

Frank F. Tallman, M. D., Director
Department of Mental Hygiene
1320 K Street
Sacramento 14, California

Attention: Philip Smith
Research Writer

Nov. 23, 1951

Annual Statistical
Report

1950-51

General: Item No. 1. cont.

The new building program continued and it was planned to occupy three new wards by the end of 1951. These wards are a 404 bed chronic male ward; a 164 bed female disturbed ward, and a 98 bed female convalescent ward.

Also projected are new acute treatment units, a new auditorium and library, and a new administration building.

General: Item No. 2.

During the coming year continued expansion along the lines indicated above is planned.

Major construction changes include the demolition of the main building, which dates from the inauguration of the hospital, and which currently houses most of the offices and some 800 patients.

Expansion is planned in various treatment programs including investigation and treatment of sexual psychopathy, insulin and conditioned-reflex treatment.

Admission and Release Procedures: Item No. 3.

During the year the major changes in the number and types of patients admitted to the hospital have been in connection with the new laws. This applies particularly to patients admitted under the section providing for 90 days hospital observation for determination of sexual psychopathy. There was little significant change in the number of patients admitted under the older laws such as 1026 P. C., 1368 P. C., mental commitments with criminal hold, and patients committed under Section 7058 W. I. C.

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Admission and Release Procedures: Item No. 3. cont.

In general about the same number of alcoholics and seniles were admitted, but there appears to be a significant decrease of patients with C.N.S. syphilis over the past few years.

In accordance with an arrangement made with the Department of Corrections the hospital no longer receives patients whose terms are about to expire and who require court commitment because of the presence of mental illness on transfer from the State Prisons. These men are now committed in the Superior Court of the county in which the prison is located under Section 2963 P. C. The patients are then received at this hospital having already been committed. This procedure removes what was at one time a considerable burden upon the local Superior Court.

There has been no significant change in the numbers or types of patients released from the hospital. However, increasing use is being made of visits, the time of the visit being several days over a week end up to a week or two in suitable cases.

Increasing use is also being made of family care, but because of the location of the hospital work placement has always been a difficult problem here.

There is no significant changes in discharge or leave of patients. The social service policy is determined by the hospital policy.

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Admission and Release Procedures: Item 4.

There are 19 types of Welfare and Institution Code, and 4 types of Penal Code commitments that are most commonly used to admit patients to this hospital. Upon the arrival of a new patient at the hospital, the deputy sheriff or person who accompanies the patient is directed to the male supervisor's office where the admission procedure is carried out.

1. The commitment papers are checked to determine the type of commitment and if the papers are in order.
2. The receiving ward is notified that there is a new patient and they send a psychiatric technician to the supervisor's office to accompany the patient to the ward.
3. A body receipt, Form 705, is made out and the original given to the deputy sheriff or the person who delivered the patient; also a property receipt, Form 745, is issued for personal property and valuables.
4. The psychiatric technician who accompanies the patient to the ward is given the patient's name, case number and pertinent information concerning the patient, such as suicidal tendencies, violence, etc.
5. In the case of voluntary, weak or injured patients, the O. D. is called to examine the patient prior to admission. Otherwise the telephone operator notifies the O. D. as soon as the patient has been sent to the ward.
6. On transfers from other hospitals, the releasing hospital is notified by wire, giving time and date of delivery.
7. When patients are returned from leave or unauthorized absence the case history must be checked in order to eliminate the possibility of accepting the wrong patient.
8. The patient's name, case number and type of commitment are recorded in the admission book; also his name and the ward he is admitted to are recorded in the population book.

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Admission and Release Procedures: Item 4. cont.

Fifteen to twenty minutes covers the foregoing procedure.

Upon arrival to the ward the patient is greeted in a friendly manner and told that he is on the receiving ward and that he will probably be moved to another ward after the doctor has had time to examine and observe him. The patient is then asked to disrobe and he is examined for bruises, marks, scars and vermin. He is then weighed and his height measured. He is then given a shampoo and a bath.

The O. D. now gives the patient a complete physical examination, his temperature, pulse and respiration are taken and any indicated medications are given and the patient is put to bed. He is then asked to furnish information concerning veterans status, social security, and admission, and the indicated forms filled out.

This phase of the admission procedure takes about one hour.

The patient's clothing is checked and noted on the admission form, and any valuables he may have on his person are written in a property book and receipted for by the Secretary's office.

The patient is kept in a private room for a period of 72 hours and then if the doctor feels that he is well enough he is allowed to dress and to be up and around the ward, subject to transfer to another ward where it is felt he will make a good adjustment.

