

Survey of the Nevada Hospital For Mental Diseases

BULLETIN No. 10



NEVADA LEGISLATIVE
COUNSEL BUREAU

December 1950

NEVADA LEGISLATIVE COUNSEL BUREAU

H. D. BUDELMAN.....	Senate Member
E. FRANDSEN LOOMIS.....	Senate Member
PETER A. BURKE.....	Assembly Member
ALBERT E. MACKENZIE.....	Assembly Member
A. N. JACOBSON.....	Legislative Auditor
J. E. SPRINGMEYER.....	Legislative Counsel

TABLE OF CONTENTS

	PAGE
Foreword	7
Preface	9
CHAPTER I	
Historical Background	11
Patients Sent Out of State.....	11
Commitment and Guardians.....	11
Hospital To Be Constructed.....	11
Nevada Benevolent Association.....	12
Convicts	12
Board of Commissioners.....	12
District Judges	12
Commitment	12
Name of Hospital.....	12
New Law	12
Certificates of Physicians	13
Dangerous Insane	13
Further Amendments	13
Administrative Organization Changed.....	13
New Laws	13
CHAPTER II	
Buildings and Grounds.....	15
Location of Property.....	15
Ownership of Parcel of Land.....	15
Leases of Land.....	15
Acquisition of New Lands.....	15
Industrialization of Surrounding Area.....	16
Reduction of Agricultural Area.....	16
Sewer System	17
Irrigation	17
Emergency Food Appropriation.....	17
Agricultural Area	18
Fencing	18
Superintendent's Residence	19
Administration Building	19
Large, Female Ward Building.....	20
Small, Female Ward Building.....	20
Old Ward Building.....	20
New, Male Ward Building.....	21
Employees' Quarters	23
Laundry	24
Dairy Barn	24
Slaughterhouse	27
Farm Buildings	28
Storage Buildings	28
Shops	28
Storage Buildings	28

	PAGE
Cemeteries	28
Electric Power	29
Lavatory and Plumbing Facilities.....	29
Fire Hazards	29
Fire Drills	30
Fire Alarms	30
General Condition of Buildings.....	31
Overcrowding	32
Heating Plant	32

CHAPTER III

Organization and Administration.....	37
Legal Provisions	37
Administrative Organization—Boards	39
Ex Officio Boards.....	42
Hospital Board of Commissioners.....	42
Medical Department and Business Departments.....	43
Staff	44

CHAPTER IV

The Business Department.....	46
Staff	46
Duties of Business Manager.....	46
Duties of Assistant Purchasing Agent.....	47
Duties of Chief Cook	47
Duties of Farm Manager.....	47
Duties of Chief Engineer.....	47
Patient Help	48
Crops Raised on Farm.....	49
Farm Equipment	49
Duties of Dairyman.....	49
Dairy Herd	50
Slaughtering	51
Meat Consumed at Hospital—Beef.....	51
Pork	52
Mutton	52
Chickens	52
Kitchen and Bakery.....	52
Kitchen and Bakery Equipment.....	53
Canning Operations	54
Purchase of Fruit and Vegetables.....	55
Other Kitchen Equipment.....	55
Other Bakery Equipment.....	55
Refrigerators	56
Cleanliness of Kitchen.....	56
Steam Hoses	57
Garbage Cans	57
Cockroaches and Rodents.....	58
Flies	58
Conveyance of Food.....	58
Quality and Quantity of Food.....	59

	PAGE
Criticism of Food.....	59
Dietician	60
Employees Purchasing Food for Patients.....	62
Motor Vehicles	63
Commissary Procedure	64
Paint and Painting.....	70
Maintenance and Repair.....	71
Leaves	71
Theft of Food.....	71
Coca Cola Machine.....	72
Cigarette Machine	72
Liquor	72

CHAPTER V

Medical Department	73
Staff	73
Duties of Superintendent.....	73
Qualifications of Superintendent.....	74
Assistant Resident Physician.....	74
Private Practice	75
Salary of Superintendent.....	75
Maintenance	76
Medical Staff	76
Medical Practice Act.....	77
Nursing Staff	77
Matron	78
Seamstress	78
Occupational Therapy	78
Night Supervisor	79
Attendants	79
Salaries	80
Employees Quarters	81
Personnel Turnover	81
In-Service Training	82
Staff Conferences	83
Employees' Recreation	83
Employees' Meals	84
Leaves	84
Treatment of Visitors.....	84
Abuse of Patients.....	84
Social Worker	85
Medical and Statistical Records.....	86
County Payments for Patients.....	86
Pay Patients	86
Patients' Fund	87
Beauty Shop	88
Segregation of Patients.....	88
Medical Services	90
Therapies	91
Dentistry	93
Medical Equipment	93

	PAGE
Deaths	94
Commitments	94
Admissions Through District Attorneys.....	94
Voluntary Admissions	95
Commitment of Inebriates, Drug Addicts, Etc.....	95
Terminology	96
Discharges	96
Repatriation of Nonresidents and Residents.....	97
Children	98
 CHAPTER VI 	
Summary and Recommendations.....	102
Buildings and Grounds.....	102
Supplies, Equipment, and Services.....	104
Staff and Organization.....	105
Admissions and Discharges.....	108
Appendix A	112
Appendix B	117
Appendix C	118
Appendix D	120

FOREWORD

The Nevada Legislative Counsel Bureau is a fact-finding organization designed to assist legislators, State officers, and citizens in obtaining the facts concerning the government of the State, proposed legislation, and matters vital to the welfare of the people. This office will always be nonpartisan and nonpolitical; it will not deal in propaganda, take part in any political campaign, nor endorse or oppose any candidates for public offices.

The primary purpose of the Bureau is to assist citizens and officials in obtaining effective State Government at a reasonable cost. The plan is to search out facts about government and to render unbiased interpretations of them. Its aim is to cooperate with public officials and to be helpful rather than critical. Your suggestions, comments, and criticisms will greatly aid in accomplishing the object for which we are all working—the promotion of the welfare of the State of Nevada.

PREFACE

Never before has there been so much public interest in mental health and in the facilities provided for the care and treatment of the increasing numbers who are being admitted to mental hospitals all over the country. The problems of mental illness have not been overcome, but in every State there is a growing demand for more effective mental health and hospital programs. The care and treatment of the mentally ill traditionally has been a State responsibility, and officials recognize that sound programs must be based on answers to the questions: "What are the real needs?" "What can be done now to meet these needs adequately?" This study deals with these questions as they relate to the Nevada Hospital for Mental Diseases.

The study begins with the historical and legal background of Nevada's laws relative to the mentally ill and the establishment of the Nevada Hospital for Mental Diseases. Turning to the institution itself, chapters are devoted to the buildings and grounds, organization and administrative features, operations of the Business Department, operations of the Medical Department, and summary and recommendations.

While our institution is the smallest State hospital of its kind in the United States, the problems involved are highly technical and complex, and the average citizen finds difficulty in achieving a broad grasp of them. In order to obtain accurate data for this study, it was necessary to record many conversations with administrators and staff of the institution.

A wealth of information is contained in the biennial reports of the Mental Hospital from 1945 to date. Since they contain large amounts of statistical data, no attempt was made to incorporate such statistics in this study. It is strongly urged that interested parties read the Biennial Report of the Nevada Hospital for Mental Diseases for the Biennium 1948-1950 as a supplement to this study. It is also suggested that all persons interested in the care and treatment of the mentally ill examine that certain report entitled, "The Mental Health Programs of the Forty-Eight States," as issued by the Council of State Governments, Chicago, Illinois, and that certain report entitled, "Better Care in Mental Hospitals," as issued by the Mental Hospital Institute of the American Psychiatric Association, Washington, D. C.

The Legislative Counsel Bureau gratefully acknowledges the valuable assistance of Dr. Sidney J. Tillim, Senior Physician and Superintendent; Mr. J. O. Epperson, Business Manager; Miss M. Kay Lee, Supervising Nurse; various members of the staff of the Nevada Hospital for Mental Diseases; and various interested citizens of the State of Nevada.

Printed copies of this survey may be obtained free of charge from the Nevada Legislative Counsel Bureau, Carson City, Nevada.

J. E. SPRINGMEYER.

Legislative Counsel.

SURVEY OF THE NEVADA HOSPITAL FOR MENTAL DISEASES

CHAPTER I

HISTORICAL BACKGROUND

PATIENTS SENT OUT OF STATE

In 1867, three years after Nevada became a State, the Nevada Legislature authorized the Secretary of State to make arrangements with an institution at Stockton, California, for the admission of indigent insane from Nevada, to transport them to Stockton, and to pay for their care. The Legislature appropriated \$10,000 to carry out the provisions of the Act for two years. If a charge of insanity was substantiated by one or more examining physicians, and if it appeared that it would be unsafe to allow the indigent insane person to remain at large, judges of district courts were authorized to order such indigent insane person placed in the custody of the Secretary of State for conveyance to Stockton.

COMMITMENT AND GUARDIANS

In 1869, the Legislature passed a new law with broader language on commitment, providing fees for sheriffs and physicians, and providing that the counties must pay for the care of indigent insane committed from such counties. In cases where insane persons were able to pay for their own care, courts were authorized to appoint guardians, and the guardians could pay the hospital with funds belonging to the patient. The Legislature appropriated \$20,000 for the care of the indigent insane for the two-year period.

HOSPITAL TO BE CONSTRUCTED

In 1871, the Legislature created a board of commissioners composed of the Governor, Controller, and Treasurer, which was authorized to build a mental hospital, such construction to be paid for by bond issue, and \$50,000 was appropriated to operate the hospital after it was constructed. It appears that nothing was done under the terms of this Act.

In 1879, the Legislature authorized the use of a portion of the State grounds, located between Reno and Sparks and originally intended as the site of a State prison, as a site for a mental hospital, and it directed that the grounds be improved and plans be made for the construction of said hospital.

In 1881, the Legislature created a larger board of commissioners, to be composed of the Governor, Controller, Treasurer, Lieutenant Governor, and two citizens, and said board was charged with the erection of the new mental hospital. An \$80,000 bond issue was authorized to finance the construction, and the bonds were to be retired with a three-cent property tax. The board had full control of the operation and administration of the hospital, and was authorized to appoint a resident physician as superintendent at a salary of \$2,400 a year. The

superintendent was authorized to appoint all employees, subject to the approval of the board. It was directed that when the new hospital was completed, Nevada patients in the institution at Stockton, California, were to be transferred to the new State institution.

NEVADA BENEVOLENT ASSOCIATION

It is interesting to note that in 1871, the Nevada Legislature passed an Act to aid the Nevada Benevolent Association in providing means to erect an insane asylum, and again in 1881 it passed another Act to aid the Nevada Benevolent Association in providing means for the care and maintenance of the insane of Nevada and for other charitable purposes. These Acts authorized the Nevada Benevolent Association to give public entertainments or concerts, to sell tickets of admission to the entertainments, and to conduct a raffle in which ticket holders might participate. The proceeds from such activities were to go into a fund in the State Treasury which would be used for the purposes designated in the Acts. Both of these laws were declared unconstitutional by the Supreme Court of the State of Nevada on the grounds that they violated section 14 of Article IV of the Constitution of the State of Nevada which prohibits lotteries and the sale of lottery tickets. (See Stats. 1871, 110, *Ex Parte Blanchard*, 9 Nevada 101, Stats. 1881, 166, *State Ex Rel. Murphy vs. Overton*, 16 Nevada 136.)

CONVICTS

In 1883, the Legislature made provision for the transferring of insane convicts from the State Prison to the Mental Hospital.

BOARD OF COMMISSIONERS

In 1887, the Legislature reduced the membership of the board of commissioners, and again made it a three-man board composed of the Governor, Controller, and Treasurer.

DISTRICT JUDGES

In 1889, the law was amended so as to provide that if a district judge was absent from his jurisdiction, county clerks could commit insane persons to the Mental Hospital.

COMMITMENT

In 1893, the Legislature authorized district judges to commit "indigent idiots and feeble-minded persons" to the Mental Hospital, upon certification by one or more physicians. The counties were required to pay for their care, and such persons had to be residents of the State for five years, and of a county for one year.

NAME OF HOSPITAL

In 1895, the Legislature officially designated the Mental Hospital as the "Nevada Hospital for Mental Diseases."

NEW LAW

In 1913, all of the above Acts were repealed, and a single new law was passed incorporating their provisions. In addition, it provided that the Mental Hospital have charge of patients in transit, there was a new definition of grounds for commitment, and provisions were made

for discharge of patients and care for indigent feeble-minded minors by sending them to out-of-State institutions.

CERTIFICATES OF PHYSICIANS

In 1923, the law was amended so as to require the certificates of two or more physicians prior to commitment, the grounds for commitment were generalized, and the salary of the superintendent was raised to \$3,600 per year.

DANGEROUS INSANE

In 1925, a law was enacted authorizing the confinement of dangerous insane persons in the State Prison.

FURTHER AMENDMENTS

In 1929, the provisions for discharge were broadened.

In 1937, after considerable debate and a torrid public hearing in the Senate Chamber, the law was amended so as to provide more detailed provisions on the care of minors, to provide for the parole of patients, to provide for the compensation of physicians for the examination of patients, and to repeal those provisions that required counties to pay for indigent patients. Since 1937, no county money has been contributed to the support of the Mental Hospital.

In 1943, discharge provisions were again broadened.

ADMINISTRATIVE ORGANIZATION CHANGED

In 1945, the Legislature changed the administrative organization of the Hospital, the membership of the board of commissioners was increased to five with the Governor as chairman, and four citizen members, with two of the citizen members required to be licensed physicians. The salary of the superintendent was increased to \$5,000 per year, and in addition he was authorized to receive living quarters and household provisions and supplies and such other facilities and accommodations as were available at the Hospital. In addition to the old requirement that the superintendent be a physician, the Legislature added the new qualification that the superintendent be an experienced psychiatrist. The Legislature also authorized the employment of an assistant superintendent at a salary of \$4,200 per year.

In 1947, after considerable debate, the Legislature again reorganized the administration of the Hospital. It provided for the employment of a resident physician at a salary of \$6,600 per year, and for an assistant resident physician at a salary of \$4,000 per year. The law declares that the resident physician and the assistant resident physician shall also be entitled to living quarters and household provisions and supplies and such other facilities and accommodations as are available at the Hospital. The Legislature also authorized the employment of a business manager at a salary not in excess of \$4,200 per year and such maintenance as may be determined by the board. The law then declared that the board could appoint any one of the three as superintendent without extra compensation.

NEW LAWS

Also, in 1947, the Legislature enacted a new law defining "mentally ill" persons, and providing for their care and treatment at the Mental Hospital. The law sets forth in detail the procedure for commitment

with petitions, hearings, and examination by two physicians. It provides that, wherever possible, the cost of maintenance shall be borne by the patient or relatives, and that counties shall pay for the maintenance of indigents. The law provides for the appointment of guardians, and for the admission of voluntary pay patients.

In 1949, the Legislature repealed the 1947 law concerning mentally-ill persons, and passed another law setting forth a new and broadened procedure for voluntary paid admissions without commitment. The new Act also provided for the commitment of inebriates, dipsomaniacs, and drug addicts, requiring that such persons shall pay for their care and treatment wherever possible, but, if they are without resources, the State would bear the cost of their care and treatment. In addition, the 1949 Legislature enacted a broader definition of "residents," it provided for the parole of patients into the custody of relatives, friends, or guardians, it provided for the repatriation of nonresident patients, and for out-of-State institutional care of tuberculosis patients, the cost of such to be borne by relatives whenever possible, or by the State. The 1949 Legislature prohibited further use of the Hospital cemetery, and required burial outside the Hospital grounds, with the cost to be borne by relatives whenever possible, or in the case of indigents, by the State. The 1949 Legislature also made it mandatory for the board to appoint either the resident physician, the assistant resident physician, or the business manager as superintendent of the Hospital.

CHAPTER II

BUILDINGS AND GROUNDS

LOCATION OF PROPERTY

Prior to 1879, the Federal government deeded a section of land to the State of Nevada, situated between what is now the city of Sparks and the city of Reno. The original intention was to construct a State prison on the property, but construction was discontinued after only a portion of the foundation wall for a prison yard was completed. The remains of the wall may still be seen in the area now occupied by the State Department of Highways. A portion of the property was then deeded to the board of commissioners for the construction of the Mental Hospital. The area belonging to the Nevada Hospital for Mental Diseases consists of 133 acres of land, approximately two-thirds of which is under cultivation, or used for pasturage, and the rest occupied by the buildings and grounds having to do with the institution proper or with the farm that is a part of the institution. The hospital property exists both to the east and west of Asylum Road, and between West Fourth Street and Glendale Road.

OWNERSHIP OF PARCEL OF LAND

There is uncertainty as to the ownership of a certain parcel of land between West Fourth Street and the Southern Pacific right-of-way. In 1947, the Legislature authorized the transference of a portion of said parcel to the Department of Highways for the widening of West Fourth Street, but the records are not clear as to whether the Southern Pacific Company had transferred title to the parcel to the Mental Hospital many years ago. It is possible that the Mental Hospital has acquired a right to the land through adverse use over the years, but investigation on the matter is continuing. In 1947, the Legislature also authorized the leasing of a portion of this parcel of land. While this lease is terminated at the present time, the Mental Hospital received \$600 from the lease which was credited to the general support funds of the institution.

LEASES OF LAND

From time to time the Mental Hospital has leased land from surrounding property owners for cultivation or pasturage purposes. At the present time, the Hospital rents approximately 40 acres to the south and across the Glendale Road, at a rental of \$1,500 for a five-month period every year. During the growing season of each year, the area is cultivated as a truck garden, and produces vegetables for the Hospital.

ACQUISITION OF NEW LAND

The Business Manager recommends that additional land be acquired for agricultural purposes, and thereby increase the production of garden and farm crops. It has been pointed out that since the Hospital uses 99 percent patient labor on the farm, the land to the south across the Glendale Road would serve the purpose. However, the increasingly high prices of land have operated as a deterrent so far. Before

the specific amount of purchase price could be determined, it might be necessary to have an impartial appraisal made of the property, and a determination made of the benefits to the Hospital. The Business Manager has stated that the dairy herd cannot be increased because the Hospital does not have sufficient pasturage or hay land; at the present time the Hospital is raising approximately one-third of the hay consumed by the dairy and purchasing the remaining two-thirds. In addition, the hospital is expending \$1,500 a year for the rental of land. All this may point to the need for additional land in order to produce food at minimum cost.

INDUSTRIALIZATION OF SURROUNDING AREA

A glance at privately owned property on the north and on the west and southwest of the Hospital property indicates that the total area is gradually becoming industrialized. A large woodworking plant and saw mill is now operating on the northwest side, and other smaller enterprises are springing up in adjacent areas. From time to time, various individuals or corporations attempt to lease or buy various Hospital acreages. The Hospital owns approximately six and one-half acres in the southwest corner and across the Truckee River for which no water is available for irrigation purposes, and which is not too satisfactory even for pasturage. Motels and auto courts are being constructed in this general area, and with increasing traffic on Glendale Road over the new highway that will cut across the Hospital grounds to Highway 40, and increasing industrialization in this entire sector, it is possible that the Mental Hospital will benefit if legislative authority is given for long-time leases or sale of some Hospital land that is not particularly valuable for agricultural purposes.

REDUCTION OF AGRICULTURAL AREA

All of this brings up the very important fact that Hospital land suitable for agricultural purposes is not too large, that additional acreage would be difficult to acquire because of high prices and gradual industrialization of surrounding areas, and that additional construction and expansion of the Hospital grounds proper will eliminate a certain amount of acreage that was heretofore available for cultivation. In other words, it is highly possible that the entire Mental Hospital grounds should have been abandoned and sold a number of years ago, before large investments were made in the new male ward building and the new heating plant. This is predicated upon the proposition that farm activities actually save money in the operating costs of the institution, and that farming activities provide valuable occupational therapy for certain types of patients. There are some persons who believe there is little value in the farming activities as occupational therapy, and advocate the general abandonment of such activities in mental institutions. It appears, also, that while the sale of the land and buildings at the Mental Hospital, a number of years ago, might have produced considerable money, it probably would have been necessary for the Legislature to appropriate a sizable sum to build a new institution in a different locality.

The productive acreage of the property is being decreased as the

operating grounds grow and as highways cut through the area now under cultivation, and the Hospital will either be forced to buy a larger portion of its food or increase its acreage to the few adjacent sectors still left available. The acquisition of property is a difficult problem because of the increasingly high prices placed upon adjacent property by the owners. Along with other general reasons, this is because the property is becoming more valuable as an industrial area than for agricultural purposes. It appears that if something is not done during the next five or six years, it is going to be impossible for the Hospital to ever acquire any further ground for any use whatsoever and that will mean a greatly increased appropriation for food. The Business Manager has stated that the Hospital farm produces approximately 45 percent of the food consumed at the Hospital, using the wholesale market price as a basis of values.

SEWER SYSTEM

The Hospital has a contract with the city of Sparks for sewage disposal, and sewage from the Hospital is eliminated through the city system at a cost of \$37.50 per month. The Highway Department maintenance shops are connected to the system also. Maintenance of the sewer lines is a problem because many things are found in a Mental Hospital sewer system that would not be found in a normal operation. The Business Manager has indicated that the city of Sparks has provided very good maintenance service. On the other side of the Glendale Road, the city of Reno has constructed a new sewage disposal plant, and while it is close to the grounds of the Hospital, it would be very expensive to build a new line down to and across the river and then up to the new disposal plant. It would mean a pumping station or a bridge to carry the line over the river.

IRRIGATION

Turning to irrigation, the Hospital has a prior to 1900 water right in the Sullivan-Kelly Ditch, which provides all of the water used in the irrigation of Hospital land. The ditch is owned by a corporation which pro rates the inches of water to the various users every year. The Mental Hospital is assessed for 273 inches of water each year, and pays approximately \$60 each year to the ditch company. The Mental Hospital has joined the Washoe County Water Conservation District, which has charge of the impounding and allocation of water from Boca Dam. The Hospital pays a pro rata share of the cost of the Conservation District, which insures that it receives a portion of the water impounded behind the Dam. The initial cost of joining the District was \$383.44, and the annual payment is \$47.93. Prior to joining the District, the Hospital was merely given the courtesy of using the impounded water, but they were notified that if at any time the seasonal run-off was not sufficient to meet the needs of the members of the District, the Hospital would be immediately cut off from the use of the water.

EMERGENCY FOOD APPROPRIATION

To illustrate the importance of this matter, in the spring of 1948, the Water Commissioner of the District advised the Hospital that

water surveys indicated that a drought was impending, and that there would not be sufficient water to raise crops from the Hospital land. However, the Hospital gambled and planted the crop, and late spring precipitation provided enough water for a reasonably good production. Lack of water, or a late freeze, or an infestation of insects could prevent the growing of successful crops during a given season, and the Business Manager has indicated that in such case there is not enough money in the general support budget of the Hospital to take care of the emergency. Consequently, he has recommended that the Legislature appropriate a sum each year, definitely earmarked for use only in an emergency, said "sum equivalent to the wholesale market value of an average farm-year yield to be set aside and used only if the yield falls below the figure anticipated." He pointed out that during the fiscal year 1946-1947 the Hospital produced \$34,515 worth of farm and garden produce, and during the fiscal year 1947-1948, the Hospital produced \$40,530 worth of produce, and that these figures are considerably higher than the ceiling of \$25,000 as allowed by the law creating the Governor's Emergency Fund.

The English Mill Ditch also runs through the Hospital property, but the Hospital has no rights therein. This ditch is of value to the Hospital only for drainage.

AGRICULTURAL AREA

At the present time, there are approximately 90 acres of Hospital land under cultivation. There is some gravel ground that is not suitable for cultivation, and a small portion that is too high to be irrigated by water from the Sullivan-Kelly Ditch, and hence cannot be cultivated. The rest of the land is used for pasture and truck gardening. The soil is quite sandy and not too suitable for cultivation. The fields and especially the garden appear to be intensely cultivated by patient labor, the ditches are kept clean, and the irrigating boxes are in good shape. The fields cannot be plowed deeper than six inches because of the presence of rocks and sand, and good productivity is only achieved through the constant application of fertilizer.

FENCING

The fencing throughout the institution is in very poor shape. The last new fencing project was completed by the W. P. A., and consists of concrete posts with iron centers, and barbed wire. In many cases the concrete has disintegrated and many posts have fallen down. Fences are down, particularly on the northeast side of the property. While it would be an expensive and major project to completely renovate all sections of fence, it appears that a high, escape-proof, and vandal-proof fence should be built, enclosing the entire area. Such a fence would not only help in preventing patients from wandering away, but help to prevent the theft of produce and other property belonging to the Hospital. The fact that the Hospital is located close to a transcontinental highway and transcontinental railroad tracks means that many transients are constantly invading the fields in search of produce or food, or a place to sleep. Two and one-half years ago

100 tons of hay was destroyed by fire, and it is believed that the fire was started by transients. A good, vandal-proof fence might well pay for itself over a period of time.

SUPERINTENDENT'S RESIDENCE

In 1945 the superintendent's residence was destroyed by fire. The fire was investigated by the Sparks fire chief and an expert from a San Francisco insurance firm, but they could report nothing specific as to its cause. Fire insurance in the amount of \$10,815, and an appropriation of \$10,685 by the 1947 Legislature provided a total of \$21,500 for the construction of a new, brick superintendent's residence. Of this amount, \$21,494.79 was actually expended by the State Planning Board for said construction. It might be noted that of this amount, \$45 was expended for the salaries of office staff of the Planning Board, \$16,214.04 for payments to contractors, \$2,185.35 for construction extras, and \$2,508.68 for extra supplies, furniture, and equipment. Details may be obtained in the report of the Legislative Auditor. The Superintendent has stated that by and large, the building is not the most carefully constructed, that there was trouble with the plumbing, but that it is generally adequate. There is an abandoned swimming pool in the lawn near the residence.

ADMINISTRATION BUILDING

The administration building is a two-story brick structure that was erected in 1921. It contains a reception room for visitors, offices for the superintendent, the assistant resident physician, the nursing supervisor, secretarial and bookkeeping staff, a dental room, a surgery room, and rooms and wards for newly received patients and for seriously ill patients who need close attention. As in other buildings, the windows of rooms where patients live are heavily screened or barred. There are lounging rooms on both floors for patients. Paint in some of the rooms does not match, is carelessly applied, and the colors are unsatisfactory. This building has insufficient toilet facilities, and no locker facilities for patients. A sizable crack is noticeable in the wall of one of the dormitories, the doors to the fire escapes are unfinished, and plaster is coming off of the wall of one room. One room contains a hydro-therapy unit which was purchased in 1918 for approximately \$30,000. This unit has not been used in modern times, and the Superintendent indicates that it is improperly installed and completely unsatisfactory. The building has a dispensary, and facilities for insulin therapy and shock treatments. There are dining rooms on each floor for male and female patients, the patients eat at small tables, and the tables in the women's dining rooms had clean tablecloths. While the building has an "institutional appearance," and there are no frills, it appeared fairly clean and orderly. As in the other buildings, patients do most of the work of cleaning. There was no evidence of cockroaches or mice leavings. There was a radio in the patients' lounging room upstairs for the use of the patients. Personal possessions of the patients are stored in a well-kept and orderly storeroom on the first floor. There are new fire escapes on both the north and south ends of the building.

LARGE, FEMALE WARD BUILDING

The larger, female ward building, erected in 1915, appears to be in good shape, since it was recently remodeled at a cost of \$16,623.83. Dormitories containing the beds of the patients were cut down in size during the remodeling process. There are two dining rooms for ninety patients, containing old tables with no tablecloths. There are two community lavatories containing 12 toilets and baths for ninety to one hundred patients. A number of very low beds for feeble and elderly patients were noted, the low height facilitating use by feeble patients and lessening the danger of serious injury from falls. This building appeared to be clean and well kept, and there was no evidence of cockroaches or mice leavings. An exercise yard surrounded by a high wire fence is located on the sunny north side of this building. This building has new fire escapes at each end.

SMALL, FEMALE WARD BUILDING

The small, female ward building, erected in 1924, is located just east of the large, female ward building. Like other buildings, this building has inadequate lavatory facilities. There are a few small toilets for the use of children. Paint has fallen away from the ceiling in one of the rooms. This building not only houses female patients, but also the children that live at the institution. A playground yard surrounded by a fence adjoins the building; playground equipment is in need of repair. Adjoining this building and inside the playground yard is the unused quonset hut originally intended for childrens' quarters. Lavatory facilities in the hut appear to be in working order, but there is practically no furniture in the building and it is dusty from lack of use.

OLD WARD BUILDING

The old ward building, erected in 1882, is an F-shaped building located just east of the administration building. The abandoned north wing had three floors, the rest of the building is composed of two floors. The abandoned north wing was condemned eight or nine years ago, and the patients finally removed when the new ward building was constructed. At the time of this writing, the abandoned north wing has been almost completely torn down by a private contractor who is doing the job for the salvage, and without monetary cost to the Hospital.

The remainder of the old ward building, which is composed of two floors, should also be razed as soon as possible. It is possible that the kitchen and bake shop could be remodeled and used for some period of time; however, its location would interfere with the good plan and arrangement of buildings as suggested by the State Planning Board. It appears that the kitchen is adequate in space, and the chefs praise the design, size, and layout of the kitchen itself. The bake shop would have to be remodeled, enlarged, and certain ventilating facilities provided. The old ward building consists of three parts that were built at different intervals, and the kitchen and bake shop are located in the newest section. The first floor of the main part of the old ward building houses working patients, and is completely antiquated and inadequate, having been built in approximately 1886. The second floor

of this portion is used primarily for storage space, and is largely occupied by hundreds of odds and ends ranging from mattresses to lumber. Lavatories, showers, toilets, and plumbing are in very poor shape. Constant and costly maintenance is the rule. Three years ago the entire floor of the men's lavatory collapsed overnight because of rotting girders, inspection disclosed that the girders had been rotting away for a considerable period of time and that the floor was resting on the water and steam pipes. They eventually gave way because the lavatory was constructed with heavy marble partitions and wainscoting. All emergency funds were used to repair the damage. Professional miners had to be brought in, and the floor supported with timbering as would be done in a mine. The ceiling of this room has settled, and may come down in the near future. Most of the equipment in the lavatory is very old, but it was necessary to install some new replacement equipment. This particular lavatory is used more than any other in the institution due to the fact that it is the only place where farm laborers and kitchen help can remove the soil of their labors.

The foundations of the old ward building are crumbling away, and the time will come when this building may fall in upon itself. The installation of heavy timbers and shoring in the basement are keeping it secure at the present time. There is an open sewer at one place in the basement, not far from a runway where pass the food carts carrying food to other buildings three times a day. The steam and water pipes in the building disintegrate, they clog up, they are rusted, and are in very poor condition from extreme age and generally heavy use through the years. All this means a heavy maintenance expense.

