

1-1-1974

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Recommended Citation

Huston, Paul E. "The Iowa State Psychopathic Hospital (part two)." *The Palimpsest* 55 (1974), 18-30.

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THE IOWA STATE PSYCHOPATHIC HOSPITAL (part two)

by

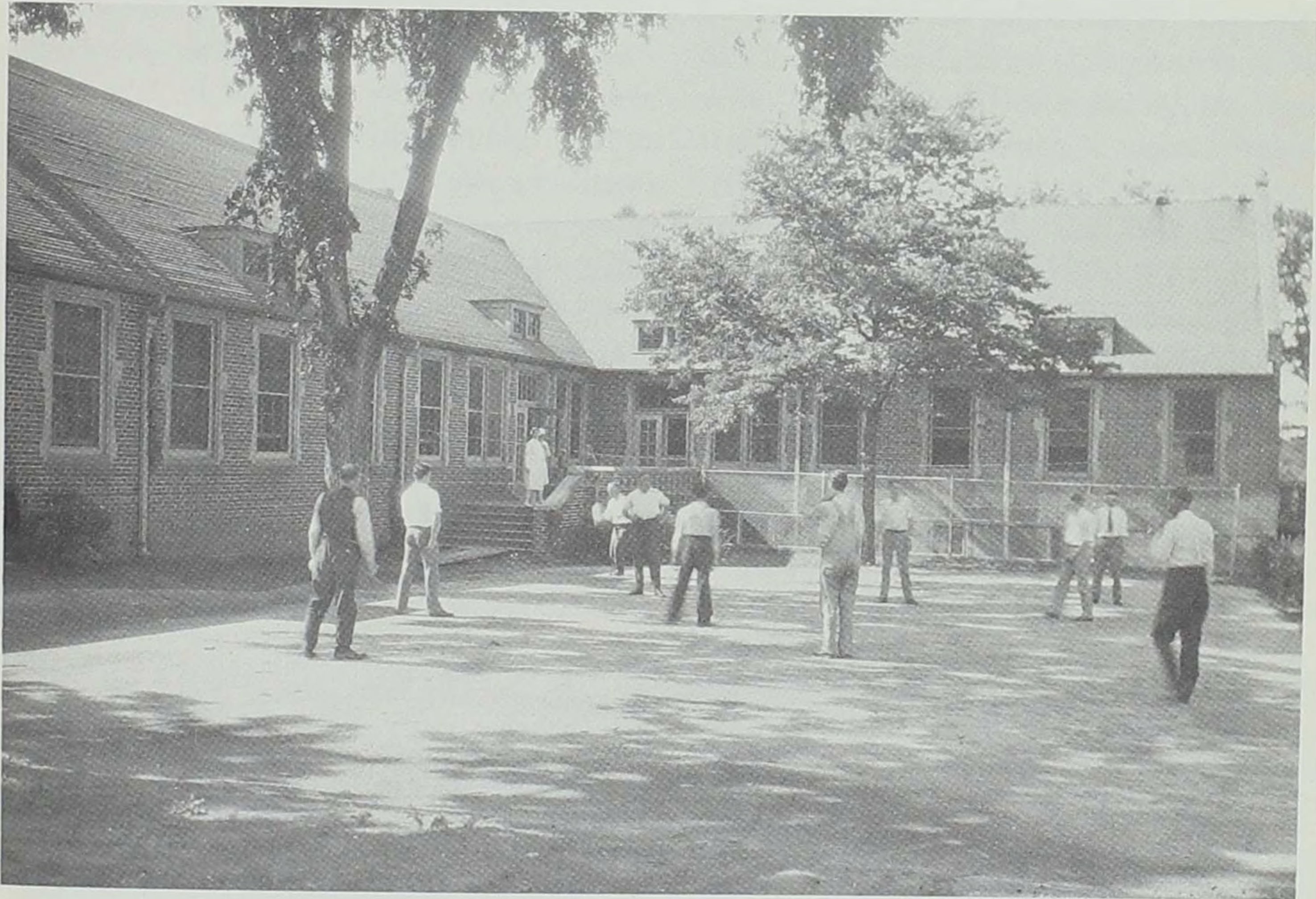
Paul E. Huston

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

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

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

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



Patients at recreational volleyball in 1929 or 1930.

