PRESERVING, INTERPRETING, AND DISPLAYING MENTAL HEALTH HISTORY: ESTABLISHING THE PATTON STATE HOSPITAL MUSEUM AND ARCHIVE

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PRESERVING, INTERPRETING, AND DISPLAYING MENTAL HEALTH HISTORY:
ESTABLISHING THE PATTON STATE HOSPITAL MUSEUM AND ARCHIVE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Social Sciences

by
Shannon Rene Long
June 2015
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Approved by:

Tiffany F. Jones, Committee Chair, History
Cherstin Lyon, Committee Member, History
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ABSTRACT

There are few museums in the western half of the United States that provide an opportunity to educate the public about the history of mental health care. Recently, a mental health museum and archive of artifacts, photographs, and documents was established on the grounds of Patton State Hospital in Highland, California. The purpose of this paper is to reflect on the establishment of this museum and archive and to provide an account of the 125 year history of Patton State Hospital. Understanding the history of Patton provides an opportunity to understand the history of mental health care in the United States from the late 19th century to the present. The establishment of this museum and archive became a joint initiative between Patton and California State University, San Bernardino’s History Department in January 2014. The museum and archive are meant to provide an educational venue that will increase awareness of the plight of the mentally ill, decrease stigmatization of those afflicted with mental illness, and further efforts to improve the care of patients through preservation and display of the artifacts, photographs, and documents related to Patton’s history. The goal of this paper is to assist future public historians with the design and establishment of a museum and/or archive, be it related to mental health history or to projects with other themes, and to provide information to other mental health facilities that wish to establish their own museums.
ACKNOWLEDGEMENTS

The success of this project would not have been possible without the advice and support of my advising professor, Dr. Tiffany F. Jones, and my public history professors, Dr. Cherstin Lyon and Dr. Thomas Long. Also essential to the success of this project are the administrators and staff of Patton State Hospital, particularly Hospital Historian and Supervising Social Worker, Anthony Ortega, L.C.S.W., who provided the opportunity and the guidance to successfully complete this unique and fulfilling experience establishing and designing the Patton State Hospital Museum and Archive. My most heart-filled thanks also goes to my amazing team of student interns Amanda Castro, Sarah Hansen, Cassie Grand, Brent Bellah, Casey Lee, and Danielle Bennett who worked tirelessly with me on this project and whose dedication and expertise were crucial to the successful establishment of this museum and archive.
To my wonderful and supportive husband Gary and my beloved daughters

Kathryn and Joanna, who have inspired me to be the best that I can be.
# TABLE OF CONTENTS

ABSTRACT ........................................................................................................................................ iii

ACKNOWLEDGEMENTS .................................................................................................................. iv

LIST OF FIGURES .......................................................................................................................... vii

CHAPTER ONE: INTRODUCTION ................................................................................................... 1

Assessment of the Literature ........................................................................................................... 6

Project Approach and Methodology ............................................................................................... 11

CHAPTER TWO: PSYCHIATRY, INSTITUTIONS, AND MENTAL HEALTH
CARE IN CALIFORNIA: A HISTORY OF PATTON STATE HOSPITAL .............................................. 15

CHAPTER THREE: ESTABLISHING A MUSEUM AND ARCHIVE AT PATTON STATE HOSPITAL .............................................. 39

Goals of the Project ......................................................................................................................... 40

Designing and Establishing the Museum and Archives ................................................................. 41

Challenges ......................................................................................................................................... 63

CONCLUSIONS AND RECOMMENDATIONS ............................................................................... 69

APPENDIX A: TIMELINE OF EVENTS IN PATTON STATE HOSPITAL AND CALIFORNIA STATE MENTAL HEALTH CARE HISTORY ...... 74

APPENDIX B: PATTON STATE HOSPITAL MUSEUM EXHIBIT DESIGN PLAN EXAMPLE (ROOM ONE) ......................................................... 86

BIBLIOGRAPHY ................................................................................................................................ 127
LIST OF FIGURES

Figure 1. *The Patton Progress* Feb. 3, 1946.........................................................12
Figure 2. Patton’s Original "Kirkbride" Building.......................................................17
Figure 3. Patton Chicken Ranch...............................................................................21
Figure 4. Patton Carpentry Shop...............................................................................21
Figure 5. Patton Post Office.......................................................................................21
Figure 6. Large Kettles in Patton Kitchen.................................................................22
Figure 7. Patton Laundry............................................................................................22
Figure 8. Kirkbride Administration Building with Roof Removed Due to a
Series of Earthquakes. .............................................................................................23
Figure 9. Hydrotherapy Treatment at Patton............................................................24
Figure 10. A Patient Undergoes Electroconvulsive Therapy at Patton.......................26
Figure 11. Overcrowding in Patton Unit, c.1950.......................................................28
Figure 12. Overcrowding, Unit 7, c. 1950..................................................................28
Figure 13. Patton Fire Squad, c. 1940.......................................................................29
Figure 14. Cottage L Fire, c. 1950.............................................................................29
Figure 15. Receiving and Treatment Building, Built in 1954....................................31
Figure 16. Dr. Otto L. Gericke. ..................................................................................32
Figure 17. The Patton State Hospital Museum.............................................................42
Figure 18. Patton Then and Now Exhibit, Room 1......................................................50
Figure 19. Patton Then and Now Exhibit.................................................................50
Figure 20. Patton Food Services Exhibit, Room 2......................................................51
Figure 21. Patton Food Services Exhibit.................................................................51
Figure 22. Patient Artwork Exhibit, Room 3 .................................................. 52
Figure 23. Patient Artwork Exhibit .............................................................. 53
Figure 24. A Self-Sufficient Patton Exhibit, Room 4 .................................... 54
Figure 25. A Self-Sufficient Patton Exhibit .................................................. 54
Figure 26. A Self-Sufficient Patton Exhibit .................................................. 55
Figure 27. Patient Life Exhibit, Room 5 ......................................................... 55
Figure 28. Patient Life Exhibit ................................................................. 55
Figure 29. Patient Life Exhibit ................................................................. 56
Figure 30. Patient Treatment Exhibit, Room 6 ............................................. 57
Figure 31. Patient Treatment Exhibit .......................................................... 57
Figure 32. Patient Treatment Exhibit .......................................................... 57
Figure 33. Patient Treatment Exhibit .......................................................... 58
Figure 34. Patient Treatment Exhibit .......................................................... 58
Figure 35. People of Patton Exhibit, Room 7 ............................................... 59
Figure 36. People of Patton Exhibit ............................................................ 60
Figure 37. People of Patton Exhibit ............................................................ 60
Figure 38. People of Patton Exhibit ............................................................ 61
Figure 39. Patton Museum Ribbon Cutting .................................................. 63
CHAPTER ONE
INTRODUCTION

The purpose of this culminating project paper is to reflect on the establishment of a museum and archive of artifacts, photographs, and documents belonging to and related to Patton State Hospital (hereafter referred to as “Patton”) located in Highland, California. This museum and archive project, although it has been in the works for years, became a joint initiative between Patton and California State University, San Bernardino’s History Department (hereafter referred to as CSUSB) in January 2014. The goal of the project was to provide Patton staff, students, volunteers, interns, and official visitors and researchers with information about the history of the hospital and about the history of mental health care in Southern California from the establishment of the hospital in 1890 to the present through the preservation and display of artifacts, photographs, and documents. The museum and archive is meant to be an educational venue that will further efforts to provide the best care possible to patients. Ultimately, the goal of the project is to open the museum to the public in an effort to create awareness and decrease stigmatization of the mentally ill, and to provide a means by which patients, their families, Patton staff, and the local community can reflect on their stories for posterity.
Patton State Hospital was the fifth state hospital established by the state of California to care for the mentally ill. It was established in 1890 and accepted its first patients under the name Southern California State Asylum for the Insane and Inebriates in 1893. The hospital was renamed Patton State Hospital in 1927 after a member of the board of directors.\(^1\) At the time of its establishment Patton consisted of 360 acres.\(^2\) A State Commission in Lunacy was established by the turn of the century to oversee the state hospital system.\(^3\) That commission was replaced by the Department of Institutions in 1920.\(^4\)

By the end of the 19\(^{th}\) century, one in every 281 Californians was committed to a California state hospital. Overcrowding quickly became an issue, leading state hospitals to use deportation, parole, probation, and sterilization as the means to reduce patient populations.\(^5\) During the Great Depression the state established family care homes, urban psychopathic wards, and outpatient clinics to ease the cost of caring for the mentally ill in state institutions, but the financial crisis of the Depression, followed by shortages during World War II, made it difficult for the state of California to provide adequate housing and care for the state’s mentally ill.\(^6\)

\(^1\) April Wursten, “Patton Time Line,” March 28, 2005; Patton State Hospital Archives, Patton, California.
\(^4\) California State Department of Institutions, \textit{First Biennial Report Two Years Ending June 30, 1922} (Sacramento: California State Printing Office, 1922), 3.
\(^5\) “California State Mental Health Care Historical Summary 1850-1996;” Patton State Hospital Archives, Patton, California, n.d.
After World War II, the Department of Mental Hygiene replaced the Department of Institutions and took control of the state hospital system. In 1945 the National Mental Health Act was established to provide funding for research and for the development of community mental hygiene clinics.\(^7\) This, along with treatment advances such as electroconvulsive therapy (ECT) and new psychiatric medications allowed many long-term patients to leave the institution and to be treated on an outpatient basis. Patton's patient population peaked at over 5,500 patients in the mid-1950s.\(^8\) At that point there were a total of ten state mental institutions. With the passing of the Short-Doyle Act in 1957, state aid was directed to local governments to increase community mental health services in order to provide care for patients on an outpatient or local basis. This act marked the beginning of the process of deinstitutionalization in California.\(^9\)

The federal government passed the Community Mental Health Centers Act in 1963 which further increased the funding for community services\(^10\) and between 1963 and 1968 Patton's patient population decreased by 2,000 patients.\(^11\) In 1967, the Governor of California, Ronald Reagan, cut state agency budgets by ten percent and laid off nearly 2,000 state hospital employees, a large number of whom were psychiatric technicians.\(^12\) The deinstitutionalization movement reached its peak in the 1960s and thousands of patients were

\(^7\) “California State Mental Health Care Historical Summary 1850-1996.”
\(^8\) “Medical Records Contain Files on 60,000 Patients Since 1893,” *The Patton Progress*, November 1, 1953, 3.
\(^9\) “California State Mental Health Care Historical Summary 1850-1996.”
\(^10\) Ibid.
\(^11\) Wursten.
\(^12\) Ibid.
released from state hospitals. With the passage of the Lanterman-Petris-Short (LPS) Act in 1968, California’s long history of committing harmless mentally ill patients in state hospitals came to an end. This act ordered the release of those patients deemed harmless and changed involuntary commitment processes in an attempt to balance civil rights and public safety by committing only those who were seen as a danger to themselves or others.\(^{13}\) Another change in the system took place when the Department of Mental Health replaced the Department of Mental Hygiene in 1973.\(^{14}\)

Since the passage of the LPS Act most of the state hospitals have closed.\(^{15}\) In the early 1980s Patton became strictly a forensic facility and all current patients are committed by court order as penal code offenders.\(^{16}\) In 2012 the Department of State Hospitals was formed to streamline the state hospital system. Today, Patton is one of five existing state hospitals in California and is the largest state hospital in the United States. Patton currently houses and treats just under 1,500 patients and employs approximately 2,000 people.

With over 120 years of history, Patton provides a wealth of information regarding the care of the mentally ill in California, yet until now there has been little effort to preserve the history, artifacts, or buildings of the institution. Though there has been a plan for the establishment of an archive and museum at Patton for many years, Patton lacked the personnel and expertise to take on such a

\(^{13}\) Ibid.
\(^{14}\) “California State Mental Health Care Summary 1850-1996.”
\(^{15}\) Ibid.
\(^{16}\) Wursten.
large endeavor. Hospital historian and supervising social worker Anthony Ortega, L.C.S.W., has been collecting and organizing artifacts from all over the hospital for several years and he was housing these artifacts in an unused room on the grounds. Two years ago Mr. Ortega was able to secure a location for the museum on the grounds, however, with little available time and no experience in museum and archive methods, the project stagnated until I expressed an interest in the project in the fall of 2013. After a contract was drawn up between Patton and CSUSB’s History Department, three undergraduate public history interns and I began work on the project as volunteers in January 2014. Sixteen months later we had established an archiving system, designed all the exhibits in the museum, installed the exhibits, and opened the museum on April 17th, 2015.

Under my direction, a total of six undergraduate public history interns have been involved in the project at various times and have played an invaluable role in designing the archive and museum, researching the history of the hospital, and designing and installing the exhibits. In the process of establishing the museum and archive, hundreds of artifacts, photographs, and documents collected over the years by Patton staff have now been preserved and, where possible, digitized and organized into a searchable database. Several of each type of object is on display in the museum and the entire collection is in the process of being logged into the archival system.
Assessment of the Literature

There is a great deal of literature available regarding the way the history of mental health has been depicted that provides the context necessary for dealing with related archives and exhibits. When talking about the discourse of mental health, one necessarily begins with Michel Foucault. In his book, *Madness and Civilization: A History of Insanity in the Age of Reason*, Foucault argues that the state initiated a period of “great confinement” of the homeless, the mentally ill, and the poor in state asylums in seventeenth-century Europe not because these people needed care, but because it offered the state the means of social control of these and other undesirables. Foucault is critical of doctors, professors, and others in positions of power, including psychiatrists, and believes that mental illness is nothing more than a social construct that allows the state the means of control to suppress non-conformity.17 Foucault has been instrumental in influencing approaches to the history of mental health, and many scholars have applied his arguments in their own studies. Anti-psychiatrists such as Thomas Szasz and R.D. Laing have also been “at the forefront of the effort to discredit the medical model” of mental illness. They have argued that mental illness is simply a “culturally determined category for labeling – and placing in confinement – certain particularly disturbing, often incomprehensible, types of social deviants.”18

18 Fox, 1.
There are those who do not fully accept Foucauldian-influenced or anti-psychiatric approaches. Psychiatric historian Edward Shorter, for example, argues against Foucault’s “grand confinement,” and refers to it as “nonsense.” His book, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, contends that the history of psychiatry has been distorted by the anti-psychiatry movement. Shorter asserts that psychiatric illnesses are biomedical in nature and are treatable, if not curable. Thus, he views any non-biomedical practices such as psychotherapy as insignificant in the larger scheme of psychiatric history. Sigmund Freud’s “talking cure” was, according to Shorter, merely “a therapy suitable for the needs of wealthy people desiring self-insight, but not for real psychiatric illnesses.”

With vastly opposing approaches to the history of mental health, the work of constructing a successful exhibit that appeals to the public and recognizes these disparate views is challenging. In *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display*, edited by Catharine Coleborne and Dolly MacKinnon, several authors specifically discuss the methods and theory to take into consideration when designing exhibits related to the history of mental health. Psychiatry and the treatment of the mentally ill is a controversial and sensitive topic so it is important to keep that in mind as one prepares to display artifacts and photographs related to these topics in a

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20 Ibid., 190.
museum. Included in the book are essays regarding the ethical considerations in displaying psychiatric artifacts, the use of photographs in psychiatric museums, and the importance of patient voices.\textsuperscript{21} This resource was invaluable as little has been written about displaying psychiatric collections and “no study has examined… the material histories of the many individuals, both patients and staff, who lived and worked in these institutions, were incarcerated in them, and whose bodies were made subject to the medical objects that survive in psychiatric collections.”\textsuperscript{22} Colborne and MacKinnon argue that material objects in museums can offer new insights into the history of psychiatry which has previously been dominated by texts.

Recognizing the complex nature of exhibiting mental health history, every effort was made to present historical information that appealed to various audiences. However, there is very little secondary literature available specifically about Patton State Hospital. The hospital has been mentioned in related literature from time to time, but the only written work I could find that was directly written about Patton is a CSUSB graduate student’s thesis from 1983 by Nicholas Cataldo titled “Hospital in Transition: How and Why Patton Hospital Changed from an Institution for the Mentally Ill to an Institution for Penal Code

\textsuperscript{21} Catharine Coleborne and Dolly MacKinnon, \textit{Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display} (New York: Routledge Taylor and Francis Group, 2011.)

