Colony.....	413,433 89	1,267 98	390,475 39	21,690 52	-----
Sonoma State Home.....	826,094 31	4,516 65	818,237 88	3,339 78	-----
Total—Institutions for mentally deficient.....	\$1,239,528 20	\$5,784 63	\$1,208,713 27	\$25,030 30	-----
The Langley Porter Clinic.....	49,834 43	49,771 90	-----	62 53	-----
Department of Mental Hygiene (Administrative Office).....	5,142 71	-----	-----	177 71	\$4,965 00
Total cash collections.....	\$3,306,932 36	\$1,973,986 48	\$1,271,861 94	\$56,118 94	\$4,965 00

TABLE 88
STATE'S INVESTMENT IN CAPITAL ASSETS, ALL INSTITUTIONS
JUNE 30, 1946

Institution	Total	Land	Improvements	Equipment
Agnews State Hospital.....	\$4,742,204 87	\$279,408 75	\$3,795,609 13	\$667,186 99
Camarillo State Hospital.....	7,222,368 98	424,182 11	6,099,827 45	698,359 42
Mendocino State Hospital.....	3,894,503 17	182,277 27	3,229,664 46	502,561 44
Napa State Hospital.....	5,314,110 63	136,041 02	4,420,839 46	757,530 15
Norwalk State Hospital.....	3,298,757 89	106,860 00	2,759,470 40	432,427 49
Patton State Hospital.....	3,632,105 72	315,970 00	2,739,641 07	576,494 65
Stockton State Hospital.....	6,506,964 58	301,889 19	5,390,130 92	814,944 47
Pacific Colony.....	3,811,873 64	185,050 00	*3,252,130 70	374,692 94
Sonoma State Home.....	4,070,972 14	84,016 95	3,335,711 59	651,243 60
Total—Resident institutions.....	42,493,861 62	1,995,695 29	35,022,725 18	5,475,441 15
The Langley Porter Clinic.....	212,605 14	-----	59,491 54	153,113 60
Department of Mental Hygiene (Administration).....	412,460 99	-----	350,000 00	62,460 99
Grand Total.....	\$43,118,927 75	\$1,995,695 29	*\$35,432,216 72	\$5,691,015 74

* Includes \$50,000 stock in Irrigation Company of Pomona.

11—80020

TABLE 89

APPROPRIATIONS MADE BY THE LEGISLATURE FOR PURCHASE OF LAND, FOR MAJOR CONSTRUCTION, MINOR CONSTRUCTION, IMPROVEMENTS AND EQUIPMENT, AND PWA GRANTS MADE IN CONNECTION WITH CONSTRUCTION PROJECTS, INCLUDING ALLOCATIONS FROM THE POSTWAR EMPLOYMENT RESERVE FUND—JULY 1, 1927, TO JUNE 30, 1947 (10 BIENNIAL PERIODS—20 YEARS)