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

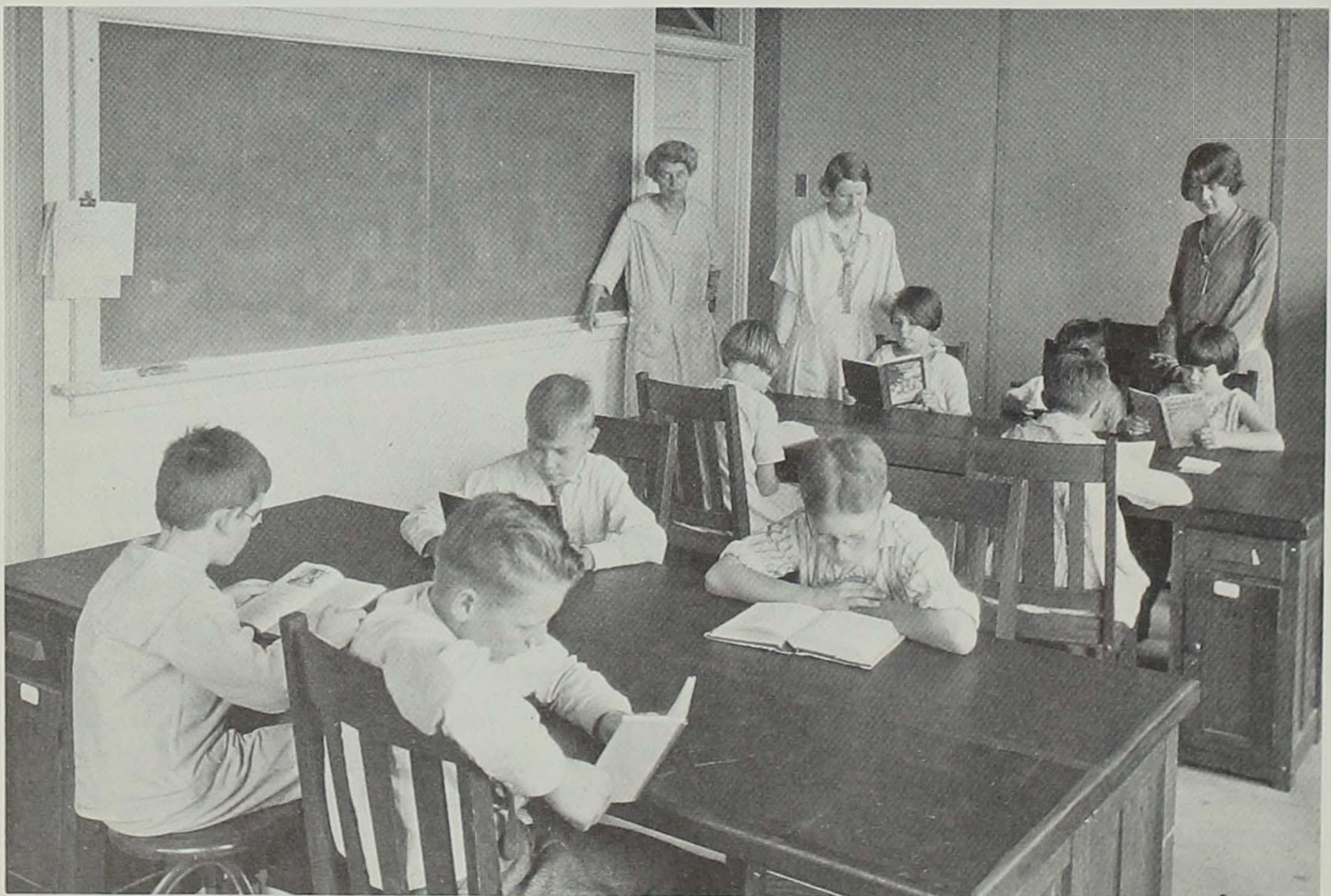
would be highly desirable for each child in the orphanage to have a complete clinical study and that a full-time psychiatric unit could be profitably employed by the state." In Green County, the sheriff and county attorney asked that all of their current prisoners be examined. In Waterloo, a probation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

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

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

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

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



Reading therapy in the 1930s.

