

A HISTORY OF THE KALAMAZOO STATE HOSPITAL
TO THE EVE OF WORLD WAR II #77

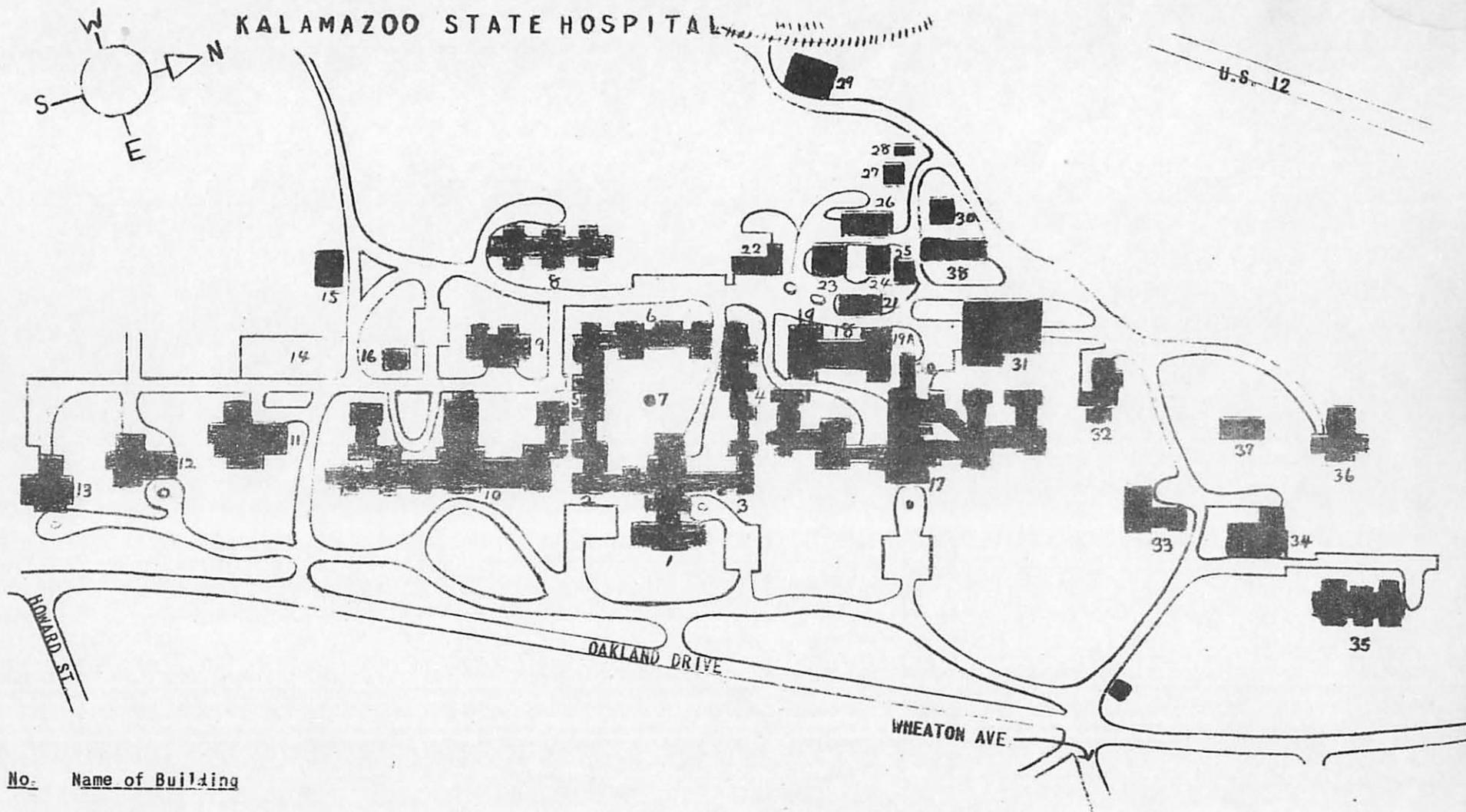
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SCHEMATIC MAP
KALAMAZOO STATE HOSPITAL



No. Name of Building

- 1. Administration Building
- 2. Receiving Hospital: Male
- 3. Receiving Hospital: Female
- 4. Women's Hospital
- 5. Men's Hospital
- 6. Infirmary: Dentist-Surgery-Occulist-Acute Medical
- 7. Water Tower
- 8. Mary Muff Hospital
- 9. Burns Cottage
- 10. Male Department
- 11. Fletcher Hospital
- 12. Edwards Hospital
- 13. Noble Lodge
- 14. Spruce Bowl
- 15. Horse Barn

