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THE IOWA STATE PSYCHOPATHIC HOSPITAL

by

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THE IOWA STATE PSYCHOPATHIC HOSPITAL (part one)

by

Paul E. Huston

The history of the State Psychopathic Hospital in Iowa is a story of pioneering scientific advancement and community service. The following is part one of an article based on an address delivered by Dr. Huston, former Director of the Hospital, at the Semicentennial Celebration of the building of the institution. The story has been updated by Dr. Huston to include statistics as of 1973. Part two of Dr. Huston's article will be published in the next Palimpsest.

The Editor

In the early part of the twentieth century charitable institutions for the insane, though established for humanitarian purposes, were badly overcrowded and inadequately staffed. Lack of scientific knowledge and public apathy forced them to serve primarily as custodial asylums. Advances in physical medicine over many decades had clarified the cause, treatment, and prevention of many diseases, but for the mental diseases understanding of the essential facts lagged far behind.

The founders of the Psychopathic Hospital had several ideas in mind. One of the earliest documents, a University of

Iowa committee report dated October 25, 1910, proposed the construction of a Psychopathic Institute. The committee roster embraced many University interests: President George MacLean; Professor Frederick E. Bolton, Head of the Department of Education; Professor James Guthrie, Dean of the Medical College; and Professor Carl Seashore, Head of Philosophy and Psychology, later Dean of the Graduate School. Dr. Clarence Van Epps of the Department of Medicine, who became Head of Neurology shortly, joined this group. Before reporting its conclusions, this committee had conferred with the Board of Education, now the Board of Regents, and the Board of Control of State Institutions which managed the state

Much of the material in this paper comes from the personal experiences of the author during his association with the Hospital, from July 1, 1940 to July 1, 1971. A general reference source is C.E. Seashore, *Pioneering in Psychology* (Iowa City: University of Iowa Press, 1942). Specific item references are in the archives of the Psychopathic Hospital, and Mental Health Authority in Iowa City. The reference for the 1964 survey of Iowa physicians is R. Finn and P.E. Huston, "Emotional and Mental Symptoms in Private Medical Practice. A Survey of Prevalence, Treatment, and Referral in Iowa," *Journal of Iowa Medical Society*, 56 (1966), 138-143. A personal communication from Professor Perkins added to the material on pages 16 and 17, concerning the course on law and psychiatry. The 16 year-old boy whose reading problem stimulated the 1926 and 1927 mobile clinic was reported in S. T. Orton, "'Word-blindness' in School Children," *Archives of Neurological Psychiatry*, 14 (1925), 581-615. A report on the Greene County Clinic was published by J. E. Lyday, "The Green County Mental Clinic. An Experiment in Extension of the Outpatient Service of a Psychopathic Hospital into a Rural Community," *Mental Hygiene*, 10 (1926), 759-786. The full story of the development of speech pathology at Iowa is found in D. Moeller, *Speech Pathology and Audiology at Iowa. Beginning and Growth of a Discipline*, (in press). The reference to a national journal article is D. W. Hammersley and P. Vosberg, "Iowa's Shrinking Mental Hospital Population," *Hospital and Community Psychiatry*, April 1967, 22-32. The reports and recommendations of the 1963-65 planning activities are available from the Iowa Mental Health Authority.



A view of the Hospital taken in the 1920s.

hospitals and several other state institutions.

The Psychopathic Institute, said the committee, would be a central scientific station (Dean Seashore called it "an experimental hospital") for investigations into the nature, cause, and treatment of mental disease. A laboratory for neuropathology within the Institute would support these objectives. The Institute should also train physicians and others for the treatment of the mentally ill and train personnel for the education of retarded children. A joint committee of the Board of Control and the Board of Education, to give general direction to the Institute, was proposed.

The date of 1910 places the report among other similar pioneering ideas of that period. Through the work of physicians in the latter part of the nineteenth

century, broad descriptive classifications of mental disease had come into common usage. The major mental illnesses, the psychoses, had been divided into functional and organic. The former included all those where no known disease of the brain existed and the latter included those where the brain was clearly effected and in a few the cause had been discovered. New theories concerning minor mental illnesses, the neuroses, had appeared.

A lively spirit of scientific inquiry pervaded medicine generally. Exciting discoveries were coming out of laboratories and clinics. After describing a disease, seeking the cause came next, followed by techniques of prevention. Ten percent of all the patients in state hospitals at the time suffered from general paralysis of the insane. Speculation as to plausible causes of this disease ranged from "a

disappointed love affair to a bad scare," to quote an historical comment by Dr. William Malamud, Professor of Psychiatry and Clinical Director of the Iowa Psychopathic Hospital in the 1930s. There was a firm conviction that scientific study would clarify the causes of major and minor mental illnesses.

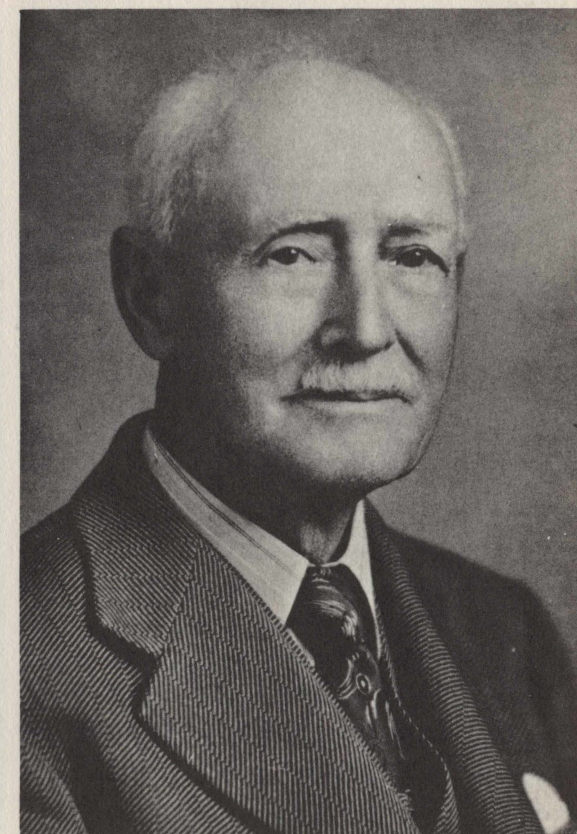
In 1910, departments of psychiatry hardly existed in the medical schools and instruction in the treatment of mental disease usually consisted of a few lectures and demonstrations of patients transported from the nearest institution for the insane. At Iowa, Dr. Max Witte of the Clarinda State Hospital annually gave six lectures on hypnotism at the Medical College in Iowa City. As a result of the national Flexner report on medical education in 1910, diploma mill medical schools were closing. Those that survived were making their instruction more scientific.

For a variety of reasons, including the intervention of World War I, a legislative act establishing the Iowa State Psychopathic Hospital did not pass the General Assembly until 1919. The Hospital began in an annex to the old University Hospital, now East Hall, on the East Campus in 1920. The present quarters were opened on the West Campus in 1921.

The 1919 law establishing the Hospital reflected the thinking of the 1910 committee. The Hospital, according to the *Code of Iowa*, was to be integrated with the College of Medicine and the Hospital of the State University of Iowa, and its Director was to serve as Professor of Psychiatry. This established the Hospital as a place for training of physicians and related it to other departments of the medical college. The detailed definition of the duties of the Director charged him

"to seek to bring about systematic cooperation between the several state hospitals for the mentally ill and the state psychopathic hospital." The Director was to "from time to time, visit the state hospitals for the mentally ill, upon the request of the superintendents thereof, or upon the request of the Board of Control of state institutions, and may advise the medical officers of such state hospitals for the mentally ill, or the said Board of Control, on subjects relating to the phenomenon of mental disease." Samuel T. Orton, M.D., of Philadelphia, Scientific Director for the Institute of the Pennsylvania Hospital, was appointed the first Director.

The *Code of Iowa* read, "an act to



Dr. Carl Seashore, Dean of the Graduate College of The University of Iowa, and one of the founders of the Psychopathic Hospital.

establish a state psychopathic hospital especially designed, equipped and administered for the care, observation, and treatment of persons who are afflicted with abnormal mental conditions." The use of the phrase "afflicted with abnormal mental conditions" was a progressive idea since no patient was deprived of his civil rights by commitment, as was implied in



A 1920 view of the Hospital under construction.

the word "insane," commonly used at that time.