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

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

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

In 1929, Dean Seashore had proposed

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

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

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



The adult occupational therapy shop.

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

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

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

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

to ask what more they could do.

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

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



Mrs. Opal Fore at the time of her retirement.

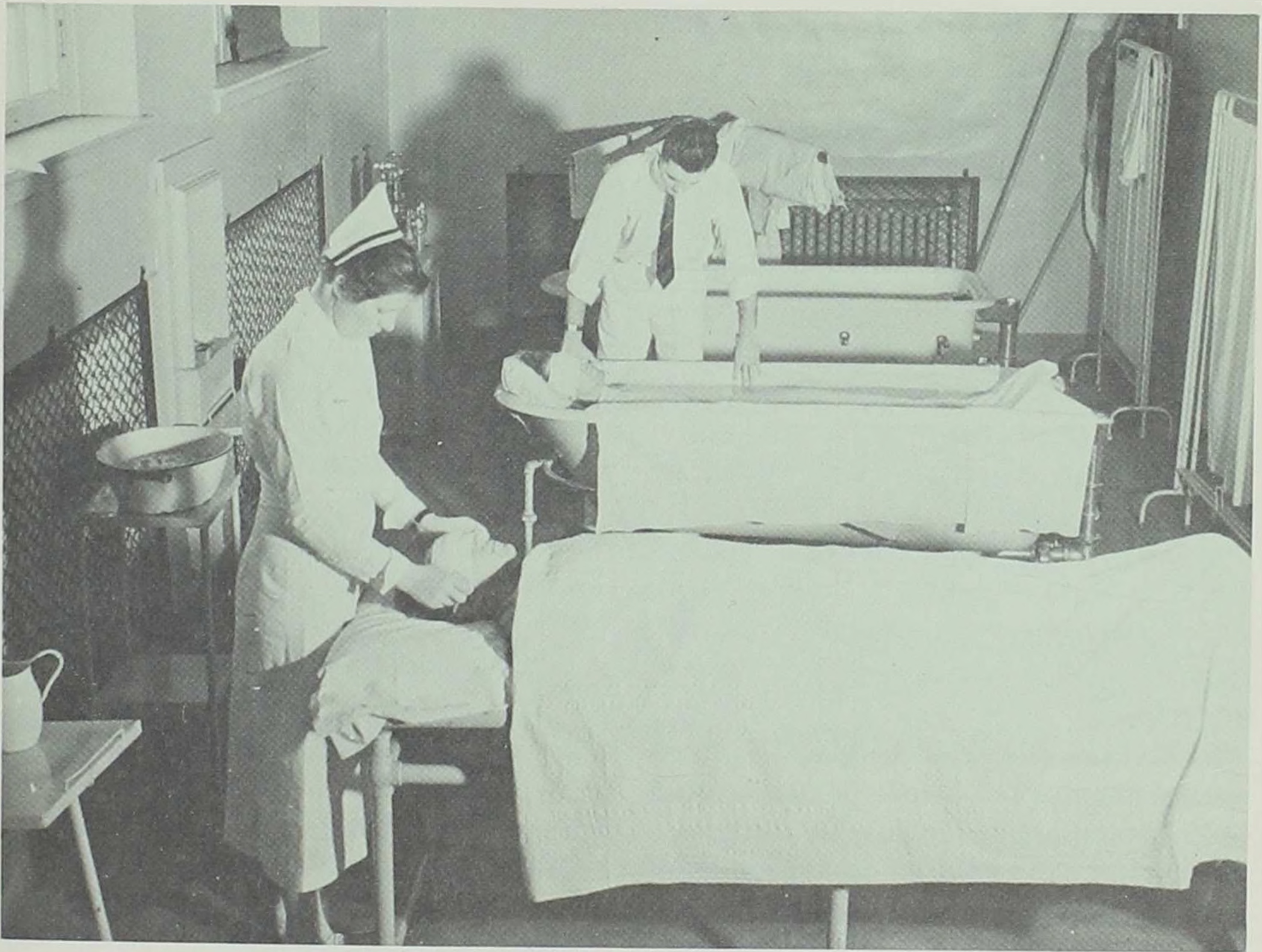
Boards of Directors. This was of particular value to resident physicians who might be offered employment in a mental health center, for they learned how a community organizes itself to start, finance, and operate a center. While still residents, they learned the functions of a center Board of Directors,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

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

private institutions.