- 16. Men's O.T. Spruce Bowl
- 17. Female Department
- 18. Auditorium
- 19. O.T. Office-Men's O.T.-Print Shop-Men's Industries
- 19A. Women's Industries & Women's O.T.
- 20. Safety Department
- 21. Canteen-Library
- 22. Garage-Blacksmith
- 23. Building Maintenance Department
- 24. Engineering Department-Stockroom
- 25. Engineering Annex
- 26. Cannery
- 27. Rag Room
- 28. Incinerator
- 29. Power Plant
- 30. Lumber Shed

- 31. Service Bldg.-Bakery-Storehouse-Peeling Room-Pasteurizer-Meat Market
- 32. Monroe
- 33. Potter
- 34. Van Deusen
- 35. Linda Richards Nursing Home
- 36. Herman Ostrander Infirmary

INTRODUCTION

Through out the eastern half of the United States, Americans were hearing the appeals of Dorothea L. Dix during the 1840's. She was directing her energy towards bettering the circumstances of the insane, many times appearing before legislative bodies. ¹

The Michigan state legislature was indirectly, if not directly, influenced by her appeals. "All concede that the labors of this remarkable woman contributed more to the general awakening of the country to the needs of the insane than all other agencies combined." ² Accordingly, action was taken by the state legislature in the late 1840's to plan a way for the care of the insane.

From its minute beginnings the Kalamazoo State Hospital has evolved into an institution that is admired by many and ~~condoned~~^{despised} by few.

¹ Carl Fish, The Rise of The Common Man, New York, The Macmillan Company, 1927, page 258.

² Henry Hurd, ed., The Institutional Care of the Insane in the United States and Canada, Vol. I, Baltimore, John Hopkins Press, 1916, page 97.

The oldest and largest state institution in Michigan for the care of the insane will soon be commemorating its one-hundredth year. Previously named the Michigan Asylum for the Insane and now the Kalamazoo State Hospital (as a result of a legislative act in 1911),³ this institution has been taking care of the mentally ill since 1859. Its familiar landmark, a fortress-like brick water tower constructed in the 1830's,⁴ stands in the middle of the hospital grounds which are located on a wooded site on the west side of the city.

At the request of Governor Epaphroditus Ransom on February 28, 1848, the legislature enacted the provisions to establish an asylum for the care of the insane, blind, deaf and dumb. A board of trustees was to select the sites and to see that buildings were erected.⁵ Before any action was taken towards buying land, the board of trustees decided to segregate the insane at Kalamazoo and to establish another hospital in Flint for the deaf, dumb and blind. A survey was made throughout the state to determine the number

³ Helen Norfjor and William Sutton, The Mentally Ill in Michigan, Michigan Writers' Project, Federal Works Agency, 1941. Hereafter cited as Writers' Project.

⁴ Ibid., Part III.

⁵ David Fisher and Frank Little, editors, Compendium of History and Biography of Kalamazoo County, Michigan, Chicago, A. W. Bowen and Co., 1906, page 99. Hereafter cited as Fisher and Little.

of insane which would need institutional care. As a result of the survey, within the next few years the board of trustees was to realize that one hundred and twenty insane was too conservative a number.⁶ By the end of 1849 a site was selected in the village of Kalamazoo. The citizens of Kalamazoo gave ten acres of land plus \$1500 to the state for the establishing of the asylum, while the legislature appropriated \$15,000.⁷ These ten acres were located in the vicinity north of West Main Street, around Douglas and Stuart Avenues.⁸ According to the local newspaper, the "location cannot but be acceptable to the whole people. Kalamazoo is confessedly one of the most beautiful and healthy villages in the state. The site will be on the eastern declivity of the range of hills that so delightfully skirt our village on the west, from whence can be had a commanding view of the adjacent country, affording the most romantic and beautiful scenery possible."⁹

⁶ Writers' Project, op. cit., Part III.

⁷ Fisher and Little, op. cit., page 99.

⁸ Dr. Roy A. Morter, retired medical superintendent of the Kalamazoo State Hospital, interviewed January 18, 1958. Hereafter cited as Morter interview.

⁹ Kalamazoo Gazette, December 7, 1849.

Finding that ten acres would not be a large enough tract, the board of trustees asked for the sale of this land and the purchase of a 160-acre tract where the hospital now stands. The board also asked that more funds be appropriated so that construction could begin. The ten acres of land were hence sold for \$1,280 and with this amount the new tract was purchased. In this same year, 1853, and two years after the request, the legislature appropriated \$23,000. Governor McClelland was instrumental in this act, which stated that the funds were to be used for purchasing and constructing in the 1853-1854 fiscal year.¹⁰

During this year a committee of the board of trustees visited some of the already established institutions in the East. It was decided that the plan of the asylum in Utica, New York, should be adapted. Dr. John P. Gray of that asylum was hired to supervise the construction, with \$800 a year as his salary. The next few years saw many delays in construction, as the appropriations from the state legislature were not adequate.¹¹ By the end of 1855, \$17,487.48 was spent in preliminary construction, but much work was still to be done. Appropriations were made in the

¹⁰ Fisher and Little, op. cit., page 99.

