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**DEPARTMENT of
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STATE OF CALIFORNIA

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STATISTICAL REPORT

DEPARTMENT OF MENTAL HYGIENE

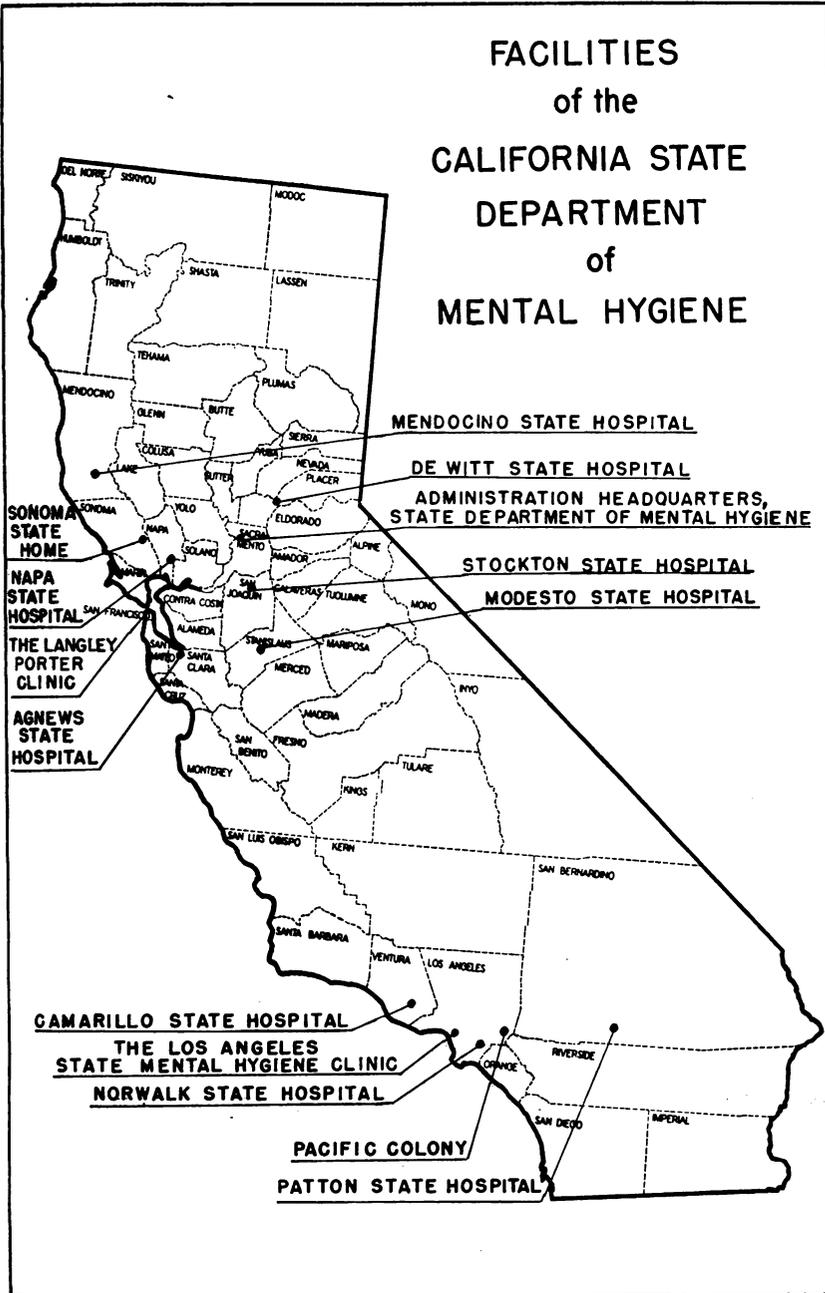
STATE OF CALIFORNIA



YEAR ENDING JUNE 30, 1947

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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

GEORGE JOHNSON, M.D.
CLIFFORD W. MACK, M.D.
EDWIN E. MONIEL, M.D.
GLENN E. MYERS, M.D.
(one vacancy)

STAFF OFFICERS

CARL E. APPLGATE, Deputy Director
LAWRENCE KOLB, M.D., Deputy Director, Medical
DOBOTHEA KUHLMAN, Deputy Director, Los Angeles Area

F. J. BOLENDER, D.V.M.-----Veterinarian
R. E. CONAHAN-----Departmental Accounting Officer
PAUL DOWNARD-----Supervisor of Collections
JOHN M. HENDERSON-----Maintenance Engineer
LOUIS JOSEPHS, M.D.-----Medical Inspector, Private Institutions
RALPH LITTLESTONE-----Personnel Officer
FLORENCE MCKENZIE-----Secretary to Director
RICHARD D. MORGAN-----Statistical Research Officer
A. EDWARD NICHOLS-----Secretary and Legal Adviser
LAVEN OWENS-----Food Administrator
NATHAN SLOATE-----Supervisor of Extramural Care
CHARLES D. WINTERBOWER-----Supervising Deportation Officer

SUPERINTENDENTS OF INSTITUTIONS

E. W. MULLEN, M.D.-----Agnews State Hospital
THOS. W. HAGEETY, 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
O. L. GERICKE, M.D.-----Patton State Hospital
R. B. TOLLER, M.D.-----Stockton State Hospital
G. DEAN TIPTON, M.D.-----DeWitt 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

PSYCHIATRIST IN CHARGE OF OUTPATIENT CLINIC

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Administrative Office: 343 State Office Building No. 1, Sacramento 14
Branch Offices: 315 South Broadway, Los Angeles 13
121 East 11th Street, Oakland 6
507 Polk Street, San Francisco 2

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FRANK F. TALLMAN, M. D.
DIRECTOR OF MENTAL HYGIENE

CARL E. APPLIGATE
DEPUTY DIRECTOR
LAWRENCE KOLB, M. D.
MEDICAL DEPUTY DIRECTOR



STATE OF CALIFORNIA
Department of Mental Hygiene
SACRAMENTO

EARL WARREN
GOVERNOR

February 27, 1950

Honorable Earl Warren
Governor of California
State Capitol
Sacramento, California

Dear Governor Warren:

I have the honor to transmit the annual
Statistical Report of the Department of Mental Hygiene
for the year beginning July 1, 1946, and ending
June 30, 1947.

Respectfully submitted,

Frank F. Tallman
Frank F. Tallman, M.D.
Director of Mental Hygiene

FFT:A

DEPARTMENT OF MENTAL HYGIENE

Functions of the Department. Responsibility for the mental health of the citizens of California is vested by the State in the Department of Mental Hygiene. The major function of this department is the administration, under the provisions of the State Welfare and Institutions Code, of 12 institutions for the inpatient care and treatment of mentally ill, mentally deficient, and epileptic patients.

The department also carries on a number of less extensive activities which are closely related to this major function and are of equal importance in the department's over-all program of mental hygiene. Research and the training of professional personnel is carried on at the Langley Porter Clinic in collaboration with the University of California, and several of the various state hospitals are likewise affiliated with universities and colleges for training purposes. In connection with its licensing powers, the department inspects all privately operated mental institutions in California. It maintains extramural supervision over patients on convalescent or extended leave from the state mental institutions, and operates outpatient clinics for the treatment of mild mental disorders and mental illness in its early stages. The department likewise administers a general educational program for the dissemination of information on the nature, prevention, and treatment of mental disorder, advising public officials and organizations with an official interest in the mental health of the people, and conducting educational work in mental hygiene at the community level. Detailed information regarding the operation of the various institutions and the progress of the department's program for each fiscal year is furnished in a statistical report.

The Annual Report. This is the report of the Ninety-eighth Fiscal Year ending June 30, 1947. In its general arrangement it follows the report for 1945-46. The introduction briefly describes the administrative organization of the department and summarizes advances made during the year in the department's over-all program of mental hygiene. The report proper opens with a discussion of population trends for all institutions, followed by a detailed statistical description and analysis of the institution population and outpatient caseload. This includes a new section describing the work of the Los Angeles State Mental Hygiene Clinic during its first year of operation. The appendix to the report furnishes financial statistics for 1946-47, a roster of the trustees and staff members of each institution, and a section containing general information regarding the institutions.

Considerable effort has been expended in this report to improve the statistical presentation. Nearly all tables (especially those dealing with the mental-hospital population) incorporate medians, percentages, and rates, in order to facilitate the reader's grasp of the numerical data. A number of new tables have been added. Some of these furnish comparative incidence and prevalence rates for the various geographic regions of California, for other states, and for the nation. Other tables furnish

additional material for the analysis of departmental operations. Certain distributions of minor importance (such as the diagnostic distribution of first admissions by marital status at time of admission) have been discontinued in the current report, since the interested reader may determine these approximately by referring to similar distributions reported for previous years.

In line with the department's postwar renewal of emphasis on adequate therapy, the sections describing the medical activities of the mental hospitals and institutions for mentally deficient have been considerably expanded. A relatively complete picture of the range of activities is furnished, together with quantitative measures of the extent to which each type of therapy was offered at the several institutions. These measures not only summarize the progress made to date of June 30, 1947, but also indicate the areas of therapy in which further expansion was most urgent.

Organization of the Department. On June 30, 1947, twelve institutions were operated by the department for the inpatient care and treatment of mental patients. Seven of these consisted of permanent mental hospitals (four in the northern part of the State and three in the Southern California area). Most of the patients in these hospitals had been committed by the county superior courts for the treatment of mental illness, while a lesser proportion had been court-committed for alcoholism, drug addiction, and psychopathic disorders. A small number of mentally-ill transfers from the state prisons were being cared for in maximum-security wards of the hospitals. Finally, about three percent of all patients had been admitted on a voluntary basis.

Two permanent institutions are assigned to the care of mentally deficient and epileptic patients. Sonoma State Home, in the north, is the older of the two and has the larger caseload. Pacific Colony, near Los Angeles, serves the southern area of the State.

As a temporary solution to the increasing degree of overcrowding in these nine inpatient institutions, the department has acquired two former army hospitals from the Federal Government. DeWitt State Hospital, near Auburn, was purchased on June 25, 1946, and by June 30th of the following year was filled to within 55.8 percent of its final capacity of 2,909 patients. Modesto State Hospital (formerly Hammond Army Hospital) was acquired on November 16, 1946; at the end of the 1946-47 fiscal year conversion was still incomplete and no patients had as yet been received. Both hospitals are required by law to receive patients only on transfer from other state mental institutions. Approximately three-fourths of their ultimate patient population will consist of transfers from the seven state mental hospitals, and the remainder will consist of mentally deficient transfers from Pacific Colony and Sonoma State Home.

The Langley Porter Clinic, a treatment, teaching, and research center, is located adjacent to the University of California Medical School in San Francisco, and is staffed in part by university faculty members. It has a small inpatient department and a relatively large outpatient clinic. Most of the State's program of research and teaching in the field of psychiatry is carried on in this facility.

Outpatients in the southern half of the state are served by the Los Angeles State Mental Hygiene Clinic, which has just completed its first

full year of operation. This is the first of several mental hygiene clinics which the State is establishing in major population centers for the prompt treatment and cure of mental disorder in its early stages.

For practical operating reasons, the various facilities of the department exercise considerable autonomy in the detailed prosecution of their administrative and medical programs. The broader aspects of these programs, however, are formulated and put into effect by the Director of Mental Hygiene and his administrative staff in the department's central office at Sacramento. This office acts as a coordinating agency for the institutions, establishes and enforces uniform operating policies, and acts as an approving agency for the various and numerous transactions affecting their operations. The director's staff also perform line functions of the type which can be carried out most efficiently on a department-wide basis. During the period covered by this report, staff activities relating to the business management of the department and its institutions were supervised by the Deputy Director; these activities included fiscal accounting and budget control, collection procedures for patients' hospital charges, functions related to construction and maintenance of physical facilities, personnel and training activities, deportation activities, guardianship functions, and veterinary services. Under the Deputy Director, Medical, were placed those activities relating to food administration, the supervision of patients on leave, the licensing and inspection of private institutions, and the collection and analysis of statistical data. The Deputy Director, Medical, also carried responsibility for developing and coordinating the medical programs of the state hospitals and out-patient clinics.

Progress During 1946-47. The fiscal year ending June 30, 1947, was characterized largely by the consolidation of previous gains and by further progress along lines laid down in the previous year, when by legislative action the department's increasing emphasis on all aspects of mental health was formally recognized by its change in name, from the Department of Institutions to the Department of Mental Hygiene.

Considerable legislation relating to the department's program was also enacted during the 1946-47 Fiscal Year. Of great long-term importance was the statute providing for admission to a state mental hospital upon the application of the county or city health officer and certification of two physicians. This method of admission, which is used to a considerable extent in New York and several other states, gives further public recognition to the fact that hospitalization for mental disorders is primarily a medical matter rather than a legal matter, and avoids the embarrassment and psychiatric damage which attends court commitment in a large proportion of cases.

A second statute permits emergency placement in a state hospital for a period up to 48 hours, making it unnecessary to confine a patient in a county jail or other unsuitable place prior to court action. The 1947 Legislature also provided that leave of absence can be granted to certain patients committed under the Penal Code to state hospitals following a plea of not guilty by reason of insanity. Under this statute the therapeutic advantages of the department's extramural-care program have become available to these patients for the first time. Another statute should be mentioned because it reflects the changing public attitude

toward patients with mental disorders. This statute provides that patients under civil commitment will be referred to as mentally ill rather than as insane, and broadens the commitment procedure so that mental illness might include nondangerous as well as dangerous cases.

A total of \$25,363,838 was approved by the 1947 Legislature for the department during the Fiscal Year ending June 30, 1948. In round figures this comprised 22.5 million dollars for support, 1.2 million dollars for minor construction, 1.0 million dollars for land, and 0.6 million dollars for restoring war-depleted supplies and equipment. An additional sum of 2.3 million dollars was appropriated by the Legislature to meet increased costs on construction authorized two years previously.

To date of June 30, 1947, approximately 65 million dollars had been appropriated for new construction and 1.5 million dollars for the purchase of additional land for the expansion of existing facilities and the construction of new institutions, in the department's postwar building program. However, during 1946-47 little major construction of a permanent nature was carried out, and the problem of overcrowding was being met largely by the transfer of patients to the temporary facilities afforded by DeWitt and Modesto State Hospitals. These two former army hospitals, which originally cost the Federal Government \$10,316,548, were released to the State for their present purpose for only \$257,495.

Further progress has been made toward the department's goal of an adequate complement of trained employees at all professional levels. The 1947 Legislature approved 714 additional positions for the 1947-48 Fiscal Year, including 390 additional hospital attendants (partly to compensate for the reduction in work week from 48 to 40 hours). Approval was also given for the reclassification of 90 positions from the attendant to the graduate nurse category. The number of physicians and surgeons has been increased, and each institution has been allotted \$4,000 for employing outside medical consultants in special cases during 1947-48.

In the central office at Sacramento the staff position of maintenance engineer, approved by the 1946 Legislature, was filled during the 1946-47 Fiscal Year. In all matters affecting maintenance and new construction, this staff officer serves as a liaison and coordinating officer for the department in its relations with the State Division of Architecture. A second new staff position, the supervisor of guardianship estates, was approved by the 1947 Legislature and will be filled during the 1947-48 Fiscal Year. This staff officer will protect and manage the assets of all patients for whom the courts have appointed the department as guardian. These duties have previously been carried out by the secretary and legal adviser, but the increasing volume of work has made it imperative to establish a full-time staff position for this function.

In the area of intradepartmental training, certain activities initiated during the preceding year (such as the refresher course for physicians at the Langley Porter Clinic) have been repeated; and training courses for attendant personnel have been initiated at several institutions and expanded at others. A further step toward better supervision and training was taken by the 1947 Legislature in approving the positions of superintendent of nurses and psychiatric nursing instructor at each institution. Their activities will be geared to the department's over-all program by a new Sacramento staff officer, the director of nursing services.

With respect to mental hygiene services for patients outside the institutions, mention should be made of the administrative reorganization of the Bureau of Social Work (providing for more efficient case work with patients on leave in the larger centers of population) and the establishment of the Los Angeles State Mental Hygiene Clinic (providing for outpatient treatment in the Southern California area). Both programs were initiated in the spring of 1946, but their full effect was realized only during the 1946-47 Fiscal Year. They are discussed at length in the body of this report. Additional clinics have been approved by the 1947 Legislature for San Diego, Fresno, and Sacramento in the following fiscal year, and the staff of the Los Angeles clinic will be doubled in size.

Mention should finally be made of the National Mental Health Act, under the provisions of which the department will be able to expand certain aspects of its program. This legislation, which was enacted by Congress at the beginning of the 1946-47 Fiscal Year, proposes a four-fold attack on the national mental health problem through federal-state cooperation: 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 combating this problem.

California's Goal. The department is deeply aware of its responsibilities in promoting the mental health of the people of California, and in utilizing to the fullest the resources which the citizens of this State have placed at its disposal. The fact that encouraging progress has been made is evidenced in a statement made by the U. S. Public Health Service, following an inspection of the state mental hospital system in July-August, 1946:

"California ranks high with respect to both the amount and quality of intra- and extramural psychiatric facilities. The state mental institutions, although recognizedly overcrowded and understaffed, are on the whole above average—due chiefly to the character of the state-level direction and control exercised by the State Department of Mental Hygiene. California is much better off in psychiatric training and research facilities than any other state except possibly New York and Massachusetts."

This progress has been made possible only through increased public interest and concern in matters affecting mental health. The press, radio, and motion picture industry have been quick to respond to this increasing interest. The average citizen in turn is developing a better understanding of the nature of mental disorder, and is learning to meet this problem as he now meets the similar problem of physical illness—by discussing mental health and mental illness frankly and openly, by adopting good habits of personal mental health, by learning to recognize early signs of mental illness in himself and by voluntarily seeking treatment without fear or shame, by insisting on adequate mental health facilities and education within his own community, and by supporting the State in its effort to provide treatment and cure instead of mere custodial care for patients in its hospitals. California's mental health is, in the largest sense, the responsibility of its citizens.

INSTITUTIONS FOR INPATIENT CARE

POPULATION, CAPACITY, AND EXCESS POPULATION

During the fiscal year ending June 30, 1947, the resident population of institutions under the jurisdiction of the department increased by 1,572 patients, or 5.0 percent, reaching a total of 33,034 patients at the close of the year. However, the increase in overcrowding which would otherwise have resulted from this increase in patient population (over twice that for the preceding year) was offset by the department's acquisition of two surplus army hospitals near Auburn and Modesto, at the beginning of the 1946-47 Fiscal Year. These two institutions are not considered permanent additions to the state hospital system, having been acquired by the State solely to relieve overcrowding in the existing facilities until such time as additional permanent institutions can be constructed. Having a combined normal capacity of approximately 5,700 patients, the two hospitals will be filled with carefully-screened minimum-security patients by transfer from other state mental institutions. Approximately two-thirds of the transferred patients will come from the state mental hospitals and the balance from the two institutions for the mentally deficient. DeWitt State Hospital, near Auburn, received its first transfers in October, 1946, and by June 30, 1947, was filled to slightly more than half its normal capacity. Modesto State Hospital is scheduled to receive its first patients in August, 1947.

Mental Hospitals. The greater part of the year's increase in resident population occurred in the mental hospitals, where the inpatient population was increased by 1,156 patients or 4.4 percent during the year to its year-end total of 27,544 patients (Table 1). Including the mentally-ill wards at DeWitt (with a normal capacity of 2,133 patients) the state mental hospitals were overcrowded by 17.3 percent on June 30, 1947, as compared with 24.5 percent one year previous (Table 2). However, the resident population of the seven permanent hospitals decreased by only 37 patients, and their combined percentage of overcrowding in terms of normal capacity was 23.5 percent at the close of the fiscal year. Among the seven permanent institutions, overcrowding was highest at Norwalk, which was filled to 34.9 percent in excess of normal capacity, and lowest at Camarillo, with 15.6 percent overcrowding (Chart II). At all institutions with the exception of DeWitt the female wards were more overcrowded than the male wards, with a maximum of 39.0 percent in excess of normal capacity at Agnews.

Institutions for Mentally Deficient and Epileptic Patients. Unlike the mental hospitals, which are required by law to accept all court-committed cases, Pacific Colony and Sonoma State Home are allowed to restrict admissions within reasonable limits so that they might not be too seriously overcrowded. As room becomes available at these institutions through the discharge, death, or extended leave of patients, patients

TABLE 1
POPULATION, NORMAL CAPACITY, AND EXCESS POPULATION, ALL INSTITUTIONS
JUNE 30, 1947

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	33,034	16,168	16,866	28,366	14,300	14,066						
Mental hospitals	27,544	13,161	14,383	23,476	11,510	11,966	4,069	1,652	2,417	17.3	14.4	20.2
Agnews	3,612	1,517	2,095	2,714	1,207	1,507	898	310	588	33.1	25.7	39.0
Camarillo	4,698	1,990	2,708	4,065	1,847	2,218	634	144	490	15.6	7.8	22.1
DeWitt*	1,193	547	646	2,133	917	1,216	-940	-370	-570	-44.1	-40.3	-46.9
Mendocino	2,891	1,720	1,171	2,397	1,426	971	494	294	200	20.6	20.6	20.6
Napa	4,025	1,822	2,203	3,294	1,522	1,772	731	300	431	22.2	19.7	24.3
Norwalk	2,491	1,085	1,406	1,847	810	1,037	644	275	369	34.9	34.0	35.6
Patton	4,394	1,966	2,428	3,525	1,649	1,876	869	317	552	24.7	19.2	29.4
Stockton	4,240	2,514	1,726	3,501	2,132	1,369	739	382	357	21.1	17.9	26.1
Institutions for mentally deficient	5,432	2,991	2,441	4,793	2,742	2,051	639	249	390	13.3	9.1	19.0
DeWitt*	433	228	205	776	476	300	-343	-248	-95	-44.2	-52.1	-31.7
Pacific Colony	1,832	1,060	772	1,512	863	649	320	197	123	21.2	22.8	19.0
Sonoma	3,167	1,703	1,464	2,505	1,403	1,102	662	300	362	26.4	21.4	32.8
The Langley Porter Clinic	58	16	42	97	48	49						

* DeWitt State Hospital cares for both mentally ill and mentally deficient patients.

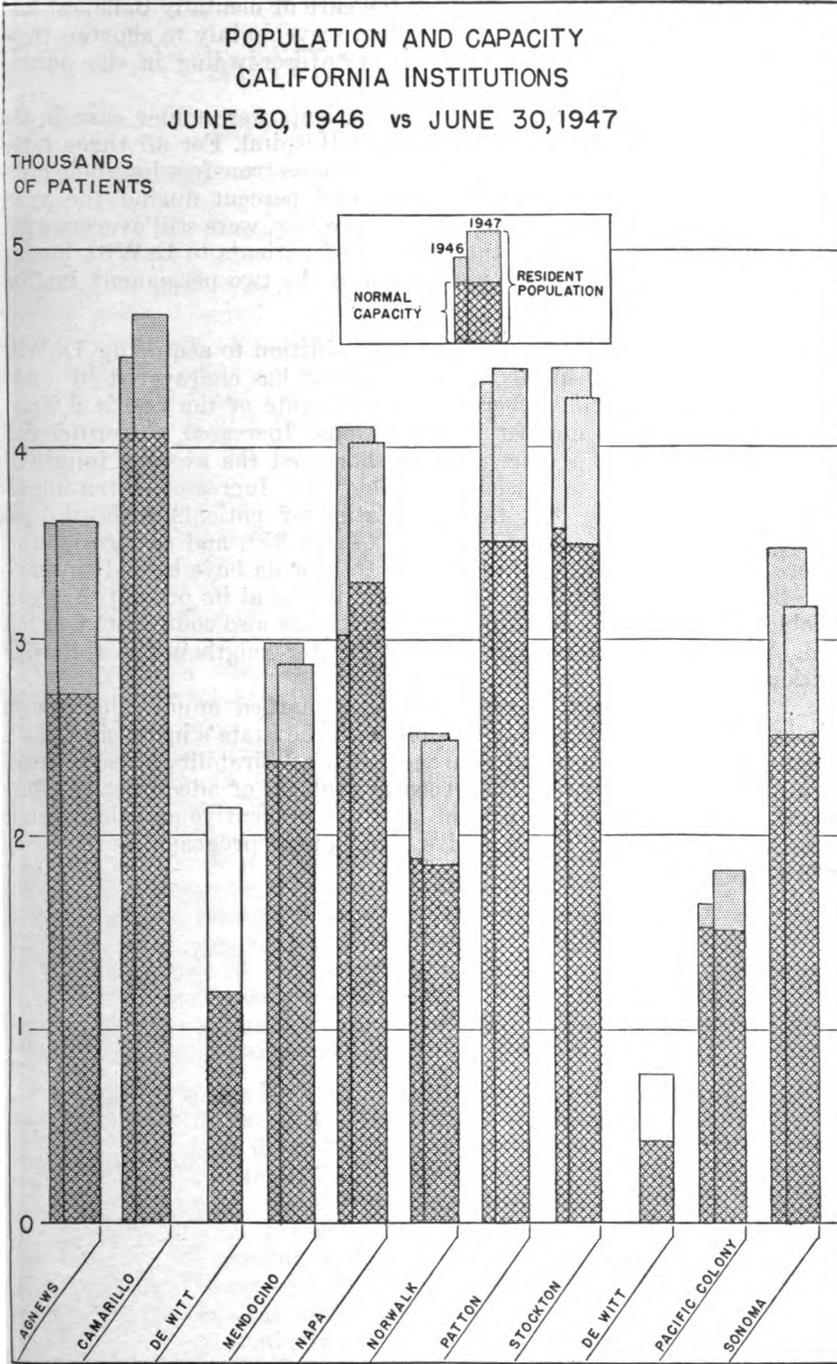
TABLE 2
RESIDENT POPULATION, NORMAL CAPACITY, AND PERCENT OVERCROWDING, ALL INSTITUTIONS*
JUNE 30, 1938-1947

June 30	Normal capacity	Actual population		Overcrowding in per cent of capacity
		Patients	Annual percent increase	
Mental hospitals:				
1938	17,229	21,884	5.53	27.0
1939	18,035	22,608	3.31	25.3
1940	19,029	22,953	1.53	20.6
1941	19,739	23,345	1.71	18.3
1942	20,541	23,617	1.17	15.0
1943	20,609	24,240	2.64	17.6
1944	20,558	24,903	2.74	21.1
1945	21,031	25,810	3.64	22.7
1946	21,187	26,388	2.24	24.5
1947	23,476	27,544	4.38	17.3
Institutions for mentally deficient:				
1938	2,897	3,763	5.47	30.3
1939	2,897	3,874	2.95	34.2
1940	3,842	4,076	5.21	6.1
1941	4,189	4,404	8.05	5.1
1942	4,407	4,641	5.38	5.3
1943	4,330	4,728	1.87	9.2
1944	4,038	4,845	2.47	20.0
1945	4,038	4,999	3.18	23.8
1946	4,038	5,124	2.50	26.9
1947	4,793	5,432	6.01	13.3

* Excluding the Langley Porter Clinic.

† Revision of normal capacity standards in February, 1944, resulted in an over-all decrease in normal capacity from 20,195 to 20,558 patients for mental hospitals, and from 4,311 to 4,038 patients for institutions for mentally deficient. See Table 2, 1946 report, for detailed standards.

CHART II



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are accepted from the waiting-lists maintained by the counties. The expansion of the State's facilities for the care of mentally deficient and epileptic patients will, for the time being, serve mainly to shorten these waiting lists, without materially reducing overcrowding in the permanent institutions.

On June 30, 1947, 433 transferred patients were under care in the mentally-deficient wards at DeWitt State Hospital. For all three institutions caring for this class of patient, the mass-transfers lessened overall overcrowding from 26.9 percent to 13.3 percent during the year. Pacific Colony and Sonoma State Home, however, were still overcrowded by 24.4 percent at year-end, the transfer of patients to DeWitt having served to reduce the resident population of the two permanent institutions by only 125 patients.

The Problem of Overcrowding. In addition to acquiring DeWitt and Modesto State Hospitals, the department has endeavored by other means to prevent further overcrowding, in spite of the year's 8.8-percent increase in the number of admissions. Increased personnel and improved methods of treatment have shortened the average length of hospitalization prior to discharge (Table 38). Increased extra-mural-care activities (Table 30), the deportation of patients without legal residence in California to other states (Table 35), and the transfer of veteran patients to federal hospitals in California have helped to maintain the rate of hospitalization for mental illness at its present low level (Table 4). The State's continued prosperity has also contributed to this end. All these factors are discussed at greater length in the following sections.

For many years to come, however, a marked annual increase in admissions may be expected in keeping with the State's increasing population and increasing general awareness of the desirability of early treatment for mental disorder. The growing problem of adequate hospitalization can be met only through an intensive preventive and therapeutic program combined with an active, continuous program of new construction.

MENTAL HOSPITALS

MOVEMENT OF POPULATION

Tabular Data. The eight tables comprising Table 3-3g present a detailed accounting of population changes in the seven state mental hospitals and in the mentally ill section of DeWitt State Hospital for the fiscal year ending June 30, 1947, by institution, sex, type of movement, and type of commitment. In Table 3 this information is summarized for the entire hospital population, while each of the following tables describes the year's population movement for each type of commitment, with a footnote citation of the relevant sections of the Welfare and Institutions Code or Penal Code. Table 3a covers patients committed by the county superior courts (and a small group of patients transferred from state prisons) for the treatment of mental illness. Table 3b describes the year's population changes for patients committed by the courts for the treatment of alcoholism for periods up to two years, and also includes a relatively small number of patients under treatment for addictions other than narcotic-drug addiction. Population changes for patients under treatment for narcotic drug addiction are covered by Table 3c, and patients committed for sexual psychopathy are covered by Table 3d. The population movement of voluntary patients (who are received in the state mental hospitals on much the same basis that patients are received in general hospitals) is set forth in Table 3e. Patients admitted for court assistance observation or court emergency observation are covered by Table 3f; the majority of these cases are subsequently formally committed as mentally ill, the remainder being released from observation as essentially normal. Table 3g summarizes the population movement of wards of the juvenile courts and the Youth Authority who are sent to the state mental hospitals for 90-day observation. The observation period may be renewed, but extended hospitalization is usually carried out on a voluntary basis (the request for treatment being signed by the parent or guardian of the patient), and a few cases are court-committed as mentally ill.

For the ready comparison of over-all population changes in 1947 with similar annual data for the period 1937-1946, the reader is referred to Table 5 of the department's report for 1945-46.

Additions to the Records. As shown in Table 3, during the fiscal year ending June 30, 1947, 11,616 case numbers were added to the records of the state mental hospitals (including the mentally ill unit at DeWitt). Of this total, 7,323 were first admissions (without previous treatment in state or federal mental hospitals), an increase of 8.2 percent over the total for the preceding fiscal year. Readmissions totaled 1,790, an increase of 3.3 percent. There were 934 observation cases of all types, an increase of 27.1 percent. The remainder, 1,569 patients, were received in mental hospitals either directly or while on leave or escape, as transfers from other mental institutions within the department. This last group, however, includes 1,415 patients transferred either to DeWitt State

TABLE 3. MOVEMENT OF PATIENTS, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Status	All mental hospitals						Agnews		Camarillo		DeWitt		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	Female																	Male
On records June 30, 1946.....	132,219	115,713	16,506	2,221	2,766	2,555	3,173	1,161	1,314	1,314	1,314	2,491	2,491	1,216	1,634	2,563	2,796	2,987	2,332	2,987	2,332	
In institution.....	26,388	12,839	13,549	1,548	2,057	1,017	2,534	1,778	1,219	1,891	1,891	2,206	2,206	1,081	1,436	2,057	2,262	2,567	1,833	2,567	1,833	
On leave.....	75,131	72,239	2,892	323	607	534	616	116	1,098	1,194	271	271	114	95	198	364	522	368	495	368	495	
On escape.....	4700	4635	65	150	10	104	23	470	2	77	14	14	14	40	142	142	12	52	4	52	4	
Entered institution.....	17,956	8,675	9,281	1,282	1,820	1,856	2,305	659	693	550	178	1,447	1,447	545	660	1,143	1,159	1,269	1,019	1,269	1,019	
Total added to records.....	11,616	6,000	5,616	820	948	948	949	654	686	460	144	795	648	452	567	905	898	957	776	957	776	
Observations*.....	934	546	388	119	132	87	34	11	6	15	1	107	69	1	1	701	699	603	469	603	469	
First admissions.....	7,323	3,809	3,514	528	632	694	712	337	392	261	99	572	461	374	423	701	699	603	469	603	469	
Readmissions.....	1,790	851	939	90	124	194	192	104	36	93	99	93	99	70	138	196	185	143	164	143	164	
Transfers-in**.....	1,569	794	775	83	20	13	12	642	679	13	8	23	19	7	6	8	14	5	17	5	17	
Total returns from temporary separations.....	6,340	2,675	3,665	462	872	908	1,356	5	7	81	34	576	799	93	93	238	261	312	243	312	243	
Returns from leave.....	5,478	1,971	3,507	428	868	893	1,301	2	6	53	33	308	723	45	92	144	248	203	236	203	236	
Returns from escape.....	862	704	158	34	4	215	55	3	1	23	1	178	76	48	94	180	113	109	109	109	7	
Separated from institution.....	16,800	8,353	8,447	1,313	1,784	1,783	2,131	112	47	608	226	1,440	1,450	541	690	1,234	983	1,322	1,126	1,322	1,126	
Temporary separations from institution.....	10,003	4,558	5,445	664	1,158	1,352	1,810	16	21	267	190	857	1,083	210	253	550	565	642	465	642	465	
Leaves of absence.....	8,613	3,395	5,218	570	1,144	1,041	1,740	9	20	230	119	598	947	139	265	370	370	438	456	438	456	
Escapes.....	1,390	1,163	227	94	14	311	70	7	1	37	1	289	106	71	180	24	24	204	9	204	9	
Residents removed from records.....	6,797	3,795	3,002	649	626	431	321	95	26	341	106	583	397	331	437	684	498	680	661	680	661	
Deaths.....	2,330	1,258	1,072	190	204	116	111	6	6	87	63	222	176	156	184	243	200	238	138	238	138	
Discharges, direct.....	2,971	1,776	1,195	231	259	311	202	10	6	170	53	251	135	52	99	317	294	434	307	434	307	
Transfers, direct.....	1,496	761	735	228	163	4	8	80	14	84	20	110	86	123	224	124	4	8	216	8	216	
Removed from records.....	9,636	5,227	4,409	864	834	699	659	95	26	528	182	781	583	394	556	959	685	906	884	906	884	
Removed from records while absent.....	2,839	1,432	1,407	215	208	268	338	187	76	187	186	198	186	63	119	275	267	296	223	296	223	
Discharged from leave.....	2,454	1,124	1,330	185	203	228	312	149	72	142	166	50	117	10	206	245	245	164	215	164	215	
Discharged from escape.....	318	275	43	27	1	34	19	30	1	51	14	14	13	15	65	4	7	55	3	55	3	
Transferred from leave.....	50	19	31	1	4	1	6	8	2	4	6	4	6	2	2	2	2	2	2	2	2	
Transferred from escape.....	17	14	3	2	1	5	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	
On records June 30, 1946.....	132,219	115,713	16,506	2,221	2,766	2,555	3,173	1,161	1,314	1,314	2,491	2,491	1,216	1,634	2,563	2,796	2,987	2,332	2,987	2,332		
Total added to records.....	11,616	6,000	5,616	820	948	948	949	654	686	460	144	795	648	452	567	905	898	957	776	957	776	
Total removed from records.....	9,636	5,227	4,409	864	834	699	659	95	26	528	182	781	583	394	556	959	685	906	884	906	884	
Total removed from records June 30, 1947.....	34,199	16,485	17,713	2,177	2,880	2,804	3,463	553	660	1,950	1,276	2,176	2,556	1,274	1,645	2,909	3,009	3,088	2,224	3,088	2,224	
In institution.....	27,544	13,161	14,383	1,517	2,095	1,990	2,708	547	646	1,720	1,171	1,822	2,203	1,085	1,406	1,966	2,423	2,514	1,726	2,514	1,726	
On leave.....	5,762	2,520	3,242	479	766	663	757	7	14	176	105	338	382	139	238	382	563	436	486	436	486	
On escape.....	893	805	88	181	19	161	18	4	4	54	30	106	30	50	161	161	18	88	2	88	2	

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

MOVEMENT OF POPULATION

Status	All mental hospitals		Agnews		Camarillo		De Witt		Mendocino		Napa		Norwalk		Fulton		Stockton		
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
On records June 30, 1946.....	130,021	114,306	15,715	2,023	2,622	2,166	2,955	1,746	1,236	1,980	2,363	1,194	1,626	2,357	2,697	2,840	2,186	2,455	1,716
In institution.....	24,969	12,001	12,968	1,416	1,938	1,710	2,406	1,036	1,170	1,774	2,112	1,064	1,428	1,946	2,198	2,455	1,716	2,455	1,716
On leave.....	14,454	11,791	2,693	468	675	381	559	165	164	154	241	92	198	203	489	338	467	338	467
On escape.....	568	514	54	139	9	75	20	45	2	52	10	38	---	118	10	47	3	47	3
Entered institution.....	13,355	5,906	7,449	877	1,409	1,106	1,836	644	686	278	92	842	1,069	938	1,023	707	698	938	1,023
Total added to records.....	8,270	3,975	4,295	488	639	471	663	639	679	249	74	502	446	726	785	520	476	726	785
First admissions.....	5,455	2,625	2,830	353	533	370	505	183	51	454	364	314	406	560	617	431	354	560	617
Readmissions.....	1,254	564	690	52	76	88	146	54	15	58	63	59	131	158	154	95	105	158	154
Transfers-in.....	1,561	738	775	83	20	13	12	639	679	12	8	20	19	8	14	4	17	8	14
Total returns from temporary separations.....	5,085	1,931	3,154	389	780	635	1,173	5	7	29	18	340	623	212	238	247	222	212	238
Returns from leave.....	4,509	1,433	3,056	360	777	492	1,129	2	6	17	17	263	562	36	92	133	226	150	217
Returns from escape.....	576	478	98	29	3	143	44	3	1	12	1	77	31	79	12	97	12	97	12
Separated from institution.....	12,392	5,686	6,706	930	1,399	1,051	1,686	100	41	353	130	923	1,063	484	672	1,008	855	587	830
Temporary separations from institution.....	7,690	3,075	4,615	497	1,015	882	1,535	15	21	89	53	485	807	155	241	444	518	508	425
Leaves of absence.....	6,835	2,351	4,484	436	1,006	696	1,485	8	20	73	53	375	767	101	239	311	497	351	417
Escapes.....	855	724	131	61	9	186	50	7	1	16	---	110	40	133	21	137	157	8	157
Residents removed from records.....	4,702	2,611	2,091	433	384	169	151	85	20	264	77	438	286	329	431	564	337	329	405
Deaths.....	2,231	1,193	1,038	170	198	108	108	5	6	80	51	212	167	156	184	237	199	225	125
Discharges, direct.....	981	663	318	35	23	58	35	---	---	102	6	119	33	50	23	203	134	96	64
Transfers, direct.....	1,490	755	735	228	163	3	8	80	14	82	20	107	86	123	224	124	4	8	216
Removed from records.....	6,712	3,441	3,271	560	562	336	444	85	20	317	104	537	438	389	550	732	561	485	602
Removed from records while absent.....	2,010	830	1,180	127	178	167	293	---	---	53	27	93	142	60	119	168	224	156	197
Discharged from leave.....	1,808	683	1,125	118	174	150	274	---	---	33	24	89	133	49	117	131	214	119	189
Discharged from escape.....	138	117	21	6	---	13	12	---	---	12	3	11	3	---	3	31	3	31	3
Transferred from leave.....	49	18	31	---	---	---	---	---	---	---	---	4	6	---	---	---	---	---	---
Transferred from escape.....	15	12	3	2	---	4	1	---	---	8	2	4	6	---	---	---	---	---	---
On records June 30, 1946.....	130,021	114,306	15,715	2,023	2,622	2,166	2,955	1,746	1,236	1,980	2,363	1,194	1,626	2,357	2,697	2,840	2,186	2,455	1,716
Total added to records.....	8,270	3,975	4,295	488	639	471	663	639	679	249	74	502	446	726	785	520	476	726	785
Total removed from records.....	6,712	3,441	3,271	560	562	336	444	85	20	317	104	537	438	389	550	732	561	485	602
On records June 30, 1947.....	31,579	14,840	16,739	1,951	2,689	2,301	3,204	554	659	1,678	1,206	1,945	2,381	1,185	1,619	2,351	2,921	2,875	2,060
In institution.....	25,932	12,221	13,711	1,363	1,948	1,765	2,556	544	645	1,661	1,132	1,693	2,088	1,034	1,392	1,876	2,366	2,385	1,584
On leave.....	4,953	1,988	2,965	425	726	435	635	6	14	80	74	179	277	108	225	338	539	417	474
On escape.....	694	631	63	163	15	101	13	4	---	37	---	73	16	43	137	16	---	73	---

* Comprising patients committed under Welfare and Institutions Code Sections 5100, 5128, and 7058, and Penal Code Sections 1026, 1201, 1370, 3704, and 2684. Patients committed to Pacific Colony and Sonoma under W. & I. 5238 and transferred to mental hospitals for the treatment of psychotic disorders are also included.
 † Adjusted by addition of two patients on leave.

TABLE 3b. MOVEMENT OF ALCOHOLIC PATIENTS,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

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, 1946.....	1,048	†693	255	72	94	179	60	†160	70	132	17	6	138	42	45	19
In institution.....	447	316	131	28	10	61	26	76	42	42	13	6	66	22	30	13
On leave.....	†430	†311	119	36	13	54	34	77	28	16	3	---	54	19	13	6
On escape.....	471	366	5	8	1	22	---	47	---	8	1	---	18	1	2	---
Entered institution.....	1,779	**1,261	518	150	77	283	127	214	72	199	83	13	158	75	173	62
Total added to records.....	1,313	**916	397	123	65	166	81	166	56	137	64	13	137	60	122	56
First admissions.....	1,084	770	314	100	45	148	72	125	40	119	56	1	120	50	102	42
Readmissions.....	225	142	83	23	20	18	9	41	16	16	8	1	17	10	19	14
Transfers-in.....	4	**4	---	---	---	---	---	---	---	2	---	---	---	---	1	---
Total returns from temporary separations.....	466	345	121	27	12	117	46	48	16	62	19	---	21	15	51	6
Returns from leave.....	343	238	105	23	11	75	44	39	16	41	14	---	9	14	42	6
Returns from escape.....	123	107	16	4	1	42	2	---	---	21	10	---	12	1	9	---
Separated from institution.....	1,659	1,182	477	134	62	264	115	197	85	191	54	13	175	74	167	55
Temporary separations from institution.....	1,283	934	349	114	49	252	111	160	62	163	54	12	85	23	106	22
Leaves of absence.....	994	679	315	85	46	179	105	142	61	115	37	12	47	22	74	22
Escapes.....	289	255	34	29	3	73	6	18	1	48	17	---	38	1	32	---
Residents removed from records.....	376	248	128	20	13	12	4	37	23	28	---	---	---	---	61	33
Deaths.....	16	15	1	2	---	3	---	2	1	4	---	---	---	---	---	---
Discharges, direct.....	358	231	127	18	13	9	4	33	22	24	---	---	---	87	51	33
Transfers, direct.....	2	2	---	---	---	---	---	2	---	---	---	---	---	---	---	---
Removed from records.....	1,081	739	292	101	35	78	31	160	71	96	2	1	187	72	115	48
Removed from records while absent.....	655	491	164	81	22	66	27	123	48	68	2	---	97	21	54	15
Discharged from leave.....	539	383	156	61	21	54	27	112	47	52	1	---	66	20	37	15
Discharged from escape.....	111	106	8	20	1	10	---	11	---	16	---	---	---	---	---	---
Transferred from leave.....	1	1	---	---	---	1	---	---	---	---	---	---	---	---	---	---
Transferred from escape.....	1	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---
On records June 30, 1946.....	††948	††693	255	72	24	179	60	††60	70	††82	17	6	138	42	45	19
Total added to records.....	1,313	**916	397	123	65	166	81	166	56	137	64	13	137	60	122	56
Total removed from records.....	1,081	739	292	101	35	78	31	160	71	96	2	1	187	72	115	48
On records June 30, 1947.....	1,230	**870	360	94	54	267	110	166	55	123	79	18	88	30	52	27
In institution.....	567	**395	172	44	25	80	38	93	29	50	31	6	49	23	36	20
On leave.....	541	368	173	37	27	145	68	68	26	54	20	12	26	7	8	7
On escape.....	122	107	15	13	2	42	4	5	---	19	7	---	13	---	8	---

* Continued on separate sheets under W. & I. Conf. Station 5404.

† Adjusted by addition of one patient on leave.

‡ Adjusted by addition of two patients on leave.

TABLE 3c. MOVEMENT OF NARCOTIC PATIENTS, * STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Status	All mental hospitals		Agrows		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, 1946.....	74	46	28	2	4	2	3	15	3	7	2	16	16	4	4	4	4
In institution.....	32	17	15	1	1	2	2	7	2	5	1	6	6	3	3	3	3
On leave.....	28	17	11	2	4	4	3	7	1	3	1	7	7	1	1	1	1
On escape.....	14	12	2	2	2	2	5	5	1	1	1	3	3	1	1	1	1
Entered institution.....	99	54	45	4	6	3	4	11	4	5	10	2	17	13	5	7	7
Total added to records.....	86	45	41	4	6	2	8	4	5	9	2	2	13	12	4	6	6
First admissions.....	72	36	36	3	5	1	8	3	3	9	2	2	10	10	3	6	6
Readmissions.....	14	9	5	1	1	1	1	1	2	1	1	3	3	2	1	1	1
Total returns from temporary separations.....	13	9	4	1	1	1	3	2	1	1	1	4	4	1	1	1	1
Returns from leave.....	6	4	2	1	1	1	2	1	1	1	1	2	2	1	1	1	1
Returns from escape.....	7	5	2	1	1	1	1	1	1	1	1	2	2	1	1	1	1
Separated from institution.....	80	44	36	2	4	2	9	5	2	9	1	17	14	5	2	2	2
Temporary separations from institution.....	63	36	27	2	3	2	6	5	2	7	1	14	9	3	1	3	1
Leaves of absence.....	35	17	18	1	1	1	5	5	2	4	1	7	7	1	1	1	1
Escapes.....	28	19	9	2	2	1	1	1	1	3	1	7	7	2	2	2	2
Residents removed from records.....	17	8	9	1	1	1	3	2	2	2	2	3	3	5	2	1	1
Deaths.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Discharges, direct.....	15	7	8	1	1	1	2	2	1	1	1	3	3	5	2	1	1
Removed from records.....	54	35	19	2	1	6	9	1	2	3	1	11	13	4	1	4	1
Removed from records while absent.....	37	27	10	2	2	6	6	1	2	1	1	8	8	2	2	2	2
Discharged from leave.....	27	18	9	2	4	4	2	1	1	1	1	7	7	2	2	2	2
Discharged from escape.....	10	9	1	1	1	2	4	4	1	1	1	1	1	1	1	1	1
On records June 30, 1946.....	74	46	28	2	4	2	15	3	7	2	2	16	16	4	4	4	4
Total added to records.....	86	45	41	4	6	2	8	4	5	9	2	2	13	12	4	6	6
First admissions.....	54	35	19	2	1	6	9	4	2	3	1	11	13	4	1	4	4
Total removed from records.....	106	56	50	4	5	4	14	6	6	13	1	18	15	4	5	5	5
On records June 30, 1947.....	51	27	24	2	2	4	4	4	3	6	2	6	5	3	5	3	5
In institution.....	30	12	18	1	1	1	1	1	1	3	1	5	8	2	2	2	2
On leave.....	17	8	9	2	2	4	4	5	1	3	1	6	5	3	3	3	3
On escape.....	25	17	8	2	2	4	1	1	2	4	1	7	7	2	2	2	2

* Comprising patients committed under W. & I. Code Section 5355.

TABLE 3d. MOVEMENT OF PATIENTS COMMITTED AS SEXUAL PSYCHOPATHS,*
STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Status	All mental hospitals	Agnews	Camarillo	De Witt	Mendocino	Napa	Norwalk	Patton	Stockton
On records June 30, 1946.....	†192	21	†49	-----	71	20	-----	12	19
In institution.....	90	9	16	-----	42	11	-----	5	7
On leave.....	69	9	26	-----	16	4	-----	4	10
On escape.....	†33	3	†7	-----	13	5	-----	3	2
Entered institution.....	67	6	23	2	17	3	5	2	9
Total added to records.....	48	5	7	2	16	3	5	2	8
First admissions.....	40	5	7	-----	13	2	4	2	7
Readmissions.....	4	-----	-----	2	2	-----	1	-----	1
Transfers-in.....	4	-----	-----	2	1	1	-----	-----	-----
Total returns from temporary separations.....	19	1	16	-----	1	-----	-----	-----	1
Returns from leave.....	16	1	14	-----	-----	-----	-----	-----	1
Returns from escape.....	3	-----	2	-----	1	-----	-----	-----	-----
Separated from institution.....	68	4	31	1	19	4	-----	6	3
Temporary separations from institution.....	51	1	28	1	12	2	-----	4	3
Leaves of absence.....	40	1	22	1	10	2	-----	3	1
Escapes.....	11	-----	6	-----	2	-----	-----	1	2
Residents removed from records.....	17	3	3	-----	7	2	-----	2	-----
Discharges, direct.....	14	3	2	-----	7	-----	-----	2	-----
Transfers, direct.....	3	-----	1	-----	-----	2	-----	-----	-----
Removed from records.....	31	3	7	-----	12	2	-----	2	5
Removed from records while absent.....	14	-----	4	-----	5	-----	-----	-----	5
Discharged from leave.....	8	-----	3	-----	2	-----	-----	-----	3
Discharged from escape.....	5	-----	1	-----	3	-----	-----	-----	1
Transferred from leave.....	-----	-----	-----	-----	-----	-----	-----	-----	-----
Transferred from escape.....	1	-----	-----	-----	-----	-----	-----	-----	1
On records June 30, 1946.....	†192	21	†49	-----	71	20	-----	12	19
Total added to records.....	48	5	7	2	16	3	5	2	8
Total removed from records.....	31	3	7	-----	12	2	-----	2	5
On records June 30, 1947.....	†209	23	†49	2	75	21	5	12	22
In institution.....	89	11	8	1	40	10	5	1	13
On leave.....	85	9	31	1	24	6	-----	7	7
On escape.....	†35	3	†10	-----	11	5	-----	4	2

* Comprising patients committed under W. & I. Code Section 5502.

† All patients listed in this table are male, with the exception of one female patient on escape from Camarillo.

TABLE 36. MOVEMENT OF VOLUNTARY (SELF-ADMITTED) PATIENTS,* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Status	All mental hospitals		Agnews		Camarillo		De Witt		Mendozino		Napa		Norwalk		Patton		Stockton			
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
On records June 30, 1946.....	899	419	480	100	117	136	116													
In institution.....	771	363	408	92	108	108	91													
On leave.....	120	51	69	8	9	27	23													
On escape.....	8	5	3			1	2													
Entered institution.....	1,537	703	834	125	176	324	300	1	1	15	9	99	165	2	9	28	48	109	126	
Total added to records.....	965	470	495	81	96	206	169	1	1	15	9	41	56	2	9	27	41	97	112	
First admissions.....	672	338	334	67	69	160	133			8	5	24	35		3	9	22	70	67	
Readmissions.....	293	132	161	14	27	46	36	1	1	7	4	17	23	2	6	18	19	27	45	
Total returns from temporary separations.....	572	233	339	44	80	118	131									1	7	12	14	
Returns from leave.....	521	197	324	44	80	97	126													
Returns from escape.....	51	36	15			21	5									1		2	1	
Separated from institution.....	1,499	700	799	122	167	329	291			18	6	97	165	1	5	28	50	105	115	
Temporary separations from institutions.....	693	297	396	49	91	156	154									3	15	22	17	
Leaves of absence.....	619	242	377	48	91	127	146									2	15	11	17	
Escapes.....	74	55	19	1		29	8									1		11		
Residents removed from records.....	806	403	403	73	76	173	137			18	6	30	46	1	5	25	35	83	98	
Deaths.....	55	31	24	10	3	5	3			3	1	3	6			3	1	7	10	
Discharges, direct.....	751	372	379	63	73	168	134			15	5	27	40	1	5	22	34	76	88	
Removed from records.....	896	448	448	78	84	196	162			18	6	36	53	1	5	27	39	92	109	
Removed from records while absent.....	90	45	45	5	8	23	15					6	7			2	4	9	11	
Discharged from leave.....	68	30	38	4	8	17	10					4	5			2	4	3	11	
Discharged from escape.....	22	15	7	1		6	5											6		
On records June 30, 1946.....	899	419	480	100	117	136	116			16	5	48	73	3	2	40	41	76	126	
Total added to records.....	965	470	495	81	96	206	169	1	1	15	9	41	56	2	9	27	41	97	112	
Returns from leave.....	896	448	448	78	84	196	162			18	6	36	53	1	5	27	39	92	109	
Total removed from records.....	968	441	527	103	129	146	133	1	1	13	8	53	78	4	6	40	43	81	129	
On records June 30, 1947.....	809	366	443	95	117	103	100	1	1	13	8	43	63	4	6	34	34	73	114	
In institution.....	150	66	84	8	12	40	33					8	15			6	9	4	15	
On leave.....	9	9				3						2						4		
On escape.....																				

* Comprising patients admitted under W. & I. Code Section 6802.

TABLE 31. MOVEMENT OF PATIENTS COMMITTED FOR COURT OBSERVATION.* STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Status	All mental hospitals						Agnews		Camarillo		De Witt		Mendocino		Napa		Norwalk		Stockton	
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
On record June 30, 1946, and in institution.....	18	9	9	3	3	1							†1	1	5				3	1
Entered institution.....	699	386	313	120	152	14	7	11	6	8	1			26	21				206	126
Total added to records as observation admissions.....	698	385	313	119	152	14	7	11	6	†8	1			26	21				206	126
Returns from escape.....	1	1		1																
Separated from institution.....	694	384	310	121	152	12	6	11	6	7				27	22				205	124
Escapes.....	1	1		1																
Residents removed from records.....	693	383	310	120	152	12	6	11	6	7				27	22				205	124
Deaths.....	26	18	8	8	3	1		1		1				3	2				5	3
Discharges, direct.....	†667	365	302	112	149	12	6	10	6	†6				24	20				200	121
On records June 30, 1946.....	18	9	9	3	3	1				†1				1	5				3	1
Total added to records.....	698	385	313	119	152	14	7	11	6	8	1			26	21				206	126
Total removed from records.....	693	383	310	120	152	12	6	11	6	7				27	22				205	124
On records June 30, 1947 and in institution.....	23	11	12	2	3	3	1			†2	1				4				4	3

* Comprising patients admitted for observation under W. & I. Code Sections 5050 and 5050.3, except as noted
 † Including the following male psychopathic delinquent observation cases admitted under W. & I. Code Section 7058: One resident June 30, 1946, three admissions, three discharges, and two resident June 30, 1947.
 ‡ See Table 34 for disposition at discharge.

TABLE 30
MOVEMENT OF PATIENTS ADMITTED FOR JUVENILE COURT OBSERVATION AND YOUTH AUTHORITY OBSERVATION
YEAR ENDING JUNE 30, 1947

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
On records June 30, 1946.....	45	33	12	14	6	6	6	22	16	6	7	3	9	3
In institution.....	42	30	12	14	6	6	6	19	13	6	7	3	6	3
On escape.....	3	3	---	---	---	---	---	3	3	---	---	---	3	---
Entered institution.....	308	224	84	72	18	66	66	112	74	38	22	14	45	24
Total added to records.....	164	113	51	57	17	34	34	72	48	24	16	10	25	14
First admissions.....	158	109	49	54	16	33	33	54	36	18	14	5	17	13
Readmissions.....	6	4	2	3	1	1	1	18	12	6	2	5	8	1
Total returns from temporary separations.....	144	111	33	15	1	96	32	40	26	14	6	4	20	10
Returns from leave.....	74	55	19	12	1	43	18	9	8	1	3	1	5	---
Returns from escape.....	70	56	14	3	---	53	14	31	18	13	3	3	15	10
Separated from institution.....	298	217	81	65	16	152	65	110	72	38	23	15	44	23
Temporary separations from institution.....	162	125	37	17	2	108	35	60	39	21	9	6	30	15
Leave of absence.....	81	58	23	13	2	45	21	9	8	1	3	1	5	---
Escape.....	81	67	14	4	---	63	14	51	31	20	6	5	25	15
Residents removed from records.....	136	92	44	48	14	44	30	50	33	17	14	9	14	8
Death.....	135	91	44	48	14	43	30	50	33	17	14	9	14	8
Discharges, direct.....	1	1	---	---	---	1	---	---	---	---	---	---	---	---
Transfers, direct.....	1	1	---	---	---	1	---	---	---	---	---	---	---	---
Removed from records.....	153	107	46	49	15	58	31	66	43	23	15	11	23	12
Removed from records while absent.....	17	15	2	1	1	14	1	16	10	6	1	2	9	4
Discharged from leave.....	4	2	2	---	---	2	---	---	---	---	---	---	---	---
Discharged from escape.....	13	13	---	1	---	12	---	16	10	6	1	2	9	4
On records June 30, 1946.....	45	33	12	14	6	19	6	22	16	6	7	3	9	3
Total added to records.....	164	113	51	57	17	34	34	72	48	24	16	10	25	14
Total removed from records.....	153	107	46	49	15	58	31	66	43	23	15	11	23	12
On records June 30, 1947.....	56	39	17	22	8	17	9	28	21	7	8	2	11	5
In institution.....	52	37	15	21	8	16	7	21	15	6	6	2	7	4
On leave.....	3	1	2	1	---	1	---	7	6	1	2	---	4	1
On escape.....	1	1	---	---	---	1	---	---	---	---	---	---	---	---

* Patients admitted under W. & I. Code Section 740.5.

† Patients admitted under W. & I. Code Section 1753.

Hospital or to other state hospitals from DeWitt during its activation, there being only 154 transfers among the permanent hospitals during the year as compared with 245 in 1945-46.

Temporary Separations. Visits and leaves of absence for the fiscal year were granted on 8,613 occasions, including 3,083 visits with intent to return within three days, and 5,530 leaves for longer periods or for an indefinite period. Visits have increased by 42 percent and leaves by 13 percent over the corresponding totals for 1945-46.

Visits and leaves, less 3,017 returns from visit and 2,461 returns from leave, resulted in 66 net visits and 3,069 net leaves. The net number released on the basis of visits and leaves was 3,135 cases. This is 8.1 percent greater than the corresponding figure for 1945-46.

Escapes (1,390) increased by 32.5 percent over the total for the preceding fiscal year, while net escapes (528) showed an increase of 37.8 percent.

Patients Removed From Records. The 1946-47 total of 2,971 direct discharges (including 666 discharges from court observation) represents an increase of 1.6 percent over the total for 1945-46, while deaths for the year (2,330) decreased by 6.7 percent. There were 1,496 transfers-out directly from one institution to another during the year.