Biennial period	Total	Agnews State Hospital	Camarillo State Hospital	Mendocino State Hospital	Napa State Hospital
79th-80th Fiscal Years (1927-1929)					
Land.....	\$197,500 00	\$97,500 00	-----	\$65,000 00	\$35,000 00
Construction, improvement and equipment ..	2,045,500 00	67,000 00	-----	276,000 00	168,000 00
Total.....	2,243,000 00	164,500 00	-----	341,000 00	203,000 00
81st-82d Fiscal Years (1929-1931)					
Land.....	466,187 75	-----	\$456,187 75	-----	-----
Construction, improvement and equipment ..	2,541,812 25	476,000 00	543,812 25	385,000 00	60,000 00
Total.....	3,008,000 00	476,000 00	1,000,000 00	385,000 00	60,000 00
83d-84th Fiscal Years (1931-1933)					
Land.....	35,770 00	-----	-----	32,650 00	-----
Construction, improvement and equipment ..	-----	-----	-----	-----	-----
Approved by Legislature.....	2,597,950 00	506,500 00	455,600 00	312,350 00	155,000 00
PWA grants.....	171,500 00	-----	-----	-----	-----
Total.....	2,905,220 00	506,500 00	627,100 00	345,000 00	155,000 00
85th-86th Fiscal Years (1933-1935)					
Construction, improvement and equipment ..	435,500 00	22,500 00	240,000 00	25,000 00	45,000 00
Total.....	435,500 00	22,500 00	240,000 00	25,000 00	45,000 00
87th-88th Fiscal Years (1935-1937)					
Land.....	850 00	-----	-----	-----	-----
Construction, improvement and equipment ..	4,059,900 00	29,400 00	1,890,000 00	345,000 00	40,000 00
Total.....	4,060,750 00	29,400 00	1,890,000 00	345,000 00	40,000 00
89th-90th Fiscal years (1937-1939)					
Land.....	10,000 00	-----	-----	-----	-----
Construction, improvement and equipment:					
Chapter 796.....	6,173,850 00	437,450 00	2,765,000 00	49,636 00	866,950 00
Chapter 799.....	1,633,725 00	25,500 00	17,475 00	523,050 00	245,400 00
PWA grants.....	1,702,840 80	290,910 76	-----	9,970 21	351,026 39
Total.....	9,520,415 80	753,860 76	2,782,475 00	582,656 21	1,463,376 39
91st-92d Fiscal Years (1939-1941)					
Construction, improvement and equipment ..	1,215,617 00	89,650 00	6,500 00	11,500 00	19,100 00
Total.....	1,215,617 00	89,650 00	6,500 00	11,500 00	19,100 00
93d-94th Fiscal Years (1941-1943)					
Construction, improvement and equipment ..	459,576 00	121,870 00	58,875 00	5,500 00	-----
Purchase of water stock.....	50,000 00	-----	-----	-----	-----
Total.....	509,576 00	121,870 00	58,875 00	5,500 00	-----
95th-96th Fiscal Years (1943-1945)					
Land.....	83,480 00	82,500 00	-----	-----	-----
Construction, improvement and equipment ..	144,450 00	29,050 00	-----	26,000 00	10,000 00
Deferred maintenance and improvements ..	504,040 00	75,250 00	93,400 00	43,167 00	109,225 00
Total.....	731,970 00	186,800 00	93,400 00	69,167 00	119,225 00
97th-98th Fiscal Years (1945-1947)					
Land:					
Addition to.....	20,000 00	-----	-----	-----	-----
Site for psychiatric hospital clinic, L. A.	100,000 00	-----	-----	-----	-----
Site for mental hospital, S. Calif.	400,000 00	-----	-----	-----	-----
Site for maximum security institution	400,000 00	-----	-----	-----	-----
Site for institution for epileptics.....	300,000 00	-----	-----	-----	-----
Construction, improvement and equipment ..	4,539,928 00	632,500 00	399,722 00	91,800 00	1,374,270 00
Deferred maintenance and improvements ..	500,000 00	75,200 00	90,000 00	43,000 00	109,000 00
Postwar building program.....	1,290,300 00	55,046 00	267,901 00	70,784 00	186,846 00
Total.....	7,550,228 00	762,746 00	757,623 00	205,584 00	1,650,116 00
Grand totals.....	\$32,080,276 80	\$3,113,826 76	\$7,455,973 00	\$2,315,407 21	\$3,754,817 39

TABLE 89—Continued

APPROPRIATIONS MADE BY THE LEGISLATURE FOR PURCHASE OF LAND, FOR MAJOR CONSTRUCTION, MINOR CONSTRUCTION, IMPROVEMENTS AND EQUIPMENT, AND PWA GRANTS MADE IN CONNECTION WITH CONSTRUCTION PROJECTS, INCLUDING ALLOCATIONS FROM THE POSTWAR EMPLOYMENT RESERVE FUND—JULY 1, 1927, TO JUNE 30, 1947 (10 BIENNIAL PERIODS—20 YEARS)

Norwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony State Narcotic Hospital*	Sonoma State Home	The Langley Porter Clinic	Dept. of Mental Hygiene (Adm. Office)
\$367,500 00	\$298,000 00	\$370,500 00	\$278,500 00	\$220,000 00		
367,500 00	298,000 00	370,500 00	278,500 00	220,000 00		
37,500 00	10,000 00	223,000 00	410,000 00	196,500 00		
37,500 00	210,000 00	223,000 00	410,000 00	196,500 00		
	220,000 00	223,000 00				
				3,120 00		
196,000 00	210,000 00	182,000 00	364,500 00	216,000 00		
196,000 00	210,000 00	182,000 00	364,500 00	219,120 00		
20,000 00	10,000 00	33,000 00	20,000 00	20,000 00		
20,000 00	10,000 00	33,000 00	20,000 00	20,000 00		
				850 00		
154,000 00	407,000 00	1,109,500 00	15,000 00	70,000 00		
154,000 00	407,000 00	1,109,500 00	15,000 00	70,850 00		
				10,000 00		
18,500 00	18,000 00	98,500 00	928,527 00	991,287 00		
165,000 00	176,000 00	181,300 00	150,000 00		\$150,000 00	
		45,900 00	524,250 00	480,783 44		
183,500 00	194,000 00	325,700 00	1,602,777 00	1,482,070 44	150,000 00	
33,900 00	66,850 00	520,000 00	40,085 00	78,032 00	350,000 00	
33,900 00	66,850 00	520,000 00	40,085 00	78,032 00	350,000 00	
20,419 00	75,500 00	65,000 00	77,412 00		35,000 00	
			50,000 00			
20,419 00	75,500 00	65,000 00	127,412 00		35,000 00	
				980 00		
2,500 00		30,000 00	13,000 00		233,900 00	
73,198 00	22,200 00	55,600 00		27,000 00	5,000 00	
75,698 00	22,200 00	85,600 00	13,000 00	27,980 00	38,900 00	
					20,000 00	
						100,000 00
						400,000 00
						400,000 00
						300,000 00
164,806 00	99,800 00	1,279,620 00	340,810 00	132,000 00	24,500 00	
73,000 00	22,200 00	55,600 00		27,000 00	5,000 00	
36,056 00	907 00	90,907 00	26,883 00	68,011 00	4,535 00	502,424 00
273,862 00	123,007 00	1,426 127 00	367 693 00	227,011 00	54,035 00	1,702,424 00
\$1,362,379 00	\$1,626,557 00	\$4,340,427 00	\$3,238,967 00	\$2,541,563 00	\$627,935 44	\$1,702,424 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, \$248,500; Narcotic, \$30,000; total, \$278,500.
 1929—Pacific Colony, \$305,000; Narcotic, \$105,000; total, \$410,000.
 1931—Pacific Colony, \$277,000; Narcotic, \$87,500; total, \$364,500.

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TABLE 90
STATEMENT OF COST OF MEALS SERVED
YEAR ENDING JUNE 30, 1946
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		Total cost	Average cost per meal served
Agnew State Hospital.....	3,659	3,780	4,139,100	\$310,121 41	\$169,292 40	\$59,475 88	\$538,859 69	\$0.1302
Camarillo State Hospital.....	4,365	4,526	4,955,970	384,636 79	234,918 74	98,737 16	718,292 69	0.1449
Mendocino State Hospital.....	2,977	3,076	3,368,220	181,278 70	233,088 95	48,090 39	462,458 04	0.1373
Napa State Hospital.....	4,064	4,189	4,586,955	227,461 53	332,631 77	49,364 15	609,457 45	0.1329
Norwalk State Hospital.....	2,476	2,584	2,829,480	156,795 93	147,167 97	41,563 76	345,527 66	0.1221
Patton State Hospital.....	4,175	4,307	4,716,165	247,690 61	274,799 00	66,098 86	578,578 47	0.1227
Stockton State Hospital.....	4,395	4,528	4,958,160	266,499 90	323,815 89	73,504 80	663,820 59	0.1339
Total—Mental hospitals.....	26,101	26,980	29,854,050	1,774,474 87	1,715,684 72	426,835 00	3,916,994 59	0.1325
Pacific Colony.....	1,635	1,724	1,887,780	176,836 63	36,119 30	38,888 64	251,844 57	0.1334
Sonoma State Home.....	3,443	3,523	3,857,685	188,419 00	207,761 86	73,410 29	469,591 15	0.1217
Total—Institutions for mental defectives.....	5,078	5,247	5,745,465	365,255 63	243,881 16	112,298 93	721,435 72	0.1266
Total.....	31,179	32,237	35,999,515	\$2,139,730 50	\$1,959,668 88	\$539,133 93	\$4,638,430 31	\$0.1314