¹¹ Writers' Project, op. cit., Part III.

following years, however, eventually adding up to the sum that was needed to carry out the original plans. Meanwhile, Dr. Gray had resigned, but he was replaced by Dr. Edwin H. Vandeußen, also from the Utica asylum, who thus became the first superintendent of the Kalamazoo hospital. He was to remain until March, 1878.¹²

The connection obtained from the first legislation, between the Flint and Kalamazoo projects, was severed in 1857. Separate boards of trustees were appointed, and within two years the board of trustees of the Kalamazoo asylum had adopted a code of by-laws, were formally organized, and were holding meetings.¹³

The asylum was well on its way to completion when delay was again at hand. A mysterious fire broke out in the central portion of the newly construction building the night of February 11, 1858. This portion was to house the administrative offices, but because of the fireproof construction, it did not harm the south wing of the building which was to house the patients. The brick walls were nearly a foot thick, and brick arches were employed in the hallways to prevent fire from

¹²Fisher and Little, op. cit., page 99ff.

¹³Ibid., page 100.

¹⁴Ibid., page 100.

spreading.¹⁵ The fire's damage amounted to nearly \$20,000.¹⁶ Many citizens in Kalamazoo believed that the fire was caused by someone who wished the removal of the asylum to another city. The cause of the fire was never determined.¹⁷

Finally, in 1859, the trustees reported that the asylum was ready to accept patients, eleven years after the first action taken by the legislature.¹⁸ Governor Moses Wisner in his inaugural address of that year pleaded for more appropriation of funds from the legislature; "Humanity, Philosophy and Christian charity, alike call upon you for legislative aid in behalf of these most unfortunate of our citizens."¹⁹ He felt that although up to \$137,000 had been expended, good buildings, beautiful landscape and pleasant surroundings in general were necessary for the patients' cure and that much more work was yet undone.²⁰ Ninety patients were admitted in the female ward by the time of the formal opening in August, 1859.²¹ Preceding and during this time the insane were housed

¹⁵Morter Interview.

¹⁶Writers' Project, op. cit., Part III.

¹⁷Kalamazoo Gazette, October 22, 1858.

¹⁸Fisher and Little, op. cit., page 100.

¹⁹Kalamazoo Gazette, January 14, 1859.

²⁰Ibid., January 14, 1859.

²¹Fisher and Little, op. cit., page 100.

in jails and poor houses, or were kept home, or were just left to wander in the streets.²² Patients were admitted under one of three conditions: those admitted under order of the Superintendent of the Poor, those in indigent circumstances received upon orders by Judges of the Probate Court, and private patients supported by friends and relatives.²³

One year later the male ward was opened, admitting fifty men.²⁴ By 1869 the north wing was ready for occupancy, completing the originally planned asylum, whose foundation was laid back in 1854. Even before this completion it was realized that the planned capacity of 300 would not be enough, for many unfortunate insane were still in jails and poor houses throughout the state.²⁵

Within the next decade the state legislature did much to correct this situation, but the needs of hospital were never completely realized. Although the legislature appropriated \$220,000 at the request of the board of trustees during this time,²⁶ other means had to be found to raise money. Annual fairs

²²Kalamazoo Gazette, January 14, 1859.

²³Writers' Project, op. cit., Part III.

²⁴Ibid.

²⁵Fisher and Little, op. cit., page 100.

²⁶Ibid., page 100.

"of the Ladies of the asylum of Kalamazoo" were held, the proceeds going towards such things as furnishing the chapel and the like.²⁷ Contributions from private citizens of Michigan and Kalamazoo were also used and with this money a chapel building was erected.²⁸ The two new buildings increased the size, to the extent that 550 patients could now be accommodated. At last the village of Kalamazoo could boast that its asylum was of equal rank and efficiency with many of the eastern asylums.²⁹

The idea of a farm colony system was hit upon and during the 1880's the theory was put into practice. The farm colonies were located several miles from the asylum but were still under the same administration. Kalamazoo was the first institution in the country to try this system and after it was successful here, many other institutions also adopted this plan.³⁰ In 1885, with funds appropriated, 250 acres, located four miles north of the asylum, were purchased. On this dairy farm a

²⁷Kalamazoo Gazette, (advertisement), December 15, 1871.

²⁸Fisher and Little, op. cit., page 100.

²⁹Ibid., page 100.

