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A SURVEY OF THE MEDICAL SERVICES IN THE  
TEXAS PRISON SYSTEM

THESIS

Presented to the Graduate Council of the  
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Fulfillment of the Requirements

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By

Robert R. Masterson, Jr., B. B. A.

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## CHAPTER I

### INTRODUCTION

#### The Problem

The Texas Prison System is a large organization consisting of twelve prison units located in the central, eastern and southern areas of Texas, which currently house approximately 9,000 prison inmates. One of the necessary functions of this prison system is the maintenance of a sizeable medical service. Efficient administration of such a service obviously poses many problems, some of which are similar in nature to any hospital institution and others which are peculiar only to prison medical services.

The purpose of this research paper was to conduct a hospital management survey of the administration of medical services for prison inmates within the Texas Prison System. This type of survey has not been conducted within the medical services of the Texas Prison System in the past by any individual, or public or private group.

Specific purposes were to appraise certain major areas involved in the medical services in the Texas Prison System, to compare these findings with authoritative survey

criteria, and to make recommendations based upon the findings of the investigation.

#### Delimitations

No information is included on the clinical aspects or the diagnostic and therapeutic techniques of the medical services rendered. Only material relative to the management or administration of the medical services in the Texas Prison System has been included.

#### Definitions of Terms

To clarify the meaning of certain terminology expressed by the hospital staff in the Texas Prison System and contained within this study, the Hospital Manager, Huntsville Prison Hospital, has suggested the following definitions:

1. The Texas Prison System is interpreted to include the State prison at Huntsville, Texas and its eleven units or prison farms located throughout Texas.
2. The term Medical Services defined in its broadest sense includes any services rendered by the hospital staff.
3. Hospital Plant is interpreted as the buildings and equipment which are utilized by the hospital staff and the patients.
4. The term Hospital Staff includes the professional and administrative personnel, supplemented by prison trustees.

5. Prisoners are classified into categories by the Classification Division. Some of these classifications which will be referred to later in this study have been defined by prison officials below.

a. First-term Offenders are prison inmates who have been placed in the Texas Prison System for the first time, and who possess a favorable background for rehabilitation. This group is further divided into two classifications which are based upon age. The Class IA category prisoners are under twenty-five years of age and the Class IB category prisoners are over twenty-five years of age.

b. Second-term Offenders are segregated into three classes which are Class 2A, 2B and 2C. Class 2A and 2B prisoners have criminal records of occasional offenses, and their rehabilitation is somewhat doubtful. Members of the 2A group are under twenty-five years of age and the 2B group are over twenty-five years of age. Class 2C prisoners are considered habitual criminals.

c. The Group 3 classification includes the "Maximum Custodial Group" prisoners who are considered the more dangerous inmates as indicated by their past behavior.

d. There are three Trusty classifications which are Approved Trusty, Construction Trusty, and Restricted Trusty. The Approved Trusty is granted special privileges, maximum good time, and is expected to be trustworthy in

every respect. The Construction and Restricted Trusties do not have special privileges, accrue good time by their work performance, and are expected to be obedient and cooperative.

#### Sources of Data

Primary and secondary data were compiled in this survey.

Primary data were obtained by correspondence and personal interviews with Texas Prison System officials and their hospital staff members.

Secondary data were obtained from annual reports submitted by the Medical Department of the Texas Prison System, from the American Institute of Management, and from a limited number of books found in the North Texas State College library which contained applicable background material.

#### Method of Procedure

To survey the medical services in the Texas Prison System, certain factors or areas for appraisal were first determined by compiling a management audit checklist. This was accomplished by reference to authoritative manuals and handbooks which outlined prison organization and administrative practices which were commonly found or should be included in a State prison medical service.

Then each major area selected to apply in the survey of the medical services in the Texas Prison System was developed in outline form. This form was then followed by

surveying the medical services in person and through the medium of correspondence.

#### Related Studies

Annually, the Medical Director of the Texas Prison System submits a Report of Activities of the Medical Department to the prison's General Manager, describing activities of the Medical, Surgical, Psychiatric, and Dental Departments. Although this report does not represent a survey of the administrative activities, it is both statistical and informative, containing letters of appreciation to the Prison Manager and the Texas Prison Board, patients admitted and discharged from the hospitals, ward activities, and type, place, and number of treatments.

The American Institute of Management<sup>1</sup> has incorporated within its most recent edition of management audits criteria designed for use in appraising hospital operations, some of which have been modified for use in this particular study.

There does not appear to be a great quantity of information published which directly applies to medical programs in American penal institutions. In the Texas Prison System no medical or administrative surveys other than budgetary have been conducted, at least in recent years.

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<sup>1</sup>American Institute of Management, Manual of Excellent Managements (New York, 1955), pp. 60-61.



## Chapter Presentation

The introductory chapter states the problem and purpose of the study, delimitations, definitions, sources of data, procedures, and related studies.

Chapter II describes the scope of the Medical Services in the Texas Prison System, and the geographical location and medical facilities of each of the twelve units which comprise the Texas Prison System.

Chapter III introduces various hospital management survey material and concludes with the survey outline to be used in this study.

Chapter IV is devoted to the actual survey of the medical services in the Texas Prison System.

The summary of findings, conclusions, and recommendations are presented in Chapter V.

## CHAPTER II

### THE TEXAS PRISON SYSTEM

#### Scope

The Texas Prison System came into existence in 1847, at which time the State penitentiary located at Huntsville, Texas was opened. As the prison population increased and the single prison at Huntsville became inadequate, land was purchased or leased by the State of Texas for the construction of prison farms or units which are found today throughout various localities of Texas.

Today, the Texas Prison System consists of the central receiving institution at Huntsville and eleven farms or units which cover 75,000 acres of land. Within each unit is found a hospital or dispensary which combine to serve as the Medical Services.

The medical facilities include three hospitals, the Huntsville unit and one located at Central State Farm for male patients. The other hospital is located at Goree State Farm for female patients. Other prison farms have hospital dispensaries and dental facilities for the prisoners.

A cartoon illustration created by members of the prison newspaper staff, The Echo, is found in Figure 1.

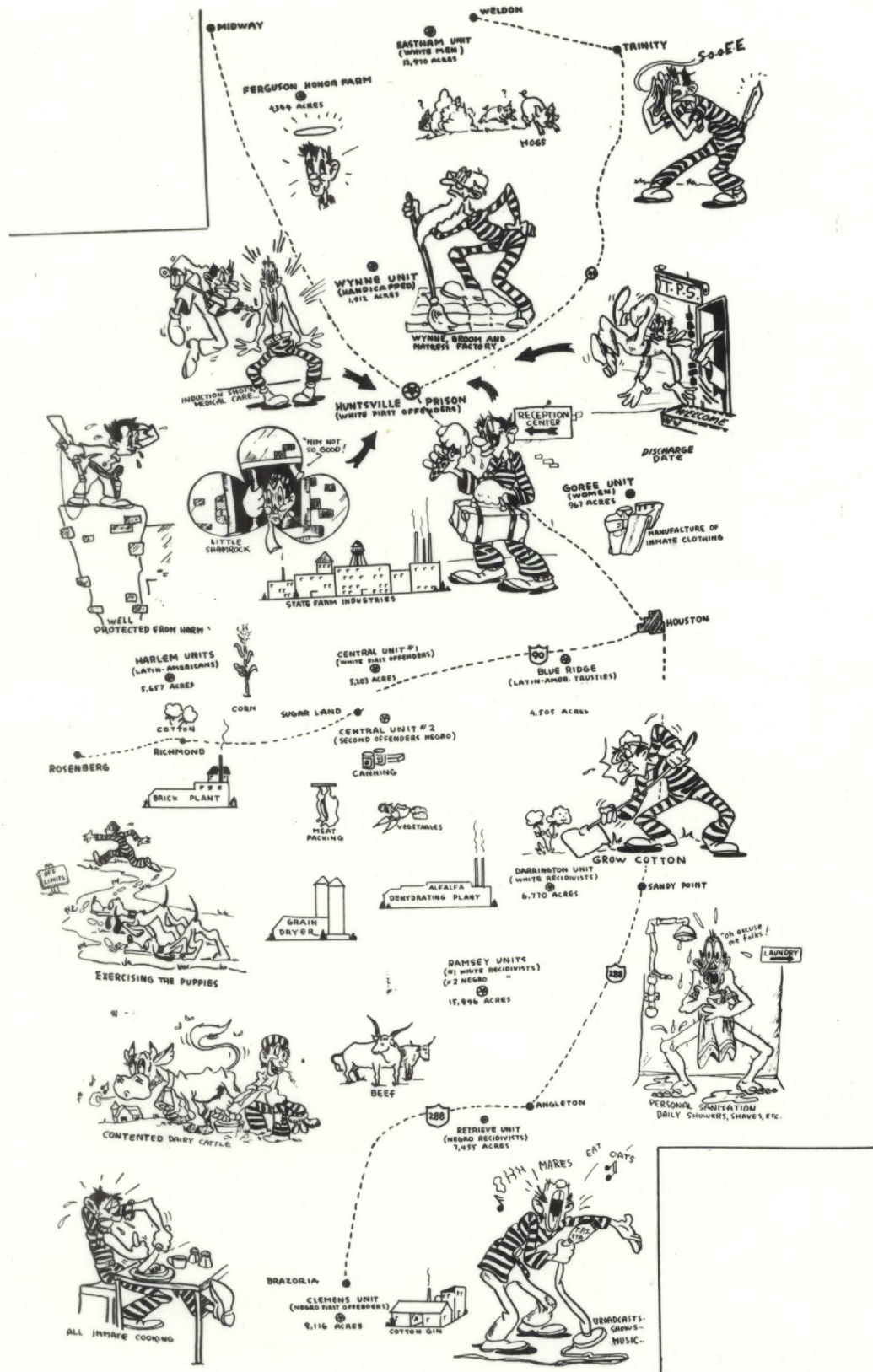


Fig. 1--Location of the prison units in the Texas Prison System

The location of the prison system's twelve units and their medical facilities, as described by the Hospital Manager of the Huntsville Prison, are set forth in the succeeding discussion.

#### Location of the Twelve Units

The main prison, which is the operational headquarters for the Texas Prison System, is located within the city limits of Huntsville, Texas, and covers approximately ten acres of land.

The main hospital is situated here and is controlled by the Medical Director, M. D. Hanson, and the Hospital Manager, Lou Hatter. The building is a 260-bed, five-story structure with a daily patient census of approximately one hundred general medical patients, eighty tubercular patients, and forty psychiatric patients. The Medical Director is also in charge of all medical service activities within other units of the Texas Prison System.

