California Mental Hospitals
An Historical Sketch*

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The discovery of California came late in the history of the world. It was not until 1542 that primitive Indians saw the first white man, Juan Rodriguez Cabrillo, whose ship, flying the flag of Spain, rode briefly on a San Diego bay. Sixty years later came Sebastián Viscaño, who reported his discoveries so enthusiastically and with such gushing ardor, that he may well be looked upon as California's first booster. The Spanish colonizers followed, and in 1769 the Franciscan friars, coming to teach Christianity to the natives, founded the chain of missions from San Diego to Sonoma, thereby establishing the first communication system linking the southern region of Alta California with that of the northern. As the years passed there was a steady infiltration of Spaniards, Mexicans, and Americans, all seeking then, as now, a new way of life in a land of infinite promise. On September 9, 1850, California became the 31st state in the federal union.

Pastoral California knew but few and scattered instances of insanity, and early accounts place the insane aboard abandoned sailing vessels lying in the harbor in San Francisco and Stockton, but when space in jails became available, the insane were incarcerated there. With the discovery of gold in 1848–1849, thousands upon thousands of persons rushed to California, and in this wild confusion many went mad. Mental disorders, indeed, became sufficiently frequent to necessitate government action. Accordingly in 1852, the state hospital at Stockton was established and here were concentrated the state's total insane population, numbering 124, of whom, the records say, only three were Californians. This then, was the beginning of the California state hospital system. There are now ten hospitals for the mentally ill and four for the mentally retarded, with a resident population of some 48,000 patients. Just how many are Californians, statistics do not reveal.

For many years the very small appropriations made by parsimonious legislatures covered custodial buildings only, and there was widespread criticism of the lack of treatment buildings and hospital units for the physically ill. Year after year hospital superintendents were concerned with the crowded conditions, the danger of fire, poor sewage, and inadequate water supply, and the

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low pay scale for employees. Although new hospitals were being located throughout the state, overcrowding was a major problem, and at no time did the provision for the mentally ill seem to keep pace with the ever-increasing need. Due to overcrowding, lack of facilities and personnel, many progressive measures were of necessity held in abeyance.

Notwithstanding these handicaps and frustrating conditions, examination of biennial reports show that our hospitals were performing an increasingly effective job. Noted was extensive research and treatment of the syphilitic afflictions including paresis, which characterized some 23 per cent of admissions in the early years. Today, each institution maintains an active anti-luetic program. In 1909 sterilization of the feebleminded was lawfully authorized, but through newer methods of treatment and care, the former annual average of some 500 such operations has been reduced to less than half that number. More recently electrotherapy, electronarcosis, and insulin coma therapy have been used with continuing success. Prefrontal lobotomy operations, first instituted about a decade ago, have shown gratifying results in a high percentage of cases.

From the gold rush days to the influx of the depression pioneer and on to the invasion of war industry employment seekers, California has seemed called upon to offer asylum to many non-residents. While we have always been willing to share the munificent benefits of our state, "the greatest sanitorium in America," to quote one of our early-day superintendents, the burden of cost would have been prohibitive as our population increased, and we have had to insist that each state assume responsibility for its own citizens. Forseeing this, some fifty years ago a repatriation program was established, whereby we could return non-resident mentally ill persons to their state of origin.

One of the important events in the medical and sociological history of California was the establishment in 1941 of the Langley Porter Clinic, adjacent to the University of California Medical Center in San Francisco. Named for Dr. Langley Porter, Dean Emeritus of the University of California School of Medicine, this 100-bed neuropsychiatric hospital functions as a treatment, teaching, and research center in the field of mental illness. All staff physicians in the Department of Mental Hygiene may attend the intensive course offered here in neurology and psychiatry. The operation of the hospital includes both in-patient care and out-patient clinic treatment. Since its opening under the guidance of Dr. Karl Murdock Bowman, the clinic has gained international renown. After a long and distinguished career as Medical Superintendent of Langley Porter and chairman of the Department of Psychiatry of the University of California Medical School, Doctor Bowman will retire at the end of this fiscal year.

With the construction of the six million dollar Neuropsychiatric Institute wing of the University of California Medical Center in Los Angeles, a research clinic will be provided in the southern area of the state. The inclusion of this
wing in the same building with other departments of the medical center will bring to fruition the following long cherished goals: integration of psychiatric teaching with the rest of the medical school curriculum; a graduate training program for all personnel needed as specialists to treat the seriously ill patient; and the development of more practical diagnostic techniques. There are in the medical school at UCLA, headed by Doctor Stafford L. Warren, specialists in all fields of medicine and psychiatry, who, with experts on the campus in psychology, social work, nursing, and paramedical services, constitute an outstanding team such as exists in few other places for attacking the problem of mental illness. The clinic will be operated by the Department of Mental Hygiene and the Medical Center.