Single male attendants also live in this building in small, poorly furnished rooms. The furniture in the rooms consists usually of a single bed, a bureau with mirror, and one chair, all of which are primarily noteworthy for their austerity. The matron's office with facilities for temporarily storing sheets, pillow cases, and other supplies that are used constantly, are located in this building. The employees' dining rooms are located on the first floor. The main commissary and offices of the business manager and assistant purchasing agent are located at the north end of the kitchen-bakery wing.

The superintendent has indicated that the immediate need is for a new central service building including the commissary, kitchen, bake-shop, storage facilities, and dining rooms. He indicated that the old ward building is unfit for the purpose and very expensive to operate. He indicated that the saving on yearly maintenance and repairs would go a long way in meeting the cost of a new structure over a period of time.

NEW, MALE WARD BUILDING

In 1948 the construction of a new, male ward building was completed under the supervision of the State Planning Board, at a cost of \$419,618.06, of which \$5,456.93 was expended for salaries of the Secretary of the State Planning Board and a stenographer employed in his office. Details may be obtained from the Legislative Auditor's report on building projects under the jurisdiction of the State Planning Board. The building houses approximately 160 patients, consisting of those transported from the two areas to be abandoned

because of unsafe conditions in the old buildings. The new, male ward building is an important and valuable addition to the Hospital, and means another completed step in the over-all construction program as suggested by the State Planning Board. The building itself is not complete in its entirety, as the plans call for the construction of an east wing. The east end of the building has been left unfinished in order that the new wing may be added without tearing away finished walls.

The Superintendent has indicated that the new building is quite satisfactory as far as function is concerned, but that there are a number of construction faults that are causing the building to rapidly deteriorate, that a number of repairs have been required, and that additional repairs are still needed. The new building has enabled the transfer of female patients into a remodeled building that was formerly occupied by men, and it has made possible various services that were not available previously. The actual bed capacity of the entire hospital is not much better than it was before the new building was constructed. According to the Superintendent, there are a few items in the construction that are not particularly useful, and actually installed in poor condition. There has been some trouble with the type of lights and lighting fixtures. Certain doors open inward that should open outward. Expensive locks were installed on doors, and had to be changed when the swing of the doors was changed. The whole building was glassed with ordinary glass. In certain areas shatter-proof glass had to be installed, replacing the ordinary glass at considerable expense. In certain areas there has been a considerable amount of settling which, in turn, has required repair. A large crack in one wall, in excess of one-quarter inch wide, was observed. For some reason, some of the walls are showing sedimentation through the paint; a whitish powder is soaking through the paint layer. The paint is showing deterioration in some places. The linoleum, particularly in the individual rooms in one area of the building, has turned in color, and in some places broken off. It appears uncertain as to whether this is due to activities of patients or to inferior quality linoleum. Baseboards have separated in the corridors and some of the rooms, and it again may be uncertain as to whether this is due to inferior quality or activities of patients. In each room, steam radiators are placed behind grills that are flush with the wall. It has not been difficult for patients to tear off the grills and burn themselves on the hot radiators. Consequently, it has become necessary to remove the radiators and grills completely from some of the rooms, and such rooms are heated only through the door from the adjoining hall. There are no rooms in the building that are especially constructed for violent patients. The average person does not conceive of the damage that can be inflicted on rooms by certain types of patients. On the second floor of the old, male ward building there are rooms lined with steel sheets reaching almost to the ceiling.

The Superintendent has indicated that the building has a number of desirable features and special equipment. However, he has indicated that some of the hardware or plumbing is not particularly suitable for the purpose; for instance, there has been trouble with faucets in

the sinks. There are some large, round, industrial type wash basins where several people can wash simultaneously, the temperature of the water is pre-set by an attendant, and the water is turned on by foot pedals. The trouble appears to have occurred on the small individual wash basins with plunger-type faucets, and however the faucets work, they cannot be readily destroyed or damaged by patients.

There are some special tubs for hydro-therapeutic baths for patients. At the time of inspection, one shower stall was damaged and another was out of order. It appears that toilet facilities are adequate. The furniture in the building is old, old pots are used for spittoons, and a few 10-gallon tins were noted in the rooms, said cans being used for toilet purposes. The Superintendent indicated that these were removed as fast as they were brought in but that they invariably crept back into the rooms from time to time.

The building has three day halls, two large and one small. The day halls are used for dances, movies, and church services. A room that was originally designed as a serving kitchen now has lavatory facilities installed as a result of a decision of the Superintendent to use one of the present dining rooms as a dormitory. The room will again be a serving kitchen when the new east wing is constructed.

The building has noticeably flat roofs, and it has been necessary to reroof one section because of leaks. It appears that the roofs will have to be constantly maintained in A-1 shape if there are to be no leaks from standing water.

The Superintendent indicated that there were preliminary discussions prior to the final drawing of plans, and discussions of the various phases of service and needs in the building. He indicated that the discussions were between himself, the architect, and the representative of the State Planning Board; that the architect was not a specialist on mental hospital buildings, and that he (the Superintendent) did not inspect and examine the building at regular intervals while it was being constructed.

EMPLOYEES' QUARTERS

Turning to the housing of employees, it has already been pointed out that some of the employees live in single rooms in the old, male ward building. Single female employees are housed in a brick building constructed in 1941, that appears modern and well kept. The rooms are furnished with neat, modern furniture; the beds are reasonably soft; and lavatory facilities are adequate. Another old building, the "stone house," erected in 1890, has small apartments for married couples, and is not particularly attractive. The stone house should be extensively renovated and modernized. In addition to the previously mentioned quonset hut, originally intended for the housing of mentally-ill children, the Mental Hospital has acquired two other quonset huts for the housing of employees. One of these is located near the Superintendent's residence and provides quarters for the assistant resident physician, when there is one, and quarters for the supervising nurse. The other is located in the farm building area at the east end of the property, and is occupied by the farm manager and the dairymen. The quarters in the quonset huts are modern, well kept, and satisfactorily furnished.

LAUNDRY

The laundry is located in an old brick building just north of the kitchen-bakery wing of the old ward building. Construction plans suggested by the State Planning Board indicate that this building will be eliminated and a new laundry building constructed due east of the heating plant. The present laundry building has a small exercise yard adjacent thereto, and contains the usual laundry machines and equipment. Most of the equipment is old and in need of constant repair. The washer is a used, wooden, barrel-stave machine that was obtained as surplus property approximately three years ago. Moving this machine will involve the knocking down of the barrel-stave structure of the cylindrical washer, and putting it together again. The machine appears to have only a few more years of use left in it. From the washer, laundry goes into an extractor which removes a certain amount of moisture, and from there into a dryer. The dryer is somewhat lightly constructed for the job, and frequently develops mechanical trouble. From the dryer, the laundry goes to a steam mangle that is 15 or 20 years old, and with a good overhaul, it might give fair service for six or eight years. Other ironing is accomplished by a small steam ironer or by patients working at ironing boards with hand irons. There are only two paid employees for the entire laundry, and they repair the machines as well as keep the installation running. At the present time, the average dry poundage in the laundry is approximately 970 pounds per week, on the basis of six days per week. At times, a peak load of 1,500 pounds of dry laundry is processed in a single day. The business manager has indicated that considering the weekly poundage and the fact that there are only two paid employees, the laundry operation definitely saves money for the Hospital, and that the cost would be far greater if the laundry were processed by private shops.

DAIRY BARN

In 1948, the Mental Hospital dairy barn was destroyed by fire, and the only piece of equipment saved was a valuable chopper. This immediately hamstrung the operation of the dairy, which is an important part of the economy of the hospital. In the case of such an emergency, the State Emergency Fund was utilized to defray part of the cost of the immediate reconstruction of the dairy barn. Under the supervision of the State Planning Board, a new concrete and metal dairy barn was constructed, completely fireproof, and with the modern and sanitary equipment necessary for complete operation of a dairy. The total cost of construction was \$31,406.73, of which \$112.50 (salary of inspector) was paid in error from the Hospital Building Fund as authorized by the Legislature to be expended for the construction of a new heating plant, ward building, outside services, etc. Of the remaining cost of \$31,294.23, the State Emergency Fund provided \$25,000 and fire insurance recovery \$6,294.23. However, \$4,662.21 was expended for the removing of two wooden buildings from the Reno Army Air Base to the grounds of the Mental Hospital. Quoting from the Legislative Auditor's report and audit of building projects of the Nevada State Planning Board, December 31, 1949, as follows:

On April 15, 1948, the sum of \$25,000 was provided by the

State Emergency Fund to construct a dairy barn to replace one destroyed by fire. In addition, on June 7, 1949, fire insurance recovery amounting to \$6,294.23 was credited to this fund.

At the end of 1948, the Controller's books showed an overdraft in this fund of \$1,202.75. The fund was permitted to be overdrawn in anticipation of fire insurance recovery forthcoming. On June 7, 1949, this recovery materialized in the amount of \$6,294.23, leaving a balance in the fund as of that date of \$5,091.48. On June 10, 1949, claims were presented by the Planning Board and paid, amounting to \$429.27 for construction extras and extra equipment. The balance in the fund at this point rests at \$4,664.21.

On June 30, 1949, this amount was expended on claims presented by J. O. Epperson, Business Manager of the Mental Hospital, and not by the Planning Board. The claims as presented by Mr. Epperson were to be charged to "Hospital Insurance Recovery Fund," but since no such fund existed on the books of the Controller, the amount of the claims was charged against the "Dairy Barn—NHMD Fund," the fund to which the insurance recovery had been credited. The invoices referred to are detailed below:

George Miller—

Trenching 75 feet at 30 cents per foot.....	\$22.50
---	---------

Rupert E. Borden—

Moving 100 x 25 house from airbase....	\$900.00	
Section house and moving boiler.....	300.00	
		1,200.00

Commercial Hardware Company—

Miscellaneous supplies.....	73.56
-----------------------------	-------

J. F. & D. E. Bevilacqua—

Concrete floor 40 x 57.....	\$541.00
Walls	699.94
Steel	28.00
Cutting and moving 4 sections.....	2,500.00

\$3,768.94

The total of this claim was changed to

and paid for	*\$3,366.15
--------------------	-------------

Total	\$4,662.21
-------------	------------

*The inference is that the amount of Bevilacqua's claim was reduced to a figure which would, when charged against the fund, leave no balance therein.

Inquiries have indicated that the above expenditures (with the exception of the first and third items) were made for the moving of two buildings from the Reno Army Air Base and subsequent additional work thereon.

On March 16, 1949, Senate Bill No. 217 was introduced in the Senate by the Committee on State Institutions. This bill was referred to the Finance Committee of the Senate and

died there. It provided for an appropriation of \$4,000 for the State Mental Hospital for the purpose of moving buildings from the Reno Army Air Base to the State Mental Hospital.

It is apparent, in view of the transactions outlined and the information submitted in the preceding paragraphs, that Mr. Epperson's belief was that the amount recovered from fire insurance could be used for purposes other than building the new dairy barn. This deduction is supported by the facts in the case. When insurance settlement was made in June 1949, Mr. Epperson assumed control of the expenditure of the balance remaining in the fund, although up to that point, the fund had been administered by the Planning Board. The question of the necessity of other improvements for which the money was expended is not an issue here. However, the sum of \$25,000 was provided for a new dairy barn to replace the one destroyed by fire, and it would appear that this amount was not to be augmented by funds from any other source. Nevertheless, the fund was credited with the amount of the fire insurance recovery, an act that in itself would indicate that the money was to be used for dairy barn construction. As before shown in this report, the greater portion thereof was spent for purposes other than the building of a new dairy barn.

The Business Manager has indicated that the loft of the old dairy barn that was destroyed by fire, was utilized for the storage of hay, grain, lumber, and incidental storage, and provided a tremendous space for general storage. He indicated that in discussing the dairy barn insurance recovery with the State Controller as ex officio Insurance Commissioner, the question was proposed as to whether the money could be utilized for the moving of the buildings from the Reno Army Air Base, provided that they would replace the storage space that had been previously available in the barn that was destroyed by fire. Such action was agreed upon, and claims incidental to the expense of moving, etc., were paid under the authority of the Board of Examiners and the State Controller.

One of the buildings is located just to the rear of and north of the heating plant one-quarter mile from the new dairy farm. Lumber, doors, chairs, tables, and a wide variety of tools, supplies and equipment of one kind or another, some of it utilized by the boiler house, are stored in the building. The other building is located adjacent to the chicken yard, and contains a small brooder plant for chickens in a room, some lumber, a few sacks of grain, two carpenters' work benches, and a few carpenters' tools and odds and ends.

While the writer never observed the items stored in the loft of the dairy barn, it appears that these buildings are used for general storage, and the reader can decide for himself whether the fire insurance recovery money from the dairy barn was properly expended. It is to be noted that the 1949 Legislature failed to appropriate the funds necessary to move the buildings from the Reno Army Air Base.

In 1947, a sanitarian with the Division of Public Health Engineer-

ing, State Department of Health, severely criticized sanitary conditions in and about the old dairy barn. It appears that with the construction of the new dairy barn, satisfactory solutions to those criticisms have been found. For instance, the sanitarian recommended that plans be made for the proper disposal of sewage and liquid waste. In the operation of the new dairy barn, the concrete floors and the troughs behind the milk cows are completely sluiced down following each milking operation and the floor scrubbed down. Liquid waste is sluiced through the troughs, and eventually finds its way into the English Mill Ditch, and on into the Truckee River. Manure is stacked and hauled away for fertilizer in various fields.

The dairy equipment in the new dairy barn is very modern and excellent. At the time that the new barn was constructed, a portion of the funds were used for new equipment which included a new pasteurizer, aerator, steam pressure sterilizer for cans, stainless steel equipment, a walk-in refrigerator, and adequate supply of utensils and facilities, a separate boiler for live steam and sterilization, sinks, and hot water facilities. Although under the same roof, the milk house is separate from the barn area where the cows are milked; there is a six-foot alley between the two. The people that do the milking never come inside the creamery and storage area. Cows are washed with hot water before milking. There is a completely separate toilet and lavatory facility. Milking is done entirely by milking machines. Containers are generally in good condition. Sterilization is accomplished in a sterilization chamber by live steam. Without entering the creamery area, milk is poured into a container and run through stainless steel pipes through the wall, and into an aerator where it is cooled to retard bacterial growth. From there it goes into a pasteurization unit, and thence through either a separator or into containers as whole milk, whichever is desired. The whole building appears to be clean, sanitary, and well kept.

SLAUGHTERHOUSE

In 1947, the sanitarian of the Division of Public Health Engineering recommended the construction of an approved slaughterhouse. This has not been done, primarily because for the last year and one-half all slaughtering has been done by custom slaughterhouses, either in Reno or at Minden. The slaughterhouse is constructed of wood, it has a cement floor, it has a large cement caldron for hot water, block and tackle, it has been painted inside and out, and scrubbed down, but could hardly be called a sanitary and adequate slaughterhouse. Immediately adjoining the slaughterhouse is a deep freeze walk-in refrigerator, used for freezing meats and other foods at a very low temperature. This refrigerator was acquired as surplus property, and has proven very valuable since it not only enables the preservation of foods for a longer period of time, but acts as a cushion between the acquisition of perishable foods and the time when they are actually served. For instance, poultry can be slaughtered at the proper time, and without regard to the time when they are consumed; the deep freeze makes it unnecessary that they be eaten shortly after they are slaughtered, and they can be preserved until the chef can conveniently fit them into a well-planned menu.

FARM BUILDINGS

There are scattered sheds and buildings around the farming area, such as horse barns, feed sheds for the dairy cows, chicken house, and hog pens. The chicken house is very old, too small, and completely inadequate. It has no floor, and the roof is almost completely disintegrated. The roof on the main horse barn is in a state of disrepair, and all of these various buildings should be completely rebuilt or torn down and new ones constructed.

STORAGE BUILDINGS

Under the supervision of the business manager, a new storage building for potatoes and vegetables has been constructed, with insulated walls and ceilings, and proper shelves and facilities for long storage of various vegetables, etc. This building is the best of its kind that the writer has seen, it was built with patient labor, and is a very fine addition to the facilities of the Hospital. There is another storage cellar for potatoes, it is of some size, and is a normal building of that type. A very good grain silo has been constructed from a tank obtained as surplus property.

SHOPS

There is a carpenter shop, a blocksmith shop, a plumbing shop, and a maintenance shop on the grounds. These contain a few power tools and other rough tools, but all good tools are kept in the boilerhouse of the heating plant and are not available to patients.

STORAGE BUILDINGS

There is an old brick building to the north of the laundry, the first floor of which is used for the storage of canned and dried foods, and the second floor of which is used for living quarters for patients and employee laborers on the farm. These quarters are very unsightly and in very poor condition, but it appears that the occupants will not live elsewhere.

Another old and small brick building, formerly used as a morgue, is now used for the storage of canned foods, soaps, etc. There are approximately 12 garages for the storage of automobiles belonging to employees, and for other purposes.

CEMETERIES

There are two cemeteries on the Hospital grounds. The use of the main cemetery was discontinued approximately three years ago, and is located in sand and gravel wasteland at the east end of the Hospital property. Of the many graves in this cemetery, only two can be identified by stone head markers; the rest have been stolen by vandals or disintegrated. A new cemetery with approximately 18 graves is located in an alfalfa field just to the west of the farm building area. The new cemetery is fenced, and is only maintained to extent of cutting the grass and alfalfa that grows within the area. The 1949 Legislature passed a law ordering the discontinuance of the use of both cemeteries, and at the present time deceased persons that are buried at the expense of the Hospital, are buried at public cemeteries in Reno, the details being handled by regular morticians.

ELECTRIC POWER

Turning to general problems and conditions relative to buildings and grounds, electric power for the use of the institution is provided by the Sierra Pacific Power Company, with large transformers located on the grounds of the Hospital. In case of power failure, there is an emergency stand-by power system operated by a Diesel engine and located in the boilerhouse of the heating plant, which will enable the heating plant and boilers to function, and which will in turn provide for emergency cooking in the kitchen, because 80 percent to 90 percent of all foods are cooked by steam. Any power failure in the summertime over a six-hour period would undoubtedly entail considerable loss of food that is stored in the various refrigerators both at the commissary and in the farm area. It is the opinion of the Business Manager that instead of installing an emergency system of providing power for all buildings on the grounds, small gasoline-operated power generating units strategically placed would provide adequate protection in an emergency, and would be much less expensive to purchase.

LAVATORY AND PLUMBING FACILITIES

As to the condition of sinks, bathrooms, toilets, and other plumbing facilities in the buildings generally, the Superintendent has indicated that there has been considerable improvement in these facilities since 1945. He has stated that the toilets in the hospital, at present, compare favorably with most institutions of this type. The Hospital has its share of plumbing difficulties, as has been illustrated previously in the discourse on specific buildings. In some of the buildings there is a shortage of toilet facilities, but those buildings have been in operation for many years, and there is some slowness in adding toilet facilities. In one ward there is only one toilet for approximately twenty patients. It appears that inadequate financing by legislative appropriation is the chief deterrent to providing additional facilities in the newer buildings. As already indicated, it would be an unwise expenditure of money to provide new plumbing and lavatory facilities in such buildings as the old ward building; it appears that the best thing to do is to tear down such old buildings completely.

FIRE HAZARDS

In 1949, the Board of Fire Underwriters of the Pacific prepared a report and recommendations on the Mental Hospital for the Nevada State Insurance Agents' Association. General recommendations on the institution as a whole were as follows:

- (1) That regular fire drills be held in all the buildings.
- (2) That a fire brigade be organized among the employees of the institution and drill regularly with the Sparks fire department for the purpose of becoming familiar with modern fire-fighting methods.
- (3) That fire-fighting equipment be provided at the institution. In view of the length of the run for the Sparks fire department and the possible delay due to the railroad crossing, a fire may gain considerable headway and serious loss of life result.

- (4) That auxiliary fire alarm boxes, connected to the Sparks city fire alarm system be installed on each floor of each building housing patients, or where employees are quartered.
- (5) That all supervisors be instructed in the use of first-aid appliances.
- (6) That a sufficient number of fire hydrants be installed so that hose lines from two hydrants can be directed on any building without laying more than 300 feet of hose from each hydrant.
- (7) That adequate fire escapes be provided on all buildings two stories or over in height.
- (8) That watchlock stations be located in all major buildings, shop buildings, laundry barns, and the like, where matrons are not on duty nights, and hourly rounds made to each key station.
- (9) That all the fire extinguishers be checked at regular intervals, the CO₂ gas type to be weighed, the carbon tetrachloride type to see that the liquid has not evaporated or used for some other purpose, and the soda-acid type to be recharged each year. A card showing the date of inspection should be attached to each.
- (10) That all doors be arranged to open with the line of travel at time of egress.

The Business Manager has indicated that the Hospital has complied with the recommendation relative to fire extinguishers. He indicated that there are now adequate fire escapes on all buildings (three new ones having been installed several years ago), with the exception of the female attendants' quarters, which would be a major project. He indicated that only five or six persons live on the second story of this building, that the height of the second-story windows is not more than 10 feet, that there are no patients in the building, and that there are no particular fire hazards since it is heated by steam from an outside source. The primary problem is to find enough money to construct and install the fire escape.

FIRE DRILLS

The Business Manager indicated that there are no regularly scheduled fire drills at the Mental Hospital, and fire drills are only held when requested by the chief of the Sparks fire department. He indicated that at one time, fire drills were attempted without the supervision of the Sparks fire department. A volunteer fire department was organized, composed of patients, but they became so engrossed in their importance that they were not only turning in false alarms in order to have fire drills, but they actually started fires with papers in various places throughout the grounds. As a result, the plan was abandoned with the full knowledge and insistence of the fire chief.

FIRE ALARMS

There are two fire sirens located on the grounds; one on the administration building, and another on one of the farm buildings in the farm area. There are several fireboxes located around the grounds. In case of an actual fire, the alarm is turned in at the nearest firebox and the siren sounds. Attendants are instructed to evacuate patients to the nearest feasible exit, with bed patients going first. As many patients as possible are evacuated into the exercise yards, and then as the nature and progress of the fire is determined, further steps can be taken. If the fire is a considerable distance away, the patients can

be readily returned into the buildings from the exercise yards. The Business Manager has indicated his opinion that the patients have less reaction to a fire than the attendants.

The Business Manager has stated that the new ward building is completely constructed of cement and steel, and is highly fireproof. It appears that only a comparatively small number of specific recommendations for each building have been carried out.

GENERAL CONDITION OF BUILDINGS

In summarizing the general condition of the older buildings, the superintendent has remarked as follows:

The central block of buildings consists of most of the original buildings that were constructed when the institution was established approximately 68 years ago. For various reasons, these buildings are in such a poor functional state, and are in need of so much repair, that it would hardly be practicable to consider repairs as a substitute for replacement. The whole block of buildings is far below any reasonable standard of utilization. They should be replaced. The new ward building has already replaced part of the use of these old buildings by moving the patients out of them. However, the commissary, the kitchen department, food storage, and other storage needs of the dining room for the employes are also tied in with these buildings, and cannot possibly be separated. Consequently, these facilities should be replaced by a new structure for the purpose. I would say that this should have a high priority in consideration for new construction. If we are to improve the employment situation for the nursing personnel, who are, after all, the backbone of medical services to our patients, there would be need for additional housing facilities for them. There is also, I believe, a great need for separate recreation centers for patients and for employees, which will reflect in a greater number of recovered cases. The location of our laundry is such that it is actually in the way of any development of an orderly plan of construction. The building is so old and in such a state of disrepair, and the equipment so antiquated, that I believe it would be highly desirable to construct a new laundry. If the Hospital should eventually become responsible for the care of mentally defective children in considerable number, then a new building should be constructed for the purpose. I believe that the needs of women patients can be met for a number of years, but the completion of the east end of the new ward building is quite urgent in order to make proper subdivision of our facilities and to take care of the increase in the number of admissions. I believe that the most immediate and pressing need is for a new central service building, including commissary, kitchen, bake shop, storage facilities, and dining rooms, and eliminating the old central ward building. The monetary saving on yearly repairs and maintenance of this old structure would be very large. The next item of priority, according to my estimations, is the additional housing facilities for personnel, in other words, in order to provide for eight-hour shifts, it would be necessary to have

additional housing facilities for attendants. In an offhand estimate of priorities, it appears that replacement of the laundry would be next, then completion of the new ward building, and finally the construction of a recreation center for the separate use of patients and employees.

OVERCROWDING

Turning to the subject of overcrowding, that certain report entitled "The Mental Health Programs of the Forty-Eight States," as issued by the Council of State Governments, remarks as follows on American mental hospitals:

At the present time, overcrowding is the most serious detriment to patient comfort and well being. * * * Comfort of the patient should be a primary criterion in planning any hospital building. Even greater emphasis is in order when ward buildings are considered. Space ratios, arrangement of rooms, heat, light, ventilation, colors, flooring, and type of trim are all important to the promotion of pleasant, or even satisfactory, living for the patient. * * *

To meet recognized standards, the dormitories should provide a minimum of 70 square feet per patient, and day rooms or living rooms a minimum of 50 square feet per patient. Single rooms should have a minimum of 80 feet of space. Each ward should provide one toilet for every eight patients, one lavatory for every six patients; one urinal for every 25 male patients. Toilets and lavatories should be separated. According to questionnaire replies, the ratio of toilets to patients in wards varies considerably. Over 100 hospitals reported some wards where there are 20 or more patients per toilet. In three hospitals, the highest ratio of patients per toilet exceeded 90 to 1 in some wards. On the other hand, 131 hospitals reported at least some wards where there are less than 10 patients per toilet.

In discussing overcrowding, the Superintendent remarked as follows:

The approved bed space for patients is not being provided at the Nevada Hospital. A recent examination made by the Medical Director of the American Psychiatric Association throughout the buildings impressed him as being quite satisfactory, yet considerably under the approved square footage per bed. * * * The trend in recent years to increased admissions certainly warrant the development of additional space, because there is bound to be overcrowding. We have to admit patients when the court orders them admitted, irrespective of available space. They cannot wait in turn as is done at general hospitals.

HEATING PLANT

The construction of a new heating plant at the Mental Hospital was authorized by the 1947 Nevada Legislature in the same Act that authorized the construction of the new, male ward building. In 1948, the construction of the new heating plant was completed under the

supervision of the State Planning Board, at a cost of \$172,999.66, of which \$850 was expended for salaries of the Secretary of the State Planning Board and the stenographer in his office. Details may be obtained from the Legislative Auditor's report on building projects under the jurisdiction of the State Planning Board. The old heating plant was located in a small, cellar-like building, located at the east end of the old ward building. The old boilers and burners had been giving trouble for some time. However, in the biennial report of the Nevada Hospital for Mental Diseases for the period 1945-1946, the Superintendent remarks as follows:

The replacement of the present central heating system by a more modern installation should be considered in the overall building program. * * * The present heating facilities, we have been assured, will be ample and effective for several years. The extra high-pressure boiler acquired from the Reno Air Base last year adds assurance of continuous heating service. The investment in repairs and replacement during the past year will be well repaid before a new heating system is installed.

The new boilerhouse is a well-constructed, fireproof, brick building located to the north of the new, male ward building. The boilerhouse contains two modern water-tube boilers and their accessories, designed to produce high-pressure steam to heat the buildings of the Mental Hospital, to operate the steam equipment in the laundry, and to operate steam cooking equipment in the kitchen. While one boiler is operating, the other is available for stand-by use; usually one of the boilers is used for about one and one-half months, and then the other is put into operation for a similar period, thereby evenly distributing the use of the two boilers. A Diesel powered generator is installed in the boilerhouse for use in case of power failure. Even though the regular power might be cut off for some length of time, the generator guarantees that there will be steam available for heating and cooking purposes at the Hospital, because it can generate enough power to operate the boilers. The generator was obtained as war surplus property. There must be an attendant at the boilers at all times while they are operating. During summer months, a boiler operates 16 hours a day, and during the early fall, 18 to 20 hours a day. For seven months out of each year, one of the boilers is operating 24 hours a day, and this means that there must be an engineer in attendance at all times. The Hospital employs three engineers with each one working an eight-hour shift.

The boilers will produce steam at a pressure of 125 pounds, but, at the present time, they are operating at 100 pounds. Up until recently they were operated at 75 pounds pressure, because it was feared that the old pipes throughout the institution would not stand the higher pressure. New mains were laid when the plant was constructed up to the old buildings, but, of course, it was not practical to renew all the old pipe in the old buildings and they were merely connected to the new mains. Sometime after the new heating plant was completed, it was discovered that the old boilers in the old boilerhouse had not been disconnected from the lines in the old ward building, and that heat

from the new heating plant was going through the lines and keeping the boilers hot in the old boilerhouse. The old boilers and piping are now disconnected, and no more heat is wasted in this area. It has been estimated by the chief engineer that this has reduced fuel consumption approximately 300 gallons per day.

The original intent, of course, was to eliminate the old ward building with its maze of old and disintegrating pipe, and with the piping in all the other buildings maintained in good shape, the boilers could be operated at pressures and efficiencies for which they were designed. It is to be noted that steam laundry equipment operates at maximum efficiency at steam pressures of approximately 100 pounds.

It appears that employees and patients have been considerably disturbed by hammering in the steam pipes when the heat is turned on. This is caused by sagging pipes inside the buildings that collect water, and when the hot, high-pressure steam hits the water pockets, the water is forced through the pipes, striking elbows and the inside of pipes with a sound resembling that of a hammer blow. This can only be eliminated by various pipe renovations in the buildings that would eliminate water pockets.

It appears that the engineering staff are capable of running the plant, and they do almost all of their own maintenance and repairs. All of the incidental equipment and accessories appear to be new and in good shape. It appears a good job of piping and steam-fitting was done when the plant was constructed.

There are two 10,000 gallon oil tanks located in the ground to the east of the new boilerhouse. Oil is brought in by a truck and trailer hauling approximately 5,000 gallons to the trip. The Mental Hospital alternates its purchases of oil from local distributors; it has no contracts with the oil companies directly. Under present conditions, the making of such contracts would not save money for the Hospital. The oil is obtained just as cheaply through the local distributors, who merely place the orders at the refineries, and the oil is shipped directly in tank trucks. At the present time, oil costs the Hospital approximately \$3.02 per barrel of approximately 42 gallons, with \$1.85 for the actual cost of the oil and \$1.17 for hauling charges. During the fiscal year 1949-1950, the Mental Hospital expended \$18,145.66 for fuel and \$7,787.60 for salaries of engineers to run the heating plant. In addition, the engineers received maintenance at the institution.

The consumption of oil varies with the seasons. During January 1950, the plant consumed 36,114 gallons of oil which was a daily average of 1,165 gallons, and 48.54 gallons per hour on a 24-hour basis. As the weather becomes warmer, less oil is consumed. For instance, in November 1950 the average consumption was 714.2 gallons per day.