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

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



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

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

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

to the lady and graciously escorted her to the ward.

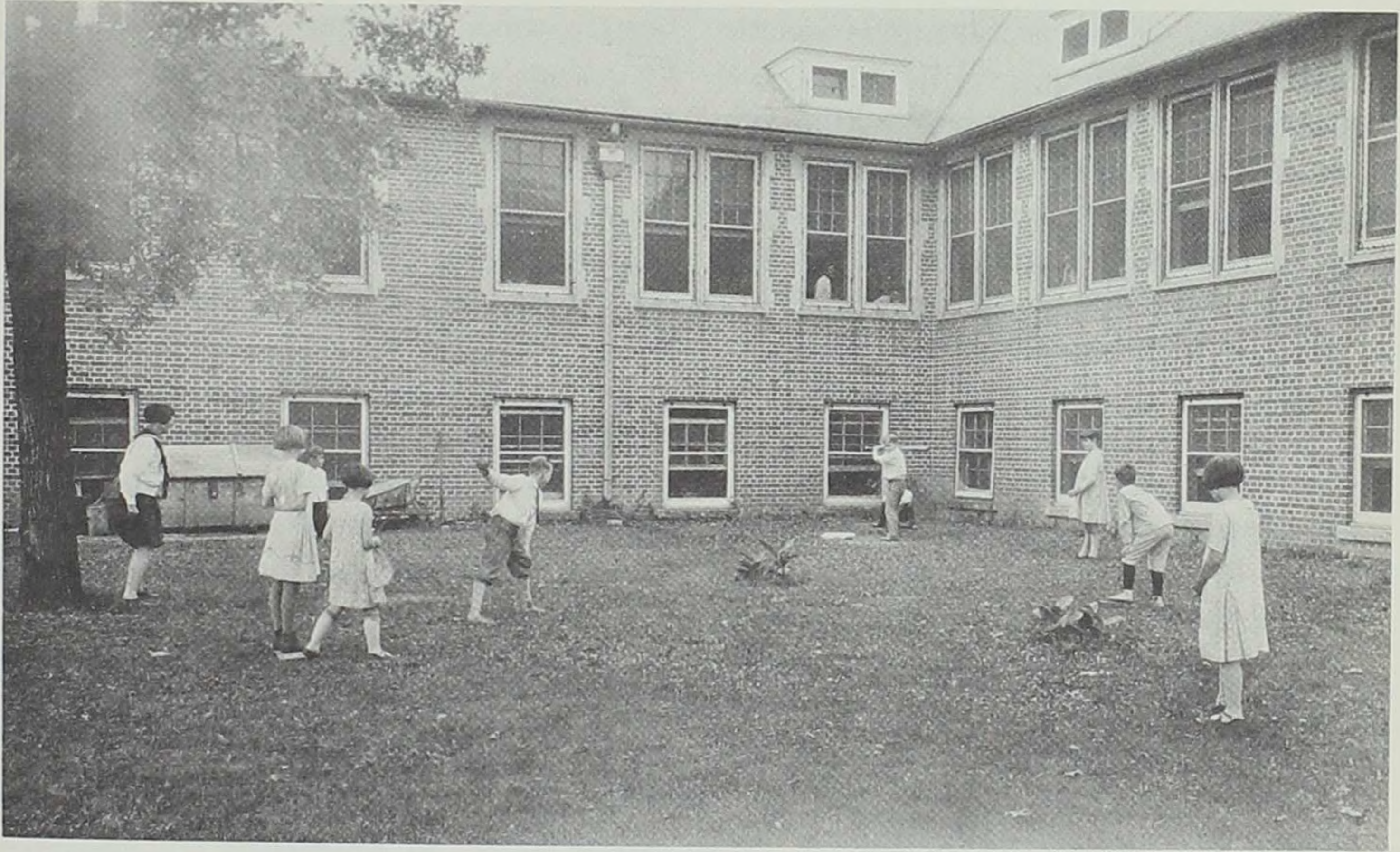
In 1963, yet another activity of the Mental Health Authority brought the Hospital into a new relationship to the whole state as a community. Federal legislation made two year grants available to each state for the purpose of developing a state-wide comprehensive mental health plan. Iowa's share, based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

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

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

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

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



Children at play during Dr. Orton's time.

