

A SURVEY
of the
STATE MENTAL INSTITUTIONS
OF
OREGON

Conducted by the
UNITED STATES PUBLIC HEALTH SERVICE



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A SURVEY
OF THE
STATE HOSPITALS OF OREGON

I THE OCCASION

invitation

In 1940 an invitation to arrange a survey of the mental hospitals of Oregon was issued by His Excellency, Governor Charles A. Sprague to the Surgeon General of the United States Public Health Service. Accordingly in the months of October and November these institutions were studied by Dr. Samuel W. Hamilton. At the Governor's suggestion a brief visit was made to the state school for defectives also, some of whose problems are comparable to those in the mental hospitals.

sources

Public documents such as the biennial reports of the Oregon institutions and figures furnished by the United States Bureau of the Census are always available. There are other sources of information also. In 1920 this Service at the request of the state legislature directed through Dr. Chester L. Carlisle a survey of mental defect, delinquency and dependency in Oregon. In 1921 The National Committee for Mental Hygiene by request sent Dr. Henry R. Viets to study and report on mental disease in Multnomah County. Some information about the hospitals is carried by the American Medical Association and there is miscellaneous

information in the files of The National Committee for Mental Hygiene.

ervation

This report has drawn upon the various documents listed above and particularly upon personal observations during several days in each hospital, and information obtained from officers and employees of the hospitals and other citizens who have interests of various sorts in the state institutions.

active

II HISTORY

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are

For some years the mentally ill of Oregon were cared for in a private institution under contract. The Oregon State Hospital was established in 1880 and began to receive patients in 1883. Like most public mental hospitals in the country, its services have been more and more in demand, and legislative attention has repeatedly been necessary in order to make appropriations for enlarging the plant. These extensions were at first on the original ground; later this was supplemented by further purchase of land. In 1889 another plot was obtained about four miles from the old institution and has been operated ever since as a farm colony.

second
hospital

second
hospital

An initiated measure adopted by the voters in November, 1910, established the Eastern Oregon State Hospital at Pendleton. The original plant here has been

somewhat expanded but not so excessively as is the case with the older hospital.

In 1907 the institution for defectives, now known as the Oregon Fairview Home, was established, and in 1908 it began to accept admissions. This, too, has developed considerably beyond the early expectation.

The experience of many young officers during the war led them on returning to civilian life, to wish more knowledge and better provisions for the care and training of mental defectives and the mentally ill. Out of this general attitude grew the movement to survey the state for at least approximate information regarding the numbers of these classes, their locations in the community, and measures that should be taken to deal better with the situation. The survey of 1920 provided a considerable body of information. It was thought that some plans formulated in the university for better clinical and therapeutic provision in the community would meet the urgent needs of the situation.

Of the total population of the state, 32.7 per cent reside in the city of Portland, and Multnomah County surrounding it. Since it is the commercial center, it is also the medical center of the state and many persons come to its hospitals for diagnosis and treatment. Current dissatisfaction with the way in which the mentally ill were

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defectives

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being handled and the desire for more precise information and better plans led to the survey of 1921. At that time patients were kept in jail pending transfer and at night there was no one on duty with them. The general hospitals had no psychiatric wards. About a quarter of the patients in the almshouse appeared to have chronic mental disease. Out-patient service was not available. There were 1,700 patients at Salem, and 483 at Pendleton. Though there were many good things about the buildings, some of them were considered out of date, and narrow windows, poor lighting and lack of treatment facilities were noted, in spite of the efforts of those responsible to give the patients good care with the meager appropriations available. Recommendations included review of the commitment law and modification of the eugenics law; a psychiatric ward in a general hospital, or better a psychiatric hospital in connection with the medical school; better teaching in the medical school; standardization of treatment of the mentally ill in hospitals, almshouses and elsewhere by the State Board of Health; more public school classes for defective children.

The Governor appointed in 1936 a Commission consisting of the present superintendent of the Oregon State Hospital, the dean of the University of Oregon Medical School, the executive secretary to the Governor, and the associate editor of The Portland Journal. They submitted a

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very informative report on the preventive, remedial, and custodial phases of the psychiatric problems of the state; this can be used for years to come as a source book of public information. They recommended particularly the extension of child guidance clinics to every county in the state, a psychiatric treatment hospital at the medical school, and a thorough examination, physical and mental, of candidates for marriage. They noted some lack of coherence in the mental hygiene laws and recommended that several state departments cooperate in digesting them.

organization

For many years the Board of Control has been the business organization of the state. It consists of the Governor, the Secretary of State, and the State Treasurer. The institutions report directly to this board. Except for a community of interest, there is no correlation of their professional activities, and as might be expected a legislative appropriations committee sometimes may have been inclined to play one institution against another in the interests of so-called economy, that is, of keeping appropriations at the lowest possible level. Other state authorities that inspect the hospitals are the Secretary of the Board of Health who makes an occasional sanitary inspection, the Fire Marshal, and the Labor Commission. At Pendleton the grand jury also makes visits.

The census at the time of the survey and the

statistics number of admissions during the last fiscal year are reported as follows:

	<u>Census</u>	<u>Annual Admissions</u>
Oregon State Hospital, Salem	2,677	1,003
Eastern Oregon State Hospital, Pendleton	1,286	198
Oregon Fairview Home, Salem	1,053	144

III THE HOSPITALS

noitssainy object There follow a description of the two hospitals and a brief reference to the plant of the Fairview Home, which latter was not included in this survey. In later sections will be found discussions of many functions and activities of the hospitals, their practice being presented on a comparative basis.

OREGON STATE HOSPITAL

Salem

ite On an edge of the City of Salem, the capital of the state, and on a site slightly higher than most of the city is a goodly tract of almost level land. Here stands the main plant of the Oregon State Hospital.

creage The hospital owns 1,900 acres of fertile, rolling prairie land, and rents 300 more. Some 1,500 acres are under cultivation. It has been the policy of the hospital

to operate a large farm and spend relatively little cash for food products. The hospital reports customarily stress the value to a considerable number of the patient population of being employed on the land.

buildings

The original building is like a capital E, the center containing the offices and quarters; the short central arm the service units, the assembly hall and a few wards; and the long arms three tiers of wards, the men's wing having been extended farther back than the women's wing. Though the older sections were good in their day, they carry fire risk, being of brick construction with wooden beams. A wing added in 1908 and some of the newer detached buildings are of reinforced concrete. There is also a detached frame building that originally was erected for tuberculosis patients. While detached buildings have been arranged in no particular pattern, they are set at suitable intervals. The somewhat pretentious domed receiving building is almost ideally situated across a highway from the other buildings, but connected by a tunnel. From it one looks down a very gentle slope past a general hospital to the city.

