

WHEN STATE HOSPITALS WERE COMMUNITIES

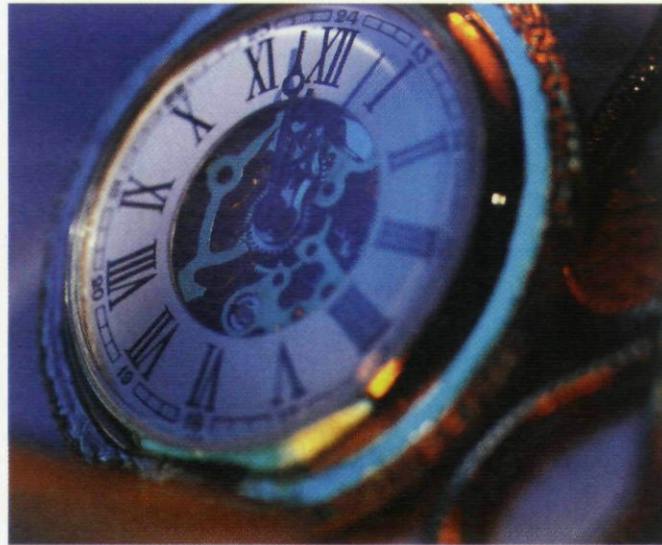
The golden age of these facilities left a legacy still seen in mental healthcare **BY STEPHEN M. SOREFF, MD, AND PATRICIA H. BAZEMORE, MD**

In the 21st century we take it for granted that we treat mentally ill people in programs in the communities where they live. Yet in another age, we cared for them in state hospitals. These hospitals were self-contained villages and communities. They often were called asylums and offered a way of life as well as total medical and psychiatric care. A New York state hospital described a patient's life there in August 1853 in these four lines from "Asylum Life; Or, The Advantages Of A Disadvantage":

I have no care for copper or coin,
I have no fear of any one's frown;
I'm fed by the hand that feedeth the best,
And seldom molested is my sweet rest.¹

The golden age of American state hospitals began in the early 1800s and lasted until the early 1950s. In this article we look back on that era to show what they were, where they were, whom they served, and what services they provided, including psychiatry, medicine with its specialties, rehabilitation, education, and even what they offered as a final resting place. We conclude with their rich and relevant legacy to the current practices of American mental healthcare.

State hospitals had a central role in American psychiatry and were very much a part



of each state's landscape. The superintendents of 13 state hospitals founded the American Psychiatric Association in 1844. Every state had at least one hospital for the insane; for example, by 1930 Massachusetts boasted of 12 state hospitals:

- Worcester Insane Asylum, 1830 (figure)
- Boston Lunatic Hospital, 1839
- Taunton State Hospital for the Insane, 1851
- Lunatic Hospital at Northampton, 1856
- State Lunatic Hospital at Danvers, 1873
- Westborough Insane Hospital, 1884
- Massachusetts Hospital for Dipsomaniacs and Inebriates at Foxborough, 1889
- Medfield Insane Asylum, 1892
- State Colony for the Insane at Gardner, 1900
- Grafton State Hospital, 1901
- Psychopathic Department of Boston, 1912

IN THIS DEPARTMENT we take a look at some of yesterday's treatment, reimbursement, and technology trends—and where they stand now.

- Metropolitan State Hospital, 1930²

These state hospitals varied in size. The Westborough Insane Hospital had a census of 1,000 patients in 1909; by 1918, 1,500 patients; and by 1954, more than 2,000 patients. Eloise Mental Hospital, on a 903-acre compound in Westland, Michigan, during the Great Depression had a peak of more than 10,000 patients!

In their inception these hospitals offered hope, refuge, and treatment to the mentally ill. Dorothea Dix urged that people with mental illness be moved from almshouses and jails into state hospitals. In

1797, what is now the second oldest and continuous mental hospital in the United States opened in Baltimore, Maryland, as Spring Grove, later to become The Maryland Hospital in 1834, and now the Spring Grove Hospital Center. In 1844, for its 143 patients, it listed the causes of insanity as follows:

- intemperance
- ill health
- masturbation
- constitutional
- domestic trouble
- religious excitement
- pecuniary loss
- love affair
- puerperal
- loss of friends
- disappointed ambition
- mortified pride
- remorse
- political excitement
- want of employment
- unknown³

For the same population it listed the following psychiatric diagnoses: mania, monomania, dementia, and idiocy.³

At the time, these hospitals provided state-of-the-art treatment in what they believed to be a humane and compassionate manner. Early on they offered a wide variety of somatic psychiatric treatments, including calming hydrotherapy, sensory deprivation chairs, twirling chairs, needle cabinets (steel cabinets in which staff would lock patients and then insert needles to put water directly

in their skin), straightjackets, and shackles.⁴ Later they made available shock therapy in the form of insulin and Metrozol, as well as electric shock; fever cabinets; malaria treatment; and prefrontal lobotomies.

As self-contained communities these state hospitals furnished their own medical care. Staff included physicians, dentists, podiatrists, and pathologists, with neurologists and neurosurgeons on consultation status. Still visible today in some Massachusetts state hospitals are the operating rooms used for general surgery, neurosurgery, oral surgery, orthopedics, and obstetrics. Take, for example, a sample of procedures done at Manteno State Hospital, in Manteno, Illinois, in 1941: hysterectomies, lobotomies, exploratory laparotomies, and ileostomies.⁵

State hospitals emphasized rehabilitation through work in two major areas: cottage industries and farming. Cottage industries included weaving chair seats, stenciling, sewing, furniture upholstery, and woodworking. In 1958, the Madison State Hospital in Madison, Indiana, sewing room turned out 10,000 stitched items.⁶ Incidentally, the same hospital also boasted of its own fire engine, further indicating its self-sufficiency.