Admission and Release Procedures: Item 5.

We received 885 patients from July 1, 1950 through June 30, 1951. Of that number 130 were not delivered by a deputy sheriff, or 6.1%.

Admission and Release Procedures: Item No. 6

There does appear to be an indication that most of those patients arriving under Health Officer or Voluntary Commitments are less disturbed than those arriving under Court commitment. This would

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Admission and Release Procedures: Item No. 6. cont.

be expected since the acutely disturbed patients would be unlikely to apply either voluntarily or to acquiesce to a Health Officer's Commitment. It is of some interest that the northern California counties vary greatly in their use of Section 6610 of the Welfare and Institutions Code. Some counties use this section not at all while a few, for example Humboldt County, send quite a number of patients to the hospital under Section 6610.

Admission and Release Procedures: Item No. 7.

Medical and psychiatric re-examinations of patients are made regularly every three months on recently admitted patients, and on all others at least each six months. These examinations are made the basis of a written report which is incorporated in the continuous notes in the patients chart. Re-examinations are made and recorded whenever any new developments in a patient's case require it.

Admission and Release Procedures: Item No. 8.

Not counting initial staff, approximately 25% of the patients in the hospital are brought before the clinical staff conference within a year. In general the chronic types of patients for whom no disposition or release is possible remain in the hospital more than a year without an appearance at conference. With very rare exceptions, such as a voluntary patient requiring immediate release, no patients are released from the hospital without ever having appeared before a clinical staff conference. It has practically always been found possible for at least a skeleton conference before the release of patients.

Admission and Release Procedures: Item No. 9.

Regular staff conferences are held Monday, Tuesday, Wednesday and Thursday mornings. These conferences are for the purpose of diagnosing new patients, discussing and recommending the hospital's

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Admission and Release Procedures: Item No. 9. cont.

position on Court cases, discussions regarding the release of patients who have improved, and also for the purpose of discussion among the staff of administrative and general medical problems.

Admission and Release Procedures: Item No. 10.

At the clinical staff conference, as well as at afternoon or evening journal club meetings opportunity is provided for the staff discussion of matters on general scientific and clinical interest as opposed to discussions of specific cases. During the year one staff physician attended the post graduate course offered by Langley Porter Clinic.

Personnel: Item No. 11.

See attached questionnaire.

Personnel: Item No. 12.

Food Handlers Course as given by the State Department of Health, 10 hours each class; 35 employees in first class; 28 employees in second class. This group included Ward Personnel, Kitchen Helpers, Cooks, Dairymen, Butchers.

Personnel: Item No. 13.

The hospital is not currently affiliated with any school or college and no formal instruction for students in the special professions is being offered.

Personnel: Item No. 14.

As of June 30, 1951, the hospital was not accredited for resident training. The institution has been accredited by the following:

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Personnel: Item No. 14. cont.

American Medical Association Registry
American College of Surgeons
California Department of Medical Examiners for Residency
State of California Department of Education two years
residency in Psychiatry under public law 346
Blue Cross Affiliated Hospital

Personnel: Item No. 15.

The community does not provide sufficient personnel within itself to meet the needs of the hospital or the industries in the community. Salaries are not sufficient to be attractive to the personnel - especially so since industry in the community pays higher wages. Take-home pay of personnel is not sufficient to meet the cost of living or the rents within the community. Inadequate and insufficient housing on the grounds adds to the difficulty of recruitment of personnel.

Armed services drain any younger personnel who might be interested in coming to the hospital.

Personnel: Item No. 16.

The present method of recruitment is mainly by word of mouth and through the local employment agency. Our needs for personnel perhaps have not been publicized sufficiently to inform the community of our needs.

If it is possible, the plans for increasing the effectiveness of personnel recruitment might be done by wide-spread ads in the newspapers along with assistance that might be given in the local radio broadcasting stations, if such could be available to the hospital -- minute "spot" announcements of vacancies could be very effective in recruiting if properly carried out. This channel is to be explored and possibly utilized in the future.

Personnel: Item No. 17.

The first draft of Orientation Manual has been submitted by Supervisor.

Nursing Manual and Procedure Books are in the process of being developed, rough drafts expected by January, 1952.

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Personnel: Item No. 17. cont.

Attached are rules governing Ward 8 and Ward 12.

Personnel: Item No. 18.

Attached are samples of available organization charts used in this hospital.

Treatment: Item No. 19.