* Inmates and employees.

TABLE 91
COLLECTIONS
YEARS ENDING JUNE 30, 1942-46

Item	Year ending June 30				
	1942	1943	1944	1945	1946
Collections:					
Total.....	\$915,992	\$1,096,021	\$1,362,655	\$1,751,919	\$1,917,978
Monthly average.....	76,333	91,335	113,555	145,993	159,832
Delinquent.....	208,443	252,066	294,800	296,867	306,899
Monthly average.....	17,370	21,006	24,567	24,739	25,575
Increase in collection over previous year:					
Total.....		180,029	266,634	389,264	166,059
Monthly average.....		15,002	22,220	32,439	13,838
Delinquent.....		43,623	42,734	2,067	10,032
Monthly average.....		3,635	3,561	172	836
Percent of pay patients.....	16.9	18.5	21.5	23.8	23.6

TABLE 92
DEPARTMENTAL GUARDIANSHIP ACTIVITIES
JULY 1, 1942-JUNE 30, 1946

Item	Year ending June 30			
	1943	1944	1945	1946
Cases administered during year.....	421	514	472	479
Active cases at end of year.....	392	409	422	401
Total cash receipts during year.....	\$142,053	\$242,279	\$228,536	\$213,487
Total cash disbursements during year.....	84,506	162,350	218,854	178,130
Assets on hand, end of year.....	182,802	276,634	330,236	382,451
Disbursements for boarding home charges.....	\$19,447	\$19,475	\$16,912	\$11,937
Number of paying patients under departmental guardianship.....	70	55	43	36
Disbursements to state hospitals and to counties for board charges of inpatients.....	\$18,333	\$37,779	\$52,263	\$46,877
Number of paying cases under departmental guardianship.....	72	118	164	128

TABLE 93
LIVESTOCK OF DEPARTMENT OF MENTAL HYGIENE
JUNE 30, 1946

Type	Number	Valuation
Cattle, dairy.....	2,400	\$275,500 00
Swine.....	4,588	53,359 50
Horses and mules.....	138	22,678 86
Poultry.....	43,011	30,928 52
Sheep.....	46	361 56
Total.....		\$383,126 44

TABLE 94
ESTIMATED SAVINGS EFFECTED BY DEPORTATION OF ALIENS AND NONRESIDENTS FROM
STATE MENTAL INSTITUTIONS
JULY 1, 1905, TO JUNE 30, 1946

	July 1, 1945 to June 30, 1946	Total* July 1, 1905, June 30, 1946
Aliens deported and nonresidents returned.....	†408	12,101
Per capita cost of maintenance.....	\$403 22	
Savings based on cost of maintenance.....	184,513 76	\$4,840,494 28
Estimated per capita cost for construction, furnishings, etc.....	1,300 00	
Savings based on cost of construction, etc.....	530,400 00	11,801,550 00
Total savings based on cost of maintenance, construction, etc.....	\$694,913 76	\$18,642,044 28
Expense of deportation.....	\$2,907 47	1,138,348 41
Net savings to State.....	642,006 29	15,505,697 87

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

† Comprises 382 deports from mental hospitals and 26 deports from institutions for mental defectives (for which per capita costs are similar to those for mental hospitals).

