

*Statistical Report*  
FOR THE YEAR ENDING JUNE 30, 1953

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DEPARTMENT OF MENTAL HYGIENE  
STATE OF CALIFORNIA



STATE OF CALIFORNIA  
DEPARTMENT OF MENTAL HYGIENE

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Governor of California

FRANK F. TALLMAN, M.D.  
Director of Mental Hygiene

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Mrs. Isabel R. Plesset  
Francis Scott Smyth, M.D.  
Stafford Warren, M.D.

STAFF OFFICERS

E. H. Crawfis, M.D., Deputy Director, Medical Services  
Portia Bell Hume, M.D., Deputy Director, Community Services  
Carl E. Applegate, Deputy Director, Business Services

Helen Amick ..... Administrative Assistant  
F. J. Bolender, D.V.M. .... Supervisor of Livestock Operations  
John A. Capone ..... Staff Architectural Coordinator  
R. E. Conahan ..... Comptroller  
Leigh Deming ..... Supervisor of Guardianship  
Paul Downard ..... Manager, Bureau of Patients' Accounts  
Lee Helsel ..... Coordinator, Rehabilitation Therapies  
John M. Henderson ..... Construction Supervisor  
Louis Josephs, M.D. .... Medical Inspector, Private Institutions

Ralph Littlestone ..... Personnel Officer  
Richard D. Morgan ..... Statistical Research Officer  
A. Edward Nichols ..... Administrative Adviser  
Lavern Owens ..... Food Administrator  
Nathan Sloate ..... Chief of Social Service  
Philip Alan Smith ..... Research Writer  
Katharine M. Steele ..... Director of Nursing Services  
Charles D. Winterbower ..... Supervising Deportation Officer

SUPERINTENDENTS OF HOSPITALS FOR MENTALLY ILL

Walter Rapaport, M.D. .... Agnews State Hospital  
F. H. Garrett, M.D. .... Camarillo State Hospital  
G. Dean Tipton, M.D. .... DeWitt State Hospital  
R. S. Rood, M.D. .... Mendocino State Hospital  
David B. Williams, M.D. .... Modesto State Hospital  
Theo. K. Miller, M.D. .... Napa State Hospital  
Robert E. Wyers, M.D. .... Norwalk State Hospital  
O. L. Gericke, M.D. .... Patton State Hospital  
Thomas W. Hagerty, M.D. .... Stockton State Hospital

SUPERINTENDENT OF TREATMENT, TEACHING,  
AND RESEARCH CENTER

Karl M. Bowman, M.D. .... The Langley Porter Clinic

SUPERINTENDENTS OF HOSPITALS FOR MENTALLY DEFICIENT

George Tarjan, M.D. .... Pacific Colony  
Charles Ludwig, M.D. .... Porterville State Home  
M. E. Porter, M.D. .... Sonoma State Home

PSYCHIATRISTS IN CHARGE OF STATE  
MENTAL HYGIENE CLINICS

William Sheehy, M.D. .... Berkeley  
William A. Cook, Jr. .... Fresno  
S. J. Conrad, M.D. .... Los Angeles  
Mary L. Gorton, M.D. .... Chico-Marysville-Redding  
Edward Rudin, M.D. .... Riverside  
Joseph H. Harris, M.D. .... Sacramento  
Benjamin B. Faguet, M.D. .... San Diego