Farms were a major feature of many state hospitals. In 1907, Worcester Insane Hospital produced 35,000 pounds of cabbage and 100 bushels of turnips, and in 1910 Westborough State Hospital produced 376,745 quarts of milk. Numerous state asylums raised cows and pigs.

State hospitals prided themselves on their educational focus. They offered professional training and schools for nurses, aides, social workers, rehabilitation workers, physicians, dentists, chaplains, psychologists, and psychiatrists. They provided classes for the patients, too; indeed, a number of patients earned a GED during their inpatient stay. In 1885, the Central State Hospital of Indiana opened separate schools for female and male patients.⁷ This hospital also offered educational programs for people residing in the vicinity, such as having speakers on mental health issues.

In addition, state hospitals admirably addressed their patients' social and entertainment needs in many ways. There were beauty parlors, bowling alleys, pool tables, swimming areas, picnic places, libraries,

newspapers, and bicycles and places to ride them, as well as patient dances. Madison State Hospital annually hosted a Fourth of July party, welcomed performances by the Philharmonic Orchestra of Indianapolis, and prided itself on its own Army surplus bus

to take patients to off-campus activities. Furthermore, it is a myth that state hospitals were isolated and away from population centers. Regular community interaction and involvement were the norm. The majority of these hospitals were located near or in population centers rather than being placed out in the country.

State hospitals also became the final resting places for

many of their patients. Perhaps because of the persistent nature of mental illness, with protracted hospitalizations and family abandonment,

cemeteries were created on the grounds. Patients were buried in simple graves each marked only by number.

Eloise Mental Hospital has 7,100 patient graves in an area across the street.⁸ Currently these cemeteries are being rediscovered and rehabilitated by patient advocates.

In the 1970s, deinstitutionalization became the focus of mental health efforts. This movement arose from the work of Dr. Nathan Kline in the 1950s and 1960s and from a series of legal challenges to the system. From this

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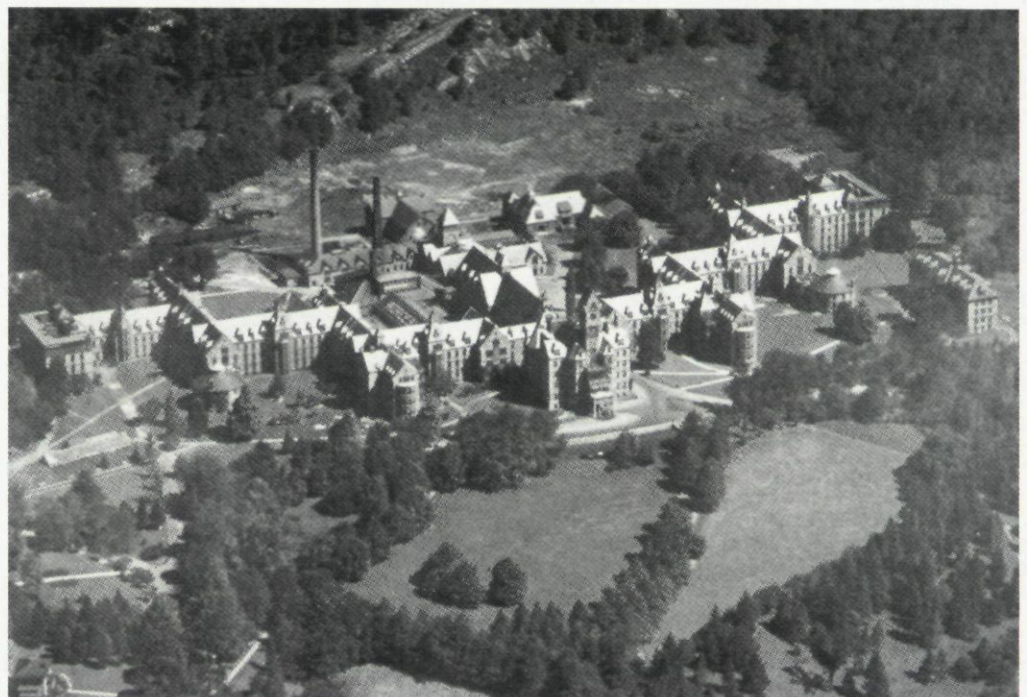


Figure. Aerial photograph of Worcester State Hospital (formerly the Worcester Insane Asylum) in the 1940s. Note the large size of the campus.

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IN RETROSPECT

time forward, state hospitals decreased in population and gradually began to acquire services for patients from the larger community. Today most state hospitals have written agreements with general hospitals for the emergency care and acute medical care of their patients. The declining patient numbers and the increasing high-tech nature of medicine have combined to make this arrangement necessary.⁹

It is important to recognize the legacy from the golden age of state hospitals. They were centers for the most compassionate and advanced psychiatric care available in their time, although some hospitals did have less than adequate treatment as depicted in the movie *The Snake Pit*.

They maintained a medical orientation and provided a structured, consistent approach. They recognized the protracted and sometimes intractable nature of serious mental illness in certain patients. Modern psychiatric rehabilitation is based on the work model they developed. They illustrated governmental concern and responsibility for those with mental illness. Finally, although reduced in number and size, many of these state hospitals still play a vibrant part in their states' continuum of mental healthcare. And many of their structures continue to serve their communities in other ways. For example, Grafton State Hospital is now the campus for Tufts University's veterinary school. **BHM**

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