Cottage Farm

About four miles away where foothills mark the edge of the Willamette Valley is the Cottage Farm. All the buildings here are of frame construction. They are suitably spaced and at a suitable distance from the barns.

There are some serious fire risks in the original

re risk

building, particularly its four-story section in which patients live on the three upper floors above the kitchen and bakeshop. It is to be hoped that this section will be eliminated and that wherever wooden staircases exist they will be replaced by stairwalls of fireproof construction.

signifi

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tection

The chief engineer is the fire marshall and maintains fire drills weekly in all wards. The city organization has a firehouse within a half mile of the main plant, and five miles of the Cottage Farm. The hospital has two tanks holding 300,000 and 65,000 gallons respectively, a reservoir 16 feet deep, gasoline pumper with reels, and in every ward a standpipe and two-inch hose. Chemical extinguishers are widely distributed. The tags indicate that they were filled in March of this year. All inflammable buildings have the wet sprinkler system, including the barns. There is good water pressure on the farm, it is not too far away to receive help in case of need, and the same measures of protection are installed there.

ter

Drinking water comes from five drilled wells about 120 feet deep, producing a thousand gallons per minute. Sprinkling water is pumped from the neighboring Mill Creek.

may easily

page

Sewage is dumped untreated into the Willamette River. Health authorities have condemned this arrangement and the State has gone so far as to consider the possibility of combining the sewage from this and the several other

state institutions in the neighborhood, which now create
a menace to health, and treating it in sanitary fashion.

Much attention has been paid to the grounds.

Both in front and in rear of the institution are lawns,
flowerbeds, shrubs and trees, all beautifully kept, and
order and neatness prevail about the service buildings
and shops as well as in the places where patients live.

Upkeep is good, the painting generally being up
to date in the wards. Basements are carefully whitewashed.

Through the basements run tracks carefully laid
so that food supplies can be moved from one point to another
on trucks. This track even goes beyond the building and
to the pigpen, so that garbage is carried to its point of
final use.

The heating plant is considered adequate, and
one of the four boilers can be kept at rest all the time.
In the colony each building has its own heating apparatus.
Electric current is purchased; it is used too sparingly,
and the light in many of the wards is inadequate. Ventila-
tion is natural in most spots but blowers are used in some
wards. Fly screening is complete throughout.

Plumbing is generally in good repair and well-
kept. The provision of toilets is not in accordance with
comfort and sanitation, running as poorly in some places as
one to 41 patients. The usual arrangement appears to be

two toilets to a ward whether few or many patients are quartered there. Bathing facilities are ample.

storeroom

Storerooms are in the basement, principally of the receiving building. Space appears to be adequate and the well stocked shelves are carefully kept.

plant

The ice plant is considered ample, and another state institution as well as the State House are supplied from here. Twelve wards already have ward refrigerators.

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her service
its

separate
separate

The laundry and shops are adequate, the shops being in an especially good building for such purposes. Farm buildings are adequate.

all

The assembly hall at the main plant is on the second story over the employees' diningrooms. The exits are all of wood, at one end near the offices and the other near the kitchen. Three hundred and fifty persons can be seated. Though the floor space is not large, it is employed for some physical training. The ceiling fortunately is high.

high, its
notable

Cottage Farm has its own hall, somewhat superior to the older one.

argue

avoidance

A suitable morgue is attached to the boiler house. It is not the practice here to use refrigeration. There is an oil-burning crematory within it and an infernal columbarium.

The population on November 1, 1940, was 2,677.

It is thought that the proper capacity of the institution would be about 2,100. The builders provided a large number of single rooms but into most of them two beds have been crowded, and in some instances three. There are, however, in various parts of the hospital several rooms to a ward with only one bed in them.

The hospital has but two kitchens; one serving the main plant and the other the Cottage Farm. The main kitchen has been done over within a year and most of its equipment is new. It is thought to be adequate now for the needs of the institution.

Special diets are prepared in some of the pantries, the main kitchen furnishing the materials. This service does not go far enough yet to require an assistant dietitian.

There are 39 diningrooms for patients and two for employees and officers.

The superintendent, Dr. John C. Evans, has had long service at this institution, attaining his present position in 1937. During part of this time he taught psychiatry in the local medical school.

EASTERN OREGON STATE HOSPITAL

Pendleton

Pendleton is a city of 8,000 population in north-eastern Oregon. A mile and a half west of the city the

main highway runs through the grounds of the Eastern Oregon State Hospital. This is a very hilly region. The hospital occupies some bottom land along the Umatilla River, and its acres run up the neighboring slopes. To reach its largest farm, one goes two miles down the valley by highway.

Not far from the highway the Union Pacific Railroad parallels it across the hospital property, and runs therefore through the front yard of the main hospital building.

The hospital has 1,300 acres of volcanic soil, about half of which is cultivated.

This institution consists of one large building housing patients, and other buildings for service purposes. The center and two blocks were originally erected and opened in 1913. Later two other blocks were added. The same floor plan was used for every ward, except that in the first block on each side no diningroom was provided, and a larger diningroom was therefore installed in the second block than in the third. The blocks are connected by corridors on all three stories and adjacent to these corridors are good porches.

The building is an attractive brown stuccoed structure. Construction is of reinforced concrete throughout and quite fireproof. Some floors are tiled, some are of concrete covered with a plastic, and a few are of wood.

Windows have steel frames and muntins. The upper half of the sash is glazed, the lower section is not glazed and inside it is a wooden frame with apertures of the same size properly glazed. It is stated that raising the lower sash gives plenty of ventilation even in summer. Guards on the porches though intended to be ornamental do give somewhat the appearance of barred cages.

A very few patients live at the ranch houses and work on the farms.

Fire protection is furnished by the city department and by the local water pressure. There is fire hose on standpipes in every ward and hand extinguishers in all cottages. Hydrants are properly placed outside. The hospital engineer serves as fire marshal. No drills are held.