During the productive administration of Earl Warren, one of California’s most progressive and popular governors, gratifying improvements in the Mental Hospital Program were accomplished, and it may well be said that here began the transition from custodial to therapeutic care in California’s mental hospitals. A fortunate surplus in the state treasury provided the funds and, with a post-war construction budget of 58 million dollars, huge building programs were initiated, with modern innovations designed to increase efficiency and to expand modern treatment techniques. Considerable progress has been made during the past five years toward one of the major construction goals, that of providing at each state hospital a modern treatment center, equipped with every facility for the reception, diagnosis, and active treatment of mentally ill patients. Many new positions were approved for additional personnel, including those of psychiatrists, psychologists, psychiatrically trained social workers, registered nurses, and psychiatric technicians (attendants) in an effort to meet at least the minimum standards recommended by the American Psychiatric Association.

While we were engaged in the construction of new buildings and the renovation of old ones, we did not forget that research is vital to the understanding of the nation’s number one health problem and that a mental hospital offers unlimited opportunities, with readily available material.

Notable among research studies in California’s state hospitals is the Stockton Pilot Study, the first known attempt at a controlled scientific experiment on the effective use of added numbers of personnel for intensive treatment for the chronic patient with unfavorable prognosis. As a result of this two year study, all hospitals are using a modified mass treatment technique. Another study, accorded nationwide recognition was the four year California Sexual Deviation Research, resulting in new approaches to this problem. Further investigation in this area was assured with the opening several years ago at Atascadero of a hospital designed and built especially for treatment of sexual psychopaths and the criminally insane. Modesto State Hospital was one of two in the United States chosen for research in one of the tranquilizing drugs. Doctor Walter
Rapaport, now Director of the Department of Mental Hygiene, with several staff physicians, published some of the earliest research findings on these drugs. It was his carefully considered opinion at that time that, should long-term studies confirm these early findings, the necessity for other therapeutic agents might well be substantially lessened, although the need for additional personnel would probably increase. Tranquilizing drugs are being used in all of our hospitals, with the legislature recently appropriating some quarter of a million dollars for this purpose. An 18-month trial of closed circuit television therapeutic programs at Agnews State Hospital was sufficiently encouraging to warrant further investigation and use. Other hospitals are planning similar educational and therapeutic programs.

A new long-range research program for the Department of Mental Hygiene, endorsed by Governor Goodwin J. Knight, has just received legislative approval. This program will provide a headquarters research staff and research teams at all hospitals and both clinics with an eventual annual appropriation of half a million dollars. Included in this team will be a research librarian.

One of the biggest problems has always been the securing of suitable employees on the ward level. The Department of Mental Hygiene is justifiably proud of its education program for psychiatric technicians (attendants). Only high school graduates are eligible for acceptance into the trainee course consisting of 300 hours of instruction integrated with supervised, on-ward assignments. Eligibility for permanent employment is determined by the satisfactory completion of the course and the probationary six-month period which follows. No longer are the mentally ill at the mercy of guards or keepers whose total lack of comprehension of mental abnormality produced an environment from which only disastrous results could be expected. With education has come recognition and the psychiatric technician of today has earned a respected position on the psychiatric team, a far cry indeed from the "bughouser" of an earlier, less enlightened era.

The care and treatment of the mentally ill is not only a human problem but one of the most extensive and expensive activities of our state government. We begin our fiscal year in the Department of Mental Hygiene with a budget of 75 million dollars for the support of our program. An additional 17 million dollars will be used for construction of new buildings and facilities. Since the number of admissions to our hospitals continues to increase, obviously more than money is needed, and we are encouraged to note the three per cent increase in nursing service personnel, six per cent in physician and surgeon positions, and comparable increases in other para-medical classifications.

Doctor Karl A. Menninger has said that no branch of medical science, with the exception of obstetrics, is blessed by so many recoveries as is psychiatry, and here in California, our efforts are constantly directed toward bringing to our mentally ill patients the kind of care and treatment under which large num-
bers will recover and be returned to active, useful lives in their homes and communities.

You will want to know something of the library program in our hospitals. It was not until July, 1947, that positions for librarians were established in a continuing effort to meet accreditation requirements. Obviously not much thought had been given to this program, and it was a pioneering job in fact as well as in deed. Unquestionably a large share of the success of the library program is due entirely to the initiative of the individual librarians.

However, we shall forever be indebted to Dr. Frank F. Tallman, former director of the Department of Mental Hygiene, now professor of psychiatry at UCLA Medical Center, for his foresight in recognizing the important part libraries were to play in the accelerated teaching and treatment program and for providing a substantial increase in the annual budget. Through a fortuitous set of circumstances, Patton was the first hospital to benefit. One of my most cherished memories is of a discussion with Dr. Tallman about the medical library administration course given at the College of Physicians and Surgeons, Columbia University under the School of Library Service there, which I had just completed with more enthusiasm than scholarship, and my desire for institutional membership in the Medical Library Association. I shall always believe that Dr. Tallman's very real regard for Miss Estelle Brodman, whom he had known at the P & S library, was an influencing factor in his very generous attitude toward our libraries. Throughout his tenure of office, he gave our library program his wholehearted endorsement.

I should also like to pay tribute to our superintendent at Patton State hospital, Dr. Otto L. Gericke, whose stimulating interest in books and libraries has been a wellspring of inspiration and encouragement.

While it is often stated that librarians cannot successfully administer both a patients' and a staff medical library, those of us working in California state hospitals have done just that, and if we have developed dual personalities in the doing, perhaps it may well be an asset which future librarians will envy their pioneer predecessors.