NOT enough doctors, not enough nurses, not enough toilet paper, not enough covers for cold nights. When the laundry did not get around to the wards in time, there were not enough sheets and not enough pillow cases. There wasn't enough of anything but patients.

This quotation from "The Snake pit," current best-seller about life in a mental institution, could be applied almost whole hog to the conditions under which more than 10,000 mentally ill Oklahomans exist in the six mental hospitals run by the state.

At the three major hospitals for white insane—Central Oklahoma State at Norman, Eastern Oklahoma at Vinita, Western Oklahoma at Fort Supply—and at the hospital for the negro insane at Taft, for mental defectives at Enid, and for epileptics at Pauls Valley, the story is an unbelievably shameful one.

In the last two years, the nation's press and other agencies have turned a bright light of publicity on the barbaric conditions under which most of the mentally ill of America live. Today, despite the fact that care, treatment, and prevention of mental disease is universally recognized as America's number one health problem, advances in this field have lagged far behind those in general medicine. In many ways, the treatment of our mentally ill is little better than in the times when they were chained in cages and kennels, whipped regularly at the full of the moon, and hanged as witches.

Surgeon General Parran of the United States Public Health Service has recently said that at least eight million persons are suffering from mental maladjustments. He added that, although mental illness strikes more persons than infantile paralysis, cancer and tuberculosis combined, more money is expended on any of these physical ills than for all the mental diseases.

How does Oklahoma fare in the national picture? Until this reporter embarked on a two week survey of our mental institutions, there had been no recent study of our six major mental hospitals. In 1935, the Brookings Institution covered the state hospitals in a report severely critical to our provisions for the insane. In 1937, the Oklahoma Planning and Resources Board, in a bulky 150 page tome, assailed the over-crowding and under-manning of every one of our state mental hospitals. In that same year, the National Mental Hospital Survey Committee, at the request of Governor Marland, engaged in a two-month, comprehensive comprehensive survey of Oklahoma's mental institutions. Their findings were an indictment of our state's "care" of these unfortunate people.

Yet, conditions today in all these mental hospitals are even worse than at the time the various reports were issued. A large percentage of patients in Oklahoma's mental institutions today do not receive psychiatric treatment: most of them do not receive even adequate custodial care; more serious than anything, a large number of them could now be living happy, constructive lives as cured persons. Instead, they are wasting long years in institutions for lack of adequate care.

Item by item, here is a brief analysis of conditions then and now.

1. Over-crowding. In 1937, the national Mental Hospital Survey Committee pointed out that 7,199 patients were crowded into standard space for 800 for 700, and Enid, the hospital for the mental defectives at Taft, Oklahoma at Vinita, Western Oklahoma at Fort Supply, Taft, for mental defectives at Enid, and for epileptics at Pauls Valley, the story is an unbelievably shameful one.

The care of the mentally sick, the public mind and the insane is a harsh reality that every community must face. Few of them have faced it realistically or creatively. Oklahoma's record is particularly depressing. This reprint of stories which appeared in The Daily Oklahoman from September 22 to October 6, 1946, will tell you why. An experienced reporter and researcher spent much time digging out the facts and statistics that appear. The shameful conditions pictured should not be blamed on the staffs of the various state institutions. They are doing the best they can in the face of overwhelming difficulties. The fault lies with the top level administrative agencies, and behind them an apathetic electorate that fails to provide the money that might make life easier for the thousands like the woman above at Norman. Pictures like this abound at the state's six hospitals.

2. Shortage of Doctors. In 1937, there was one doctor for every 299 patients in Oklahoma's mental institutions. The American Psychiatric Association in 1925, established a minimum standard of at least one doctor for every 150 patients. So, according to its professional standards, each doctor in a mental hospital in Oklahoma had approximately 500 more patients than he could possibly handle.

Today the situation in Oklahoma is one of the worst in the country, with one
Oklahoma has seven graduate nurses. Five with five doctors for 3,384 patients. The State Department of Health has established a minimum standard of one psychiatrist for every 50 patients who are acutely ill. There are several thousand patients in the acutely ill classification in Oklahoma—mentally ill people who, with the proper treatment, might be restored to their homes. If you have an appetite for depressing arithmetic, figure out for yourself how far Oklahoma falls short of this minimum standard set by its own health department.

3. Shortage of Nurses. In 1937, Oklahoma had only 11 graduate nurses in all its state mental institutions, one of the lowest figures in the country. Today, with several thousand more patients in its institutions than in 1937, Oklahoma has seven graduate nurses. Five are at Norman, one on a temporary basis, and two at the hospital for negroes at Taft. Both Vinita, with 2,633 patients, and Supply, with 1,600 patients, cannot boast the services of one single graduate nurse.

The state health department has set up a minimum standard of one graduate nurse for every four acutely ill mental patients. Again, if you have an appetite for depressing figures, divide Oklahoma’s seven nurses into 2,600 acutely ill patients. And, while you’re at it, don’t forget the 8,000 chronic patients who need nursing care, too.

4. Shortage of Attendants. In 1937, Oklahoma had 501 ward attendants for its 7,878 mental patients, or an average of one attendant for every 15.3 patients. The absolute minimum set up by the American Psychiatric Association is one attendant for eight patients.

With monotonous regularity, we have to repeat—it’s much worse today. Norman, with 89 regular attendants for 2,633 patients, has 37 patients for every attendant. This is close to a 500 percent over-loading figure—one of the most disgraceful in the nation. Vinita, with 101 attendants for 2,633 patients, and Supply, with 85 attendants for 1,600 patients, are little better off.

For acutely ill patients, the state health department has set up a requirement of one trained attendant for every six patients. That would mean approximately 340 attendants for those 2,000 patients alone, yet the state doesn’t even have enough attendants to approach this requirement, and we’re excluding the 8,000 chronic patients.

5. State Expenditure for Each Patient. Back in 1937, the national Mental Hospital Survey Committee faced into Oklahoma because of its niggardly appropriations for the mental institution. Pointing to Oklahoma’s low annual expenditure of $168.52 per patient, the report stated: “Oklahoma has lower per capita expenditures than all of the comparable states, it being lower than the average per capita expenditure for the West Central Region. The per capita cost in the comparable states varies between $351 and $356, or about twice the per capita cost in Oklahoma. A comparison of the expenditures for salaries and wages indicates that Oklahoma lags far behind the comparable states in its expenditures for these items.”

It was bad then, but it’s much worse now. Latest figures available from the Department of Commerce show that in 1943, Oklahoma’s appropriation was $201.84 per patient, the national average of $335.84 per patient.

At Norman, the average monthly expenditure in 1945 was $168.87 per patient. That same year, prisoners at the state penitentiary at McAlester were appropriated $243.88 a month, while patients at the Eastern Oklahoma T. B. Sanitarium at Talahina were appropriated $377.54 a month.

6. Early Treatment for Mental Illness. In a report after report, Oklahoma has been lambasted because it has provided no facilities for the early detection of mental illness during its early stages. Yet today, despite all this criticism, Oklahoma does not possess one bed in the entire state where young persons can be examined and treated. Hundreds of border-line cases, which might be cleared up in a few weeks, are forced into state institutions, to which they do not belong and in which they are not even classified mentally ill. Despite the fact that the American Psychiatric Association has suggested that the use of “mentally ill" instead of “insane," Oklahoma uses a commitment paper which uses the word “insane" four times on the first page.

Most states have psychopathic hospitals which receive all classes of mental patients for first care, examination, and observation, and provide short, intensive treatment for incipient, acute and curable insanity. Although as far back as 1936, plans were formulated for a 50 bed psychopathic ward at University Hospital, Oklahoma today lags far behind other states in the early treatment and cure of mental disease.

7. Lack of Treatment in State Institutions. In the last 15 years, tremendous strides have been made in the curing of mental illnesses, mainly through the use of newly developed shock therapy. In most states, the old idea about the insane being incurable has gone by the boards. The emphasis in modern state institutions is upon the cure, rather than the mere custody, of mentally ill patients.

In Oklahoma, the old custodial idea still prevails in most institutions. Only at Norman are all three types of shock treatment given, and the only to a limited number —of patients. Both Vinita and Supply rule out insulin shock treatment as “too costly and too long," although many of modern psychiatric literature place the efficacy of insulin shock in treating schizophrenia. Oklahoma’s comparison of the expenditure shows how many curables have been rendered hopeless by the nightmarish trials of state hospital life in the wards of many institutions.”

8. Lack of occupational, recreational, and divergent therapies. In recent years, thousands of mentally ill patients have been helped on their way to recovery by supervised work and recreation programs. Many psychiatrists agree that the worst thing in the world for a mental patient is for him to be left idle and alone to brood about his imagined ills.