Water comes from the city system. There is, however, an irrigation reservoir filled by pumping from the Umatilla River.

The hospital has a septic tank, the effluent from which flows into the river. The apparatus is said to be inefficient.

There is a nicely developed and well-kept lawn between the building and the railroad. There are also some lawns in the rear. Nevertheless the location is such that patients do not have adequate opportunities for being on

the grounds. Plenty of space is available up the hillside beyond both railroad and highway and back of the physicians' residences, but it is impractical to take large groups so far.

intenance

The upkeep is good. Every year the outside of the main building is washed.

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ntilation

The power house is adequately equipped with three 250 h.p. boilers. Heat is provided by a hot water system, and exposed pipes are visible along many walls. There are also separate radiators in many places. Apparently the heat, while not excessive, is quite adequate. Current is purchased. Lighting is very inadequate in the wards and in many other places, apparently because too low wattage is used. Reading and other uses of the eye are therefore limited. Ventilation is natural, and is reported to be good. Fly screening is complete.

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installations

Bathrooms are quite adequate, three shower heads and one tub being the usual installation. Toilets are decidedly inadequate. Two toilet seats is the regular allowance and this produces in certain wards a ratio as poor as one seat to 37 patients.

egent

about stererooms

Stererooms are in the basement. Some of them should be enlarged.

be plant

There is an adequate ice plant, and diningrooms have homemade iceboxes.

her service
bits

The laundry appears to serve well. Except for the machine shop, other mechanics' shops are in the basement. Farm buildings are in good condition, one dairy barn being relatively new and the milk house entirely so.

measured all

The assembly hall is on the second floor of the center building and seats 400. It is a good room and could be used for athletic exercises.

right, ja
coltalia
lrgue

The morgue is a satisfactory building and includes a crematory.

loading

No mathematical rating of capacity has been made, but the capacity was formerly reported as 1,350 beds. On this base, there should now be about 60 vacancies. Some wards are crowded and one is unequipped.

kitchen

There is but one kitchen and its equipment is fair.

pecial
lets

Special diets, if any, are prepared in the surgical ward by a patient.

hall
diningrooms

All but two wards have their own diningrooms, totaling 20. They are pleasant rooms, not large. Tables are of several sizes, mostly oblong.

uperin-
ndant

The superintendent, Dr. Wilson D. McNary, has seen long service in the employ of the commonwealth. After staff experience at the older hospital at Salem, he was appointed superintendent here in 1910 and has served ever since.

insig ed

services

Allocation of wards to the several medical services changes with fluctuations in the number of physicians. There are now eight services at Salem and four at Pendleton with 120 to 413 beds. The smallest is at Pendleton, the largest at Salem.

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atireq

atireq
atireq assignment
atireq

There is occasional rotation of service through reassignment of wards. It has not been attempted to organize this procedure, but a new physician within two or three years in either hospital gets a variety of experience. He is immediately put in charge of several wards and examines new patients in turn with the older physicians. He recommends a course of treatment to the staff conference when he presents the patient. Unfortunately he cannot direct that treatment and the new patient may therefore be called on to tell his innermost troubles to one who is not in position to help him much.

atireq
atireq

ratio

The ratio of assistant physicians to patients is calculated on the basis of the average daily population. At Salem it is 1:333.6, at Pendleton 1:323.3. The American Psychiatric Association has recommended a minimum of one assistant physician to 150 resident patients and the Oregon hospitals are far below that standard.

atireq

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This calculation takes no account of an enormously important factor--the rapidity with which new patients come in. On the average, new patients absorb more medical

attention than older patients because each must have some examinations that will not need to be repeated in many months. It will be remembered that the admission rate at Salem is over 1,000 and at Pendleton under 200, one rate being five times the other.

The American Psychiatric Association has later proposed that the minimum number of assistant physicians be one for each 200 of resident population and an additional physician for each 100 admissions. On this basis the hospital at Salem might seek to have 23 physicians on its staff and the Eastern Oregon State Hospital might expect to have eight.

The medical records in the larger hospital are brief and sometimes disappointing; this is partly due to lack of enough clinical stenographers to take down the records as the physicians would like to give them. Again one must remember that the admission rate at Salem is over 1,000 cases in a year. Records at Pendleton are somewhat fuller and apparently stated with considerable care.

At both institutions the history suffers in that too little is obtained from relatives and friends, and too much reliance is placed on the statements of the patient, whose emotional attitude may not be objective. Statements about the earlier life and the development of the illness come partly from a questionnaire and partly from the patient,

and are intermingled so that a reader cannot tell the source. A suitable admission note is made promptly. Physical examinations have been made within 15 days in the histories read but in some instances there was no evidence of a complete physical examination at any time. In one hospital the neurological status is often omitted. Mental examinations are ordinarily a conglomerate of findings over three weeks or longer, but in one case read there was an approach to a systematic mental status. Dental reports are kept in the dentist's office. Ordinary laboratory reports are filed. The record becomes sketchy after presentation of the patient at staff conference and treatment is so little discussed that one is sometimes doubtful as to what results are thought to have been attained.

abroad

Pre-parole and parole notes by the social worker when present are adequate, and she has taken the best histories of developments prior to the illness.

ferences

At Salem a staff conference is held weekly for the consideration of new cases, the ones to be presented being picked by the assistant superintendent from those offered by the several physicians. This is a meager schedule, since only a small number of new cases can be presented and well discussed. It is felt at the hospital that more time spent in conference would involve fewer individual examinations.

In both hospitals day attendants sleep in certain wards in rotation. Each institution has a nurses' home which is quite comfortable.

Commutation

The state gives no allowance to employees who live outside the hospital.

Impressions

side

The general appearance of the ward personnel is good. They appear alert and of good physique. Their relations with the patients seem quietly friendly. There are indications, however, of a repressive policy, which is inevitable when the number of employees is too low.