\textsuperscript{22} Ibid., 3.
Offenders.\textsuperscript{23} Patton is mentioned in the works of Dr. Joel T. Braslow, professor of Psychiatry at UCLA. His works utilize patient files from Patton State Hospital, but he does not focus specifically on Patton’s history. In “The Influence of a Biological Therapy on Physicians’ Narratives and Interrogations: The Case of General Paralysis of the Insane and Malaria Fever Therapy, 1910-1950,” Braslow utilizes Patton patient files to argue that the effectiveness of malaria fever therapy for curing general paralysis of the insane had an effect on how doctors viewed and treated patients.\textsuperscript{24} Braslow also makes use of Patton’s patient files in writing his book, \textit{Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century}. This book is an account of the use of various therapies in two California state hospitals: Stockton State Hospital and, to a lesser extent, Patton State Hospital.\textsuperscript{25}

Thus, it was necessary to frame Patton’s history within the larger psychiatric history. For example, in \textit{Madhouses, Mad-doctors, and Madmen: The Social History of Psychiatry in the Victorian Era} Nancy Tomes discusses Thomas Story Kirkbride’s philosophy of asylum construction and management. This is an excellent resource for understanding the thought process behind how asylums were designed and administered during the late 19\textsuperscript{th} century. Kirkbride was a highly regarded asylum superintendent and founder of the Association of Medical

\footnotesize{\textsuperscript{23} Nicholas Cataldo, “Hospital in Transition: How and Why Patton Hospital Changed from an Institution for the Mentally Ill to an Institution for Penal Code Offenders,” (Master’s thesis, California State College, San Bernardino, 1983).


\textsuperscript{25} Braslow, \textit{Mental Ills and Bodily Cures}, 1997.
Superintendents of American Institutions for the Insane (AMSAII), a precursor to the American Psychiatric Association. The Kirkbride Plan for asylums was detailed in his widely read book, *On the Construction, Organization and General Arrangements of Hospitals for the Insane*, published in 1854.\(^{26}\) Patton's original buildings were built along the Kirkbride model, so this source provides an excellent understanding behind the initial construction and management of Patton's early physical structure and administration.

In his *History of Psychiatry*, Edward Shorter argues that, prior to the discovery of effective biomedical treatments, psychiatry centered around the mental hospital. He states that "between 1903 and 1933 the number of patients confined in psychiatric institutions in the United States more than doubled from 143,000 to 366,000."\(^{27}\) With few alternatives to custodial care, overcrowding in these institutions was a significant problem. A resurgence in biomedical treatment, beginning in the 1940s, led to the development of biologically based therapies such as electroconvulsive therapy (ECT) and effective psychopharmaceuticals. As these treatments became available, outpatient care in a community setting began to replace long-term inpatient care in remote state institutions. These trends are reflected in Patton's history of early custodial care, overcrowding, introduction of effective biomedical treatments, and deinstitutionalization. For an excellent account of mental health history in the


\(^{27}\) Shorter, 190.
state of California, the project is also influenced by Richard Fox’s *So Far Disordered in Mind: Insanity in California 1870-1930*. This book provides an analysis of how and why California had the highest commitment rate in the United States during the late 19th and early 20th centuries and how the state dealt with overcrowding in its state hospitals.28 Patton faced overcrowding throughout its history and in order to fully understand the degree to which the experiences of patients and workers within the hospital were distinct, a larger context of the daily pressures facing all institutions was needed.

Project Approach and Methodology

The importance of this project cannot be overstated. There are few museums of psychiatry and mental health history on the West Coast. By establishing the museum and archive, we hope to create awareness and decrease stigmatization of mental illness through education and transparency. This museum will also be the pilot project for a series of museums the California Department of State Hospitals hopes to establish at other state hospital locations.

As there are few secondary sources relating to Patton’s history, I have had to rely mainly on primary sources for researching Patton’s history. I have utilized photographs, various private documents, and some publications from Patton itself. One of the best sources for information about Patton is *The Patton*

Progress, a weekly patient-written newspaper that provided a great deal of information for Patton staff and patients. This resource is available in the Patton State Hospital library and has been invaluable in piecing together Patton’s history. Unfortunately, the paper was only published from 1947 to 1972. This has had an effect on the approach of the exhibits and text written for the museum because there are few other sources to refer to for information prior to and following the publication of The Patton Progress.

Figure 1. The Patton Progress Feb. 3, 1946. Courtesy of Patton State Hospital Library (PSHL).
For information about Patton prior to the 1940s, I have had access to handwritten records held privately by Patton State Hospital regarding the establishment and early history of the hospital as well as annual and biennial reports from the various departments that oversaw the state hospital system over the years. Another resource for information on Patton before the 1940s is the California Digital Newspaper Collection (http://cdnc.ucr.edu/cgi-bin/cdnc), a searchable database that consists of articles from a variety of California newspapers from the late 19th century to the present.

Information about Patton after the 1970s has been difficult to access. Patton became a forensic-only facility in the early 1980s and all patients from that point on were committed by the judicial system. Patient privacy issues and the lack of photographs, documents, and other publically and privately available information from the late 1970s to the present has made researching Patton’s last few decades difficult. I was only able to locate two reports from the Department of Mental Health for the years 1975-76 and for 1990.

All the research necessary for the design of the exhibits and for the writing of text panels was completed by September 2014. The above-mentioned literature and sources were utilized by myself and the other exhibit designers in order to provide an accurate, ethical, and informative experience for all museum visitors. The most current museum and archive methods were utilized in the design and construction of both the museum and the archives.
This paper consists of three chapters, the first of which is this introduction. The second is a more detailed history of Patton which will provide the context to effectively understand the importance of the museum and the way the exhibits were structured. The third is a reflection on the project in which I will discuss the goals we set, the process of establishing the museum, the challenges we faced, our accomplishments, what we learned from the process, and an analysis of the work completed. The goal of this paper is to assist future public historians with the design and establishment of a museum and/or archive, be it related to mental health history or to projects with other themes, and to provide information to other mental health facilities that wish to establish their own museums.
The history of mental institutions has pervaded the writings on the history of mental health. It is not therefore surprising that this history would dominate when designing exhibits on the grounds of a mental hospital. However, there has been little written about Patton itself, and this background history is important to understand in order to provide an accurate and informative history interpreted through the exhibits of the museum and placing the history of Patton in the context of California state mental institutions.

From the beginning of the eighteenth century in colonial America the mentally ill were defined as people who were not productive and were, therefore, an economic burden. Responsibility for the care of the mentally ill fell upon the family and immediate community. The first colonial mental hospital was the Lunatic Hospital of Williamsburg, Virginia, which opened in 1769. By the mid-nineteenth century most U.S. states had asylums in place that provided “moral treatment” to the mentally ill. These asylums were usually funded by the state and most were filled to capacity by 1850. Large influxes of immigrants contributed to this trend in the eastern states and then, with the gold rush, in
California. Custodial care began in California when the brig “Euphemia” was converted into a prison ship in the San Francisco Bay. In addition to housing prisoners it also housed any “suspicious, insane, or forlorn persons.”

The first California state asylum was opened at Stockton in 1851 and was immediately overcrowded. At the time, patients could be admitted to the hospital either by the court or by the medical evaluations of two general health practitioners. In 1872 California added the designation of Incompetent to Stand Trial (IST) to the state penal code and from that point on the majority of people committed by the court to state asylums were committed under that designation, a trend that continues today. Overcrowding at Stockton was likely caused by three factors: liberal commitment laws, no alternatives for the care of the mentally ill, and an unstable social system caused by high immigration and the unsettled nature of the new state. To ease overcrowding three additional state asylums were opened in California prior to the opening of Patton in August of 1893. Those asylums were Napa State Hospital (opened in 1875), Agnews State Hospital (opened in 1888), and Mendocino State Hospital (opened in early 1893).

In 1889 the California legislature approved the construction of Patton in order to provide care to those deemed mentally ill in southern California. The Grand Lodge of the Free and Accepted Masons of California laid the cornerstone

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29 “California State Mental Health Care Historical Summary 1850-1996.”
30 Caring for Californians: An Overview of the State Department of Mental Health (Sacramento: Department of Mental Health, 1990), 2.
31 “California State Mental Health Care Historical Summary 1850-1996.”
of the original building on December 15, 1890. At the time of its establishment, Patton was seen as a state-of-the-art mental healthcare facility designed along the Kirkbride plan; a popular plan for large asylums in the 19th century. The Kirkbride, as the main building was called, was an elaborate and grandiose structure with extensive grounds which was meant to promote a healthy environment in which to recover.

Figure 2. Patton's Original "Kirkbride" Building. Photo courtesy of Patton State Hospital Archives (PSHA).


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32 Hall.
in the mid to late 19th century. The Kirkbride plan consisted of a linear design with a central administration building and long wings on either side that radiated off the center building. This design allowed for “maximum separation of the wards, so that the undesirable mingling of the patients might be prevented.”

The wings also allowed for separation of male and female patients, and for separation of patients based on the severity of their illnesses. Patton’s Kirkbride was one of the last hospitals designed along this plan. The next California state hospital to be built, Metropolitan State Hospital in Norwalk, was opened in 1916 and, from its establishment, was built along the ward and cottage system. It did not include a Kirkbride building.

Patton opened and received its first patients on August 1, 1893, under the name Southern California State Asylum for the Insane and Inebriates. The name would later change to Patton State Hospital in 1927 and was renamed after Harry W. Patton, a member of the board of supervisors. Patton was designed to be a homeopathic hospital but there was little staff could do to treat or cure patients with mental illness at the time. Patton’s first superintendent, M.B. Campbell, was hired to head the hospital because he was a doctor of homeopathic medicine.

In 1897 a Lunacy Law was passed in California that created a Commission in

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33 Tomes, 124.
34 Ibid., 132.
35 Ibid.
36 "California State Mental Health Care Historical Summary 1850-1996."
37 “From the Offices of Department of State Hospitals – Patton” brochure, Patton State Hospital Archives, Patton, California, n.d.
38 Wursten.
Lunacy to oversee the state hospital system. This law also changed the name of its state “asylums” to state “hospitals.”

In the late 19th and early 20th centuries, many working class families often brought about the confinement of their own “disturbed and disturbing relatives and neighbors. The insane, the poor, the delinquent, and the criminal were... a formidable burden to their own families and neighborhoods.” State institutions provided a means for families and neighbors to unburden themselves at little to no cost. The state hospitals were funded entirely by the state and, because there were no community-based treatments available for those deemed insane, the state hospitals were the only option for commitment and care of the mentally ill. In addition, counties and communities found it easy to send troublesome individuals who might be afflicted with a mental illness to the state hospitals and, from the 1870s to the 1920s, “California had the highest rate of insane commitments in the nation.” This resulted in one in every 281 Californians being committed to a state hospital by the turn of the century, leading all the hospitals to be overcrowded for nearly their entire histories up to the late 20th century. Massive immigration to California and a relatively unsettled locale likely contributed to this trend.

39 “California State Mental Health Care Historical Summary 1850-1996.”
40 Fox, 10-11.
41 Fox, 18.
42 “California State Mental Health Care Historical Summary 1850-1996.”
By 1904 Patton had over 800 patients. To ease overcrowding, the state hospitals in California used deportation, parole, probation, and sterilization as the means to reduce patient populations. The need to release patients was a driving factor behind California’s trend of sterilizing over 11,000 mentally ill state hospital patients from the passage of its Asexualization Act in 1909 through 1950. Sterilizations at Patton made up nearly half of that total at 4,585 patient sterilizations. No other state in the U.S. sterilized as many people as the state of California. Some medical practitioners believed that sterilization of mental patients was therapeutic, but most doctors who were involved in sterilizing patients did it for eugenic purposes. It was thought that sterilizing patients would keep them from passing on their illnesses to their progeny and would keep future generations from further overcrowding the hospitals. Sterilization of mental patients would decrease dramatically after World War II, but would not officially end in California until 1979.

Patton’s grounds were expanded in the first decade of the twentieth century to include a 400 acre farm and ranch which provided nearly all the food the hospital required to feed its patients and staff. Patton had a dairy, piggery, and chicken farm by 1916, and grew almost all its own fruits and vegetables, had orchards, and eventually built a cannery. The hospital also constructed several

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43 Hall.
44 Ibid.
46 Fox, 27-29.
47 Wursten.
industrial shops in its early decades and this further contributed to the hospital’s trend of self-sustainment. Patton added a mattress shop, shoe shop, furniture shop, and sewing room in 1912. Most patients worked alongside the staff on the farms and ranches, and in the shops, laundry, and kitchen. This was seen as therapeutic and came to be referred to as occupational or industrial therapy. As a self-sufficient town, Patton also had its own post office and, to this day, has its own postal code.48

As the hospital grew and expanded, several new buildings were constructed on the grounds. In 1908 the beginning of the establishment of patient cottages began. This marked the beginning of the cottage system at Patton. Each cottage would house forty to seventy-five patients, separated by sex.49 In 1928, all the wards and cottages would be renamed with letters for men and

48 Ibid.
numbers for women. In addition, most of Patton’s staff lived on the grounds until relatively recently in Patton’s history. Administrators, nursing staff, doctors, other clinical and medical staff, and laborers of all kinds lived in cottages, houses, and duplexes on Patton grounds. Families of staff also lived, worked, and grew up on the grounds. New housing for both patients and staff was almost always under construction. Kitchen and laundry staff and the patients that worked with them had to provide meals and laundry service to the entire staff as well as the patients.

Earthquakes in 1906, 1916, 1923, and 1933 caused major damage to the original buildings. This eventually led to the destruction of the Kirkbride building and the establishment of more modern buildings in the 1950s. The need for

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51 Wursten.
another state hospital in the southern half of the state resulted in the opening of Metropolitan State Hospital in Norwalk which accepted its first patients in 1916.52

![Kirkbride Administration Building with Roof Removed Due to a Series of Earthquakes. Photo courtesy of PSHA.](image)

By 1910, hydrotherapy began to be employed to treat patients at all the state hospitals in California. These therapies were widely utilized in the early to mid-twentieth century throughout the Western world. Hydrotherapy consisted of continuous baths, wet sheet wraps, and sprays.53 In the 1916 report of the California State Commission in Lunacy it was reported that hydrotherapy had also become the preferred treatment for inebriates in state institutions.54 In 1928

52 Ibid.
Patton’s administrators announced that all forms of mechanical restraint at the hospital had been abolished and that “Hydrotherapy, through the providing of adequate equipment, has been substituted [for mechanical restraint] with marked results.”

Figure 9. Hydrotherapy Treatment at Patton. Photo courtesy of PSHA.

By 1916, Patton had abandoned homeopathic medicine for biomedical causation and treatment of mental illness. George H. Kirby, a clinical psychiatrist at Manhattan State Hospital and a representative of the National Society for Mental Hygiene made a survey of methods of care in the California state hospitals that year and reported, “The medical work at our hospitals is

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unquestionably advancing along more scientific lines." His comment reflects the move towards more biomedical approaches, often utilizing experimental therapies.

In 1921 the Department of Institutions replaced the Commission in Lunacy. This department oversaw the state hospitals as well as homes for the feebleminded. By the early 1920s there were nearly 12,000 patients in California state hospitals, 2,188 of whom were at Patton. In 1927, Not Guilty by Reason of Insanity was added to the California penal code and the state hospitals began receiving patients committed under this new law.

Patton’s staff and administrators have long been dedicated to remaining on the cutting edge of available treatments so new therapies were introduced regularly and usually embraced enthusiastically. Malaria fever therapy was one of those therapies. This treatment was introduced to Patton in 1928 for treatment of general paresis caused by syphilis. It consisted of injecting malaria-infected blood into a patient with syphilis in order to cause a fever that, in some cases, would cure the patient. Malaria fever therapy was used in the state hospitals until the late 1940s when penicillin became widely available for the treatment of syphilis. There were many other therapies the hospital would embrace in the hopes of providing effective treatment to patients. Patton utilized insulin shock

56 Wursten.
57 Ibid.
58 California State Department of Institutions, Bulletin Issue Number Three (Sacramento: California State Printing Office, 1922), 5.
59 "California State Mental Health Care Historical Summary 1850-1996."
therapy and then electroconvulsive therapy (ECT) in the early 1940s. Insulin shock therapy was utilized at Patton from 1941 to 1947. Also in 1941, Patton physicians and scientists at the California Institute of Technology in Pasadena, California, began experimenting with electroconvulsive therapy machines, three years after the procedure was developed in Italy. Widespread use of this technology in California did not begin until the mid-1940s.  

Another controversial treatment that occurred at Patton was lobotomy, which was introduced at Patton in 1947. Three types of lobotomy were performed at Patton: the Mackenzie procedure, the prefrontal lobotomy, and the transorbital lobotomy. Lobotomies were generally reserved for violent and intractable

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61 Ibid.
patients. The transorbital lobotomy was developed by Walter Freeman who traveled around the country teaching this method at many mental hospitals. He visited Patton in 1951 and demonstrated the use of his technique while he was there. A total of 171 lobotomies were performed at Patton, 29 of which were performed by Walter Freeman. Lobotomies were discontinued at Patton in 1956, shortly after Chlorpromazine became available for use in state hospitals. Chlorpromazine and other antipsychotic medications had similar effects to those caused by a lobotomy. For this reason, Chlorpromazine was sometimes referred to as a “chemical lobotomy.” The development of Chlorpromazine for use in treating the mentally ill marked the beginning of the availability and use of effective psychiatric medications. The introduction of Chlorpromazine ushered in the era of psychopharmacology and Patton embraced this treatment from the mid-1950s on. Throughout most of its history, as discussed above, Patton also provided occupational, industrial, and recreational therapies and hydrotherapy.

