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STATE OF CALIFORNIA
SACRAMENTO 14

Inter-Departmental Communication

To: John J. Fisher
Executive Officer
State Personnel Officer Board
Sacramento, California

File No.

Date: 5-5-47

From: Department of Mental Hygiene

Subject: Protest of Examination
Medical Deputy Director
Department of Mental
Hygiene

Reference is made to the examination for Medical Deputy Director,
Department of Mental Hygiene, given on April 29, 1947.

C

I protest the general character of this examination and some specific
questions. I have not had sufficient time to go into the examination
so as to protest all the questions that are in question because I have
been out of town and must go again before the allotted time for protest
expires.

O

I wish first to say that an attempt seems to have been made to make
this examination especially hard, and also that in doing so, numerous
multiple choice questions were given to which there were several answers
just as appropriate as the answer keyed as correct.

P

Along with the difficulty of deciding a fine point between four or five
different answers, the fact that the examination was five hours long and
constant writing was necessary in order to complete it made it impossible
to evaluate the various ideas that may have been in the examiner's mind
with sufficient thoroughness to head up on what might have been considered
by him to be the correct answer. With these preliminary remarks items are
mentioned as follows:

Y

Question 19, page 4. A long, thin face is no more an indication
of peptic ulcer than some of the other conditions mentioned in the mul-
tiple choice question.

Question 37, page 7. Many physicians and health officers
would argue about the increased incidence of reported diabetes mellitus
being due to the recent discovery of previously unrecognized cases. In
fact it has been definitely shown that during the first World War the
incidence of diabetes mellitus definitely decreased in Germany because
of the shortage of food, including sugar, and it increased later on after
the war when the population could get the foods that they wanted. The
consumption of sugar in large quantities has long been recognized as one

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of the important causes for numerous cases of diabetes mellitus. Also, most of the specific diagnostic measures for diabetes mellitus were known 25 years ago.

C

Question 24, page 15. The most important complication of primary amentia is stated to be epilepsy rather than paralysis.

O

There is very serious doubt about the accuracy of this question. Paralysis complicating primary amentia is a very common condition. Our institutions for mental defectives have literally hundreds of these cases. They also have cases of epilepsy but the epileptic cases are in a large measure not primary but secondary to birth injuries, infections, etc.

P

Question 62, page 18. According to this question penicillin in large doses introduced intrathecally does not produce convulsions, coma, etc.

Y

The answer to this question is in error. It is well known that penicillin given intrathecally in large doses will produce convulsions. In fact, there is an article in the Journal of the American Medical Association, May 3, 1947, which confirms this and cites a case. I quote from this article.

"The purpose of this article is to report a case of meningococcal meningitis in which the patient received (by error) a single massive dose of penicillin intrathecally and recovered after a series of generalized convulsions."

Also in this article it is stated that penicillin may produce convulsions when applied in sufficient concentration to the cerebral cortex.

Question 85 in the psychiatric section. It is keyed that the electroencephalogram is not a specific diagnostic adjunct in distinguishing epilepsy from other neurological conditions.

I claim that the electroencephalogram is a specific diagnostic adjunct. In fact, about the only thing for which the electroencephalogram

* "Intrathecal Penicillin," by James R. Reuling, M. D., and Charles Cramer, M. D. -- Page 16, Journal A. M. A., May 3, 1947

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is a near specific diagnostic aid is epilepsy. It is used in all institutions for epilepsy because of this and it is regularly used to discover whether people have epileptic tendencies; whereas in numerous neurological conditions the electroencephalogram has absolutely no value.

The word "specific" introduced in this question would, of course, render the answer debatable because if this is what the word was introduced for it is a tricky question intended to mislead people who know how widely used the electroencephalogram is in the diagnosis of epilepsy.

Question 99, page 121. The keyed answer to this question is in error, and I believe that practically all psychiatrists will agree with this. According to the answer schizophrenia is determined by a specific genetic factor.

It is pretty well agreed that there is a hereditary element in the predisposition of many cases of schizophrenia. It is also agreed that there is nothing specific about this. I believe that no one has claimed that it is a specific genetic factor. If the word "specific" were left out of this question an argument could be made for answering it "true," but there would still be authorities who would question the genetic element.

The question included under 113 and 117 does not seem to be a fair question. A correct answer to it surely does not show any knowledge of value or importance. In this question one is asked to give the name of the right author to the title of certain articles in recent literature on psychosomatic medicine.

The important point about psychosomatic medicine is to know medical opinions about it. The literature is enormous and whether or not one knows who wrote one of the hundreds of articles that have been written is a bit of useless information that very few people who are authorities on psychosomatic medicine would be able to give.

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Some of the questions in the dietetic and nutritional section seem to apply to dietitians rather than to a nutritionist.