Patients removed from the active records while absent from the hospital included 2,454 discharges from leave (an increase of 6.6 percent over the figure for the preceding year) and 318 discharges from escape (an increase of 23.2 percent). In addition, the records of 67 patients were closed by transfer to another institution while these patients were on leave or escape.

Total on Active Records. Because of the sharp increase in the rate of admission during the fiscal year ending June 30, 1947, the number of patients on the active records increased by 1,984 patients or 6.2 percent during the year, to a year-end total of 34,199 patients. Of this total, 27,544 patients, or 80.6 percent, were under treatment within the hospitals; 5,762 patients, or 16.8 percent, were on leave of absence; and 893 patients, or 2.6 percent, were on escape.

During the year the number of patients under treatment within the hospitals increased by 1,156 patients or 4.4 percent, the number on leave by 634 patients or 12.4 percent, and the number on escape by 194 patients or 27.8 percent.

Indices of Population Change. As compared with 93.9 net releases from the hospitals per 100 admissions during the preceding fiscal year, there were 87.7 net releases per 100 first admissions and readmissions in 1946-47, this net rate of 87.7 being composed of 24.6 direct discharges, 24.6 deaths, 33.0 net leaves (leaves and visits less returns), and 5.5 net escapes per 100 admissions. (These figures exclude court observation cases; they include a small number of transfers between mental hospitals and institutions for mentally-deficient as admissions and discharges.) The comparison of these rates with the corresponding data in Table 7 of the department's 1946 report shows that the increase in net leaves and net escapes in terms of admissions was insufficient to offset the decrease in the rates of discharge and death.

During the 1946-47 fiscal year 35,713 patients, excluding court observation cases, received treatment in the state mental hospitals. This total, which comprises the year-end resident population plus net visits and leaves, net escapes, direct discharges, and deaths, is explained in detail in Table 7 of the 1946 annual report. Per 100 patients under treatment, there were 26.2 admissions (21.1 first admissions and 5.1 readmissions) during the year, and 23.0 releases from the hospitals (6.5 direct discharges, 6.5 deaths, 8.6 net leaves, and 1.4 net escapes). The comparison with 1945-46 mentioned in the preceding paragraph also holds true for these movement rates per 100 patients under treatment; the rates of admission, net leave, and net escape have increased, while the rates of direct discharge and death have decreased during the year.

RESIDENT POPULATION

Ratio of Patients to State Population. On June 30, 1947, 27,544 patients were under treatment in the seven permanent state mental hospitals and in the mentally ill wards of DeWitt State Hospital, representing an increase of 1,156 patients or 4.4 percent in the resident patient population during the fiscal year. Since the general population of the State increased at a comparable rate (4.6 percent) the ratio of 284 patients under treatment per 100,000 population remains practically unchanged from last year.

As shown by Chart III and the figures in the right-hand column of Table 4, the prevalence of state hospitalization (i.e., the number of patients hospitalized per 100,000 general population) shows considerable cyclic fluctuation, with a maximum of 349 patients under treatment per 100,000 population in 1900 and lesser maxima in 1916 and 1939-1940. Periods in which the ratio shows a rapid annual rate of increase leading to these maxima appear to be characterized by poor economic conditions and by a low rate of annual increase in the State's population, although other factors such as the wartime induction of a large proportion of the population into the armed forces and the extension of federal hospital facilities within the State also have their effect. This last is illustrated by a comparison of the figures for 1945 and 1946 in Table 5. During the latter year the prevalence rate for federal hospitals in California increased from 16 to 33, partly offsetting a drop in the state hospital rate from 309 to 285.

Table 5 also furnishes a comparison of prevalence rates for California and for the Nation for the period 1938-1946. It will be noted that California's rate exceeded the national rate at the beginning of this nine-year period; in the ensuing years, however, the rate for California decreased while the national rate increased, resulting in a relatively low rate for California at the end of the period.

Table 6 compares the prevalence rate for facilities of all types in California with the rates for other states as of June 30, 1946, the latest date for which interstate comparisons are available. New York's prevalence rate of 601 hospitalized patients per 100,000 population, the highest in the Nation, is commonly attributed to intense urbanization; but it appears to be largely the result of an unusually high rate of aged admissions to New York mental hospitals. Since both factors may be expected to operate to an increasing extent in California, a gradual rise in California's prevalence rate may be expected unless a radical change is

TABLE 4
RESIDENT POPULATION OF STATE MENTAL HOSPITALS, BY INSTITUTION
JUNE 30, 1851-1947

June 30	*Resident population, all mental hospitals	Resident population by hospital							†State population, in 1,000s	Resident patients per 100,000 state population
		Agnews	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton		
1851	6							6		
1852	62							62		
1853	102							102		
1854	134							134		
1855	162							162		
1856	172							172		
1857	188							188		
1858	273							273		
1859	370							370		
1860	417							417	380	110
1861	416							416		
1862	499							499		
1863	583							583		
1864	581							581		
1865	632							632		
1866	693							693		
1867	769							769		
1868	853							853		
1869	920							920		
1870	1,047							1,047	560	187
1871	1,090							1,090		
1872	1,123							1,123		
1873	1,156							1,156		
1874	1,224							1,224		
1875	1,302							1,302		
1876	1,412				208			1,204		
1877	1,500				395			1,195		
1878	1,730				528			1,202		
1879	1,841				714			1,127		
1880	1,955				839			1,116	865	226
1881	2,123				1,021			1,102		
1882	2,267				1,172			1,095		
1883	2,403				1,219			1,184		
1884	2,534				1,319			1,215		
1885	2,788				1,409			1,379		
1886	2,922				1,436			1,486		
1887	3,007				1,454			1,553		
1888	3,115				1,469			1,646		
1889	3,294	365			1,349			1,580		
1890	3,459	527			1,344			1,588	1,213	285
1891	3,630	651			1,406			1,573		
1892	3,821	801			1,414			1,606		
1893	4,004	902			1,445			1,657		
1894	4,180	886		215	1,335		221	1,523		
1895	4,407	905		296	1,353		360	1,493		
1896	4,618	933		355	1,404		454	1,472		
1897	4,802	900		410	1,434		537	1,521		
1898	5,001	926		477	1,466		575	1,577		
1899	5,253	1,013		518	1,522		622	1,578		
1900	5,276	1,004		556	1,507		616	1,593	1,510	349
1901	5,420	1,009		611	1,514		663	1,623	1,594	340
1902	5,494	1,025		611	1,526		724	1,608	1,658	331
1903	5,378	1,021		600	1,454		710	1,593	1,727	311
1904	5,469	1,026		601	1,461		767	1,614	1,813	302
1905	5,827	1,067		677	1,497		863	1,723	1,912	305
1906	5,746	790		698	1,550		889	1,819	2,003	287
1907	5,940	743		750	1,626		996	1,835	2,076	286
1908	6,282	722		834	1,772		1,045	1,909	2,185	288
1909	6,536	707		865	1,829		1,214	1,921	2,318	282

TABLE 4—Continued
RESIDENT POPULATION OF STATE MENTAL HOSPITALS, BY INSTITUTION
JUNE 30, 1851-1947

June 30	*Resident population, all mental hospitals	Resident population by hospital							†State population, in 1,000s	Resident patients per 100,000 state population
		Agnews	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton		
1910	6,864	700		904	1,881		1,372	2,007	2,400	286
1911	7,238	769		954	1,959		1,476	2,080	2,497	290
1912	7,905	946		1,028	2,034		1,718	2,179	2,612	303
1913	8,408	1,135		1,051	2,088		1,942	2,192	2,742	307
1914	8,748	1,370		1,065	2,073		2,109	2,131	2,868	305
1915	9,426	1,496		1,134	2,188		2,366	2,242	2,956	319
1916	9,887	1,597		1,200	2,255	107	2,416	2,312	3,019	327
1917	10,169	1,643		1,167	2,306	238	2,391	2,424	3,116	326
1918	10,296	1,647		1,141	2,375	233	2,412	2,488	3,210	321
1919	10,108	1,619		1,091	2,346	540	2,188	2,324	3,333	303
1920	10,355	1,612		1,218	2,396	521	2,241	2,367	3,520	294
1921	10,947	1,722		1,264	2,526	548	2,374	2,513	3,828	286
1922	11,291	1,777		1,233	2,555	640	2,490	2,596	4,067	278
1923	11,238	1,780		1,006	2,554	680	2,545	2,673	4,400	255
1924	11,637	1,808		1,085	2,667	971	2,299	2,807	4,689	248
1925	12,281	1,840		1,102	2,734	1,151	2,459	2,995	4,863	253
1926	12,712	1,846		1,126	2,845	1,246	2,632	3,017	5,048	252
1927	13,299	1,905		1,173	2,888	1,511	2,727	3,095	5,219	255
1928	13,797	1,988		1,296	2,874	1,639	2,850	3,150	5,377	257
1929	14,167	2,062		1,462	2,772	1,773	2,972	3,126	5,563	255
1930	14,906	2,057		1,550	2,874	1,975	3,226	3,224	5,722	261
1931	15,799	2,178		1,835	2,988	2,112	3,361	3,325	5,879	269
1932	16,754	2,362		1,941	3,130	2,258	3,600	3,463	5,924	283
1933	17,692	2,798		2,407	3,121	2,262	3,634	3,470	5,959	297
1934	18,546	3,061		2,664	3,281	2,276	3,768	3,496	6,023	309
1935	19,337	3,241	\$100	2,669	3,361	2,483	3,959	3,624	6,083	320
1936	20,004	3,373	\$101	2,750	3,456	2,559	4,084	3,782	6,294	319
1937	20,737	3,396	1,082	2,759	3,465	2,382	3,853	3,800	6,570	316
1938	21,884	3,499	2,008	2,786	3,605	2,435	3,572	3,979	6,721	326
1939	22,608	3,526	2,353	2,790	3,639	2,327	3,843	4,130	6,831	331
1940	22,953	3,552	2,508	2,712	3,574	2,305	3,913	4,389	6,930	331
1941	23,345	3,488	2,778	2,722	3,465	2,344	3,988	4,560	7,195	324
1942	23,617	3,458	3,627	2,643	3,753	2,108	3,613	4,415	7,444	317
1943	24,240	3,552	3,829	2,908	3,826	2,257	3,667	4,201	7,490	324
1944	24,903	3,627	4,015	2,891	3,890	2,407	3,800	4,273	7,901	315
1945	25,810	3,818	4,274	2,891	3,965	2,454	4,055	4,353	8,363	309
1946	26,388	3,607	4,451	2,997	4,097	2,517	4,319	4,400	9,262	285
1947	27,544	3,612	4,698	2,891	4,025	2,491	4,394	4,240	9,688	284

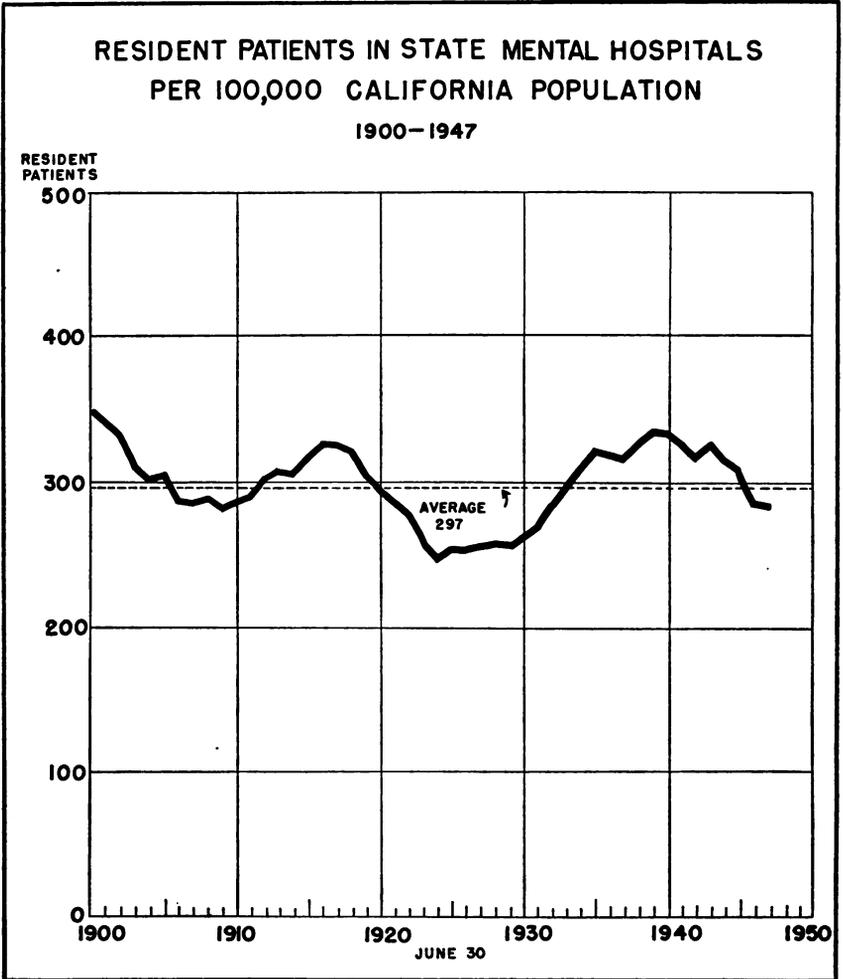
* For distribution by sex, 1930-1946, see Table 3 of 1946 report. Totals for 1898, 1902-1921, 1933, and 1935-1936 have been revised; in previous reports these totals included patients on leave.

† State population figures reported by the U. S. Bureau of the Census are used for the census years 1860-1890. Civilian population figures for 1900-1939 (adjusted to June 30) are from *The Tax Digest*, Vol. 19, No. 1, Sec. 2, p. 19 (January, 1941); civilian population figures for 1940-1947 are from *Current Population Report*, U. S. Bureau of the Census, Series P-25, No. 12 (August 9, 1948).

‡ Including 1,193 mentally ill patients at DeWitt, not listed in body of table (see Table 1).

§ Officially on leave, but under supervision as working patients at Camarillo during its construction, and therefore classified as resident patients in this table.

CHART III



effected in medical care and in administrative policies. In fact, the wide variation in rates from state to state within a given geographic area clearly indicates that these rates are governed largely by local administrative policy and the availability of mental hospital facilities. It may be also noted that the rates for Oregon and Washington are higher than the rate for California, although these neighboring Pacific Coast states are less highly urbanized. All the foregoing rates, of course, underestimate the true prevalence of mental illness, since they do not include the nonhospitalized mentally-ill.

County of Residence. The distribution of the patient population by hospital and by county of residence prior to hospitalization, together with prevalence rates for the State's economic regions and principal counties, is furnished in Tables 7 and 8. The comparison of prevalence rates (number of patients under treatment on June 30th per 100,000

TABLE 5
PATIENTS IN MENTAL INSTITUTIONS IN CALIFORNIA AND IN THE UNITED STATES, WITH PREVALENCE RATES
AS OF JUNE 30, 1938-1947

Year	Resident patients, June 30*					General civilian population June 30, 1946† in 1,000's‡	Rate per 100,000 general population (civilian only)				
	All facilities	State hospitals	Veterans Administration hospitals	City and county hospitals‡	Private hospitals§		All facilities	State hospitals	Veterans Administration hospitals	City and county hospitals	Private hospitals
1938: California.....	24,393	21,884	1,097	534	878	6,721	362.9	325.6	16.3	7.9	13.1
United States.....	457,983	384,573	26,599	35,980	10,331	129,814	352.8	296.2	20.5	27.7	8.3
1939: California.....	25,294	22,608	1,059	536	1,091	6,531	370.3	331.0	15.5	7.8	16.0
United States.....	472,335	400,017	28,653	32,463	11,252	130,891	360.9	306.6	21.9	24.8	8.6
1940: California.....	25,488	22,953	1,170	544	821	6,830	367.8	331.2	16.9	7.8	11.8
United States.....	480,637	410,427	29,961	29,581	10,878	131,659	365.1	311.7	22.7	22.5	8.1
1941: California.....	26,526	23,345	1,217	543	1,421	7,195	368.7	324.5	16.9	7.5	19.7
United States.....	490,506	417,315	30,443	31,812	10,936	131,458	372.8	317.2	23.1	24.2	8.3
1942: California.....	26,814	23,617	1,186	578	1,433	7,444	360.2	317.2	15.9	7.7	19.3
United States.....	497,938	432,550	32,348	21,256	11,784	130,875	380.5	330.5	24.7	16.2	9.0
1943: California.....	27,531	24,240	1,254	650	1,367	7,490	367.6	323.6	16.7	8.7	18.5
United States.....	506,564	430,958	35,953	21,297	12,356	127,410	392.9	338.2	28.2	16.7	9.7
1944: California.....	28,030	24,903	1,268	646	1,213	7,901	354.8	315.2	16.0	8.2	15.4
United States.....	506,346	434,209	38,623	21,259	12,255	126,536	400.2	343.2	30.5	16.8	9.7
1945: California.....	29,684	25,810	1,360	663	1,821	8,363	354.9	308.6	16.3	8.3	21.8
United States.....	518,018	438,864	42,204	23,850	13,100	127,452	406.4	344.5	33.1	18.7	10.3
1946: California.....	31,952	26,388	3,065	717	1,812	9,262	345.3	284.9	33.1	7.7	19.6
United States.....	529,247	445,561	48,235	23,150	12,301	138,400	382.4	321.9	34.9	16.7	8.9
1947: California.....	27,544	27,544	27,544	27,544	27,544	9,888	284.3	284.3	284.3	284.3	284.3
United States.....	-----	-----	-----	-----	-----	142,660	-----	-----	-----	-----	-----

* Source: Patients in Mental Institutions, 1946, U. S. Bureau of the Census.

† Source: Current Population Reports, U. S. Bureau of the Census, Series P-25, No. 12, August 9, 1948.

‡ As reported, but possibly understated by 5-10 percent.

§ As reported, but possibly understated by 30-40 percent.

TABLE 6
 PATIENTS IN MENTAL INSTITUTIONS IN CALIFORNIA AND OTHER STATES, WITH PREVALENCE RATES
 JUNE 30, 1946

State	General civilian population in 1,000s, June 30*	Resident patients, June 30*											
		All facilities		State hospitals		Veterans Administration hospitals		City and county hospitals		Private hospitals			
		Number	Rate†	Number	Rate	Number	Rate	Number	Rate	Number	Rate		
United States.....	138,400	529,247	382.4	445,561	321.9	48,235	34.9	23,150	16.7	12,301	8.9		
California.....	9,282	31,982	345.3	26,388	284.9	3,065	33.1	717	7.7	1,812	19.6		
Massachusetts.....	4,482	25,503	569.0	23,080	514.9	3,988	44.4	-----	-----	435	9.7		
Pennsylvania.....	10,182	39,372	386.7	35,202	345.7	3,396	33.4	-----	-----	774	7.6		
New York†.....	13,775	82,806	601.1	76,732	557.0	4,583	33.3	-----	-----	1,481	10.8		
Illinois.....	7,918	36,070	455.5	32,474	410.1	3,080	38.9	-----	-----	519	6.5		
Michigan.....	5,855	21,070	359.9	18,604	317.7	1,694	28.9	-----	-----	772	13.2		
Ohio.....	7,483	23,745	318.2	21,136	283.2	2,284	30.6	-----	-----	385	4.4		
Arizona.....	591	1,420	240.3	1,229	208.0	191	32.3	-----	-----	-----	-----		
Colorado.....	1,090	5,198	473.0	4,522	411.5	449	40.9	-----	-----	-----	-----		
Utah.....	622	1,285	208.6	1,140	183.3	145	23.3	-----	-----	-----	-----		
Oregon.....	1,430	4,877	341.0	4,317	301.9	496	34.7	-----	-----	64	4.5		
Washington.....	2,206	7,529	341.3	6,778	307.3	723	32.8	-----	-----	28	1.3		

* Source: See footnotes to Tables 4 and 5.

† Per 100,000 general civilian population.

‡ Among the 48 states New York had the highest and Utah the lowest prevalence rate for state hospital residents.

population) for the 10 economic regions of the State shows that the northern region of the State had a higher-than-average rate, while the rate was lowest for the southernmost area including San Diego County. Among the 15 principal counties, prevalence ranged from 566.5 hospitalized patients per 100,000 population on June 30th for the City and County of San Francisco, to 138.7 for Contra Costa County. As might be expected, the counties in the older areas of the State report the highest prevalence rate, with the exception of those counties which experienced a large war-time increase in population. Counties with a higher-than-average incidence rate (Table 16) usually show a high prevalence rate as well, except for those counties with recent marked increases in population.

Sex Distribution. Over the years the percentage of male patients in the resident population of the state mental hospitals has steadily decreased, because of the decreasing proportion of males in the general population, the expansion of federal neuropsychiatric facilities for male veteran patients in California, the increasing number of aged admissions (of whom the majority are female), and other factors. Male patients comprised 63.0 percent of the resident population in 1900, 50.0 percent in 1944, 48.7 percent in 1946, and 47.8 percent as of June 30, 1947.

Mendocino (the institution designated for the care and treatment of the criminally insane and psychopathic cases, most of whom are male) and Stockton (the oldest institution) currently report the highest percentage of male patients in their resident populations, 59.5 percent and 59.3 percent, respectively (Table 7). The percentage of male patients at the remaining institutions ranges from 42.0 percent at Agnews to 45.9 percent at DeWitt.

Among the various diagnostic classifications, male patients account for the majority of cases with syphilitic-meningo encephalitis, psychosis with other forms of syphilis of the central nervous system, and alcoholic psychosis, and also constitute the majority of nonpsychotic cases under treatment. Female cases account for the majority of senile, involutional, manic-depressive, and paranoid psychoses. For the other large diagnostic classifications (e.g., dementia praecox), the proportion between the two sexes does not differ significantly from their proportion in the patient population as a whole (Table 9).

A measure of the ratio of male and female patients in each age group which discounts the fact that female patients comprise the majority of the resident population can be obtained by comparing the paired percentage figures for each age group in the next to the last line of Table 10. To illustrate, the actual number of female patients in the 25-29 year group (572) outnumbers the male patients (524); yet 4.0 per 100 male patients and 4.0 per 100 female patients fall within this age group, indicating that actually no significant difference exists between the male and female hospital population for this age level. Interpreted on this basis, the paired percentages in Table 10 show that male patients significantly outnumber female patients in the age ranges 10-19 and 35-44. The absence of a statistically significant difference between the paired percentages for the age interval 20-34 is explained in part by the large proportion of mentally-ill male patients in this interval who are under treatment in army hospitals or in federal mental hospitals operated by the Veterans Administration. Percentagewise, female

TABLE 7
RESIDENT POPULATION OF STATE MENTAL HOSPITALS, BY COUNTY OF ADMISSION,* HOSPITAL, AND SEX
JUNE 30, 1947

County	All hospitals		Agnew		Camarillo		DeWitt †		Mendocino		Napa		Norwalk		Petton		Stockton		
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
All countries.....	27,844	13,161	14,383	1,517	2,095	1,990	2,708	547	646	1,720	1,171	1,822	2,208	1,085	1,406	1,966	2,428	2,514	1,726
1. Alameda.....	1,984	808	1,176	334	602	10	9	22	41	69	88	215	309			1	6	157	121
2. Alameda.....	1	8	9	2	1			1	14	11	10	36	30					6	8
3. Alameda.....	196	117	79	2	2			13	14	11	10	36	30					50	33
4. Butte.....	20	16	13	1	1					3	1							11	11
5. Calaveras.....																			
6. Colusa.....	44	33	11			1		6	5	11	14	21	5					4	1
7. Colusa.....	405	202	203	38	51					12	7	114	103			1		33	30
8. Del Norte.....	22	14	8					3		2	2	5	2						
9. El Dorado.....	33	23	10					3		2	2	5	2					14	6
10. Fresno.....	621	329	292	35	78	11	1	6	21	22	34	4	5	1		2		248	163
11. Glenn.....	61	33	28			1		4	4	4	4	22	22			1		2	1
12. Humboldt.....	167	91	76	3	3			6	6	73	67	8	5						
13. Imperial.....	140	95	45	4	4	16	3	10	1	10	10	7	1			51	34		
14. Inyo.....	21	13	8	1	1	4	3	3		2	2					2	2		
15. Kern.....	300	155	154	1	1	110	123	1	2	3	10					7	5	18	8
16. Kings.....	101	63	38	3		2				2	2	4	3	1				55	30
17. Lake.....	26	13	13							11	12	2	2						
18. Lassen.....	44	28	16					2		6	6	17	14						
19. Los Angeles.....	9,678	4,104	5,474	99	92	1,402	2,213	210	222	276	171	10	40	929	1,238	1,146	1,481	23	17
20. Madera.....	64	31	33	1	5					1	2					1		28	24
21. Marin.....	209	110	99	3	5	1	1	1		32	6	62	85					11	1
22. Mariposa.....	8	4	4															3	4
23. Mendocino.....	282	202	80					2		196	73	4	4						
24. Merced.....	155	84	71	5	7	2		1	5	2	2	8	5					73	50
25. Modoc.....	37	24	13	2	1			1	1	4	2	8	5					9	4
26. Mono.....	1	1																	
27. Monterey.....	241	135	106	97	87	1	1	16	7	10	4	6	5			1	1	4	2
28. Napa.....	213	117	96					2	8	5	105	88							
29. Nevada.....	49	22	27					1	7	3	3	1	5					20	12
30. Orange.....	385	192	193	4	3	25	23	10	17	6	8	1		115	122	31	21		

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RESIDENT POPULATION

31. Placer.....	101	53	48	2	2	2	2	5	14	4	6	3	8	1	36	18			
32. Plumas.....	36	24	12	1	1	1	1	5	2	2	2	10	5	1	12	3			
33. Riverside.....	334	181	173	2	3	13	14	28	77	35	41	117	96	2	368	177			
34. Sacramento.....	960	550	401	2	10	19	1	7	1	1	1	2	2	2	1	2			
35. San Benito.....	44	23	21	10	19	1	1	1	1	1	1	1	1	1	1	1			
36. San Bernardino.....	676	387	309	3	7	19	12	22	6	21	17	2	1	263	291	4			
37. San Diego.....	928	400	528	3	6	64	63	25	6	33	33	12	21	268	413	3			
38. San Francisco.....	4,568	2,137	2,431	258	418	20	9	45	96	591	405	704	1,034	9	508	470			
39. San Joaquin.....	927	553	374	2	3	11	1	17	10	17	27	11	1	6	505	317			
40. San Luis Obispo.....	115	60	55	23	14	31	31	5	6	3	3	1	1	1	1	1			
41. San Mateo.....	437	193	244	155	209	6	1	12	8	11	12	6	6	2	1	8			
42. Santa Barbara.....	268	135	133	5	11	100	105	4	2	8	3	1	2	9	6	6			
43. Santa Clara.....	599	389	440	319	377	9	2	28	25	18	24	9	0	4	8	3			
44. Santa Cruz.....	149	82	67	71	59	1	1	5	3	3	1	2	1	1	1	1			
45. Shasta.....	117	77	40	2	3	1	1	8	3	4	19	14	13	1	6	2			
46. Sierra.....	7	4	3	1	1	1	1	2	2	4	2	3	3	1	5	6			
47. Siskiyou.....	81	52	29	2	1	1	1	8	1	4	2	34	20	2	3	1			
48. Solano.....	168	76	62	2	3	1	1	1	1	3	17	68	84	2	3	1			
49. Sonoma.....	310	159	151	1	1	1	1	2	2	67	43	0	104	1	7	1			
50. Stanislaus.....	280	132	118	1	3	1	1	4	4	7	10	3	3	1	121	97			
51. Sutter.....	66	48	18	1	1	1	1	9	2	1	2	27	14	1	11	2			
52. Tehama.....	23	16	8	1	1	1	1	3	4	2	10	4	16	1	3	1			
53. Trinity.....	13	8	5	1	1	1	1	1	2	2	4	2	6	1	1	1			
54. Tulare.....	273	134	141	8	16	9	10	9	10	9	10	3	2	2	103	94			
55. Tuolumne.....	35	16	19	1	1	1	1	1	3	1	1	1	1	1	14	15			
56. Ventura.....	197	111	86	2	2	100	78	2	2	2	2	59	19	5	4	7			
57. Yolo.....	123	91	34	1	1	1	1	4	4	19	9	24	11	1	8	3			
58. Yuba.....	65	45	20	1	1	1	1	4	4	7	2	2	1	1	1	1			
Percent of male and female patients.....	100.0	47.8	52.2	42.0	58.0	42.4	57.6	45.9	54.1	59.5	40.5	45.3	54.7	43.6	56.4	44.7	55.3	59.3	40.7
Percent of total, all hospitals.....	100.0	-----	-----	13.1	-----	17.1	-----	4.3	-----	10.5	-----	14.6	-----	9.0	-----	16.0	-----	15.4	-----

* i.e., County of patient's residence at time of admission.

† Mentally ill population only; see Table 1.

TABLE 8
RATIO OF HOSPITAL POPULATION TO GENERAL POPULATION, BY REGION
AND BY SELECTED COUNTIES
JUNE 30, 1947

Region; county	Civilian population in 1,000s, Jan. 1, 1947	Resident population	
		Total	Per 100,000 population
State totals	9,680	27,544	284.5
Region:			
1. North Coast (Del Norte, Humboldt, Lake, Mendocino, Napa and Sonoma counties)	253	1,020	403.2
2. Sacramento Valley (Butte, Colusa, Glenn, Sacramento, Shasta, Solano, Sutter, Tehama, Yolo and Yuba counties)	604	1,825	302.2
3. North Mountain (Amador, El Dorado, Lassen, Modoc, Nevada, Placer, Plumas, Sierra, Siskiyou and Trinity counties)	167	418	250.3
4. San Francisco Bay (Alameda, Contra Costa, Marin, San Francisco and San Mateo counties)	2,059	7,601	369.2
5. Central Coast (Monterey, San Benito, San Luis Obispo, Santa Clara and Santa Cruz counties)	492	1,378	280.1
6. San Joaquin Valley (Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare counties)	1,058	2,702	255.4
7. Southern Sierra (Alpine, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties)	40	94	235.0
8. Los Angeles County	3,663	9,578	261.5
9. San Diego County	540	928	171.9
10. Southern California other than Los Angeles and San Diego counties (Imperial, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties)	804	2,000	248.8
County*			
Alameda	710	1,984	279.4
Contra Costa	292	405	138.7
Fresno	252	621	246.4
Kern	197	309	156.8
Los Angeles	3,663	9,578	261.5
Orange	168	385	229.1
Riverside	152	334	219.7
Sacramento	238	960	403.4
San Bernardino	254	676	266.1
San Diego	540	928	171.9
San Francisco	806	4,566	566.5
San Joaquin	201	927	461.2
San Mateo	180	437	242.8
Santa Clara	254	829	326.4
Sonoma	93	310	333.3
All other counties	1,680	4,296	255.7

* Data for individual counties limited to the 15 counties with over 300 resident patients.

SOURCES: Geographical distribution by economic region follows recommendation of California State Inter-departmental Research Coordinating Committee. Population estimates are from *The Tax Digest*, Vol. 27, No. 1, January, 1949.

patients significantly outnumber male patients for the age range 50-59 and again for patients above 75 years of age, comprising by far the larger proportion of the older patients in the principal diagnostic groups, particularly dementia praecox and involutional psychosis. A more detailed analysis of the various diagnostic classifications of Table 10 by age-groups could profitably be carried out, but is beyond the scope of this report.

Age Distribution. During the 12-year period for which data are available on the age distribution of the resident patient population, the median age of this population has increased from 48.4 years to its present figure of 52.9 years (51.6 years for male patients and 53.9 years for

TABLE 9
RESIDENT POPULATION OF STATE MENTAL HOSPITALS BY SEX AND MENTAL DISORDER,
WITH DIAGNOSTIC RATIOS, JUNE 30, 1947

Mental disorder	All resident patients				Percent of total, all diagnoses		
	Total	Male	Female		Total	Male	Female
			Number	Percent of diag- nostic total			
All groups.....	27,544	13,161	14,383	52.2	100.0	100.0	100.0
With psychosis.....	26,625	12,516	14,109	53.0	96.7	95.2	98.1
Syphilitic meningo-encephalitis (general paresis).....	1,644	1,173	471	28.6	6.0	8.9	3.3
With other forms of syphilis of the c. n. s.....	195	124	71	36.4	0.7	0.9	0.5
With epidemic encephalitis.....	26	20	6	23.1	.1	.2	.0
With other infectious diseases.....	31	22	9	29.0	.1	.2	.1
Alcoholic.....	895	645	250	27.9	3.2	4.9	1.7
Due to drugs or other exogenous poisons.....	15	4	11	73.3	0.1	0.0	0.1
Traumatic.....	150	125	25	16.6	.5	.9	.2
With cerebral arteriosclerosis.....	2,583	1,189	1,394	54.0	9.5	9.1	9.7
With other disturbances of circulation.....	39	18	21	53.8	0.1	0.1	0.1
With convulsive disorders (epilepsy).....	709	357	352	49.6	2.6	2.7	2.4
Senile.....	1,226	500	726	59.2	4.5	3.8	5.0
Involuntal.....	933	182	751	80.5	3.4	1.4	5.2
Due to other metabolic, etc., diseases.....	89	35	54	60.7	0.3	0.3	0.4
Due to new growth.....	9	8	1	11.1	.0	.1	.0
With organic changes of the nervous system.....	178	92	86	48.3	.6	.7	.6
Psychoneuroses.....	135	58	77	57.0	.5	.4	.5
Manic-depressive.....	2,022	647	1,375	68.0	7.3	4.9	9.6
Dementia praecox (schizophrenia).....	14,208	6,614	7,594	53.4	51.7	50.4	52.9
Paranoia and paranoid conditions.....	303	111	192	63.4	1.1	0.8	1.3
With psychopathic personality.....	145	85	60	41.3	0.5	.6	0.4
With mental deficiency.....	1,000	460	540	54.0	3.6	3.5	3.8
Undiagnosed psychoses.....	90	47	43	47.8	0.3	0.4	0.3
Without psychosis.....	861	613	248	28.8	3.1	4.6	1.7
Epilepsy.....	13	5	8	61.5	0.0	0.0	0.1
Alcoholism.....	445	312	133	29.9	1.5	2.4	.9
Drug addiction.....	44	26	18	40.9	0.2	0.2	.1
Mental deficiency.....	84	44	40	47.6	.3	.3	.3
Disorders of personality due to epidemic encephalitis.....	71	56	15	21.1	.3	.4	.1
Psychopathic personality.....	71	56	15	21.1	.3	.4	.1
Other non-psychotic diseases or conditions (not insane).....	22	15	7	31.8	.1	.1	.0
Primary behavior disorders.....	68	49	19	27.9	.2	.4	.1
Sexual psychopathy.....	71	71	0	0.0	.3	.5	.0
Syphilis of the c. n. s.....	43	35	8	18.6	.2	.3	.1
Diagnosis deferred.....	58	32	26	44.8	.2	.2	.2

female patients, as shown in Table 10). A more detailed analysis of this shift in the average age of the patient population is furnished in Table 4 and the accompanying text of the 1946 report. The median age, incidentally, represents that age at which the resident population would be divided exactly in half if the population under measurement were ranged in order from the youngest to the oldest patient.

The median age by sex for each diagnostic group is furnished for the first time in the current report. Although these median figures must be used with caution and are not reliable for the smaller groups, certain

TABLE 10
AGE OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
JUNE 30, 1947

Mental disorder	Median age, in years*			Total resident patients			Age in years, to nearest birthday															
	Total	Male	Female	Total	Male	Female	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.....	52.9	51.6	53.9	27,544	13,161	14,383	41	20	145	96	294	296	524	572	887	943	1,287	1,210	1,539	1,350	1,471	1,537
With psychosis.....	53.3	52.2	54.2	26,625	12,516	14,109	10	9	102	68	262	283	494	557	842	914	1,211	1,170	1,455	1,304	1,382	1,504
Syphilitic meningio-encephalitis (general paresis).....	50.4	50.7	49.7	1,644	1,173	471	1	1	3	3	6	7	9	10	30	24	108	44	197	85	209	66
With other forms of syphilis of the c. n. s.....	51.8	52.4	49.2	195	124	71					2		2	2	3	4	7	9	17	13	20	9
With epidemic encephalitis.....	40.0	40.7	37.5	26	20	6					1		1		5	1	3	2	6		4	2
With other infectious diseases.....	46.3	50.0	44.2	31	22	9							2	2	3				4		3	1
Alcoholic.....	53.7	55.0	48.7	895	645	250					2	2	3	6	22	16	40	20	70	46	85	47
Due to drugs or other exogenous poisons.....	38.8	38.3	39.2	15	4	11								1		2	3	3	1	2		2
Traumatic.....	49.7	48.9	53.1	150	125	25					3		4		5		14	5	22	5	16	
With cerebral arteriosclerosis.....	71.8	70.7	73.7	2,583	1,189	1,394										1			2	2	4	8
With other disturbances of circulation.....	56.3	56.7	55.8	39	18	21							1						1		4	3
With convulsive disorders (epilepsy).....	44.1	43.5	44.8	709	357	352	2	1	3	6	22	19	34	25	34	43	47	39	52	45	41	32
Senile.....	77.5	77.4	77.6	1,226	500	726																
Involuntal.....	58.2	61.0	57.4	933	182	751										1	1		4	1	26	8
Due to other metabolic, etc., diseases.....	55.6	56.9	55.3	89	35	54							1	3		1	1	5	2	2	2	6
Due to new growth.....	47.5	42.5	62.5	9	8	1																1
With organic changes of the nervous system.....	47.0	48.0	45.8	178	92	86																
Psychoneuroses.....	41.3	40.8	41.6	135	58	77							7	2	3	9	11	14	11	14	15	12
Manic-depressive.....	54.4	56.6	53.3	2,022	647	1,375	4	4	10	7	7	3	2	4	1	5	4	13	8	5	8	9
Dementia praecox (schizophrenia).....	48.3	46.8	49.6	14,208	6,614	7,594	1	3	64	39	172	186	370	382	633	662	843	812	928	847	70	165
Paranoia and paranoid conditions.....	63.5	60.1	65.3	303	111	192															5	4
With psychopathic personality.....	41.0	42.5	38.6	145	85	60			3	3	4		6	12	11	7	13	7	11	7	11	4
With mental deficiency.....	44.2	42.9	45.5	1,000	460	540			11	4	31	34	36	54	59	47	61	68	56	56	44	74
Undiagnosed psychoses.....	48.2	46.3	50.4	90	47	43			1	1	2	2	4	3	4	4	3	2	8	2	6	6

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Without psychotics.....	42.3	43.6	39.7	861	013	248	191	10	42	27	32	12	28	15	43	27	72	55	81	42	64	31
Epilepsy.....	27.5	40.3	20.0	13	8	8	1	1	1	4	1	1	1	1	1	2	1	1	1	2	2	2
Alcoholism.....	45.8	47.2	43.0	445	312	183	133	1	1	1	2	4	6	5	22	16	50	25	54	39	61	19
Drug addiction.....	42.8	44.0	41.3	44	26	18	1	1	1	1	1	1	1	1	6	3	2	3	5	4	4	3
Mental deficiency.....	38.0	42.5	33.0	84	44	40	1	1	6	4	4	5	4	7	2	5	3	2	4	3	5	6
Disorders of personality due to epidemic encephalitis.....																						
Psychopathic personality.....	24.6	24.7	22.5	71	56	15	1	1	13	6	16	1	9	1	6	2	3	2	4	2	3	3
Other non-psychotic diseases or conditions (not insane).....	42.5	47.5	39.2	22	15	7	1	2	2	1	2	1	1	1	1	1	1	3	1	1	1	1
Primary behavior disorders.....	14.5	13.3	15.7	68	49	19	129	8	20	11	7	5	5	1	5	9	9	10	10	7	7	3
Sexual psychopathy.....	44.3	44.3	44.3	71	71	71	1	1	1	1	1	1	2	1	2	3	3	3	3	3	11	3
Syphilis of the c. n. s.....	47.3	48.0	45.0	43	35	8	1	1	1	1	1	1	2	1	2	2	4	5	3	4	5	2
Diagnosis deferred.....	47.1	49.0	43.8	58	32	26	1	1	1	1	1	1	2	1	2	2	4	5	3	4	5	2
Percent of total male and total female.....					100.0	100.0	0.3	0.1	1.1	0.7	2.2	2.1	4.0	4.0	6.7	6.6	9.8	8.4	11.7	9.4	11.2	10.7
Percent of total, both sexes*.....					100.0	100.0	0.2	0.2	0.9	0.9	2.1	2.1	4.0	4.0	6.6	6.6	9.1	8.4	10.6	9.4	10.6	10.9

* For the percentage age distribution and median age of resident population, 1936-1946, see Table 4, 1946 report.

† Including seven males aged 5-8.

TABLE 10—Continued
AGE OF RESIDENT POPULATION STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
JUNE 30, 1947

Mental disorder	Age in years to nearest birthday												85 and over		Not stated			
	50-54		55-59		60-64		65-69		70-74		75-79		80-84		85 and over		Not stated	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	1,196	1,512	1,349	1,643	1,300	1,498	1,200	1,205	815	990	573	789	263	438	158	265	29	19
With psychosis.....	1,136	1,486	1,301	1,635	1,354	1,491	1,167	1,200	791	988	566	786	260	434	157	264	26	16
Syphilitic meningoenephalitis (general paresis).....	174	69	159	94	137	62	86	25	30	14	17	6	3	3	2	2	2	1
With other forms of syphilis of the c. n. s.....	23	3	13	12	18	8	9	5	6	4	2	2	1	1	2	2	1	1
With epidemic encephalitis.....	1	2	1	3	1	3	3	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	100	35	64	31	114	17	68	19	25	9	17	2	3	3	2	2	3	2
Due to drugs or other exogenous poisons.....	4	15	3	15	4	4	8	2	8	3	3	3	99	162	55	102	1	3
Traumatic.....	22	31	79	71	197	169	253	251	267	300	212	264	2	2	2	2	2	2
With cerebral arteriosclerosis.....	1	6	3	3	4	1	2	2	1	3	1	3	1	1	1	1	1	1
With other disturbances of circulation.....	25	34	35	46	27	29	17	20	9	8	9	4	2	2	2	2	2	2
With convulsive disorders (epilepsy).....	3	3	5	7	14	31	57	73	108	145	129	197	100	158	82	110	1	2
Senile.....	20	153	52	180	43	140	40	65	11	44	5	15	5	5	5	5	1	1
Involuntal.....	10	9	4	18	9	5	3	2	2	2	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	2	17	10	13	5	5	4	4	2	2	3	1	1	1	1	1	1	1
Due to new growth.....	7	17	10	13	5	5	4	4	2	2	3	1	1	1	1	1	1	1
With organic changes of the nervous system.....	4	4	5	7	5	6	3	3	1	1	1	1	1	1	1	1	1	1
Psychoneuroses.....	77	153	80	186	100	186	85	107	43	87	26	46	10	17	6	6	4	1
Dementia praecox (schizophrenia).....	605	874	658	892	555	759	490	558	245	318	123	166	40	80	14	34	14	7
Paranoia and paranoid conditions.....	9	15	25	27	17	30	11	30	15	39	9	14	2	7	2	8	2	1
With psychopathic personality.....	10	4	8	8	2	2	4	4	4	4	1	1	1	1	1	1	1	1
With mental deficiency.....	29	64	46	61	40	33	25	24	13	12	7	6	1	2	1	1	1	1
Undiagnosed psychoses.....	4	7	7	7	6	2	1	1	1	1	1	1	1	1	1	1	1	1
Without psychosis.....	60	24	46	7	36	6	29	5	22	1	5	2	1	2	1	1	1	1
Epilepsy.....	41	16	29	7	23	5	19	4	13	1	2	1	1	1	1	1	1	1
Alcoholism.....	1	3	3	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drug addiction.....	7	3	5	5	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
Disorders of personality due to epidemic encephalitis.....	1	1	1	1	1	1	2	1	1	1	2	1	1	1	1	1	1	1
Psychopathic personality.....	1	1	1	1	1	1	2	1	1	1	2	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insane).....	3	4	4	4	8	2	2	2	7	1	1	1	1	1	1	1	1	1
Primary behavior disorders.....	6	1	3	3	2	2	2	2	2	2	1	1	1	1	1	1	1	1
Sexual psychopathy.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diagnosis deferred.....	2	2	2	1	1	1	4	4	2	1	2	1	2	2	2	2	3	2
Percent of total male and total female.....	9.1	10.5	10.2	11.4	10.6	10.4	9.1	8.4	6.2	6.9	4.4	5.5	2.0	3.0	1.2	1.8	0.2	0.1
Percent of total, both sexes.....	9.8	10.9	10.2	11.4	10.5	10.5	8.7	6.6	6.6	4.9	4.9	2.5	2.5	1.5	1.5	0.2	0.2	0.2

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broad differences may still be pointed out. Among the larger diagnostic groups, the median age of male patients with alcoholic psychosis, with involuntal psychosis, and with nonpsychotic conditions is significantly higher than the female median in each of these diagnostic groups, while female patients have the higher median age in the categories of psychosis with cerebral arteriosclerosis, dementia praecox, paranoia, and psychosis with mental deficiency.

Diagnostic Distribution. As indicated in Table 9, 74.5 percent of the total resident patient population on June 30, 1947, was covered by four diagnostic groups: dementia praecox (51.7 percent), psychosis with cerebral arteriosclerosis (9.5 percent), manic-depressive psychosis (7.3 percent), and general paresis (6.0 percent). For both male and female patients, dementia praecox and psychosis with cerebral arteriosclerosis ranked first and second in importance. For male patients, general paresis ranked third and manic-depressive psychosis fourth, while for female patients manic-depressive psychosis was third and involuntal psychosis fourth in order of prevalence. Nonpsychotic patients comprised only 3.1 percent of the total population (4.6 percent of all male patients and 1.7 percent of all female patients).

Among the psychotic diagnoses the median age ranged from 38.8 years for cases of psychosis due to drugs or other exogenous poisons, to 77.5 years for the senile psychotics (Table 10), as compared with a median age of 53.3 years for all psychotics. The median age of the nonpsychotic group of 861 patients was 42.3 years, ranging from 14.5 years for patients with primary behavior disorders to 47.3 years for cases of nonpsychotic syphilis of the central nervous system.

Marital Status. In terms of the marital status at time of admission, single patients comprised 42.9 percent and married patients 30.7 percent of the total resident patient population on June 30, the remainder being composed of widowed and divorced patients and patients legally separated from their spouses. Male patients made up the great majority of single patients; in the remaining four categories female patients comprised the majority. A number of interesting inferences may be drawn from Table 11; for example, 31.1 percent of the psychotic alcoholics were divorced or legally separated, as compared with 14.6 percent for the patient population as a whole.

Racial Distribution. As indicated in Table 12, white patients composed 88.3 percent, Negro patients 4.3 percent, and Mexican-Indian patients 4.2 percent of the resident population, the remainder of 3.3 percent being composed of other races. With the exception of Negro and U. S.-Indian patients, male patients comprised a majority of each non-Caucasian group. The diagnostic distribution by sex and race is shown in Table 13, disclosing a number of interesting racial differences.

TABLE II
 MARITAL STATUS* OF RESIDENT POPULATION OF STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
 JUNE 30, 1947

Mental disorder	Resident population		Single		Married		Widowed		Divorced		Separated		Not stated		
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	27,544	13,161	14,383	7,787	4,018	2,792	5,671	785	2,327	1,104	1,625	592	696	101	46
With psychosis.....	26,625	12,516	14,109	7,517	3,928	2,614	5,579	741	2,301	993	1,578	554	678	97	45
Syphilitic meningi-encephalitis (general paresis).....	1,644	1,173	471	340	38	826	259	86	64	141	78	67	30	13	2
With other forms of syphilis of the c. n. s.....	195	124	71	57	6	33	40	11	8	16	11	6	5	1	1
With epidemic encephalitis.....	26	20	6	12	5	4	4	3	1	3	1	1	1	1	1
With other infectious diseases.....	31	22	9	14	4	4	3	3	1	3	1	1	1	1	1
Alcoholic.....	895	645	250	239	17	148	106	57	46	146	55	51	26	4	4
Due to drugs or other exogenous poisons.....	15	15	4	1	1	1	1	1	1	1	1	1	1	1	1
Toxic.....	150	125	25	59	8	30	5	13	6	17	5	1	1	2	2
Trasmatia.....	2,583	1,189	1,394	425	180	350	365	234	798	125	77	43	38	12	6
With cerebral arteriosclerosis.....	39	18	21	4	3	10	6	9	2	2	2	2	1	1	1
With other disturbances of circulation.....	709	357	352	264	155	51	99	0	44	23	37	0	17	1	1
With convulsive disorders (epilepsy).....	1,226	500	726	169	119	108	112	139	426	48	43	25	22	11	1
Senile.....	833	182	751	161	104	79	377	20	157	14	72	7	40	1	1
Involutional.....	89	35	54	18	11	13	22	2	10	2	2	2	2	1	1
Due to other metabolic, etc., diseases.....	0	0	0	2	1	5	1	0	0	1	0	0	0	0	0
Due to new growth.....	178	92	86	58	24	17	43	6	6	7	0	4	2	1	1
With organic changes of the nervous system.....	135	58	77	43	20	5	24	0	0	8	13	2	3	0	0
Psychoneuroses.....	2,022	647	1,375	301	230	223	609	30	180	66	182	22	78	5	1
Manic-depressive.....	14,208	6,614	7,594	4,911	2,595	918	3,159	121	536	332	903	290	373	42	28
Dementia praecox (schizophrenia).....	303	181	192	43	49	40	70	9	29	11	41	6	3	2	2
Paranoia and paranoid conditions.....	145	85	60	57	21	42	13	0	3	12	16	4	7	0	0
With psychopathic personality.....	1,000	400	540	414	310	24	146	2	23	11	27	6	25	3	3
With mental deficiency.....	90	47	43	25	10	13	24	1	3	6	4	0	2	0	0
Undiagnosed psychoses.....	861	613	248	252	83	170	83	43	22	109	44	38	16	1	1
Without psychosis.....	13	5	8	4	8	1	1	0	0	0	0	0	0	0	0
Epilepsy.....	445	312	133	64	9	113	56	29	21	78	37	28	10	0	0
Alcoholism.....	44	26	18	7	4	8	10	1	1	1	3	1	1	0	0
Drug addiction.....	84	44	40	42	34	4	4	0	0	1	1	1	2	0	0
Mental deficiency.....	71	56	15	40	7	7	5	1	1	5	1	4	2	0	0
Disorders of personality due to epidemic encephalitis.....	22	15	7	5	2	5	2	1	1	3	3	1	1	0	0
Psychopathic personality.....	68	49	19	49	19	23	13	7	9	9	9	3	3	0	0
Other non-psychotic diseases or conditions (not insane).....	71	71	0	71	0	0	0	0	0	0	0	0	0	0	0
Primary behavior disorders.....	43	35	8	12	12	13	6	5	1	4	4	3	1	1	1
Sexual psychopathy.....	71	71	0	71	0	0	0	0	0	0	0	0	0	0	0
Syphilis of the c. n. s.....	43	35	8	12	12	13	6	5	1	4	4	3	1	1	1
Diagnosis deferred.....	58	32	26	18	7	8	9	1	4	2	3	2	2	3	1
Percent of male and female.....	100.0	47.8	52.2	66.0	34.0	33.0	67.0	25.2	74.8	40.5	59.5	46.0	54.0	68.7	31.3
Percent of total, both sexes.....	100.0	100.0	100.0	42.9	30.7	30.7	11.3	4.7	9.9	4.7	0.5	4.7	0.5	0.5	0.5

* As reported at time of admission.

TABLE 12
RACE OF RESIDENT POPULATION OF STATE MENTAL HOSPITALS, BY HOSPITAL AND SEX
JUNE 30, 1947

Institution	Resident population		White		Negro		Mexican-Indian		Indian (U. S.)		Chinese		Japanese		Filipino		Other non-Caucasian		Not stated		
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Total, all hospitals.....	27,544	13,161	14,383	11,222	13,104	593	589	698	466	29	30	223	46	226	122	141	12	12	1	7	13
Agnews.....	2,612	1,517	2,095	1,285	2,003	38	44	33	22	1	1	16	6	25	11	16	2	1	-----	2	6
Camargo.....	4,693	1,909	2,784	1,650	2,446	92	107	150	130	2	2	17	6	30	13	19	1	-----	1	3	2
DeWitt.....	1,693	1,547	1,436	1,438	1,506	11	15	30	17	1	1	14	5	8	11	5	1	-----	-----	-----	-----
Mendocino.....	2,391	1,720	1,171	1,475	1,093	96	33	78	26	7	7	29	4	14	7	22	1	-----	-----	-----	-----
Napa.....	4,025	1,822	2,203	1,656	2,109	48	41	38	15	1	4	41	13	25	12	12	4	2	-----	1	4
Norwalk.....	2,601	1,065	1,536	1,035	1,215	57	110	68	67	-----	1	8	2	14	11	-----	-----	-----	-----	-----	-----
Patton.....	4,394	1,066	2,428	1,538	2,046	153	182	200	157	0	11	14	-----	35	38	14	-----	-----	-----	1	-----
Stockton.....	4,240	2,514	1,726	2,096	1,602	99	57	104	32	8	3	84	10	66	18	51	3	6	-----	-----	1
Percent of male and female.....	100.0	47.8	52.2	46.2	53.8	50.2	49.8	60.0	40.0	49.2	50.8	89.6	10.4	64.9	35.1	92.2	7.8	92.3	7.7	35.0	65.0
Percent of total, both sexes.....	100.0			88.3		4.3		4.2		0.2		1.0		1.3		0.6		0.0		0.1	

* Mentally ill population only; see Table 1.

TABLE 13
RACE OF RESIDENT POPULATION OF STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
 JUNE 30, 1947

Mental disorder	Resident population		White		Negro		Mexican-Indian		Indian (U. S.)		Chinese		Japanese		Filipino		Other non-Caucasian		Not stated				
	Total	Male	Female	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
																						M	F
All groups.....	27,544	13,161	14,383	11,232	13,104	593	589	698	466	29	30	223	46	226	122	141	12	12	1	7	13		
Without psychosis.....	26,625	12,516	14,109	10,643	12,850	577	578	670	460	29	30	220	45	226	122	137	12	9	1	5	11		
With psychosis.....	1,644	1,173	471	910	392	52	86	22	5	1	34	1	14	2	19	1	1	1	1	1	1		
Syphilitic meningio-encephalitis (general paresis).....	195	124	71	6	18	6	1	13	3			1	1										
With other forms of syphilis of the c. n. s.....	26	20	6	18	6	1	1	3	3			1	1										
With epidemic encephalitis.....	31	22	9	17	7			2	5			1	1										
With other infectious diseases.....	895	645	250	549	223	23	19	55	2	3	5	6	6	1	1	4	2	2	1	2	1	1	
Alcoholic.....	15	4	11	3	11																		
Due to drugs or other exogenous poisons.....	150	125	25	110	23	5	1	9	1			1	1	1	1								
Traumatic.....	2,583	1,189	1,394	1,078	1,319	29	45	41	22	1	1	10	28	5	2	2						2	
With cerebral arteriosclerosis.....	39	18	21	14	21	2	2	23	25	2	5	3	2	3								1	
With other disturbances of circulation.....	709	357	352	312	312	14	7	23	25	6	2	7	6	1								1	
With convulsive disorders (epilepsy).....	1,226	500	726	454	703	10	15	18	6	2	4	7	1	4	6	1						1	
Senile.....	933	182	751	175	703	17	2	24	2	24	2	2	1	2								1	
Involuntional.....	89	35	54	24	47	1	3	6	3			2	1	2								1	
Due to other metabolic, etc., diseases.....	9	8	1	8	1																	1	
Due to new growth.....	178	92	86	85	83	2	1	2	2			1	1	1								1	
With organic changes of the nervous system.....	135	58	77	57	73	1	3	1	1													1	
Psychoneuroses.....	2,022	647	1,375	564	1,259	18	52	27	42	2	2	17	8	16	9	5	1					2	
Manic-depressive.....	14,208	6,614	7,594	5,555	6,864	326	320	355	259	15	14	127	31	139	90	83	10	3	1	1	5	5	
Dementia praecox (schizophrenia).....	303	111	192	105	186	2	3	1	2			1	1	2	1							1	
Paranoia and paranoid conditions.....	145	85	60	77	52	4	6	1	1			1	1	2	1							1	
With psychopathic personality.....	1,000	460	540	401	470	21	21	27	39	2	4	4	2	2	3	3	3					1	
With mental deficiency.....	90	47	43	33	39	6	2	1	1			5	5	1	1	1						1	
Undiagnosed psychoses.....																							
Without psychosis.....	861	612	248	560	232	16	11	28	4			3	1			4						2	
Epilepsy.....	13	5	8	5	8																		
Alcoholism.....	445	312	133	298	128	2	5	12															
Drug addiction.....	34	26	18	24	18																		
Mental deficiency.....	84	44	40	37	33	5	3	2	3														
Disorders of personality.....	71	50	15	49	19	3		4															
Psychopathic personality.....	22	15	7	11	7	3		4															
Other non-psychotic diseases or conditions (not insane).....	49	35	14	34	12	1		1															
Primary behavior disorders.....	71	49	19	44	17	1	1	4	1														
Sexual psychopathy.....	43	35	8	26	6	1		4															
Syphilis of the c. n. s.....																							
Diagnosis deferred.....	58	32	26	29	22				2														

ADMISSIONS TO MENTAL HOSPITALS

Exclusive of transfers, admissions to California state mental hospitals during the fiscal year ending June 30, 1947, numbered 10,047, representing an increase of 808 admissions or 8.8 percent over the preceding year. As shown in Table 3, 7,323 patients or 72.8 percent of this total were court-committed or voluntary first admissions, 1,790 patients or 17.9 percent were readmissions, and the remaining 934 were observation admissions. These latter included 698 court observation admissions (7.0 percent), 164 juvenile court observations (1.6 percent), and 72 Youth Authority observations (0.7 percent), as itemized in Tables 3f and 3g.

Figures for first admissions and readmissions in the following descriptive tables and narrative comment exclude court observations, which are usually limited to a few days' duration and are followed by formal court commitment or by the discharge of the patient as essentially normal. On the other hand, these tables include juvenile court observations and Youth Authority observations (whose hospitalization encompasses treatment as well as diagnosis), and transfers of mentally deficient patients from Pacific Colony and Sonoma State Home to state mental hospitals for the treatment of mental illness. These adjustments result in 9,361 admissions (7,546 first admissions and 1,815 readmissions) to state mental hospitals during 1946-47 as described in the following tables.