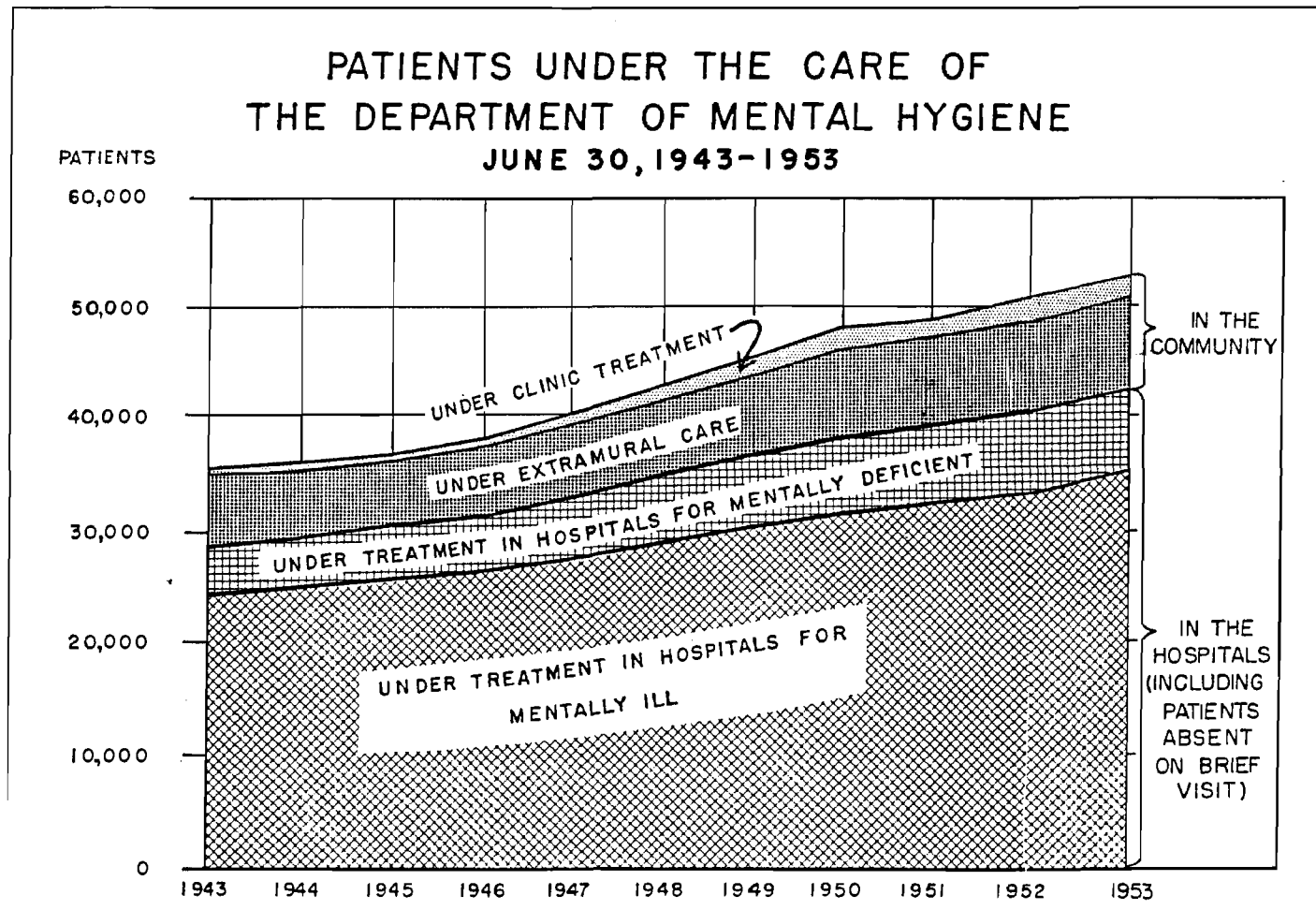
Administrative Office: 1320 K Street, Sacramento 14

Branch Offices:

541 S. Spring Street, Los Angeles  
298 21st Street, Oakland  
821 Market Street, San Francisco

(This roster effective as of June 30, 1953)

CHART I



14 chaplains, 14 laboratory technicians, 2 neuropathology technicians, 74 social workers, 11 educational internes, and clerical and maintenance personnel.

New services included the diagnostic and preadmission services set up at Sonoma and Pacific Colony, the extension of chaplain service to all hospitals, an alcoholic research project at Agnews, educational internes at each hospital, and an enrichment of the social worker level of service. Aside from those, the new positions were to provide for increased numbers of patients with no increase in level of service.

**New Construction.** Porterville State Home for the mentally deficient—the first all-new state hospital since the opening of Camarillo in 1936—was dedicated on May 12, 1953, by Governor Warren "to the cause of humanity and the lasting welfare of the people of California."

On June 3d, the first group of youngsters arrived at the new hospital to turn this promise into a reality. Eventually, Porterville will be a 2,500-bed hospital built at a total cost of about \$18,000,000.