The Great Depression had a significant impact on the state hospitals. Overcrowding increased dramatically and, by 1936, Patton’s patient population reached 154 percent of its capacity; the most overcrowded the hospital would ever be. A year later the Department of Institutions opened Camarillo State Hospital and hundreds of patients were transferred to Camarillo from Patton. By

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62 This information comes from private Patton State Hospital records of lobotomies performed there from 1947 to 1956.
63 Wursten.
64 “Rehabilitation Therapies,” The Patton Progress, April 29, 1960, 10.
65 California State Department of Institutions, Statistical Report For the Year Ending June 30, 1936 (Sacramento: California State Printing Office, 1936), 18.
1938 Patton’s overcrowded conditions had dropped but Patton was still at 120 percent of capacity.\textsuperscript{66} The overcrowding continued during World War II and for a few years after the war because shortages of building materials greatly restricted the development of new facilities needed to keep pace with rising admissions. The severe overcrowding led to deplorable conditions for patients and treatment was difficult to provide. Dayrooms were converted to sleeping quarters, patients were sleeping on mattresses on the floors, basements and even dining quarters were filled to capacity with beds for the patients. At one point, over 300 patients were forced to sleep outdoors.\textsuperscript{67}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{overcrowding.png}
\caption{Overcrowding in Patton Unit, c.1950. Photo courtesy of PSHA.}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{overcrowding2.png}
\caption{Overcrowding, Unit 7, c. 1950. Photo courtesy of PSHA.}
\end{figure}

Fire hazards were a significant concern and conditions were unsafe for the patients.\textsuperscript{68} Patton had its own fire department for most of its history that responded to emergencies and oversaw safety hazards but there was little that

\textsuperscript{66} California State Department of Institutions, \textit{Statistical Report For the Year Ending June 30, 1938} (Sacramento: California State Printing Office, 1938), 22.

\textsuperscript{67} Ostrow.

\textsuperscript{68} Ibid.
could be done to make conditions safer until more facilities for patients could be provided.

Figure 13. Patton Fire Squad, c. 1940. Photo courtesy of PSHA.

Figure 14. Cottage L Fire, c. 1950. Photo courtesy of PSHA.

In an effort to further ease overcrowding in the state hospitals, the state of California began to look for alternatives to commitment in the state institutions. Some of these alternatives included family care homes, urban psychopathic wards, community mental health programs, and outpatient clinics. In order to streamline the system, the Department of Institutions split into three groups in 1945: the Youth Authority, the Department of Corrections, and the Department of Mental Hygiene. The state hospitals and other mental institutions fell under the purview of the Department of Mental Hygiene. A year later the National Mental Health Act was passed. This act provided for research into mental illness,

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69 “California State Mental Health Care Historical Summary 1850-1996.”
70 Ibid.
training of psychiatric personnel, and establishment of community mental 
hygiene clinics.\textsuperscript{71}

In the mid-1940s, California governor Earl Warren toured the state 
hospitals and was appalled by the conditions in which patients were forced to 
live. At the same time, Al Ostrow of the \textit{San Francisco News} also toured the 
state hospitals and reported the deplorable conditions in a series of articles titled 
“People in the Dark.” Ostrow’s report along with Warren’s determination to see 
these conditions improve led to significant appropriations for improvement and 
expansion of the state hospitals through a post-war building program.\textsuperscript{72} The aims 
of this program were to replace outmoded facilities, reduce overcrowding, and 
provide up-to-date care and treatment facilities.\textsuperscript{73} This would lead to the addition 
of several new buildings at Patton in the early to mid-1950s and to the opening of 
three new state hospitals in California: DeWitt, Modesto, and Atascadero.\textsuperscript{74}

By the end of the 1950s Patton had added a new administration building 
(this replaced the last remaining portion of the original Kirkbride building which 
was demolished in 1955), an auditorium, a state-of-the-art receiving and 
treatment building, a large unit for the tubercular patients, three new patient units, 
a new kitchen and a cafeteria.

\textsuperscript{71} Ibid.
\textsuperscript{72} Ibid.
\textsuperscript{73} California State Department of Mental Hygiene, \textit{Report for Two Years Ending June 30, 1952} 
(Sacramento: California State Printing Office, 1952), 22.
\textsuperscript{74} “California State Mental Health Care Historical Summary 1850-1996.”
The increase in facilities resulted in a further increase of the patient population at Patton, which peaked at over 5,500 patients in the mid-1950s. In 1958 the population of patients in the ten California state hospitals peaked at 37,489.\textsuperscript{75} Contributing to the increase in patient population was the passage of the Health Officer’s Admission Law in 1948. This law was passed so that the mentally ill would not have to undergo the trauma of being committed by the court but the drawback of this law was that it made it even easier to commit patients to mental institutions.\textsuperscript{76}

Patton’s atmosphere changed for the better in 1946 when Dr. Otto L. Gericke became superintendent of Patton. Gericke’s impact on the hospital was

\textsuperscript{75} Caring for Californians, 2.
\textsuperscript{76} California State Department of Mental Hygiene, Statistical Report For the Year Ending June 30, 1948 (Sacramento: California State Printing Office, 1948), 20.
significant. He approved the publication of the *Patton Progress*, a weekly patient-written newspaper that quickly became popular even beyond the grounds of the hospital. He began placing suggestion boxes in all the patient wards in an effort to improve life for the patients. The hospital began to hold numerous events and holidays and added more recreational programs. Patton held open house events that invited the community onto the grounds and for many years took part in the annual Orange Show, providing exhibits and displays about Patton and mental health in an effort to improve relations with local community and to increase awareness and battle the stigma associated with mental illness. Gericke’s superintendency lasted over 26 years. He retired in 1972.\textsuperscript{77}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{image.png}
\caption{Dr. Otto L. Gericke. Photo courtesy of PSHA.}
\end{figure}

During Gericke’s time at Patton, significant changes took place in the state hospital system. Beginning in the 1950s with the introduction of chlorpromazine,\textsuperscript{77}

\begin{footnotesize}
\textsuperscript{77} Wursten.
\end{footnotesize}
the availability of effective psychopharmaceuticals allowed some previously intractable patients to be able to function outside the hospital.\textsuperscript{78} In addition, three acts of the California legislature played a significant role in what would become known as the deinstitutionalization movement.

The first piece of legislation was the Short-Doyle Act, passed in California in 1957. This act created a funding structure for an enlarged community mental health system. It expanded outpatient resources for mental health care and contributed to the rapid decrease in state hospital patient population.\textsuperscript{79} The Short-Doyle Act was followed by the federal Community Mental Health Centers Act, passed in 1963, which led to the further development of the community mental health care system. This act increased grants to improve preventive and community care and was meant to improve treatment in state hospitals.\textsuperscript{80}

The third piece of legislation that further drove deinstitutionalization was the Lanterman-Petris-Short (LPS) Act, passed in California in 1968. This act ordered the release of all harmless mentally ill patients. The act also established a new process for the involuntary commitment of mentally ill patients only if they were deemed a danger to themselves or others, or if they were gravely disabled. This new commitment process was established in an attempt to balance civil rights and public safety. The LPS Act also linked treatment to the community

\textsuperscript{78} Ibid.
\textsuperscript{79} “California State Mental Health Care Historical Summary 1850-1996.”
\textsuperscript{80} Ibid.
mental health system and removed financial obstacles to using community services.\textsuperscript{81}

Other events contributed to the rapid patient depopulation at Patton. In 1963 eighteen buildings, mostly cottages, at Patton were ruled unsafe by the fire marshal causing Patton to find ways to expedite the release of the harmless mentally ill.\textsuperscript{82} Patton’s administrators utilized systems to assist soon-to-be-released patients with their transition out of the hospital and into the wider population. In 1965 Patton established a Community House\textsuperscript{83} as well as a Leave Planning Center to assist patients with the transition.\textsuperscript{84} In addition, Medicare and Medicaid laws, passed in 1965, allowed for elderly patients to be transferred to nursing homes for care.\textsuperscript{85}

By 1966 Patton’s patient population had dropped by thirty-five percent.\textsuperscript{86} Further depopulation occurred when Ronald Reagan was elected as governor of California in 1966. In the face of civil libertarians, the patients’ rights movement, and California’s economic issues, Reagan began to dismantle the state hospital system.\textsuperscript{87} He ordered a decrease of 550 psychiatric technicians from state hospitals, 237 of whom worked at Patton.\textsuperscript{88} Psychiatric technicians played a highly significant role in the care, treatment, and monitoring of patients and this

\begin{footnotes}
\item[81] Caring for Californians, 16-17.
\item[82] Hall.
\item[84] “Social Service Leave Planning Unit Opened,” The Patton Progress, June 4, 1965, 1.
\item[85] Wursten.
\item[86] Hall.
\item[87] Ibid.
\item[88] Hall.
\end{footnotes}
decrease had far reaching implications on the ability of the state hospitals to provide proper care.

There were also inevitable issues with releasing patients so quickly. The community care system was not prepared for the influx of former state hospital patients. Following the deaths of seven former Patton patients in a fourteen month period, death certificates were mailed to all members of the legislature with a letter arguing that patients were being prematurely released from the hospital. In addition, the county coroner requested that 160 patients be returned to Patton when it was discovered that they were being treated in unlicensed community facilities without medications and proper supervision. It was discovered that the County Mental Health Unit received incentives for each patient day that was not used. The board of supervisors authorized the transfer and asked the state to stop transferring patients out of Patton until the community was adequately prepared to receive patients.\textsuperscript{89}

In 1973, Reagan announced a plan to phase out all the state hospitals, causing the closure of Modesto, Dewitt, and Mendocino State Hospitals, and the conversion of Agnews and Stockton State Hospitals from institutions for the mentally ill to institutions for the care of the developmentally disabled, but the goal of completely abandoning the state hospital system was never reached. Plans to phase out the remaining state hospitals were halted by the state

\textsuperscript{89} Wursten.
legislature after several murders committed by mental patients occurred in the early to mid-1970s.\textsuperscript{90}

As California’s state hospitals emptied and several of them closed, the farming and ranch operations were phased out by 1968. Patients also no longer worked in the industrial shops and many of those shops were closed. As the mentally ill population at Patton began to decrease, Gericke agreed to admit people with developmental disabilities beginning in 1962 in an effort to keep the hospital open.\textsuperscript{91} Patton also began to admit Mentally Disordered Sex Offenders (MDSO’s) and received its first maximum-security patients in 1968. These changes kept Patton from closing.\textsuperscript{92}

Gericke’s retirement in 1972 marked the end of an era. Patton had changed from a general mental health facility to a forensic facility and a provider for the care of the developmentally disabled. Patton closed off considerably from the wider community and began to change into a maximum security facility.\textsuperscript{93} The \textit{Patton Progress} was phased out along with several other recreational therapy programs. Gericke’s policy of maintaining a staff photographer was also abandoned due to patient privacy concerns.

Many changes to the system occurred in the late 20\textsuperscript{th} century. The Department of Mental Health replaced the Department of Mental Hygiene in

\textsuperscript{90} Ibid.
\textsuperscript{91} Hall.
\textsuperscript{92} Ibid.
\textsuperscript{93} Ibid.
1973. Admission rates at Patton decreased by sixty percent between 1971 and 1975, and by 1976 Patton’s mentally ill patient population dropped to 823. In the early 1980s the developmentally disabled patients were phased out and by 1983 Patton was a forensic-only facility. All patients from then on would be committed by court order, mostly as Incompetent to Stand Trial (IST) or Not Guilty by Reason of Insanity (NGI). In that same year the California Department of Corrections became responsible for patrol of the perimeter of the grounds, uniforms were issued for patients and officers, and plans developed to fence the perimeter. This led to the placement of security fences around the hospital grounds and patient wards by 1985. In 1990 Patton consisted of twenty-six units in five buildings and was licensed for a maximum of 1,348 beds. The census in 1990 revealed that the patient population consisted of 1,024 patients of which 893 were male and 131 were female. The total number of employees at that time was 1,564.

Today Patton is overseen by the Department of State Hospitals which was established in 2012 to streamline the state hospital system. There are currently five stand-alone hospitals and three facilities located in prisons in the state hospitals system. Patton is currently the largest state hospital in the country. Patton’s history is typical of the California state hospitals and provides a narrative

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94 Wursten.
95 California State Department of Health, Annual Report: California State Hospitals for the Mentally Disordered Fiscal Year 1975-76 (Sacramento: Center for Health Statistics, 1977), 15. In state reports during this time period the term “mentally disordered” was often used to refer to the mentally ill.
96 Wursten.
97 Hall.
through which one can understand the history and development of mental health care in California from the late 19th century to the present. Patton opened the first museum in the California state hospital system on April 17, 2015. The museum has inspired administrators at both Napa State Hospital and Metropolitan State Hospital, both of which are now working on establishing their own museums.

The Patton museum, along with the archives, present visitors and researchers with an opportunity to learn about the history of mental health care delivery and the state hospital system in California. It is hoped that the museum and archives could potentially usher in a new approach to forensic mental health through transparency and education. Patton was once open to the community around it and this effort will provide a vehicle for that to occur once again. There have been many challenges related to the pursuit of this goal. The next chapter will address those challenges as well as providing a reflective account of the goals, process, and achievements of this endeavor.
CHAPTER THREE
ESTABLISHING A MUSEUM AND ARCHIVE AT PATTON STATE HOSPITAL

The Patton State Hospital Museum and Archive provides a rare opportunity for visitors, staff, students, and researchers to take a peek inside an institution whose history is clouded in mystery and misconception. Mental institutions are often closed off to the outside world and this generates misunderstanding about what takes place inside their walls. The lack of transparency also contributes to the ongoing stigmatization of people with mental illness. There are few museums and archives of this kind and only two west of the Mississippi River: Patton’s museum and the Oregon State Hospital Museum in Salem.98 Opportunities for the public to be informed about what has and does go on inside mental institutions are quite limited.

Objects, as well as architecture, form the material culture of historical collections. Displaying material culture provides a means of telling the story of the relationship between people and objects, including how such objects were created, who touched or used those objects, and in what context those objects were used. In psychiatric collections such objects were touched, created, or used by either patients, staff, or both.99 Dolly MacKinnon and Catharine Coleborne

98 The other museum is the Oregon State Hospital Museum in Salem, Oregon, which opened in 2012. This museum, like Patton’s, is on the grounds of the Oregon State Hospital, an active mental health facility that provides care to both general and forensic patients.
99 MacKinnon and Coleborne, 3-5.
state in their book *Exhibiting Madness in Museums*, “the themes of material
culture, museums and public display intersect with the dominant scholarship in
current histories of psychiatry in new and productive ways… [and] make visible…
different views of past psychiatry.”

Display and interpretation of material
culture so as to provide education and raise awareness is the primary goal of the
Patton State Hospital Museum and Archives.

Goals of the Project

The goals of the joint effort between Patton State Hospital and the History
Department at California State University, San Bernardino were to establish a
museum on Patton grounds, to establish an archive of artifacts, photos, and
documents collected over the years by Patton staff, to preserve these artifacts,
photos, and documents, to interpret the history of Patton, and to further public
awareness of the plight of the mentally ill and educate the public on the history of
psychiatry, mental health, and the state hospital system in California. The
museum and archives have been designed to provide a means to explore “the
relationship between psychiatric space, objects, and memory.”

The Patton museum and archives are meant to provide a platform through
which the hospital can facilitate further community interaction, encourage debate
about psychiatric practices, and inform those that work in the hospital about its
legacy. In addition, Patton is a teaching hospital that hosts practitioners and

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100 Ibid, 3.
101 Ibid, 5.
students from all over the country. The museum and archive offers these students an opportunity to understand the evolution of mental health care and provide a more informed approach to treatment. The exhibits have been designed to highlight how psychiatric institutions, practices, and treatments have evolved over time and to honor the lives of the individuals, both patients and staff, who have lived and worked on the grounds over the course of its history. In addition, it is hoped that the museum and archives will provide a voice for patients, practitioners, and staff, and will also provide a means to preserve the present for posterity.

Designing and Establishing the Museum and Archives

When I first became involved in this project in January 2014, Hospital Historian and Supervising Social Worker Anthony Ortega, L.C.S.W., had already amassed an impressive array of artifacts, photos, and documents related to Patton’s history and was storing them in an unused room at Patton. He had also secured a location for the museum in a historical house located on the grounds. Preliminary preparation on the building had recently begun.
Figure 17. The Patton State Hospital Museum. 
Photo by author.