#### Blue Ridge State Farm

This farm embraces 4,505 acres of land and is situated in Fort Bend County, about fourteen miles southwest of Houston. The farm houses only a small group of Mexican trustees, the current population being around twelve prisoners.

There is a hospital dispensary with one medical attendant. Patients needing in-patient care, meaning actual hospitalization, are transferred to the Central State Farm hospital.

#### Clemens State Farm

This farm is composed of 8,212 acres of land on which is built one prison camp for first-term Negro offenders. It is located about eight miles northwest of Freeport, Texas, in Brazoria County.

One medical dispensary with one medical attendant and one dental technician are provided for the Negro prisoners.

#### Central State Farm

This is a 5,203 acre farm situated on the west side of Sugarland, Texas. It is divided into two prison camps, Camp Number 1 housing white first offenders and Camp Number 2 housing Negro second offenders.

A hospital dispensary with one medical attendant and one dental technician are located in Camp Number 1. Camp Number 2 has a hospital dispensary with one medical attendant.

#### Darrington State Farm

This is a 6,746 acre farm for young white second offenders. It is located about twenty-five miles southwest of Houston, Texas, in Brazoria County on the Brazos River.

One hospital dispensary with one medical attendant and one dental technician serves the prison population.

Eastham State Farm

This is a 12,970 acre farm, second largest unit in the Texas Prison System, situated four miles southwest of Weldon, Texas, in Houston County. The Maximum Custodial Group prisoners, population around three hundred and fifty, are housed on this farm.

One medical dispensary with one inmate attendant serves the prison population.

Ferguson-Trusties State Farm

This is a 4,344 acre farm located in Madison County on the west side of the Trinity River. One prison camp houses approximately eighty white first offenders.

One hospital dispensary with one medical attendant and one dental technician serves the prison farm.

Goree State Farm

This farm is for the female inmates admitted to the Texas Prison System. It contains 967 acres and is situated in Walker County, about three and one-half miles south of Huntsville. The monthly prison census is around two hundred prison inmates.

Forty beds have been set up in the infirmary for the care of general medical patients and for minor surgery

patients. The medical staff at the Huntsville prison provides all necessary care.

#### Harlem State Farm

This is a 5,657 acre farm for Mexican prisoners which is divided into two prison camps. It is located between Richmond, Texas, and Sugarland, Texas, in Fort Bend County. Camp Number 1 is for first offenders, and Camp Number 2 is for second offenders.

A hospital dispensary with one medical attendant and one dental technician are provided for each camp.

#### Ramsey State Farm

This is a 15,846 acre farm situated in Brazoria County about nine miles northwest of Angleton, Texas. There are two camps for older second offenders with a population of around 1,000 inmates. Camp Number 1 is for white inmates and Camp Number 2 is for Negro inmates.

A medical dispensary with one inmate attendant and one dental technician are provided for each camp.

#### Retrieve State Farm

This is a 7,455 acre farm located ten miles southwest of Angleton, Texas, in Brazoria County. There is one prison camp for Negro second offenders.

One hospital dispensary with one medical attendant and one dental technician are provided for the farm's inmates.

Wynne State Farm

This 1,912 acre farm with a prison population of around eight hundred inmates is located two miles northwest of Huntsville, Texas, in Walker County. Prisoners who are classified as unable to perform ordinary agricultural or industrial jobs are assigned to this farm.

Medical care is rendered by the main hospital at the Huntsville prison.



## CHAPTER III

### THE SURVEY PLAN

#### Introduction to Survey Areas

In the initial development of a hospital management survey, there should be a systematic plan specifically outlining certain factors or areas to be appraised. Objectives must first be formulated; these objectives will dictate the particular factors or areas to be investigated. Authoritative sources should be referenced in order to develop the best criteria available which pertain directly to the particular institution which will be surveyed.

Several sources of information dealing with audits and surveys have been reviewed and reproduced in part in the succeeding pages of this chapter, each of which has then been analyzed briefly in terms of its application to the medical services in the Texas Prison System. In conclusion, a synthesis of the actual survey which will be followed in the appraisal of the medical services in the Texas Prison System will be outlined.

The American Institute of Management is noted for its publications of auditing standards which apply to all public

and private business enterprises. From their Manual of Excellent Managements,<sup>2</sup> the following hospital management audit has been extracted:

#### HOSPITAL MANAGEMENT AUDIT

Population growth and increased national income are normally accompanied by an equivalent development in social service facilities, so that the service available to the public remains, in effect, constant. In the health field, however, the tremendous increase in hospital use (due to the growth of the hospital as the community health center, as well as to factors like hospitalization insurance and increased longevity) has rendered the normal growth and development of hospital facilities inadequate in terms of current needs. Consequently, our present hospital system is grievously overtaxed, and hospital administrations have been forced to strain their facilities and staffs to provide adequate service.

For the most part American hospitals, both public and private, have successfully provided that service and have steadily improved its quality. The American Institute of Management believes, however, that the application of sound management principles would supplement their resources and would permit the husbanding of our hospitals strength for a longer period than would otherwise be the case.

It has accordingly applied to hospital operations the same analytical techniques which have contributed to industrial management appraisal.

As in other Management Audits, the ten major areas of examination have been assigned an optimum rating and a rating of excellence which are consistent with the relative impact of each upon the acquittal of the institution's responsibilities. The accompanying table presents these ratings.

The following brief summary of the ten areas of appraisal indicates the nature of the analysis:

##### I. Social Function

The adequacy of the hospital for the community which it serves. The degree to which it participates in special public health programs. Number and variety of public or free clinics and other services. Capacity to cope with local disaster.

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<sup>2</sup>Ibid., p. 3.

- II. Organization Structure  
The flow of authority and decision-making function. Delegation of responsibility, both routine and emergency. Nature of all key positions, clinical and administrative, and their relationship to all hospital functions.
- III. Growth of Facilities  
Development of plant. Adequacy of nursing school, laboratories, wards, and available staff for local needs. Growth in quality and quantity of special equipment, especially in new scientific fields.
- IV. Development Program  
Plans for immediate and remote future. Bases for such plans and analysis of their suitability for institution's longrange purposes.
- V. Patient Care  
Financial and administrative policies and procedures with respect to patients. Special features designed for patient's treatment and convalescence.
- VI. Fiscal Policies  
Adequacy of financial programs. Effectiveness of drives for funds. Nature and amount of tax-support. Internal cost and budgetary controls.
- VII. Operating Efficiency  
Management techniques to improve layout, equipment and other facilities. Volume and nature of treatments accomplished. Safety margin of beds and facilities.
- VIII. Trustee Analysis  
Identity and activities of each trustee. Contributions of each to policy determination. Effectiveness of trustees in assisting management.
- IX. Administrative Evaluation  
Identity and activities of each staff officer and executive. Functions and responsibilities of each. Provisions for executive succession.
- X. Scientific Leadership  
Fundamental contributions of hospital to research and scientific achievement. Standing of the institution in the scientific community. Institutional achievements in diagnostic and preventive medicine.

An analysis of the preceding audit summary data in terms of its applicability or non-applicability to the medical services in the Texas Prison System is reflected below:

1. Social Function. This area will be omitted due to its limited applicability to a prison-type medical service.

2. Organizational Structure. This area will be included in the actual audit.

3. Growth of Facilities. The subtitles of this area of appraisal, development of plant and adequacy of laboratories, wards, and available staff for local needs, will be included in the actual survey. The subtitle, adequacy of nursing school, does not appear to be applicable and will be omitted.

4. Development Program. This area of appraisal will be included in the actual survey.

5. Patient Care. The subtitles of this area of appraisal, financial and administrative policies and procedures with respect to patients, will be included in the actual survey. The subtitle, special features designed for patient's treatment and convalescence, appears to be of a clinical nature and therefore will be excluded.

6. Fiscal Policies. The topics adequacy of financial program, nature and amount of tax support, and internal cost and budgetary controls will be included in the actual survey. The subtitle, effectiveness of fund drives, does not appear applicable to this type survey.

7. Operating Efficiency. This area of appraisal will be included in the actual hospital survey.

8. Trustee Analysis. This area of appraisal will be included in the actual hospital survey.

9. Administrative Evaluation. This area of appraisal will be included in the actual hospital survey.

10. Scientific Leadership. This area does not appear to be directly applicable to the medical services in the Texas Prison System and will be omitted.

Haynes<sup>2</sup> devotes a chapter to health and medical services in his book The American Prison System. He states that these data were based upon a survey conducted by Frank L. Rector, entitled Health and Medical Service in American Prisons and Reformatories.

Since certain phases of the above survey could be directly applicable to the medical services in the Texas Prison System, the following extracts and summarizations of general areas for appraisal were included.

In surveys of American prisons made by the National Society for Penal Information, now known as the Osborne Association, its representatives were impressed with the lack of uniformity in the use of such facilities as were found. The conception of the possibilities of adequate hospital resources for the treatment of inmates so that they might be returned to society in better physical and mental condition than when they entered seemed to be lacking in a majority of the prisons. No comprehensive survey of the situation had ever been attempted. Apparently the popular

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<sup>2</sup>Fred E. Haynes, "Health and Medical Service," The American Prison System (New York, 1939), pp. 262-276.

opinion in regard to criminals was that they were entitled only to the most elementary methods of medical and surgical care. A part of their punishment should consist in the least expensive and least skilled service. Better methods would be thought of as pampering the inmates and must be avoided for that reason.

After careful consideration a complete survey of the health and medical service in American prisons was decided upon to bring out the deficiencies and inequalities existing, to furnish information that might help in the improvement of conditions, and to bring about a standardization of health and hospital practices in penal institutions. The undertaking was made possible by the financial support of the Laura Spelman Rockefeller Memorial and the Bureau of Social Hygiene. The survey was organized with the advice and assistance of an advisory medical commission. The field work was carried out between November, 1927, and October, 1928. Every state and federal prison and all reformatories, with the exception of some very small ones, were visited. One hundred institutions were included. The same person covered the field and collected the data. . . . Any study of the subject must depend almost completely upon this pioneer contribution.

Some of the major areas dealt with in this survey were obligations of the State to inmates in case of illness or other forms of disability, hospital plant facilities and bed capacities, careful attention to the health of prisoners in order to prevent the introduction of contagious or epidemic diseases, sanitation, medical administration, nutrition, procedures for rendering outpatient service, procedure for physical examinations, and procedures for mental examinations. Other health problems included were care of the teeth, eyesight, tubercular infection, venereal disease, sex perversion, and drug addiction.