It appears that the boilers are too large for the need at the institution and their type is not suited to conditions. At 100 percent capacity, these boilers will each generate 11,000 pounds of steam per hour, with a combined total of 22,000 pounds of steam per hour, but the needs of the Mental Hospital at the present time require, on the average, a capacity of only 5,000 pounds per hour. Projecting into the future, the maximum laundry needs would be for 3,500 pounds per hour; maximum kitchen and sterilization needs, 1,000 pounds per hour; and maximum heating needs, 2,500 pounds per hour. From this, it is

obvious that the plant is not suited to the job, and that it cannot be operated on an economical level equivalent to the work load. Working near its capacity, and handling the type of load best suited to the equipment, the boilers will produce steam economically but, with the present load, it cannot be operated as cheaply as another type of plant. The initial cost of the plant was approximately \$173,000, the salaries of three around-the-clock operators total \$505 per month plus maintenance, the plant consumes on an average throughout the year of approximately 900 gallons of oil per 18 hours, at a cost of approximately 6.1¢ per gallon. Other supplies, at the minimum, cost approximately \$2.50 per day.

Using this same building, which actually has room for three boilers, and cost approximately \$40,000, three combination high-pressure, low-pressure fire-tube boilers could have been installed for approximately \$55,000, complete; said sum being estimated on the basis of current prices in 1948, the year when the heating plant was constructed. The total cost of such an installation at that time would have been \$95,000, total steam capacity would be 22,500 pounds per hour, the capacity of one boiler operating at a time would be 7,500 pounds per hour (a figure closer to the actual needs of the Hospital), and oil consumption would not exceed 750 gallons for an average 18-hour day. Fire-tube boilers cost less to purchase than water-tube boilers, and they are adequate for a plant intended to be used primarily for heating purposes. Water-tube boilers are best for power-generating purposes. The fire-tube boilers must use oil that costs $\frac{3}{4}$ ¢ more per gallon than the oil used by the present water-tube boilers, but since consumption would be less, the total cost would be less. The proper type of boilers could be operated at low pressures for heating purposes, and at high pressures when kitchen and laundry steam is needed.

Low pressure operations not only consume less oil, but constant attendance by engineers is not necessary, since such operations can be made largely automatic. An installation such as that described above could be operated by one engineer and a maintenance man. In addition, repair and maintenance costs are less, as the cost is less to replace the tubes in a fire-tube boiler than in a water-tube boiler.

The following table compares installation and operational costs:

	Present plant	Possible design
Initial cost	\$173,000	\$95,000
Steam capacity	22,000 lbs.	22,500 lbs.
Salaries per month.....	\$505 plus maintenance	\$320 plus maintenance
Oil consumption		
per day	900 gallons at 6.1¢ equals \$54.90	750 gallons at 6.9¢ equals \$51.75

An examination of Appendix C shows that fuel, light, and water amount to a very high proportion of the total expenditures of our Mental Hospital; in fact, about the highest of any in the United States. The national average in 1948 was 6.4 percent, as compared to 10 or 11 percent at the Mental Hospital, and while recent figures from other States are not available, it is reasonable to assume that the percentages are still quite similar.

Consequently, the Mental Hospital finds itself in the position of

having a very fine heating plant that is too large and too costly to operate in the light of its needs. Is there any solution? One possibility might be to install a small package-unit boiler that would provide steam for kitchen and laundry purposes during the warm seasons, and thereby eliminate the costly operation of a large boiler during those months. Also, the engineering staff could be reduced during the summer season. It has been estimated that such an installation might be made at a cost of \$16,500, assuming that materials would be available. It has been estimated that the savings in salaries and fuel would pay for the installation in approximately four years, and the total operating cost of the heating plant would be correspondingly less.

The suggestion has been made that power generating units be installed, and that the Mental Hospital generate its own power with the excess capacity of the boilers, and put them to the use best suited to their design. However, it is the concensus of opinion of most of the officials at the Hospital that the installation and operational cost would prohibit such a project. It has been indicated that a new but small building might be needed to house the engines and generators, the units would cost approximately \$30,000, an extra full-time man would be needed, and 300 or 400 gallons of extra oil would be consumed every 24 hours. It is believed that such a project would equal or exceed the \$6,000 a year expended by the Hospital for power. An additional 350 gallons of oil per day would cost approximately \$9,000 per year, and the salary of another man would amount to some \$2,100 per year, with maintenance in addition.

CHAPTER III

ORGANIZATION AND ADMINISTRATION

LEGAL PROVISIONS

It appears that the most accurate and concise method of describing the administrative organization of the Nevada Hospital for Mental Diseases is to quote certain excerpts from the law. Sections pertaining to administrative organizations read as follows:

SEC. 3. A board of commissioners, for the purpose of providing for the care and maintenance of the indigent insane of the state, is hereby created to consist of the governor and of four members to be appointed by him. Of the first members of said board to be appointed two shall be appointed for a term of two years and two shall be appointed for a term of four years, and, thereafter, all appointments shall be made for a term of four years. The governor shall have the right, at any time, to remove any or all of the members of said board whenever, in his opinion, such action may be justified. Two of the appointive members of said board at all times shall be physicians and surgeons licensed to practice in Nevada.

SEC. 4. A majority of said board shall constitute a quorum for the transaction of business.

SEC. 5. The board of commissioners as named in this act shall have full power and exclusive control of and over all the grounds, buildings, property, and inmates of the hospital, and shall furnish or cause to be furnished all needful supplies, provisions, and medicines for the care of the insane, and have charge of all other matters connected with the institution. They shall establish such rules, regulations and by-laws for the government thereof as they may deem proper. The board of commissioners shall cause to be kept a record of their proceedings, which shall at all times be open to inspection by a committee of the legislature. During the first week of the session a report shall be submitted to the legislature, showing the annual receipts and expenditures, the condition of the hospital, number of patients admitted during the year, number remaining in the hospital at the date of the report, and all matters touching the general affairs of the institutions as they may deem proper, and shall from time to time visit the hospital, examine into its affairs, condition, government, and make a thorough inspection thereof.

SEC. 6. The board of commissioners shall elect a physician, who shall hold a degree of doctor of medicine from an accredited medical school, if a qualified psychiatrist is available, who shall be the resident physician of the hospital, and who shall serve at the pleasure of the board and under its direction. The resident physician shall live at the hospital in quarters to be furnished, shall devote his full time to his position, and not engage in private practice, and shall receive as

annual compensation therefor the sum of six thousand six hundred (\$6,600) dollars per year, and in addition thereto shall be entitled to living quarters and household provisions and supplies and such other facilities and accommodations as are available at the hospital.

(a) There shall be a resident assistant physician, holding a degree of doctor of medicine, to be chosen by the board, and shall serve at the pleasure of the board. The salary of said assistant shall be fixed by the board and shall not exceed the sum of four thousand (\$4,000) dollars per year, and in addition thereto he shall be entitled to living quarters and household provisions and supplies and such other facilities and accommodations as are available at the hospital. He shall devote his full time to his position, and shall not engage in private practice.

(b) The resident physician of said hospital shall cause to be kept a fair and full account of all medical affairs, and submit monthly reports to the board of commissioners under rules and regulations provided by the board. He shall perform neurological and psychiatric examinations at the state prison, state orphans' home, and state industrial school when requested by the superintendents of these institutions. He shall have standard medical histories kept up to date on all patients, and shall administer the accepted and appropriate treatment to all patients under his care. He is authorized to undertake any diagnostic, medical, or surgical procedure in the interest of the patient and may give the required consent to a surgical operation upon any incompetent on behalf of the patient, where there is no known kindred or other person with legal authority to give such consent; provided, the decision to perform such surgical operation shall be arrived at only after consultation and approval of at least two other physicians and surgeons licensed to practice in this state.

(c) The board shall employ a business manager, which shall be a full-time position, who shall serve at the pleasure of the board and be paid a straight salary not in excess of four thousand two hundred (\$4,200) dollars per year and such maintenance as may be determined by the board.

The business manager shall conduct all business pertaining to the hospital under rules and regulations adopted by the board of commissioners. The business manager shall cause to be kept a fair and full account of the entire business operations of the hospital and submit reports to the board of commissioners when so requested.

(d) The board shall have power to appoint either the resident physician, the resident assistant physician, or the business manager, as the superintendent of the Nevada Hospital for Mental Diseases and designate by rules and regulations, the duties and authority of said superintendent, but no additional compensation shall be paid to the superintendent.

SEC. 12. All sums due for the support, care and clothing

for the insane, and all other needful expenses of the Nevada hospital for mental diseases, shall be certified by the board of commissioners of said Nevada hospital for mental diseases, and approved by the board of examiners, and audited by the controller, and paid by the state treasurer out of any moneys in the state treasury appropriated for that purpose.

SEC. 17. The expense of transporting indigent insane persons from the various counties of the state, to the said Nevada Hospital for Mental Diseases shall be a charge upon the state, and shall be paid out of the funds appropriated for the support of said Nevada hospital for mental diseases.

In 1949, the Nevada Legislature enacted a law prohibiting any further use of cemeteries located on the Hospital grounds. Section 2 of this law seems to supersede section 6(b) as stated above, said section 2 reading as follows:

SEC. 2. The board of commissioners of the Nevada hospital for mental diseases shall appoint some one person, either the resident physician, the resident assistant physician, or the business manager of such hospital as the superintendent of the Nevada hospital for mental diseases, and shall designate by rules the duties and regulations of such superintendent.

ADMINISTRATIVE ORGANIZATION—BOARDS

An examination of the aforementioned sections indicates that the Board of Commissioners is a hybrid board composed of the Governor, serving in an ex officio capacity; and four laymen appointed by the Governor, serving without pay on a part-time basis. There are many types and varieties of boards in government, and the Board of Commissioners is an example of the administrative type of board with full power and authority over the administrative functions of the Mental Hospital. This is proven by the wording in section 5, which specifically gives the Board full power and authority over the institution; by the wording of section 6, which authorizes and directs that the Board make appointments; by the wording of section 12, which requires that all expenditures be certified by the Board; and by the wording of section 6(b) and section 2 of the 1949 law, which authorizes the Board to define duties and authorities of the Superintendent. Administrative authority is determined by matters of control, appointments, the ability to certify claims for expenditures, and the ability to define duties and authorities. While in actual practice it appears unusual for the Board to exert influence on the appointment of ordinary employees; nevertheless, it is obvious that if the Board desires that the Superintendent or Business Manager hire or fire lesser employees, their wishes are going to be carried out, otherwise the Superintendent or the Business Manager might lose his own job. All this fulfills all of the requirements of a full-fledged administrative board in government. It is interesting to note that almost all claims for expenditures of hospital funds are approved by the Business Manager or the Assistant Purchasing Agent instead of by the Board as required by section 12, and hence may be a violation of that section of the law.

It is interesting to note the remarks of Mr. Austin F. MacDonald, eminent authority in the field of public administration, relative to the functions of boards in State government. In his recent volume, "American State Government and Administration," Fourth Edition, Thomas Y. Crowell Company, New York (1950), Mr. McDonald remarks as follows:

Whenever a state undertakes a new function, it must decide whether the task of administering that function would be entrusted to a single individual or to a group of individuals who exercise authority jointly. The singleheaded department or bureau has certain obvious advantages. To put control in the hands of one person is usually to get action. Moreover, responsibility is more easily fixed. If the work of a singleheaded department is improperly done, everyone knows where to place the blame. There is no possibility of evasion. And, conversely, the credit for good work can readily be fixed and rewarded. When a board or commission assumes control, however, everything is changed. Responsibility is no longer centered in one person, but is diffused among five, six, or a dozen—as many persons as the commission has members. It is impossible to determine who is to blame for maladministration.

Another good reason for preferring individuals to boards is that the singleheaded department plan is more likely to lead to the performance of administrative duties by technical experts. Even though a board is composed of laymen who admittedly have no understanding or appreciation of the problems involved and must therefore hire a trained administrator to carry on the day-to-day routine, there is seldom a disposition to give the administrator a free hand in the performance of the work for which he has been employed. Members of the board, forgetful or careless of their ignorance, are likely to interfere with every detail. They may, and often do, insist upon examining the persons whom the administrator has selected as subordinates—or, worse still, appointing their friends and followers to the important positions. This is not just a theoretical danger; long and bitter experience has shown that it is a common trend in the field of American public administration. * * *

Although reference is made to boards and commissions versus singleheaded departments, it must not be assumed that these separate types of administrative organization are mutually exclusive. It is not at all necessary, or even desirable, for a State to depend entirely on individual department heads or to put its trust completely in boards and commissions. Concerning any one function of government, a choice between an individual and a board or commission may be necessary; but when the manifold activities of State government are considered, it may seem best to entrust some of them to boards and commissions and others to departments presided over by individuals.

In every instance the test lies in the nature of the agency's

work. Its task may be quasi-legislative—that is, resembling the work of the legislature. In other words, it may find itself concerned chiefly with the determination of policies, in the form of rules and regulations that do not differ greatly from the statutes enacted by the legislature at every session. Therefore, it should be organized for deliberation rather than for action; its work should be entrusted to several persons instead of to one.

Another agency of the State government may perform quasi-judicial functions—functions that resemble those of a court. It may sit as a court, hear witnesses, take testimony, and render decisions. A workmen's compensation board of a public utility commission answers this description perfectly. True, the findings of such a board or commission are subject to review by the courts, but this fact does not alter the judicial character of its work. The decisions of courts of first instance are also subject to review. Now, an administrative agency that is performing quasi-judicial functions also lends itself readily to the commission type of organization; impartial justice can best be secured by the meeting of trained minds. That the majority of State agencies are not concerned chiefly with the performance of quasi-legislative or quasi-judicial duties. Their most important task—often their only task—is to execute the policies that they receive readymade. Obviously they should not be hampered by the needless discussions and delays that characterizes board administration. Action is their primary need, and they should be organized to produce results promptly. That is simply a way of saying that individuals, rather than boards or commissions, should be placed in control.

Few States have made any serious attempt to apply the general principle that a board or commission should be used for deliberation and a singleheaded department for action. Usually they have accepted a very different premise: "When in doubt, establish a board or commission." The result has been a veritable epidemic of multiple-headed agencies—an epidemic that is spread from coast to coast and has not yet been brought under control by the advocates of sound administrative organization. The disease has assumed a more malignant form in some States than in others, of course, but nearly every State has placed under board control some activity that could be better administered by the singleheaded department.

Strangely enough, however, there are relatively few instances of departments with individual heads administering functions that ought properly to be assigned to boards or commissions. The States have pinned their faith to the board idea. Time after time that faith has been rudely shaken. Government has stood still while some board deliberated, or merely waited for a quorum; it has suffered from the mistakes of board members who did not understand their role as amateurs. But always the faith in boards has risen triumphant above the lessons of experience. For the people

of the United States, despite their oft-repeated boast that they have practical men and women, find it extremely difficult to change their theories of government. * * *

EX OFFICIO BOARDS

One of the most ineffective devices yet conceived for the performance of administrative duties is the ex officio board—that is, a board whose members serve by virtue of holding certain designated offices. The State board of pardons, for example may be composed of the governor, the lieutenant governor, the director of welfare, and the attorney general. Some States make widespread use of ex officio boards, apparently regarding them as a cheap means of carrying on necessary administrative activities.

The governor is frequently made a member of numerous boards—probably on the assumption that the State's chief executive ought to be in direct contact with all State activities. If he takes the obligations of board memberships seriously, he is likely to find a major portion of his time consumed by board meetings. His efficiency as an executive inevitably suffers. If, on the other hand, he consistently absents himself from board meetings and takes no part in the determination of board policies, he cannot fairly complain that the other board members have ignored his wishes. And every board of which he is a member is handicapped by his absence.

We expect too much of the governor when we ask him to serve on boards of every description in addition to his other numerous duties; we make it literally impossible for him to do everything well. The same reasoning applies to other State officials, or less obviously. They too have been assigned numerous duties by constitution or statute, and ought not to be overburdened with ex officio board memberships.

There is still another objection to ex officio boards; members cannot be chosen with special reference to their fitness for the work to be done. Thus the lieutenant governor may be required to serve on the board of health, the pension board, the board of education, and a dozen others—not because he knows anything about public health or pensions, or education, but because his other public duties consume only a small portion of his time. The ex officio board is at best a haphazard means of administering State affairs; at worst, it results in flagrant partisan interference with public administration.

HOSPITAL BOARD OF COMMISSIONERS

The effect of section 6 of the mental hospital law is to divide the administrative responsibility of the Mental Hospital seven ways; that is, between the five members of the Board, and the Superintendent, and the Business Manager. The net result is that it is very easy for everyone to be working at cross-purposes, for dissension and difference of opinion to destroy administrative effectiveness, and the administrative organization to suffer accordingly, to the detriment of the

patients and everyone else concerned. The effect of section 6(b) and section 2 of the 1949 law is to leave the way open for the appointment of a superintendent by the Board who may not have any medical or psychiatric qualifications whatsoever. This would violate a settled principle in the administration of mental institutions in the United States, and the Nevada Hospital for Mental Diseases is almost the only institution in the country where such a thing is possible. However, it is an undisputed fact that just because an individual is a qualified medical and psychiatric practitioner, that is no guarantee that he will be an expert institutional administrator, especially in the field of mental institutions. This idea, of course, is to have an administrator who satisfactorily combines all three qualities. An examination of salaries paid such individuals in other States indicates that such individuals should receive a salary approaching double the amount presently authorized for the Superintendent of the Mental Hospital by the laws of Nevada.

MEDICAL DEPARTMENT AND BUSINESS DEPARTMENTS

The effect of section 6 is to divide the actual operation of the Mental Hospital into two parts, namely, the medical department and the business department. The medical department is under the authority of the resident physician, who has been designated as Superintendent by the Board, and the business department is under the authority of the Business Manager. The two departments, with their heads and their staffs, hold themselves aloof from each other; there is little coordination or approach to various problems; and personal feelings and animosities between individuals in the two departments have been on the border of open explosions on a goodly number of occasions. But, in many instances, the fields of operations of the two departments overlap. As stated in a brochure issued by the Nevada Taxpayers' Association:

Meal planning has been assigned as a function of the business department, yet the type of food served is a medical problem as well; not only from the standpoint of proper diet but from the point of view of therapy. The maintenance of buildings is a function which one would normally expect to be purely a function of the business department rather than a medical problem, yet here, too, a clearcut line is impossible to draw. In one instance, for example, the business department repaired some hospital wards, yet the medical department, having no previous knowledge of colors that were used, insisted that the final result (olive drab) was unsuitable for mental patients. The resulting repainting, not once but several times, was not only a matter which accentuated differences between the two divisions of the hospital but resulted in increased cost as well. There are numerous other examples of the differences between these two very artificial divisions existing at the Hospital. The use of inmate help has led to serious differences of opinion. The business department of the Hospital has viewed such help from the standpoint of dollars and cents savings; the medical department from the view of therapy.

It must be clearly set forth that no one individual or group of individuals connected with the Mental Hospital is responsible for this situation. The end result is due to a combination of many things. But, people cannot do good jobs unless they have good tools with which to work, and the first and primary tool is a sound administrative organization set up by law. The 1947 Nevada Legislature enacted the present administrative organization of the Hospital, and it is apparent that a new law is needed to correct the flaws apparent therein.

STAFF

According to a survey made by the writer in March 1950, the paid staff of the Mental Hospital consists of 59 persons, with 21 being employed by the business department, and 38 being employed by the medical department. Salaries range from the \$550 per month paid to the resident physician as Superintendent, to the \$100 a month paid to the gardener, the irrigator, and new and inexperienced attendants. All employees receive board and living accommodations in addition to their salaries, unless otherwise indicated in the tables in the chapters on the business department and the medical department. The Mental Hospital spends approximately \$9,000 per month for salaries, or approximately \$108,000 per year.

Approximately 46.3 percent of the total expenditures of the institution are for salaries. The 1949 Nevada Legislature appropriated sufficient funds as to allow the expenditure of approximately \$126,000 per year for salaries. Almost three times as much money was expended for salaries during the fiscal year 1949-1950 as was expended during the fiscal year 1938-1939. The Federal Security Agency of the U. S. Public Health Service has compiled some valuable statistics on Mental Hospitals in the United States. Statistics for the year 1948 (the latest year for which comparative statistics with other hospitals are available), indicate that within that year the Nevada Hospital for Mental Diseases expended 40.6 percent of its total expenditures for salaries. During the same period the national average was 54.8 percent, and range from a high of 66 percent in Michigan, to a low of 30.3 percent in Tennessee. It appears that Nevada is in the lower bracket with most of the southern States in this regard, and is paying either too low salaries, or using an extraordinary high ratio of patient help, or that the institution is understaffed with paid employees. In 1948 the Nevada Hospital for Mental Diseases had 6.1 patients for each full-time employee, when the national average was 5.2 patients for each full-time employee, and ranged from a high of 9 patients for each employee in Tennessee to a low of 2.6 patients for each employee in the District of Columbia. In that year, the average number of daily resident patients at the Mental Hospital was 361. At the present time, there are approximately 367 patients in average daily residence at the hospital. The adequacy of care received by patients in any hospital largely depends upon the relationship between the number and type of well-trained personnel and the number of patients under care. This relationship may be crudely expressed in terms of the average number of patients served by each full-time employee. The variation from hospital to hospital, however, and the number of employees not directly

associated with patient care, such as farm workers, etc., would affect the meaningfulness of such ratios. The ratio of patients to total employees is not as meaningful as the ratio of patients to employees of specific occupational groups, and especially employees in the medical department. The chapter on the medical department will endeavor to analyze this problem more fully.

CHAPTER IV

THE BUSINESS DEPARTMENT

STAFF

The following table indicates the number, title, and salary of employees of the business department as of March 1950. It is to be noted that all the employees are provided with board and living accommodations in addition to their salaries unless otherwise indicated.

Number	Title of position	Salary per month
1.....	Business manager†	\$350
1.....	Assistant purchasing agent*.....	225
1.....	Bookkeeper*	250
1.....	Chief cook*	215
1.....	Second cook	185
1.....	Third cook	185
1.....	Baker*	225
1.....	Chief engineer	180
1.....	Second engineer*	175
1.....	Third engineer	150
1.....	Farm manager	175
1.....	Dairyman	170
1.....	Carpenter*	200
1.....	Laundryman	130
1.....	Laundress	125
1.....	Maintenance man	160
1.....	Relief maintenance man	150
1.....	Road attendant	150
1.....	Night watchman	135
1.....	Gardener	100
1.....	Irrigator	100

21

*Do not live on grounds, and eat lunch only at the hospital.

†Buys most of food at up-town store, and Hospital pays up to \$100 of the bill. Does not live on grounds.

The Business Manager indicated that the original theory, years ago, was that all employees were to live and eat at the Hospital. Consequently, at the present time, employees who do not live on the grounds have been allowed to take some food home. The amount allowed to be taken varies. The Superintendent declares that no one should be allowed to take food home or away from the grounds except in those cases authorized by law. Details may be obtained in the office of the Legislative Counsel Bureau.

DUTIES OF BUSINESS MANAGER

The business manager is the immediate administrative director of the business department, and, as such, has immediate supervision of the staff of the business department, and hires and fires employees in the business department. He meets the various staff problems such as leaves, illness, neglect of duty, etc., that may arise within the department. The business manager supervises the maintenance and repair of all buildings and equipment and supervises various plumbing, heating, sewage, electrical, painting, cleaning, and fumigation jobs that may arise in the institution. He is the supervising authority over farm, dairy, laundry, heating plant, and kitchen operations. The business

manager purchases all food, clothing, supplies, and equipment for the hospital and commissary. He is in charge of the commissary, and directs all commissary procedure and inventories. He supervises the bookkeeping and the compilation of statistics for the business department.

DUTIES OF ASSISTANT PURCHASING AGENT

The assistant purchasing agent is the right-hand man of the business manager, and has complete authority over the business department when the business manager is absent. The assistant purchasing agent has been given the authority to sign claims on the Hospital funds in the absence of the business manager. He has authority to dispense supplies and equipment from the commissary, and to hire and fire employees when the business manager is absent. The business manager has stated that the position is very necessary to the efficient operation of the department, but the Superintendent believes that the position is unnecessary or at least that it should be combined with the duties of the Road attendant.

DUTIES OF CHIEF COOK

The chief cook is in charge of the kitchen, and is assisted by a second cook and a third cook. In addition, he has a number of patient assistants working in the kitchen on a variety of chores. The duties of the first cook are many, and include the preparation of menus from day to day and week to week, the requisitioning of the different foods needed from day to day, the supervision of procedure in the kitchen and the operation of the equipment therein, the canning of a quite large amount of fruits and vegetables every year, the preservation of hams and bacons in proper solutions, the supervision of refrigerators in the kitchen area and the deep freeze located adjacent to the slaughterhouse down in the farm building area, and is generally an important and key man in the operation of the institution.

DUTIES OF FARM MANAGER

The farm manager has immediate supervision of the farming area, the fields, and the over-all farm and dairy operations. The duties of running a farm are almost too numerous to mention, but include such things as supervising the patient help that does the chores about the farm and works in the field; the harvesting of the crops; the planting; tending, and harvesting of the vegetables in the gardens; the maintenance and repair of the farm buildings, fences, and farm equipment; the maintenance of the ditches; the feeding and care of the livestock and poultry, etc. The efficiency of the farm manager has a direct bearing upon the nature, the quality, and quantity of food available for patients and employees, as well as a direct bearing upon the cost of running the institution. The more food that is produced on the farm, the less is necessarily purchased in the open market. Consequently, the job is an important one.

DUTIES OF CHIEF ENGINEER

The chief engineer is in charge of the newly constructed heating plant, that cost approximately \$173,000; and not only does he have an expensive installation under his direct care, but he is responsible for

providing heat for almost the entire institution, as well as the steam necessary for the pressure cookers in the kitchen which cook the biggest proportion of the foods prepared in the kitchen. Steam is necessary to operate the laundry. He has two assistants who help him and keep the plant running around the clock.

PATIENT HELP

Speaking of patient help generally, none of the patients at the Mental Hospital are forced to work, and none of them have to show up for work at any time if they are not inclined to do so. They are aware of the situation and work accordingly. Who usually decides whether patients are to work or not? Ordinarily, the supervising nurse will report to the farm manager that she believes she has a certain patient available to work on the farm. Then, the patient is approached with the question, "Would you like to come and work on the farm?" and they say either "Yes" or "No" and that ends it. There are approximately 25 patients that work around the farm and the dairy from day to day. It is impossible to estimate the amount of work that they might accomplish, or to be certain that it will be accomplished at all. One man might do a half-hour's work in an entire day, and there might be five men that were expected to work on a given day and did not show up at all. The man in charge of the truck garden is an ex-patient who is now a paid employee of the Hospital, and who has been at the institution for 25 years. He does the actual seeding, with the help of the farm manager, and assists with the irrigating.

There are patients that work in the laundry, and clean up the yards and grounds, clean and maintain rooms in the buildings, paint, do mechanical and carpenter work, haul the garbage, and do the hundreds of odd jobs that are necessary at such an institution. Most of them work seven days a week, and some of them, like the milkers, get up every morning at 3:00 a. m. The general attitude of the business department is that if something extra can be done for these people, they will make every attempt to do it. For instance, a special effort is made to see that the women in the laundry get a little candy once a week. There is no forced labor, and if patients do not work when requested, they still receive the same treatment as the others.

Up until a year ago, the Mental Hospital endeavored to keep a regular paid maintenance painter on the job all the time, but the job was finally discontinued as a result of lack of funds. As a result, patients are doing all of the painting at the institution. It appears that a reasonably good job is being done on outside work. Obviously, the quality of the work depends upon the individual patient, and some of the inside work could hardly be called an expert job. However, in one case observed by the writer, the paint appeared to have been applied as smoothly and neatly as might have been done by a professional.

All this adds up to the fact that the patients themselves are contributing a great deal of time and labor to the operation and maintenance of the institution, and that the cost per patient of operating and maintaining the Hospital is far less than in an ordinary medical center where paid employees must do all of the work.

CROPS RAISED ON FARM

Turning to farm operations, there are approximately 90 acres under cultivation at the present time planted to either alfalfa or grain. Seven tons of wheat were raised and fed to the chickens, hogs and animals on the farm last year. The rest of the land is either pasture or truck garden. Last year the truck garden produced approximately 65,000 pounds of potatoes, 2,200 pounds of beans, 17,000 pounds of carrots, 160 pounds of peas, 1,000 pounds of lettuce, 200 pounds of green onions, 100 pounds of radishes, 3,000 pounds of rhubarb, 3,000 pounds of spinach, 15,000 pounds of squash and pumpkins, 12,000 pounds of turnips, 3,000 pounds of peppers, 6,000 pounds of cabbage, 300 dozen ears of corn, 1,000 pounds of cucumbers, 10,000 pounds of parsnips, 21,000 pounds of tomatoes, 150 pounds of garlic, 100 pounds of dill, 2,000 pounds of beets, 22,000 pounds of dried onions, 200 pounds of Swiss chard, and 3,000 pounds of rutabagas. In addition, there are 500 to 600 pounds of apples raised every second year.

The truck garden is scattered somewhat over the property because the crops are rotated from year to year. Patient help provides most of the labor, with approximately 25 patients working around the farm and the dairy every day. The Business Manager indicated that farming operations show a monetary profit and will continue to do so as long as there is sufficient patient labor.

FARM EQUIPMENT

No gasoline-powered equipment is used on the farm because of the danger involved when said equipment is operated by patients. The Hospital has eight horses to pull farm implements used in the fields. The Hospital has no farm tractor (it does have a small surplus property tractor for moving equipment in the yard), but it has practically every type of farm implement needed for cultivation of the fields with the exception of a binder and thresher. The threshing of wheat or oats is contracted, and depends on the acreage to be threshed. The farm implements appear to be 10 or 12 years old, but kept in a fair state of repair. The only new farm implement is a small hand cultivator—a single row cultivator, and according to the Business Manager is the only new farm implement that has been purchased during the last six or seven years. The implements are repaired at the small blacksmith shop, and the average employees can do whatever blacksmithing and maintenance work are needed. If the work becomes very technical, it is taken to commercial shops in Reno or Sparks. The Hospital has a welding outfit and does 99 percent of its own welding at the present time. The welding outfit is located in the boilerhouse, but is available for the use of any of the paid personnel, such as the maintenance men.

DUTIES OF DAIRYMAN

Turning to dairy operations, while the farm manager is in over-all charge of agricultural operations at the Mental Hospital, he has a dairyman to help him take care of the dairy, and the dairyman is the only other paid employee on the farm proper. The dairyman is not only in charge of the dairy, but he acts as a relief man for the farm

manager during those periods when the manager is away on vacation or when he is engaged away from the grounds. The dairyman is directly responsible to the farm manager, and, he in turn is responsible for the dairy including the creamery. It is the duty of the dairyman to feed and care for the milk cows, to see that they are properly milked at regular intervals, and to watch their health and well being.