National and State Incidence Rates. The annual number of first admissions and rate per 100,000 population for the period 1938-1947 are furnished in Table 14 for California and for the United States. For both the State and the Nation, there has been relatively little year-to-year variation in the rate of first admissions to state mental hospitals. It will

TABLE 14
FIRST ADMISSIONS TO MENTAL INSTITUTIONS IN CALIFORNIA AND IN THE UNITED STATES,
WITH INCIDENCE RATES, YEARS ENDING JUNE 30, 1938-1947

Year	First admissions,* year ending June 30				General civilian population June 30, in 1,000's*		Rate per 100,000 general population			
	All mental hospitals**		State mental hospitals				All mental hospitals		State mental hospitals	
	California	U. S.	California†	U. S.	California	U. S.	California	U. S.	California	U. S.
1938.....	7,729	110,323	5,657	79,408	6,721	129,814	115.0	85.0	84.2	61.2
1939.....	7,980	110,773	5,678	81,655	6,831	130,891	116.8	84.6	83.1	62.4
1940.....	7,843	109,565	5,723	79,449	6,930	131,659	113.2	83.2	82.6	60.3
1941.....	8,524	113,107	5,759	84,201	7,195	131,558	118.5	86.0	80.0	64.0
1942.....	9,480	114,102	5,972	84,835	7,444	130,875	127.4	87.2	80.2	64.8
1943.....	9,683	118,093	5,898	82,341	7,490	127,410	129.3	92.7	78.7	64.6
1944.....	10,519	128,317	6,512	83,565	7,901	126,536	133.1	101.4	82.4	66.0
1945.....	12,209	141,466	7,164	85,174	8,363	127,452	146.0	111.0	85.7	66.8
1946.....	13,659	152,780	7,261	89,054	9,262	138,400	147.5	110.4	78.4	64.3
1947.....	‡	‡	7,764	‡	9,688	142,660	‡	‡	80.2	‡

* Source: See footnotes to Table 4.

** Including mental hospitals under federal, state, county, city and private control.

† Including inpatient first admissions to the Langley Porter Clinic, juvenile court and Youth Authority observation first admissions, and transfers from Pacific Colony and Sonoma without previous treatment for mental illness.

‡ Data not yet available.

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TABLE 15
FIRST ADMISSIONS TO MENTAL INSTITUTIONS IN CALIFORNIA AND OTHER STATES, WITH INCIDENCE RATES,
YEAR ENDING JUNE 30, 1946

State	General civilian population in 1,000s, June 30*	First admissions, year ending June 30*											
		All facilities		State hospitals		Veterans Administration hospitals		City and county hospitals		Private hospitals			
		Number	Rate**	Number	Rate	Number	Rate	Number	Rate	Number	Rate		
United States.....	138,400	152,780	110.4	89,054	64.3	30,136	21.8	3,018	2.2	30,572	22.1		
California†.....	9,262	13,659	147.5	7,261	78.4	2,244	24.2	300	3.2	3,854	41.6		
Massachusetts.....	4,482	6,081	135.7	4,180	93.3	837	18.7			1,064	23.7		
Pennsylvania.....	10,182	7,988	77.5	4,446	43.7	1,444	14.2			1,998	19.6		
New York‡.....	13,775	17,228	125.1	12,890	93.6	1,813	13.2			2,525	18.3		
Illinois.....	7,918	10,413	131.5	7,134	90.1	1,661	21.0			1,618	20.4		
Michigan.....	5,855	6,598	112.7	3,229	55.1	917	15.7			2,452	41.5		
Ohio.....	7,463	7,857	98.6	4,729	63.4	1,429	19.1			1,199	16.1		
Arizona.....	591	643	108.8	468	78.8	177	29.9			999	90.9		
Colorado.....	1,060	1,747	169.0	517	47.0	231	21.0						
Idaho†.....	522	315	60.3	208	39.8	107	20.5						
Oregon.....	1,430	1,720	120.3	1,139	79.7	295	20.6			286	20.0		
Washington.....	2,206	1,944	88.1	1,406	63.7	412	18.7			126	5.7		

* Source: See footnotes to Table 4.

** Per 100,000 general civilian population.

† See footnote to Table 14.

‡ Among the 48 states, New York had the highest and Idaho the lowest incidence rate for state hospitals.

be noted that the admission rate for California state mental hospitals throughout this 10-year period is considerably higher than the corresponding rate for the Nation, while the State's prevalence rate actually dropped below the national prevalence rate (Table 5), indicating that the patient turnover in California state mental hospitals is higher than the national average. This difference is in part due to the fact that a higher proportion of nonpsychotic alcoholics are treated in California state mental hospitals, as compared with the proportion for other states.

As indicated in Table 15, the 1946 rate of 147.5 first admissions per 100,000 for facilities of all types in California is almost double the rate for the California state hospitals alone, and also exceeds the national rate of 110.4. This high rate is mainly a reflection of the relatively high rate of first admissions to Veterans Administration hospitals and private hospitals in California, which is equaled by few other states.

County of Residence; Regional Incidence Rates. First admissions and readmissions to California state mental hospitals by county for the fiscal year ending June 30, 1947, are set forth in Table 16. For an approxi-

TABLE 16
FIRST ADMISSIONS AND READMISSIONS TO STATE MENTAL HOSPITALS, BY COUNTY
OF ADMISSION, YEAR ENDING JUNE 30, 1947

County	Total	First admissions*	Readmissions**	County	Total	First admissions*	Readmissions**
All counties.....	9,361	7,546	1,815				
Alameda.....	543	457	86	Sacramento.....	327	255	72
Amador.....	20	18	2	San Benito.....	18	16	2
Butte.....	76	58	18	San Bernardino.....	384	297	87
Calaveras.....	6	6	-----	San Diego.....	389	312	77
Colusa.....	6	6	-----	San Francisco.....	1,228	998	230
Contra Costa.....	176	150	26	San Joaquin.....	361	295	66
Del Norte.....	6	5	1	San Luis Obispo.....	45	40	5
El Dorado.....	6	6	-----	San Mateo.....	142	114	28
Fresno.....	215	178	37	Santa Barbara.....	78	63	15
Glenn.....	16	15	1	Santa Clara.....	380	314	66
Humboldt.....	31	25	6	Santa Cruz.....	72	57	15
Imperial.....	31	23	8	Shasta.....	48	39	9
Inyo.....	11	8	3	Sierra.....	1	1	-----
Kern.....	111	83	28	Siskiyou.....	21	18	3
Kings.....	32	24	8	Solano.....	83	69	14
Lake.....	14	11	3	Sonoma.....	65	59	6
Lassen.....	5	5	-----	Stanislaus.....	94	76	18
Los Angeles.....	3,269	2,609	660	Sutter.....	24	19	5
Madera.....	19	16	3	Tehama.....	6	5	1
Marin.....	72	62	10	Trinity.....	2	2	-----
Mendocino.....	64	35	29	Tulare.....	116	90	26
Merced.....	40	34	6	Tuolumne.....	14	12	2
Modoc.....	14	10	4	Ventura.....	100	76	24
Monterey.....	78	66	12	Yolo.....	38	35	3
Napa.....	73	58	15	Yuba.....	27	22	5
Nevada.....	21	17	4				
Orange.....	172	141	31				
Placer.....	31	25	6				
Plumas.....	14	11	3				
Riverside.....	126	100	26				

* Including 6 male and 5 female transfers-in from Pacific Colony and Sonoma State Home without previous residence in a state mental hospital, and 212 juvenile court and Youth Authority observation first admissions (Table 3g), excluding court observation and psychopathic delinquent observation admissions (Table 3f).

** Including 1 male transfer-in from Sonoma State Home with previous residence in a state hospital, and 24 juvenile court and Youth Authority observation readmissions (Table 3g).

NOTE: For 1946 distribution by county and hospital, see 1946 report, Table 10.

TABLE 17
RATE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY REGION AND BY SELECTED
COUNTIES, YEAR ENDING JUNE 30, 1947

Area	Civilian population in 1,000s, Jan. 1, 1947*	First admissions			
		State mental hospitals only		Including Langley Porter Clinic	
		Total	Per 100,000 population	Total	Per 100,000 population
State totals.....	9,680	**7,546	78.0	7,765	80.2
Region*					
North Coast.....	253	193	76.3	207	81.8
Sacramento Valley.....	604	523	86.6	536	88.7
North Mountain.....	187	113	67.6	115	68.8
San Francisco Bay.....	2,059	1,781	86.5	1,932	93.8
Central Coast.....	492	493	100.2	511	103.9
San Joaquin Valley.....	1,058	796	75.2	814	76.9
Southern Sierra.....	40	26	65.0	27	67.5
Los Angeles County.....	3,663	2,609	71.2	2,611	71.3
San Diego County.....	540	312	57.8	312	57.8
Southern California.....	804	700	87.1	700	87.1
County*					
Alameda.....	710	457	64.4	505	71.1
Contra Costa.....	292	150	51.4	159	54.4
Fresno.....	252	178	70.6	182	72.2
Kern.....	197	83	42.1	83	42.1
Los Angeles.....	3,663	2,609	71.2	2,611	71.3
Orange.....	168	141	83.9	141	83.9
Riverside.....	152	100	65.6	100	65.6
Sacramento.....	238	255	107.1	259	108.8
San Bernardino.....	254	297	116.9	297	116.9
San Diego.....	540	312	57.8	312	57.8
San Francisco.....	806	998	123.8	1,084	134.5
San Joaquin.....	201	295	146.8	301	149.7
San Mateo.....	180	114	63.3	119	66.1
Santa Clara.....	254	314	123.6	321	126.4
Sonoma.....	93	59	63.4	66	71.0
All other counties.....	1,680	1,184	70.5	1,225	72.9

* See Table 8 and footnotes.

** See footnote to Table 16.

mate measure of the hospital distribution of admissions from each county, the reader is referred to the distribution for the preceding year, appearing in Table 10 of the 1946 report.

Little change has occurred since last year in the relative positions of the ten economic regions of the state with respect to rate of first admissions per 100,000 population (Table 17). The Sacramento Valley and San Francisco Bay areas still show relatively high rates of first admission, while the San Diego County area rate is still the lowest for the ten regions. The rate for the Central Coast area, however, has shown a rather marked increase during 1947. Among the 15 principal counties the rates for Sacramento and San Francisco counties have remained practically unchanged since 1946, while for several of the other counties

the rate has changed rather sharply. The number of first admissions per 100,000 population for San Joaquin County now exceeds the rate for San Francisco City and County, which last year was the highest of all. Further comment on county and regional variation in incidence rates is found in the department's report for 1946.

Diagnoses of First Admissions. The percentage of psychotic first admissions again decreased this last year to 78.2 percent of all first admissions (Table 18) as compared with 79.1 percent in 1945-46 and 83.5 percent in 1944-45. Female patients comprised 47.5 percent of all first admissions, 52.5 percent of psychotic first admissions, and 29.4 percent of nonpsychotic first admissions during the current year.

The percentage distribution of first admissions by diagnosis shows little change since 1945-46. It may be noted, however, that the percentage of psychotic and nonpsychotic luetic first admissions has shown a further decrease, while the percentage of nonpsychotic alcoholic first admissions has again increased. Trends in the annual percentage figures for these and other large diagnostic groups are described as some length in the narrative comment accompanying Table 12 of the department's annual report for 1946.

The diagnostic distribution of first admissions by hospital is shown in Table 19. With the exception of those diagnostic groups (e.g., nonpsychotic syphilis of the central nervous system) in which certain hospitals tend to specialize, there is a fairly uniform diagnostic distribution among the various hospitals.

Age at First Admission. The age distribution of first admissions by sex and mental disorder is set forth in Table 20. As indicated by the percentage figures in the next to last line of this table, male first admissions occur with relatively greater frequency than female first admissions in the age ranges 5-19 years and 35-69 years. The low proportion of male first admissions in the age range 20-34 years is probably due to the fact that many male patients in this age range are admitted to Veterans Administration hospitals in California. In the age range 70 and above, the relatively low percentage of male patients is due in part to underlying social and economic factors and in part to the fact that the average female life span exceeds that for males.

The median age for all first admissions during the fiscal year ending June 30, 1947, was 45.7 years, slightly higher than the median for the preceding year. For psychotic patients the median was 48.8 years, ranging among the principal diagnostic groups from 33.1 years for dementia praecox cases to 76.9 years for senile psychotics. For nonsychotic first admissions the median age was 39.8 years. This latter included nonpsychotic alcoholics with a median age of 43.3 years, which differs but little from the median age of 44.1 years for psychotic alcoholics.

The annual percentage distribution of first admissions by age group over the last several years is presented for general reference in Tables 21 and 22. During the period 1925-1947, first admissions under 20 years of age have increased from 3.9 to 6.4 percent and first admissions over 70 years of age have increased from 6.9 to 17.7 percent of the annual total (Table 21). First admissions aged 20-39, in spite of an annual increase in actual numbers, have shown the greatest percentage decrease over this period (from 46.5 percent of the the 1925 total to 32.0 percent

TABLE 18
FIRST ADMISSIONS TO STATE MENTAL HOSPITALS BY SEX AND MENTAL DISORDER, WITH DIAGNOSTIC RATIOS,
YEAR ENDING JUNE 30, 1947

Mental disorder	All first admissions			Percent of total, all groups			Percent of total with psychosis and total without psychosis			
	Total	Male	Female		Total	Male	Female	Total	Male	Female
			Number	Percent of total						
All groups.....	* 7,546	3,960	3,586	47.5	100.0	100.0	100.0	100.0	100.0	100.0
With psychosis.....	5,905	2,803	3,102	52.5	78.2	70.8	86.5	100.0	100.0	100.0
Syphilitic meningo-encephalitis (general paresis).....	362	256	106	26.3	4.8	6.5	3.0	6.1	9.1	3.4
With other forms of syphilis of the c. n. s.....	33	23	10	30.3	0.4	0.5	0.3	0.6	0.8	0.3
With epidemic encephalitis.....										
With other infectious diseases.....	20	12	8	40.0	.3	.3	.2	.3	.7	.3
Alcoholic.....	467	328	139	29.8	6.2	8.3	3.9	7.9	11.6	4.5
Due to drugs or other exogenous poisons.....	36	10	26	72.2	0.5	0.3	0.7	0.6	0.4	0.8
Traumatic.....	52	45	7	13.5	.7	1.1	.2	.9	1.6	.2
With cerebral arteriosclerosis.....	1,215	558	657	54.1	16.1	14.1	18.3	20.6	19.9	21.2
With other disturbances of circulation.....	32	19	13	40.6	0.4	0.5	0.4	0.5	0.7	0.4
With convulsive disorders (epilepsy).....	124	53	71	42.7	1.6	1.8	1.5	2.1	2.5	1.7
Senile.....	613	290	323	52.7	8.1	7.3	9.0	10.4	10.3	10.4
Involuntal.....	366	83	283	77.3	4.9	2.1	7.9	6.2	3.0	9.1
Due to other metabolic, etc., diseases.....	36	10	26	72.2	0.5	0.3	0.7	0.6	0.4	0.8
Due to new growth.....	8	6	2	25.0	.1	.2	.1	.1	.2	.1
With organic changes of the nervous system.....	41	23	18	43.9	.5	.6	.5	.7	.8	.6
Psychoneuroses.....	206	88	118	57.3	2.7	2.2	3.3	3.5	3.1	3.8
Manic-depressive.....	156	56	100	64.1	6.8	3.9	9.9	8.7	5.6	11.5
Dementia praecox (schizophrenia).....	512	682	840	55.2	20.2	17.1	23.4	25.8	24.2	27.1
Paranoia and paranoid conditions.....	38	20	18	47.4	0.5	0.5	0.5	0.7	0.6	0.7
With psychopathic personality.....	47	28	19	40.4	.6	.7	.5	.8	1.0	.6
With mental deficiency.....	89	39	50	56.2	1.2	1.0	1.4	1.5	1.4	1.6
Undiagnosed psychoses.....	86	56	30	34.9	1.1	1.4	0.8	1.5	2.0	1.0
Without psychosis.....	1,569	1,108	461	29.4	20.9	28.0	12.9	100.0	100.0	100.0
Epilepsy.....	14	8	6	42.9	0.2	0.2	0.2	0.9	0.7	1.3
Alcoholism.....	906	655	251	27.7	12.0	16.6	7.0	57.7	59.0	54.5
Drug addiction.....	66	35	31	47.0	0.9	0.9	0.9	4.2	3.2	6.7
Mental deficiency.....	57	35	22	38.6	.8	.8	.6	3.6	3.2	4.8
Disorders of personality due to epidemic encephalitis.....	1			0				0.1	0.1	
Psychopathic personality.....	100	75	25	25.0	1.3	1.9	.7	6.4	6.8	5.4
Other non-psychotic diseases or conditions (not insane).....	51	32	19	37.3	0.7	0.8	.7	3.3	2.9	4.1
Primary behavior disorders.....	145	92	53	36.6	1.9	2.3	1.5	9.2	8.3	11.5
Sexual psychopathy.....	35	35			0.5	0.9		2.2	3.2	
Syphilis of the c. n. s.....	194	140	54	27.8	2.6	3.5	1.5	12.4	12.6	11.7
Diagnosis deferred.....	72	49	23	31.9	0.9	1.2	0.6			

* See footnote to Table 16.

TABLE 19
MENTAL DISORDERS OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY INSTITUTION AND SEX
YEAR ENDING JUNE 30, 1947

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.....	7,546	3,980	3,586	528	652	762	732	348	101	644	507	374	423	701	701	603	470
With psychosis.....	5,905	2,803	3,102	397	590	482	596	162	59	445	408	310	406	571	636	436	407
Syphilitic meningencephalitis (general paresis).....	362	256	106	34	16	55	23	10	---	28	11	31	14	66	23	32	19
With other forms of syphilis of the c. n. s.....	33	22	10	---	1	6	2	1	---	3	---	---	---	2	1	11	3
With other infectious diseases.....	20	12	8	---	---	---	---	---	---	3	---	---	---	4	5	5	2
Alcoholic.....	467	328	139	45	22	73	39	7	39	22	31	8	1	75	26	43	15
Due to drugs or other exogenous poisons.....	26	10	16	2	2	4	10	1	1	2	4	---	5	2	4	1	---
Traumatic.....	32	45	---	2	---	9	5	3	---	2	---	8	---	13	4	1	---
With cerebral arteriosclerosis.....	1,215	558	657	124	199	31	63	22	6	103	96	87	104	147	156	44	33
With other disturbances of circulation.....	32	19	13	2	5	3	---	---	---	4	1	2	1	2	2	6	4
With convulsive disorders (epilepsy).....	124	71	53	7	5	25	14	3	2	8	3	6	11	16	14	7	7
Senile.....	613	290	323	21	24	46	32	9	8	46	70	53	61	32	51	83	77
With convulsive disorders (epilepsy).....	366	83	283	17	62	9	47	3	5	15	36	21	56	10	27	8	50
Involuntional.....	36	10	26	2	9	2	3	---	---	5	---	1	1	2	5	3	3
Due to other metabolic, etc., diseases.....	8	6	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Due to new growth.....	41	23	18	2	4	7	5	1	---	3	---	4	3	2	2	2	1
With organic changes of the nervous system.....	206	88	118	11	19	37	38	3	---	23	29	1	7	3	12	10	13
Psychoneuroses.....	512	156	356	48	89	20	51	2	9	28	36	12	39	25	67	21	65
Manic-depressive.....	1,522	682	840	71	122	146	242	62	10	105	80	41	85	153	203	104	98
Dementia praecox (schizophrenia).....	38	20	18	---	---	4	6	2	1	3	8	5	1	3	3	1	1
Paranoia and paranoid conditions.....	47	28	19	3	3	4	2	2	2	2	2	2	4	4	9	4	4
With psychopathic personality.....	89	39	50	9	7	11	12	2	---	1	2	2	6	8	17	7	7
With mental deficiency.....	80	56	30	---	---	6	3	15	8	23	7	6	2	2	2	6	8
Undiagnosed psychoses.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Without psychosis.....	1,569	1,108	461	129	57	274	132	173	39	184	94	61	15	127	64	160	60
Epilepsy.....	14	8	6	---	---	3	1	1	1	3	2	---	---	---	---	---	2
Alcoholism.....	906	655	251	81	40	101	46	114	36	113	41	48	8	94	38	104	42
Drug addiction.....	66	35	31	5	5	7	4	8	1	3	9	---	---	9	9	3	6
Mental deficiency.....	57	35	22	---	---	4	---	5	---	10	8	3	2	5	1	7	3
Disorders of personality due to epidemic encephalitis.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Psychopathic personality.....	100	75	25	1	---	10	4	25	---	19	8	4	1	10	12	6	---
Other non-psychotic diseases or conditions (not insane).....	51	32	19	4	---	7	8	6	1	3	3	3	3	6	3	3	1
Primary behavior disorders.....	145	92	53	---	---	59	27	---	---	31	23	2	---	1	1	7	1
Sexual psychopathy.....	35	35	---	6	---	---	---	12	---	2	---	---	---	1	---	7	---
Syphilis of the c. n. s.....	194	140	54	31	11	77	38	2	---	---	---	---	---	1	---	29	5
Diagnosis deferred.....	72	49	23	2	5	6	4	13	3	15	5	3	2	3	1	7	3
Percent of male and female patients.....	100.0	52.5	47.5	44.7	55.3	51.0	49.0	77.5	22.5	56.0	44.0	46.9	53.1	50.0	50.0	56.2	43.8
Percent of total, all hospitals.....	---	100.0	---	15.6	---	19.7	---	6.0	---	15.3	---	10.6	---	18.6	---	14.2	---

TABLE 20
AGE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	Median age in years			All first admissions			Age in years, to nearest birthday							
	Total	Male	Female	Total	Male	Female	5-9			10-14				
							M	F	M	F	M	F		
All groups.....	45.7	45.3	46.1	7,546	3,960	3,586	14	9	71	49				
With psychosis.....	48.8	49.0	48.4	5,905	2,803	3,102	2		23	23				
Syphilitic meningoenzephalitis (general paresis).....	45.7	45.0	45.0	362	256	106								
With other forms of syphilis of the c. n. s.....	45.7	45.0	45.0	33	23	10								
With other infectious diseases.....	45.0	45.0	45.0	20	12	8								
Alcoholic.....	44.1	45.3	41.2	467	328	139								
Due to drugs or other exogenous poisons.....	39.6	40.0	39.4	36	10	26								
Traumatic.....	46.0	45.5	52.5	52	45	7								
With cerebral arteriosclerosis.....	72.9	72.1	73.8	1,215	568	657								
With other disturbances of circulation.....	53.3	56.3	49.4	32	19	13								
With convulsive disorders (epilepsy).....	33.5	34.8	31.8	124	71	53								
Senile.....	76.9	76.5	77.2	613	290	323								
Involuntarial.....	52.9	56.5	52.0	366	83	283								
Due to other metabolic, etc., diseases.....	52.1	55.0	51.0	36	10	26								
Due to new growth.....	52.5	52.5	50.0	8	6	2								
With organic changes of the nervous system.....	49.5	46.9	52.5	41	23	18								
Psychoneuroses.....	35.0	32.5	36.4	206	88	118								
Manic-depressive.....	38.8	43.3	36.3	512	156	356								
Dementia praecox (schizophrenia).....	33.1	32.4	33.9	1,522	682	840								
Paranoia and paranoid conditions.....	48.6	48.0	50.0	38	20	18								
With psychopathic personality.....	29.4	28.1	32.5	47	28	19								
With mental deficiency.....	27.5	27.5	35.6	89	39	50								
Undiagnosed psychoses.....	42.5	40.0	46.7	86	56	30								
Without psychosis.....	39.8	40.6	38.2	1,569	1,108	461	12	9	47	25				
Epilepsy.....	22.5	25.0	21.7	14	8	6								
Alcoholism.....	43.3	44.1	41.2	906	655	251								
Drug addiction.....	42.2	43.6	40.4	66	35	31								
Mental deficiency.....	20.2	21.4	18.8	57	35	22								
Disorders of personality, due to epidemic encephalitis.....	12.5	12.5	1	1	1									
Psychopathic personality.....	23.5	22.5	33.8	100	75	25								
Other non-psychotic diseases or conditions (not insane).....	40.4	36.7	46.3	51	32	19								
Primary behavior disorders.....	15.2	14.9	15.6	145	92	53								
Sexual psychopathy.....	33.8	33.8	33.8	35	35									
Syphilis of the c. n. s.....	40.5	42.0	37.3	194	140	54								
Diagnosis deferred.....	38.3	38.2	38.8	72	49	23								
Percent of total male and total female.....				100.0	100.0	100.0	0.4	0.3	1.8	1.4				
Percent of total, both sexes.....							0.4	0.3	1.8	1.4				1.6

TABLE 20—Continued
 AGE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
 YEAR ENDING JUNE 30, 1947

Mental disorder	Age in years, to nearest birthday															
	15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	224	120	196	211	241	281	312	384	452	386	449	337	385	298	308	254
With psychosis.....	126	71	149	191	177	252	199	284	275	293	272	258	221	254	201	219
Syphilitic meningo-encephalitis (general paresis).....	1	1	2	3	3	3	23	13	34	17	59	13	6	12	33	11
With other forms of syphilis of the c. n. s.....	1	1	2	3	3	1	2	1	3	1	2	1	6	2	2	1
With other infectious diseases.....	1	1	3	4	1	1	1	2	3	1	2	1	2	1	2	1
Alcoholic.....	1	1	3	4	12	9	32	19	62	32	51	23	59	24	40	11
Due to drugs or other exogenous poisons.....	1	1	2	1	3	1	1	2	4	2	4	1	5	1	5	2
Traumatic.....	1	1	2	1	3	1	1	1	1	2	12	1	5	3	17	21
With cerebral arteriosclerosis.....	1	1	2	1	3	1	1	1	1	1	1	1	1	1	4	4
With other disturbances of circulation.....	1	1	2	1	3	1	1	1	1	1	1	1	1	1	4	4
With convulsive disorders (epilepsy).....	5	6	8	7	11	11	10	7	13	3	6	6	5	5	4	2
Senile.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involuntal.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	15	11	10	10	7	12	5	2	2	2	1	1	4	1	2	5
Psychoneuroses.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Manic-depressive.....	15	11	10	10	7	12	12	11	7	21	9	15	4	7	6	6
Dementia praecox (schizophrenia).....	6	6	9	32	9	58	14	68	19	54	33	43	25	45	14	12
Paranoia and mood conditions.....	78	37	101	121	112	140	82	147	101	129	75	98	36	62	39	47
With psychopathic personality.....	4	2	5	2	8	4	2	3	3	4	1	3	5	2	2	2
With mental deficiency.....	9	4	7	9	5	7	7	3	7	6	3	7	7	6	6	1
Undiagnosed psychoses.....	3	2	2	1	8	1	5	3	7	1	8	6	5	3	6	2
Without psychosis.....	90	44	45	19	61	27	107	49	170	91	172	78	140	41	106	33
Epilepsy.....	3	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	1	1	4	4	23	16	66	30	126	63	129	53	107	28	79	23
Drug addiction.....	1	1	2	1	2	2	2	4	5	3	6	9	7	5	3	5
Mental deficiency.....	9	8	9	2	4	2	3	1	1	1	1	2	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	27	4	17	3	12	1	4	2	7	6	2	4	2	1	1	1
Psychopathic personality.....	4	2	2	1	3	1	5	3	3	3	4	2	2	2	1	2
Other non-psychotic diseases or conditions (not insane).....	42	27	2	1	1	1	6	6	3	1	6	2	1	1	1	1
Primary behavior disorders.....	2	2	5	2	6	1	6	6	3	1	6	1	1	1	1	1
Sexual psychopathy.....	2	2	3	4	10	6	18	10	26	11	22	10	22	7	20	3
Syphilis of the c. n. s.....	2	2	3	4	10	6	18	10	26	11	22	10	22	7	20	3
Diagnosis deferred.....	8	5	2	1	3	2	6	1	7	2	5	1	4	3	1	2
Percent of total male and total female.....	5.7	3.3	4.9	5.9	6.1	7.8	7.9	9.3	11.4	10.8	11.3	9.4	9.2	8.3	7.8	7.1
Percent of total, both sexes.....	4.6	4.6	5.4	5.4	6.9	6.9	8.6	8.6	11.1	11.1	10.4	10.4	8.8	8.8	7.4	7.4

TABLE 20—Continued
AGE OF FIRST ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	Age in years, to nearest birthday												Unknown			
	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	M	F
All groups.....	255	210	245	185	209	180	218	214	187	284	132	174	78	99	4	1
With psychosis.....	187	193	198	181	176	173	205	213	182	230	128	172	78	95	4	—
Syphilitic meningo-encephalitis (general paresis).....	25	12	15	8	9	7	5	2	3	1	—	—	—	—	—	—
With other forms of syphilis of the c. n. s.....	2	1	3	1	—	1	1	1	—	—	—	—	—	—	—	—
With other infectious diseases.....	1	1	1	—	1	1	1	—	—	—	—	—	1	—	—	—
Alcoholic.....	32	8	29	5	6	3	2	1	—	—	—	—	—	—	—	—
Due to drugs or other exogenous poisons.....	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic.....	4	2	4	1	3	—	2	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis.....	34	40	75	68	96	103	120	123	106	163	70	90	32	55	1	—
With other disturbances of circulation.....	2	—	6	1	1	—	1	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy).....	3	2	1	2	1	—	2	—	2	—	—	—	—	—	—	—
Senile.....	2	3	13	20	44	29	66	73	62	73	57	81	45	40	—	—
With mental deficiency.....	25	59	20	23	4	8	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses.....	3	7	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Involuntary.....	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic, etc., diseases.....	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth.....	1	2	4	3	2	1	1	—	1	—	—	—	—	—	—	—
With organic changes of the nervous system.....	1	1	4	3	2	1	1	—	1	—	—	—	—	—	—	—
Psychoneuroses.....	6	4	4	4	1	—	1	—	1	—	—	—	—	—	—	—
Manic-depressive.....	10	16	7	13	3	6	2	3	5	—	—	—	—	—	—	—
Dementia praecox (schizophrenia).....	28	23	8	15	4	8	4	4	2	1	—	—	—	—	—	—
Paranoia and paranoid conditions.....	3	5	3	2	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses.....	3	4	4	4	—	—	—	—	—	—	—	—	—	—	—	—
Without psychosis.....	67	17	47	14	28	6	11	1	3	3	2	1	—	2	—	1
Epilepsy.....	51	12	39	13	21	5	8	1	1	2	—	—	—	—	—	—
Alcoholism.....	3	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—
Drug addiction.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disorders of personality due to epidemic encephalitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality.....	1	2	1	1	1	1	2	—	1	1	2	—	—	2	—	—
Other non-psychotic diseases or conditions (not insane).....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sexual psychopathy.....	1	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Sexual psychopathy.....	10	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—
Syphilis of the c. n. s.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diagnosis deferred.....	1	—	—	—	5	1	2	—	2	1	2	1	—	2	—	—
Percent of total male and total female.....	6.4	5.8	6.2	5.4	5.3	5.0	5.5	6.0	4.7	6.5	3.3	4.9	2.0	2.8	0.1	0.0
Percent of total, both sexes.....	6.2	—	5.8	—	5.2	—	5.7	—	5.6	—	4.1	—	2.3	—	0.0	—

TABLE 21
ANNUAL PERCENTAGE AGE DISTRIBUTION AND MEDIAN AGE OF FIRST ADMISSIONS, STATE
MENTAL HOSPITALS, YEARS ENDING JUNE 30, 1925-1947

Year ending June 30	Total first admissions* (100.0 per- cent)	Med- ian age in years	Percent distribution, by age in years last birthday									
			0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80 and over	Not stated
1925.....	2,970	40.0	-----	3.9	22.0	24.5	20.9	11.9	8.6	6.9	**	1.3
1926.....	2,579	41.8	-----	3.7	19.2	23.0	22.3	13.6	8.5	8.4	**	1.3
1927.....	2,907	41.8	-----	3.4	18.8	23.7	22.5	13.9	8.7	8.2	**	0.8
1928.....	3,052	42.1	-----	4.0	18.9	22.6	22.2	14.7	9.0	7.7	**	.9
1929.....	3,176	42.2	-----	3.7	17.1	24.0	23.8	15.2	8.5	6.8	**	.9
1930.....	3,341	42.9	-----	3.7	16.8	23.1	22.3	15.9	9.2	7.9	**	1.1
1931.....	3,839	42.7	-----	3.5	16.7	23.5	23.6	15.6	9.0	7.4	**	.8
1932.....	4,058	44.3	-----	3.7	15.1	21.6	22.4	16.4	10.2	9.9	**	.7
1933.....	4,083	43.0	-----	3.4	18.1	21.5	23.1	15.5	9.5	8.4	**	.5
1934.....	4,600	43.5	-----	3.1	16.1	22.9	23.0	15.8	10.4	8.4	**	.3
1935.....	4,523	43.0	-----	3.6	16.6	23.1	21.9	16.7	9.7	8.0	**	.4
1936.....	4,655	42.6	-----	3.7	17.0	23.9	20.9	16.3	9.8	5.5	2.2	.7
1937.....	5,128	43.7	-----	2.8	15.8	23.4	21.6	16.9	9.0	9.2	**	1.3
1938.....	5,637	43.9	-----	3.1	15.1	22.9	22.9	17.0	10.4	6.0	2.0	0.6
1939.....	5,678	42.6	-----	3.0	15.4	25.9	22.1	16.1	8.8	5.1	1.9	1.7
1940.....	5,723	42.9	-----	3.0	15.3	25.2	22.2	16.1	9.5	5.5	2.2	1.0
1941.....	5,759	42.5	-----	3.7	16.8	23.5	21.6	16.0	9.8	6.0	2.3	0.3
1942.....	5,972	43.3	-----	4.0	15.5	23.5	20.1	15.9	10.8	7.3	2.7	.2
1943.....	5,815	44.9	-----	4.0	13.2	21.8	20.8	15.3	11.4	9.2	4.2	.1
1944.....	6,082	44.6	0.0	4.8	14.8	21.6	17.7	14.3	12.1	9.4	5.0	.3
1945.....	6,723	45.0	0.2	4.0	14.3	20.9	18.6	13.8	12.3	10.3	5.5	.1
1946.....	6,951	45.1	0.2	6.7	12.8	19.6	19.0	13.7	11.3	10.4	6.0	.3
1947.....	7,546	45.7	0.3	6.1	12.3	19.7	19.2	13.6	11.0	11.3	6.4	.1

* Patients without previous residence in a state mental hospital, juvenile court observations and Youth Authority observations are included.

** Included in the group aged 70-79.

in 1947) for the reasons suggested above. The effect of the draft, followed by expansion of federal facilities for the hospitalization of veterans, is brought out even more clearly by Table 22, covering the annual percentage age distribution of first admissions by sex for the last 13 years.

Other Characteristics of First Admissions. Inasmuch as no appreciable change has taken place since last year in the relative distribution of first admissions in terms of nativity, citizenship, race, education, marital status, environment, and economic status, the reader is referred to the department's 1946 report (pages 58-65) for a detailed presentation of these factors with respect to sex and diagnosis, the data in the present report being limited to a summary distribution of first admissions for the current year by sex and by educational status, marital status, and environment, in Table 23. The sex distribution of these three factors is worth noting. Female first admissions, while comprising 47.5 percent of total first admissions, comprised a higher percentage of the group totals in the higher educational groups, in the nonsingle groups (particularly the widowed group), and in the urban group.

Age of Readmissions. During 1946-47, 1,815 patients were admitted to state mental hospitals with a history of previous hospitalization for mental disorder. This total represents an increase of 3.6 percent

TABLE 22
ANNUAL PERCENTAGE AGE DISTRIBUTION OF FIRST ADMISSIONS TO STATE HOSPITALS,
BY SEX, YEARS ENDING JUNE 30, 1935-1947

Year ending June 30	Sex	Total first admissions (100.0 percent)	Median age in years	Percent distribution, by age in years at last birthday									
				0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80 and over	Not stated
1935	M	2,647	43.1		3.4	16.0	24.0	21.4	17.5	9.7	7.7	*	0.3
	F	1,876	42.8		3.9	17.5	21.9	22.6	15.6	9.6	8.5	*	.4
1936	M	2,747	42.6		3.5	16.6	24.4	20.9	15.9	10.5	5.3	2.1	.8
	F	1,908	42.5		4.0	17.5	23.2	20.8	16.9	8.9	5.7	2.4	.6
1937	M	3,115	44.2		2.3	15.0	23.2	22.5	17.5	9.1	8.9	*	1.5
	F	2,014	42.9		3.5	17.0	23.7	20.4	15.9	8.8	9.5	*	1.2
1938	M	3,355	43.9		2.7	14.6	23.9	22.8	17.3	10.2	5.6	2.0	.9
	F	2,302	44.0		3.6	15.8	21.5	23.1	16.4	10.8	5.6	1.9	.4
1939	M	3,485	42.3		2.8	15.2	26.9	21.7	16.8	8.8	4.8	1.6	1.4
	F	2,193	42.9		3.6	15.6	24.3	22.7	15.0	8.9	5.7	2.1	2.1
1940	M	3,592	43.1		2.9	14.1	25.9	22.9	16.8	9.4	5.4	1.8	0.8
	F	2,131	42.6		3.1	17.4	24.1	21.0	15.0	9.5	5.7	3.0	1.2
1941	M	3,337	42.5		4.1	15.9	24.0	21.4	16.6	9.9	5.8	2.1	0.2
	F	2,422	42.5		3.1	18.1	23.0	21.8	15.2	9.7	6.2	2.6	.3
1942	M	3,450	42.8		4.1	14.6	25.1	20.4	16.0	10.8	6.8	2.1	.1
	F	2,522	44.1		3.8	16.7	21.3	19.7	15.9	10.7	8.1	3.6	.2
1943	M	3,296	44.8		4.1	11.4	23.0	21.5	16.2	11.7	7.8	4.0	.3
	F	2,519	45.0		3.9	15.5	20.3	19.8	14.1	11.0	11.0	4.4	.0
1944	M	3,324	43.9	0.0	5.3	14.7	22.0	18.6	14.5	11.8	8.8	4.2	.1
	F	2,758	45.7	0.0	4.2	15.0	21.1	16.6	14.1	12.5	10.2	6.1	.2
1945	M	3,487	44.6	0.2	4.5	13.2	21.4	19.3	13.7	13.1	9.4	5.0	.2
	F	3,236	45.6	.2	3.4	15.5	20.5	17.9	13.9	11.3	11.2	6.0	.1
1946	M	3,714	45.3	.4	8.1	11.1	17.7	21.2	14.7	12.3	9.5	4.9	.1
	F	3,237	44.8	.1	5.1	14.7	21.7	16.5	12.6	10.1	11.4	7.3	.5
1947	M	3,960	45.3	.4	7.5	11.0	19.3	20.5	14.2	11.5	10.2	5.3	.1
	F	3,586	45.9	.3	4.7	13.7	20.1	17.7	12.9	10.4	12.5	7.7	.0

* Included in the group aged 70-79.

over the total for the preceding year; the increase for female readmissions equals 13 percent, while male readmissions decreased by 5 percent. For every 100 psychotic first admissions during 1946-47 there were 25 psychotic readmissions; by sex, 23 psychotic male and 27 psychotic female patients were readmitted per 100 first admissions of the respective sex. In the nonpsychotic category, there were 23 readmissions per 100 first admissions for each sex.

Table 24 presents the median age of readmissions by sex and diagnosis together with the actual age distribution. For obvious reasons, those diagnostic groups which are associated with the younger age levels show the higher rate of admission as compared with other groups; and within these same groups the median age at readmission is somewhat higher than the age at first admission. But, conversely, the readmission rate is comparatively low for those diagnostic groups associated with more advanced age, which include a larger proportion of chronic custodial cases. As a result the median age of readmissions, while higher for a number of diagnostic groups (such as alcoholic psychosis, involuntal

TABLE 23
EDUCATION, MARITAL STATUS, AND ENVIRONMENT OF FIRST ADMISSIONS TO STATE MENTAL
HOSPITALS, BY SEX, YEAR ENDING JUNE 30, 1947

Classification	Total	Male	Female		Percent of total		
			Number	Percent female	Total	Male	Female
Educational status:							
Total.....	7,546	3,960	3,586	47.5	100.0	100.0	100.0
College*.....	548	253	295	53.8	7.3	6.4	8.2
High school**.....	2,264	991	1,273	56.2	30.0	25.0	35.5
Grade school†.....	3,408	1,921	1,487	43.6	45.2	48.5	41.5
Read and write.....	588	393	195	33.2	7.8	9.9	5.4
Illiterate.....	223	131	92	41.2	3.0	3.3	2.6
Not stated.....	515	271	244	47.4	6.7	6.9	6.8
Marital status:							
Total.....	7,546	3,960	3,586	47.5	100.0	100.0	100.0
Single.....	2,062	1,427	635	30.8	27.3	36.0	17.7
Married.....	2,919	1,471	1,448	49.6	38.7	37.1	40.4
Separated.....	382	192	190	49.7	5.1	4.8	5.3
Divorced.....	909	475	434	47.7	12.0	12.0	12.1
Widowed.....	1,243	367	876	70.5	16.5	9.3	24.4
Not stated.....	31	28	3	9.7	0.4	0.8	0.1
Environment:							
Total.....	7,546	3,960	3,586	47.5	100.0	100.0	100.0
Urban†.....	6,979	3,610	3,369	48.3	92.5	91.2	93.9
Rural.....	510	310	200	39.2	6.8	7.8	5.6
Not stated.....	57	40	17	29.8	0.7	1.0	0.5

* Two years or more of college.

** Tenth grade or higher.

† Fifth grade or higher.

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

NOTE: For data on the distribution of first admissions in 1946 by mental disorder and sex, and by race, education, marital status, environment, and economic status, see Tables 16-20, 1946 report.

psychosis, psychoneurosis, manic-depressive psychosis and dementia praecox), shows a lower over-all value (44.0 years) than the median age for first admissions (45.7 years).

As with first admissions, the proportion of female readmissions in the age-range 20-49 years is relatively greater than the proportion of male readmissions. Unlike their distribution among first admissions, however, male patients predominate throughout the older age range because of the decreased likelihood of readmission for patients over 70.

Voluntary Admissions. Voluntary first admissions and readmissions for 1946-47 totaled 965, a 2.5-percent decrease from the total for the preceding year. Male admissions in this category decreased by 6.0 percent, while female admissions increased by 0.5 percent. The over-all decrease is due almost entirely to a 30-percent decrease (from 297 to 195) in the number of nonpsychotic patients received for treatment of syphilis of the central nervous system (Table 25). Increases over last year are noted for dementia praecox, manic-depressive, and psychoneurotic cases, resulting in an increase of 14.2 percent in the number of psychotic voluntary admissions during 1946-47.

TABLE 24
AGE OF READMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	Median age in years			All readmissions*						Age in years to nearest birthday												
	Total	Male	Fe- male	Total	Male	Fe- male	10-19		20-29		30-39		40-49		50-59		60-69		70-79		80 and over	
							M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	44.0	43.9	44.1	1,815	868	947	199	133	84	107	207	228	191	258	158	170	115	88	38	56	6	7
With psychosis.....	44.3	43.6	44.8	1,479	639	840	30	16	73	94	165	202	140	225	99	156	98	85	29	55	5	7
Syphilitic meningo-encephalitis (general paresis)	45.3	45.0	46.3	61	40	21	1	1	1	1	11	7	16	4	8	3	2	1				
With other forms of syphilis of the c. n. s.	52.5	52.5	52.5	5	5	1																
With epidemic encephalitis	35.0	35.0	35.0	1	1	1																
With other infectious diseases	25.0	25.0	25.0	1	1	1																
Alcoholic	47.9	50.0	45.5	117	72	45	3	3	12	9	21	19	22	10	11	4	3					
Due to drugs or other exogenous poisons	42.5	40.0	45.0	5	2	3	1	1	1	1	1	1	1	1	1	1	1	1				
Traumatic	33.8	32.5	35.0	11	10	1	1	1	3	1	4	1	1	1	1	1	1	1				
With cerebral arteriosclerosis	70.8	66.7	73.6	82	38	44																
With other disturbances of circulation	50.0	55.0	45.0	2	1	1																
With convulsive disorders (epilepsy)	38.8	38.6	39.2	41	24	17	3	1	3	2	7	6	5	3	6	5	3	5	11	16	4	2
Senile	74.4	75.0	74.1	42	19	23																
Involuntal	56.7	63.2	55.0	68	15	53																
Due to other metabolic, etc., diseases	63.3	65.0	62.5	4	1	3																
With organic changes of the nervous system	45.0	40.0	45.0	7	4	3																
Psychoneuroses	41.4	37.5	42.3	32	11	21	3	3	1	1	1	1	2	1	2	1	2					
Manic-depressive	46.4	49.8	45.2	363	103	260	2	2	24	21	61	28	82	19	52	29	30	3	9			
Dementia praecox (schizophrenia)	37.9	36.4	39.3	559	260	290	17	5	48	50	98	104	56	83	23	45	13	15	2	2		
Paranoia and paranoid conditions	52.5	45.0	57.5	9	4	5																
With psychopathic personality	33.0	37.5	30.0	23	11	12	1	4	5	2	3	1	1	3	2	1	1	1				
With mental deficiency	30.6	32.5	30.0	35	15	20	3	2	4	8	2	6	3	2	2	1	1	1				
Undiagnosed psychoses	35.0	28.3	45.0	11	7	4	1	1	3	1	1	1	1	2	1	1	1	1				
Without psychosis.....	42.4	44.4	39.1	317	219	98	137	115	10	13	41	23	49	31	59	12	15	3	8	1		
Epilepsy	17.5	35.0	15.0	3	1	2																
Alcoholism	47.1	49.7	42.5	207	139	68																
Drug addiction	46.3	50.0	45.0	9	6	3																
Mental deficiency	28.3	25.5	32.5	5	4	1																
Psychopathic personality	25.8	30.7	18.3	35	25	10	8	6	4	2	7	2	2	4								
Other non-psychotic diseases or conditions (not insane)	40.0	35.0	45.5	12	9	3																
Primary behavior disorders	15.2	15.0	15.8	34	27	7	127	16														
Sexual psychopathy	37.5	37.5	37.5	3	3																	
Syphilis of the c. n. s.	47.5	47.5	47.5	5	5																	
Diagnosis deferred.....	41.3	45.0	38.3	19	10	9	2	2	1	1	3	2	2	2	2	2	2	2	1		1	
Percent of total male and total female				100.0	100.0	100.0	7.9	3.5	9.7	11.3	23.8	24.1	22.0	27.2	18.2	18.0	13.2	9.3	4.4	5.9	0.8	0.7
Percent of total, both sexes*				100.0	100.0	100.0	5.6	10.5	10.5	24.0	24.7	18.1	11.2	5.2								

* See footnote, Table 16.
 † Including 2 male and 1 female patients under age 10.

TABLE 25
AGE OF VOLUNTARY ADMISSIONS TO STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	All admissions			Age in years on last birthday																	
	Total	Male	Female	0-9		10-19		20-29		30-39		40-49		50-59		60-69		70-79		80 and over	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	965	470	495	3	6	90	48	49	75	97	114	109	113	66	72	43	43	11	20	2	4
With psychosis.....	686	298	398	1	---	35	27	24	58	45	87	53	95	31	65	36	42	11	20	2	4
Syphilitic meningo-encephalitis (general paresis).....	44	28	16	---	---	1	2	1	2	7	3	14	3	3	4	2	2	---	---	---	---
With other forms of syphilis of the c. n. s.....	5	3	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Alcoholic.....	16	12	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Traumatic.....	4	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With cerebral arteriosclerosis.....	32	16	17	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With other disturbances of circulation.....	10	5	5	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With convulsive disorders (epilepsy).....	24	7	17	---	---	3	---	1	---	1	---	2	1	---	1	---	---	---	---	---	---
Senile.....	55	11	44	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Involuntal.....	3	---	3	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Due to other metabolic, etc., diseases.....	4	2	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With organic changes of the nervous system.....	190	50	140	---	---	10	10	7	11	12	22	10	16	7	4	3	5	1	2	---	---
Psychoneuroses.....	155	39	116	---	---	3	14	11	30	11	36	5	21	7	10	2	4	---	---	---	---
Manic-depressive.....	139	52	87	---	---	19	11	9	26	12	27	5	14	3	6	3	2	---	---	---	---
Dementia praecox (schizophrenia).....	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Paranoia and paranoid conditions.....	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With psychopathic personality.....	7	4	2	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
With mental deficiency.....	1	1	0	---	---	2	---	1	2	---	1	---	2	---	1	---	---	---	---	---	---
Undiagnosed psychoses.....	8	4	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Without psychosis.....	317	295	92	2	6	52	90	24	17	52	26	53	18	35	4	7	1	---	---	---	---
Epilepsy.....	6	2	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Alcoholism.....	12	12	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Drug addiction.....	7	3	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Mental deficiency.....	7	3	4	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Disorders of personality due to epidemic encephalitis.....	12	7	5	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Psychopathic personality.....	14	7	7	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other non-psychotic diseases or conditions (not insane).....	68	47	21	2	4	43	15	1	1	1	---	---	---	---	---	---	---	---	---	---	---
Primary behavior disorders.....	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Sexual psychopathy.....	1	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Syphilis of the c. n. s.....	195	142	53	---	---	4	1	12	10	44	21	46	16	30	3	6	1	---	---	---	---
Diagnosis deferred.....	12	7	5	---	---	3	1	1	---	---	1	3	---	---	---	---	---	---	---	---	---
Percent of total male and total female.....	---	100.0	100.0	0.6	1.2	10.2	9.7	10.5	15.3	20.7	23.0	23.2	22.8	14.0	14.5	9.1	8.7	2.3	4.0	0.4	0.8
Percent of total, both sexes.....	---	---	---	0.9	---	14.3	---	12.9	---	21.9	---	23.0	---	14.3	---	8.9	---	3.2	---	0.6	---

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EXTRAMURAL CARE

Since 1939 the department's leave-of-absence policy has formed a major part of its total therapeutic program, the number of patients in extramural care having increased from 10.0 to 16.8 percent of the total on the active records during this nine-year period. The primary purpose of this extension of therapy outside the hospital, which is granted only when warranted by the patient's condition and by the surroundings in which leave will be taken, is to expedite the patient's convalescence by restoring his contact with a normal environment. Leaves of absence range from a specified number of days with intention to return to the hospital (as in the case of visits with relatives during a holiday season) to indefinite periods of several months' convalescence followed by discharge. Leaves are likewise granted for an indefinite number of years, particularly for patients with chronic harmless mental illness who are placed in family-care homes while remaining under departmental supervision.

By reducing overcrowding within the hospitals, this program makes it possible to offer better treatment to those patients who still require full-time hospitalization. It also results in considerable saving to the State, since the cost of extramural supervision is many times less than the cost of inpatient treatment.

Extramural-care activities from 1935 to date are illustrated by Chart IV, which clearly shows the rapid growth of the program since 1938-39. The wartime curtailment of extramural-care activities because of the lack of trained professional personnel and the reduction in the number of suitable homes for family-care incident to the housing shortage is also evident in the chart; but it is gratifying to note that the department was able to maintain some of its pre-war gains and to establish a new record for extramural care during this last year.

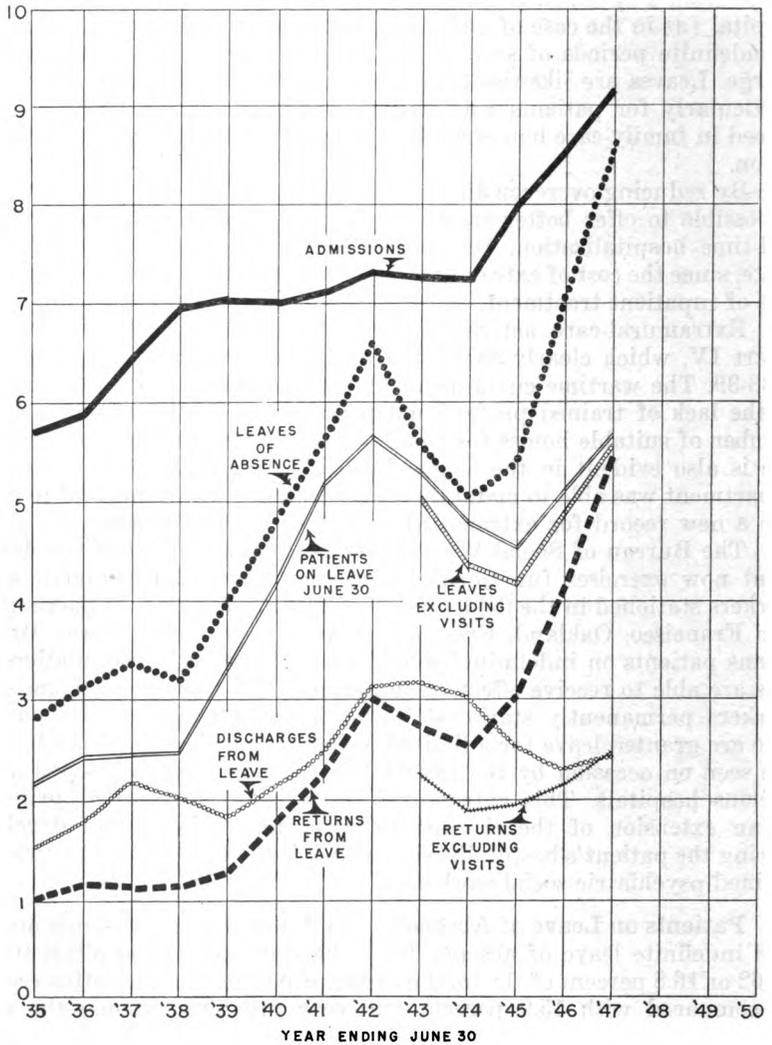
The Bureau of Social Work in the Sacramento office of the department now exercises functional jurisdiction over all psychiatric social workers stationed in the field, operating from local offices in Sacramento, San Francisco, Oakland, Fresno, Los Angeles, and San Diego. By this means patients on indefinite leave in or near the major population centers are able to receive effective and economical supervision from social workers permanently stationed in the immediate area, while patients who are granted leave for a limited period in the vicinity of the hospital are seen on occasion by the psychiatric social workers stationed at the various hospitals. This extramural supervision is regarded primarily as an extension of the therapeutic program initiated and developed during the patient's hospitalization, which is then carried on by properly trained psychiatric social workers.

Patients on Leave of Absence. On June 30, 1947, patients on visit and indefinite leave of absence from the state mental hospitals totaled 5,762 or 16.8 percent of the total number of patients on the active records, as compared with 15.9 percent one year previous. Among the seven permanent hospitals, the number on visit and leave in percent of the total number on records ranged from 8.7 percent for Mendocino to 24.6 percent for Agnews (Table 3).

CHART IV

ADMISSIONS AND LEAVES OF ABSENCE
STATE MENTAL HOSPITALS
1935-1950

NUMBER IN
THOUSANDS



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TABLE 26
 PATIENTS ON LEAVE FROM STATE MENTAL HOSPITALS, BY SEX, TYPE OF LEAVE, AND LENGTH
 OF TIME ON LEAVE, JUNE 30, 1947

• Type of leave	Median length of time on leave, in months		Total, all periods				Patients on visit and leave																		
	Num-ber	Per-cent of total	Male		Female		0-3 days		4-14 days		15-30 days		1.0-2.9 months		3.0-5.9 months		6.0-11.9 months		1.0-1.9 years		2.0-4.9 years		5 years and over†		
			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 leaves, exclusive of visit*	5,672	98.4	2,489	3,183	56.1	19	31	66	89	83	118	328	383	338	449	572	777	505	711	397	440	181	185		
Family care.....	197	3.4	98	99	50.2																				
Relatives bear expense.....	48	0.8	18	30	82.5																				
Department bears expense.....	128	2.2	69	59	46.1																				
Receives old age assistance.....	21	0.4	11	10	47.6																				
Work leave.....	253	4.4	124	129	51.0																				
In industry.....	177	3.1	82	95	53.6																				
On farm.....	36	0.6	36																						
In home.....	40	.7	6	34	85.0																				
Home leave, less visit.....	4,856	84.2	2,086	2,770	57.0																				
With relatives.....	4,469	77.5	1,854	2,615	58.5																				
With friends.....	364	6.3	220	144	39.6																				
Other agency assistance.....	23	0.4	12	11	47.8																				
Visits*.....	90	1.6	31	59	65.6																				
Home leave, including visit.....	4,946	85.8	2,117	2,829	57.2																				
All leaves, including visit.....	5,762	100.0	2,520	3,242	56.3																				

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

† Leaves were not reported by type prior to February 1, 1942.

Of the 5,762 patients on visit and leave on June 30th, 5,672 or 98.4 percent were on indefinite leave under extramural supervision (Table 26), the majority representing convalescent cases who would ultimately be discharged from the records while on leave. In detail, patients on extended home leave with relatives or friends comprised 84.2 percent, patients under 24-hour supervision in family-care homes 3.4 percent, and patients on work leave (also under 24-hour supervision) 4.4 percent of the over-all total on leave, while patients on unspecified indefinite leave for over five years comprised 6.4 percent. The remainder, 1.6 percent, represented 90 patients released from the hospitals on visit with the intention of returning to the institution within three days or less. Even in this last group the majority had been absent from the institutions for many months as of June 30th, and were in fact on indefinite leave. A more detailed definition of the various types of leave listed above is furnished on pages 71-72 of the department's report for 1946.

Female patients comprised 56 percent of all patients on leave and 60 percent of all psychotic patients on leave, and accounted for a large majority of the total on leave in each diagnostic group, with the exception

TABLE 27
PATIENTS ON LEAVE FROM STATE MENTAL HOSPITALS, BY MENTAL DISORDER AND SEX,
IN PERCENT OF TOTAL, JUNE 30, 1947

Mental disorder	Number on leave*			Percent of total		
	Total	Male	Female	Total	Male	Female
All groups.....	5,762	2,520	3,242	100.0	100.0	100.0
With psychosis.....	5,114	2,052	3,062	88.7	81.4	94.5
Syphilitic meningo-encephalitis (general paresis).....	280	178	102	4.9	7.1	3.1
With other forms of syphilis of the c. n. s.....	24	17	7	0.4	0.7	0.2
With epidemic encephalitis.....	4	3	1	.1	.1	.0
With other infectious diseases.....	8	4	4	.1	.2	.1
Alcoholic.....	376	236	140	6.5	9.3	4.3
Due to drugs or other exogenous poisons.....	35	8	27	0.6	0.3	0.8
Traumatic.....	50	46	4	.9	1.8	.1
With cerebral arteriosclerosis.....	441	213	228	7.7	8.5	7.0
With other disturbances of circulation.....	13	4	9	.2	0.2	0.3
With convulsive disorders (epilepsy).....	141	68	73	2.5	2.7	2.3
Senile.....	118	48	70	2.0	1.9	2.2
Involutional.....	408	72	336	7.1	2.9	10.4
Due to other metabolic, etc., diseases.....	41	12	29	.7	0.5	0.9
Due to new growth.....	5	3	2	.1	.1	.1
With organic changes of the nervous system.....	24	16	8	.4	.6	.2
Psychoneuroses.....	88	28	60	1.5	1.1	1.9
Manic-depressive.....	907	254	653	15.7	10.1	20.1
Dementia praecox (schizophrenia).....	1,898	746	1,152	32.9	29.5	35.6
Paranoia and paranoid conditions.....	38	11	27	0.7	0.4	0.8
With psychopathic personality.....	58	27	31	1.0	1.1	1.0
With mental deficiency.....	126	42	84	2.2	1.7	2.6
Undiagnosed psychoses.....	31	16	15	0.5	0.6	0.5
Without psychosis.....	639	460	179	11.1	18.3	5.5
Epilepsy.....	485	335	150	8.4	13.3	4.6
Alcoholism.....	23	10	13	0.4	0.4	0.4
Drug addiction.....	5	4	1	.1	.2	.0
Mental deficiency.....	2	2	0	0.0	.1	0.0
Disorders of personality due to epidemic encephalitis.....	17	13	4	.3	.5	.1
Psychopathic personality.....	5	3	2	.1	.1	.1
Other non-psychotic diseases or conditions (not insane).....	22	13	9	.4	.5	.3
Primary behavior disorders.....	77	77	0	1.3	3.1	0.0
Sexual psychopathy.....	3	3	0	0.1	0.1	0.0
Syphilis of the c. n. s.....	3	3	0	0.1	0.1	0.0
Diagnosis deferred.....	9	8	1	0.2	0.3	0.0

* Including patients on visit; see Table 26.

of the few groups which are characterized by a preponderance of male patients (Table 27).