³⁰George N. Fuller, ed., Michigan--A Centennial History of the State and Its People, Vol. II, Chicago, Lewis Publishing Co., 1939, page 345.

unit was built to accomodate forty men.³¹ The success of the Brook farm project influenced the state legislature to pass a bill that appropriated \$18,000 for the purchase of more farm land and an additional \$16,000 for the erection of two cottages.³² The Hinds farm (located three miles southwest of the asylum and amounting to 357 acres) was purchased from these funds.³³ Not only did the Brook farm and what was later called the Colony farm save money by providing milk and produce for the institution, but it also allowed for more insane to be admitted, and effected a kind of treatment.³⁴ Within thirty years the Colony farm expanded to accomodate about 215 patients.³⁵ The men and women who were admitted on the farm were only the mildly insane and those expected to be released within a short period of time.³⁶

The building program continued to expand, providing accommodations and facilities for the ever-increasing number of mental patients throughout the state. Recognizing the need

³¹Writers' Project, op. cit., Part III.

³²Kalamazoo Daily Telegraph, May 14, 1887.

³³Fisher and Little, op. cit., page 101.

³⁴Kalamazoo Daily Telegraph, Trade Edition, 1887.

³⁵Fisher and Little, op. cit., page 101.

³⁶Kalamazoo Gazette, November 30, 1889.

for segregating the patients according to the seriousness of their condition, the Fletcher hospital was built in 1887 to house 190 men classified as the infirm cases. Shortly following, the Potter hospital was completed, providing facilities for 45 women classified as hopeful cases. Seventeen years later a similar but larger building for men was erected.³⁷ Another first for the Kalamazoo asylum, a receiving hospital for observation of new patients and for individual treatment of curable patients, was erected for women, and a few years later one for men was completed.³⁸ By 1914, the Kalamazoo State Hospital consisted of 73 buildings and 1,053 acres of land. To make this possible, the state legislature had appropriated over one and one-half million dollars.³⁹

The biennial report of 1922 showed that although the patient population had increased, the facilities had not been modified, which resulted in serious overcrowding.⁴⁰ To meet this problem, plans for constructing another infirmary and a power plant were made; the estimated cost being between \$175,000 and \$200,000.⁴¹ However, this plan wasn't realized

³⁷ Writers' Project, op. cit., Part III.

³⁸ Fuller, op. cit., page 345.

³⁹ Writers' Project, op. cit., Part III.

⁴⁰ Kalamazoo Gazette, August 20, 1922.

⁴¹ Ibid., January 24, 1925.

until several years later, when the hospital admitted one-hundred women in the new infirmary.⁴² Unfortunately, this did not alleviate the problem of overcrowding and plans were again under way. This time to provide for an additional six hundred beds and a general overhauling of the institution at the cost of \$1,820,500.⁴³

The following year, 1930, construction on the Linda Richards Memorial Nurses' Home had begun. The nurses were living in the patients' quarters, and this new three story building with a 170-bed capacity was most welcome.⁴⁴ This was completed, but due to the economic state of the nation, the hospital was forced to adopt an economy program. Some improvements were made, but little building could be done.⁴⁵

In 1938 a state-wide program of eleven million dollars to enlarge the mental hospitals was set up in cooperation with the federal government. The P.W.A. grant of 1½ million dollars was made to the Kalamazoo hospital to provide facilities and space for 850 patients. The first grant was \$144,000, and

⁴² Ibid., June 21, 1927.

⁴³ Kalamazoo Gazette, June 27, 1929.

⁴⁴ Ibid., May 7, 1930.

⁴⁵ Ibid., January 1, 1932.

and plans were then made to build a receiving hospital of 300-bed capacity for \$750,000, two infirmaries, each housing 200 at the cost of \$250,000 and a T.B. hospital which would cost \$229,000. The receiving hospital building was also to house the administrative offices and the acute medical and surgical ward.⁴⁶ Within a matter of a few months it was realized that although the money was appropriated, it was not available. The receiving hospital was cut to 150-bed capacity and other plans had to be changed.⁴⁷ With a continued lack of funds, the new buildings weren't opened until 1941. The legislature had to pass a deficiency bill to provide an additional \$131,000 for the Kalamazoo institution, in order to buy equipment and furnishings still missing in the new rooms.⁴⁸

The expansion of the physical plant of the hospital reveals much of its history, but it is only the skeleton of the whole epoch.

It is debatable whether or not to consider Dr. John P. Gray the first superintendent of the Michigan asylum for the insane at Kalamazoo, for he resigned before the asylum was completed. Dr. Edwin Van Deusen succeeded Dr. Gray in

⁴⁶Ibid., June 28, 1938.

⁴⁷Ibid., December 19, 1938.