Special
wards

same

Nursing on the receiving wards is so important that it ought to be provided on a liberal standard. At Salem there is a maximum of three day attendants for a ward of 48 beds for men, and a maximum of five day attendants for a ward of 44 women patients; when night employees are added, total ratios are 1:12 and 1:7. This is obviously far from the ratio recommended by the American Psychiatric Association, of one employee to four patients. At night one attendant covers both the receiving ward and the surgical ward for each sex. This is said to account for the considerable amount of mechanical restraint used in the receiving ward.

see

side

At Pendleton there are three attendants by day for 37 men and three, plus part time of the surgical nurse, for 35 women. At night a man gives part time to his

receiving ward, and a woman full time to hers.

Night duty

Night work is a permanent assignment in case the employee wishes it. Persons of mature years and cool head are preferred in making appointments.

Night conditions

In both hospitals a night tour was made, in the period when some employees were at midnight supper. Everyone was alert. The lack of employees noticed by day is still more obvious at night, and the consequent lack of adequate coverage. Whole wards of patients who should have considerable personal attention are left without any attention for periods that are altogether too long. Far too many are fastened in their rooms so that they will not wander about and get into other people's beds or fall down or do something that is annoying. Disturbance and bad odors were noted in some places but not to any extraordinary degree. It is customary to change patients who are wet up to three times, but sheets are likely not to be available for a fourth change.

Laundry

There is considerable nightwear for women. A large number of men wear their day shirts as well as their underwear to bed.

Records

Nursing records are meager. Entries in books are too often the limit of charting.

that preserve heat fairly well, but the method of service is not such as to assure many patients of a really hot meal. At least it is lukewarm, and sometimes hot.

Practically every ward in each hospital has its own diningroom. Pantry facilities are usually simple but in good order. The advantage of this wide distribution of food is that table service is simple and direct and that patients in the ward have the satisfaction of looking after their own diningrooms. Its weakness is that adequate supervision is difficult or impossible and that waste is likely to be greater unless foodstuffs are sent out with such parsimony that feeding is inadequate, a practice that is not tolerated in Oregon.

Tables are usually oblong and of various lengths. There is considerable variety in the style of finishing and dressing them. They regularly appear neat and in some places are pleasantly ornamented. Tableware is mostly aluminum, which represents a distressing drop from the standards of the home. One may remark that in South Dakota, a state whose fiscal condition is not better, it has been found possible to purchase a suitable type of crockery with the name of the institution on the dishes. In most wards only a spoon is given the patient with which to eat; this custom causes unfavorable comments among newly admitted patients.

institution to the Eastern Oregon Tuberculosis Hospital (80 gallons daily) is pasteurized, but milk used in the hospital is not pasteurized. The technique of handling it (as observed during the survey) shows need of overhauling. The cans are sterilized by steam at both hospitals.

Ophthalmology

One of the physicians at Salem is expert in diseases of the eye and ear, and looks after all such matters in the hospital population. At Pendleton a set of sample glasses is kept on hand and those who are helped by one of the samples may have it.

Neurology

There are many neurological cases at Salem and two of the staff have had special experience in this field.

Emotional Depression

Suicidal patients are cared for largely in the receiving wards and a few others, and arrangements made so that less depressed patients will help in their management.

Disturbed

The disturbed are under treatment to some extent in the receiving services and in certain wards set aside for them. Their program is undeveloped; attendants are few, sports not available, little occupation, warm baths given to only a few.

Restraint

Mechanical restraint is ordered by a physician or is applied in an emergency without an order. Restraint greets the new patient's eye soon after admission and may be his lot at any time during his stay. Its general acceptance may be noted in a sentence taken from a history,

"She is lying in bed without restraint", as if this were a somewhat uncommon situation. The forms used are camisole, restraint sheet, muffs, belt and cuffs, anklets, shoulder strap. Salem adds mittens and Pendleton a leather collar. This list covers almost all the devices known anywhere. Many of these patients are tied to their beds; others to chairs, and one occasionally to a pipe. When a group of restless male patients goes walking at Pendleton, four couples march chained to each other by the wrist. Each physician at Salem now makes a daily report. On November 2, a census was taken of the men's service and 31 found in restraint, which had been used from five days to eight and a half years. Apparently the number of women in restraint is quite as large. At Pendleton a daily report has been made for four wards but the matter was not of sufficient consequence to require a report from other wards, until recently. Seventy cases were noted during this survey.

The doors of sleeping rooms commonly have no knobs on the inside, hence cannot be opened by the patient there. A very large number of patients are thus locked away at night, and a considerable number in the day time. There may be from one to several in a room. The latter practice, while accepted in this section of the country, is perilous and indeed has already led to fatal catastrophe.

No daily record is kept of patients employed, but

Industry

about twice a year figures are compiled at Salem. Twenty-five women work there in the sewing room, 35 in the art room. During canning time, ten or fifteen men and 40 or 45 women are employed. Perhaps 300 men work on the farm, in the dairy, and on the grounds. Many of both sexes are employed in ward work. No figures are available for Pendleton.

Occupational
therapy

Occupational therapy has not been well developed. Salem has a good sewing room and a so-called art room, in which rugs, baskets, and fancywork are turned out. The atmosphere here is pleasant. No concerted effort has yet become available to occupy those who are idle or destructive. Last winter the regular forces were supplemented by a WPA project. At Pendleton the sewing room employs fifteen or twenty patients.

Hydrotherapy

Standard hydrotherapeutic equipment has been placed in the Receiving Building at Salem. Unfortunately the tubs which are used for sedative hydrotherapy are placed in the same room with the jets which are used for stimulative hydrotherapy. Curiously the jets are turned in different directions and cannot be used at the same time. This apparatus has frequent use. Pendleton's like equipment has been out of order for years.

Medicine

Both hospitals have a few tubs for sedative hydrotherapy. At Salem, beside the two tubs in the special

Basic in
treatment

The hospital at Salem has two pianos and many radios. There is a choir for chapel services, drilled by the social worker. The hospital at Pendleton has two pianos, one in the chapel and the other in the women's receiving ward. For Sunday services the clergymen bring their own musicians.