PART II

TABLE 95
POSITIONS,* BY CLASSIFICATION AND ACTIVITIES OF EMPLOYEES
JUNE 30, 1946

Institution	Total	Admin- istration	Food prepara- tion and serving	Other support and sub- sistence	Physi- cians	Dentists	Graduate nurses	Other nurses and attend- ants	Miscel- laneous care of patients	Social service and parole work	Main- tenance of plant	Farming operations
Mental hospitals—												
Agnews.....	513	35	24	14	11	4	10	354	11	9	27	14
Camarillo.....	614	37	53	20	15	2	12	381	20	12	30	32
Mendocino.....	403	29	19	14	8	1	8	261	8	6	25	24
Napa.....	534	34	21	16	14	2	2	375	12	6	26	26
Norwalk.....	407	29	18	9	9	2	8	280	7	6	19	20
Patton.....	581	39	33	14	14	2	9	390	12	8	25	35
Stockton.....	639	41	36	20	16	3	18	414	13	7	32	39
Total.....	3,691	244	204	107	87	16	67	2,455	83	54	184	190
Institutions for mentally deficient—												
Pacific Colony.....	278	27	23	11	4	1	6	168	11	2	19	6
Sonoma.....	506	32	31	17	6	2	15	313	25	8	29	28
Total.....	784	59	54	28	10	3	21	481	36	10	48	34
The Langley Porter Clinic.....	127	23	4	11	14	1	3	45	21	4	1	
Out-patient mental hygiene clinics.....	8	3			2							
Department of Mental Hygiene (Administration).....	60	60										
Total.....	4,670	389	262	146	113	20	91	2,981	140	71	233	224

* Including vacant positions.

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

PART III

**STAFF MEMBERS AND
OTHER PROFESSIONAL WORKERS AT
STATE MENTAL INSTITUTIONS
AND CLINICS
AS OF JUNE 30, 1946**

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.

Clinical Director
Robert P. Quirnbach, M.D.

Physicians and Surgeons
Sidney B. Bellinger, M.D.
Robley N. Ellis, 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.
Jean M. Swain, M.D.

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

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

Business Manager
(Vacant)

Secretary
Melvin C. Jensen

Senior Psychiatric Social Workers
Florence Glenn
Tillie B. McWhirter

Junior Psychiatric Social Workers
Elizabeth Boynton
Iva Hood
Alice Stanchfield
Elsie B. Stephens

* On military leave.

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.

Business Manager
B. W. Macy

Physicians and Surgeons
Alexander Augur, M.D.
Robert V. Baker, M.D.
Helen Bruckman, M.D.
Judith T. Garber, M.D.
Benjamin Jacobs, M.D.
Elmer H. Lutz, M.D.
Gwen McCullough, M.D.
Phyllis Nelson, M.D.
John M. Pope, M.D.
Roger F. Scherb, M.D.
Arthur J. Wilkinson, M.D.

Secretary
G. D. Wallace
Supervising Psychiatric Social Worker
Elizabeth Stewart

Senior Psychiatric Social Workers
Gertrude Blackstock
Ruth Martin
Juanita Steiner
Vivienne Williams

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

Junior Psychiatric Social Workers
Mildred Iorns
Harriet Lakin
Helen Thomas

* Resigned May 21, 1946.

MENDOCINO STATE HOSPITAL

Superintendent
Walter Rapaport, M. D.

Board of Trustees
Mrs. Jessie Hildreth
Arthur F. Moulton
Judge Allen M. Sacry
Edward P. Sailor
Royal Scudder, M.D.

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
Carl P. Adatto, M.D.
Robert G. Bramkamp, M.D.*
Thomas F. Davies, M.D.
John D. Marsh, M.D.
Robert G. Wagner, M.D.
George S. Wrinkle, M.D.