Length of Time on Leave. Of the total number of patients on leave, 70 percent had been on leave for at least six months, 46 percent for at least one year, 25 percent for at least two years, and 6 percent for at least five years (Table 28). The median length of time on leave to date of June 30th was 10.1 months (10.3 months for male patients and 9.9 months for female patients). For psychotic patients the median was 10.7 months and for nonpsychotic patients 6.0 months, ranging among the major diagnostic groups from 9.5 months for the senile and the involuntal psychoses to 12.7 months for psychosis with cerebral arteriosclerosis. For nonpsychotic alcoholics (the only major diagnostic group in the non-psychotic category) the median length of time on leave was 5.1 months. By type of leave, the median ranged from 5.0 months for patients on visit to 19.3 months for patients in family care.

Agnews, with the highest proportion of patients on leave in comparison to its resident population, also reported the highest median length of time on leave to date of June 30th, with medians of 23.5 months for male patients and 16.3 months for female patients (Table 29). Of the 33 patients on leave for over 10 years, 26 had been granted leave from Agnews. Napa, with next to the lowest percentage of patients on leave (excluding DeWitt) reported the shortest median length of time on leave to date of June 30th (5.8 months for male patients and 7.1 months for female patients).

Leaves and Returns During Year. The annual totals of visits and leaves granted and returns from visit and leave for the last several years are compared with annual admissions and year-end resident population in Table 30. The data in the first half of the table, which include visits, are furnished merely to facilitate the comparison of the last five years with the period 1938-1942, when no distinction was made between definite and indefinite leaves. The second half of the table excludes visits and therefore furnishes a more reliable measure of the growth of the extramural care program. Here it will be noted that 61 leaves and 34 net leaves (leaves granted less returns from leave) were taken per 100 admissions during 1946-47. Both rates represent an increase over the rates for 1944-45, but fail to equal the rates set in 1942-43.

The ratio of returns from leave to leaves granted was 65 percent for patients placed in family care and 62 percent for patients on work leave (Table 31). For patients placed on indefinite leave with relatives or friends, the rate of return was only 43 percent. In this last group, some therapeutic significance may be attached to the fact that patients placed on leave with friends show a consistently lower rate of return from leave over the years than do patients placed on leave with relatives. In many instances a change in the patient's environment undoubtedly avoided certain aggravating factors which would otherwise have precipitated his return to the institution.

As shown in Table 32, the median length of time on leave prior to return from leave (exclusive of visit), was 1.5 months for returns from leave for the Fiscal Year 1946-47; and the median length of time on leave prior to discharge from leave was 13.1 months. Thus, roughly speaking, the likelihood of return from leave decreased as the length of time on

TABLE 28
PATIENTS ON LEAVE FROM STATE MENTAL HOSPITALS, BY SEX, MENTAL DISORDER, AND LENGTH OF TIME
ON LEAVE, JUNE 30, 1947

Mental disorder	Median length of time on leave, in months		Total, all periods		0-14 days		15-30 days		1.0-2.9 months		3.0-5.9 months		6.0-11.9 months		1.0-1.9 years		2.0-4.9 years		5.0-9.9 years		10.0-14.9 years			
	Total	Fe-male	Total	Fe-male	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
All groups.....	10.1	10.3	9.9	5,762	2,520	3,242	91	134	84	124	332	391	340	456	575	788	514	718	403	446	165	166	16	19
With psychosis.....	10.7	11.3	10.3	5,114	2,052	3,062	69	126	69	111	242	357	237	415	466	726	434	697	364	445	155	166	16	19
Syphilitic meningio-encephalitis.....	10.8	10.6	11.3	280	178	102	5	1	6	2	20	7	23	13	46	32	37	33	28	8	11	5	2	1
(genetic paresis).....	6.0	5.6	7.7	24	17	7	2	1	1	3	2	4	1	1	1	2	2	2	2	2	1	1	1	1
With other forms of syphilis of the C.N.S.....	42.0	51.6	0.7	4	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis.....	0.0	9.0	8.5	8	4	4	4	9	16	6	22	19	31	27	54	31	48	20	42	17	17	8	1	1
With other infectious diseases.....	0.2	18.0	6.5	370	239	131	4	1	4	6	7	7	11	11	12	0	2	2	2	2	1	1	1	1
Alcoholic.....	0.4	18.0	6.5	35	48	27	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to drugs or other exogenous poisons.....	0.5	19.9	6.7	30	48	27	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	12.7	12.6	12.7	441	213	228	8	4	6	3	20	28	22	30	48	46	40	44	53	17	13	2	2	2
With cerebral arteriosclerosis.....	13.5	12.0	14.0	13	4	9	4	4	2	5	13	7	1	10	14	10	17	17	9	13	4	3	2	2
With other disturbances of circulation.....	10.6	9.6	10.9	141	68	73	4	4	2	5	17	7	8	3	11	20	9	11	6	13	4	3	2	2
With convulsive disorders (epilepsy).....	8.5	7.1	10.7	118	70	48	5	4	2	5	17	7	8	3	11	20	9	11	6	13	4	3	2	2
Senile.....	8.5	8.6	9.7	408	72	336	1	17	3	12	41	13	43	16	90	12	80	8	31	7	30	1	1	1
Involuntal.....	19.0	24.0	16.5	41	12	29	1	1	3	10	2	6	3	5	2	4	2	4	4	4	1	1	1	1
Due to other metabolic, etc., diseases.....	21.0	36.0	18.0	5	3	2	1	1	1	4	1	1	1	2	3	2	4	2	4	1	1	1	1	1
Due to new growth.....	12.0	15.0	10.0	24	16	8	2	5	1	4	1	5	1	1	2	3	4	2	4	1	1	1	1	1
With organic changes of the nervous system.....	10.2	9.0	11.1	86	28	58	2	5	1	4	10	2	5	6	6	7	8	16	4	6	2	3	2	2
Psychoneuroses.....	10.2	12.5	9.1	907	254	653	6	36	6	21	30	72	25	100	55	174	60	139	46	85	21	30	3	3
Manic-depressive.....	10.9	11.5	10.5	1,898	746	1,152	26	45	22	55	89	138	77	153	174	249	196	269	134	178	62	57	6	8
Dementia praecox (schizophrenia).....	13.7	17.7	19.4	38	27	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Paranoia and paranoid conditions.....	9.3	10.7	8.5	38	27	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	12.5	13.5	12.0	126	42	84	5	5	1	4	6	3	2	7	13	6	3	0	2	0	2	3	3	2
With mental deficiency.....	12.5	10.0	14.2	31	16	15	1	2	3	10	9	10	2	9	10	8	16	8	18	6	6	1	1	1
Undiagnosed psychoses.....							1	1	1	3	1	2	1	3	4	3	8	8	3	1	2	1	1	1

Without psychosis.....	6.0	6.3	5.5	639	480	179	21	8	14	13	90	34	99	41	109	61	80	21	38	1	9
Alcoholism.....	6.1	6.1	5.1	485	385	150	18	7	11	10	77	32	87	37	87	47	55	16	1	1	1
Drug addiction.....	7.2	7.2	7.3	23	10	13	1	1	1	2	1	1	1	2	6	7	1	1	1	1	1
Mental deficiency.....	9.0	12.0	3.0	5	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	12.0	12.0	2	2	2	4	1	1	1	2	2	1	2	2	4	3	1	1	3	1	1
Psychopathic personality.....	9.0	8.3	10.0	17	13	4	1	1	1	1	1	1	2	4	3	1	1	1	3	1	1
Other non-psychotic diseases or condi- tions (not insane).....	11.0	10.5	12.0	5	3	2	1	1	1	3	3	2	1	2	2	1	1	1	1	1	1
Primary behavior disorders.....	7.2	7.5	7.0	22	13	9	2	1	1	1	6	3	1	2	3	4	2	2	1	1	1
Sexual psychopathy.....	13.0	13.0	7.7	77	77	77	1	1	1	6	8	8	8	8	7	18	4	18	30	7	7
Syphilis of the c. n. s.....	33.0	33.0	3	3	3	3	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2
Diagnosis deferred.....				9	8	1	1	1	1	1	4	4	4	4	1	1	1	1	1	1	1
Percent of total male and total female.....				100.0	100.0	100.0	3.6	4.1	3.3	3.8	13.2	12.1	13.5	14.1	22.9	24.3	20.4	22.1	16.0	13.8	6.5
Percent of total, both sexes.....				100.0	100.0	100.0	3.9	3.9	3.6	3.6	12.5	12.5	13.8	13.8	23.8	23.8	21.4	21.4	14.7	14.7	5.7
																					0.6
																					0.6

* Including 1 patient on leave over 15 years.

TABLE 29
 PATIENTS ON LEAVE FROM STATE MENTAL HOSPITALS, BY HOSPITAL, SEX, AND LENGTH OF TIME
 ON LEAVE, JUNE 30, 1947

Length of time on leave	Total, all hospitals		Agnews		Camarillo		De Witt		Mendocino		Napa		Norwalk		Patton		Stockton		
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Total.....	5,762	2,520	3,242	479	766	653	737	7	14	176	105	248	323	139	238	382	563	436	496
0-3 days.....	64	23	41	6	13	8	8			1	2	2	3	1	3	2	3	3	8
4-14 days.....	161	68	93	9	13	15	24			6	7	12	12	6	7	13	16	7	14
15-30 days.....	208	84	124	9	17	22	32		2	4	2	15	24	4	7	11	20	19	20
1-0-2.9 months.....	723	332	391	43	85	85	94	2	2	33	10	55	61	22	32	52	66	40	41
3-0-5.9 months.....	706	340	456	33	78	90	120	3	2	35	21	43	46	22	51	41	64	54	64
6-0-11.9 months.....	1,363	575	788	51	119	170	178	2	0	42	24	59	84	44	86	106	176	101	115
1-0-1.9 years.....	1,232	514	718	92	160	168	194			21	19	38	55	14	25	88	146	93	119
2-0-4.9 years.....	849	403	446	123	181	73	63			20	16	15	29	12	17	61	60	99	100
5-0-9.9 years.....	331	165	166	100	105	13	15			14	4	9	8	4	10	8	11	18	13
10-0-14.9 years.....	33	16	17	13	13														
15 years and over.....	2		2		2							1	1						2
Median length of time on leave, in months.....	10.1	10.3	9.9	23.5	16.3	9.4	8.7	4.0	5.0	7.3	8.6	5.8	7.1	6.6	7.3	10.0	9.8	11.6	11.2
Number on leave per 100 resident patients, June 30.....	20.9	19.1	22.5	31.6	36.6	32.8	27.2	1.3	2.2	10.2	9.0	13.6	14.7	12.8	16.9	19.4	23.2	17.3	28.7

TABLE 30
LEAVES GRANTED IN RELATION TO OTHER POPULATION DATA—STATE MENTAL HOSPITALS
YEARS ENDING JUNE 30, 1938-1947

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†											
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
1947.....	9,113	27,204	8,613	5,478	3,135	2,454	94.5	31.3	34.4	11.4	63.6
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
1947.....	9,113	27,204	5,530	2,461	3,069	-----	60.7	20.1	33.7	11.1	44.5

* Excluding observation admissions of all types; see Table 3.

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

leave increased, the relationship being set forth in some detail in the figures of the last column of the table. To illustrate, 343 patients were returned from leave and 1,360 were discharged from leave after having been on leave for one year or longer, and the ratio of these 1,360 discharges to the total of 1,703 returns and discharges from leave (79.9 percent) thus represents the likelihood of ultimate discharge for patients on leave for one year. The ratios appearing in the table, derived in this manner, indicate that the likelihood of a successful leave of absence followed by discharge from the records increased from 50.0 percent at the beginning of leave to a maximum of 79.9 percent for patients on leave for one year, and, as might be expected, then decreased from this maximum as the period of leave increased further. Needless to say, these ratios cannot be applied indiscriminately to individual cases. They overlook such factors as age, sex, diagnosis, degree of improvement at time of leave, and extramural environment, all of which merit inclusion in a more intensive analysis.

For tabular data and narrative comment on the relationship between leaves of absence and other population movement data by hospital and by sex, and the distribution of leaves of absence with respect to age, marital status, and diagnosis of patients granted leave, the reader is referred to the section on extramural care in the department's report for 1945-46.

TABLE 31
LEAVES GRANTED AND RETURNS FROM LEAVE, BY TYPE OF LEAVE, STATE MENTAL
HOSPITALS, YEAR ENDING JUNE 30, 1947

Type of leave	Number						Percent of total				Re- turns from leave in per- cent of leaves grant- ed
	Leaves granted			Returns from leave			Including visits		Excluding visits		
	Total	Male	Fe- male	Total	Male	Fe- male	Leaves grant- ed	Re- turns from leave	Leaves grant- ed	Re- turns from leave	
All leaves, exclusive of visit*.....	5,530	2,380	3,150	2,461	967	1,494	64.2	44.9	100.0	100.0	44.5
Family care.....	99	58	41	64	28	36	1.2	1.2	1.8	2.6	64.6
Receives maintenance only.....				1		1		0.0			0.0
Relatives bear expense.....	22	10	12	14	8	6	0.3	.3	0.4	.6	63.6
Department bears expense.....	72	46	26	44	20	24	.8	.8	1.3	1.8	61.1
Receives old age assistance.....	5	2	3	5		5	.1	.1	0.1	0.2	100.0
Work leave.....	276	112	164	170	69	101	3.2	3.1	5.0	6.9	61.6
In industry.....	205	77	126	126	49	77	2.4	2.3	3.7	5.1	61.5
On farm.....	27	27		13	12	1	0.3	0.2	0.5	0.5	48.1
In home.....	46	8	38	31	8	23	.5	.6	.8	1.3	67.4
Home leave, less visit.....	5,155	2,210	2,945	2,227	870	1,357	59.8	40.6	93.2	90.5	43.2
With relatives.....	4,693	1,944	2,749	2,071	791	1,280	54.5	37.7	84.8	84.1	44.1
With friends.....	425	247	178	142	72	70	4.9	2.6	7.7	5.8	33.4
Other agency assistance.....	37	19	18	14	7	7	.4	.3	0.7	0.6	37.8
Visits*.....	3,083	1,015	2,068	3,017	1,004	2,013	35.8	55.1			97.9
Home leave, including visit.....	8,238	3,225	5,013	5,244	1,874	3,370	95.6	95.7			63.7
All leaves, including visit.....	8,613	3,395	5,218	5,478	1,971	3,507	100.0	100.0			63.6

* Visits comprise temporary leaves of absence from which the patient is expected to return within three days.
NOTE: The diagnostic distribution of the above data may be inferred from Table 28 of the 1946 report.

PATIENTS ON ESCAPE

On June 30, 1947, 893 patients were on escape from the state mental hospitals (Table 33), representing an increase of 28 percent (22 percent for psychotic patients and 46 percent for nonpsychotic patients) over the number of escape on June 30, 1946. Per 100 resident patients on June 30th 3.2 patients were on escape (6.1 male and 0.6 female patients). Among the various hospitals, male patients on escape per 100 resident male patients on June 30th ranged from 3.1 for Mendocino to 11.9 for Agnews (excluding DeWitt, with only four patients on escape).

The median length of time on escape for patients absent on June 30th was 11.9 months (13.1 months for male and 9.1 months for female patients). By hospital, for male patients the median length of time on escape to June 30th ranged from 5.5 months for Stockton to 44.9 months for Agnews; for female patients this median ranged from 4.5 months for Norwalk to 42.0 months for Agnews.

TABLE 32
RETURNS AND DISCHARGES FROM LEAVE, BY SEX AND LENGTH OF LEAVE, STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1947

Time spent on leave	Returns from leave*						Discharges from leave†						Percentage of likelihood of discharge from leave‡
	Number			Percent			Number			Percent			
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	
Totals.....	2,461	967	1,494	100.0	100.0	100.0	2,454	1,124	1,330	100.0	100.0	100.0	50.0
0-3 days.....	251	90	161	10.2	9.3	10.8	22	15	7	0.9	1.3	0.5	50.0
4-14 days.....	635	246	389	25.8	25.4	28.0	74	40	34	3.0	3.6	2.6	52.4
1 month.....	345	150	195	14.0	15.5	13.0	91	53	48	3.7	4.7	3.6	59.9
2 months.....	176	80	96	7.2	8.3	6.4	83	43	40	3.4	3.8	3.0	64.8
3 months.....	149	54	95	6.1	5.6	6.4	91	44	47	3.7	3.9	3.5	67.4
4 months.....	110	42	68	4.5	4.3	4.6	81	34	47	3.3	3.0	3.5	69.8
5 months.....	87	35	52	3.5	3.6	3.5	76	41	35	3.1	3.7	2.6	71.7
6-8 months.....	239	97	142	9.7	10.0	9.5	344	162	172	14.0	14.5	12.9	73.2
9-11 months.....	128	49	77	5.1	5.1	5.2	232	116	116	9.5	10.3	8.7	77.3
1-1½ years.....	152	55	97	6.2	5.7	6.5	716	269	447	29.2	23.9	33.6	79.9
1½-2 years.....	50	20	30	2.4	2.1	2.6	245	127	118	10.0	11.3	8.9	77.1
Over 2 years.....	132	49	83	5.3	5.1	5.5	399	180	219	16.2	16.0	16.6	76.1
Average time on leave, in months, median.....	1.5	1.5	1.5	13.1	12.3	13.6							

* Excluding returns from visit.

† Including discharges from visit (approximately 70).

‡ I.e., 15-44 days.

§ E.g., there is a 79.9-percent likelihood that a patient on leave at least one year will be discharged rather than returned from leave.

TABLE 33
 PATIENTS ON ESCAPE FROM STATE MENTAL HOSPITALS, BY HOSPITAL, SEX, AND LENGTH OF TIME ON ESCAPE
 JUNE 30, 1947

Length of time on escape	All hospitals						Agnews	Camarillo	DeWitt	Mendocino	Napa		Norwalk		Patton		Stockton			
	Total		Male	Fe- male	Male	Fe- male					Male	Fe- male	Male	Fe- male	Male	Fe- male	Male	Fe- male	Male	Fe- male
	Num- ber	Per- cent																		
Total, all periods.....	893	100.0	805	88	181	19	161	18	4	54	106	30	50	1	161	18	88	2		
0-3 days.....	15	1.7	14	1	1	1	6	1	1	2	6	1	1	1	3	1	3	1		
4-14 days.....	27	3.0	25	2	3	1	8	2	1	1	9	2	3	1	1	1	5	1		
15-30 days.....	34	3.8	30	4	6	6	6	2	1	1	9	2	1	1	1	1	5	1		
1 0-2.9 months.....	113	12.7	105	8	16	2	24	7	1	9	21	3	4	1	13	3	26	1		
3 0-5.9 months.....	69	7.7	65	4	11	1	11	4	1	4	4	1	7	1	17	4	11	2		
6 0-11.9 months.....	189	21.1	160	29	13	5	42	3	9	22	16	12	12	5	32	3	30	2		
1 0-1.9 years.....	161	18.0	147	14	19	3	38	3	15	15	6	5	5	3	30	2	8	1		
2 0-4.9 years.....	130	14.6	118	12	49	3	25	2	17	7	1	1	1	17	6	3	3	1		
5 0-9.9 years.....	84	9.4	82	2	67	2	1	1	2	5	5	1	1	6	6	1	1	1		
10 0-14.9 years.....	13	1.5	11	2	3	2	1	1	5	1	1	1	1	1	1	1	1	1		
15 years and over.....	58	6.5	58	1	3	2	1	1	3	1	15	1	15	1	40	1	1	1		
Median length of time on escape, in months.....	11.9	-----	13.1	9.1	44.9	42.0	9.6	5.6	1.0	22.8	7.8	7.5	8.3	4.5	17.4	8.0	5.5	7.5		
Number on escape per 100 resident patients, June 30.....	3.2	-----	6.1	0.6	11.9	0.9	8.0	0.6	0.7	3.1	5.8	2.7	4.6	0.0	8.1	0.7	3.5	0.1		

PATIENTS DISCHARGED FROM MENTAL HOSPITALS

Of the 9,636 cases removed from the active records of the state mental hospitals during the fiscal year ending June 30, 1947, 2,330 cases were terminated by death within the institution, 1,563 cases were closed by transfer-out to another California state mental hospital, and 5,743 cases were discharged from the active records (Table 3). In the detailed consideration of this last group, the following tables exclude 667 court observation discharges (since these patients were, after a few days' observation, either discharged as unsuitable for treatment in a mental hospital or discharged from observation and then formally committed for an indeterminate period). Also excluded are 110 cases which were closed because of the patient's death while absent from the institution. On the other hand, 10 transfers-out from state mental hospitals to Sonoma and Pacific Colony (included with other transfers in Table 3) are included with discharges at this point, since their treatment for mental illness had been completed. These adjustments, which are summarized in Table 34, result in a net total of 4,976 discharges appropriate for analysis in the descriptive tables. Of this total, 2,314 cases or 46.5 percent were discharged directly from the institution, 2,351 or 47.3 percent were discharged while on visit or leave, and 311 or 6.2 percent were discharged while on escape.

Discharges in 1946-47 were slightly less than the total for 1945-46, not only in actual number of cases (a reduction of 105 discharges or 2.2 percent) but also in relation to the number of cases under treatment during the year. There were 139.3 discharges per thousand under treatment, as compared with 141.1 in the preceding year. The rates for both years are higher than the over-all 1946 rate of 119.5 for state hospitals throughout the Nation, as reported by the United States Bureau of the Census.

Reason for Discharge. Of the 4,976 discharges covered in the following tables, 3,731 or 75 percent were discharged for medical or related reasons, 803 or 16 percent were removed from the records for legal and statutory reasons, and 432 or 9 percent were released for further treatment in facilities outside the department. The corresponding percentages for 1945-46 were 79, 11 and 10 percent respectively. The marked increase in the percentage of cases discharged for legal and statutory reasons may be attributed mainly to the increase in the rate of alcoholic commitments, the majority of which are terminated by reason of the expiration of the maximum term set by the committing court. For a more detailed discussion of the various reasons for discharge and the distribution of discharges on this basis, the reader is referred to pages 82-84 of the department's report for 1945-46.

The figures in Table 34 of the current report, however, suggest two observations which have not been made in previous reports. First, with respect to the 3,731 patients discharged on medical grounds, these figures make possible the comparison of the percentage of recovered direct discharges with the corresponding percentages recovered among discharges from leave and discharges from escape. After the exclusion of 471 patients who were discharged because further treatment was not beneficial (the great majority of whom were nonpsychotic alcoholic commitments),

TABLE 34
DISCHARGES FROM STATE MENTAL HOSPITALS, BY TYPE OF ADMISSION, STATUS AT DISCHARGE, AND
REASON FOR DISCHARGE, YEAR ENDING JUNE 30, 1947

Reason for discharge	Status at discharge			Type of admission								
	All discharges	In hospital	On leave	On escape	Mentally ill	Alcoholic	Narcotic addict	Sexual psychopath	Voluntary admission	Juvenile court observation	Youth authority observation	Court observation and psycho-pathic delinquent observat on
Total, all discharges.....	5,753	2,981	2,454	318	2,937	1,011	52	27	841	152	66	667
Total, excluding court observation cases and deaths on leave or escape.....	*4,976	2,314	2,351	311	2,835	1,007	52	26	839	152	65	---
Total discharged on medical grounds.....	3,731	1,574	1,942	215	2,366	485	10	13	838	13	6	---
Recovered.....	1,170	350	812	8	1,085	4	---	4	77	---	---	---
Improved.....	1,466	431	921	114	1,069	16	---	3	373	2	3	---
Unimproved.....	231	162	62	26	166	1	---	1	166	1	1	---
Not insane.....	393	359	23	11	150	6	---	4	222	9	2	---
Further treatment not beneficial.....	471	272	143	56	458	10	---	2	222	1	---	---
Total discharged for legal and statutory reasons.....	803	300	408	95	35	520	42	7	1	139	59	---
Court order.....	116	100	3	13	26	2	6	7	1	50	24	---
Term expired.....	682	195	405	82	9	515	34	7	1	89	35	---
Illegal commitment.....	5	5	---	---	---	3	2	---	---	---	---	---
Total discharged by transfer to facilities outside department.....	432	430	1	1	424	2	---	6	---	---	---	---
Discharged to U.S. Veterans Administration facilities.....	161	159	1	1	158	2	---	1	---	---	---	---
Deported to state or country of legal residence.....	271	271	---	---	266	---	---	5	---	---	---	---
Total discharged from court observation*.....	667	667	---	---	---	---	---	---	---	---	---	667
Case dismissed.....	132	132	---	---	---	---	---	---	---	---	---	132
Permanent commitment.....	532	532	---	---	---	---	---	---	---	---	---	532
Readmitted for further observation.....	3	3	---	---	---	---	---	---	---	---	---	3
Discharged following death on leave or escape*.....	110	---	103	7	102	4	---	1	2	---	1	---
Transferred to institutions for mentally deficient†.....	10	10	---	---	10	---	---	---	---	---	---	---

* Excluded from total, and from Tables 36-38: 365 male and 302 female patients discharged from court observation (see Table 31), and 59 male and 51 female patients dying on leave or escape. (In this last group, 55 male and 48 female patients had been diagnosed as psychotic.)
 † See Table 85 and footnote.
 ‡ Comprising 8 male and 2 female patients, included in total and in Tables 36-38. These patients are included with transfers-out in Tables 3 and 8a.

there remained 3,260 patients who were discharged primarily on medical grounds as recovered, improved, unimproved, or not insane. This last group consisted almost entirely of patients committed as mentally ill or voluntarily hospitalized for the treatment of mental illness, and comprised 1,302 direct discharges, 1,799 discharges from leave, and 159 discharges from escape. Of the direct discharges, 27 percent were discharged as recovered from a psychosis, 33 percent were improved, 12 percent were unimproved, and 28 percent were classified as not insane at time of admission. Of the discharges from leave, 45 percent were removed from the records as recovered, 51 percent as improved, 2 percent as unimproved, and 2 percent as not insane. Of the 159 discharges from escape, 5 percent were recovered, 72 percent were improved, 16 percent were unimproved, and 7 percent were not insane; most of the escaped patients discharged as improved had progressed sufficiently to be granted freedom of the hospital grounds at the time of their departure without formal authorization, and their cases were accordingly closed after sufficient time had elapsed to warrant the presumption of satisfactory adjustment in the community. In comparison with direct discharges, patients discharged while on leave included the higher proportion of recovered and improved patients. This may be due in part to a more favorable average prognosis at time of release from the hospital and in part to the effectiveness of extramural care as a therapeutic measure, but no definite conclusions can be drawn from these figures in themselves, which serve merely to point out the need for more intensive analysis.

The second observation concerns alcoholic commitments (which in each case are limited by the committing court to a maximum period ranging from three months to a statutory limit of two years) and narcotic commitments (which also carry a two-year statutory limit). The fact that the majority of patients committed under these two provisions were not discharged until the expiration of their term of commitment would suggest that the patients so discharged might have profited from further supervision (either within the institution or while on extramural care), which under the present statutes could not be furnished without recommitment proceedings.

Deportations. In addition to the 271 mentally ill patients deported at state or federal expense during the fiscal year ending June 30, 1947 (Table 34), 54 patients were deported under departmental supervision to other states at their own or their relatives' expense. These, together with 20 mentally deficient patients deported from Pacific Colony and Sonoma, comprise a total of 345 patients removed from California state mental institutions by deportation during 1946-47 (Table 35).

During this same year 134 authorizations were approved by the department for the return of California residents hospitalized in other states. In this group, approximately 70, or one-half of the total authorized for return to this State, were subsequently hospitalized in California state mental institutions, the remainder consisting of cases which either were not returned, or, if returned, were not committed to a state mental institution. It may accordingly be assumed that a net total of some 275

TABLE 35
DEPORTATIONS FROM STATE MENTAL INSTITUTIONS, YEARS ENDING JUNE 30, 1943-1947

Institution	Year ending June 30				
	1943	1944	1945	1946	1947
All institutions.....	230	357	534	408	345
Mental hospitals.....	228	346	511	382	*325
Agnews.....	13	22	28	39	22
Camarillo.....	33	40	78	38	18
Mendocino.....	22	19	72	42	28
Napa.....	31	63	69	46	42
Norwalk.....	21	44	36	40	27
Patton.....	71	105	139	118	139
Stockton.....	37	53	84	59	49
Mental defectives.....	2	11	23	26	20
Pacific Colony.....	1	2	4	2	4
Sonoma State Home.....	1	9	19	24	16

* Including 54 patients deported under departmental supervision at expense of relatives.

cases were removed from the resident patient population through interstate deportation activities. Thus, without this program, the year's increase in resident population would have been greater by one-fifth.

Diagnoses of Patients Discharged. Of the group of 4,976 discharged patients included in Table 36, 66.8 percent had been diagnosed as psychotic at admission, as compared with 72.9 percent in 1945-46 and 76.7 percent in 1944-45. Among the various diagnostic groups, the percentage of patients diagnosed as cases of dementia praecox decreased during this last year from 24.8 to 22.2 percent of the total number of discharges. Marked changes may also be noted in the percentage of syphilitic and alcoholic patients discharged. Patients whose diagnosis included syphilis as an etiological factor comprised 7.8 percent of the total number of discharges in 1946-47, as compared with 10.3 percent in 1945-46 and 12.4 percent in 1944-45. Psychotic and nonpsychotic alcoholic discharges accounted for 24.7 percent of the total during 1946-47 as compared with 19.5 percent in 1945-46 and 19.1 percent in 1944-45. These changes were largely a reflection of changes in the diagnostic distribution of admissions.

Age of Patients at Discharge. During 1946-47, the median age at discharge increased to 42.1 years (42.4 years for male patients and 41.6 years for female patients) as compared with a median age of 40.1 years in 1945-46. For the psychotic category the median was 42.7 years, ranging among the larger diagnostic groups from 35.9 years for dementia praecox cases to 68.2 years for cases of psychosis with cerebral arteriosclerosis; for the nonpsychotic category the median was 41.0 years, ranging from 16.7 years for patients with primary behavior disorders to 45.9 years for nonpsychotic alcoholics. The comparison of Table 36 with Tables 20 and 24 shows that for those diagnostic categories associated with the older age-groups the median age at discharge is often lower than the median age at admission. This is because hospitalization was terminated by death rather than discharge for a large proportion of the older patients.

TABLE 36 DISCHARGES FROM STATE MENTAL HOSPITALS, BY AGE, MENTAL DISORDER, AND SEX, YEAR ENDING JUNE 30, 1947

Mental disorder	Median age at discharge, in years			All discharges*			Age at nearest birthday, in years					
	Total	Male	Female	Total	Male	Female	5-9		10-14		15-19	
							M	F	M	F	M	F
All groups.....	42.1	42.4	41.6	4,976	2,759	2,217	3	6	52	26	203	99
With psychosis.....	42.7	42.6	42.8	3,332	1,589	1,743	1	1	6	9	73	33
Symphyllic meningoencephalitis (general paresis).....	46.1	46.9	42.9	158	117	41			1	1		
With other forms of syphilis of the c. n. s.....	50.0	52.5	37.5	22	13	9						1
With epidemic encephalitis.....												
With other infectious diseases.....	40.0	42.5	22.5	6	5	1						
Alcoholic.....	45.4	45.9	44.1	334	256	78						
Due to drugs or other exogenous poisons.....	45.5	40.0	48.8	31	30	17						
Traumatic.....	37.5	37.0	42.5	35	34	1			2			
With cerebral arteriosclerosis.....	68.2	67.9	68.5	205	106	99					1	
With other disturbances of circulation.....	55.0	55.0	55.0	8	4	4						
With convulsive disorders (epilepsy).....	34.2	33.6	33.5	85	51	34				1		
Senile.....	75.7	76.4	75.2	59	24	35						
Involitional.....	55.5	58.6	54.8	231	38	193						
Due to other metabolic, etc., diseases.....	50.8	51.3	50.0	19	7	12					1	
Due to new growth.....	52.5		52.5	3		3						
With organic changes of the nervous system.....	45.0	42.5	50.0	16	10	6						
Psychoneuroses.....	36.1	33.2	37.5	181	77	104			2	3	13	13
Dementia praecox (schizophrenia).....	43.5	45.3	42.5	647	105	542					1	3
Dementia depressiva.....	35.9	35.0	36.5	1,102	540	562			1	4	42	11
Paranoia and paranoid conditions.....	52.5	45.0	55.6	15	6	9						
With psychopathic personality.....	34.1	36.7	30.6	31	8	23					1	1
With mental deficiency.....	34.3	30.0	36.0	54	24	30					2	1
Undiagnosed psychoses.....	32.9	33.3	32.5	52	34	18	1				7	3
Without psychosis.....												
Epilepsy.....	41.0	42.2	38.2	1,618	1,156	462	2	5	46	17	125	61
Alcoholism.....	25.0	27.5	22.5	18	14	4			1		4	1
Drug addiction.....	45.9	47.2	42.9	893	642	251						
Mental deficiency.....	43.0	43.5	38.2	81	34	47						
Drug addiction.....	21.9	22.7	19.5	56	37	19	1		5	4	6	5
Mental deficiency.....	15.0	15.0	15.2	2	2				1		1	
Disorders of personality due to epidemic encephalitis.....	27.2	27.5	24.2	121	85	36			3	2	21	11
Psychopathic personality.....	38.2	33.6	47.5	68	42	26					8	3
Other non-psychotic diseases or conditions (not insane).....	48.7	47.5	47.5	177	118	59	1	2	33	10	81	41
Primary behavior disorders.....	45.8	45.8	45.8	26	26							
Sexual psychopathy.....	45.8	45.8	45.8	26	26							
Symphyllic of the c. n. s.....	40.5	42.2	37.5	206	150	56			1	1	3	
Diagnosis deferred.....	30.0	30.0	30.0	26	14	12					5	5
Percent of total male and total female.....					100.0	100.0	0.1	0.3	1.9	1.2	7.4	4.5
Percent of total, both sexes.....				100.0			0.2		1.6		6.1	

* See footnote to Table 34.

TABLE 36—Continued
DISCHARGES FROM STATE MENTAL HOSPITALS, BY AGE, MENTAL DISORDER, AND SEX, YEAR ENDING JUNE 30, 1947

Mental disorder	Age at nearest birthday, in years													
	20-24		25-29		30-34		35-39		40-44		45-49		50-54	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	148	118	200	190	242	264	351	317	375	271	313	263	275	209
With psychosis.....	113	93	143	161	143	217	207	240	208	207	165	202	145	170
Syphilitic meningo-encephalitis (general paresis).....	1	1	1	1	7	5	16	11	25	6	20	3	20	5
With other forms of syphilis of the c. n. s.....	1	1	1	1	1	3	1	1	4	1	1	1	3	1
With epidemic encephalitis.....	1	1	1	1	1	1	2	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
Alcoholic.....	1	1	9	3	18	8	39	14	54	17	39	15	46	10
Due to drugs or other exogenous poisons.....	1	1	1	3	3	1	3	1	1	1	3	2	2	4
Traumatic.....	3	1	3	3	3	1	5	5	3	1	3	2	1	4
With cerebral arteriosclerosis.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other disturbances of circulation.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With convulsive disorders (epilepsy).....	8	3	8	6	6	10	4	4	6	4	5	1	4	5
Senile.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involitional.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	2	1	1	1	1	1	1	1	2	1	2	1	1	1
Psychoneuroses.....	9	15	10	11	7	11	11	18	10	18	3	10	5	6
Manic-depressive.....	7	16	13	39	12	66	28	72	35	60	29	68	15	42
Dementia praecox (schizophrenia).....	70	56	81	80	76	96	85	109	54	76	39	53	31	32
Paranoia and paranoid conditions.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	4	5	8	6	4	4	6	4	4	2	5	2	2	1
With mental deficiency.....	3	2	7	6	2	5	2	5	3	4	4	4	2	2
Undiagnosed psychoses.....	5	1	2	3	3	4	4	4	4	2	4	2	2	1
Without psychosis.....	35	25	55	28	98	47	143	76	165	64	146	50	130	38
Epilepsy.....	1	1	2	1	2	2	1	1	2	2	1	1	1	1
Alcoholism.....	3	5	8	17	51	29	96	47	118	47	101	39	100	20
Drug addiction.....	1	1	1	3	2	3	6	3	10	2	2	2	4	1
Mental deficiency.....	12	4	6	1	3	2	1	1	1	1	1	1	1	1
Disorders of personality due to epidemic encephalitis.....	10	6	17	11	11	3	6	9	6	2	5	2	3	4
Psychopathic personality.....	5	2	4	4	7	1	2	1	4	2	3	2	3	4
Other non-psychotic diseases or conditions (not insane).....	2	3	2	2	3	1	2	1	1	1	1	1	1	1
Primary behavior disorders.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Secondary psychopathy.....	2	4	4	4	3	3	2	2	3	6	6	2	2	2
Syphilis of the c. n. s.....	1	3	11	6	19	10	29	14	25	11	29	4	15	4
Diagnosis deferred.....	5.4	5.3	7.2	8.6	8.8	11.9	12.7	14.2	13.6	12.2	11.3	11.4	10.0	9.4
Percent of total male and total female.....	5.3	5.3	7.8	7.8	10.2	10.2	13.4	13.4	13.0	13.0	11.4	11.4	9.7	9.7

TABLE 36—Continued
DISCHARGES FROM STATE MENTAL HOSPITALS, BY AGE, MENTAL DISORDER, AND SEX, YEAR ENDING JUNE 30, 1947

Mental disorder	Age at nearest birthday, in years															
	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
All groups.....	216	160	154	130	120	85	68	37	24	37	14	10	7	5	4	-----
With psychosis.....	124	137	92	111	81	77	49	37	19	35	10	9	7	4	3	-----
Syphilitic meningo-encephalitis (general paresis)	9	6	8	3	5	-----	1	1	2	-----	-----	-----	-----	-----	-----	-----
With other forms of syphilis of the c. n. s.	2	1	1	1	1	-----	-----	-----	-----	-----	-----	-----	1	-----	-----	-----
With epidemic encephalitis.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With other infectious diseases.....	1	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Alcoholic.....	28	5	9	3	7	2	5	1	1	-----	-----	-----	-----	-----	-----	-----
Due to drugs or other exogenous poisons.....	1	2	1	1	1	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Traumatic.....	2	-----	3	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With cerebral arteriosclerosis.....	12	9	16	17	31	28	22	21	8	15	5	4	4	1	1	-----
With other disturbances of circulation.....	3	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With convulsive disorders (epilepsy).....	3	-----	3	-----	1	-----	7	6	7	12	5	3	2	3	-----	-----
Senile.....	11	45	11	34	4	7	7	1	1	-----	-----	-----	-----	-----	-----	-----
Involuntional.....	1	-----	2	3	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Due to other metabolic, etc., diseases.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Due to new growth.....	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With organic changes of the nervous system.....	-----	-----	1	-----	-----	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----
Psychoneuroses.....	3	3	2	4	-----	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----
Manic-depressive.....	21	33	15	31	13	15	6	3	1	1	-----	-----	-----	-----	-----	-----
Dementia praecox (schizophrenia).....	25	26	17	5	11	8	6	2	1	2	-----	-----	-----	-----	-----	-----
Paranoia and paranoid conditions.....	4	-----	1	1	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With psychopathic personality.....	3	-----	-----	-----	2	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
With mental deficiency.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Undiagnosed psychoses.....	1	1	1	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Without psychosis.....	92	22	62	18	39	8	8	-----	5	1	4	1	-----	-----	-----	-----
Epilepsy.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Alcoholism.....	69	18	51	13	29	6	6	-----	2	1	1	-----	-----	-----	-----	-----
Drug addiction.....	3	-----	2	3	1	1	-----	-----	1	-----	-----	-----	-----	-----	-----	-----
Mental deficiency.....	2	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Disorders of personality due to epidemic encephalitis.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Psychopathic personality.....	6	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Other non-psychotic diseases or conditions (not insane).....	2	2	1	-----	2	1	2	-----	1	-----	2	1	-----	-----	-----	-----
Primary behavior disorders.....	2	1	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Sexual psychopathy.....	1	-----	2	-----	-----	-----	-----	-----	1	-----	-----	-----	-----	-----	-----	-----
Syphilis of the c. n. s.....	9	1	4	1	4	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Diagnosis deferred.....	-----	-----	-----	-----	-----	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----
Percent of total male and total female.....	7.8	7.2	5.6	5.9	4.3	3.8	2.1	1.7	0.9	1.7	0.5	0.5	0.3	0.2	0.1	-----
Percent of total, both sexes.....	7.6	-----	5.7	-----	4.1	-----	1.9	-----	1.2	-----	0.5	-----	0.2	-----	0.1	-----

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Condition at Discharge. Thirty-five percent of the psychotic patients discharged in 1946-47 were classified as recovered from the mental disorders which occasioned their admission to the hospital, 57 percent were classified as improved, and 8 percent were classified as unimproved, being released for various administrative reasons, while during the preceding year 40 percent of all psychotic discharges were discharged as recovered, 48 percent as improved, and 12 percent as unimproved. For state hospitals throughout the Nation during this earlier year, 29 percent of all psychotic discharged patients were released as recovered, 58 percent as improved, 11 percent as unimproved, and 2 percent remained unclassified.

As might be expected, the percentage of patients discharged as recovered varies considerably with the type of mental disorder. For example, during the current year 24 percent of all discharged dementia praecox cases were recovered as compared with 59 percent of the discharged manic-depressive cases. The data in Table 37 bring out the interesting fact that female patients showed the higher percentage of recovery for nearly every type of mental disorder. The only major exception was alcoholism with psychosis. For this diagnosis, 34.6 percent of all discharged female patients were recovered as compared with 42.2 percent of all discharged male patients.

The percentage of recovery among nonpsychotic patients was comparatively low, since in most instances the very mildness of the aberration and its long-term chronic involvement in the patient's personality require a long series of psychotherapeutic interviews to effect any basic change. For all practical purposes, improvement is all that can be expected or desired.

Duration of Hospital Residence. The median duration of total hospital residence for all patients discharged during the year (including residence following the current admission and previous periods of residence in any state or federal mental hospital, but excluding time spent on leave or escape) decreased during 1946-47 to 5.1 months as compared with 5.2 months in 1945-46 and 5.6 months in 1944-45. For psychotic patients the median was 6.1 months and for nonpsychotic patients 3.3 months. Among the principal diagnoses, the median length of residence ranged from 8.0 months for dementia praecox to 2.6 months for the psychoneuroses. For psychotic alcoholics the median was 4.7 months and for nonpsychotic alcoholics 3.9 months. A longer median length of residence was reported for female than for male alcoholics. In fact, considerable interest is attached to the fact that the median length of residence prior to discharge for all female patients (5.6 months) is consistently longer than for male patients (4.6 months). Since female patients are placed on leave of absence with relative greater frequency than males, the opposite should be expected. Several unexplained factors probably contribute to the longer hospital residence of female patients.

TABLE 37
DISCHARGES FROM STATE MENTAL HOSPITALS BY CONDITION AT DISCHARGE, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	All discharges				Condition at discharge											
	Total	Male		Female	Patients discharged						Percent of diagnostic total for each sex					
		Recovered	Improved		Unimproved	Male			Female			Recovered	Improved		Unimproved	
			M	F		M	F	M	F	M	F					
All groups	4,976	2,759	2,217	488	715	2,003	1,361	268	141	17.7	72.6	9.7	32.3	61.3	6.4	
With psychosis	3,332	1,589	1,743	465	697	966	633	158	113	29.2	60.9	9.9	40.0	53.5	6.5	
Syphilitic meningo-encephalitis (general paresis).....	158	117	41	32	13	73	24	12	4	27.4	62.3	10.3	31.7	58.3	9.8	
With other forms of syphilis of the c. n. s.....	22	13	9	4	1	9	8	1	1	30.8	69.2	11.1	11.1	58.9	—	
With other infectious diseases.....	6	5	1	3	1	1	1	1	1	60.0	20.0	20.0	100.0	—	—	
Alcoholic.....	334	266	78	108	27	144	50	4	1	42.2	56.2	1.6	34.6	64.1	1.3	
Due to drugs or other exogenous poisons.....	31	14	17	9	13	5	4	2	—	36.7	53.3	10.0	27.3	23.3	—	
Traumatic.....	35	30	5	11	1	16	4	2	—	18.0	74.5	6.0	27.3	66.6	—	
With cerebral arteriosclerosis.....	205	106	99	20	27	79	66	7	—	50.0	50.0	—	50.7	95.0	6.1	
With other disturbances of circulation.....	8	4	4	2	2	2	2	1	—	19.6	64.7	15.7	14.7	79.4	3.9	
With convulsive disorders (epilepsy).....	85	51	34	10	5	33	27	5	2	20.8	70.9	8.3	14.3	65.7	20.0	
Senile.....	59	24	35	5	5	17	23	2	7	47.3	47.3	5.4	46.1	30.3	3.0	
Involuntary.....	231	38	193	18	89	18	97	2	7	71.4	28.6	—	50.0	33.3	16.7	
Due to other metabolic, etc., diseases.....	19	7	12	5	6	2	2	2	—	—	—	—	—	—	—	
Due to new growth.....	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	
With organic changes of the nervous system.....	16	10	6	2	2	8	4	4	1	20.0	80.0	—	33.3	66.7	33.3	
Psychoneuroses.....	181	77	104	12	25	55	73	10	6	15.6	71.4	13.0	24.0	70.2	5.8	
Manic-depressive.....	647	195	452	110	269	72	166	13	17	56.4	26.9	6.7	59.3	36.7	3.8	
Dementia praecox (schizophrenia).....	1,102	540	562	87	179	367	334	86	40	16.1	68.0	15.9	31.9	59.4	8.7	
Paranoia and paranoid conditions.....	15	6	9	1	3	5	6	1	—	16.7	83.3	—	33.3	66.7	—	
With psychopathic personality.....	69	38	31	15	15	23	11	—	5	39.5	60.5	—	33.3	33.3	16.1	
With mental deficiency.....	54	24	30	3	10	19	19	2	1	12.5	70.2	8.3	33.3	63.4	3.0	
Undiagnosed psychoses.....	52	34	18	8	4	18	10	3	4	23.5	53.0	23.3	22.2	55.6	22.2	
Without psychosis	1,618	1,156	462	23	17	1,025	422	110	23	2.0	88.5	9.5	3.7	61.3	5.0	
Epilepsy.....	18	14	4	—	—	12	4	2	—	—	—	—	—	—	—	
Alcoholism.....	893	642	251	11	13	615	236	16	2	1.7	95.8	2.3	5.2	100.0	—	
Drug addiction.....	51	34	17	1	1	31	17	2	—	2.9	91.2	5.9	5.2	84.0	0.8	
Mental deficiency.....	56	37	19	1	1	22	12	14	6	2.7	59.5	37.8	5.3	63.1	31.6	
Disorders of personality due to epidemic encephalitis.....	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Psychopathic personality.....	121	85	36	3	1	57	32	25	3	3.5	67.1	29.4	2.8	88.9	8.3	
Other non-psychotic diseases or conditions (not insane).....	68	48	20	—	—	39	20	9	—	—	—	—	—	—	—	
Primary behavior disorders.....	177	118	59	3	2	98	46	17	11	2.5	83.1	14.4	3.4	100.0	18.6	
Sexual psychopathy.....	26	26	—	—	—	14	9	—	—	11.5	53.9	36.9	—	—	—	
Syphilis of the c. n. s.....	206	150	56	1	—	135	55	14	1	0.7	90.0	9.3	—	—	1.8	
Diagnosis deferred	26	14	12	—	—	1	12	6	2	—	85.7	14.3	8.3	50.0	41.7	

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TABLE 38
 DISCHARGES FROM STATE MENTAL HOSPITALS BY DURATION OF HOSPITAL RESIDENCE, MENTAL DISORDER,
 AND SEX, YEAR ENDING JUNE 30, 1947

Mental disorder	Median length of resi- dence, in months			All discharges			Less than 1 month		1-3 months		4-6 months	
	Total	Male	Female	Total	Male	Female	M	F	M	F	M	F
All groups.....	5.1	4.6	5.6	4,976	2,759	2,217	75	58	1,084	707	577	494
With psychosis.....	6.1	6.1	6.2	3,332	1,589	1,743	42	49	478	485	318	376
Syphilitic meningo-encephalitis (general paresis).....	8.9	9.7	6.8	158	117	41	3	2	20	5	19	13
With other forms of syphilis of the c. n. s.....	10.3	10.7	9.0	22	6	9	1	1	3	2	2	2
With other infectious diseases.....	5.0	4.3	17.5	6	5	1	1	1	2	2	2	2
Alcoholic.....	4.7	3.4	6.5	334	256	78	1	1	107	22	75	17
Due to drugs or other exogenous poisons.....	3.1	2.8	3.3	31	14	17	1	1	9	8	3	5
Traumatic.....	4.7	4.8	4.3	30	17	13	1	1	11	1	7	7
With cerebral arteriosclerosis.....	5.9	6.4	3.5	35	30	5	2	2	11	1	2	2
With other disturbances of circulation.....	6.5	6.2	5.4	205	106	99	2	4	32	33	20	20
With convulsive disorders (epilepsy).....	9.0	11.5	3.5	8	4	4	1	1	19	1	6	1
Senile.....	7.3	6.5	9.0	59	24	35	1	1	6	10	5	5
Due to other metabolic, etc., diseases.....	5.3	5.2	5.3	231	38	193	2	3	13	68	7	42
Due to new growth.....	3.1	3.1	3.1	19	7	12	1	1	4	2	4	7
Due to other metabolic, etc., diseases.....	2.8	3.1	3.1	3	3	3	1	1	1	1	1	1
With organic changes of the nervous system.....	5.8	9.0	4.5	16	10	6	1	1	3	2	1	3
Psychoneuroses.....	2.6	2.7	2.6	181	77	104	13	11	35	59	15	16
Manic-depressive.....	6.4	6.3	6.4	647	195	452	1	12	58	125	48	91
Dementia praecox (schizophrenia).....	8.0	8.9	7.2	1,102	540	562	12	9	114	113	99	145
Paranoia and paranoid conditions.....	7.0	6.5	5.0	15	6	9	1	1	1	4	2	1
With psychopathic personality.....	7.0	5.3	8.7	69	38	31	1	1	16	6	5	5
With mental deficiency.....	11.5	5.3	21.8	54	24	30	1	1	8	1	5	4
Undiagnosed psychoses.....	2.8	2.8	2.8	52	34	18	4	2	17	9	4	1
Without psychosis.....	3.3	3.3	3.6	1,618	1,156	462	31	8	596	218	258	114
Epilepsy.....	2.7	2.3	11.5	18	14	4	1	1	10	1	3	1
Alcoholism.....	3.9	3.6	4.6	893	642	251	7	1	309	95	186	85
Drug addiction.....	8.2	8.1	8.4	51	34	17	2	1	8	3	1	1
Mental deficiency.....	3.3	2.9	5.4	56	37	19	2	1	21	6	4	4
Disorders of personality due to epidemic encephalitis.....	11.5	11.5	11.5	2	2	2	1	1	1	1	1	1
Psychopathic personality.....	4.6	4.3	5.2	121	85	36	1	1	38	14	13	7
Other non-psychotic diseases or conditions (not insane).....	2.6	2.8	2.2	68	48	20	2	3	21	12	8	2
Primary behavior disorders.....	3.4	3.7	3.0	177	118	59	2	1	54	34	39	15
Sexual psychopathy.....	15.9	15.9	15.9	26	26	26	2	2	2	2	2	2
Syphilis of the c. n. s.....	2.0	2.0	1.9	206	150	56	8	3	133	53	2	2
Diagnosis deferred.....	2.6	2.0	4.3	26	14	12	2	1	10	4	1	4
Percent of total male and total female.....	-----	-----	-----	100.0	100.0	100.0	2.7	2.6	39.2	32.0	21.0	22.3
Percent of total, both sexes.....	-----	-----	-----	100.0	-----	-----	-----	-----	35.9	-----	21.6	-----

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

TABLE 36—Continued
DISCHARGES FROM STATE MENTAL HOSPITALS BY DURATION OF HOSPITAL RESIDENCE, MENTAL DISORDER,
AND SEX, YEAR ENDING JUNE 30, 1947

Mental disorder	7-11 months		1 year		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	M	F	M	F
All groups.....	387	352	292	293	107	125	104	83	81	75	29	23	17	3	6	4
With psychosis.....	255	281	210	256	78	116	89	77	70	74	27	22	17	3	5	4
Syphilitic meningoenzephalitis (general paresis).....	26	10	25	5	6	4	7	2	10	1	1	1	1	1	1	1
With other forms of syphilis of the c. n. s.....	3	1	3	2	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
Alcoholic.....	35	17	23	10	5	9	5	2	4	1	1	1	1	1	1	1
Due to drugs or other exogenous poisons.....	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	4	4	3	1	3	1	3	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	15	13	16	10	7	5	8	9	6	4	1	1	1	1	1	1
With other disturbances of circulation.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With convulsive disorders (epilepsy).....	6	5	7	3	3	5	5	4	4	3	2	2	1	1	1	1
Senile.....	6	3	3	9	1	3	1	1	1	2	1	1	1	1	1	1
Involuntional.....	6	3	3	5	3	7	1	8	1	11	2	1	1	1	1	1
Due to other metabolic, etc., diseases.....	2	2	1	1	1	3	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With organic changes of the nervous system.....	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses.....	3	10	7	4	4	2	4	1	1	1	1	1	1	1	1	1
Manic-depressive.....	32	68	30	84	11	37	13	17	8	13	4	4	1	1	1	1
Dementia praecox (schizophrenia).....	95	98	78	87	28	34	45	28	29	33	22	13	14	4	4	2
Paranoia and paranoid conditions.....	1	1	1	3	2	2	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	8	8	3	8	2	5	2	3	1	4	1	2	2	1	2	1
With mental deficiency.....	4	4	2	7	2	5	2	2	1	1	1	2	1	2	1	1
Undiagnosed psychoses.....	5	4	2	2	2	2	2	2	1	1	1	1	1	1	1	1
Without psychosis.....	132	70	82	36	29	8	15	6	11	1	1	1	1	1	1	1
Epilepsy.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	68	40	47	24	15	4	8	3	2	1	1	1	1	1	1	1
Drug addiction.....	19	12	2	1	2	1	2	1	2	1	1	1	1	1	1	1
Mental deficiency.....	5	1	2	3	1	1	3	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.....	8	9	14	4	3	1	2	6	6	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insane).....	4	1	2	1	1	1	2	2	2	1	1	1	1	1	1	1
Primary behavior disorders.....	20	6	3	2	4	1	2	2	2	1	1	1	1	1	1	1
Sexual psychopathy.....	5	5	11	4	4	4	2	2	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	2	2	1	1	2	2	1	1	1	1	1	1	1	1	1	1
Diagnosis deferred.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Percent of total male and total female.....	14.0	15.9	10.6	13.2	3.9	5.6	3.8	3.7	3.0	3.4	1.0	1.0	0.6	0.1	0.2	0.2
Percent of total, both sexes.....	14.8	11.7	4.7	3.8	3.2	3.8	3.8	3.2	3.2	1.0	1.0	0.4	0.4	0.2	0.2	0.2

DEATHS IN MENTAL HOSPITALS

It is gratifying to note that the total of 2,304 deaths (excluding observation cases) occurring in state mental hospitals during the fiscal year ending June 30, 1947, was 7.1 percent less than the corresponding total reported for the preceding year. The death rate dropped even more sharply during the year to 55 per 1,000 patients under treatment, after having increased from 50 per 1,000 in 1939-40 to 72 per 1,000 in 1945-46. (The national rate for state hospitals was 75 deaths per 1,000 under treatment for 1945-46.) This reversal in the annual trend is made even more impressive by the fact that the median age of first admissions, readmissions, and resident population, as well as the median age at death, have all increased during the year.

Age at Death. The median age of patients dying in state mental hospitals has increased steadily from 60 years in 1935-36 (the earliest year for which this figure is available) to the current figure of 71 years. For all deaths occurring during the year, and for deaths in each of the four principal diagnostic categories, the median age at death was higher for female patients than for male patients. The differences between the medians for the two sexes in each category, however, are not excessive, and may be attributable merely to the fact that women in general have a longer life span than men. A review of the figures at the bottom of Table 39 shows that, percentagewise, male deaths occurred more frequently than female deaths in the age-range 25-69, while female deaths occurred with relative greater frequency after age 70.

Mental Disorders of Patients Dying. Cases of psychosis with cerebral arteriosclerosis comprised 39 percent, cases of senile psychosis 19 percent, cases of dementia praecox 15 percent, and cases of general paresis 8 percent of all deaths. It will be observed that the first and second groups were composed of elderly patients nearing the end of their normal life span. In the third group, a large proportion of the patients were chronic custodial cases. The fourth group represented patients in the advanced stages of a serious somatic disease.

Duration of Hospital Residence. The distribution of deaths for 1946-47 in terms of sex, diagnosis, and duration of hospital residence is furnished in Table 40, together with the median length of hospitalization for each sex and diagnostic group. In this table (as in all tables dealing with length of residence in this and earlier reports), the duration of residence is understood to include not only the patient's current hospitalization but also all previous periods of treatment in any public mental institution offering long-term care. Including such previous hospitalization the median length of hospitalization prior to death was 12.7 months, as compared with 14.6 months in 1945-46.