Patients arrived as soon as space and staff became available and a steady pattern of growth developed. In 1920, forty-nine patients were admitted, by 1971-72 the number was 573. The total number of admissions in fifty-three years has been over 18,000. There were seven outpatients in 1920; in 1971-72 there were 1364, and

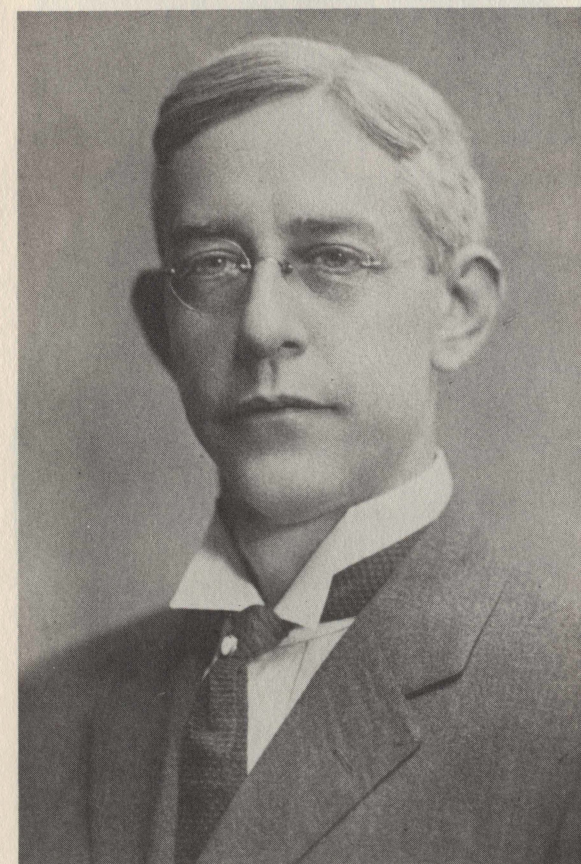
the total over fifty-three years is approximately 61,000. Re-visits to the clinic now average about 9,000 a year, the total since 1920 is 190,000. These patients have come from all over Iowa. Assuming an average family size of four and one-half, more than a quarter of a million Iowans or their relatives have been affected. Treatment and advice given at the Hospital have had a significant effect upon the mental health and peace of mind of Iowans.

During the life of the Hospital a remarkable change has come to pass in the number of patients transferred from the Hospital to state institutions for continued care. For example, in 1936-37, 22.5 percent of patients admitted were transferred to institutions. By 1957-58 the number had fallen to less than one percent and has remained low ever since. This considerable reduction reflects improved treatments, a changed attitude toward the mentally ill, and the growth of community care.

It was clear from the beginning that the Hospital would serve many groups and many communities. The principal areas of involvement have been 1) patients on a statewide basis, 2) students, medical and others including practicing physicians, 3) the state mental institutions, 4) the professional and scientific community, and 5) the community mental health program at a local level.

Most of the experience needed for the teaching of many different groups of students has come from hospitalized and

clinic outpatients. Medical students constitute a large group. Their psychiatric instruction comes in the second, third and fourth years of their curriculum. A consultation service, recently located in the University General Hospital, for other clinical departments of the medical school has helped teach medical students since many physical disorders have complicating emotional symptoms and mental disorder may appear as a physical complaint. Since 1920, 5,101 students have graduated from the medical college. These physi-



Dr. Samuel Orton, first Director of the Psychopathic Hospital.

cians are often considered the first line of defense against mental illness. A 1964 survey done by Dr. Richard Finn and myself, on a sample of fifteen percent of Iowa's physicians and covering 29,000 patients, discovered that eighteen percent of the patients had significant emotional components in their illnesses. Of this eighteen percent, eighty-five percent received treatment from their regular physicians with counseling or drugs, showing the importance of psychiatric education for physicians generally.

We asked these doctors to indicate the adequacy of their psychiatric training in medical school. For those who graduated before 1934, twenty-seven percent felt their training was adequate; this figure had increased to sixty-two percent for the decade of 1954-63. This seems to indicate that psychiatric training for medical students has had a profoundly beneficial effect on the mental health of Iowans.

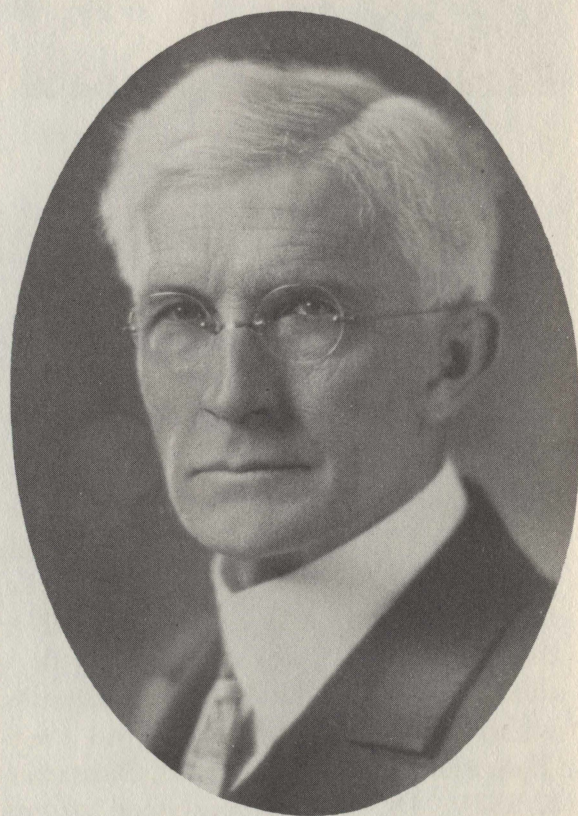
The Hospital staff contributes to the education of students in the University in courses, seminars, workshops, practical field work, and in the supervision of graduate work. In a recent sample year, 1,035 university students received instruction from the Hospital staff. Students come from colleges, schools and departments: education, law, nursing, psychology, recreation, religion, social work, sociology, and hospital administration. Their education and training goes with them to the state and the nation. Some of these students have risen to positions of prominence. Sometimes this training has broken new ground. For example, some years

ago a young man expressed interest in the newly developing field of hospital recreation. At that time the University offered no definitive program in this field. A plan of study was designed including courses from several departments. Subsequently, this student, William Smith, became Head of the Hospital Recreational Therapy Department and later was elected President of the National Association of Recreational Therapists.

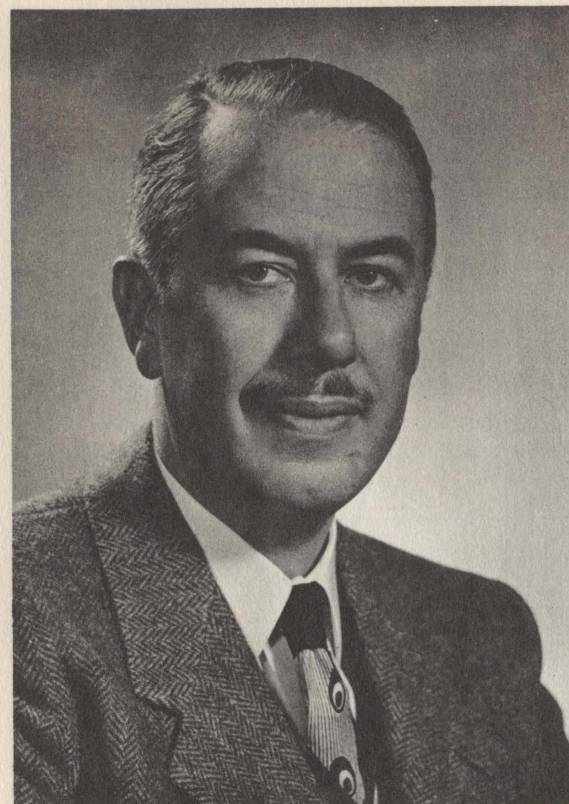
An example of far-reaching influence comes from the field of law and psychiatry. In 1929 Professor Rollin M. Perkins of the University of Iowa law school was appointed chairman of a committee on Psychiatric Jurisprudence of the Criminal Law Section of the American Bar Association. This committee was directed to meet with a committee of the American Psychiatric Association, chaired by Dr. Winfred Overholser, later Superintendent of St. Elizabeth's Hospital in Washington, D.C. At this time also Professor Perkins was giving seniors in law a course called "Problems in the Administration of Criminal Justice." His meetings with the psychiatrists stimulated him to ask Dr. Andrew Woods, the second Director of the Hospital, to lecture to the senior law class. (Dr. Orton had given a few lectures to law students in the 1920s.) Dr. Woods gave two or three lectures a year until 1935 when the course began to meet weekly and students received credit. Dr. Woods demonstrated patients and explained their mental condition, and then Professor Perkins discussed the legal problems involved.

In 1930, the importance of the teaching program was highlighted by a legal case. A request came for Dr. Woods to examine a man in the Dubuque jail who

had confessed to the strangulation murder followed by the sexual assault on the corpse of a twelve year-old boy. Dr. Woods' report read, "The possibility of parietic dementia must be investigated before any diagnosis can be made. I advised the judge to have a blood Wasserman, a spinal fluid Wasserman, and at least a spinal fluid cell count at once. If they were positive, the question of parietic dementia must be more carefully studied. If the spinal fluid is negative, then the case remains as one of sexual perversion in a psychopath. In this case, he should be regarded as responsible and punished in the same way that any otherwise normal man would be punished for this offense."