Together with three undergraduate public history students, Amanda Castro, Cassie Grand, and Danielle Bennett, we began to assess the state of the artifacts, plan the establishment of an archive database, and design the exhibits of the museum. We began by organizing the artifacts, photos, and documents and then built an archive database in MSExcel using Dublin Core categories to upload to an archiving program in the future. We developed a system for assigning identifying numbers to the artifacts and photographs based on the type of object or photo. Similar or related items shared a category number. For example, every photo or artifact related to food preparation and service was given the category number of 24. We utilized a trinomial numbering system consisting of the year the artifact was accessioned into the database, followed by the category number, and then by the item number.\textsuperscript{102} Work on the archive took primacy in the early months of the project as we worked out this numbering

\textsuperscript{102} For example, the industrial toaster in the Food Services exhibit was logged into the archive with the identifier 2014.24.18 (Year.Category.Item)
system and began digitizing the photos. Another undergraduate public history student, Sarah Hansen, joined us in March 2014 as we began the preliminary design work for the museum exhibits. In April of 2014, Mr. Ortega announced to us that Patton's Executive Director, Harry Oreol, wanted us to open the museum in December 2014 on in-house basis to coincide with the opening of a 1964 time capsule that was embedded in the Patton State Hospital entrance sign. From that point on the majority of our work focused on the design of the exhibits.

In May of 2014, my advising professor Dr. Tiffany F. Jones, Hospital Historian Anthony Ortega, and I flew to Oregon to see the only other state hospital museum west of the Mississippi River. The Oregon State Hospital Museum in Salem is located on the grounds of an active hospital. The museum opened in 2012 as part of an initiative to refurbish the majority of the hospital's structure. This visit proved to be invaluable for each of us as we were in the early stages of designing our own museum. Many of the exhibit themes we were considering for our museum matched the themes of the exhibits in the Oregon museum. This helped us realize that we were on the right track and went a long way towards helping us visualize our project.

It was determined that we would design seven exhibits, one in each room of the museum building. Once we had familiarized ourselves with the types of artifacts and photographs available for display in the museum and had a general understanding of the history of Patton, we began to identify what themes we would designate to each room. We had to take several things into consideration
while determining the themes of each room: the importance of providing a well-rounded history of the facility, the desires of Patton’s staff, and the number and size of the artifacts we wanted to include. The size of the artifacts we intended to use was a significant consideration in determining which room would be designated for each theme.

We determined that the first room of the museum should provide an introduction to the history of Patton and mental health care in California and would provide the context for the rest of the museum. Originally we were not going to utilize the kitchen in the historic house designated as the site of the museum but, when Sarah Hansen joined the project she came up with the idea of using the kitchen space to provide information about the history of food preparation and distribution at Patton. The third exhibit space consisted of a hallway and shelving with very limited space but ultimately we determined that it would be a great location for displaying patient artwork. Due to the size and number of artifacts related to the self-sufficient nature of Patton during most of its history we designated the largest room in the building for that theme. Connected to that room was a small room that was roughly the size of a patient room and, because we had old patient furniture to display, we determined that this small room would be a replica of a patient room. We had many artifacts related to the various methods of treatment utilized over the course of Patton’s history and we knew it was a very important topic that must be covered so we designated the sixth room of the museum for the theme of patient treatment. According to the
wishes of Mr. Ortega, the final room in the museum was to include a large and very old fire cart. Initially this made determining a theme for that room difficult. Eventually we decided to utilize that room to provide information about the staff, clinicians, police, fire department, and volunteers that had worked and/or lived at Patton over the course of its history. We felt that the themes we had chosen for each room would provide a very well-rounded historical experience for visitors.

Working collectively, we decided to each design one or, in some cases, two rooms of the museum. We had to bear in mind the importance of choosing artifacts that are representative of the theme of each exhibit, so once we had determined our themes we began to curate artifacts that would best provide visitors with a means to interpret the history of Patton and the history of mental health care in general. We then began the necessary research on the history of Patton and on the artifacts we intended to use in our exhibits.

This vital research was a difficult task to undertake because there existed no published information directly on Patton’s history. We utilized a great number of primary sources in our research such as the patient newspapers from 1947 to 1972, thousands of photographs primarily from those same years, one-of-a-kind handwritten documents, old news articles, short histories written by former employees, and reports from various state agencies. We also utilized various secondary sources regarding the history of mental health for context. One of the best sources for information related to Patton’s early years was Richard Fox’s book *So Far Disordered in Mind*. Some information about Patton was also
available in the works of Joel Braslow and in a master’s thesis written by Nicholas Cataldo in 1983 that researched the transition of Patton from a general to a forensic facility. The students and I spent approximately six months scouring these resources for information. By August 2014 we had the necessary information to provide an accurate and detailed history of Patton via the themes in each room.

I developed a system to organize the artifacts, photographs, and documents to be used as well as a list of text panels and items such as pedestals, televisions, display cases, mannequins, and other things needed for each exhibit. Utilizing this system, a design plan was developed for each room that consisted of an overall list of items, a list of photographs with description labels and sizes of the photos, a list of artifacts with description labels, a list of documents with size of each document, and text panels that included the text and size of each panel. I located a vendor that could produce our text panels, photographs, and reproductions of documents on foam board for mounting in the museum. The documents we decided to reproduce and include in the exhibits consisted of statistical tables from several early state hospital reports as well as articles from the *Patton Progress*, the patient-written newspaper that the hospital published from 1947 to 1972.

Each exhibit designer developed a floor plan and a wall plan for each room, determined the sizes and location of the pedestals we intended to use,

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103 See Assessment of the Literature  
104 See appendices for examples of design plans.
designed a lighting plan, and wrote the text for the text panels and descriptive labels for the artifacts and photographs. After editing the text and completing the fact checking, I approved their plans and forwarded them to Mr. Ortega and to Dr. Jones for their approval. Some further adjustments were made and then we began to format our photos, text panels, and documents to have them printed on foam board for hanging in the museum. We determined the font and format we wanted to use for all the text panels and artifact descriptions in order to maintain a consistent design throughout the museum. We then ordered display cases, mannequins for patient and nurse uniforms, and blinds for the windows to shield the artifacts from direct sunlight.

We worked with Patton’s Facility Operations department to design the pedestals, install the lighting, and complete all the necessary changes to the building. The work on the building began in August 2014 and was completed in March 2015. As December 2014 approached it became clear that we could not have the museum ready for opening until at least the following March due to the ongoing refurbishment of the museum building and the installation of lighting, blinds, and new air conditioning units. It was determined at that time that we would need to push back the scheduled opening to April 2015.

My role as Project Manager consisted of providing the undergraduate public history student interns with knowledge of the history of mental health which, along with public history, is my area of expertise. None of the students had any background in the subject matter prior to engaging in the project but all
of us had some education in museum and archive methods as well as exhibit design. I also guided them through each step of the process, facilitated their education, acted as an intermediary between the Patton and the University, and coordinated each step of the design and installation of the exhibits. I was fortunate to be assigned students with impeccable dedication and work ethic, and without them this project would never have been completed in the fifteen month period we had to work within. Most of the students continued to work on the project on a volunteer basis long after they graduated with their Bachelor’s degrees.

Through this project I have realized that it is vitally important when designing a museum that at least one person on the team is an expert in the historical content of the theme of the museum and that most of the team is knowledgeable about museum methods, preservation, and exhibit design. The person or persons with the most expertise in the subject matter of the museum should ideally be the manager of the project as that person has to be familiar with the content of all the exhibits and be able to guide those with less knowledge of the subject matter while they develop the text for the museum and work to interpret the history accurately. The success of this project also relied heavily on having like-minded, dedicated people that work well in collaboration with each other and have high standards. Also vitally important to the success of the project was having access to expert consultants. In our case those experts were Dr. Tiffany F. Jones, a CSUSB History professor who specializes in mental health
history, and Dr. Thomas Long and Dr. Cherstin Lyon, CSUSB History professors who specialize in public history. Also crucial to the project was Anthony Ortega who, as Hospital Historian and an employee of Patton for fifteen years, was intimately familiar with all the artifacts, buildings, and history of the hospital. Mr. Ortega provided us with resources for research, scheduled and oversaw all the work Patton’s staff provided in readying the museum building, and worked with Patton’s administrators to ensure the project had the support it needed. He also supervised us, supported us, and worked closely with us throughout the project.

I designed the first exhibit, titled *Patton Then and Now*, which provides general information about the hospital’s history and the history of mental health in California and offers the context for the rest of the museum. This exhibit includes a timeline of significant events and includes artifacts, photos, and documents related to Patton’s history and its physical structures and grounds. Included in this exhibit are photos of the original buildings, aerial photos and old maps of the grounds, historical Patton postcards, original stones from the Kirkbride building, a display of items from a 1964 time capsule, and a discharge receipt book from 1893, and artifacts related to the Patton cemetery.
The second exhibit, titled *Patton Food Services*, was designed by Sarah Hansen. It features industrial food preparation artifacts from Patton’s kitchens, photographs of food preparation staff, and information related to the quantity of food produced and prepared to feed the thousands of patients and staff each
day. This exhibit is fittingly established in the former kitchen of the historical home housing the museum. It provides visitors with information on how food preparation and distribution was central to life at Patton for both the patients and the staff.

Figure 20. Patton Food Services Exhibit, Room 2. Photo by author.

Figure 21: Patton Food Services Exhibit. Photo by author.
The third exhibit, titled *Patient Artwork*, was designed and installed by the Art Therapy department at Patton. It includes paintings, drawings, and ceramic pieces made by the current patients at Patton and information about rehabilitation therapies, such as occupational and recreational therapy, that have been an integral part of patient treatment throughout Patton’s history. It also features a display of several patient artifacts found in the attic of an old human resources building. This exhibit provides a medium through which patient voices can be heard through the display of their arts and crafts.

Figure 22. Patient Artwork Exhibit, Room 3. Photo by author.
The fourth exhibit, titled *A Self-Sufficient Patton: Patients and Staff Working Together*, was designed by Cassie Grand. This exhibit covers the history of Patton’s farms, ranches, industrial shops, and the laundry. It includes artifacts, photos, and information related to each of those endeavors. These include old tools used on the farms, ranches, and in the shops. It also includes artifacts related to the manufacture of clothing, shoes, and bedding. As a lead in to the next room, which is the fifth exhibit, this exhibit also includes information about the admission process at Patton and includes a patient room door and the keys to patient rooms from one of the old buildings on Patton’s grounds.
Figure 24. A Self-Sufficient Patton Exhibit, Room 4. Photo by author.

Figure 25. A Self-Sufficient Patton Exhibit. Photo by author.
The fifth exhibit, titled *Patient Life*, was also designed by Cassie Grand. This room is a mock-up of a patient room at Patton and includes information related to patient life and activities. It features patient room furniture, a patient uniform, a description of the activities Patton provided to its patients in the past, and photographs of patient wards.
I also designed the sixth exhibit, titled *Patient Treatment*, which includes artifacts, photos, and information related to historical and current psychiatric treatment modalities utilized to treat the patients at Patton over the course of its history. Included in this exhibit are a lobotomy pick, Electroconvulsive Therapy (ECT) machine, a hydrotherapy tub, a psychoanalytical couch, and artifacts related to psychopharmaceuticals. This exhibit provides visitors with information about these treatments, most of which are no longer practiced at Patton. It also features a strait jacket, leather restraints, and a mock doctor’s office. It is the goal of this room to ensure that visitors will leave this exhibit mindful of the progress made in psychiatric treatment over the last 125 years.
Figure 30. Patient Treatment Exhibit, Room 6. Photo by author.

Figure 31. Patient Treatment Exhibit. Photo by author.

Figure 32. Patient Treatment Exhibit. Photo by author.
The final exhibit, titled *People of Patton*, was designed by Amanda Castro and includes artifacts, photos, and information about the staff, volunteers, practitioners, and other Patton personnel over the years. It includes artifacts related to the history of Patton’s fire department, security force, clinical team, and medical team. It also provides historical and current information about each of
those departments and celebrates the contributions of the various staff and volunteers that have lived and worked at Patton over the course of its history. This exhibit includes a television that shows pictures of staff, past and present, and features the first payroll book in Patton’s history dating back to August 1893. Connected to this room are artifacts related to religious service provided at Patton.

Figure 35. People of Patton Exhibit, Room 7. Photo by author.
Figure 36. People of Patton Exhibit. Photo by author.

Figure 37. People of Patton Exhibit. Photo by author.
The students and I, for the most part, oversaw the installation of the rooms we each designed with the assistance of two new students, Brent Bellah, who joined the project in September 2014 and has overseen the installation of the Patient Treatment exhibit, and Casey Lee, who joined the project in January 2015 and has assisted Sarah Hansen with the installation of the Patton Food Services exhibit and other exhibits as needed.

With installation completed in late March, we conducted a few focus groups consisting of history and museum studies students, Patton employees, and people with no background in these subjects in order to ensure the exhibits were relatable, sensible, and sensitive to a wide variety of audiences. The students and I worked collectively to come up with questions to ask the focus groups. These questions were meant to ensure that the themes of each room were clear, that the flow of the museum made sense, and that visitors of all backgrounds left the museum with a more informed and accurate view of the
delivery of mental health care and mental illness in general, among other things. I cannot overstate how helpful these focus groups were to our process. They helped us see the exhibits through new eyes and helped us understand what visitors wanted to see and to know more about. With the exception of the Patton employees, our focus group participants knew very little, if anything, about Patton or mental health history. We found that many of the participants who have lived locally for years had misconceptions about Patton and its patients. One focus group participant stated that the exhibits changed his prior views about mental illness and mental institutions, particularly Patton. He stated that he had come in with a skewed view of Patton and of the mentally ill and left with a more informed and humanized view of the plight and care of the mentally ill. This helped us realize just how important the museum is as an active presence in the community and that, by sharing its history through the museum and archive, Patton will be able to promote awareness of mental health, sensitivity to people who suffer from mental illness, and provide a realistic view of mental institutions and how treatment has evolved over time.

Patton celebrated the completion of this massive project with a Grand Opening event on April 17th, 2015. This event garnered a great deal of interest from a wide variety of people.
With the museum now completed, the students and I will continue to provide tours of the museum, ready the museum for opening to the public, and continue to work on the archiving and preservation of the artifacts, photos, and documents that were not included in the museum and are still being stored in the archive room. There is still a lot of work to be done on this project that will take years to complete.

Challenges

Aside from the difficulty of researching Patton’s history as mentioned above, there have been many challenges we have faced in preparing the museum. One of the biggest challenges we faced was dealing with the controversial and sensitive nature of psychiatric care and treatment. In line with the sensitivity of the subject matter was the consideration of patient privacy.
There are both “ethical responsibilities and benefits in displaying patients’ experiences and psychiatry’s history in an informed and inclusive way.” We had to be very careful to protect the privacy of patients, not only for ethical reasons but also due to the legal requirements under the Privacy Rule of the Health Information Portability and Accountability Act (HIPAA). These considerations had an impact on the photos we selected and the documents we could use for the exhibits. We also faced the challenge of interpreting the history in such a way as to be accessible to a variety of people with varying levels of knowledge about mental health and its history.

Another challenge we faced was a lack of funding. CSU, San Bernardino’s Office of Community Engagement provided funding via grants to the project for preservation supplies and to pay some of the students for some of the work we did, but most of the students’ and my time was unpaid. The Department of State Hospitals and Patton were able to provide us with some funding for the majority of the signage and our display cases, lighting, and blinds, but the biggest contribution on their part was the labor for refurbishment of the building. A lot of work on the building had to be completed. It was painted inside and out, the floors were resurfaced, the popcorn ceilings were scraped, lighting was installed, pedestals were built, the kitchen was gutted and restored, and bathrooms were refurbished, among other things. With very limited funding we had to be careful

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105 MacKinnon and Colebome, 7.
about budgeting. Ultimately the project cost approximately $85,000; a very small sum for the establishment of a museum and archive.

It was also a challenge to work within the structure of the bureaucracy of a state government entity and part of the role we played was educating Patton’s employees and administrators about museum and archive methods, the importance and methods of preservation of the artifacts and photographs, and the importance and legacy of the project itself. Mr. Ortega was able to guide us through navigating the bureaucracy and helping us determine what the hospital’s wishes were in relation to the exhibits we designed. He also provided us with information about Patton’s history, coordinated the refurbishment of the building and other work Patton’s employees contributed, and oversaw our work through the entire course of the project.