Since this decrease in the median presumably was due to the increasing proportion of aged admissions, most of whom were without previous hospitalization, a further analysis of length of residence was carried out, involving only hospitalization dating from current admission (but including, for first admissions transferred from one hospital to another, residence in the hospital from which transferred). On this basis the median length of hospitalization prior to death was 11.7 months. Of the year's

DEATHS IN MENTAL HOSPITALS

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DEATHS IN STATE MENTAL HOSPITALS, BY AGE AT DEATH, MENTAL DISORDER, AND SEX
 YEAR ENDING JUNE 30, 1947

Mental disorder	Median age at death, in years			All deaths*																		
	Total	Male	Female	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							
All groups.....	71.1	69.0	73.4	2,304	1,240	1,064	3	4	4	4	4	4	19	7	33	17	41	16	54	38	59	24
With psychosis.....	71.1	69.0	73.4	2,272	1,217	1,055	3	3	3	3	3	3	19	7	32	17	39	16	52	38	59	23
Syphilitic meningo-encephalitis (general paresis).....	32.9	32.7	33.9	194	156	39	4	1	2	4	1	1	2	1	1	1	7	2	24	8	27	4
With other forms of syphilis of the c. n. s.....	44.9	49.5	44.5	14	10	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis.....	49.5	44.5	44.5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases.....	54.5	55.8	47.0	10	7	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholic.....	60.5	60.5	58.3	47	38	9	1	1	1	2	3	1	1	1	1	1	2	2	3	3	1	1
Due to drugs or other exogenous poisons.....	59.5	58.7	59.5	8	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic.....	79.2	74.5	73.0	868	455	413	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis.....	75.8	77.8	73.3	20	22	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other disturbances of circulation.....	47.0	45.3	49.5	43	29	14	2	1	3	4	1	4	2	1	1	1	4	2	1	1	3	2
With convulsive disorders (epilepsy).....	80.4	79.2	80.8	438	186	252	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Semilethal.....	60.1	58.7	60.8	58	13	25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Involuntal.....	37.7	64.5	55.0	25	12	13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to other metabolic, etc., diseases.....	32.0	49.5	57.0	98	10	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to new growth.....	34.5	48.3	39.5	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses.....	42.0	42.0	34.5	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Manic-depressive.....	62.0	62.5	60.8	473	46	48	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dementia praecox (schizophrenia).....	60.0	59.2	60.9	350	189	161	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Paranoia and paranoid conditions.....	73.8	78.5	67.0	15	6	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With psychopathic personality.....	32.0	52.0	32.0	15	6	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency.....	32.0	47.0	53.3	26	11	15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses.....	61.2	59.5	64.5	16	8	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Without psychosis.....	57.8	56.2	64.5	20	16	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Epilepsy.....	54.5	54.5	54.5	10	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alcoholism.....	59.5	59.5	57.0	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Drug addiction.....	59.5	57.0	62.0	4	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency.....	22.0	22.0	22.0	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.....	82.0	82.0	82.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic personality.....	22.0	22.0	22.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insane).....	39.5	39.5	39.5	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Primary behavior disorders.....	82.8	80.3	82.0	12	7	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Sexual psychopathy.....	82.8	80.3	82.0	12	7	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.....	39.5	39.5	39.5	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diagnosis deferred.....	82.8	80.3	82.0	12	7	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Percent of total male and total female.....	100.0	100.0	100.0	100.0	100.0	100.0	0.2	0.4	0.3	0.4	1.5	0.7	3.3	1.5	4.4	3.6	4.8	2.3	4.8	2.3	3.6	2.3
Percent of total, both sexes.....	100.0	100.0	100.0	100.0	100.0	100.0	0.3	0.3	0.3	0.4	1.1	1.1	2.2	2.5	4.0	4.0	2.5	2.2	4.0	3.6	3.6	

* Excluding 26 patients (18 male and 8 female) dying in hospital while on court observation (see Table 387).

TABLE 39—Continued
DEATHS IN STATE MENTAL HOSPITALS, BY AGE AT DEATH, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	Age at nearest birthday, in years												85 and over		Not stated			
	50-54		55-59		60-64		65-69		70-74		75-79		80-84		85 and over		Not stated	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups.....	73	44	68	65	130	88	151	113	163	143	197	192	145	173	91	131	9	5
With psychosis.....	71	44	64	65	129	87	151	112	162	142	194	191	140	173	91	128	8	5
Syphilitic meningo-encephalitis (general paresis).....	21	4	23	4	15	7	15	7	11	1	4	2	2					
With other forms of syphilis of the c. n. s.....	1		2	2	2		1		1									
With epidemic encephalitis.....																		
With other infectious diseases.....	1		2				1								1			
Alcoholic.....	3	1	6	2	10	2	6	1	2	1	3							
Due to drugs or other exogenous poisons.....																		
Traumatic.....	1		3		1		2	1										
With cerebral arteriosclerosis.....	6	7	8	15	42	32	78	54	90	73	111	118	71	79	42	49	5	2
With other disturbances of circulation.....	4	4	3	1	1	2	3						1					
With convulsive disorders (epilepsy).....	2	1	2	1	3	1	2	3	3									
Senile.....	1		4	3	4	9	10	30	38	48	52	49	77	45	70	1	2	
Involuntal.....	4	3	3	4	3	6	1	5	2									
Due to other metabolic, etc., diseases.....	1	3	2	5	2	2	1											
Due to new growth.....	1																	
With organic changes of the nervous system.....	1	3	1		4	2	1	2		2	1							
Psychoneuroses.....																		
Manic-depressive.....	6	2			10	4	3	11	7	5	6	3	3	1				
Dementia praecox (schizophrenia).....	17	14	8	18	26	20	27	15	12	20	16	14	11	10	1	7	1	1
Paranoia and paranoid conditions.....					3		1			1			1	3	2			
With psychopathic personality.....			1															
With mental deficiency.....		2	2	2	3				2		2							
Undiagnosed psychoses.....	1		1		3	1	1	1					1	1	2			
Without psychosis.....	2		3		1	1	1		1	1	2	1	2					
Epilepsy.....																		
Alcoholism.....	2				1		1		1		2		1					
Drug addiction.....			1															
Mental deficiency.....			1		1													
Disorders of personality due to epidemic encephalitis.....																		
Psychopathic personality.....																		
Other non-psychotic diseases or conditions (not insane).....													1					
Primary behavior disorders.....																		
Sexual psychopathy.....																		
Syphilis of the c. n. s.....			1															
Diagnosis deferred.....													3				1	
Percent of total male and total female.....	5.9	4.1	5.5	6.1	10.5	8.3	12.2	10.6	13.1	13.4	15.9	18.0	11.7	16.2	7.3	12.3	0.7	0.5
Percent of total, both sexes.....	5.1		5.8		9.5		11.4		13.3		16.9		13.8		9.0		0.6	

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total of 2,304 deaths, 228 or 9.9 percent occurred within one month of the current admission, and 772 or 33.5 percent occurred within three months of admission. Undoubtedly, the great majority of these 772 patients were beyond treatment; and the growing practice of committing such cases to state mental hospitals for short-term custodial care at the expense of patients whose disorders are more amenable to positive therapy may seriously be questioned.

For the four principal diagnostic groups mentioned in the preceding section, the median duration of total hospitalization prior to death (including hospitalization during previous commitments) ranged from 6.2 months and 6.5 months for psychosis with cerebral arteriosclerosis and senile psychosis respectively, to 11.0 months for general paresis and

TABLE 40
DEATHS IN STATE MENTAL HOSPITALS, BY DURATION OF HOSPITAL RESIDENCE,
MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	Median duration of residence, in months			All deaths			Duration of hospital residence*					
							Less than 1 month		1-3 months		4-6 months	
	Total	Male	Female	Total	Male	Female	M	F	M	F	M	F
All groups.....	12.7	12.2	13.2	2,304	1,240	1,064	127	82	282	241	101	105
With Psychosis	13.2	12.8	13.5	2,272	1,217	1,055	123	79	271	239	100	103
Syphilitic meningo-encephalitis (general paresis).....	11.0	13.8	8.0	194	155	39	4	3	51	14	13	1
With other forms of syphilis of the c. n. s.	3.5	3.5	3.5	14	10	4	2	---	3	2	---	---
With epidemic encephalitis.....	89.5	---	89.5	1	---	1	---	---	---	---	---	---
With other infectious diseases.....	3.5	2.0	17.5	10	7	3	3	---	1	1	---	---
Alcoholic.....	15.1	20.5	9.0	47	38	9	4	---	6	3	3	---
Traumatic.....	9.0	7.8	18.0	8	7	1	2	---	1	---	---	---
With cerebral arteriosclerosis.....	6.2	6.3	6.1	889	458	431	67	39	127	127	49	57
With other disturbances of circulation.....	2.6	2.8	2.5	20	12	8	3	2	4	3	---	---
With convulsive disorders (epilepsy).....	78.5	90.0	35.5	43	29	14	1	---	2	3	---	3
Senile.....	6.5	4.9	8.8	443	186	257	28	17	54	67	24	31
Involuntal.....	35.5	33.5	37.5	38	13	25	3	3	3	3	---	1
Due to other metabolic, etc., diseases.....	9.0	23.5	2.0	25	12	13	2	4	1	5	---	---
Due to new growth.....	3.1	2.8	17.5	7	6	1	---	---	4	---	---	---
With organic changes of the nervous system.....	7.8	6.5	11.5	28	16	12	---	---	4	4	4	1
Psychoneuroses.....	4.3	0.3	5.0	3	1	2	1	---	---	---	---	2
Manic-depressive.....	51.0	35.5	59.5	94	46	48	5	5	3	1	4	4
Dementia praecox (schizophrenia).....	174.0	168.2	186.0	350	189	161	5	2	6	4	3	3
Paranoia and paranoid conditions.....	198.0	↑	134.5	15	6	9	---	---	1	---	---	---
With psychopathic personality.....	↑	↑	---	1	1	---	---	---	---	---	---	---
With mental deficiency.....	155.5	137.5	204.0	26	17	9	---	---	1	1	---	---
Undiagnosed psychoses.....	0.4	0.3	0.5	16	8	8	6	4	1	3	---	---
Without psychosis	4.5	3.1	6.5	20	18	4	2	---	7	---	1	2
Alcoholism.....	2.9	2.9	---	10	10	---	1	---	5	---	1	---
Drug addiction.....	6.5	17.5	5.0	2	1	1	---	---	---	---	---	1
Mental deficiency.....	35.5	↑	17.5	4	1	3	---	---	---	---	---	1
Psychopathic personality.....	47.5	47.5	---	1	1	---	---	---	---	---	---	---
Other non-psychotic diseases or conditions (not insane).....	0.3	0.3	---	1	1	---	1	---	---	---	---	---
Syphilis of the c. n. s.	2.0	2.0	---	2	2	---	---	---	2	---	---	---
Diagnosis deferred.....	1.0	1.6	0.4	12	7	5	2	3	4	2	---	---
Percent of total male and total female.....	---	---	---	100.0	100.0	100.0	10.2	7.7	22.8	22.6	8.1	9.9
Percent of total, both sexes.....	---	---	---	100.0	---	---	9.1	---	22.7	---	8.9	---

* Includes total duration of residence during present and prior admissions to any public hospital for extended care of mental illness.

↑ Over 20 years.

TABLE 40—Continued
DEATHS IN STATE MENTAL HOSPITALS, BY DURATION OF HOSPITAL RESIDENCE,
MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	Duration of hospital residence*															
	7-11 months		1 year		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	M	F	M	F
All groups.....	103	86	115	125	70	83	79	82	139	87	74	50	54	33	96	90
With psychosis.....	102	86	113	125	69	82	78	82	139	87	74	50	54	33	94	89
Syphilitic meningo-encephalitis (general paresis).....	7	5	13	1	13	6	9	3	23	2	13	3	6	1	3	---
With other forms of syphilis of the c. n. s.....	1	1	---	---	---	---	---	---	3	---	1	1	---	---	---	---
With epidemic encephalitis.....	---	---	---	---	---	---	---	---	1	---	---	---	---	---	---	---
With other infectious diseases.....	---	---	2	1	---	1	1	---	---	---	---	---	---	---	---	---
Alcoholic.....	3	3	4	1	2	---	2	---	7	---	2	1	2	---	3	1
Traumatic.....	2	---	1	---	---	1	---	---	1	---	---	---	---	---	---	---
With cerebral arteriosclerosis.....	58	43	46	63	34	37	34	30	34	25	13	5	5	5	1	---
With other disturbances of circulation.....	2	---	1	1	---	2	1	---	1	---	---	---	---	---	---	---
With convulsive disorders (epilepsy).....	2	---	2	1	2	3	2	1	6	2	4	2	6	1	2	1
Senile.....	15	29	23	35	9	23	12	31	11	15	5	6	3	2	2	1
Involuntal.....	---	---	3	5	1	---	4	6	2	2	---	2	---	2	---	1
Due to other metabolic, etc., diseases.....	1	---	2	1	1	---	---	---	2	---	3	1	---	1	---	1
Due to new growth.....	---	---	1	1	---	---	1	---	---	---	---	---	---	---	---	---
With organic changes of the nervous system.....	3	1	1	3	1	---	1	---	1	3	---	---	1	---	---	---
Psychoneuroses.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Manic-depressive.....	5	2	4	4	2	4	3	3	4	6	4	7	6	3	6	9
Dementia praecox (schizophrenia).....	2	1	9	6	3	5	7	8	40	28	24	19	22	15	68	70
Paranoia and paranoid conditions.....	---	---	---	---	---	---	---	---	3	---	2	---	1	2	5	1
With psychopathic personality.....	---	---	---	---	---	---	1	---	---	---	---	---	---	---	1	---
With mental deficiency.....	1	---	2	---	1	---	1	---	4	---	5	1	2	1	3	4
Undiagnosed psychoses.....	---	1	1	---	---	---	---	---	---	---	---	---	---	---	---	---
Without psychosis.....	1	---	1	---	1	1	1	---	---	---	---	---	---	---	2	1
Alcoholism.....	1	---	---	---	1	---	---	---	---	---	---	---	---	---	1	---
Drug addiction.....	---	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---
Mental deficiency.....	---	---	---	---	1	---	---	---	---	---	---	---	---	---	1	1
Psychopathic personality.....	---	---	---	---	---	---	1	---	---	---	---	---	---	---	---	---
Other non-psychotic diseases or conditions (not insane).....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Syphilis of the c. n. s.....	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Diagnosis deferred.....	---	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---
Percent of total male and total female.....	8.3	8.1	9.3	11.7	5.6	7.8	6.4	7.7	11.2	8.2	6.0	4.7	4.4	3.1	7.7	8.5
Percent of total, both sexes.....	8.2	---	10.4	---	6.6	---	7.0	---	9.8	---	5.4	---	3.8	---	8.1	---

* Includes total duration of residence during present and prior admissions to any public hospital for extended care of mental illness.

174.0 months for dementia praecox. Dementia praecox cases comprised 74 percent of all patients with 20 years or more of hospitalization prior to death.

Cause of Death. The term "cause of death" as used in this report refers to the primary cause of death, which is determined in accordance with procedures recommended by the United States Bureau of the Census. It may 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.

Little change has occurred this last year in the percentage distribution of deaths by cause of death (Table 41). Diseases of the circulatory

TABLE 41
DEATHS IN STATE MENTAL HOSPITALS, BY CAUSE OF DEATH, MENTAL DISORDER, AND SEX
YEAR ENDING JUNE 30, 1947

Mental disorder	All deaths		Cause of death*												All cohort				
	Total	Male	Female	Infectious, parasitic		Cancer and other tumors		Nervous system, sense organs		Circulatory system		Respiratory system		Digestive system		Violent or accidental deaths			
				M	F	M	F	M	F	M	F	M	F	M	F	M	F		
All groups.....	2,304	1,240	1,064	290	117	40	57	111	125	609	541	78	92	26	23	34	29	52	80
With psychosis.....	2,272	1,217	1,055	284	116	40	57	111	122	598	538	75	91	23	23	34	28	51	80
Syphilitic meningoenephalitis (general paresis)	194	39	35	2	2	1	1	1	1	4	1	1	1	1	1	5	1	1	1
With other forms of syphilis of the c. n. s.	14	10	1	8	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other infectious diseases	10	7	3	4	2	3	3	2	3	13	4	4	4	3	2	1	1	1	1
Alcoholic	47	38	9	7	2	3	1	3	1	13	4	4	4	3	2	1	1	4	4
Traumatic	8	7	1	1	1	1	1	3	1	3	1	1	1	3	1	3	1	1	1
With cerebral arteriosclerosis	880	458	431	26	9	9	9	47	57	326	288	25	37	5	4	7	6	13	21
With other disturbances of circulation	20	12	8	2	1	1	1	1	1	5	4	3	5	1	1	1	1	3	2
With convulsive disorders (epilepsy)	43	29	14	4	3	1	1	12	6	4	3	5	2	1	1	1	1	1	1
Senile	443	186	257	7	7	4	8	13	22	126	132	15	29	4	4	8	13	13	44
Involuntary	38	13	25	1	1	1	1	2	5	8	9	4	4	4	4	2	2	2	2
Due to other metabolic, etc., diseases	25	12	13	4	1	6	1	1	2	3	2	2	2	1	1	1	1	2	1
Due to new growth	7	6	1	1	1	1	1	2	3	5	6	2	2	1	1	1	1	1	1
With organic changes of the nervous system	28	16	12	4	1	1	1	2	3	5	6	2	2	1	1	1	1	1	1
Psychoneuroses	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Manic-depressive	94	46	48	5	3	2	6	8	5	25	21	3	5	1	2	2	1	5	5
Dementia praecox (schizophrenia)	350	189	161	64	45	8	19	15	16	62	59	15	8	11	6	5	3	9	5
Paranoid and paranoid conditions	15	6	9	1	1	1	1	1	1	5	3	1	1	1	1	1	1	1	1
With psychopathic personality	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency	26	17	9	4	3	2	1	2	2	6	2	2	1	1	1	1	1	1	1
Undiagnosed psychoses	10	8	8	1	1	1	1	2	2	3	4	1	1	1	1	1	1	1	1
Without psychosis	20	16	4	5	1	1	1	1	1	6	1	1	1	3	3	1	1	1	1
Alcoholism	10	10	1	1	1	1	1	1	1	4	1	1	1	3	3	1	1	1	1
Drug addiction	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mental deficiency	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopathic personality	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other non-psychotic diseases or conditions (not insane)	1	1	1	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis of the c. n. s.	2	2	1	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Diagnosis deferred	12	7	5	1	1	1	1	2	2	5	2	1	1	2	2	2	2	2	2
Percent of total male and total female	100.0	100.0	100.0	23.4	11.0	3.2	5.4	9.0	11.8	49.1	50.8	6.3	8.6	2.1	2.2	2.7	2.7	4.2	7.5
Percent of total, both sexes	100.0	17.7	4.2	17.7	10.3	4.2	10.3	10.3	10.3	49.9	49.9	7.4	7.4	2.1	2.1	2.7	2.7	5.7	5.7

* 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).
 † Including deaths due to diseases of the blood, genito-urinary system, and bones; chronic poisoning, senility, unknown causes, and other general causes; see Table 41 of the 1946 report for an approximate distribution by cause. No deaths were attributed to diseases of pregnancy, of infancy, of cellular tissue, or to congenital malformations.

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system still constituted the most frequent cause of death (50 percent of the total), followed by infectious and parasitic diseases including tuberculosis and syphilis (18 percent) and diseases of the nervous system and sense organs (10 percent). As in previous years, sex differences in the distribution of deaths by cause of death were most marked in the group of deaths due to infectious and parasitic diseases, which accounted for 23 percent of all male deaths and only 11 percent of all female deaths.

PATIENTS WITH VETERAN STATUS

Veteran Admissions. In this report veteran patients are defined in accordance with Section 164.5 of the Welfare and Institutions Code as patients who are known to have served in the armed forces of the United States, either in peacetime or wartime. During the three-year period for which a record of the admission of such patients has been maintained, the annual number of veteran admissions has increased from 652 in 1944-45, to 1,003 in 1946-47. As Table 42 indicates, the great majority of these veteran patients are male. During this three-year period, male veteran admissions increased from 15.4 percent to 21.5 percent of the annual total male admissions.

Veterans on Active Records. As of June 30, 1947, there were 1,519 veteran patients (including 1,498 male and 21 female patients) on the active records of the state mental hospitals including the mentally-ill wards at DeWitt State Hospital. The 1,498 male veterans on the active records comprised 9.1 percent of all male patients on the records. Of these veterans, 1,054 were under treatment within the hospitals on June 30th, 308 were on visit or leave of absence, and 136 were on escape. Male veterans constituted 8.0 percent of all male resident patients, 12.2 percent of all male patients on visit or leave, and 16.9 percent of all male patients on escape.

Of the 1,519 male and female veterans on the active records, 76.7 percent had been committed as mentally ill and 16.3 percent as alcoholic, while the remaining 7.0 percent had been admitted under other provisions of the Welfare and Institutions Code. The percentage of alcoholic commitments of veterans on the active records was considerably higher than the corresponding figure of 5.3 percent for all male patients.

The median age of veterans on the active records on June 30, 1947, was 45.1 years, and the first and third quartile ages were 35 and 54 years respectively. During the fiscal year the median age of the veteran group decreased by one year.

In terms of the admission diagnosis, 79 percent of the veteran patients on record had been diagnosed as psychotic. In the psychotic group of 1,195 patients, 46 percent were classified as cases of dementia praecox, 7 percent manic-depressive psychosis, 13 percent alcoholic psychosis, and 12 percent general paresis, while 22 percent were distributed among other psychotic classifications. In the nonpsychotic group of 324 patients, 68 percent were classified as nonpsychotic alcoholics. Alcoholism figures in the diagnoses (psychotic and nonpsychotic combined) of 25 percent of the cases.

Thirty-four percent of the veteran patients had been on the active records for less than six months, and 60 percent had been on the active records for less than 18 months as compared with 55 percent one year earlier.

TABLE 42
 VETERAN ADMISSIONS, 1945-1946, AND MOVEMENT OF VETERAN POPULATION IN STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Status	Total veteran and nonveteran		Veteran patients			
	Total	Male	Total		Male	
			Number	Percent of total veteran and nonveteran	Number	Percent of male veteran and nonveteran
Admissions year ending June 30, 1945.....	8,010	4,135	652	8.1	635	15.4
First admissions.....	6,723	3,487	556	8.3	539	15.5
Readmissions.....	1,287	648	96	7.5	96	14.8
Admissions year ending June 30, 1946.....	8,504	4,490	851	10.0	826	18.4
First admissions.....	6,771	3,587	684	10.1	662	18.5
Readmissions.....	1,733	903	167	9.6	164	18.2
On records June 30, 1946.....	32,219	15,713	1,198	3.7	1,176	7.5
In institution.....	26,388	12,839	881	3.3	864	6.7
On leave or escape.....	5,831	2,874	317	5.4	312	10.9
Total added to records, year ending June 30, 1947.....	11,616	6,000	1,130	9.7	1,103	18.4
Observation admissions.....	934	546	63	6.7	63	11.5
First admissions.....	7,323	3,809	964	11.8	847	22.2
Readmissions.....	1,790	851	139	7.8	133	15.6
Transfers-in.....	1,569	794	64	4.1	60	7.6
Admitted prior to July 1, 1946; veteran status changed after June 30, 1946.....			36		34	
Total removed from records, year ending June 30, 1947.....	9,636	5,227	845	8.8	815	15.6
Discharged to U. S. V. A. facilities.....	161	155	161	100.0	155	100.0
Other discharges.....	5,582	3,020	550	9.9	531	17.6
Deaths.....	2,330	1,258	73	3.1	72	5.7
Transfers-out.....	1,563	794	61	3.9	57	7.2
On records June 30, 1947.....	34,199	16,486	1,519	4.4	1,498	9.1
In institution.....	27,544	13,161	1,071	3.9	1,054	8.0
On leave.....	5,762	2,520	309	5.4	308	12.2
On escape.....	893	805	139	15.6	136	16.9

Federal Mental Hospitals in California. In addition to federal facilities for the care of the physically ill and the aged, the U. S. Veterans Administration operates two hospitals, at Palo Alto and at West Los Angeles, for the long-term care of mentally ill veterans. During the year ending June 30, 1947, the number of patients under treatment in these two federal institutions increased from 2,986 to 3,383, or by 13 percent, whereas the number of veteran patients under treatment in the state mental hospitals increased from 881 to 1,071, or by 22 percent. Veterans in state mental hospitals thus comprised one-fourth of the total number of veterans under treatment in state and federal facilities in California on June 30, 1947.

Nearly all veteran patients receiving care in the state hospitals are eligible for hospitalization in a Veterans Administration facility, with the exception of a few peacetime veterans without service-connected disability. However, because the resident patient population of the federal neuropsychiatric facilities is limited so far as possible to the normal capacity of these two institutions, only a small number of veteran patients have been transferred each year from state to federal mental

hospitals. Forty-one veteran patients were thus transferred during the fiscal year ending June 30, 1943, 79 in 1944, 299 in 1945, 128 in 1946, and 161 during this last fiscal year (equal to 16 percent of the veteran admissions and 23 percent of the veteran discharges from state mental hospitals during the year). If all 1,071 resident veterans could be transferred to the two federal hospitals, total overcrowding in the state hospitals as of June 30, 1947, could be reduced from 17.3 to 12.8 percent, and male overcrowding from 14.4 to 5.2 percent.

THERAPEUTIC ACTIVITIES

Broadly speaking, the therapeutic activities of the state mental hospitals fall into three general categories. The first category includes those specialized forms of medical treatment which have been developed mainly within the last two or three decades for the specific amelioration of mental illness and which are administered by physicians with training in this field. The formal psychotherapeutic interview, the various types of shock treatment, brain surgery, and the treatment of diseases of the central nervous system by induced fever are examples of this type of therapy. The second category includes those activities which are utilized in most hospitals to reconcile the patients to prolonged hospitalization. In the mental hospitals industrial therapy, occupational therapy, recreational therapy, and related therapies not only furnish constructive direction to the patient's activities throughout the day, but serve particularly to draw the mentally ill patient away from his fantasies by strengthening his contact with his environment. In the third category are included the routine medical and surgical treatments and laboratory activities found in any well-regulated general hospital, together with dental, orthopedic, and similar programs which are required in mental hospitals either because of long-term hospitalization or for the proper care of special classes of patients.

In actual practice, of course, the various forms of therapy are integrated into an over-all therapeutic program offering as many forms of treatment and hospital activity to each patient as his type of mental disorder and condition may indicate. Unfortunately, the total therapeutic program is seriously restricted in a number of ways by the shortage of professional personnel; and considerable interhospital variation is found in the type and extent of therapy offered to the patients.

Psychiatric and Related Medical Therapy

Psychotherapy. Although psychotherapeutic interviews of a formal nature have been found especially effective in the treatment of mild psychoses of recent onset, this form of treatment requires the expenditure of considerable time by trained psychiatrists, and consequently its application in the state mental hospitals is very limited. However, in 1946-47 several of the hospitals reported the use of psychotherapeutic interviews between electroshock treatments, as a means of establishing and strengthening rapport when the patient was emerging from the acute stages of the psychosis. Psychotherapeutic interviews were also used to a considerable extent in the children's units (since the mental disorders of children are of a type which respond very favorably to this form of treatment), the majority of the interviews being given under

the psychiatrist's direction by psychologists, psychiatric social workers, and other personnel assigned to the unit. Psychotherapy of a less formal nature was also carried out as a matter of course by the physicians during their interviews with the patients shortly after admission, during their ward rounds, and in their discussions with relatives and friends visiting the hospital.

Group psychotherapy, in which the patients discuss their problems collectively under the guidance of the psychiatrist, has been found particularly effective for alcoholic patients. Group meetings are usually held in cooperation with the lay association known as Alcoholics Anonymous. Maintaining a chapter at or near every state mental hospital, this organization has aided in the rehabilitation of a large proportion of the patients committed to state institutions for alcoholism. Psychotherapeutic groups such as the Ward 11 Club at Camarillo (which has been active for several years), have also been established for other classes of patients.

Narcosynthesis. Five of the eight mental hospitals reported the use of narcosynthesis and analysis in 1946-47. This technique was used rather extensively at Camarillo, some 300 patients being treated during the year on the receiving ward and the active-treatment ward, for both diagnostic and therapeutic purposes. At Mendocino the technique was used particularly for patients committed under the Penal Code, approximately 75 such patients being treated. At Stockton 21 treatments were given, principally to psychoneurotic patients.

Shock Therapy. Electroshock treatment has completely supplanted metrazol shock as a major form of therapy in the state mental hospitals. It has been found most effective in cases of manic-depressive psychosis, involuntal psychosis, and reactive depression, and is valuable also in the treatment of cases of dementia praecox (particularly of the paranoid type) when the illness is of recent onset. Unfortunately, however, most dementia praecox cases reach the chronic stage before hospitalization is requested and as a result the prognosis is rather poor, even with electroshock treatment.

Some idea of the extent to which electroshock therapy was employed in the different hospitals during 1946-47 may be gained from Table 43. Although exact quantitative figures were not available to furnish a measure of the over-all success of this treatment for large groups of patients, a number of the hospitals have been able to furnish estimates, either in terms of the proportion of patients released or in terms of the proportion improved following treatment. At Camarillo, for example, approximately 60 percent of the 719 acute cases showed some degree of improvement, varying from slight improvement to marked improvement culminating in the patient's release, while among the custodial-type patients electroshock treatment brought about an improved adjustment to institutional life and greater participation in hospital activities. At Napa, improvement was reported for 56 percent of 102 patients whose illness was of recent onset and for 23 percent of 115 patients who had been mentally ill for more than one year. This institution gave shock treatment even in the presence of active tuberculosis with excellent results, both in mental improvement and improvement of the lung infection.

Patients with minor cardiac and vascular disorders were also treated successfully.

Norwalk reported a decrease in the number of patients treated and the number of treatments given as compared with the preceding year, through the more careful individual evaluation of the indications for treatment and length of treatment. As a result the average number of treatments per course dropped to 12 as compared with 14 during the preceding year. Since senile patients (whose age and condition contraindicate shock) make up a large proportion of the admissions and the resident population at this institution, the use of this type of therapy was limited in 1946-47 to 179 patients, of whom 37 percent showed only slight improvement, 37 percent showed good improvement, and 26 percent showed very marked improvement. These cases included patients on maintenance therapy and also patients who were given emergency shock treatment to relieve marked agitation and violence, and for whom a complete remission of symptoms was not expected. Marked improvement was found in at least 80 percent of the involuntal psychoses and depressed manic-depressive psychoses treated. The manic phase of manic-depressive psychosis responded almost as well, and might have shown even better results with greater frequency of treatment.

At Stockton State Hospital, 54 percent of the 102 male patients and 54 percent of the 251 female patients completed treatment during the year and either were released from the institution or were to be released shortly. In Stockton as in the other institutions, female patients make up the large majority of patients receiving shock treatment.

Insulin shock therapy is of recognized value in the shock treatment of cases which do not respond to electroshock, especially in the more persistent cases of dementia praecox, but it has not been employed in state mental hospitals since prior to the war. Since insulin shock treatment requires proportionately more personnel, particularly at the higher

TABLE 43
PATIENTS TREATED AND TREATMENTS GIVEN IN ELECTROSHOCK THERAPY, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Hospital	Patients treated	Treatments given	Treatments per patient treated
All hospitals.....	2,868	37,317	13.0
Agnews*	322	6,524	20.2
Camarillo**	719	9,936	13.8
DeWitt†	4	22	5.5
Mendocino.....	96	1,081	11.3
Napa‡	247	4,195	16.5
Norwalk.....	179	2,148	12.0
Patton.....	862	6,518	7.6
Stockton.....	439	6,893	15.7

* Including patients still under electroshock treatment on June 30, 1947.

** Excluding approximately 1,400 custodial patients, 22,000 treatments.

† Initiated May 1, 1947.

‡ Excluding patients still under treatment on June 30, 1947.

professional levels, it is felt that electroshock therapy will accomplish more for the patient population as a whole with the staff available. It may be noted, however, that insulin shock therapy has been carried on continuously at the Langley Porter Clinic in connection with teaching and research.

Lobotomies. In March, 1947, Stockton State Hospital added pre-frontal lobotomy to its medical program. By the close of the 1946-47 Fiscal Year 21 operations of this type had been performed at Stockton, the majority of the patients being excited schizophrenics, with some manic-depressives and one case of postencephalitic Parkinson's disease. All 21 patients (7 male and 14 female) improved in behavior, and some were released from the hospital shortly after the close of the year. The patients ranged in age from 27 to 72 years, with a range of hospitalization of from one year to 22 years, the average being 9.8 years. The results to date suggest that the adoption of this technique throughout the state mental hospital system will lead to the improvement of many disturbed patients.

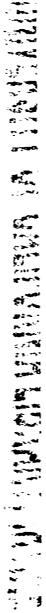
Fever Therapy for Neurosyphilis. All state mental hospitals maintain an intensive program for the treatment of syphilis of the central nervous system, in the advanced state of general paresis as well as in the earlier stages in which mental deterioration has not yet appeared. Nonpsychotic syphilitics are encouraged to request admission on a voluntary basis, and in 1946-47 still comprised a large proportion of the total number of voluntary admissions (Table 25), although the number of patients admitted voluntarily for other reasons has increased each year.

About 75 percent of the voluntary and court-committed cases treated in 1946-47 (Table 44) were improved or showed a complete remission of syphilitic symptoms, and the mental condition of a large proportion of these patients was also improved by this treatment. In this connection, the importance of prompt treatment cannot be stressed too strongly, for if the disease reaches an advanced state the resulting damage to the central nervous system is more or less permanent, and little improvement can be expected in the patient's mental condition even with remission of the disease. It is encouraging to note, however, that the rate of general paresis admissions has continued to decrease from its recent maximum of 6.2 admissions per 100,000 general population in 1942, to 3.9 admissions per 100,000 in 1947, primarily as the result of the State's continued efforts to identify and treat syphilitic cases while the disease is in its early stages. For detailed annual figures the reader is referred to Table 44 of the department's report for 1945-46, and (for comparable state-wide rates) to **California's Health**, Volume 6, page 140.

The treatment of syphilis is usually initiated through fever therapy by means of malaria inoculations, followed by chemotherapy with penicillin and the salts of the heavy metals. At Agnews there is also equipment for producing fever by means of the electric inductotherm, and at Stockton typhoid inoculations are similarly employed. During the period covered by this report the supply of penicillin was still limited; as this new biochemical became more generally available the hospitals planned to increase the average amount administered per patient, thus lessening

TABLE 44
 PATIENTS TREATED BY FEVER THERAPY, BY INSTITUTION AND TYPE OF ADMISSION, STATE MENTAL HOSPITALS
 YEAR ENDING JUNE 30, 1947

Status	Total	Agnew	Camarillo	Mendocino	Napa	Norwalk	Patton	Stockton
Patients with neurosyphilis admitted.....	613	92	221	18	44	61	12	165
Committed.....	379	46	140	18	4	61	12	111
Voluntary.....	224	46	131	-----	2	-----	-----	45
Outpatient.....	10	-----	-----	-----	1	-----	-----	9
Patients given fever therapy.....	636	64	210	22	31	85	93	181
Committed.....	360	20	136	22	28	35	90	120
Voluntary.....	262	35	174	-----	-----	-----	1	52
Outpatient.....	14	-----	-----	-----	3	-----	2	9
Patients released after fever therapy.....	432	29	187	9	3	85	10	179
Committed.....	214	6	88	9	-----	35	8	118
Voluntary.....	204	23	129	-----	3	-----	-----	52
Outpatient.....	14	-----	-----	-----	-----	-----	2	9
Number of times malarial blood was supplied to outside agencies (hospitals, private physicians, etc.).....	53	15	27	-----	-----	9	-----	2



the need for heavy-metals therapy as well as shortening the length of hospitalization. It is encouraging to note that the use of penicillin together with other refinements in method has already lowered the mortality rate among syphilitic patients. At Stockton, for example, syphilitic deaths were reduced by 25 percent during 1946-47 in spite of a 15-percent increase in admissions of syphilitics due largely to the community's increasing reliance on this hospital service.

Sterilizations. With the consent of relatives a small number of patients are legally sterilized each year, under the provisions of a California statute enacted in 1911. Each case is given careful individual consideration by the medical staff, and the operation is carried out only after authorization has been granted by the superintendent of the hospital and approved by the Director of Mental Hygiene. In addition to its therapeutic value for the patient, the program has obvious eugenic, social, and economic value for the community.

TABLE 45
STERILIZATION OPERATIONS PERFORMED IN STATE MENTAL HOSPITALS
APRIL 26, 1909 - JUNE 30, 1947

Institution	Year ending June 30, 1947			Cumulative totals, 1909-1947		
	Total	Male	Female	Total	Male	Female
Total.....	174	47	127	11,172	5,887	5,285
Agnews.....	11	2	9	676	229	447
Camarillo.....	4	4	-----	43	8	35
DeWitt.....	1	-----	1	1	-----	1
Mendocino.....	2	-----	2	363	230	133
Napa.....	39	15	24	1,805	783	1,022
Norwalk.....	30	6	24	1,119	491	628
Patton.....	74	20	54	4,523	2,620	1,903
Stockton.....	13	-----	13	2,642	1,526	1,116

The number of operations performed at each hospital during 1946-47 and the total number performed to date, are set forth in Table 45. Female patients comprised 73 percent of the year's total of 174 cases. This total was 41 percent less than the 38-year annual average of 294 cases.

Physiotherapy. For many years hydrotherapy was the principal specific technique for the treatment of the hospitalized mentally ill, particularly those in depressed or acutely disturbed states, and is still used extensively as a means of facilitating the improvement or recovery of a large number of patients. Considerable variation, however, was found among the hospitals with respect to the amount of hydrotherapy administered during 1946-47, due mainly to the varying amount of equipment and trained personnel available at each institution, and in a lesser degree to inter-hospital differences in therapeutic policy. For example, 17,000 continuous-tub treatments were given at Agnews, as compared with 500 at Camarillo and none at DeWitt.

Other physiotherapy (treatment by means of infra-red radiation, diathermy, ultra-violet ray, electric light cabinets, and similar equipment) is employed primarily to make the patients more comfortable or

to improve their physical condition. As with hydrotherapy, the extent of physiotherapeutic treatment varied from one hospital to another; at some institutions all forms of treatment were available and in general use, while at others physiotherapy was limited to the infirmary treatment of post-operative and fracture rehabilitation cases.

Nonmedical Therapies

The term "nonmedical therapies" may be applied to those planned hospital activities which do not require training in medicine or in nursing procedures, and which are intended primarily to help the patients adjust to institutional life, and, more important, to strengthen their contact with reality by keeping them meaningfully occupied. Many large classes of patients, particularly schizophrenics, tend without such planned activity to deteriorate steadily to the point of complete, chronic withdrawal requiring lifetime hospitalization.

Occupational and Industrial Therapy. As an integral part of the rehabilitation program, a considerable number of arts-and-crafts activities (such as embroidering, weaving, bookbinding, toy making, metal work, printing, and painting) are carried on in the occupational therapy workshops by convalescent patients and patients with mild disorders, under the direction of therapists who are college-trained for this work. The classes also undertake major projects on occasion, such as making the window curtains for a recreation room, constructing and painting stage sets, and preparing all decorations for special holiday programs. When sufficient personnel are available, the staff also offers a smaller range of suitable activities on the wards and assists in recreational activities, aided by nurses and attendants with the necessary aptitude and experience.

The results which can be obtained with an adequate complement of trained occupational therapists are borne out by a comparison of the programs at Agnews and Camarillo. On June 30, 1947, Agnews had only two occupational therapists and one occupational therapy aide on its staff. Workshop activities were therefore available only to convalescent female patients, while bedridden female patients and the entire male population could engage only in the occasional activities that attendants were able to provide on the wards. Camarillo, on the other hand, had a staff of six trained occupational therapists, 10 occupational therapy students who received clinical training during the year, and three attendants who were assigned to the occupational therapy department, making it possible to offer occupational therapy to 1,130 patients during the year, of whom 654 were either released from the hospital or transferred to institution industries. Attention could also be given to special classes of patients; for example, a class in elementary handicraft was established on one ward of chronically disturbed patients, furnishing a constructive occupation and effectively raising the group morale of 50 patients who otherwise would have been noisy, destructive, and idle. Classes have been organized for patients receiving hydrotherapy so that these patients might be furnished some constructive activity after the enforced idleness of hydrotherapy treatment. A class has also been organized for tubercular patients, who find the long hours in bed very trying unless some worthwhile diversion is provided for them. Altogether,

during 1946-47 the occupational therapy department at Camarillo maintained six shop and center classes and four ward classes, and also maintained some contact with the patients on 29 wards. During the year 2,368 articles were made by the classes and sold for \$1,745 with a net profit, less sales tax, of \$628, which was placed in the patients' amusement fund.

At Patton the occupational therapy program was reactivated in 1947, with three therapists on the hospital staff as of June 30th. This team was able to maintain classes for 45 patients and in addition was able to interest 56 patients in handicraft activities on the tuberculosis, acute shock therapy, epileptic, and disturbed wards, and in the infirmaries. As these patients improved and were transferred to the cottages for convalescing patients they were included in the regular shop classes.

At Stockton, although only four out of six authorized occupational therapy positions were filled on June 30th, the service was supplemented by occupational therapy students from San Jose State College, Mills College, and the University of Southern California, with internships ranging from one to three months in length. Since the general policy at Stockton has been to establish occupational therapy classes on the wards wherever possible, six classes were held on selected wards and only four in the occupational therapy shops. In all cases occupational therapy was given only upon a doctor's prescription, an individual program for each patient being worked out between the senior occupational therapist and the ward physician.

All institutions likewise maintain an industrial therapy program based on the assignment of patients to various institution maintenance activities, in accordance with their condition and degree of convalescence. The work performed by these patients helps to compensate for the lack of sufficient hospital personnel; however, the primary purpose of this program, like the occupational therapy program, is to furnish appropriate and meaningful activity to as many patients as possible. During 1946-47 about 40 percent of the entire patient population were engaged to some extent in maintenance activities. Half of these working patients were assigned to simple housekeeping duties on the

TABLE 46
 PATIENTS INCLUDED IN INDUSTRIAL THERAPY PROGRAM OF STATE MENTAL HOSPITALS
 DURING JUNE, 1947

Hospital	On wards	Off wards	Total working patients	
			Number	Percent of total resident population, June 30
Total, all hospitals.....	5,448	5,264	10,712	38.9
Agnews.....	502	778	1,280	35.4
Camarillo.....	705	997	1,702	36.2
DeWitt.....	30	32	62	6.2
Mendocino.....	1,122	594	1,716	59.4
Napa.....	500	700	1,200	29.8
Norwalk.....	513	430	943	37.9
Patton.....	1,177	917	2,094	47.7
Stockton.....	899	816	1,715	40.4

* In percent of mentally-ill resident population.

wards, and half to other indoor and outdoor activities, such as farming operations, culinary and laundry work, landscape gardening, shoe repair, upholstery, and similar projects. As Table 46 indicates, however, the proportion of patients reported as working varied considerably from hospital to hospital, ranging from 5 percent at DeWitt to 59 percent at Mendocino. The percentage of working patients at each institution is determined largely by the general nature of the patient population, the availability of suitable assignments (such as farm and orchard work), and the number of attendants available for work supervision. Undoubtedly there is also some interhospital variation in the definition of a working patient, particularly with respect to activities on the wards.

Juvenile Program. Camarillo and Napa have been designated by the department as special institutions for the diagnosis and treatment of juvenile patients. Under the provisions of the Welfare and Institutions Code, wards of the county juvenile courts and the Youth Authority may be admitted for a 90-day observation period (which is occasionally renewed) when these wards present behavior or personality problems, or otherwise appear to be in need of psychiatric treatment. The children's unit in each of these two hospitals maintains a relatively intense program for these wards and for other minor patients (most of whom are voluntary admissions) whose diagnoses indicate that they would profit from such treatment. The personnel on these units (psychiatrists, social workers, psychologists, occupational therapists, and attendants) work together in close cooperation, discussing the individual cases at weekly staff conferences in order to develop and carry out an optimum therapeutic program for each child. These conferences are often attended by representatives of the Youth Authority, county probation offices, or other agencies from which the cases have been referred.

Although most of these children are of average intelligence, nearly all have had difficulty in adjusting to a school environment; and their attention span is usually very short. For these reasons instruction is usually furnished on an individual basis, being adapted to the needs of each child, with emphasis either on academic training or on the manual and industrial arts, depending upon which field of instruction will best help the patient to earn a living when he reaches maturity. Both institutions have found it difficult to find teachers with the right kind of training for this particular situation, but fortunately have been able in some instances to obtain teachers whose lack of specialized training is compensated for by a definite interest in and aptitude for this work.

The behavior difficulties of these children are based largely on the fact that they have never learned how to get along with their fellows. Opportunities are therefore provided for group experience in social adjustment, both in the schoolroom and in recreational and other activities, as a basic element of the juvenile program. Under the direction of occupational therapists, group participation is emphasized in dances, movies, educational trips, hikes, various sports, community singing, and other activities. Results vary with the individual case; some children are greatly improved in their social attitudes while others apparently obtain little benefit from the program, which is necessarily brief.

The clinical psychologist at Mendocino also conducted a small class during the last six months of the 1946-47 Fiscal Year. Although most

of the patients were minors, the class included a few mentally deficient adults and several illiterate adults of normal intelligence. The majority of these patients had received almost no formal schooling, and instruction was therefore adapted to individual needs.

Other organized departmental facilities for the diagnosis and treatment of children may be mentioned here. As of June 30, 1947, these included the children's inpatient and outpatient departments at the Langley Porter Clinic, the informal outpatient clinics held by some of the state hospitals, and the Los Angeles State Mental Hygiene Clinic. Psychiatric service to children will also be offered by other state mental hygiene clinics to be established in San Diego, Fresno, Sacramento, and Berkeley in the near future.

Psychological Testing. As of June 30, 1947, the professional staffs at Camarillo, Napa, and Mendocino each included a full-time psychologist to administer and evaluate psychological tests as an aid to diagnosis and the formulation of plans for treatment for children and adolescents and for adult patients as indicated. These institutions reported the use of a wide battery of tests for the measurement of intelligence, performance, achievement, and aptitude, and for the exploration of personality, interests, and attitudes.

A part-time consulting psychologist at Norwalk and the medical staffs at the remaining institutions administered a limited number of psychometric and projection tests as required. All institutions have expressed the strong opinion that a more active testing program under the full-time guidance of a skilled psychologist would be of great assistance in diagnosis, prognosis, and the selection of therapeutic techniques for adult patients.

Hospital Libraries. As indicated in Table 47, considerable variation was found in 1946-47 in the extent to which library facilities were made available to the patients. Camarillo and Stockton maintained active libraries which were operated as branches of the local county library and were further supplemented by the donation of books and magazines by the community. Here as in most hospitals the libraries were maintained by a state employee, assisted by patients in the cataloging and release of books and in bookbinding and repair. Norwalk, at the other extreme, was unable to maintain library services for patients during the year, simply because of lack of sufficient space. The position of professional librarian is authorized for several of the institutions, but none of the institutions has been able to keep this position filled and all were vacant on June 30, 1947.

Each hospital maintains a small professional library for its medical and nursing staff, but even here some variation may be noted, particularly in the number of subscriptions to professional journals. In many instances the hospital's list of journals was supplemented by private subscriptions by staff members.

Other Therapeutic Programs. A number of other therapeutic activities which have been described in some detail in preceding reports may be mentioned briefly. During 1946-47 the hospitals continued their recreational activities, which ranged from simple games on the wards to weekly dances and movies and the celebration of major holidays. Beauty

TABLE 47
LIBRARY FACILITIES, STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Item	Hospital							
	Agnews	Camarillo	Mendocino	DeWitt	Napa	Norwalk	Patton	Stockton
Patients' library:								
Number of volumes.....	4,500	6,000	500	1,000	2,800	†	10,050	10,000
Support furnished by community groups?.....	No	*Yes	No	**	No	-----	**	*Yes
Contributions from the community?.....	**	Yes	No	Yes	Yes	-----	Yes	Yes
Small libraries maintained on wards?.....	Yes	Yes	Yes	No	Yes	-----	Yes	Yes
Number of volumes borrowed during year.....	2,000	**	**	**	1,000	-----	**	20,000
Professional library:								
Volumes.....	3,000	**	1,000	None	175	350	†	300
Subscriptions to technical journals.....	10	**	12	None	5	18	14	11
Library managed by state employee?.....	Yes	Yes	Yes	**	Yes	-----	No	Yes
Assistance furnished by patients?.....	Yes	Yes	**	Yes	**	-----	Yes	Yes
Bookbinding and repair done by patients?.....	Yes	Yes	**	No	No	-----	**	Yes

* The library is a branch of the local county library.

** Information not available.

† Inactive due to lack of space.

‡ Professional library now being organized.

shops, which form a valuable adjunct to psychotherapy is stimulating the patients' interest in their personal appearance, had been established at Agnews, Napa, Norwalk, and Stockton by June 30, 1947, and were being planned at Camarillo, Mendocino, and Patton. The services of these shops are available to patients on physicians' prescriptions. A program of music therapy was offered to selected patients by two institutions (Patton and Stockton) with the aid of the music departments of neighboring colleges. Under this program small bands and choral groups were organized and individual sessions were held with deteriorated patients whose contact with reality might possibly be reestablished through their known interest in music. Religious services were held every Sunday at each of the mental hospitals, the general practice being to rotate the service among the principal faiths. The available data indicate that approximately one-fourth of the resident patients attended these services, the attendance of female patients being approximately twice that of male patients.

General Medical and Surgical Activities

It is axiomatic that physical well-being in general promotes mental health; furthermore, mental disorder is often found to be a secondary symptom of remediable physical illness. For these and other reasons the state mental hospitals are staffed and equipped to administer the usual medical and surgical services offered by the average general hospital, plus certain additional services required for the adequate physical care of the mentally ill.

Most institutions maintained a consultative staff of specialists in the neighborhood (Table 48). Many of these consultants were engaged to visit the hospitals at regular monthly or semi-monthly intervals while others in the more highly specialized fields were called in for advice and assistance as the occasion warranted.

TABLE 48
CONSULTANTS AVAILABLE TO STATE MENTAL HOSPITALS AS OF JUNE 30, 1947

Field	Hospital†					
	Camarillo	DeWitt	Napa	Norwalk	Patton	Stockton
Chiropody.....						*
Dermatology.....						*
Electro-encephalography.....	*		*	*		*
Eye, ear, nose and throat.....						*
General medicine.....						*
General surgery.....		*	*	*		*
Genito-urinary diseases.....			*	*		*
Gynecology.....			*	*		*
Internal medicine.....	*		*	*	*	*
Neoplastic surgery.....					*	*
Neuropathology.....						*
Neurosurgery.....	*			*		*
Ophthalmology.....		*	*			*
Orthopedic surgery.....		*	*	*	*	*
Pathology.....					*	*
Proctology.....	*					*
Tuberculosis.....	*					*
X-ray therapy and diagnosis.....			*			*

* Consultant available.

† Consultative staffs had not been organized by Agnews and Mendocino as of June 30, 1947.

Clinical Laboratories. As of June 30, 1947, all state mental hospitals maintained clinical laboratories whose scope of activities included examinations in the fields of bacteriology, blood chemistry, serology, and post-mortem diagnosis; and the majority also possessed facilities for tissue pathology and for animal inoculations. During the 1946-47 Fiscal Year, urinalyses and blood serologies were routinely required on admission by all hospitals.

The number of examinations and analyses carried out during the year with certain representative techniques are set forth in Table 49. These data would indicate that the degree of laboratory activity at each hospital was governed not only by the size and character of the patient population, but also by the number of laboratory technicians available, which ranged from one each at the smaller institutions (such as Mendocino and Norwalk) to a maximum of four at Patton.

TABLE 49
X-RAY AND OTHER SPECIAL EXAMINATIONS PERFORMED IN STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1947

Technique	Hospital							
	Agnews	Camarillo	DeWitt	Mendocino	Napa	Norwalk	Patton	Stockton
Basal metabolism.....	*	18	0	30	48	9	36	20
Electrocardiograph.....	*	7	0	50	*	*	0	197
Fluoroscopy.....	*	1,700	0	10	*	*	*	*
X-ray.....	*	1,689	0	1,500	3,243	1,501	4,796	4,216
Dental X-ray.....	388	334	0	100	510	165	362	643
Spinal puncture.....	*	500	19	377	251	291	412	436
Electro-encephalogram.....	*	†29	0	0	0	0	3	‡4

* Not reported.

† Electro-encephalography facilities installed in June, 1947.

‡ Performed at the Langley Porter Clinic.

Surgery. There was also considerable interhospital variation in the amount of surgery carried out during the fiscal year ending June 30, 1947. Some of the hospitals found it necessary because of the shortage of staff physicians and the lack of specialized equipment to limit surgical operations to emergency cases or to send patients to general hospitals in the area, while other institutions were able to offer a broad range of surgical services and to perform operations as indicated (Table 50).

TABLE 50
SURGICAL OPERATIONS PERFORMED AT STATE MENTAL HOSPITALS
YEAR ENDING JUNE 30, 1947

Type of operation	Hospital							
	Agnews	Camarillo	DeWitt	Mendocino	Napa	Norwalk	Patton	Stockton
General surgery.....	2	28	5	7	40	14	128	42
Neurosurgery.....		1						22
Orthopedic.....	1	18	6	3	45	1	23	92
Gynecological.....				2	4	2	47	44
Genito-urinary.....	2				6			13
Obstetrical.....		1			2			7
Legal sterilization.....	11	4	1	2	39	30	74	13
Minor operations.....	5			63	44			152

Tuberculosis Survey. The chest X-ray program initiated early in 1946 by the State Department of Public Health and the Department of Mental Hygiene, and described in the department's annual report for that year, was continued during 1946-47. Agnews, Mendocino, and Patton were surveyed for the first time and Norwalk and Stockton for the second time during this fiscal year. (A resurvey was also made at Pacific Colony.) These surveys were carried out by mobile units of the Department of Public Health, which spent from two to five weeks at each state institution. In the resurvey as well as in the initial survey, all resident patients were given a chest X-ray on 4x5-inch X-ray film, with the exception of those who were already known to be positively tubercular. Employees were also surveyed at the same time, but on a voluntary basis.

Table 51 summarizes the results of the 1944 preliminary or pilot survey and the first intensive survey in 1946, together with complete resurvey data for all hospitals including those resurveyed after June 30, 1947. The marked decrease in the percentage of previously unsuspected cases found during the second or follow-up survey, from 7.54 to 0.95 percent for all hospital patients examined and from 2.71 to 0.72 percent for employees, furnishes ample proof of the value of this project in the diagnosis and segregation of tuberculosis cases. Although the institutions are now supplementing this work by the routine X-ray examination of all admissions and returns from leave or escape, the periodic mass surveys will be continued until this problem has been brought completely under control.

Similar data summarizing the survey results in state institutions for mentally deficient are presented in a later section of this report.

Other Medical Surveys. A number of special projects of a similar character were undertaken and carried out by the hospital staffs during the fiscal year ending June 30, 1947. At Mendocino, following the appearance of several cases of clinical diphtheria in November, 1946, the

TABLE 51
PREVALENCE OF PREVIOUSLY UNRECOGNIZED PULMONARY TUBERCULOSIS IN STATE MENTAL
HOSPITALS, FOUND BY MASS X-RAY SURVEY, 1944-1949

Survey	Total *	Agnews	Camarillo	DeWitt	Mendocino	Modesto	Napa	Norwalk	Patton	Stockton
Preliminary survey:										
Date.....							Jan. '44		May '44	
Patients surveyed.....	6,684						3,588		3,006	
Pulmonary tuberculosis.....	418						205		213	
Percent of survey.....	6.25						5.71		6.88	
First survey:										
Date.....		July '46	Dec. '46	Nov. '47	Aug. '46	Feb.-Aug. '48	Sept.-Oct. '46	April '46	Jan. '47	May '46
Project number.....		4	8	15	5	18 & 20	6	2	9	3
Unit number.....		1	1	1	1	1	1	2	1	1
Patients surveyed.....	29,167	3,660	4,761	1,351	3,072	1,902	3,594	2,472	3,960	4,395
Pulmonary tuberculosis.....	2,198	373	312	19	408	40	216	175	161	494
Percent of survey.....	7.54	10.19	6.55	1.41	13.28	2.10	6.01	7.08	4.07	11.24
Employees surveyed.....	3,321	438	565	†	335	†	538	402	517	526
Pulmonary tuberculosis.....	90	14	6		13		14	15	5	23
Percent of survey.....	2.71	3.19	1.06		3.88		2.60	3.73	0.97	4.37
Second survey:										
Date.....		July '47	Apr.-May '48	Dec. '48	July-Aug. '47	Mar.-April, '49	Dec. '47-Jan. '48	Mar. '47	June-July '48	May-June '47
Project number.....		13	2	15	14	31	17	10	3	12
Unit number.....		1	3	3	1	1	1	1	3	1
Patients surveyed.....	27,033	3,311	4,546	1,683	2,462	1,909	3,448	2,320	3,546	3,808
Pulmonary tuberculosis.....	256	29	25	14	27	9	32	44	13	63
Percent of survey.....	0.95	0.88	0.55	0.83	1.10	0.47	0.93	1.90	0.37	1.65
Employees surveyed.....	3,495	423	572	†	344	†	699	319	562	576
Pulmonary tuberculosis.....	25	2	0		1		9	4	2	7
Percent of survey.....	0.72	0.47	0.00		0.29		1.29	1.25	0.36	1.22

* Limited to institutions for which data were available.

† X-rayed by hospital.

‡ Total for mentally-ill and mentally-deficient wards—first survey: 468 employees, 8 tubercular (1.71 percent); second survey: 604 employees, 3 tubercular (0.50 percent).

entire patient and employee population was inoculated with diphtheria toxoid. No new cases of diphtheria were discovered following this mass inoculation. At Napa a thorough survey involving 4,035 urinalyses was made of the patient population for cases of diabetes mellitus. Sixteen mild cases were discovered, all of them in the older age groups. A few cases required insulin, but the majority were controlled by simple dietary measures. This institution also made a follow-up study of 98 cases of general paresis who had completed a two-year course of anti-syphilitic therapy five years previously. All these cases had received chemotherapy, and the majority had also been given malaria inoculations. Blood tests and spinal fluid examinations showed that 90 percent of these cases were completely negative at time of follow-up, while the remainder still showed traces of positive serology but no evidence of further progress of the disease. It was also found that one-half of the survey group were usefully occupied and one-half were still too deteriorated mentally for anything but the simplest of tasks.

Dentistry. From one to four dentists were employed at each of the institutions during 1946-47, and several institutions also had one or two dental assistants to help handle the large work-load. However, only a few of the institutions had personnel sufficient to provide the necessary dental treatment for all new admissions and also to survey and treat the dental needs of the resident population, whose dental care was perforce neglected to some extent during the war years. The work done during the 1946-47 Fiscal Year by two dentists and one dental nurse at Agnews illustrates the amount of dental care which the mentally ill require. This work included 2,804 examinations, 4,921 fillings, 118 units of bridge work, 2,325 extractions, and 137 sets of dentures, in addition to prophylaxis and other routine treatment of minor conditions.