Dr. Andrew H. Woods, Director of the Hospital from 1928 to 1941.



Dr. Wilbur R. Miller, Director from 1943 until 1956.

A spinal fluid examination divulged only suggestive evidence of paresis, an organic brain disease. Not satisfied, Dr. Woods reported he was unable to say the prisoner was sane. A jury found the prisoner guilty. The day before the execution Dr. Woods telegraphed the Governor of Iowa requesting further examination. This the Governor denied. The prisoner dramatized his own execution, according to a newspaper account, by carrying roses to the gallows "with a final farewell to the world - 'Well, so long everybody' - shouted aloud to the throng of witnesses without the slightest tremor in his voice" (Dubuque *Telegraph Herald*, November 6, 1931). Dr. Woods conducted a post-mortem on the prisoner's brain which proved the diagnosis of paresis and or-

ganically caused disturbance. The case was a notorious one which aroused inflammatory emotions provoked by the atrocious character of the murder. But more reasonable forces were at work. An editorial in *The Daily Iowan* (November 7, 1931) read, "Is not the very hideous nature of the crime sufficient evidence to a just and thinking state that the man who committed such a sin against society was viciously depraved, completely lacking in the mental balance which separated right from wrong, and completely unable to regulate his own action?" Clearly this case raised the issue of criminal responsibility, a joint concern of psychiatrists and attorneys which continues to occupy our attention.

The law school course has continued ever since 1930, making it one of the oldest courses on law and psychiatry in the United States. In more recent years a member of the law school faculty has instructed psychiatric residents in the legal aspects of psychiatry. This cooperation in teaching between law and psychiatry at the University may explain why psychiatrists and attorneys and courts in this state have worked together frequently hoping to achieve justice for persons who are suspected of suffering from mental disorder and charged with crimes. Iowa has not often been the distressing scene of battles between opposing experts.

Of course, not every type of teaching, no matter how well intentioned, endures forever. A story about Dr. Woods, who for many years before coming to Iowa taught at the Peking Union Medical College in China, illustrates this. Dr. Woods, a tall, spare, dignified, white-haired gentleman, liked to quote Chinese proverbs



Women patients at the Hospital during the 1920s, shown here during occupational therapy in a ward.

to emphasize a point. One day, while Dr. Woods made ward rounds with the medical staff, an uninhibited manic patient saw him and exclaimed, "No more of your God Damn Chinese proverbs, preacher!" Dr. Woods never quoted another Chinese proverb around patients.

Of course much of the energy of the Hospital staff has been expended in the training of psychiatrists. In the early years of the Hospital, residency training programs did not exist and doctors who spent a year or two after medical school in psychiatric training were referred to as interns. In the 1930s three year programs

of formal training began, and, over the past fifty-three years, 208 physicians have received residency training. Expansion of residency training started in 1956 in response to the need for more psychiatrists. The content of the training reflected a broad eclectic position with a strong scientific orientation. After training, these physicians fill posts in private practice, state institutions, mental health centers, and government service. More than forty of this group have held professorial appointments in medical schools.

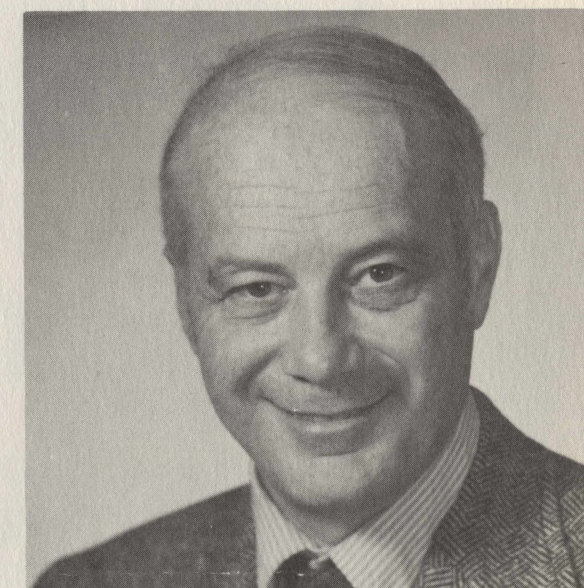
The Hospital provides educational programs outside of Iowa City for profes-

sional and lay groups throughout the state. Workshops, talks, and consultations are conducted for many groups: psychiatric residents at the Independence State Hospital, law enforcement officers, nursing home operators and nurses, persons interested in alcoholism, school teachers, church groups, and service clubs. In some years as many as 5,000 persons attend.

One of the main purposes of the creation of the Hospital was to provide assistance to the state mental hospitals. Practical clinical help existed from the start since the Hospital has transferred patients to the state hospitals for continued care, and selected cases have moved in the opposite direction for teaching and research. In the early 1940s Dr. Robert Stewart, then Superintendent of the Independence Hospital, told me how much his staff valued the complete social histories and case abstracts which accompanied patients sent from Iowa City referred to them for continued care. In one instance the Mount Pleasant Hospital generously housed a research project of the Hospital staff for three months because of the availability of a particular type of patient.

An extraordinary episode during 1945 illustrates the cooperation between the Hospital and the Board of Control in a time of crisis. This happened during a period of mass escapes at Eldora, the boy's training school. These were incited by the death at Eldora of a boy who had been struck by a guard with a coal shovel. One hundred and seventy-nine of the 300 inmates escaped. All but thirty-four of the

boys were apprehended, but two other mass escapes followed. The Board of Control sent Percy Lainson, warden of the state prison at Fort Madison, to Eldora to re-establish order. Nineteen of the "toughest" boys, the "ringleaders," were transferred to the state reformatory at Anamosa. A week later Dr. Miller, the third Director of the Hospital, received a phone call from the Chairman of the Board of Control asking for examinations of these boys who were "driving the prisoners at Anamosa crazy" by disruptive activities such as yelling all night, throwing food, blocking toilets and flooding cells, and causing short circuits in the electrical system. The chairman said the Board would follow any recommendation made for each boy. These boys, all teenagers, were brought to the outpatient



Dr. George Winokur, the present Director of the Hospital.

clinic for examination, two at a time, chained to husky Iowa football players employed at Anamosa as guards during the summer. Interviews were arranged with the boys' parents at the same time to secure social and developmental histories. One boy was found to be suffering from pulmonary tuberculosis and was sent to Oakdale sanitarium. Another had uncontrolled epileptic seizures and was transferred to the Woodward Hospital for Epileptics. Of the remaining seventeen, outright parole to the parents was recommended for nine; for the other eight, who had severe, unmanageable, antisocial impulses, continued confinement was advised. Quiet was restored to Anamosa. A year later, a report on the boys paroled to their parents showed that only one had further difficulty with legal authorities.

Though one of the principal reasons for the creation of the Psychopathic Hospital was to improve mental care in the state mental institutions they remained overcrowded and understaffed. Carefully composed plans, thoughtfully prepared by experts to cure a social ill and submitted to the center of governmental power, may arouse nothing more than passing interest. They fail because they do not dramatize the malignancy they hope to alleviate, respected and dedicated leaders for the new proposals fail to appear, vested interests thwart their adoption, or economic or other factors stifle their execution.

The plight of the institutions must have been on the consciences of medical leaders in the thirties. A report, dated October 27, 1938, by Dr. Woods, Chairman of a Subcommittee on Professional Personnel, and addressed to Walter L. Bierring, M.D., Chairman, Committee on Health, Iowa State Planning Board, outlined rec-



Male patients playing cards in the Hospital's day-room in 1929.

ommendations to help the institutions. In this report Dr. Woods reaffirmed the role of the Psychopathic Hospital as a source of educational and scientific services to the state hospitals and gave detailed specific suggestions for providing these services. He also suggested ideas for a reorganization of the state central administration of mental hospital services and wrote of such forward looking ideas as the establishment of mental health centers. But, he continued, the state institutions had said they could not avail themselves of the educational opportunities at Iowa City since personnel shortages prevented them from releasing staff for more training. Furthermore, they could not employ more staff on their limited budgets.

Overcrowding in the state institutions gradually increased, and one critic charged patients had to get in and out of bed over the ends. The number of certified psychiatrists remained at a dangerously low figure. Once committed to a state institution, a patient, on the aver-

age, could expect to stay six to eight years.

To relieve the overcrowding the General Assembly passed the Mental Aid Bill in 1949 which paid a county \$3.00 per week for every "harmless and incurable" patient returned to the county of residence for custodial care where most were quartered in county homes. Eventually 2,500 persons were returned. The resident population in the four state hospitals was 6,575 in 1946.