Another challenge we had to overcome was finding avenues to give a voice to the patients, past and present, while protecting their privacy. It was difficult to find ways to accomplish this in what became, according to the desires of Patton’s administrators and staff, a history that focused primarily on the history of the institution. Limited display space further complicated this issue. Though it was challenging given the parameters under which we worked, we did what we could to include patient voices in each exhibit. For instance, we included several articles from the patient-written Patton Progress newspaper in every exhibit, provided a display of patient artwork, and included patient-related artifacts in several exhibits.
Preserving the artifacts, photos, and documents was yet another challenge we faced due to the limited resources we had to work with. This has become an ongoing issue that we continue to address. Environmental issues were also a problem due to a lack of resources. We had to address such issues as heat, humidity, direct sunlight, and pests. We were able to secure new air conditioners for the museum and we ordered blinds for the windows to protect the artifacts from direct sunlight. Pests were a problem as well. Prior to the building being refurbished, rats and insects were frequent visitors to the museum, and this will continue to be an issue until proper pest control is implemented.

Finally, as students with no prior experience in designing a museum or an archive, we had to adopt a learn-as-we-go approach to the process. Fortunately, we had the assistance and guidance of Dr. Tiffany F. Jones, who supervised the project and specializes in the history of mental health, and Dr. Thomas Long and Dr. Cherstin Lyon, who provided us with guidance on the methods of public history. This included museum management and methodology, exhibit design and installation, preservation of artifacts, documents, and photographs, collections and archives management, and conducting focus groups.

Considering the time frame in which we completed the project, the limited funding, the lack of prior experience on the part of the students, the lack of secondary resources, the amount of research that had to be done to provide an accurate and sensitive history, and the sheer amount of work that was required to complete the project, it is amazing that the results have been exceptional and
the quality of the museum is on par with other professional museums. This speaks to the dedication, tenacity, and work ethic of the students, Mr. Ortega, and myself. Each of us believed strongly in the importance of the museum and of mental health advocacy. The results have far exceeded our expectations and Patton now has a medium through which it can create an open dialogue with the wider community, help break the stereotypes and stigma associated with mental illness and mental institutions, humanize the patients and staff at Patton, and shed light on an institution with 125 years of history.

Though we have achieved a great deal, there is much work still to be done on this project. Primarily this work will consist of continued archiving and digitizing of photos and documents. There is still a great deal of preservation work to be done as well. The museum will need to be kept up, managed, and promoted and prepared for opening to the wider public. Amanda Castro will take my position as Project Manager upon my graduation. This is ideal as she has been involved with the project since the beginning and will ensure continuity of the project. Miss Castro and I are currently developing a museum management plan that will provide recommendations to Patton’s staff and administrators for promotion of the museum and preparation for opening to the public. Patton will continue to provide opportunities for internships to future public history students to assist Mr. Ortega and Miss Castro with managing the museum and continuing work on the archives.
It became clear during our focus groups that there would be a lot of interest in the museum, but the Grand Opening made it clear that there is a great deal of interest in the history of Patton and mental health. The feedback we have received from visitors has revealed that our mission to break stereotypes and educate the public has been successfully achieved. There is already great interest in the museum. Hundreds of people and organizations have contacted Patton with requests to visit and, due to this overwhelming response, Patton’s administrators are planning to open the museum to the public once or twice a month by appointment beginning in June 2015. Officials from the Department of State Hospitals, along with Patton’s administrators, have already seen the benefits the museum offers in breaking down the stereotypes and misconceptions about mental illness, the treatment of the mentally ill, and Patton itself. Two other California state hospitals are now in the process of creating their own museums because they have seen the potential benefits such an endeavor can provide. The Patton State Hospital Museum has proven the power of a properly interpreted history come to life.
CONCLUSIONS AND RECOMMENDATIONS

In a matter of fifteen months Mr. Ortega, six undergraduate public history students, and I successfully designed and established a museum consisting of seven exhibits in a historical home on Patton State Hospital’s grounds. We installed the exhibits and opened the museum on an in-house basis for Patton staff, interns, guests, and official visitors with plans to open to the public in the near future. We also established an archiving system and database, and organized and began preservation work on thousands of artifacts, photos, and documents.

The museum has been designed to provide visitors with a transparent, historically accurate, and culturally sensitive exhibition that will provide information about and create awareness of the plight of the mentally ill and the history of mental health with a focus on institutional care in California. The museum provides information on Patton’s 125 year history, the context in which the hospital was built and managed, and the care and treatment of the hospital’s patients over the course of its history. Each exhibit was designed to be thought-provoking and informative to a wide variety of visitors with varying backgrounds.

Each exhibit utilizes artifacts, text panels, artifacts descriptions, photographs, and original documents to illustrate its theme and to meet the educational goals of the museum. In designing each exhibit we worked to ensure that they were ethically sound, protected patient privacy, treated controversial
and sensitive topics carefully and provided a well-rounded and accurately interpreted history of Paton and mental health.

Considering the limited time frame we had to work in, the lack of prior experience on the part of the students, Patton’s staff, and myself, the limited funding and resources available to us, the lack of secondary sources providing us with information, the exhibits are remarkably complete and professional in appearance. The museum provides a detailed history of Patton and of mental health care in California and is accessible to a wide variety of visitors of varying levels of prior knowledge in the subject matter. Every exhibit exceeded the expectations of Mr. Ortega, our professors, our visitors, and ourselves.

There are a few things I would do differently were I to do this again. I would make the text panels a bit larger so they are a little more prominent and easier to read and I would provide more of a focus on patient voices and less on institutional history. Through conducting our focus groups we learned that visitors will want more information about the personal experiences of the patients. Our focus group participants were particularly interested in the exhibits on self-sustainment, patient life, and patient treatment. It is clear that these exhibits are the most popular because they focus more on the patients and less on the institution. Participants stated that they would like to know more about what it was like to undergo certain therapies, to live in an institution, and to work on the farms and in the shops. The artifacts and text panels that the focus group
participants stated had the most impact on them were the artifacts and information that were related to the patients’ experiences.

I have several recommendations for the continued success of this project. First, I would recommend that a museum management plan be written and implemented. Amanda Castro has written a similar plan for the archiving system that will ensure continuity of the system in the future. Included in the museum management plan would be goals for managing the museum when it is opened to the public, training of docents to provide tours, upkeep of the facility and the artifacts, plans for rotating some exhibits in the future, providing a system for accessioning new artifacts, management of the collections, establishing a dedicated email and phone number to provide information and communication about the museum, establishing a website to promote and provide information about the museum, and assembling an advisory board to oversee the management of the museum. It is very important that tours of the museum are led by docents or staff that have significant knowledge of Patton and of the artifacts on display in order to answer questions and clarify misconceptions. This is particularly important with regards to artifacts such as the lobotomy pick, ECT machine, and restraints, which have strong negative connotations, especially for visitors that may have undergone such treatments at some point in their life.

Second, I recommend establishing a system to collect the stories of past and present staff, former patients, patients’ families, and community members in order to enrich our understanding of mental health care in California and to
provide a means for Patton to continue to build its knowledge base. These histories can be recorded orally or in written form. They should be archived for future study.

Third, I am recommending that Patton continue its partnership with CSU, San Bernardino’s History Department in order to continue providing Patton with public history student interns with training in museum and archive methods to help continue the work on both the museum and the archives while at the same time providing those students with opportunities to develop their skills. Partnerships with other entities may also be desired.

Fourth, as they ready the museum for opening to the public, more and varied focus groups should be conducted, particularly with participants who view psychiatry and/or Patton in a negative light. This will ensure that their concerns are addressed and that the exhibits provide a sensitive experience for visitors of all backgrounds and viewpoints. It would also be an excellent idea to continue to find ways to include patient experiences and perspectives.

Finally, I recommend that the Patton Museum and Archives establish a 501(c)3 non-profit organization in order to apply for and receive grants for the upkeep of the program, to fund student interns and volunteers, and to be able to accept donations. Grant money could be valuable for the upkeep of the museum and for upgrading the temperature and humidity control system in the museum and the archives. Grant money could also be used to purchase preservation
materials, purchase a formal archiving system such as Past Perfect, and to fund events to promote the museum.

This museum and archive provide rare opportunities for students, interns, and other visitors with information about the history of mental health care in California. As there are few museums on this topic, and only one other on the West Coast, this is an important avenue for addressing misconceptions about mental illness, informing the public, and improving community relationships. The collection of artifacts, photos, and documents at Patton is also rare and invaluable. It is very important that this museum and archive are managed adequately, maintained appropriately, opened to the general public, and promoted sufficiently to maximize its impact and to provide a platform through which public awareness can be raised and the stigma of mental illness can be addressed. It is my sincere hope for the continued success of this project.
APPENDIX A:

TIMELINE OF EVENTS IN PATTON STATE HOSPITAL

AND CALIFORNIA STATE MENTAL HEALTH CARE HISTORY
## Timeline of Events in Patton State Hospital and California State Mental Health Care History

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1849</td>
<td>Custodial care begins in California when the brig “Euphemia” was converted into a prison ship in San Francisco Bay. The ship housed prisoners as well as “any suspicious insane or forlorn persons.”</td>
</tr>
<tr>
<td>1851</td>
<td>Stockton State Hospital opens and is immediately overcrowded. It is the first hospital in the Western half of the U.S. to care exclusively for the mentally ill.</td>
</tr>
<tr>
<td>1870</td>
<td>Patient population at Stockton reaches 1,047. Shortages in staff and overcrowding cause decrease in treatment activities and more emphasis on custodial care.</td>
</tr>
<tr>
<td>1872</td>
<td>Incompetent to Stand Trial added to penal code</td>
</tr>
<tr>
<td>1875</td>
<td>Napa State Hospital opens to ease overcrowding at Stockton</td>
</tr>
<tr>
<td>1888</td>
<td>Agnews State Hospital opens</td>
</tr>
<tr>
<td>1889</td>
<td>California legislature approves construction of what will become Patton State Hospital in Highland</td>
</tr>
<tr>
<td>1890</td>
<td>Construction begins in December</td>
</tr>
<tr>
<td>1893</td>
<td>Mendocino State Hospital opens</td>
</tr>
<tr>
<td>1895</td>
<td>Patton opens under the name Southern California State Asylum for the Insane and Inebriates as the first homeopathic hospital in the state. M.B. Campbell is first Superintendent of Patton</td>
</tr>
<tr>
<td>1897</td>
<td>Patton train station built off the Santa Fe railway loop line</td>
</tr>
<tr>
<td>1898</td>
<td>State Commission in Lunacy formed</td>
</tr>
<tr>
<td>1899</td>
<td>Lunacy Law changes name of institutions from “asylum” to “hospital”</td>
</tr>
<tr>
<td>1899</td>
<td>Patton wired for electricity</td>
</tr>
<tr>
<td>1900</td>
<td>Residence 2 is built</td>
</tr>
<tr>
<td>1902</td>
<td>One in every 281 Californians committed as insane</td>
</tr>
<tr>
<td>1903</td>
<td>400 acre ranch built</td>
</tr>
<tr>
<td>1903</td>
<td>Administration building construction begins – completes original plan</td>
</tr>
</tbody>
</table>
1904  A.P. Williamson becomes superintendent
Patton has 9 wards, 785 patients

1906  Earthquake damages buildings

1908  E. Scott Blair becomes superintendent
Cottage system is established
1,068 patients

1909  California Asexualization Act passed
Receiving cottage built

1910  Hydrotherapy begins to be used at all California state hospitals
1,372 patients

1912  California state hospitals use deportation, parole, and probation to ease overcrowding
Occupational therapy, hydrotherapy, and physical education are primary treatments
Mattress shop, shoe shop, and sewing room open
120 patient cottage completed
Power plant completed
John A. Reily becomes superintendent
All patients committed as either insane, inebriate (under inebriety law), or voluntary
1,861 patients

1913  California Sterilization Law amended – language has eugenic overtones and prompts a shift in public ideology from insanity as a product of civilization to a result of defective genes

1914  World War I begins

1915  Residence 1 is built

1916  Patton abandons homeopathy for biomedical causation and treatment
Farm expanded to include dairy, piggery, and chicken ranch
Earthquake
Cost of patient care $200/patient/year
Metropolitan State Hospital opens in Norwalk

1917  Spanish Flu Pandemic – up to 75 patients per month die
1918  World War I ends – soldiers come home with “shell shock”
      Nurses’ residence is built
1920  2,188 patients
1921  Department of Institutions replaces Commission on Lunacy
      2,392 patients, 30 are convict or criminal insane
1922  2,188 patients
      11,637 patients in California state hospitals – Capacity 10,394
1923  Earthquake – serious damage
      First psychopathic ward opened in San Francisco
      43,000 “mental defectives” hospitalized nationwide
1924  2,299 patients
1925  G.M. Webster becomes superintendent
1926  2,630 patients
1927  Hospital’s name changed to Patton State Hospital by California legislature
      Not Guilty by Reason of Insanity added to penal code
      Buck v. Bell – Supreme Court upholds sterilization laws
1928  All forms of mechanical restraint (not counting hydrotherapy) abolished at Patton
      Two cottage TB unit established
      Wards and cottages renamed with letters for men and numbers for women
      Patton overcrowded by 20%
      13,797 patients in 6 California state hospitals – Capacity 12,194
4,650 state hospital patients sterilized to date

Malaria fever therapy introduced at Patton

Alexander Fleming discovers penicillin

1929  Great Depression begins

1930  8 employee cottages are built

3,226 patients

1931  Cannery built – increases Patton’s self-sufficiency

3,361 patients

1932  Cottages T and 16 built, 14 more employee cottages built

3,600 patients – Capacity 2,600 – Overcrowded by 40%

1933  Earthquake – Caused most damage of all earthquakes so far

Cemetery closes

3,634 patients

1934  18,640 patients in 7 California state hospitals – Capacity 14,322 - 30% overcrowded

1935  Population in CA state hospitals nears 20,000

Methods of commitment – by court or voluntary

Cost of patient care $185/patient/year

3,959 patients – Capacity 2,660 – Overcrowded by 48%

1936  4,084 patients – Capacity 2,660 – 54% Overcrowded – Patton most overcrowded of all state hospitals

1937  Camarillo opens – patient transfer eases overcrowding at Patton

1937  3,853 patients

1938  3,572 patients – Capacity 2,983 – Overcrowded by 20%

Cost of patient care $230/patient/year

1939  World War II begins
1941  Patton physicians and scientists at CalTech Pasadena conduct first experiments with ECT machine, 3 years after the procedure was invented in Italy

   Insulin shock therapy introduced at Patton

1942  First electroshock machines used in California institutions

   Cost of patient care $324/patient/year

1943  First outpatient clinic is established in San Francisco

   Patton becomes designated facility for tubercular patients

1944  4,287 sterilizations performed at Patton to date

   ECT administered to over 700 patients at Patton in 1944

   Over 300 patients sleeping outside due to overcrowding

   3,800 patients – Capacity 3,267 – Overcrowded by 16%

1945  Department of Mental Hygiene replaces Department of Institutions

   First applications of clinical psychology begin to take place in the U.S.

   Walter Freeman develops the transorbital lobotomy

   Penicillin mass produced – begins to make malaria fever therapy obsolete

   National Mental Health Act passed

1946  Otto L. Gericke becomes superintendent

   First Patton Progress printed

   State funded mental hygiene clinics opened in major cities

   341 out of every 100,000 California residents are in some type of mental institution

1947  First lobotomy performed at Patton

   ECT becomes foremost method of treatment

   California state hospitals begin to hire psychologists to conduct testing and provide group therapy

   Insulin shock discontinued in state hospitals
Dewitt State Hospital opens
4,394 patients – Capacity 3,525 – Overcrowded by 25%

1948 Health Officer’s Admission Law passed
Modesto State Hospital opens
22 lobotomies performed at Patton

1949 Beauty shop therapy becomes available at state hospitals
First lithium treatments
National Institute of Mental Health established

1950 Outpatient clinic opened at Patton
Patton consists of 670 acres, 445 of which are planted acreage (farms), and has a carpenter shop, print shop, leather canvas shop, furniture shop, electrical shop, sheet metal shop, and tailor shop.
Family Care program pays private citizens to provide a home and foster care for patients
McGonigle cottage destroyed
4,128 patients – Capacity 3,242 – Overcrowded by 27%

1951 TB Unit opened – Patton becomes location for all tubercular mentally ill
Walter Freeman visits Patton and conducts transorbital lobotomies

1952 First psychologist hired at Patton
DSM-I published
New Administration building built
Auditorium construction begins
Cost of patient care $1,076/patient/year

1953 Department of Mental Hygiene orders superintendents to refuse admission of harmless senile aged
Patton patient population peaks at 5,529 patients
First psychiatric technicians trained
1954  Receiving and Treatment building opened – later renamed Ed Bernath (EB) Building

Unit 19 opened

Chlorpromazine and Reserpine become available for use in state hospitals, signaling beginning of the age of psychopharmacology

Durham insanity text enacted – criminal behavior is a product of mental disease or defect

Atascadero State Hospital opens in 1954, specializing in sex offenders

1955  Average hospital stay at Patton is 8 years

Old Administration building demolished (last of the original Kirkbride building)

Auditorium opens

1956  Last lobotomy performed at Patton. 171 lobotomies were performed at Patton from 1947 to 1956. Walter Freeman performed 29 of them.