Secretary
Gertrude Elliott

Senior Psychiatric Social Worker
Mignon Bowen

Junior Psychiatric Social Worker
Helen E. Anderson
Gordon McWhirter

* On military leave.

NAPA STATE HOSPITAL

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Theo. K. Miller, M.D.

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Washington Mannering
Dwight H. Murray, M.D.
Mrs. Elizabeth King Robinson
Eugene L. Webber

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Physicians and Surgeons
Richard G. Argens, M.D.
Raymond Berendsen, M.D.*
Charles C. Caulkins, 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.
John G. McGrath, M.D.
A. S. Oliver, Jr., M.D.
W. A. Oliver, M.D.
Frances Phillips, M.D.

* On military leave.

Dentists
Frank J. Colligan, D.D.S.
Frederick W. Herms, D.D.S.

Business Manager
Delbert J. Bradley

Secretary
R. E. Jeffrey

Supervising Psychiatric Social Worker
Ruth Firestone

Senior Psychiatric Social Workers
Hazel Nystrom
Rose Offutt
Anne Rich
Senior Clinical Psychologist
Walther D. Joel, Ph.D.

NORWALK STATE HOSPITAL

Superintendent
M. J. Rowe

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

Assistant Medical Director
Hyman Tucker, M.D.

Physicians and Surgeons
Sebastian F. Casalaina, M.D.
Ina Moore-Freshour, M.D.
Arthur V. Gorton, M.D.
Irving H. Kiesling, M.D.
James H. Lasater, M.D.
R. O. Lieuallen, M.D.
William H. Worley, M.D.

Dentist
Irving L. Smith, D.D.S.

* On military leave.

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Howard L. Mamlet, D.D.S.*

Business Manager
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Senior Psychiatric Social Workers
Myrtle C. Boslough
Lois Holt
Julius Langsner *

Junior Psychiatric Social Worker
Hermene Goldstein

PATTON STATE HOSPITAL

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G. M. Webster, M.D.

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Howard H. Hays
G. D. Snider
E. L. Tisinger, M.D.
Mrs. Gladys Wassner

Assistant Medical Director
G. Dean Tipton, M.D.

Clinical Director
Frank F. Williams, Jr., M.D.

Physicians and Surgeons
Florence O. Austin, M.D.
Nita Arnold, M.D.
Harry S. Blossom, M.D.
James J. Cecil, M.D.
Francis L. Crowley, M.D.
Rourke E. Downey, M.D.
Jacob P. Frostig, M.D.
Ralph G. Gladen, M.D.
Joseph Perlson, M.D.
Samuel Reznick, M.D.*
Robert B. Robertson, M.D.
Gizella W. Shannon, M.D.
Chauncey M. Traver, M.D.

* On military leave.

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

Business Manager
Lewis A. Moisan

Secretary
Ida K. Moisan

Senior Psychiatric Social Worker
Belle Grossberg

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

STOCKTON STATE HOSPITAL

Superintendent
R. B. Toller, M.D.

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L. E. Meyers
Robert H. Rinn
John D. Turner

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Harry L. Bramwell, M.D.
Merriman Hamblin, M.D.
Ralph W. Maker, M.D.
Ione Pinney, M.D.
Elizabeth W. Tock, M.D.
Isidore I. Weiss, M.D.

Dentist
Robert A. Wright, D.D.S.