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

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

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

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

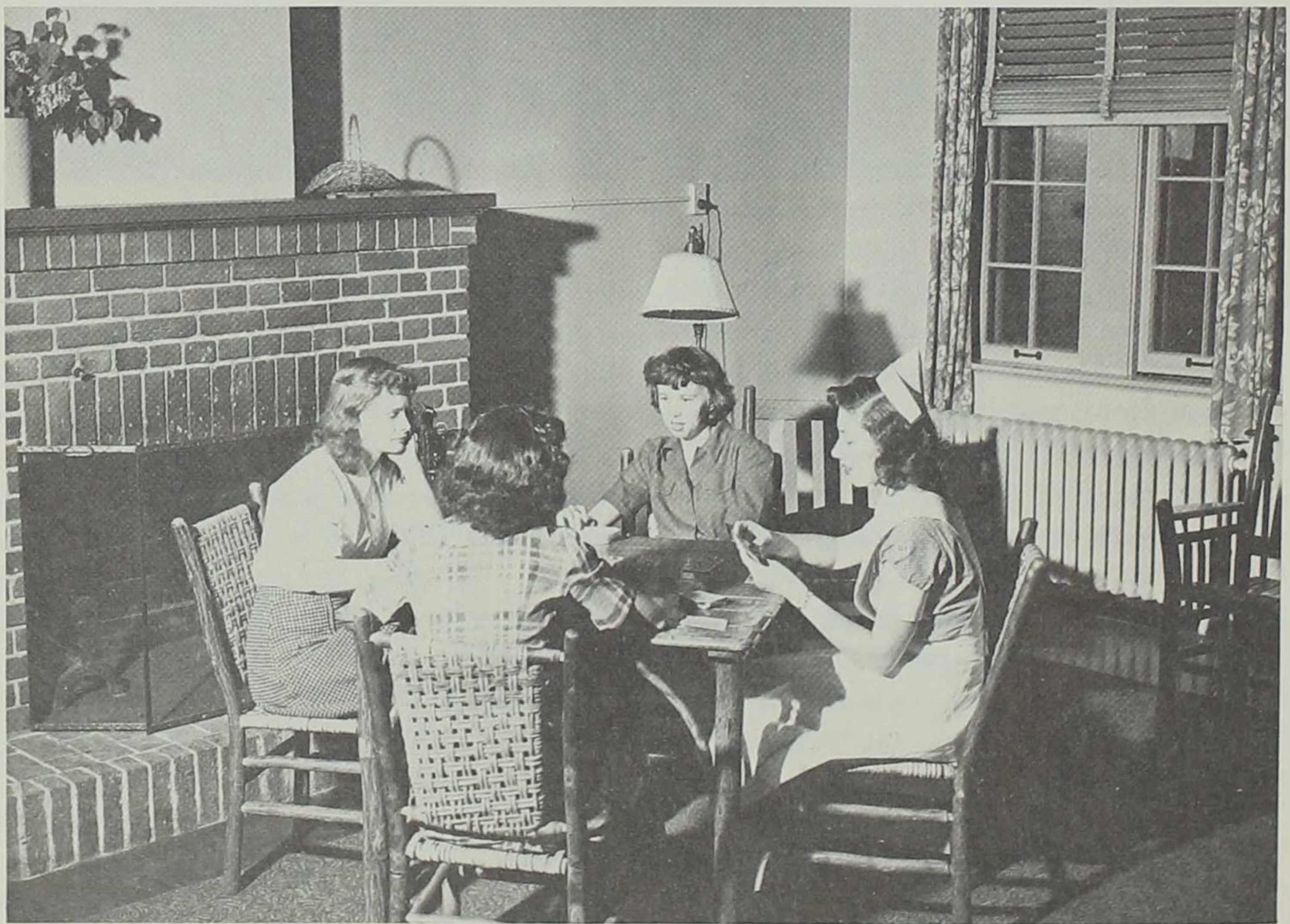
hensive Plan. All these divisions became active late in 1963.