Areas from this survey which will be incorporated into the hospital management survey used in this study will be

obligation of the State to inmates in case of illness or other forms of disability, hospital plant facilities and bed capacities, the administrative policies concerning isolation techniques, sanitation, nutrition in terms of administrative regulations governing the hospital food service, and administrative procedures for outpatient services. The administrative policies concerning care for the patient's teeth, eyesight, tubercular infection, and venereal disease will also be admitted.

In a recent book entitled Contemporary Correction, Justin K. Fuller<sup>4</sup> summarizes his views on the medical services in correctional institutions by stating:

A correctional medical service can play a useful and constructive part in the rehabilitation of prisoners. In this endeavor, the purpose and the responsibility of a correctional medical service must be divided into two parts, the first being concerned with what is done to or for an inmate during institutional residence, and the second with the effect that this may have on his reaction after discharge. The first part has to do with such things as (1) the cooperation of the medical service with other services in such fashion as to achieve the best type of overall institutional management; (2) the establishment and maintenance of acceptably high standards of institutional hospital administration; (3) the provision of adequate medical, surgical, dental, and psychiatric care for the physical and mental illnesses and disabilities suffered by inmates; (4) the supervision of an employee health program, which should include, among other things, a preemployment medical examination to assure physical and mental fitness for the job, and medical examinations periodically thereafter; (5) supervision of institutional sanitation; (6) participation in the development and maintenance of an

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<sup>4</sup>Justin K. Fuller, "Medical Services," Contemporary Correction, edited by Paul W. Tappan (New York, 1951), pp. 172-190.

industrial hygiene and safety program; (7) supervision of institutional nutrition; (8) control of measures for the protection of the health of the institution and adjacent communities by preventing, through proper sanitation and other safeguards, the spread of communicable diseases; and (9) participation in pertinent administrative functions such as classification, discipline, parole, release, etc.

The other part, the second responsibility and purpose of a prison medical service, is more indirect and broader in its scope. It is concerned primarily with any long-range effect that the medical sciences may have on modifying conduct disorder and reducing the incidence of delinquency in the population at large and the repetition of crimes by prisoners after discharge. This part of the program is, in other words, primarily concerned with researches into the causes of conduct disorder, delinquency, and crime, and the development of therapeutic techniques calculated to reduce the incidence of such aberrations.

From this audit on the medical services in correctional institutions, criteria selected which seem to apply to the survey used in this study are as follows: cooperation of the medical service with other services in such a fashion as to achieve the best type of overall institutional management; the establishment and maintenance of acceptably high standards of institutional hospital administration; the provision of adequate medical, surgical, dental, and psychiatric care for the physical and mental illnesses and disabilities suffered by inmates in terms of administrative policies and procedures; the administrative supervision of institutional sanitation; supervision of institutional nutrition in terms of administrative policies governing the hospital food service; control of measures for the protection of the health of the institution and adjacent



communities by preventing the spread of communicable diseases; and participation in pertinent administrative functions such as classification, discipline, parole, and release.

E. C. Rinck,<sup>5</sup> U. S. Public Health Service, Lewisburg, Pennsylvania, has set forth the following organizational standards, duties, and responsibilities of the hospital personnel, and problems peculiar to prison work:

The prison medical department will be varied in size, dependent upon such factors as size of the institution, availability of funds, and the concept of what task the medical department is to perform.

A modern prison medical service should be organized along lines similar to any civilian hospital, with the exception that the psychiatric service, either absent from the civilian hospital or present only as a consultation service, should necessarily be an active functioning service in the prison hospital.

However, necessarily, because of financial limitations, the prison hospital organization will differ from its civilian counterpart in the utilization of inmates for the performance of many sub-professional tasks. In ordinary prison hospital practice, it has been found entirely satisfactory to have only a skeleton force of civilian sub-professional personnel, directing activities of trained inmate assistants. Civilian nurses can satisfactorily train prison inmates to do most nursing duties. Similarly, prison inmates can be trained to be X-ray technicians, laboratory workers, pharmacy workers, etc.

The Prison Medical Service should have numerically sufficient physicians with the proper professional training so that the organization, hereafter described, can be adequately administered.

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<sup>5</sup>E. C. Rinck, "Prison Medicine as a Specialty," Handbook of Correctional Psychology, edited by Robert M. Lindner and Robert V. Seliger (New York, 1947), pp. 257-268.

Organization of the Prison Hospital:

Professional:

Chief Medical Officer  
 Medical Service  
 Surgical Service  
 Neuropsychiatric Service  
 Eye, Ear, Nose, and Throat Service  
 Genito-urinary Service  
 Psychological Service  
 Dental Service

Sub-Professional:

Nursing Service  
 Laboratory Service  
 X-Ray Service  
 Pharmacy  
 Physio-therapy

The duties and responsibilities of each service, as well as those problems peculiar to prison work, will be described.

Chief Medical Officer: This officer has the responsibility for the proper administration of the prison hospital. It is he who must determine policy. His is the responsibility to see that funds entrusted to him are properly expended for the greatest good of the greatest number of inmates. He must interpret medical diagnoses and treatment to his colleagues of the Prison Administration. He must see that a proper standard of medical practice is maintained, both in the in-patient and out-patient hospital departments. If it is the policy of the Prison Administration to grant clemency releases to prison inmates suffering from incurable maladies, or to release dying inmates in order that their families not be stigmatized, then the Chief Medical Officer should always be particularly alert to see that this policy is carried out.

Paper work connected with the treatment of patients, reports as to their condition, reports to Parole Boards, etc., is as distasteful in prison as out of prison, but it is equally as important. Only by the eternal vigilance on the part of the Chief Medical Officer, can good records be maintained.

Medical Service: This service is probably about the most trying of any of the prison hospital. Here are seen many individuals suffering from functional complaints, as well as the outright malingerers, etc. However, the Medical Service, properly administered,

can be a very interesting and satisfying assignment. It is important that all patients be seen early, and proper therapy instituted. A proper hospital atmosphere must be established and maintained, in order to discourage the residence of those inmates who merely wish the "rest cure", or who are anxious to dodge some disagreeable assignment.

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Surgical Service: The incidence of disorders amenable to surgery appear to be fairly common in prison inmates. Many men become prison inmates because of disabilities which impose a handicap in seeking employment yielding adequate salaries for living. They turn to crime in order to supplement a small income from legal employment. A definite service is rendered to the disabled inmate when the disability is corrected so that legal employment can be sought after prison release.

Inmates occasionally seek surgery for the correction of facial disfigurements, or even in some cases removal of incriminating tattoos, in order that their apprehension may be made more difficult following release from prison and resumption of illegal activities.

Prison surgery should be conservative. Ordinarily, cases not considered as good surgical risks should be discouraged seeking an operation. Prisoners as well as laymen in outside communities rate hospitals on the quality of surgery performed. If the prison surgeon's operative mortality is appreciable, or his results poor, the prison inmates lose respect for the prison hospital and its staff.

Neuropsychiatric Service: Because of the high incidence of personality disorders among prison inmates, this is a very important service in the prison hospital. In addition, if the modern penal institution rightfully assumes the status of a treatment center, the psychiatrist will have to bear the burden of determining why the inmate violated society's laws and of prescribing the necessary treatment aimed at preventing future anti-social acts.

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 The prison psychiatrist, because of the nature of his work, will find all types of personalities seeking his attention, either for ethical or ulterior motives. Consequently, it is incumbent upon the prison psychiatrist to know well as many members of the prison body as possible. He should circulate about as much as his regular duties will permit in order to keep abreast of the daily gossip as it affects men who seek his services. In this way, he will be better able to

evaluate the stories his patients bring to him for solution. It cannot be emphasized too much that the prison psychiatrist cannot function in a vacuum. He should become acquainted with all aspects of the prison world as they affect the daily lives of his charges. He should visit the various shops, the living quarters, athletic events, and in short, every portion of the prison schedule which bears upon the daily life of the prison inmate. Only in such a way can the prison psychiatrist really know the subject of his study and treatment program.

Eye, Ear, Nose, and Throat Service: As in civilian practice, the services of this specialty are much sought after in the prison hospital.

Many prison inmates with moderate to severe degree defective vision, will be discovered at time of primary examination to be in need of glasses. Similarly, it will be discovered that many inmates with chronically infected tonsils have never had either the time or the funds for tonsillectomy.

Genito-urinary Service: This service is of special importance in prison medicine because of the relatively high incidence of venereal disease among prison inmates. It is also of importance to the morale of the prison body that diseases which are potentially infectious to others be rendered non-infectious.

Psychological Service: This service usually is closely correlated with the neuropsychiatric service, and has the two-fold responsibility of administering and interpreting the various psychometric and aptitude tests, as well as counselling inmates with personality problems.

Dental Service: Prison dentistry is limited in its task solely by number of personnel and funds made available for the purchase of supplies. As dental disease is the most prevalent pathology present in the inmate population, the prison dentist has a tremendous task when he attempts to correct all cases. It is necessary to determine dental policy as predicated on funds and personnel available. Once this is done, no exceptions to policy should be made, as to do so necessitates extension of the excepted service to all members of the inmate body.

Considerable economy of funds can be effected in the Dental Clinic by utilizing services of trained inmates in the Dental Laboratory and for dental hygiene or prophylaxis.

Nursing Service: Prison inmates are trained by working on the job with experienced inmate attendants. Such on-the-job training should be supplemented by a formal lecture course given by one of the civilian nurses, aided by physicians. This course can be scheduled for some part of the day when ward work is slack. It has been found that it is best to outline the course, the lectures supplementing and accentuating points of importance. Such books as The Hospital Corpsman's Handbook provide valuable auxiliary reading and stimulate the interest of the inmate hospital attendant. Motion pictures dealing with hospital procedures are valuable and always well received.

The Laboratory Service: This should provide facilities for the examination of blood, urine, gastric contents, feces, etc. The more difficult technical procedures such as some of the blood chemistry procedures, serology, agglutination tests, and tissue work should ordinarily be sent to other laboratories.

Inmates can be trained to do very creditable and reliable laboratory work. However, before undertaking to train an inmate in this field, he should be carefully scrutinized as to education, intelligence, etc., as such training ordinarily requires at least six months.

X-ray Service: Ordinarily, the work of an X-ray technician can be entrusted to a trained inmate working under the supervision of either the prison physician or sub-professional civilian personnel. Because X-ray work is highly technical and the materials used quite expensive, care should be taken in training only inmates with the proper educational background.

The dangers inherent to X-ray work from exposure to X-rays or to wires carrying high voltages must be explained to the attendant.

Pharmacy Service: Here also the services of an institutionally-trained inmate can be utilized. Because of the large number of preparations dispensed, economy must be continually emphasized. The great bulk of preparations dispensed should be manufactured in the prison pharmacy unless they can be purchased more cheaply on the open market.