DAIRY HERD

The Business Manager has estimated that approximately 80 percent of the milking stock are good producers at the present time. Approximately three or four years ago a veterinarian examined the herd for sterility and age, and his report indicated that better than half the herd had an age of more than 12 years, and production was very poor. Slowly the aged cows were eliminated and replaced with young heifers grown at the Hospital. The Business Manager has indicated that the Hospital is primarily interested in the production of milk, and while they have changed bulls each year, and some are pedigreed and some are not, particular attention is given to providing bulls that are proven. The bulls all come from good herds, and results are beginning to show in better milk production at the present time. The dairy herd is tested periodically, and the hospital has certificates that the herd is free of bangs disease and tuberculosis. The herd is vaccinated for everything in the book, and a veterinarian visits the herd frequently, and to inspect cows that might be subject to disorders.

About 90 percent of the herd was raised at the hospital, with only five or six cows that were purchased elsewhere. The herd is composed of two Jerseys, one Guernsey, two milking short horns, and the rest Holsteins, with a total of approximately 40 head. This herd is not a thoroughbred herd. The business manager indicated that four more cows were added to the herd during the past year because the institution needed more milk. At the present time the herd is producing approximately 100 gallons a day. The business manager indicated that Holsteins were favored because the primary thing that the Hospital is interested in is quantity of production, no cream or butter fat is sold, and everything consumed right at the Hospital. Approximately three to five gallons of cream per day is used on the tables and in the kitchen and bakery, and cream and butter is produced in the creamery located in a separate portion of the dairy barn. The Business Manager indicated that the patients received a prescribed amount of milk each day, said amount being determined by the Superintendent. At the time of questioning in April 1950, he indicated that they were getting more whole milk than they can drink, and were constantly returning some of it to the kitchen. He indicated that during the winter months when the cows are starting to dry, and production is slumping, skim milk is used not as a straight drink, but as a base for making chocolate and cocoa, that skim milk is used for such hot drinks rather than water, which is commonly used elsewhere. He stated that the milk was not tested for butter-fat content, but that it was tested for bacterial content by the State Hygienic Laboratory. The Superintendent has stated that butter is sent from the creamery to the kitchen in large chunks, employees scoop off small pieces and place them on the patients' plates, that it is not evenly sized, that the procedure results in waste and,

consequently, it would be almost as economical to serve whole milk at all times.

SLAUGHTERING

Turning to slaughtering operations, in 1947 a sanitarian with the Public Health Engineering Division of the Department of Health recommended the construction of an approved slaughterhouse. This recommendation has not been carried out, and the reason given by the Business Manager was that for the last year and one-half all Hospital slaughtering has been done by custom slaughter houses, either at Reno or in Minden. The Business Manager stated that the Hospital has never had adequate facilities for slaughtering, that the building is antiquated, and while it has been painted inside and out and scrubbed down, it is not an adequate slaughter house. The Business Manager stated that that fact, along with the necessity of eliminating criticism for using meat without a government stamp, prompted the elimination of slaughtering at the Mental Hospital. He stated that the Hospital had a working agreement with the commercial slaughter houses whereby they do the slaughtering and the hauling in return for the hide and the offal. The Hospital now gets government stamped meat, and the only cost is what would have been received from the hides; the Hospital never had any sale for the offal which a large slaughter house can arrange. It appears, that this method may be a little more costly to the Hospital, but the meat is stamped and approved before it is returned, and slaughtering is no longer done by inmates who might not be too competent or careful as far as cleanliness is concerned.

MEAT CONSUMED AT HOSPITAL—BEEF

The Hospital raises all of its own pork, it raises practically all of the lambs that are used for food, and mutton is usually purchased and fattened at the Hospital—six to nine head per year. About 95 percent of the beef consumed at the Hospital is purchased elsewhere. The Business Manager indicated that he purchases beef from a Mr. Steve Belli who delivers the animals either to the Hospital for fattening or directly to the slaughterhouse. The Business Manager indicated that Mr. Belli purchases beef for the Nevada State Prison, that he is a very good cattle buyer, and that the Hospital is able to save money by having him do the buying instead of trying to do it themselves. He stated that no one at the Hospital was particularly experienced or trained in cattle buying, and that it paid off to have Mr. Belli do the job.

The Business Manager stated that the Hospital purchases approximately 70 percent of all beef consumed on the hoof, in other words, liveweight. For the past year and one-half, 99 percent of the Hospital's live purchases have been through Mr. Belli. The beef is either delivered directly to the Hospital for a feeding period, or to the slaughterhouse at Minden for slaughtering. The Business Manager has stated that the meat purchased by the Hospital could not be classified as prime beef, but that it was medium quality beef. He stated that the Hospital's limited budget prevented the purchase of prime beef; the 1949 Legislature only appropriated sufficient funds to provide 12¢ per meal per person at the Hospital. He stated that while

this type of beef would not produce choice cuts, it was still satisfactory, since 90 percent of it is boiled into stew, or made into hamburger, meat loaf, and pot roast. He stated that buying on the hoof saved money because several middle men were eliminated, and that while some competitors would criticize the quality of the meat it is, in his opinion, strictly a competitor's complaint.

The Business Manager stated that the present method of slaughtering entails no outlay of money whatsoever for slaughtering or transportation of the beef, and that the cost is very little more than if the beef were slaughtered at the Hospital. He indicated that the Hospital also purchases considerable amounts of salted meats from various local wholesalers that can give a good competitive price. It should be pointed out here that postaudit functions of the Legislative Counsel Bureau have disclosed that occasionally one-quarter or one-half of a very fine prime beef is purchased by the Hospital from wholesalers in Reno.

PORK

All pork is raised at the Hospital, and produces not only meat but 70 or 80 percent of the lard used at the institution. The pork is slaughtered at the slaughterhouse at Minden, in the same manner as the beef, and the Hospital pays a slaughtering charge of \$3 or \$3.25 per head, said charge including transportation and handling.

The Business Manager has indicated that the Hospital slaughters approximately 25,000 pounds of pork each year, all of it raised right at the Hospital. There are approximately 75 head of hogs in the Hospital herd which is on a continuing basis.

MUTTON

The Hospital maintains six or eight sheep on the grounds for clean up purposes; they feed in the same area as the cattle, and eat hay and scattered grain on the ground that the cattle will not touch. The point is made that they fatten on feed that would otherwise go to waste. These few sheep are slaughtered in the same manner as the hogs, at the slaughterhouse at Minden. However, the Business Manager estimates that approximately 50 percent of the mutton consumed at the institution is purchased from local wholesalers.

CHICKENS

The Hospital maintains only a small flock of chickens, and at the time of discussion, was raising 300 chicks. The roosters are slaughtered and consumed at the hospital, but the number of hens is too small to produce all the eggs needed at the institution. The flock produces about 3,500 dozen eggs each year, which is only a small percentage of the total number consumed. It appears that the construction of a new, large chicken house, and the acquisition of large flock of hens would result in the production of all of the eggs that the Hospital needs and a large portion of the poultry consumed at the institution, and eliminate to a great extent the purchase of eggs and poultry in the open market, thereby resulting in a savings to the Hospital.

KITCHEN AND BAKERY

Turning to kitchen, bake shop, and dining room operations, it seems to be agreed by every one concerned that the kitchen is adequate in

space, and the cooks praise the size, design, and layout of the kitchen itself. The bake shop should be remodeled, enlarged, and certain ventilating facilities provided. The kitchen, bakery, and commissary are located in the new section of the old ward building. The kitchen was painted approximately three years ago, and it is again in need of a complete paint job, since the paint is peeling off of the ceiling and has become black and dirty. This particular painting project becomes a major one since it cannot be done by patient labor, because the high ceilings require long ladders and high scaffolding for workmen. The risks for patient labor are too great. Consequently the work has to be done by outside or contract labor, and the only funds available for such work come from the general maintenance fund which is depleted because of the expenditures for repairs and renovation in the large, female ward building. This will be an expensive job because grease and dirt has to be washed from the walls before they can be painted.

KITCHEN AND BAKERY EQUIPMENT

The kitchen and bakery seem to be fairly well provided with equipment to do the work, although there are some items that are worn out and should be replaced. A great deal of the equipment has been obtained during the last few years as surplus property acquired under the 1947 Act of the Legislature creating the Board of Control Surplus Property Revolving Fund and administered by the secretary of the State Planning Board operating as ex officio surplus property purchasing agent. Credit is due to the Business Manager of the Hospital and the Surplus Property Purchasing Agent for obtaining so much kitchen and bakery equipment at a very minimum cost to the State. It is quite obvious that there were no funds available to purchase such extensive and expensive equipment for the Hospital if it had been necessary to purchase it in the open market. The kitchen has been almost entirely refitted with material obtained from surplus property. The deep freeze in the farm area was surplus property, and some farm equipment was obtained in the same manner. The Business Manager estimated that of all the new equipment that the Hospital has at the present time, approximately 80 percent was surplus property. The kitchen has an electric deep-fat fryer, a new boiler, several double- and single-compartment sinks, all new steel racks for holding pots and pans, and a vegetable peeler. Records in the office of the Business Manager show that the value of the property acquired by the Hospital was approximately \$85,000 and that the actual cost to the Hospital was \$9,083, including transportation. During the early part of the surplus property program the hospital received a discount of approximately 40 percent, but for the last two years the discount has been 95 percent. The Business Manager estimates that one-half of the material was obtained at a 40 percent discount and the other half at a 95 percent discount. In addition to the above-mentioned equipment, the Hospital obtained clothing such as coats, shorts, and uppers for men, and men's and women's shoes, and a large number of pillows, mattresses, and dormitory type steel cots. A considerable number of blankets and comforters were obtained at 10 cents each. The Hospital also obtained powdered eggs and milk through the school lunch program recently ended, as far as the Hospital is concerned. Practically

all of the equipment mentioned in this discourse was obtained as surplus property, and obtained at a huge discount or merely for the transportation charges. During the last three years the 30-year-old coal burning ranges in the Mental Hospital kitchen were replaced with surplus property oil burning ranges. It appears that a member of the Hospital board purchased certain items of surplus property from the Mental Hospital, including a boiler and some mattresses. The mattresses were the wrong size for Hospital use, and their disposal was authorized by a government adjudicator. The money from the sales went into the Farm Contingent Fund of the Hospital.

CANNING OPERATIONS

The kitchen is equipped with two new, high-pressure cookers or steam kettles, which are supplied with steam directly from the Hospital's heating plant, and are large enough to cook a large quantity of food at a given time. The cookers are particularly valuable during the canning season. The Hospital has an automatic canning machine which uses No. 10 tin cans which contain approximately one gallon. The food to be canned is first cooked in the steam kettles of which the Hospital has four. Then, it is placed in the cans, the lids put on, and in some cases the cans are put in the steam cookers and cooked again for the prescribed length of time for storage. The Business Manager stated that only food produced at the Hospital is canned, and that it must be done by the cooks in the kitchen in addition to their regular duties. He stated that there is no saving in purchasing outside produce and then canning it, as it is only economical to can food grown at the Hospital in excess of what is consumed fresh. It appears that there is some dispute on this point between the Business Manager and the Superintendent.

In 1946 the Hospital canned 706 cans of tomatoes, 227 cans of beets, 93 cans of spinach, 82 peaches, 63 apricots, 52 apple sauce, 42 apple butter, 47 apple apricot jam, 60 green tomatoes, 3 barrels of pickles, and 6 barrels of sauerkraut with possibly 45 gallons to the barrel. Loss in 1946 was 1 barrel of sauerkraut. In 1947 the Hospital canned 1,167 gallons of tomatoes, 583 gallons of beets, 114 rhubarb, 52 plums, 100 pickles, and 250 of sauerkraut. The loss in that year was 23 cans of tomatoes and 18 cans of beets. In 1948 the Hospital canned 1,928 gallons of tomatoes, 1,185 beets, 150 pickles, 300 of tomato relish, 108 of sauerkraut. In 1948 the loss was 685 gallons of tomatoes, 273 gallons of beets, 75 gallons of tomato relish, and 45 gallons of pickles. In 1949 the Hospital canned 40 gallons of chili sauce, 300 gallons of peppers, 44 green tomato pickles, 52 green tomato piccalilli, 8 catsup, 116 tomato chowchow, 612 ripe tomatoes, 768 beets, 156 mixed fruit, and 5 barrels of cucumber pickles at 45 gallons to the barrel. The total loss for 1949 was 15 gallons of tomatoes, and 10 gallons of beets.

The Business Manager stated that the huge loss in 1948 was due to the improper operation of the canning machine, that it was sent away for repair and replacement of parts, and that it is functioning properly at the present time. He declared that approximately 48 hours to three weeks is necessary in order to determine whether the seal on the cans has been successful.

PURCHASE OF FRUIT AND VEGETABLES

The Business Manager stated that the purchase of fruits and vegetables in wholesale quantities from outside sources with the intention of canning them is not ordinarily feasible. He declared that a study disclosed that the purchase price of the fruit, transportation, the cost of buying the cans, and the cost of the sugar, and even excluding the cost of the labor, plus the percentage of spoilage on all home canning, totaled to a figure so high that it was much more economical to even purchase frozen fruit—and frozen fruit is higher than the wholesale price of canned fruit. He declared, that occasionally in California at various times of the year certain surplus fruits and vegetables are available at a very minimum cost, and sometimes available just for the labor of picking. However, he stated, that it would entail a paid crew as patients cannot be used for a trip, or be taken out of the State and, with the addition of other costs indicated above, as a rule, the proposition does not save money. He declared that the reason other institutions in other States with large canning projects are able to show good results is because they have obtained the fruit or vegetables as an outright gift or at an extremely minimum cost.

OTHER KITCHEN EQUIPMENT

Turning to other kitchen equipment, there is a steam table, which simplifies the keeping and serving of warm food. The Hospital has three electric type food conveyors; the pots of food are placed in the conveyor, it is rolled into the various wards, plugged into electric outlets, and kept warm for the entire period that it is being served. These were purchased new in connection with the new, male ward building, and represent an outlay of approximately \$780 each. A third and smaller conveyor was purchased in used condition at a cost of approximately \$250. Approximately three more electric food conveyors are needed at the present time. The kitchen has a food mixer, the usual multitude of pots and pans, work tables, meat blocks, etc. At one time, most of the kitchenware and cooking containers were made of white enamel, and the Health Department expressed criticism of the chipped and unhealthy condition of such containers. At the present time, at least 90 percent of all of the enamel ware has been replaced by aluminum, stainless steel, or plastic containers. A few enamel pitchers were observed, but as they reach an unsatisfactory condition they are thrown away and replaced with satisfactory containers. All the pots and containers in the kitchen appear to be in good shape. Table ware and cooking utensils are rarely available as surplus property, and must be purchased in the ordinary manner. The kitchen is equipped with a power meat saw and a deep-fat fryer.

OTHER BAKERY EQUIPMENT

The Hospital has new electric ovens in the bake shop that replaced ovens which were between 25 and 30 years old. A large amount of new equipment has been obtained for the bake shop as surplus property, most of it in use at the present time, and the rest being stored in preparation for the day when a new bake shop is constructed. All wooden racks have been replaced with steel racks. The bakery has a

manually operated bread slicer which pushes the bread into the machine and slices even slices of bread each time. The bread bins in the bakery are not satisfactory. Bread bins are made of heavy metal, and are cabinets in which the bread is placed after it is baked to cool off; the bread stays in the bins approximately 24 hours. The bins appear to be very old and rusted, with large holes rusted in their sides in various places. The racks holding the bread are covered with fresh paper every day. They should be replaced with new metal cabinets.

REFRIGERATORS

There are five walk-in refrigerators in the kitchen area of the old ward building. Three of the refrigerators are downstairs and two upstairs immediately adjacent to the kitchen. There is another 15 by 15 foot walk-in deep freeze refrigerator located immediately adjacent to the slaughterhouse in the farm building area. This is a commercial type refrigerator and maintains below-zero temperatures. The 1947 report of the sanitarian of the Public Health Engineering Division of the State Department of Health criticized the cleanliness of several of the walk-in refrigerators, pointing out that the shelves were greasy and black, that the rack in the meat refrigerator was covered with blood and dirt, and that a half hog in one refrigerator was extremely moldy and should be discarded. The report recommended that a thorough cleaning of the refrigerators be done at least weekly. At the present time, the wooden rack in the meat refrigerator has been eliminated and replaced by a rack made of pipe. The Business Manager indicated that cleaning of the refrigerators was a routine thing, that an effort is made to keep them clean from day to day, and that a more thorough cleaning is made once a week. In some of the refrigerators where freshly peeled vegetables are kept in containers filled with water, etc., the nature of the operation means a certain amount of spillage and there is water on the floor. All in all, the refrigerators appeared to be in fair condition on the day that the writer examined them. The Business Manager stated that wherever meat is aged it acquires a mold, and is either washed off with a vinegar solution or cut off.

CLEANLINESS OF KITCHEN

Reports of the Public Health Engineering of the Department of Health have criticized the cleanliness of the kitchen from time to time. In discussing the cleanliness of the kitchen, the Business Manager remarked as follows:

We have a general clean-up period every day; the floors are scrubbed, the kettles are steam cleaned and scoured, and the meat room and meat blocks are cleaned. We have a field day once a week, and everything is given a scrub down with brushes and with lye, and the chef or myself point out everything that could possibly be cleaned. About once every two or three weeks, the kitchen screens are taken out and cleaned; they accumulate grease from the general food preparation, and any place where 500 meals are served daily, there is bound to be considerable grease and smoke from the food. We attempt to take those screens out and steam clean them with

the hose, and clean the windows to the best of our ability. The same is true with the hoods over the ranges and accessible sections of the kitchen. The kitchen has a very high ceiling, and we do not send patients up on long ladders for the purpose of cleaning the ceiling and other high places because they might fall and be injured. Consequently, paid personnel must be acquired whenever high places are cleaned in the kitchen. The floors are scrubbed not less than once a day, and in the course of various food preparations they are scrubbed twice a day. With the exception of the cook on duty, there is all patient labor in the kitchen, and, consequently, there is more spillage and they may be less meticulous in their work and clean up. The cook on duty is primarily responsible for the cleanliness of the kitchen. * * * He tries to get the high screens washed in a routine manner possibly twice a month. Grease and frying accumulates from serving in excess of 1,200 meals a day, and it is a constant problem to keep the windows and screens completely free of grease that rises and has exit through the various windows. We are compelled to use patient labor to have such cleaning routines carried out. We have only one person who can go on the high ladder to take out the screens; they are between 35 and 40 feet above the floor, and it takes 10 days to complete the process. Which means that by the time the process is completed, it is almost time to start all over again.

STEAM HOSES

The recommendation has been made that a steam hose be installed to facilitate cleaning in the kitchen. The Business Manager indicated that he believed it would be hazardous to install such a steam hose in the kitchen with 80 pounds of live steam; it would be almost a certainty that someone would get burned with patients handling the hose. There is a steam hose in the yard immediately adjoining the old ward building, said hose being used to clean garbage cans, etc. There has been some apprehension about the advisability of having the hose out there, but so far no one has been injured since the one patient using the hose apparently has made no errors in judgment.

GARBAGE CANS

Criticism has been expressed relative to garbage cans without covers, but there is no shortage of garbage can covers, since the writer observed several hundred tied up with wire in the yard. The Business Manager indicated that the difficulty was in prevailing on patients to keep the covers on the cans; they are irresponsible in such matters. Garbage is hauled from the kitchen area by horse and wagon driven by a patient, one or more times each day, and the garbage is hauled to the area near the hog pens where it is cooked in a larger cooker and eventually fed to the hogs. Tin cans and refuse are hauled to a point not too far from the main building area and burned, and the residue eventually removed to the city dump. The appearance of the incinerator area might be improved.

COCKROACHES AND RODENTS

One of the things noted by the writer in examining every building and part of the institution was the absence of cockroaches, rodents, and mouse leavings. It has been said that, six or more years ago, the cockroaches were so numerous that they were shoveled out of various areas with snow shovels, and that it was necessary for individuals to turn up their coat collars to prevent the roaches from dropping down their necks. The writer did not observe a single cockroach or mouse any place about the institution. There are many breeding places for roaches, especially in the basement of the old ward building, where there are open sewer lines, steam trenches, and cubby holes of one kind or another. Fumigation and disinfection are handled by a commercial concern on a contractual basis. There are probably a few around, but they are eliminated a short time after they are observed.

FLIES

As to flies, the Business Manager indicated that screens, garbage areas, and many other areas are regularly sprayed with DDT, but that there will always be some flies, since there is considerable traffic in and out of the kitchen, and they can enter through such places as the freight elevator from the basement.

It is highly probable that a new kitchen setup, with a different physical arrangement, would improve the fly situation.

CONVEYANCE OF FOOD

Turning to food and the process of serving it to the patients, food prepared at the kitchen is placed in various sizes of pots or containers, which in turn are placed on the food conveyors. The food conveyors are actually large boxes or tables set upon wheels, and they are rolled to the various buildings. The electric food conveyors are wheeled to the new, male ward building, and upon arrival are connected to electric outlets, and the conveyors keep the food warm in the conveyors. The food is dished out from the containers directly on to the patients' plates and served. At other buildings there are no inclined ramps whereby the conveyors may be wheeled to the various floors; they are merely wheeled to the ground floor and the pots loaded in dumb waiters and lifted to the proper floors. Upon arrival, the containers are placed on tables in the serving kitchen and the food dished out from the containers to the plates of the patients. With this method the food gradually cools and must be served rapidly or it would become too cold, since it has already traveled a considerable distance from the main kitchen. The work in the serving kitchens is performed by patients, and includes the serving, cleaning up, and washing of the dishes afterward. In some wards the patients sit at long tables, in others they sit four to a table, and in still other cases where the patients are untidy, each patient has a small table to himself. In some of the women's wards, where the patients are tidy and not likely to create disturbances, table cloths and napkins are provided and the atmosphere is quite cheery. In others, the nature of the patients make such things uneconomical or undesirable. To a large extent, the dishes are made of plastic or of aluminum. Spoons are the only eating instruments provided. Dishes from the employees' dining rooms are washed in dish washing machines.

QUALITY AND QUANTITY OF FOOD

In response to a question concerning the criticism of the quality of the food at the Mental Hospital, the Business Manager indicated that funds appropriated by the Legislature were not sufficient to provide anything but plain food. He indicated that during the fiscal year 1948-1949, the cost per meal per patient was approximately 19 cents, and nothing fancy could be served with such a limited budget. He declared that the amount of money available for food was largely determined by the amount appropriated by the Legislature for the general support budget of the Hospital, and that while the funds in this budget were expended for many things necessary in the operation of the Hospital, the largest proportion went for food. He recommended that since the quantity and quality of the food at the Hospital had long been a subject of comment and criticism, the Legislature should appropriate a separate budgeted fund for the purchase of food only, and thereafter the quantity and quality of food served at the Hospital would be determined completely by the Legislature.

CRITICISMS OF FOOD

The Business Manager stated that food served to attendants and employees was just about the same as that served to patients, though on occasion there might be a little more variety and a little better quality. However, as far as meat is concerned, this statement is not borne out by the table in Appendix B of this study relative to meat served to patients and employees. These statistics indicate that employees are served a larger proportion of the meat consumed; they are served larger helpings oftener. It seems advisable to quote the words of the Business Manager concerning criticisms of food:

The criticisms come daily and they come from the attendants. We feed approximately 60 paid employees each meal, and I would be willing to gamble that at least one-third at each meal will criticize that particular meal. An additional one-third will criticize the next one. And we have found it very consistent that the longer the people stay here, the more critical they become of everything in the Hospital, the food being first and easiest to criticize, and the easiest to place blame on. When they have any particular beef or criticism on anything, they immediately start with the food in the kitchen because it is very handy and right across from the dining room. New people are pleased with the food and have no complaints. But, the longer they stay, the more they want individual service; some of them even want their food brought to their rooms; in fact, we have lost many dishes through this practice. We had a very minor revolt among the patients working in the attendant's dining room because various attendants demanded that their food be brought to them in their rooms. We were constantly losing five to six plates, cups, and pottery each day. Finally, notice was given, and a large sign placed in the dining room to the effect that there would be no food or dishes go from the dining room unless countersigned by the supervising nurse, matron, or the business manager. In other words, different individuals have different

conceptions of just what good food is; it is merely an individual matter, and should be considered in a broad sense.

In discussing this matter with the Superintendent, he commented as follows:

On the question of whether the State economizes at the expense of patients, it would have to be decided on the basis of what portion of the total appropriation is being set aside for the feeding of patients. I know that the portion allowed—the appropriation dollar for the feeding of patients—is seriously inadequate. I know from personal experience that the prisoners in the State Prison are allowed a much more generous food supply, and, from what I have seen, better prepared than we have it here at the Hospital. As I understand it, all of our purchases are supposed to be of at least grade B quality, but I know from first-hand experience, and from the complaints that come to me from the employees and some patients that have sufficient presence of mind to know what they are talking about, that the quality of meat is below B standard, and the food as delivered to the wards is often poorly prepared and certainly poorly selected for variety. There is too much of a sameness in many of our foods. I might say this, that a great deal of the situation could be limited by holding an individual responsible not only for the condition of the food delivered to the commissary, but for the food in transit from the commissary and throughout the process of preparation and delivery to the patients. A qualified person planning the foods probably would not cost any more than a haphazard method of preparation and delivery. It is reflected in actual loss when much of the food comes back in the slop bucket; this may provide better pigs, but the primary purpose of the food is lost.

The writer consumed a few test meals at the hospital, and while the food was plain, he found nothing wrong with it. It so happens that the writer is easy to please as far as food is concerned. To have a worthwhile opinion in the quantity and quality of the food, it would be necessary to eat many meals at the Hospital. It appears that the whole situation could be improved by a larger legislative appropriation for the purpose, and by a general tightening up of the entire process of planning, processing, and serving the food. This might even mean the elimination of most of the patient help in the kitchen, with a consequent additional legislative appropriation providing money for the payment of salaries of additional employees. A better, stricter, and more intense supervision probably would help the situation. The type and personnel makeup of the persons planning and processing the food is bound to have an important effect on the problem. Obviously, every one cannot be pleased, but it should be possible to achieve improvement with more money and an improved operational approach.

DIETICIAN

For a number of years the suggestion has been made that a dietician be employed at the Hospital who would provide expert knowledge in

menu preparation. When Dr. Cushman made a survey of the Mental Hospital for the Legislature in 1945, he remarked that "a great deal of trouble that, we are informed, has arisen in the past year in regard to the food situation has been due to the lack of the proper selection and preparation of available foods, and could have been avoided by a better control of the diet by the administration." At the present time, there is no dietician employed at the Hospital in that specific capacity. Two or three years ago, the Hospital employed a part-time dietician who was also working at the Washoe General Hospital. Later, a full-time dietician was employed who had previously been employed at St. Mary's Hospital. In commenting on a dietician, the Business Manager remarked as follows:

The fact of having a dietician to me is definitely unsatisfactory and unnecessary. The actual time necessary in preparing menus is not more than four or five hours a week. At the present time, the chief cook is preparing the menus, and he tries to follow all suggestions by the medical department. He is limited, of course, by the type of foods that are available to cook, and that in turn is largely governed by the money available.

In the biennial report of the Business Manager, submitted to the 1949 Legislature, he remarked as follows:

A dietician was employed on part-time basis for two months in 1947, and full-time for six months in the same year, but since the first part of 1948 it has been impossible to obtain the services of a person qualified to fill the position. The duties of a dietician are comparatively light insofar as the actual preparation of menus is concerned. A plan was tried whereby the dietician acted as storekeeper. This was not feasible due to the fact that there are divergent qualifications necessary to hold both jobs. A happy solution would be to pay one of the nurses regularly employed by the Hospital a salary in addition to her regular salary for the work of preparing the menus and supervising the serving.

In commenting on this recommendation, the Business Manager remarked as follows:

At the time that that recommendation was made, I was merely trying to follow the request of the medical department, certain members of the board, and certain outside groups that consistently and frequently demanded that the State Hospital have a dietician. My theory behind the use of a nurse as a part-time dietician is the fact that we have been constantly harassed with the problem of getting an assistant nurse to aid the supervising nurse with the money that is available to pay salaries. My thought was that if they could take a part-time job as a dietician, we could pay them a small additional sum over and above their nursing duties, and it would make the job more attractive and more lucrative to an assistant nurse. I see no necessity for a full-time dietician. Probably 95 percent of our patients are physically well people as far as eating

or diet are concerned. I see no need for a dietician here any more than you would with a threshing crew. Under the present system, when special foods are required, the nurse makes out a requisition to the cook, and this does not occur any more than two or three times a day at best for the entire population.

In commenting on the need of a dietician, the Superintendent remarks as follows:

A dietician isn't necessary for an institution of this type for the number of cases that require any particular modification from a regular diet. When a person is mentally ill, diet requirements are no different from a normal person. The only time that special diets would be indicated would be in such cases as diabetics or patients with specialized physical ailments, and these are very few in our general population. Such cases can generally be cared for by merely having the doctor or nurse suggest the modification necessary. A well-qualified chef can handle the situation very successfully without the requirement of a specialized dietician. There isn't enough specialized service on diets to require such a person. With the help of the doctor in the case of modification, any cook can prepare the food. I do not believe that it would be advisable to have a nurse acting as a dietician. The reasons are: First, under the present setup, it would be impractical to have the same employee working in two departments. Second, it would not be making the best use of the registered nurse who is intended to supervise treatment. Third, there are few registered nurses who can lay claim to special qualifications as dieticians. They are either one or the other. Fourth, a person experienced in the serving as handled in an institution such as this, is usually qualified to prepare menus, because the type of menus used are the simplest that can be thought of; it is merely a question of scratching their heads to figure out a variety the same as any housewife does. A capable and efficient steward to oversee the proper utilization of the foods that are made available and the proper preparation of it, could easily prepare proper menus for the patients. Exceptions would be very few and far between, and the physicians or nurses could advise modification. By "steward" I mean a person who would be responsible for the condition of the food as delivered to the commissary, proper accounting of disbursements, and proper utilization in the kitchen.

EMPLOYEES PURCHASING FOOD FOR PATIENTS

It appears that for many years prior to and including 1945, the supervising nurse, who has since left the institution, would purchase oranges and knickknacks for various patients on her day off with money belonging to the patients, and that early in 1946 this practice was discontinued on the orders of the Superintendent, and almost all of the money of the patients has subsequently been spent for clothing for the patients. In commenting on this, the Superintendent remarked as follows:

There is some truth in the statement of curtailing the practice of the supervising nurse in shopping for fruit and eatables for the patients. It would be impossible for her to cater to more than a handful; therefore, I consider it unfair in my concern for the others. In the second place, there was a good deal of purchasing done in haphazard form not only by the supervisor, but also by the purchasing agent at that time. It may account for a lot of the serious oversights in the condition of the Hospital when we came here, in that time was spent in a manner that was not in the best interest of the patients. It was a situation where there was an individual catering to selected patients, whereas the bulk of them had to do the best they could. We do not consider this proper management of a Hospital where everybody should be treated with fair equality. We do allow other people, relatives, and friends to bring food and other things to the patients under certain conditions. Practically every holiday or every kind of celebration, there is a general influx of a great many packages. The packages mostly contain edibles of one kind or another. The only restriction that we impose upon relatives is not to send perishable foods, for such reasons as sanitation, the avoidance of an accumulation which would bring rodents and roaches, and the fact that such food may spoil and the patients eat them after they have spoiled if not properly cared for.