Literature
treatment

The library at Salem is just off the amusement hall. There are three thousand books which are accessible to parole patients and to others brought in by the attendants. Books are taken through the wards weekly in baskets and the circulation is two to three hundred weekly. Eight or ten magazines are bought and many donations are received. Other books are borrowed from the State Library. Patient helpers are employed here. This is a fine activity. At Pendleton the patients' library holds about 300 books, a rather dilapidated collection available at any time to patients who have ground privileges. Magazines are bought or donated, and they are seen in all wards.

recovery

Freedom of
grounds

More than 300 men and one woman at Salem have ground privileges. Those who have recently come and are in the receiving ward sign an agreement about their conduct. Trips to the nearby city without attendance may be made by permission, and no issue is raised if the well-conducted patient goes without permission. At Pendleton, 300 men and one woman go about without supervision; few go to town.

level
ground

There is one open ward in the main hospital at Salem and three at the Cottage Farm. At Pendleton are two.

Visits home are left to the initiative of relatives.

Under the law a parole period may last indefinitely. This is especially useful in the case of veterans who are under treatment at veterans' hospitals in the States of Washington and Wyoming, where no local commitment law appears to be available; these patients accordingly are committed to an Oregon hospital and paroled to the veterans' hospital.

Some 700 patients are carried on parole at Salem. A considerable number are discharged automatically at the end of the year, unless an extension is requested. The superintendent or his assistant decides on the question of discharge. Removal against advice is usually listed as a parole. The social workers do some after-care, and county health nurses on notification often send reports. At Pendleton, fewer reports are received.

Amusements are developed to some extent, but should be expanded. Moving pictures are held weekly for six months at Pendleton; and for both branches at Salem, the main hospital and the Cottage Farm. No dances are held at Salem, even for young convalescents. At Pendleton women patients dance by themselves on a rainy afternoon.

all open wards
increased

visits

parole

custodial
records

to move
already

creation

At Salem softball is played considerably in the summer. Picnics are occasionally held, excursions are made to the Coast, and some patients attend the state fair. A mimeographed news sheet has recently been issued by the patients. Thanksgiving and Christmas are celebrated by a turkey dinner, and a Christmas program. At Pendleton picnics are held for the admission wards in summer and rarely for other wards. When the local Roundup is held yearly, some 300 patients go to it.

Religious services are held almost every Sunday, but at Salem only after the middle of November. Pastoral service is slight. A funeral service is held on request.

The clothing of the women is good and reasonably attractive in most instances. Attention also is given to hairdressing in a large number of cases. Men's clothing is less attractive, as might be expected when not only the underwear but even the shirt is often worn both day and night. It is unfortunate in many mental hospitals that men have a neglected appearance before the week is out. Dry-cleaning instead of washing their clothes would sometimes produce a better esthetic result.

Large numbers of patients do not leave their wards for months at a time. Use of the porch appears to be not at all systematized.

Night garments are provided in the receiving ward

committed status. There should be periodic inspection of institution and visitation of patients. Since there is no department of mental hygiene, this function of licensing and inspecting should devolve on the State Board of Health.

sterilization

Sterilization has been "advocated for all cases of insanity." Nevertheless it is carried out in but few cases because of legal restrictions; the patient and his next friend must both sign the petition.

visiting

Visiting days at Salem include all except Saturday, holidays, and Sunday afternoons. These restrictions are interpreted elastically. At Pendleton, every day is visiting day. Visitors are received in the wards and there is always some physician to answer inquiries. Perhaps 25 per cent of the patients at Salem and three quarters of those at Pendleton have not had a visit in a year. The only method of encouraging visiting is through discussion with callers, except for a rare trip to a home by a social worker.

publicity

The violent death of some patients at Salem and an employee at Pendleton have led to criticism of inadequate nursing organization. It is thought that there will be public support for a program that will improve greatly what is done for the unhappy patient who resents imagined persecution.

At Pendleton out-patient service was given four

VOLUNTARY ADMISSIONS TO OREGON STATE HOSPITALS

affi-
to

The great majority of admissions to state hospitals are under judicial commitment. This is unfortunate since important medical considerations may be lost sight of under too close an adherence to legalistic attitudes. When given the opportunity, a considerable number of patients spontaneously avail themselves of treatment in well-conditioned hospitals. The presence of many voluntary admissions may also be considered indicative of a favorable attitude on the part of the community toward its mental patients.

comparisons

During the most recent fiscal year the Oregon state hospitals admitted 10.1 per cent of their patients voluntarily; there were 12.6 per cent voluntary admissions to Oregon State Hospital and 9.6 per cent voluntary admissions to Eastern Oregon State Hospital. Percentages of voluntary admissions for selected states are Minnesota 15.1 per cent, New Hampshire 15.8 per cent, New Jersey 17.4 per cent, Illinois 25.2 per cent, Kansas 25.7 per cent, and the United States 7.2 per cent. Individual hospitals may have quite high percentages of voluntary admissions such as the Northern State Hospital in Washington 17.2 per cent, the Mendota State Hospital in Wisconsin 46.9 per cent, and the Topeka State Hospital in Kansas 53.0 per cent. These data are shown in Figure 4.

