

First U. S. Narcotic Farm,
Lexington, Kentucky.

September 16, 1935.

Asst. Surgeon General W. L. Treadway,
U. S. Public Health Service,
Washington, D. C.

Dear Dr. Treadway:

Concerning our telephone conversation of today about Patient [REDACTED] who was discharged from here on his demand September 13, 1935, and wired his family for funds, a slip-up occurred in this in that neither Dr. Ossenfort nor I were notified when he went out that he had no funds. As soon as we found that the man was in town without funds, I took the matter up and issued Station Order No. 6, a copy of which is enclosed. This order, as you will see, is also intended to slow up the discharge of voluntary patients from here that we do not consider to be cured or to have received maximum benefit from treatment.

We will hold some voluntary case against his demand as suggested by you for a test case in the courts. In doing this, we will, of course, select a case whose relatives are strongly in favor of his staying here. There is such a case coming up now that is favorable for the test if he should carry his threat out to employ a lawyer and get a writ.

It seems quite clear that our voluntary patients are going to give us more trouble than the prisoners. They know, or rather feel, that we have no legal authority to hold them and, of course, when you release one through necessity it gives the others an idea that they also can go. The treatment they are getting here is much better, of course, than they were used to on the outside where, either in sanitariums or hospitals, they would be kept for 10 days or two weeks and then be discharged. We have gotten all of our patients off the drug rapidly and have had them off at least a month before they left. This gives a reasonable chance to those who sincerely desire to remain cured, but I perhaps should state here that the staff feels that the majority of the voluntary patients we have let go are of the type who were hopeless in any event.

As I stated over the telephone today I have been giving this matter of premature discharge of voluntary patients some thought and decided

to request the Bureau to look into the legal side of the question with the idea of having, if possible, a law passed whereby voluntary patients could commit themselves in such a way that there would be no doubt of our authority to hold them for a specified length of time. I think we should make this about nine months and have a provision in the law whereby we could discharge a patient sooner if in our judgment it was advisable either because of a cure or because the patient turned out to be a detriment to the station. I believe that many voluntary patients would consent to commit themselves for this length of time and, of course, if they knew we had an absolute legal hold on them they would not begin to fret about getting out as soon as their physical health was partially restored.

Even if voluntary patients insist upon going before we think they should go, the treatment of them here for short periods is desirable for it gives us an opportunity to study drug addiction in the withdrawal period and thus far these are the only patients for such studies that we have had. It is also of interest psychologically to note the reaction of these patients during the period of withdrawal and immediately afterwards.

Very truly yours,

Lawrence Kolb,
Medical Director,
Medical Officer in Charge

LK:gp