In all Oklahoma’s mental institutions, this most necessary form of therapy has been neglected. Though the state department of health requires both an occupational and recreational therapist for every 20 patients there is only one occupational therapist in the state and over 10,000 patients, and there is not one single recreational therapist. In Oklahoma, the lowest form of recreational therapy, the daily walk, is denied practically all patients. As a result, “fortunate" patients sit on hard benches staring at the walls; the unfortunate ones are locked up.

9. Excessive use of restraint and seclusion. In recent years, mentally ill patients were restrained in a variety of barbaric mechanical devices. Twentieth century psychiatry has been almost unanimous in its condemnation of these various devices used to limit the movement of patients. The state department of health has stated, unequivocally: “The use of mechanical restraint is to be avoided.”

By this standard, Oklahoma is far from having the best hospitals. Despite the fact that the camisole and the restraining sheet are the only forms of mechanical restraint permissible, our state institutions use leather wristlets, locked belts around the body, leather locks around the legs, and many other devices. Practically every doctor in the Oklahoma mental hospitals is opposed to this excessive use of restraint, but explains it is due to the shortage of attendants.

Seclusion means locking a patient up in a room for a specific period of time. Dr. Clarence Bellinger, superintendent of the Brooklyn State Mental Hospital, wrote recently: “I don’t believe in seclusion rooms. They are calculated to turn anybody, sane or insane, into a wild animal.” Dr. Bellinger has over 3,500 patients in his overcrowded institutions, yet not one person in seclusion.

At all major Oklahoma mental institutions, seclusion was widely practiced. In addition, there was widespread violation of the provision that the maximum period of seclusion should not exceed three hours.

10. Old age patients in our institutions. Back in 1918, Dr. F. M. Adams, then and now superintendent of the mental hospital at Vinita, wrote: “The tendency to commit aged and feeble-minded persons and paupers to the hospital instead of caring for them in their homes and county poor farms still exists. This is an imposition on the state, as it keeps the hospital crowded, and the care these patients take should be given to the mentally sick.” In 1937, the Maryland report criticized the overcrowding of our state mental institutions.

Today, it’s much worse. The above list of ten major deficiencies of the Asylums for the Insane in Oklahoma should take into account the many shortcomings of the state board of public affairs in its outdated supervision of all state mental hospitals; it doesn’t point out the fact that...
Vinita also has a serious mental defect situation. There are 614 mental defectives at Vinita, considerably more than at either of its sister institutions. These mental defectives are not "insane," as that word is commonly defined; yet, they are committed to Vinita as "insane." The mixing of these two groups of patients is hazardous, the mental ill is a throw-back to the days when barbaric methods were used to care for the mentally sick. However, Northern Oklahoma hospital at Enid, which cares for the state's mental defectives, is so overcrowded that it cannot admit any more patients.

The medical staff at Vinita is even more inadequate in dollar terms than that at Norman. In addition to Doctor Adams, who ranks right below Norman's Doctor Griffin as one of the state's most experienced psychiatrist, the assistant superintendent is Dr. P. L. Hays, who has been at Vinita since 1916. There are four licensed medical doctors, and in the care of the mental ill, there are installed 50 mental defectives, whose case loads of more than 500 patients apiece is much more than they can handle. Of these, 60 are used as kitchen help and in the serving of the food, and the shortages of doctors.

In addition to its regular attendants, Vinita employs 60 patients as attendants. When this reporter toured the institution, 50 were in seclusion. This is exceedingly high. In the wards, the patients are jammed very closely together. However, there is excellence cross-ventilation in most of the wards, and there is a commendable absence of dirt, filling plaster, and persistent flies.

Vinita employs 60 patients as attendants. Doctor Adams uses only a "typical" electric shock. He stated that he does not recommend it for schizophrenics. A number of patients participating in the work therapies auxiliary to shock treatment, Vinita is also weak. There are six tubs for hydrotherapy in the hospital, but they are seldom used.

There is just one occupational therapist at Vinita for 2,600 patients, and the number of patients participating in the work is small. Diversive therapy is not used. The effectiveness of various therapies, and the returns are not in on its therapies, and the returns are not in on its effectiveness. It is considered by some psychiatrists to be successful in the treatment of patients with mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness, but not in the treatment of mental illness.
anticipated by 1960, successive boards of public affairs have done nothing about this situation.

Supply Mental Plant Is Weak in All Phases

Western Oklahoma hospital at Fort Supply, opened in 1908, is the oldest of the state's mental hospitals. Unlike its sister institutions at Norman and Vinita, which have been fortunate in having but one superintendent at the helm since the beginning, Supply, undergoing a recurrent series of administrative upheavals, has had seven superintendents since 1908. Dr. John L. Pay, the present superintendent, has headed the institution since 1934.

Taking into consideration overcrowding, condition of its buildings, size of medical staff, and treatment facilities, Supply is not only the worst of the three mental hospitals for whites in the state, but is perhaps one of the worst in the country. There are 1,905 patients at Supply for an estimated bed capacity of 1,154, a high over-crowding figure. Bed space is at such a premium that beds have been squeezed into porches, day rooms, and even adjoining the hydrotherapy tubs.

The condition of the wards is below minimum state and national psychiatric health standards. Broken wooden floors, cracked walls, and falling plaster are the rule rather than the exception. The beds are all badly in need of paint jobs. The toilet facilities are even worse than those at Norman.

Ward 9, housing 60 men in a wooden, inflammable building constructed in the 1880s, has been condemned more than once by the state fire marshal as a serious fire hazard. Ward 6, housing 63 elderly women, has been found by the engineer for the state board of public affairs "to be in a dangerous condition for use as a dormitory and ward building." And so on down the line.

The eating facilities are unappetizing and insanitary. In the main dining room, the wooden floor is badly cracked, ventilation is almost non-existent, and the patients sit jammed together on long, hard benches trying to beat swarms of flies to the food. Patient attendants serve in sloppy fashion, and the food. Patient attendants serve in sloppy fashion, and the food is stewed in battered tin plates, bent cups, and ancient cutlery.

Food Called "Adequate"

The central kitchen would, or should give our state board of health nightmares. Foot-long gaps in the floor, broken pipes, nineteenth century steam kettles, a shed-like ceiling which keeps out all air—are some of the highlights.

The medical staff at Supply consists of Dr. Day, Dr. Johnson, and two assistant physicians. Dr. Day, a kindly, soft-spoken man, is an experienced psychiatrist and psychoanalyst. Dr. H. L. Johnson, the assistant superintendent, has been at Supply since 1929, and is widely known throughout the state. Dr. G. W. Orlick, at Supply since 1966, has had me for one patient to another, an impossible patient load.

There are no nurses on the staff, and no laboratory or X-ray technicians. There are 85 regular attendants at Supply, excluding Dr. Day and Dr. Johnson. The American Psychiatric Association, Dr. Johnson, in his previously quoted manual, lays down a whole series of rules governing the conduct of attendants. As an example: "He (the attendant) should not betray such litigiousness as to misuse the word tenant for 'attendant,' nor should he address the physician as 'dot' instead of 'doctor.'"

Most attendants at Supply, having 80 or 90 patients assigned to them have little time to worry over each individual patient. Of the three shock therapies, electric shock is the only one used at Supply. Dr. Johnson pointed out to this reporter that, during the previous week, he had given electric shock treatment to four patients. This compares with 60 patients receiving electric shock at Vinita, and to several hundred patients receiving all three types of treatment at Norman. There are hundreds of acutely ill patients at Supply.

Therapies Are Neglected

The therapies relating to shock treatments are little, if any, neglected. There are tubs for hydrotherapy, but no one uses them. There is one occupational therapist. There is little diversion or recreational therapy. Psychotherapy is practiced on a limited scale, and perhaps this is fortunate outside of Dr. Day, who, is bogged down in administrative duties, only Dr. Johnson is trained to practice it. There is not one single social worker at Supply for its 1,600 patients.

Dr. Day and the present administration plant to attend to the mental economy. Earlier this year, Dr. Clarence Mitchell, an experienced psychiatrist, resigned from the Supply staff because he was refused drugs which he needed to treat the many patients who have been at Supply. He now is at Norman, well satisfied with the situation there.

Figures compiled at Norman show that it is cheaper in the long run to spend a few dollars treating an incurable patient than thousands of dollars paying for a lifetime of custody.

The Supply hospital is the end result of years of neglect of our mentally ill by the state and its agencies. It is an institution which all other branches of the state hospital system revolve.

A new male patient, if he is not violently disturbed, is assigned a bed on the first floor of the men's section. Many of these new patients are border-line cases, suffering from slight mental quirks which can be cleared up in a few weeks if properly treated. Many of them are sensitive types—people who could not stand the tough reality of modern life, and hence wrapped themselves in the protecting cloak of unreality. Such people know pain, and they can feel it more deeply, often, than so-called normal people.