MOTOR VEHICLES

Turning to commissary operations, and supplies and equipment necessary to general operations, the Mental Hospital has six motor vehicles, including one passenger car, three station wagons, and two trucks. The passenger car is a 1945 Plymouth coupe which was obtained from the Highway Department when the Highway Department had used it to the point where it was believed that it had reached its life expectancy. This car can be used for light pickups, and is available for the general use of the maintenance man, business manager, superintendent, or others when needed to transact business of the Hospital. The Hospital has a 1945 Plymouth station wagon that was converted into an ambulance; it is actually a vehicle that is used to pick up and deliver patients anywhere around the State or out-of-State areas as well. The center section is steel caged, and the rear seats can be removed and a lay-down bed installed in the case of ambulatory patients. It is not used for the transference of very ill patients to the Washoe Medical Center, for instance, because it is not equipped with oxygen or special facilities necessary in such emergency cases. In such cases a local ambulance service is called. The ambulance appears to be in fair shape, but due for replacement within a short time.

The Hospital has two other station wagons, one a 1940 Chevrolet and the other a 1948 Chevrolet which were also obtained from the Highway Department as part of their cast-off equipment. They are used on the farm for light pickup work and local errands around the area. They are used for any work that does not require the use of the larger trucks. The Hospital has two trucks, one of which is a

1½-ton 1936 G. M. C. which was given to the Hospital by FERA, is in very bad shape, and should be replaced as soon as possible. The Hospital also has a 1941 International 1½-ton truck that is in better shape, but it was also obtained from the Highway Department as part of their cast-off and abandoned equipment. It appears that this truck should also be replaced in the near future. No one but paid employees are allowed to drive the motor vehicles. One employee testified that Hospital vehicles were used to transport employees to precinct meetings prior to the primary elections of 1950.

COMMISSARY PROCEDURE

Turning to commissary procedure, inventories, supplies, etc., it appears advantageous to quote a recorded conversation between the writer and the business manager, as follows:

Q. I'd like to turn to the commissary next. What does the commissary look like? How big is the commissary? What is stored in the commissary? What are the general categories of things in the commissary room?

A. The commissary of this institution is generally like a small country store. We have one general room for all types of material and its size is approximately 30' x 50'. The ceiling is approximately 14' high. The shelving around the walls of the room is for various types of commodities, and commodities are stacked on the floor in rows so as to make them accessible. We have in there, at the present time, everything from thread and women's underclothing to shoes, sacked coffee, sugar, and canned goods of all types.

Q. Do you keep dry and canned foods in there?

A. That is correct. We utilize some of the outlying buildings for such stores as soap and laundry supplies, which make them more accessible for actual use. Also, we use the basement of the new ward building for the storage of floor compounds, waxes, and floor preparations.

Q. Do you have other buildings or rooms around the grounds that are used for storage purposes or warehousing?

A. Yes, warehousing facilities that are available at the Hospital now are completely inadequate, both from the standpoint of storage and security of property. The very nature of the institution requires a tremendous bulk of supplies and, as a result, we have supplies and equipment stored throughout the area in six or seven places. There is no absolute security, and if anyone wants to go through a door that has a padlock on it, it is the simplest thing in the world to do. To give complete protection and supervision of stores, it would be necessary to have everything under one roof with one inlet and one outlet check-out station. Property is stored any place that is available, and is scattered all over the institution. It is a physical impossibility to keep track of such things as tools when they are used by patients who have no sense of responsibility; if he leaves it somewhere someone will walk off with it. The fact that the patient was using it makes it just an expendable piece of property and nothing more can be done

except to replace it. Almost all of the good tools are kept in the boilerhouse where they can be checked out to paid employees and checked in again by them, and in such cases losses are eliminated. Except for the boilerhouse and the commissary proper, which is adjacent to the office of the business manager, there is no definite property control in the other storage areas; such other storage areas are located either in buildings that are abandoned for other purposes and, while they are padlocked, it is not too difficult to break into them. A correct inventory of the items in the other storage areas is almost impossible to keep.

Q. Do you make an inventory once every two years in the ordinary manner, as is done by the other State agencies, and submit it to the Governor as required by law?

A. Yes, it is a regular two-year routine inventory which, I might add, in my opinion, is not an accurate inventory because by the time the inventory is completed, it is possible to go back and find discrepancies, since it takes two months to make the inventory.

Q. Do I understand you to say that it is impossible to check out everything and make individuals fully responsible for various property that they might receive?

A. It is definitely impossible.

Q. What is the procedure on obtaining property from the commissary?

A. We use a direct inventory system. For instance, if the property to be issued to an individual from a particular ward is a clothing item, the attendant on that ward first makes out the requisition showing who the property is for and the type of property to be obtained. This, in turn, is countersigned either by the nursing supervisor, the matron, or if they are not available, the resident or assistant resident physician—in other words, someone in authority. The requisition is then brought directly to the commissary, the property is issued at the commissary and the requisition is kept on file. If the property is a farm item, or for some of the kitchen workers, or some of the milkers that we are thoroughly cognizant of, we do not request a signature on the requisition from the farm manager, the dairyman, the chef, or the maintenance man—we countersign these requisitions ourselves. We do not demand that they go through the usual channels, such as the supervising nurse, because we know that the material is to be used in a particular place. The same is true of requisitions turned in by the dairyman or the maintenance man for pipe fittings or various supplies; naturally we do our own countersigning on those because the other people wouldn't have the knowledge of what the material is for, and the signature wouldn't mean anything. Once a week on what we call "issue day," we issue to each ward a specific amount of normal supplies such as toilet paper, soap, tobacco, razors, razor blades—all the items that they would use in a normal week.

Q. Sheets and pillow cases?

A. No, those are issued differently. The matron determines the ordinary supply as needed in the individual wards; before turning in requisitions on those things to the commissary, she checks those stores on the record to see whether or not they are actually needed. We found that necessary because many of the attendants would not check their stores on hand, and would merely take a copy of the preceding week's requisition and copy it over again. Consequently, about every three months we have what we call a "shake-down." We go through all the wards with the matron, and sometimes we turn up enough supplies to last for as much as a month or six weeks that have been stored and hoarded purely through laziness. In other words, it was easier for the attendants to copy the last requisition than to go through their stores and see what they had on hand. Now on sheets, pillow cases, blankets, mattresses, mattress covers, and that type of material, they are again first requisitioned by the attendant. The requisitions are turned over directly to the matron, who again checks against those stocks on hand, and against her record of what has been requisitioned previously, and if there is an undue increase, there has to be a reason shown. We use the regular Navy system, if a new article is required, the old one has to be turned in regardless of how ragged it is or what shape it is in. Then the matron goes to the sewing room where such items such as sheets and pillow cases are made, draws them from there, enters them on her books, and takes them to the proper wards.

Q. What system do you use to check in supplies, meat, and other items when they come in to the commissary from the wholesaler and the merchant?

A. In the case of meats, if the stock is purchased on the hoof, we first get a weight slip directly from a recognized weighing agency serving the area. We take the weight slip and check it against the price which is our record or bill of sale. When the meat is slaughtered, it is again weighed and slips again presented to us from the delivering agent. If meat is purchased directly from the wholesaler, we take their weight slips as they present them to us. In other words, if we order 90 pounds of weiners, and it is 90 pounds on the slip when it comes in, we haven't quarreled with them—we have no occasion to. There is no reason to doubt a reputable merchant's word on the weights, and I do not believe that any of the companies from which we purchase meat would stoop to any practice that would result in short weight.

Q. When meat comes directly from the wholesaler, does it go to the deep freeze in the farm area or does it go directly to the kitchen?

A. It is for immediate use in the kitchen.

Q. You don't weight it when you receive it?

A. No.

Q. When these supplies and items of equipment are deliv-

ered here, what do you do with them? Do you record them, and how do you keep the record?

A. They are immediately entered into our commissary books as a double check, not only for our own purpose in budgeting and supplying, but also as a double check against the invoices that are sent in for payment from the State Treasury. We list everything that comes in whether it is a nail or a package of buns or a carload of flour. It is immediately listed in our books and charged against the proper appropriation.

Q. I see. You get the delivery slip with the goods, and then in due time the merchant sends you a statement, let us say, at the end of the month. Do you check those delivery slips against the statement?

A. Very definitely.

Q. When you are satisfied that the statement is correct, then you OK it for payment and send it in. Is that right?

A. Correct. It is sent to our bookkeeper who enters it into her books, and I might add that our own system of checks is the first time that it has ever been used in this hospital—it is now approximately $3\frac{1}{2}$ years old. From the books we make monthly statements and monthly breakdowns in each category. The procedure for the receipt and disbursement of commodities and items used in the hospital could be tightened, no question about it. This brings us to the need of ample facilities with which to operate such a procedure, and the personnel to handle it. By personnel, I mean a full-time warehouseman who would have a record and keep an in-and-out and day-by-day account of items. I assure you that it would be a full-time job within itself.

Q. In your mind, are patients adequately supplied with clothing, shirts, bedding, pillow cases, and mattress? How do you purchase clothing, and shoes, and things like that?

A. As to adequacy, the only thing that I can answer is that we supply in full all the requisitions for all material that is turned in to us by the matron, or in some particular cases by the supervising nurse, or in some special cases by the attendants themselves, such as shoes or some other particular item. However, requisitions made by the attendants must be countersigned either by the matron, supervising nurse, or the physician on duty. This is to prevent attendants from coming in and just ordering haphazardly without rime or reason or without reference to actual needs.

Q. How do you buy clothing to fit everybody, men and women?

A. In men's clothing we buy a complete selection of sizes in overalls, shirts, uppers, and shoes, which makes it possible to fill the orders in at least 85 to 90 percent of the cases. As to women's clothing, the dresses are made in the sewing room by the seamstress with patient help. The material is purchased through here, again on requisition from the matron. The underwear is purchased in an over-all size.

Q. The matron, attendants, and the seamstress are employees of the medical department, aren't they?

A. That is correct.

Q. And the connection between their operation and yours is right there where those requisitions come in to you, is that right?

A. It is strictly a matter of business. They come in signed and countersigned requisitions.

Q. And it is up to them to determine what the patients need?

A. Absolutely.

Q. And to determine that the clothing and the shoes fit?

A. That is correct.

Q. And to determine if they have adequate bedding in the winter time, is that right?

A. That is correct.

Q. How about the purchase of women's shoes, how do you handle that?

A. Women's shoes are a difficult proposition due to the fact that women's sizes are so varied. If a woman comes in here with an attendant with a requisition countersigned by a matron for a pair of shoes, we have a certain supply of shoes here. We attempt first to fit them with what we have on hand; I would say that 70 percent of the time that is impossible. A good many of the women have very deformed feet. We take the individual order, and if possible in any manner at all to fit these women, we make individual purchases on a retail basis, never more than two or three pairs at a time, to fit the individual person. The shoes are not purchased at any one place. If there is a clearance sale some place, the matron is taken to this particular place in person to view the shoes that might be on sale and at no time has there ever been more than 12 pairs of shoes purchased at one time. The shoes are purchased from every retail outlet in this area, both Sparks and Reno, at which the sizes can be obtained at a reasonable price. These include the stores in Reno, such as Montgomery Ward, J. C. Penney, Karl's Shoe Store, Sears and Roebuck, and in Sparks the Sparks Bootery, being one of the few and only places in the city of Sparks. There are times that, with all the outlets available, sizes for these women with the deformed feet still can not be obtained. To take care of them, we have in stock a large assortment of sizes of tennis shoes; "Keds" is the trade name of them. At one time, we tried bedroom slippers, but they are completely inadequate due to the fact that they will not stay on the patients' feet, and the patients will not keep them on. They take them off, throw them away, and even people that have shoes furnished will go through the wards barefooted, but that is not due to the fact that they don't have shoes; it is due to the fact that they are like children and will not keep their shoes on.

Q. How about pillow cases and sheets?

A. We have a completely adequate supply at all times. We make our own pillow cases and sheets. We buy the material which is turned over to the sewing room, and the matron has a complete and adequate backlog of all kinds of pillow cases and sheets, and every bed is furnished with pillow cases and sheets, including a change.

Q. What about blankets and additional bedding in cold weather? Just who determines just when extra blankets will be supplied?

A. That starts at the level of the attendant on that particular ward. Various types of wards have various types of patients, therefore, they need various types of protection against the cold. The older people naturally need more. The attendant will see what they have in their own storerooms and stockrooms, and if they feel that their supply is inadequate, they will in turn go to the matron, who also has a backlog of supplies. If her supply happens to be inadequate, she then requisitions the business department and the supplies are obtained.

In discussing the same general subject, the following recorded conversation between the writer and the Superintendent is quoted:

Q. Are patients adequately supplied with clothing, shirts, bedding, pillow cases, and mattresses?

A. The adequacy would vary with the different observer. Clothing is provided for indigents, and it is necessarily of minimum adequacy. We do not have uniform dressing for our patients; some of the patients have the benefit of relatives, and they may be better dressed than those patients who secure their clothing from the Hospital. As far as bedding, mattress, sheets, and pillow cases are concerned, I believe the situation has improved in recent times, especially during the past year, but during the years immediately following the war there was an acute shortage at times. The explanation given to me was the difficulty in obtaining supplies.

Q. How are conditions in the wards? Are all the beds reasonably good? Is there a scarcity of blankets and bed covers? Is bedding changed often and regularly?

A. I would say in answer to all those questions that sanitation is at a fairly good level. The quality of furnishings, including bedding, beds, cover, sheets, and pillow cases is just about what you can expect on a \$2 per day support for an institution. It is not good. Blankets and sheets have to be mended and used over and over again as long as they can possibly be held together. The changes occur twice a week and things are fairly clean, but quality costs money. The beds are all covered, and all patients have sheets, pillow cases, and blankets. To my knowledge, no patient has suffered from want of warmth except on such occasions as when our heating system might have failed.

Q. Do all patients have their own towels and things like that?

A. Those capable of keeping their own towels, have them. We have a group of patients who are not capable and who do not have the presence of mind to care for anything personal, and for these people we certainly rely on a community towel. The quality of our beds is such as to meet a generally accepted standard for State hospitals. You might say they are austere beds, they have flat springs, and they are not especially uncomfortable. They all have mattresses and the mattresses are all in fair condition. For those patients who soil or who create a problem of replacement, we have a continuous process of rebuilding mattresses; in some cases we use cheaper mattresses.

Q. Do you have any double-decker beds?

A. No, we do not have double-deck beds anywhere, and our beds are reasonably spaced to meet health requirements.

Q. Do you repair mattress and sheets right here?

A. The mattresses are repaired at a commercial establishment. The sheets and pillow cases are repaired in our sewing room.

PAINT AND PAINTING

Turning to the subject of paint and painting, it appears that this has been a matter of some controversy between the business department and the medical department. The business department has acquired, in the past, large quantities of surplus paint at a very minimum cost, and they had to take whatever colors were available. Consequently, some of the patients' quarters were painted with colors which the medical department believed were unsuitable for mental patients, and controversy resulted. The Business Manager indicated that during the last five years 80 to 90 percent of all the paint used was acquired as surplus property. The Hospital acquired any type of color that was available because it was very cheap, and the buildings needed painting very badly. The view is that any paint is better than none at all.

At the present time, no surplus paint is available and it appears that the controversy will disappear. The Hospital has on hand now approximately 100 to 150 gallons of paint and it is kept in the old creamery building north of the laundry, and where there is a minimum fire hazard, although certain employees live upstairs. More adequate storage facilities are needed for such inflammables.

Up to the beginning of the present biennium, the Hospital endeavored to keep a maintenance painter on the job at all times, but the Business Manager indicated that the present appropriation precluded the further hiring of such an employee. As a result, any painting done at the present time is done entirely by patients. On outside work, it appears that the patients do a reasonably good job. The writer examined some painting work done by a patient on the inside of the office of the Business Manager, and this appeared to be a very good job, but the Business Manager indicated that he had only one patient that was

capable of doing such good work, and that he was needed also for other jobs around the institution. Other inside work about the institution appeared to be of a fair quality.

A remainder of the surplus paint in the possession of the Hospital is being used, at the present time, for outside work. Inside paint is bought from local wholesalers as needed and as it can be afforded, and as a rule in not too large quantities. If a State central purchasing agency existed, the Hospital could obtain the benefit of large quantity prices for the paint that it uses.

MAINTENANCE AND REPAIR

For the past four years the Hospital has employed a general maintenance man and a carpenter. One of the engineers in the boilerhouse relieves these men on their days off and when they are on vacation leave or sick leave. He also helps at times on general maintenance. In case of an emergency, all hands turn out to meet the emergency, including all employees in the boilerhouse and on the farm. All general maintenance is handled by the personnel at the institution, but when certain technical work is needed such as electrical installations, outside workmen are called in. All plumbing maintenance, pipe repair, and pipe replacements are handled by the staff at the institution. Plumbing tools and equipment are available in the boilerhouse. Former Governor Richard Kirman donated a very fine lathe which is also located in the boilerhouse and is a valuable asset in the maintenance operation. Carpenters provide their own tools.

LEAVES

The law of the State of Nevada provides that all employees of the State shall be given an annual leave with pay of 15 working days. All employees at the Hospital are receiving such vacation leave. There have been a number of instances where employees were separated but given 15 working days leave with pay without returning to the Hospital. Several opinions of the Attorney General declare that this violates the intent of the law, and the practice should be discontinued. In the business department, all employees except the business manager, the assistant purchasing agent, and the bookkeeper work six days a week regardless of holidays. In other words, the three mentioned are the only ones that take their regular holidays off. There are no provisions in the State law for sick leave, and such leave is at the discretion of the heads of the State departments. The business department allows five days a year sick leave with pay for each employee, if it is clear that the employee is truly ill. Such sick leave is not accumulative. Details of employment are given to each employee orally when he is hired.

THEFT OF FOOD

Words have been spoken by various individuals from time to time relative to the theft of food, supplies, and equipment by employees of the Mental Hospital. The Counsel Bureau has secured statements from various persons in connection with this matter, and the statements will be available for the use of the Legislature.

COCA COLA MACHINE

A coin operated Coca Cola machine is available in the hall of the administration building. At one time there was considerable trouble with the machine due to the exceptional loss of bottles. Also, problems arose in connection with the handling of the patients' funds when they wished to buy Coca Cola. All these problems seemed to have disappeared with reliable and trustworthy persons handling the money.

CIGARETTE MACHINE

There is also a cigarette machine located in the hall of the administration building. This machine is owned by a downtown company and no one at the hospital has access to the funds in the machine. At one time, cigarettes in carton lots were kept in the commissary and could be purchased by patients who had money. Money belonging to patients is on deposit with the Hospital, and books are kept on the account of each patient. The theory was that if a patient wanted a carton of cigarettes he could get a properly signed requisition, the cost of the cigarettes would be deducted from the account, and with the requisition he could get the cigarettes at the commissary. The original intention was that this arrangement be for the benefit of patients, but the time came when the employees were allowed to take advantage of the wholesale price that was obtained on the cartons of cigarettes. A loose handling of the accounts developed, cigarettes were sometimes delivered without requisitions, and sometimes both employees and patients received cigarettes without being charged on their own account or putting up their own money. It must be made clear that while the cigarettes were deposited in the commissary, they were not run through the commissary books; the handling of them and the accounting for them was a responsibility of the bookkeeper who has since left the institution. At the present time, the entire practice has been discontinued, and there are no longer cartons of cigarettes on deposit in the commissary; cigarettes can only be obtained from the cigarette machine.

LIQUOR

The Business Manager indicated that employees may have liquor in their own private quarters just the same as if they had a house or apartment uptown away from the grounds, but there had only been two occasions in the last five years where employees of the business department were intoxicated while they were on the job or while they were in contact with patients. He stated that the employees were dismissed on both occasions.

CHAPTER V

MEDICAL DEPARTMENT

STAFF

The following table indicates the number, title, and salaries of the medical department as of March 1950. It is to be noted that all of the employees are provided with board and living accommodations in addition to their salaries unless otherwise indicated.

Number	Title of position	Salary per month
1.....	Resident Physician (Supt.)*.....	\$550
1.....	Assistant Resident Physician† (part time)	250
1.....	Nursing Supervisor.....	250
1.....	Assistant Nursing Supervisor	175
1.....	Secretary to Superintendent‡	200
1.....	Office Clerk (part-time patient)	10
1.....	Matron	150
1.....	Seamstress	120
1.....	Occupational Therapist	110
1.....	Night Supervisor.....	160
7.....	Night Attendants	110-135
21.....	Day Attendants	100-135

*Buys most of food at uptown store and Hospital pays up to \$100 of the bill. Lives on grounds.

†Receives no meals and does not live on grounds.

‡Does not live on grounds and eats lunch only at the Hospital.

DUTIES OF SUPERINTENDENT

The resident physician has been designated as superintendent of the Mental Hospital by the Board of Commissioners and, as such, has a host of medical and administrative duties. He is the immediate administrative director of the medical department, has immediate supervision of the staff of that department and hires and fires its employees. He meets the various staff problems such as leaves, illness, neglect of duty, etc., that may arise within the department. As a physician he provides, along with the assistant resident physician (a part-time job at the present time) and the two nurses, medical supervision, care, and services. His is a 24-hour a day, 7-day a week job, and he makes regular nightly rounds throughout all the buildings of the institution, generally between 8 and 9 p. m. He is available for midnight calls and emergencies and, since his nightly duties are alternated with the assistant resident physician, the Hospital is receiving a 24-hour coverage on medical services. He takes care of acute physical illness and performs surgery, although those patients requiring more extensive service are transferred to the Washoe Medical Center. According to standards set forth by the American Psychiatric Association in 1948, the minimum resident medical staff of a mental institution the size of the Nevada Hospital for Mental Diseases should be at least three full-time physicians, and they would not be performing any of the duties that fall upon the shoulders of the Superintendent as an administrator. In addition to acting as a doctor of medicine and surgery, and acting as a psychiatrist, the Superintendent develops various medical, therapeutic and recreational programs for the patients. He settles various

care problems such as nursing, segregation, attendant-patient relationships, etc. He supervises the compilation of various medical and statistical records, and determines the need and use of medical equipment. Patients come to him with their many and diverse problems. He maintains contact with relatives and friends, and makes arrangements to collect the money for pay patients. Admissions, paroles, and discharges of patients are almost his complete responsibility. He is responsible for patients' property while they are in the institution. He makes arrangements with other States for the repatriation of non-resident patients, and has the authority to contract with them for the care of tuberculosis patients from this State.

QUALIFICATIONS OF SUPERINTENDENT

What should be the qualifications of a superintendent of a mental institution? The law and/or requirements of a merit system should contain provisions for professional qualifications, personality, and administrative ability. The individual should be a person of some maturity, and should appreciate the problem of administering a mental institution with all its ramifications and responsibilities. Incompetent patients must have not only protection and treatment for their persons, but also protection against abuse from outsiders who may take advantage of their illness. Professionally, the superintendent should have considerable experience in psychiatric work and he should be at least a member of the American Psychiatric Association or have the equivalent of eligibility to such an organization. Trained psychiatrists do not receive degrees for that particular profession, because psychiatry is a branch of medicine. The amount of knowledge and experience is not specifically prescribed. The usual qualifications for anyone to be a psychiatrist requires first a medical education, then a license to practice medicine, and finally time devoted to special study and training experience in the field of psychiatry. After a time, and upon special preparation, there is provision for rating by the American Board of Psychiatry and Neurology. No degree is given, but it is merely acceptance into the fraternity of psychiatrists, so to speak. Also, a practitioner in this field should be a member of the American Psychiatric Association, because in order to be a member he must have at least three full-time years of actual experience in treating patients.

Another important requirement is that the superintendent have previous experience in institutional management. A reasonable time should be required, of perhaps two to four years of demonstrated successful experience in the administration of mental institutions. The fact that a person is a physician and/or a psychiatrist is no proof that he would be an expert in institutional management. The ideal superintendent would be one who combines all three successfully, and such a person would deserve a top salary. Generally speaking, in this job the Hospital will get what it pays for and no more.

ASSISTANT RESIDENT PHYSICIAN

Until the summer of 1949, the Hospital employed an assistant resident physician who lived on the grounds. At that time he resigned to enter private practice, the superintendent was unable to replace him with another full-time physician, and eventually he re-engaged the

assistant resident physician on a part-time basis, and he now assists the superintendent in medical and psychiatric work each day; in other words he works half a day. The law states that "there shall be a resident assistant physician. * * * he shall devote his full time to his position, and shall not engage in private practice." It may be a matter of opinion as to whether the law is being violated, keeping in mind that the superintendent is merely doing as best he can to get a little assistance when the law provides merely a salary of \$4,000 per year and maintenance for the assistant resident physician. It merely points out that it is poor legal practice to designate any employees in the law other than the director or superintendent of a State department, agency, or institution.

PRIVATE PRACTICE

Both the resident physician (superintendent) and the assistant resident physician are required by law to devote their full time to their positions, and not to engage in private practice. In discussing this with the superintendent, he remarked as follows:

I believe that the two employees mentioned should not engage in any large scale private practice or such a thing as establishing a practice outside of the Hospital. As a general thing, in most institutions, physicians connected with them are allowed a measure of consultations in their free time, recognizing that doctors in any position are not ordinarily engaged on a 24-hour basis, that they do have some free time, and what they do with their free time would not be restricted by law. The provision in the statute is a gratuitous restriction because if a man employed is conscientious in relation to his major employment he will not sacrifice any of his time in connection with the institution for the sake of private gain.

However, for many years the physician superintendents at the Hospital have engaged in private practice in addition to being superintendents, with the consequent neglect of their duties at the Mental Hospital from time to time. The chief reason behind this, of course, was the low salary authorized by law, keeping in mind that the medical profession is a highly paid profession. The legal requirement that a State employee devote his full time to his job is not unusual in the statutes of Nevada, but it is absolutely necessary along with such a provision, that a salary be paid commensurate with the position. Physicians at the Mental Hospital should be paid salaries equivalent to what they would earn in private practice, and this is said with absolutely no doubts whatsoever. It is only by good fortune that the Mental Hospital has obtained a few qualified medical and psychiatric practitioners with the salaries as authorized by law, and such cannot reasonably be expected in the future.

SALARY OF SUPERINTENDENT

When one of the resident physicians has been designated as superintendent of the institution the additional duties incidental thereto must also be taken into consideration in determining salary. The salaries of superintendents of mental institutions in the United States vary from \$7,200 to \$12,000 per year and it should be recognized that

there is not too much difference in the variety of responsibilities in institutions of different size. The salary of the superintendent should be determined in accordance with the pay plan promulgated by the personnel system authorized by law, said pay plan providing for salary increases in accordance with demonstrated ability and length of service. In the absence of such a personnel system, the law should merely set the salary range; the actual salary at a given time being determined by the appointing authority.

MAINTENANCE

At the present time, the law also authorizes the superintendent and resident physician, and assistant resident physician to have such supplies and maintenance as are available on the Hospital grounds. The Board of Commissioners has set a ceiling on such maintenance at \$100 per month. It appears that if this practice is continued, a ceiling on such maintenance should be provided in the law as a precaution against abuses. However, it is quite simple to add \$1,200 a year to the physicians' salaries, and thereby avoid considerable controversy and trouble and such employee would not be the loser. It appears to this writer that heads of institutions should not be allowed maintenance unless they eat in the regular dining rooms with other employees. It is impossible to guarantee that they will get all of their supplies and maintenance from the commissary on the grounds; invariably they are purchased from commercial establishments and delivered direct, one way or another. Anything can be purchased, criticism arises, the payment of income tax may be avoided, and undesirable situations arise. Possibly the head of an institution is no different from the head of any other State department or agency in this regard.

MEDICAL STAFF

Standards set forth by the American Psychiatric Association, for many years, state that in every mental institution there must be an adequate staff of well-qualified physicians, a staff of consulting specialists in internal medicine, general surgery, organic neurology, etc. As far as a resident staff is concerned, the law only allows our mental institutions to have a superintendent and an assistant as technicians. There is no visiting staff, and consultation is only called in when special conditions develop that need such a service.

In discussing those patients who require intensive, prolonged care and treatment, the American Psychiatric Association declares such would require a psychiatrist for every 75 patients; a graduate nurse for every 25; a trained attendant for every 8; a physiohydro-therapist, an occupational therapist, and a recreational therapist for every 75 patients. The Association declares that mental hospitals receiving children under 16 years of age require a special unit known as a children's unit, which requires a psychiatrist for every 30 children, a graduate nurse for every 10, a trained attendant for every 10, a teacher for every 20, etc. In the 1944-1946 Biennial Report of the Nevada Hospital for Mental Diseases, as submitted by the Superintendent, comments on these standards are as follows:

These are desirable high standards, and they are reasonable

when one comes to the realization that mental illness is as disabling as organic diseases. * * * In addition to the superintendent as a psychiatrist and administrator, there should be authorized a senior assistant physician-psychiatrist and a junior physician.

This means three physicians altogether. After the appointment of a responsible superintendent the law should be liberal in authorizing the appointment of as many physicians as needed, in the same way as authorized for nurses and attendants. This is a responsibility that should not be shouldered by the Legislature. The superintendent should be authorized to appoint whatever physicians are necessary to meet the changing conditions, and the same for other personnel. Of course, this implies a more liberal allowance in the salary budget of the Mental Hospital than heretofore appropriated.

MEDICAL PRACTICE ACT

In 1947, the Nevada Legislature amended the Medical Practice Act so as to allow limited revokable permits to be granted by the Board of Medical Examiners to resident medical officers in Nevada hospitals. In 1949, the Nevada Legislature repealed the old Medical Practice Act and passed a new one, but in the process the provisions for permits for resident medical officers in institutions were omitted from the new law. In discussing this matter, the Superintendent of the Mental Hospital indicated his belief that the provisions of the repealed 1917 law should again be inserted in the new Medical Practice Act. He remarked as follows:

We are hamstrung in obtaining assistance. The requirement that they must first be licensed as practitioners in this State bars men from coming to this institution on the chance that they may become licensed. No one will do it just on the chance of getting a license. My recommendation is that the statutes should be amended so as to provide restricted licenses for medical practitioners employed in Nevada hospitals; such a restricted license would prevent private practice beyond its confines. Such a law exists in our neighboring State of California. A practitioner could then come into the Mental Hospital as an assistant for a service period of one year, and he would be allowed ample time to qualify and be licensed. * * * The present situation is contributive to grave hardship on the physician responsible for the care of the mentally ill in the State Mental Hospital, and is detrimental to the interest of patients committed to the Hospital's care.

NURSING STAFF

The nursing staff of the Hospital consists of a nursing supervisor and an assistant nursing supervisor. The situation is like the Mexican army, which supposedly is composed of all generals and no privates. At the Mental Hospital there are two nursing supervisors but no nurses to supervise. At the time of this writing, the nursing supervisor has been a steady employee at the hospital for a period of approximately four years. In the opinion of the Superintendent, there should be a

nursing staff at the Hospital consisting of four or five registered nurses to cover the institution day and night, and provide closer supervision over the distribution of medications. The two present employees are not only registered nurses, but they have psychiatric training or experience. They do not work at night, but are subject to call in the event of an emergency at any time, and they both reside on the grounds.