1957  Short-Doyle Act signed into law, creates funding structure for community mental health system

First MAOI available for treating depression

4,245 patients

1958  New main kitchen and cafeteria built

Number of mental patients in the 10 state hospitals peaks at 37,489

Psychologists certified to practice in California.

1959  Chicken ranch closes

1960  Librium becomes available

Administration Annex opens

2 new units open

4,819 patients

1961  Erving Goffman publishes *Asylums*

Thomas Szasz publishes *The Myth of Mental Illness*
Ward 20 and old firehouse demolished – last buildings remaining from 1893

4,752 patients

1962 Patton begins receiving developmentally disabled patients

1963 18 buildings (mostly cottages) ruled unsafe, causes rapid patient depopulation of 35% in 3 years

Valium becomes available to treat anxiety

Federal Community Mental Health Centers Act passed

“Mentally Disordered Sex Offender” (MDSO) replaces “Sexual psychopath” commitment

1964 Patton’s front entrance sign built with time capsule inside

Community House, Leave Planning Center, and Family Training Center opened to assist patients with the transition back into the community

1965 Michel Foucault publishes *Madness and Civilization*

Patton Putt-Putt opens

Medicare and Medicaid laws passed – causes elderly patients to be transferred to nursing homes for care

1966 Patton patient population drops to 2,725 mentally disordered patients

Swimming pool opens

1967 All farming operations phased out except the hog ranch and dairy

Reagan becomes governor of California, orders 550 decrease in psychiatric technicians in state hospitals

Psychologists become licensed to practice in California

Walter Freeman loses surgical privileges after killing a patient during a lobotomy

1968 DSM-II Published

First maximum security patients arrive at Patton

Hog ranch and dairy closed
Lanterman-Petris-Short Act passes, ordering release of all harmless mentally ill, sets up involuntary commitment process in an attempt to balance civil rights and public safety. Must be danger to self or others or gravely disabled. Also links involuntary treatment to community mental health system and removes financial obstacles to using community services.

1969  Citizens Commission on Human Rights established by Church of Scientology
1,687 mentally disordered patients at Patton

1970  Modesto State Hospital closes
Lithium used for manic depressive illness

1971  Gericke retires. AJ O'Farrell becomes Hospital Administrator and W.M. O'Brian becomes Medical Director

1972  Last Patton Progress published
Dewitt State Hospital closes
Agnews State Hospital and Stockton State Hospital become institutions for the Developmentally Disabled only
987 mentally disordered patients at Patton

1973  Department of Mental Hygiene becomes Department of Mental Health
Patton has 400 Not Guilty by Reason of Insanity and Incompetent to Stand Trial patients
Reagan announces plan to phase out all state hospitals
Rosenhan experiment provides evidence that mental health professionals often cannot detect malingering and that, of all mental health professionals, physicians spend the least amount of time with patients
Mendocino State Hospital closes

1974  Plan to phase out state hospitals is halted by the legislature after several murders by mental patients occur
Admissions at Patton drop from 2,068 in 1973 to 737 in 1974

1976  Admission rates decrease by 60% for years between 1971 and 1976
1979  National Alliance for the Mentally Ill established
Eugenics officially ends in California

1980  DSM-III Published
Congress enacts National Mental Health Systems Act, Reagan withdraws the funding for it

1981  Patton has 1,260 patients and 1,575 staff
State repeals the Mentally Disordered Sex Offender commitment

1982  Don Miller becomes Executive Director
California Department of Corrections becomes responsible for patrol of perimeter, uniforms issued for patients and officers, plans developed to fence perimeter

1983  Developmentally Disabled patients phased out, Patton becomes forensic only

1985  Security fences built around Patton

1986  Mentally Disordered Offender law added to penal code, revised in 1989
Conditional Release Program (CONREP) implemented

1987  DSM-III-R Published
Don Stockman becomes Executive Director
Prozac and Zoloft introduced

1990  William Summers becomes Executive Director
Patton consists of 26 units in 5 buildings, licensed for max of 1,348 beds
Patton has 1,024 patients and 1,564 staff

1992  Patton receives first Mentally Disordered Offender and prison to hospital transfers

1994  DSM-IV Published

1996  Sexually Violent Predator Act passed
Camarillo State Hospital closes

2000  DSM-IV-TR Published
2004  Patton’s patient population rises to 1,435
2006  Department of Justice begins onsite visits to Patton to assess treatment quality
2012  Department of State Hospitals formed from Department of Mental Health
      Patton meets consent agreement and Department of Justice discontinues onsite visits
2013  DSM-V Published
2014  Harry Oreol becomes Executive Director
      Time capsule that was embedded in Patton front entrance sign in 1964 is opened
2015  Patton State Hospital opens Museum – only the second of its kind west of the Mississippi River
APPENDIX B:

PATTON STATE HOSPITAL MUSEUM EXHIBIT DESIGN

PLAN EXAMPLE (ROOM ONE)
Patton State Hospital Museum
Design Plan

December 4, 2014

Anthony Ortega, Hospital Historian
Shannon Long, Project Manager
Amanda Castro, Exhibit Designer
Sarah Hansen, Exhibit Designer
Cassie Grand, Exhibit Designer
Brent Bellah, Installation Assistant
Casey Lee, Installation Assistant
**Exhibits**

<table>
<thead>
<tr>
<th>Exhibit Design</th>
<th>Exhibit Designer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room 1: Patton Then and Now</td>
<td>Shannon Long</td>
</tr>
<tr>
<td>Room 2: Patton Food Services</td>
<td>Sarah Hansen</td>
</tr>
<tr>
<td>Room 3: Patient Artwork</td>
<td>Patton Art Therapists</td>
</tr>
<tr>
<td>Room 4: A Self-Sufficient Patton</td>
<td>Cassie Grand</td>
</tr>
<tr>
<td>Room 5: Patient Life</td>
<td>Cassie Grand</td>
</tr>
<tr>
<td>Room 6: Patient Treatment</td>
<td>Shannon Long</td>
</tr>
<tr>
<td>Room 7: People of Patton</td>
<td>Amanda Castro</td>
</tr>
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**Fonts**

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<thead>
<tr>
<th>Font Type</th>
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<td>Bookman Old Style, 16 point, Bold</td>
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<tr>
<td>Label Text:</td>
<td>Bookman Old Style, 14 point</td>
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<tr>
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<td>Bookman Old Style, 22 point, Bold</td>
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<tr>
<td>Text Panel Text:</td>
<td>Bookman Old Style, 20 point</td>
</tr>
<tr>
<td>Document Sources:</td>
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</table>
Design Plan: Patton Then and Now (Room 1) Designed by Shannon Long

Photographs:

1. Cornerstone Ceremony (2014.51.1)
2. Cornerstone Capsule Opening (2014.51.2)
3. Deed to Hospital (2014.94.1)
4. M.B. Campbell, M.D. (2014.27.1)
5. Cemetery (2014.23.1)
6. Kirkbride Building (2014.51.4)
7. Patton 1913 (2014.51.5)
8. Kirkbride Post 1922 Earthquake (2014.51.6)
9. Aerial Photo of Grounds (2014.50.1)
10. Dr. Otto L. Gericke (2014.84.1)
12. Map of Hospital Grounds (2014.83.1)
13. Orange Show (2014.95.1)
14. Crowded Units 1-6 (2014.101.1 – 6)
15. Piles of Old Beds (2014.88.1)
16. Main Entrance Time Capsule 1-5 (2014.49.1 – 5)
17. Post Office (2014.72.1)
18. Kirkbride (Large) (2014.51.3)

Artifacts:

1. Old Hospital Keys (2014.106.1)
2. Chit (2014.106.2)
3. Discharge Receipt Book (2014.94.9)
4. Tombstone (2014.23.2)
5. Original Kirkbride Stones (2014.51.7)
6. Suggestion Box (2014.27.2)
7. State Commission in Lunacy Report 1912 (2014.94.10)
11. Governor’s Conf. on Mental Health Report 1949 (2014.94.14)
13. Time Capsule Contents (2014.49.6-?)
14. Lipsticks & Other Donated Items (2014.85.5-?)
15. Patton Postcards (2014.111.1-6)
Documents to Be Used:

1. First Page of First Patton Progress Large Issue (D1.1)
2. Table: Assigned Causes of Insanity in Cases Admitted 1916 (D1.2)
3. Table: Patient Population 1910 and 1920 (D1.3)
4. Table: Population of State Mental Hospitals by Institution 1930-1949 (D1.4)
5. Table: Mental Disorders of First Admissions to State Mental Hospitals by Institution and Sex 1947 (D1.5)
6. Table: Population, Normal Capacity, and Excess Population all Mental Hospitals 1949 (D1.6)
7. Patton Progress Article: Patients Get Suggestion Box (D1.7)
8. Patton Progress Article: Old Cornerstone Reveals Contents (D1.8)
9. Patton Progress Article: So Long: Finale of a Once Proud Landmark (D1.9)
10. Patton Progress Article: Crowded Conditions at Patton (D1.10)
11. Patton Progress Article: Invest Millions in Local Level Mental Health (D1.11)
12. Patton Progress Article: New Entrance Sign Contains Time Capsule (D1.12)
13. Patton Progress Article: Five Year Task Done in Record Time (D1.13)
14. Map of Grounds with Building Dates (D1.14)

Text Panels:

1. California State Mental Health Care History (TP1.1)
2. Cemetery (TP1.2)
3. Patton Progress (TP1.3)
4. Forensic Commitment Codes (TP1.4)
5. Nine Ways a Person Could be Admitted to a State Hospital Before 1980 (TP1.5)
6. The Kirkbride Plan (TP1.6)
7. Crowded Units (TP1.7)
8. Main Entrance Time Capsule (TP1.8)

Pedestals:

1. Under Kirkbride: 12" tall x 30" deep x 98" wide at the back against the wall and 84" wide at the front, right side will be at a 22 degree angle (see floor plan)
2. Center of Room 1: 32" tall x 24" long x 24" wide, with 11" high plastic cover
3. Center of Room 2: 32" tall x 24" long x 24" wide, with 11" high plastic cover
4. Center of Room 3: 32" tall x 24" long x 24" wide, with 11" high plastic cover
Other Items:

1. Display Case (Tall)
2. Board across windows: 48" tall x 234" wide
3. Timeline
<table>
<thead>
<tr>
<th>Photograph</th>
<th>Label Description</th>
<th>Size</th>
<th>Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornerstone Ceremony</td>
<td>The Grand Lodge of the Free and Accepted Masons of California laid the cornerstone of the original building on December 15, 1890.</td>
<td>8 x 10</td>
<td>2014.51.1</td>
</tr>
<tr>
<td>Cornerstone Time Capsule</td>
<td>Removal of Time Capsule placed in Cornerstone in December 1890 / April 9, 1954</td>
<td>8 x 10</td>
<td>2014.51.2</td>
</tr>
<tr>
<td>Deed to Patton State Hospital Grounds</td>
<td>Original Deed to the 360 acres of land designated for the site of the hospital. The land was purchased for $140,000.</td>
<td>8 x 10</td>
<td>2014.94.1</td>
</tr>
<tr>
<td>M.B. Campbell, M.D.</td>
<td>M.B. Campbell, M.D. First Superintendent Served 1893-1904</td>
<td>5 x 7</td>
<td>2014.27.1</td>
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<tr>
<td>Cemetery</td>
<td>No label necessary - See text panel</td>
<td>8 x 10</td>
<td>2014.23.1</td>
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<tr>
<td>Kirkbride Building</td>
<td>Kirkbride Building Built between 1890 and 1904.</td>
<td>8 x 10</td>
<td>2014.51.4</td>
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<tr>
<td>Patton in 1913</td>
<td>Patton in 1913 was still known as Southern California State Asylum for the Insane and Inebriates</td>
<td>8 x 10</td>
<td>2014.51.5</td>
</tr>
<tr>
<td>Kirkbride Post 1922 Earthquake</td>
<td>The Kirkbride building with roofing removed after the 1922 earthquake that damaged all the brick buildings on the grounds.</td>
<td>8 x 10</td>
<td>2014.51.6</td>
</tr>
<tr>
<td>Aerial Photo of Grounds</td>
<td>Aerial Photo of Grounds Circa 1960</td>
<td>10 x 13</td>
<td>2014.50.1</td>
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<tr>
<td>Dr. Otto L. Gericke</td>
<td>Otto L. Gericke, M.D. Patton’s Longest Serving Superintendent and Medical Director from 1946 to 1972</td>
<td>5 x 7</td>
<td>2014.84.1</td>
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<tr>
<td>Patton Progress Issue Off the Press</td>
<td>No Label Necessary (NLN) - See text panel</td>
<td>5 x 7</td>
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<td>Map of Hospital Grounds</td>
<td>Map of Hospital Grounds / Circa 1960</td>
<td>8 x 10</td>
<td>2014.83.1</td>
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<tr>
<td>Orange Show</td>
<td>During the mid-20th century, Patton State Hospital participated in the annual Orange Show by providing booths and displays</td>
<td>5 x 7</td>
<td>2014.95.1</td>
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<tr>
<td>Crowded Units 1</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.101.1</td>
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<tr>
<td>Crowded Units 2</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.101.2</td>
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<td>Crowded Units 3</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.101.3</td>
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<tr>
<td>Crowded Units 4</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.101.4</td>
</tr>
<tr>
<td>Crowded Units 5</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.101.5</td>
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<tr>
<td>Crowded Units 6</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.101.6</td>
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<tr>
<td>Piles of Old Beds</td>
<td>Piles of Old Beds removed as the patient population dropped dramatically in the latter half of the 20th century</td>
<td>5 x 7</td>
<td>2014.88.1</td>
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<tr>
<td>Front Entrance</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
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<tr>
<td>Main Entrance Time Capsule 1</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
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<tr>
<td>Main Entrance Time Capsule 2</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.49.3</td>
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<td>Main Entrance Time Capsule 3</td>
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<td>2014.49.4</td>
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<td>Main Entrance Time Capsule 4</td>
<td>NLN – See text panel</td>
<td>5 x 7</td>
<td>2014.49.5</td>
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<tr>
<td>Post Office</td>
<td>Patton Post Office / Circa 1950</td>
<td>5 x 7</td>
<td>2014.72.1</td>
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<tr>
<td>Kirkbride (Large)</td>
<td>NLN</td>
<td>60 x 35</td>
<td>2014.51.3</td>
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</table>
Cornerstone Ceremony
2014.51.1

Cornerstone Time Capsule
2014.51.2

Deed to Hospital
2014.94.1

M.B. Campbell, MD
2014.27.1

Cemetery
2014.23.1

Kirkbride Building
2014.51.4

Patton 1913
2014.51.5

Kirkbride Post 1922 Earthquake
2014.51.6

Aerial Photo of Grounds
2014.50.1

Dr. Otto L. Gericke
2014.84.1

Patton Progress
2014.104.1

Map of Hospital Grounds
2014.83.1
Orange Show 2014.95.1
Crowded Units 1 2014.101.1
Crowded Units 2 2014.101.2