Individual psychotherapy:-Psychopathic delinquents; sexual psychopaths and psychotics: On a selective basis, taking into consideration, patients, illness, degree of disturbance, capacity to use help, time available. This was done on specific request from ward doctor cleared through clinical director. The social worker worked with the clinical psychologist and a staff psychiatrist in a psychodrama project with schizophrenics on insulin two hours a week for approximately thirty hours. Technique: Psychodrama - acting out repressed material, allowing the patient to regress and relive traumatic emotional situations, a reality testing ego device. Results: A cautious appraisal seems to indicate this type of group treatment is worthwhile and effective, makes for better hospital and ward adjustment, creates an active group feeling, aids in rehabilitation and personality change. Number and type: 18 - 20 sexual psychopaths; 10 - 15 schizophrenic patients on insulin treatment.

Individual psychotherapy:-Alcoholic patients. Six patients, average of 19 hours each. Group psychotherapy: 96 sessions, 2 hours each. Average attendance 9.5 patients. Technique: The objective has been to give the patient a new approach to handling their drinking problems. E.G., the symptomatic nature of the problem, the underlying personality conflicts and methods of handling reality problems successfully. Method: The patients discuss their problems as they are aware of them and encouraged and stimulated to view them more critically and get beneath the superficiality of the usual way they deal with their problems; that is, to "think thru" rather than "think over" their problems. Emphasis is on material that will strengthen their ego structure, develop identification with society and appreciate the advantages of healthy, constructive living. Results: No statistical or other objective measure of

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Treatment: Item No. 19. cont.

results has been used, or is available to estimate results. More subjectively we have as indication of positive results: (1) Fairly consistent attendance, although attendance is strictly on a voluntary basis with no rewards other than the value to the patient of attendance at and participation in the session. (2) About one-third of the patients voluntarily express verbally positive results before leaving the hospital, and about 10% after leaving, either through letters to the hospital or to field social workers.

Number of patients served: Reception: Weekly orientation group meetings for new alcoholic patients, total of 96 meetings, average of 9 in attendance. Treatment: (Same as under Psychotherapy): Pre-leave or visit planning: Approximately 740 patients served. Leave supervision: None. Out-patient: None. Research: None.

Treatment: Item No. 20.

During the year covered by this report 335 patients were treated with electroshock; 1389 treatments given.

No results in treatment:	56
Grand mals	1322
Petit mals	56
Maintenance shock	58

Last year: 469 patients treated with electroshock; 2008 treatments given; 79 patients completed treatment; 29 patients received maintenance electroshock.

There were no deaths during the year from electroshock treatments.

Treatment: Item No. 21.

From April, 1948 to June 30, 1951 a total of 281 patients were treated with insulin. Number of patients treated from July 1, 1950 to June 30, 1951, 140. Total treatments given 2946. Total comas 1900.

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Treatment: Item No. 21. cont.

Last year 101 patients were treated with insulin, and 5626 treatments were given.

There were no death during the year attributable to insulin shock therapy.

Treatment: Item No. 22.

Except in an occasional case combined electroshock and insulin therapy were not employed. Most insulin patients had previously had electroshock treatment.

Treatment: Item No. 23.

Electronarcosis was not employed during the year.

Treatment: Item No. 24.

The treatment for CNS syphilis in the Mendocino State Hospital is as follows:

After a positive Wassermann is found the patient is interviewed by doctor as to venereal disease history, date, type of lesion, any past treatment and type of past treatment, if any, whether it was completed or interrupted, and if any follow up such as bloods or spinals were done.

The patient is examined and any neurological findings are recorded, a second blood is taken and reported to the doctor in charge of luetic treatment, and also a spinal puncture is done and the findings reported.

Treatment consisted of 9 million units penicillin for blood stream infection; 15 million units penicillin for spinal infection.

The treatment has been given with either fortified penicillin 400,000 units twice daily for the full amount of units, or if an

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Treatment: Item No. 24. cont.

amount of the fortified penicillin is not available crystalline penicillin is given, 50,000 units every 3 hours for the amount ordered.

Bloods and spinals are done as rechecks following treatment, 3 months, 6 months and 1 year, and each year thereafter to complete 5 years of consecutive follow-up rechecks.

Total patients treated	24
No. of pts. receiving 9,000,000 units	8
No. of pts. receiving 15,000,000 units	15
No. of pts. receiving incomplete course	1

A total of 9 patients received fortified penicillin 400,000 units twice daily for a completed course of 9,000,000 units.