There is a shortage of qualified psychiatric nursing personnel in the United States at this time, and a general shortage of nurses in all fields. It has been difficult to get nurses at the Mental Hospital because (1) salaries are not particularly attractive and the scale of pay is below civil service rate set up in neighboring States, (2) the area in which the Hospital is located does not attract a special type of nursing service and there is not too much opportunity to keep in touch with professional activities, and (3) the general shortage of specialized nurses in the particular field.

It appears that the nurses are heavily overworked, and there is considerable evidence that they are forced to spend too much time on clothing problems and other material needs of the patients which, in turn, prevents them from devoting as much time to the nursing and care of patients as they should.

MATRON

The Matron has been an employee of the Mental Hospital for approximately 10 years, and is in charge of a small storeroom which contains linens, sheets, pillow cases, and a great many items that are needed and used every day. She checks and countersigns requisitions, and maintains close contact with the commissary, with the business manager, and the assistant purchasing agent. The Matron has direct contact with the attendants and patients, she checks attendants requisitions against the needs in the various wards, she checks the conditions in the employees' quarters, and orders various cleaning details. Her position provides one of the places where there is direct contact between the medical department and the business department on a daily basis.

SEAMSTRESS

The Hospital has a sewing room where sheets and pillow cases are made, repairs made to clothing, and where the many sewing and repair jobs are handled. The sewing room is in charge of a seamstress who has been an employee of the Hospital for more than a year and one-half and patients help her with the work.

OCCUPATIONAL THERAPY

The Hospital employs an occupational therapist, generally a woman who directs occupational and educational activities of the patients. She is assisted by attendants. On this matter, it appears advantageous to quote a recorded conversation between the writer and the Superintendent, as follows:

Q. Just what is occupational therapy, and how many patients are able to work at the present time? How many are not able to work? Does occupational therapy include work on the farm and in the dairy?

A. Occupational therapy is having the patients engage in

some useful or satisfying service according to the background, inclinations, and natures of the patients. Considering the background of most of our resident population in the state, many patients find themselves more at home on the farm and dairy, and some of them do very well in the shops. Others fit into the kitchen operations and some fit into laundry operations. Over and above all this, we have an occupational therapy department which provides a considerable variety of work that will interest the patients. The occupational therapist is a person especially trained to find various types of occupations or engagement according to the needs of the patient. In addition to the various types of needle work and weaving on looms, a woodworking shop has been established. As the department develops, there will be work on leather, ceramics, metal, etc.

Q. This work is provided for both male and female patients, and anyone who has sufficient presence of mind to engage in it?

A. That is right. It applies to recent admissions in a few cases, recoverable ones, and also to chronics who, in spite of their illness, have retained a sufficient presence of mind, and otherwise would feel the monotony of boredom and inactivity.

Q. What happens to the articles that they make? Are they sold, and if so, where does the money go?

A. Quite a few of the articles produced are sold to various agencies; occasionally individuals visiting the Hospital see some of the products and arrange to buy them. When such items are sold, the proceeds are handled on a 50-50 basis. The Hospital is only interested in being reimbursed for the actual cost of the materials, and the other half goes for the personal use of the patients to be used as they see fit.

NIGHT SUPERVISOR

During the day the attendants are under the supervision of the physicians and the nurses. A night supervisor is in charge of the attendants during the night. He makes the rounds of every ward, once an hour, and is available for the assistance of individual nurses in any emergency that may arise. He takes care of needs or special services developing through the night, such as new admissions, and changes of patients from one ward to another because of the change in behavior of said patients. The present supervisor and those before him were chosen because of special confidence in their loyalty, and confidence in their accurate delivery of information to the superintendent or the nursing supervisor relative to all activities during the course of the night. They were experienced or specially trained attendants prior to their employment as night supervisors.

ATTENDANTS

The medical department employed 28 attendants as of March 1950, of which 21 were day attendants and 7 were night attendants. At that time there were approximately 377 patients in the hospital, and that

means that there was an attendant for every 13 patients, at best. During the day there is 1 attendant for every 18 patients, and during the night 1 attendant for every 54 patients. For instance, there are in excess of 160 patients housed in the new, male ward building, and there are 5 attendants on duty in that building during the day, and 2 at night. In this building then, there is 1 attendant for every 32 patients during the day, and 1 attendant for every 80 patients during the night. The distribution of attendants at night varies in different wards and buildings of the institution. For instance, there may be one attendant for a contiguous ward which may actually include two wards together, just as long as there is an intercommunication or the wards are open so that an employee can cover them. In some instances, there may be one attendant to cover a building, or the coverage is a continuous routine and the employee can see and note the conduct of every patient. That certain report entitled, "The Medical Health Program of the Forty-Eight States," as issued by the Council of State Governments, indicates that the average ratio of attendants to patients in hospitals in the United States is approximately 1 attendant to every 10 patients. The report recommends that in hospitals that have less than 1,000 patients, there be one attendant for every four patients.

All this adds up to the fact that the Nevada Hospital for Mental Diseases is understaffed and in need of additional attendants. At the present time, attendants are working 12-hour shifts 6 days a week; there are two 12-hour shifts every 24 hours. Everyone seems to agree that not only should there be an adequate staff of attendants day and night in all of the wards, but that they should work three 8-hour shifts out of every 24. These desirable things will not come about until the Legislature appropriates sufficient funds in the salary budget for the Mental Hospital. It appears that if office employees of the State of Nevada are authorized to work a 40-hour week, employees at the Mental Hospital should also be authorized, and sufficient staff provided, to work a 40-hour work week instead of the present 60-hour work week.

The writer examined the files of 43 job seekers that were listed as male and female orderlies, nurses, nurse aids, attendants, etc., at the Reno office of the Employment Security Department. All of these people appeared to be capable of filling jobs at the Mental Hospital, but they were not applying for jobs there, probably for the reasons given below.

The Nevada Hospital for Mental Diseases is in an unfavorable position to compete for the best quality personnel because of insufficient appropriations, unattractive salaries, too lengthy work week and too many hours on duty, lack of adequate housing to a large degree, lack of social and recreational opportunities, and finally because the Hospital is located in a comparatively small city. Nothing can be done about the last item, of course, but much can be done about the other items.

SALARIES

An examination of the table at the beginning of this chapter shows that attendants' salaries range from \$100 to \$135 per month with maintenance; the average of night attendants is slightly higher than that of day attendants.

According to the aforesaid report on mental health issued by the Council of State Governments, \$1,218 is the average salary paid by hospitals in this country to attendants, when they also receive maintenance from the hospital. So the Nevada Hospital for Mental Diseases is slightly above the national average in this respect. However, the report remarks that "the hospitals reported that, as an obstacle to recruitment, unattractive remuneration was second in importance only to the lack of supply of qualified personnel. This indicates that salaries paid in mental hospitals are still too low to attract or hold qualified personnel." Another thing, when employees in California hospitals are working a 40-hour work week and receiving higher salaries, prospective employees are not going to gravitate to Nevada where salaries and working conditions are not as favorable.

EMPLOYEES' QUARTERS

Turning to housing and quarters, the female attendants' quarters are modern and adequate at the Mental Hospital. However, it is for single people, female attendants primarily, although one couple resides in the building at the present time. Quarters elsewhere on the grounds for married attendants and single male attendants are quite inadequate. Quarters for married couples are not much larger than those provided for single persons. The other quarters are old, poorly furnished, and generally in mediocre condition and unpleasant to live in. And, lastly, there are hardly sufficient quarters to house the present staff. This means that if the Legislature appropriates sufficient funds to hire enough attendants to work three 8-hour shifts instead of the present two 12-hour shifts, it would be necessary that the Legislature also appropriate sufficient funds to build additional employee quarters. It should also be noted that if and when the present old, male ward building is eliminated, it will be necessary to provide additional employee quarters to house the employees presently housed in that old, male ward building. Until the Legislature appropriates the money to build new and additional quarters for attendants and employees, prospective employees are not going to be too anxious to work at our Mental Hospital, and there will always be a tendency to acquire less valuable employees.

PERSONNEL TURNOVER

The aforementioned report on mental health issued by the Council of State Governments remarks as follows:

A turnover of personnel in State hospitals in 1949 was relatively high in comparison with turnover rates in other types of public employment. The annual average turnover for physicians was 28 percent; for nurses 34 percent; for attendants 55 percent, and for social workers 17 percent. This situation was particularly unfortunate from the standpoint of the patients' care and treatment. Frequent changes in the staff, in no matter what category, are deleterious to patients' sense of stable care, and can go a long way in undoing the good effects of the treatment that he receives. Moreover, a person familiar with the routine of the Hospital and the duties required of him is a more useful employee. Conversely, the

employee who remains but a short time cannot be utilized to his full potentialities. Time and money spent in training new employees is wasted when the employee does not remain long enough to be productive. * * * The matter of turnover of attendants is most serious. Not only is the average rate of turnover higher for this class of personnel than for others, but usually the attendant receives his training only at a hospital and on the job. While it would be hoped, therefore, that the attendant would remain for a substantial period of time after having received his training, this is often not the case. The real problem, aside from the time and expense involved in training new attendants, is the fact that the attendant is the person who has the closest contact with the patient. He is in a position to gain the confidence of the patient if he remains with him. If attendants are changed frequently, the effects on the patients threaten their improvement or recovery. * * * If the state hospitals are to obtain and keep well-trained personnel, they must not only be willing to pay a fair wage in accordance with local standards, but be willing to provide good working conditions and living arrangements, if the latter are not available in the vicinity. In addition, attention should be given to the training and advancement of the employees so that they might see definite advantages and remain at the hospital. The security factor of such an employee program has much to offer and should not be overlooked.

The remarks in the report of the Council of State Governments are particularly applicable to the Nevada Hospital for Mental Diseases. The rate of turnover is very high at the Mental Hospital; it appears that a goodly number of their employees constantly come and go and travel the circuit of institutions in the Western States. It would appear highly desirable to create an employment situation at the Mental Hospital whereby employees were permanent, where salaries and working and living conditions were satisfactory, and where employees could have their homes and families in the adjoining town and live a normal life apart from the atmosphere of an institution after working hours.

The Superintendent indicates that practically all persons who come to the Hospital for employment represent themselves as having long years of employment in other mental institutions. He indicated that only a few Nevada residents are employed at the Hospital because the total population is very small compared to other areas, and the total population in the immediate vicinity of the Hospital is comparatively small, and all this results in only a comparatively few persons of the total population being suitable or interested in the special type of work that exists at the Mental Hospital.

IN-SERVICE TRAINING

There is no in-service training program for personnel engaged in the care and treatment of patients at the Nevada Hospital for Mental Diseases. Training of attendants or psychiatric aides, who constitute the bulk of ward personnel, is a highly important matter. In the first

place, the attendant comes into close and prolonged contact with the patient, and second, there is no place outside the Mental Hospital where training for this particular work can be obtained. The day has largely gone by when the attendant was given his keys and told to keep order in his ward without any further instructions. The matter may be debated on the grounds that the Nevada Hospital is too small, but nevertheless, it appears that the lack of an in-service training program is one of the things that lowers the value and efficiency of employees at our Mental Hospital. But how can such a thing as this be done, when the staff is too small and supervisory personnel heavily overworked? Nothing will be done on matters such as this until sufficient funds are provided to employ an adequate staff.

STAFF CONFERENCES

The Superintendent made the following answer to the following question:

Q. Do you ever hold staff conferences and review in a group the examination and treatment of the patients?

A. There is no occasion for it because there is no staff to speak to. Every patient, more or less, is reviewed by a physician having direct contact with the patient. In hospitals where they have several physicians and several nurses, there would be a basis for consultation to reach the conclusion as to the service indicated. But, where I have to make the decisions from beginning to end, I only share my views with the qualified personnel, which is the nursing supervisor, as we discuss our patients from day to day.

EMPLOYEES' RECREATION

In the 1945 report of Dr. Cushman to the Nevada Legislature, he remarks as follows:

At present the assembly and so-called recreation room for the institution is located in the basement of the attendants' home. Patients also use it for their amusement at times. Church services are also held here. It is suggested that this room be assigned to the female attendants as soon as a similar recreation hall is constructed for the patients, and that the attendants may use it for the entertainment of guests and for their own amusement purposes. For a small sum it could have a coat of paint, some furniture, and with the individual efforts of the attendants toward rendering it attractive, it could be made habitable and a place for the enjoyment of leisure hours.

In commenting on this matter, the Superintendent remarked as follows:

This suggestion has not been carried out, although it is highly desirable and should have been followed. However, until there is something to replace it for the benefit of patients, I believe the patients have priority. We have enlarged upon these facilities for the patients' use, and have created nothing additional for the benefit of the attendants. As it is now,

there are no recreational arrangements for the attendants. The space beneath the nurses' quarters referred to by Dr. Cushman, has been converted to what I think is a more urgently needed service, that is, an occupational therapy department for the patients. Recreational activities for patients have been transferred to the new male ward building day hall, which is much larger in space, much lighter because of the many windows, and has better sound effects. We use the day hall in the new ward building for the various purposes mentioned by Dr. Cushman for patient recreation.

EMPLOYEES' MEALS

Day and night attendants eat their meals in the employees' dining rooms, and their food is prepared in the Hospital kitchen. The menus are prepared by the chief cook, and the food may be slightly better than the food served to the patients. The night attendants are allowed one-half hour for the one meal that they eat while they are on duty, and during that time their wards are left uncovered. They all eat at the same time, not at staggered intervals since there are no substitutes for them during their absence from the wards. The same is true of day attendants who serve on wards alone, but where there are more than one day attendants on a given ward, their meals are staggered.

LEAVES

The law of the State of Nevada provides that all employees of the State shall be given an annual vacation leave of 15 working days with pay. All employees at the Hospital are receiving such vacation leave. In the medical department all employees work regularly six days a week, and they are allowed six legal holidays during the year.

There are no provisions in the State law for sick leave, and such leave is at the discretion of the State departments. Like the business department, the medical department allows five days a year sick leave with pay to each employee if it is clear that the employee is truly ill. Such sick leave is not accumulative. Details of employment are given orally to each employee when he is hired.

TREATMENT OF VISITORS

The criticism has been made that occasionally attendants are surly and rude to visitors. On this matter, it appears advantageous to quote a recorded conversation between the writer and the Superintendent as follows:

Q. Are attendants sometimes surly and rude to visitors? Just what do you require attendants to do, and how do you require them to act when visitors come to see patients?

A. Attendants are required to act with reasonable courtesy and an attitude of accommodation toward relatives and visitors of patients in a spirit of helpfulness. Any discourtesy that is reported is dealt with administratively.

ABUSE OF PATIENTS

Criticisms have been made to the effect that there have been instances where attendants at the Hospital have not conducted themselves prop-

erly in their handling of patients, and have been guilty of abuse and ill treatment of patients. In commenting on this matter the Superintendent remarked as follows:

It is not unusual to find instances of aggressiveness and even sadistic traits in nursing personnel of mental hospitals. The persons we engage here are generally persons of some experience in other institutions and old habits have a way of holding on. We frequently have to correct them, or else discharge if an employee cannot change to suit the general plan of care of this Hospital. There is another thing that frequently occurs and cannot be recognized in advance, and that is a tendency towards sadistic feelings, such tendency being expressed in mishandling and sometimes in actual physical abuse of the patients. We eliminate such employees as fast as we discover them. I might say that when I first came here, we had to dispose of quite a number in a short time because of their obvious unfitness to deal with patients as ill human beings. At the present time the only recourse is dismissal, but in some instances the violations are so gross and so inhuman that nothing short of a penalty would do justice to the situation. There should be a law prohibiting the willful abuse of patients and making such willful abuse punishable as a misdemeanor. The purpose of the law would be exemplary, and it would discourage tendencies in that direction. The only recourse that we have at present is dismissal, and I can assure you that any unnecessary restraint or force is definitely not tolerated.

The Superintendent indicated that, in the same way, a statute is needed prohibiting the bringing of intoxicating beverages into buildings occupied by patients, and prohibiting anyone being under the influence of liquor while on the job. Such a thing cannot always be prevented, but should be drastically dealt with after perpetration.

SOCIAL WORKER

In the 1945 report to the Nevada Legislature, Dr. Cushman recommended that a social worker be appointed for the purpose of supervising the old and discharged patients after they leave the Hospital, contacting them in their homes, advising relatives as to their proper care, getting family histories for the purpose of assisting, advising, and treating such patients, and making adequate and complete reports to the superintendent. In discussing this matter, the Superintendent remarked as follows:

The use of a psychiatric social worker is well recognized in the large institutions. However, in a hospital of this type, serving in a large area, the use of such a worker would be very limited. It would be difficult to determine what area this person would serve. As a matter of fact, if we were to render that type of service, it would require several workers. In addition, it is doubtful whether a complete service such as is anticipated from the use of a social worker would still be possible because of the sparcity of population and the unpredictableness of location and function of the patients who are

released from the hospital. A recommendation, as I have said, might have sound principal and application in areas of dense population where the worker is given a particular area to cover and one he can reach readily, but, as it stands at the present time, it would be a luxury service and incomplete at best. There are many other things much more urgent at the Hospital and for the care of patients than that type of service.

MEDICAL AND STATISTICAL RECORDS

Turning to various administrative activities of the medical department, clinical histories and medical and statistical records are maintained on all patients in the institution. In the past, records on patients were incomplete and inadequate, and they are being completed and extended as time permits. The adequacy of the records depends upon the time and the availability of information. Basic records on patients are obtained by the physicians as they develop and are transcribed into the permanent records by secretarial employees. If there was an adequate staff of physicians the records might contain more information and be more complete than they are, but as it is, the Superintendent feels that medical services cannot be sacrificed for the purpose of records. Records concerning patients are in two parts: (1) Informational data on the patients contained in separate folders, such items held to the folder by Acco fasteners, and (2) a permanent record book containing information largely of a legal nature and relating to the rights and illnesses of the patient. The permanent record book is kept in a fireproof safe, but the folders are maintained in alphabetical files in locked, steel cases which are not fireproof.

COUNTY PAYMENTS FOR PATIENTS

Counties are not required to pay for indigent patients committed to the Mental Hospital at the present time. Legal provisions for such payments were repealed by the Legislature in 1937. There is one exception at the present time; where a county not wishing, or being unable to take care of a senile or dotard has requested that the Mental Hospital continue to care for such patient, and the county is paying a minimum sum for the patient. Statutes passed in 1949 permit the admission of children on a voluntary basis, and counties have joined with parents in paying for the support of such children at the Hospital, and the question of payment is not with the Hospital, but between the county and responsible parents.

PAY PATIENTS

For many years the law has authorized payments for the care of patients committed to the Mental Hospital, either from their own funds or by close relatives. In 1949, the Legislature passed new provisions setting forth a new and broadened procedure for payment to the Hospital for the care of patients voluntarily admitted, including payment for care of nonresidents. Collections from pay patients have increased 10 times over the last four years, and commendation is due the Superintendent for his efforts in this matter. In his audit report on the Mental Hospital, the Legislative Auditor remarks as follows:

Collections from pay patients continue at a high level. A comparison of collections from this source for the past six and one-half years follows:

Fiscal year ended June 30	Total number of patients	Pay patients collections
1944	408	\$3,543.58
1945	327	3,859.27
1946	336	10,907.28
1947	355	14,324.82
1948	361	26,679.78
1949	352	30,011.44
1950	367	36,576.59

The total number of patients indicated above represents the patient population for the years mentioned, for comparative purposes, and does not represent the number of paying patients. * * *

Collections from pay patients, in numerous cases, result from continuous effort to make such collections from the relatives or estates of the patients, and entails voluminous correspondence and expenditure of time on the part of the superintendent and bookkeeper. In view of this, consideration should be given to the feasibility of employing a competent person whose duties it would be to make every effort to collect amounts due from pay patients and to assure the effective control of this important source of revenue.

Since 1945 the income from pay patients has risen from approximately $1\frac{1}{2}$ percent of the total appropriated to the Mental Hospital by the Legislature, to 10 percent or better, and probably will amount to 12 or 13 percent during the current biennium. The matter of getting a maximum return from this source would require certain changes in the law and certain requirements of cooperation between the Hospital and the agencies operating throughout the State. It is important that there be means of enforcing the obligation at law, and force cooperation of district attorneys in their respective counties so that they would take action in these cases where there is a failure to perform. In other States, the large hospitals employ persons who work full time at making such collections. In a hospital the size of the Nevada institution, such work would have to be combined with other administrative functions, although it may eventually require additional clerical and bookkeeping assistance. The important point is that the main burden of making such collections should be removed from the superintendent. The amount and size of the collections are justifications for an increased legislative appropriation for the salary budget of the hospital in order that another person may be employed to pursue collections to the fullest extent. It should be noted that by law all money collected for pay patients is deposited directly in the General Fund of the State of Nevada, and is not available for expenditure by the Mental Hospital.

PATIENTS' FUND

Another fund which is under the control of the superintendent is the Patients' Deposit Fund, the amount of which represents money

on deposit with the institution belonging to patients. An auxiliary ledger is maintained, showing individual balances of each patient who has money on deposit. Occasionally patients die or are separated from the Hospital for such reasons as recovery or improvement and then cannot be located, and they leave small amounts in their personal accounts. After a lapse of two years, the Board of Commissioners has directed that the residual funds, if they do not exceed the sum of \$25, may be deposited into the patients' recreational and occupational therapy fund. Other personal property left by deceased or discharged patients usually has very little value, but is usually returned to relatives or friends. No one seems to know what would happen to a valuable piece of personal property, such as a watch or a ring, if friends or relatives could not be found. While patients are in the Hospital, their suitcases, good clothing, and other personal possessions are properly marked and neatly stored in a well-kept, clean, and vermin-proof storeroom and kept under lock and key. There are no lockers or closets for clothing and possessions used by the patients daily. Each ward has a nursing office or a room for the attendant on duty, and usually contains cubicles especially set aside for the care of clothing not in immediate use.

BEAUTY SHOP

In 1947, something of a beauty shop was established with the generous help of the Catholic Welfare. For a time the Hospital had a part-time licensed operator who was also willing to spend the rest of the time as an attendant. The operator eventually left the employ of the Hospital, and since that time the beauty shop has been operated at such times when an attendant or patient was available who knew how to use the equipment.

SEGREGATION OF PATIENTS

From time to time, various views have been expressed concerning the segregation of patients. In commenting on this matter the Superintendent remarked as follows:

As it applies to institutions, segregation can be for a great variety of purposes. The key thing is the practical management of patients, so that we can reduce the element of risk, or of hazard, or of possibility of disease being communicated from one patient to another. The mental and physical convenience of patients must be considered. In a general way, the problem reduces itself to the following: We operate on the principal that no one patient may disturb or jeopardize the welfare of a group of patients. * * * By and large, in an institution of this type, we must recognize that there are many varieties of possible segregation, and obviously the walls of the institution cannot be extended so as to create cubicles for each separate segregation. Consequently, we follow a general principal of segregation on the basis of behavior, and we have achieved a great deal in that respect. The present segregation within the limits of the size of the institution has been on the basis of behavior differences or behavior difficulties. Sometimes an acute patient, who may even be recoverable, is such a disturbance to another group of quiet patients.

also recoverable, that such a person has to be removed to some area where he can to some extent indulge in his activities without doing harm to others. In this way, I believe that we have achieved a high degree of segregation. After the major segregation on the idea of therapy and what is best for the patient, we then have a sub-segregation in the individual buildings. Where we house the chronic, long-time ill persons, both young and old, there are differences of habit that result in difficulties relative to matters of cleanliness. For example, for the incontinent patient, the patient who cannot care for himself by the use of bathroom facilities, the untidy patient, the patient who creates disturbances at night, there are separate segregations within the building. A sullen patient or a very noisy patient will not be left in the same dormitory with quiet patients or clean patients. For instance, we have a separate dormitory for a group of soiling patients. This is true on the men's side as well as on the women's side. Acutely disturbed patients are provided with individual rooms for sleeping purposes. There is no segregation for persons with communicable diseases such as tuberculosis, since there are no facilities available for that class of patient. This is done in large institutions, but is not a very acute problem in the Nevada Hospital. In four and one half years, we have had three such patients at different times; the nature of the communicable disease was discovered after their admission here. In those cases we provided single room accommodations, and as much separation as possible allowing them to do certain things whereby the diseases would not be communicated. Our allowance for personnel, and the limited space of the institution make it impossible to have segregation to the extent that might be desirable. We have endeavored to discourage the admission of people with communicable diseases. * * * We do the best we can with the situation, and the Health Department is thoroughly advised of the problem. The statutes permit the making of contracts with other institutions for the care of such patients, but money must be available for such purposes.

In certain cases, for reasons of security, patients are kept in individual rooms, but the Superintendent denies that patients remain alone and unattended for hours at a time behind locked doors.

He remarked:

As compared with institutions elsewhere, I would say that the use of mechanical restraint or seclusion is practically negligible at the Nevada Hospital. It is seldom necessary to seclude a patient for more than three or four hours. In any event, when a patient is confined, it is only temporary with opportunity for exercise and relief periods. The devices which have been so much publicized in the press are not allowed at this institution without the knowledge of the superintendent or the supervising nurse. Sometimes it is necessary to lay hands upon and restrain patients, but not in the usual sense of assault. This is often necessary in acute cases and for

highly disturbed patients because of the disturbing influence they have on other patients. There should be a distinction between the handling of patients as an abusive practice, and the necessary removal of patients for the convenience and needs of the ward.

MEDICAL SERVICES

Because of the comparatively small size of the institution, it is possible for the Superintendent to be personally acquainted with every patient. The Superintendent makes regular nightly rounds throughout all the buildings of the institution, he is available for midnight calls and emergencies, and he takes care of acute physical illness and performs surgery. On the matter of medical care and services, the Superintendent remarked as follows:

In this knowledge and acquaintance the patients have a sense of freedom from fear, and freedom from concern about any abuses that may develop, as has been publicized in other hospitals. At the Nevada Hospital patients have greater freedom of movement, each large building has an exercise yard, and the patients do not have to be kept confined indoors all the time, even though there aren't enough attendants to watch them. They have an all-day freedom of movement, both indoors and outdoors. As far as the superintendent is concerned, he sees the patients in several different situations. He sees every patient that is admitted to the Hospital during the period of observation and diagnosis and prescribing of treatment, and he sees them again from time to time if the case does not require any special active treatment. If the patient is one that requires active treatment and is going to be helped towards recovery, the contact is almost continual—the treatments are active and given according to a schedule which is considered best for the recovery of that particular patient. The superintendent gives personal attention on such things as special dressings, minor surgical matters, and psychiatric services. The assistant resident physician is also acquainted with every new admission, and, in addition, he makes regular rounds of the wards every day in the company of the nursing supervisor. He may prescribe treatment or immediate attention as he meets it on rounds. If there is any question or any matter that should come to my attention, it is generally brought to me after completion of rounds. The nursing supervisor makes additional rounds, supervises the quality of nursing services, supervises the behavior of the nursing personnel, and will independently report the needs of patients in order that they may have immediate attention.

While entering the specialty of psychiatry, we have not forgotten the medical, and we are competent to cope with most of the illnesses that occur in the Hospital. We do call for help where special consultation is required. We are quite liberal in our demand for consultation because we feel that it is no reflection to admit that we do not know everything, and we try never to sacrifice the interest of the patient on the

question of calling in a consultant. When the needs of ill patients go beyond our facilities, we take them to the Washoe Medical Center. Otherwise, cases requiring close medical and nursing supervision and intensive treatment are cared for in the administration building at the Hospital. * * * Generally speaking, the only patients confined to bed are those so paralyzed as not to be able to sit up in a chair or to move around without help. Our total percentage of such cases, including a large number of feeble seniles, is about one percent or two percent, and we consider this an extremely low figure. We believe that less confinement to bed contributes considerably to longer life for our patients.

THERAPIES

On the matter of special medical services, it appears advantageous to quote a conversation between the writer and the Superintendent as follows:

Q. What is the extent of medical services provided at the present time? Are insulin-therapy, psycho-therapy, narco-therapy, and electric shock treatments available?

A. All of the therapies that you mention are available at this Hospital, but they can only be rendered to the extent of one doctor being responsible for the medical and psychiatric care of 370 patients. Obviously, only a small amount of this type of work can be done if the individual is to meet the requirements of a public institution. If we had more doctors, considerably more psycho-therapy, for instance, would be available. As it is, we largely concentrate on the various shock-therapies which include insulin, electric-shock, hydro-therapy, for specially indicated cases, and occupational therapy. We do provide selected individuals psycho-therapy when the situation is urgent and demanding, recognizing that the time available for one-man service or even two-man service, is necessarily limited. It should be recognized that each of the types of treatment mentioned have limited use only in special cases and the type of treatment is determined upon examination and careful study of the case.

Q. Are hydro-therapy treatments given at the Hospital?

A. We have two types available for hydro-therapy treatments when it is indicated. The use of hydro-therapy has considerably waned due to the increasing use of shock therapy, which restores patients much faster than hydro-therapy, when examination shows that shock therapy should be used. We have the facilities for hydro-therapy, and we give it when it seems advisable, but keep in mind that its use at this time is considerably less in all hospitals in the country as compared with the situation ten or fifteen years ago.

Q. Is there provision for occupational therapy under trained instructors? What is occupational therapy and how many patients are able to work at the present time? How many are not able to work? Does occupational therapy include work on the farm and in the dairy?

A. We employ an occupational and recreational director—one person—generally a female. Occupational therapy is having the patients engaged in some useful or satisfying service, irrespective of the nature of the service, according to the background of the patient and according to the inclinations and nature of the patient. Considering the background of most of our resident population in this State many patients find themselves more at home on the farm and dairy, and do well in the shop. Others fit into the kitchen operations, and some into the laundry work. Over and above this, we have an occupational therapy department which provides a considerable variety of work that will interest the patients. The occupational therapist is a person especially trained to find various types of occupations or engagements according to the needs of the patients. In addition to the various types of needlework and weaving on looms, a woodworking shop has been recently established. As the department is able to develop, leatherwork, ceramics, metal work, etc., will be established.

Q. This work is provided for male patients as well as female patients that have sufficient presence of mind to engage in it?

A. Yes, it applies to recent admissions in a few cases, recoverable ones, and also to chronics who, in spite of their illness, have retained a sufficient presence of mind and otherwise would feel the monotony of boredom and inactivity.

Q. What happens to the articles that they make? Are they sold, and if so, where does the money go?

A. Quite a few of the articles produced are sold to various agencies. Occasionally, individuals visiting the Hospital see some of the products and buy them. When such items are sold, it is generally done on the basis of a 50-50 arrangement. The hospital is only interested in being reimbursed for the actual cost of the materials, and the other half for the personal use of the patient. They have complete freedom in the use of the money.