In collaboration with the College of Dentistry at the University of California, the dental department at Napa continued its research in neuro-pathologic manifestations of intra-oral hard and soft tissue lesions associated with psychic phenomena. By June 30, 1947, this investigation had not been carried to the point where definite conclusions might be drawn, but it was felt that the foundation had been laid for much future work in this field. It may be noted that the necessary research equipment was provided by the dentists engaged in the project, since state funds were not available for this purpose.

Post-mortem Examinations. Although autopsy is of recognized value in the refinement of diagnostic techniques and contributes toward the general understanding of the causes of mental disorder, no pathologists were included in the department's budget for 1946-47, and the extent of post-mortem examination was therefore somewhat limited. However, a few institutions in the northern part of the State were assisted through demonstrations of post-mortem examination techniques by the pathologist of the Langley Porter Clinic, and the laboratory facilities of the clinic were also made available for the analysis of tissue specimens. At Camarillo and Stockton particularly, and at all other hospitals except Norwalk, examinations were occasionally made by staff physicians. At two hospitals (Camarillo and Stockton) periodic staff conferences were

held for the specific purpose of discussing the results of these examinations. Hospital autopsy rates for the fiscal year ending June 30, 1947, are set forth in Table 52.

TABLE 52
POSTMORTEM RATES FOR STATE MENTAL HOSPITALS, YEAR ENDING JUNE 30, 1947

Hospital	Deaths	Autopsies	
		Number	In percent of deaths
All hospitals.....	2,330	379	16.2
Agnews.....	394	86	21.8
Camarillo.....	227	40	17.6
DeWitt.....	12	6	50.0
Mendocino.....	140	48	34.2
Napa.....	398	94	23.6
Norwalk.....	340	0	0.0
Patton.....	443	18	4.1
Stockton.....	376	87	23.1

OTHER STAFF ACTIVITIES

Staff Conferences. In accordance with long-established practice, staff conferences are held in all institutions at stated periods each week, for reviewing the ward physician's diagnosis and course of therapy for new admissions and for passing on the advisability of leave or discharge for improved patients. The 1946-47 schedule for these conferences is set forth in Part IV of the Appendix to this report.

During 1946-47 the proportion of such patients seen at staff conferences varied from hospital to hospital, partly because of inter-hospital differences in the character of the patient population, and partly because of the shortage of physicians, which at some hospitals made it advisable to limit the diagnosis and disposition of the more routine cases to conferences between the examining physician and the clinical director. At Mendocino and Norwalk, for example, all patients were seen at least once in staff conference; at Camarillo all first admissions and 90 percent of all readmissions were seen, and at Napa all patients were seen except nonpsychotic alcoholics and other diagnostic groups for whom the diagnosis and assignment of therapy was relatively simple. At DeWitt only half of the incoming patients were seen at staff, since all these patients were transfers whose diagnosis and course of treatment were already well established.

Special staff conferences were held at Napa and Stockton once each month for the discussion of hospital policy and matters of general medical interest. At the remaining hospitals, such matters were brought up for discussion during the regular weekly conferences as time permitted and the occasion warranted.

Training Programs. Some progress was made in 1946-47 toward the expansion of intramural training programs and the establishment of additional internships at the various hospitals. A program providing for the formal inservice training of attendants and nurses was approved and adopted by the department. To supervise this training, a psychiatric nursing instructor has been authorized at each institution. It was found possible to fill this position immediately at Stockton and to proceed with the establishment of a training course for attendants in

September, 1946, consisting of 45 hours of lectures and demonstrations in psychiatric nursing and practical nursing, in sections ranging from 10 to 14 persons each. By the end of the fiscal year, 55 attendants had completed the course and 50 were in training. The other hospitals unfortunately were unable to secure psychiatric nursing instructors during 1946-47. However, a similar training program was established at DeWitt and arrangements were being completed at the remaining hospitals to inaugurate training with the personnel already available.

With respect to other fields of inservice instruction, Camarillo reported training ten occupational therapy internes (from colleges as far away as Wisconsin and Minnesota) during the year. Mendocino was permanently approved for two years' residency in psychiatry. Napa received three 3-month psychiatric residents rotating from the Langley Porter Clinic, and Patton sent two attendants to a nearby medical college for physiotherapy training.

At Stockton, in addition to the psychiatric nursing course described above, courses for hospital personnel were also offered by the staff physicians, dental staff, occupational therapy department, hydrotherapy department, and social service workers. This institution also offered a short course of instruction to student nurses at the San Joaquin County Hospital during the winter months, and made employment and laboratory material available to psychology students from the College of the Pacific during the summer. Occupational therapy internes were received from San Jose State College, Mills College, and the University of Southern California for periods of from one to three months; several of these internes accepted permanent employment at Stockton following the completion of their training.

Extramural Education and Publicity. During the 1946-47 Fiscal Year all state mental hospitals held educational clinics and conducted tours of the institution for groups of students in the fields of nursing, social work, pre-medicine, psychology, education, and religion, for county probation officers' associations, and for service clubs and church organizations in nearby communities. For example, 22 such clinics were held at Napa, 14 at Norwalk (with an over-all attendance of 650 persons), and 18 at Stockton (with an over-all attendance of 970). Members of the hospital staffs also addressed service clubs in nearby cities; and monthly meetings of the county medical societies were occasionally held at the institutions. Aside from their immediate educational value (especially to students in fields related to mental hygiene) these activities offered an additional means of acquainting the people of California with the State's problem in mental health and the manner in which this problem was being met by the department.

Hospital Outpatient Clinics. During the 1946-47 Fiscal Year, Camarillo, Napa, Norwalk, and Patton provided limited outpatient clinic services to the surrounding communities, while Mendocino was able to provide the Mendocino County Board of Education with clinic services on a few occasions. The Camarillo clinic handled 200 outpatient cases, and the Norwalk clinic 154. Agnews and Stockton accepted people in need of psychiatric advice from the surrounding communities on appointment at the hospital. The location and visiting hours for each of the hospital outpatient clinics as of June 30, 1947, are presented in Part IV of the Appendix.

THE LANGLEY PORTER CLINIC

The Langley Porter Clinic was established by the California Statutes of 1941 as a treatment, teaching, and research center in the field of mental illness. It is affiliated with the Medical School of the University of California, and is situated in the university's Medical Center in San Francisco. The clinic, which has facilities for both inpatient and outpatient care, has been designated by the American Medical Association and the American College of Surgeons as an approved psychiatric hospital, and has also been approved by the American Board of Psychiatry and Neurology for the training of residents in psychiatry. This is the fifth annual report of clinic activities, covering the fiscal year ending June 30, 1947.

During 1946-47 the clinic's three interrelated functions of treatment, teaching, and research were further expanded in spite of the continued shortage of nursing personnel and the fact that some plant facilities had not yet been completed. Surgical nurses were especially difficult to obtain, and for this reason work in neurosurgery still had not been undertaken by the end of the year. The fifth of the clinic's six inpatient wards was opened in March, 1947, leaving only one ward (a psychiatric ward for men) still to be activated. A kitchen and automatic telephone equipment were also installed during the year, increasing the operating efficiency of the clinic, although these facilities took over space which originally had been planned for the physiotherapy department. Installation of the clinic morgue was again postponed to the following year.

Because of the clinic's increasingly urgent need for additional space, particularly in the outpatient department, tentative plans were made in 1946-47 for the purchase of the necessary land and the construction of a \$200,000 wing to the existing structure. This wing would also provide the facilities for carrying on additional teaching and research activities, the cost of which would be borne by the Federal Government.

Treatment. Although the therapeutic program of the Langley Porter Clinic follows in broad outline the program of the state mental hospitals, certain differences exist which arise jointly from the character of the clinic's patient population and the nature of clinic treatment. Except for a few transfers from state mental hospitals, all patients are admitted on a voluntary basis, and thus usually represent cases of early or acute mental disorder of a type which is most likely to benefit by the intensive treatment which the clinic is equipped to offer. Such cases also are most suitable for teaching and research purposes; and the clinic staff, augmented by residents and physicians in training, is in turn able to devote considerable time and personal attention to the care and treatment of these patients.

This is particularly true in the large outpatient department, where psychotherapy constitutes the major form of treatment. In this department alone, 12,675 interviews were held by psychiatrists during 1946-47 (Table 57), an increase of 23.7 percent over the total for the preceding

year. All told, 41 doctors received resident training in psychiatry during the fiscal year, the expansion in psychiatric service being limited only by problems of space.

In the related field of social service, the appointment of a full-time director of social service in July of 1946 (the position being financed by the University of California Medical School) led to further improvement in treatment and teaching within this department, particularly in the direction of closer and more intensive work with patients' families.

During the year 983 patients were seen in a total of 1,513 interviews by clinic psychologists. Interviews per patient for the year averaged 1.54 as compared with an average of 1.45 for the preceding year, indicating a desirable trend toward the more detailed study of individuals. However, the actual ratio still fell short of the goal of two or three interviews per patient for diagnostic study, three or four interviews per patient for vocational guidance, and five or more for psychotherapeutic treatment. In fact, personnel in psychology were so badly needed to meet the greatly increased demand for service on the part of the expanded psychiatric staff that the psychological consultation service at the University of California Hospital was of necessity temporarily discontinued.

The child psychiatry department continued to operate under serious handicaps because of lack of space, a large backlog of applications having accumulated by the end of the year. The total inpatient and outpatient case load of children and adolescents remained at approximately 110 patients; however, this figure fails to indicate the gross amount of diagnostic and therapeutic work done by the department, since it does not include the large number of therapeutic interviews that were held with one or both parents during the course of treatment with the child. It may be noted that during 1946-47 the clinic was able to continue its policy of assigning different therapists to parent and child.

Over a period of several months the children were benefited by the services of a physical therapist, who spent considerable time on posture problems and muscular coordination, as well as assisting with recreational activities. A playground unit was assembled for children, and outings were held with greater frequency. Efforts also were made to provide a more homelike, less institutional atmosphere in order to encourage group relationships and establish better therapeutic rapport between patients and nursing personnel.

During 1946-47 the Langley Porter Clinic child psychiatry department was admitted to charter membership in the newly organized American Association of Psychiatric Clinics for Children, and the director of the department was also elected a counselor in the association. In addition, the department was approved as a training center in child psychiatry under the National Mental Health Act, through which funds were being provided for an instructor and two fellows to be assigned to the department, together with clerical personnel.

In the last six months of the fiscal year a number of group psychotherapy projects were undertaken, this being the first concerted effort on the part of the staff to see patients in groups. Sessions were held weekly for both male and female patients. Most of these patients were suffering from psychoneuroses or involuntional depressions. The group sessions conserved the physicians' time, allowing them to devote more effort to the treatment of patients who would be benefited more rapidly by

individual psychotherapy. It was also found that the patients selected for treatment improved as rapidly in group therapy as they had originally improved under individual therapy, particularly in the field of social relationships.

The clinic continued to pioneer in the administration of electric shock treatment on an outpatient basis (Table 53). In addition, consider-

TABLE 53
SHOCK TREATMENT ADMINISTERED AT THE LANGLEY PORTER CLINIC
YEAR ENDING JUNE 30, 1947

Type	Patients treated*	Number of treatments	Treatments per patient
Insulin shock	36	1,636	45.4
Electro-narcosis	31	427	13.8
Electric shock - total	176	1,697	9.6
Inpatient	93	895	9.6
Outpatient	83	802	9.7

* Twenty-five patients received a combination of two types of treatment; one patient received three types.

† Thirteen patients began treatment as inpatients and completed treatment on an outpatient basis.

able use was made of insulin shock and electronarcosis in connection with research. With the exception of electric shock, these methods of treatment were not being used to any great extent at the state mental hospitals.

Tables describing the inpatient population and the outpatient case-load at the Langley Porter Clinic during the fiscal year are included in later sections of this report. The tables furnish detailed distributions in terms of diagnosis, sex, age, condition at discharge, length of residence, and source of referral, in addition to other factors of clinical or general interest.

Teaching. Because of the continuing demand for professional personnel in psychiatry and related fields in the treatment of mental disorder, the teaching function of the Langley Porter Clinic was expanded even further during 1946-47. Residency training was provided for 41 doctors during the fiscal year, including three Army medical officers, two Navy medical officers, two doctors from the United States Veterans Administration, and a number of doctors making use of the federal educational program for veterans. This training, it will be observed, was carried out in plant facilities designed originally for a maximum of 12 resident doctors. Training was also provided for 11 students in psychiatric social work who were assigned to the clinic by the University of California School of Social Welfare for a year's field training of three days per week. These students have been most helpful to the patients and to the physicians, and it is unfortunate that plant facilities also limit the number of these placements. Other trainee groups included four fellows in psychology from the Department of Psychology at the university, and three students in occupational therapy. Considerable training was furnished to student nurses, two months of experience at the clinic on various wards being given to 61 student nurses from the University of California School of Nursing, 15 from the Mt. Zion Hospital School of Nursing, and 13 from the St. Francis Hospital School of Nursing.

Because of the favorable response to the refresher course for doctors and psychiatrists held in conjunction with the University of California in the spring of 1946, the course was repeated during the following fall. Thirty-nine doctors from all over the country and seven doctors from the California state hospitals attended the 12-week session.

The teaching activities of the neuropathological laboratory deserve special mention, since these activities were not limited merely to the instruction of clinic personnel. The pathologist at the clinic also conducted periodic clinical demonstrations and held autopsies at each of the northern California hospitals in turn, in addition to making the facilities of the laboratory available for the analysis of specimens sent in by the various hospitals. For a more detailed understanding of the work of this and other laboratories of the clinic, particularly with respect to the range of procedures, the reader is referred to Table 45 in the department's annual report for 1945-46.

Research. Special studies of personality by the psychology department, research by psychiatrists, psychologists, and social workers, specific neurophysiological and biochemical studies, and neuropathological investigations were initiated or continued during the 1946-47 Fiscal Year, as part of the clinic's constantly growing research program in a wide variety of fields. Selected research studies are described in somewhat greater detail below, by way of illustration.

In the psychology department, further evaluations and follow-up studies were made in the field of probable response to psychotherapy, electric shock, insulin shock, and electronarcosis treatment. The results have confirmed previous findings to indicate that this testing program can provide accurate predictions as to the outcome of therapy in a majority of cases; and the widespread application of these criteria thus would permit the selection of patients most likely to respond to therapy, leading to the more economical and efficient use of facilities in the state mental hospitals as well as at the clinic. However, a definitive analysis of the results obtained from several hundred patients has been delayed by lack of personnel. The department also carried out several investigations of the personality factors appearing in various clinical groups such as alcoholics, and other psychosomatic problems were being investigated as well. During the year a pilot study was undertaken to test the relationship between glutamic-acid concentration and the intelligence quotient, in cooperation with the department of child psychiatry and the pediatrics department of the University of California Hospital; this research had not yet been completed by the end of the fiscal year. The department also undertook to refine, evaluate, and extend the use of various standard psychological tests.

In the field of child psychiatry, research was continued in the exploration of the attitude of the nursing personnel toward the rather difficult emotional problems and behavior problems presented by the patients on the children's ward, and in the etiological significance of interpersonal relationships in the family situation as they apply to the markedly schizophrenic child. This latter study was being conducted in collaboration with other child psychiatric clinics in the area.

Research by the neuropathological laboratory during 1946-47 was represented by studies in the effect of insulin shock treatment, the etiology of certain cases of atypical encephalitis, and the relationship of

vitamin deficiency to changes in the nervous system. All three studies were shortly to be published.

A list of professional articles by staff members is furnished at the end of the report on clinic activities. 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 the fiscal year ending June 30, 1947, 270 patients were received in the inpatient department of the Langley Porter Clinic as first admissions, readmissions, and transfers-in. During this same period 264 patients were discharged from the records or transferred to a state mental hospital, leaving 67 patients on the active records, with 58 patients under treatment within the clinic and 9 patients on leave of absence (Table 54). From the time the clinic was opened in February of 1943,

TABLE 54
MOVEMENT OF POPULATION, THE LANGLEY PORTER CLINIC, INPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1947

Status	Total	Male	Female
On records June 30, 1946.....	61	23	38
In institution.....	50	19	31
On leave.....	11	4	7
Entered institution.....	776	340	436
Total added to records.....	270	95	175
First admissions.....	219	85	134
Readmissions.....	42	7	35
Transfers-in.....	9	3	6
Total returns from leave.....	506	245	261
Separated from institution.....	768	343	425
Temporary separations from institutions.....	543	262	281
Leaves of absence.....	541	262	279
Escapes.....	2		2
Residents removed from records.....	225	81	144
Discharges, direct.....	219	78	141
Transfers, direct.....	6	3	3
Removed from records.....	264	97	167
Removed from records while absent.....	39	16	23
Discharged from leave.....	36	16	20
Discharged from escape.....	2		2
Transferred from leave.....	1		1
On records June 30, 1946.....	61	23	38
Total added to records.....	270	95	175
Total removed from records.....	264	97	167
On records June 30, 1947.....	67	21	46
In institution.....	58	16	42
On leave.....	9	5	4

1,443 cases have been received in the inpatient department. As already noted, the continuing shortage of nursing and attendant personnel has necessarily restricted the rate of admission and the number of patients under treatment at any given time.

The total of 270 cases added to the records during the fiscal year included 219 first admissions (patients without previous hospitalization for mental disorder), 42 readmissions and 9 patients received on transfer from the various state mental hospitals for special therapy. With the

TABLE 55
AGE OF FIRST ADMISSIONS TO THE LANGLEY PORTER CLINIC, BY MENTAL DISORDER AND SEX, YEAR ENDING JUNE 30, 1947

Mental disorder	All first admissions			Age at last birthday, in years																							
	Total	Male	Female	Less than 10		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60 and over	
				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	219	85	134	7	*7	6	3	5	10	5	20	10	25	16	24	9	15	3	9	5	12	6	4	8	2	15	13
With psychosis	189	68	121	1				5	10	4	18	9	25	16	23	7	15	3	9	5	12	6	4	8	2	14	13
Syphilitic meningo-encephalitis (general paresis)	3	2	1									1					1						1				
With other forms of syphilis of the c. n. s.																											
With epidemic encephalitis																											
With other infectious diseases																											
Alcoholic	3	1	2									1	1	1	1												
Due to drugs or other exogenous poisons	2	1	1									1	1	1	1												
Traumatic	3	2	1																								
With cerebral arteriosclerosis																											
With other disturbances of circulation																											
With convulsive disorders (epilepsy)	1		1																								
Senile																											
Involuntal	13	4	9																								
Due to other metabolic, etc., diseases																											
Due to new growth																											
With organic changes of the nervous system	2		2																								
Psychoses	61	14	47					5	1	13	2	12	4	5	2	1											
Manic-depressive	32	14	18					2	2	2	2	2	2	2	1	1	1	1	1	2	5	3	3	2	2	2	1
Dementia praecox (schizophrenia)	54	23	31					5	4	3	6	4	7	8	2	3											
Paranoia and paranoid conditions	1		1																								
With psychopathic personality																											
With mental deficiency																											
Undiagnosed psychoses	14	6	8	1						1	4	1	2	1	2	1					1	2					
Without psychosis	28	16	12	6	*7	5	3			1	1	1	1	1	1	2											
Epilepsy	3	2	1																								
Alcoholism	1	1																									
Drug addiction	2	2																									
Mental deficiency	2	2																									
Disorders of personality due to epidemic encephalitis																											
Psychopathic personality	2	1	1																								
Other non-psychotic diseases or conditions (not insane)	3	2	1																								
Primary behavior disorders	15	6	9	4	*6	2	3																				
Sexual psychopathy																											
Syphilis of the c. n. s.																											
Diagnosis deferred	2	1	1																								

* Including one male and one female patient in the age-group 65-69; the remaining six patients were 60-64 years of age.
† Including one male and one female patient in the age-group 65-69; the remaining six patients were 60-64 years of age.

exception of the 9 transferred patients all admissions were made on a voluntary basis, since state law does not permit court commitment directly to the clinic. The distribution of the first admissions differs somewhat from the distribution for the preceding year. By sex, female first admissions comprised 61 percent of the total as compared with 45 percent for 1945-46; and with respect to the three major diagnostic categories, patients with major psychoses comprised 59 percent, patients with minor psychoses (psychoneuroses) 28 percent, and patients without psychosis 13 percent of the total number of first admissions (Table 55), whereas these three groups respectively comprised 38 percent, 32 percent, and 30 percent of all first admissions in 1945-46.

Of the 257 patients discharged during 1946-47, 151 had been diagnosed as psychotic at admission, 70 had been diagnosed as psychoneurotic, and 34 (half of whom were children) were diagnosed as without psychosis, while the diagnosis was not reported for 2 patients (Table 56).

TABLE 56
DISCHARGES BY MENTAL DISORDER AND CONDITION AT DISCHARGE, THE LANGLEY PORTER CLINIC,
INPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1947

Mental disorder*	All discharges			Condition at discharge					
				Recovered		Improved		Unimproved	
	Total	Male	Female	M	F	M	F	M	F
All groups.....	257	94	163	21	26	45	108	28	30
With psychosis.....	221	79	142	20	26	36	91	23	25
Syphilitic meningo-encephalitis (general paresis).....	5	4	1				1	4	
Alcoholic.....	3	1	2	1			2		
Due to drugs or other exogenous poisons.....	3	2	1	2	1				
Traumatic.....	2	1	1			1			1
With cerebral arteriosclerosis.....	1	1						1	
With convulsive disorders (epilepsy).....	1						1		
Involutional.....	18	6	12	3	1	2	9	1	2
With organic changes of the nervous system.....	4		4				2		2
Psychoneuroses.....	70	18	52	3	1	9	40	6	11
Manic-depressive.....	38	16	22	6	11	7	11	3	
Dementia praecox (schizophrenia).....	57	24	33	5	10	11	19	8	4
Paranoia and paranoid conditions.....	1	1				1			
With psychopathic personality.....	2		2						2
With mental deficiency.....	2		2						2
Undiagnosed psychoses.....	14	5	9		2	5	6		1
Without psychosis.....	34	14	20	1		9	16	4	4
Epilepsy.....	2	1	1			1			1
Alcoholism.....	4		4				4		
Drug addiction.....	2	2		1		1			
Mental deficiency.....	2	1	1				1	1	
Psychopathic personality.....	5	3	2			2	1	1	1
Other nonpsychotic diseases or conditions (not insane).....	3	2	1			1		1	1
Primary behavior disorders.....	16	5	11			4	10	1	1
Diagnosis deferred.....	2	1	1					1	1

* See Table 55 for complete diagnostic classification.

Of the group of 151 discharged psychotics, 28 percent were released as recovered, 52 percent as improved, and 20 percent as unimproved. Of the 70 psychoneurotic discharges (comprising patients with relatively mild but deep-seated mental disorders), 6 percent were released as recovered, 70 percent as improved, and 24 percent as unimproved. For both groups, the proportion discharged as improved showed a considerable

increase over the preceding year, while the proportions discharged as recovered and as unimproved have both decreased.

The mean length of current residence prior to discharge was 2.5 months and the median 1.5 months, exclusive of time spent on leave of absence or escape. Including previous hospitalization for mental disorder at the clinic or elsewhere, the mean length of residence was 3.1 months and the median 1.9 months, while for patients discharged from the state mental hospitals during 1946-47 the median length of total hospitalization was 5.1 months. In any comparison of this type, however, it must be remembered that mental-hospital patients are relatively less responsive to therapy: they represent an older age group (with a median age of 42 years at discharge as compared with 30 years for clinic patients), they include a smaller percentage of psychoneurotic patients (4 percent of all discharges, as compared with 27 percent at the clinic), and (as previously mentioned) a large majority of mental-hospital patients are not voluntary admissions and thus are likely to be less receptive to therapy.

In the inpatient department, staff psychologists conducted 524 interviews and examinations during the year, and psychiatric social workers held 1,240 interviews (216 intake interviews and 1,024 casework interviews) with patients and their families (Table 57). Both totals represent decreases from the preceding fiscal year. It was found inexpedient

TABLE 57
PATIENT INTERVIEWS, THE LANGLEY PORTER CLINIC, YEAR ENDING JUNE 30, 1947

Interviewer	Interviews		
	Total	Outpatient	Inpatient
Psychiatrists.....	*	12,675	*
Psychologists.....	† 1,353	829	524
Adults.....	726	528	198
Adolescents.....	137	80	57
Children.....	490	221	269
Social workers.....	4,235	2,995	1,240
Intake interviews.....	1,499	1,283	216
Adults.....	1,215	1,037	178
Adolescents.....	102	95	7
Children.....	182	151	31
Case work interviews.....	2,736	1,712	1,024
Adults.....	1,295	583	712
Adolescents.....	650	485	165
Children.....	791	644	147

* Data not available.

† Not including 160 consultations at the University of California.

to maintain a record of interviews by psychiatrists with inpatients because of the unscheduled and informal nature of ward contacts.

A total of \$46,210 in board charges was collected by the inpatient department of the Langley Porter Clinic during the fiscal year ending June 30, 1947. These charges are 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 1946-47 Fiscal Year, 2,002 outpatients were seen one or more times at the clinic, including 659 patients under treatment at the beginning of the year and 1,343 admissions during the year. The year's discharges totaled 1,322, leaving 680 patients on the active records of the outpatient department on June 30, 1947. Of this year-end caseload 39 percent were male patients. By age-level, adults comprised 81 percent, adolescents 10 percent, and children

TABLE 58
MOVEMENT OF OUTPATIENT CASELOAD, THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1947

Status	Total	Male				Female			
		Total	Adults	Adol- escents*	Children	Total	Adults	Adol- escents*	Children
On records June 30, 1946.....	659	284	194	33	57	375	327	31	17
Admissions.....	1,343	507	380	55	72	836	752	46	38
First admissions.....	1,085	423	303	51	69	662	586	40	36
Readmissions.....	258	84	77	4	3	174	166	6	2
Discharges.....	1,322	525	396	45	84	797	709	51	37
Of first admissions.....	1,109	451	328	43	80	658	583	41	34
Of readmissions.....	213	74	68	2	4	139	126	10	3
On records June 30, 1947.....	680	266	178	43	45	414	370	26	18

* Adolescents comprise patients aged 12 to 17, inclusive.

9 percent (Table 58). Outpatient clinic fees for the year totaled \$18,171, an increase of 52 percent over the preceding year.

These caseload totals do not include patients seen at the Psychiatric Outpatient Clinic of the University of California Hospital, which, staffed in part by Langley Porter Clinic personnel, offered psychiatric services to approximately 100 patients per month as part of the over-all therapeutic program. Nor do they include the large number of patients' relatives who also received psychotherapy. Although each case number is assigned to one individual, when the psychiatric situation involves other members of this patient's family group or other individuals they are encouraged to visit the clinic for consultation or therapy on a voluntary basis in connection with the case, and are assigned to different therapists. In fact, when the patient is a child or an adolescent, major therapeutic attention is usually directed to his parents, in which event visits by relatives will frequently outnumber visits by the patient.

Outpatient Therapy. During 1946-47 a total of 13,682 visits were made to the outpatient clinic by patients and relatives for treatment purposes. On many of these visits, interviews were scheduled with more than one department of the clinic, resulting in 16,499 interviews for the year (Table 57). Of this latter total, 77 percent were held by psychiatrists and 5 percent by psychologists, the remainder consisting of intake interviews (8 percent) and casework interviews (10 percent) by psychiatric

TABLE 59
 OUTPATIENTS DISCHARGED, BY MENTAL DISORDER, SEX, LENGTH OF TREATMENT, AND NUMBER OF VISITS PER PATIENT, THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT, JANUARY 1-JUNE 30, 1947

Mental disorder	Discharges of first admissions and readmissions		Length of treatment												Average number of visits per patient							
	Total	Male	Female	1 day		2-14 days		15-30 days		1-2 months		3-6 months		7-12 months		Over 1 year		By patient		By relatives		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
All groups.....	618	225	393	30	55	11	26	11	28	40	65	85	149	36	54	12	16	8.4	9.5	2.3	1.3	
With psychosis.....	446	133	313	24	44	7	23	10	20	22	51	42	116	17	43	11	16	9.7	10.4	0.7	0.6	
Syphilitic meningo-encephalitis (general paresis).....	2		2				1												1.0			0.5
Alcoholic.....	4	3	1	2	1													1.3	2.0	0.7	1.0	
Due to drugs or other exogenous poisons.....	1		1																			
Traumatic.....	1		1																			
With cerebral arteriosclerosis.....	5	4	1	2	1			2														3.0
With organic changes of the nervous system.....	20	5	15	2	4		1		1		6	2		1	1			3.0	2.0	0.8	1.0	
Psychoneuroses.....	284	87	197	13	18	6	3	8	16	31	87	34	87	14	37	7	10	10.7	11.7	0.6	0.3	
Manic-depressives.....	38	8	30	5	1	4	1	4	1	5	9	1	9	1	2	3	1	13.5	9.8	0.5	0.7	
Dementia praecox (schizophrenia).....	71	21	50	4	11	5	9	4	6	3	7	4	13	1	1	1	3	8.4	8.6	1.1	1.2	
Paranoia and paranoid conditions.....	6	3	3															9.0	21.0	0.7	0.7	
Undiagnosed psychoses.....	12	2	10	1	2		2		1		1		2		1			1.0	6.0	0.5	1.4	
Without psychosis.....	104	64	40	3	3	1	2			8	3	33	23	18	9	1		8.5	9.1	6.4	7.4	
Epilepsy.....	5	3	2							2		2		1				1.3	6.5	0.7		
Alcoholism.....	7	4	3	1	1		1			1		1		1				5.5	1.7	0.3	0.3	
Mental deficiency.....	10	6	4	1	1					1		2	4					4.0	4.5	5.3	4.8	
Psychopathic personality.....	11	11										6	2	2	1			13.6	9.7	0.1	24.3	
Other non-psychotic diseases or conditions (not insane).....	9	6	3	1	1					2	1	2	1	1	1			10.7	15.7	0.2	0.3	
Simple adult maladjustment.....	5	2	3							2	1							7.5	2.3		0.7	
Habit disturbance in children.....	1	1																20.0		30.0		
Conduct disturbance in children.....	22	17	5									10	5	6	6	1		9.4	23.2	10.3	4.0	
Neurotic traits in children.....	33	16	17									9	10	7	6			7.5	7.9	10.1	10.5	
Unspecified primary behavior disorders.....	1	1										1						7.0		4.0		
Diagnosis deferred.....	68	28	40	3	8	3	1	1	8	10	11	10	10	1	2			1.8	2.9	0.6	0.4	

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social workers at the clinic. As compared with the figures for the preceding year, the number of psychiatric interviews increased, while a slight decrease occurred in interviews with psychologists and social workers.

Data on the number of interviews and on length of treatment are available in greater detail for the 618 outpatient cases discharged during the last six months of the fiscal year (Table 59). In this group, male patients averaged 8.4 visits and their relatives 2.3 visits to the clinic, while female patients averaged 9.5 visits and their relatives 1.3 visits, prior to termination of the case. Out of the total of 618 cases, 63 cases made only one visit before closing, and 47 cases made over 30 visits each.

The length of time on active records for these 618 cases ranged from one day (for 85 cases) to over one year (for 28 cases), with a median of 2.9 months for male and 2.6 months for female patients (including psychotic, psychoneurotic, and nonpsychotic patients). The median period for nonpsychotic patients alone was somewhat longer (4.4 months for male and 3.2 months for female patients).

During 1946-47, electroshock treatment was administered on an outpatient basis to 76 patients, 13 of whom had begun this treatment as inpatients (Table 53). An average of 10.0 shocks per patient was administered. The continued success of this program has demonstrated that when suitable precautions are taken and the patients are carefully selected, a large proportion of patients may be so treated without the necessity of inpatient hospitalization.

Additional data regarding the administration of this and other specific types of therapy are available for first admissions who were discharged during the period January 1-June 30, 1947. Of this group of 506 patients, no treatment was prescribed for 244 cases (comprising 89 psychotic cases, 72 psychoneurotic cases, 24 nonpsychotic cases, and 59 cases for whom the diagnosis was either deferred or unavailable). Many of the cases in this untreated group were referred to the clinic merely for diagnosis while others for various reasons failed to return to the clinic after the intake interview. One or more types of treatment were prescribed for 262 cases, or 52 percent of the total number discharged during this six-month period. In this group of treated cases, 254 patients (including 28 psychotic, 151 psychoneurotic, and 75 nonpsychotic cases) received individual psychotherapy; electroshock therapy was administered to 15 psychotic and 8 psychoneurotic patients; and therapy of other types (including treatment for physical disorders) was administered to 16 patients.

Source of Referral; Disposition at Discharge. The distribution of discharged first admissions by source of referral (Table 60) shows little significant difference from the figures reported for the preceding year. Thirty-three percent of the total number of cases were self-referred or were referred to the clinic by their families or relations, 56 percent were referred by hospitals or other medical facilities, and 11 percent were referred from other sources. Two interesting sex differences may also be observed in the foregoing table. In the adult group, only 31 percent of the male patients had been referred to the outpatient department by physicians as compared with 43 percent of the female patients. In the children's group, 38 percent of the boys had been referred from social agencies, courts, and schools, as compared with only 15 percent of the

TABLE 60
DISCHARGES OF FIRST ADMISSIONS, BY SEX, AGE GROUP, AND SOURCE OF REFERRAL, THE
LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT, YEAR ENDING JUNE 30, 1947

Source of referral	Total	Adults		Adolescents		Children	
		Male	Female	Male	Female	Male	Female
Total.....	1,109	328	583	43	41	80	34
Self, family, relations.....	364	119	187	9	9	25	15
Private physicians.....	390	102	249	8	9	13	9
University of California Hospital.....	65	16	31	6	4	5	3
University of California health service.....	38	17	20		1		
United States Marine Hospital.....	3	3					
Other hospitals.....	64	20	34		2	6	2
Langley Porter Clinic (former inpatients).....	54	20	29		4	1	
State mental hospitals.....	5	1	4				
Agencies—social, etc.....	68	16	27	3	6	14	2
Courts.....	17	8	1	5	3		
Schools.....	34			12	3	16	3
United States Army.....	6	6					
United States Navy.....	1		1				

girls. The diagnostic distribution of the various sources of referral is set forth in Table 61; it discloses no unusual features.

The disposition at discharge of the 506 first admissions discharged during the last six months of the 1946-47 Fiscal Year, by source of referral and by age group, is furnished in Table 62. It will be noted that 32 percent of these cases (37 percent of the adults and 9 percent of the adolescents and children) either were released for inpatient hospitalization or were placed in the care of a private physician or psychiatrist. Sixty percent were released on their own responsibility or to the care of relatives or friends, and the remaining 8 percent were released to various community agencies. An independent analysis of the 75 discharges who were referred either to state mental hospitals or to the inpatient department of the clinic shows that 55 cases had been diagnosed as psychotic, 10 as psychoneurotic, and 2 as nonpsychotic, while the diagnoses of 8 cases had been deferred. The 55 psychotic cases included 30 cases of dementia praecox and 10 manic-depressives.

Condition at Discharge. The condition at discharge with respect to sex, age-group, and diagnosis is set forth in Tables 63-65 for the 1,109 outpatient first admissions and 213 readmissions discharged during 1946-47. Of the 578 psychotic and psychoneurotic first admissions and readmissions receiving treatment, 77 patients or 13 percent were discharged as recovered, 345 or 60 percent were discharged as improved,

TABLE 61
DISCHARGES OF FIRST ADMISSIONS, BY MENTAL DISORDER AND SOURCE OF REFERRAL, THE
LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT, YEAR ENDING JUNE 30, 1947

Mental disorder*	Source of referral													
	Total	Self, family	Private physician	U. C. hospital	U. C. health service	U. S. Marine hospital	Other hospitals	Langley Porter Clinic	State mental hospitals	Agencies	Courts	Schools	U. S. Army	U. S. Navy
All groups.....	1,109	364	390	65	38	3	64	54	5	68	17	34	6	1
With psychosis.....	702	224	279	34	21	3	46	46	3	33	6	2	4	1
Syphilitic meningo-encephalitis (general paresis).....	4	2	2	1										
Alcoholic.....	1					1	1	1						
Due to drugs or other exogenous poisons.....	1					1								
Traumatic.....	4													
With cerebral arteriosclerosis.....	8	5	1	1										
With other disturbances of circulation.....	1													
With convulsive disorders (epilepsy).....	1				1									
Senile.....	1	1												
Involuntal.....	27	4	17	1				3	1	1				
With organic changes of the nervous system.....	2		1											
Psychoneuroses.....	452	151	179	21	19		27	22	2	24	2	2	2	1
Manic-depressive.....	55	21	21	4		1	5	6						
Dementia praecox (schizophrenia).....	107	23	39	4	1		9	14		7	4		2	
Paranoia and paranoid conditions.....	7	3	3	1										
With psychopathic personality.....	1													
With mental deficiency.....	1													
Undiagnosed psychoses.....	31	13	12	3		1	2							
Without psychosis.....	214	76	54	11	9		12	7		14	8	22	1	
Epilepsy.....	16	3	1	1						1				
Alcoholism.....	16	7	8				2	1						
Drug addiction.....	10	5	8											
Mental deficiency.....	21	9	4	2	2		1	1				4		
Psychopathic personality.....	21	8	7	2	2		2	2		2	1		1	
Other nonpsychotic diseases or conditions (not insane).....	10	11	3		4									
Simple adult maladjustment.....	1													
Habit disturbance in children.....	52	11	7	2			6	1		5	7	13	1	
Conduct disturbance.....	50	20	15	6			1	1		3		4	4	
Neurotic traits in children.....	1		1											
Unspecified primary behavior disorders.....	1	2			3									
Without mental disorder (for diagnosis only).....														
Diagnosis deferred.....	193	64	57	20	8		6	1	2	21	3	10	1	

* See Table 55 for complete diagnostic classification.

TABLE 62
DISCHARGES OF FIRST ADMISSIONS, BY SOURCE OF REFERRAL AND AGE GROUP, AND BY DISPOSITION AT DISCHARGE, THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT, JANUARY 1-JUNE 30, 1947

Source of referral; age group	Total discharges	Disposition at discharge							
		State hospital	LPC Inpatient Dept.	Other hospital	Referring doctor or agency	Private psychiatrist	Patient's family	Self	Other disposition
Total.....	506	31	44	19	65	14	89	212	32
By source of referral:									
Self, family, relation.....	169	8	14	8	1	6	25	94	13
Private physician.....	186	16	19	9	48	5	22	57	10
University of California Hospital.....	17	1	1		3		3	8	1
University of California Health Service.....	17	1	1		1		1	14	
United States Marine Hospital.....									
Other hospital.....	36	3	6		4	1	0	13	3
Langley Porter Clinic (former inpatients).....	23	1	1			1	7	13	
State hospital.....	4	1					1	2	
Agency—social, etc.....	24	1			7		8	6	2
Court.....	5				1		1	1	2
School.....	23		2	1			16	3	1
United States Army.....	1								
United States Navy.....	1			1					
By age group:									
Adults.....	421	31	40	18	62	14	27	206	23
Adolescents.....	39		3	1	2		25	3	5
Children.....	46		1		1		37	3	4

and 156 or 27 percent were discharged as unimproved. Excluding psychoneurotics, 26 percent of the remainder of 153 patients with major psychoses were discharged as recovered, 33 percent as improved, and 41 percent as unimproved and requiring inpatient treatment. Thus inpatient care was avoided or indefinitely postponed for three out of every five patients who sought treatment for a major psychosis at the outpatient clinic.

TABLE 63

DISCHARGES OF FIRST ADMISSIONS AND READMISSIONS, BY SEX, AGE GROUP, AND CONDITION AT DISCHARGE, THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT
YEAR ENDING JUNE 30, 1947

Condition at discharge	Total	Adults		Adolescents		Children	
		Male	Female	Male	Female	Male	Female
Total first admissions discharged	1,109	328	583	43	41	80	34
Diagnoses completed	916	277	502	29	28	54	26
With psychosis	702	226	460	6	10		
Recovered.....	58	12	46				
Improved.....	260	88	163	4	5		
Unimproved.....	108	34	69	1	4		
Not treated.....	276	92	182	1	1		
Without psychosis	214	51	42	23	18	54	26
Recovered.....	10	4	6				
Improved.....	82	13	11	12	10	24	12
Unimproved.....	59	7	9	10	5	20	8
Not treated.....	63	27	16	1	3	10	6
Diagnoses unavailable	193	51	81	14	13	26	8
Total readmissions discharged	213	68	126	2	10	4	3
Diagnoses completed	202	64	122	2	9	3	2
With psychosis	178	56	116	1	4		1
Recovered.....	19	7	11		1		
Improved.....	85	24	58	1	1		1
Unimproved.....	48	13	33		2		
Not treated.....	26	12	14				
Without psychosis	24	8	6	1	5	3	1
Recovered.....	1	1					
Improved.....	11	1	4	1	2	2	1
Unimproved.....	10	4	2		3	1	
Not treated.....	2	2					
Diagnoses unavailable	11	4	4		1	1	1

TABLE 64
DISCHARGES OF FIRST ADMISSIONS, BY MENTAL DISORDER, SEX, AGE GROUP, AND CONDITION AT DISCHARGE, THE LANGLEY PORTER CLINIC, OUTPATIENT DEPARTMENT, YEAR ENDING JUNE 30, 1947

Mental disorder*	Total				Age group						Condition at discharge							
	Total	Male		Female	Adults		Adolescents		Children		Recovered		Improved		Unimproved		Not treated	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F
All groups	1,109	451	658	328	583	43	41	80	34	16	52	141	201	72	95	222	310	
With psychosis	702	232	470	226	460	6	10			12	46	92	168	35	73	93	183	
Syphilitic meningo-encephalitis (general paresis)	4	3	1	3	1									1		3	1	
Alcoholic	1	1		1										1				
Due to drugs or other exogenous poisons	1	1		1										1		1		
Traumatic	1	1		1										1		1		
With cerebral arteriosclerosis	1	1		1										1		1		
With other disturbances of circulation	1	1		1										1		1		
With convulsive disorders (epilepsy)	1	1		1										1		1		
Senile	1	1		1										1		1		
Involutional	27	6	21	6	21									3	1	3	1	
With organic changes of the nervous system	2		2		2													
Psychoneuroses	452	152	300	148	292	4	8			8	24	86	143	19	51	39	82	
Manic-depressive	85	30	55	30	45					1	12	4	9	1	4	4	20	
Dementia praecox (schizophrenia)	103	36	68	33	66	2	2			1	6	1	7	9	14	24	41	
Paranoid and paranoid conditions	7	4	3	4	3									3		3	1	
With psychopathic personality	1	1		1												1		
With mental deficiency	1	1		1												1		
Undiagnosed psychoses	31	11	20	11	20					1	1					1	16	
Without psychosis	214	128	86	51	42	23	18	54	26	4	6	49	33	37	22	38	25	
Epilepsy	6	3	3	3	1									3	2	1	3	
Alcoholism	18	13	5	13	5											9	3	
Drug addiction	1	1		1						1								
Mental deficiency	19	10	9	3	3	2	2	5	4					2	5	8	3	
Psychopathic personality	21	16	5	15	5	1								6	1	4	3	
Other nonpsychotic diseases or conditions (not insane)	21	12	9	11	9			1						3	1	4	5	
Simple adult maladjustment	10	5	5	5	14					3	6	1	5			1	3	
Habit disturbances in children	1																	
Conduct disturbance in children	52	37	15	12	9	25	6							21	10	2	3	
Neurotic traits in children	50	27	23	6	7	21	16							14	12	11	8	
Unspecified primary behavior disorders	1	1		1										1		1		
Without mental disorder (for diagnosis only)	5	2	3	2	3											2	3	
Diagnosis deferred	193	91	102	51	81	14	13	26	8							91	102	

* See Table 55 for complete diagnostic classification.

TABLE 65
DISCHARGES OF READMISSIONS, BY SEX, AGE GROUP, AND CONDITION AT DISCHARGE, THE LANGLEY
PORTER CLINIC, OUTPATIENT DEPARTMENT, YEAR ENDING JUNE 30, 1947

Mental disorder	Total discharges			Age group						Condition at discharge							
	Total	Male	Female	Adults		Adolescents		Children		Recovered		Improved		Unimproved		Not treated	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F
	All groups.....	213	74	139	68	126	2	10	4	3	8	12	29	67	18	40	19	20
With psychosis.....	178	57	121	56	116	1	4	1	1	7	12	25	60	13	35	12	14
With other forms of syphilis of the c. n. s.....	1		1														
With epidemic encephalitis.....	1		1														
Due to drugs or other exogenous poisons.....	3	2	1	2	1					1	1		1				
With cerebral arteriosclerosis.....	1		1	1													
Involutions.....	13	3	10	3	10					1	1		5	1	3	1	1
Psychoneuroses.....	106	33	73	32	69	1	3	1	1	3	3	17	48	8	15	5	7
Manic-depressive.....	21	8	13	8	13					2	5	4	4	1	2	1	2
Dementia praecox (schizophrenia).....	26	9	17	9	17					4	4	4	2	3	13	2	2
With psychopathic personality.....	1		1	1							2					1	2
Undiagnosed psychoses.....	5		5														
Without psychosis.....	24	12	12	8	6	1	5	3	1	1		4	7	5	5	2	
Epilepsy.....	3	2	1	1	1							1	1	1			
Alcoholism.....	3	1	2	1	2					1			2				
Mental deficiency.....	1		1														
Psychopathic personality.....	8	5	3	5	2									3	3	2	
Other nonpsychotic diseases or conditions (not insane).....	3	1	2	1	2								2	1			
Conduct disturbance in children.....	3	1	2				2	1					1	1			
Neurotic traits in children.....	3	1	2				1	1	1				1	1			
Diagnosis deferred.....	11	5	6	4	4			1	1	1						5	6

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THE LOS ANGELES STATE MENTAL HYGIENE CLINIC

The Los Angeles State Mental Hygiene Clinic was authorized by the California Statutes of 1945 and admitted its first patient in May of 1946. It was established in order to provide for early diagnosis and treatment of the mental disorders of persons who voluntarily seek the aid of the clinic and who do not require institutional care. The clinic is located in the City of Los Angeles and serves the entire metropolitan area of Los Angeles and vicinity. This is the first of several outpatient mental hygiene clinics which the State is planning for major centers of population.

During this first full year of operation, the Los Angeles clinic admitted 593 patients and discharged 457 patients (Table 66). The case load at the end of the year was 166, as compared to 30 at the beginning of the year. During this period 951 interviews were held by psychiatrists, 439 psychological examinations were given, and 1,274 interviews were held by social workers.

TABLE 66
MOVEMENT OF CASELOAD, THE LOS ANGELES STATE MENTAL HYGIENE CLINIC
YEAR ENDING JUNE 30, 1947

Status	Total	Male				Female			
		Total	Adults	Adolescents*	Children	Total	Adults	Adolescents*	Children
On records June 30, 1946.....	30	20	17	2	1	10	10	-----	-----
Admissions									
First admissions.....	563	297	189	46	62	266	209	37	20
Readmissions.....	30	15	12	2	1	15	13	1	1
Discharges	457	245	166	31	48	212	172	26	14
On records June 30, 1947.....	166	87	52	19	16	79	60	12	7

* Adolescents comprise patients aged 12 to 17, inclusive.

The value of clinic services has been clearly recognized by the community. Referrals of patients have been made by nearly every major welfare organization, both public and private. Schools, health departments, veterans organizations, and private physicians, psychiatrists, and psychologists have sent people to the clinic. The Superior Court of Los Angeles County also refers large numbers of cases with mild mental disorders to the clinic for treatment, while carrying them on psychopathic probation. The clinic has been especially valuable to adolescents and preschool children.

The staff of the clinic has carried on valuable community educational work in addition to its regular duties. Members of the staff have addressed local service organizations and public agencies regarding the clinic's function in the community, and have also participated in numerous conferences with state and local groups on various aspects of mental hygiene.

INSTITUTIONS FOR MENTALLY DEFICIENT AND EPILEPTIC

PATIENTS ON ACTIVE RECORD

Movement of Population. Two permanent institutions for the inpatient care, treatment, and training of mentally deficient and epileptic patients are maintained by the Department of Mental Hygiene—Pacific Colony in Los Angeles County and Sonoma State Home in Sonoma County. A small number of patients committed as psychopathic or defective delinquents are also cared for at these two institutions. In addition, two temporary institutions, DeWitt State Hospital and Modesto State Hospital, are authorized to accept mentally deficient patients as well as mentally ill patients, as transfers from other state mental institutions. The first mentally deficient transfers were received by DeWitt in January, 1947; by June 30th this institution had a resident population of 433 mentally deficient patients, equal to 55.8 percent of its normal capacity in this category. As of June 30, 1947, no mentally deficient patients had as yet been transferred to the unit for mentally deficient at Modesto State Hospital.

The movement of the patient population at Pacific Colony and Sonoma and in the mentally deficient units at DeWitt is summarized in Table 67. Total admissions, exclusive of transfers between the institutions for mentally deficient, increased from 718 for the year ending June 30, 1946, to 965 for the year ending June 30, 1947. This 34.4-percent increase in admissions was occasioned by the transfer of 447 patients from Sonoma to DeWitt, which in turn allowed Sonoma to draw on the lists of patients awaiting admission. Unlike the mental hospitals, the state institutions for mentally deficient have the legal authority to limit the rate of admission, accepting only the more urgent cases from their waiting lists so as to keep the degree of overcrowding within reasonable bounds.

The total number removed from the records (by death, direct discharge, or discharge from leave or escape) decreased from 595 for the year ending June 30, 1946, to 552 for the year ending June 30, 1947—a decrease of 7.2 percent. In the same period, leaves of absence granted during the year increased from 1,457 to 1,798 or 23.4 percent. The number of escapes changed very little, totaling 210 in 1946, as compared with 214 in 1947.

The year's population movement for all patients is summarized in Table 67. For U. S. census purposes, each patient is further classified as mentally deficient, as epileptic, or as neither mentally deficient nor epileptic. When the patient's diagnosis includes both mental deficiency and epilepsy, the patient is categorized as mentally deficient if this condition was noted first in his chronological case-history, and as epileptic if epileptic symptoms appeared before mental deficiency was noted. The year's population movement in each of these three census categories is set forth in Tables 67a, 67b, and 67c. In no case is the same patient

TABLE 67
MOVEMENT OF POPULATION, INSTITUTIONS FOR MENTALLY DEFICIENT
YEAR ENDING JUNE 30, 1947

Status	Total			DeWitt State Hospital*		Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
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
Entered institution.....	3,158	1,910	1,248	240	212	858	507	812	529
Total added to records.....	1,421	830	591	236	211	238	125	356	255
Observations.....	106	75	31			20	8	55	23
First admissions.....	801	476	325			204	109	272	216
Readmissions.....	47	30	17			14	6	16	11
Transfers from institutions for mentally deficient.....	456	240	216	236	211		2	4	3
Transfers from mental hospitals†.....	11	9	2					9	2
Total returns from temporary separations.....	1,737	1,080	657	4	1	620	382	456	274
Returns from leave.....	1,566	942	624	4	1	550	357	388	266
Returns from escape.....	171	138	33			70	25	68	8
Separated from institution.....	2,850	1,710	1,140	12	7	729	445	969	688
Temporary separations from institution.....	2,012	1,243	769	7	4	676	409	560	356
Leaves of absence.....	1,798	1,073	725	7	4	592	379	474	342
Escapes.....	214	170	44			84	30	86	14
Residents removed from records.....	838	467	371	5	3	53	36	409	332
Deaths.....	195	100	95	1	1	28	26	71	68
Discharges, direct.....	170	119	51			23	6	96	45
Transfers to institutions for mentally deficient.....	453	339	214	4	2			235	212
Transfers to mental hospitals.....	20	9	11			2	4	7	7
Removed from records.....	1,008	552	456	6	3	82	62	464	391
Removed from records while absent.....	170	85	85	1		29	26	55	59
Discharged from leave‡.....	158	77	81			26	24	51	57
Discharged from escape‡.....	9	7	2			3	1	4	1
Transferred from leave to institutions for mentally deficient.....	2	1	1	1					1
Transferred from escape to institutions for mentally deficient.....	1		1				1		
On records June 30, 1946.....	6,222	3,356	2,866			1,127	886	2,229	1,980
Total added to records.....	1,421	830	591	236	211	238	125	356	255
Total removed from records.....	1,008	552	456	6	3	82	62	464	391
On records June 30, 1947.....	6,635	3,634	3,001	230	208	1,283	949	2,121	1,844
In institution.....	5,432	2,991	2,441	228	205	1,060	772	1,703	1,464
On leave.....	1,035	540	495	2	3	178	144	360	348
On escape.....	168	103	65			45	33	58	32

* Excluding mentally-ill patients transferred from state mental hospitals (see Table 1).

† Included in descriptive tables as four male and two female first admissions, and five male readmissions.

‡ Including deaths of one male patient on leave and one male patient on escape.

TABLE 67a
MOVEMENT OF MENTALLY DEFICIENT POPULATION *
YEAR ENDING JUNE 30, 1947

Status	Total			DeWitt State Hospital		Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
On records June 30, 1946†	5,291	2,852	2,439			1,069	810	1,783	1,629
In institution†	4,313	2,358	1,955			887	658	1,471	1,297
On leave†	863	432	431			152	126	280	305
On escape†	115	62	53			30	26	32	27
Entered institution	2,772	1,667	1,105	238	211	807	460	622	434
Total added to records	1,229	705	524	234	210	221	109	250	205
Observations	13	12	1			12	1		
First admissions	710	418	292			195	101	223	191
Readmissions	44	29	15			14	5	15	10
Transfers from institutions for mentally deficient	453	238	215	234	210		2	4	3
Transfers from mental hospitals‡	9	8	1					8	1
Total returns from temporary separations	1,543	962	581	4	1	586	351	372	229
Returns from leave	1,393	841	552	4	1	520	330	317	221
Returns from escape	150	121	29			66	21	55	8
Separated from institution	2,459	1,470	989	12	7	690	411	768	571
Temporary separations from institution	1,792	1,109	683	7	4	642	379	460	300
Leaves of absence	1,605	961	644	7	4	562	354	392	286
Escapes	187	148	39			80	25	68	14
Residents removed from records	667	361	306	5	3	48	32	308	271
Deaths	152	82	70	1	1	28	26	53	43
Discharges, direct	71	47	24			19	3	28	21
Transfers to institutions for mentally deficient	431	226	205	4	2			222	203
Transfers to mental hospitals	13	6	7			1	3	5	4
Removed from records	830	442	388	6	3	77	57	359	228
Removed from records while absent	163	81	82	1		29	25	51	57
Discharged from leave§	152	73	79			26	24	47	55
Discharged from escape§	8	7	1			3		4	1
Transferred from leave to institutions for mentally deficient	2	1	1	1					1
Transferred from escape to institutions for mentally deficient	1		1				1		
On records June 30, 1946	5,291	2,852	2,439			1,069	810	1,783	1,629
Total added to records	1,229	705	524	234	210	221	109	250	205
Total removed from records	830	442	388	6	3	77	57	359	328
On records June 30, 1947	5,690	3,115	2,575	228	207	1,213	862	1,674	1,506
In institution	4,626	2,555	2,071	226	204	1,004	707	1,325	1,160
On leave	921	478	443	2	3	168	126	308	314
On escape	143	82	61			41	29	41	32

* As determined by institution diagnosis (irrespective of type of commitment).
 † Disagreement with 1945-46 figures due to reclassification of patients after retests.
 ‡ Included in descriptive tables as three male and one female first admissions, and five male readmissions.
 § Including deaths of one male patient on leave and one male patient on escape.

TABLE 67b
MOVEMENT OF EPILEPTIC POPULATION *
YEAR ENDING JUNE 30, 1947

Status	Total			DeWitt State Hospital		Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
On records June 30, 1946†.....	831	435	396			53	52	382	344
In institution†.....	753	390	363			42	44	348	319
On leave†.....	73	40	33			10	8	30	25
On escape†.....	5	5				1		4	
Entered institution.....	246	146	100	2	1	37	27	107	72
Total added to records.....	69	40	29	2	1	7	1	31	27
First admissions.....	63	37	26			7	1	30	25
Readmissions.....	1		1						1
Transfers from institutions for mentally deficient.....	3	2	1	2	1				
Transfers from mental hospitals†.....	2	1	1					1	1
Total returns from temporary separations.....	177	106	71			30	26	76	45
Returns from leave.....	167	98	69			28	24	70	45
Returns from escape.....	10	8	2			2	2	6	
Separated from institution.....	287	151	116			31	23	120	93
Temporary separations from institution.....	193	114	79			30	23	84	56
Leaves of absence.....	179	102	77			27	21	75	56
Escapes.....	14	12	2			3	2	9	
Residents removed from records.....	74	37	37			1		36	37
Deaths.....	43	18	25					18	25
Discharges, direct.....	5	5				1		4	
Transfers to institutions for mentally deficient.....	22	13	9					13	9
Transfers to mental hospitals.....	4	1	3					1	3
Removed from records.....	80	41	39			1		40	39
Removed from records by discharge from leave.....	6	4	2					4	2
On records June 30, 1946.....	831	435	396			53	52	382	344
Total added to records.....	69	40	29	2	1	7	1	31	27
Total removed from records.....	80	41	39			1		40	39
On records June 30, 1947.....	820	434	386	2	1	59	53	373	332
In institution.....	732	385	347	2	1	48	48	335	298
On leave.....	79	40	39			9	5	31	34
On escape.....	9	9				2		7	

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

† Disagreement with 1945-46 figures due to reclassification of patients after retest.

‡ Included in descriptive tables as one male and one female first admission.

enumerated in these latter tables under more than one of these three classifications.

Patients classified as mentally deficient comprised 85.2 percent of the total resident population on June 30, 1947. Epileptic patients (the majority of whom also had a secondary diagnosis of mental deficiency) comprised 13.5 percent of the total; and patients neither mentally deficient nor epileptic (for the most part psychopathic delinquent cases and observation cases) made up 1.3 percent of the total. Descriptive data for the mentally deficient are furnished in Tables 78-82 and for epileptics in Tables 83-86.

Tables 68 and 69, on the other hand, set forth the population movement of patients admitted as psychopathic or defective delinquents, Youth Authority observations, and juvenile court observations, and represent a supplementary classification in terms of the type of commitment, rather than by census classification. All patients not covered by Tables 68 and 69 were either admitted for observation or committed for indeterminate care for mental deficiency or epilepsy.