Many receive a rude shock their first night at Hope Hall. The beds on the first floor, being so close to one another, patients have to climb over the front to get into them. Most of the beds are badly in need of paint.

BECAUSE every ward has almost double the number of beds it should, there is a frightful odor. On the hottest of summer days, there is practically no ventilation—not one fan in any ward.

When the new patient opens his eyes the next morning and looks toward the window, he sees a gravel drive curving rusted and broken along the edges. If he looks at the ceiling, he sees ugly gash and chipped plaster. If he gazes out at the tree-lined streets, he sees peaks, dirt marks, gaping holes, and so on.

When he goes to the lavatory, he finds a chamber of horrors where all toilets are a locked door or iron bars. If he is restless, he has no place to go. He has no chair to sit in, no bedside table to put his few belongings on. If he walks down to the end of the hall, he encounters a locked door or iron bars.

If he is a disturbed patient, he is quartered on the second floor of Hope Hall. In addition to the dirt and squalor of
When a patient is transferred from Hope Hospital—the best building on the grounds—Hall, in a very literal sense he leaves all hope behind.

Rooms usually consist of one dirty, nightclub-like occa-
sional screams of mental patients, even frightening the state legislators who begrudge present appropriations for state

It is one of the most unhygienic on the entire

Due to the shortage of attendants made this impos-
sible.

The seclusion rooms on this floor would

the first floor, he is in for a few new experiences.

He sees several of his fellow patients writhing and groveling on the floor. He hears the disturbed nightly occa-
sional screams of mentally ill patients.

On the third floor, still there are wards for the physically disabled and for the bed-fast elderly people. The wards for the old men and old women are not pretty.

Jammed together, bed to bed, are these unfortunates living out their last days. No bedside tables, dirty linen, no ventil-
ation, an overpowering stench, sagging wooden floors, desultory care from over-
worked attendants—this is the over-all picture.

In addition to Hope Hall proper, there are male and female annexes adjoining the building. The second floor of the male annex, devoted to disturbed cases, is one of the most unhygienic on the entire grounds.

The seclusion rooms on this floor would frighten even the state legislators who begrudge present appropriations for state mental hospitals. Caged in small rooms with a peep-hole slit in the door, many of these patients grovel nakedly about on a cold stone floor. Furnishings in these rooms usually consist of one dirty, night-

A typical scene in one of the wards for violent female mental patients at Norman's Central State hospital. Patients are kept in seclusion cells for long periods, violating all modern psychiatric standards.

One building for female chronic patients. These are patients who have been mentally ill for a considerable period, and are not undergoing active treatment. However, with proper care and treatment many might be returned to community life. In addition, mixed in with these chronic patients are quite a few acutely ill patients who should be undergoing treatment but, because of the limited facilities and space at Hope Hall, cannot be taken care of.

In all the buildings for chronic conditions, there are the same plane. Some of the wards, with a normal bed capacity of 30, have 90 beds jammed together. There are no chairs and no tables. Crammed into one end of the ward are several hard, unpainted benches. Usually 30 or 40 patients crowd together, hip to hip, on these benches. They sit there idly hour after hour. A sensitive boy sits check by jowl against a hopeless chronic who wears a locked belt restraint.

There is about all of it the feeling of being penned in. Some of these chronic patients have not been out on the grounds in ten years. While this reporter toured several of these wards, a number of patients came up to the doctor and begged him to let them out for a while. He had to refuse, explaining to me that the shortage of attendants made this impos-
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sible.
THAT's the picture, building by building, but it doesn't begin to convey the overwhelming evidence of an institution which, theoretically, was designed for the care of acute patients and for the adequate custody of chronic patients.

How did a new mental patient feel coming into these surroundings? This readjustment is drastic. The memories of the patient. There was a large and excellent recreation room with a large pool table.

The wards in this building, clean and bright, in the center of a patient occupied eight barracks, five for women and three for men. The barracks were in excellent physical condition and plenty of room was given each patient. There was a large and excellent cafeteria, similar to the one at the veterans' building. The grounds were in excellent shape, and many of the patients were allowed to use them under supervision.

When the project was first started from Lexington, it was like turning the clock back to the 18th century. At Lexington, you felt that the patients, in roomy barracks and pleasant surroundings, had a chance; in Norman, they seemed less fortunate—by comparison—a pervasive mood of hopelessness.

To cope with close to 3,400 mental patients crowded under the most adverse conditions, what kind of a medical staff do you think these institutions needed? It was the deadly monotony of asylum life, the regimentation, the dehumanization of the patient, the herding of people with all kinds of degrees of mental sickness on the same wards, the lack of simple decency, the complete lack of privacy in an overcrowded institution, the contempt for human dignity.

But does a mental institution have to be like this? A negative answer was found right on the grounds of Central State Hospital.

A special building on the grounds was devoted to the care and treatment of 225 mental ill both of men and women. The American Legion had paid the state a decent appropriation for an attractive, two-story brick building.

As soon as the doors were opened of this building, the contrast to the other buildings on the grounds was startling. You entered the wards through a modern, nicely furnished hallway, complete with radios, bright curtains, pictures, and fresh paint all over. Just off the dayroom was a recreation room with a large pool table.

The wards in this building, clean and bright, were not nearly as overcrowded as those in other buildings. Best of all, there was a large cafeteria with all the latest conveniences—a marble floor, high ceiling, polished tables, big blower fans, and the most modern of kitchen equipment. Patients were served in cafeteria style, the food placed in neatly compartmented metal trays. The atmosphere during mealtime was quiet and pleasant—a vivid contrast to the barbaric din of the other dining halls. Yet these veterans suffered from the same mental illnesses as those in the other buildings.

At the annex to Central State Hospital at Lexington, the contract was equally vivid. The federal government turned the naval gunnery school buildings and grounds over to the state in March, and Norman hospital officials had transferred 560 patients there since then.

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When this project was first started from Lexington, it was like turning the clock back to the 18th century. At Lexington, you felt that the patients, in roomy barracks and pleasant surroundings, had a chance; in Norman, you sensed one thing—an all-pervasive mood of hopelessness.

First of all, each of the doctors carries a patient load of approximately 700, one of the highest in the United States. In addition to being responsible for this enormous number of patients, they have to supervise the intensive treatment given the acutely mentally ill and concern themselves with the filling out of endless reports and case histories.

At Brooklyn State mental hospital, with approximately the same number of patients, there are 37 assistant physicians as compared to the six at Norman.

Because of this enormous patient load, all doctors at Norman work fearfully long hours, seven days a week. The pay they are on is $300 a month plus maintenance, a living allowance. Most of the medical students, psychiatrists in private practice make right here in Oklahoma City. Every one of the doctors at Norman has received various offers at double and triple their present salaries, yet they have turned them down because they haven't the heart to desert their unfortunate patients.

The nursing staff is in even worse shape. There are only five graduate nurses at Norman, and only two of these are on the permanent staff. At Brooklyn State, with the same number of patients, there are 110 nurses, yet the superintendent there complains because he has 20 nurses short of what he needs to take care of his patients.

Miss Jessie Kellor, superintendent of nurses, has been at Norman since 1929. She spends practically all her time in administrative duties and in training new attendants, and has little time for nursing duties.

HER assistant, Miss Sylvia Flood, took a postgraduate course in psychiatry at St. Elizabeth's, and has been at Norman since 1940. The training program for attendants, in addition to X-ray work, takes up practically all her time.

Miss Betty Dambacher, graduate nurse serving on a temporary basis at Norman, received excellent training in psychiatry in the New York state hospital system, including a course in insulin shock treatment at Rochester state hospital.

"I've never seen anything to compare with the conditions here at Norman," said Miss Dambacher. "There aren't enough nurses here to supervise the shock treatments, much less take care of the thousands of patients. I'm used to a set-up where there are plenty of student nurses around to help. There's not one single situation, such as at Norman. The 12-hour shift is brutal on a nurse too—how can you do your best working long hours? I never worked more than eight hours at a stretch in New York."

The doctor and attendant situation is bad, but the attendant situation is worse. And that makes it impossible for Norman to
meet the lowest standards for the adequate custody, much less treatment, of mentally ill patients.

There is a total of 89 regular attendants at Central State—one attendant for every 37 patients. The attendants work 12-hour shifts, so on each shift there is one attendant for every four acutely ill mental patients. Because of the low pay given attendants—they start at $70 and work up to $85 a month—the difficult nature of the work, it has been impossible for Dr. Griffin to recruit more attendants. During the war, practically all of his experienced attendants left for better paying jobs, and most of them did not return. Dr. Griffin has raised the nearby farms for most of them, and he and his staff have had a difficult time training them to meet minimum standards. A large percentage of the attendants are elderly men, too advanced in years to take advantage of higher paying jobs outside.

Just as the private is the backbone of the army, the attendant is the backbone of a mental institution. If you don't have enough attendants, and the ones you have are of poor quality, no matter how fine the medical staff you boast, you're bound to have a poorly run institution.