Q. What provision is made for exercising, games, recreation, and social entertainment for the patients?

A. It is to be recognized that a large proportion of our permanent population consists of people past middle-age, and they have limited capacities for recreation. For the others, we maintain exercise yards adjoining the large buildings, and the patients can do many things in those areas. They are provided with some recreational equipment; volley ball, soft ball, and other games are occasionally initiated in the exercise yards. The recreational director may initiate various games for those patients who are capable of cooperation, and have the stamina to participate in the more active types of recreation.

Q. What proportion of the patients are mentally fit to engage in such activities?

A. Approximately twenty percent to twenty-five percent of our patients can engage in some form of physical activity;

they may be detailed for various services under supervision, or in recreational and occupational therapy. I believe that this represents a far higher percentage of patients who can engage in physical activities than can be shown in other institutions in this country.

Q. Do the patients engage in various social activities? Do they have dances and movies?

A. Yes, we have a rather generous allowance of service of that type. The new, male ward building has two large day halls. One of the day halls is an attractive place for assemblies. It has a large seating capacity, a high ceiling, good light, and good acoustics. It is being used as an assembly place for church services, weekly movies, dances, and other special occasions when a large group of patients must be accommodated. Ordinarily, a phonograph along with a public address system produces music for dances. However, during the past year we were fortunate to enlist the interest of the Musicians' Union, and under the terms of two different contracts, the first one covering a period of eight weeks, and the second one a period of thirteen weeks, an orchestra came to the Hospital on Saturday afternoon and played for two-hour dances. As for movies, the Hospital subscribes to a movie service through special agencies in California and at the present time one sixteen-millimeter type of movie is shown each week. This service is supported by funds available through Catholic Welfare. The movies are especially selected in advance, first by the distributors, and secondly, by the authorities here at the Hospital, with full notice as to the type of audience. Male and female patients intermingle for recreation and social entertainment, but the recreation is carried on under very constant supervision.

DENTISTRY

The Mental Hospital has a fairly complete dental unit, and a dentist comes to the institution one-half day each week in order to take care of the current needs of the patients. The Hospital has encountered great difficulties in obtaining the services of a part-time dentist. At one time there was some thought of sharing a salaried dentist between the Mental Hospital and certain Washoe County institutions, but this did not work out, and the present arrangement seems fairly satisfactory.

MEDICAL EQUIPMENT

The Hospital has certain medical equipment and surgical tools; the suggestion has been made that it should maintain a laboratory and have complete medical equipment. However, it is the opinion of the Superintendent that there is no reason for such an investment under present conditions when major surgery and difficult medical cases are handled at the Washoe Medical Center, and the routine laboratory work is being performed at the State Hygienic Laboratory. He declares that some of these things would be desirable as conveniences, and perhaps as luxuries, but that there are higher priorities for more urgent needs.

DEATHS

The Superintendent has stated that there has not been a single death during the past few years attributable to medical treatment administered at the Mental Hospital. He again pointed out that all major surgery and acute medical conditions beyond the facilities of the Mental Hospital resulted in patients being moved to the Washoe Medical Center, and patients had died there following surgery, for instance, but that such had no bearing upon or connection with psychiatric treatments and minor medical and surgical services performed at the Mental Hospital. Under present laws, deceased patients are no longer buried on the Hospital grounds. Alternate service is provided by the two mortuary firms in Reno and the rate is \$75 per burial, which is the same rate that Washoe County pays for indigents. The Superintendent stated that upon the death of a patient, relatives are immediately contacted and every effort is made to have the relatives take care of the funeral and expenses incidental thereto. In such cases the relatives pay the morticians directly, make their own arrangements, and select a burial plot. The Mental Hospital will pay for the burial of indigent patients, but if it is subsequently discovered that money from relatives may be available, the Hospital endeavors to recover the sum in question, and in such case, the money reimburses the general support fund of the Hospital. Deceased indigents of the Mental Hospital are buried in the same cemetery that is used for Washoe County indigents. In some cases, the Superintendent has been able to refer the burial to the county from which the indigent patient was committed. The principal there is that when the aged person is moved to the State Mental Hospital for the convenience of the county, and dies within a reasonable length of time after admission, it appears that the State Hospital has done its part by accommodating the patient for the county, and it should not be a means of escaping the cost of burial when the county would have otherwise been responsible. In these few cases, the county has paid the mortician directly.

COMMITMENTS

Turning to admissions, upon the application of any person under oath setting forth that any person is insane, or is an idiot, or an adult feeble-minded person, and so far disordered in his or her mind as to endanger health, person, or property, there shall be a hearing before a judge of the district court of this State, and after certification by two or more licensed practicing physicians that the charge is correct, the judge may commit such person to the Nevada Hospital for Mental Diseases. One physician may act under certain conditions, but then additional examinations must be made at the Hospital. County clerks may commit in the same manner if the district judge is absent from the county. Dangerously insane persons may be committed to the Nevada State Prison, and convicts at the Prison who may become insane may be transferred to the Mental Hospital by order of the court.

ADMISSIONS THROUGH DISTRICT ATTORNEYS

In 1949, the Nevada Legislature passed a law whereby persons who are mentally disordered, but not dangerously mentally ill, may, without being committed as insane persons, be admitted to the Mental

Hospital in order to receive care and be restored to normal condition if possible. The authority to admit under such conditions is given to the superintendent, upon application of the district attorney of the county, and certificates by two physicians. The superintendent may refuse to accept any application or refuse to admit any person to the Hospital if he believes the person is not mentally ill or in need of supervision, care or treatment, or if there is no room for him in the Hospital, or if his admission would violate any rule of the Hospital.

The Superintendent indicated that the provisions in the 1949 law providing for the admission of mentally-ill persons upon the application of the district attorney of the county wherein such persons reside has some very serious objections and may be abused. However, it is not much different than the provision in the law for voluntary admissions, and if any person raises any objection the statute becomes inoperative. The Superintendent indicated that, as a result, there has been only one admission during the current biennium under this provision, and, subsequently, even this one had to be changed to regular commitment.

VOLUNTARY ADMISSIONS

The superintendent may receive into the Hospital as a boarder or patient, any competent person who voluntarily makes written application for admission into the hospital for care and treatment. The amount charged for such care is determined by the superintendent.

The Superintendent indicated that the provisions for voluntary admissions should not result in an appreciable increase in the number of persons in the Hospital because if the various persons had not been admitted on a voluntary status, the patients or their relatives would have had to resort to the old commitment procedure. In this respect, voluntary admissions are desirable because these persons are treated and sent back to their normal pursuits without the so-called stigma of commitment.

COMMITMENTS OF INEBRIATES, DRUG ADDICTS, ETC.

Inebriates, dipsomanics, and drug addicts may be committed by district judges in the same way as other commitments are made, but for an indeterminate period of not less than six months nor more than one year. There have been an appreciable number of admissions under the inebriate and drug addiction provision, and the Superintendent believes that in every one of these cases the admissions were justified either on the grounds of the needs of the patient or on the grounds of removing such persons from circulation for a period of time at least. He stated that in such special cases the patients are not cured unless they want to be cured, and, consequently, sometimes there is no way to help them. While it is not the fault of the law, these provisions afford police departments some opportunity to get rid of chronically troublesome prisoners of this type. Usually, inebriates sober while they are confined at the Hospital, and generally make themselves useful while there, but, in any event, the Superintendent believes that it is a good community service. The inebriate and dipsomaniac provision has not increased the number of pay patients at the Hospital because usually their funds are almost exhausted by their habits.

TERMINOLOGY

The 1949 law introduces the designation of "mentally ill" as distinguished from "insane." The Superintendent indicated that a goodly number of persons have come to the Mental Hospital by their own application, and that this indicated that some of these persons who have been public problems recognized themselves as ill persons and in need of treatment, and that in this way the law is fulfilling a useful purpose. Under this Act, the civil rights of the person remain intact, where previously such a person could not come into the Hospital unless first declared insane and deprived of certain civil rights as part of the commitment of an insane person.

While admissions and the population at the Hospital have been steadily increasing during the last few years, the Superintendent declares that it is not due to the aforementioned liberalized laws on admissions, but instead is due to the general increase in population and to recognition of the service at the Hospital which is attracting a clientele of patients who formerly went elsewhere for hospitalization. The annual admission rate at the hospital is approximately 120 to 130 patients, and the total number of patients is approximately 367 at the present time.

DISCHARGES

Under 1949 laws, the Superintendent may, with the approval of the Board of Hospital Commissioners, discharge any patient at any time; provided, however, that no patient shall be discharged except upon ten days written notice being first given to the county clerk of the county from which such patient was committed. The superintendent may temporarily parole patients into the custody of relatives or friends or guardians, if such parole, in the judgment of the superintendent, will not be detrimental to the public welfare or injurious to the patient.

The Superintendent objects to the provisions requiring approval of the board in order to discharge patients, because it unduly prolongs the stay of patients in the Hospital since the patients have to wait until the board meets, and that the board is really not in a position to know the correctness of the Superintendent's judgment relative to the condition of the patient. The Superintendent stated that in actual practice, the law cannot be followed because when a patient shows improvement and is recovered he is anxious to get out of the Hospital, and it would invite law suits to force him to wait until the board could meet and approve on a quarterly basis. He stated that the question of discharge should be at the discretion of the medical staff, and that the 1949 Act should be properly amended on this matter.

It is to be noted that persons who have been committed on the application of a district attorney of a county may be discharged by the superintendent without consultation of the board of commissioners. The same is true of patients admitted voluntarily and the law provides that no such person may be detained for more than seven days after having given notice in writing to the board of commissioners or the superintendent, of such person's desire to leave the hospital.

In the cases of inebriates, dipsomaniacs, and drug addicts, the law provides that they may be committed for an indeterminate period of not less than six months nor more than one year; consequently the

court actually sets the time of discharge, and such discharge must occur within one year. The Superintendent believes that after release from the Hospital, such persons should not be readmitted without previous approval from the Superintendent, in order to prevent the return of persons who find it convenient to stay at the Hospital and receive free room and board.

REPATRIATION OF NONRESIDENTS AND RESIDENTS

Turning to nonresidents and the repatriation of patients, the 1949 law provides that for the purpose of repatriation, all nonresident patients that are confined in the Mental Hospital may be returned to the State in which they have legal residence. The Superintendent may enter into reciprocal agreements for such repatriation, and for the return of residents of the State of Nevada who are confined in hospitals in other States. The law authorizes the expenditure of Hospital funds in order to meet the expenses of returning the patient to the State in which he has legal residence, although provision is made for the use of his own or relatives' funds wherever possible. The law prohibits any Hospital money being used for the purpose of returning any Nevada residents to the Nevada Mental Hospital. Prior to these enactments, the only way to get patients back to the State of their legal residence was through the old law of extradition which would place the whole proceeding in the same class as criminal extradition, and would require the signature of the chief executive authorizing such extradition. Extradition procedures are rarely used by Nevada's Mental Hospital or any other mental hospital for a number of reasons: (1) They do not define their patients as criminals, (2) very few States take the initiative of recovering an insane person to their own jurisdiction, and (3) the procedure is too cumbersome since it requires the signature of the chief executive. In discussing this matter, the Superintendent remarked as follows:

The practice of repatriation of nonresidents to States of legal residence is well established in the operations of mental hospitals. At the present time, we have reciprocal agreements with California and Washington only. However, repatriation as an established practice operates on the principle of amity relationships between the States, and most States recognize it and respond to it for various reasons, irrespective of agreement. Where agreements exist, the procedure is much clearer. In those States far away from Nevada, we occasionally run into difficulty in achieving a repatriation of a nonresident, but we always try it. Our present practice consists of negotiating with the States from which the patient comes as a legal resident, and receiving authorization for the return of such patient. When we receive the proper authority, the other State also designates the agency or person to whom such a patient is to be delivered for further care, and we bear the expense of making such repatriation. In cases of Nevada residents in other States, the Nevada Hospital, as a matter of practical consideration, gives authorization for persons to be returned here for further care if it can be shown conclusively

that such persons were residents of Nevada during the year prior to hospitalization. While it is recognized that there is no legal obligation, we invite relatives to pay for the transportation of patients back to the State of their legal residence.

CHILDREN

Turning to mentally ill children, it appears advantageous to quote a recorded conversation between the writer and the Superintendent as follows:

Q. Are there any mentally ill minors permanently confined at the Hospital at the present time?

A. There are nine children below the age of fifteen at the present time who will probably be permanently institutionalized.

Q. Are such children segregated from adults at all times or even a part of the time?

A. At no time. The type of segregation that we have at the time for six of the children consists of placing them in a ward of specially selected patients who, far from being detriments, are actually a great help in looking after and entertaining the children.

Q. In other words, you are pretty particular about the type of adult patients that they are allowed to mingle with?

A. The segregation that we do have is with an especially selected group of patients who cannot or would not be harmful to the children. I might add that this is the best possible arrangement in view of the fact that there are no separate facilities available.

Q. Would you say that we should provide some special type of facility, as a cottage type of building, on the grounds for these children?

A. The type of building is of no consequence, but a suitable facility for the separate care of children is very desirable, particularly in view of the fact that the number of children in this Hospital represents only a very small fraction of the number in the State who should be given institutional care.

Q. What do you think it would cost to provide such separate facilities—just a rough estimate?

A. It would depend on the type of building planned. Additional personnel would be required, and the operating cost as a part of the present set-up would be much easier to figure than the over-all cost of a separate building for that purpose. Until such time when and if it is shown that there are enough children to require a separate institution, the most practical thing would be to make the operation a part of the over-all Mental Hospital operation, in order that there would be no duplication of the overhead and administrative services that would be required regardless of the size of the institution.

Q. Do you believe that nine is a sufficient number of children to justify the expenditure for separate facilities for children, or do you believe that the way we are handling them

at the present time is the proper method and is good enough considering the fact that there are only nine?

A. One reason that we only have nine such children instead of the probable fifty or sixty which has been reasonably estimated for the entire State, is that until 1949 such children could be admitted to the Hospital only by commitment and then only on a temporary basis. Parents generally were discouraged and adverse to committing their children. Also, it was necessary to move some children elsewhere, because if they had remained in our institution, some counties would have been financially responsible, and said counties were anxious to avoid such responsibility.

Q. I take it then that there are Nevada children confined to institutions outside the State, and paid for by parents and possibly counties, is that right?

A. That is correct. I do not know the exact number, but I have knowledge of seven that have been transferred from this Hospital to other such institutions in California.

Q. Are there any such children being paid for out of funds of the Mental Hospital?

A. No. There is no obligation upon the State Hospital to support any person committed to its care for placement elsewhere.

Q. What is your program at the present time for the training and rehabilitation of the children in this institution?

A. Until such time that children of a caliber capable of absorbing training and education are admitted to this Hospital, as is done in some of the larger institutions in other States where they admit children with a wide range of disorders the problem does not exist. With the type of children who have been committed to this Hospital up to the present time, there is very little promise of development through education. It may be of interest to know that, when the clamor was highest for the removal of children from here to institutions in California, at least one parent protested removal, feeling that the institution was doing everything that could be done, and knowing the nature of the care given in the California institutions. A further fact is that, of six children who were transferred from here to California in the fall of 1948, three of them were returned and were given voluntary admission.

Q. What recreational facilities are provided for the children in this institution?

A. The building in which these children are housed is a small one with an adjoining fenced-in yard, and the yard contains recreational equipment. Also, a quonset building is available which can be used for midday indoor recreational activities. The children also have, more or less, a free run of the floor on which they reside, which for them provides ample fun and entertainment because they have no sense of direction or normal interest insofar as play is concerned. They are housed in a small building formerly occupied by female

patients, and the number of female patients has been reduced to make room for these children. The problem of care for the severely mentally defective children, which are the only ones we have received in the Hospital, is not solved. There is no provision in Nevada law that covers their care except the 1949 statute which permits voluntary admission. I might say that Nevada is the only State in the union at the present time that does not have some sort of specialized facility for the care of such children. On the basis of our State population, it has been estimated that there are approximately 200 children who would profit from institutional care. If this was carried through to its logical conclusion, there would be need for additional facilities providing some training and education assuming that the admissions would include higher grades of mentalities than we are receiving at the present time.

During the past year, Dr. A. Loyd Anderson, Clinical Psychologist, Nevada State Department of Health, examined 43 children indicated for institutional care. A conservative estimate has been made that approximately 150 children in the State are in need of special institutional care. Nevada is the only State in the United States without local provision for this class of patients. The admission of children to the Mental Hospital has long been an issue, but until the State, through its legislature, makes better facilities possible, the present service is probably the best devised in the State. The existing law for temporary commitment does not take cognizance of the wide range of mental capacity and learning ability of children. Since voluntary admission was authorized in 1949, all but two children are on voluntary status, either through application by a natural parent or by a guardian. Several of the children are returnees from private institutions, where the cost was \$85 to \$100 per month for their care. It appears that there may be enough children in the State needing institutional care to warrant a separate facility.

In observing the children at the Nevada Hospital, the writer was not impressed by the mental capabilities and actions of the children to an extent that would indicate that they were capable of learning very much of anything. In fact, the writer noted only one child who was capable of making a sound that resembled an intelligible word. It would appear that if children of higher intellect should be admitted, then some form of additional training should be available.

On this matter, Mr. Harold M. Erickson, State Health Officer, State of Oregon, remarks as follows:

The problem of caring for mentally-defective children is a highly individual one. Not only do children vary greatly in the extent of their deficiency, but their behavior patterns range from obedient and co-operative to hostile and destructive. Parents' acceptance of the problem also varies, and their ability to be of help is always a factor. It hardly seems possible that legislation could be drawn up which would be just and fair to all cases.

It does not appear that the quonset hut presently sitting on the Hospital grounds is a particularly suitable facility for the education

and recreation of mentally-ill children. Considering the caliber of the children at the Hospital at the present time, it doesn't appear to make too much difference. But, if anything is to be done at all, no halfway measure should be taken, and adequate facilities should be provided. For instance, this means adequate appropriation of funds in order to provide separate attendants working three 8-hour shifts. Mentally-ill children are very difficult to manage, and it has been stated that an 8-hour period is the maximum amount of time that the attendant can manage to work with the children. The quonset hut appears to be a cheap attempt to solve a problem that involves considerable money. A remark has been made that with only nine children, the problem is not so pressing as to require the construction of a separate building and adequate staff to do the job. Of course, if such facilities were provided no doubt there would be a far greater number of children using the facilities. It appears that little can be done until an adequate appropriation for the purpose is made by the Legislature.

CHAPTER VI

SUMMARY AND RECOMMENDATIONS

As has been noted in many places throughout this report, there have been many substantial achievements and improvements at the Nevada Hospital for Mental Diseases during the past five years. Additions have been made to the plant, improved business practices and procedures adopted, and better use made of presently available medical facilities. But in government, as in private business, or in any other phase of this human existence, it is contrary to natural law for operations to remain at a stationary level. They either improve or deteriorate, and farsighted efforts must be made to improve the care of the patients. The Hospital was created to offer protection, care, and treatment for certain illnesses which few can afford under private auspices, and there can be no standing still on these matters. To properly achieve these objects, there must be a good organizational framework existing in the law. The buildings and physical plant must be adequate, there must be a well-qualified staff with small turn-over and honest, hard-working employees, and last but not least, adequate financing by the Nevada Legislature. While it is recognized that it may be many years before all of the following recommendations are carried into effect because of the cost involved, nevertheless, a goodly number can be carried into effect now, and it is sincerely believed that each one would make an important contribution in the achievement of the objects for which the Hospital was created, and that they merit careful study and appropriate action. The recommendations fall into four general categories, and they are not necessarily listed in the order of their importance. (1) Buildings and Grounds, (2) Supplies, Equipment, and Services, (3) Staff and Organization, and (4) Admissions and Discharges.

BUILDINGS AND GROUNDS

(1) There is not too large an area of the Hospital property that is suitable for agricultural purposes, and additional construction and expansion of the Hospital grounds proper will eliminate a certain amount of acreage that was heretofore available for cultivation. The productive acreage of the property is being decreased as the operating grounds grow, and as highways cut through the area now under cultivation, and the Hospital will either be forced to buy a larger portion of its food or increase its acreage to the few adjacent sectors still left available. Surrounding properties are becoming more valuable as industrial areas, and it appears that if something is not done during the next five or six years, it is going to be impossible for the Hospital to ever acquire any further ground for any use whatsoever, and that will mean a greatly increased appropriation for food. Consequently, it is recommended that the Nevada Legislature appropriate funds for the acquisition of additional land in order to meet the growing needs of the Hospital, and in order to eliminate the annual payments for rent of adjoining land.

(2) The fencing throughout the institution is in very poor shape. It is recommended that a high escape-proof, and vandal-proof fence be built enclosing the entire area. Such a fence would not only help in preventing patients from wandering away, but help to prevent the theft of produce and other property belonging to the Hospital.

(3) It is recommended that the Nevada Legislature appropriate sufficient funds to build a new central service building including commissary, kitchen, bake shop, storage facilities, and dining rooms, and thus enable the removal of the old ward building as recommended below. This is a No. 1 priority.

(4) It is recommended that the Nevada Legislature appropriate sufficient funds to build new additional employees' and attendants' quarters to replace quarters in the old ward building which should be razed, and to house the badly needed additional staff, working for three 8-hour shifts per day instead of the present two 12-hour shifts per day. This is a No. 2 priority.

(5) It is recommended that the east wing of the new, male ward building be completed, in accordance with the plans of the State Planning Board, in order to meet the need for additional beds due to the increased admission rate and to eliminate future overcrowding. The population of the State of Nevada has increased 43.7 percent during the last ten years and it is reasonable to expect further increases as the population of the United States grows. As a result, there will be further increases in admissions at the Mental Hospital in forthcoming years. This is a No. 3 priority.

(6) It is recommended that the old ward building be immediately razed and eliminated. This entire building is a fire hazard, the foundations are crumbling away, it has an open sewer, steam and water pipes are disintegrating, and the building is old and deteriorating. The building is unfit for the purpose and very expensive to maintain and operate, and the saving on yearly maintenance and repairs would go a long way toward meeting the cost of a new structure over a period of time.

(7) It is recommended that a suitable building for the separate care of children be constructed in order to provide a suitable facility for their care as a part of the over-all Mental Hospital operation. It appears that there are enough children in the State needing institutional care to warrant a separate facility, and if such were created, children of a higher intellect could be admitted and some form of additional training could be made available. The distinction of being the only State without internal provision for the proper care of mentally-handicapped children should be eliminated.

(8) It is recommended that the Nevada Legislature appropriate sufficient funds to renovate the old "stone house" which is presently being used as living quarters by married employees. This building is very old and not very pleasant to live in, but the stone walls are very sturdy, the foundation and the roof are good, and the interior should be modernized as soon as possible.

(9) It is recommended that, in accordance with the plans of the State Planning Board, the old laundry building and the adjacent brick building now used for storage and living quarters for farm employees

be eliminated, and that the Nevada Legislature appropriate sufficient funds to construct a new laundry building containing some new and badly needed laundry equipment.

(10) The chicken house is very old, too small, and completely inadequate. The same can be said for a number of sheds and buildings in the farm area. It is recommended that the Nevada Legislature appropriate sufficient funds to construct a new chicken house and a number of new barn buildings. The construction of a new chicken house would enable the Mental Hospital to acquire a large flock of chickens that would provide most of the poultry and eggs needed at the kitchen, and which would in turn entail a considerable financial saving to the Hospital.

(11) It is recommended that the Nevada Legislature appropriate sufficient funds to construct additional adequate storage facilities, whereby property, food, inflammables, etc., may be adequately and securely stored with maximum freedom from the danger of fire, theft, and use by unauthorized persons.

(12) It is recommended that the Nevada Legislature appropriate sufficient funds to the building repair and maintenance budget of the Hospital not only to take care of routine building repair and maintenance expenditures, but also to construct additional lavatory space and facilities for patients.

(13) It is recommended that the Nevada Legislature appropriate sufficient funds to install another small boiler in the boilerhouse to provide steam for laundry and kitchen purposes, and thereby enable the shutting down of the main heating plant boilers during the warm seasons, with a resultant saving in fuel and salary expenditures.

(14) It should be carefully noted that building materials are becoming more and more scarce as the economy of the United States becomes geared to war conditions. Therefore, it is highly probable that the program of construction outlined above will be impossible to accomplish for a long time. If such appears to be the case when the 1951 Nevada Legislature convenes, it is recommended that the Nevada Legislature take steps to build up Postwar Reserve Fund, in order that funds may be available for construction purposes when building materials are again obtainable.

SUPPLIES, EQUIPMENT, AND SERVICES

(15) Every automobile and truck belonging to the institution is old, well-worn, and has outlived its economical usefulness. Most of them were obtained as discards from the State Department of Highways. If the Department of Highways did not find it economical to retain the vehicles when they have their own facilities for maintenance and repair, it appears that it is not economical for the Mental Hospital to retain the same vehicles when they have to be maintained and repaired at private shops. Consequently, it is recommended that the Nevada Legislature appropriate sufficient funds to the equipment budget of the Mental Hospital to enable the replacement of all five of the automobiles and trucks belonging to the Mental Hospital.

(16) At the present time, the Hospital has three electric-type food conveyors. The pots of food are placed in the conveyors, they are rolled into the various wards, plugged into electric outlets, and kept

warm for the entire period that food is being served. The rest of the food conveyors are not electric, and in their cases it is difficult to keep the food hot until it is all served to the patients. Consequently, it is recommended that the Nevada Legislature appropriate sufficient funds to the equipment budget of the Mental Hospital to enable the purchase of three electric food conveyors at a cost of approximately \$780 each.

(17) Lack of water, or a late freeze, or an infestation of insects could prevent the successful growing of crops during a given season. In such case, there would not be enough money in the general support budget of the Mental Hospital to buy all of the food needed to take care of the emergency. Consequently, it is recommended that the Nevada Legislature appropriate funds for the emergency purchase of food, definitely earmarked for use only in an emergency, the amount to be equivalent to the wholesale market value of the average farm-year yield, to be set aside and used only if the yield falls below the figure anticipated.

(18) It is recommended that the Nevada Legislature create a central State purchasing agency for the benefit of all State departments, agencies, and institutions. It appears that a central State purchasing agency would save some money through quantity purchasing for the Mental Hospital as well as other State institutions. The creation of the central purchasing agency would result in revised commissary and inventory procedures at the Mental Hospital, especially in connection with the checking in of purchased material. While commissary procedures have been definitely improved during the last five years, there is still room for further improvements. As in all other State departments and institutions, the inventory of property at the Mental Hospital has very little meaning because the inventory is made by those persons having daily control over the property, and there is no other State agency or office prepared or equipped to exercise property audit and control. A central State purchasing agency would fill these gaps and provide tighter controls and procedures relative to property.

STAFF AND ORGANIZATION

(19) It is recommended that the Nevada Legislature enact a law reorganizing the administration of the Mental Hospital, establishing the Hospital as a division in the newly reorganized State Welfare Department, providing for the appointment of a qualified superintendent in accordance with merit provisions of the proposed State personnel system, and establishing the superintendent as executive head of the institution with authority and responsibility to direct and supervise all of its administrative and medical activities. Under such a system of organization the Mental Hospital would take its place alongside the State Orphans' Home as a division in the Welfare Department, and would operate under the auspices of the State Welfare Board and the director of the Welfare Department. Such a system of organization would fit the Mental Hospital into a long-range, well-rounded health and welfare program in the State of Nevada, involving especially aged persons and children. It would be a step forward on the path of integration and cooperation between Nevada's custodial institutions from the viewpoint of programs, administration, accounting and fiscal control, purchasing, and many others. The medical and business staff

should be appointed by the Superintendent under the provisions of the aforesaid personnel system, they should be paid in accordance with the pay plan promulgated under such system, and the Legislature would retain control of the purse strings by its power of appropriation for salary-budgeted items.

(20) It is recommended that the Nevada Legislature appropriate sufficient funds to the salary budget of the Mental Hospital so as to provide adequate salaries for the superintendent and the assistant physicians. Physicians and psychiatrists are highly trained and highly paid specialists, and if the patients in the Mental Hospital are to receive adequate and proper medical and psychiatric care, salaries for the aforesaid physicians must be of such size as to attract competent men and reasonably compete with income derived from private practice.

(21) It is recommended that the Nevada Legislature appropriate sufficient funds to the salary budget of the Mental Hospital so as to provide an adequately paid nursing staff of four or five registered nurses to cover the institution day and night, and to provide closer supervision over the distribution of medications. At the present time there are only two registered nurses. They cannot work at night although they are subject to call in the event of an emergency at any time, and salaries are not high. There is a general shortage of specialized nurses in this particular field, and if they are to be obtained they must be paid adequate salaries.

(22) At the present time the Mental Hospital is understaffed and in need of additional attendants. Attendants are working 12 hour shifts six days a week; there are two 12-hour shifts every 24 hours. Not only should there be an adequate staff of attendants day and night in all of the wards, but they should work three 8-hour shifts out of every 24. Consequently, it is recommended that the Nevada Legislature appropriate sufficient funds to the salary budget of the Mental Hospital so as to provide an adequate staff of attendants working three 8-hour shifts out of every 24 hours. It appears that if office employees of the State of Nevada may work a 40-hour work week, so should employees at Nevada's institutions. For too long a time the Mental Hospital has been in an unfavorable position to compete for the best quality personnel because of insufficient appropriations, unattractive salaries, a too-lengthy work week and too many hours on duty, and lack of adequate housing. This recommendation goes hand-in-hand with the recommendation for the construction of additional quarters for employees; there must be housing for the additional employees that would be required for the third shift.

(23) It is recommended that the Nevada Legislature enact a law creating an adequate and comprehensive personnel system for Nevada's State departments, agencies, and institutions, with provision for uniform job and salary classifications, for a scientific pay plan, for the selection of employees on the basis of merit, and for a system that will provide a uniform solution for the many personnel problems that arise in government departments and institutions. The previous recommendations indicate the importance of the personnel system in the administrative structure of an institution like the Mental Hospital.

(24) Quoting from the biennial report of the Superintendent of the Mental Hospital for the period 1948-1950 as follows:

The Hospital being the only facility for intramural care of the mentally-ill within the state, there is need for out-patient services through a clinic or clinics. Many states now maintain such services either as local undertakings or with the support of federal funds on a matching basis. A clinic is used for consultations on psychiatric problems and treatment of mild or early cases; re-examination of discharged or convalescing patients from the Hospital, and thus avoid a goodly number of admissions and readmissions; and it can act as a consultation service to our courts and welfare agencies. The value of such clinics has been proven by long experience. It is suggested that a beginning be made by the establishment of such a clinic at the State Hospital. It could be partially supported by federal aid. The state's mental health authority already employs a clinical psychologist, it would provide the cost of a psychiatric social worker, and if the state authorized a third position at the Hospital the clinic could get under way. It is no economy to the people of the state to economize on this need; it might save some potential patients from commitment or readmission to the hospital. The small appropriation by the state of \$10,000 as matching money for federal aid would make \$30,000 available for a really effective program. The space for a clinic could be found at the Hospital.