⁴⁸Ibid., February 6, 1941.

1858.⁴⁹ Under Dr. Van Deusen's supervision, the hospital was completed and he continued as medical superintendent until 1878, making a place in the community that is still in evidence.⁵⁰

From the time that Dr. Van Deusen was appointed until the retirement of Dr. Roy A. Morter in 1956, only six medical superintendents were employed. It would be safe to assume, then, that political influences were not present. Until the civil service law came into effect, the superintendents were appointed by the board of trustees and the governor.⁵¹

During this whole period the hospital staff was always at a minimum. In the beginning years the staff consisted of only a few persons, but as the patients increased in number and as specially trained persons were needed to carry out the treatments, the staff became larger.

When the asylum opened, Dr. P. H. Loring was assistant to Dr. Van Deusen, Henry Montague was the steward and Elizabeth Paul was the matron.⁵² The first medical staff consisted of these four people. As small as this staff was, the ratio of physicians to patients was much more favorable than in

⁴⁹ Writers' Project, op. cit., Part III.

⁵⁰ Fisher and Little, op. cit., page 99.

⁵¹ Morter interview.

⁵² Kalamazoo Gazette, October 18, 1925.

the years to follow. During the first two decades at the turn of the century, the ratio of physicians to patients was as low as one physician to 217 to 312 patients.⁵³ This was corrected to some degree when in 1922 the hospital employed ten physicians and housed 2,250 patients.⁵⁴ Just before World II the employees numbered about 2,900.⁵⁵ As the expansion program began in the 1930's, it allowed for 100 more employees,⁵⁶ seventy-five of them being nurses and attendants.⁵⁷

Part of the difficulty in securing an adequate staff stemmed from the fact that the work schedules required were long and tedious. Prior to 1935 nurses and attendants were working at a minimum of sixty-three hours a week. After that year the work schedules were kept within 54 hours a week.⁵⁸

Another contributing factor was the fact that all employees on the medical staff were required to live on the hospital grounds. Facilities were provided for the women, aside from

⁵³ Writers' Project, op. cit., Part III.

⁵⁴ Kalamazoo Gazette, August 20, 1922.

⁵⁵ Morter interview.

⁵⁶ Kalamazoo Gazette, February 6, 1941

⁵⁷ Ibid., January 1, 1936.

⁵⁸ Ibid., January 1, 1936.

the nurses, on the third floor of the female department.⁵⁹ Since this was the first building built, not only was the heating system ineffective, but the general conditions of the rooms reflected its age.⁶⁰

As was previously noted, the number of patients first cared for numbered only ninety, but with the completion of the hospital, according to the plan, 550 patients were being accommodated. A survey taken in the state in 1856 showed that there were about 600 insane people in Michigan,⁶¹ which resulted in overcrowding right from the beginning. By 1890 the population of the hospital had increased to one thousand patients,⁶² and by the time Dr. Herman Ostrander took office in 1914, the population had doubled.⁶³ Since so little construction was done, the population had to be kept down, as overcrowdedness has its limitations.

In 1921 the hospital was housing five hundred more patients than it had adequate facilities for. Dr. Ostrander asked the probate judges in the state to limit the commitments to only those in urgent need of hospitalization, and to

⁵⁹ Retired employee who was in a supervisory position at the Kalamazoo State Hospital and who wishes to remain anonymous, interviewed, November 1, 1957. Hereafter cited as November 1 interview.

⁶⁰ Morter interview.

⁶¹ Kalamazoo Gazette, January 14, 1859.

⁶² Writers' Project, op. cit., Part III.

⁶³ Kalamazoo Gazette, July 22, 1918.

inquire whether or not a vacancy was available.⁶⁴ By 1927 no new women patients could be accommodated except as vacancies occurred. The hospital's capacity was 1800, but 2400 patients were being housed.⁶⁵

The cost to the state for maintaining a patient during this time had not increased much more than it was fifty years before. The cost per day per patient amounted to eighty-seven cents. Patients maintained by relatives and friends were charged a dollar a day.⁶⁶ During the depression, when state hospital maintenance was cut to a minimum, the per capita cost was reduced from eighty-six cents a day to seventy cents,⁶⁷ and it finally hit a low of fifty-seven cents a day in 1932.⁶⁸ With the average custodial care being seventeen years, it cost the state about \$5,000 per patient.⁶⁹ By the eve of World War II, the maintenance cost had resumed its previous level,

⁶⁴ Ibid., June 20, 1921.

⁶⁵ Ibid., May 18, 1927.

⁶⁶ Ibid., August 20, 1922.

⁶⁷ Ibid., January 1, 1932.

⁶⁸ Ibid., January 2, 1933.