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Physio-therapy Service: This service is a most valuable adjunct to the medical care of the inmate. It, too, can be administered by the trained inmate.  
 .....

Special Problems--Sick-Call: Prison medicine has problems which are not ordinarily encountered in the civilian hospital because of the fact that its clientele is derived from a large group of men who must adhere to a certain daily schedule of eating, working, and sleeping. Some of the special problems encountered in the prison situation will be discussed.

All disciplined organizations having large groups of men have found it necessary to set aside one period of the day in order to permit contact with the medical department. The time of day selected usually varies to meet the local situation. In general, however, it has been found most expedient in prison work to select a period when inmates are not engaged in work.

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The out-patient sick-call in the prison should be modeled after the out-patient service in the civilian hospital, with the exception that in the interest of economy in time a physician should initially see all patients. A physician is designated for this position, as it is believed the responsibilities are more than sub-professional personnel should be expected to assume.

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Sick-call records should not be entrusted to the care of the patient, as this discourages the staff physician from making frank comments which may be utilized later by his colleagues.

Annual Physical Examinations: Prison inmates as a group appear more concerned about their physical well-being than most members of the civilian community. For this reason, it is important that an opportunity be given for an annual physical examination, similar to that given at time of admission to the institution.

The extract of material above appears to include excellent audit criteria; and standards recommended for prison medical services such as hospital personnel staffing, staff responsibilities, and administrative procedures peculiar to prison hospitals will be included in the actual hospital survey conducted in the Texas Prison System.

## The Survey Plan

From the foregoing material, an audit plan was formulated to be used in surveying the medical services in the Texas Prison System. A summary outline of the audit plan used in this survey is given below.

- I. Trustee Analysis
  - A. Identity and activities of each trustee.
  - B. Contributions of each to policy determination.
- II. Organization Structure
  - A. The flow of authority and decision-making.
  - B. Delegation of responsibility, both routine and emergency.
- III. Administrative Evaluation
  - A. Identity, function and responsibility of each staff member, clinical or administrative.
- IV. Growth of Facilities
  - A. Development of plant.
  - B. Adequacy of laboratories, wards, and available staff.
- V. Development Program
  - A. Plans for immediate and remote future.
  - B. Basis for such plans and analysis of their suitability for institution's long range purposes.
- VI. Fiscal Policies
  - A. Adequacy of financial program.
  - B. Internal cost and budgetary controls.

VII. Outpatient Service

- A. Schedule of outpatient services.
- B. Admission of patient to outpatient service.
- C. Outpatient service files.

VIII. Inpatient Care

- A. Financial and administrative policies and procedures with respect to patients.
- B. Procedure related to admission of patients.
- C. Procedure related to disposition of patients.
- D. Medical records.

IX. Operating Efficiency

- A. Management techniques to improve layout, equipment and other facilities.
- B. Safety margin of beds and facilities.
- C. Volume and nature of treatments accomplished.



## CHAPTER IV

### SURVEY OF THE MEDICAL SERVICES IN THE TEXAS PRISON SYSTEM

Arrangements were made for a survey of the Medical Services in the Texas Prison System by obtaining permission from the Executive Assistant to the Prison Manager, R. C. Jones, the Medical Director, M. D. Hanson, and the Hospital Manager of the Huntsville Prison, Lou Hatter.

On June 27, 1955, following preliminary correspondence, interviews with these prison officials and an observation tour through the main hospital at the Huntsville Prison were conducted. Further correspondence was exchanged and a final conference with the Hospital Manager of the Huntsville Prison to obtain additional survey material was held on December 19, 1955.

The Survey Plan developed in the latter part of the preceding chapter was closely followed in obtaining pertinent data, the results of which are described in the remainder of this chapter.

#### Trustee Analysis

In an interview with R. C. Jones, Executive Assistant to the Prison Manager, the area pertaining to the trustees

in the Texas Prison System and their relationship to the medical services was discussed.

#### Identity and Activities of Each Trustee

In 1926, a law created the Texas Prison Board, which consists of nine members appointed by the Governor, three members being appointed every two years.

The nine members which presently constitute the Texas Prison Board and their activities are:<sup>6</sup>

1. French M. Robertson, Chairman, Abilene, Texas.
2. W. W. Cardwell, Vice-Chairman, Luling, Texas.
3. B. A. Stufflebeme, Secretary, Grand Prairie, Texas.
4. Warren S. Bellows, Houston, Texas.
5. George J. Beto, Austin, Texas.
6. H. H. Coffield, Rockdale, Texas.
7. Henry S. Paulus, Yoakum, Texas.
8. Fred W. Shield, San Antonio, Texas.
9. H. E. Treichler, Richmond, Texas.

An official organization chart of the Texas Prison System, Figure 2, illustrates the position of the Texas Prison Board in relation to the Texas Prison System.

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<sup>6</sup>Texas Prison System, Rules and Regulations of the Texas Prison System (Huntsville, 1953), p. 3.

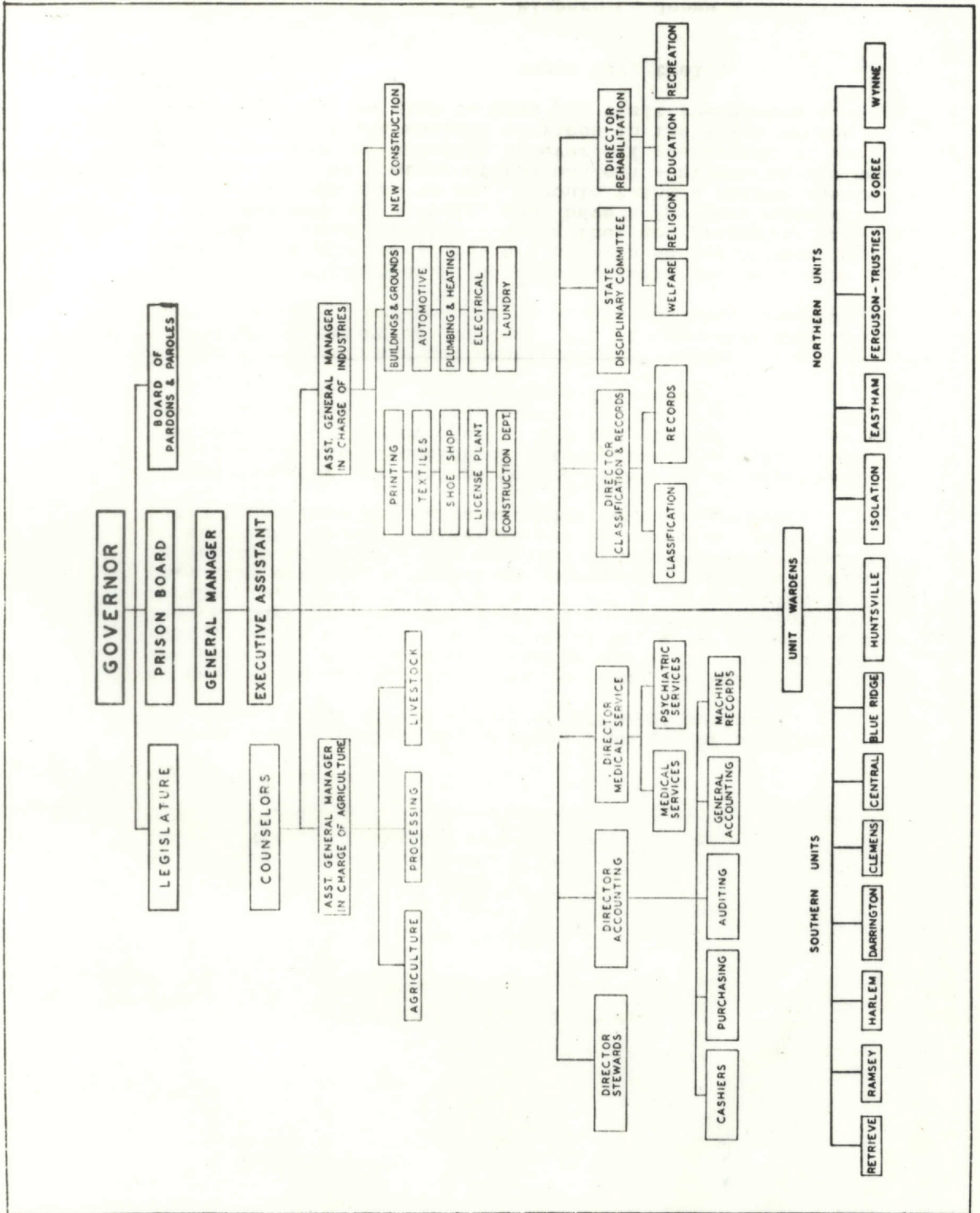


Fig. 2--Organization chart of the Texas Prison System.

### Contributions of Each to Policy Determinations

The Texas Prison Board passes on the overall policies which govern the Texas Prison System. The Board does not directly supervise any activities of the Medical Department, but indirectly contributes by approving budgets, equipment, construction programs and other various appropriations which concern the medical service.

### Organization Structure

In an interview with M. D. Hanson, Medical Director, and Lou Hatter, Hospital Manager, the organization structure of the Medical Services in the Texas Prison System was discussed at length.

### The Flow of Authority and Decision-Making

The organization chart, Figure 2, reflects the overall flow of authority within the Medical Services. Although this organization chart serves the Texas Prison System, it was felt a separate organization chart should be made of the medical services itself, illustrating a detailed breakdown of all departments. The decision-making function stems from the Medical Director, who in turn delegates authority to the doctors in charge of the Medical Services Section and Psychiatric Services Section. The Hospital Manager is vested with the authority of coordinating and directing the administrative services which exist within these medical sections.

Delegation of Responsibility, Both Routine and Emergency

The Medical Services are under the overall supervision of the Medical Director and consist of two major services, medical and administrative. The medical services are coordinated and directed by the Director, and the administrative services are supervised by a Hospital Manager. Each service has its own staff of key personnel, civilian employees, and prison trustees.

In the event the Medical Director is absent from the main hospital at Huntsville, where his permanent offices are located, an Assistant Medical Director is in charge. A schedule has been arranged for one doctor to be available at all times to provide medical care. Should it happen that no prison doctor is available in case of an emergency, a doctor from Huntsville, Texas, is called.

In the absence of the Hospital Manager, the Medical Director or one of the medical staff is placed in charge.

Administrative Evaluation

Information from this major area was obtained from the Hospital Manager, Lou Hatter, who outlined in detail the various factors involved.