By the mid 1950s, overcrowding and poor care in state mental hospitals over the nation galvanized efforts to correct a situation publicized as "the shame of the states." National organizations and leaders, particularly Dr. William Menninger of Topeka, Dr. Robert Felix of the

U. S. Public Health Service, and Dr. Daniel Blain, Chief of Psychiatry for the Veterans Administration and later Medical Director of the American Psychiatric Association exerted a vigorous influence. In 1955, a Joint Commission on Mental Illness and Health was proposed by the American Psychiatric Association. This Commission, funded by the U. S. Congress, carried out extensive studies completed in 1961 of many of the facets of the complex problem of mental illness. The Commission reports, published under the title *Action for Mental Health*, helped create a national ferment to improve mental care.

The level of care in Iowa was certainly not as shameful as in many states, par-



Children became a focus of treatment during Dr. Orton's administration. This picture from the 1920s shows the occupational therapy shop.

ticularly in those with large urban populations, but at the same time much improvement was needed. The progressive thinking that had taken place in the state over the years had prepared the soil for a forward movement. A strengthened Iowa Mental Health Association, and a revitalized Iowa Psychiatric Society played prominent roles in making plans. A number of concerned, dedicated, and socially minded citizens took up the challenge of better mental health care. Governor Leo Hoegh, in 1955, appointed a Governor's Committee on Mental Health to make recommendations for the improvement of mental health care. Among other activities this committee employed the American Psychiatric Association to make a survey of Iowa's treatment of the mentally ill and recommend better practices. The Iowa Mental Health Association published a summary of the recommendations to the Governor on December 18, 1956 entitled "Iowa's Mental Health Problem: What To Do About It."

The year 1957 was one in which "what to do about it" received wide publicity. A major contribution of the Hospital was a thirty-minute TV program showing the progress of a patient from the time of admission to the Hospital until discharge. To cap these statewide efforts Dr. William Menninger was brought from Kansas late in 1957 by the Mental Health Association to give his famous address "Brains Not Bricks" before a joint session of the General Assembly. This talk stressed the employment of trained personnel to treat patients instead of constructing more

buildings for custodial care. Dr. Menninger had prepared for this event thoroughly through extensive correspondence with many people in the state, and to verify the accuracy of his material he asked me to meet him at his hotel before his address was scheduled. His material was accurate and superbly organized. I believed the legislature would be impressed. However, I suggested that he might stress the almost hopeless fate of those patients transferred from state hospitals to custodial care in county homes where there was hardly any treatment. Inadvertently I referred to this system as atrocious, a remark I was soon to regret. Dr. Menninger did call the county home system atrocious in his talk. The speech was enthusiastically received, there was prolonged applause, and the presiding officer, the Lieutenant Governor, called it "a marvelous thing." But a member of the legislature jumped to his feet, saying he did not believe atrocities existed in Iowa and asked the Lieutenant Governor to appoint a committee to investigate the institutions. I could see our hopes for increased appropriations dissipated. In a month the committee reported it could find no atrocities in Iowa's institutions, but that there might be some in Kansas!

A progressive voice appeared to speak for the state hospitals in the person of James O. Cromwell, M.D., Superintendent of the Independence Hospital and later Director of the Division of Mental Health of the Board of Control. Consistent with the reforming spirit of the 1950s, Dr. Cromwell and I began to confer on a



Hospital employees at work in the clinical laboratory. The Hospital lab was a pioneer in the chemical examination of spinal fluid and brain tissue.

fairly regular basis to develop plans for the improvement of mental health services. It was agreed that the Psychopathic Hospital should seek funds to expand its training, educational, and research functions, to provide more trained personnel for state institutions, private practice, and local mental health centers, and to provide the state system with educational programs. Funds for these activities were sought through the University and the Regents. At the same time the Board of Control would ask for additional state

money to employ more qualified staff at competitive salary levels. The Legislature responded to both these requests affirmatively.

Specific programs for the state system were put into effect. Personnel from state institutions came to the Hospital for training; most of these were physicians in the residency programs at Independence and Cherokee. During the life of this program, twenty-one residents participated. Staff from the Hospital taught on a regular basis in the residency programs at Inde-



In 1940 the staff of the Hospital posed for this portrait which includes three directors of the Hospital. Left to right, standing are the author and Drs. Leet, Emmons, Coburn, and Ruilman, all residents at the time. Seated are Drs. Miller, Woods (then Director), and Gottlieb, the teaching staff.

pendence continuously from 1960, and during the year 1964-65 at Cherokee.

The year 1957 saw the inception of a monthly Friday and Saturday clinical conference and lecture series throughout the academic year. A distinguished psychiatrist or research worker came to Iowa City and occasionally to one of the state institutions to conduct a clinical conference on a patient in the Hospital and to lecture on a topic in an area of his special interest. For four years this program was on a two-way telephone circuit connecting the state institutions and the Hospital. Since then staff members from state in-

stitutions, particularly those from nearby Mount Pleasant and Independence, frequently attend the meetings in Iowa City. One hundred and twenty-six lecturers have appeared on this program. Mimeographed copies of many of the lectures have gone to state institutions, to psychiatrists in private practice and to mental health centers.

Another cooperative plan was that of a joint residency between the Psychopathic Hospital and the state institutions. In this plan, resident physicians were trained for three years in Iowa City and then spent an obligated two years in a

state institution. Sixteen physicians took part.

Certain other services to state institutions were also provided. The Hospital's neurophysiology staff read electroencephalographic records for the Clarinda State Hospital, the child psychiatry staff made regular visits to the Annie Wittenmeyer Home at Davenport and the Juvenile Home at Toledo, and the Hospital staff served as consultants to state hospital personnel on research projects.

The founders of the Hospital set forth professional and scientific purposes for the Hospital in stressing the great need for new knowledge about mental disorders and the application of research to treatment. Making the Hospital a part of a major university and its medical school contributed to the achievement of these goals.

Professional distinctions of Hospital staff are notable. Many staff members have served on prestigious national, regional, and state committees, editorships, commissions and boards; many have been members of research and training study committees for the federal government. Two former staff members, Samuel T. Orton, and William Malamud, became President of the American Psychiatric Association; one, Lawson G. Lowary, was President of the American Orthopsychiatric Association; four, Herbert H. Jasper, Donald B. Lindsley, Charles E. Henry, and John R. Knott, were elected President of the American Electroencephalographic Society; three, Lauren H. Smith, Lauretta Bender, and Charles Shagass, were President of the American Psychopathological Association; two, Jacques Gottlieb, and Adolph Sahs, have been Directors of the American Board of Psy-

chiatry and Neurology. One, Jacques Gottlieb, was elected President of the Society for Biological Psychiatry. Ten became heads of Departments of Psychiatry in medical schools: all of the Directors of the Hospital were heads at Iowa, John Dorsey, succeeded by Jacques Gottlieb, followed by Garfield Tourney, at Wayne State University, Detroit, Theron Hill, University of Tennessee, William Orr, Vanderbilt University, and Albert S. Norris, Southern Illinois University School of Medicine, Springfield. Adolph Sahs was made Head of Neurology at Iowa. Seven persons, Paul E. Huston, Wilbur Miller, Norman Render, Marcus Emmons, William Moershel, Herbert Nelson, and John Clancy, were chosen as President of the Iowa Psychiatric Society. Papers are frequently read or discussed by staff at national scientific meetings. Annually the Hospital staff organizes a scientific program for the Iowa Psychiatric Association and this reaches all the psychiatrists in the state.

The publications list reflects extensive participation in the professional and scientific communities. Excluding book reviews and abstracts, Hospital and departmental staff have published over 840 books and articles. Some of these have started new treatments, or refined other treatments; some have changed theory; some have increased our basic understanding of mental disorder; still others have dealt with the provision of mental health services. The titles reflect the times, the breadth of psychiatry, and the catholicity of staff interests.

Pointing to a particular publication as of special importance is often unfair, for science normally progresses by small increments provided by many investigators



Children in a second floor room during Dr. Wood's era.

over many decades. However, considering only earlier publications, some "firsts" in basic work can be credited to Hospital staff. Drs. Travis and Dorsey were the first to record electrical activity from the animal brain and the first electroencephalogram on a human subject in the Midwest was made at the Hospital. Dr. Lindeman's work with drugs led to a new diagnostic technique to reveal mental content in mute or inhibited patients, and this in turn was applied effectively to psychiatric battle casualties in World War II. As is

discussed later, important developments in speech pathology began in the basement of the Hospital.

As a result of the reforming ferment of the 1950s, the legislature appropriated more money for the Hospital to expand its training of psychiatrists, to instruct other physicians in the treatment of minor mental problems and to expand the training of personnel from related mental health disciplines. The legislature expanded training and research facilities for child psychiatry by appropriating



John Knott, a staff member, applies electrodes to the head of Prof. Orvis Irwin of the University's Child Welfare Research Station in 1950. This was a demonstration of the use of electroencephalograms on human patients. The staff had experimented with this technique on animals as early as the 1920s.

funds, matched one-third by federal funds, to erect an addition to the Hospital for disturbed children. This structure was dedicated on December 8, 1961. This date was twenty-five years after Dr. Woods earnestly urged the building of a special hostel, or mental health center, for children adjacent to the Psychopathic

Hospital.