The total construction appropriation for the year was \$17,702,893, which provided for added costs for a new juvenile unit at Camarillo (150 beds), a farm ward at Mendocino (100 beds), a tuberculosis unit at Napa (456 beds), a ranch ward at Napa (126 beds), a new ward building at Patton to replace condemned units (150 beds), a ward building to replace old barracks at Stockton (100 beds), seven more wards at Porterville (490 beds), and two more wards at Sonoma (200 beds).

During the year, construction was started on five ward buildings and a nursery ward (620 beds) at Sonoma, and, at present, work is just beginning on 12 ward buildings (936 beds) at Pacific Colony and on the ranch ward at Napa.

Work proceeded during the year on the new maximum security hospital at Atascadero, on additional units at Porterville, and on the receiving and treatment units at Mendocino, Napa, Patton, and Stockton.

Early in 1953, three urgency construction appropriations were passed, one for \$2,500,000 for a hospital annex and alterations to the existing hospital at Pacific Colony so that the hospital facilities would be completed at the same time as the 12 new wards; a second for \$11,500,000 for the first construction on a new hospital for the mentally deficient at Costa Mesa to be known as Fairview State Hospital and eventually to provide 3,000 beds; and a third appropriation for \$3,100,000 for the final 500 beds to bring Porterville to its planned capacity of 2,500. These appropriations were in addition to the regular Budget Bill for 1953-54, which provided construction funds totaling \$27,000,000. Water and sewer work started on the new Fairview Hospital during the early part of 1953. At Sonoma it was decided that the old main building, first built in 1892, was an earthquake hazard, and in June, 1953, the 500 patients quartered there were moved out, adding substantially to the overcrowding in facilities for the mentally deficient.

**Overcrowding.** Overcrowding has been a part of the mental hospital picture for so long that it is most realistic to speak in the comparative terms of "overcrowded, badly overcrowded, and terribly overcrowded."

At the beginning of the fiscal year, the hospitals for the mentally ill were badly overcrowded by 3,300 too many patients or 11.1 percent over capacity. On June 30, 1953, they were terribly overcrowded by 4,400 too many patients or 14.5 percent over capacity. Since overcrowding had to be unevenly distributed by ward type, some wards were up to 60 percent over capacity.

**Senile Patients.** Another attempt was made at the 1953 session of the Legislature to relieve the already too-overcrowded hospitals of the added burden imposed when senile persons who are ill and infirm by reason of old age but who are not psychotic are sent to the state mental hospitals. It is estimated that more than one-third of all patients over 60 committed to state mental hospitals are of this type—old people who need care and physical treatment but are definitely not psychiatric problems and could better be cared for in some more suitable facility close to their homes.

The legislation which the department hoped to see passed would have provided subsidies to the counties for construction of such facilities on a matching cost basis and subsidies for cost of operating on a per patient per day basis such as the tuberculosis subsidies now in effect. The facilities would have been operated by the State Department of Public Health. The legislation passed the Assembly and the Senate Welfare Committee, but was defeated in the Senate Finance Committee for economy reasons rather than any disagreement with the concept.

**Preadmission and Diagnostic Services.** The problems and suffering engendered by pressures for admission of mentally deficient children to state facilities already far too overcrowded had become nearly intolerable by the beginning of the 1952-53 Fiscal Year. Consequently the Legislature provided for diagnostic and preadmission clinics to be set up at Sonoma and Pacific Colony to screen the most urgent cases, to indicate which cases would be truly better off in a state hospital, and to provide help for those who still must care for a mentally-handicapped child at home. Both clinics were started during the year, staffed with a psychiatrist, psychologist, social worker, and stenographer. Waiting lists, which held some 2,500 names (with an unknown number who felt it hopeless even to apply) were separated into groupings of "imperative, urgent, and desirable," and the long work of interviewing and screening each applicant got under way.

The Sonoma preadmission service issued a handbook detailing procedures, and both clinics took every step to provide services for the parents that would at least let them know what the future outlook was for each individual child.

**Community Services.** The relatively new community services division of the department continued to meet and counsel with organized community groupings on mental health matters, and especially to outline a potential policy for future outpatient clinic activities. It is apparent that from now on the State will be concerned with three types of clinic:

1. Community clinics, with the major responsibility that of the community but with state participation (e.g., in the provision of professional personnel).