C
Question 1, page 24, has a very debatable keyed answer. The idea is what sandwich should be substituted for meat sandwiches when financial limitations or low market supplies preclude the furnishing of meat sandwiches. The answer given is peanut butter sandwich. The answer which I believe many nutritionist would regard as correct would be egg sandwich.

O
P
The nutritional qualities of eggs are more comparable to the nutritional qualities of meat than are those of peanut butter. This applies to the protein and fat content and to the vitamins. The nutritional qualities of peanut butter, seem to me, would be unfortunate if a person had to live on this type of meat substitute. The caloric value of peanut butter is high, but the fat content is twice that of protein, which is not the case of any meat except pork. It is admitted that peanut butter is cheaper than eggs, but cheapness is not the only consideration in sandwiches. Of course, the argument can always be made that for one sandwich it makes little difference what it contains.

Y
Question 3, page 24. The keyed answer for this is number three. I maintain that five is just as correct and perhaps more so. This insures a satisfactory product uninfluenced by opinion as must be the case with the keyed answer.

Question 4, page 25. The answer given here is that an open space around refrigerated articles is the most desirable thing in refrigeration. This is put above low temperature. It seems to me to be common sense knowledge that there can be no proper refrigeration without low temperature. All the still air in the world will do no good unless we have this. The low temperature is therefore the proper answer for this question.

Question 7, page 25, a multiple choice question, could be answered by four of the five possible methods given. The keyed answer, number 5, "a conference with the chef on the day ahead" seems to be the most incorrect method, because the chef is certainly not supposed to dictate what foods are to be served. His function is to cook it and he should be ready to do so.

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Question 15, page 25. The answer is doubtless correct but I maintain it is no function of the nutritionist, but rather the function of the dietitian, to know that the condition known as rope is more likely to develop in bread than in any other food.

Question 16, page 27. The answer given would be the correct one if it were a practical method in institutions, but in large institutions like hospitals, and it is presumed that this is what is talked of here, no one ever scrubs dishes with soap and water and then subjects them to 170 degrees temperature. The work in institutions would never get done and the scrubbing process would deteriorate to the point where no good results would be obtained. The proper answer to this question is a properly constructed dishwashing machine in which the dishes are subjected to high temperature as well as thorough washing. This is the usual method; it is an effective method, and it is practical.

The multiple choice examination in the dietetic section has illustrations of close answers that might be controversial.

The hospital and outpatient administration and management section of the examination is to my mind entirely out of line. In fact, the first thirty multiple choice questions have very few questions in them that can be positively answered. In other words, a fully informed person would be bound to answer a number of the questions incorrectly, according to the key.

On Question 10, page 33, three of the five answers might be correct.

Numbers 12 and 14 could be answered two ways with equal authority and number 15 has three possible answers, any of which might have been put down as the correct answer.

A perfectly oriented person may think an hour or so on some of these questions and not give the keyed answer or correct answer because there is no such answer.

Question 2, page 40, multiple choice, is on the estimated need of beds for epileptics in California. The keyed answer is 1,000 beds.

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One wonders why, if this is correct, California has authorized an epileptic hospital of 1,500 beds and why do such states as New Jersey and Massachusetts with less population than California have epileptic hospitals of more than 1,000 beds. The correct answer to this question is 1,500 beds, not 1,000.

Question 11, page 41. The keyed answer to this question is wrong. It is a multiple choice question which states "The majority of patients at DeWitt State Hospital are (1) mentally ill, (2) mentally deficient, (3) war casualties, (4) alcoholics, (5) drug addicts."

The keyed answer is given as mentally deficient, when as a matter of fact, ever since the hospital was established, the mentally ill have been in a great majority at DeWitt State Hospital. This applies also to the date given - January, 1947.

Question 16, page 14 on statistics could be answered either true or false. It is true that the Department of Mental Hygiene does not have complete statistics on all patients in its institutions, but it does have the statistics that it wants. The question of completeness is always a matter of policy and no department has statistics which some statisticians and some psychiatrists would say contains everything that is desirable.

Question 17, page 42, is keyed incorrectly. The personnel section of the Department of Mental Hygiene does maintain all personnel records and directs all personnel transactions of the department. This section is, of course, under the Director and Deputy Director, but the function of the personnel section is as stated. If this question was intended to imply that the Personnel Board keeps some of these records, it is a trick question which should not have been included.

In the section on research, some of the multiple choice questions are again subject to dispute and difference of opinion.

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Question 4, page 44, seems definitely to be keyed incor-
rectly. Surveys certainly always have as their primary object the
finding of facts. There are of course important secondary functions
of surveys and the secondary functions may be the reason why the
survey is made, but without the facts a survey would be useless.

Respectfully

Lawrence Kolb, M. D.
Medical Deputy Director

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