In some of the wards at Norman, you have one attendant for 90 to 100 patients. Many of these patients are unable to help themselves, and the attendant has to see that they're fed, bathed, watched over, and bedded down.

In the disturbed wards, one patient may require practically all the attention of an attendant for a long period of time. During this period, all the other patients are neglected. No wonder, then, the fifth in most of the wards at Norman.

The shortage of attendants has led to serious shortcomings at Norman. Many acutely ill patients have to be put in mechanical restraints, in violation of state and national rules, because there are no attendants to watch over them. If a patient becomes violent, there aren't enough attendants to subdue him—he is clapped into seclusion. This is exceedingly bad for the patient, but, under the circumstances, what else can be done? Because of the low pay and long hours, the turn-over of attendants is very high. It takes three to six months to train an attendant.

"It's heart-breaking how many leave right after the training period," said Miss Sylvia Pinnell, assistant superintendent of nurses. "They go to mental institutions in other states where they can get better working conditions."

In an effort to alleviate the shortage of personnel, Norman in recent years has used patients as attendants. At present, there are 77 patient attendants at Norman, almost as large a staff as the regular one.

To see these patient attendants at work is a frightening experience. Most of them are old, some have been at Norman for years, and their minds are badly deteriorated. Yet they are placed in charge of other patients, in responsible positions. Most of the kitchen help is made up of these patient attendants.

There are many dangers in this practice. Some of them are placed in violently disturbed wards, and they don't have the experience or mentality to cope with recurrent personal attacks. The 69-year-old patient attendant who, two nights before, had suffered 14 gashes in the head from a violently disturbed patient. Accidents like these are not uncommon.

The use of patients as attendants, condemned by every mental health organization in the country, is deplored by the medical staff of the hospital.

"If we had enough regular help, I wouldn't use one of them," said Miss Jessie Koval, superintendent of nurses. "If they were mentally competent, they would have been discharged from here."

"Except on the grounds of absolute necessity, it is an indefensible practice," said Dr. Rayburn, assistant superintendent.

"It gives them nerve-wracking responsibilities they shouldn't have to assume. It is with great reluctance we have used patients as attendants. At present, there are 77 patient attendants at Norman, in responsible positions, in charge of other patients, in responsible positions."

Shock Therapy Helps Mental Patients at Norman Hospital

Central State hospital at Norman, despite its enormous overcrowding and the deplorable smallness of its medical staff, is making a tremendous effort to use the latest therapies in the treatment of acutely ill mental patients.

In spite of screwy public notions about mental illness, modern psychiatry has made advances all along the line so that our best mental hospitals today (not in Oklahoma) are on a par with the therapeutic standards of the best hospitals for general disease.

In the medical profession, the term "insanity" no longer has any medical meaning. It is a relative term, a vague, socially approved catchword, usually applied to emotionally or mentally upset that they cannot be held responsible for their acts, and require some kind of social control.

Just Queer Elsewhere

A man or woman considered "insane" in one community or social setting may be regarded as just queer or eccentric in another. Any psychiatrist will tell you that many inmates of mental hospitals are less disturbed than many people on the outside, including some people who have achieved outstanding successes in social, economic, and artistic life.

A surprisingly large percentage of the inmates in all Oklahoma's mental institutions are people who have enjoyed marked success in professional and business lines—doctors, lawyers, public officials, educators, etc. They possessed sensitive, high-strung minds. In their escape from the painful jungle of human conflict, they have retreated into private worlds cloistered in their heart's desire. They have been isolated, abandoned, victimized.

Manic-depressiveness and schizophrenia comprise the two largest classes of mentally ill patients in Oklahoma mental institutions. A manic-depressive is one who suffers from alternating moods of high excitement and melancholia. A schizophrenia, or dementia praecox, suffers what is known as a split personality; he has retreated from the real world and built up a new one that consists of black-and-white blurs

Radical Treatment Used

In treating these two major types of mental illness, most modern psychiatrists advocate what is called the "total push" treatment. It consists of a full-out blitz attack on the mental illness, including shock and other special treatments, occupational therapy (work adjusted to the individual needs of the patient), recreation therapy (daily walks, gymnastics, sports), and divergent therapy (directed reading, music, movies, etc.).

At Norman, all three types of shock treatment (electric, chemical, or insulin) are used. Many recoveries have been effected as a result.

First successful type of shock treatment developed was electric or insulin shock therapy, introduced by Manfred Sakel in 1933. The aim is to induce a state of hypoglycemia (which may be defined as a condition of sudden, severe deficiency in the blood) through the agency of insulin. The doses of insulin are increased daily until the so-called shock-dose is reached, whereupon the patient lapses into a state of coma. When the coma is terminated after about five hours through the administration of a neutralizing sugar solution.

30 Patients Treated

At Norman, insulin shock is now being given to approximately 30 patients a week. Patients under insulin shock have to be watched every minute. Immediately after the injection of insulin, they go into severe convulsions and have to be placed in restraint. During the long period of coma, many are violently disturbed, physically and mentally. Only one out of 14 male patients, and 18 female patients. In the female section, there was only one nurse to care for the 14 excited and dangers women. One disturbed patient, in convulsive shock, sometimes demands the entire efforts of a competent nurse. At hospitals in other states, three or four nurses would be used under the same conditions.

There was only one doctor on duty for the entire 30 patients under shock. This was considered below standard, since each patient must be closely watched for dangerous heart and other reactions. In the men's section, there were two young patient attendants helping the men as they came out of coma. Under these circumstances, an accident is very likely to occur.

High Competence Needed

Bernard Gleuck, a leading modern psychiatrist, wrote in a recent issue of the "Journal of the American Medical Association": "It (insulin shock) requires a degree of competence, vigilance, and conscientious attention to detail second to none in the entire medical and surgical and psychiatric technique of contemporary medicine."

By this standard, the procedure at Nor-
He points out that 95 percent of the cures lack of equipment and shortage of medical minded state legislators stagger off their floor last year and was recently a candidate for political office.

Doctor Fitzgerald, junior member of the staff, recently started shock treatments on a group of 16 chronics who had been patients for years. After just two shock treatments, mostly the beginning of treatment, four patients showed cooperative tendencies, voluntarily eating their meals and keeping their clothes on for the first time since entering the institution.

Appeals Go Unheeded

Doctors Griffin and Rayburn have begged the state legislature for years for money to carry on an intensive shock treatment program.

"I'll stake my reputation on an experiment," said Doctor Rayburn. "You give me 100 tubercular patients, and 100 mentally ill patients, and I'll give you a higher rate of recovery from the mentally ill group. Today our tuberculosis in the state get three times the money per patient we get. They should get sufficient funds, but it's about time the legislature and the public woke up to the fact that if our number one health problem today is mental illness."

If the situation in regard to shock treatment at Norman is pretty bad, it's ten times worse when studied in the light of the auxiliary therapies which must be used in connection with shock treatment.

Occupational therapy at Norman is farcical. Modern psychiatrists agree that a planned work program, fitted to the individual needs of each patient, is essential in promoting cures. At Norman, with 3,400 patients, there is one occupational therapist, an elderly woman with no training in the field. She supervises over a small building where less than 10 patients go through the motions of needle-work and rug weaving.

The advantages of occupational therapy have been recognized by most major mental hospitals in the country. The patient's mental attitude is favorably influenced; good habits are induced and maintained; the socialized process which prepares the patient for life in the normal community is achieved; and the outlook that the physical condition of the hospital is improved. At Pilgrim State Hospital in New York, there are 100 occupational therapists!

Recreational therapy is unheard of at Central State. At the better mental hospitals, gymnastics, sports, rhythmic exercises and other forms of recreation and amusements are carefully planned in accordance with the needs of the patients.

Diversive therapy is likewise neglected. Music therapy, dating back to the time when David cured Saul's melancholy by playing on his harp, is increasingly used in all modern mental institutions. It does.

In the past year, the Norman medical staff has done some limited experimenting with new chronics. In one case, through the use of combined shock treatments, they cured a stuporous schizoid, a patient for 12 years, who at one time used to nail his feet to the floor. He is now completely well, employed in a professional job.

In another case, they cured a woman patient who hadn't talked in four years and had to be fed at every meal until given intensive shock treatment. Today, she is employed by one of the largest banks in the state. A third case, a male patient regarded for years as completely hopeless, was cured last year and was recently a candidate for public office.

MISERY RULES IN STATE SHADOWLAND

man shows too many dangerous deficiencies. However, the doctors at Norman are to be commended for continuing their insulin shock treatment. There is no doubt that insulin shock therapy has helped many patients who otherwise would have been relegated to the ranks of the incurable. A recent report by the New York State Temporary Commission on State Hospitals, revealing the findings of an intensive five-year study of insulin shock treatment given to schizophrenics at Brooklyn State Hospital, showed that 70.6 percent of the schizophrenics given insulin shock treatment at that institution were able to leave, as compared with only 59.8 percent of the patients treated with other shock or non-shock methods at other hospitals.