VOLUNTARY ADMISSIONS TO STATE HOSPITALS

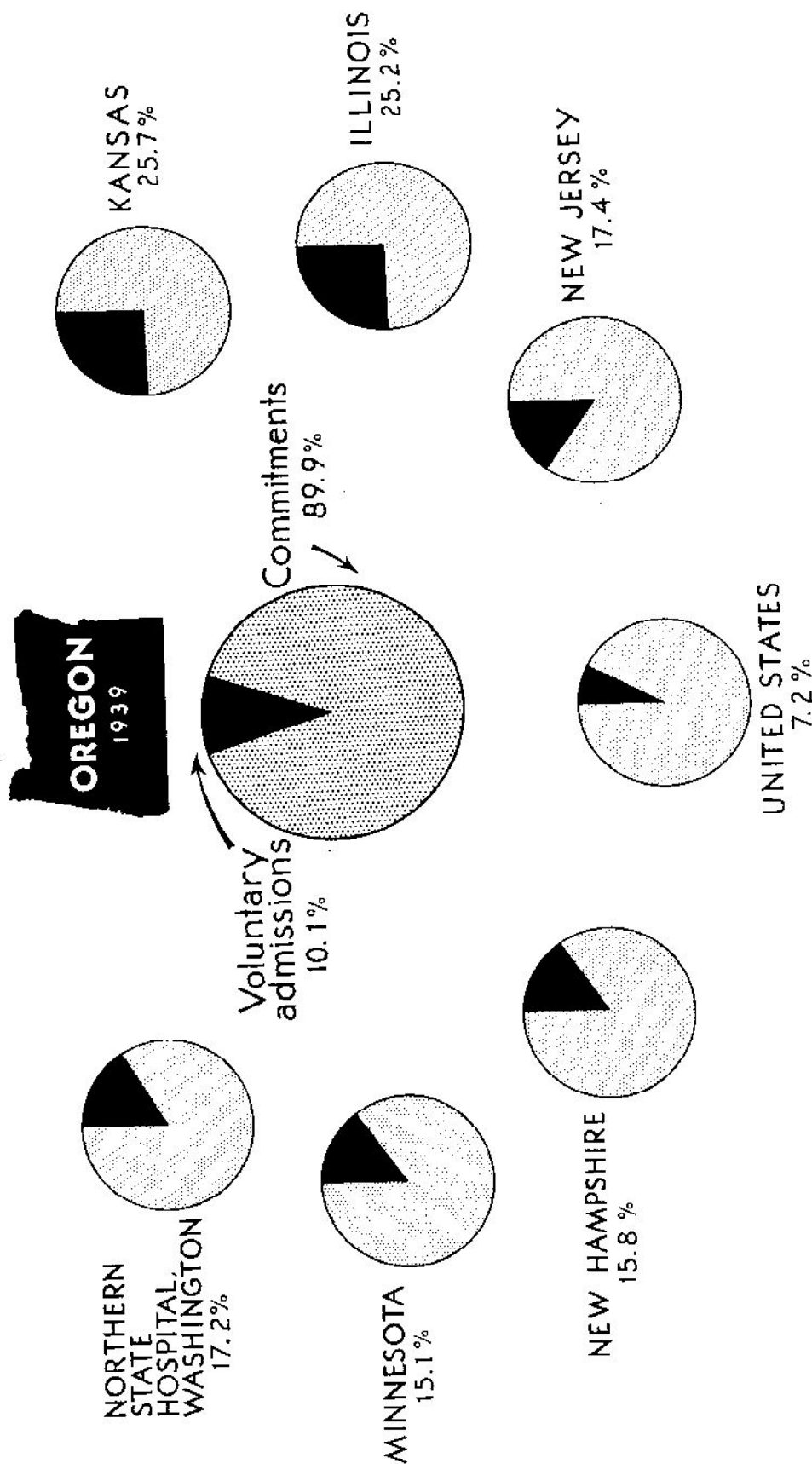


Figure 4

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF MENTAL HYGIENE
 U.S. PUBLIC HEALTH SERVICE