TABLE 67c
MOVEMENT OF POPULATION NEITHER MENTALLY DEFICIENT NOR EPILEPTIC *
YEAR ENDING JUNE 30, 1947

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1946†.....	100	69	31	5	24	64	7
In institution†.....	58	43	15	2	8	41	7
On leave†.....	27	15	12	3	12	15	7
On escape†.....	15	11	4	3	4	8	7
Entered institution.....	140	97	43	14	20	83	23
Total added to records.....	123	85	38	10	15	75	23
Observations.....	93	63	30	8	7	55	23
First admissions.....	28	21	7	2	7	19	7
Readmissions.....	2	1	1	1	1	1	1
Total returns from temporary separations.....	17	12	5	4	5	8	7
Returns from leave.....	6	3	3	2	3	1	7
Returns from escape.....	11	9	2	2	2	7	7
Separated from institution.....	124	89	35	8	11	81	24
Temporary separations from institution.....	27	20	7	4	7	16	7
Leaves of absence.....	14	10	4	3	4	9	7
Escapes.....	13	10	3	1	3	7	7
Residents removed from records.....	97	69	28	4	4	65	24
Discharges, direct.....	94	67	27	3	3	64	24
Transfers to mental hospitals.....	3	2	1	1	1	1	1
Removed from records.....	98	69	29	4	5	65	24
Removed from records by discharge from escape.....	1	1	1	1	1	1	1
On records June 30, 1946.....	100	69	31	5	24	64	7
Total added to records.....	123	85	38	10	15	75	23
Total removed from records.....	98	69	29	4	5	65	24
On records June 30, 1947.....	125	85	40	11	34	74	6
In institution.....	74	51	23	8	17	43	6
On leave.....	35	22	13	1	13	21	13
On escape.....	16	12	4	2	4	10	10

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

† Disagreement with 1945-46 figures due to reclassification of patients after retests.

TABLE 68
MOVEMENT OF PATIENTS COMMITTED AS PSYCHOPATHIC OR DEFECTIVE DELINQUENTS *
YEAR ENDING JUNE 30, 1947

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1946	89	63	26	3	23	60	3
In institution	47	37	10	-----	7	37	3
On leave	26	15	11	-----	11	15	-----
On escape	16	11	5	-----	3	8	-----
Entered institution	83	62	21	9	15	53	6
Total added to records	72	54	18	8	12	46	6
Observations	45	34	11	8	5	26	6
First admissions	26	19	7	-----	7	19	-----
Readmissions	1	1	-----	-----	-----	1	-----
Total returns from temporary separations	11	8	3	1	3	7	-----
Returns from leave	3	1	2	-----	2	1	-----
Returns from escape	8	7	1	1	1	6	-----
Separated from institution	68	53	15	4	7	49	8
Temporary separations from institution	20	15	5	-----	5	15	-----
Leaves of absence	10	7	3	-----	3	7	-----
Escapes	10	8	2	-----	2	8	-----
Residents removed from records	48	38	10	4	2	34	8
Discharges, direct	46	36	10	3	2	33	8
Transfers to mental hospitals	2	2	-----	1	-----	1	-----
Removed from records	49	38	11	4	3	34	8
Removed from records by discharge from escape	1	-----	1	-----	1	-----	-----
On records June 30, 1946	89	63	26	3	23	60	3
Total added to records	72	54	18	8	12	46	6
Total removed from records	49	38	11	4	3	34	8
On records June 30, 1947	112	79	33	7	32	72	1
In institution	62	46	16	5	15	41	1
On leave	33	21	12	-----	12	21	-----
On escape	17	12	5	2	5	10	-----

* Comprising patients admitted for 90-day observation or under indeterminate commitment under Welfare and Institutions Code Section 7058, irrespective of the medical diagnosis. With the exception of patients included in Tables 68 and 69, all patients covered by Table 67 were admitted for observation under Welfare and Institutions Code Section 7007 or were received on indeterminate commitment as mentally deficient or epileptic under Welfare and Institutions Code Section 5258.

TABLE 69
MOVEMENT OF YOUTH AUTHORITY OBSERVATIONS AND JUVENILE COURT OBSERVATIONS
YEAR ENDING JUNE 30, 1947

Status	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
On records June 30, 1946, and in institution.....	5	4	1	1	-----	3	1
Entered institution.....	*55	*36	19	*13	4	23	15
Total added to records as observation admissions	*53	*35	18	*12	3	23	15
Total returns from leave.....	2	1	1	1	1	-----	-----
Separated from institution.....	*49	*36	13	*12	2	24	11
Temporary separations from institution.....	3	2	1	2	1	-----	-----
Leaves of absence.....	2	1	1	1	1	-----	-----
Escapes.....	1	1	-----	1	-----	-----	-----
Residents removed from records by direct discharge.....	*46	*34	12	*10	1	24	11
Removed from records.....	*47	*35	12	*11	1	24	11
Removed from records by discharge from escape..	1	1	-----	1	-----	-----	-----
On records June 30, 1946.....	5	4	1	1	-----	3	1
Total added to records.....	*53	*35	18	*12	3	23	15
Total removed from records.....	*47	*35	12	*11	1	24	11
On records June 30, 1947, and in institution.....	11	4	7	2	2	2	5

* Including two juvenile court observation admissions, received under Welfare and Institutions Code Section 740.5. All other figures are for Youth Authority observation cases, received under Welfare and Institutions Code Section 1753.

Resident Population. The annual growth in the resident population of the state institutions for mentally deficient and epileptic for the years 1886-1947 is set forth in Table 70 and Chart V. During this period the number of patients per 100,000 general population increased from 9.6 in 1890 to a maximum of 63.1 in 1943, reflecting the growing public demand for this service. The 1946 rate of 55.3 hospitalized patients per 100,000 general population was considerably less than the rates of 71 for Oregon, 115 for Illinois, 159 for Michigan, 143 for New York, and 82 for the Nation as a whole.

The activation of DeWitt State Hospital and the transfer of 447 mentally deficient patients to that institution early in 1947 served to reduce overcrowding at Pacific Colony and Sonoma State Home from 26.9 to 24.4 percent of normal capacity during the fiscal year, and the pending transfer of patients to DeWitt and Modesto State Hospitals will (at least temporarily) reduce overcrowding even further, making more efficient and humane care possible.

However, because these institutions are allowed by law to restrict their admissions within the limits imposed by existing facilities, on June 30, 1947, there were 1,585 mentally deficient and epileptic persons on the waiting lists for admission, whose hospitalization is delayed by the lack of hospital room. This group of potential patients (467 in the northern part of the State and 1,118 in the Southern California area) was

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TABLE 70
RESIDENT POPULATION OF STATE INSTITUTIONS FOR MENTALLY DEFICIENT, BY INSTITUTION
JUNE 30, 1886-1947

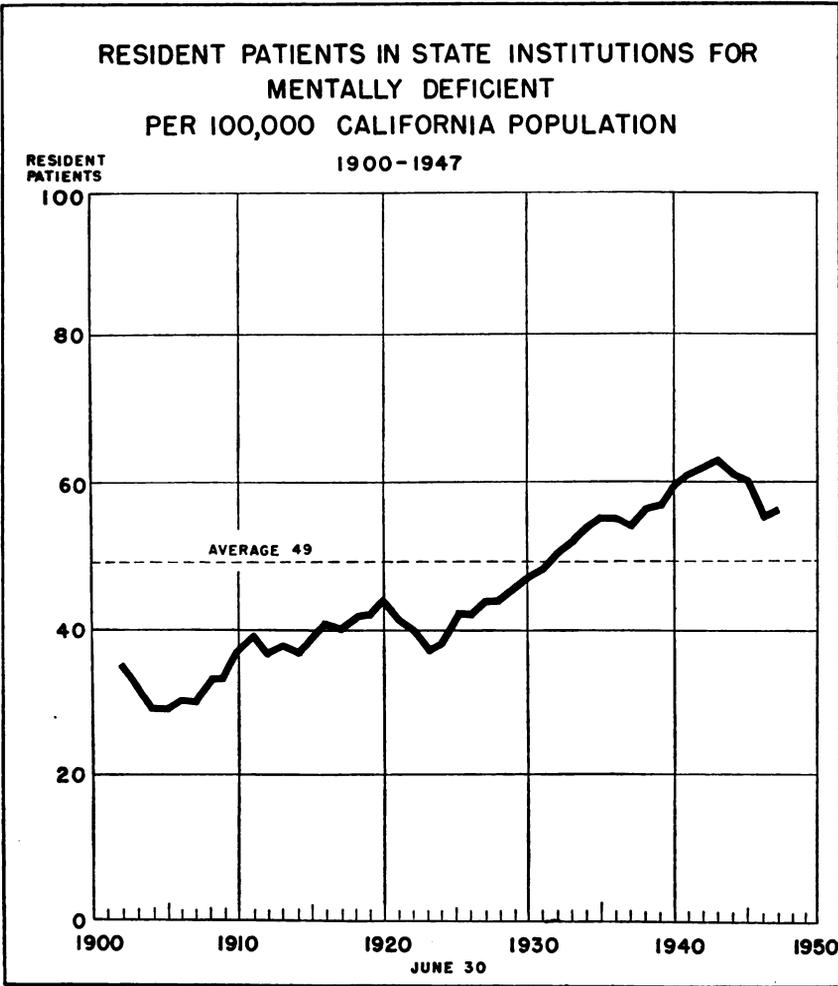
June 30	Total			Pacific Colony	Sonoma State Home	State population in 1,000's*	Resident patients per 100,000 State population
	Total	Male	Female				
1886	69	37	32		69		
1887	73	43	30		73		
1888	93	50	43		93		
1889	114	66	48		114		
1890	117	69	48		117	1,213	9.6
1891	145	82	63		145		
1892	237	129	108		237		
1893	289	161	128		289		
1894	303	176	127		303		
1895	384	212	172		384		
1896	443	235	208		443		
1897	468	245	223		468		
1898	521	280	241		521		
1899	†	†	†		†		
1900	†	†	†		†	1,510	
1901	†	†	†		†	1,594	
1902	573	321	252		573	1,658	34.6
1903	554	309	245		554	1,727	32.1
1904	540	302	238		540	1,813	29.8
1905	554	302	252		554	1,912	29.0
1906	594	327	267		594	2,003	29.7
1907	626	350	276		626	2,076	30.2
1908	729	413	316		729	2,185	33.4
1909	771	428	343		771	2,318	33.3
1910	883	493	390		883	2,400	36.8
1911	945	531	414		945	2,497	37.8
1912	965	536	429		965	2,612	36.9
1913	1,044	569	475		1,044	2,742	38.1
1914	1,067	571	496		1,067	2,868	37.2
1915	1,144	639	505		1,144	2,956	38.7
1916	1,227	667	560		1,227	3,019	40.6
1917	1,260	675	585		1,260	3,116	40.4
1918	1,358	735	623		1,358	3,210	42.3
1919	1,394	717	677		1,394	3,333	41.8
1920	1,537	794	743		1,537	3,520	43.7
1921	1,553	793	760	29	1,524	3,828	40.6
1922	1,611	832	779	41	1,570	4,067	39.6
1923	1,621	831	790		1,621	4,400	36.8
1924	1,758	893	865		1,758	4,689	37.5
1925	1,961	995	966		1,961	4,863	40.3
1926	2,113	1,115	998		2,113	5,048	41.9
1927	2,309	1,178	1,131	61	2,248	5,219	44.2
1928	2,364	1,225	1,139	104	2,260	5,377	44.0
1929	2,572	1,359	1,213	278	2,294	5,563	46.2
1930	2,715	1,433	1,282	332	2,383	5,722	47.4
1931	2,814	1,465	1,349	421	2,393	5,879	47.9
1932	2,981	1,553	1,428	499	2,482	5,924	50.3
1933	3,113	1,640	1,473	670	2,443	5,959	52.2
1934	3,263	1,726	1,537	724	2,539	6,023	54.2
1935	3,325	1,731	1,594	784	2,541	6,083	54.7
1936	3,443	1,790	1,653	832	2,611	6,294	54.7
1937	3,568	1,874	1,694	882	2,686	6,570	54.3
1938	3,763	2,011	1,752	932	2,831	6,721	56.0
1939	3,874	2,053	1,821	941	2,933	6,831	56.7
1940	4,076	2,189	1,887	1,089	2,987	6,930	58.8
1941	4,404	2,360	2,044	1,369	3,035	7,195	61.2
1942	4,641	2,510	2,131	1,474	3,167	7,444	62.3
1943	4,728	2,552	2,176	1,520	3,208	7,490	63.1
1944	4,845	2,636	2,209	1,521	3,324	7,901	61.3
1945	4,999	2,699	2,300	1,591	3,408	8,363	59.8
1946	5,124	2,791	2,333	1,641	3,483	9,262	55.3
1947	5,432	2,991	2,441	1,832	3,167	9,688	56.1

* Source: See footnote to Table 4.

† Figures not available.

‡ Includes 433 mentally deficient patients (228 male and 205 female) at DeWitt State Hospital.

CHART V



equal to 29 percent of the resident patient population of 5,432 patients. The hospitalization of this group would have raised the State's rate to 72.4 patients per 100,000 general population, which is still 10 patients less than the national rate.

Admissions. Exclusive of 106 observation admissions, 859 patients were admitted to Pacific Colony and Sonoma State Home in 1946-47. These admissions were made from 48 of the 58 counties of California in 1946-47 (Table 71), 10 more counties than in the previous year.

TABLE 71
COUNTY OF COMMITMENT OF FIRST ADMISSIONS AND READMISSIONS, BY INSTITUTION
YEAR ENDING JUNE 30, 1947

County	Total			Pacific Colony		Sonoma State Home	
	Total	First admissions	Readmissions	First admissions	Readmissions	First admissions*	Readmissions†
Total.....	859	807	52	313	20	494	32
Alameda.....	90	81	9			81	9
Butte.....	6	6				6	
Calaveras.....	1	1				1	
Colusa.....	1		1				1
Contra Costa.....	26	26				26	
El Dorado.....	2	2				2	
Fresno.....	36	36				36	
Glenn.....	1	1				1	
Humboldt.....	8	8				8	
Imperial.....	8	8		6		2	
Inyo.....	1	1		1			
Kern.....	20	18	2			18	2
Lake.....	2	2				2	
Lassen.....	3	2	1			2	1
Los Angeles.....	197	183	14	181	13	2	1
Madera.....	1	1				1	
Marin.....	8	7	1			7	1
Mendocino.....	3	3				3	
Merced.....	6	5	1			5	1
Modoc.....	1	1				1	
Monterey.....	12	12				12	
Napa.....	4	4				4	
Orange.....	21	20	1	19	1	1	
Placer.....	2	2				2	
Plumas.....	1	1				1	
Riverside.....	24	23	1	23	1		
Sacramento.....	25	23	2			23	2
San Benito.....	5	5				5	
San Bernardino.....	19	16	3	16	3		
San Diego.....	56	54	2	52	2	2	
San Francisco.....	116	109	7	3		106	7
San Joaquin.....	24	23	1	1		22	1
San Luis Obispo.....	3	3				3	
San Mateo.....	15	12	3			12	3
Santa Barbara.....	14	14				14	
Santa Clara.....	22	21	1	1		20	1
Santa Cruz.....	7	7				7	
Shasta.....	3	3				3	
Siskiyou.....	2	2				2	
Solano.....	10	10				10	
Sonoma.....	17	15	2			15	2
Stanislaus.....	10	10				10	
Tehama.....	2	2				2	
Tulare.....	6	6				6	
Tuolumne.....	6	6				6	
Ventura.....	10	10		10			
Yolo.....	1	1				1	
Yuba.....	1	1				1	

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

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

Pacific Colony received patients from 11 counties during the year as compared with admissions from 12 counties during the previous year, while Sonoma received patients from 44 counties as compared with 34 for the previous year. Los Angeles County contributed 58 percent of the 313 first admissions to Pacific Colony, while the City and County of San Francisco contributed 21 percent and Alameda County 16 percent of the 494 first admissions to Sonoma.

The mass transfer of patients from Sonoma to DeWitt allowed a 33.2-percent increase in the number of first admissions to the two permanent institutions, and resulted in an increase in the rate of first admissions per 100,000 general population from 6.4 in 1945-46 to 8.3 in 1946-47. For the three counties of Los Angeles, Alameda, and San Francisco (the source of 46 percent of the first admissions for the year) the admission rates were respectively 5.0, 11.4, and 13.5. All of these rates are increases over the preceding year.

By hospital, Sonoma showed the larger increase in the number of first admissions over the previous year, 36.5 percent as against 22.7 percent for Pacific Colony. Of the total first admissions, 59.5 percent were male.

This increase in the annual rate of admission permitted the institutions to accept a larger percentage of younger patients whose hospitalization would ordinarily have been postponed until their size and physical maturity made it impossible to care for them at home. The median age at admission declined accordingly from 15.2 years in 1945-46 to 13.1 years in 1946-47 (Table 73). By sex, the median age for the latter year was 12.5 years for male patients and 14.5 years for female patients.

The distribution of first admissions by intelligence quotient (the median for which declined from 52.3 to 45.3 during the year) is furnished in Table 72. Various socio-economic factors for first admissions are set forth in Table 74.

TABLE 72
 MENTAL STATUS OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
 YEAR ENDING JUNE 30, 1947

Mental status	IQ	Total			Pacific Colony		Sonoma State Home	
		Total	Male	Female	Male	Female	Male	Female
Total		807	480	327	204	109	276	218
Normal or superior.....	90 and over.....	29	19	10	3	5	16	5
Low average.....	80-89.....	22	14	8	3	2	11	6
Borderline defective.....	70-79.....	85	51	34	18	8	33	26
Mentally defective:								
Moron.....	50-69.....	214	132	82	65	25	67	57
Imbecile.....	20-49.....	247	137	110	61	43	76	67
Idiot.....	19 and under.....	180	111	69	54	26	57	43
Unknown		30	16	14			16	14

TABLE 73
AGE OF FIRST ADMISSIONS, BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Age at last birthday, in years	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
Total.....	807	480	327	204	109	276	218
Under 5.....	144	89	55	31	18	58	37
5-9.....	121	75	46	32	20	43	26
10-14.....	221	152	69	82	19	70	50
15-19.....	198	108	90	43	32	65	58
20-24.....	48	23	25	6	8	17	17
25-29.....	26	13	13	7	5	6	8
30-39.....	29	10	19	2	6	8	13
40-49.....	† 12	3	9	1	1	2	8
50-59.....	5	4	1	-----	-----	4	1
60 and over.....	1	1	-----	-----	-----	1	-----
Unknown.....	2	2	-----	-----	-----	2	-----

TABLE 74
NATIVITY, MARITAL STATUS, ECONOMIC STATUS, AND ENVIRONMENT OF FIRST ADMISSIONS,
BY SEX AND INSTITUTION, YEAR ENDING JUNE 30, 1947.

Classification	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
Total.....	807	480	327	204	109	276	218
By country of birth:							
Canada.....	2	1	1	1	-----	-----	1
Germany.....	2	1	1	1	1	-----	-----
Italy.....	1	1	-----	-----	-----	1	-----
Mexico.....	2	2	-----	2	-----	-----	-----
Philippine Islands.....	1	-----	1	-----	-----	-----	1
Puerto Rico.....	2	-----	2	-----	-----	-----	2
United States.....	773	460	313	198	107	262	206
Hawaii.....	2	-----	2	-----	-----	-----	2
Unknown.....	22	15	7	2	1	13	6
By marital status:							
Single.....	790	477	313	204	105	273	208
Married.....	12	3	9	-----	1	3	8
Widowed.....	1	-----	1	-----	1	-----	-----
Divorced.....	-----	-----	-----	-----	-----	-----	-----
Separated.....	3	-----	3	-----	1	-----	2
Unknown.....	1	-----	1	-----	1	-----	-----
By economic status:*							
Dependent.....	302	171	131	20	13	151	118
Marginal.....	278	180	98	164	83	16	15
Comfortable.....	222	127	95	18	11	109	84
Unknown.....	5	2	3	2	2	-----	1
By environment:							
Urban†.....	644	370	274	130	76	240	198
Rural.....	150	104	46	72	30	32	16
Unknown.....	13	6	7	2	3	4	4

* 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.

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

Releases. Patients on leave of absence on June 30, 1947, totaled 1,035 or 15.6 percent of the total on record. This figure showed little change from the preceding year. Leaves of absence (including brief visits) were granted on 1,798 occasions during the year. There were 209 leaves granted per 100 admissions and 78 net leaves per 100 admissions.

The median age at discharge was 21.6 years for patients of both sexes, 20.1 years for male patients and 23.2 years for female patients (Table 75). This showed little change from the previous year. While approximately 60 percent of the patients admitted to the institutions for mentally deficient were male, only 53 percent of the discharges were male. This may be due in part to the greater difficulty in caring for male mentally deficient persons in their homes, which reduced their likelihood of discharge.

The mortality rate per 1,000 patients under treatment in 1946-47 was 23.9 as compared with 25.6 for 1945-46. The median age at death (Table 76) decreased from 17.6 years to 16.6 years. Respiratory diseases, as in past years the most frequent cause of death, accounted for slightly over half the deaths in 1946-47, while diseases of the nervous system and of the circulatory system accounted for one-third of the total (Table 77).

TABLE 75
DISCHARGES, BY AGE AT DISCHARGE, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Age at last birthday, in years	Total			Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female
Total, all ages*.....	251	134	117	40	31	94	86
Under 5.....	7	5	2			5	2
5-9.....	11	8	3	4	2	4	1
10-14.....	23	14	9	2		12	9
15-19.....	62	39	23	12	4	27	19
20-24.....	75	40	35	16	13	24	22
25-29.....	36	16	20	5	5	11	15
30-39.....	21	8	13			8	8
40-49.....	6	1	5	1	2		3
50-59.....	5		5				5
60 and over.....	1		1				1
Unknown.....	4	3	1			3	1

* Comprising patients discharged, or transferred to mental hospitals, either direct from institution, or while on leave of absence or escape; excluding discharges of 78 male and 28 female observation cases; including two male patients dying on leave or escape.

TABLE 76
DEATHS, BY AGE AT DEATH, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Age at last birthday, in years	Total			DeWitt State Hospital		Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
Total, all ages.....	195	100	95	1	1	28	26	71	68
Under 5.....	52	33	19	-----	-----	11	4	22	15
5-9.....	25	12	13	-----	-----	1	3	11	10
10-14.....	13	5	8	-----	-----	1	2	4	6
15-19.....	25	15	10	1	-----	8	6	6	4
20-24.....	11	7	4	-----	-----	2	-----	5	4
25-29.....	15	9	6	-----	-----	3	2	6	4
30-39.....	17	6	11	-----	1	1	5	5	5
40-49.....	14	5	9	-----	-----	1	2	4	7
50-59.....	6	-----	6	-----	-----	-----	1	-----	5
60 and over.....	16	7	9	-----	-----	-----	1	7	8
Unknown.....	1	1	-----	-----	-----	-----	-----	1	-----

TABLE 77
DEATHS, BY CAUSE OF DEATH, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Cause of death*	Total			DeWitt State Hospital		Pacific Colony		Sonoma State Home	
	Total	Male	Female	Male	Female	Male	Female	Male	Female
Total.....	195	100	95	1	1	28	26	71	68
Infectious and parasitic diseases	5	3	2	-----	-----	-----	-----	3	2
Cancer and other tumors.....	3	-----	3	-----	-----	-----	1	-----	2
Diseases of the nervous system and sense organs.....	32	17	15	-----	-----	9	7	8	8
Diseases of the circulatory system.....	34	13	21	1	1	2	7	10	13
Diseases of the respiratory system.....	106	54	52	-----	-----	12	11	42	41
Diseases of the digestive system	6	5	1	-----	-----	4	-----	1	1
Congenital malformations.....	6	5	1	-----	-----	-----	-----	5	1
Violent or accidental deaths.....	2	2	-----	-----	-----	1	-----	1	-----
Ill-defined and unknown causes.....	1	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. For the 18 major groups in this list, see Table 66 of the 1946 report.

MENTALLY DEFICIENT

Admissions. For clinical and statistical purposes patients are classified by mental level according to the following standards established by the American Association on Mental Deficiency:

1. *Idiot*—A mentally defective person usually having a mental age of less than three years, or, if a child, an intelligence quotient of less than 20.
2. *Imbecile*—A mentally defective person usually having a mental age of three to seven years, inclusive, or if a child, an intelligence quotient of from 20 to 49, inclusive.
3. *Moron*—A mentally defective person usually having a mental age of 8 to 11 years, or, if a child, an intelligence quotient of 50 or more. As a rule, the upper limit for a diagnosis of mental deficiency should be an intelligence quotient of 69.

As of June 30, the mental level had been ascertained for 632 of the 714 mentally deficient first admissions during the year (Table 78). Of these 26.7 percent were classified as idiots, 36.4 percent as imbeciles, and 36.9 percent as morons.

Clinical diagnoses had been made for 690 of the 714 first admissions. Of the diagnosed cases, 20.9 percent were classified as cases of familial mental deficiency, 11.4 percent as cases of mongolism, 6.4 percent as cases of mental deficiency with epilepsy, and 5.8 percent as cases of post-traumatic mental deficiency. Other specific diagnoses accounted for 19.7 percent, and the remaining 35.7 percent represented cases of undifferentiated mental deficiency. The distribution by mental level and by clinical diagnosis is set forth for first admissions in Table 78, and for the year's 49 readmissions in Table 79.

Of the mentally deficient first admissions, 33.9 percent were less than 10 years of age at time of admission, 27.9 percent were 10 to 14 years of age, 23.1 percent were 15 to 19 years of age, and 15.1 percent were 20 years of age and older (Table 80). The median age at admission for all patients was 12.9 years. For idiots this median was 7.9 years, for imbeciles 11.7 years, and for morons 14.8 years.

Discharges and Deaths. Of the 244 mentally deficient patients discharged (either directly from the institution or while on leave or escape), the mental level was reported for 173, of whom 6.9 percent were classified as idiots, 24.9 percent as imbeciles, and 68.2 percent as morons. Of the 199 patients who were 15 years of age or older at time of discharge, 51.0 percent were considered capable of self-support, 21.2 percent capable of partial self-support, and 27.8 percent incapable of productive work (Table 81).

The median duration of institutional residence for mentally deficient patients dying in the institutions has shown a marked decline during the last several years. For 1946-47 the median was 9.4 months (Table 82), as compared to 2.9 years in 1945-46, 5.7 years in 1944-45, and 10.3 years in 1943-44.

TABLE 78
 CLINICAL DIAGNOSIS OF MENTALLY DEFICIENT FIRST ADMISSIONS BY MENTAL STATUS,
 SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1947

Clinical diagnosis	All institutions			Pacific Colony						Sonoma State Home											
	Total	Male	Female	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*	714	421	293	195	101	54	26	58	42	83	33	226	192	50	39	67	63	64	53	45	37
Familial	144	79	65	33	20	1	2	9	4	23	14	46	45	2	---	12	8	24	20	8	17
Mongolism	179	50	29	19	12	6	3	12	9	1	---	31	17	15	4	14	11	2	2	1	---
With developmental cranial anomalies	35	23	12	14	3	9	2	3	1	2	---	9	9	5	6	2	3	---	---	---	---
With congenital cerebral spastic infantile paralysis	28	12	16	1	1	1	1	---	---	---	---	11	15	8	8	3	6	---	---	---	---
Post-infernal	31	17	14	8	4	2	2	3	---	3	2	9	10	2	4	5	4	2	1	---	---
Post-epileptic	40	29	11	24	9	14	3	5	5	5	1	5	2	2	1	1	1	2	---	---	---
With epilepsy	45	26	19	23	17	9	7	7	6	7	4	3	2	1	---	2	1	---	---	---	---
With endocrine disorder	3	---	3	2	---	---	1	---	1	---	---	---	1	---	---	---	---	---	---	---	---
With familial amnesia	1	1	---	1	---	---	---	1	---	---	---	---	---	---	---	---	---	---	---	---	---
With tuberculous sclerosis	37	20	17	1	2	---	---	---	---	1	---	1	15	10	6	4	4	1	3	4	2
With other organic nervous disease	246	153	93	71	31	12	5	18	15	41	11	82	62	4	5	23	16	30	27	25	14
Other forms	24	10	14	10	14	1	5	---	---	---	---	10	14	1	5	---	8	3	---	6	1
Undifferentiated	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Unknown	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

* Including three male and one female transfers in from mental hospitals; excluding observation cases.

TABLE 79
 CLINICAL DIAGNOSIS OF MENTALLY DEFICIENT READMISSIONS BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1947

Clinical diagnosis	All institutions			Pacific Colony						Sonoma State Home											
	Total	Male	Female	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*	49	34	15	14	5	2	4	2	8	3	20	10	1	3	5	5	8	6	2		
Familial	8	5	3	3	1																
Mongolism	1	1		1			1														
With developmental cranial anomalies	1		1																		
With congenital cerebral spastic infantile paralysis	1		1																		
Post-infectious	1	1																			
With epilepsy	3	2	1	2	1	1	1			1											
Other forms	3		3																		
Undifferentiated	26	21	5	7	3	1	2	1	4	2	14	2	1	4			5			4	2
Unknown	5	4	1	1						1							1				1

* Including five male transfers-in from mental hospitals; excluding observation cases.

TABLE 80
AGE OF MENTALLY DEFICIENT FIRST ADMISSIONS BY MENTAL STATUS, SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Age at last birthday, in years	All institutions			Pacific Colony										Sonoma State Home									
	Total	Male	Female	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.....	714	421	293	195	101	54	26	58	42	83	33	226	192	50	39	67	63	64	53	45	37		
Under 5.....	130	82	43	30	18	15	9	15	9	8	4	52	30	22	11	22	15	5	2	3	2		
5-9.....	112	69	43	32	19	17	9	7	10	8	4	37	24	11	12	10	7	12	4	4	1		
10-14.....	189	137	62	82	18	13	4	21	6	48	8	56	44	12	5	18	16	17	17	8	6		
15-19.....	165	83	82	36	27	7	2	9	6	19	3	43	55	1	4	7	10	22	21	18	20		
20-24.....	44	23	21	6	7	2	2	1	1	3	4	17	14	1	3	6	4	4	3	6	4		
25-29.....	23	13	10	7	5	-----	-----	3	4	4	1	6	5	2	1	2	1	-----	-----	1	2		
30-39.....	25	8	17	2	6	-----	-----	1	5	1	1	6	11	-----	-----	1	6	2	3	3	2		
40-49.....	11	2	9	1	1	-----	-----	1	-----	-----	-----	1	8	-----	3	-----	-----	-----	-----	-----	-----		
50-59.....	3	3	-----	3	-----	-----	-----	-----	-----	-----	-----	3	-----	1	-----	-----	-----	-----	-----	-----	-----		
60 and over.....	2	1	1	-----	-----	-----	-----	-----	-----	-----	-----	1	-----	-----	-----	-----	-----	-----	-----	-----	-----		

TABLE 81
 CONDITION AT DISCHARGE OF MENTALLY DEFICIENT BY MENTAL STATUS, SEX, AND INSTITUTION
 YEAR ENDING JUNE 30, 1947

Conditions at discharge	All institutions			Pacific Colony										Sonoma State Home									
	Total	Male	Female	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
	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total*	244	133	111	79	49	30	3	1	15	3	31	26	165	84	81	4	4	8	17	34	27	38	33
15 years of age and older	189	102	87	64	36	28	-----	-----	13	2	23	26	135	66	69	-----	2	3	13	31	26	32	28
Capable of self-support	99	48	51	22	13	9	-----	-----	1	-----	12	9	77	36	42	-----	-----	-----	2	20	20	15	20
Capable of partial self-support	41	15	26	22	9	13	-----	-----	2	1	7	12	19	6	13	-----	-----	-----	4	2	4	4	5
Incapable of productive work	94	36	58	15	11	4	-----	-----	8	1	3	3	39	25	14	-----	2	3	7	9	2	13	3
Unknown	5	3	2	5	3	2	-----	-----	2	-----	1	2	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Under 15 years of age	45	31	14	15	13	2	3	1	2	1	8	-----	30	18	12	4	2	5	4	3	1	6	5

* Comprising patients discharged, or transferred to mental hospitals, either direct from institution, or while on leave or escape; including discharges of 43 male and 16 female observation cases; including two male patients dying on leave or escape.

TABLE 82
DEATHS OF MENTALLY DEFICIENT, BY DURATION OF INSTITUTIONAL RESIDENCE, MENTAL STATUS, SEX, AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Duration of institution life*	All institutions						Pacific Colony												Sonoma State Home														
	Total		Male		Female		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	M	F	M	F			
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female			
Total.....	152	152	170	54	28	26	14	11	11	12	3	3	3	3	96	53	43	12	11	20	15	5	8	16	9								
Less than 1 month.....	25	14	11	4	2	2	1	1	1	2					21	12	9	1	1														
1-3 months.....	30	16	14	12	7	5	3	4	3	1					17	9	8	4	4														
4-6 months.....	14	19	5	6	4	2	3	2	1						7	4	3	3	1														
7-11 months.....	12	6	6	5	3	2	2	1	1						7	3	4	1	1														
1 year.....	4	3	1	3	3	3	2	1	1						1		1		1														
2 years.....	7	4	3	3	1	2	1	1	1						4	3	1	1	1														
3-4 years.....	6	2	4	1	1	1	1	1	1						5	2	3	1	1														
5-6 years.....	14	6	8	9	3	6	3	3	2						7	5	3	2	1														
7-9 years.....	9	5	4	2	1	1	1	1	1						7	4	3	3	2														
10-14 years.....	6	4	2	4	2	2	2	2	2						2	2	1	1	1														
15-19 years.....	9	5	4	5	2	3	1	2	1	2					4	3	1	1	1														
20 years and over.....	13	8	5												13	8	5	1	1														
Unknown.....	3		3												3		3																

* Excluding time spent on leave or escape.
† Including death of one male and one female imbecile at DeWitt State Hospital.

EPILEPTICS

Admissions. During the year ending June 30, 1947, 65 of the first admissions to Sonoma and Pacific Colony were classified as primarily epileptic. Eighty-five percent of these first admissions were under 20 years of age at time of admission (Table 84).

TABLE 83
CLINICAL DIAGNOSIS OF EPILEPTIC FIRST ADMISSIONS,* BY SEX AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Clinical diagnosis	Total			Pacific Colony			Sonoma State Home		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total.....	65	38	27	8	7	1	57	31	26
Symptomatic.....	37	22	15	4	3	1	33	19	14
Toxicemic, exogenous.....									
Alcoholic.....									
Lead.....									
Unknown.....									
Toxicemic, endogenous.....									
Renal.....									
Pregnancy and puerperal disorders.....									
Endocrinopathic disorders.....									
Metabolic disorders.....									
Unknown.....									
Due to definite brain diseases.....	37	22	15	4	3	1	33	19	14
Cardiovascular.....									
Syphilitic.....	2	1	1				2	1	1
Meningo-encephalitic.....	4	1	3				4	1	3
Neoplastic.....	1		1				1		1
Traumatic.....	6	4	2	3	2	1	3	2	1
Ageneses.....	2	2					2	2	
Other and unknown.....	22	14	8	1	1		21	13	8
Idiopathic.....	27	15	12	4	4		23	11	12
With psychogenic factors.....	1		1				1		1
Other, undifferentiated, and unknown.....	26	15	11	4	4		22	11	11
Unclassified.....	1	1					1	1	

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

Of the total epileptic first admissions, 56.9 percent were classified as cases of symptomatic epilepsy due to definite brain diseases, 41.5 percent as cases of idiopathic epilepsy, and 1.5 percent (one patient) as unclassified. For the reader's information these terms have been defined by the National Association for the Study of Epilepsy as follows:

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

Discharges and Deaths. The 15 epileptic patients discharged during the year included four cases of symptomatic epilepsy and 11 cases of idiopathic epilepsy. Five of these patients were discharged as improved, the remaining 10 as unimproved.

The median length of hospitalization for the 43 epileptics who died during the year was 8.1 years. All deaths occurred at Sonoma State Home.

TABLE 84
AGE OF EPILEPTIC FIRST ADMISSIONS BY CLINICAL DIAGNOSIS, SEX, AND INSTITUTION
YEAR ENDING JUNE 30, 1947

Age at last birthday, in years	All Institutions						Pacific Colony												Sonoma State Home													
	Total		M		F		Total			Symptomatic			Idiopathic			Total			Tox-emic			Due to brain diseases			Idiopathic			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	M	F	M	F		
Total.....	65	38	27	8	7	1	3	1	4	57	31	26	19	14	11	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Under 5.....	12	6	6	1	1	1	1	1	1	11	5	6	3	6	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
5-9.....	11	8	3	1	1	1	1	1	1	10	8	2	6	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
10-14.....	14	9	5	2	2	1	2	1	1	14	9	5	6	1	3	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
15-19.....	18	11	7	6	6	1	2	1	4	12	5	7	3	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
20-24.....	3	3	3	1	1	1	1	1	1	3	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
25-29.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
30-39.....	5	2	3	1	1	1	1	1	1	5	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
40-49.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

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TABLE 85
CONDITION AT DISCHARGE OF EPILEPTICS, BY CLINICAL DIAGNOSIS AND SEX,
YEAR ENDING JUNE 30, 1947

Condition at discharge	Total epileptic			Symptomatic: Due to brain diseases		Idiopathic	
	Total	Male	Female	Male	Female	Male	Female
Total.....	15	10	5	2	2	8	3
Recovered.....							
Improved.....	5	3	2		1	3	1
Unimproved.....	10	7	3	2	1	*5	2

* One male idiopathic epileptic was discharged from Pacific Colony as unimproved; all other discharges were from Sonoma State Home.

TABLE 86
DEATHS OF EPILEPTICS, BY DURATION OF INSTITUTIONAL RESIDENCE, CLINICAL DIAGNOSIS,
AND SEX, YEAR ENDING JUNE 30, 1947

Duration of institution life†	Total*			Symptomatic				Idiopathic		Unclassified		
				Tox- emic	Due to brain diseases		Unknown					
	Total	M	F			M	F	M	F	M	F	
Total.....	43	18	25		7	8	1	2	9	11	1	4
Less than 1 month.....												
1- 3 months.....	5	2	3		2	3						
4- 6 months.....	3	2	1		2	1						
7-11 months.....												
1 year.....	1		1			1						
2 years.....	2		2			1						
3- 4 years.....	3	1	2				1	1				
5- 6 years.....	6	3	3			1			3	1		1
7- 9 years.....	4	2	2		1	1			1	2		
10-14 years.....	7	4	3		1				2	2	1	1
15-19 years.....	5	3	2		1	1			2	1		
20 years and over.....	7	1	6						1	4		2

* All deaths occurred at Sonoma State Home.
 † Excluding time spent on leave or escape.

THERAPEUTIC PROGRAM AND STAFF ACTIVITIES

The therapeutic program maintained at Pacific Colony and Sonoma State Home (and in the units for mentally deficient at DeWitt State Hospital) differs but little from the program in the state mental hospitals, being modified only to meet the needs presented by mentally deficient patients as distinguished from mentally ill patients. For example, greater emphasis is placed on schooling and occupational training whenever this is justified by the patient's mental level; on the other hand, electric shock therapy and similar treatment for mental illness are not required by this category of patients. The occasional patient whose program of care and treatment becomes complicated by mental illness is routinely transferred to a state mental hospital and returned upon completion of treatment.

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However, some psychotherapy is carried out, particularly with psychopathic cases and patients with a history of delinquency. At Pacific Colony group meetings were held regularly each week during 1946-47 (in addition to individual interviews). These were found of value in ameliorating behavior disorders and abnormal habit patterns.

Both Pacific Colony and Sonoma have active physiotherapy departments. Over 7,000 electrotherapy treatments were given at each institution during 1946-47. The shortage of personnel limited the use of hydrotherapy at Pacific Colony, but Sonoma was able to offer this form of treatment whenever indicated. Sonoma also maintained special classes for muscular training and exercise for cerebral palsy cases, with an average enrollment of 8 male and 12 female patients ranging from 6 to 16 years in age, and with intelligence quotients ranging from 30 to 70.

No occupational therapists were employed at either Pacific Colony or Sonoma in 1946-47. However, occupational and vocational training was conducted by other personnel on the wards, being offered even to the custodial cases for the purpose of making these patients happier, more comfortable, and more useful. Industrial therapy, on the other hand, was emphasized through the assignment of patients to various maintenance activities whenever their intelligence and physical condition warranted it. In June of 1947, at Pacific Colony 195 male and 128 female patients were employed on the wards and 208 male and 80 female patients were employed off the wards; at Sonoma State Home 218 male and 196 female patients were employed on the wards, and 500 male and 240 female patients were employed off the wards. Altogether, 35 percent of the June, 1947, patient population at these two institutions shared in housekeeping and maintenance activities. As a rule the male patients receive training in the care of livestock and in farming operations, while female patients learn simple housekeeping and garment making. Such training prepares these patients for "work leave" outside the institution and in turn for ultimate discharge from departmental supervision when it becomes evident that they have developed a useful and satisfying life in the outside world.

Schools are maintained at both institutions for school-age patients of sufficient intelligence to profit in any measure from formal instruction. The curriculum includes kindergarten, the usual primary school subjects, home economics, music, and physical education. Major emphasis is placed on reading, writing, socialization and personal hygiene, the remaining subjects being based on the use of the above skills. The average level of intelligence of the school population is very low in comparison with the usual public school levels: Of the 183 pupils enrolled at Pacific Colony in 1946-47, 77 percent had an I. Q. of 70 or less, and of the 350 pupils at Sonoma, 61 percent likewise fell below this lower level for normal mentality, while only 4 percent showed an "average" I. Q. of 90 or more. Therefore much of the schools' effort is consciously directed toward overcoming the sense of failure resulting from previous school experience by giving the pupil a sense of personal worth and a feeling of security. No arbitrary group-goals are set up. Each child's program is tailored to his capacity and his needs, on the basis of personal observation and numerous psychometric, personality, and aptitude tests conducted by the psychology department and the teaching personnel. In short, a major

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purpose of the schools is to teach each child how to live better, how to utilize all his limited capacities most effectively, and how to become a useful member of the social group.

The psychology departments of these institutions are larger than at the state mental hospitals, because psychological testing plays a major part in the diagnosis of mental deficiency, the determination of the patient's aptitudes and capacity, and the formulation of individual programs of treatment, care, and training. At Pacific Colony the department was staffed in 1947 by a senior clinical psychologist and a junior clinical psychologist, assisted by two part-time graduate students from Claremont Colleges, while the staff at Sonoma comprised two senior clinical psychologists and two interne psychologists. A wide battery of tests is employed to measure intelligence and aptitudes along various lines; personality studies are made of all patients presenting personality or behavior problems; and various achievement tests are utilized to chart the patient's progress in the over-all educational program. During 1946-47, 1,040 examinations selected from a battery of 30 standardized tests were given to 527 patients at Pacific Colony. At Sonoma 1,268 examinations were administered from a battery of 18 tests.

Like the mental hospitals, Pacific Colony and Sonoma offer recreational therapy, which in 1946-47 consisted of weekly movies and dances, athletic contests, the celebration of holidays with special programs, and similar activities. A recreational therapist was employed at Pacific Colony, which thus had the more active program of the two institutions. Church services are held regularly at both institutions for the principal faiths, and members of the clergy in the surrounding communities officiate in turn. The patients' library at Pacific Colony is maintained largely by loans from the Los Angeles County Library, supplemented by donations from the Pomona City Library and the purchase of books by the institution. The library at Sonoma State Home is not connected with any public agency, but is supported entirely by donation and by the purchase of books. Both institutions also maintain professional libraries for the staff, including subscriptions to some 30 technical journals.

The institutions have well-equipped clinical laboratories, staffed (in 1946-47) by one technician at Pacific Colony and two at Sonoma, for routine clinical, bacteriological, chemical, and serological procedures. Although the lack of sufficient personnel has discouraged research, the laboratory at Sonoma was originally designed for this purpose, and its extensive equipment has permitted additional analyses (such as food analysis and toxicological analysis) not ordinarily carried out in the usual clinical laboratory.

Like the state mental hospitals, the state institutions for mentally deficient are equipped to perform the more common surgical operations (Table 87). Legal sterilization (medically classified as a minor surgical operation) is also performed at these institutions, when such action is indicated by a staff review of the case, and the operation has been approved by the superintendent of the institution and the director of the department. To date of June 30, 1947, a total of 6,645 sterilizations had been carried out at Pacific Colony and Sonoma since this program was first authorized by law in 1909 (Table 88).

TABLE 87
SURGICAL OPERATIONS PERFORMED AT STATE INSTITUTIONS FOR MENTALLY DEFICIENT
YEAR ENDING JUNE 30, 1947

Type of operation	Total	Pacific Colony	Sonoma State Home
General surgery.....	375	62	313
Orthopedic.....	30		30
Gynecological.....	6	3	3
Genito-urinary.....	14	3	11
Obstetrical.....			
Legal sterilization.....	281	78	203

NOTE: All operations performed at DeWitt State Hospital are reported in Table 50.

TABLE 88
STERILIZATION OPERATIONS PERFORMED IN STATE INSTITUTIONS FOR MENTALLY DEFICIENT
APRIL 26, 1909-JUNE 30, 1947

Institution	Year ending June 30, 1947			Cumulative totals, 1909-1947		
	Total	Male	Female	Total	Male	Female
Total.....	281	147	134	6,645	3,020	3,625
Pacific Colony.....	78	37	41	1,610	777	833
Sonoma State Home.....	203	110	93	5,035	2,243	2,792

In 1946-47 fever-therapy techniques were not employed at either institution for the treatment of syphilis. Treatment when indicated was accomplished by chemotherapy with the heavy metals and penicillin.

At Sonoma 74 post mortem examinations (53 percent of the 139 deaths) were performed in 1946-47. Any unusual findings, and all gross and histological findings of the brain, were discussed during staff conferences. At Pacific Colony only two autopsies were performed during the year; however, a great deal of investigative work was carried out on previously collected data. Neither institution had a full-time pathologist on its staff.

The results of the first and second mass X-ray surveys conducted by the State Department of Public Health at Pacific Colony and Sonoma are set forth in Table 89. In connection with this program, which has already been described in the section on therapeutic activities of the state mental hospitals, it is of interest to note that the prevalence of previously unrecognized cases of tuberculosis at these two institutions was much lower than the prevalence found in the mental hospitals (Table 51), presumably because of the lower average age of the mentally deficient patient population. As a comparison of the first and second surveys indicates, however, this case-finding program has served to reduce the rate even further.

TABLE 89

PREVALENCE OF PREVIOUSLY UNRECOGNIZED PULMONARY TUBERCULOSIS IN STATE INSTITUTIONS FOR MENTALLY DEFICIENT, FOUND BY MASS X-RAY SURVEY, 1944-1949

	Total *	DeWitt	Modesto	Pacific Colony	Sonoma
Preliminary survey:					
Date.....					Dec. '44
Patients surveyed.....	3,144				3,144
Pulmonary tuberculosis.....	42				42
Percent of survey.....	1.34				1.34
First survey:					
Date.....		Nov. '47	Feb., Aug. '48	Mar. '46	Oct. '46
Project number.....		15	18 and 20	1	7
Unit number.....		1	1	1	1
Patients surveyed.....	5,867	442	440	1,654	3,331
Pulmonary tuberculosis.....	60	4	4	15	37
Percent of survey.....	1.02	0.90	0.91	0.91	1.11
Employees surveyed.....	672	†	‡	213	459
Pulmonary tuberculosis.....	4			2	2
Percent of survey.....	0.60			0.94	0.44
Second survey:					
Date.....		Dec. '48	Mar., Apr. '49	Apr. '47	Nov., Dec. '47
Project number.....		15	31	11	16
Unit number.....		3	1	1	1
Patients surveyed.....	5,620	354	451	1,834	2,981
Pulmonary tuberculosis.....	22	1	3	8	10
Percent of survey.....	0.39	0.28	0.67	0.44	0.34
Employees surveyed.....	776	†	‡	248	528
Pulmonary tuberculosis.....	3			0	3
Percent of survey.....	0.39			0	0.57

* Limited to institutions for which data were available.

† X-rayed by hospital.

‡ Total for mentally-ill and mentally-deficient wards—first survey: 468 employees, 8 tubercular (1.71 percent); second survey: 604 employees, 3 tubercular (0.50 percent).

A wide variety of dental work for patients was performed during the year at Pacific Colony (with one dentist and one dental assistant) and at Sonoma (with two dentists and one assistant). This work included fillings and bridgework, surgery, prosthesis, oral hygiene, and the treatment of pathological conditions.

Staff conferences are held weekly at both institutions to formulate the diagnosis and treatment program of new admissions, following the completion of the initial medical, psychiatric, psychological, and social service study of each case. Recommendations for leave of absence or discharge are also presented by the ward physicians at these conferences for staff review and approval. Matters of general medical interest are discussed at staff as time permits; and in 1946-47 it was likewise the practice to call special staff meetings for this purpose, on a semimonthly basis at Pacific Colony, and at Sonoma whenever an interesting speaker could be engaged.

A start toward a broad intramural training program was made at Pacific Colony in 1946-47, with the inauguration of an orientation course of 12 lectures for all employees coming in contact with patients. At the close of the year plans were being made for a much broader program, following the appointment of a psychiatric nursing instructor. Sonoma was also planning a complete inservice training program for 1947-48.

Both institutions are active in educational work in the community. Some 15 demonstration clinics were held during 1946-47 at Pacific Colony for selected community groups, with a total attendance of approximately 975 people (including college classes in medicine, psychology, and sociology, as well as school counselors, probation officers, and other interested persons). Staff members have also spoken before church organizations and service clubs. Similar educational activities are carried out at Sonoma.

Sonoma State Home has been especially active in the field of out-patient services. For several years this institution has maintained a consulting psychological service known as the State Community Service Clinic, which operates both at the institution and on a traveling basis. During the year ending June 30, 1947, the clinic examined 459 cases, of whom 100 were seen at the institution and 359 were seen during clinic visits to 36 towns in 22 counties of northern California. Male patients comprised 74 percent and female patients comprised 26 percent of the total number examined. Four percent were under five years of age, 32 percent were five to nine years of age, 45 percent were 10 to 14 years of age, 18 percent were 15 to 19 years of age, and 1 percent were over 20 years of age. In these and other respects, the percentage distributions of these 459 cases in terms of sex, age, source of referral, intelligence level, and type of problem, differ but little from the distributions obtained for the preceding year. The interested reader is accordingly referred to pages 146-150 of the department's annual report for 1945-46 for a more detailed analysis of the clinic's case load and description of its program.

PRIVATE INSTITUTIONS

Over 100 private institutions for the mentally ill, mentally deficient, and other incompetent persons are operating in California under licenses issued by the department. These private facilities are an important adjunct to the State's mental hygiene program, since their bed-space (equivalent to the capacity of two state hospitals) has served to lessen overcrowding in state-operated facilities. Licensed institutions are periodically inspected in order to insure their compliance with department standards established for the care and treatment of patients. Institutions making their first license application are carefully evaluated and are then accepted or rejected. Unlicensed institutions, whenever found, are investigated to ascertain whether they should be brought under the licensing provisions of the department, or whether they should be prohibited from accepting the above classes of patients. Health and fire inspections made by local and state agencies have been of material assistance to the department's inspection section in determining whether institutions should be licensed.

Private institutions under departmental license on June 30, 1947, had increased to 134, as compared with 86 at the end of the preceding fiscal year—an increase of 56 percent. A large measure of credit for this increase is due to the activity of the department's new (and first) full-time medical inspector.

Many of the licensed private institutions listed in Table 90 cared for more than one type of patient. Thus, of the 134 institutions licensed as of June 30, 1947, mentally ill patients were accepted by 74, alcoholic patients by 40, mentally deficient patients by 72, epileptics by 42, and patients suffering from narcotic addiction by nine. Especially noteworthy is the fact that the number of private institutions caring for the mentally deficient increased by 53 percent over the number recorded at the end of the preceding fiscal year. Similarly, the number caring for mentally ill patients increased by 37 percent. The number open to alcoholic patients, and to those suffering from convulsive disorders, remained unchanged, and institutions open to narcotic addicts declined by 44 percent (from 16 to 9).

As of June 30, 1947, the total licensed capacity of all private institutions caring for these types of patients was 4,667 (an increase of 31 percent during the year); the actual population was 4,129 patients (an increase of 27 percent).

TABLE 90
PRIVATE INSTITUTIONS UNDER LICENSE BY DEPARTMENT OF MENTAL HYGIENE
ON JUNE 30, 1947

Name	Location	Popu- lation June 30, 1947	Licensed capacity June 30, 1947	Type of cases cared for				
				Mental	Alcoholic	Mentally deficient	Epileptic	Drug addict
Adams Boarding Home * †	622 West 141st St., Hawthorne	6	6			x	x	
Adams School for Backward Children †	2662 Ellendale Place, Los Angeles	40	28			x	x	
Alco-Taper Sanitarium	600 Monterey St., Bakersfield	10	10		x			x
Alexander Sanitarium, Inc.	Ralston Blvd., P.O. Box 27, Belmont	68	75	x		x	x	
Alhambra Sanatorium	1047 S. Rosemead Blvd., Rosemead	18	28	x				
Altadena Lodge Sanitarium †	2735 E. New York Ave., Altadena	46	60	x				
Andress Hospital and Sanitarium	110 W. 59th Pl., Los Angeles	57	62	x				
Marie Arriola Rest Home	4067 Oakcrest Drive, San Diego	3	2			x		
Baldy View Sanitarium *	701 Hill Drive, San Gabriel	76	85	x				
Dr. C. Beeman Sanitarium	2751 E. Telegraph Rd., Whittier	44	47	x				
Bell Oaks School	P.O. Box 1159, Ojai Ave., Ojai	7	12			x	x	
Bernadette Sanitarium	1231 S. Alvarado St., Los Angeles	17	20	x	x			
Edna Beth Home	P.O. Box 275, Elizabeth St., Lafayette	4	4			x		
Blake-Hammond Manor †	P.O. Box 234, Ben Lomond	27	26			x	x	
Bobby Dean Rancho †	3954 Pomona Blvd., Walnut	43	41			x		
Boyle School for Exceptional Children	987 S. Gramercy Pl., Los Angeles	15	15			x	x	
Buena Vista Hospital	9441 San Fernando Rd., Los Angeles	32	32		x			
Casa Del Mar Sanitarium	11929 Venice Blvd., Los Angeles	86	86	x	x			
The Cedars Development School†	Bolinas at Upper Road, Ross	75	75			x	x	
Chaminade Memorial School †	Rt. 1, Box 105, Paul Sweet Lane, Santa Cruz	73	75			x	x	
Charter Oak Lodge **	1153 E. Covina Blvd., Covina	57	57	x	x	x	x	
Clear View Lodge Sanitarium	1127 Gould Lane, Manhattan Beach	33	40	x				
Clearview Sanitarium	1913 S. Western Ave., Gardena	91	96	x	x	x	x	
Clovis Avenue Rest Home	P.O. Box 283, Clovis	35	35	x				
Compton Sanitarium	820 Compton Blvd., W., Compton	84	123	x	x			x
Connelley Liquor Cure	5112 Foothill Blvd., Oakland		2		x			
Country Home for Subnormal Children †	423 N. Temple Ave., Temple City	6	6			x		
The Ida M. Davis School †	2736 Grande Vista Ave., Oakland	24	25			x		
Harriet Dedrick's Sunshine Home †	1047 Madera St., Encanto	6	6			x		
Del Rio Gardens Sanitarium**	7004 E. Gage Ave., Bell	68	71	x				
Devereux Ranch School (Goleta)	Off Hwy. 101, adj. Isle Vista Rd., Santa Barbara	72	72			x		
Kathleen Duggan Home	1706 Seventh St., Berkeley	4	5			x		
Hester Dunn Home	2230 N. Main St., Napa	1	3		x			
Jane Edling Home **	1464 S. Rosemead Blvd., Rivera	20	20	x				
Elterich - Ballard School for Girls ** † §	1760 N. Fair Oaks Blvd., Pasadena	12	6			x	x	
El Cajon Sanitarium	510 W. Washington Ave., El Cajon	15	19	x				
El Encanto Sanitarium	600 W. Valley Blvd., Puente	160	146	x	x		x	
El Rancho Cara Mella	Rt. 1, Box 518, St. Helena	3	4	x				
Fair View Sanitarium	1810 N. Fair Oaks Ave., Pasadena	3	6		x			
Garden Grove Sanitarium	801 W. Garden Grove Blvd., Garden Grove	76	59	x	x			x
Mrs. Gatton's Home †	Camino Real and Second Ave., Carmel	1	6			x		
Ginochio Boarding Home	452 61st St., Oakland	3	3			x		
Glen Dawson Home	18502 Malibu Rd., Pacific Palisades	5	6			x		
Grace Sanitarium	1518 E. Imperial Highway, Willow- brook	30	34	x		x	x	
Grand View Sanitarium	1826 Workman Mill Rd., Whittier	35	44	x	x		x	
Grande Vista Sanatorium	7010 Park Ave., Richmond	3	3	x				
Gray's Valley Sanitarium	8843 Wheatland St., Rogcoe	42	40	x			x	
The Guest House	950 Third Ave., Chula Vista	23	30	x	x			
The Halco Treatment	5638 Telegraph Ave., Oakland	4	10		x			
Herman Rest Home **	977 Plummer Ave., San Jose	18	18	x				
Hillcrest Manor	1889 National Ave., National City	35	50	x	x			
Hill Crest Sanitarium **	601 Steiner St., San Francisco	12	13	x				
Hillside Acres †	Reed and Ethel Sts., Mill Valley	2	6			x	x	

* For male cases only.

** For female cases only.

† For children only.

§ Day patients also accepted.