In working with an attorney on mental health problems the writer learned the attorney had a client who wished to leave her estate to a worthy cause. Child psychiatry was suggested. Ten years later a substantial sum was received, which now endows the Ida P. Haller Chair for a Research Professorship in Child Psychiatry, the first endowed chair of child psychiatry in the nation.

To help the hospital intensify its scientific efforts, a research wing of 17,000 square feet was dedicated October 19, 1962, half of the financing from a state appropriation and half with federal money. This wing contains laboratories for neurochemistry, neurophysiology, behavioral studies, and a suite for the study of patient interviewing and psychotherapy.

To put research on a more solid and continuing basis the legislature responded to a request for a special appropriation of \$75,000 per year for research to be done in the Psychopathic Hospital, or in the four state hospitals or the two state institutions for the retarded. This has proved of great value to start or complete research investigations particularly in times when federal support is shaky. The Hospital's reputation has also enabled it to attain \$655,000 of federal and private funds for research since 1947.

(to be continued)

THE IOWA STATE PSYCHOPATHIC HOSPITAL (part two)

by

Paul E. Huston

IN 1920, when the Psychopathic Hospital was built, psychiatric treatment took place almost entirely in mental hospitals. In Iowa, there were four state institutions, at Mount Pleasant, Independence, Clarinda, and Cherokee which received patients from their respective quadrants of the state. Three private mental hospitals existed, one in Council Bluffs, the others in Des Moines and Dubuque. By law the Psychopathic Hospital drew its patients from a large community, the whole state of Iowa. Yet almost from the beginning the Hospital was involved with individual local communities.

The first major involvement was the Mobile Mental Hygiene Clinic. This unit grew out of an experimental clinic in January of 1925 in Green County, where Dr. Orton examined a seventh grade, sixteen year-old boy who could hardly read. Because of this striking disability the boy was admitted to the Hospital where, after intensive study, Dr. Orton came to believe that through the study of cerebral physiology he had a scientific approach to "congenital word blindness." He organized a

laboratory unit at the Hospital to study reading difficulties, stuttering, and cerebral dominance and a mobile unit for field work. To finance this work he secured a grant of \$60,000 from the Rockefeller Foundation for a two-year period. The mobile unit served as a case finding group for the scientists at the Hospital and also to demonstrate the need for and feasibility of a mobile psychiatric unit as an extension of the Hospital's Outpatient Clinic.

To start this enterprise a University of Iowa Service Bulletin describing the function of the mobile unit and containing an invitation to participate was sent to physicians, social workers, teachers, and others throughout the state. Responses came from twenty-four communities. Dr. Orton gave preference to rural areas where medical, legal, educational, and social agencies could unite to form a mental hygiene committee which would make local arrangements for examination of children with problems and adults with suspected mental disorders and to help meet expenses. The mobile unit stayed two to ten weeks in nine towns and also visited surrounding towns. It examined 1,090 cases, mostly children of school age. The mobile unit found that more than half of the children had physical defects, primarily enlarged tonsils and adenoids, visual defects, and decayed teeth. Thirty-seven cases of mental disease came to light. One third of the children had I.Q.'s in the borderline to the normal range or below. The unit frequently encountered school placement problems. Sixteen per-



Patients at recreational volleyball in 1929 or 1930.

cent of the children had reading difficulties which in some cases caused emotional maladjustment. Seventy-five children presented articulatory speech defects, some of which were referred to Iowa City for further examination. Local school teachers were instructed in remedial reading and in phonetic and kinesthetic aids to speech correction. The unit saw five cases of serious antisocial behavior and many mild disciplinary problems. Examinations at the State Juvenile Home at Toledo and the Annie Wittenmyer Children's Home in Davenport convinced Dr. Orton that "it

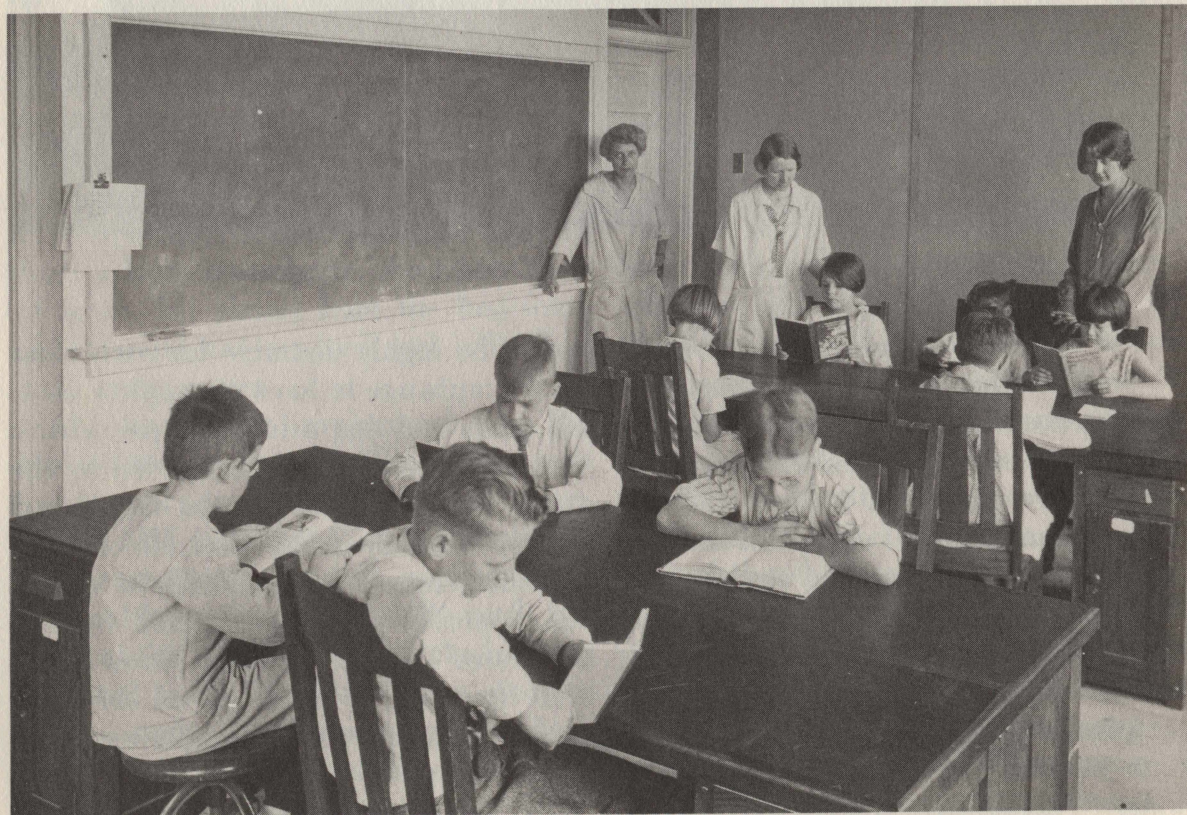
would be highly desirable for each child in the orphanage to have a complete clinical study and that a full-time psychiatric unit could be profitably employed by the state." In Green County, the sheriff and county attorney asked that all of their current prisoners be examined. In Waterloo, a probation officer referred twenty-one cases for clinical study. Some areas were revisited to follow up on the work done, particularly the progress made by local teachers.

Dr. Orton believed that many counties were ready for a mobile psychiatric service

since one fifth of the persons examined suffered from true mental or nervous disease or feeble-mindedness. "The other cases, however, presented a mental hygiene rather than a strictly psychiatric problem, and their adjustment was found due not to intrinsic pathologic conditions but to the interplay of various factors in the situation, such as intellectual capacity, personality makeup, and home and school environment. Correlated psychological, physical and psychiatric studies are essential for the understanding and adjustment of such problems and the mental hygiene unit of social worker, psychologist,

and psychiatrist is better equipped for this service than workers in these fields alone."

The mobile mental hygiene clinic in Iowa was one of the first in the country. There is record of only one earlier mobile clinic in the United States. Certainly, the clinic services backed by a scientific laboratory were unusual and represented an ideal arrangement for acquiring new knowledge and improving clinic practices. Dr. Orton left Iowa in the fall of 1927. He continued his interest in speech and reading difficulties at Columbia University. After his death in 1948, his work led



Reading therapy in the 1930s.

to the formation of the Orton Society in 1949, an organization for the study and treatment of children with language disability and reading problems. This group, national in scope, has over 2,000 members. Dr. Orton's widow, June Lyday Orton, a social worker at the Psychopathic Hospital in the 1920s prior to her marriage to Dr. Orton, has been President of the Orton Society, and has served for many years as Director of the Orton Reading Center in Winston-Salem, North Carolina.