Figure 6

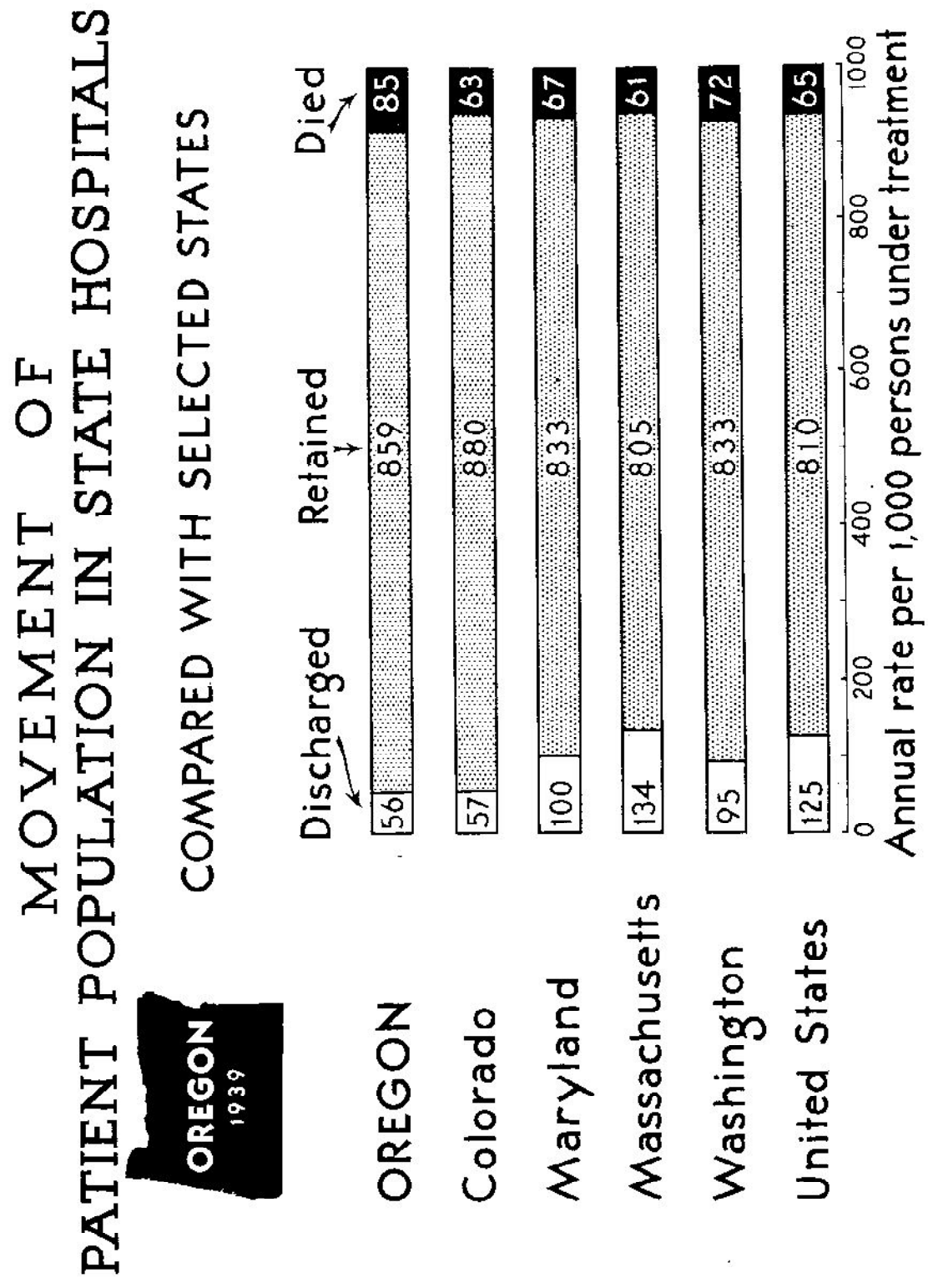


Figure 6

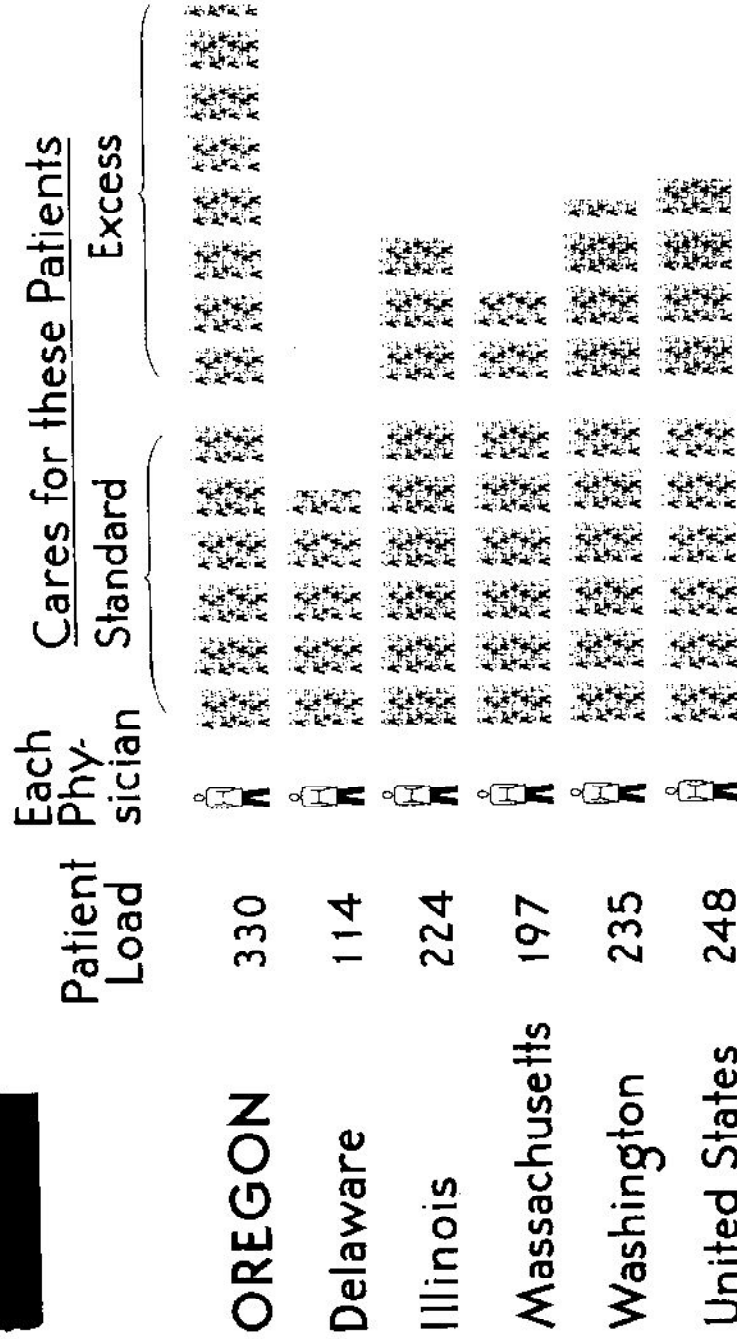
REPORT OF THE COMMISSIONER OF THE OREGON DEPARTMENT OF HEALTH
 OFFICE OF THE COMMISSIONER, DEPARTMENT OF HEALTH, OREGON, 1939