Identity, Function and Responsibilities of Each Staff Member, Clinical and Administrative

The Prison Medical Services consist of the following departments:

- I. Medical Services
  - A. Medical Service
  - B. Surgical Service
  - C. Eye, Ear, Nose, and Throat Service
  - D. Dental Service
- II. Psychiatric Services
  - A. Psychiatric Service
  - B. Neurology Service
- III. Ancillary Services
  - A. Nursing Service
  - B. Laboratory Service
  - C. X-Ray Service
  - D. Operating Room Service
  - E. Pharmacy Service
- IV. Administrative Services
  - A. Hospital Manager
  - B. Admission and Disposition Section
  - C. Medical Records Section
  - D. Hospital Supply Section
  - E. Hospital Food Service
  - F. Housekeeping Section

The functions and responsibilities of the hospital staff members are outlined below.

Medical Services.--The Medical Director is responsible for all activities within this department. The function of the Medical Services, or Professional Services as it is called in some hospitals, and its major departments is to provide medical care and treatment for all prison inmates in as competent and efficient manner as possible.

The Medical Service is directly supervised by a Medical Director, and one full time doctor. Sections found in this service are internal medicine, cardio-vascular, gastroenterology, communicable disease, dermatology, and physical medicine. Within the Report of Activities for the Medical Department, found on page 55, is a recapitulation of the Medical Service Activities for the fiscal year 1954.

The Surgical Service consists of a full-time surgical doctor with component sections in general surgery, ophthalmology, orthopedic, otorhinolaryngology, and urology.

Arrangements have been made during the past year with the M. D. Anderson Hospital for Cancer Research, Houston, Texas, and the John Sealy Hospital, Galveston, Texas, to transfer all prisoner patients suspected of cancer to their medical facilities for diagnosis and necessary medical treatment. Such patients are granted an emergency reprieve by the Board of Pardons and Paroles. Within the past twelve

months, approximately forty patients have been admitted to the M. D. Anderson Hospital for Cancer Research and ten patients to the John Sealy Hospital. A cost of three dollars per day per patient is charged by the John Sealy Hospital to the Texas Prison System. No charge is rendered by the M. D. Anderson Hospital for Cancer Research, but indirect reimbursement is made by the Texas Prison System by donating blood, approximately 3,000 pints having been given by prisoners in the past twelve months. All prisoners admitted to the Texas Prison System may donate one pint of blood whereby thirty days of their sentence will be commuted.

Also, plastic surgery is now available to inmates. A group of resident surgeons from Houston this year contributed their services and to the present time, thirty inmates have been treated for facial disfigurements. This service is particularly beneficial for rehabilitative purposes due to the fact that many inmates are in prison who have peculiar facial characteristics which handicapped them in seeking employment.

A recapitulation of surgical procedures for the year 1954 is found on page 57.

The Eye, Ear, Nose, and Throat Service is under the supervision of a full-time medical doctor. One inmate trusty experienced in optometry is presently assigned to the service. Patients are furnished eye examinations and



glasses when necessary. Glasses cost the Texas Prison System six dollars and sixty cents per pair.

A consultant eye, ear, nose, and throat specialist from Navasota, Texas has volunteered his services whenever needed.

The Urology Service is supervised by a full-time medical doctor.

The Hospital Manager relates there is a high incidence of venereal disease among prisoners being processed into the Texas Prison System. All prisoners who react to positive tests for venereal disease receive re-examination once every six months.

The Dental Service employs one part-time dental surgeon and one part-time dental technician. Complete dental treatments are available which include examinations, permanent fillings, and extractions. A dental laboratory is available for making partial and full dentures. The dental technician is responsible for training inmate trusties. After a trainee becomes proficient in the filling and extraction of teeth, he is placed on one of the prison farms as a dental technician when needed. A report of dental activities during 1954 is found on page 58.

Psychiatric Services.--A part-time psychiatrist is in charge of these services. He coordinates and supervises the subsections of psychiatry and neurology and provides a

psychiatric outpatient clinic one day each week, at which time he sees as many prisoners as possible. When this psychiatrist is not available for immediate need, one of the medical doctors who is "on call" renders temporary treatment.

The Hospital Manager recognizes a need for at least one full-time psychiatrist due to the large number of patients admitted to this service, and funds are available to employ more personnel, but prison psychiatrists are relatively scarce. Psychiatric reports on all psychiatric patients are furnished to the Board of Pardons and Paroles. The psychiatrist, or medical doctor designated, is in charge of three open wards which contain thirty-three beds, and an isolation section containing seven cells. All psychiatric patients have case records fully written and included in their medical records. A description of psychiatric activities during 1954 is found on page 55.

The Psychological Service, which is under the Director of Rehabilitation, administers tests to determine mental age, vocational aptitudes, and counsels inmates with personality problems. Extreme cases are referred to the Psychiatric Services.

One of the most pressing problems of the Medical Services is the confinement and treatment of the criminally insane.

The following item<sup>7</sup> from The Dallas Morning News which has a direct bearing on this problem has been included.

A mental hospital for criminally insane should be set up within the state prison, Associate Justice Will Wilson of the Texas Supreme Court said here Thursday.

Wilson spoke to a joint luncheon of the Nueces County Grand Jury Association, the Rotary Club and other civic groups.

"We should set up within the penitentiary system itself a mental hospital for those judged criminally insane, where the primary motivation is protection of the public against a man who has shown he can't be allowed the privileges of liberty, but with emphasis upon treatment," said Wilson, former district attorney at Dallas.

"The defense of insanity then would cease to be a loophole."

Wilson also advocated setting up a probation system, putting first offenders in custody of their home district courts and with local corrective punishment for minor infractions of probation.

"More than half the burglaries are committed by the very young," said Wilson.

During the summer, 1955, there were five criminally insane patients confined in the Psychiatric Ward at the Huntsville Prison Hospital. These patients were eligible for release because their prison sentences had expired, but due to their mental irresponsibility and possible harmful effect upon society, plus no families or institutions to care for them, they were being detained.

Ancillary Services.--The Ancillary Services are under the supervision of the Medical Director and the Hospital Manager who formulate the policies and procedures concerning each service.

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<sup>7</sup>The Dallas Morning News, December 9, 1955, Sec. 1, p. 5.

The Nursing Service is composed of male inmate trustees. There are twenty inmates working throughout the hospital in this capacity. No male or female "civilian" nurses are employed. Two working shifts are in operation. There is a perpetual turnover of male inmate nurses, due to release, reprieve or parole from prison, the more experienced nurses teaching the newly assigned nurses their duties by means of on-the-job training.

The Laboratory Service is under the supervision of one civilian laboratory technician, who is a registered pathologist. Six inmate trainees usually supplement his staff. Laboratory tests are available for serological diagnosis of syphilis, blood counts, urinalyses, and other microscopic examinations. An annual report of the Laboratory Service during 1954 is found on page 58.

The X-ray Service has two experienced inmate technicians assigned to make X-ray exposures, develop and process the films, and maintain an X-ray film file. The Medical Director or one of his doctors interprets all X-ray films and prepares a report of the diagnostic findings. No therapeutic radiological or roentgen therapy service (deep or superficial X-ray therapy) is performed. Other functions of the X-ray service include appointment schedules, records of outpatient and inpatient treatments, and processing various X-ray requests and reports. A report of X-ray activities is found on page 56.

The Operating Room Service is supervised by the Medical Director who is responsible for the development of all policies and directives which govern the services pertaining to operation, and for the general operating room activities such as scheduling operations, preoperative and post-operative handling of patients, sterilization techniques, safety precautions, and the processing and completion of records. Four inmate trustees are generally assigned to this service.

The Pharmacy Service is supervised by one civilian registered pharmacist. This pharmacist not only dispenses drugs to the Huntsville hospital, but also to all prison farm dispensaries upon requisitions which are authorized. He is also responsible for maintenance of all pharmaceutical records such as prescriptions filled, and proper accounting of stock received, issued and on hand.

Administrative Services.--The Hospital Manager, Lou Hatter, coordinates the administrative activities of the prison hospital, advises the Medical Director on all matters pertinent to the Administrative Services, prepares and compiles all statistical and budgetary data, and directs the hospital personnel training program.

The Admission and Disposition Section and the Medical Records Section activities are performed alternately by three inmates. These trustees function as administrative

clerk typists, under the direct supervision of the Hospital Manager and are located in his office. The Admission and Disposition Section is responsible for preparation of administrative forms in connection with the admission and disposition of patients such as patient locator files, patients' length of hospitalization, daily census of patients, and daily bed census. The Medical Records Section is responsible for the medical records file. All medical records which are active, meaning medical records of inmates presently confined in the Texas Prison System, are filed in this section. Inactive medical records are permanently filed in a storage room.

The Hospital Supply Section is supervised by the Hospital Manager, inmates trustees being assigned to the supply room. The majority of hospital equipment is procured by the State Board of Control through competitive bids. All office supply forms are furnished by the Prison Printing Shop. The Prison Store, operated on a commissary basis, furnishes all office supplies. The main responsibility in the Hospital Section itself is proper accountability of supplies on hand, maintaining stock levels, and issuance of supplies and equipment to the hospital sections only upon authorized requisitions.

All hospital linens are received from the Prison Store, soiled linens being exchanged daily. A special laundry for

sterilization of all tubercular's linen is located adjacent to the tubercular ward. The female inmates at the Goree State Farm manufacture all prison linen.

The Hospital Food Service Section is supervised by two dining room stewards, actually prison guards. This section prepares all meals served in the hospital, except the tubercular ward which has its own kitchen, and provides a dining room for ambulatory patients. Bed patients are served by means of electrically heated food conveyors. Special diets can be provided. All menus are prepared by the prison's Director of Stewards staff, see organizational chart on page 32, and food requisitions are received daily from the Prison Store. A cooking supervisor, supplied by the Director of Stewards, two on-the-job training cooks, and ten waiters and dishwashers are assigned.

The Housekeeping Section is provided by the prison Maintenance and Repair Shop, although it is the Hospital Manager's responsibility to see that requisitions are submitted promptly for any necessary maintenance or repair of equipment and that the hospital in general is kept clean and orderly.

#### Growth of Facilities

The following data dealing with the growth of hospital plant facilities were obtained from the Hospital Manager.

### Development of Plant

The Huntsville Hospital is a 260-bed, five-story brick structure centrally located within the prison walls.

The fifth floor of the prison hospital was completed in July, 1953 at a cost of \$165,000. A new elevator was also installed in 1953 at a cost of \$15,000. A new 40-bed ward addition was completed December 1, 1955 for incapacitated patients. The Dental Service was completely remodeled with new equipment including dental chairs, and an x-ray machine during 1953.