TABLE 90—Continued
PRIVATE INSTITUTIONS UNDER LICENSE BY DEPARTMENT OF MENTAL HYGIENE
ON JUNE 30, 1947

Name	Location	Popu- lation June 30, 1947	Licensed capacity June 30, 1947	Type of cases cared for				
				Mental	Alcoholic	Mentally deficient	Epileptic	Drug addict
Houghton School for Excep- tional Children	Casa de Pas, Box 85, Ojai	6	6			x		
Hygeia Sanatorium	437 N. Vermont Ave., Los Angeles	9	9		x			
Hygeia Sanatorium	108 Ivy St., San Diego	10	20		x			
Jackson Ranch Home	1731 S. Second Ave., Arcadia	1	1			x		
Joslin Sanatorium	R. F. D. 1, Box 6, Lincoln	4	6			x		
Keeley Institute of Los Angeles §	2400 W. Pico Blvd., Los Angeles	6	6		x			
Kimball Sanatorium	2647 Foothill Blvd., La Crescenta	31	48	x			x	x
Lady Bristol Sanatorium	Saratoga, California	28	28	x				
Las Encinas Sanatorium	2900 Blanche St., Pasadena	50	50	x	x		x	x
Las Palmas Rest Home	11481 West Pico Blvd., Los Angeles	19	20	x				
Laura Francis Home-School †	1619 Second St., Hayward	5	20			x		
Ruth Lipps-Sunnycrest School	3440 Manning Ave., Los Angeles	47	50			x	x	
Little Country School †	2308 Longdon Ave., Temple City	5	6			x		
Littlerock Home	P.O. Box 33, Littlerock	6	6			x		
Livermore Sanatorium	954 S. L St., Livermore	86	112	x	x	x	x	x
Los Alamitos Sanatorium	Los Alamitos	118	123	x	x	x		
Los Angeles Neurological Insti- tute §	5227 Santa Monica Blvd., Los Ange- les 27	24	25	x				
Helen S. Lucas School †	Lafayette	22	25			x	x	
Manor Hall Rest Home **	1245 S. Manhattan Pl., Los Angeles 6	43	53	x				
Marshall Manor Sanatorium	3995 East Blvd., Culver City	21	24	x				
Mar Vista Sanatorium	3966 West Blvd., Culver City	63	65	x	x	x	x	
Jean G. McCracken Home	404 W. Hellman Ave., Wilmar	45	52	x	x	x	x	
Merrill Neuropsychiatric Sanatorium	4600 Centinela Blvd., Venice	13	50	x	x		x	x
Mission Lodge Sanatorium **	824 Gladys Ave., San Gabriel	68	68	x	x	x	x	
Mission Sanatorium	4525 San Fernando Rd., Glendale	99	140	x	x	x	x	
Monrovia Rest Home **	2408 S. Mountain Ave., Monrovia	4	6	x				
Monterey Sanatorium **	3701 S. San Gabriel Blvd., San Gabriel	61	61	x	x	x	x	
Anne Morris Sanatorium	2019 W. Washington Blvd., Los Angeles	23	27	x				
Mother Drucker & Friedmann's Sanatorium	723 S. Lakewood Blvd., Downey	41	41	x				
Mt. Gleason Sanatorium **	11203 Mt. Gleason Ave., Sunland	42	45	x				
Murray Sanatorium	8021 S. Vermont Ave., Los Angeles	71	72	x	x	x	x	
National Sanatorium	9961 National Blvd., Los Angeles	23	26	x				
New Wonga §	525 Oak St., El Cerrito	5	6			x		
Palm Grove Sanatorium **	2335 S. Mountain Ave., Duarte	49	55	x		x	x	x
Park Sanatorium	1500 Page St., San Francisco	29	33	x	x	x	x	x
Pasadena Sanatorium	1625 Meridian Ave., South Pasadena	36	75	x	x	x	x	
Patterson Sanatorium	1440 168th Ave., San Leandro	26	28	x	x	x	x	
Pioneer Sanatorium	2815 S. Pioneer Blvd., Artesia	49	53	x			x	x
Mrs. Pugh's Boarding Home †	1031 W. Vernon Ave., Los Angeles 37	6	6			x		
Rancho Escondido del Reyes	Rt. 1, Box 102A, Ojai	2	2				x	x
Resthaven	765 College St., Los Angeles	40	45	x				
Rockhaven Sanatorium **	2713 Honolulu Ave., Verdugo City	97	104	x				
Rosemead Lodge Sanatorium	1050 S. Rosemead Blvd., Rosemead	29	50	x	x			
Ross General Hospital	Ross	1	1			x		
Ross Rest Home	514 N. Catalina St., Burbank	2	3	x				
St. Erne Sanatorium *	527 W. Regent St., Inglewood	200	200	x	x	x	x	x
St. Vincent's School ** †	P.O. Box 629, Santa Barbara	132	160					
Samaritan Institution	3350 Wilshire Blvd., Los Angeles 5	14	26		x			
Samaritan Institution	238 Foothill Blvd., Oakland	4	6		x			
San Marino Sanatorium	1002 N. Oak Ave., San Gabriel	21	75	x				
Santa Monica Rest Home **	2828 Pico Blvd., Santa Monica	53	55	x				
School of Concentrated Thought §	5979 Telegraph Ave., Oakland	6	6			x		
Scudder-Oaks School	501 College St., Claremont	6	6			x		
Seaview Convalescent Home	Spreckels Dr., Aptos	6	6	x				
Seerma School * †	841 Lester Lane, El Monte	78	78			x	x	
Sierra Lodge Sanatorium	1744 Puente Ave., Baldwin Park	66	62	x				

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

TABLE 90—Continued
PRIVATE INSTITUTIONS UNDER LICENSE BY DEPARTMENT OF MENTAL HYGIENE
ON JUNE 30, 1947

Name	Location	Popu- lation June 30, 1947	Licensed capacity June 30, 1947	Type of cases cared for				
				Mental	Alcoholic	Mentally deficient	Epileptic	Drug addicts
Sierra Madre Lodge	3487 Barbite St., Pasadena	6	6		x			
Southern California Sanitarium	3261 Overland Ave., Los Angeles 34	24	33	x				
The Anita Sporup Home †	Rt. 1, Box 753, Brancifore Drive, Santa Cruz	6	6	x				
Stagg Manor	Box 216, Danville	20	21			x	x	
Stylianou School § †	2255 W. Adams Blvd., Los Angeles	12	12			x		
Sunridge Ranch †*	R. F. D. Agoura	5	5			x		
Three Oaks Sanitarium	Rt. 1, Box 430, Walnut Blvd., Wal- nut Creek	6	6	x	x	x	x	
Turner Home for Preschool Children	5356 Seventh Ave., Los Angeles	6	6			x		
Twentieth Century Sanitarium**	5055 Novgorod St., Los Angeles 32	45	45	x	x	x	x	
Twin Pines, Inc.	1065 Ralston Ave., Belmont	48	50	x	x	x		
Van Leuven Ranch Home	Rt. 2, Box 263-A, Mt. View Ave., Redlands	6	6			x		
Veda Lee Nursing Home	1010 East 71st St., Long Beach	4	4			x	x	
Verdugo Hills Sanitarium**	10244 Plainview Ave., Tujunga	7	8	x				
Villa Shaw Rest Home**	657 W. Milford St., Glendale	25	25	x				
Vista Hill Sanitarium	3 N. Second St., Chula Vista	6	6			x		
Wann Home**	2208 Tockey St., Napa	5	5	x				
Whittier Rest Home	122 Bright Ave., Whittier	32	33	x				
The Wikisal Children's Home †	1249 W. Grand Ave., Pomona	6	6				x	
Wildarel	214 San Benito Ave., Menlo Park	3	3	x				
The Wilhelmine Home	605 E. 14th St., National City	24	26	x			x	
The Williams School for Handi- capped Children †	449 N. Madison Ave., Pasadena 4	15	20				x	x
Mrs. Cleo J. Willis Home	4810 S. Gramercy Pl., Los Angeles	2	2	x				
Wittman Home for Retarded Children	3951 East Blvd., Mar Vista	35	35				x	x
The Edythe Wood Home	694 Wesley Ave., Oakland	5	6				x	
Cora Wright Home †	85 Madison Ave., Chula Vista	4	2				x	
Total, 134 private institutions.		4,129	4,667	74	40	72	42	9

* For male cases only.

** For female cases only.

† For children only.

§ Day patients also accepted.

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, 1947.

Part IV. General information.

PART I
TABLE 91
EXPENDITURES AND REVENUE—YEAR ENDING JUNE 30, 1947
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
Agnew State Hospital.....	3,556	\$1,181,754 89	\$606,891 80	\$1,788,626 69	\$664,000 00	\$2,452,626 69	\$427,144 86	\$1,361,481 83	\$2,025,481 83
Camarillo State Hospital.....	4,630	1,334,959 74	863,569 00	2,198,518 74	269,315 66	2,467,834 30	325,716 29	1,872,802 46	2,132,118 01
DeWitt State Hospital **.....	888	515,118 07	316,779 46	830,897 53	461,694 80	1,292,492 33	56,287 62	774,609 91	1,266,204 71
Mendocino State Hospital.....	2,913	957,455 94	513,544 37	1,471,000 31	162,131 04	1,633,131 35	120,675 82	1,350,324 49	1,602,455 53
Modesto State Hospital.....	None	91,608 91	28,999 60	120,608 51	188,157 49	308,666 00	-----	120,608 51	308,666 00
Napa State Hospital.....	4,062	1,348,827 87	699,905 50	2,048,733 07	20,350 23	2,069,083 30	358,329 94	1,692,408 13	1,712,763 38
Norwalk State Hospital.....	2,610	1,000,453 61	470,802 43	1,471,256 04	264,841 50	1,736,097 54	198,020 74	1,274,635 30	1,639,476 80
Patton State Hospital.....	4,365	1,291,688 38	681,803 85	1,973,492 23	1,383,625 32	3,357,117 55	309,690 33	1,663,901 90	1,677,727 22
Stockton State Hospital.....	4,290	1,496,372 62	732,860 67	2,229,233 29	255,092 94	2,484,326 23	336,501 28	1,891,752 01	2,146,844 95
Total—Mental hospitals.....	27,204	9,217,119 73	4,914,166 68	14,131,286 41	2,279,308 88	16,410,595 29	2,128,866 88	12,002,419 53	14,281,728 41
Pacific Colony.....	1,762	656,913 72	417,971 63	1,074,885 35	57,914 62	1,132,799 87	438,775 98	636,109 37	694,023 89
Sonoma State Home.....	3,384	1,226,202 65	613,366 41	1,839,569 06	140,035 28	1,979,604 34	820,633 80	1,018,936 26	1,158,971 54
Total—Institutions for mentally deficient.....	5,166	1,883,116 37	1,031,338 04	2,914,454 41	197,949 80	3,112,404 21	1,259,408 78	1,655,045 63	1,852,995 43
The Langley Porter Clinic †.....	53	283,811 30	97,029 75	380,841 05	12,761 14	393,602 19	64,177 02	316,664 03	328,425 17
Outpatient Mental Hygiene Clinics †.....	-----	23,344 63	4,566 23	27,910 86	-----	27,910 86	-----	27,910 86	27,910 86
Department of Mental Hygiene (Administrative Office) †.....	-----	207,066 55	105,557 01	312,623 56	1394,895 79	707,519 35	4,999 50	307,624 06	702,519 85
Transportation of patients †.....	-----	-----	84,635 06	84,635 06	-----	84,635 06	-----	84,635 06	84,635 06
Total—Resident institutions §.....	32,370	11,100,236 10	5,945,504 72	17,045,740 82	2,477,268 68	19,522,999 50	3,368,275 66	13,667,465 16	16,134,723 84
Grand total.....	32,423	\$11,614,458 58	\$6,237,292 77	\$17,851,751 35	\$28,849,915 61	\$20,736,666 96	\$3,457,452 18	\$14,394,299 17	\$17,279,214 78

* See Table 96 for detail of revenue.
 † Additions and betterments include:
 Purchase of agriculture land for Stockton State Hospital.....
 Purchase site for psychiatric clinic.....
 Purchase site for new mental hospital—Southern California.....
 Purchase site for institution for epileptics.....
 Purchase site for maximum security institution.....
 ** Includes mentally ill and mentally deficient patients.
 † Not included in totals for resident institutions.
 § See Table 92 for further details of resident institutions.

\$65,699 20
 233 57
 2,263 52
 163,957 66
 162,741 84
 \$394,895 79

TABLE 92
TOTAL MAINTENANCE COSTS BY FUNCTION AND OBJECT, ALL RESIDENT INSTITUTIONS *
FOR THE NINETY-EIGHTH FISCAL YEAR, JULY 1, 1946, TO JUNE 30, 1947

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.....	\$1,112,149 86	\$14,933 09	\$1,127,082 95	\$868,687 85	\$85,173 55	\$122,044 52	\$53,177 03
Support and subsistence.....	4,876,691 56	586,274 41	5,462,965 96	1,013,991 71	3,983,590 08	18,481 78	106,902 39
Care and welfare.....	8,094,419 14	-----	8,094,419 14	7,645,456 04	280,870 43	29,682 51	48,410 16
Maintenance and operation.....	1,755,918 11	-----	1,755,918 11	830,012 13	429,376 71	467,210 42	29,318 85
Farming and processing.....	1,351,227 06	112,411 08	1,463,638 14	563,212 60	825,908 58	27,609 56	46,907 40
Extramural care.....	245,335 10	-----	245,335 10	180,375 77	315 34	63,866 81	277 18
Total †	\$17,045,740 82	\$683,618 56	\$17,729,359 40	\$11,100,236 10	\$5,615,234 69	\$728,895 60	\$284,993 01

* The Langley Porter Clinic is not included; see Table 91.

† Total maintenance costs, resident institutions, as in Table 91.

TABLE 93
STATEMENT OF PER CAPITA COSTS OF MAINTAINING WARDS IN STATE INSTITUTIONS *
YEAR ENDING JUNE 30, 1947

Function	Agnews State Hospital	Camarillo State Hospital	DeWitt State Hospital	Mendocino State Hospital	Napa State Hospital	Northwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony	Sonoma State Home
ADMINISTRATION—										
Executive.....	\$2 97	\$1 86	\$8 20	\$2 06	\$1 82	\$2 78	\$2 97	\$1 78	\$4 78	\$2 82
General office.....	8 16	9 24	30 89	10 71	7 71	13 47	6 58	9 73	14 28	6 67
Business office.....	8 27	7 24	30 74	9 23	7 68	10 82	5 80	7 70	14 26	9 05
Telephone and telegraph.....	2 72	2 71	9 83	4 70	3 02	4 18	2 81	3 03	6 55	4 95
Postage.....	7 75	3 70	11 80	4 70	7 72	6 60	2 87	6 55	7 75	4 35
Automobile.....	5 44	3 46	19 89	3 91	6 89	7 21	5 82	6 12	9 26	7 08
Freight, cartage and express.....	74	1 87	2 97	1 63	1 63	1 78	6 83	2 02	2 02	1 02
Stores adjustments.....	51	1 05	1 18	51	69	31	68	06	1 14	1 07
Cash discounts taken.....	-41	-46	-1 16	-37	-41	-61	-31	-42	-72	-44
Total—Administration.....	29 05	26 77	97 54	33 24	32 18	40 60	25 99	30 44	51 42	33 58
SUPPORT AND SUBSISTANCE—										
Feeding—Local production.....	52 84	58 89	.....	94 82	91 71	64 17	73 05	86 98	19 19	66 84
Feeding—Purchased.....	137 45	149 13	224 53	102 20	93 50	118 84	93 64	105 75	179 32	98 99
Total—Feeding.....	189 79	208 02	224 53	197 02	185 21	183 01	166 69	192 73	198 51	165 83
Clothing.....	9 50	11 85	27 25	14 43	12 25	15 39	11 76	17 09	20 83	17 82
Housekeeping.....	12 35	15 54	49 76	12 27	13 60	15 02	10 17	12 62	24 29	10 27
Laundry.....	6 63	8 58	31 94	10 15	7 85	9 40	6 58	8 08	11 38	7 65
Gross expenditures.....	218 27	243 99	333 48	233 87	218 91	223 82	195 20	230 52	255 01	207 87
Credit—Service deductions.....	-17 95	-19 38	-43 08	-14 33	-15 59	-20 44	-12 52	-16 25	-19 56	-11 24
Net total—Support and Subsistence.....	200 32	224 61	285 40	219 54	203 32	202 98	182 68	214 27	235 45	196 63
CARE AND WELFARE—										
Custodial and personal care.....	215 32	174 13	273 20	197 66	206 37	243 10	192 55	216 58	183 65	185 20
Medical care.....	35 17	31 13	44 01	31 06	42 54	36 99	30 80	36 19	56 87	56 50
Education.....	1 80	5 57	3 49	1 53	3 11	1 93	1 39	2 58	12 15	13 03
Recreation.....	61	49	9 47	42	31	33	22	41	1 36	1 44
Leaves and discharges.....	.....	.....	.....	01	.....	.....	.....	.....	2 35	.....
Escapes.....	.....	.....	1 48	02	.....	01	.....	01	04	05
Burials and cremations.....	22	24	34	.....	-02	.....	.....	.....	11	1 02
Social service.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8 37
Total—Care and Welfare.....	253 12	211 56	339 99	230 70	252 32	282 35	224 96	255 77	256 53	265 61

MAINTENANCE AND OPERATION OF PLANT—										
Maintenance of structures.....	9 04	10 40	51 09	16 96	14 08	13 91	10 63	11 61	20 71	16 60
Maintenance of grounds.....	3 80	1 60	30 38	3 84	3 83	3 06	1 67	4 93	4 61	3 41
Light, heat and power.....	34 20	26 22	103 37	33 31	27 25	28 01	22 81	28 58	34 73	34 73
Fire protection.....	88	50	24 37	1 09	65	65	98	05	1 73	1 28
Water.....		2 52	10 07	31	—01		46	01	5 25	64
Total—Maintenance and Operation.....	48 41	41 34	215 40	58 01	46 70	46 63	35 66	45 20	66 51	56 80
FARMING AND PROCESSING—										
Farm, general.....	1 08	10 08		9 85	7 28	8 30	9 02	17 37	1 81	1 09
Dairy.....		26 70		36 69	25 97	32 63	22 22	32 47		33 08
Hog ranch.....	2 73	8 20		12 53	14 4	10 02	7 08	8 32		8 77
Poultry ranch.....				10 30	1 13	4 36	5 86	9 14		8 87
Orchard.....	2 85	48		88	3 06				1 01	
Vegetable garden.....	5 80	3 89		3 41	3 35	3 49	2 17	3 76	11 01	4 05
Stable and tractor.....	1 80	1 81		2 65	1 51	3 59	1 72	2 41	3 79	3 70
Food processing.....	12 06	1 70		17 01	12 96	2 19	10 01	13 37		11 08
Gross expenditures.....	31 80	49 76		86 82	81 40	63 67	58 02	84 75	18 01	73 15
Credit—Local production.....	—72 43	—77 14		—134 29	—120 43	—82 72	—87 00	—121 78	—23 99	—82 47
Excess production value over expense.....	—40 63	—27 38		—47 47	—39 03	—19 05	—28 08	—37 03	—5 98	—9 32
Surplus sales uncollected.....				17			06		—24	08
Net Total—Farming and Processing.....	—40 63	—27 38	935 33	—47 30	—39 03	—19 05	—28 02	—37 03	—6 22	—9 24
Total per capita cost.....	\$490 27	\$476 90	\$685 33	\$494 19	\$495 49	\$553 49	\$441 27	\$508 65	\$603 69	\$543 38
Average per capita cost per month.....	\$40 86	\$39 74	\$77 94	\$41 18	\$41 29	\$46 12	\$36 77	\$42 39	\$50 31	\$45 28
Average per capita cost per day.....	\$1 34	\$1 31	\$2 56	\$1 35	\$1 36	\$1 52	\$1 21	\$1 39	\$1 65	\$1 49
Average daily population.....	3,566	4,630	888	2,913	4,052	2,610	4,365	4,290	1,782	3,384

* Excluding Modesto State Hospital, which had not received patients by June 30, 1947.
 NOTE: Minus sign (—) before amount, indicates credit rather than charge.

SUMMARY OF PER CAPITA COSTS

Institution	Ninety-seventh fiscal year	Ninety-eighth fiscal year	Increase
Mental hospitals.....	\$408 22	\$549 45	\$146 23
Institutions for mentally deficient.....	461 00	573 53	112 53
Average per capita cost—all institutions.....	416 06	554 27	138 21

TABLE 94
STATEMENT OF FARMING OPERATIONS
YEAR ENDING JUNE 30, 1947

Operation	Total	Agnews State Hospital	Camarillo State Hospital	Mendocino State Hospital	Napa State Hospital	Norwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony	Sonoma State Home
FARM (Field Crops)										
Value of production.....	\$194,781 44	\$3,528 39	\$54,256 22	\$83,490 71	\$12,879 08	\$19,254 62	\$10,826 20	\$57,557 36	\$2,688 86	-----
Less: Local products consumed.....	52,340 84	1,748 96	6,581 89	3,959 59	6,719 12	3,992 08	2,847 00	25,326 21	1,167 99	-----
Direct charges.....	172,638 23	1,515 09	40,845 73	24,724 32	22,768 94	17,911 73	37,378 53	25,402 75	2,391 15	-----
Excess production value over expense.....	-30,497 63	266 34	6,828 60	4,806 80	-16,608 98	-2,649 18	-29,399 33	7,128 40	-870 28	-----
Percent of excess.....	-13.54	8.16	14.40	16.76	-56.32	-12.09	73.09	14.05	-24.45	-----
DAIRY										
Value of production.....	\$969,188 90	-----	\$153,804 28	\$155,011 16	\$146,927 53	\$93,918 98	\$126,605 82	\$180,554 47	-----	\$112,366 66
Less: Local products consumed.....	170,693 34	-----	35,092 70	29,562 25	15,108 82	25,684 95	14,573 82	41,913 89	-----	8,756 91
Direct charges.....	580,107 84	-----	85,159 77	58,078 40	90,135 79	59,476 20	82,860 44	97,846 34	-----	106,550 90
Adjustment of livestock inventories.....	-23,360 00	-----	-3,485 00	3,000 00	-350 00	-7,925 00	-850 00	-3,500 00	-----	-10,150 00
Excess production value over expense.....	241,747 72	-----	37,036 81	64,370 51	42,032 92	16,882 83	30,021 65	44,394 24	-----	7,208 85
Percent of excess.....	33.23	-----	31.72	71.02	40.07	21.60	31.08	32.60	-----	6.86
HOG RANCH										
Value of production.....	\$320,942 10	\$21,773 91	\$23,982 20	\$46,900 58	\$74,908 97	\$41,793 79	\$50,488 14	\$32,115 84	-----	\$28,978 67
Less: Local products consumed.....	31,803 22	679 18	1,983 65	5,451 46	6,082 68	2,712 72	3,081 30	10,540 43	-----	1,271 80
Direct charges.....	199,539 04	9,135 91	12,277 12	31,044 52	51,232 43	23,437 76	27,930 61	25,165 13	-----	19,315 56
Adjustment of livestock inventories.....	-1,549 90	-200 50	1,960 10	555 00	173 50	12 50	-388 50	-3,056 00	-----	-606 00
Excess production value over expense.....	91,149 74	12,159 32	7,781 33	9,849 60	17,420 35	15,630 81	19,864 73	-533 72	-----	8,997 31
Percent of excess.....	39.67	126.47	47.85	26.58	30.30	59.74	64.87	-1.63	-----	45.03
POULTRY RANCH										
Value of production.....	\$196,776 70	-----	-----	\$35,262 87	\$55,917 49	\$8,830 95	\$30,850 70	\$31,960 43	-----	\$33,854 26
Less: Local products consumed.....	17,750 00	-----	-----	4,679 57	6,682 89	350 70	152 00	4,931 82	-----	953 02
Direct charges.....	145,060 65	-----	-----	25,037 66	38,417 41	11,022 41	24,323 06	16,990 89	-----	29,269 22
Adjustment of livestock inventories.....	-1,730 23	-----	-----	-1,151 21	1,297 81	-818 56	-965 00	1,408 28	-----	-1,501 55
Excess production value over expense.....	35,695 28	-----	-----	6,606 85	9,519 38	-1,623 60	7,340 64	8,629 44	-----	5,133 57
Percent of excess.....	22.16	-----	-----	23.44	20.52	-15.38	31.22	36.99	-----	17.87
ORCHARD										
Value of production.....	\$170,598 68	\$36,930 62	\$16,658 98	\$10,901 23	\$25,356 98	-----	\$15,444 67	\$25,459 66	\$6,070 78	\$33,775 76
Less: Local products consumed.....	14,108 05	3,833 54	730 44	210 45	2,366 52	-----	615 00	3,629 16	699 59	2,024 35
Direct charges.....	50,866 92	7,061 71	5,294 92	5,973 49	5,973 49	-----	2,496 24	12,394 95	1,214 24	14,161 37
Excess production value over expense.....	105,623 71	26,036 37	10,703 62	8,350 78	17,016 97	-----	12,333 43	9,435 55	4,156 95	17,590 04
Percent of excess.....	162.56	298.99	179.73	327.42	204.04	-----	396.42	58.88	217.31	108.68

TABLE 95
STATEMENT OF ACREAGE,* IRRIGATION, AND PRODUCTIVE FARM OPERATIONS, BY INSTITUTION
JUNE 30, 1947

Operation	Total	Arneways State Hospital	Camarillo State Hospital	DeWitt State Hospital	Mendocino State Hospital	Modesto State Hospital	Napa State Hospital	Norwalk State Hospital	Patton State Hospital	Stockton State Hospital	Pacific Colony	Sonoma State Home
Acres												
Buildings, lawns, shrubs, etc.....	1,447.1	142.0	125.0	165.0	34.0	129.0	270.0	86.0	114.0	230.0	70.1	82.0
Barley (field crops).....	564.8	---	260.0	---	105.0	---	---	30.8	24.0	140.0	5.0	---
Alfalfa.....	542.5	55.0	105.0	---	30.0	---	240.0	18.5	37.0	---	87.0	---
Grain hay.....	---	---	60.0	---	---	---	---	---	---	---	---	---
Peas (dried).....	---	---	---	---	---	---	---	---	---	---	---	---
Miscellaneous farm products.....	1,280.4	35.0	130.0	---	263.0	---	75.0	99.4	70.0	588.0	20.0	---
Dairy.....	170.0	---	32.0	---	8.0	---	---	7.0	20.0	63.0	---	10.0
Hog ranch.....	85.0	3.0	15.0	---	3.0	---	15.0	8.0	4.0	32.0	---	5.0
Poultry ranch.....	47.6	---	---	---	8.0	---	14.0	1.6	4.0	10.0	---	10.0
Stable.....	2.0	---	---	---	2.0	---	---	---	---	---	---	---
Orchard:												
Citrus fruit.....	553.1	79.5	9.0	---	23.0	---	229.5	2.8	14.0	60.0	5.3	130.0
Citrus fruit.....	36.0	---	---	---	---	---	---	---	20.0	---	16.0	---
Nuts.....	120.3	2.0	121.0	---	---	---	1.3	---	---	---	5.0	---
Berries.....	20.8	7.0	4.0	---	1.0	---	3.5	2.3	2.0	---	1.0	---
Grapes.....	74.8	1.0	8.0	---	6.0	---	10.3	---	2.0	40.0	2.5	8.0
Vegetable garden.....	**988.7	205.0	150.0	---	75.0	---	155.0	77.7	180.0	60.0	**72.0	14.0
Pasturage.....	1,435.2	15.5	143.0	---	175.0	---	380.0	---	25.0	18.0	45.7	663.0
Non-productive:												
Cemeteries.....	34.0	2.0	---	---	2.0	---	---	1.0	3.0	14.0	---	12.0
Watersheds.....	2,188.0	5.0	120.0	---	470.0	---	784.4	2.6	40.0	---	---	736.0
Wastelands.....	1,060.9	77.2	369.7	60.1	10.0	91.6	---	---	22.5	15.3	1404.0	---
Total acreage.....	10,664.2	629.2	1,648.7	225.1	1,215.0	220.6	2,178.0	387.7	581.5	1,270.8	687.6	1,670.0

TABLE 96
REVENUE REMITTED TO THE GENERAL FUND AND SOURCES THEREOF, DEPARTMENT OF
MENTAL HYGIENE—YEAR ENDING JUNE 30, 1947

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.....	\$427,144 86	\$418,812 62	\$7,324 03	\$1,008 21	
Camarillo State Hospital.....	325,716 29	306,807 36	16,069 19	2,839 74	
DeWitt State Hospital.....	56,287 62	26,456 99	29,830 63		
Mendocino State Hospital.....	120,675 82	112,294 74	7,582 09	798 99	
Napa State Hospital.....	356,329 94	333,553 55	16,756 59	6,019 80	
Nowalk State Hospital.....	196,620 74	193,721 44	663 68	2,235 62	
Patton State Hospital.....	309,590 33	293,231 64	14,796 60	1,562 09	
Stockton State Hospital.....	336,501 28	324,825 90	10,060 07	1,615 31	
Total—Mental hospitals.....	\$2,128,866 88	\$2,009,704 24	\$103,082 88	\$16,079 76	
Pacific Colony.....	\$438,775 98	\$716 66	\$423,776 81	* \$14,282 51	
Sonoma State Home.....	820,632 80	3,143 82	812,143 37	5,345 61	
Total—Institutions for mentally deficient.....	\$1,259,408 78	\$3,860 48	\$1,235,920 18	\$19,628 12	
The Langley Porter Clinic.....	64,177 02	63,910 24		266 78	
Department of Mental Hygiene (Administrative Office).....	4,999 50			2 00	4,997 50
Total cash collections.....	\$3,457,452 18	\$2,077,474 96	\$1,339,003 06	\$35,976 66	\$4,997 50

* Includes \$9,000 for lease of property to U. S. Government.

TABLE 97
STATE'S INVESTMENT IN CAPITAL ASSETS, ALL INSTITUTIONS
JUNE 30, 1947

Institution	Total	Land	Improvements	Equipment
Agnews State Hospital.....	\$5,414,817 53	\$279,408 75	\$4,448,464 54	\$686,944 24
Camarillo State Hospital.....	7,306,747 39	424,182 11	6,156,260 38	726,304 90
DeWitt State Hospital.....	5,682,317 00	7,875 00	5,674,442 00	
Mendocino State Hospital.....	4,120,828 68	162,277 27	3,427,354 61	531,196 80
Modesto State Hospital.....	36,387 92		777 46	35,610 46
Napa State Hospital.....	5,929,738 98	136,041 02	4,993,405 59	800,292 37
Nowalk State Hospital.....	3,429,002 90	106,860 00	2,861,962 22	460,180 68
Patton State Hospital.....	3,664,299 02	315,970 00	2,753,466 39	594,862 63
Stockton State Hospital.....	6,720,948 62	301,889 19	5,587,934 70	831,124 73
Pacific Colony.....	3,886,896 40	185,050 00	* 3,306,614 89	395,231 51
Sonoma State Home.....	4,127,631 50	84,016 95	3,368,098 66	675,520 89
Total—Resident institutions.....	50,319,615 94	2,003,570 29	42,578,776 44	5,787,269 21
The Langley Porter Clinic.....	190,869 85		66,791 54	124,078 31
Department of Mental Hygiene (Administrative Office).....	420,240 56		350,000 00	70,240 56
Outpatient Mental Hygiene Clinics.....	2,638 97			2,638 97
Grand total.....	\$50,833,365 32	\$2,003,570 29	* \$42,995,567 98	\$5,934,227 05

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

TABLE 98
STATEMENT OF COST OF MEALS SERVED
YEAR ENDING JUNE 30, 1947
Based on Direct Charges for Commodities and Salaries

Institution	Average daily population	Average number served each meal *	Total meals served during year	Feeding materials and supplies consumed			Feeding salaries	Total feeding cost (includes salaries)	
				Purchased	Produced	Average cost per meal served		Total cost	Average cost per meal served
Amesbury State Hospital.....	3,558	3,693	4,043,835	\$410,320 06	\$186,108 70	\$0.1497	\$696,568 88	\$0.1667	
Camarillo State Hospital.....	4,830	4,719	5,167,508	648,477 68	266,784 07	0.1378	124,800 18	0.1518	
DeWitt State Hospital.....	871	897	1,091,715	146,179 77	-----	0.1339	41,066 86	0.1170	
Mendocino State Hospital.....	2,912	3,012	3,298,140	290,324 35	276,217 96	0.1583	55,906 06	0.1733	
Modesto State Hospital.....	28	28	31,830 31	31,830 31	-----	0.3897	6,500 47	0.5073	
Napa State Hospital.....	4,069	4,213	4,613,285	317,283 81	371,599 15	0.1493	60,126 72	0.1024	
Nevada State Hospital.....	2,610	2,719	2,977,205	248,132 91	167,487 18	0.1308	48,444 29	0.1559	
Pacson State Hospital.....	4,345	4,418	4,947,210	349,766 51	318,883 01	0.1327	723,208 68	0.1462	
Stockton State Hospital.....	4,290	4,454	4,877,180	364,799 92	373,129 67	0.1513	86,024 86	0.1691	
Total—Mental hospitals.....	27,195	28,358	31,082,010	2,640,135 32	1,960,208 74	0.1727	567,268 17	0.2044	
Pacific Colony.....	1,783	1,983	2,089,985	261,208 28	34,202 09	0.1448	343,382 25	0.1683	
Sonoma State Home.....	3,388	3,465	3,794,175	260,865 10	223,181 70	0.1287	559,747 94	0.1475	
Total—Institutions for mentally deficient.....	5,166	5,328	5,834,190	512,088 44	269,383 79	0.1363	130,687 96	0.1579	
Total.....	32,361	33,686	36,866,170	\$3,162,193 76	\$2,220,590 53	\$0.1540	\$6,080,740 42	\$0.1812	

* Patients and employees.

TABLE 99

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		171,500 00		
Total.....	2,805,220 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.....	4,069,900 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.....	4,839,928 00	632,500 00	399,722 00	91,800 00	1,374,270 00
Acquisition of two temporary mental hospitals (Chapter 129, 1946).....	2,162,345 00				
Deferred maintenance and improvements.....	500,000 00	75,200 00	90,000 00	43,000 00	109,000 00
Postwar building program.....	1,835,500 00	55,046 00	582,201 00	70,784 00	166,846 00
Total.....	10,267,773 00	762,746 00	1,071,923 00	205,584 00	1,650,116 00
Grand total.....	\$34,787,321 80	\$3,113,826 76	\$7,770,273 00	\$2,315,407 21	\$3,754,817 39

TABLE 99—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		
	10,000 00					
37,500 00	210,000 00	223,000 00	\$410,000 00	196,500 00		
37,500 00	220,000 00	223,000 00	410,000 00	196,500 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		\$33,900 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	99,900 00	1,279,620 00	340,810 00	132,000 00	24,500 00	
						2,162,345 00
73,000 00	22,200 00	55,600 00		27,000 00	5,000 00	
186,456 00	81,407 00	90,907 00	26,883 00	68,011 00	4,535 00	602,424 00
424,262 00	203,507 00	1,426,127 00	367,693 00	227,011 00	54,035 00	3,864,769 00
\$1,512,779 00	\$1,707,067 00	\$4,340,427 00	\$3,238,967 00	\$2,541,563 00	\$627,935 44	\$3,864,769 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.

TABLE 100
COLLECTIONS
YEARS ENDING JUNE 30, 1943-47

Item	Year ending June 30				
	1943	1944	1945	1946	1947
Collections:					
Total.....	\$1,086,021	\$1,362,655	\$1,751,919	\$1,917,978	\$2,009,516
Monthly average.....	91,335	113,555	145,993	159,832	167,460
Delinquent.....	252,066	294,800	296,867	306,899	310,340
Monthly average.....	21,006	24,567	24,739	25,575	25,861
Increase in collection over previous year:					
Total.....	180,029	266,634	389,264	166,059	91,538
Monthly average.....	15,002	22,220	32,439	13,838	7,628
Delinquent.....	43,623	42,734	2,067	10,032	3,441
Monthly average.....	3,635	3,561	172	836	287

TABLE 101
DEPARTMENTAL GUARDIANSHIP ACTIVITIES
JULY 1, 1942-JUNE 30, 1947

Item	Year ending June 30				
	1943	1944	1945	1946	1947
Cases administered during year.....	421	514	472	479	456
Active cases at end of year.....	392	409	422	401	412
Total cash receipts during year.....	\$142,053	\$242,279	\$228,536	\$213,487	\$237,865
Total cash disbursements during year.....	84,506	162,350	218,854	178,130	139,570
Assets on hand, end of year.....	182,802	276,634	330,236	362,451	367,899
Disbursements for boarding home charges.....	\$19,447	\$19,475	\$16,912	\$11,937	\$13,530
Disbursements to state hospitals and to counties for board charges of inpatients.....	\$18,333	\$37,779	\$52,263	\$46,877	\$40,848

TABLE 102
LIVESTOCK OF DEPARTMENT OF MENTAL HYGIENE
JUNE 30, 1947

Type	Number	Valuation
Cattle, dairy.....	2,405	\$282,660 00
Swine.....	5,319	58,628 50
Horses and mules.....	134	21,857 45
Poultry.....	46,684	33,335 72
Sheep.....	213	2,399 00
Total.....		\$398,880 67

PART II

TABLE 103
POSITIONS,* BY CLASSIFICATION AND ACTIVITIES OF EMPLOYEES
JUNE 30, 1947

Institution	Total	Admin- istration	Food prepara- tion and servicing	Other support and sub- sistence	Physi- cians	Dentists	Graduate nurses	Other nurses and attend- ants	Miscel- laneous care of patients	Social service and extra- mural care	Main- tenance of plant	Farming opera- tions
Mental hospitals—												
Agnew.....	544	35	25	14	12	4	24	361	16	12	27	14
Camarillo.....	653	37	54	20	17	2	27	397	23	13	31	32
De Witt.....	532	32	27	43	8	2	13	348	12	1	47	
Mendocino.....	431	20	21	14	9	1	18	272	12	6	25	24
Modesto.....	234	20	15	26	3	1	6	98	7		49	
Napa.....	591	38	22	16	15	2	13	398	20	9	28	30
Norwalk.....	412	20	19	9	9	2	8	280	10	7	19	20
Patton.....	610	39	34	14	15	2	13	405	17	11	25	35
Stockton.....	676	41	37	20	17	3	30	424	18	11	30	39
Total.....	4,683	309	254	176	105	19	151	2,983	135	70	287	194
Institutions for mentally deficient—												
Pacific Colony.....	285	27	24	11	4	1	7	172	12	2	19	6
Sonoma.....	513	32	32	17	6	2	15	317	26	9	29	28
Total.....	798	59	56	28	10	3	22	489	38	11	48	34
The Langley Porter Clinic.....	149	23	4	11	14	1	17	51	21	6	1	
Out-patient mental hygiene clinics.....	8	3			2					3		
Department of Mental Hygiene (Administration).....	65	65										
Total †.....	5,703	459	314	215	131	23	190	3,523	194	90	336	228

* 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, 1947

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.

Director of Clinical Services

Robert P. Quirnbach, M.D.

Physicians and Surgeons

Sidney B. Bellinger, M.D.

Leonard Galton, M.D.

Kristian Johnsen, M.D.

John B. Peschau, Jr., M.D.

Harvey E. Pinto, M.D.

Benno Saifer, M.D.

Joseph A. Sampson, M.D.

Jean M. Swain, M.D.

* On leave.

Dentists

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

I. J. White, D.D.S.

Senior Dental Interne

Louis J. Pontier, D.D.S.

Business Manager

John D. Robertson

Secretary

D. L. Lee

Senior Psychiatric Social Worker

Florence Glenn

Junior Psychiatric Social Worker

Elizabeth Boynton *

Senior Librarian

(Vacant)

CAMARILLO STATE HOSPITAL

Superintendent

Thos. W. Hagerty, M.D.

Board of Trustees

W. D. Bannister

Rev. Thomas B. Grice

Mrs. Edwin Janss

Mike Vujovich

(One vacancy)

Assistant Medical Director

Franklin H. Garrett, M.D.

Director of Clinical Services

(Vacant)

Physicians and Surgeons

Alexander Augur, M.D.

Helen Bruckman, M.D.

Judith T. Garber, M.D.

Benjamin Jacobs, M.D.

Eugene Kelemen, M.D.

Stuart Lane, M.D.

Gwen McCullough, M.D.*

* On leave.

Phyllis Nelson, M.D.

John M. Pope, M.D.

Mauro Rosenberg, M.D.

Roger F. Scherb, M.D.

Walter Whalen, M.D.

Dentists

Rollo Colvin, D.D.S.

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

Business Manager

B. W. Macy

Secretary

H. L. Carter

CAMARILLO STATE HOSPITAL—Continued

Supervising Psychiatric Social Worker Elizabeth Stewart	Junior Psychiatric Social Worker Harriet Lakin
Senior Psychiatric Social Workers Gertrude Blackstock Juanita Steiner Helen Thomas Vivienne Williams	High School Teacher (Vacant) Elementary School Teacher Betty Reinke

DEWITT STATE HOSPITAL

Superintendent
G. D. Tipton, M.D.

Assistant Medical Director (Vacant)	Dentists (Vacant)
Director of Clinical Services (Vacant)	Secretary Edward D. Pillsbury
Physicians and Surgeons Florence A. Beaulieu, M.D. Monica S. Briner, M.D. Isabella M. Clinton, M.D. Benjamin Margulois, M.D. Waldo H. Pate, M.D. Ivan H. Rarick, M.D.	Business Manager Robert H. Richards Junior Psychiatric Social Worker Mary Lee Gordon Senior Librarian (Vacant)

MENDOCINO STATE HOSPITAL

Superintendent
Walter Rapaport, M.D.

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

Assistant Medical Director Robert G. Bramkamp, M.D.	Dentist Donald A. Frost, D.D.S.
Director of Clinical Services (Vacant)	Business Manager John J. Garvey
Physicians and Surgeons Carl P. Adatto, M.D. Charles Clark, M.D. Gerald L. Goodstone, M.D. Paz Garcia King, M.D. E. L. Lochen, M.D. L. G. McKeever, M.D. Blanche Montgomery Meyer, M.D. George S. Wrinkle, M.D.	Secretary Gertrude Elliott Junior Psychiatric Social Worker Leon Stanley Senior Clinical Psychologist (Vacant)

MODESTO STATE HOSPITAL

Superintendent
Ralph G. Gladen, M.D.

Secretary C. A. Robertson	Business Manager W. A. Doty
-------------------------------------	---------------------------------------

(Other professional positions established but not filled as of June 30, 1947.)

NAPA STATE HOSPITAL

	Superintendent Theo. K. Miller, M.D.
	Board of Trustees Edwin R. Hennessey Washington Mannering Dwight H. Murray, M.D. Mrs. Elizabeth King Robinson Eugene L. Webber
Assistant Medical Director Reginald S. Rood, M.D.	Secretary G. D. Wallace
Director of Clinical Services W. A. Oliver, M.D.	Supervising Psychiatric Social Worker (Vacant)
Physicians and Surgeons Richard G. Argens, M.D. Raymond Berendsen, M.D. Maleta Boatman, M.D. Charles C. Caulkins, M.D. Earl W. Douglas, M.D. Clara L. Hughes, M.D. Arthur R. Jewel, 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. Karl A. Reed, M.D.	Senior Psychiatric Social Workers George K. Humphreys Hazel Nystrom Rose Offutt Margaret Phoutrides
	Junior Psychiatric Social Worker Edith Rice
	Senior Clinical Psychologist Walther D. Joel, Ph.D.
	Senior Librarian (Vacant)
	Elementary School Teachers Virginia De Fehr Edward W. Soloman
Dentists Frank J. Colligan, D.D.S. Frederick W. Herms, D.D.S.	High School Teachers Elizabeth Constantino Marjory Nears Jean Peterson
Business Manager Delbert J. Bradley	

NORWALK STATE HOSPITAL

	Superintendent M. J. Rowe, M.D.
	Board of Trustees Lars E. Carlson Arlie Johnson, M.D. Glenn Myers, M.D. Carley V. Porter Arthur R. Timme, M.D.
Assistant Medical Director Hyman Tucker, M.D.	Dentist G. S. Black, D.D.S.
Director of Clinical Services (Vacant)	Business Manager A. E. Spillman
Physicians and Surgeons Carl Beddoe, M.D. Carl Dwankowski, 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. Phillip McLennan, M.D. William H. Worley, M.D.	Secretary C. McKenzie
	Senior Psychiatric Social Workers Lois Baker Myrtle C. Boslough Julius Langsner
	Junior Psychiatric Social Worker Hermene Goldstein
	Senior Librarian (Vacant)

PATTON STATE HOSPITAL

Superintendent
O. L. Gericke, M.D.

Board of Trustees
Jay Dewey Harnish
Howard H. Hays
G. D. Snider
E. L. Tisinger, M.D.
Mrs. Gladys Wassner

Assistant Medical Director
Gizella W. Shannon, M.D.

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

Physicians and Surgeons
Mary E. Beall, M.D.
James J. Cecil, M.D.
Francis L. Crowley, M.D.
Rourke E. Downey, M.D.
Jacob P. Frostig, M.D.
Maurice Hirsch, M.D.
Phil Kalavros, M.D.
Robert B. Robertson, M.D.
Nathaniel C. Robey, M.D.
Chauncey M. Traver, M.D.

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 Workers
Belle Grossberg
Ruth Wicks

Junior Psychiatric Social Workers
Aura C. Agetan
Blanche M. Ross
Senior Librarian
(Vacant)

STOCKTON STATE HOSPITAL

Superintendent
R. B. Toller, M.D.

Board of Trustees
Wm. J. Hobin
Harvey F. Matthews
L. E. Meyers
Robert H. Rinn
John D. Turner

Assistant Medical Director
(Vacant)

Director of Clinical Services
Freeman H. Adams, M.D.

Physicians and Surgeons
Ralph M. Alley, M.D.
Harry L. Bramwell, M.D.
Charles R. Caskey, M.D.
Merriman Hamblin, M.D.
Ralph W. Maker, M.D.
Ione Pinney, M.D.
Olive Pippy, M.D.
Henry S. Sager, M.D.
Elizabeth W. Tock, M.D.
Isidore I. Weiss, M.D.

Dentists
John J. McCarthy, D.D.S.
E. E. Merrill, D.D.S.

Business Manager
Lester L. Clark

Secretary
A. M. Brown

Senior Psychiatric Social Workers
Mario Casaroli
Minnie S. Hildreth
Marion E. Russell
Ethel Salkover

Junior Psychiatric Social Worker
Mary Jane Mercer

Senior Librarian
(Vacant)

THE LANGLEY PORTER CLINIC

Medical Superintendent

Karl M. Bowman, M.D.

Board of Trustees

John F. Hassler

Lawrence R. Jacobus, M.D.

Z. T. Malaby, M.D.

Karl F. Meyer, M.D.

Robt. Langley Porter, M.D.

Assistant Medical Superintendent
Alexander Simon, M.D.

Director of Outpatient clinic
Portia B. Hume, M.D.

Director of Neuropathology Laboratories
Nathan Malamud, M.D.*

Director of Electroencephalography Laboratory
Charles L. Yeager, M.D.*

Child Psychiatrist
S. A. Szurek, M.D.*

Research Psychiatrist
Jurgen Ruesch, M.D.*

Attending Psychiatrists
Alfred Auerback, M.D.*
Elizabeth Ayer, M.D.*
William A. Bellamy, M.D.*
Maxwell Boverman, M.D.*
Olga L. Bridgman, M.D.*
Douglas G. Campbell, M.D.*
Bernard L. Diamond, M.D.*
F. O. Due, M.D.*
S. Fischer, M.D.*
H. L. Gartshore, M.D.*
Paul A. Gliebe, M.D.*
Josephine Hilgard, M.D.
Lawrence Levitin, M.D.*
B. R. Merrill, M.D.*
S. T. Pope, M.D.*
Norman Reider, M.D.*
Eugen I. Reinartz, M.D.*
John Rickard, M.D.
M. Rose, M.D.*
Jos. C. Solomon, M.D.*
Albert T. Voris, M.D.*
J. B. Wheelwright, M.D.*
Emanuel Windholz, M.D.*

Attending Neurosurgeons
E. B. Boldrey, M.D.*
Howard A. Brown, M.D.*
E. W. Davis, M.D.*
O. W. Jones, Jr., M.D.*
H. C. Naffziger, M.D.*

Attending Physicians
Paul M. Aggeler, M.D.^{1*}
John Alden, M.D.^{2*}
T. L. Althausen, M.D.^{3*}

G. Ancona, M.D.^{4*}
Evelyn Anderson, M.D.^{5*}
F. C. Blake, M.D.^{6*}
H. D. Brainerd, M.D.^{7*}
F. L. Chamberlain, M.D.^{8*}
M. E. Dailey, M.D.^{9*}
J. S. Davis, M.D.^{6*}
N. N. Epstein, M.D.^{9*}
F. G. Evers, M.D.^{3*}
E. H. Falconer, M.D.^{1*}
S. M. Farber, M.D.^{6*}
John M. Graves, M.D.^{10*}
R. W. Harvey, M.D.^{2*}
M. H. Hirschfeld, M.D.^{2*}
H. Lissner, M.D.^{5*}
S. P. Lucia, M.D.^{1-7*}
Stacey R. Mettier, M.D.^{1-11*}
R. B. Rees, M.D.^{10*}
Albert H. Rowe, M.D.^{4*}
H. C. Shephardson, M.D.^{5*}
S. J. Shipman, M.D.^{6*}
Maurice Sokolow, M.D.^{12*}
Mayo H. Soley, M.D.^{6*}
Francis A. Torrey, M.D.^{10*}
Hans Waive, M.D.^{11*}

Attending Neurologists
Robert Aird, M.D.*
Robert Wartenberg, M.D.^{2*}

Attending Surgeons
L. Goldman, M.D.*
H. J. McCorkle, M.D.*

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.*

See p. 193 for references.

THE LANGLEY PORTER CLINIC—Continued

Attending Ophthalmologists

F. C. Cordes, M.D.*
S. D. Aiken, M.D.*

Attending Urologists

John W. Schulte, M.D.*
Don Smith, M.D.*

Attending Pathologists

W. L. Bostwick, M.D.*
M. Friedman, M.D.*
S. Lindsay, M.D.*

Attending Dentist

D. Grimm, D.D.S.*

Senior Psychiatric Residents

L. B. Boyer, M.D.
A. L. Burks, M.D.
Lorenz Gerlach, M.D.†
Richard H. Lambert, M.D.†

Psychiatric Residents

Elizabeth Ayer, M.D.†
Irving Berlin, M.D.
L. B. Boyer, M.D.†
A. L. Burks, M.D.†
Charles David, M.D.
Jackson Dillon, M.D.†
David Fong, M.D.
Lorenz Gerlach, M.D.†
Stanley Goodman, M.D.
Jacob Kahn, M.D.
Jack Levitt, M.D.†
Robert Lince, M.D.†
Charles Ludwig, M.D.
Montie Magree, M.D.†
Lester Margolis, M.D.
Beulah Parker, M.D.†
August Prestwood, M.D.
Ione Railton, M.D.
S. L. Sheimo, M.D.
James Whitney, M.D.
Arnold Wilson, M.D.

Psychiatric Residents on Rotation at

Other Institutions

Maleta Boatman, M.D.†
Wm. G. Closson, M.D.
Jackson Dillon, M.D.
Montie Magree, M.D.
Lloyd Patterson, M.D.†

Senior Dental Internes

Gino Battagin, D.D.S.†
J. R. Edrington, D.D.S.
I. R. Quijada, D.D.S.†

Chief Psychologist

Robert E. Harris, Ph.D.*

Senior Clinical Psychologists

Carole Horn†
Clare Thompson, Ph.D.

Administrative Secretary

Evelyn Stearns

Director of Psychiatric Social Work

Regina Cohn*

Supervising Psychiatric Social Worker

Helen V. Byron

Senior Psychiatric Social Workers

Amelia Baer
Mario Casaroli†
Sally Dewees
Elizabeth Gieser
Mabelle Hargrove
Clyta Loran†
Lida Schneider
Ruth Wicks†

Junior Psychiatric Social Worker

Mary Davis

Superintendent of Nurses

Corinne Parsons, R.N.

Instructress of Nurses

Margaret McMurray, R.N.*†
Olive Walkley, R.N.*

Occupational Therapist

Margaret Middleton, O.T.R.

Junior Librarian

Constance M. Hoover

¹ Blood.

² Neurology.

³ Gastrointestinal.

⁴ Allergy.

⁵ Endocrine and metabolic.

⁶ Chest.

⁷ Infectious diseases.

⁸ Heart.

⁹ Dermatology (syphilology)

¹⁰ Dermatology.

¹¹ Arthritis.

¹² Internal medicine.

* University of California.

† Separated from clinic prior to June 30, 1947.

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

Anesthetist Francis J. Murphy, M.D.*	Pathologist J. F. Rinehard, M.D.*
Bacteriologist K. F. Meyer, Ph.D.*	Pediatrician F. S. Smyth, M.D.*
Dentist W. C. Fleming, D.D.S.*	Pharmacologist H. H. Anderson, M.D.*
Dermatologist Francis A. Torrey, M.D.*	Physician W. J. Kerr, M.D.*
Neurosurgeon H. C. Naffziger, M.D.*	Psychiatrist E. W. Twitchell, M.D.*
Obstetrician and Gynecologist H. F. Traut, M.D.*	Radiologist Robert S. Stone, M.D.
Ophthalmologist F. C. Cordes, M.D.*	Surgeon H. G. Bell, M.D.*
Orthopedic Surgeon L. C. Abbott, M.D.*	Urologist H. Hinman, M.D.*
Otorhinolaryngologist L. F. Morrison, M.D.*	

* University of California.

STATE MENTAL HYGIENE CLINIC**LOS ANGELES**

Psychiatrist in Charge
Simon J. Conrad, M.D.

Physician
R. H. Kuhns, M.D.

Senior Psychiatric Social Worker
Ruth Martin

INSTITUTIONS FOR MENTALLY DEFICIENT

DEWITT STATE HOSPITAL
(See "Mental Hospitals")

MODESTO STATE HOSPITAL
(See "Mental Hospitals")

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Assistant Medical Director
Marshall E. Porter, M.D.

Director of Clinical Services
(Vacant)

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E. J. Finnerty, M.D.
Henrietta Frederickson, M.D.
Aubin T. King, M.D.
Louise Smith King, M.D.
Josephine Williams, M.D.

Physician—Eye, Ear, Nose and Throat
Pauline Longenecker, M.D.

Dentist
Norma Tremaine, D.D.S.

Supervising Nurses
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Alta Bolen

Bacteriologist
Ruth McElroy

Business Manager
H. H. Waterhouse

Secretary
S. C. Migliavacca

Supervising Psychiatric Social Worker
Inezetta Holt

Senior Psychiatric Social Workers
Mignon Bowen
Ruth Firestone
Laura A. Fitzgerald
Winifred R. Wardell

Junior Psychiatric Social Worker
Lesley Henshaw

Senior Clinical Psychologists
Alvin P. Hilgeman
Ralph J. Slattery, Ph.D.

Teaching Principal
Grace Waterhouse

Elementary Teachers
Georgia Bigger
Lola Campbell
Alice Douglas
Gladys Hughes
Florence Kelin
Raymond Moore

Kindergarten Teacher
Alice Heald

Arts and Crafts Teacher
Elsie Schenck

Recreation and Physical Education
Teacher
(Vacant)

PART IV
GENERAL INFORMATION

TABLE 104
LOCATION OF STATE MENTAL INSTITUTIONS AND MENTAL HYGIENE CLINICS
JUNE 30, 1947

Institution	Post office and county	Location	Transportation facilities
Mental hospitals—			
Agnew-----	Agnew, Santa Clara	6 mi. N. of San Jose.	Southern Pacific station adjoins hospital; local bus from Santa Clara and San Jose.
Camarillo-----	Camarillo, Ventura	16 mi. S. of Ventura.	Southern Pacific, Greyhound to Camarillo or Ornard. Taxi from Camarillo or Ornard.
DeWitt-----	Auburn, Placer	5 mi. N. of Auburn.	Nevada County Bus Line.
Mendocino-----	Talmage, Mendocino	3 mi. E. of Ukiah	Northwestern Pacific, Greyhound bus, or Southwest Airways plane to Ukiah; local taxi to hospital.
Modesto-----	Modesto, Stanislaus	1½ mi. NW. of Modesto.	Southern Pacific or Greyhound to Modesto; Greyhound or taxi to hospital.
Napa-----	Incola, 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. NE. of San Bernardino.	Bus to San Bernardino; Highland-Patton bus from Pacific Electric Station in San Bernardino to hospital.
Stockton-----	Stockton, San Joaquin	In city of Stockton.	Southern Pacific, Western Pacific, Santa Fe, Greyhound bus to Stockton; local bus to hospital.
Institutions for mentally deficient—			
DeWitt *			
Modesto *			
Pacific Colony-----	Spadra, Los Angeles	4 mi. W. of Pomona.	Pacific Electric bus passes institution.
Sonoma-----	Eldridge, Sonoma	6 mi. N. of Sonoma.	Greyhound bus passes institution.
The Langley Porter Clinic	San Francisco 22, San Francisco	Parnassus and First Aves.	Number 6 car passes door; N car north one block.
The Los Angeles State Mental Hygiene Clinic	Los Angeles, Los Angeles	343 S. Spring St...	Hollywood, San Fernando, and Santa Monica Pacific Electric Lines.

* See "Mental hospitals."

TABLE 105
VISITING DAYS AND RESTRICTIONS ON VISITING AT STATE MENTAL INSTITUTIONS
JUNE 30, 1947

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.
DeWitt.....	Daily, 9 to 11 a.m., 1 to 3 p.m.....	Condition of patient.
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.
Modesto.....	Tuesday and Saturday, 9 to 11 a.m., 2 to 4 p.m.	No visiting by anyone first month following date of transfer to hospital; friends may visit with written permission of relatives or guardians.
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 p.m. Public: By arrangement.	Relatives and friends with written permission of relatives may visit after patient has been in hospital 30 days.
Patton.....	Daily including Sunday, 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. No children under 16 years allowed on wards.
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 mentally deficient—		
DeWitt *		
Modesto *		
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.

* See "Mental hospitals."

TABLE 106
ACREAGE AND CLIMATIC CONDITIONS OF STATE MENTAL INSTITUTIONS
JUNE 30, 1947

Institution	Acres	Mean annual temperature, degrees *	Mean annual rainfall, inches *
Mental hospitals—			
Agnews.....	629.2	57	16
Camarillo.....	1,648.7	59	15
DeWitt.....	225.1	60	34
Mendocino.....	1,215.0	58	36
Modesto.....	220.7	60	11
Napa.....	2,178.0	58	24
Norwalk.....	337.7	62	13
Patton.....	579.5	63	17
Stockton.....	1,270.8	60	14
Institutions for mentally deficient—			
DeWitt †			
Modesto †			
Pacific Colony.....	687.6	61	19
Sonoma.....	1,670.0	57	30
The Langley Porter Clinic.....	1.4	57	22

* Average to date of January 1, 1946.

† See "Mental hospitals."

TABLE 107
STAFF CONFERENCES AND CLINICS OF STATE MENTAL INSTITUTIONS
AND MENTAL HYGIENE CLINICS
JUNE 30, 1947

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.
DeWitt.....	Weekly.....	None.
Mendocino.....	Monday, Wednesday, Friday; special sessions for diagnosis of criminal insane.	Traveling clinics for Mendocino County Board of Education, by arrangement.
Modesto.....	Not yet activated.....	None.
Napa.....	Monday and Tuesday, adult diagnosis; Wednesday, leave of absence and discharge; Thursday, Children's Unit.	Outpatient clinics twice a month in San Francisco, Oakland, and Sacramento.
Norwalk.....	Tuesday and Friday.....	Orange County Hospital, R.F.D. 2, Orange, first Wednesday of each month, 1.30 to 5 p.m.
Patton.....	Monday and Wednesday.....	County Welfare Building, 340 Mt. View Ave., San Bernardino, second and fourth Thursdays of each month. Patients' leave clinic, Los Angeles, first Saturday of each month.
Stockton.....	Monday and Wednesday.....	At the hospital, by appointment.
Institutions for mentally deficient— DeWitt* Modesto* 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.....	Staff rounds daily except Sunday; case presentation Thursday.	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.

* See "Mental hospitals."

TABLE 108
DATES OF FOUNDING AND OPENING OF STATE MENTAL INSTITUTIONS
AND MENTAL HYGIENE CLINICS
TO DATE OF JUNE 30, 1947

Institution	Date founded	Authorized by statutes of	Date of first admission
Mental hospitals—			
Agnew.....	1888	1885	Oct. 26, 1888
Camarillo.....	1929	1929	Nov. 1, 1936
DeWitt.....	1946	1946	Oct. 10, 1946
Mendocino.....	1893	1889	Dec. 8, 1893
Modesto.....	1946	1946	
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 mentally deficient—			
DeWitt.....	1946	1946	Jan. 23, 1947
Modesto.....	1946	1946	
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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