In addition to insulin shock, metrazol and electric shock treatments are given at Norman. Both are much less difficult and less expensive than insulin shock.

Metrazol Is Effective

Metrazol, a chemical-like drug, is injected into the vein of the patient. The convulsive period lasts about a minute, and then the patient passes into a deep sleep lasting 15 or 20 minutes. Recent studies have indicated great success with metrazol treatment on schizophrenics. About half of all patients treated with metrazol at Brooklyn State Hospital are sent home cured or much improved; three out of four recover if treated within six months of the onset of the mental illness.

Electric shock is the newest of the shock therapies. An electric shock headgear is adjusted to the patient's head, and the current is fed at 120 volts from a small machine. The patient becomes rigid, then is solved with epileptic-like convulsions lasting about a minute, then falls into a sleep lasting 15 or 20 minutes.

Theory behind all three shock treatments is that the patient, during the period of coma and immediately subsequent to it, shakes off his imagined ills and delusions and moves back toward reality.

Equipment Shortages Doom Many Patients in Norman

Since the incidence of shock treatments 15 years ago, over 700 mental patients all over the United States, previously regarded as incurable, have been treated and returned to community life. Yet today at Norman's Central State Hospital there are hundreds of acutely ill mental patients who might be cured, slipping into the incurable class because of lack of equipment and shortage of medical and nursing personnel.

Doctor Prosser, a keen student of psychiatric therapy, estimates that there are 700 acute patients at Norman who should receive treatment, but are not getting it. He points out that 95 percent of the cases are affected in the first 12 months of a patient's illness, so that each day sees more of these abandoned 700 sinking into the incurable class.

Disregarding the moral wrong involved in cruel neglect of these unfortunate, the cost to the state and the period of shock is enough to make some of our economy-minded state legislators stagger off their soap-boxes.

Social Study Prepared

Doctor Prosser has prepared a special study of the cost to the state of lack of treatment for one class of patients, the schizophrenics.

The average cost of a three-month intensive treatment is $247.50. If the schizophrenic is untreated, his average stay in the hospital is 20 years, at a cost of $5,183.80 to the state. Note the difference in these two figures. Even if the treated schizophrenic enjoys only five years at home, and then is readmitted, the state has saved almost a thousand dollars.

Now Doctor Prosser does a little multiplying. Each year about 210 cases of schizophrenia are admitted to Central State. If not given treatment, these cases have a potential cost to the state of over a million dollars. If given treatment, using statistics for rate of recovery at Norman, Doctor Prosser concludes that the state will save at least $200,000 a year from those who return to their homes either permanently or for several years. This is not speculation these are actual figures, and they cover treatment for only one type of illness.

Of course, this study does not take into account the tremendous human factors involved in the restoration of the individual to mental health, the rehabilitation of broken families, and the gain to society in the return to it of so many of its highest type citizens.

2,000 Chronics at Norman

And this study glosses over the fact that many hospitals have effected amazing cures on chronic patients who were formerly regarded as incurables. There are 2,000 chronic patients at Norman who know how many of them could be cured if equipment and personnel were available?

Dr. D. W. Griffin, 73-year-old superintendent of Norman's Central State Hospital, the dean of the state's psychiatrists, and recognized as one of the pioneers in the development of state institutions for the mentally ill, Dr. Griffin has spent 47 years at Norman.

If the situation in regard to shock treatment at Norman is pretty bad, it's ten times worse when studied in the light of the auxiliary therapies which must be used in connection with shock treatment. Occupational therapy at Norman is farcical. Modern psychiatrists agree that a planned work program, fitted to the individual needs of each patient, is essential in promoting cures. At Norman, with 3,400 patients, there is one occupational therapist, an elderly woman with no training in the field. She supervises over a small building where less than 10 patients go through the motions of needle-work and rug weaving.

The advantages of occupational therapy have been recognized by most major mental hospitals in the country. The patient's mental attitude is favorably influenced; good habits are induced and maintained; the socialized process which prepares the patient for life in the normal community is achieved; and the outlook that the physical condition of the hospital is improved. At Pilgrim State Hospital in New York, there are 100 occupational therapists!

Recreational therapy is unheard of at Central State. At the better mental hospitals, gymnastics, sports, rhythmic exercises and other forms of recreation and amusements are carefully planned in accordance with the needs of the patients.

Diversive therapy is likewise neglected. Music therapy, dating back to the time when David cured Saul's melancholy by playing on his harp, is increasingly used in all modern mental institutions. It does
not exist at Norman. Directed reading and other activities are not used, either.

Hydrotherapy, the use of baths and wet packs in furthering the cure of mentally ill patients, is practiced on a very limited scale at Norman, and there are only six tubs for sitz baths at Norman; there should be, at least 24. Central States doesn't have a portion of the hydrotherapeutic equipment available in every progressive hospital today. The state department of health requires one physio-hydro-therapist for every 30 patients; Norman has none for 4,500 patients.

Psychotherapy, which has made tremendous strides in the last two decades, is practiced on a small scale. It helps cure many patients through the use of suggestion, persuasion, progressive relaxation, hypnosis, personality analysis and psychiatric interviews. It is a tremendously important therapy, and is widely practiced throughout the country. However, it requires that a great deal of time be spent with each patient—the patient's thought processes must be searching analyzed. Doctors at Norman treat, an average patient load of 700.

Q. E. D.

At this point, some of our economy-minded legislators might argue that all of these therapies sound like a lot of pantry-waist investment and that, at least one member of the board of public affairs, which supervises our state mental hospitals, was most impatient when this reporter attempted to explain them to him. He had not been in a single one of the hospitals this year!

Instead of being frills, these various therapies, if properly used, could save the state of Oklahoma untold amounts of money. Because patients are not released at Norman, over 3,000 mentally ill people spend all their time brooding over their imagined ills. The modern idea in psychiatry is to keep the patient occupied, to draw him away from the unhealthy thoughts which make him lose touch with reality. At Norman, the patients stare at the walls day and, occasionally, use none of this, their mental deterioration is alarmingly rapid.

Even patients who are discharged from mental hospitals in Oklahoma have two strikes against them when they return to their communities. At Norman, there is just one social worker to handle the socio-economic problems of the 80 or more patients paroled to community life each month. She has had no training in psychiatry, has to do her own typing, is on call 24 hours a day, and is paid $1,200 a year.

The return of a mentally ill person to normal life from an institution is probably the most delicate of all individual and societal problems. Such a person, unwielded, frequently breaks down under the strain, with consequent readmission to the hospital, perhaps permanently this time.

Upon his return to society, the discharged patient is invariably burdened with many problems. Unfortunately being the "stigma of insanity," with which the former patient of a "madhouse" is branded. The patient cured of pneumonia or typhoid or 30 other sicknesses every spring, his affairs at the point where his temporary illness had interrupted his normal routine. But not the recovered mental patient. He is a marked man. He had been "crazy."

Many times the family or socio-economic conditions which caused the patient's breakdown still exist. Because there is no social worker to smooth out family problems, to help him gain employment, he is frequently back at Norman a week or two after his release. At least 25 per cent of readmissions at Norman is a serious indictment of the state's callous disregard of the tremendous advances made by other states in the care of discharged mental patients.

Nor have we discussed the lack of research in psychiatric problems at Norman. The state department, void of departures in the treatment of the mentally ill. There have been experiments involving a chemical attack on mental disease, studies of the endocrine glands as precipitating factors, research on the effect of nutrition on mental processes, and the development of a whole new psychological therapy.

As Dr. Arthur Ruggles states in his "Mental Health: Past, Present and Future": "No single school of thought can explain the varying forms of mental disorders, and the great need of the present day is for soundly trained physicians who will be able to apply a variety of methods of study to the complex phenomena of mental maladjustments."

Research at Norman? There is one doctor at Norman for every 700 patients. Q. E. D.

**All Types of Negro Patients Mixed at Taft**

The State Hospital for the Negro Insane, located at Taft, was established in 1943. At that time, more than 500 Negro patients were transferred from Central State Hospital at Norman in the new institution.

The brick buildings at Taft are in fairly good physical shape, and the grounds are spacious and well-kept. There are more than 800 patients for a listed bed capacity of 700 and, while the over-crowding is not as severe as in the three white hospitals, it is still pretty bad. Some of the patients' mattresses are thrown on the floor for use at night.

The wards are kept reasonably clean, but there is an acute shortage of bedding. Nothing but the thin or the clean linen. The furnishings in the wards and dayrooms are far from adequate; most of the patients sit around on the same drab-looking benches found at the other state institutions.