### Adequacy of Laboratories, Wards, and Available Staff

There are two laboratories located in the hospital, the medical laboratory and the dental laboratory, whose functions have previously been described. The medical laboratory, located on the first floor, is adequate according to the Hospital Manager in personnel, treatment facilities, equipment, and layout. On page 57 is the annual report of the Laboratory Service for the 1954 fiscal year. The dental laboratory, located within the Dental Service, maintains adequate on-the-job trainees supervised by a civilian dental technician, and can obtain ample equipment and supplies. The layout is somewhat small to accommodate the assigned number of trainees, six inmate trustees, engaged in making dentures.



The hospital wards consist of a 40-bed psychiatric open ward and a seven cell closed ward on the first floor. The Hospital Manager indicates these facilities are inadequate, but construction is presently underway to correct the situation. On the second floor, one 30-bed general medical ward exists which is said to be adequate. On the third floor, two 40-bed wards for general medical patients are found which are said to be adequate. On the fourth floor, a 30-bed surgical ward exists which is said to be adequate. An 80-bed tubercular ward is found on the fifth floor, which according to the Hospital Manager, is also adequate.

In the Huntsville prison hospital, the hospital staff consists of three full-time physicians, one part-time psychiatrist, one part-time oral surgeon, one full-time dental technician, one full-time registered pharmacist, and one full-time laboratory technician. In addition, ninety inmate trustees are assigned as hospital attendants and administrative clerks. This staff is adequate according to the Medical Director and the Hospital Manager. In the event a vacancy arises among the key staff members, the selection of a replacement is processed much in the same manner as in any hospital, that is, by contacting various medical societies, national job placement agencies, and newspaper advertisements.

## Development Program

### Plans for Immediate and Remote Future

There is a 40-bed hospital presently under construction at the Central State Farm, Sugarland, Texas, which will employ one full-time medical doctor and dentist.

On the Eastham State Farm, Weldon, Texas, a 1,000 unit prison is presently under construction at a cost of \$3,500,000. Within this prison, which should be completed in mid-1957, a 40-bed hospital has been included which will employ one full-time physician and dentist.

An additional seven cells are presently under construction in the Psychiatric Section of the Huntsville prison hospital.

### Basis for Such Plans and Analysis of Their Suitability for Institution's Long Range Purposes

The Texas Prison System's prison population has increased from approximately 6,000 inmates in 1950 to 9,000 inmates during 1955. This has greatly increased the demand for medical facilities. The Texas State Legislature has recognized the need for additional medical facilities and has authorized necessary appropriations to increase the Medical Services in order to provide proper care and treatment for the increasing number of prison inmates.

## Fiscal Policies

### Adequacy of Financial Program

Hospital financing is supported by appropriations authorized by the Texas State Legislature. State appropriations for general operational purposes for the fiscal year 1955 to the Huntsville Medical Services were \$85,000. The Hospital Manager contends the hospital financing is adequate for present needs.

### Internal Cost and Budgetary Control

Internal cost and budgetary controls of the Medical Services are maintained by the Director of Accounting. (See organization chart on page 32.) Not only does the Prison System's Auditing Department review hospital cost and budgets semi-annually, but the State Auditing Department makes periodic surveys. A complete annual inventory of the Medical Services is required by Texas State law. The Medical Director is responsible for compiling and submitting a hospital budget to the Director of Accounting once every two years. Each hospital department is charged with the responsibility for proper use and control of its equipment and supplies.

## Outpatient Service

### Schedule of Outpatient Service

The outpatient clinics include sick call, psychiatric clinic, medical clinic and surgical clinic. The sick-call

or sick line for prisoners is conducted twice daily at 8:30 a. m. and 1:30 p. m. by the Medical Director and one physician. A prisoner wishing to attend sick call must obtain permission and an authorized pass from his place of assignment. Although normal sick call hours are scheduled, a prisoner needing immediate medical attention will be received by the hospital at any hour of the day.

The Medical Clinic and Surgical Clinic hours are also scheduled at 8:30 a. m. and 1:30 p. m. daily. Any patient needing future appointments for medical or surgical treatments is issued appointment slips.

The Psychiatric Clinic is held on each Friday, at which time the psychiatrist interviews as many patients as time allows.

#### Admission of Patient to Outpatient Clinic

In the event a prisoner is referred to one of the outpatient clinics from sick call, notation to this effect is inserted in the prisoner's medical record by the attending physician. An appointment is then arranged by the appropriate outpatient clinic. Meanwhile, if laboratory examinations concerning the prisoner are required, laboratory requests are prepared and the prisoner sent to the Laboratory Service.

### Outpatient Service Files

No outpatient medical records are prepared on prisoners; however, a medical record form is prepared by the physician should the prisoner need admittance to the hospital.

A record of outpatient treatments is logged daily by an administrative clerk in each outpatient clinic.

### Inpatient Care

#### Financial and Administrative Policies and Procedures with Respect to Patients

There are no fees or charges to prisoners for medical treatment.

The Medical Director and the Hospital Manager determine the administrative policies and procedures with respect to patients. Upon a patient's admittance to the hospital, the ward nurse issues verbal instructions to each patient as to the hospital routine and doctors orders they will follow. The general ward rules to be followed by all patients are posted on each ward's bulletin board.

#### Procedure Related to Admission of Patients

It is the Admission Clerk's responsibility to prepare all admission data necessary when a patient is admitted to the hospital. Routine laboratory requests are issued to the patient, and special diet slips if prescribed by the

physician. The Admission Clerk then takes the patient to the Ward Nurse for bed assignment. Again in the Admission Section, the patient's name is recorded on an "Issue Sheet" which is delivered daily to the prison's Central Locator File Section. A patient locator card is completed daily, and a list of all patients presently assigned in the hospital is typed daily and distributed to ten sections of the prison for informational purposes. A hospital report of the number of patients assigned to the hospital classified by number, ward, and color is completed daily.

#### Procedure Related to Disposition of Patient

The Disposition Clerk's responsibility is to administratively discharge all patients from the hospital. When a patient is released by his physician, he is taken by his Ward Nurse to the Disposition Clerk, who records his name on a patient disposition sheet. The Disposition Clerk then takes the prisoner to the prison Housing Assignment Office to be reassigned back in the prison.

#### Operating Efficiency

#### Management Techniques to Improve Layout, Equipment, and Other Facilities

The Hospital Manager, Lou Hatter, is responsible for the institution of the scheduled sick call which has been previously described. Before 1951, there was no organized

routine for prisoners' sick call. When an inmate felt he needed medical attention, he obtained a pass to the hospital. This created a burden upon the attending physicians for no one knew at what time or how many inmates would arrive at the hospital each day.

Also, the Hospital Manager initiated a policy to assign only First-Term offenders to jobs within the hospital. Many hospital attendants' jobs assume a good measure of responsibility and only prisoners who have proven themselves trustworthy, possess an acceptable life history, are responsible, and are willing to learn can now qualify for hospital assignments.

#### Safety Margin of Beds and Facilities

The maximum bed capacity of the Huntsville prison hospital is 260 beds.

Provisions have been made for increased bed capacity in the event of epidemics or natural disasters by designating certain areas within the prison walls which could be used for temporary medical facilities.

#### Volume and Nature of Treatments Accomplished

An annual report of Activities of the Medical Department is submitted to the Prison Board by the Medical Department. The 1954 annual report in its entirety has been reproduced and is included in this study.

It was felt this report should be included for it represents not only a compilation of professional activities, but serves as a supplement to the material found in this survey. Also, the statistics contained within this report influence administration of the hospital and future planning. Although these services are carried out by professional personnel, the report itself is prepared by administrative personnel and is of value both to the professional and administrative staff for research purposes.

TEXAS PRISON SYSTEM

(Seal)

Huntsville, Texas

Report of Activities of the

MEDICAL DEPARTMENT

MONTH OF s/Annual Report s/year of 19 s/54

Medical Supervisor

ANNUAL REPORT

1 9 5 4



Mr. O. B. Ellis  
 General Manager,  
 Texas Prison System  
 Huntsville, Texas

Dear Mr. Ellis:

The following report covers the activities of the Medical, Surgical, Psychiatric and Dental Departments for 1954.

For the kind and sympathetic cooperation which I have received throughout the year from the Prison Board, the Prison officials, the members of the Medical and Hospital staff and the other personnel; I extend my thanks and appreciation.

Respectfully,

M. D. Hanson, M. D.  
 Medical Director

HDH:rdm

**HOSPITAL SERVICES:**

The medical services for the year 1954 included 8,987 patients observed and treated for general medical conditions. A total number of 4337 patients were admitted to the Hospitals at Huntsville and Central Farm number one; 3214 of these were for general medical care and 1123 were surgical cases.

DEATHS IN THE SYSTEM

There were a total of thirty-five (35) deaths in the system; nine (9) of which were executions. Those resulting from natural causes numbered nineteen (19). Violence and accidents accounted for seven (7). A complete list by causes, is given in the following table:

**ELECTROCUTIONS:**

Green, Walter Collin	2-19
Clark, Charles D.	3-25
Gage, Willie Lee	4-23
Klinedinst, Charles E.	6-3
Richardson, Jimmy	6-24
Barnes, Charles W.	7-6
Rayson, Marvin	7-17
Whitaker, Walter E. Jr.	9-1
Sampson, Maurice	9-29

## VIOLENCE AND ACCIDENTS:

Johnson, Leonard	1-7	Crushed by tree	Ramsey
Ivey, Charlie B.	1-21	Stab wounds	Central
Salinas, Joe	5-24	Stab wounds	Central
Giatrationso, Marion B.	6-11	Accidental drowning	Central
Allen, Jefcoat	8-19	Accidental electro- cution	Huntsville
Harrison, Joe Arthur	8-25	Accidental drowning	Central
Warren, Clarence	12-7	Accidental drowning	Ramsey

## NATURAL CAUSES:

Thurmand, Burt	2-7	Coronary Heart	Huntsville
Mayberry, Perry	2-17	Coronary Heart	Wynne Farm
Boyle, Harry C.	2-27	Coronary Heart	Huntsville
Crockett, L. C.	2-28	Rheumatic Heart disease	Huntsville
Ables, L. A.	4-20	Coronary thrombosis	Huntsville
Buckalow, Allen	4-4	Coronary heart disease	Huntsville
Gill, Rufus	5-10	Valvular heart disease	Huntsville
Lotridge, Wm.	7-6	Cerebral Hemorrhage	Huntsville
Steelman, J.	8-19	Cerebral Hemorrhage	Huntsville
Land, Joe	1-23	Heart disease	Retrieve
Pueblo, Frank	6-24	Cardiac decompensation	Central
Wheeler, J. W.	8-31	Acute pancreatitis	Huntsville
Earles, H. E.	9-22	Multiple sclerosis	Huntsville
Lowery, H. P.	10-10	Coronary heart disease	Wynne
Young, Tommie	10-20	Tuberculosis peri- carditis	Huntsville
Wash, E. W.	10-31	Pulmonary tuberculosis	Huntsville
Wimberely, H. P.	11-1	Coronary occlusion	Huntsville
Munoz, G.	11-1	Brain abscess	Central-1
Arbucke, R.	12-8	Heart disease	Huntsville

## PSYCHIATRIC DIVISION:

Considerable improvement has been made in the general appearance of the Psychopathic Ward during the past year. All lock-rooms, wards, hallways, and the treatment and recreation rooms have been painted. The renovation of beds, mattresses, and recreation room equipment has helped to give the ward a more cheerful atmosphere and neater appearance. The 2nd floor of the Psychopathic Ward is equipped with a recreation room for use by patients who are not acutely disturbed. Throughout the year, the recreation department of the Huntsville Unit has kept the ward supplied with games such as cards, dominoes, checkers and ping pong equipment. The Library sends magazines and newspapers to the patients when available.

