

Natural History of Mental Retardation in a State Hospital, Revisited

Releases and Deaths in Two Admission Groups, Ten Years Apart

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DURING the past decade, the Socio-Behavioral Laboratory of Pacific State Hospital examined several characteristics of hospitalized mentally retarded patients, and the natural history of their hospitalization.¹⁻²⁷ Some studies were based on groups of newly admitted patients (admission cohorts),^{1,2,4-7,9,13,15,17-20,24,25,27} others involved cross sections of populations.^{3,8,10-12,14,23,26} Some focused on releases from the hospital,^{3,4,8,10,11,14} others on mortality,^{5,15,27} or both.^{1,2,9,16} The changes in the composition of the patient population,^{18,23} the patterns of release,²⁰ the effects of admission procedures,^{6,7,12,13,18,21,22,24} and the efficacy of selected treatment programs^{19,25,26} were also evaluated. In most studies, new or modified methods of data analyses and related mathematical models were presented.

In 1957 and 1958 we reported on a four-year (1948 to 1952) admission cohort^{1,2} and related probabilities of release and death to age, intelligence quotient, and

diagnosis. We found that: (1) younger and more severely retarded patients had a low probability of release and a high one of dying, particularly shortly after admission; (2) patients admitted as adolescents, with milder degrees of retardation, had a higher probability of release and a lower mortality; and (3) clinical diagnosis did not prove to be as good a predictor of outcome as age and IQ, though the groups with Down's syndrome and developmental cranial anomalies showed high death rates, and the group with functional retardation, a high probability of release.

During the past decade, many changes have occurred in public and professional attitudes toward the retarded,²⁸⁻³¹ in the programs of institutions,³² and in medical practice. Current plans envisage smaller hospitals and the development of community-based programs.^{33,34} It is timely, therefore, to reexamine two critical outcomes of traditional hospitalization: release and death.

The purpose of this paper is threefold: (1) to present methodology for the examination of release and mortality experiences of admission cohorts; (2) to compare findings between two admission cohorts to the same hospital, a decade apart; and (3) to discuss the implications of the findings for future programs.

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