A total of 12 patients received crystalline penicillin 50,000 units every 3 hours for a completed course of 15,000,000 units.

One patient received an incomplete course of 1,230,000 units given as 300,000 units of penicillin in oil twice daily. This patient had been treated prior to admission to Mendocino State Hospital and we were of the opinion this received here was sufficient.

One patient received a 15,000,000 unit course as 5,000,000 units crystalline penicillin, 50,000 units every 3 hours and 10,000,000 units of the fortified penicillin, 400,000 units twice daily.

One patient received a complete course of 9,000,000 units of penicillin in oil, 300,000 units twice daily.

Twelve of the patients treated have been released from the hospital on parole.

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Treatment: Item No. 25.

Two lobotomy operations - McKenzie technique.
One death, one week after operation.
Slight improvement in the surviving patient.

Treatment: Item No. 26.

Two operations performed for lobotomies by staff member.

Treatment: Item No. 27.

One patient operated on resident of the hospital 3 years.
One patient operated on resident of the hospital 6 years.

Treatment: Item No. 28.

✓ Yes, lobotomy is used only after the failure of other courses of therapy.

Treatment: Item No. 29.

✓ Physiotherapy and hydrotherapy administered by male and female technicians. They are qualified to give continuous tubs, packs of various kinds, massage and heat treatments, heat cabinet treatments, Sits baths, Scotch and fan douches.

Approximately 2,708 treatments were administered during the year in the hydrotherapy departments.

Treatment: Item No. 30.

Psychodrama already described above.

Routine Medical and Surgical Therapy: Item No. 31.

One technician employed.

Services available:

Clinical, chemistry, serology. (No bacteriology because we have not received incubator which was ordered two years ago).

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Special Programs: Item 51.

A maximum security unit has been established and is maintained at the Mendocino State Hospital. This unit is known as Ward 12. It has a bed capacity of 300. Inasmuch as external security is at a minimum, composed only of a fence 9 feet high surrounding the building, the security on this ward must be maintained internally. The structure of the building is such that internal security is well handled; i. e., the physical architecture of the building itself was established so that the building was erected in a square with a central quadrangle yard, in which quadrangle the patients spend a good part of the day and from which there is no access to the outside except by one door which is constantly manned by an attendant.

To maintain the regulations and rules, a copy of which is attached, of the ward, it has to be staffed by a competent group of psychiatric technicians. To do this, during the year from June 30, 1950 to June 30, 1951, it was necessary to make 10,581 men assignments. The day to day assignments varied slightly but on an average there was a total coverage of 29 men. Approximately, this gives an early shift of 13 men, an eleven o'clock shift of 7 men, a late shift of 5 men, and a night shift of 4 men, allowing for 13 men to open the ward and 12 men to close the ward.

Most of the ward activity such as minor surgery, sick call, electro shock therapy, school, therapy, recreational work, dental work, etc., is carried out between the hours of 7:00 A. M. to 3:00 P. M.

There are facilities on the ward to take care of the patients' every need except for having X-ray taken, major surgical operations, electrocardiographs, and electroencephalograms. For these the patients are transported for a short period of time to another unit of the hospital.

On June 30, 1951 there were 250 patients on the ward. All male. The ages were from 14 years to over 70. The average age level being approximately between 35 and 40 years.

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Special Programs: Item 51. cont.

During the year of June 30, 1950 to June 30, 1951 there were four escapes.

One of the most important therapies is occupational therapy. To be happy a person must feel needed in the world, and giving a person work to do makes him feel essential, so patients are assigned to various types of work in conjunction with maintaining the ward, such as being responsible for cleaning a certain section, setting tables for meals, making the beds in certain sections, etc. There is a northern projection of the building which is the tailor shop. This supplies work for between 45 and 50 men. A position in the tailor shop is an enviable one and a great many of the patients ask to work there. However, the patients working there have to be carefully screened, since some of the instruments which they work with such as scissors can be very dangerous.

There is recreational therapy of many types which was over-seen by a recreational director. Two main baseball teams were organized, called the Red Socks and the Yankees. There were regular games and these were written up by one of the patients for the Pomona News.

In addition to baseball there was participation in many other games such as hand ball, volley ball, basket ball, ping pong, punching bags, and boxing. They also play chess, checkers, and cards in the yard. In this way the patients who are in the yard are kept in a constant state of activity so that they do not have time to contemplate ways of escape. On days when the weather is inclement, the patients remain in a large day room. There too, checkers, chess and cards are played. There is a piano which some of the patients play and there has been an attempt to establish a choral group. They also have reading material when they sit in the day room. Moving pictures are shown once a week. There are two letter writing days a week, and regular Church services are held. A school was established, which will be considered in Section 54.