The patients who are not lock-room cases are allowed daily recreational periods in a special fenced-in area in the rear of the Prison Hospital, if the weather permits. These periods have proven beneficial in relieving some of the tension and boredom of routine ward confinement.

Electro-shock therapy continues to be our most effective form of treatment in cases of the mentally disturbed. The relative simplicity with which electro-shock therapy is administered plus the short time factor of post-treatment care has proven ideal in our present situation. During 1954, a total of seventy-five patients were treated with electro-shock therapy and total of eight hundred and sixteen individual treatments were given.

One hundred and twenty-two patients were admitted to the ward for observation and/or treatment while one hundred and fifteen patients were discharged as having received maximum hospital benefits. There were no deaths in the Ward during the year.

The board of Pardons and Paroles requested psychiatric examinations in the cases of fifty-two inmates during 1954. Sixteen inmates were admitted to the psychopathic ward for observation and examination at the request of the Classification Committee of the Texas Prison System.

A brief statistical summary of ward activities for the year 1954 is outlined below:

1. Patients in the Ward December 31, 1953	39
2. Patients admitted during 1954	122
3. Patients discharged during 1954	115
4. Total patients treated during 1954	282
5. Examinations for Board of Pardons	52
6. Examinations for Classification Committee	16
7. Patients treated by Electro-Shock Therapy	75
8. Total Electro-Shock Treatments	816
9. Patients in Ward December 31, 1954	46

C. A. SHAW, M. D.  
Prison Psychiatrist

CAS:don

#### ROENTGENOLOGISTS' REPORT FOR THE YEAR OF 1954

HEAD:

Skull . . . . .	251
Mandibles . . . . .	66
Sinuses . . . . .	9
Mastoid . . . . .	1

## TRUNK:

Chest. . . . . 4628  
 Ribs . . . . . 15  
 Shoulder . . . . . 178  
 Gall Bladder . . . . 26  
 G. I. Series . . . . 187  
 Intravenous Pyelogram 13  
 Retrograde Pyelogram. 2  
 Abdomen (Foetus) . . 11  
 Spine. . . . . 438  
 Hips and Pelvis. . . 145

## EXTREMITIES:

Upper. . . . . 951  
 Lower. . . . . 960  
 Electrocardio-  
 grams. . . . . 147  
 TOTAL. . . . . 8,035

## RECAPITULATION OF SURGICAL PROCEDURES FOR THE YEAR 1954

Appendectomies	86	Hernioplasties	155
Amputation of fingers	5	Hydrocele	6
Amputation of toes	4	Hematoma	10
Anus dilation	5	Keloids, removal of	5
Abrasions and contusions	8	Lymph glands	12
Biopsy	10	Lacerations	426
Bone spur	11	Moles, removal of	25
Boils, excision of	126	Osteomyelitis	5
Bone plate	5	Nerve fibrous	1
Cyst, excision of	130	Pilonidal cyst	5
Circumcisions	28	Pterygium, eye	5
Casts applied	80	Open reduction	
Corns removed	10	shoulder	1
Cholecystectomy	1	Rectal abscess	5
Cystoscopy	7	Stab wounds	5
Enucleation	5	Sounds passed	98
Fistula	10	Skin ulcers removed	6
Fixation pin femur	2	Spinal taps	129
Fractures	80	Sty-eye	75
Foreign bodies, arms	6	Tonsillectomies	10
Foreign bodies, eyes	60	Toenail, removed	61
Foreign bodies, ears	65	Tendon repairs	2
Foreign bodies, hands	80	Venereal warts	40
Foreign bodies, fingers	79	Varicocele	5
Gynecomastia	1	Warts, surgery	49
Gynecomastia-bilateral	1	Warts, cauterizing	65
Hemorrhoids	251		

## HOSPITAL LABORATORY ANNUAL REPORT FOR 1954

Typhoid inoculations	11,619	Inmates on anti-luetic therapy	389
Smallpox vaccinations	3,973	Spinal syphilis treatments	0
Tetanus anti-toxin	314	Syphilis treatments	7,848
Insulin injections	4,550	New inmates	3,873
Gonorrhea treatments	643		
Penicillin in Oil injections	31,911		
	TOTAL LABORATORY. . . .		102,449

Camp Cochrum, Director of Laboratory

## HOSPITAL LABORATORY ANNUAL REPORT FOR 1954

## URINE ANALYSIS

Routine	7,432
Special	6,152
Fishburgh	161
Kidney functions	83

## BLOOD EXAMINATIONS

Red Cell Count & Hemoglobin	6,520
White Cell Count	6,465
Complete Blood Count	4,949
Malaria Examinations	5,539
Bleeding Time	324
Clotting Time	324
Blood Sedimentation Rate	120

## BLOOD ANALYSIS

Glucose	515
NPN-Nitrogenous	74
Icterus Index	783
Urea Nitrogen	56
Blood Culture	57

## SEROLOGY

Precipitation (Kahn)	4,561
Agglutination (Kline)	4,561

## BACTERIOLOGY

Stomach lavages	83
Urethral, Prostate, and Vaginal Smears	4,336
Parasites and CVs	101
Darkfields	68
Rectal Examinations	348

## OTHER

Spinal fluid examinations	87
Gastric Analysis	62
Pregnancy Tests	37
Bacterial Agglutinations	62
Colloidal Cold Tests	87

REPORT OF PRISON DENTAL SURGEON--WORK DONE DURING YEAR OF 1954

	Examinations	Extractions	Extractions Refused	Fillings	Fillings Refused	Fillings Refused	Scalings and Cleanings	Treatments	Impressions	Relinings	Adjustments	Plates Delivered	Try-ins	Totals
Central		981		533			84	220	175	17	73	132	31	2246
Clemens		232		85			28	114	40	14	32	36	6	587
Darrington		606		250			156	157	208	27	84	114	30	1632
Eastham		442	1	299	1	1	39	62	215	5	50	165	53	1332
Ferguson		9		4					5			5		23
Goree		241		135			66	131	81	4	45	62	46	811
Harlem		366		275			100	140	61	10	26	38	21	1037
Huntsville	3018	620	1	1438	1	1	288	1042	552	42	338	427	300	10067
Ramsey		608		258			79	146	217	17	102	181	29	1637
Retrieve		306		90			51	130	75	9	40	64	23	788
Wynne		311		613			48	608	390	30	191	306	134	3631
TOTAL	3018	7722	2	3980	2	2	939	2750	2019	175	981	1530	673	23791

## CENTRAL HOSPITAL #1--SUGARLAND, TEXAS--DR. J. V. MEYER, JR.

## SUMMARY OF CASES TREATED IN THE HOSPITAL THIS YEAR

Patients admitted	745	Patients treated and hospitalized	1114
Patients discharged	672	Out-patients seen at Central #1 hospital	929

## TOTAL CASES OBSERVED &amp; TREATED IN CENTRAL HOSPITAL

Yellow Jaundice	1	Tonsillectomy	12
Appendicitis	42	Stomach observation	32
Possible fractured limbs	29	Hernia	30
Rectal	49	Lacerations	98
Back injuries	4	Rash	3
Varicoceles	2	Chest	9
Fistula	9	Hydrocele	4
TB Observation	1	Stab wounds	4
Burns	5	Gunshot wounds	2
Vein ligation	5	Exploratory abdomen	1
Plastio, lip-nose	7	Virus flu	1
Traumatic injuries	2	Aneurysm	1
Kidney infections	1	Dislocations	4
Cysts removed	6	Fractured limbs	6
Condyloma	1	Infections	4
Swollen lip	1	Caustic burn	1
Tumor	5	Circumcision	9
Ganglion	3	Dermatitis	1
Furuncle	1	Heart observation	2
Throat infections	3	Excess prepuce	4
Arm infection	7	Heat observation	6

## RECAPITULATION OF ALL X-RAYS TAKEN THIS YEAR

Hand	67	Ankle	17
Chest	82	Wrist	7
Head	14	Abdomen	29
Feet	54	Jaw	37
Shoulder	6	Ribs	3
Skull	30	Spine	6
Leg	13	Sinus	8
Elbow	10	Pelvis	14
Arm	10	Clavicle	10
Knee	11	Gall Bladder	17

(Seal)

TEXAS PRISON SYSTEM  
Huntsville, Texas

## SUMMARY OF ALL LABORATORY PROCEDURES FOR THE YEAR OF 1954

Complete blood count	738
White blood count	257
Red blood count	226
Urinalysis, routine	738
Urinalysis, special	157
Urinalysis, special for the bile	75
Malaria examination	738
Icterus Index	103
Blood-typing and matching	91
Serologies	16
Urethral Smears	33
Stool Examinations	22



## CHAPTER V

### SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The introductory chapter states the problem and purpose of the study, delimitations, definitions, sources of data, procedures, and related studies.

The problem of this study was to conduct a hospital management survey of the administration of medical services within the Texas Prison System. The purpose of the survey was to appraise certain major areas applicable to the medical services in the Texas Prison System, to compare these major areas with authoritative survey material, and to make recommendations based upon the findings of the investigation.

This study was confined to areas relative to the management or administration of the medical services in the Texas Prison System. Five definitions were included, and both primary and secondary sources of data were obtained.

Chapter II describes the scope of the Medical Services in the Texas Prison System, and the geographical location and medical facilities of each of the twelve units which comprise the Texas Prison System. These twelve units and their locations are Huntsville Prison, Huntsville, Texas,

Blue Ridge State Farm, Fort Bend County, Texas, Clemens State Farm, Freeport, Texas, Central State Farm, Sugarland, Texas, Darrington State Farm, Brazoria County, Texas, Eastham State Farm, Weldon, Texas, Ferguson-Trusties State Farm, Madison County, Texas, Goree State Farm, Huntsville, Texas, Harlem State Farm, Fort Bend County, Texas, Ramsey State Farm, Angleton, Texas, Retrieve State Farm, Angleton, Texas, and Wynne State Farm, Huntsville, Texas. A cartoon illustration of the prison system, Figure 1, has also been included in this chapter and is found on page 8.