Business Manager
Lester L. Clark

Secretary
A. M. Brown

Senior Psychiatric Social Workers
Minnie S. Hildreth
Marion E. Russell

Junior Psychiatric Social Workers
William H. Dawson
Lesley Henshaw
Mary Jane Mercer

THE LANGLEY PORTER CLINIC

Medical Superintendent

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John F. Hassler

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.*†
S. A. Szurek, M.D.*Research Psychiatrist
Jurgen Ruesch, M.D.*Neuropathologist
Nathan Malamud, M.D.Attending Psychiatrists
Alfred Auerback, M.D.*
William A. Bellamy, M.D.*
Olga L. Bridgman, M.D.*
Douglas G. Campbell, M.D.*
Bernard L. Diamond, M.D.*
S. Fischer, M.D.*
H. L. Gartshore, M.D.*
Paul A. Gliebe, M.D.*
D. M. Kelley, M.D.* (on military
leave)
S. T. Pope, M.D.*
Kenneth Rew, M.D.*
Albert T. Voris, M.D.*
J. B. Wheelwright, M.D.*
Emanuel Windholz, 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.⁹ *
N. N. Epstein, M.D.⁹ *
F. G. Evers, M.D.⁹ *
E. H. Falconer, M.D.¹ *
S. M. Farber, M.D.⁶ *
John M. Graves, M.D.¹⁰ *

Attending Physicians—Continued

R. W. Harvey, M.D.³ *
M. H. Hirschfield, M.D.³ *
H. Lisser, 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. Shepardson, M.D.⁵ *
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.³ *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 Otorhinolaryngologist
R. C. Martin, M.D.*Attending Orthopedic Surgeon
Verne Inman, M.D.*Attending Ophthalmologists
F. C. Cordes, M.D.*
S. D. Aiken, M.D.*Attending Urologists
John W. Schulte, M.D.*Attending Pathologists
W. L. Bostick, M.D.*
S. Lindsay, M.D.*
M. Friedman, M.D.*Attending Dentist
D. Grimm, D.D.S.*

THE LANGLEY PORTER CLINIC—Continued

Senior Psychiatric Resident
Richard H. Lambert, M.D.

Psychiatric Residents
Alfred Auerback, M.D.†
Elizabeth Ayer, M.D.
Maleta Boatman, M.D.
William Closson, M.D.
Kenneth Colby, M.D.†
Betty deHay, M.D.
Jackson Dillon, M.D.
Lorenz Gerlach, M.D.
Russell L. Gould, M.D.
Julius Heuscher, M.D.†
Jack Levitt, M.D.
Elaine Lince, M.D.†
Robert Lince, M.D.
Monte Magree, M.D.
L. C. Patterson, M.D.
Beulah Parker, M.D.
Louise Patrum, M.D.†
Saxton Pope, M.D.†
John F. Rickard, M.D.†
Milton Rose, M.D.
Mary Alice Sarvis, M.D.†
Helen Tausend, M.D.

Senior Dental Internes
Galen Albertson, D.D.S.†
Gino Battagin, D.D.S.
William House, D.D.S.†

Chief Psychologist
Robert E. Harris, Ph.D.*

- ¹ Blood.
- ² Neurology.
- ³ Gastrointestinal.
- ⁴ Allergy.
- ⁵ Endocrine and Metabolic.
- ⁶ Chest.
- ⁷ Infectious Diseases.

Senior Clinical Psychologist
Clare Thompson, Ph.D.

Secretary
Evelyn Stearns

Director of Psychiatric Social Work
Pearl Axelrod *

Senior Psychiatric Social Workers
Claudine Callaway *
Amelia Baer
Clyta Loran
Ruth Wicks
Sally Dewees

Junior Psychiatric Social Workers
Mario Casaroli
Mary Davis †
Jack Davis †
Helen Frostenson †

Superintendent of Nurses
Corinne Parsons, R.N.

Instructress of Nurses
Margaret McMurray, R.N.*

Occupational Therapist
Margaret Middleton, O.T.R.
Mary Rixford, O.T.R.†

Junior Librarian
Constance M. Hoover

- ⁸ Heart.
- ⁹ Dermatology (Syphilology).
- ¹⁰ Dermatology.
- ¹¹ Arthritis.
- * University of California.
- † Separated from clinic prior to June 30, 1946.

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.*

*University of California.