Consequently, it is recommended that the Nevada Legislature appropriate \$5,000 for the establishment of an out-patient clinic service at the Mental Hospital.

(25) In 1947, the Nevada Legislature amended the Medical Practice Act so as to allow limited revocable permits to be granted by the Board of Medical Examiners to resident medical officers in Nevada hospitals. In 1949, the Nevada Legislature repealed the old Medical Practice Act and passed a new one, but in the process the provisions for permits for resident medical officers in institutions were omitted from the new law. This has hamstrung the Mental Hospital in obtaining medical assistants. The requirement that they must first be licensed as practitioners in this State bars men from coming to the Mental Hospital on the chance that they may become licensed. Consequently, it is recommended that the Nevada Legislature amend the Medical Practice Act so as to allow limited revocable permits to be granted by the Board of Medical Examiners to resident medical officers in Nevada hospitals. It has been indicated that they should be required to hold valid licenses to practice medicine and surgery in another State, and they should be required to qualify and receive an unrestricted license in this State within a period of two years.

(26) It is recommended that the Nevada Legislature enact a law prohibiting the willful abuse of patients, prohibiting the bringing of intoxicating beverages into buildings occupied by patients, prohibiting anyone being under the influence of liquor while employed in contact with patients, and making such violations punishable as a misdemeanor. At the present time, the only recourse is dismissal, but sometimes nothing short of a penalty would do justice to the situation. Such things cannot always be prevented, but should be drastically dealt with after perpetration.

ADMISSIONS AND DISCHARGES

(27) Quoting from a report compiled by the Committee on Forensic Psychiatry of the Group for the Advancement of Psychiatry as follows:

The worst features of contemporary commitment laws are: (a) Legal service and notice to the patient. (b) Insistence of personal appearance in court. (c) Exposure of patient as public spectacle and the public record of such. (d) Emphasis of lay judgment as in trial by jury. Identification of mental illness and criminality by similarity of procedure. (e) The common acceptance of certification of mental illness as tantamount to legal incompetence rather than a clear separation of these as different issues affecting the rights of the person. (f) Use of anachronistic terminology. (g) Inquiry into the patient's financial status at time of commitment. * * * The committee believes that the certification by two physicians now employed in six states is the ideal method of procedure. The committee is unable to see any particular purpose in requiring the physicians to have certificates certified by a law judge or magistrate as required in Pennsylvania and New Hampshire. The committee believes that they should not advocate that all certificates be made by psychiatrists, except in such areas where psychiatric talent is practically available. The committee believes that there is no need for the protection of the patient by the use of legal devices beyond the scope of habeas corpus and the provisions exemplified in the Maryland law of 1944. The committee is opposed to the practice of a jury adjudicating any phase of commitment or discharge and it is also opposed to any procedure whereby the patient is served personal notice or required to appear in open hearings. The committee does realize the need and usefulness of legal notice to kin and the practice of representation of the patient by proxy. * * * No acutely disturbed patient should be delivered to or retained in a jail, but should be admitted on an emergency basis to the nearest psychopathic or State hospital. When certifying physicians are not available, the admission to the psychopathic or state hospital should be left to the decision of the admitting psychiatrist of such hospital. The usual machinery for certification should be implemented within 72 hours after the admission thereto. In the absence of a welfare worker, a relative or health officer, it should be the duty of the local peace officer to initiate this emergency admission.

Consequently, it is recommended that the Nevada Legislature amend those sections of the law governing the operation of the Mental Hospital and relating to commitment, so as to provide for the admission of acutely disturbed patients to the Mental Hospital on an emergency basis on the initiative of a welfare worker, a relative, a health officer, or a peace officer, until the usual machinery for commitment can operate within 72 hours after the admission.

(28) It is recommended that the Nevada Legislature amend those sections of the law governing the operations of the Mental Hospital

and relating to commitment, so as to eliminate the provision for determination of competency at the time of commitment proceedings. The question of competency should be raised separately, and only when business or property is involved.

(29) It is recommended that the Nevada Legislature amend those sections of the law governing the operations of the Mental Hospital and relating to commitment, so as to require committing judges to interview patients prior to commitment, unless the interview is waived for cause upon a physician's certificate.

(30) It is recommended that the Nevada Legislature amend those sections of the law governing the operation of the Mental Hospital and relating to commitment, so as to eliminate the requirement that committing judges determine the patient's or relative's ability to pay for Mental Hospital care. The matter can be handled in due course, after the admission of the patient, with more adequate consideration of factors relating to the ability to pay. It is recommended that provision be made for appeals to the hospital board or to the courts on unacceptable decisions made by the hospital authority in charge of such matters.

(31) It is recommended that the Nevada Legislature amend those laws relating to the mentally ill so as to require district attorneys to prosecute claims of the Mental Hospital on pay patients against estates or relatives in their jurisdiction. The law now requires payment for the support of patients if resources are available, but there are no clear methods of enforcing payment.

(32) It is recommended that the Nevada Legislature amend the law relative to voluntary admissions to the Mental Hospital so as to require one year's residence in the State of Nevada before a patient would be eligible for admission on a voluntary basis.

(33) The law governing the operation of the Mental Hospital provides that the superintendent may, with the approval of the Board of Hospital Commissioners, discharge any patient at any time; provided, however, that no patient shall be discharged except upon ten days' written notice being first given to the county clerk of the county from which such patient was committed. The provision that the board approve discharges unduly prolongs the stay of patients in the Hospital because they have to wait until the board meets, and the board is really not in a position to know the correctness of the superintendent's judgment relative to the condition of the patient. In actual practice, this provision of the law has not been followed, because when patients show improvement and are recovered, they are anxious to get out of the Hospital, and it would invite law suits to force them to wait until the board can meet and approve the discharge on a quarterly basis. Consequently, it is recommended that the Nevada Legislature amend the law governing the operations of the Mental Hospital so as to eliminate the requirement that discharges be approved by the board.

(34) Quoting from the biennial report of the Superintendent of the Mental Hospital for the period 1948-1950 as follows:

It takes a great deal of money to run the State Mental Hospital, a quarter of a million dollars is a large sum. If the state is to meet the time-honored acceptance of the obligation to

properly care for its mentally-ill, then the cost of government should include adequate support for the operations of the institution, to allow for the increased population, rising costs in provisions and physical replacements, the rise in wages in recent years, and the improvement in professional care of patients. This requires that the next appropriation be determined not on the basis of any lump sum, but rather on the basis of the probable number of patient days the hospital may serve during the next biennium. To meet public expectation of reasonable performance requires reasonable financial support. This is best arrived at by comparing cost of support for other institutions in the country.

The State Hospital operates on the lowest per capita per diem of any other institution for involuntary confinement of persons. In Washoe County the cost for indigent custodial care of the aged is at present \$3.48 per day per person. If any custodial in county care becomes at all difficult, he is committed to the Mental Hospital. The Hospital deals with sick people and must provide both general and specialized medical services for the grand sum of \$1.80 per day per person. This was the actual cost from appropriation for 1949-1950. If the reimbursement to the State Treasury from paying patients is taken into consideration, the net cost was only \$1.55 per day per person. No wonder relatives of patients can find cause for complaints about services; actual cost to the State per patient is less than old-age assistance pays to its recipients.

Sometimes it isn't the number of dollars one has as the manner of spending. The allocation of moneys to particular purposes is important in determining its utility for the purpose intended, the maintaining of a hospital for sick people. The most important items in a budget for such purpose are the salaries for operating personnel, food, and physical comfort. The Federal Security Agency reported on mental health statistics for 1948 on percentage distribution of maintenance expenditures for the nation, states, and regional areas.

	Salaries	Provisions	Fuel, light, water	Other maintenance
United States	54.8	23.0	6.4	15.7
Mountain States	56.0	18.3	5.3	20.4
Nevada	40.6	*15.4	11.1	*32.9
Nevada— (1949-1950)	45.7	24.5	10.2	19.6

*Farm and dairy cost not included in provisions; was added to other maintenance.

These figures indicate a low apportionment for salaries and an excessive spending for fuel, etc., and other maintenance. It may be of interest to note that for the past year actual cost of raw foods was approximately 38 cents per day per person, including the feeding of 60 employees. Perhaps such apportionment was necessary. If that be the case, then the situation should be reanalyzed on costs of maintenance and cost of heat and light. Certainly the upkeep of old and disintegrating buildings is very expensive. The Hospital Board and the

State Planning Board have agreed that replacement is long overdue.

The smaller an institution the more expensive its operations. This is particularly true of wages. The medical department at all times operates with a minimum staff, all that the salaries appropriation will allow. The ratio of attendants to patients is around 1:10, on a 24-hour basis or about 1:20 for the day hours. Compared with the much bigger hospitals in the Southwest and Mountain areas salaries should run about 60 percent of operating cost. It is earnestly urged that the budget for the next biennium be calculated on the basis of \$3 per day per patient, on an estimated average census of 375 patients. The total amount should then be apportioned to various purposes, and the part set aside for salaries to include extra attendants for an 8-hour work day, a total of three registered nurses, two assistant physicians, and a Director of occupational and recreational therapy.

Consequently, it is not only recommended that the general administrative structure of the Mental Hospital be reorganized as previously set forth, but it is recommended that the Nevada Legislature appropriate approximately \$800,000 for the ensuing biennium for the general operation of the Nevada Hospital for Mental Diseases.

APPENDIX A

August 7, 1950.

*Secretary, Nevada State Hospital Board, Nevada State Mental Hospital,
P. O. Box 2460, Reno, Nevada.*

DEAR MRS. TAYLOR: An inspection was made of the Nevada State Hospital on May 3 and 4, 1950, accompanied by Mr. Thomas Lloyd, Engineer, Board of Fire Underwriters of the Pacific.

Wards 1 and 2. These wards occupy the upper floor of the Administration Building. There was a cracked toilet seat in a toilet room in the north end of this ward, and the bathtub faucet in the attendants office leaked. These should be repaired.

A scuttle hole leading from a closet to the roof was uncovered, permitting snow, rain and dirt to fall in and might also permit patients to get onto the roof where they could jump off or fall. This hole should be covered and the cover fastened.

Ward 3. This ward is on the first floor of the Administration Building, south wing.

Adjust the drinking fountain so it will operate properly and eliminate the common cup. Do not permit use of a common comb, as found in the lavatory. Mattresses in this ward showed urine stains and should be repaired and cleaned or replaced.

The ward kitchen was provided with three pans for dishwashing in lieu of sinks but only two pans were in use for the washing and rinsing of utensils. The third pan must be used and the washed and rinsed dishes and utensils immersed in chlorine solution in this third pan for at least two minutes. A satisfactory chlorine solution may be prepared by adding one teaspoon of the Clorox or Purex you may have on hand to each two gallons of water.

Ward 4. This ward occupies the first floor, north wing of the Administration Building, and is used in treatment of patients.

Wards 5, 6, 7 and 8. These wards are in the new building and house male patients. Visible in one of the upstairs bathrooms is a large crack or separation in the walls. There have been no serious earthquakes in the last year so a crack of this kind cannot be attributed to such a cause. Furthermore, this building was constructed of concrete and steel and should not crack due to moderate earth tremors. On the second floor there are at least three private bedrooms where the floor covering material is already badly worn and some portions are entirely gone. This floor covering appears to be a form of asphalt tile. In several rooms the radiator grills had been torn off. Shower walls are of plaster and are breaking.

RECOMMENDATIONS

1. Any new buildings constructed should be built so that they do not crack from other than uncontrollable causes.

2. Only such types of floor covering should be used as will stand up under this type of service. Floor covering material should not be of the small block type unless a form of adhesive material is used that is durable and not dissolved out from between and beneath the blocks by repeated floor washing or mopping as is necessary in these wards.

3. Radiator grills removed or destroyed by patients should be replaced with a heavier gauge material fastened to the wall in such a manner as to resist rough handling.

4. Shower walls should be constructed of durable material such as tile.

Although the inspection of this building was made on the warm afternoon of May 4th, when windows were open, the atmosphere in the day rooms was dirty. Dirty, urine stained sheets were in use on some beds. Stairways were dirty. The doors of several individual toilet rooms were standing open to "air out." This same condition existed last year and is said to be necessary as the ventilation is not satisfactory. The exhaust air vent in the ceilings of these toilet rooms is only a few inches wide and does not seem to be adequate to promptly remove odors.

A common drinking cup was found in one of the lavatories.

RECOMMENDATIONS

1. Open sufficient windows to provide fresh air and if this is not sufficient, then provide forced ventilation.

2. Provide adequate size ventilators for individual toilet rooms. These should be approximately one foot square and be covered with a louvered grill so the amount of draft can be regulated as necessary. Should forced air ventilation be provided in the building, then air inlets should also be provided in the toilet rooms.

3. Keep rooms and stairways clean.

4. Do not reuse sheets after soiling or staining with urine.

5. Eliminate common drinking cups.

6. See that drinking fountains are maintained.

Wards 9 and 10 for women. In ward 9 there was poor floor covering on the floor of a private room; several hot water faucets were leaking; there were rat droppings on top of the dumb waiter; the lower part of a door frame in the bathroom was missing, permitting accumulation of mop water in a depression; the personnel were mixed up on the dishwashing and disinfection procedure, in spite of quite plain directions posted on the wall.

In ward 10 there is a leak in a hot water mixing valve on a shower and there is a common drinking cup in use, probably because the drinking fountain is out of adjustment.

RECOMMENDATIONS

1. In ward 9 it is recommended the floor covering in the private room be repaired, repair all leaking hot water faucets, remove rodent droppings from dumb waiter and promptly clean up any spilled foods as spillage will attract rodents, fill in the hole under the door frame mentioned above, follow directions outlined under Ward 3 for the washing and disinfection of dishes. In Ward 10 repair the leaking mixing valve, repair the drinking fountain, and remove the common cup.

Wards 11 and 12 for women occupy a two-story building with ward 12 on the upper floor. This building was recently repainted inside and is considerably cleaner and has less odors, than when occupied by men, excepting in a dormitory for soilers. Unsatisfactory conditions are as follows: There was no handrail on one stairwell; a drinking fountain

was stopped up, there were two closed front toilet seats in Ward 12 and three in Ward 11 and a cracked toilet seat in each ward; there was a disagreeable odor emanating from the dishwashing machine; the garbage cans were not covered; and a drinking fountain was broken off in an upstairs lavatory.

RECOMMENDATIONS

1. Provide handrails on stairs.
2. Put all drinking fountains into good condition and keep them in order.
3. Replace closed front toilet seats with the more sanitary open front and repair or replace cracked seats.
4. Clean in and around dishwashing machine to remove odors.
5. Keep garbage cans covered.

Wards in the old building adjoining the kitchen. These wards are occupied by patients employed in the kitchen and on the farm. As pointed out in the July 29, 1949, report, some bedding and linen was soiled and rooms were not clean. The walls and ceiling of the toilet and bathroom were in the same poor condition as formerly. The recommendation pointed out in previous reports with regard to keeping this ward in good condition should be followed.

Central kitchen and bakery. The food carts used to carry food to the wards were inexcusably dirty. They should be either wiped clean or carefully cleaned with steam. Chipped enamel pots used on these carts should be replaced, but not with enamelware. The floor back of the steam kettles was black and greasy, it should be kept clean. The vent for the range hood was thick with grease, and should be kept clean. Plaster walls and baseboards are badly broken in the elevator room and should be repaired. A hinge on a door to the elevator and a loose door frame should be repaired. Loose paint on kitchen ceiling should be scraped off and ceiling properly cleaned of grease before repainting. The floor of the kitchen walk-in refrigerator where milk is kept was dirty and should be kept clean. Milk is brought into the kitchen in 10 gallon cans that are too large for easy handling. A smaller size can would be better; 5 gallon and some 3 gallon sizes are recommended. A battered enamel coffee pot used for dispensing milk should be replaced with a large pitcher. Enamelware should not be purchased.

In the basement there were some sacks laid on planks, and apparently used for lounging that should be removed; the floor was dirty and should be kept clean; a dirty broom rack should be cleaned; and rubbish should not be allowed to accumulate in wooden boxes.

In a basement refrigerator was an uninspected beef carcass, apparently slaughtered on the farm. Last year recommendations were made that all beef be inspected and it should also be graded and no grade below "Good" should be used except for ground meat.

The walls and floors of a small kitchen and dining room between the large kitchen and commissary should be kept clean. The wooden cover on the electric range should be removed.

In the bakery the corroded bread box should be replaced; the bakery table with an open joint should be replaced; storage area

should be provided for unused bakery equipment so as to clear out the flour storage room.

The outside area where garbage cans are kept has been improved considerably. It is recommended the concrete area be extended, as necessary, particularly toward the building; that a wall and a concrete curb be provided around the unwallled sides to prevent spillage of garbage on the ground. Provision should be made in the curbing so carts can be run onto the concrete platform.

Food. For supper on May 3, 1950, patients were served minestrone, spanish rice, bread and butter, milk, hot chocolate, and butterscotch pudding. In the new, male ward building, the soup was poured over the rice serving, making a sloppy mess. It was noted that at least one-third of the patients did not eat this food. It is believed that care in serving food will make it more appetizing.

Laundry. Exposed steam coils in the drying room should be screened so as to protect against persons falling on them; the latch on drying room should be arranged so the door can be opened from the inside; provide a drinking fountain and eliminate the common cup.

Heating Plant. Remove kerosene from inside of the building.

Nurses Quarters. The trap door to the attic should be kept closed. Paper towels should be kept at the men's lavatory in the basement occupational therapy quarters. Remove trash from furnace room.

Stone Building. Repair or replace loose linoleum in bathroom and halls.

Dairy. Cows udders and teats were not being rinsed with a disinfectant prior to milking, as should be done to help keep down the bacteria count and prevent spread of infection from cow to cow. No pasteurization charts had been kept since July 4, 1949. This record should be kept. It is doubtful that any records were made. A thermometer should be provided on the steam sterilizer. Milkstone should be removed and kept off the pasteurizer. A cabinet should be provided for the filter pads. A sample of the milk from the kitchen supply had an unsatisfactory bacteria count, being 408,000. It should be less than 30,000. A sample of cream contained 59,000 bacteria, or just within the limit.

Slaughterhouse. The concrete floors should be extended to the walls and at least a curb should be provided around the floor. The interior walls and ceiling should be painted a light color.

Rodents and vermin. No evidence of cockroaches or similar vermin was found. There was some evidence of rats having been feeding on the dumb waiters, probably on spilled foods. All spilled foods should be promptly cleaned up and the dumb waiter pits cleaned out. It is recommended these pits be eliminated wherever possible by either providing a door opening into the pit so it can be easily cleaned, or by providing an impervious false floor at the height where the dumb waiter is stopped. Wherever possible the ropes operating the dumb waiters should not be passed through holes in the floors to the dumb waiter pits, as it is believed that rats gain access through these holes. Where this can be eliminated, the holes should be plugged.

Access doors to the space under the ward buildings are still being left open or in poor repair, permitting entrance of rats. These openings should be repaired and kept closed.

Water supply. This is from the Sierra Pacific Power Company, is chlorinated, and safe.

Sewage disposal. This is into the City of Sparks system.

Yours very truly,

W. W. WHITE, *Director.*

By: S. J. NIELSEN, *Sanitarian.*

APPENDIX B

MEAT SERVED TO PATIENTS AND EMPLOYEES

Type of meat	PATIENTS			EMPLOYEES			Total pounds for both patients and attendants	Pounds produced at NSHMD	Pounds necessary to have produced†
	Total times served 1949-1950	Pounds required per meal	Total pounds for year	Total times served 1949-1950	Pounds required per meal	Total pounds for year			
Beef.....	131	250	32,750	185	70	11,100	43,850	1,740	42,110
Pork.....	152	300	45,600	146	90	13,140	58,740	25,394	33,346
Veal.....	34	250	8,500	54	70	3,780	12,280	3,155	9,125
Lamb-Mutton.....	40	250	10,000	28	70	1,960	11,960	625	11,335
Chicken.....	27	300	8,100	40	120	4,800	12,900	900	12,000
Ham.....	6	250	1,500	16	70	1,120	2,620	-----	2,620
Bacon*.....	4	-----	-----	12	10	120	120	-----	120
Meat loaf*.....	49	-----	-----	3	-----	-----	-----	-----	-----
Turkey.....	8	250	2,000	16	100	1,600	3,600	-----	3,600
Totals.....	451	-----	108,450	500	-----	37,620	146,070	31,814	114,256

*Figures on bacon and meat loaf incomplete.

†Actual amount purchased not readily determinable from Hospital records.

Dining Room Population

Average number patients daily, 367.

Average number employees daily, 48.

Patients comprise 88.43 percent and employees comprise 11.57 percent of dining room population.

Patients are served 74.25 percent and employees are served 25.75 percent of meat used.

Meals with meat served patients, 165,517.

Meals with meat served employees, 24,000.

Patients average 0.65 pounds of meat per serving.

Employees average 1.56 pounds of meat per serving.

Hospital produces 21.86 percent of all the meat served.

APPENDIX C

EXPENDITURES BY PURPOSE OF EXPENDITURE, 1948 AND PER CAPITA MAINTENANCE EXPENDITURES,
1948 AND 1947

(1948 statistics based on reports from 192 State and 8 Ohio receiving hospitals; 1947 statistics based on reports from 188 State and
and 6 Ohio receiving hospitals)

Division and State	PERCENTAGE DISTRIBUTION OF 1948 MAINTENANCE EXPENDITURES				Average daily resident- patients 1948	PER CAPITA MAINTENANCE EXPENDITURES*	
	Salaries and wages	Purchased provisions	Fuel, light and water	Other maintenance		1948	1947
United States.....	54.8	23.0	6.4	15.7	458,769	\$659.13	\$547.84
New England.....	55.2	21.4	8.5	14.9	40,952	686.22	579.76
Maine.....	48.1	28.1	9.2	14.6	2,760	611.53	549.49
New Hampshire.....	51.7	22.6	9.6	16.1	2,446	766.45	692.85
Vermont.....	52.5	16.5	7.9	23.1	1,147	621.65	517.52
Massachusetts.....	56.7	19.9	9.7	13.7	23,412	671.79	579.13
Rhode Island.....	57.4	28.7	0.2	13.7	3,009	515.92	392.90
Connecticut.....	54.3	21.7	7.3	16.7	8,178	800.45	635.17
Middle Atlantic.....	61.8	21.7	6.1	10.4	125,825	776.99	645.26
New York.....	65.4	20.7	5.7	8.2	79,043	859.14	700.32
New Jersey.....	59.9	19.8	6.7	13.6	11,865	713.36	617.66
Pennsylvania.....	51.2	25.7	7.0	16.1	34,917	612.64	527.24
East North Central.....	53.0	20.8	6.9	19.3	86,785	725.04	609.63
Ohio.....	55.0	22.4	9.0	13.6	22,898	634.62	561.00
Indiana.....	42.4	22.8	9.5	25.3	8,700	404.64	340.05
Illinois.....	44.5	23.2	6.6	25.7	33,708	788.39	696.56
Michigan.....	66.0	15.5	5.0	13.5	19,468	846.01	615.95
Wisconsin.....	63.0	15.0	8.0	14.0	2,011	907.70	868.63
West North Central.....	49.1	26.2	7.9	16.8	42,626	479.11	403.81
Minnesota.....	57.8	19.0	7.4	15.8	10,411	461.07	382.38
Iowa.....	48.1	26.4	8.4	17.1	6,518	494.86	410.45
Missouri.....	45.0	28.4	9.4	17.2	12,359	490.04	390.32
North Dakota.....	47.4	26.2	8.2	18.2	2,054	426.88	417.63
South Dakota.....	45.9	29.3	9.0	15.8	1,650	429.48	365.24
Nebraska.....	51.1	29.2	4.7	15.0	4,403	618.19	542.85
Kansas.....	41.3	31.8	7.4	19.5	5,231	388.65	351.08
South Atlantic.....	49.1	26.2	6.3	18.4	57,604	615.41	495.36
Delaware.....	44.4	25.8	7.9	21.9	1,226	696.91	533.26
Maryland.....	45.8	28.1	8.5	17.6	7,260	603.00	452.97
District of Columbia.....	70.1	14.2	3.7	12.0	6,342	1,406.75	1,219.21
Virginia.....	39.1	32.6	4.6	23.7	9,616	520.69	373.03
West Virginia.....	41.7	29.3	5.4	23.6	4,558	404.11	349.36
North Carolina.....	42.1	23.2	6.7	28.0	8,410	625.25	457.28
South Carolina.....	36.4	39.3	6.3	18.0	4,980	487.99	465.30
Georgia.....	38.2	33.2	10.4	18.2	9,152	346.58	312.11
Florida.....	48.2	32.9	8.6	10.3	6,060	591.88	435.48

East South Central.....	37.1	36.1	7.4	19.4	23,430	383.53	328.18
Kentucky.....	42.9	39.8	10.2	7.1	6,720	392.52	312.23
Tennessee.....	30.3	48.6	3.7	17.4	6,343	307.48	260.14
Alabama.....	36.3	26.6	7.7	29.4	5,904	490.43	419.05
Mississippi.....	37.4	31.9	6.5	24.2	4,463	336.67	298.40
West South Central.....	37.1	32.4	4.1	26.4	29,903	432.11	376.73
Arkansas.....	41.5	25.4	4.3	28.8	4,766	451.05	361.06
Louisiana.....	39.9	30.7	3.9	25.5	6,964	373.86	350.75
Oklahoma.....	31.2	33.7	4.5	30.6	7,162	475.50	349.06
Texas.....	37.7	35.6	3.8	22.9	11,011	432.54	417.85
Mountain.....	56.0	18.3	5.3	20.4	12,315	667.08	575.64
Montana.....	50.9	36.5	3.4	9.2	1,847	564.39	483.63
Idaho.....	49.7	18.4	9.2	22.7	1,093	552.91	490.79
Wyoming.....	34.1	20.4	6.6	38.9	606	468.85	240.37
Colorado.....	63.2	15.4	5.0	16.4	4,842	723.24	677.86
New Mexico.....	48.8	23.0	7.4	20.8	976	758.61	580.67
Arizona.....	50.0	13.2	4.0	32.8	1,391	787.41	631.51
Utah.....	64.5	8.5	3.5	23.5	1,199	579.22	509.07
Nevada.....	40.6	15.4	11.1	32.9	361	698.48	581.28
Nevada (1949-1950).....	45.7	24.5	10.2	19.6	†367	†657.28	†764.36
Pacific.....	59.5	20.1	4.8	15.6	39,329	701.92	544.80
Washington.....	57.0	28.3	6.8	7.9	6,862	681.15	645.56
Oregon.....	53.1	19.3	6.5	21.1	4,047	524.36	425.92
California.....	60.7	18.4	4.2	16.7	28,420	732.22	537.09

*Based on average daily resident-patient population of hospitals reporting expenditures. †1949.
 From "Mental Health Statistics," Federal Security Agency, Public Health Service, June 1950.

†1950.

APPENDIX D
Financial Statement
APPROPRIATED FUNDS
Schedule 1

	Appropriation July 1, 1949	Receipts	Transfers to	Total credits	Disburse- ments	Transfers from	Balance June 30, 1950
Superintendent's salary.....	\$13,200.00	-----	-----	\$13,200.00	\$6,600.00	-----	\$6,600.00
Employees salaries.....	216,800.00	\$290.95	-----	217,090.95	103,726.00	-----	113,364.95
Travel expense.....	7,300.00	382.00	-----	7,682.00	3,472.98	-----	4,209.02
General support.....	307,944.00	4,006.13	-----	311,950.13	107,592.22	\$1,600.00	202,757.91
Office expense.....	2,550.00	37.91	\$1,600.00	4,187.91	1,998.54	-----	2,189.37
Equipment.....	15,000.00	257.68	-----	15,257.68	7,515.64	-----	7,742.04
Repairs and maintenance.....	15,000.00	2,253.43	-----	17,253.43	10,315.23	-----	6,938.20
	<u>\$577,794.00</u>	<u>\$7,228.10</u>	<u>\$1,600.00</u>	<u>\$586,622.10</u>	<u>*\$241,220.61</u>	<u>\$1,600.00</u>	<u>\$343,801.49</u>

*See Schedule 2 for breakdown of expenditures.

NEVADA HOSPITAL FOR MENTAL DISEASES
DISBURSEMENTS—APPROPRIATED FUNDS
 July 1, 1949, to June 30, 1950
 Schedule 2

	Salaries	Other expenses	Total
Resident Physician—			
Salary.....	\$6,600.00		
Subsistence.....		\$987.32	
Residence expense.....		105.61	\$7,692.93
Assistant Resident Physician—			
Salary.....	3,369.47		
Subsistence.....		301.84	
Residence expense.....		4.48	3,675.79
Business Manager—			
Salary.....	4,200.00		
Subsistence.....		1,229.11	5,429.11
Medical Personnel—			
Salaries—			
Nursing supervisors and assistants.....	4,220.13		
Office help.....	3,545.00		
Attendants, etc.....	49,687.94		57,453.07
Business Personnel—			
Salaries—			
Office help.....	2,490.00		
Laundry.....	3,232.37		
Maintenance.....	7,379.52		13,101.89
Commissary—			
Salaries—			
Assistant purchasing agent.....	2,700.00		
Cooks, bakers, etc.....	10,297.35		
Mess, purchased.....		43,158.90	56,156.25
Heat, Light and Power—			
Salaries.....	7,787.60		
Fuel.....		18,145.66	
Electric current and water.....		6,403.83	32,337.09
Medical Services—			
Wages paid dentist (not in salary fund).....		980.78	
Dental supplies.....		442.90	
Extra services—physicians.....		677.50	
Drugs and supplies.....		1,885.01	
Hospital, ambulance, and other expenses.....		1,298.38	5,284.57

NEVADA HOSPITAL FOR MENTAL DISEASES DISBURSEMENTS—APPROPRIATED FUNDS—*Continued*

	Salaries	Other expenses	Total
General Expenses—		864.10	
Insurance.....		4,268.59	
Bedding and linens.....		2,512.12	
Tobacco.....		3,215.94	
Clothing.....		2,491.32	
Laundry.....		99.64	
Amusements.....		1,619.37	
Cleaning supplies.....		225.00	
Sewage.....		649.87	15,945.95
Miscellaneous.....			
Farm and Dairy—	4,816.62		
Salaries.....		12,393.94	
Feed.....		3,631.01	20,841.57
Other expenses, seeds, etc.....			
Travel Expense—		1,475.26	
Gasoline and oil.....		482.20	
Auto repairs and supplies.....		577.56	
Public conveyance.....		937.96	3,472.98
Per diem.....			
Office Expense—		459.35	
Office supplies.....		1,308.79	
Telephone and telegraph.....		230.40	1,998.54
Postage and express.....		7,515.64	7,515.64
Equipment.....		10,315.23	10,315.23
Repairs and maintenance.....			
	\$110,326.00	\$130,894.61	\$241,220.61