Parenthetically, the work of the laboratory and mobile units proved a powerful force to stimulate the study and treatment of speech disorders, and Iowa became a national leader in this field. The study of speech pathology in the United States had significant beginnings in the basement of the Hospital where Lee Travis, a member of the laboratory unit, had his laboratory. Many of his students received training in the laboratory. The Wendell Johnson Speech and Hearing Center at The University of Iowa is partly an outgrowth of Dr. Orton's work.

The mobile clinic began its activities in February of 1926 and ceased operation in July of 1927, but the idea of providing services close to local communities remained. The mobile clinic seemed to fit into a popular conception of that period, that of mental hygiene. The mobile clinic, in addition to finding severe or research cases, encountered many minor problems, and taught others in the local community how to handle such cases.

In 1929, Dean Seashore had proposed

formation of an Iowa Mental Hygiene Institute (a program of preventive medicine), and again pushed the proposal in 1934. The Institute would use the resources of the Psychopathic Hospital, the Psychological Clinic, and the Iowa Child Welfare Station coordinated into "a functional whole by recognizing all grades of mental disorder, inadequacy, pedagogical and social ineptitudes, maladjustment or delinquency."

Dr. Woods, then Director, was not entirely sympathetic to the idea of the Institute, believing that the concepts of mental hygiene were too vague and confusion would develop in distinguishing mental hygiene from psychiatry. He discussed this cogently in a memorandum to Professor George Stoddard on April 8, 1930. In a covering letter Dr. Woods wrote, "As a matter of fact, I would like to inveigle some other psychiatrist to build a mental hygiene institute, while I go fishing." But, if established, he pledged his complete support.

Twenty years after the Mobile Clinic, a second event put the Psychopathic Hospital more definitely into local communities. In 1946, Congress enacted Public Law 70-487, the National Mental Health Act. Among other things it created Mental Health Authorities for the states. In 1947, the Iowa General Assembly by resolution designated the Psychopathic Hospital, through its Director, as the Mental Health Authority of Iowa. This enabled Iowa to receive some federal funds for training, education, and research in the field of



The adult occupational therapy shop.

mental illness and the application of new knowledge to clinic work through demonstration projects and consultations. The legislature created a Mental Hygiene Committee to act as a policy committee for the Authority. Its members were the State Commissioner of Health, a member of the Board of Control, a representative of private mental hospitals, and the Director of the Psychopathic Hospital. An early policy of the Mental Hygiene Committee promoted the formation of local community mental health centers, to be supported by public talks, pamphlets, and films on

mental health. Space for this operation was first provided by the Board of Health in Des Moines. In 1960, the office was moved to Iowa City. Mrs. Opal Fore, a highly qualified social worker, with years of experience in public administration and mental health was employed in 1949 to head this work. Mrs. Fore literally covered the state herself. Traveling about she spread the word of doing something locally for the mentally ill with cheerfulness and persuasion. Mrs. Fore came to know the editors of newspapers, the school superintendents, physicians, the directors of

social services, and the members of the legislature. In the late 1940s and in the 1950s, she, probably more than any other person, made mental health a grass roots concern. It seemed that almost everyone in the state came to know Opal Fore. Mainly through her efforts, by 1956, eight local mental health centers had been formed. By July 1 of 1966, at the time of her retirement, there were nineteen.

An amusing episode displays the talents of Mrs. Fore. In the late 1950s, the legislature appointed a joint committee of the Senate and House to study the services for children in Iowa. The Hospital staff was called to a hearing of this committee to report on the work at the Hospital and in the mental health centers. The meeting went on for half an hour with the legislators, eight in number, asking questions—sometimes spoken in critical tone implying that not enough was being accomplished. Then came Mrs. Fore's turn. In her sprightly way she began to ask rhetorical questions of the committee members, "Now Senator ———, do you remember how we got people in your town interested in starting a mental health center?" Then, answering her own question, she recalled the work of someone in the Senator's constituency who had helped; or perhaps remembered a meeting the Senator himself had attended. The temper of the meeting changed. The scene became like a school room with Mrs. Fore the teacher and the legislators the pupils who put up their hands to recite what they had done for mental health centers and

to ask what more they could do.

In a very real sense the community mental health center carried out some of the original ideas embraced in the concept of mental hygiene. It treated and continues to treat mental health problems such as neuroses, maladjustments, difficulties of adults, and behavior problems of children. Typically, about forty percent of its cases are children. Its staffing pattern includes psychiatrists, social workers, and psychologists who work as a team. Recently some centers have added a nurse to the staff.

Observing the work of the Mental Health Authority had an effect on Hospital staff. They saw a different system of delivery of mental health care. Staff members went out to present educational programs at quarterly meetings of the community mental health center staffs and



Mrs. Opal Fore at the time of her retirement.

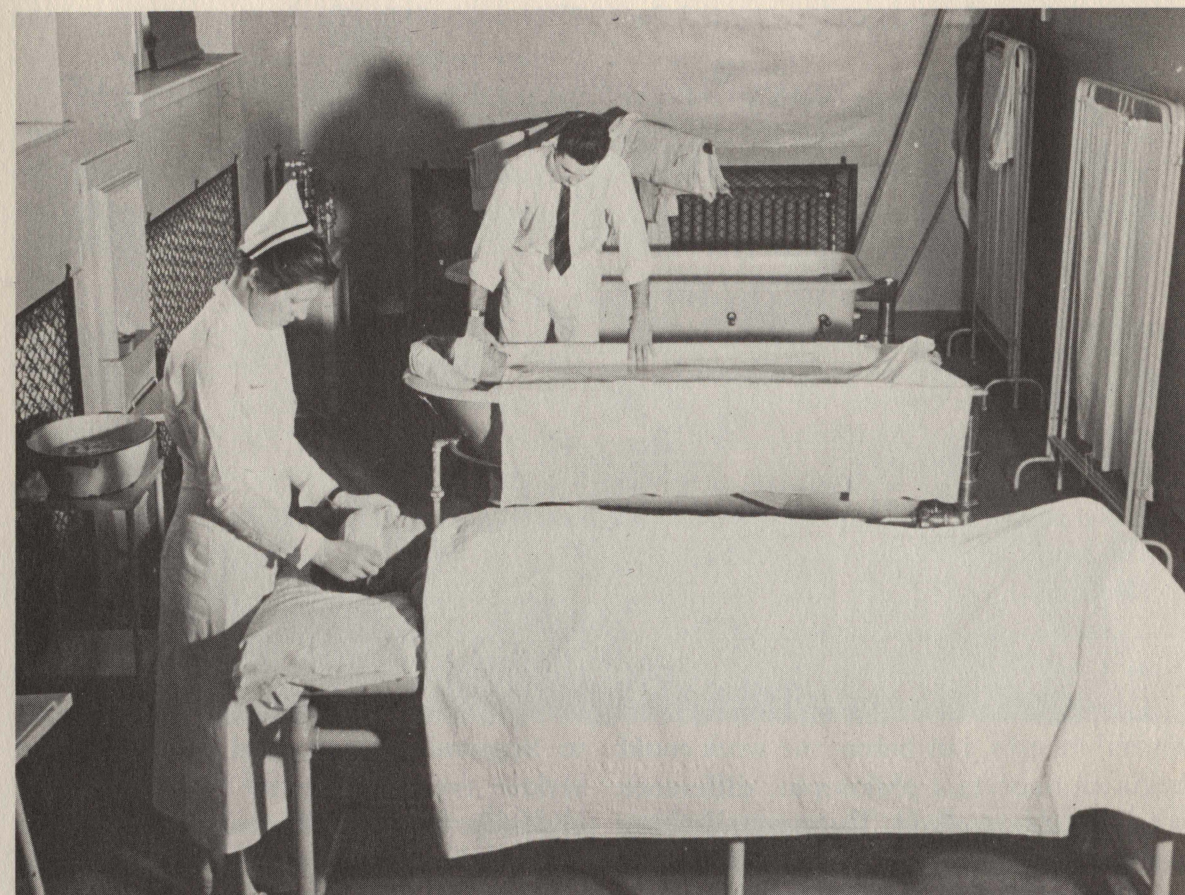
Boards of Directors. This was of particular value to resident physicians who might be offered employment in a mental health center, for they learned how a community organizes itself to start, finance, and operate a center. While still residents, they learned the functions of a center Board of Directors, the importance of developing working relationships with various social agencies and professional groups, and the need for maintaining good public relations.

To assist in the staffing of the community centers, the Hospital made a determined effort to interest resident physicians in accepting employment in the centers, as well as in the state institutions and in private practice in Iowa. Some communities planned to open a mental health center and a psychiatric unit in a general hospital simultaneously. This proved an attractive way to draw psychiatrists to a community, for they could work part-time in the center, meanwhile treating seriously ill patients in the general hospital psychiatric unit on a private basis. Sixteen psychiatrists from the program have worked in the centers in recent years. Others have gone into private practice without a mental health center appointment, while still others associated themselves with psychiatric units in general hospitals only. In 1963, there were twelve of these units which admitted 3,673 patients; in 1971, seventeen units which admitted 9,537 patients. The private practice of psychiatry has largely absorbed the bulk of serious hospital cases formerly sent to state or

private institutions.