⁶⁹ Writer's Project, op. cit., Part III.

and the patient population had not quite reached three thousand. With as much as 17% overcrowding, the conditions left much to be desired.⁷⁰

It can be generally assumed that with the lack of facilities to accommodate the vast number of persons requiring care, it was difficult to present an effective treatment program. Even so, Michigan's state institutions have maintained a high standard and ranked among the best of hospitals in the East.⁷¹ Early in the history of the hospital the State Medical Association met in Kalamazoo, and Dr. Edwin Van Deusen asked the men to visit the asylum during their visit. The members of the Medical Association who toured the hospital were quite pleased with the management of it, reporting that the treatments and arrangements for the mentally ill were the best in Michigan.⁷²

The hospital again received favorable recognition when the World's Columbian Exposition in Chicago in 1893 bestowed high awards upon both the Kalamazoo and Pontiac institutions for the standards set there.⁷³

⁷⁰
Ibid.

⁷¹
Mortor interview.

⁷²
Kalamazoo Gazette, June 16, 1871.

⁷³
Writers' Project, op. cit., Part III.

In 1911 Kalamazoo was the first hospital in the state to segregate the tubercular patients from the others. This might have been best for the healthy patients, but certainly not for those suffering from tuberculosis. The wooden shacks that were constructed and used for thirty years had windows with only canvas coverings instead of glass. The shacks were dark and damp besides being unsanitary, and certainly did nothing towards the recovery of the residents.⁷⁴

The report of the board of trustees in 1916 included a revealing picture of Pratt Cottage, which is located on the Colony farm. "There is not a bath tub in the house. There is one spray bath for the use of 71 patients and the dressing room facilities are far from adequate. There is one small toilet for employees of both sexes in a location not easily accessible. There is one toilet for patients on the first floor and none on the second and third floors. There is only one lavatory with two wash basins, located on the first floor, and used by eighty people."⁷⁵

The conditions in some of the accommodations certainly must have led to poor physical health with some patients. Perhaps it is unfair to draw a correlation between the

⁷⁴Ibid.

⁷⁵Ibid.

unsanitary facilities and the high death rate. For example, however, the biennial report of 1916-1918 revealed that out of 1322 patients discharged over that period of time, 604 of them had died.⁷⁶ All things considered and being equal, it still seems that many deaths could have been prevented.

Although special diets were prepared for the patients suffering from diabetes and tuberculosis, the food for the patients was not as good as it is today.⁷⁷ The budget was small and many on the staff were patients who were asked to work. Kitchens were located in almost every building, but because many of the patients were confined to their rooms, the meals had to be delivered. The food carts were not equipped to keep the food warm, and in many cases the distance was such that food was no longer warm when it reached the patient.⁷⁸

The heating plant on the hospital grounds was installed during the early years and proved to be more ineffective as the years passed. This was especially true in the older buildings, where the construction did not lend itself readily to the maintenance of a suitable temperature.⁷⁹

⁷⁶ Kalamazoo Gazette, July 22, 1918.

⁷⁷ Morter interview.

⁷⁸ November 1 interview.

⁷⁹ Morter interview.

As has been cited, the physical conditions of the Kalamazoo State Hospital did not necessarily improve through the years of its operation. On the contrary, some of them became worse. It can be said, however, that the expansion program which started in 1938 did much to alleviate the undesirable conditions, and since World War II much more has been accomplished.

Prior to 1900 little was known about mental diseases. Essentially, the patients received custodial care at the Michigan Asylum for the Insane. Emil Kraepelin from Germany created a new classification for mental diseases in 1900. For the following twenty years the psychiatrists were mainly concerned with classifying the patients. The causes and cures of mental disease was not considered important yet. From 1920 to 1930 the school of psychiatry developed new theories centering around organic causes and psychoanalysis. The dynamics of mental diseases, the how and why diseases develop, were not considered until around 1930.⁸⁰ Methods of treatment for the mentally ill as we know them today have only come into being within the last two decades.

Theoretically, occupational therapy started with the opening of the hospital in 1859. The annual report of that year said, "Occupational therapy judiciously directed is

⁸⁰Ibid.

made to subserve an important end in the treatment of mental illness."⁸¹ As in most institutions this meant providing recreation as well as industry. Women employed at the Colony farm did needle work, while the men worked in the green house and generally ran the farm. A small library was provided, and about 200 local newspapers from the patients' home towns were received periodically. By 1900 weekly dances and card parties were held for the entertainment of all those who wished to participate. The annual report of 1908 expressed a need for an industrial building to employ men who were not able to work on the farm and also to provide work during the idle winter months.⁸²

Starting in 1910 specialists came to the hospital to work with the patients. Miss Florence Morse, Musical Director at Western State Normal School, conducted classes for women at the hospital. The patients formed their own band and orchestra. With the title of Industrial Teacher, Miss Elizabeth C. MacRickie was employed to teach basketry, embroidery, common sewing and rug making.⁸³

⁸¹ Marion Spear, History of Occupational Therapy at the Kalamazoo State Hospital, 1945, in the files of the occupational therapy department at Western Michigan University.