PLATE XI

PATIENT LOAD PER ASSISTANT PHYSICIAN



COMPARED WITH SELECTED STATES



Each group represents 25 patients in state mental hospitals

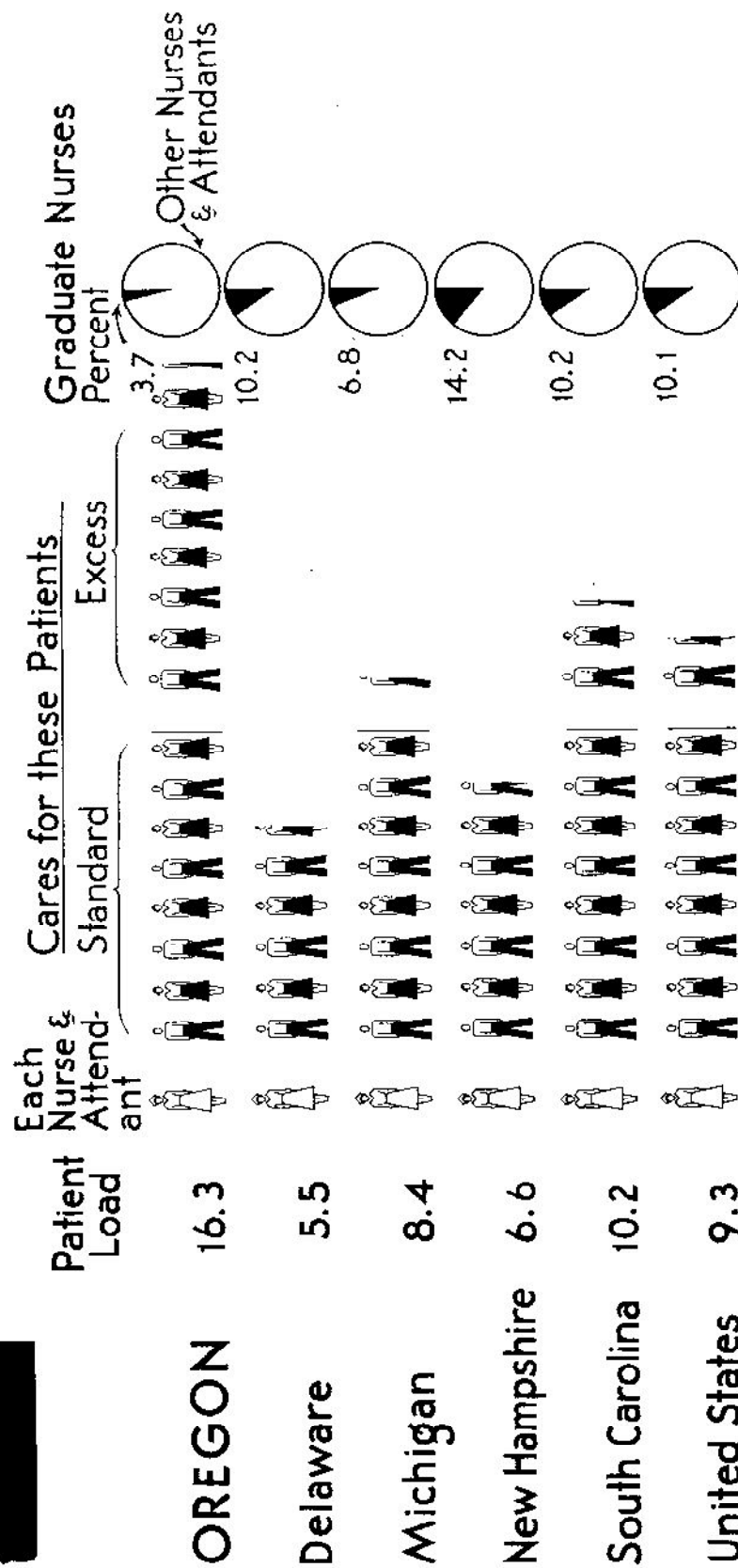
Figure 7

TABLE XII

PATIENT LOAD PER NURSE AND ATTENDANT



COMPARED WITH SELECTED STATES



Each figure represents one patient in state mental hospitals

Figure 8

REPORT PREPARED BY THE COMMISSIONER OF HEALTH AND HOSPITALS, OREGON
 FOR THE YEAR 1939

1939 ALII

MAINTENANCE EXPENDITURES IN STATE HOSPITALS

OREGON 1939 COMPARED WITH SELECTED STATES

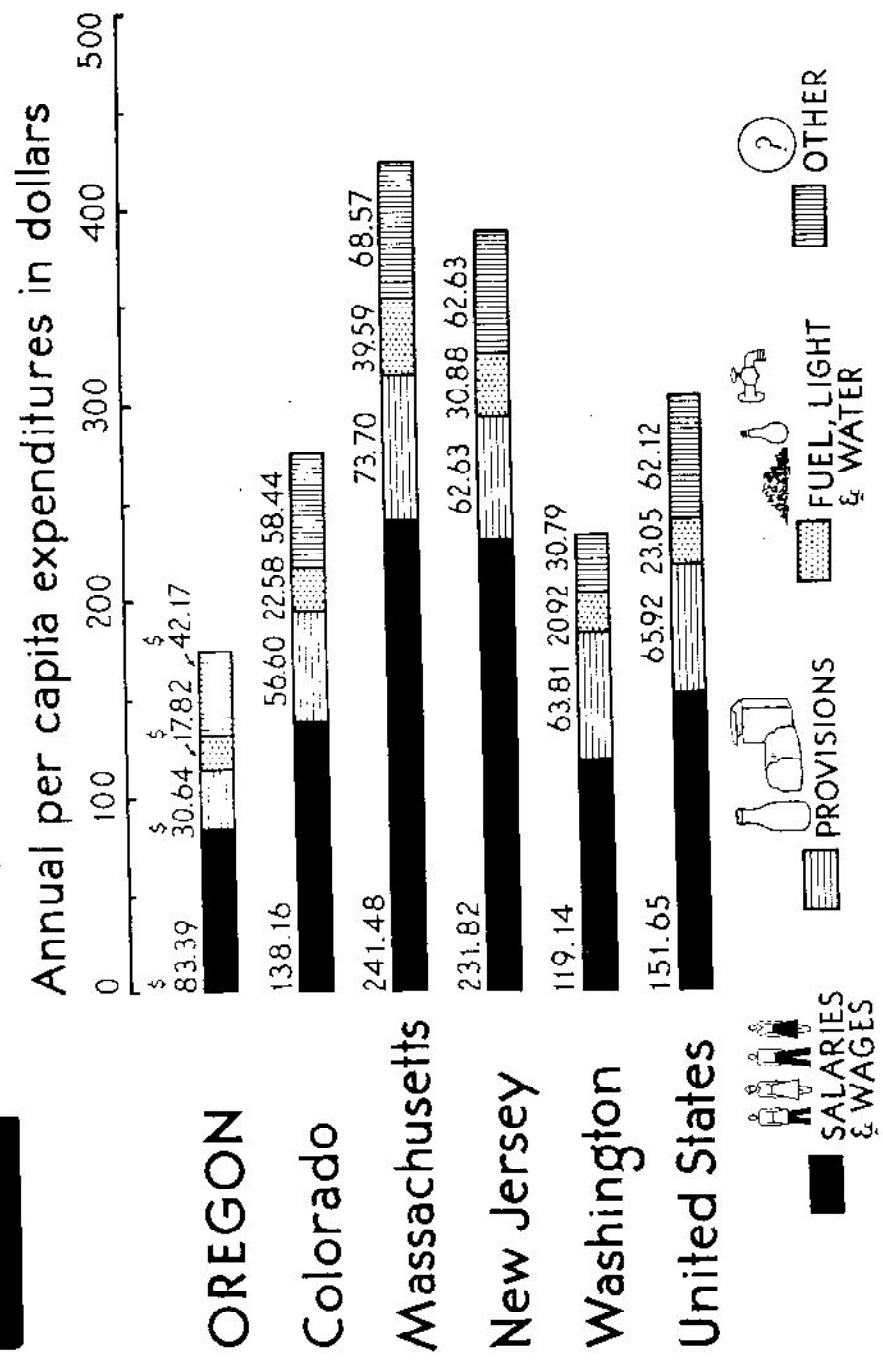


Figure 9

MAINTENANCE EXPENDITURES FOR MENTAL INSTITUTIONS



LOUISIANA
3.0 ¢



UNITED STATES
4.9 ¢



CONNECTICUT
6.9 ¢



ARKANSAS
4.2 ¢



SOUTH CAROLINA
5.3 ¢



ILLINOIS
7.2 ¢



OREGON
4.3 ¢



MICHIGAN
6.3 ¢



MASSACHUSETTS
13.2 ¢

Each figure represents all state maintenance expenditures

Figure 10