This local activity of the private practice of psychiatry, psychiatric units in general hospitals, and a more progressive attitude in the state hospital system have produced a seventy-three percent decline in Iowa of the state hospital population over a ten year period from 1956 to 1966; compared with a thirteen percent reduction in the nation as a whole. This placed Iowa among the national leaders in mental health and was the subject of a feature article in a national journal in 1967 entitled "Iowa's Shrinking Mental Hospital Population."

Despite the growing involvement in community problems through mental health centers, psychiatric personnel in hospitals are sometimes startled by unusual situations. In the 1960s various forms of group activities were becoming increasingly popular to promote better human relations. One of these activities was sensitivity training. In this, the participants attempt to express sincerely and honestly, how they feel about each other. This process may arouse considerable feeling. These meetings often take place in a quiet weekend retreat away from the distractions of daily life. In one such group of about fifty persons, a young woman, deeply affected by the interchange of emotion, suddenly rose and pulled off all her clothing and passionately announced she was in love with the group leader. This action, to many present, seemed to carry sensitivity too far. All attempts to induce her to dress or be covered by a blanket failed. She was final-



Hydrotherapy, an effective technique for calming patients, around 1938.

ly loaded into an automobile and transported to the Psychopathic Hospital some sixty miles distant. She entered the building accompanied by a male companion. The appearance of this couple, a nude woman with a fully clothed man, produced a remarkable effect on Hospital personnel even though they were accustomed in the course of their work to dealing with patients who occasionally took their clothing off in the presence of others in the Hospital. In fact the Hospital has a

seclusion room where exhibitionistic patients may go so as not to shock the sensibilities of other patients. On this occasion, however, one of the Hospital employees, coming out of her office as the couple came down the hall, promptly retreated into her office and closed the door fearing she had seen an hallucination. Other employees stood rooted in their tracks in unbelieving silence. The strange situation was relieved by a young physician who gallantly offered his arm

to the lady and graciously escorted her to the ward.

In 1963, yet another activity of the Mental Health Authority brought the Hospital into a new relationship to the whole state as a community. Federal legislation made two year grants available to each state for the purpose of developing a state-wide comprehensive mental health plan. Iowa's share, based on population, was \$101,400. Iowa is the only example in the United States where a University-based department of psychiatry and Hospital had the primary responsibility for developing a state-wide plan. The Mental Hygiene Committee was expanded to nine to form an executive committee for the project.

The organization of the planning took several months, but before the work could begin an important philosophic difference needed to be resolved. Those representing the state institutions, who traditionally had taken care of the majority of the state's hospitalized mentally ill, felt they should develop community programs directed from the state institutions. Their hospitals, they said, were placed strategically in the four quadrants of the state; they had many contacts within these areas. The central administration of the state institutions should receive and control the federal planning money. But the opposing view was that the local communities should control and provide mental health services, not the state hospitals. Several communities had psychiatric units in general hospitals as well as mental health centers.

This was a significant new approach to a more responsive care system. The Mental Health Authority had long experience in working with communities to start local services and could easily call upon the resources of the University for scientific studies to assist the planning. The Mental Health Authority had earned respect for its work. As an editorial writer said, "The Iowa Mental Health Authority has the delightful habit of taking a look at the whole field, not just the part of the job which lies in its own jurisdiction." Besides, the federal planning grant was to the Authority.

Despite the merits of the opposing views, a remarkable change was in progress. Electrotherapy, used for the first time in Iowa City by the author at the Hospital in September 1941, had indicated that serious depression could be treated successfully in about three weeks. The introduction of phenothiazine drugs for the treatment of schizophrenia in 1951, and the tricyclic antidepressants for depression in 1954, ushered in shorter periods of hospital care. Lithium now controls and prevents manic attacks. All these treatments made local care feasible. These newer treatment methods fulfilled a principle widely advocated in the late 1950s: early treatment of the patient with as little personal or social dislocation as possible.

In addition, a serious by-product of long, continued care in a remote hospital was coming into clearer focus. For a patient to live for years in the abnormal en-



Children at play during Dr. Orton's time.

vironment of the institution permitted the deterioration of his normal social attitudes, interpersonal relationships, vocational skills, and personal habits. Even if the patient had recovered from the disease which hospitalized him initially, now he could not adjust in the world outside the institution. Thus he became completely dependent on the hospital. Perhaps the deterioration could be prevented by prompt treatment in the local community. A remote hospital could not forever meet community competition.

Not every one saw the inevitable effect of the new drugs in the 1950s. The mental health center was hardly a central focus in the dispute for it treated problems of

maladjustment of adults and its clientele had a high percentage of children with behavior problems. It did not provide patients with hospital care.

For the purposes of cooperative planning a compromise was necessary. Three working divisions were formed, a governmental Agencies Division coordinated by the Director of the Division of Mental Health of the Board of Control, a Voluntary Agencies Division under the President of Iowa Association for Mental Health to stimulate public interest, and a Scientific Division composed of various University departments, state and voluntary agencies and professional organizations, and coordinated by the Director of the Compre-

hensive Plan. All these divisions became active late in 1963.

The Scientific Division operated through committees of eleven to fifteen members, covering six areas: mentally ill adults, mentally ill offenders, alcoholism and drug addiction, the aged, children, and the mental health aspects of mental retardation. These committees met every four to six weeks. The Scientific Division also carried out a number of special research projects to support the work of the committees. These studies considered facil-

ties, treatment, manpower, legal aspects, financing and costs, population trends, and so on.

A project of such scope is hard to evaluate. In the years since, many changes have occurred, some of which came about directly as a result of the planning activities.

State institutions now coordinate more fully with community social agencies to provide better after-care for discharged patients. All of the four hospitals have become accredited by the Joint Commis-

sion on Accreditation of the American Hospital Association and the American Medical Association. For disturbed children, a new unit was built at Independence and two other hospitals opened children's facilities. Iowa's four state hospitals have continued to reduce their resident population, in 1972 the figure being 945 patients. In the same year the new admissions of 1,473 and re-admissions of 2,973 indicate a continued need for these institutions. The average duration of hospitalization has been now reduced to two or three months. The Centers also provide more direct services to patients discharged from state institutions and more indirect services such as consultations to schools, county homes which house mental patients, and participation in crisis centers. The centers have formed a Community Mental Health Centers Association of Iowa which holds quarterly meetings to exchange experiences, plan new programs, and keep abreast of new developments in treatment. Three Centers, in Dubuque, Davenport, and Council Bluffs received federal construction grants totaling \$3,124,000, plus \$921,000 in allocations from neighboring states, less advanced in planning than Iowa. These comprehensive Centers provide a wide variety of services. In 1972, there were twenty-eight centers covering seventy of Iowa's counties and eighty-five percent of the total state population. In that year they served more than 24,000 persons.

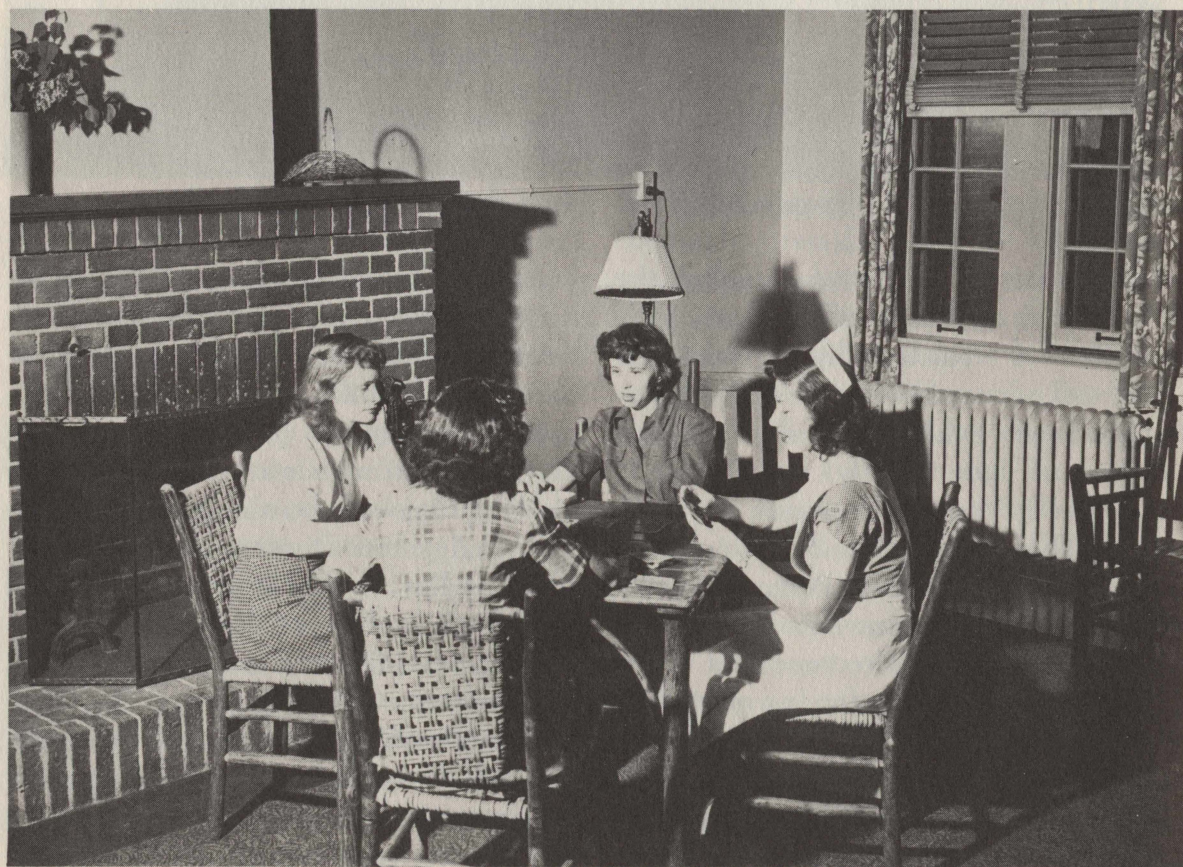
To promote joint planning and coordination of services in the state, an enlarged