⁸² Ibid.

⁸³ Ibid.

Credited with laying the foundation for the department of occupational therapy, Mrs. Anna S. Tompkins started her work in 1917. She established her headquarters on the second floor of the old "store." Most products that the ladies made were sold to the public and very few were used in the hospital.⁸⁴

The period from 1918 to 1923 saw a marked expansion in this field. Under the new leadership of Miss Marion Spear, the stress was on therapy rather than production.⁸⁵ The former head of the department emphasized and publicized the talent of a few. Although the products weren't as well made, the patients were occupied and many more were allowed to participate.⁸⁶ New equipment was bought and plays and pageants were introduced. For the first time in many years men and women together enjoyed picnics on the grounds and monthly parties.⁸⁷ The arts and crafts were gradually extended to the wards and colonies, the patients now were making such things as brooms, brushes, clothing and mattresses

⁸⁴Ibid.

⁸⁵Ibid.

⁸⁶ Marion Spear, head of the Kalamazoo School of Occupational Therapy, Western Michigan University, interviewed, October 31, 1957. Hereafter cited as Spear interview.

⁸⁷ Spear interview.

for hospital use. "Many chronic cases have been re-educated to useful employment and more comfortable mental states, while the convalescence of the acute cases has been hastened and made more pleasant."⁸⁸

In July of 1922, the Kalamazoo School of Occupational Therapy was founded. Miss Spear, the originator of the school, remained its director through the years. "From the start it was obvious that the students and patients were of mutual benefit. Learning and working together provided the needed stimulus to the patient and a challenge to the student."⁸⁹ With the students a broader range of media was employed. Students and patients alike made fiber and stick reed furniture which went into the new nurses' home. The dining rooms and day rooms were furnished with hand loomed curtains and rugs. In that first year of the school four occupational therapists treated daily, on the average, 690 men and women in nine classes.⁹⁰

A campaign was started in 1927 to inform the public of the value of occupational therapy. Publicizing it before local organizations brought a better understanding from the

⁸⁸
Kalamazoo Gazette, July 22, 1918.

⁸⁹
Spear Interview.

⁹⁰
Ibid.

public and better support. During the mid thirties, the program added puppetry, the publishing of a hospital newspaper and adult educational classes. By 1934 six therapists were treating 850 patients daily. More woodworking equipment was added, which enabled the men to make such things as bird houses, fences and various types of lawn chairs.⁹¹ An emphasis was put on rehabilitation so that the patient could adjust in society after he was released.⁹²

The school of occupational therapy was expanding also. In 1938, Western Michigan College granted a full two years' credit for training at the hospital towards a Bachelor of Science degree. The following year the school was given full approval by the American Medical Association, having met the requirements of the Council on Medical Education. The school was moved to Western Michigan College in 1944. During that period eighteen of the graduates had remained to work at the hospital from three to twenty-two years.⁹³

Under the direction of Dr. William P. Edwards, who became the medical superintendent in 1891, the hospital introduced such treatment as hydrotherapy and massage.

91 Ibid.

92 Spear interview

93 Spear interview

He also started plans for establishing a department of pathology. After his death in 1905, Dr. Alfred I. Noble, formerly assistant superintendent of the Worcester State Hospital in Massachusetts was appointed superintendent. During his administration, all forms of mechanical restraint were abolished and a full-time pathologist was employed.⁹⁴ These new treatments and the installment of the pathology laboratory placed an emphasis on physical health restoration as well as recognizing the need for complete relaxation through hydrotherapy and massage. In later years the two methods were perfected and used extensively, replacing sedative drugs.⁹⁵

Lacking the knowledge of the causes of mental diseases prevented effective treatment. The biennial report of 1918 reflected this. Out of the 1282 patients admitted during this time 767 "were known positively to have reflected hereditary ailments." This category included the insane, apoplectics, paralytics, those in a condition of psychosis and alcoholics.⁹⁶

As mental illness was more understood, new treatments

⁹⁴ Kalamazoo Gazette, October 18, 1925

⁹⁵ Morter interview

⁹⁶ Kalamazoo Gazette, July 22, 1918

were tried out. Psychotherapy has been emphasized most at the hospital, not only because of its effectiveness but also because of its practicality. Some psychoanalysis was done but this proved to be too long and drawn-out a process. Hypnosis was practiced in a limited way. Generally psychiatrists did not employ this method, as they felt it had little value. With the introduction of the electric shock treatment, many patients could be treated daily since it takes only a few minutes to employ this method. It was found to be especially effective in treating cases of schizophrenia. In the more recent years, the insulin shock treatment was employed. This required a great deal of nursing care and it, too, was a long-range method. ⁹⁷