Neurologist
Charles D. Aring, M.D.*

Obstetrician and Gynecologist
H. F. Traut, M.D.*

Ophthalmologist
F. C. Cordes, M.D.*

Orthopedic Surgeon
L. C. Abbott, M.D.*

THE LANGLEY PORTER CLINIC—Continued**CONSULTING STAFF—Continued**

Otorhinolaryngologist
L. F. Morrison, M.D.*

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
Robert S. Stone, M.D.*

Surgeons
H. G. Bell, M.D.*
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Urologist
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PART IV
GENERAL INFORMATION

TABLE 96
LOCATION OF STATE MENTAL INSTITUTIONS
AND MENTAL HYGIENE CLINICS
JUNE 30, 1946

Institution	Post office and county	Location	Transportation facilities
Mental hospitals— Agnews.....	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, Greyhound, and Ventura Transit Line buses from Camarillo, Ventura, or Oxnard. Taxi from Camarillo or Oxnard
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; local bus from Napa
Norwalk.....	Norwalk, Los Angeles	16 mi. SE. 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, Grey- hound bus to Stockton; local bus to hospital
Institutions for mental defectives— Pacific Colony.....	Spadra, Los Angeles	4 mi. W. of Po- mona	Pacific Electric bus passes institution
Sonoma.....	Eldridge, Sonoma	6 mi. N. of Sonoma	Greyhound bus passes institution
The Langley Porter Clinic	San Francisco, San Francisco	Parnassus and Arguello Aves.	No. 6 car passes door
The Los Angeles State Mental Hygiene Clinic	Los Angeles, Los Angeles	343 S. Spring St.	Hollywood, San Fernando, and Santa Monica Pacific Electric Lines

TABLE 97
VISITING DAYS AND RESTRICTIONS ON VISITING AT STATE MENTAL INSTITUTIONS
JUNE 30, 1946

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, 10 to 11:30 a.m., 1 to 2:45 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, 1:30 to 4:00 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 through Thursday 8:30 to 10:30 a.m., 1 to 3:30 p.m.	Legal guardians and members of immediate family, parents, grandparents, brothers and sisters over 18 years
Sonoma.....	Relatives: Daily, 9 a.m. to 4 p.m.	Relatives and friends with written permission of relatives may visit once a month
The Langley Porter Clinic.....	Sunday and Thursday, 2 to 3 p.m.	Relatives and friends must obtain permission from doctor in charge of patient

TABLE 98
ACREAGE AND CLIMATIC CONDITIONS OF STATE MENTAL INSTITUTIONS
JUNE 30, 1946

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.....	2,178.0	58	24
Norwalk.....	337.7	62	17
Patton.....	579.5	63	17
Stockton.....	1,270.8	60	14
Institutions for mental defectives—			
Pacific Colony.....	687.6	61	19
Sonoma.....	1,070.0	57	30
The Langley Porter Clinic.....	1.4	57	22

* Average to date of January 1, 1946.

TABLE 99
STAFF CONFERENCES AND CLINICS OF STATE MENTAL INSTITUTIONS
AND MENTAL HYGIENE CLINICS
JUNE 30, 1946

Institution	Staff conferences	Clinics for patients on leave 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 3d 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 and Wednesday.....	At the hospital, Monday and Wednesday, 9:30 a.m.
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.
The Langley Porter Clinic.....	Daily except Saturday and Sunday.....	Daily, 8:30 a.m. to 5 p.m., except Saturday afternoon and Sunday
The Los Angeles State Mental Hygiene Clinic.....		Daily except Saturday and Sunday.

TABLE 100
DATES OF FOUNDING AND OPENING OF STATE MENTAL INSTITUTIONS
AND MENTAL HYGIENE CLINICS
TO DATE OF JUNE 30, 1946

Institution	Date founded	Authorized by statutes of	Date of first admission
Mental hospitals—			
Agnews.....	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
The Langley Porter Clinic.....	1941	1941	Feb. 15, 1943
The Los Angeles State Mental Hygiene Clinic.....	1946	1945	May 29, 1946

* 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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