Mental Hygiene Committee was formed. It represented governmental, private, voluntary, and professional groups concerned with mental health, and applied its collective wisdom to the problems of mental health and illness in the state. Because of its existence, a greater degree of communication and coordination has appeared at local levels among various agencies and professional groups.

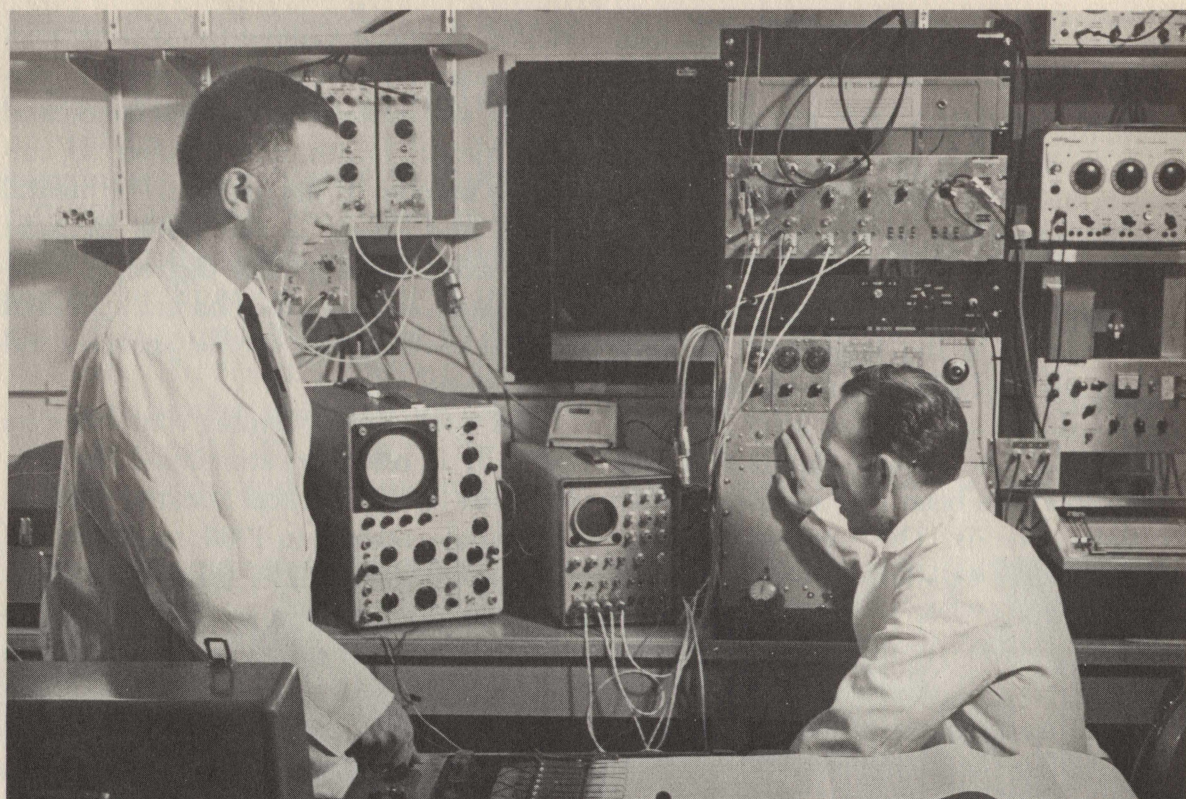
The work of the planning committee on mentally ill offenders stimulated the construction of the Medical Security Facility at Oakdale, opened in 1969, markedly improving the condition of those individuals formerly confined to the Anamosa Reformatory and known as the criminally insane. The staff of this institution regularly evaluates persons in whom mental illness is suspected, and who are charged with a crime. If the person is ill, treatment is provided.

The formation of an alcoholism unit for treatment and rehabilitation of persons suffering from alcoholism and for the training of alcoholism counsellors began at Oakdale. The Psychopathic Hospital staff made significant contributions to program development and staffing of the alcoholism unit.

The Psychopathic Hospital does not claim credit for all these advances, but the planning which involved so many professional persons, dedicated citizens, and public and private agencies, was organized and directed by the Mental Health Authority.



Card players in December 1948.



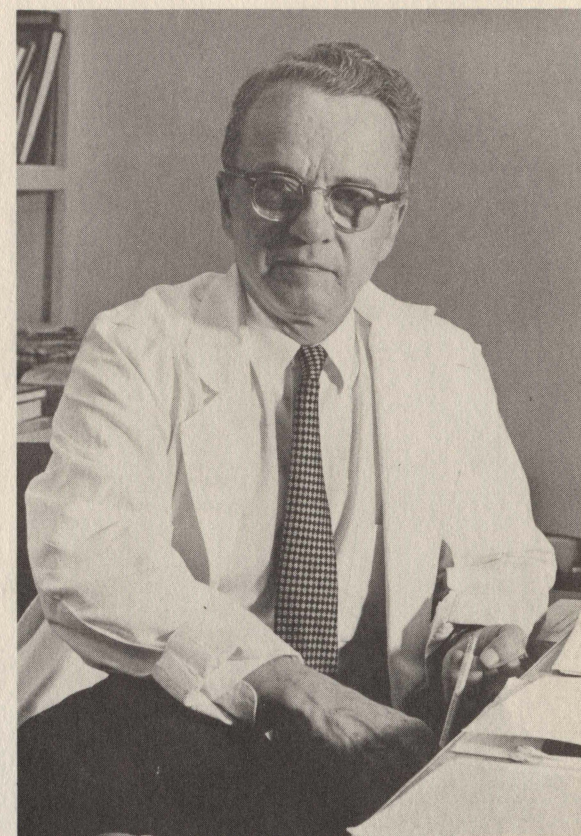
Dr. Shagass and an assistant with some of the equipment used in the study of electrical activity of the brain, sometime in the mid-1960s.

IN looking back over the more than fifty years of the Hospital, the wisdom and foresight of the committee of 1910 is impressive. They conceived of an institution devoted to a social and medical purpose, the alleviation of the distress of the mentally ill. To achieve this they made the institution a part of a university and its medical college. This focused the activities of the Hospital toward searches for new knowledge and the training of professional personnel. The founders also gave the Director of the Hospital a specific charge to help the state institutions, and later legislation placed a larger state-

wide community responsibility on the Hospital. Yet, the best efforts of an institution have little effect without a substantial positive response from the group it serves. In Iowa this response was assured because of a strong tradition, brought by its pioneering settlers, which placed a high value on education and professional competence. This tradition plus a characteristic of pioneering societies of depending on their own resources and assisting each other made it possible for the Hospital and the state to move ahead in concert to improve mental health in local communities. □

CONTRIBUTOR:

PAUL E. HUSTON served as Director of the State Psychopathic Hospital in Iowa City from 1956 until his retirement in 1971. He was born in Delphus, Ohio in 1903 and attended Purdue University where he received a B.S. He then went to Harvard where he received a Ph.D. in 1937 and in 1939 he was granted an M.D. from the Yale University School of Medicine. He came to Iowa in 1940 as Senior Resident and instructor in psychiatry. From 1955 until 1971 he was Professor and Head of the Psychiatry Department at the University of Iowa. Dr. Huston has written widely on psychiatric topics, and he has been an active participant in the American Psychiatric Association Annual Programs from 1946 until his retirement. He is a member of several committees and associations including the American Medical Association, the American Psychiatric Association, Who's Who in America, and American Men of Science. Since his retirement he has served on the Board of Education for the Iowa City Community School District and he has been an avid genealogist.



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