Brain surgery was not used extensively during these years. However prefrontal lobotomy operations which removed large parts of the cortex were performed on schizophrenics. This type of surgery wasn't too popular and other means of curing such patients were preferred. ⁹⁸

A research laboratory was set up in 1935, but it was forced to discontinue after six years from lack of funds, since the legislature would not appropriate money for it. ⁹⁹

⁹⁷ Morter interview.

⁹⁸ Ibid.

⁹⁹ Ibid.

Some work was done, however, in the studying of endocrine glands with schizophrenia.¹⁰⁰

Preventative methods were established as early as 1916. Out-clinics were held once a month in the cities of Grand Rapids, St. Joseph, Lansing, Battle Creek, Grand Haven and Holland. Once a week a clinic was held at the hospital. These clinics served the mentally disturbed, and where possible a psychiatrist was employed.¹⁰¹

With the success of the out clinic program it was decided to try the work of social workers for twenty weeks. Finding satisfaction in this type of program, Mrs. Estelle Hughes, a trained psychiatric social worker, was engaged to organize the system at Kalamazoo in 1922. The social service program included the preparation of case histories on each patient, field visits to paroled patients, case summaries for other institutions, the selection of suitable homes and jobs for released patients, and conferences with friends and relatives to help them understand the situation.¹⁰²

Under the administration of Dr. Roy A. Morter, which began in January of 1929 and terminated in August of 1956, a great effort was directed towards an educational program for the

¹⁰⁰ Writers' Project, op. cit., Part III

¹⁰¹ Morter interview

¹⁰² Kalamazoo Gazette, February 5, 1922

employees, patients, relatives and public in general. Employees in the nursing department received courses of training in an effort to humanize the department, for it was believed that mental patients recovered more rapidly under conditions in which they are given kindly care and sympathetic understanding. Psychiatrists outlined the course of treatment for each individual patient that the staff workers were to follow. Accredited training programs were established for nurses and psychiatrists.¹⁰³

The hospital administration stressed a program of vocational rehabilitation for the patients. Group therapy was employed to enable patients to understand their own emotional problems as well as the problem of other patients. "It is surprising how group therapy classes help the patients in their interpersonal relationships here at the hospital. No doubt many cures among the patients have been spontaneous as a result of the patients getting together in small groups and discussing their own problems," declared the report.¹⁰⁴

The hospital gave mental hygiene literature to the relatives at the time of the visitations of the social

¹⁰³ Annual Report of the Kalamazoo State Hospital, Kalamazoo Michigan 1953-1954, with Report of Progress, 1929-1954.

¹⁰⁴ Ibid.

worker. All "No Trespassing" signs were removed from the grounds. A policy was set up that welcomed the public for inspection anywhere in the hospital. High school and college students toured the hospital every year, receiving lectures on mental hygiene. ¹⁰⁵

In 1937 Dr. Morter made a tour of Europe, studying hospital facilities for mental patients and the boarding-out care program. Upon his return he was instrumental in getting the state to provide money so that a family-care program could be adopted. This program was soon adopted by all state hospitals in Michigan. ¹⁰⁶

The methods of treatment have advanced decidedly through these eighty-two years of operation from merely custodial care to psychotherapy, with the emphasis on re-education.

105 Ibid.

106 Ibid.

CONCLUSION

As we think of the advancements in attitudes, research and treatment in mental health that have occurred only within the last few decades, it is difficult to realize that over one hundred years ago the mentally ill were recognized and were already causing concern.

Michigan was not the first state to inaugurate state care for the mentally ill, but its leaders did recognize early in the state's history a need for care. The history of the Kalamazoo State Hospital is not much different from that of hospitals of this nature in other states. The attitudes of the people in those times stemmed from a misunderstanding of the nature of mental illness.

The history of the Kalamazoo State Hospital reflects the problems that the administrators are forced to overcome--problems resulting mainly from lack of understanding on the part of the public and a lack of foresight on the part of the state legislature. This is evidenced by the constant lack of appropriations for adequate facilities and personnel and the lack of willingness for qualified and trained personnel to accept positions with a state institution. Through the years the administrators have worked diligently to rise above the inadequacies and have constantly pleaded for funds to make up those inadequacies.

Not all their efforts were in vain, for the hospital has high standards, now more than ever before.

As can be expected, World War II presented more problems. Since the war, the years have seen much progress in many areas.

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