The central dining room is also similar to those at the three white hospitals, which means it is none too good. Patient attendants help in the kitchen, and the serving is a dismal affair.

**Two Doctors in Charge**

There are only two doctors at Taft. Dr. E. P. Henry, the superintendent, has been at Taft since its opening. The assistant physician, Dr. C. E. Ford, came to Taft in 1942. Neither has received any formal training in psychiatry, and they are unable to handle the enormous patient loads assigned them. In addition to their duties at the mental hospital, the doctors are responsible for the patients at the Desert Blind, Orphans' Home, and the Girls' Training School, both several miles from the hospital. On many a day, as on the day this reporter visited the institution, there was just one doctor at the mental hospital to care for more than 800 patients.

There are two graduate nurses at Taft. While this is considerably below standard, it is better than the situation at both Vinita and Supply. There are 50 regular attendants, and a much higher percentage of nurses per patient than at any of the three major white institutions. A limited amount of shock treatment is given. Approximately 40 patients are released other mental hospitals each year for shock treatments at the present time. Dr. Henry says there are many more acutely ill mental patients who should be getting shock treatments, but staff limitations, new departures in the treatment of the mentally ill, and the development of a whole new psychological therapy make it thus.

**Other Therapies Weak**

Therapies related to shock treatment are very weak. Occupational therapy is restricted to the women; the men have too much idle time on their hands. There is little diversive or recreational therapy, and practically no psychotherapy. There is no social case worker for the patients.

The major weakness at Taft, which has made it a critical target in every survey of the state's mental institutions, is its complete lack of separation of various types of mental illnesses. The Brookings Institution in 1935, and both the Marland and National Mental Hospital Survey committees in 1957, took the state over the goal for this in 1957.

At Taft, you have close to a hundred mental defectives, many of them children. These unfortunate are not "insane"; they are merely suffering from a degree of incomplete mental development. Yet, in violation of all state and national psychiatric standards, they are committed to a hospital for the insane. In many ways, this is the worst of all the indignities heaped upon the mentally ill in Oklahoma.

**Epileptics in Same Place**

Mentally defective children, because of this situation, spend most of their time in the company of deranged adults. Dr. Henry knows the dangerous consequences of this; these children continually pick up improper language and bad habits of other patients. Equally, they receive none of the training and schooling modern psychiatry has prescribed for them.

At Taft, also, are 60 epileptics. Epileptics are not "insane"; they differ from them, apart from their convulsive periods, show little mental impairment. Modern psychiatric theory holds that epileptics suffer great damage when confined in a general institution. In most other states, they are confined in colonies closely approximating normal community life.

This lack of classification of the mentally ill at Taft is so serious as to impair practically all the work it is attempting to do. To see little children, adult mental defectives, schizophrenics, and seniles milling about in one room all dayroom is a heartbreaking sight.

**Epileptics Got Food, Shelter, Little Else In Mental Hospitals**

In establishing the State Home for Epileptics at Pauls Valley in December, 1944, the state took the first and important step toward solving the problem of epileptics.

It is unfortunate, then, that the state did not take the second necessary step and make it a decent place for them to be quartered.

The Pauls Valley Institution houses 314 patients at present, and they live under
conditions so disheartening it is hard to imagine.

All of the buildings at the hospital are badly in need of repair. Cracks in the walls, falling plaster, holes in the floors, a sad lack of paint—these are the rule rather than the exception. Many of the wards are so overcrowded—20 beds jammed in a ward built for 10.

Some Rooms Unventilated

Some of the strong, or seclusion rooms have no windows and absolutely no ventilation. There is dirt in all the rooms—piecés of dirty linen on the floor, and seedy-looking clothing lying about.

The toilet facilities are the worst in the state. Several of them have no windows, and no air or light comes in—the resulting stench is overpowering. In one toilet, the water was foot deep on the third floor, and a pile of clothing floated in one corner.

The main dining room is completely inadequate, and there are two sittings at every meal. The kitchen is as unhygienic as the one at Fort Supply.

Dr. Carl Steen is the sole physician assigned to the hospital by the state. Dr. Steen is a member of the medical staff at Central State Hospital at Norman for 20 years. During the war, he suffered a heart attack because of overwork, and was transferred to Paul Valley. He is an experienced and competent psychiatrist, and is most sympathetic to the problems of the epileptic.

There are no nurses at the institution, and only 25 regular attendants. Patient attendants are used extensively, with the usual results.

Situation Is Dangerous

The shortage of staff personnel creates a highly dangerous situation. Epileptics, though not "insane," require a great deal of close personal attention. They are subject to convulsions and fits of temperament, and during these recurrent periods, their behavior is unpredictable.

Because of the shortage of attendants, there are many accidents at Pauls Valley. Many of the patients have lacerated heads, body bruises, and black eyes. Attendants have been beaten or attacked on a number of occasions, and are usually hurt before the convulsive patient can be subdued. Several nights before this reporter’s visit to the institution, one of the attendants had to beat a patient into submission with a flashlight.

On a tour of the hospital, this reporter noticed several patients lying about the grounds in convulsive state. One was writhing on the hard stone walk in front of one of the buildings. While it is true that little can be done for patients during a convulsive state, there was no attendant nearby to watch during the attack.

Because of the small number of attendants on duty at Pauls Valley, more restraint is used in the hospital than at any other mental hospital in the state. Heavy leather leg belts and locked belts restrain a large number of patients, and there is an excessive amount of seclusion practiced.

Shock of Little Use

Shock treatments have had little effect in treating the patients here. In Pauls Valley, as in most other mental hospitals, various drugs have been used in an attempt to reduce the number and violence of the convulsive seizures.

The major difficulty of the Pauls Valley home for the epileptics lies in its failure to provide the occupational and recreational therapies which modern psychiatry insists epileptics must have. In the past fifty years, many states have established epileptic colonies boasting a ramified system of occupatious, educational facilities, amusements and entertainments. These colonies closely approximate normal community, since the epileptic, apart from his periods of seizures, follows a fairly normal pattern of behavior.

Pauls Valley will have to be greatly expanded, and its whole plan of operation must begin to meet the minimum national psychiatric standards set for the care of epileptics. Dr. Steen estimates that there are over one thousand epileptics in the state of Oklahoma, some of them scattered in other institutions, and many at home. Under the present set-up, they are being completely neglected.

Mental Hospital At Enid Is Best

THE Northern Oklahoma Hospital at Enid, opened in 1908, is the only one in the state for the care of mental defectives.

There are many popular misconceptions about the mentally defective or feebleminded. The best definition of this class of mental patient is found in the New York State mental hygiene law.

"Mental defective means any person afflicted with mental defectiveness from birth or from an early age to such an extent that he is incapable of managing himself and his affairs, who, for his own welfare or the welfare of others, or for the community, requires supervision, control, care, or correction, and is an insane or of unsound mind to such an extent as to require his commitment to an institution for the insane."  

The mentally defective are divided into three main classes—ranging from idiots to morons. All three can be found at Enid, from a 70-year-old senile to a 7-year-old child.

The Enid institution is the most attractive looking mental hospital in the state. Built on the same vintage plan, it consists of a number of two-story brick buildings stretched out over spacious well-kept grounds.

The overcrowding at Enid is severe, with 1,250 patients jammed into a bed capacity of but 500. In many of the wards, the beds are pushed jam up against one another, and patients going to the bathroom must climb over the front of the beds to get out. There are 230 beds in the ward reserved for non-ambulatory patients, and in the small wards for babies the cribs are too close together.

Yet, despite the serious overcrowding Northern Oklahoma Hospital is a model of cleanliness. Most of the floors have been treated with a rubberized compound, and are kept shiny at all times. The walls are painted recently, and are almost free of crevices and dirt marks. There are curtains on all the windows, and the beds, which are washed down and aired once a week, are clean when looked at.

The low grade of cleanliness where deteriorated mental defectives who are unable to care for the simplest of body wants are quartered, are very good. Though these patients are hand washed and do not need to be washed an average of three times a day, the wards are in as good a shape as the ones for the high grade patients.

The two wards for epileptics, though badly overcrowded, are refreshing in contrast to the dismal filth of the wards at the State Home for Epileptics at Pauls Valley.

All of the toilet facilities are clean and sanitary despite the deteriorated condition of a large number of patients who use them.

There are 14 separate dining rooms, one for each building, and everything has been done, including the placing of flowers on the table, to make them as pleasant as possible. Cooking for each of the dining rooms is done in kitchens which are located in the same building.

On a tour of the institution, this reporter was continually surprised at the pleasant atmosphere and conditions provided for these mental defectives.

There were airy play rooms, with game tables and pictures on the walls. The linens and clothing closets were spotless, with every patient’s clothing carefully marked. The attendants wore clean white uniforms, and most of the patients had freshly pressed clothing. Ventilation was excellent throughout, there were few roaches and flies, and there wasn’t the slightest evidence of an unpleasant odor in any of the buildings.