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Special Programs: Item 51. cont.

Individual psychotherapy is established for the patients on this ward, both by the Psychiatric Technicians talking over the problems of the patients with them under the supervision of the Doctor, and also by the ward physician seeing any patient that wants to talk to her every day. A complete ward round is made every day by the ward physician so that every patient sees the doctor every day, and any patient who wishes a private interview is able to have one. There are also 5 or 6 complete ward rounds made by the Supervisors daily, and two complete ward rounds by the Supervisor during the night. In this way the ward and the patients are well supervised and everything that happens on the ward is well known.

Both medical and dental care is given to the patients on the ward. There is a sick bay and any patient who does not feel well is seen by the Doctor and cared for in the sick bay by the nurse on the ward. There is a dental office on the ward and a full-time dentist. The teeth of each patient are inspected regularly and they are cared for. Electro shock therapy is an accepted form of treatment as any other medical treatment so any patient with a mental illness where experience has taught that he would improve by electro shock therapy is given it.

In addition to each patient being cared for mentally and physically, they are protected on the ward. They are prevented from escaping to the outside world before they are in condition to adjust there, and the possibility of getting into difficulty again by leaving before they have improved sufficiently.

Special Programs: Item 52.

There were 104 unauthorized absences from the institution for the period covered by this report.

Special Programs: Item 53.

Number of admissions of sexual psychopaths for 90 day observation period - 51.
Number of sexual psychopaths admitted for an indeterminate period - 37.

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Special Programs: Item 53. cont.

The special program consisted of group therapy and psychodrama.

One hour of group discussion was followed by one hour of psychodrama. Fifty-seven patients altogether took part in this program.

Elderly patients and those with a low intellectual level were not included in the groups. One group met weekly and a second group met twice weekly.

The average number of hours taken by each man during the year was 94.4.

It is believed that a number of the patients were benefited by this therapy.

It afforded an opportunity for some to relieve their tensions, and it afforded the leader an opportunity to obtain some insight into the personality of many of these patients.

Special Programs: Item 54.

During the year between June 30, 1950 and June 30, 1951, there were eight new psychopathic delinquent patients admitted to the maximum security ward, and 30 returned from parole or from other institutions.

A psychopathic delinquent means any minor who is mentally defective

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Special Programs: Item 54. cont.

or psychopathic, and who is an habitual delinquent or has tendencies toward becoming a habitual delinquent, if his delinquency is such as to constitute him a menace to the health, person, or property of himself or of any other person. Further, he shows an outstanding egotism, impulsiveness, resentment to discipline and training, and a great lack of sentiment and gratitude. He is unable to stand adversity and his aims are of short lived values. His judgments are unreliable, his emotions vary, and he has no insight into his own difficulty. Thus to do anything for such a patient, there must be a complete re-educational program for him. He needs all forms of therapy; he must be kept busy for an idle mind, especially in this type of person, is a mischievous one. His whole behavior pattern has to be changed. They are often openly hostile to any change in their pattern of life and they must be made to learn that the one who is giving them treatment is kind and accepting without thought of punishment for them. They have to have time to gain confidence in the therapist. They also have to be taught that they have to earn their privileges and rewards. In keeping them busy, they participate in all of the special programs of the ward as given in Section 51. In their re-education, they receive individual psychotherapy. This is done both by the psychiatric technicians on the ward, who talk over the problems with the patients under directions of the Doctor, and by the ward Physician who sees the patient daily and frequently talks over their problems with them and shows them that she is interested in them. A little neglect or broken promise to these patients may mean a great deal or change their whole way of thinking, while a daily interest shown in them can keep them working and trying to get a good behavior report. In this individual psychotherapy, an attempt is made to show the patient how his past behavior has only brought him grief and trouble and that changing to good behavior brings him rewards and an ability to get along well.

During June, plans were made for group psychotherapy for the psychopathic delinquents. These patients in the group nearly all have problems in common. In a group they can talk over their

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Special Programs: Item 54. cont.

problems, criticize each other, point out the way to each other that they can better themselves. It is often found that they will talk more openly in a group of fellow patients than they will alone to the ward physician. This group is attended by the ward physician, a psychologist, a nurse, and psychiatric technicians on the ward.