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

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

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

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



Card players in December 1948.

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

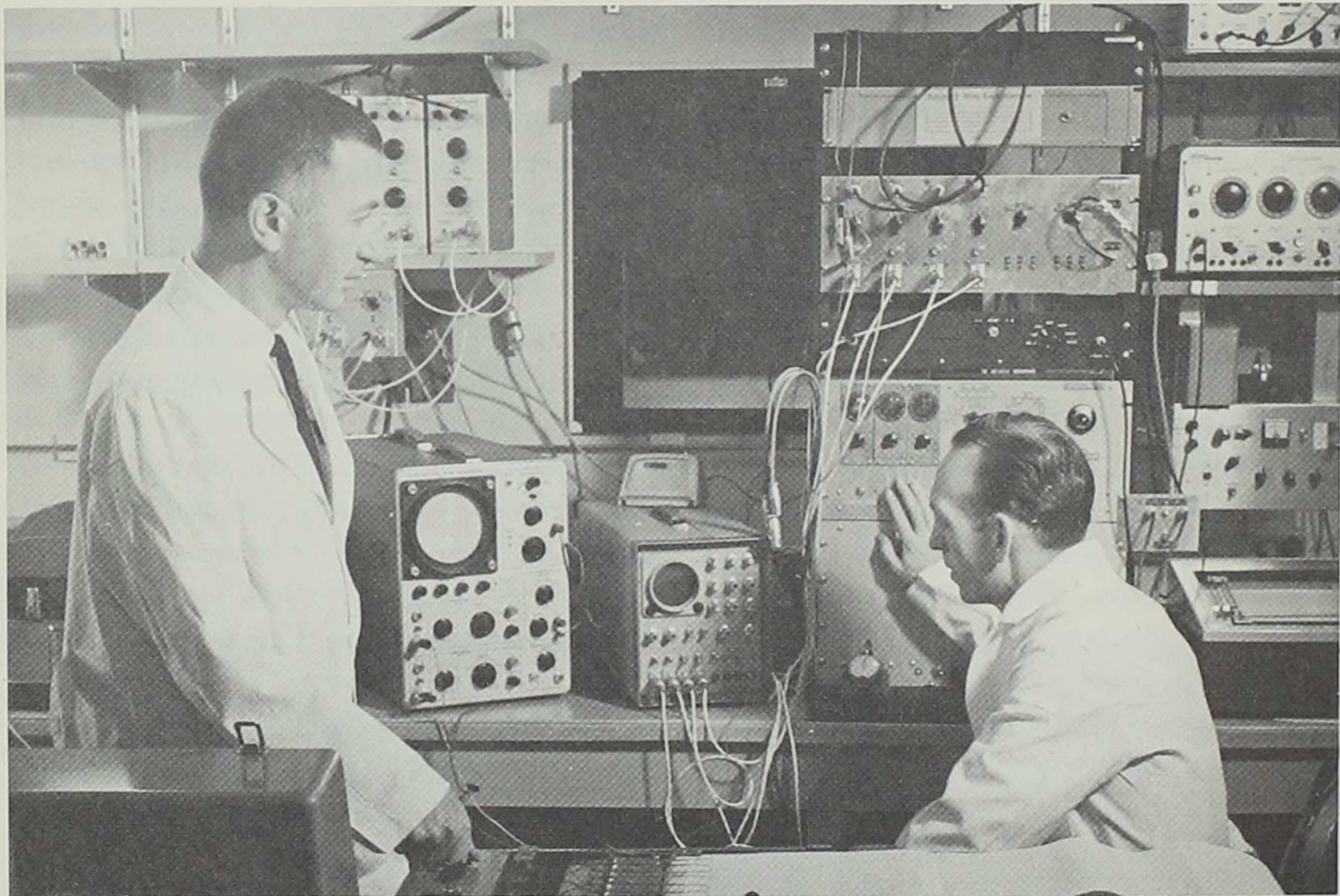
To promote joint planning and coordination of services in the state, an enlarged

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

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

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

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



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

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

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