Chapter III introduces survey material. Several sources of information dealing with hospital surveys and audits were reviewed and reproduced in part in this chapter, each of which was then analyzed briefly in terms of its application to the medical services in the Texas Prison System. In conclusion, a synthesis of the audit to be followed in the appraisal of the medical services in the Texas Prison System was outlined.

Chapter IV is devoted to the actual audit of the medical services in the Texas Prison System. Major areas within the audit which were appraised are Trustee Analysis, Organization Structure, Administrative Evaluation, Growth of Facilities, Development Program, Fiscal Policies, Outpatient Service, Inpatient Care, and Operating Efficiency.

The summary of findings, conclusions, and recommendations are presented in the remaining sections of Chapter V.

### Findings

Arrangements were made for a survey of the Medical Services in the Texas Prison System by obtaining permission from the Executive Assistant to the Prison Manager, R. C. Jones, the Medical Director, M. D. Hanson, and the Hospital Manager of the Huntsville Prison, Lou Hatter.

On June 27, 1955 and December 19, 1955, interviews with various prison officials and an observation tour through the main hospital at the Huntsville Prison resulted in these findings.

In the survey area entitled Trustee Analysis, it was found that in 1926, a law created the Texas Prison Board, which consists of nine members appointed by the Governor, three members being appointed every two years. The Texas Prison Board passes on the overall policies which govern the Texas Prison System. The Board does not directly supervise any activities of the Medical Department, but indirectly contributes by approving budgets, equipment, construction programs and other various appropriations which concern the Medical Services.

In the survey area entitled Organization Structure, an organization chart of the Texas Prison System, Figure 1, was secured and has been included in this study on page 32.

It was apparent an individual organization chart of the medical services and its departments is probably needed to define more clearly the flow of authority. It was found that the decision-making function and delegation of responsibility stems from the Medical Director, who in turn delegates authority to the doctors in charge of the Medical Services Section and Psychiatric Services Section. The Hospital Manager is vested with the authority of coordinating and directing the administrative services. In the event the Medical Director is absent from the main hospital at Huntsville, where his permanent offices are located, an Assistant Medical Director is in charge. In the absence of the Hospital Manager, the Medical Director or one of the medical staff is placed in charge.

In the survey area entitled Administrative Evaluation, it was found that the prison Medical Services consist of four major services which are Medical Services, Psychiatric Services, Ancillary Services, and Administrative Services.

The Medical Director is responsible for activities within the Medical Services. The function of this Service is to provide medical care and treatment for all prison inmates in as competent and efficient manner as possible. The Medical Service is directly supervised by the Medical Director and one full-time physician. Sections found in this service are internal medicine, cardio-vascular,

gastroenterology, communicable disease, dermatology, and physical medicine. The Surgical Service consists of a full-time surgical doctor with component sections in general surgery, ophthalmology, orthopedic, otorhinolaryngology, and urology. Arrangements have been made during the past year with the M. D. Anderson Hospital for Cancer Research, Houston, Texas, and the John Sealy Hospital, Galveston, Texas, to transfer all prisoner patients suspected of cancer to their medical facilities for diagnosis and necessary medical treatment. Also, plastic surgery has been made available to inmates this past year by a group of resident surgeons from Houston, Texas. The Eye, Ear, Nose, and Throat Service is under the supervision of a full-time medical doctor. One inmate trusty experienced in optometry is presently assigned to this service. A consultant eye, ear, nose, and throat specialist from Navasota, Texas, has volunteered his services whenever needed. The Urology Service is supervised by a full-time medical doctor. The Dental Service employs one part-time dental surgeon and one part-time dental technician. Complete dental treatments are available which include examinations, permanent fillings and extractions, and a dental laboratory is available for making partial and full dentures. One part-time psychiatrist is in charge of the Psychiatric Services. He coordinates and supervises

the subsections of psychiatry and neurology. Medical Service executives agree this service is understaffed and a need for at least one full-time psychiatrist exists.

Also, it was found that one of the most pressing problems of the medical services is in the confinement and treatment of the criminally insane. A solution to the problem might necessitate building a prison hospital for the criminally insane.

The Administrative Services are under the direction of the Hospital Manager who coordinates the administrative activities of the prison hospital, advises the Medical Director on all matters pertinent to the Administrative Services, prepares and compiles all statistical and budgetary data, and directs the hospital personnel training program. Within this service is the Admission and Disposition Section, Medical Records Section, Hospital Supply Section, Hospital Food Service Section, and the Housekeeping Section.

In the survey area entitled Growth of Facilities, it was found the Huntsville Hospital is a 260-bed, five story brick structure centrally located within the prison walls. The fifth floor of the prison hospital was completed in July, 1953 at a cost of \$165,000. A new elevator was also installed in 1953 at a cost of \$15,000, a new 40-bed ward addition was completed December 1, 1955 for incapacitated patients. The Dental Service was completely remodeled

with new equipment including dental chairs and an x-ray machine during 1953. The adequacy of laboratories, wards, and available staff was also surveyed. There are two laboratories which are the medical laboratory and dental laboratory. Both laboratories are adequate according to the Hospital Manager in personnel, treatment facilities, equipment, and layout, although the dental laboratory is becoming somewhat small to accommodate the personnel. The hospital wards consist of a 40-bed psychiatric open ward and a seven cell closed ward. Due to virtually one hundred per cent occupancy, these facilities appeared inadequate, but construction is presently under way to correct the situation. On the second floor, one 30-bed general medical ward exists, on the third floor two 40-bed wards for general medical patients are found, on the fourth floor a 30-bed surgical ward exists, and an 80-bed tubercular ward is found on the fifth floor. In the Huntsville Prison Hospital, it was found the hospital staff consists of three full-time physicians, one part-time psychiatrist, one part-time oral surgeon, one full-time dental technician, one full-time registered pharmacist, and one full-time laboratory technician. In addition, ninety inmate trustees are assigned as hospital attendants and administrative clerks.

It was found in the survey area entitled Development Program, that there is a 40-bed hospital presently under

construction at the Central State Farm, Sugarland, Texas, which will employ one full-time medical doctor and dentist. Also, a 40-bed hospital is under construction on the Eastham State Farm which should be completed in mid-1957. An additional seven cells are presently under construction in the Psychiatric Section of the Huntsville Prison Hospital. The Texas Prison System's prison population has increased from approximately 6,000 inmates in 1950 to 9,000 inmates during 1955, which has increased the demand for medical facilities. The Texas State Legislature has recognized the need for additional medical facilities and has authorized necessary appropriations to increase the Medical Services in order to provide proper care and treatment for the increasing number of prison inmates.

In the survey area entitled Fiscal Policies, it was found hospital financing is supported by appropriations authorized by the Texas State Legislature, which amounted to \$85,000 for the fiscal year 1955. Internal cost and budgetary controls of the Medical Services are maintained by the Director of Accounting. The Medical Director is responsible for compiling and submitting a hospital budget to the director of Accounting once every two years.

The survey area entitled Outpatient Services consists of a sick call or sick line for prisoners, a Medical Clinic and a Surgical Clinic which are scheduled at 8:30 a. m. and



1:30 p. m. daily, and a Dental Clinic. Also, a Psychiatric Clinic is held each Friday. The outpatient clinics operate on an appointment basis. No outpatient records are maintained; however, a record of outpatient treatments is logged daily by an administrative clerk in each outpatient clinic.

In the survey area entitled Inpatient Care, it was found there are no fees or charges to prisoners for medical treatment. The Medical Director and the Hospital Manager determine the administrative policies and procedures with respect to patients. Upon a patient's admittance to the hospital, the ward nurse issues verbal instructions to each patient as to the hospital routine and doctor's orders they will follow. General ward rules to be followed by all patients are posted on each ward's bulletin board. It is the Admission Clerk's responsibility to prepare all admission data necessary when a patient is admitted to the hospital. It is the Disposition Clerk's responsibility to administratively discharge all patients from the hospital.

In surveying the area entitled Operating Efficiency, it was found the Hospital Manager instituted a scheduled sick call in 1951, and also has initiated a policy to assign only first-term prisoners to jobs within the hospital. The safety margin of beds in the Huntsville prison hospital is 260. Provisions have been made for increased bed capacity in the event of epidemics or natural disasters by

designating certain areas within the prison walls which could be used for temporary medical facilities. A Report of Activities of the Medical Department is prepared annually.

### Conclusions and Recommendations

In view of the overall findings which were the result of the survey of the medical services in the Texas Prison System, it is evident a well-rounded program of medical services has been established for the convenience of those prisoners who may need medical attention. This conclusion is based upon survey data found in the medical services in the Texas Prison System as compared to authoritative survey material referenced in Chapter III.

Conclusions to major areas surveyed are given below:

(1) **Trustee Analysis.** There exists a Prison Board in the Texas Prison System which not only contributes to policy determination, but also maintains close cooperation with the medical services in providing suitable medical care for prison inmates.

(2) **Organization Structure.** The medical services in the Texas Prison System contained all the departments and personnel usually recommended by authorities with the exception of the Psychiatric Service. In addition, several specialists were available on a consultant basis.

(3) **Growth of Facilities, Development Program, Fiscal Policies.** Each of these areas within the medical services

in the Texas Prison System seems to be undergoing adequate expansion to meet present needs.

(4) Outpatient Services. The clinics which comprise the outpatient services appear adequate to receive the patient demand and are well organized, with the exception of the Psychiatric Clinic. This clinic is open only on Friday of each week and is directed by one part-time psychiatrist who appears to have an overwhelming workload.

(5) Inpatient Care. The admission and disposition of patients into and from the hospital is performed in a uniform manner. Standardized policies concerning these patients have been set forth.

(6) Operating Efficiency. Attention is currently being given by the Hospital Manager to means of improving the operating efficiency of the hospital.

From an analysis of these major areas, based on the conclusions above, the following recommendations are submitted:

1. It is recommended that an organization chart of the medical services and its various departments be designed to illustrate the flow of authority within this service.

2. It is recommended that at least one full-time psychiatrist be employed to direct the activities of the Psychiatric Service.

3. It is recommended that a mental hospital for the criminally insane be set up within the Texas Prison System.

4. It is recommended that the dental laboratory be enlarged or relocated to a larger area to adequately accommodate the personnel and facilities.

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