During the year school was established under a certified teacher and psychiatric technicians assisted him. The school reached an enrollment of 50 youngsters. There were class schedules for five days a week. The school was divided into three categories depending on psychometric examinations of the students. The three categories were the basic, average, and advanced classes, which went from the primary to the 8th grade. Included in the subjects was mathematics, reading, English, spelling, writing, and a class of advanced civics. Monthly examinations were held and reports of the student's examination grades and one in department was entered in his progress sheet as a permanent record. From the school work the patient soon discovered that he was gaining knowledge and that he would be more capable of better work and better positions when he left the hospital. The aim for all of the patients staying in the hospital is that some day he can become rehabilitated and leave the hospital and adjust himself to the outside world without getting into difficulty. Plans are formulated for the patient so that when he leaves the hospital he will have supervision and help, and an attempt is made to make him feel that he can turn to us anytime for advice on problems that come up on the outside. We want him to leave with a kindly feeling that he has profited by his stay in the hospital.

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Community Contact: Item 79.

The cornerstone for the Mendocino State Hospital, located at Talmage, California, was laid December 9, 1890. The original purchase of land for the location was made in 1889, the area of the land being 100 acres. Since that time additional purchases have increased the acreage to 1215. The hospital was opened by the Superintendent, Doctor E. W. King, on December 12, 1893, with 120 patients and 10 employees. At present 682 acres are under cultivation divided as follows:

Farm & field crops	398
Vegetables	75
Orchard	30
Pasture	179
Dairy, hog ranch & poultry ranch	279

Value of the produce from the various farming operations amounted to \$26,700.00, during the past year.

The hospital is located about three miles from Highway 101, approximately 120 miles from San Francisco. The highway to San Francisco is a good road, and the driving time approximately is three hours. The nearest medical schools are in San Francisco, the University of California and Stanford University. The City of Santa Rosa, approximately sixty-five miles distant, is a good secondary shopping center.

The hospital differs from other State hospitals in several respects. It has a maximum security unit housing about three-hundred patients, and psychotic criminals from all over the State are sent to this hospital for maximum custodial care. Because of the large patient population having criminal charges (it now totals some five hundred patients) there is considerable court work by the staff physicians. Another feature in which the hospital differs is that it receives patients committed as sexual

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Community Contact: Item 79. cont.

psychopaths from the northern half of the State as a special program is being carried on for treatment of these cases. The resident population of sexual psychopathic cases averages 80 to 100 patients in addition. In addition to the criminals and sexual psychopaths the hospital receives all kinds of court commitments from the northern California counties. This includes patients committed for intemperance and narcotic addiction.

The present patient population is approximately 2700, and there are about 600 employees in the hospital. The patients are housed on 25 wards. In addition to the Superintendent, Assistant Superintendent, and Clinical Director, positions are available for twelve staff physicians of various classifications. A total of 356 positions are assigned to psychiatric technicians. In addition an increasing number of positions for registered nurses is being allowed by the Department, and in accordance with departmental policy a considerable increase in the availability of service by registered nurses both on and off the wards is planned. About 800 patients are currently housed in the main building which is one of the original buildings of the hospital. This building is scheduled for demolition as soon as the current building program is completed and the patients and offices are moved elsewhere. Most of the other wards which are of the cottage type are fairly modern and attractive. Nearing completion are 3 new wards. A 404 bed chronic male ward, a 164 bed female disturbed ward, and a 98 bed female convalescent ward. A new kitchen and commissary building is ready for occupancy. Also on the new building program are new hospital and treatment wards, a new administration building, and a new library and auditorium. A nurses home with a capacity for 80 is on the grounds and new quarters to house 24 couples are in the course of construction. No new employee quarters are planned, and therefore most new employees and many older employees live off the grounds. Housing is available both at Talmage, a very small community, and in Ukiah, three miles distant. Adequate housing for the medical staff is available on the

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grounds.

Item No. 80. (see No. 79).

Pictures: Item No. 81.

Enclosed.

Special Wings: Item No. 82.

Special wings, wards, or parts of the hospital, are available exclusively for the following:

Reception of new patients.

Medical and surgical care.

T. B. patients.

Acutely disturbed patients.

Patients with criminal charges and maximum custodial cases.

Sexual Psychopaths.

Occupational therapy (when new building plan is completed).

Auditorium

" " " " " "

Chapel

" " " " " "

The new building program, when completed, will provide for new wings giving additional beds for acute medical and surgical cases as well as augmenting the facilities for treatment of acute psychiatric cases. Conversion of one small, old ward building into a canteen when it is vacated is currently being discussed.

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Requiesce
1953-54
Budget*