TABLE 9

MENTAL DISORDERS OF RESIDENT POPULATION, STATE MENTAL HOSPITALS, BY HOSPITAL AND BY SEX  
June 30, 1953

Mental disorder	All mental hospitals			Ag- news	Cam- aril- lo	De- Witt	Men- do- cino	Mo- desto	Napa	Nor- walk	Pat- ton	Stock- ton
	Total	Male	Female									
All groups.....	34,845	16,809	18,036	4,466	6,617	2,218	2,631	2,532	4,760	2,509	4,471	4,641
<b>With psychosis</b> .....	32,190	14,838	17,352	4,209	6,028	2,174	2,204	2,491	4,455	1,986	4,177	4,466
Syphilitic meningo-encephalitis (general paresis).....	1,581	1,111	470	114	365	120	83	211	143	95	216	234
With other forms of syphilis of the c.n.s.....	193	128	65	10	23	14	35	16	18	15	10	52
With epidemic encephalitis.....	28	19	9	5	4	2	4	2	4	1	1	5
With other infectious diseases.....	37	24	13	11	1	2	4	2	2	4	12	1
Alcoholic.....	1,358	998	360	191	245	59	106	82	190	61	239	185
Due to drugs or other exogenous poisons.....	29	16	13	5	7	-----	-----	1	1	3	9	3
Traumatic.....	233	192	41	34	59	13	13	16	22	12	29	35
With cerebral arteriosclerosis.....	2,780	1,348	1,432	349	450	187	136	238	322	195	510	393
With other disturbances of circulation.....	95	48	47	28	19	2	2	1	8	8	9	18
With convulsive disorders (epilepsy).....	790	399	391	71	183	35	50	49	92	60	145	105
Senile.....	2,400	918	1,482	442	440	147	49	140	409	143	193	437
Involutional.....	1,431	298	1,133	326	344	62	53	74	195	127	101	149
Due to other metabolic, etc., diseases.....	132	49	83	35	26	5	1	6	16	6	13	24
Due to new growth.....	20	14	6	3	7	-----	-----	1	3	2	1	2
With organic changes of the nervous system.....	266	139	127	35	82	9	17	18	32	18	19	36
Manic-depressive.....	1,514	506	1,008	261	239	108	141	97	193	136	175	164
Dementia praecox (schizophrenia).....	17,738	7,874	9,864	2,176	3,259	1,275	1,348	1,408	2,586	1,034	2,336	2,316
Paranoia and paranoid conditions.....	253	108	145	23	47	22	27	29	46	16	20	23
With psychopathic personality.....	113	78	35	8	10	13	13	5	11	12	26	15
With mental deficiency.....	1,016	472	544	85	183	86	115	92	107	28	104	216
Undiagnosed psychoses.....	183	99	84	8	25	14	8	1	55	10	9	53
<b>With psychoneurosis</b> .....	529	288	241	75	148	14	32	3	31	165	34	27
<b>Without psychosis</b> .....	1,880	1,528	352	166	414	21	366	14	192	330	254	123
Epilepsy.....	29	15	14	2	10	-----	6	-----	2	4	5	-----
Alcoholism.....	1,069	881	188	131	311	13	143	5	128	76	187	75
Drug addiction.....	116	80	36	7	25	1	9	1	21	19	25	8
Mental deficiency.....	113	77	36	9	11	5	41	4	11	5	9	18
Disorders of personality due to epidemic encephalitis.....	2	1	1	-----	-----	-----	-----	-----	1	1	-----	-----
Psychopathic personality.....	147	128	19	5	6	2	86	4	6	20	15	3
Other nonpsychotic diseases or conditions (not insane).....	169	149	20	1	8	-----	4	-----	16	125	7	8
Primary behavior disorders.....	63	29	34	-----	36	-----	19	-----	5	2	-----	1
Sexual psychopathy.....	153	152	1	6	1	-----	57	-----	2	78	3	6
Syphilis of the c.n.s.....	19	16	3	5	6	-----	1	-----	-----	-----	3	4
<b>Diagnosis deferred</b> .....	246	155	91	16	27	9	29	24	82	28	6	25