Crowded Units 3 2014.101.3
Crowded Units 4 2014.101.4
Crowded Units 5 2014.101.5

Crowded Units 6 2014.101.6
Old Bedframes 2014.88.1
Front Entrance 2014.49.1

Time Capsule 1 2014.49.2
Time Capsule 2 2014.49.3
Time Capsule 3 2014.49.4
**All above photos courtesy of Patton State Hospital**
<table>
<thead>
<tr>
<th>Artifact</th>
<th>Label Description</th>
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<tbody>
<tr>
<td>Old Hospital Keys</td>
<td>Set of keys to the old hospital buildings / Early 20(^{\text{th}}) Century</td>
<td>2014.106.1</td>
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<td>Chit</td>
<td>Chit from early 20(^{\text{th}}) century when Patton was still known as the Southern California State Asylum</td>
<td>2014.106.2</td>
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<tr>
<td>Discharge Receipt Book</td>
<td>Receipts such as these were given to a patient when he or she was discharged / Late 15(^{\text{th}}) century</td>
<td>2014.94.9</td>
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<tr>
<td>Tombstone</td>
<td>One of the 2,022 markers from the cemetery</td>
<td>2014.23.2</td>
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<tr>
<td>Kirkbride Stones</td>
<td>Bricks from the original Kirkbride building</td>
<td>2014.51.7</td>
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<tr>
<td>Suggestion Box</td>
<td>Suggestion boxes such as these were placed around the hospital under Dr. Gericke’s administration in 1950</td>
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<td>State Commission in Lunacy Report 1912</td>
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<td>Department of Institutions Report 1926</td>
<td>NLN</td>
<td>2014.94.12</td>
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<td>Department of Institutions Report 1944</td>
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<td>Governor’s Conference on Mental Health Report 1949</td>
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<td>2014.94.14</td>
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<td>Attendant’s Guide 1947</td>
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<td>Time Capsule Contents</td>
<td>Contents from the Time Capsule embedded in the Patton State Hospital front entrance sign in 1964.</td>
<td>2014.49.6</td>
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<tr>
<td>Lipsticks and Assorted Donated Items</td>
<td>Lipsticks, Keys, Jewelry and other Patton items found across the street from Patton by a private collector</td>
<td>2014.85.5</td>
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<tr>
<td>Patton Postcard 1</td>
<td>These Patton Postcards Date to the Early 20th Century</td>
<td>2014.111.1</td>
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<tr>
<td>Patton Postcard 2</td>
<td>NLN</td>
<td>2014.111.2</td>
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<td>Patton Postcard 3</td>
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<td>Patton Postcard 4</td>
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<td>2014.111.4</td>
</tr>
<tr>
<td>Patton Postcard 5</td>
<td>NLN</td>
<td>2014.111.5</td>
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<td>Table: Assigned Causes of Insanity in Cases Admitted 1916</td>
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<td>Table: Patient Population 1910 and 1920</td>
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<tr>
<td>* Source: California Department of Institutions Annual Report 1920</td>
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<td>Table: Resident Population of State Mental Hospitals by Institution 1930-1949</td>
<td>LOD</td>
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<td>*Source: California Department of Mental Hygiene Annual Report 1949</td>
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<td>Table: Mental Disorders of First Admissions to State Mental Hospitals by Institution and Sex 1947</td>
<td>LOD</td>
<td>15 x 10.5</td>
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<td>*Source: California Department of Mental Hygiene Annual Report 1947</td>
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<td>Table: Population, Normal Capacity, and Excess Population all Mental Hospitals 1949</td>
<td>LOD</td>
<td>15 x 12</td>
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<td>*Source: California Department of Mental Hygiene Annual Report 1949</td>
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<td>Article Title</td>
<td>LOD</td>
<td>Dimension</td>
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<td>Patients Get Suggestion Box</td>
<td>LOD</td>
<td>4.5 x 14</td>
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<td>From <em>The Patton Progress</em></td>
<td>October 25th, 1952</td>
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<td>Old Cornerstone Reveals Contents</td>
<td>LOD</td>
<td>4.5 x 15</td>
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<td>From <em>The Patton Progress</em></td>
<td>April 13, 1954</td>
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<td>So Long: Finale of a Once Proud Landmark</td>
<td>LOD</td>
<td>9 x 13</td>
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<tr>
<td>From <em>The Patton Progress</em></td>
<td>June 14, 1955</td>
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<td>Crowded Conditions at Patton</td>
<td>LOD</td>
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<td>From <em>The Patton Progress</em></td>
<td>February 27, 1951</td>
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<td>Invest Millions in Local-Level Mental Health</td>
<td>LOD</td>
<td>4.5 x 14</td>
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<td>From <em>The Patton Progress</em></td>
<td>July 13, 1962</td>
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<td>New Entrance Sign Contains Time Capsule</td>
<td>LOD</td>
<td>4.5 x 16</td>
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<td>From <em>The Patton Progress</em></td>
<td>December 25, 1964</td>
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<td>Patton Progress article: <em>Five Year Task Done in Record Time</em> (V19 N26)</td>
<td>LOD From <em>The Patton Progress</em> May 27, 1966</td>
<td>8.5 x 9.5</td>
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<tr>
<td>Map of Grounds with Building Dates</td>
<td>NLN</td>
<td>24 x 30</td>
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</table>
HOSPITAL SUPERINTENDENTS, BOARDS MEET IN SAN FRANCISCO

TO TALK OF MANY THINGS

By Frank Trev

"The muse has come, the wondrous Muse,"

To talk of many things:
"Of times and days and making notes.
Of cocktails and Knox."

—Louis Carroll.

The Gershwin’s favorite song
"Of Times and Days"

Will Blossom of K give us a dictionary,
Nax of him, won’t it?

So the congressional Committee on Un-American Activities found
that the secretary of a Cleveland state is really a Russian espionage
agent, not the actor Bessie, too. Poor actor, he
ought to be a consul or something.

Gala Gerritt, who illustrated the first cover of PROGRESS, wrote
in her diary yesterday, "This is the first day
of my vacation in San Francisco. I have a lecture at
the Castro Hotel at 8:30 this morning. I am
looking forward to it with great anticipation."

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PROGRESS resumes.

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PROGRESS resumes.

"The muse has come, the wondrous Muse,"

To talk of many things:
"Of times and days and making notes.
Of cocktails and Knox."

—Louis Carroll.

The Gershwin’s favorite song
"Of Times and Days"

Will Blossom of K give us a dictionary,
Nax of him, won’t it?

So the congressional Committee on Un-American Activities found
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<table>
<thead>
<tr>
<th>TABLE G.</th>
<th>Showing Assigned Causes of Insanity in Cases Admitted During the Biennial Period Ending June 30, 1916.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stockton</td>
</tr>
<tr>
<td>Moral:</td>
<td></td>
</tr>
<tr>
<td>Adverse condition (such as loss of friends, business troubles, etc.)</td>
<td>5 7 11 3</td>
</tr>
<tr>
<td>Mental strain, worry, overwork (not included in above)</td>
<td>8 9 7 6</td>
</tr>
<tr>
<td>Religious excitement and spiritualism</td>
<td>1 3 2 1</td>
</tr>
<tr>
<td>Love affairs (including seduction)</td>
<td>1 1 1 2</td>
</tr>
<tr>
<td>Physical:</td>
<td></td>
</tr>
<tr>
<td>Intemperance, alcoholism and dissipation</td>
<td>149 35 185 22</td>
</tr>
<tr>
<td>Sexual excesses</td>
<td>1 7 1 1</td>
</tr>
<tr>
<td>Venereal diseases</td>
<td>7 1 36 6</td>
</tr>
<tr>
<td>Masturbation</td>
<td>31 6 4 8</td>
</tr>
<tr>
<td>Sunstroke and overheat</td>
<td>10 8 7 1</td>
</tr>
<tr>
<td>Parturition and puerperum</td>
<td>12 3 8 1</td>
</tr>
<tr>
<td>Change of life</td>
<td>10 6 10 3</td>
</tr>
<tr>
<td>Fever</td>
<td>9 5 3 1</td>
</tr>
<tr>
<td>Privation and overwork</td>
<td>12 7 17 4</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>5 2 7 1</td>
</tr>
<tr>
<td>Diseases of skull and brain</td>
<td>9 5 7 7</td>
</tr>
<tr>
<td>Old age</td>
<td>25 13 17 7</td>
</tr>
<tr>
<td>Epidemic influenza</td>
<td>12 1 2 2</td>
</tr>
<tr>
<td>Abuse of drugs and tobacco</td>
<td>25 15 32 8</td>
</tr>
<tr>
<td>All other bodily disorders and ill health</td>
<td>9 5 3 1</td>
</tr>
<tr>
<td>Heredity</td>
<td>31 22 29 23</td>
</tr>
<tr>
<td>Congenital defects</td>
<td>9 5 7 7</td>
</tr>
<tr>
<td>Unspecified</td>
<td>394 111 255 108</td>
</tr>
<tr>
<td>Paranoid states</td>
<td>29 12 27 8</td>
</tr>
<tr>
<td>Manic-depressive insanity</td>
<td>147 132 138 168</td>
</tr>
<tr>
<td>General paralysis</td>
<td>26 2 26 4</td>
</tr>
<tr>
<td>Emenia praecea</td>
<td>24 9 49 15</td>
</tr>
<tr>
<td>Involution melancholia</td>
<td>3 1 2 2</td>
</tr>
<tr>
<td>Sensile psychasis</td>
<td>23 15 25 22</td>
</tr>
<tr>
<td>Autotoxic, infective or destructive psychasis</td>
<td>10 1</td>
</tr>
<tr>
<td>Psychosis due to intoxication</td>
<td>55 11 6 1</td>
</tr>
<tr>
<td>Psychosis with more or less definite brain disease</td>
<td>24 11 15 15</td>
</tr>
<tr>
<td>Psychosis belonging to definite neurosis of constitution</td>
<td>22 11</td>
</tr>
<tr>
<td>Alcohol and drugs</td>
<td>235 88 155 32</td>
</tr>
<tr>
<td>Constitutional insanity and abnormal makeup with or without outbreaks</td>
<td>1 3 3 4</td>
</tr>
<tr>
<td>Idiocy and imbecility</td>
<td>7 5 7 5</td>
</tr>
<tr>
<td>Not classed</td>
<td>7 5 7 5</td>
</tr>
<tr>
<td>Totsals</td>
<td>544 220 581 231</td>
</tr>
</tbody>
</table>
Patient Population

State Hospital

<table>
<thead>
<tr>
<th></th>
<th>1910</th>
<th>1920</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockton</td>
<td>2007</td>
<td>2324</td>
</tr>
<tr>
<td>Napa</td>
<td>1881</td>
<td>2346</td>
</tr>
<tr>
<td>Agnews</td>
<td>700</td>
<td>1619</td>
</tr>
<tr>
<td>Mendocino</td>
<td>904</td>
<td>1091</td>
</tr>
<tr>
<td>Southern Calif.</td>
<td>1372</td>
<td>2188</td>
</tr>
<tr>
<td>Norwalk</td>
<td>540</td>
<td></td>
</tr>
<tr>
<td>Sonoma Home</td>
<td>883</td>
<td>1357</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>7747</strong></td>
<td><strong>11645</strong></td>
</tr>
</tbody>
</table>

D1.4

<table>
<thead>
<tr>
<th>June 30</th>
<th>Resident population, all mental hospitals</th>
<th>Resident population by hospital</th>
<th>State population, in 1,000s</th>
<th>Resident patients per 100,000 state population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1930</td>
<td>14,946</td>
<td>2,087</td>
<td>1,550</td>
<td>2,874</td>
</tr>
<tr>
<td>1931</td>
<td>15,799</td>
<td>2,178</td>
<td>1,833</td>
<td>2,988</td>
</tr>
<tr>
<td>1932</td>
<td>16,744</td>
<td>2,369</td>
<td>1,941</td>
<td>3,130</td>
</tr>
<tr>
<td>1933</td>
<td>17,692</td>
<td>2,798</td>
<td>2,407</td>
<td>3,121</td>
</tr>
<tr>
<td>1934</td>
<td>18,646</td>
<td>3,061</td>
<td>2,664</td>
<td>3,281</td>
</tr>
<tr>
<td>1935</td>
<td>19,337</td>
<td>3,241</td>
<td>2,669</td>
<td>3,361</td>
</tr>
<tr>
<td>1936</td>
<td>20,064</td>
<td>3,373</td>
<td>2,720</td>
<td>3,456</td>
</tr>
<tr>
<td>1937</td>
<td>20,737</td>
<td>3,906</td>
<td>2,759</td>
<td>3,488</td>
</tr>
<tr>
<td>1938</td>
<td>21,484</td>
<td>3,999</td>
<td>2,789</td>
<td>3,605</td>
</tr>
<tr>
<td>1939</td>
<td>22,068</td>
<td>3,526</td>
<td>2,353</td>
<td>3,039</td>
</tr>
<tr>
<td>1940</td>
<td>22,953</td>
<td>3,552</td>
<td>2,508</td>
<td>3,574</td>
</tr>
<tr>
<td>1941</td>
<td>23,245</td>
<td>3,488</td>
<td>2,723</td>
<td>3,468</td>
</tr>
<tr>
<td>1942</td>
<td>23,617</td>
<td>3,438</td>
<td>2,843</td>
<td>3,733</td>
</tr>
<tr>
<td>1943</td>
<td>23,810</td>
<td>3,552</td>
<td>2,808</td>
<td>3,826</td>
</tr>
<tr>
<td>1944</td>
<td>24,963</td>
<td>3,627</td>
<td>4,015</td>
<td>3,890</td>
</tr>
<tr>
<td>1945</td>
<td>25,810</td>
<td>3,818</td>
<td>4,274</td>
<td>3,982</td>
</tr>
<tr>
<td>1946</td>
<td>26,388</td>
<td>3,807</td>
<td>4,431</td>
<td>4,097</td>
</tr>
<tr>
<td>1947</td>
<td>27,844</td>
<td>4,012</td>
<td>4,988</td>
<td>4,024</td>
</tr>
<tr>
<td>1948</td>
<td>29,048</td>
<td>3,452</td>
<td>4,933</td>
<td>3,814</td>
</tr>
<tr>
<td>1949</td>
<td>30,305</td>
<td>3,613</td>
<td>4,720</td>
<td>3,818</td>
</tr>
</tbody>
</table>

105
<table>
<thead>
<tr>
<th>Mental disorder</th>
<th>All first admissions</th>
<th>Agawu</th>
<th>Cannahillo</th>
<th>Mendisco</th>
<th>Napa</th>
<th>Norwalk</th>
<th>Paton</th>
<th>Stockton</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Main</td>
<td>Female</td>
<td>Total</td>
<td>Main</td>
<td>Female</td>
<td>Total</td>
<td>Main</td>
</tr>
<tr>
<td>All groups</td>
<td>7,516</td>
<td>3,969</td>
<td>3,547</td>
<td>518</td>
<td>352</td>
<td>166</td>
<td>762</td>
<td>579</td>
</tr>
<tr>
<td>With psychosis</td>
<td>6,865</td>
<td>3,382</td>
<td>3,483</td>
<td>377</td>
<td>260</td>
<td>117</td>
<td>182</td>
<td>123</td>
</tr>
<tr>
<td>Syphilis (excluding-encephalitis (general paresis)</td>
<td>362</td>
<td>252</td>
<td>108</td>
<td>34</td>
<td>18</td>
<td>16</td>
<td>65</td>
<td>25</td>
</tr>
<tr>
<td>With other forms of syphilis of the c. n. s.</td>
<td>37</td>
<td>23</td>
<td>14</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>With other infectious diseases</td>
<td>20</td>
<td>12</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Alcohol</td>
<td>467</td>
<td>268</td>
<td>199</td>
<td>46</td>
<td>22</td>
<td>24</td>
<td>73</td>
<td>36</td>
</tr>
<tr>
<td>Due to drugs or other exogenous poisons</td>
<td>36</td>
<td>19</td>
<td>17</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Traumatism</td>
<td>42</td>
<td>41</td>
<td>7</td>
<td>2</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>With central arterio sclerosis</td>
<td>1,315</td>
<td>454</td>
<td>861</td>
<td>124</td>
<td>101</td>
<td>23</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>With other disarrangements of cerebral circulation</td>
<td>32</td>
<td>19</td>
<td>13</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>With convulstive disorders (epilepsy)</td>
<td>153</td>
<td>71</td>
<td>82</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Seizure</td>
<td>613</td>
<td>369</td>
<td>244</td>
<td>21</td>
<td>20</td>
<td>1</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Convulstive disorders</td>
<td>346</td>
<td>236</td>
<td>202</td>
<td>17</td>
<td>12</td>
<td>5</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>With other diseases, etc.</td>
<td>56</td>
<td>19</td>
<td>37</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Due to new growth</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>With organic changes of the nervous system</td>
<td>41</td>
<td>23</td>
<td>18</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Psychopathic</td>
<td>206</td>
<td>188</td>
<td>18</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Manic-depressive</td>
<td>513</td>
<td>150</td>
<td>363</td>
<td>48</td>
<td>38</td>
<td>10</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>Dementia praecox (schizophrenia)</td>
<td>1,222</td>
<td>658</td>
<td>564</td>
<td>71</td>
<td>122</td>
<td>59</td>
<td>146</td>
<td>142</td>
</tr>
<tr>
<td>Paranoia and paranoid conditions</td>
<td>53</td>
<td>29</td>
<td>24</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>With psychopathic personality</td>
<td>47</td>
<td>28</td>
<td>19</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>With mental deficiency</td>
<td>69</td>
<td>30</td>
<td>39</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Undetermined psychosis</td>
<td>86</td>
<td>56</td>
<td>30</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Without psychosis</td>
<td>1,596</td>
<td>928</td>
<td>668</td>
<td>129</td>
<td>96</td>
<td>33</td>
<td>274</td>
<td>173</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>11</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>496</td>
<td>535</td>
<td>251</td>
<td>82</td>
<td>40</td>
<td>10</td>
<td>114</td>
<td>46</td>
</tr>
<tr>
<td>Drug addiction</td>
<td>68</td>
<td>51</td>
<td>17</td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Mental deficiency</td>
<td>67</td>
<td>33</td>
<td>34</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Disorders of personality due to organic encephalitis</td>
<td>100</td>
<td>75</td>
<td>25</td>
<td>10</td>
<td>12</td>
<td>2</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Psychopathic personality</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other non-psychotic disease or conditions (not insane)</td>
<td>51</td>
<td>22</td>
<td>29</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Primary hypertensive disorders</td>
<td>40</td>
<td>22</td>
<td>18</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sexual psychopathy</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Syphilis of the c. n. s.</td>
<td>194</td>
<td>100</td>
<td>94</td>
<td>31</td>
<td>11</td>
<td>20</td>
<td>77</td>
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</tr>
<tr>
<td>Diagnosis deferred</td>
<td>72</td>
<td>10</td>
<td>62</td>
<td>2</td>
<td>5</td>
<td>13</td>
<td>6</td>
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Percent of male and female patients