Mrs. Anna T. Dunnam is the superintendent of the Northern Oklahoma Hospital, having been appointed to the post by Governor Kerr in 1942. There have been too many changes of administration since the opening of the institution, and it is unfair to say there has been too much political intermingling in the affairs of the hospital.

There is not one trained psychiatrist at Enid, which is a serious violation of state and national psychiatric standards. Back in the thirties, there was a medical superintendent and an assistant physician assigned to this hospital. Most modern psychiatrists agree that better care can be given to these mental defectives, but there should be several psychiatrists on hand to deal with behavior problems and training problems.

There are 14 matrons, one in charge of each building. They are competent and diligent, and seemed imbued with an enthusiasm lacking in most attendants at other mental hospitals in the state. Assistanceing the matrons are 52 regular attendants, about 50 short of the number needed to handle the patient load properly. Because of the attendant shortage, a large number of the patients have been drafted for work details.

The problem of the mental defective lies in the field of education and training rather than in medical treatment and, in some phases of this work, the Enid institution falls down. Franklin B. Kirkbride, son of the great psychiatrist, the Thomas Kirkbride, put the whole problem well when he wrote:

"The feebleminded are no different from the rest of the population, except in degree of the lack of development consequent upon the fact that they should not be considered as a class apart, but rather be treated as nearly as possible like human beings."

They cannot be cured, but a large percentage of them could do adequate work—just—to varying levels of self-sufficiency.
in normal society or in institutional life, in spite of the fact that they can never develop above a subnormal mental level.

MRS. DUNNAM has no professional help to handle the limited training program she has instituted. There are no occupa-
tional or recreational therapists, and no social case workers. These deficiencies are so serious, and so far below minimum standards set by the American Psychiatric Association, that they handicap the entire functioning of the Enid institution.

At institutions and colonies for the men-
tal defectives in most other states, a com-
prehensive school program, adjusted to the educational level of the patient, is carried on. In 1937, both the Marland and National Mental Hospital Survey com-
mittees criticized the Enid institution for its weak school program.

MRS. DUNNAM, with the assistance of two full time school teachers, has done a remark-
able job in improving the educational program. When she took over at Enid, they were actually attempting to teach algebra to the mental defectives.

She has substituted a more practical program adjusted to the needs of the various mental classifications. Lessons in the value of money, the writing of letters, and useful facts about the immediate environment form the basis of the revised curriculum. Progressive visual methods are used, and pictorial charts are the best teaching aids.

An active occupational program is main-
tained, despite the lack of a trained ther-
apist. The male patients work in carpenter, shoe-repair, painting, and other shops, and do all the work around the hos-
pital. The female patients work in the laundry and sewing shops. As one result of this, economy-minded Mrs. Dunnam hasn’t had to buy one sheet for the hos-
pital in her four year tenure; all the sheets are made from flour sacks.

Recreational and diversionary therapy is used a great deal at Enid. In 1937, the National Mental Hygiene Survey Committee chas-
tised the Enid institution for not possess-
ing one set of games. Today, there are stacks of games and several attractive game rooms.

Despite the absence of a trained recrea-
tional therapist, there is a fine musical therapy program at Enid! Mr. Dunnam drafted the hospital’s barber for the work, and he has assembled and trained a 28-
-piece band. Outfitted in monogrammed uni-
forms, they give band concerts under the lights for the Enid townsfolk. Seeing these unfortunate mental defectives, so intently proud of their uniforms, giving one of their concerts, was the most moving ex-
perience this reporter encountered on his whole tour of the state’s mental institu-
tions.

This musical therapy gets results, too.

The star trombone soloist in the band is the most cooperative patient in the insti-
tution. He strums with his head high, and is one of the most cooperative patients in the institution.

Under Mrs. Dunnam’s administration, the Northern Oklahoma Hospital has im-
proved tremendously, but is has no long way to go. Several new buildings are badly needed, because the overcrowding is se-
vere and there are hundreds of mental defectives scattered in other institutions and in homes throughout the state who belong at Enid.

The educational and training program must be expanded, for there are a large number of patients who could return to society if properly trained. There is a need for at least two occupational and two recreational therapists, and at least two resident psychiatric and social workers. Research into the cause and possible cure of mental defect is making rapid progress, and doctors should be on hand to initiate studies here in Oklahoma.

Further, the constant changing of ad-
ministrations is detrimental to the Enid hospital. The present administration has done an excellent job.

Public Apathy Is Given Full Blame for Conditions

"MAN’S inhumanity to man is nowhere so evident as in our mental hospitals. . . . All too frequently the public is content to delegate its conscience to public officials in order that it may wash its hands of matters which it should make its concern.

The loss of the individual to the com-
munity through mental illness is stag-
ggering. In the psychopathic hospital, it is not ap-
proached by any other disorder.

In common humanity and respect for the individual, the care of the mentally ill should become a matter of concern to every taxpayer and to every community."

This indictment, from the pen of Dr. George B. Stevenson, medical director of the National Committee for Mental Hy-
giene, hits at the basic weaknesses in Okla-
ahoma’s treatment of its mentally ill.

In the fact of an overwhelming accumu-
lation of facts, the majority of our citizenry remains indifferent to the state’s number one health problem.

More than one-half of all hospital beds in this country are occupied by mental patients; yet, for every $10 expended for physical health services, only $1 is spent for mental health.

Each year, the general public contributes about $48 million to fight disease—cancer, infantile paralysis, tuberculosis, and others. More than $14 million goes to tuberculosis cases; $9 million to 123,000 cases of infantile paralysis; and $1 million to 700,000 cases of cancer.

Yet, for over 30 million cases of mental illness, a far larger number than all other illnesses combined, we spend $300,000-
less than one-half cent of every dollar contributed to fight illness!

Still worse, Oklahomans turn the other way when confronted with figures which show our state to have one of the worst records in the country. We are 45th in per capita expenditure per pa-

tient, 45th in number of nurses per pa-
tient, 45th in number of doctors per pa-
tient, 45th in number of nurses per pa-
tient, and 41st in number of employees per pa-
tient. Our expenditure is 20 cents a day to feed our mentally ill.

In the face of developments in the last 20 years which have shown that hospitals in other states are salvaging as high as 60 per cent of the mentally sick, it is without shame to consider the failure of our state to take advantage of these advances at the outset.

Leonard Edelstein, executive secretary of the National Mental Health Founda-
tion, wrote recently: "Partly due to the stigma that has 

shrouded insanity, partly due to a lack of general recognition of the severity of the illness, not enough individual states, and individuals, have taken the necessary action—to inform our legislators we desire and are willing to pay for community clinical training centers which labor with new and higher standards in our mental institutions."

This, then, is the first step—an aroused citizenry must demand that the legisla-
ture appropriate sufficient taxes to wipe out the manifold abuses inherent in our system of caring for our mental cases.

The Enid committee has made a survey of the status of the mentally ill in Oklahoma has recommended that the super vision of state institutions be given over to a separate department.

In 1937, the National Mental Hospital Survey committee wrote: "The board (state board of public affairs) has more functions than it can properly administer until a central department is established by the legisla-
ture, equipped in personnel and vision to furnish foresight and leadership. The history of the state hospitals is a story of the shame of political patronage and now Oklahoma is still in a virulent stage of this disease."

The same year, Dr. Grover A. Kempf was quoted in the Marland report as stating: "State mental hospitals should be administered by a department of mental hygiene, a division of the state public welfare unit of government. This organ-
ization should be the supreme governing body having final authority and respon-
sibility, and should be composed of men familiar with the problems and needs of mental hospitals."

In 1935, a greater number of the states have established departments of mental hygiene, headed by a mental hy-
giene commissioner who is an experienced physician. Oklahoma, however, has not made an expose in "Life" because of its medie-
tival treatment of the mentally ill, adopted this plan and has succeeded in eliminat-
ing a great many abuses.

Third major step, and an absolute must if Oklahoma is to pull itself abreast of modern psychiatric developments, is the construction of a general psychopathic hospital for the segregation and treat-
ment of mental illness in its early stages. Over the years, thousands of Oklahomans’s mentally ill have been relegated to the ranks of the incurables because we have had no hospital to treat mental illness during the stage when it can be cured—the first few months after its onset.

This psychopathic hospital should be the cornerstone of a complete change in Okla-
ahoma’s attitude toward the mentally ill. Instead of emphasizing the costly custody of these incurables, the hospital could eliminate much of the shame and cost of the cure of the mentally ill.

In "Life" because of its medieval treatment of the mentally ill, adopted this plan and has succeeded in eliminating a great many abuses.
Oklahomans Demand Aid For Mentally Sick

I am J. E. Pierce of the Committee for Social Advancement of the American Veterans' Committee at Norman. We all have read your articles on the state's mental institutions, and we are in deep sympathy with your views, as we understand them, on the subject.