<table>
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<tr>
<th>Mental disorder</th>
<th>All first admissions</th>
<th>Agawu</th>
<th>Cannahillo</th>
<th>Mendisco</th>
<th>Napa</th>
<th>Norwalk</th>
<th>Paton</th>
<th>Stockton</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Main</td>
<td>Female</td>
<td>Total</td>
<td>Main</td>
<td>Female</td>
<td>Total</td>
<td>Main</td>
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<tr>
<td>All groups</td>
<td>100.0</td>
<td>52.5</td>
<td>47.5</td>
<td>44.7</td>
<td>25.3</td>
<td>19.4</td>
<td>51.0</td>
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</tr>
<tr>
<td>Percent of total, all hospitals</td>
<td>100.0</td>
<td>52.5</td>
<td>47.5</td>
<td>44.7</td>
<td>25.3</td>
<td>19.4</td>
<td>51.0</td>
<td>46.0</td>
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</table>
## POPULATION, NORMAL CAPACITY, AND EXCESS POPULATION, ALL INSTITUTIONS
### JUNE 30, 1949

<table>
<thead>
<tr>
<th>Institution</th>
<th>Resident population</th>
<th>Normal capacity</th>
<th>Excess population</th>
<th>Overcrowding in percent of capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
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<tr>
<td>All institutions</td>
<td>38,710</td>
<td>18,115</td>
<td>18,595</td>
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<tr>
<td>Mental hospitals</td>
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<td>14,992</td>
<td>15,723</td>
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<td>Agnew</td>
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<td>1,481</td>
<td>2,032</td>
<td>2,662</td>
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<tr>
<td>Camarillo</td>
<td>4,270</td>
<td>2,075</td>
<td>2,465</td>
<td>4,230</td>
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<tr>
<td>DeWitt</td>
<td>1,668</td>
<td>741</td>
<td>1,127</td>
<td>2,071</td>
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<tr>
<td>Mendocino</td>
<td>2,817</td>
<td>1,061</td>
<td>1,156</td>
<td>2,397</td>
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<tr>
<td>Modesto*</td>
<td>2,292</td>
<td>1,229</td>
<td>1,063</td>
<td>2,475</td>
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<tr>
<td>Napa</td>
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<td>1,871</td>
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<tr>
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<td>1,888</td>
<td>2,214</td>
<td>3,285</td>
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<tr>
<td>Stockton</td>
<td>4,576</td>
<td>2,400</td>
<td>2,086</td>
<td>4,051</td>
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<tr>
<td>Institutions for mentally deficient</td>
<td>6,237</td>
<td>3,512</td>
<td>2,725</td>
<td>5,243</td>
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<tr>
<td>DeWitt*</td>
<td>757</td>
<td>418</td>
<td>334</td>
<td>783</td>
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<tr>
<td>Modesto*</td>
<td>463</td>
<td>250</td>
<td>204</td>
<td>436</td>
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<tr>
<td>Pacific Colony</td>
<td>1,914</td>
<td>1,124</td>
<td>790</td>
<td>1,512</td>
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<tr>
<td>Sonoma</td>
<td>3,063</td>
<td>1,716</td>
<td>1,347</td>
<td>2,515</td>
</tr>
</tbody>
</table>

* DeWitt and Modesto State Hospitals care for both mentally ill and mentally deficient patients.
Old Cornerstone Reveals Contents

At 4:05 P.M., Friday, April 9th, 1954, Dr. O. L. Gericke, Superintendent of the Patton State Hospital, withdrew the copper box from the cornerstone of the old Administration building where it had lain, undisturbed, for more than sixty-four years.

The box was opened and the contents, in a deteriorated condition, excepting, of course, the samples of ore, were examined and carefully laid aside for possible inclusion in the cornerstone of the new hospital building which will be dedicated on May 18, 1954.

Excerpt from the San Bernardino Daily-Times-Index Saturday evening, December 29th, 1899:

"Today the cornerstone of the Insane Hospital will be laid at Highland. The ceremonies will be participated in by a large number of distinguished visitors. The Governor of the State, W. W. Waterman, the Members of the State Legislature, the Masonic Order, the ninth Regiment, N.G.C., and visitors from all parts of the state will take part in the exercises.""
"SO-LONG"

FINALE OF A ONCE PROUD LANDMARK

This week saw the completion of leveling to the ground this once proud old landmark standing almost from the time of inception of the Patton Hospital.

During the past two weeks the jaws of a giant crane has been seen taking bite after bite of the brick walls of this old administration building which was erected in 1893.

The earthquake of 1922 necessitated, at that time, the removal of the attic and top story leaving the two remaining stories to house administrative activities until the completion of the new modern building where present administration of the hospital is now carried out in quarters containing equipment unheard of at the time of construction of the now non-existent building pictured in the above photo.

To the curiosity and interest of watching a building in the process of being torn down passing patients, visitors and employees have paused to witness the activities in the dismantling of the old landmark here at Patton Hospital.
Crowded Conditions Prevailing At Patton

Dr. Frank F. Tallman, Director Mental Hygiene, who visited PSH last Tuesday, February 20th, made a tour of inspection while here, including Cottages B, 17, 18, Wards A, 5, 6 and the kitchen.

The Doctor was concerned by the overcrowded conditions that exist at the Institution today, particularly those prevailing in the wards and cottages, where day rooms have to be converted into sleeping quarters at night, and by the proximity of beds in the dormitories.

He also observed that these existing conditions throughout the Institution greatly interfere with recreational facilities in the yards and court yards.

The Doctor was so impressed by this situation that he took back to Sacramento with him pictures taken by Golden M., of the crowded facilities in the cottages and wards at night.

Dr. Tallman arrived at PSH at 12:45, leaving at 5:00 p.m. for Pacific Colony, stopping off at Norwalk on route, then flying back to Sacramento.

Dr. O. L. Gercke, medical superintendent, said that he had a very enjoyable visit with Dr. Tallman, who praised the great work that is being done by the Institution.
Invest Millions In Local-Level Mental Health

Twenty California communities will invest almost $7.5 million in the mental health of local citizens in the new fiscal period through services established under the Short-Doyle Act. It was announced by Department of Mental Hygiene Director Dr. Daniel Bains.

50-50 Cash Split

Under the Act, half the operating costs of local programs are reimbursed by the state. Local participation has made various types of mental services available in communities which represent 72 percent of the state population.

Operation of 20 local mental health programs in the new fiscal year indicates growing community interest in filling the gaps between mental health needs and resources, according to Dr. Edward Rudin, Deputy Director of Community Mental Health Services for the department.

Dr. Rudin pointed out that Short-Doyle programs are an important step toward making mental health services available locally, in the same way that public health and other medical services are available in the community.

New Entrance Sign Contains Time Capsule

Someday, sometime in the future, a metal box will be opened unveiling to the finders what was happening at Patton State Hospital in December, 1964. This box was sealed in the newly constructed entrance sign by Bryce Fredericks, mason, used bricks, hand made by Jack Morton, Rehab Services, for the facing. Industrial trainees assisted in this project.

Mr. A. R. Meyncke, Administrative Assistant to the Superintendent, stated that there was no set time for the opening of this container.

“We expect Mr. Frederick’s work to stand for some time, but, at least, those who do open this container will find a variety of items.”

The list of things enclosed includes a long range plan of Mental Hygiene made up in 1963. “This in itself will be of major interest to future generations. By that time, a number of changes will have taken place in the program of Mental Hygiene,” said Mr. Meyncke.

Other items sealed in this capsule are: A December issue of the Patton Progress, the San Bernardino Sun, a Christmas card from 1964, Patton Hospital phone directory, black and white photographs of the grounds, a state operations budget for this year, a progress report and hospital bulletin, a Physician’s Schedule and a weekly menu from Food Service.
Five Year Task Done In Record Time

By Bill Semple

Tuesday afternoon on 24 May an open house was held in the Patton Auditorium to give recognition to all those who have accomplished a record task through the facilities of Patton Hospital and allied agencies in this area of Southern California.

In July, 1963, the State Department of Mental Hygiene instituted a five-year program to reduce the population of the hospital by 1500 patients. These people were to be moved from the hospital to nursing homes, family care homes, and other places where they could go for the best possible adjustment to community life. This enormous task was accomplished on May 1st this year, in less than three years. Over two years ahead of schedule the patient population of Patton has reduced from 4370 to 2865, a total reduction of 1505 patients.

The open house was visited by several hundred people, patients, staff of the hospital, and guests from the surrounding area. Coffee, punch and cookies were served by gracious hostesses and background music was played by Helen Barlow on the organ and piano and by a hospital patient combo. The celebration was colored by a backdrop decoration of a large American Flag, a huge horseshoe made from 300 roses and the giant title, "Hospital Sweepstakes."
<table>
<thead>
<tr>
<th>Title</th>
<th>Language</th>
<th>Size</th>
<th>Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>California State Mental Health Care History</td>
<td>The first California state asylum was opened at Stockton in 1851. Patton was the fifth state hospital to open in California. Patton accepted its first patients under the name Southern California State Asylum for the Insane and Inebriates in 1893. The hospital was renamed Patton State Hospital in 1927. A State Commission in Lunacy was established by the turn of the century to oversee the state hospital system. By 1900, one in every 281 Californians were committed to a state hospital. Overcrowding quickly became an issue, leading state hospitals to use deportation, parole, probation, and sterilization as the means to reduce patient populations. During the depression the state established Family Care Homes, urban psychopathic wards, and outpatient clinics to ease the cost of caring for the mentally ill in institutions. In 1943, the Department of Mental Hygiene took control of the state hospital system. After World War II, the National Mental Health Act was established leading to funding for research and for community mental hygiene clinics. Treatment advances such as electroconvulsive therapy (ECT) and new psychiatric medications allowed many long-term patients to leave the institution and be treated on an outpatient basis. Patton's patient population peaked at over 5,500 patients in the mid-1950s. At that point there were a total of 14 state mental institutions. With the passing of the Short-Doyle Act in 1957, state aid was directed to local governments to increase community mental health services. The federal government passed the Community Mental Health Centers Act in 1963 which increased the funding for community services. Between 1963 and 1968.</td>
<td>20 x 27</td>
<td>TP1.1</td>
</tr>
</tbody>
</table>
Patton's patient population decreased by 2,000 patients.

In 1967, Governor of California Ronald Reagan slashed state agency budgets by 10% and laid off nearly 2,000 state hospital employees, a large number of which were psychiatric technicians. By this point the deinstitutionalization movement had reached its peak and thousands of patients were released from state hospital. Several state hospitals have since closed.

In 1980 Patton became strictly a forensic facility. All current patients are committed by court order. In 2012 the Department of State Hospitals was formed to streamline the state hospital system. Patton is one of seven existing state hospitals in California. Today Patton houses approximately 1,500 patients and has approximately 2,000 employees.

| Cemetery | Located in the northwest corner of the hospital grounds, this cemetery was used for burial of patients who had no families or means for private arrangements. The cemetery was used from the opening of the hospital until 1933. Burials were discontinued when Loma Linda University Hospital began to accept the deceased for teaching and research. There is a handwritten record book of the 2,022 patients buried in the cemetery, but the markers were labeled only with a corresponding number. | 8.5 x 5 | TP1.2 |
| Patton Progress | From 1947 to 1972, Patton State Hospital had its own weekly newspaper. Articles were written by both patients and staff. The *Patton Progress* reported introductions of new employees, accomplishments of present employees, activities in the patient units, news from the Department of Mental Hygiene, changes in policies or procedures, | 11 x 6.25 | TP1.3 |
and other information relevant to the staff, the patients, and their families. Many local businesses advertised in the paper as well. The first nine issues were six-page mimeographed copies. Because of its popularity, the *Progress* became a six-page paper printed on newsprint beginning with its tenth issue. Like many other industries and services at Patton, the *Progress* was discontinued in 1972 as the hospital underwent massive changes in state hospital policies, including the mandated release of hundreds of patients.

<table>
<thead>
<tr>
<th>Forensic Commitment Codes</th>
<th>Since 1980, when Patton became a forensic-only facility, patients could only be committed to the hospital through a court order. Current commitment codes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Incompetent to Stand Trial (PC 1370)</td>
<td></td>
</tr>
<tr>
<td>2. Not Guilty by Reason of Insanity (PC 1026)</td>
<td></td>
</tr>
<tr>
<td>3. Competent to stand trial but requiring inpatient treatment for duration of court proceedings (PC 1372)</td>
<td></td>
</tr>
<tr>
<td>4. Mentally disordered offender parolee requiring psychiatric treatment as condition for parole (PC 2962)</td>
<td></td>
</tr>
<tr>
<td>5. Post-parole mentally disordered offender committed for an additional year of treatment (PC 2972)</td>
<td></td>
</tr>
<tr>
<td>6. Conservatorship on basis of grave disability (WIC 5358)</td>
<td></td>
</tr>
<tr>
<td>7. Conservatorship on basis of continued incompetence to stand trial (WIC 5008)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Admittance Methods Prior to 1980</th>
<th>Before it became a forensic-only facility in 1980, Patton was both a general and forensic mental hospital. There were a variety of ways a person</th>
</tr>
</thead>
</table>

| 8.5 x 8 | TP1.4 |
| 8.5 x 8 | TP1.5 |
could be admitted to Patton and admittance requirements changed over time. In 1958, for example, there were nine ways a person could be admitted to Patton:

1. By court order
2. By health officer's application
3. Voluntary admission
4. Emergency admission
5. Ninety-day temporary admission
6. Inebriacy admission
7. Thirty-day out-of-state observation
8. Narcotic admission by court commitment
9. Criminally insane

The Kirkbride Plan

Patton's original buildings were designed along the Kirkbride Plan, a popular plan for asylums in the late 19th century. The plan was named after its designer, Thomas Story Kirkbride, a highly regarded asylum superintendent and founder of the Association of Medical Superintendents of American Institutions for the Insane (AMSAII), a precursor to the American Psychiatric Association (APA). The Kirkbride Plan was detailed in his book, *On the Construction, Organization and General Arrangements of Hospitals for the Insane* published in 1854.

Crowded Units

By the mid-1950s the hospital patient population vastly exceeded its capacity leading to overcrowding in all units. Patient population topped out at just over 5,500 patients, exceeding its capacity by nearly 30%. Dayrooms were converted to sleeping quarters, patients were sleeping on mattresses on the floors, and basement rooms were filled to capacity with beds for patients. In some cases, the state fire marshal was forced to declare conditions unsafe. By the mid-1960s the overcrowding eased as state hospitals were required to decrease their populations dramatically.
| Main Entrance Time Capsule | In 1964 a time capsule was embedded in the front entrance sign to Patton State Hospital by Dr. Otto L. Gericke. In December 2014 the time capsule was opened and some of its items were chosen for display in the museum. | 8.5 x 3 | TP1.8 |
Room 1: Patton Then & Now
Wall 2 (E) □ = 4"

Diagram:
- Large Kirkbride: 60" x 95'
- TP 1.6
- Kirkbride Blocks
- Pedestal

Dimensions:
- 99 1/2"
### Categories for All Artifacts, Photographs, and Documents (Alphabetical)

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<tr>
<th>Topic</th>
<th>AKA</th>
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<td>C/D Building and Quad</td>
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<td>Administration</td>
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<td>Admissions</td>
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<td>Auditorium</td>
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<td>Awards</td>
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<td>Back Hills of Patton</td>
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<tr>
<td>Bandstand</td>
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<td>Bar</td>
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<td>Barber</td>
<td>Salon</td>
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<tr>
<td>Baseball</td>
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<tr>
<td>Behavioral Research Lab</td>
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<tr>
<td>Books</td>
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<tr>
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<td>68</td>
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<tr>
<td>C/D Building</td>
<td>A/B Building and Quad</td>
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<td>Canteen</td>
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<td>Telephone</td>
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<td>Corner of Myrtle Ave &amp; Circle Place Dr.</td>
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<td>Corrections</td>
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<td>Gericke Field</td>
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<td>H Building</td>
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<td>Holidays</td>
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<td>Hospital Documents and Reports</td>
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<td>Interior Photos</td>
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<td>Keys</td>
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<td>Kirkbride</td>
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<tr>
<td>Locksmith/Locks</td>
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<td>Corner of Myrtle Ave &amp; Circle Place Dr. / Residence 2</td>
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