We have formed a sub-committee of the AVC legislative committee, and at present are gathering information on mental institutions for the AVC. We voted unanimously at our last meeting to put all of our energy behind some kind of legislation for improvement of these institutions.

We would like your help in supplying us with all of the data you have collected, if that is possible. We are now in the process of writing letters of protest to the state department of health and the commissioner of charities and corrections. We have also talked to Dr. Wilson, head of the psychology department at OU, and have scheduled interviews with Dr. Griffin and Rayburn at Central State Hospital.

I have a personal interest in this problem, as a friend of mine was recently committed to an institution in Illinois. She will be released shortly because of correct application of education and occupational therapy. Here in Oklahoma she would have been doomed to the ranks of incurables.

JOE E. FIERCE
Committee for Social Advancement, AVC.

TO THE EDITOR:
I have read the splendid series in the Daily Oklahoman by Mike Gorman on our mental institutions, but I'm beginning to wonder if your paper is going to quit when the job has just started.

You have exposed the condition, but now it is your duty to put pressure on the candidates for governor and the state legislature to see that reforms are carried out at once.

In last Sunday's Oklahoman, several readers suggested you put the series in pamphlet form and distribute them to every member of the state legislature the day the session opens! I have been a reader of your paper for 25 years and, if you do this, it will be the finest service you've ever rendered the people of Oklahoma in all the years of your existence.

I have a son in one of the mental institutions now, and I'd be more than willing to contribute a sizable sum to defray the cost of printing. I'm sure many other people would make contributions, too. Tell us what the pamphlet will cost, and we citizens of Oklahoma will pay for it.

C. M. L.
Woodward, Okla.

TO THE EDITOR:
No one is reading your articles with much more interest than I am. As I have said to Mr. Carl K. Stuart, your managing editor, we in Tulsa county are the first women in the state to concern ourselves with the care of the mentally ill while they are held for the county board. After months of work, we succeeded in arranging a ward in Hillcrest Memorial hospital for our mentally ill, and it will be in operation one year on October 8.

I feel very sad to learn the aftermath of holding them in hospitals. We are now the only county in Oklahoma to hold them in a ward before committal, but it doesn't seem to do much good after all—if your research is all I have read.

MRS. THOMAS W. LEACH
Barbizon Plaza hotel, N. Y.
each month for the care and comfort of those confined in the state hospitals where there are 10,000 mental patients, wouldn’t it help? I don’t have any kinfolk there, but I would gladly donate, for I know what it would mean.

A MARIETTA CITIZEN.

TO THE EDITOR:

After reading your excellent article, “Misery Rules in State Shadowland,” we have decided, after much discussion of the subject, to give you our idea as to the solution of this scandalous situation. You have done your state a great service by publishing the facts concerning our state institutions for the mentally ill.

This is just one-third of your duty. The other two-thirds: (1) Publish the names of all persons now in office who are responsible for this outrage; (2) Start a drive to remedy this disgraceful condition.

As you point out in your article, the shameful conditions now existing in our mental institutions are not the fault of the superintendents, the doctors, or the nurses, but the fault lies with the officials of our state government. These officials should and must be relieved of their positions.

FOUR STUDENTS OF OKLAHOMA A&M.

AN OPEN LETTER TO THE FUTURE

GOVERNOR OF OKLAHOMA:

In this morning’s “Daily Oklahoman,” I read articles by Mike Gorman and Edith Johnson on the appalling and deplorable conditions in our state hospitals for the insane.

Before the election, right now, I ask you to declare yourself on what specific action you will take to immediately remedy these shameful conditions if you are elected. I furthermore implore you to read all of Mike Gorman’s articles in recent issues of the “Oklahoman” before making a reply. Better yet, why don’t you make a personal trip to these institutions?

What are you going to do about it if elected? I anxiously await your reply.

JOHN R. HARDCASTLE
2224 N. Hudson.

TO THE EDITOR:

Your articles bringing to light conditions existing in our state mental institutions are splendidly written and will surely bring results.

Friday’s article dealing with conditions at Western Oklahoma hospital at Fort Supply touched us deeply. We had a very talented daughter there for eight months suffering from schizophrenia. As you stated in your article, “with no insulin treatment given there,” at the end of the eight months, she was no better than when we took her there.

She now in a private sanitarium at Dallas and having been there only six weeks, is already greatly improved and on her way to recovery due to the proper form of treatment.

Being a family of only moderate income, we had to go looking to place a heavy mortgage on our home, as private sanitariums are very expensive. But living in a state that has given such little thought to our mentally ill people—there’s no choice.

The girl of whom I’ve written you won first in the state and a scholarship to OU on her writing ability. Enclosed are some items written by her during her wasted days spent at Fort Supply.

Send “Behind Cold Bars.” Black as the nights That have no Stars, Though deep in my lonely heart I praysed: Oh God My neck is marked with beads of sweat For days in hell I must forget.

The shining word, the dagger’s blade Turning dull, confining prison shade, Please God Vanish the shadows. No violet I, loving the shade. The Sunflower, I’ve been from beginning Raise forever in air wade. Oh God, let me work with nature Free my thoughts (petals) from tears Take away my way shadow. Ruining days too courageous for tears. I sincerely hope I haven’t proven a nuisance in writing you. I appreciate your getting into the hearts of the people of Oklahoma.

MRS. R. H. A., Billings.

TO THE EDITOR:

Thank you. Your articles on the mental institutions are a blessing to humanity.

My husband and I have had the heartbreaking experience of seeing both of our adopted children committed to a state institution for the mental defectives. We will both be tortured for the rest of our lives by constant worry for these unfortunate children.

We will pledge a $10,000 donation to state institutions if a cure can be effected by constant worry for these unfortunate children.

MRS. M. L. R., Oklahoma City.

TO THE EDITOR:

At a meeting last Sunday of the department council of the Oklahoma Veterans of Foreign Wars, all the veterans present heartily endorsed your splendid series on the mental institutions.

Representatives of the Seminole post introduced a resolution demanding an immediate investigation of conditions, particularly with reference to World war I and World war II veterans now hospitalized at Central State hospital.

We have had many complaints about these veterans not receiving any treatment for their mental ills. Further, we have been too busy trying to see very poor food, not corresponding with the printed menus visitors are given.

We understand that several other veterans’ organizations are also pressing for an immediate investigation of this shocking treatment of our wounded.

Keep up the good work. Is there any way we can help you?

WORLD WAR II VETERAN.

TO THE EDITOR:

Your recent articles in “The Daily Oklahoman” are not only masterpieces of reportorial writing, but in unveiling the dark curtain that hangs between public opinion and the frightful conditions existing in our mental institutions, you have rendered a service of the very first magnitude to the people of this state, a service worthy of the Pulitzer Award.

The main responsibility for the rectification of these terrible conditions rests, of course, with the Governor of Oklahoma. There are certain phases of the matter, however, with which the State Legislature must primarily deal.

As a new member of the next House of Representatives, I am presenting legislation which will look to the establishment of a home or hospital for the aged people of Oklahoma, offering a sanctuary to those old people who, either too aged or infirm to look after themselves, would otherwise be committed to institutions for the insane. As Zola said so many years ago: “This is a matter which touches the conscience of all mankind.”

To make this type of legislation effective will require the cooperation of the federal government. I am enclosing a letter I have just written on this subject to the Administrator of Federal Security in Washington, D.C.

GUY K. HORTON,
Attorney-at-Law, Altus.

(Here are excerpts from Horton’s letter.)

“I am writing you this letter in regard to a shocking situation which has recently been made manifest in the state of Oklahoma. A reporter for the ‘Daily Oklahoman,’ the largest newspaper in the state, has just completed a survey of institutions for the insane in the state, and has uncovered as squalid a picture of wretchedness and misery as anything in the pages of John Wesley’s Journals over a century and a half ago.

“This survey reveals that the number of inmates confined to these institutions, a very large number are not mental cases at all, but simply old men and women, grown senile and helpless who have been condemned to spend their remaining years within the dark shadows of insane asylum because a cold and indifferent society has refused them any other kind of sanctuary.

“In the forthcoming session of the state legislature, I intend to work for the passage of a law that will provide a home for the aged who are receiving old age assistance, provided that the amount paid by the federal government and the state be paid directly to the institution to which they have been committed.

“I want to know if I can secure the cooperation of the federal government? As the situation stands now, any old person sent to a mental hospital automatically is cut off from his old age pension check. Would the same procedure be followed if a new home for the aged was provided? Would the federal government be willing to turn over to responsible state authorities the pension checks of old men and women who, by competent authorities, have been adjudged incompetent to care for themselves?

“Trust that the above views meet with your approval, and that all aid will be afforded by the United States government in this humane undertaking.”